

SCRIPTING CHANGE

Alliance India's COVID Response

Acknowledgements

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SCRIPTING CHANGE

Alliance India's COVID Response

Foreword

We are pleased to present our publication Scripting Change – Alliance India's COVID Response. This Report provides glimpses of our efforts to support people living and affected with HIV and members of key population groups during the pandemic.

COVID-19 put an enormous strain on the public health system including programmes to end HIV. The social, economic and psychological effects of the pandemic were catastrophic, particularly for the most marginalised sections of our society. People living with and affected by HIV remain one such group. As India reeled under multiple waves of COVID-19, subsequent lockdowns and travel restrictions, those affected with HIV struggled to access health facilities, treatment and care services and basic amenities. Misinformation around COVID-19 fanned fear, stigma and discrimination, the brunt of which was borne by those living on the fringes including PLHIV. Addressing their accentuated vulnerabilities and accelerating response was the need of the hour.

In these perilous circumstances, Alliance India through its large scale programmes such as Vihaan, Hridya, Wajood, Samarth, Ujwala, Sampurna and others provided care, treatment, harm-reduction and sexual and health reproductive services to PLHIV and key population groups. Using the existing platforms created under these programmes, COVID prevention and treatment services were also delivered. Additionally, economic and health relief comprising ration, medical and hygiene kits like medicines, masks, soaps, sanitisers was provided to PLHIV and their families across the country. Risk communication and community engagement around COVID-19 and minimising vaccine hesitancy became key priorities of our work. Steps were taken to bring PLHIV under COVID-19 vaccine coverage on a war footing.

Our cadre of committed field workers, vibrant community networks of key population groups and local partners worked in synergy to stave off various roadblocks to response and ensured last mile service delivery.

This publication put together by our strong, energetic and technically sound programme team brings to the readers our programmatic efforts along with stories that demonstrate unparalleled hope, courage and compassion during the pandemic. We hope this document serves as an evidence base to inform programmes and interventions for ending HIV and COVID-19. We will continue to listen to the voices of key population groups, our frontline heroes and work with government, development partners, civil society organisations and the private sector to improve health outcomes for all affected by or are at risk of HIV; but particularly those who are the most vulnerable.



Ashim Chowla
Chief Executive

A photograph of a man with dark hair and a mustache, smiling warmly. He is sitting in a hospital bed, wearing a light-colored button-down shirt. The background is slightly blurred, showing the headboard and some medical equipment. The entire image is overlaid with a semi-transparent purple color.

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Abbreviations

AIDS Acquired Immunodeficiency Syndrome

ANC Antenatal Care

ART Antiretroviral Therapy

ARTC ART Centre

ASHA Accredited Social Health Activist

CDAC Centre for Development of Advanced Computing

CDC Center for Disease Control

CoE Centre of Excellence

CRT Crisis Response Team

CSC Care and Support Centre

CSR Corporate Social Responsibility

DMO District Magistrate Office

FIDU Female IDU

FSP Female Partner

FSW Female Sex Worker

GBV Gender-based Violence

HIV Human Immunodeficiency Virus

ICTC Integrated Counselling Testing Centre

IDU Injecting Drug User

MDUF Mizoram Drug Users' Forum

MoU Memorandum of Understanding

MSM	Men who have Sex with Men
NACO	National AIDS Control Organisation
NCR	National Capital Region
OST	Opioid Substitution Therapy
PLHIV	People Living with HIV
PPE	Personal Protective Equipment
PWID	People who inject Drugs
RCCE	Risk Communication and Community Engagement
SACEP	State AIDS Clinical Expert Panel
SACS	State AIDS Control Society
SDUF	Sikkim Drug Users' Forum
SRH	Sexual and Reproductive Health
TB	Tuberculosis
TG	Transgender
TGH	Transgender and Hijra
TI	Targeted Intervention
UNAIDS	United Nations Programme on HIV and AIDS
WHO	World Health Organization

Braving the COVID-19 Pandemic

In 2020, the world witnessed an unprecedented global health emergency – the COVID-19 pandemic. Engulfing major continents, the pandemic induced nationwide lockdowns, mobility restrictions and brought normal life to a standstill. Grappling with the first and second waves of COVID-19, India too went under a series of lockdowns. A deadly surge in COVID-19 cases during the second wave in March 2021 placed an enormous strain on health and critical care facilities, leaving vulnerable families paying a particularly steep price. The ensuing challenges to public health, food systems and the world of work intensified systemic inequities. The pandemic led to substantial loss of life. Those surviving lost their source of income and almost all economic activities nose-dived. The worst affected were the daily wage labourers, people living below the poverty line and women working in the informal sector.

Apart from these socioeconomic impacts, the pandemic limited the health system's capacity to handle chronic conditions including HIV. The measures enforced to reduce the spread of COVID-19 such as local lockdowns and travel restrictions disrupted essential systems for health and undermined programmes to address HIV, tuberculosis (TB), malaria and other health priorities.¹ Temporary closure of out-patient facilities and re-allocation of healthcare resources to fight the COVID-19 pandemic impeded diagnosis and treatment services for these diseases. The mounting evidence that COVID-19 took serious form in elderly and those with underlying medical conditions increased fear about disease severity among people living with HIV (PLHIV)

¹ Chenneville T, Gabbidon K, Hanson P, Holyfield C. The impact of COVID-19 on HIV treatment and research: a call to action. *Int. J. Environ. Res. Public Health* 17(12), 4548 (2020). Crossref, CAS, Google Scholar

too.² The problem of double stigma and discrimination around HIV and COVID-19 emerged.³ Service disruptions associated with COVID-19 in particular decelerated efforts to end HIV and other diseases.⁴

The COVID-19 pandemic also threatens the gains made in HIV and TB response in India. India has 2.1 million PLHIV, the third-largest population living with HIV in the world, of whom, 56% of adults are on treatment. While there is no cure for HIV, antiretroviral therapy (ART) can control the virus and decrease the transmission to other people. India has made gains in reducing new HIV infections by 27% and averting AIDS-related deaths by half since 2001. This is impressive progress but the work is far from done. In 2017, 69,000 people died from AIDS-related illness and 88,000 new cases of HIV infection were reported.⁵

The pandemic has had a likely impact on the achievement of India's ambitious 95-95-95 targets and core priorities of elimination of mother to child transmission and prevention of new infections among high risk groups.

To bring back on track and accelerate India's efforts to end HIV, urgent and coordinated action is needed from the Government and the civil society. To this end, India's national HIV programme is working closely with the civil society, affected communities and state networks to develop guidelines and strategies for addressing new challenges while ensuring uninterrupted HIV services to the key population groups. Further, the global health community has stressed the importance of leveraging opportunities this pandemic offers for the continuation and strengthening of HIV services and building on lessons learned from HIV response for COVID-19 management. Drawing lessons from HIV response, UNAIDS in its recent report has advocated for grounding COVID-19 response in human rights and equality; placing affected communities at the centre of this response and address social and structural inequities that increase vulnerability and slow down service uptake.⁶



95-95-95 TARGETS

India has set a 95-95-95 target for 2024 towards ending HIV. It means 95% of PLHIV know their HIV status, 95% of people who know their status are receiving treatment and 95% of people on HIV treatment have a suppressed viral load so their immune system remains strong and the likelihood of their infection being passed on is greatly reduced by

2024. The 95-95-95 targets are in line with Global AIDS targets and Sustainable Development Goal 3 'Ensure healthy lives and promote wellbeing for all at all ages (including universal access to HIV prevention services, sexual and reproductive health (SRH) services and drug dependence treatment and harm reduction services)'.

² Rusconi S, Pezzati L, Formenti T, Giacomelli A. HIV and COVID-19 pandemic collision: turning challenges into opportunity. *Future Virology* 16(5) (2021). Crossref, <https://www.futuremedicine.com/doi/10.2217/fv-2020-0382>

³ Mahajan AP, Sayles JN, Patel VA et al. Stigma in the HIV/AIDS epidemic: a review of the literature and recommendations for the way forward. *AIDS* 22(Suppl. 2), S67-S79 (2008). Crossref, Medline, Google Scholar

⁴ Hogan AB, Jewell BL, Sherrard-Smith E, Vesga JF, Watson OJ, Whittaker C, et al. Potential impact of the COVID-19 pandemic on HIV, tuberculosis, and malaria in low-income and middle-income countries: a modelling study. *Lancet Glob. Health.* (2020). Crossref, [https://www.thelancet.com/pdfs/journals/langlo/PIIS2214-109X\(20\)30288-6.pdf](https://www.thelancet.com/pdfs/journals/langlo/PIIS2214-109X(20)30288-6.pdf)

⁵ UNAIDS Data 2018, NACO 2018

⁶ UNAIDS. (2020). COVID-19 and HIV: Moment, epidemics and opportunities, How to seize the moment to learn, leverage and build a new way forward for everyone's health and rights. https://www.unaids.org/en/resources/documents/2020/20200909_lessons_hiv_covid



ABOUT ALLIANCE INDIA

Founded in 1999, Alliance India is a non-government organisation that works in partnership with civil society, the Government of India and communities to support sustained responses to HIV and build healthier communities. The organisation places equal value

on every human life and its interventions focus on fostering wellbeing, realising equality and affirming the dignity of communities and key population groups it serves; **including men who have sex with men, women in sex work, transgender, people who inject drugs and people living with HIV.**

It is in this context, Alliance India is working relentlessly to fight both the HIV and COVID-19 epidemics. Alliance India has remained at the forefront of HIV response for more than two decades. As an ardent supporter of human rights of the people most affected by HIV, Alliance India envisions a world in which no one dies of AIDS. Embracing values of equality, dignity and empowerment, Alliance India seeks to create an inclusive society for PLHIV. The organisation is driven by the mission of catalysing community action and influencing policy and decision making to fast track achievement of global and national goals to arrest HIV infection and surmount the new and complex challenges of AIDS and COVID-19 to build healthier communities.

Through its various programmes, Alliance India is providing care, treatment and harm-reduction services to the most marginalised communities. Complementing HIV care with COVID-19 response, Alliance India remains committed to providing holistic care to the people it serves. Decisive steps taken by Alliance India for safeguarding PLHIV and key populations during the pandemic include:

- ✿ Distribution of ration and health units like medicines, masks, soaps, sanitisers to PLHIV, key population groups and their families across the country
- ✿ Risk communication and engagement (RCCE) on the precautionary measures to be observed to mitigate the possibility of getting infected by coronavirus and preventing the spread through the promotion of COVID appropriate behaviours
- ✿ Reducing vaccine hesitancy through awareness and sensitisation and improving access to COVID-19 vaccines
- ✿ Addressing stigma and discrimination to ensure dignity and respect of each individual

Alliance India's local partners, field teams and community networks remained instrumental in the successful execution of these interventions and demonstrated immense strength and spirit to help each other. This report describes Alliance India's sustained HIV and COVID-19 response in the midst of a continuously unfolding COVID-19 pandemic.

Sustaining HIV Response during the Pandemic

India's health system was stretched due to the overwhelming demands of COVID-19. Diversion of resources and staff for test and treatment services of COVID-19 and limited medical supplies strained response to HIV and other diseases. Despite these challenges, Alliance India continued its efforts to protect PLHIV and key population groups by supplementing and complementing the national HIV response efforts in partnership with government and other stakeholders. During pandemic induced lockdowns and travel restrictions, Alliance India continued to fast track newer methods and technologies for improving quality of services and amplified community level action to reach out to key populations. These efforts focused on providing care and treatment services; drug use and harm reduction and promotion of sexual and reproductive rights. Quickly adapting to the rapidly evolving pandemic, Alliance India realigned last mile service delivery, embraced innovations and dealt with various challenges resolutely to safeguard rights of PLHIV.

2.1 Continuum of care and support to PLHIV

Championing care and support of PLHIV, Alliance India has been implementing one of its largest pan-India programme called **Vihaan** (meaning dawn in Hindi). Vihaan endeavours to improve treatment adherence, provide differentiated care and improve the overall quality of life of PLHIV. At the heart of the programme is a commitment to improve the wellbeing of PLHIV and increase the capacity of systems to respond successfully to their needs through active partnership with civil society, PLHIV communities and networks across India.



"Every PLHIV fought one battle with Corona, together with Vihaan he became a Corona Warrior!"

A PLHIV from Beed

"All my PLHIV brothers survived the tragedy of COVID. It was Vihaan with us and we won this war!"

A PLHIV from Nagpur

"We were terrified of Corona's trouble, still safe by Vihaan's dedicated work!"

A PLHIV from Ratnagiri

"The work undertaken will not be left incomplete, In the battle of Corona, Vihaan will never lose!"

A community member from Pune

"We were told that you will starve and we will eat very well, this will never happen. Even in the crisis of Corona, medicine and groceries will be delivered to your home!"

A community member from Akola

Vihaan's implementation was affected due to COVID-19 outbreak and subsequent nationwide lockdown. But treatment adherence is crucial and life-saving for PLHIV, therefore, essential HIV treatment services could not be stopped even for a single day. For this reason, Vihaan programme in collaboration with National AIDS Control Organisation (NACO), State AIDS Control Societies (SACS), ART centres (ARTC) and various other stakeholders reimagined and de-centralised delivery of treatment services across the country and restructured the follow up with clients to ensure uninterrupted access to ART.

Advisories for ART treatment adherence

Alliance India issued advisories to all implementing partners in line with the directions issued by NACO and Ministry of Health and Family Welfare, Government of India. The adoption of these was followed up by closely coordinating with the state governments wherever needed. As per the advisory, irrespective of being a stable or unstable client in terms of treatment adherence, all PLHIV on ART were to be provided multi-month ART drugs (maximum three months depending on drug availability) and this was de-centralised to all peripheral facilities for easy access by clients.

Care and support centres ensure supply of ART drugs during lockdowns

As part of Vihaan, 319 care and support centres (CSCs) across 28 states and four union territories are functioning. These centres remained fully operational during the COVID-19 lockdowns. The centres provided HIV screening, linkages with ART treatment and follow-up services for treatment retention to more than 1.28 million PLHIV during 2020-2021. Of these, more than 0.56 million PLHIV were also linked to social protection schemes which gave them the much needed economic support. The list of clients who were to collect medicines from the ART centres during the lockdown period was generated from ART centres and provided to the CSCs. Accordingly, CSCs informed the clients through telephone about the nearest facilities from where they could collect their medicine.

Delivering ART drugs at the doorstep of PLHIV

Home delivery of medicine was facilitated for people who for varied reasons could not reach out to the health facilities, ART centres or CSCs. Outreach workers of Vihaan were at the forefront of care and support response to PLHIV during the pandemic. These workers are contact points for communities where Alliance India's programmes are implemented. They play an important role in delivering HIV services at the community level. The fact that 90% of outreach workers are themselves living with HIV and are from the same village or district, makes them a very committed and valuable human resource. They remain in contact with PLHIV and link them to ART centres.

Amidst COVID-19 restrictions, those PLHIV who could walk to the nearest ART centre were guided to collect their ART medication for the entire period of the lockdown. However, there were many residing in far-flung areas and did not have the means of transportation. In some states, the government allocated vehicles to distribute the drugs in the community were not available. Outreach workers in these situations struggled hard to organise transport for delivering ART drugs by using personal vehicles. They put their own lives on the line to help others. They continued to follow up with registered PLHIV on call to share preventive measures against COVID-19 and the importance of treatment adherence. These brave outreach workers home-delivered ART drugs to 1,75,347 PLHIV during lockdowns. A total of 7,36,769 PLHIV accessed the treatment from the nearest ART centre or Vihaan CSCs after they received a phone call from outreach workers.

Community based ART Refilling

Overcoming mobility hurdles, CSCs initiated ART refilling to ensure that there was no discontinuation of ART treatment due to accessibility issues. This was particularly important for stable clients who require ART drugs on a continued basis for high treatment efficacy. A total of 1080 stable clients received medicine from ART refilling centres during 2020-2021.

Assuring ART supply to the most vulnerable

The pandemic severely affected men who have sex with men (MSM) and the transgender (TG) population who were at risk of stigma and discrimination. Enhanced efforts were thus required to link them to care and treatment facilities. To this end, 10 specific CSCs were set up in nine states to cater to the TG PLHIV community. These were led by community-based organisations. The centres are working closely with communities to ensure that all community members have sufficient supply of ART medication. Currently, the 10 CSCs have been reaching out to 5950 TG community members.

AN OUTREACH WORKER CYCLES 40 KM TO DELIVER ART DRUGS IN LOCKDOWN



Shahid, an outreach worker in Kutchh district of Gujarat went door-to-door delivering ART drugs to 196 PLHIV in Mandvi block, the area assigned to him. He reminisces one particular delivery experience during the COVID-19 induced lockdown.

“I received a call from a man who had only a one-day dose of ART remaining. He lived about 40 kilometres away. I checked if the government vehicles could deliver ART drugs to him, unfortunately, nothing could be arranged. He was my priority so I decided to deliver ART drugs myself however I just couldn't find a vehicle to travel. I then borrowed my brother's bicycle and set out. Finally, I gave the man ART drugs that would last him for the entire lockdown period. On my return, about 10 kilometres before reaching my town, the bicycle broke down. I had to cover the rest of the distance on foot, dragging the bicycle on the side. I was exhausted from the travel but my heart was at peace as I had helped save someone's life.”

Many outreach workers like Shahid showed unflagging commitment to provide care and support services to PLHIV living in the remotest locations of the country during the pandemic.

Devising state-specific strategies for continued supply of ART drugs

Alliance India in consultation with SACS and partners developed state specific strategies to respond to the dynamic scenario of COVID 19. To enable the CSCs to operate in containment (red, yellow and green) zones notified by various states, specific administrative arrangements were made to reach out to people in these different zones. Accordingly, the progress updates were shared with SACS on a monthly basis.

Alliance India's local partners in various parts of the country, sensitised and closely worked with police and armed forces to ensure delivery of ART in containment zones and completely sealed areas. Even though there were teething challenges but once efforts were synchronised these personnel exhibited tremendous understanding and employed creative solutions to help individuals and families affected by HIV with access to life-saving medication and essential supplies.

Community-based HIV screening

Integrated Counselling and Testing Centres (ICTCs) and hospitals were working full-fledged during the pandemic, but people were apprehensive to visit hospitals due to fear and stigma. This affected the uptake of HIV testing services. To offset this problem, community-based screening was initiated at CSCs. This helped in providing community-based testing services to the family members of PLHIV. A total of 69 community-based testing centres were made functional (22 Gujarat, 25 Uttar Pradesh, 11 Madhya Pradesh, 3 Chhattisgarh, 3 Odisha, 2 Delhi, 2 Punjab and 1 Maharashtra). This contributed to the first 95 of the 95-95-95 strategy. Community-based screening has been scaled up in all CSCs of Uttar Pradesh, Madhya Pradesh and Chhattisgarh and would be implemented in other states.

Building synergy through virtual platforms

Consistent coordination and cross learning for improving the implementation of activities was an important differentiator for ensuring uninterrupted delivery of treatment services across India. A national conference call was initiated where all the partners, SACS and NACO officials participated. The conference calls were conducted to support the field staff and to address operational challenges and barriers. This helped provide cross referral for clients who were stuck in different parts of the country. Upon streamlining of activities, the frequency of daily conference call was then changed to alternate days and later based on the need.

A Vihaan Co-ordination WhatsApp group moderated by Alliance India's programme experts was also created for outreach workers to share information, reach out to one another, and coordinate when there is a need for them to step in. This group helped in the real-time exchange of information to promptly reach out PLHIV in precarious situations during and post lockdowns.





2.2 Harm reduction and drug use

Evidence from earlier epidemics suggests that even in the time of COVID-19, sex and drug use will continue, regardless of physical distancing orders and policies. People who previously met in community gathering venues such as bars and clubs may now meet in different sites, ones that are “hidden” or less accessible. This, in turn, may hinder efforts to reach them with harm reduction and prevention interventions, such as condoms, lubricants, and needle–syringe programmes.⁷

Given these heightened vulnerabilities of key populations, the harm reduction programme of Alliance India worked extensively to ensure their access to health care and rights-based ‘HIV and harm reduction’ services for their overall wellbeing. The programme hinges on a multipronged strategy of creating an enabling environment, addressing service delivery gaps and community systems strengthening. Concurrently, it also facilitates policy implementation, sensitisation and awareness of drug law enforcement at the national and regional level with advocacy efforts for increased access to and uptake of services for people who use drugs.

Harm reduction among people who inject drugs

The **Hridya** initiative of Alliance India is strengthening harm reduction services for people who inject drugs (PWID). Hridya is enhancing the capacity of targeted intervention (TI) NGOs; forming state drug-user forums to support community members/groups become part of the decision-making process; building the leadership of frontline workers; and sensitising and engaging law enforcement agencies. The programme is complementing the national programme by closely working with the SACS. Hridya is operational across five states namely, Uttarakhand, Uttar Pradesh, Delhi, Mizoram and Sikkim. As part of Hridya, more than 600 frontline workers from PWID TI and opioid substitution therapy (OST) Centres were capacitated to empower the PWID community, help increase access to services and develop leaders who further advocate for improving availability, accessibility and quality of services. The frontline workers were trained to directly help in scaling up of OST centres and improving quality of services.

"The Coronavirus pandemic really had a disastrous effect on my life. I was stable on OST and would go and collect it every week from the TI. At the end of the 1st month in lockdown, I was informed that there was no stock of OST and didn't know when it would be available. I spent days suffering from withdrawals, and when I couldn't bear it any longer I went and smoked smack. I continued for a while, but soon it had to stop as I was broke, I had left my job and it was a living nightmare for me. It was then that Alliance India sent OST to the states who were having the stock out situation. I soon went to the centre and received my weekly take-home dose till the end of the pandemic. My community and I thank Alliance India for caring when no one else did!"

Nandini, Woman Who Uses Drugs (WUD)

⁷ https://www.unaids.org/sites/default/files/media_asset/maintaining-prioritizing-hiv-prevention-services-covid19_en.pdf

REACHING THE UNREACHED IN PANDEMIC

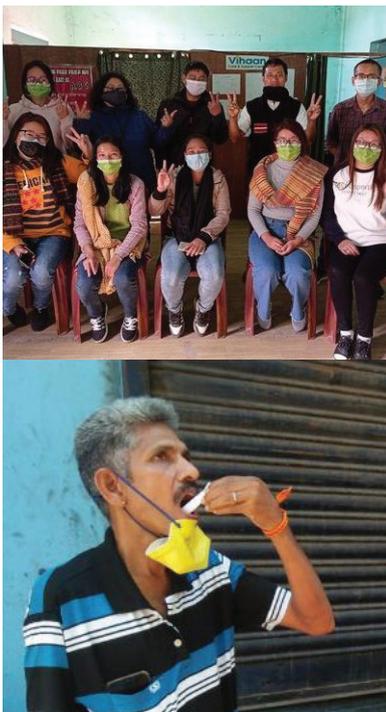
Mizoram Drug Users' Forum (MDUF), a partner of Alliance India took several measures to ensure the lockdown had minimum impact PWID. The Forum set up helpline numbers that are managed by experienced community leaders and started distributing medicines among hard to reach PWID for short term relief to deal with drug withdrawals.



These workers formed the backbone of providing harm reduction services and support to most marginalised PWID during the pandemic. They worked with community members with the help of the drug user forums using online platforms and social media tools to ensure last mile outreach; ensuring virtual diagnosis, expert consultations and availability of lifesaving medicines and commodities through peer workers from the community who are showing their commitment by doubling up as frontline workers.

Women-centric harm reduction services in Punjab

The women-centric harm reduction site at the Kapurthala Civil Hospital, Punjab since the start of the lockdown had initiated the implementation of take-home doses of OST to support the women registered at the centre supported by Alliance India. Though this has helped many women in continuation of their treatment, the lockdown disrupted the usual point of care for women who use drugs because of isolation from peer-support. Looking at the challenges faced by women who use drugs and particularly those who inject, the peer educators under the programme initiated follow-up with the women through telephonic contact, in case they required emergency services like food ration or an immediate response to overdose.



ADVOCATING FOR TAKE HOME OST AND OTHER DRUGS FOR PWID IN SIKKIM

Alliance India's Harm Reduction Programme team supported **Sikkim Drug Users' Forum (SDUF)** to work on developing strategies and shaping the agenda for advocating with the Sikkim SACS, State Health Mission, State Police and other authorities on the urgency to implement NACO's directive on take home OST dose for PWIDs. The timely and effective advocacy at the state and district levels has ensured the issuance of directives given

to all centres to implement the OST take-home guidelines for people who use drugs. Moreover, the volunteers from SDUF supported the government programmes by reaching out to hotspots and homes of the hard to reach PWID with the supply of needle syringes, OST, ART, and TB medicines. They successfully distributed OST medication to drug users facing withdrawals and not registered in the programme, in the process saved lives of people who use drugs.

One of the priority needs that the communities highlighted was the provision of needles and syringes for women not on the OST programme and currently using drugs as their access was curtailed due to the lockdown related travel restrictions. The peer educators were guided by Alliance India harm reduction team to devise plans in collaboration with the Kapurthala based TI project to act as secondary distribution “peers” for needle and syringes, an essential service during these times.

“Take home dose is there, but some women need more, they are trying new things, as it is getting difficult for them to get their usual drugs to inject. I keep on calling them, asking about their health and family, this way at least I could keep an eye on them and provide emergency assistance or refer them in case of overdose”, states Veena Rani, a peer educator, at the Alliance India supported, women-centric Harm Reduction Programme, co-located at Kapurthala’s, District Hospital.

The several leadership and capacity building training events that the peer educators have been able to participate in, enabled them to think beyond regular project implementation frameworks and consider the priorities in ensuring access to uninterrupted harm reduction services even while working from home.

Meeting the needs of female partners of PWID in Delhi

Considering the changing patterns among drug users and their sexual behaviour as per the recent national studies, Hridya added to the design - a pilot intervention at one site in Delhi to address the unmet needs of spouses and female partners (FSPs) of male Injecting Drug Users (IDUs) and Female IDUs (FIDUs). The intervention provided information and awareness on the prevention and treatment of HIV, sexually transmitted infections and related services. The FSP intervention adopting a differentiated model of delivering essential services to the unreachable FSPs of male drug users reached 387 FSPs of PWID with HIV, sexual reproductive health, gender-based violence (GBV) and other related services reducing their vulnerability to HIV, Hepatitis-C, TB and other health hazards. These services catered to a segment of women traditionally not included in a harm reduction programme.





2.3 Promotion of sexual and reproductive rights

Adopting a rights-based approach, Alliance India is committed to promoting sexual and reproductive rights of sexual and gender minorities and other key populations. To ensure quality healthcare services for sexual and gender minorities and female sex workers (FSWs), Alliance India has steered creation of community-based organisations working with MSM, TG and FSWs. Training and sensitisation of community service providers, health care workers from hospitals and TI programmes to increase demand generation; for creation of enabling environment as well as treatment literacy; and advocacy at all levels to bolster access to health services in a stigma-free environment remain focal areas of this intervention.

Respectful services for gender minorities

Being transgender and hijra (TGH) is strongly associated with stigma and discrimination. TGH population also lacks access to HIV services tailored to their needs. **Wajood** (meaning identity) an initiative for TGH provides HIV and sexual health services including support in feminisation, mitigating GBV and linkages to social welfare and entitlements. Wajood is implemented with local partners in Delhi, Gujarat, Andhra Pradesh, Telangana and Karnataka. Despite disruptions caused by the pandemic, Wajood enabled more than 3,565 TGH access sexual and reproductive health services in 2020-21.

Samarth initiative a next-generation community-led model for MSM and TGs is active in six sites of India. It introduces elements of non-communicable diseases as part of the overall health need of this group. The programme through community clinics ensures extensive coverage and complete access to services related to HIV prevention, testing and linkages to care for MSM, TGH with a focus on at-risk population segments within the target population; married MSM, young transgender between 18 –35 years indulging in sex work



SAMARTH CLINIC IN HOOGHLY, WEST BENGAL RESPONDED TO A MEDICAL EMERGENCY

Armaan (name changed), aged 30 a transman was in the process of gender transition. He had been on hormone replacement therapy for the last one year which was interrupted during the lockdown. Upon receiving a distress call from Armaan that he was experiencing panic attacks, Samarth team with the help of a local partner linked him to Chinsurah Sadar Hospital where he was provided medication and psychosocial support and recuperated fast.

SAMARTH TEAM IN PUNJAB HELPED A YOUNG TG WHO WAS HARASSED BY HER LANDLORD

Akira (name changed) aged 22, a transgender woman in Zirakpur, Punjab was harassed by her landlord to pay increased rent amid the lockdown. She worked as a seamstress earning a meagre income to eke out a living. The landlord didn't stop demanding the rent, he threatened her for sexual favours. She contacted Samarth team who intervened in the situation and forced the landlord to withdraw his unruly demands. "I can't thank you enough, you are the real hero of my life", said Akira after receiving the support from the Manager of Samarth Clinic.

and those with substance use. Functioning in Delhi (NCR), Jalandhar (Punjab), Vadodara (Gujarat), Hyderabad (Telangana), Hooghly (West Bengal), Hassan (Karnataka) and Pune (Maharashtra), Samarth has helped in HIV testing of approximately 7,838 MSM and TGs in 2020-21. Samarth team worked incessantly to support MSM and TGs grappling with economic and medical emergencies during the pandemic.

Preventing gender based violence

Ujwala is an initiative to mitigate and prevent GBV against FSWs, and strategically provide SRH services with the aim to improve the uptake of HIV services including prevention, testing, treatment, and care and support. Enabling access to services to male gatekeepers and regular partners of women in sex work is one of the best practices established under the initiative. This has helped women to access HIV and SRH services during working hours with ease. Ujwala has managed to demystify the virtual network of women in sex work and generated considerable evidence to demonstrate that reaching out to women soliciting sex work through virtual networks is possible. These virtual networks helped in reaching out to FSWs even during the COVID-19 restrictions. Ujwala continued to provide comprehensive SRH services to FSWs in Delhi, Warangal, and Ahmedabad, during the pandemic for retaining them in HIV care and reached out to around 1,329 women in 2020-21. WhatsApp groups of sex workers initiated as part of Ujwala aided many of them in reaching out to the Ujwala Helpline number for support when they faced violence and hostility in lockdowns.

Zero Violence – a short term project of Alliance India was launched to reach out to 1000 women, girls and TG vulnerable to exploitation and violence during the lockdowns. The project focused on three high priority states, Delhi, Gujarat and Maharashtra and has led to the formation of five crisis response teams (CRTs) in five cities – Chandigarh, Surat, Ahmedabad, Vadodara and Kushinagar.

Ever since the formation of CRTs, 16 cases of violence that were reported were responded to and addressed. The project sensitised key stakeholders around issues of GBV. The training focused on building their capacities in understanding different forms of violence, legal provisions and mechanisms to report and address these kinds of violence. These training sessions were attended by over 830 individuals comprising women, gay men, adolescents and TG.

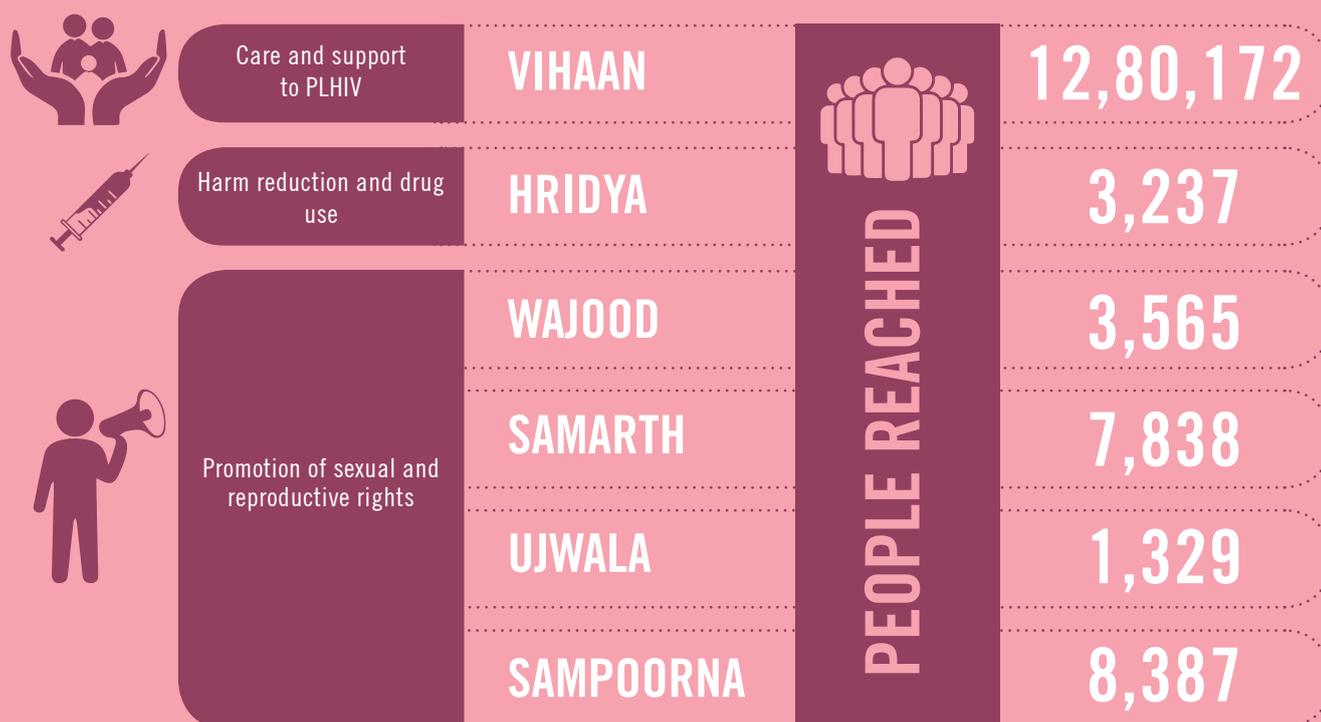
In addition, 45 responders comprising para-legal and healthcare workers, police personnel, and service providers were also sensitised on GBV. The project successfully held 10 advocacy meetings with the relevant authorities and stakeholders. Besides, the project developed impactful communication materials that can be used as tools for awareness and empowerment by implementing partners long after the project cycle has ended.

Rolling out pilots at the state level

Sampoorna project has been piloted in three districts of Gujarat to integrate HIV and sexual and reproductive health services to increase access and uptake, better client satisfaction, and reduce cost particularly for women. The pilot led to the development of 14 model sub-centres to demonstrate SRH-HIV integration. These sub-centres provide integrated services that include information, counselling, commodities and HIV screening for all ANC women. The pilot also paved the way for combined capacity building of ASHAs and TI teams and established close coordination between them for respectful and stigma-free service delivery.

Mainstreaming HIV response in the pandemic will remain one of the core priorities of Alliance India to meet the 95-95-95 targets and global goals. In this direction, unified efforts towards containing HIV and COVID via its well-established programmes to prioritise and protect PLHIV and key population groups will continue to be the mainstay of Alliance India's work.

ALLIANCE INDIA EFFORTS AT A GLANCE 2020-2021



Shielding the Most Marginalised against COVID-19

Global health emergencies and pandemics like COVID-19 necessitate according primacy to risk communication and community engagement (RCCE) to break the chains of transmission and mitigate their impact. People's behaviours and their willingness to follow public health and social measures remain the most powerful tools to stop the spread of the virus.⁸ The provision of safe water, sanitation and waste management and hygienic conditions is essential for preventing and protecting human health during all infectious disease outbreaks, including COVID-19.⁹ With the launch of vaccines, enhancing public trust on them and reducing hesitancy is crucial. RCCE, sanitation and hygiene and vaccines are pivotal in safeguarding communities against COVID-19. Alliance India's COVID-19 response stood firm on the above pillars. Using its ongoing programmes and platforms, Alliance India waged a dual war on HIV and COVID-19.

3.1 Reaching communities through effective RCCE strategies

In response to the strongly felt need to dispel the myths and misconceptions arising due to the pandemic, Alliance India organised training of implementing partners and field teams on the dissemination of accurate information about COVID-19 using the communication and training materials developed by the Ministry of Health and Family Welfare, WHO, CDC and UNAIDS. Revised simplified information on COVID-19 was shared with partners and field workers.

⁸ <https://www.who.int/publications/i/item/covid-19-global-risk-communication-and-community-engagement-strategy>

⁹ <https://www.who.int/publications/i/item/WHO-2019-nCoV-IPC-WASH-2020.4>

A series of virtual sessions with all partners across the country were carried out by Alliance India team. The sessions were dedicated to empower CSC staff with the latest information related to COVID-19, its symptoms, spread, prevention and control measures, quarantine rules and sharing implementation experiences. Team members from 12 implementing partners and 319 CSCs participated in these regional training programmes. More than 7000 service providers and frontline workers were capacitated during 2020-21. These capacity building sessions helped implementation teams in stirring dialogues and discussions at the community level to dispel myths and misconceptions about COVID-19 and provide accurate information on its prevention and control measures. Wearing masks, washing hands and maintaining physical distance were the vital messages that implementation teams spread across the communities through home visits, virtual platforms and telephonic conversations. More than 1 million PLHIV and community members were provided counselling on COVID-19 prevention and control.

3.2 Promoting COVID appropriate behaviour through sanitation and hygiene kits

COVID-19 magnified focus on sanitation and hygiene particularly washing hands and wearing masks. Regular RCCE activities further created demand for sanitation and hygiene materials. However, many PLHIV and key populations in project locations lacked access to basic resources to procure soaps, masks and sanitisers. Alliance India worked closely with its partners under its various programmes to identify the most disadvantaged key population members. This was followed by distribution of protective hygiene kits to identified populations in Delhi NCR, Uttar Pradesh, Gujarat, Manipur, Punjab and Jharkhand. The kits contained soap bar, hand sanitiser, N95 masks and gloves.

Another set of hygiene kits tailor-made for adolescent girls and women were provided to 400 young girls and women affected by HIV/AIDS in Delhi NCR through the ongoing projects. The kit consisted of sanitary pads, soap bar, hand sanitisers, N95 masks and gloves.

The provision of these kits during the challenging times helped them maintain proper hygiene and COVID-19 appropriate behaviour to prevent infection. Approximately, 5000 people at risk were provided with hygiene and dignity kits.

Frontline and outreach workers are corona warriors and the fulcrum of COVID-19 response. Thus, their safety and security is of utmost importance. For their protection, a total of 473,400 personal protective equipment (PPE) kits (gloves, masks, soap, and sanitiser) were provided to staff of 319 CSCs and 1700 NACO programme centres spread across India. More than 1500 frontline and outreach workers who are the foot soldiers delivering essential services were provided hygiene kits and gear to assure their safety.





MASKS TO ALL CAMPAIGN

Vihaan programme's CSC in Jalandhar initiated a campaign "Mask to All". The campaign was launched under the guidance of Punjab SACS officials and in close coordination with the ART centre. For this initiative, fabrics were mobilised by local donors and Gurudwaras (Sikh places of worship). Masks were prepared

voluntarily by PLHIV community members who had earlier attended the stitching and tailoring course under the CSC programme. On an average 80-90 masks were prepared and distributed daily to PLHIV community members along with adequate information on COVID-19 prevention measures.



ADMIRABLE DEDICATION OF AN OUTREACH WORKER

Geetaben's hectic day started at the crack of dawn as she swung into action to quickly finish her house chores before she could get ready to leave for her duty. Every day, she left her home at 8 AM sharp, visited the ART centre to collect the medication, coordinated with the CSC for the list of people she would be visiting for the day and set out to supply the ART medication to PLHIV from one village to another. Exhausted from extensive travel in the peak Indian summer, she returned home at around 7 pm. She did not stop at that. Post dinner, she took

out her sewing machine and stitched masks to hand out to the HIV clients she would visit the next day.

"I noticed that many of the clients I visited were not wearing masks, the reason was not only lack of awareness but also inadequate resources to purchase masks. Since I am skilled at sewing, I decided to make as many masks as I can and distribute among my clients for free of cost while also creating awareness about COVID-19", averred Geetaben.

Assisting people affected with COVID-19

Numerous PLHIV and key population group members contracted COVID-19 particularly in the second wave of the pandemic. Those who suffered from mild to moderate symptoms were counselled to take adequate care at home. Medical kits comprising oximeter, infra-red thermometer, steamer, soap, hand sanitiser, N95 masks and gloves were provided to 500 COVID-19 affected key population members. In order to provide more effective and need-based support to the PLHIV and key population members in post COVID-19 recovery phase, tie-ups with online digital healthcare platforms were forged for the provision of critical healthcare services. The tie-ups helped PLHIV and key population groups in availing instant health care counselling services, medicines and clinical tests. Registration of 300 members on the digital health card via mobile application is underway. This virtual initiative is enhancing health seeking behaviour among key populations. Crisis support was also provided in few cases where members were critically ill and suffered from serious post COVID complications like black fungus (mucormycosis).



3.3 Making vaccine equality a reality

Vaccines are essential for stemming the COVID-19 pandemic. But swift development of vaccines was not followed by their adequate supply and distribution. This created an acute scarcity of vaccines and their fair distribution remained elusive. To bridge the inequality in vaccine availability and distribution, Alliance India anchored vaccine linkages for PLHIV and key populations. One of the first steps in this regard were setting up of helpdesk in its state field offices to dispel myths, answer queries and build key populations' trust on the effectiveness and safety of vaccines. Once convinced, key population members were assisted in registering on the COWIN portal, getting their vaccine appointments in the nearby government vaccine centres and were further accompanied to the healthcare centre for taking their vaccine dose.

One of the challenges faced by key populations in availing the vaccine services from government centres due to their gender identity was TG and PWID community members facing stigma and discrimination. Likewise, most of the FSW members were reluctant to visit the vaccine centres within their locality due to fear of stigma. Moreover, the inconsistent vaccine supply in these centres made it more difficult for them to get their vaccine on time. It was not easy for the members who depended on daily wages to divert their time for standing in never ending vaccine queues and give up their earnings. In order to overcome these challenges and ensure that members were vaccinated, COVID-19 vaccine camps were organised in different parts of the country.

Alliance India organised two vaccination camps in New Delhi. The camps were able to inoculate 121 key population members against COVID-19. The camp mainly covered PLHIV, FSW, MSM and TG groups in and around East and South Delhi region. The camps organised in collaboration with District Magistrate Office (DMO) of South Delhi promoted partnership and collaboration with the government healthcare centres contributed to the response sustainability.



A vaccination camp especially for TGH community members at Wajood centre in Gorakhpur, Uttar Pradesh was organised. Another vaccination camp was organised in Guwahati, Assam where 100 members including people/women living with HIV/AIDS and TGs received their 1st and 2nd doses of the vaccine against COVID-19. These vaccine linkage initiatives and camps reached out to more than 500 key population members.

3.4 Launching COVID-specific pilots

Parivartan (meaning change) project has been initiated in Surat, Gujarat. Parivartan is an intervention for providing COVID-19 support to vulnerable populations and advocacy with public health service providers in providing stigma free services. Parivartan extended virtual outreach services to key populations to equip them with complete and correct information on COVID-19 prevention and care. A total of 1,220 key population members were reached with information and referral services under the project. Three vaccination were camps organised with support from Surat Municipal Corporation under the project. Through these camps, 452 people were vaccinated.





THE COVID-19 PANDEMIC THROUGH A TRANSGENDER PERSON'S LENS

Manisha (name changed), a resident of Jamshedpur, Jharkhand, has been living alone for almost a decade owing to alienation from her family who were not ready to accept her identity. After leaving home, she underwent social transition and embraced a feminine identity. However, this was met with a lot of friction, whether it was concerning livelihood opportunities or the general conduct of the public. For years, she has been manoeuvring through a number of low-paying jobs such as workings in the NGO sector, *toli badhai* (money received when congratulating families for special occasions such as weddings and births), sex work and begging, most of which are daily wage options. She has been surviving with bare minimum resources and numerous hurdles in acquiring the basic means to survive. However, as she narrated, she had been learning the art of getting by and was trying to build a better life by slowly accumulating savings, until the pandemic hit.

The COVID 19 pandemic, which spread through the globe towards the beginning of the year 2020 affected people from almost all sections of society. However, the drastic effects of the pandemic were disproportionately distributed. Populations that lacked the resources essential for maintaining and regaining stability during this unprecedented time were left to struggle for survival for months. A considerable section of the TG community also dealt with disproportionate impacts of the pandemic.

With the stay-at-home directives and nationwide lockdown that were imposed as the pandemic rapidly began to spread, Manisha struggled for survival every day as all of her livelihood options were contingent upon her presence in public places. Since people were not present in market places and her movement was also regulated by the local authorities, she could

not go to the markets and other hotspots for begging, and the citywide shutdown of public transport systems such as buses and trains added to her plight. For months, celebratory and religious gatherings were not allowed and Manisha and her *toli* (team) could not join in for blessings as was previously done for such occasions and celebrations.

With her usual daily income of around INR 300-400/- being reduced to a meagre INR 50-60, the major source of sustenance for Manisha and those she lived with was the dry ration that was distributed by several stakeholders such as private parties, CSR initiatives of corporate and industrial houses, the NGO sector, as well as the political leadership of the area.

Alliance India's Wajood programme contributed towards strengthening this supply of ration and other protective measures including masks and sanitisers by organising for their distribution in Manisha's community through its partners. The unforeseen circumstances had greatly affected the service delivery and the work of outreach workers as they were unable to travel long distances to reach community hotspots. However, the outreach workers pushed their limits to extend COVID-19 related services to the community in whichever way possible and in making sure that HIV interventions continued uninterrupted. They organised drives to distribute ration, masks, soaps and sanitisers and educated the community about the precautionary measures that could be taken, and thus attempted to alleviate some of the anxiety. This was a relief for Manisha and her *toli*. She now hopes that government and civil society in times to come will make arrangements for resources to meet the needs of her community so that they can live with dignity.

Providing Succour to those under Economic Duress

Impacts of COVID-19 have created ripples across the most formidable world economies. Indian economy also plunged into recession and witnessed enormous loss of jobs and livelihoods pushing millions below the poverty line. The key population groups and PLHIV were also pushed to the brink of absolute poverty and faced the brunt of prolonged lockdowns. Many of these people were deprived of basic necessities most importantly food and nutrition given their compromised immunity. In fact, consumption of adequate food and nutrition is a crucial COVID sensitive behaviour for maintaining health and immunity. In the light of the above factors, a holistic COVID response catering to food and nutrition needs of key population groups deemed essential.

4.1 Ascertaining food security through ration cards

Leveraging various programme platforms and activities, PLHIV, women and children, TGs and MSM were provided ration kits in Maharashtra, Kerala, Karnataka, Uttar Pradesh, Tamil Nadu, Delhi and Manipur. Programme weekly meetings, home visits, field outreach were key platforms utilised to connect with the stakeholders and provide them with the ration kits. During the ration kit distribution, information on COVID-19 preventive measures, its signs and symptoms was disseminated. The people were further encouraged to register for and get their vaccines. The provision of ration kits was deeply acknowledged by various stakeholders.



4.2 Establishing an efficient food supply chain

Alliance India contracted Kendriya Bhandar (<http://kendriyabhandar.org/>) centrally for procuring the food items to be provided in the ration kit. The composition of ration kits was designed keeping in mind the concept of a balanced diet with inclusion of protein rich foods. Each kit contained rice, flour, mustard oil, pulses/lentils, kala chana, salt, sugar, glucose, tea, jaggery, turmeric, zeera, milk powder, cumin, nutrela soyabean chunks. The procurement of food items, their packaging and transfer to project locations was done by Kendriya Bhandar.

Alliance India was provided with the courier tracking number by Kendriya Bhandar once the goods were shipped via road to monitor the status of their transit and delivery. The project teams at the field offices were informed before the delivery of the ration kits and were instructed to report back to Alliance India Central Office once the kits were received. The project team prepared a ration kit distribution plan and executed it keeping in mind mobility and travel restrictions.

Distribution of ration kits faced hurdles especially in South and North Eastern states of India due to state specific lockdown and curfews. Despite this, field teams made their best efforts to promptly deliver ration kits. During these lockdowns, more than 3300 people were provided ration kits.

Supplying ration kits - overcoming extreme weather conditions and lockdowns

While the COVID-19 crisis was spreading rapidly, the landfall of super cyclone Amphan shattered the people of West Bengal. On 20th May 2020, people of West Bengal were eagerly waiting for the end to a dreadful night of power cuts and rage of strong winds. The super cyclone Amphan tore through several districts of West Bengal leaving a trail of death and enormous destruction. South 24 parganas,

Hooghly, Howrah, North 24 parganas, East Medinipore, and many more districts were affected severely. But these weather conditions did not deter the spirit of outreach workers who continued to work together to alleviate people's misery! Maintaining all precautionary measures Tinku Roy an outreach worker in a Vihaan CSC and her team extended their hand to help others in need and provided ration kits and other support to cyclone affected PLHIV and key population groups.

In Delhi, the Samarth team reached out to two MSM sex workers who were in need of urgent food supplies. Ever since the COVID-19 outbreak and the restrictions related to containment measures, this duo had been out of work. With no means of sustenance, they felt helpless and were dependent on the generosity and care of people around them. Samarth Clinic Manager and Peer Champion restored their dignity by providing them enough ration for a month.

Female sex partners receive ration kits

In a pilot intervention in East Delhi's Sundar Nagari, Alliance India mobilised grocery items, vegetables, and sanitary napkins for over 220 FSPs and PWID. The supplies included a monthly kit each containing rice, flour, cooking oil, pulses, salt, sugar, spices, and vegetables. The ration kits were distributed by the local partners who continued to relentlessly work for these excluded and marginalised groups during the lockdown.

Immediate relief to the TG and non-binary communities of West Bengal

One of Alliance India's local partners prepared a list of around 2700 members of TG and non-binary communities who were in urgent need of relief aid in Hooghly and Howrah districts. In partnership with the Ministry of Health and Family Welfare, local partner of Alliance India distributed dry ration to all the identified members. Apart from this, 214 community members were counselled on taking measures to protect themselves against COVID-19 and observing safety while engaging in high-risk sexual behaviours during the public health crisis. More than 156 community members were linked to government relief schemes for further help.



Building Resilience through Psychosocial Support

Pandemics and public health emergencies are often associated with fear, anxiety and stress as they disturb social harmony and cause chaos in the affected areas. COVID-19 led to, self and social isolation, disconnection from family and friends, quarantine and lockdowns resulting in more people than ever experiencing feelings of helplessness, isolation, grief, anxiety and depression. Bereavement, loss of income and fear triggered mental health conditions or exacerbated existing ones. Many people faced increased levels of alcohol and drug use, insomnia, and anxiety. Meanwhile, COVID-19 itself led to neurological and mental complications, such as delirium, agitation, and stroke. Resultantly demand for psychosocial support services increased exponentially. Alliance India magnified its existing counselling and psychosocial support interventions for PLHIV experiencing distress during the pandemic.

5.1 Equipping implementation teams for extending psychosocial support

People affected with HIV remain at increased risk of experiencing psychological issues due to fear of contracting COVID-19, inability to access treatment and existing support systems. Owing to fear of stigma and discrimination, they are often reluctant to access health and psychosocial support services. Consequently, for them importance of psychosocial support is substantially high. Alleviation of stress and psychological problems is crucial for adhering to prevention and treatment seeking behaviour for COVID-19.



For the provision of quality psychosocial support services, Alliance India build on its existing cadre of implementation teams adept in counselling for HIV. As a first step to assure the provision of quality psychosocial support, all programme implementation teams of Alliance India were trained on providing mental health and psychosocial support to community members and dealing with their own stress and exhaustion while responding to health emergencies. The training equipped teams on handling stress and psychological problems caused due to COVID-19. Implementation teams skilfully built on their previous knowledge and skills of providing counselling to PLHIV.

5.2 Delivering psychosocial support to key population groups

To address mental health issues of key population groups, psychosocial support was provided by Alliance India and its partners through tele-counselling, home visits and weekly meetings. The psychosocial support initiatives demystified myths and misconceptions about COVID-19 and its spread, allayed fears around the disease and encouraged HIV treatment adherence. Practical tips for reducing stress such as staying connected with friends and families through virtual platforms, pursuing hobbies, maintaining an engaging daily routine, learning a new skill, doing exercise and yoga and minimizing exposure to sensational media coverage were also recommended. As part of the overall COVID-19 response, more than 0.4 million people in distress were provided psychosocial support.

Responding to cases of acute stress

During the lockdown, outreach workers were actively calling and visiting people living with HIV. There was one instance when a PLHIV seemed stressed and threatened to commit suicide if anyone from CSC called or visited. The person feared that questions will be raised by the family or neighbours who were unaware of the person's HIV status. In some instances, the HIV status of a person became known because of the catastrophe and the family members had to be counselled and ensured that it did not escalate to serious conflict within the family.



A young HIV positive girl from Kozhikode district in Kerala avoided outreach workers until she fell gravely ill. The field team rushed her to the hospital where she was found positive for tuberculosis. She then had to be initiated on both HIV and TB treatment. In such cases, outreach workers counselled both person affected and family members on coming to terms with HIV positive status of their close ones.

People who went without ART medicines for more than a week began to worry about developing drug resistance. Which meant, the first set of HIV treatment won't be effective and they were required to move on to the second set of HIV treatment. In HIV treatment, it is desired that people stay on the first set of treatment for as long as they can in life because the medicine options are limited. The field team provided psychosocial support and counselling to these people in distress. Helped them in adhering to the treatment.

Numerous calls were received from families who were afraid to step out of their homes fearing COVID-19 infection. Team members reassured them and guided them to take preventative measures and step out only if absolutely necessary while observing COVID appropriate behaviour.

Many outreach workers reported that responding to distress calls and giving a patient hearing to the callers at times did wonders. They felt the conversation was cathartic for them and they felt more at ease and hopeful afterwards.

Addressing mental health issues of TG and non-binary communities

The circumstances under which TG and non-binary persons live in India are not always easy and safe. Several of them face hostility from their families and society at large. Many young people feel befuddled about fully coming to terms with their identity. As a result of bitter rejection, dropping out of school, running away from home, engaging in sex work for survival in a new city, finding refuge with the household of a guru who fulfils his or her duty as the head of the house, on the fringes of society trying to make a decent living – these are common storylines of TG and non-binary community members.

Alliance India's gender, sexuality and rights team through various programmes implemented by partners, community-based organisations reached out to these communities for providing them psychosocial support. Alliance India's partner in Punjab, started a weekly talk show on social media titled Aao Galla Kariye (Come let's chat) to create awareness and to address growing distress among the TG and non-binary community members amid lockdown. The talk focused on demystifying the concept of 'happiness' for overall well-being and addressed issues of loneliness, depression and addiction, and their impact on daily life. The host and the resource persons at the talk shared examples to articulate the impact of positive thinking and self-care to improve one's life. Overall, 128 viewers participated in these broadcasts of Aao Galla Kariye. To this small but unique initiative, the response from the audience was very positive and viewers wanted the talk show to continue once a week.



Combating Stigma and Discrimination

In the wake of the fear and uncertainty associated with a pandemic, stigma and discrimination quickly follow, exposing people to maltreatment, violence, harassment and isolation, and hampering the delivery and uptake of essential health services and public health measures to control the pandemic. The stigma that arises during a pandemic can worsen existing inequalities. Fear of stigma during a pandemic can obstruct the adoption of preventive measures, timely testing and adherence to treatment.

6.1 Identifying stigma and discrimination as barriers to health seeking behaviour

COVID-19 made both the frontline workers and PLHIV and key population groups vulnerable to stigma and discrimination. Alliance India's programme implementation experience brought to the fore numerous instances where stigma and discrimination were faced by field teams and people affected. During regular programme meetings, the outreach workers reported incidents of stigma and discrimination faced by them and PLHIV. It was noted that they were targets of stigma and victimisation by allied service providers, police personnel and the community at large. For instance, a number of PLHIV reported that they were not permitted to go to hospitals to collect their ART medicines even after showing their treatment records. While going to the health facilities, they were forced to disclose their HIV status which made them susceptible to discrimination and social isolation by neighbours. Such incidents left them distraught and worried.

An increasing need was felt to sensitise communities and allied service providers to not stigmatise HIV or COVID affected people. Community sensitisation and awareness activities were organised to minimise stigma and discrimination. These included one to one visits and virtual networking with allied service providers particularly those providing SRH services and police personnel. These sensitisation efforts were led by the field teams who reached out to allied workers and security personnel posted in their area of operation.

6.2 Social media campaign to create a positive and supportive environment

To minimise the negative impact of the COVID-19 outbreak among the key affected populations a series of videos on social media with a positive message from community members and peer counsellors who received help through various initiatives were shared. The campaign #CommunitiesForCommunities demonstrated how together by helping each other the pandemic could be fought. Messages of being compassionate and supportive to each other, support don't punish, virus does not discriminate why should we were reiterated through this and

other social media campaigns. These campaigns reached to about 15,000 online audiences creating a positive environment amidst the gloom of COVID-19 situation.

Immediate action for fighting stigma and discrimination

Shyam (name changed), a resident of Noida and registered in Lal Bahadur ART centre, Delhi was not believed but beaten up by the local police for stepping out of his home. Shyam called a peer counsellor from Vihaan's CSC who intervened and spoke to the police officers over the phone about the importance of ART medicine as a lifesaving drug and requested them to allow him to go to the hospital. Finally, he was allowed but the incident left him distressed. Shyam was provided psychosocial support and counselling to alleviate his stress.

In the majority of districts, outreach workers from CSCs obtained special approval from the local authorities to visit the communities. However, these special passes were not issued in some districts. Whenever PLHIV called over the phone, the outreach workers visited them, sometimes to even sealed off areas to home deliver the HIV medicines. Many outreach workers had to face police assault, especially in





Balangir, Odisha and Katihar, Bihar. To prevent these incidents implementation partners closely coordinated with police and other security personnel on minimising stigma and discrimination and treating outreach workers and PLHIV with dignity.

Battling stigma in urban areas

Even in the national capital, Delhi, PLHIV were not spared of discriminatory behaviour. Mangla, a TG who was HIV positive had been staying with her Guru in a Dera (camp) for several years. Post the COVID-19 outbreak, she was asked to leave the Dera because

she was vulnerable to contracting COVID-19 and people feared that she may transmit the virus to others. She approached Vihaan's CSC in East Delhi for help. The team identified a shelter for her in one of the community homes. A similar incident was also reported by another TG from Kolkata. In such cases, Alliance India team intervened to help gender minorities and other vulnerable groups facing stigma, helped them access psychosocial and other support and sensitised communities to create a stigma-free and supportive environment.

Tracking Progress and Consolidating Results

The number of COVID-19 cases are receding and vaccination figures are increasing in India. Most enterprises, establishments and public places have opened up and economic recovery is underway. The health systems seem better prepared to handle imminent waves of COVID-19. This is the time to build back better and usher in innovations. Based on the principle of build back better Alliance India is committed to manage and mitigate epidemics of COVID-19. Alliance India's multilayered response to COVID-19 has led to heartening achievements. It is now determined to solidify these gains through its new initiatives.

7.1 New partnerships

Alliance India has signed a non-transactional memorandum of understanding (MoU) with The Humsafar Trust. The first of its kind MoU between two community-centric organisations. Both Alliance India and Humsafar Trust have community-centric programmes aimed at addressing HIV among the MSM and TGH communities. The partnership will achieve enhanced results with projects complementing each other.



COVID-19 RESPONSE OF ALLIANCE INDIA

**WE BETTER
ARE TOGETHER**

14,31,946

People received HIV services through our pan India programme

10,15,066

People received TB screening

4,48,258

People received psychosocial support

1,16,966

People linked to social welfare schemes

35,347

People received HIV screening

13,254

People living with HIV linked to ART

7,069

People provided capacity building and training on COVID-19

5,198

People provided with sanitation and dignity kits

3,370

People provided dry ration

2,364

People linked with HIV-SRH services

Data: April 2020 to March 2021



The joint focus of the partnership will be to end HIV transmission with more screening and greater access to health care.

7.2 Telemedicine

NACO has envisioned a specialised national telemedicine system to facilitate high-quality treatment and care of PLHIV by building the capacity of ARTCs.

Alliance India is piloting this national telemedicine service for PLHIV that will be powered by eSanjeevani telemedicine technology developed by the Centre for Development of Advanced Computing (CDAC). The specialised national telemedicine service will be piloted in a phased manner using three models.



The first model will be between ART Centres and ART Plus Centres/Centres of Excellence (CoE) for expert consultation, State AIDS Clinical Expert Panel (SACEP). The second model will be between ARTCs and CSCs to support community-based drug refilling at peripheral centres, and the third model will be between ART Centres and direct consultation with PLHIV. The system is currently under development, and the pilot will start soon. The pilot will be carried out in 50 ARTC, 50 ART+ Centres and CoEs, and 25 CSCs. It will make virtual access to healthcare a reality for PLHIV. The lessons from the pilot will inform the future course of action for scale up across the country.

Virtual outreach initiatives

The NETREACH programme is working on providing innovative communication messages through virtual mediums and social

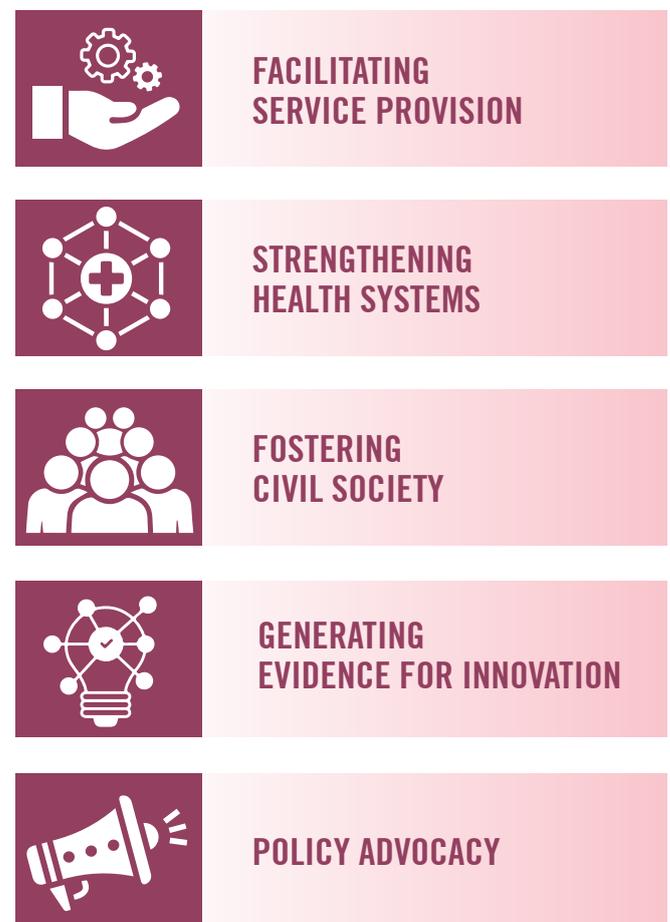
networking sites. In this process, effective communication materials were developed for HIV testing and prevention. Through Alliance India based 'Virtual Navigator' WhatsApp videos have been shared with community members encouraging safe sex practices. It is expected that these innovative approaches will promote HIV testing in high-risk groups to achieve the target of the first 95. Under the NETREACH programme, 24,617 persons were approached through various virtual mediums and social networking sites, 555 persons were referred for HIV testing cumulatively and among them, 390 were physically tested for HIV at ICTC. The pan India programme will reach the missing millions through virtual space.



Futurescapes



The way forward for Alliance India is underpinned by its long term goal of a world where HIV shall be of no consequence. To achieve this goal Alliance India will rest its strategy on five pillars. These include:



The five strategic pillars are intrinsically linked to each other and will be important to the overall success of the interventions led by Alliance in the next five years. Alliance India will closely work with communities and government stakeholders and policy makers for making the health system more responsive and agile to the demands of PLHIV and key population groups.

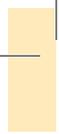
THE FIVE PILLARS WILL TRANSLATE INTO FOLLOWING STRATEGIC ACTIONS

- ❁ Collaborating with national and state level stakeholders to align HIV programme with the Government's vision of Universal Health Care
- ❁ Closely working with civil society to understand their needs and design programs that are relevant to them
- ❁ Directing focus on issues such as education, gender, equality, empowerment, social justice, employment, economic empowerment which play a pivotal role in giving agency to vulnerable and marginalised groups
- ❁ Empowering community members to raise issues important to them with policy makers
- ❁ Working with local/state service providers and governments in identifying gaps in health systems and helping them with solutions that are transformative in nature
- ❁ Working on both demand and supply side issues to ensure delivery and uptake of quality services
- ❁ Ensuring last mile connectivity
- ❁ Building strong evidence base through a series of direct and indirect initiatives inform programmes and policy



Now it is well known that COVID-19 has the potential to cause substantial disruptions to health services, due to cases overburdening the health system or response measures limiting usual programmatic activities. Alliance India will attempt to quantify the extent to which disruptions to services for HIV, TB, and malaria in low-income and middle-income countries with high burdens of these diseases could lead to additional loss of life over the next five years. Generating evidence in this area, will inform the possible strategies for lessening the impact of COVID-19 through strengthening of health, social and economic systems.

In all aspects of its work, the voices of PLHIV and key population groups will find a prominent place. Community led approach will remain the overarching theme for implementing all the above strategies.



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