

2020



**Process  
Documentation**  
SEPTEMBER 1, 2020



# REMEMBRANCE



Dear Ankit,

You left us and went far away,  
But we remember you every day...  
Life without you is a difficult path to move on,  
We cherish your memories and keep up the mission...  
READY Plus family fondly remembers you...  
And we are sure, when we do, you smile at us...

# REMEMBRANCE



## हमारी रमा

कुछ पल बहुत बुरे होते है और  
कुछ बहुत प्यारी प्यारी यादों में एक प्यारी सोच होती है  
और सोच को सोच से सोचने के लिए बनी थी रमा ..  
जो रमा के साथ रमा वो जिंदगी भर के गम से गमा है

दिन नया था, और सोच भी;  
कुछ नया करना था यही सोचकर जल्दी उठा ...  
वो मेरी पहली मीटिंग READY++ की..  
जैसे मैंने सोचा था बिलकुल वैसी ही थी।  
बहुत कुछ सीखने को मिला कुछ पुराना था पर नये जैसे था ...

ये सब मेरे दिल में हो रहा था, तभी अचानक दरवाजा खुला  
और एक बिना पायल- बिंदीया की, बिना काजल-मेकअप की  
फिर भी सबसे अलग रमा जी चलकर पास आ रही थी...  
आते ही जैसे गुड मॉर्निंग कहा मेरे दिल पर मेरा ज़ोर नहीं रहा  
क्योंकि एक HIV पॉजिटिव इतना खुश कैसे रह सकता है ?  
तब जाना की यार जिंदगी में थी बहुत सी चिंता; बहुत से दुःख  
फिर भी उड़ती थी आसमान में खुशी के लगाकर पंख

वो सब यादें एक दिमाग के संदुक में कैद कर हम घर निकलने वाले थे,  
तभी रमा जी पास आकर बोली " ये बहुत सुनहरे दिन थे जो आप सब के साथ गुजारे थे"  
मुझे गर्व है कि हम एक खुशहाल जिंदगी जीने वाली रमा के जीवन के उन सुनहरे वक्त में साथ थे...  
लेकिन हमें ये पता नहीं था कि ये खुशी के दिन बहुत कम थे

ऐ खुदा तुझसे इतनी नाराजगी है कि जो इन्सान सबको पसंद होता है  
वहीं इन्सान तुझे भी कैसे पसंद आता है???

माना उन्हें आप ले गए पर ऐ खुदा हम भी कुछ कम नहीं  
जब तक हासिल ना कर ले उनका मुकाम, रुकेंगे हम नहीं

जाते-जाते रमा जी सिखा गई...  
हँसो, खेलो, मुस्कुराओ... जो करना है शान से करो..  
जिंदगी में कुछ नया करो .. कुछ अच्छा करो..  
रुकी हुए खुशी को चलना सिखा दो ...  
हाथ दो उन लम्हों को जो थम गए..  
आवाज दो उस पल को जो रास्ता भटक गए  
ना सोचो कुछ अच्छा करने से पहले..  
ना कभी रुको मंज़िल हासिल करने से पहले..  
क्योंकि, क्या पता कल हो ना हो....

**From: Prem Londhe**  
**Peer Champion, Pune**

# Contents

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Abbreviations	6
Acknowledgments	7
Executive Summary	8
I. Context	9
II. READY++: A unique AYPLHIV led model	12
III. Purpose of Process Documentation	14
IV. Preparing for implementation	15
IV.1 Strategy Development	15
IV.2 Formation of National Resource Team	15
IV.3 Key partners and stakeholders	15
V. Implementation	15
VI. Catalyzing Change	21
VII. Conclusion and way forward	32
VIII. Recommendations for scale up/replication	32
Annexures	34

# Abbreviations

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AIDS	– Acquired Immune Deficiency Syndrome
ART	– Anti Retroviral Therapy
AYPLHIV	– Adolescent and Young People Living with HIV
CSC	– Care and Support Centres
CD4	– Cluster of Differentiation
HIV	– Human Immunodeficiency Virus
KABP	– Knowledge Attitude Behavior Perception
LGBTQ	– Lesbian Gay Bisexual Transgender, Queer
LFU	– Lost to Follow Up
MIS	– Patient Who Missed Their Appointment/Drug Pick Up This Month
NACO	– National AIDS Control Organization
NACP	– National AIDS Control Policy
NACP	– National AIDS Control Programme
NGO	– Non-Governmental Organization
PC	– Peer Champions
PLHIV	– People Living with HIV
SACS	– State AIDS Control Societies
SR	– Sub Representatives
SRH	– Sexual and Reproductive Health
SRHR	– Sexual and Reproductive Health and Rights
STI	– Sexually Transmitted Infection

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Finally, we extend our thanks to Ms. Paramita Kundu, Consultant for her support in writing and editing this document.



# Executive Summary

Adolescents (10-19 years) and young people (15-24 years) contribute to 40% of the Indian population. While there is evidence to suggest that adolescents and young people engage in sexual experimentation and sexual risk-taking, the accessibility of this group to accurate information on reproductive and sexual health and sexuality and related services is poor. Such situations expose them to adverse reproductive and sexual health outcomes. Nearly 10% of People Living with HIV/AIDS (PLHIV) in India are adolescents and young people in the age group of 10 to 24 years. AYPLHIV face unique challenges related to their HIV status as well as those related to their sexual and reproductive health (SRH) needs such as growing up changes, developing relationships, sexuality, marriage, and love. Most HIV programmes focus on prevention efforts and do not adequately address the wider needs including sexual and reproductive health and rights (SRHR) and mental health needs of AYPLHIV.

With funding support and Frontline AIDS, READY++ (Resilient & Empowered, Adolescents and Young PLHIV) pilot initiative was rolled out in 20 districts of five states (Maharashtra, Manipur, Rajasthan, Delhi and Uttar Pradesh) by Alliance India, to address the specific unmet SRHR and mental health needs of AYPLHIV. The cornerstone of READY++ is an AYPLHIV peer-led model. Embedded within Alliance India's Global Fund supported Vihaan programme, READY++ sought to build a cadre of informed and empowered AYPLHIV with information and skills on SRHR and HIV, who in turn reached their fellow AYPLHIV with comprehensive knowledge on a range of SRHR issues, oriented them on critical life skills to cope with life's challenges and linked them to appropriate HIV and SRH services. As spokespersons and advocates of their community's needs and rights, these peer champions



mobilized other AYPLHIV to demand AYPLHIV friendly policies and programmes, with a specific focus on their SRHR needs.

The aim of this process documentation is to capture the unique elements of this intervention, steps in developing and implementing it and the successes, challenges and lessons learnt as well as a set of recommendations to aid replication and scale-up of READY++.



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As the first step to planning, the team developed core programme strategies namely: capacity building, community mobilization and advocacy and formed a National Resource Team consisting of experts including AYPLHIVs to guide the planning and implementation of the programme. The Vihaan Sub recipients (SRs) took the lead in implementing the programme, leveraging the already existing structure and processes of Vihaan.

The implementation was done in two cycles (cycle 1: August – December 2018; cycle 2: July – December 2019). It covered these activities 1) identification and selection of peer champions 2) pre-training assessment 3) capacity building through state-level consultations and national level training 4) one to one sessions with AYPLHIV by peer champions 5) support group meetings by peer champions 6) peer champions engaging parents and families 7) advocacy meetings by peer champions with prominent state-level officials and 8) Engaging AYPLHIV and youth affected by HIV through social media. Certain activities such as pre-training assessment, increased engagement with Skills India Initiative and related Ministry and social media use were added in cycle 2.

The READY++ programme employed an intensive process to create powerful, positive and sustainable changes at the level of peer champions. For the first time, they found a platform to discuss issues of guilt about their HIV status and relationship with an HIV negative person, love, sex, marriage, myths, and misconceptions associated with their bodies. Over time, the peer champions reached thousands of their peers (both online and offline) with knowledge on HIV and SRHR and facilitated their linkages to HIV services, social schemes and vocational skills building programmes. As positive role-models and effective youth advocates for the rights of AYPLHIV, the peer champions took part in policy consultations organized by National AIDS Control Organization, State AIDS Control Societies, World Health Organization and UNICEF and put forth the unmet needs of their community.

Even after the end of the project, READY++'s peer champions are continuing their work to improve the lives and advocate for the rights of AYPLHIV. Some are supporting Vihaan in tracking LFU cases and holding support group meetings of AYPLHIV and their parents, while others are working as volunteers in other state-specific HIV programmes. They have also begun forming state-level networks of AYPLHIV.

The programme experienced some challenges such as higher participant dropout during the peer champion selection process in certain states like Rajasthan, too short a project span to conduct time intensive activities properly, language challenges in states like Manipur and paucity of time to conduct adequate refresher training. Nonetheless, the peer champions have proved to be valuable assets to inform, educate and mobilize their communities to advocate for their rights with a focus on SRHR issues. NACO has acknowledged their value and agreed to include the READY++ approach in their youth programmes in some capacity. Most stakeholders, we engaged with, pointed to the need for replication and scale up of READY++ as part of the National and State programmes. The document concludes with a few of recommendations for replication and scale up of the programme 1) Integration of components addressing SRHR needs and life skills in HIV programmes 2) Meaningful involvement of AYPLHIV at all stages of programme development, implementation and evaluation 3) Developing peer champions as technical resource persons for issues related to AYPLHIV 4) Employing comprehensive capacity building strategy consisting of training, re- training and mentoring to train peer champions.

## I. Context

India has a large youth population. According to the 2011 Census, the country has 253 million adolescents in the age group of 10-19 years, and 232 million young people aged 15-24 years<sup>1</sup>. These groups account for 40% of the population, making the country a young nation.

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<sup>1</sup> CENSUS OF INDIA. 2011. Adolescents and Youth in India: Highlights from Census 2011. Retrieved from [http://www.censusindia.gov.in/2011-Documents/PPT\\_World\\_Population/Adolescents\\_and\\_Youth\\_in\\_India\\_Highlights\\_from\\_Census\\_2011.pptx](http://www.censusindia.gov.in/2011-Documents/PPT_World_Population/Adolescents_and_Youth_in_India_Highlights_from_Census_2011.pptx)

It has now been widely acknowledged that adolescents and young people belong to a vulnerable group. An emerging trend of early onset of menarche and the lack of education about the physiological changes occurring in their bodies, place this group in vulnerable circumstances<sup>2</sup>. Research shows that adolescents and young people are prone to experimentation and sexual risk-taking. Yet, most of them lack access to age and sex-appropriate health information, skills, and services. Information on sexuality, sexual and reproductive health is particularly inaccessible due to shortage of accurate and reliable sources of information and a general culture of shame surrounding issues of sexuality and sexual and reproductive health issues. Misconceptions, confusion, and lack of awareness on sexual and reproductive health (SRH) issues including HIV/AIDS are rampant among this group and as a result, a significant proportion is exposed to high risk or unprotected and unwanted sexual activities, do not receive timely or appropriate care and education and bear adverse reproductive and sexual health outcomes<sup>3</sup>. According to the National Family Health Survey, 2015-16, just 38% of adolescents practised safe and hygienic menstrual practices and 22% reported unmet needs of contraception<sup>4</sup>. Other issues concerning adolescents are related to their self-esteem, managing emotions, building relationships, strengthening social skills, and dealing with peer pressure.

<sup>2</sup> What Makes Sexuality Education Comprehensive. Exploring the Indian Context. Working Paper TARSHI, 2019

<sup>3</sup> Report of the Working Sub-Group on Adolescents & Youth for NACP-IV  
<http://naco.gov.in/sites/default/files/REPORT%20OF%20THE%20WORKING%20SUB-GROUP%20ON%20ADOLESCENTS%20%26%20YOUTH%20FOR%20NACP-IV.pdf>

<sup>4</sup> National Family Health Survey, 2015-16; Data for Adolescents



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Adolescents and young people living with HIV/AIDS (AYPLHIV) is a particularly vulnerable group among adolescents that has received little policy and programme attention. Nearly 10% of People Living with HIV/AIDS (PLHIV) in India are adolescents and young people in the age group of 10 to 24 years. An analysis of HIV counselling data under National AIDS Control Programme in 2016, noted that 24% of all newly detected HIV infections were among young people in the age group of 15-24<sup>5</sup>. Alliance India's Vihaan Programme registers nearly 0.27 million AYPLHIV. These numbers are in no way small.

AYPLHIV face unique and additional challenges to their non-HIV counterparts. Many are in denial, afraid, misinformed, experience extensive stigma owing to their HIV status or lack family or social support. Challenges include problems in accepting their HIV status, need for life long treatment, hesitation in accessing health care services for fear of disclosure of their HIV status, presence of other HIV positive members in the family and painful experiences of losing parents or family members to HIV/AIDS. These day to day challenges are often a source of extreme stress, anxiety, fear and depression and adversely affect their psychological wellbeing and coping ability, leading to consumption of drugs and alcohol and poor adherence to lifesaving ART treatment<sup>6</sup>. Besides, growing up with HIV is stressful as adolescents living with HIV begin to explore their sexuality, develop relationships and experience growing up changes<sup>7</sup>.

Existing HIV and sexual and reproductive health policies and programmes in India including the National AIDS Control Programme (NACP) are largely directed at HIV negative adolescents and young people and focus on efforts to prevent sexually transmitted infections including HIV/AIDS among them. Thus, programmes involving or specifically addressing the wider needs of AYPLHIV are rare and those that work in this area, focus on medical aspects like enhancing treatment adherence among this group. While these have benefitted the health of AYPLHIVs, particularly lacking are programmes addressing their growing up needs and sexual and reproductive health concerns and mental health issues. Interventions focusing on the development of life skills in this population is also largely absent, and effective inclusion of AYPLHIV in mainstream life skills programmes is yet to take place.

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<sup>5</sup> National strategic plan document NACO

<sup>6</sup> Naswa S, Marfatia Y.s Adolescent HIV/AIDS: Issues and challenges Indian J Sex Transm Dis AIDS. 2010 Jan-Jun; 31(1): 1–10

<sup>7</sup> Vranda MN, Mothi SN Psychosocial Issues of Children Infected with HIV/AIDS. *Indian J Psychol Med.* 2013 Jan; 35(1):19-22

## I. Ready++: A unique AYPLHIV led model

Since 2013, Alliance India has been implementing its flagship programme Vihaan, supported by the Global Fund. The programme runs Care and Support Centres (CSC) across the country, complementing the National Care, Support and Treatment Programme. These CSCs serve as extension of antiretroviral treatment (ART) centres and is instrumental to the provision of continuum of care for PLHIVs. They provide safe spaces for PLHIV to discuss and share knowledge on a variety of issues and provide linkages to essential services as well as ensure treatment adherence. A significant proportion of PLHIV in Vihaan are adolescents and young people and engagement with them over time revealed several unmet needs concerning this population viz.: dearth of information on sexuality, bodily changes, sexual and reproductive health and rights (SRHR), mental health, stigma and discrimination in the context of HIV, information and support needs of AYPLHIV belonging to sexual minorities and life skills. The READY++ (Resilient & Empowered, Adolescents and Young PLHIV) programme was born out of this dire felt need to specifically address the concerns of this group.

In 2018, Alliance India secured a three-month grant from Frontline AIDS to develop READY++ (Resilient & Empowered, Adolescents and Young PLHIV), a programme with an exclusive focus on AYPLHIVs. The programme was designed as a pilot intervention with a vision to scale it up later and was implemented in 20 districts of five states (Maharashtra, Manipur, Rajasthan, Delhi and Uttar Pradesh), where Vihaan has its presence.

As an approach, READY++ chose a **peer-led model**, which is a well-documented global and local best practice. Peer-led sexual health education intervention has been accepted as a successful model to improve sexual health knowledge and stimulate behaviour change related to HIV and STI prevention among hard to reach peer networks. However, all these peer education interventions work on preventing HIV and other STIs and are led by HIV negative young people<sup>8</sup>.

READY++'s approach was unique in the manner in which it placed the peer-led model in the context of AYPLHIVs. Nestled within a rights-based approach, the programme sought to build cadres of informed and empowered AYPLHIV peer champions, who further reached their fellow AYPLHIV with comprehensive knowledge on a range of SRHR issues, oriented them on critical life skills to cope with life's challenges and linked them to appropriate HIV and SRH services. The specific objectives of the programme were

- Identify potential community members to develop as peer champions who could also be the spokesperson
- Create Information Communication Technology that can be used by adolescents and young people living with HIV to promote access to information on SRHR, peer support and adherence to HIV treatment.
- Capacitate community on sexual and reproductive health rights
- Enhance knowledge of sex, sexuality and gender
- Build advocacy and leadership skills of young people living with HIV/AIDS
- Generate awareness on positive living and treatment adherence

<sup>8</sup> Abdi F, Simbar M The Peer Education Approach in Adolescents- Narrative Review Article Iran J Public Health. 2013 Nov; 42(11): 1200–1206.

The focus was on mobilizing and building the leadership capacities of these AYPLHIV peer champions to not only serve as educators and sources of support for their fellow peers but also as vocal and articulate spokespersons and advocates of their community's needs and rights. Thus, not only did the peer champions become more aware of their rights and equipped to exercise them, they went a step ahead by bringing in diverse voices from the AYPLHIV community in shaping a collective demand for AYPLHIV friendly policies and services.

***By capacitating AYPLHIVs as peer champions, Ready ++ paved the path for bringing in diverse voices from the AYPLHIV community to collectively demand for inclusion of issues related to their reproductive and sexual health and rights in policies and programmes.***

The programme was rolled out in two cycles or phases. The second cycle built on the learning and strengths of the first. The first cycle was implemented for a period of three months, from August to December 2018 and identified needs for strengthened capacity building and enhanced advocacy with government departments. The second phase, which stretched from July to December 2019, worked on addressing these learning and focused on efforts to reach hitherto unreached groups.

### **Ready + Genesis and Adaptation**

READY is a portfolio of programmes which were designed to build Resilient and empowered adolescents and young people. This movement is led by the Global Network of Young People living with HIV(Y+) with support from frontline AIDS. Its main goals and objectives are captured perfectly from the following extract;<sup>9</sup>

“Young people become ready to make informed decisions about our health and rights; parents and caregivers are ready to support young people to talk about sexuality; service providers are ready to provide youth-friendly services; and decision-makers are ready to champion access to information, services and commodities for adolescents and young people living with HIV.”<sup>10</sup>

Within this portfolio of READY programme, READY+ aims to reach 30,000 adolescents and young people living with HIV in Eswatini, Mozambique, Tanzania and Zimbabwe. The four-year programme, which comes to an end in 2020, increases access to holistic care and support: promoting sexual and reproductive health and right (SRHR) and mental health to foster resilience. Community Adolescent Treatment Supporters (CATS) play a vital role in ensuring access of AYPLHIV to care and treatment through providing information, counselling and support to other young people living with HIV and encourage adherence to HIV treatment<sup>11</sup>.

<sup>9</sup> Frontline AIDS website : <https://frontlineaids.org/our-work-includes/ready/>

<sup>10</sup> Ready newsletter 1 from frontline Aids website:  
[https://frontlineaids.org/wp-content/uploads/old\\_site/ready\\_newsletter\\_1\\_original.pdf?1498823234](https://frontlineaids.org/wp-content/uploads/old_site/ready_newsletter_1_original.pdf?1498823234)

<sup>11</sup> Frontline AIDS website : <https://frontlineaids.org/our-work-includes/ready/>

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Up to date, 16,959 AYPLHIV have received one to one support from peer supporters in their communities, 10,721 completed referrals for AYPLHIV to access HIV/SRHR/mental health services from different service providers, 474 community dialogues have been conducted and a total of 14023 community members have attended since project inception<sup>12</sup>.

In the same context Ready++ was implemented in India with the goal of promoting reproductive and sexual health rights, to promote access to information/peer support and adherence to the treatment regimen. It also served as a platform to identify potential community members who can serve as leaders and spokespersons for their peers.

### III. Purpose of Process Documentation

Realizing the importance of learning from Ready++ experiences and applying these lessons to new set-ups, the endeavour to document this programme was undertaken. The objective of the documentation was to record the steps taken to plan and implement the Ready++ Initiative, the lessons learned in developing and implementing the programme, particularly the experience of applying a unique peer led approach, and understand the effectiveness and impact of the programme on the lives of AYPLHIV. The document showcases the programme's unique value, key elements, and successes as well as distils the findings into a set of recommendations to guide the replication or scale-up of this model.

The document begins with a description of context that outlines the need for the programme followed by an introduction to Ready++. The second part gives the key steps in preparing for implementation. The next part focuses on the implementation of READY ++, detailing the activities undertaken. This is followed by a section on changes and successes of the project including challenges and lessons learnt. The concluding part of the document lists out a set of recommendations as guidance for replication and scale-up.

The documentation team consisting of four Alliance India staff namely Pavan Kumar Shetty, Sandhya Krishnan, Firoz Khan and Arjun Agarwala, under the guidance of Huidrom Rosenara, Associate Director Care and Support, conducted 21 semi-structured, open-ended interviews with 11 peer champions, four Sub Recipients (implementing partners), four State AIDS Control Society (SACS) officials and one NACO official. One focus group discussion was also conducted with peer champions. The interviews were conducted either on phone or through other platforms such as Microsoft Teams and Google Meet, after taking verbal consent. The team audio recorded the interviews and subsequently transcribed and manually analyzed them. Besides, all available internal and external documents, including grantee proposals, project reports, records of field visits, presentations posters etc. were reviewed to develop an understanding of the programme.

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<sup>12</sup> READY+ 2019 annual report: <https://frontlineaids.org/resources/2019-annual-report-and-accounts/>



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## IV. Preparing for implementation

### IV.1 Strategy Development

The programme identified three core strategies as below:

**Capacity building of peer champions:** A well-conceived, and evidence-based approach to build the capacities of peer champions and equip them with knowledge on SRHR and HIV related issues, build a positive attitude towards self, and develop life skills to cope with day to day challenges.

**Community mobilization of AYPLHIV:** Adoption of peer education for informing, educating, empowering, motivating, and mobilizing the larger community of AYPLHIVs to fight for their rights and call for an end to stigma and discrimination against the community.

**Advocacy at all levels:** Systematically employment of advocacy (at levels of peer champions, larger AYPLHIV community, partners (PLHIV networks) and Alliance India) to create a broad based AYPLHIV led campaign, for building an enabling policy environment, which is cognizant of a full range of needs and rights of AYPLHIV including those related to their sexual and reproductive health and rights.

### IV.2 Formation of National Resource Team

Formed with the help of Alliance India, the group guided the team in planning and implementing both the cycles of the programme. It comprised of experienced staff from the AYPLHIV community, programme experts having extensive experience of working on issues related to HIV and youth, and clinical psychologists. For the planning of the second cycle, peer champions trained in the first cycle were also included. The group led the development of programme schedules, training and mentoring content and plan for the peer champions.

### IV.3 Key partners and stakeholders

Five sub recipient (SR) partners of the Vihaan Programme [Annexure I] led the implementation of Ready++ in five states. Also, the programme over the two cycles, regularly engaged with stakeholders from key government departments such as NACO, SACS, Ministry of Health and Family Welfare (MoHFW), Ministry of Social Justice and Empowerment (MoSJE) and Ministry of Human Resource Development (MHRD).

## V. Implementation

With guidance from the National Resource Team, SR partners implemented the programme in five states (mentioned above). Instead of reinventing the wheel, the team worked through the existing Vihaan supported CSCs to reach and capacitate AYPLHIVs.



## V.1 Identification and selection of peer champions

A step – by step selection process was undertaken to recruit the peer champions. In the first round, the CSC staff, under the guidance of SR partners, mobilized AYPLHIV in the age group of 18-25 years in each state and compiled a list of potential peer champions. The list contained names of adolescents and young people who were active in their communities and willing to participate in the programme. Permission from their parents were taken for their participation. The team drew a list of 25 peer champions in each state except in Rajasthan, where 19 AYPLHIVs could be mobilized. Due to strong cultural inhibitions and high levels of HIV related stigma in the state, few potential candidates dropped out in the end.

In the final round of selection, the READY++ team identified five candidates from each state based on their willingness to participate, leadership potential and good public speaking skills. These 25 candidates were mentor as peer champions through intensive training and mentoring.

## V.2 Capacity building of peer champions

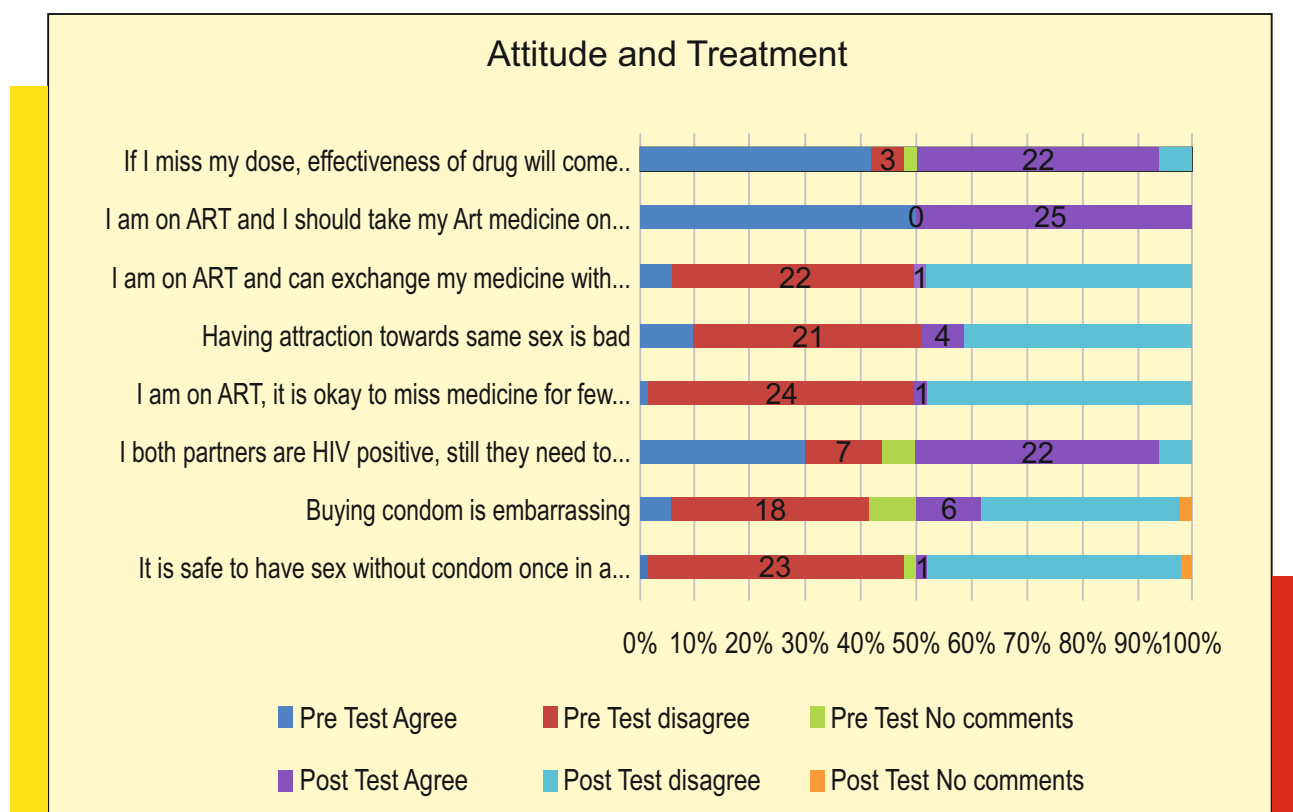
### V.2.1 State level consultations /orientation

Five state-level consultations were held in each of the project states. AYPLHIV selected in the first round from each state attended these consultations. Prominent state-level stakeholders from SACS, Skill India and various other departments participated in these meetings. These consultations aimed to provide a platform to discuss issues concerning AYPLHIV and young people affected by HIV and, develop recommendations on taking the programme forward in states.



## V.2.2 Pre-training assessment of knowledge, attitude, behaviour, perception (KABP)

A pre-training assessment was carried out with 70 peer champions (selected in the first round) across all states. The purpose was to gain an understanding of the levels of knowledge and nature of perceptions, attitudes and practices related to sex, sexuality, gender and HIV. The assessment covered a number of questions related to their HIV status and disclosure, CD4 count, length of ART, use of condoms, high-risk behaviours such as drug use and, use of social media channels. The exercise conducted thorough google forms, provided valuable insights into the knowledge levels, attitudes and practices as well as the key areas requiring attention, all of which were instrumental in guiding and shaping the training curricula, content and delivery.



## V.2.3. National level training

A three -day national level training was conducted for 25 peer champions selected from among the participants at the state consultations. The key training topics were related to sex and sexuality, SRHR, gender, mental health, stigma, HIV continuum of prevention, care and treatment, harm reduction and Hepatitis C, coping with HIV treatment and, life skills with a focus on SRHR messaging and interpersonal and social media communication skills.

The module was adapted from an existing life skills module, “Our Future Teaching Sexuality and Life Skills”, developed by the International Alliance. During project cycle 2, the training curriculum was further revised based on the learning of the first cycle and made more relevant to the needs of AYPLHIV.

Facilitators were a mix of in-house trainers and, external resource persons including key experts from NACO, UNAIDS and Skill India Mission as well as popular youth leaders and award-winning gay rights activists like Gautam Yadav. Along with the participants, staff from CSCs also attended the training.

### V.3 Application of learning - Peer Champions in Action

#### V.3.1. One-on-one sessions with AYPLHIV

The trained peer champions conducted one-on-one sessions with individual AYPLHIV at their homes or in the community. In these sessions, the peer champions disseminated information on topics related to HIV treatment, SRHR and mental health issues, discussed the fears and concerns of their peers on these issues, and linked them to essential HIV counselling and treatment services and skill development programmes. The peer champions also interacted with adolescents and young people affected by HIV/AIDS to impart information on SRHR, and HIV prevention and testing services.



#### V.3.2 Support group meetings

With support from the Vihaan CSC team, the peer champions organized and facilitated support group meetings for AYPLHIV. The meetings acted as safe spaces for AYPLHIV from diverse backgrounds and identities to share their experiences and concerns, and discuss issues of SRHR including growing up changes, love, relationships and marriage, the importance of life skills and significance of early linkages to HIV treatment.



#### V.3.3 Engaging parents and families

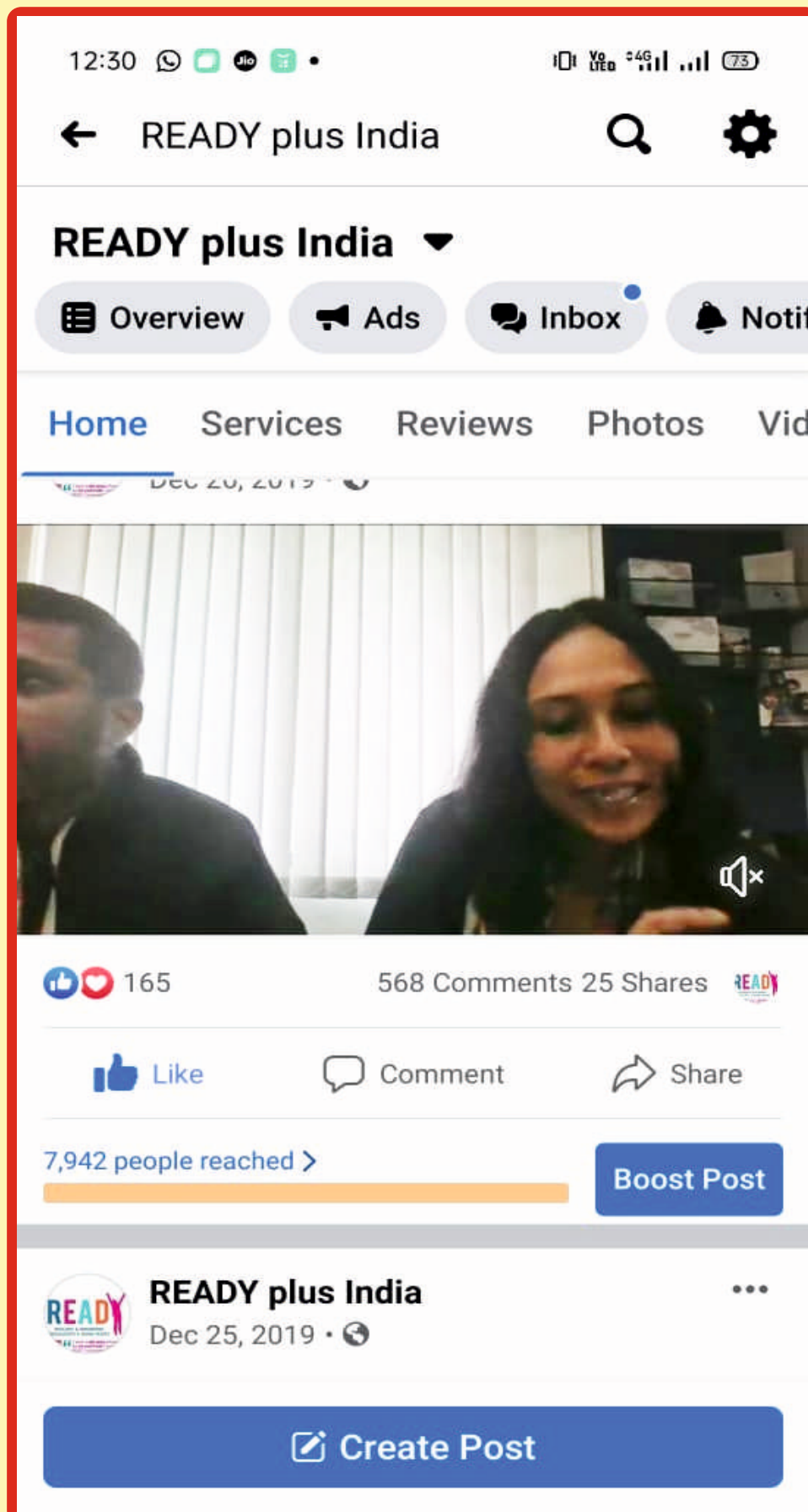
The peer champions also held meetings with parents and families of AYPLHIV to discuss issues relevant to AYPLHIV and encourage them to support young people.



#### V.3.4 Use of social media

The peer champions used social media channels like WhatsApp and Facebook to reach their peers far and wide, with youth-specific SRHR and HIV messages. Additionally, the peer champions themselves formed a WhatsApp group to share their daily activities, good practices, and challenges. Latest information updates and guidelines shared by the National Resource Team, over this platform, helped the peer champions stay updated on the field.





- Introduction of KABP assessment
- Engagement with the Ministry of Skill Development and Entrepreneurship and officials of Skills India Campaign.
- Link AYPLHIVs to the Skills India Initiative and other state led vocational training courses, enabling them to acquire employable skills.
- Intensifying social media engagement activity.
- Strengthening the content of training and support group meetings, with inclusion of additional topics on SRH issues specific to AYPLHIVs.

## VI. Catalyzing Change

The project employed mechanisms to review its progress and make course corrections based on the findings. The change was measured at the level of peer champions in terms of shifts in their knowledge, perceptions, attitudes, and practices related to sex, sexuality, sexual and reproductive health and rights and services, their reach and support to other AYPLHIV, their engagement in policy spheres, and the factors affecting this process.

### VI.1. A success story



Peer Champions organizing a street play “Parivartan” on stigma and discrimination faced by PLHIV and importance & proper use of anti-retroviral treatment

The success of the READY++ programme lies in the transformative process that it undertook to create powerful, positive, and sustainable changes at the level of peer champions. During interviews done to document the programme, nearly all peer champions expressed that the training and mentoring by READY++, provided them with a 'first-time' opportunity to discuss issues deeply concerning their lives, in a safe and non – judgmental manner. They were happy that they could discuss sensitive issues related to guilt about their HIV status and relationship with an HIV negative person, love, sex, marriage, myths and misconceptions associated with their bodies, treatment adherence, and positive living. The initiative also groomed the peer champions as positive role-models for their community, and as effective youth advocates for the rights of AYPLHIVs.

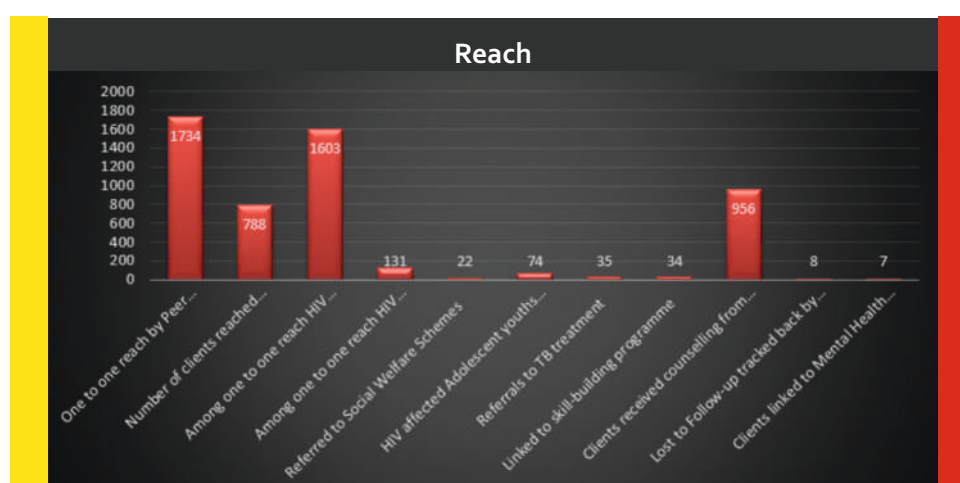
These changes present a stark contrast when compared to the results of the pre-training assessment done with them at the beginning of the project. The assessment revealed that many were sexually active, had low levels of knowledge related to HIV and sexual and reproductive health issues, and followed unhealthy practices related to these topics (Box 1).

#### Box 1

##### Key finding the of the pre-training assessment

- 63% (44/77) ever had sex, 20% (6/77) had forced sex and 37% (6/77) did not use condoms during first time sex
- 37% (26/70) did not know their latest CD4 count
- 44% (29/70) missed doses of their medication
- 7% (5/70) had never disclosed their HIV status
- 24% (17/70) had frequent sex in the past 6 months, and of them, only 29% (5) used condoms at all times
- 24% (17/70) had used drugs in the past 6 months
- 26% (18/70) had consumed alcohol in the past 6 months

Over time, not only did the peer champions gain knowledge on HIV and SRHR issues specific to ALYHIV, they imparted this information to thousands of their peers with diverse identities and facilitated their linkages to essential services. During the life of the project, the peer champions reached 2524 youths and adolescents through one to one interaction and conducted 31 support group meetings with 393 males, 366 females, and 29 transgendered AYPLHIV. Through these interactions, the peer champions linked their peers to life skills programmes, HIV treatment and care and support, TB treatment and mental health services and various social welfare schemes, and worked to reduce loss to follow-ups and MIS (Patient who missed their appointment/drug pick up this month). One hundred and thirty-one HIV affected adolescents and young people were reached with information on SRH and HIV prevention, and 74 HIV affected adolescents and young people were referred to HIV testing services.



The champions also made a significant impact in the social media space. The READY++ Facebook page (<https://www.facebook.com/readypiusindia/>) presently has 848 followers and registers a reach to 14,800 people. A Facebook live session on employment opportunities with Deputy Director-DDUGKY (Dean Dayal Upadhyaya Grameen Kaushalya Yojana) organised by the peer champions, reached 7559 people.



In addition, READY++ peer champions are leading the formation of cohesive peer networks in different states which, in turn, are supporting AYPLHIV to deal with issues of harassment by relatives, disclosure of status, stigma and discrimination at healthcare settings, and accessing SRH services. While on the one hand, these networks are working to strengthen and contextualize existing HIV treatment and care services to the needs of AYPLHIV, on the other, they are calling out for integrating SRHR issues in services. The following stories illustrate five of our peer champions' journey of change.

*1. "My time, 9 o'clock is my friend as well as my life": Borish's story from Manipur*

For Borish (24yrs), life looked harsh from early on. Borish's father passed away even before he was born. HIV positive at birth, he and his two older sisters were raised single-handedly by his mother. "My mother was HIV positive too; we had to bear a lot of hardships. Each one of us had to encounter extreme shame and humiliation. Neighbours and the society, in general, treated us as outcasts", says Borish, who lives in the city of Imphal in Manipur.

Life took a turn for worse when in 2016, Borish's mother died after a short spell of illness. By that time, both his sisters had married and settled down in their lives. "The death of my mother left me completely shattered. Feelings of extreme loneliness and helplessness enveloped me. I severed all connections with the outside world and withdrew into a shell. I felt miserable all the time and lost all motivation to move forward in life. My friends tried hard, yet could not pull me out of this state". To add to his misery, Borish's uncle conspired against him, compelling Borish to sell a large part of his land to repay the money his mother had supposedly borrowed from his uncle.

In 2018, Borish joined READY++ as a peer champion. He was one of the 25 peer champions, who attended the Cycle 2 National Level Training organized in New Delhi by READY++. The training ushered in positive changes in his life. He recounts "During those days when my life was in complete turmoil, sometimes I even missed taking my ART medication or took them at wrong times. I imagined life will go on like this and end one day. But now things are different. Even if I forget the world, I firmly stick to my medicine schedule and make sure to take them on time. My medicine time at 9 o'clock, is my friend as well as my life", he adds on a lighter note.

The READY++ training armed Borish with information on HIV and reproductive and sexual health, increased his self-confidence, improved his social and communication skills and filled his being with optimism and hope. As Borish puts it "The training succeeded in drawing me out of my shell, which nothing else could do. It felt like a floodgate had opened in front of me. I got an opportunity to make new friends and share my problems with them. I realized that others are facing similar challenges in life as mine and that I am not alone. This gave me the courage to fight my battles". Currently, Borish is a proud READY++ peer champion. He actively participates in various initiatives and works with Vihaan CSC, Manipur State AIDS Control Society and other local organizations to spread awareness on HIV, SRH, the importance of treatment adherence, and positive living among youths and adolescents living with, and affected by HIV. "I have also completed developing a documentary film on the importance of ART and positive living. I am sharing it widely with other youths", he says proudly, flashing a smile.

## 2. *"READY++ helped fulfil my dream to teach": Bharti's story from Maharashtra*

Bharti (22yrs) is an aspiring nurse who lives in a small town in Maharashtra. Bharti did her nursing training from a reputed Institute in Maharashtra. She loves to dance and sing, and a dream of hers is to teach others. Bharti has been living with HIV since 2013. "I first got to know about my HIV status during a pre-surgery screening. When subsequently, my family members were tested, my mother turned out to be HIV positive too. We did not delay things any more. We promptly got our CD4 and viral load testing done and began treatment", she recounts.

Bharti used to regularly visit Vihaan's CSC in her district. In 2017, she happened to hear about READY++ from Rajan, who works with Alliance India's Vihaan project. "Rajan Sir told me about READY++ and how it is associated with the Vihaan project. I learnt about its exclusive focus on AYPLHIVs", she says.

Soon after, Bharti joined READY++ as a peer champion. She found the National Training extremely helpful; she particularly loved the part on social media and its use as an impactful channel to virtually reach a large number of young people living with HIV.

The programme showed Bharti a way to fulfil her much cherished dream to teach. "The youth that I spoke with usually had a lot of questions for me. The first step is to change the mindset of those, who find it hard to accept their HIV positive status. They fear the worst would befall them. Sometimes, I had to talk them out of their suicidal thoughts", she narrates "I interacted with nearly 250 AYPLHIVs and found that for many of them, mental health issues were the most pressing". Her experiences led Bharti to strongly believe that mental health counselling must be a part and parcel of essential services for young people, particularly for those living with HIV. "Those that I referred to a counsellor for mental health issues, benefitted a lot from these services. They can't stop thanking me" she says with a smile "and are now relatively happier".

Reaching and supporting other AYPLHIV to solve their issues, brings immense joy to Bharti's mind. She has connected many AYPLHIV to essential services, and programmes that have further helped them. "Joining READY++ has been a very positive experience for me. I feel happy when I notice the encouraging responses and the interest to learn in my peers".

Bharti continues to apply her learning from READY++ to fight for her and other fellow AYPLHIV health, and rights. "I was diagnosed with a tumour and the doctor advised me to undergo a surgery. Doctors at the government hospital simply refused to operate on me, owing to my HIV positive status", she says. But Bharti did not give up. She relentlessly lobbied for her right to treatment along with other youth networks. Eventually, a doctor at the same hospital, she knew as a nursing student, agreed to do the operation. "I firmly told him that he should perform the procedure only if he does it as a way to support the rights of PLHIVs, not because I was a nursing student at his institution", she quips.

As a dedicated READY++ peer champion, Bharti is always eager to find ways to help her peers. "A girl I met as a youth consultant, did not have sufficient money for a prescribed medical treatment. I was glad to donate my savings to her, so she could access the treatment on time. She is still in touch with me", she ends with a smile.

### 3. *"Living with HIV with confidence and positivity": Suhail's story from Rajasthan*

Suhail (25yrs) belongs to the Lesbian Gay Bisexual Transgender Queer (LGBTQ) community. He was diagnosed with HIV, seven years ago. Two years later, he was started on antiretroviral treatment. At first, he was prescribed second-line ART, but was subsequently shifted to first-line due to some complications.

Suhail first heard about READY++ at a Vihaan support group meeting. "Since 2017, I have been attending these meetings. In the beginning, because of my HIV status, I used to feel extremely depressed. But when I began seeing others in similar circumstances, some even younger than me, I was determined to shake off my depression", he says.

Subsequently, Suhail joined READY++ as a peer champion. "The best part of the READY++ training was a sense of community. There was absolutely no discrimination and I learnt how to communicate with others similar to me. I also gained knowledge on how to live a quality life with HIV", he says.

As a READY++ peer champion, Suhail reached out to his peers in the LGBTQ community, discussed their problems and cleared their doubts. He collected their contacts from the logs of ART centres and learnt how to reach them in hotspots. "I talked to them about a range of subjects. I told them about the importance of a good diet and pension schemes. We discussed sensitive issues like marriage and I assured them that it is all right for HIV positive people to marry", he says

Until now, Suhail has contacted and imparted information to nearly 500 of his peers. Of them, four hundred were negative but vulnerable to HIV. The journey, however, was not devoid of challenges. Most of his peers were afraid, lest their HIV status becomes known. "The very first question they asked, was how I got to know about their HIV status. After I shared my own positive status, they opened up a little but it took a lot of time and efforts to dispel their suspicion, win their trust, and build their confidence. When I approached them in hotspots, they were always afraid that I would break their confidentiality, and reveal their status to others. Eventually, they opened up about their problems. It was worth the effort", he says with a smile.

"Living with confidence and positivity" has now become Suhail's motto in life, and he attributes this to READY++. He narrates "I got incredible support from Rama ma'am, Firoz sir, Pavan sir, and others. This support not only encouraged me to live my life with optimism, but it also enabled me to motivate others to live positively. I met this fellow at a Vihaan meeting. He always looked depressed. I made friends with him and got him to start discussing things with me after which, he felt better. To this day, he says that all he needed was a friend who could understand him". Suhail wants to continue working with NGOs to help other youths like him. He has a message for all of them **"Life is beautiful. Enjoy it to its fullest, because you get a chance only once"**.

#### 4. *"Helping others to make a difference in their lives, makes me happy": Mamta's story from New Delhi*

Although Mamta (21yrs) was HIV positive since birth, she got to know about her status only in 2013. "It was a very difficult time for me. I was extremely shocked to find out about my HIV positive status. It took a lot of time for me to come to terms with this news. Soon after, I started my antiretroviral therapy", she recounts.

Mamta began working with an NGO in 2018, and her work required her to interact with NCPI+, through which she learnt about READY++. "I always wanted to guide and help people with information on HIV/AIDS. READY++ was just the right opportunity to do that", she says.

The READY++ training that Mamta received as a peer champion, helped her gain a sense of confidence and cope with living with HIV. As she puts it "READY++ gave me an opportunity to meet others living in similar circumstances as me. That was a huge source of support and motivation to move forward in life. I started taking care of my health and made sure to adhere to my medicine schedule"

During her tenure with READY++, Mamta reached nearly 100 ALYPHIVs. She first contacted them at CSCs or ART centres and then interacted with them at their homes. The first step she feels is to help them open up, which depends a lot on how the peer champions present themselves. "When they genuinely open up, it is much easier for me to find out how much they already know, and the issues they are facing. At the first meeting, their responses usually varied. Some were willing to talk, while others would be hesitant to begin a conversation. But once they learned that I too am living with HIV, most of them opened up. I insisted that they take their medication on time, and sometimes referred them to counselling services for depression". Mamta also found varied responses among the families of youth living with HIV. Some were quite supportive, while others were not.

Over the course of her work, Mamta has learnt that for maximum impact, it is important to not only give a message but also dwell on the whys and how's of it. She exemplifies "Telling them the right reasons to stick to their medicine regimen, and guiding them on how to fight depression worked well to overcome their fears. If nothing else, they accessed the right services".

For Mamta, helping others and trying to make an impact on someone else's life is worth the efforts. She talks about an incident from her past that motivates her to keep at it. "During the READY++ training, I met a peer champion called Ankit. Over the three days of training, we became good friends and remained in touch even afterwards. Ankit used to suffer from regular health problems and his mother often discussed his health with me. When I was informed of Ankit's sudden death, I was shocked, and deeply saddened. His demise left a profound impact on me. While I was mourning the loss of a friend, somewhere deep down, there was this sense of satisfaction that at least, I did my best to help him. This incident strengthened my motivation to continue working to help others".

Mamta is currently working as a care coordinator, at an ART Centre. In her free time, she listens to music, chats with friends, and watches movies. "Working to help others" remains her guiding principle in life. As she puts it "As long as I can help others, by giving them the right knowledge and guidance to make a difference in their lives, I will be happy".

*5. "More youth living with HIV must get involved in the movement; more youth societies should be formed" - Pradeep's story from Uttar Pradesh*

Twenty-two-year-old Pradeep lives with his uncle and aunt in a small village, in Uttar Pradesh. Living with HIV since birth, Pradeep first learned about READY++ through Vihaan. "I was already associated with Vihaan's CSC activities. Vimlesh sir, who works with Vihaan told me what READY ++ is all about", he says.

In 2018, Pradeep joined READY++ as a peer champion. The programme brought many positive changes in Pradeep's life. He especially liked the training which, provided him with the right knowledge on HIV, and equipped him to pass on the knowledge to other youths like him. "I had already received some information through Vihaan, but this training helped me acquire a much broader knowledge base, and taught me ways to specifically tackle problems I may face as a youth living with HIV. I found a platform to communicate with others who were similar to me. The training made me more confident and motivated me to work towards realizing my full potential. I could now confidently lead teams".

During the interactions with his peers, Pradeep noticed lots of myths and misconceptions about HIV among them. He found that giving them the right information, and explaining the reasons for taking medication on right times, eating right, and reducing negative thoughts propelled many to lead a healthy lifestyle. "There was this 16 – 17 years old boy, who did not take his medicines on time, and sometimes not at all. He attributed his irregular schedule to problems that the medicines caused. When I told him about the harms of not taking medication, and cleared his doubts, he began taking them regularly. He still keeps contacting me on our WhatsApp group. Then there was this family I visited. They had separate dishes, glasses and plates for their child living with HIV because they thought that HIV spreads that way. After I explained the correct ways of transmission and cleared their misconceptions, they stopped this practice. Sometimes, I have to explain to families that HIV does not spread through mosquito bites. So, they should worry about Dengue and Malaria and not HIV", he laughs.

As a READY++ peer champion, Pradeep reached nearly 200 youths living with HIV. "I faced some challenges. There were issues of wrong numbers and addresses, and some would not listen at all in the first meeting. However, the CSC team was always there to help me. In all, association with READY++ has been a very positive experience. I am very thankful to both READY++ and the Alliance team for giving me this opportunity"

Pradeep believes that more and more youth should get involved in this movement, and more youth societies should be formed. His dream is to work as a project coordinator in a youth NGO. "I am sure it will come true very soon", he says with a twinkle in his eye.

## VI.2. Generating interest in policy spaces

***“The beauty of a programme like READY++ is that, the group you are training are the very members of the community you are hoping to reach. The peer champions have set an example, by reaching their peers in a manner that has helped their peers share their concerns and fears uninhibitedly”*** - Ms. Sonal Walia (Consultant), NACO

***“A programme like READY++ is the need of the hour. Some programmes exist for children and some for adults but none exists for the transitional period called adolescence. The peer champions are taking actions to spread awareness among their peers, and themselves getting equipped with knowledge and skills. This will help them lead a healthy and productive life.”*** Dr. Lucy Duidang (Deputy Director CST IEC and M&E), SACS, Manipur

***“Initially, the youth PLHIVs living in Rajasthan lacked confidence but from the second day of the training, I saw their confidence rising. I found the initiative to be very valuable, and feel that it should be replicated in every district”*** Ms. Garima Bhati, Assistant Director (youth affairs), SACS, Rajasthan

READY++ has successfully carved a niche in the national and state programmes. NACO formally acknowledged READY++ as a good practice and invited Alliance India to share the project's experiences at the National Youth Consultation, held in July 2019 as well as at the national World AIDS Day (WAD) celebration. At the National Youth Consultation, READY++ garnered appreciation as the only programme led by HIV positive adolescents, and young people. Recognizing its value in addressing the needs of adolescents and youth, NACO has agreed to include the READY++ approach in their youth programmes in some capacity.

Furthermore, READY++ peer champions are being viewed as youth intervention experts all across. They were invited as experts in UNAIDS, and World Health Organization consultations on treatment and youth-specific interventions. ART centres have begun engaging them as motivational speakers to support newly initiated AYPLHIV clients to adhere to treatment and look after their health and nutrition needs. In national platforms like WADs, the champions interacted with key dignitaries including the Union Health Minister, and presented issues and unmet needs of AYPLHIVs.





Peer Champions Participating in National Youth Consultation



Additional Project Director of Delhi SACS, Dr. Praveen Kumar answering questions at the Delhi Consultation



During the National Worlds AIDS day organized by NACO, Prem, a READY++ peer champion giving a speech about his experience with READY++. He also created and sang a song about his participation in the programme,



**Song with video** (recreated for document purpose) - <https://youtu.be/H-DPQxgUdR0>

### VI.3. Carrying the beacon forward

Even after the end of the project, READY++'s peer champions continue to work relentlessly to improve the lives of AYPLHIV, ensure their rights, and alleviate stigma and discrimination. This motivation springs from a sense of ownership, and a spirit of hope and optimism that the programme has succeeded to instil in them. Many are supporting Vihaan in tracking LFU cases, and holding support group meetings of AYPLHIV and their parents. Some are working as volunteers in other state-specific HIV programmes. Encouragingly, the peer champions are being actively sought as human resources in youth programmes of respective SACS.



#### A powerful demonstration of an AYPLHIV led movement

In Maharashtra, READY++ peer champions have mobilized AYPLHIVs to form NMP+ Yuva Group. The network has been tirelessly working to deliver various social services, including dry ration support for migrant workers during the challenging times of COVID-19 pandemic. NMP+ is now volunteering to coach and support other states in forming networks. Peer champions in Manipur and Uttar Pradesh have already begun discussions on forming networks.

### VI.4. Challenges

- **Participant drop out:** At different stages of selection and training, many participants dropped out or missed certain training sessions for reasons like examinations, job demands, family emergencies, and adverse reactions from community in some states. Cultural restrictions and stigma particularly prevented many potential peer champions in Rajasthan to openly identify as HIV positive, thus restricting their participation in the programme.
- **Short project span:** Three months were too little a time to bring in all stakeholders on a common platform, follow up on training outcomes, sensitize parents and stakeholders, and build up and sustain the motivation of peer champions, all of which are time-intensive activities.
- **Language barrier:** At the training in Manipur, many participants had difficulty understanding and conversing in Hindi/English. The team addressed this barrier on the spot, by identifying a lead trainer conversant in local language as well as arranging for translation by engaging members of the state team. As most participants were attending training of such kind for the first time, breaking their silence and getting them to talk was challenging. This was overcome by introducing various ice-breaking games, and energizers and putting in efforts to ensure a conducive environment.
- **Lack of reinforcement of learning:** Peer champions had expressed a need for refresher training, and a common platform for them to share their experiences and challenges, which could not be achieved due to paucity of time.

### VI.5 Lessons learned

- Peer champions have proved to be valuable assets in effectively reaching out to parents, students, and teachers with messages on HIV prevention, early detection, and early linkages to treatment and retention in HIV care.
- AYPLHIV-led counselling has helped to overcome apprehensions, thereby facilitating early testing among peers, and enabling young people to be linked to ART centres.
- Use of online and social media platforms showed to be a very effective strategy to reach and engage youth.
- Use of simple reporting formats through youth-friendly platforms has been effective in documenting and tracking progress.
- Linking with skills-building programme proved to be an effective incentive to motivate youth including peer champions to be associated with the programme.
- It was observed during the training that there was a slight difference in participation between genders, the boys were more open to sharing their experiences and to participate in the sessions they tended to be more open when it comes to sharing HIV status with their significant partners. The girls on the other hand were hesitant on sharing their status with their significant partners for fear of rejection.

## VII. Conclusion and way forward

***“This programme can definitely be replicated as part of the government programme, once the data is available on its impact and cost-effectiveness. Then it can be introduced into a government programme.” Dr. A.K.Singhal, Joint director (CST/DAPCU) SACS, Uttar Pradesh***

Alliance India now plans to work on the scale up of the READY++ model, by integrating it in the Vihaan care and support programme, and exploring other avenues. As a differentiated care and support service delivery strategy, this AYPLHIV-led intervention will address specific unmet HIV and SRHR related needs of AYPLHIVs, and emphasize on building their linkages with ongoing skill building programmes. This will be done in the following ways-

- Additional funding - Alliance India will explore additional resources to replicate the initiative in other states across India.
- Integration in Vihaan - The trained peer champions have already been integrated into the Vihaan programme and supporting their CSC activities. Attempts will be made to scale this up in the next grant cycle of the programme, so that the work with AYPLHIVs can be extended to other states.
- Integration into the national HIV programme: Alliance India has initiated discussions with NACO as well as the SACS, to integrate READY++ into the annual action plans of SACS.

## VIII. Recommendations for scale up/replication

1. AYPLHIVs need youth-friendly comprehensive SRH programmes and services, tailor-made to their unique context. HIV/AIDS programmes must integrate components addressing the broad range of SRHR needs of AYPLHIVs including sexuality, growing up changes, body image etc as well as life skills training, to enable them to make informed and healthy choices related to their sexuality.
2. Replication of AYPLHIV led intervention like READY++, possess the potential of reaching AYPLHIV peer networks and vulnerable youth populations with messages on HIV prevention, SRHR, positive living with HIV through retention in HIV care and linkages with social schemes, and career-oriented skill-building programmes.
3. As part of replication and scaling up, AYPLHIV must be actively and meaningfully involved in all stages of programme development, implementation and evaluation so that the programme, in a true sense, is “AYPLHIV led” and responsive to their needs.
4. Develop a pool of AYPLHIV peer champions, who can act as technical resource persons for sensitizing service providers to provide adolescent and youth-friendly services, and mobilizing AYPLHIV led advocacy with non- HIV departments to make existing youth services AYPLHIV friendly.
5. A robust and evidence-based capacity-building strategy for peer champions that include training, refresher training and mentoring must form the cornerstone of the programme. Platforms should be established for peer champions to discuss the application of their learning, and additional training needs and there should be a mechanism to feed this back into the programme.
6. Key state and national level stakeholders, and decision makers must be engaged right from the conception of the programme.
7. Trained peer champions must be actively engaged in the State/National youth programmes under NACO

### **Stakeholders' feedback on replication and scaling up of READY++**

- In some states like Rajasthan, SRs are already involved in the formation of youth clubs, buddy clubs, and red ribbon clubs, where AYPLHIV peer champions can be integrated.
- READY++ must involve youth living with HIV to focus on HIV prevention needs of vulnerable youth as well.
- This programme should be continued and more than five peer champions are needed to effectively reach youth.
- There should be no gap between programme cycles to enable it to run smoothly.
- We should not allow the skills of our trained peer champions to go waste. We should get them involved in various support group meetings, and help keep their skills up to date.
- We should try to get our peer champions as involved as possible e.g.: In government positive speaking programmes or skills building programmes.
- More peer champions should be included in the programme, and trained in a continuous manner.
- To scale up this programme, there is a need for continuous support and engagement from the Centre, states and Vihaan team.
- One of our peer champions participated in a skill building programme, but what stood out most is the remarkable manner in which he got other youths involved in the programme. These youths are still attached to our various skill building/ support programmes.
- The programme should not stop. More peer champions should get involved and we urge the government to take a more active approach in involving these youths as positive speakers.

# Annexures

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## Annexure 1: Brief profiles of Srs

### **Uttar Pradesh Welfare for People Living with HIV/AIDS Society (UPNP +)**

UPNP+ is a community based, non-profit organization representing the needs of people living with HIV/AIDS (PLHIVs). UPNP is implementing 27 Care and Support Centers (CSCs) in 27 districts of Uttar Pradesh, and covering additional 11 Non-CSC ART districts, and seven non-CSC & ART districts through outreach workers. Apart from the Vihaan programme, UPNP+ is also implementing a few other programmes. E.g.: Ahana Programme, which Promotes periphery level HIV screening among pregnant women and link them with Prevention of Parent to Child Transmission services; Harm Reduction programme for female sexual partners of injecting drug users in four districts and Distance Migrant Targeted Intervention Programme implemented in some districts.

### **Hindustan Latex Family Planning Promotion Trust (HLPPT)**

HLPPT was formed in the year 1992, as a National not for profit health services organization, under HLL Life care Limited (A Government of India Enterprise). HLPPT is working on the entire spectrum of RMNCH+A (Reproductive, Maternal, New-born, Child & Adolescent Healthcare), including HIV prevention and control and primary healthcare. HLPPT is implementing Vihaan Programme in Madhya Pradesh, Punjab, Rajasthan, Kerala, and Telangana as Sub Recipient (SR) for Care and Support programme.

### **The National Coalition of People living with HIV in India (NCPI+)**

NCPI+ is a federal body, which represents the voices of people who are infected and affected by HIV in India. A movement started with 29 people, has now become a family of 1.14 million PLHIVs (as of June 2017) with 30 state level and 244 districts level networks. The PLHIVs from the district represent in the state, and those from state level networks represent in NCPI+'s governing body. The board comprises of nine PLHIVs from five regions of the country, with active representations of TB survivors, MSM, TGs, people using drugs/PWIDs, female sex workers, adolescents and men/women living with HIV.

### **Network of Maharashtra by People Living with HIV/AIDS (NMP+)**

NMP+ is a community-based organization, formed by PLHIVs to improve conditions for HIV positive people. It acts as robust community-based support to empower PLHIVs, by developing their self-esteem, and support their affected families. NMP+'s first community-based intervention started in 1997, and it has helped over 175,000+ beneficiaries, as on March 2014. (Average 15000+ beneficiaries are added per month through our partners) The organization is registered with the government, under the Society Registration Act of 2001. Currently, NMP+ works Maharashtra and Goa through 34 district level networks, 12 Faith Based Organisations, 11 NGOs, and other community-based organizations.







\*Peer Champion Prasad Londe sharing his experience and needs of youth PLHIV with Union Health Minister and other important stakeholders during World AIDS Day event Dec 2019

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