

Impacting Lives



ANNUAL REPORT
2020-21

Note: Programatic data are from April 2020 to March 2021. For the projects that have ended, the data provided are from project lifetime.

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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
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
CSC	Care and Support Centre
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



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Programme Highlights

Vihaan Care & Support

About the programme

Vihaan is a Global Fund-supported national care and support programme initiated since 2013 for the overall well-being of People Living with HIV/ AIDS (PLHIV). The overall goal of the Vihaan programme is ‘to improve survival and quality of life of People Living with HIV (PLHIV)’. The programme has evolved over the implementation phases to deliver services focusing on greater impact and optimization of resources by adopting a ‘differentiated care’ strategy.

Programme Achievements

The Care and Support centres have provided 12, 02,969 (87%) PLHIV with differentiated care and support services

- 6, 29,087 LFU and MIS cases, clients have been tracked back with a definite outcome.
- 1, 16, 860 PLHIV were linked with social protection schemes and entitlements, 81,351 availed the same.
- 34,843 family members and partners of PLHIV tested for HIV among them 9.4% found positive
- 9, 45,879 clients (79%), were screened for TB. 35,728 symptomatic cases tested and 2703 (8%) found TB positive.

New Initiative or Innovations

Community-based screening (CBS)

Community-based HIV screening was conducted through 69 CSCs to extend the testing services to the family members of PLHIV. This is especially useful during the COVID-19 pandemic as the ICTCs and hospitals were utilized for COVID related work and the HIV testing services were affected.

Community-Based ART Refilling

Community-based HIV screening was conducted through 69 CSCs to extend the testing services to the family members of PLHIV. This is especially useful during the COVID-19 pandemic as the ICTCs and hospitals were utilized for COVID related work and the HIV testing services were affected.

Transgender Specific CSC

The CSCs for TG Community have played a vital role to reduce the gaps in the continuum of care including testing, linking with care and retaining in treatment for the TGs. In addition to these services, CSCs also extended support to provide sexual health services, supplementing health programmes for early identification of co-morbidities, addressing stigma and crisis by linking with legal service authorities etc.

TG CSC Coverage

Currently, the 10 CSCs have been catering to 5,950 TG population, the TG CSCs have been implemented by the TG community-based organisation.

- 2, 469 transgenders living with HIV were provided at least one differentiated cares services
- 362 transgenders living with HIV who were reported as lost to follow up were brought back to ART
- 5,950 transgenders were provided at least one HIV care service
- 2,270 transgenders were provided services on Sexual health
- 1,235 transgenders were tested for HIV and received test results
- 554 transgenders were linked with social protection and social entitlement:
- 346 transgenders were linked to legal aid services

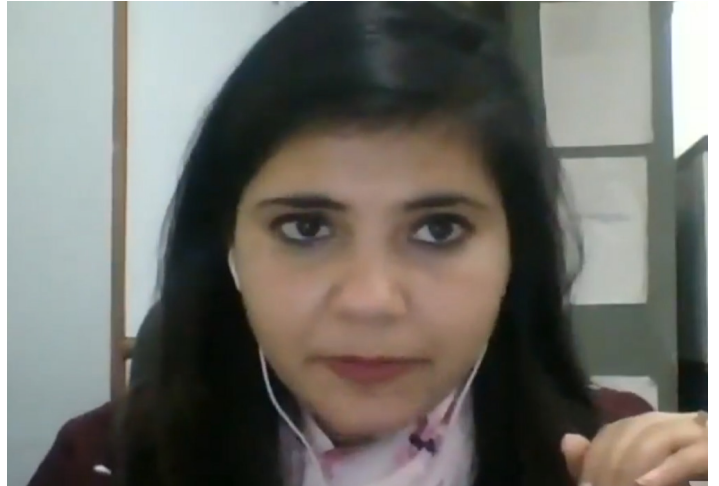


Our Insights

The Vihaan Care & support programme has played a vital role in transforming the life of PLHIV during the COVID pandemic, the programme has reached over 10 lakh people with services that include follow up calls to track ART adherence, COVID related appropriate behaviour and ensuring PLHIV have access of ART medicine and linkage to food and ration support during the lockdown. Over 5 lakh PLHIV have been re-engaged with the ART program. These efforts have contributed to minimizing the impact of COVID on the care and support services of the National Care and Support

Acknowledgement and recapitulation

The National AIDS Control Organisation (NACO), State AIDS Control Societies, National Coalition of People Living with HIV in India (NCPI+), Gujarat State Network of People living with HIV/AIDS (GSNP+), Network of Maharashtra People Living with HIV (NMP+), Tamil Nadu Network of People Living with HIV (TNP+), Uttar Pradesh Welfare for People Living with HIV/AIDS Society (UPNP plus) and community and civil society network who have worked to ensure PLHIV and KPs received treatment and care & support services.



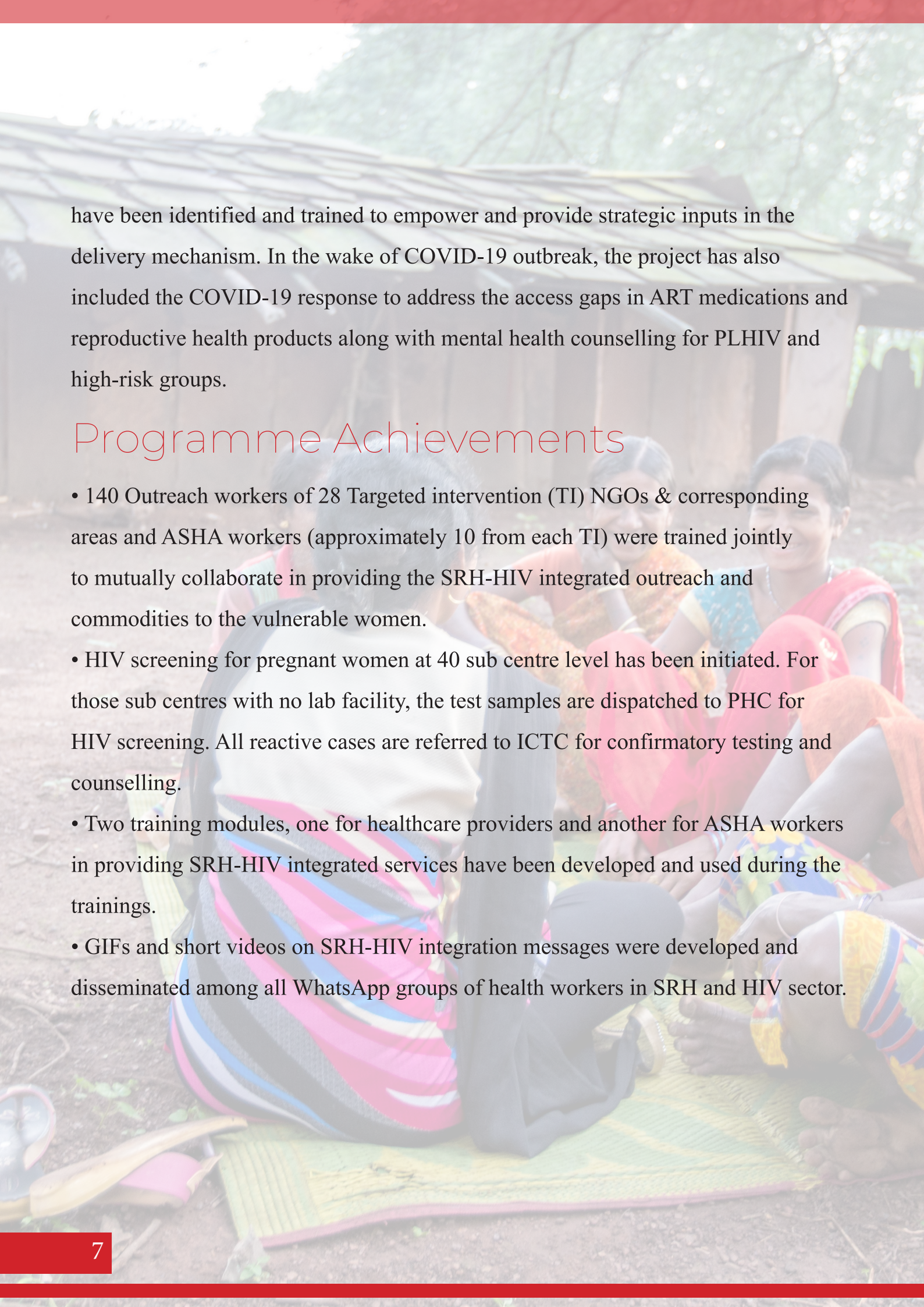
World AIDS Day

Alliance India conducted an online session on the HIV Act, 2017, where representatives from NACO, Lawyers Collective and the National Coalition of People Living with HIV (NCPI+). 21,400 people were reached and provided awareness about the key elements of the Act. Vihaan partners organized state-level virtual sessions and physical meetings with the active involvement of key stakeholders and communities.

Sampoorna

About the Programme

Project Sampoorna, supported by the United Nations Population Fund (UNFPA), has been implemented in nine priority districts of Gujarat (Ahmedabad, Surat, Sabarkatha, Banaskatha, Vadodara, Chota Udaipur, Aravali, Kheda and Anand) focusing on creating viable ecosystems to strengthen HIV and SRH service delivery at the primary healthcare and periphery/community level. The project aims to bridge the gaps between SRH and HIV and work towards integrated training, service provision and counselling for holistic health response to our communities. It is aimed at improving access to information and risk perception, improve continuity of care and reduce the cost of services in addition to improved client-health worker relationships. The project has demonstrated stronger and sustainable SRH and HIV integration at medical colleges, state government hospitals and Community Health Centers & Primary Healthcare Centers. Larger strategic advocacy framework of the programme has worked towards mainstreaming issues related to stigma and discrimination, gender-based violence and community system strengthening. The key strategies include; evidence-based advocacy with State AIDS Control organization and National Health Mission in the state of Gujarat, capacity strengthening of healthcare providers in the government health system including medical staff, paramedical staff, frontline health workers and Targeted Intervention (TI) NGOs on delivery of integrated services. For ensuring sustainability and local ownership, community champions

A group of women are sitting on a green and yellow striped mat on the ground outdoors. They are wearing colorful saris. The background shows a simple structure with a corrugated metal roof and some trees. The scene appears to be a community meeting or a training session.

have been identified and trained to empower and provide strategic inputs in the delivery mechanism. In the wake of COVID-19 outbreak, the project has also included the COVID-19 response to address the access gaps in ART medications and reproductive health products along with mental health counselling for PLHIV and high-risk groups.

Programme Achievements

- 140 Outreach workers of 28 Targeted intervention (TI) NGOs & corresponding areas and ASHA workers (approximately 10 from each TI) were trained jointly to mutually collaborate in providing the SRH-HIV integrated outreach and commodities to the vulnerable women.
- HIV screening for pregnant women at 40 sub centre level has been initiated. For those sub centres with no lab facility, the test samples are dispatched to PHC for HIV screening. All reactive cases are referred to ICTC for confirmatory testing and counselling.
- Two training modules, one for healthcare providers and another for ASHA workers in providing SRH-HIV integrated services have been developed and used during the trainings.
- GIFs and short videos on SRH-HIV integration messages were developed and disseminated among all WhatsApp groups of health workers in SRH and HIV sector.

New Initiative or Innovations

- Initiating the SRH-HIV services like screening of pregnant women for HIV at sub-centres.
- Integrated outreach, by conducting a joint training for TI ORWs and ASHA workers as they are the initial points of contact for any women seeking health SRH or HIV services.

Our Insights

To end the HIV epidemic, it's fundamental to include the SRH needs of all populations and communities including women in sex work and transgender women, at the center of the response. This means making it easier for the population to access quality, comprehensive HIV/SRH care where and when they feel comfortable, bringing down barriers, and providing stigma-free comprehensive services to all population(s). Ending AIDS as a public health threat while aiming for universal access to Sexual Reproductive Health (SRH) remains a dual strategic goal of both HIV/AIDS and SRH programming.

Acknowledgement and recapitulation

All the efforts to integrate SRH-HIV services in Gujarat are supported by GSACS and Maternal and Child health department of NHM, and their respective stakeholders at district levels.



Ujwala

About the Programme

Ujwala project was designed based on the programme learnings of the Abhaya project that Alliance India had successfully implemented in 2013-16 to enhance access to sexual and reproductive health services for female sex workers. With the support from MAC AIDS Funds and Tides Foundation, Ujwala project was rolled out in April 2017 in three cities namely Delhi, Warangal, and Ahmedabad. The main objective of the project is to mitigate and prevent gender-based violence (GBV) against women in sex work, and strategically provide sexual reproductive health services (SRH) with the aim to improve the uptake of HIV services including prevention, testing, treatment, and care and support. The project works with implementing partners, Sakijyot in Ahmedabad, Gujarat, Anchal Trust in Delhi, and Rudhrama Devi Mahila Mandali in Warangal, Telangana. Leveraging the existing sex worker's targeted intervention (TI) programme of State AIDS Control Society in the three states, Ujwala project provided additional support and capacity building to the frontline workers to address the unmet needs of HIV and SRH services. In addition, the project sought to understand and respond to the rapidly changing sex work environment in India, which is moving beyond the traditional sites, and reach women in sex work who operate virtually and remain unreached by the national HIV programme.

Program Achievements

Since its inception Ujwala project (Phase I and Phase II data) has registered 5675 women by providing HIV and Sexual and Reproductive health (SRH) referrals in the city of Delhi, Ahmedabad and Warangal. 75% accessed SRH services and support for addressing crisis and gender-based violence among them 58% of women are below 24 years of age. 35% of the women accessed HIV testing facilities.

For reaching out to women in sex work soliciting through virtual networks, the Ujwala helpline number is active in approximately 735 WhatsApp groups, through helpline number shared SRH messages to 1337 girls out of which 787 girls accessed HIV and SRH services. 71% of women accessed SRH services, out of the 29% who accessed HIV testing facilities, 4 women tested positive for HIV.

New initiatives or innovations

Since its outbreak, COVID-19 pandemic has affected the world disproportionately. It has a deep and lasting impact on livelihoods, organized and unorganized sectors and the world economy. Women in sex work were one of the groups affected severely by COVID-19 as it affected their livelihood. Prevention and treatment too was a challenge for this group due to low socioeconomic conditions. Stigma and discrimination by the mainstream health services providing COVID care and treatment increased their vulnerability. 400 women in sex work were also provided with nutrition support in form of cash cards (Sodexo) to procure essentials from supermarkets. Referrals for testing and vaccination were actively done among these women.

Our insights

With the changing trends in sex work, the programme also needs to change the intervention strategies. As most women are operating through non-traditional virtual platforms like mobiles phones, WhatsApp groups, dating sites etc., Ujwala programme provided outreach and referral for treatment services too through messaging through their mobile phones, WhatsApp groups etc.

Acknowledgment and recapitulation

Ujwala project in Delhi was implemented with support from Delhi SACS, All India Network of Sex workers (AINSW) and local NGOs working among women in sex work.





Abhaya

About the Programme

Abhaya (meaning fearless) or 'Zero Violence' programme was implemented in three states of India namely Delhi, Gujarat and Maharashtra from October 2020 to March 2021. This project aimed to address and reduce violence & improve the protection of women and girls (WAG) and LGBT people in their homes/communities as well as formal and informal workplaces. Abhaya programme also aimed at building and strengthening sustainable legal capacity to address and reduce violence and discrimination against WAG and LGBT people.

Programme Achievements

- Formation/strengthening of Crisis Response Team (CRT) among CBOs/NGOs: These teams would identify and address any violence among the key population. District level CRT teams formed a WhatsApp group and any reported case was addressed immediately.
- Advocacy meeting with law implementers, health care providers, police and other stakeholders: This advocacy is very essential since our key populations often face stigma and discrimination from these stakeholders due to their lack of knowledge on issues relevant to their rights.

- Documentation of case studies and success stories: Documentation facilitates learning for all similar projects on key population groups.
- IEC products - GIFs, videos and documentaries: These products would be used widely among key populations even beyond the project period.
- The national dissemination workshop was held in Delhi. NACO and Delhi SACS actively participated in the workshop. Delhi SACS TSU team prepared an action plan to integrate activities to address GBV among their projects.

New initiative or approach

The WhatsApp group which was formed with the contacts of crisis response team proved very effective. Support mechanisms were both prompt and well-monitored.

Key insights

Since gender-based violence among key populations prevails even after projects are over, hence the developed products and CRT groups formed should be sustained.



Acknowledgment and recapitulation

This project was implemented with support from GSNP+ in Gujarat, NCPI+ in Pune and AINSW in Delhi. All the district level officers and legal authorities provided extensive support for this project.

Wajood

About the Programme

India HIV/AIDS Alliance is implementing the programme called ‘Wajood: Empowering Transgender and Hijras to access Sexual Health (SH) and Human Rights (HR) in India’. Supported by Amplify Change, documenting and addressing gender based violence and challenging stigma and discrimination, attitude and laws and increased access to sexual health services are the main thematic areas of Wajood. The primary objectives of this programme are:

- To strengthen community systems for transgender/hijras through capacity development and expanded access to quality sexual health services responsive to their needs.
- Increase awareness and reporting of gender-based and sexual violence among transgender /hijras and action for mitigation and prevention.
- To support community-led efforts for policy change for transgender/hijras to contribute to their overall health and wellbeing protecting their rights in addition to facilitating access to social welfare and social entitlement services.

Whereas, expected outcomes of the project are to increase access to sexual health services for 4800 TGH community members, these services include increased access to transgender specific sexual health needs, HIV, STI and TB testing and linkages for treatment, access to social welfare and social entitlement services, addressing stigma, discrimination and violence mitigation. Phase 3 of the program is implemented in four states namely Delhi-NCR, Jharkhand, Uttarakhand and Uttar Pradesh.

Programme Achievements

- 2231 new TGH beneficiaries were identified and registered under Wajood programme.
- 2201 beneficiaries received Sexual health services.
- 982 beneficiaries went through HIV testing.
- 44 beneficiaries were found HIV positive.

New Initiative or Innovations

Through the skill-building and advocacy initiative of Wajood programme and our community-based partner organisation, Basera Samajik Sansthan, two transgender women, Mannat and Dipika have been selected as 'Field Workers' in Noida Authority Swachh Bharat Mission (SBM) project. SBM or Clean India Mission was initiated by the Indian government in 2014 as a country-wide campaign to eliminate open defecation and improve solid waste management. Moreover, eight members from the transgender community under the Wajood Programme were linked with the e-commerce company, Flipkart to deliver products. This employment linkage was done in collaboration with Kineer Services. Wajood field team distributed 450 Dry ration kits to the community during the COVID-19 period - 150 Transgenders in Hyderabad, 150 Transgenders in Delhi NCR, 100 Transgender in Bangalore and 50 Transgender in Vadodara.



Our insights

The implementation of the program was impacted due to the COVID-19 pandemic. Field implementation in terms of outreach and client registration activities in addition to developing linkages for service delivery was impacted due to restrictions on movement, non-availability of transportation facilities and strict safety protocols implemented by the government in all states.

One important aspect of the work has been delivering COVID-19 related support and services to the transgender and Hijra community members. Though program-related services particularly were not delivered to prospective clients, the period was utilized to build linkages and rapport with the community and strengthen the relationship with community leaders and stakeholders. During the COVID related service delivery, implementing partners gained experience and expertise to provide community services through mechanisms other than physical outreach and contact. Strategies, capacity and mechanisms developed during this period for social media outreach, telephonic contact, etc. would help the partners, particularly in the future till the pandemic would continue.

Acknowledgment and recapitulation

We would like to extend our most sincere gratitude to Jharkhand State AIDS Control Society, Uttarakhand State AIDS Control Society, Uttar Pradesh State AIDS Control Society and Delhi State AIDS Control Society along with the National AIDS Control organization for supporting our Wajood programme and their implementing units. We would like to thank Amplify Change for supporting our Wajood programme.



Samarth

About the Programme

Samarth is the first community-based HIV screening intervention for Men who have Sex with Men (MSM) and Transgender and Hijra (TGH) population. Implemented since 2016 with support from Elton John AIDS Foundation, Samarth project provides community friendly and community-led HIV screening and treatment linkages to MSM and TGH population.

While working closely with National AIDS Control Organization (NACO) and State AIDS Control Societies (SACS), the project has helped the national programme to cover the unreached vulnerable population and complemented the global goals of 95:95:95. Samarth 2.0 (2019-2021) has continued with community led HIV screening support for the hard-to-reach MSM and TG people with multiple risk association in six priority cities of Delhi, Bangalore, Hyderabad, Jalandhar, Vadodara and Hooghly. Phase two of the programme used differential strategies to reach out to the most at risk MSM and TGH in SMART City and Segmented Models while integrating provisions of needs based holistic health services for the population. During COVID-19 pandemic the programme had incorporated components of essential service linkages to minimize negative impact of COVID-19 pandemic and utilized virtual outreach as an alternate strategy for mobilization of community at risk and index population.

Programme Achievements

- 6657 MSM and TG beneficiaries were screened for HIV.
- 158 cases were reactive.
- 143 beneficiaries were linked with HIV confirmation testing and ART treatment.
- 604 Index Partners of known PLHIV MSM and TGH were screened for HIV.

New initiative or Innovations

Following the extensive tracking of index partners both in physical and virtual spaces, the programme could track 641 potential index partners of 127 known PLHIV clients across its six implementing sites. 604 (94%) of these index partners were supported to undergo HIV screening and 47 of them were identified as reactive. In context with Harm Reduction Linkages, 243 MSM and 28 TG drug user clients were linked with government facilitated harm reduction and opioid substitution therapy in Jalandhar and Hyderabad. However, 28 TGs in Jalandhar and 4 MSM and 3 TGs in Delhi reported to be linked with private facilities for the same support.



Our Insights

- Communities access the available HIV services, if provided by sensitive staff, in contextualized geographical space and at flexible timings.
- Differential approach to mobilize communities aligning with local dynamics (risk & vulnerabilities, customized needs and lifestyle etc.) have higher level acceptance among communities to avail services.
- Self-risk perception of vulnerable population is lower than actual risk association
- Isolated HIV screening/testing intervention is incomplete without acknowledging the other important needs of the population.

Acknowledgment and recapitulation

Samarth programme has the potential to provide a strategic framework aligning with the community led approach that can address the required prevention need of intersectional beneficiaries. It can formulate the next generation programme to increase health seeking behaviour of the most-at-risk MSM and TG in context with HIV, along with their other health requirements.

We would like to extend our most sincere gratitude to following Government stakeholders and implementing Community Based Organizations (CBOs):

- National AIDS Control Organization (NACO)
- State AIDS Control Societies of Andhra Pradesh, Delhi, Gujarat, Karnataka, Punjab, Uttar Pradesh, and West Bengal states
- Shaan Foundation, Jalandhar, Punjab
- Amitie Trust, Hoogly, West Bengal
- Lakshya Trust, Vadodara, Gujarat

About the Programme

The Global Fund-supported regional Harm Reduction Advocacy in Asia programme was implemented by Alliance India from 2017 onwards and extended to 2021. Together with in-country partners in Cambodia, India, Indonesia, Nepal, Philippines, Thailand and Vietnam, the programme advocated for policy & legal reform to create enabling environment for PWUD, engaged community towards sustained HIV & drug use response, created evidence for redesigning of harm reduction response, and advocated for sustainable financing for harm reduction.

Programme Achievements

During the quarter of July-September 2020, Alliance India provided support to State Drug Users Forum (SDUF) in 7 states including Bihar, UP, Sikkim, Mizoram, West Bengal and Tripura in the following areas:

- Support was provided to the 7 SDUF on preparing advocacy briefs, especially on creating an enabling environment for harm reduction services accessibility and availability among the PWID at the state levels. A major role of Alliance India Drug and Harm Reduction team was to support in the drafting of advocacy briefs to be submitted to the State AIDS Control Society (SACS) and other relevant departments.
- Alliance India supported Mizoram SDUF in procuring Buprenorphine for the newly registered PWID members of the forum. As a result, 103 new PWID have been able to get Buprenorphine during this period.



Human Rights & Faith for People Who Use Drugs in Times of Pandemic

In 2018, Human Rights, Harm Reduction and Faith leaders of United Religions Initiative (URI) and India HIV/AIDS Alliance (Alliance India) launched a novel initiative to build bridges between harm reduction and faith communities called #Faith4HarmReduction. On 11th December 2020, Alliance India along with URI, with support from Global Fund, hosted a dialogue called the “Human Rights & Faith for People Who Use Drugs in Times of Pandemic”. This was the first convention and training involving Faith Champions from the region.



Law Enforcement and Civil Society Consultation on enhancing partnerships with Programs that Provide HIV related services for People Who Use Drugs

Strengthening community and police/law enforcement partnership remain pivotal towards removing barriers in accessing health and HIV services by people who use drugs. The state police led by its Special Task Force (STF) partnered with Alliance India to build synergies to ensure that people who use drugs were not subjected to bullying, harassment, arbitrary arrest and/or detention and had access to health, harm reduction and human rights services. The opening function was graced by Mr Chandrasekhar, Additional Director General of Police, second-in-command of the special task force of Punjab police. An E-learning module for law enforcement was developed under the project which will be used by the training academies to sensitize the existing and newly recruited law enforcement officials.

New Initiatives or Innovations

While there were various new initiatives during the implementation of the grant HRAsia, few are worth mentioning. Engagement of the CSO, Community and Stakeholders with the faith leaders in a systematic and sustainable manner made a great impact in transforming the beliefs of the religious leaders from religion and/or healing based services to the drug user community to a rights based approach and engagement. A module for faith based leader for harm reduction was developed under the grant which will be used to sensitize the faith leaders by CSO.

Project's engagement with regional mechanisms like ASEAN and SAARC provided tremendous opportunities to advocate for and bring about systemic changes in the policy which affect the lives of PWUDs in the Asia region.

Our Insights

Investments and funding for drug use and harm reduction interventions are not sufficient. A more sustainable approach and strategy to address the issue of lack of funding is required. Local investments by state/province and national governments are the steps towards systematic inclusion of harm reduction intervention in national budget. Strategic advocacy with national and state governments along with the strategic evidences such as investment case studies, is required among many other steps.

Acknowledgment and recapitulation

Alliance India would like to extend gratitude to all implementing and technical partners of the project HRAsia along with the Global Fund to fight AIDS, Tuberculosis and Malaria and various stakeholders from across the seven countries whose support didn't only ensure successful implementation of the project but also made a huge impact in the lives of the People who Use Drugs across the Asia region.

HRIDAYA (Harm Reduction in India)

About the Programme

Supported by Frontline AIDS, Alliance India implemented Hridaya in five states of India namely Uttarakhand, Uttar Pradesh, Delhi, Mizoram and Sikkim.

The project was designed to address the capacity and service delivery gaps and support the national HIV prevention programme in efficient service delivery for people who use drugs. Considering the changing patterns among drug users and their sexual behaviour as per the recent national studies, Hridaya project added to the design – a pilot intervention

at one site in Delhi to address the unmet needs of spouses and female partners (FSP) of male IDU and Female Injecting Drug Users (FIDU). The intervention provided information and awareness on the prevention and treatment of HIV and sexually transmitted infections as well as related services. The FSP intervention aimed to develop a differentiated model of delivering essential services to the unreached FSPs of male Drug Users as well as Female Injecting Drug Users.



Programme Achievements

During COVID-19 pandemic and subsequent lockdowns Alliance India worked closely with national and state drug user forums and supported the community with essential commodities which were needed



by the community. In this effort, 125 full body PPE kits for Nagaland (65) and Manipur (60), 2,23,450 INR for essential food, health and other emergency needs of PWIDs and their families, 330 sanitary pads for female sex partners (FSPs) in Delhi, 125 PPE kits (including mask, hand gloves, sanitizers and soaps) to frontline workers and PWID community and a shelter home was facilitated for street based drug users in Manipur by some individuals, CBOs, NGOs and members of rehabilitation centres.

New Initiative or Innovations

Towards community system strengthening for prevention of overdose related death, the team made provision for 1500 Naloxone in all SUDF supported by Alliance India Harm reduction project. Mizoram SDUF and Alliance India supported in procuring Buprenorphine for newly registered PWID members of the forum and as a result, 103 new PWID could get Buprenorphine during this period.

Intervention Research was commissioned to understand the rates of Non-Fatal Opioid Overdose (NFOD) and the associated risk factors and knowledge of overdose among PWID and service needs of FSP of PWID in Delhi. Final findings from both the studies is now available.



Our Insights

Drug use and harm reduction programs in the country needs to include holistic sexual and reproductive health needs of the female sexual partners of drug users. The existing TI programme for IDUs should strengthen their HIV prevention services for male IDUs by focusing on the sexual route of HIV transmission as well. A separate sub-unit is required as the needs of FSPs are very different from their male IDU partners. The sub-unit needs to be staffed by female outreach workers who can reach out to spouses of male IDUs.

Acknowledgment and recapitulation

We would like to extend our gratitude to State AIDS Control Societies (SACS) of the states of Uttarakhand, Uttar Pradesh, Delhi, Mizoram and Sikkim



PrEP Study

To study the feasibility of Oral TDF containing PrEP, administered once daily to men having sex with men (MSM) and transgender women (TGW) in India.

Starting year 2019

We have successfully screened 174 participants and enrolled 131 participants.

- Total 3rd month follow up done: 83
- Total 6th month follow up done: 53
- Total 9th month follow up done: 10
- Total 12th month follow up done: 3

We have also conducted 45 meetings with the stakeholders.

- HCV reactive: 20
- HbsAg reactive: 5
- HIV reactive: 7 (1 participant found reactive in 3rd month testing)
- VDRL reactive: 9 (2 participants found reactive in 12th month testing)
- HSV reactive: 14 (2 participants found reactive in 12th month testing)

All these participants were referred to the Government hospital.

6 participants have been terminated from the study for the following reasons

- 1 participant had high LFT value.
- 1 participant had high bilirubin value
- 1 participant had low serum creatinine value.
- 1 participant was found HIV reactive in 6th month follow up testing.
- 2 participants were not willing to take PrEP. They said they were not involved in any sexual activity during lockdown.

Acknowledgment and recapitulation

We acknowledge our collaborators from National AIDS Research Institute (NARI), Pune for their constant guidance and support throughout the project implementation. We highly appreciate the support and guidance provided by Indian Council of Medical Research (ICMR). We also thank our partner SHAAN Foundation, Jalandhar, Punjab for implementing this project. We would also like to thank our team members for diligently working towards the benefits of the community.

NIH Stigma Study

Study to understand the role of stigma on antiretroviral initiation and retention among HIV Positive MSM and TGW+H in India.

A longitudinal prospective cohort study was planned to understand the longitudinal direct and indirect effects of stigma and discrimination on ART adherence. It was assessed by ART initiation by 3 months and retention in ART care at 6 months amongst 350 Transgender women (male-to-female) + Hijra (TGW+H) and men who had sex with men (MSM).

Initially, we had planned to recruit participants who were linked to Alliance India's Care and Support Centers (CSCs) in 2 cities of Mumbai (Maharashtra) and Hyderabad (Andhra Pradesh). However, due to the COVID-19 pandemic and the impending challenges in recruitment of participants, the number of states included was increased to 12, with high concentration of MSM and TW and high sero-positivity.

Cognitive interviewing was conducted among two focus groups to refine our stigma measures and study questionnaire. Each group 6-8 MSMs and TWG+H participants. Manuscripts have been developed on the qualitative evidence and have been sent for publication.

Information was extracted for a total of 419 MSMs and 308 TW from the database of Alliance India's CSCs for 12 states of India.

Due to the ongoing COVID-19 pandemic, we had to switch over to telephonic interviews from face to face ones.



We have completed our baseline survey and could enroll 367 (227 MSM and 140 TGW+H) participants, after excluding individuals who had died, refused their identity or were uninterested to participate / with incorrect contact details.

We are in the process of developing a manuscript describing the study objectives and methods employed in the study.

A total of 177 interviews in 3 months have been completed till March 2021.

Despite the interviews being conducted telephonically, we have been able to conduct this longitudinal study with 98% retention of study participants at 3 months' follow up.

Preliminary analysis suggested that anticipated, enacted, internalized stigma and discrimination negatively affected the ART adherence amongst MSM and TG women/Hijra population.

Acknowledgment and recapitulation

We acknowledge our collaborators from Albert Einstein College of Medicine, New York, USA for their constant guidance and support throughout the implementation of the project. We thank National Institute of Health for provision of funds for the project. We thank Alliance India's Vihaan Care and Support team for their support and cooperation. We would also like to thank out interviewers for diligently conducting the interviews and the community members for sharing their experiences for the larger benefit of the community.



The National Transgender Summit 2021

Background

The first-ever National Transgender Summit was organized by India HIV/AIDS Alliance in collaboration with National AIDS Control Organization (NACO) on 6th April 2021 to develop clarity on HIV/AIDS Act and the Transgender Persons (Protection of Rights) Act for the transgender community. The objective was to facilitate and ensure community involvement for their successful implementation. The National Transgender Summit was organized with support from Wajood project, funded by Amplify Change Grant. The Summit also proved to be a platform to chalk out a roadmap for effective implementation of the two Acts involving

the transgender community for advocacy at both local and national levels. An important goal was to facilitate the implementation of India-specific provisions of Gender Affirmation Care guidelines involving government and private stakeholders and the transgender community. This is in line with the broader goal of developing a mechanism for holistic welfare of the Transgender community involving ministries, line departments, national mechanisms (for example National Transgender Council), Civil Society Organizations, Community Based Organizations and Community Networks.

Key recommendations received

- To integrate gender affirmation, care and other health-related services (including HIV) through a holistic approach involving the Ministry of Health, NACO, Medical Council of India, UN agencies (e.g. UNAIDS), community members and healthcare professionals.
- To always provide gender affirmation care with a team of experts from pertinent medical fields (such as mental health, endocrinology, gender affirmation surgery etc.) and this should be as per the standard medical guidelines. The one-stop-center concept can be helpful in this context.
- More awareness generation is needed around the Transgender Persons (Protection of Rights) Act and the HIV/AIDS Act among community members as well as among the respective stakeholders.
- To develop a comprehensive framework for greater accountability of the various representatives including government departments to address the various issues faced by transgenders at different points in life within multiple spheres such as healthcare, education, employment as well as matters of law and security.
- More training and sensitization related activities need to be organized for all the stakeholders catering to the needs of Transgender community members in terms of healthcare, education, employment and legal arena.
- More Community-Based Organizations should be connected to support programmes for better transfer of ownership to the community.



COVID-19 response of Alliance India

Though several community-level activities were affected due to COVID-19 and its subsequent nationwide lockdown, HIV treatment services were not curbed even for a single day. Our Vihaan Programme, in collaboration with National AIDS Control Organization, State AIDS Control Societies, ART centers and various stakeholders, de-centralized the ART dispensation countrywide and restructured the client follow up model. This, in turn, ensured uninterrupted access to ART. As part of the COVID-19 response, the following activities were carried out to mitigate the impact of COVID-19:



Issuance of COVID-19 response advisories to all SRs and SSRs

Alliance India issued advisories to all implementing partners in tandem with the advisories issued by NACO and Ministry of Health and Family Welfare, Government of India. It was further followed up by closely coordinating with the State Governments wherever needed. As per the advisory, irrespective of being stable or unstable in terms of treatment adherence, all PLHIV on ART were to be provided multi-month ART medicine (maximum 3 months depending on drug

availability) and this was decentralized to all peripheral facilities to ensure easy access by clients. The ART centers generated exhaustive lists of clients who were to collect their medicines during lockdown from them. Accordingly, CSCs informed the clients telephonically about the nearest facilities including CSCs from where they could collect their medicine. Home dispensation of medicine was also done for clients who, for varied reasons, could not visit the centres.



Developed State Operational Plan (SoP)

Alliance India in consultation with SACS and SR 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 defined by each of the states. It highlighted specific strategies of reaching out to people in these specified zones with different administrative arrangements. Accordingly, the progress updates were shared with SACS on a monthly basis.

Dissemination of accurate information on COVID-19

In response to the strongly felt need to dispel the myths and misconceptions around the pandemic, Alliance India organized training of SRs and SSRs for dissemination of accurate information about COVID-19 using the learning materials developed by the Ministry of Health and Family Welfare, WHO, CDC and UNAIDS. Revised and simplified information on COVID-19 was shared with all partners. Alliance India team conducted series of online virtual sessions with all SR and SSR staff across the country. These sessions were dedicated to empower CSC staff with the latest information related to COVID-19 and educating them on quarantine rules and sharing implementation experiences. All staff from 12 SR partners and 319 CSCs (including 9 CSCs supported by Government of Gujarat) participated in the regional trainings.



Advocacy with line departments to support service provision

Several advocacy efforts were initiated by the Vihaan team with support from SACS resulting in enhanced delivery of services to clients during the lockdown period. Services were not limited to the provision of ART medicine, but other essential items like dry rations, masks, sanitizers and soaps were also provided to clients. Some instances of additional service delivery worth mentioning were: the police forces in UP and Gujarat supported ART delivery in containment zones and permitted ORWs to travel if they produced the pass issued by SACS/ART centre, the Public Distribution System in Rajasthan was integrated with CSCs



and functioned as distribution centres, ration for the PLHIV and even for those who were without ration card but could produce their green card. 734 PLHIV were linked to universal health coverage through Ayushman Bharat scheme in the state of Madhya Pradesh.





A grayscale photograph of a healthcare worker in a white coat and face mask attending to a patient in a hospital bed. The patient is lying down, and the worker is leaning over them. The background shows a hospital room with a window and some equipment.

Capgemini – Alliance India COVID Response

In these trying times, where India is courageously fighting menacing coronavirus, HIV patients are most vulnerable to the pandemic owing to already low/decreased immunity levels/conditions. In these difficult time we

urged people to act with kindness, not stigma and discrimination as people affected by COVID-19 are part of the solution and must be supported. The experiences learned from the HIV epidemic can be applied to the fight against COVID-19.

As in the AIDS response, governments work with communities to find local solutions. As in the general population, older people & children living with HIV or people living with HIV with heart or lung problems may be at a higher risk of becoming infected with the virus. Leveraging our experience in community action and working closely with the government in our HIV and COVID-19 Response some of the key steps taken are:

 <p>Access of Medicines</p> <p>Our outreach workers, several of them living with HIV themselves, facilitating medicines through our centers and sometimes even by doing door step deliveries.</p>	 <p>Hygiene Kits</p> <p>Encourage hygiene habits and provide protective equipment's, sanitizers etc</p>	 <p>Counselling and Mental Health Support</p> <p>To high-risk HIV population</p>	 <p>Access of Medicines</p> <p>Create a pool of resource for urgent health needs, nutrition, essential supplies and livelihood needs.</p>
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Vihaan is a community led HIV care and support programme and has been implementing in collaboration with National AIDS control organization (NACO) and State AIDS Control Societies (SACS) through 319 care and support centers across the country reaching out to more than 14 lakh people living with HIV (PLHIV) and their family members with care & support services. It is one of the most important HIV response programme of the country today. A network of 1574 outreach workers (frontline workers) are working and majority of them belong to the PLHIV community only who were the most important link in this response work.

Capgemini – Health KIT

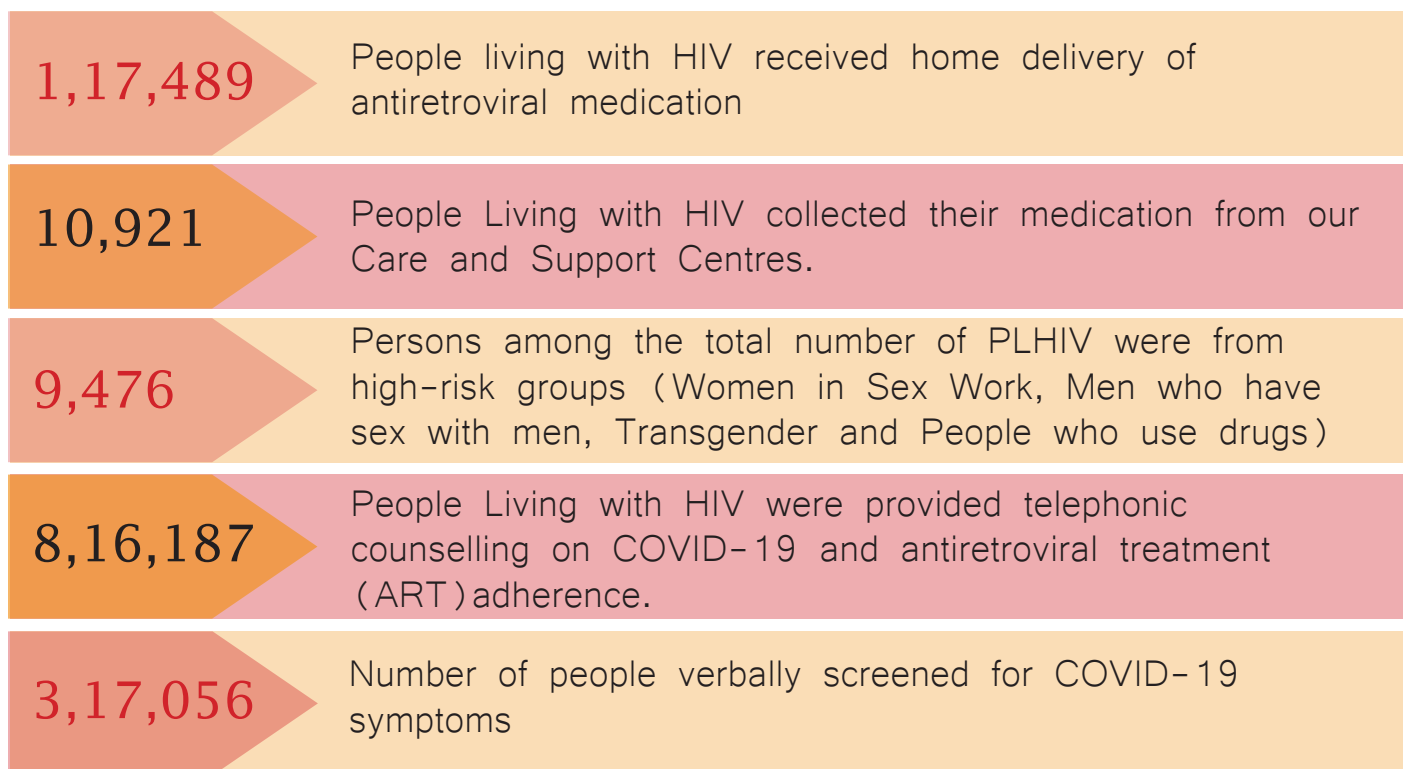
ART or Anti Retroviral Therapy is a lifelong treatment for people living with HIV (PLHIV) and adherence is very important for disease progress control. PLHIV's regularly visit government hospitals to collect medicine but when lockdown was imposed many services including ART uptake were hampered severely. PLHIV were either not allowed to visit the hospital or they did not have any means of transportation to reach ART centres. Realizing that this delay in access in medicine would directly affect the health of the PLHIV the Out Reach Workers (ORWs) decided to take up the job of distributing medicine for the community. However, it was a risk for these frontline workers also to go out in the community and distribute medicine. The ORWs have to collect the medicines from ART centres, travel through containment areas and visit the patient's home for distribution and in each step there is a risk of getting infected with COVID-19. In fact, sadly 2 ORWs (from Indore and Delhi) tested positive for COVID-19 after they have undertaken field visits. To safeguard our frontline workers, Capgemini India/WeKare Society came forward to support.

Capgemini India/WeKare Society graciously provided support for Health Kits for 1574 outreach workers of Alliance India. One kit contained the following items to protect outreach worker from COVID-19:

Items	Quantity
Sanitizer 200 ml	2
Soap	4
Gloves	25
Mask (reusable)	2

Multiplying Impact of Health Kit

The kits were dispatched directly to the Care & Support Centres (CSCs) across country to reach our ORWs. Alliance India guided and trained all partners coordinating the CSCs to ensure optimal and accurate usage of the kits and disposal of the used masks and gloves safely as per the guidance of Ministry of Health and Family Welfare (MoHFW). Before this support, few ORWs were hesitant and stressed about any outdoor activity but this timely support boosted their morale. They became confident and started moving vigorously in the field. Senior officers from NACO and SACS appreciated the timely support of these frontline workers in many forums. The multiplier impact of the Health Kit was that:



The support from the Capgemini India/WeKare Society not only helped our frontline workers to safeguard themselves, they felt confident and empowered and went out helping many community members in getting their life-saving medicines and ration support at this difficult.

COVID-19 emergency support grant by Azim Premji Philanthropic Initiatives (APPI)

Rationale

The vulnerability among transgender are higher because they are most ‘visibly invisible’ population. Majority of the transgender women in India are more prone to COVID-19. While working extensively with community we realized the risks that Transgender people are facing today in the midst of COVID-19. Due to social stigma, economical dis-empowerment and lack of opportunities more than 85% of the transgender women stay in slum areas which are highly populated and prone for the water & air prone infections. Even the recent data from our care and support programme in 33 states called ‘Vihaan’ reports 15 % TB infection among TG women. The immune systems of an average transgender women are poor due to substance abuse, low nutrition, alcohol consumption. There are multiple cases of kidney related diseases due to the hormone intake without medical advice. Most of the hijras stay in cluster format called as ‘Dera’ with their Gurus (leader of the group) with low hygienic standards, shared cloths and shared common bathrooms which do not have proper sanitization facility. Several transgender women who rely for begging or sex work, often intake unclean water on streets which makes them prone of diseases. The nutrition intake is also low since they rely heavily on street food. Majority of the trans-women are also addicted to tobacco consumption, are affected with the obesity and has issues related to diabetes & hyper tension.

Objective of the Grant

- Provide emergency support to the transgender community for nutrition and health needs
- Increase awareness among vulnerable TGs towards the COVID-19 and linking them with the social support services
- Increased COVID-19 screening and testing among the TG population and linkages to the health services and necessary quarantine facilities

Activities Conducted

- Screening for COVID-19 among transgender community members
- COVID-19 Testing support and linkages with the government health facilities for testing
- Ration and nutrition support
- Hygiene kits to the community
- Screening equipment and health insurance to the project staff
- Tele-counselling on mental health and other issues
- Support to the transgender victims of gender based violence

Total Population Reached
1000

Locations

Hyderabad and Delhi-NCR

Fundraising Update

End AIDS India

Amidst the worldwide pandemic havoc, India was the focal point of global attention from being one of the worst affected to a significant vaccine manufacturing hub for the world. As COVID-19 waves lashed, we also witnessed the waves of generosity and humanity. The social sector stood strong and proved relevant and useful for the vulnerable populations countrywide. Likewise, the Covid phase also saw many establishments (both private and social) adapting themselves to the unprecedented times and responding to the need of the hour.

Like many others in the social sector, End AIDS India too went through a rough patch along with the other Liaison Office partners of the campaign during the COVID-19 period. It got integrated with Alliance India in this financial year and with great resilience, the team contributed positively to the HIV and COVID-19 response for the key population. Through trial and error, our team quickly launched the COVID-19 response work digitally. Tele-facings, data mining and other newer options were introduced to cope with the crisis in the fundraising space. We also adopted a new April to March reporting cycle for easier compliance hence last year was a 15 month period for the campaign.

Overall, while fundraising remains affected by almost 25%, as compared to 2019, we were vigilant and even while supporting fundraisers during tough times, we kept a tab on our costs and stayed positive during the year. The donor retention dropped by 18% but was well balanced by new acquisitions during the year.

Some key highlights

- Our campaign, which works for a very stigmatised and sensitive cause, now has 30,000 donors as supporters.
- Even amidst the massive COVID-19 disruption, the team was in surplus and contributed positively to the programmatic needs.
- Many of our fundraising partners got a financial jolt in the COVID-19 times. We tried our best to support them with resources, new campaigns, collaterals etc. and during the last quarter, quite a few of them bounced back.
- A business development team was developed with new fundraising strategies to initiate work for the organisation's sustainability. The team comprised of members from multiple genres to identify community needs. The team is mapping the Corporate Social Responsibility, (CSR) landscape basis Sustainable Development Goals, CSR law and patterns and has moved towards initiating a focused Institutional Engagement.
- Considering new challenges in fundraising, the campaign initiated a Donor Response Team to focus on donor relationships/stewardships. Our donors would be the most befitting advocates for PLHIV in India.
- We have also been actively working with corporates and platforms like Give India, Give2Asia to make a larger impact and improve the reach of the cause.
- Apart from resource generation, the team actively contributed towards awareness raising and providing a platform for people to understand and reach out on issues related to HIV/AIDS. During this period, approximately 3,00,000 were reached through active engagements.

Amidst the challenges posed by COVID-19, adapting to new compliance parameters is not an easy task. Despite the difficult times, we remain undeterred and continue impacting the lives of marginalised and vulnerable communities. We envision a healthier India

Financial Overview

For the period of April 2020 to March 2021

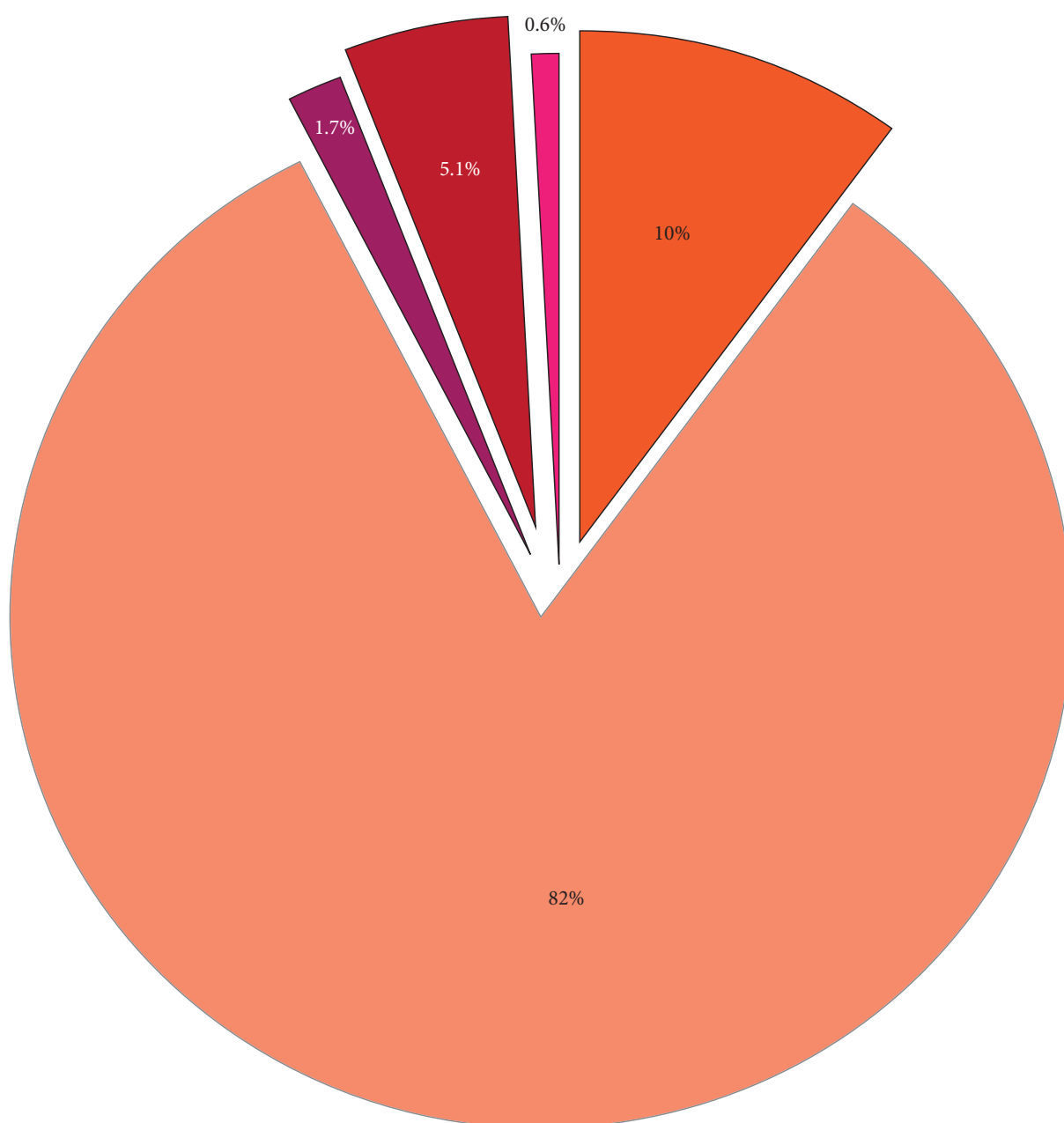
We are grateful to all our donors for their growing commitment to our work. The annual turnover for the year is INR 64.44 crores, supported by multiple donors.

The support ranges from less than 1% to as high as 87% which reflects the scale of implementation and interventions. Small funding reflects innovations and pilot testing, while large scale funding reflects pan-India operations with mainstream organisations at both national and state levels.

The grant funds are utilised for different interventions that range from 0.6% to 82.7%. The distribution focuses on Prevention at 10.0%, Care and Support being largest at 82.7%, Sexual and Reproductive Health (1.7%), Drug Use & Harm Reduction (5.1%) and Research (0.6%). The large scale funding of 92.7% focuses on the prevention of HIV/AIDS, and care and support for people living with HIV (PLHIV).

The application of funds reflects that a major portion (60.06%) is being granted to implementation organisations at grass root level all over India. This is a reflection of our community-centric project implementation approach.

Grants - Intervention wise



- Care and Support
- Sexual and Reproductive Health
- Drug Use & Harm Reduction
- Research
- Prevention

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