SAMPOORNA

INTEGRATING SRH AND HIV SERVICES

LEARNING DOCUMENT

December 2021

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1 Background

Globally, the importance of linking Sexual and reproductive health (SRH) and HIV services has been widely recognized. There have been global recommendations made for the integration of SRH-HIV at the levels of policy, systems and services. In India, the Reproductive and Child Health program has made steady progress along with the HIV program that has made many gains in addressing the HIV epidemic. The programs have evolved responding to the emerging needs.

Over the years, we have seen a change in the trajectory of the HIV epidemic in India. The HIV/AIDS program in India is implemented through the National AIDS Control Organization (NACO)[1], Department of AIDS Control, Ministry of Health and Family Welfare, Government of India. NACO is the nodal organization for national AIDS response and has implemented four phases of NACP and NACP Phase-IV (Extension) 2017-20 till date. The program is implemented through a decentralised structure of NACO at the central level, State AIDS Control societies at the state level and District AIDS Prevention and Control Unit at the district level. NACP has used a comprehensive three-pronged strategy of prevention, testing and treatment supported through critical enablers of Information Education Communication (IEC), Laboratory Services and Strategic Information. Communities are at the center of the response and equity, gender, and respect for the rights of communities is continuously adopted as guiding principles. The HIV response has evolved to address changing needs.

The National Health Mission focuses on decentralised expanded delivery of health services including reproductive and child health services through district hospitals, CHCs, PHCs and sub-centres, while the National AIDS Control Program focuses on decentralised HIV prevention and treatment services that till recently was a vertical program. However, attempts to converge have been initiated at the national, state and district level. Till recently, the Government of India's NACO and MOHFW were independently addressing HIV and health concerns. However, attempts to converge have been initiated for sexual, reproductive health and HIV as it affects key populations especially women including women living with HIV; female partners of People living with HIV (PLHIV), MSM and IDUs; female sex workers and women of the reproductive age group who are vulnerable to HIV.

Inadequate linkage to SRH services often leads to missed opportunities for addressing important unmet needs of people living with HIV and SRH needs of key populations such as Female Sex Workers (FSWs) and Transgender (TG) persons seeking sexual and reproductive health services. According to the recent NFHS-5 data for the state of Gujarat, only 28.5 % of women and 35.7% of men in the age group of 15-49 years in India report having comprehensive knowledge of HIV/AIDS[2]. In addition, the current use of family planning methods in married women in the 15–49-year age group continues to be low (65.3%). Evidence indicates that integration of reproductive health services with HIV services is one of the key steps to address these needs holistically and could potentially reduce STI Incidence and HIV transmission. Similarly, women accessing the public health facilities for their contraception and other sexual and reproductive health needs are often not provided with the necessary information, counselling and services to diagnose their HIV status and provide necessary services.

Important barriers remain in achieving HIV-SRH integration, namely lack of training, low human resources, and poor infrastructure including lack of space and privacy to provide these services. At the policy level, vertical programming of HIV and SRH and unclear policies and guidelines are major challenges. Currently in India, two largely parallel health systems deliver mostly standalone HIV services and SRH services at health facilities. Prevention and treatment of HIV and STI infections, contraception to prevent unintended pregnancies, and condoms continue to remain available at separate facility points impacting the integrated delivery of SRH and HIV services.

1. https://main.mohfw.gov.in/; naco.gov.in

2. International Institute for Population Sciences (IIPS) and Macro International. National Family Health Survey (NFHS-5) 2019-20 India. 2020.

2 The Rationale for the Sampoorna Project

Quality, non-discriminatory and inclusive health care is an essential human right for all. Sustainable Development Goal 3 (SDG 3) lays great emphasis on good health and wellbeing which needs to be achieved by 2030 across the globe. The objective of the SDG 3 is incomplete and unattainable without strong and resilient health systems that understand the holistic sexual and reproductive health needs and rights of women accessing health facilities. It is important to understand and address the sexual health needs of the marginalized communities and ensure an enabling environment for access to health facilities. It is also equally important to understand the risk and vulnerability to HIV/AIDS of those women who visit health care facilities for their reproductive health needs like contraception and ante-natal care. Access to health for the key populations is particularly challenging due to the lack of awareness among health care providers on the specific issues and challenges they face. Ignorance, judgmental attitudes, stigma, discrimination, and insensitivity by the health care providers often drive key populations away from health services.

India HIV/AIDS Alliance in collaboration with UNFPA and Gujarat State AIDS Control Society (GSACS) is implementing the Sampoorna project to strengthen the capacities of public health facilities and community outreach in providing integrated SRH and HIV services. The integration of HIV and SRH services in the healthcare system increase the potential to access and increased uptake of services, better client satisfaction, improved coverage, reduced cost to women, less costly services, and improved realization of Sexual and Reproductive Health Rights (SRHR). Ultimately, integration leads to improved dual health outcomes related to SRH and HIV, such as treatment for HIV/STI infections, addressing the unmet need for unintended pregnancies and maternal mortality, cervical cancer screening and treatment and addressing gender-based violence.

Baseline Survey:

As a first step in the implementation of project Sampoorna, a baseline survey and situational analysis were conducted using a multi-level, mixed-methods approach to evaluate the existing linkages between SRH and HIV services in identified districts in the state of Gujarat. The objectives of the baseline study and situational assessment were to understand the current gaps and needs for SRH and HIV service delivery integration; to identify opportunities within the community delivery system for SRH & HIV integration; and, to identify key stakeholders for improving service delivery collaboration between SRH and HIV.

A purposive sampling approach was adopted for the selection of districts for the baseline study. The study aimed to understand the service delivery situation at the HIV-SRH thematic linkages at HIV service sites (ICTC Centres, ART Centres, PPTCT Centres, TI clinics, ICTC services) as well as public health facilities (District Hospital. Sub-divisional Hospital, Urban Health Centres, CHC, PHCs and Sub Centres).

The major findings were as follows:

- At the state level, policies related to HIV and Syphilis screening of pregnant women, contact tracing system, access to SRH services for women living with HIV at ART centers, partner counselling, fertility and reproductive choices for PLHIV were found to be available.
- At the district level, HIV /AIDS and NHM programs are currently run vertically. The District TB Officer (DTO) is responsible for the implementation of the HIV/AIDS program in the district. Under the DAPCU districts

DTOs are known as District TB –HIV Officers (DTHO) and are responsible for HIV/ AIDS and TB program in the district. DTHO is supported by a program manager and District Supervisor. The DAPCU coordinates with the DPMU of NHM and support in TB HIV related work. District officials also recollected of past support by NGOs in providing integrated services for SRH and HIV.

- Another key issue in the district was the lack of capacity building of district officials. None of the current staff at DAPCU including DTO at the identified districts had received comprehensive training (on SRH and HIV linkage components).

- The role and functioning at the DAPCU level need to be evolved and strengthened to improve the SRHR needs of the key population at the health facility level.

- At the district level, review meeting of TB HIV programs is undertaken under the leadership of the district magistrate, however, this district based platform is mainly for review and not for joint planning or collaboration of HIV and SRH programs. Also, the review is undertaken on a predefined list of indicators and is broad in nature and does not delve into the micromanagement of services. Nodal for HIV programs as well as NHM share their progress on the predefined set of indicators. It is to note that indicators for monitoring NHM programs do not include HIV / SRH related areas.

- In terms of integration of SRH and HIV services, the CHCs provide partial levels of HIV and SRH services based on the availability of specialist providers at the facility. CHCs have supplies of HIV screening kits and undertake HIV Screening of every pregnant woman. HRG clients who avail of services here are generally those who reside in proximity or are referred from lower facilities. Screening services for STI infection could not be ascertained at this level, however physical examination of HRG clients is not generally done at this level. Such cases are generally referred to civil hospitals for expanded services.

- Sub Centre level facilities do not have routine HIV or STI screening services and provide largely promotive services, for example – Condom distribution, Counselling on Family planning, Vaccination etc.

- Despite existing laws against gender-based violence, the enforcement of these laws was believed to be unsatisfactory and subjective. Domestic violence law is an example of it, wherein an increased incidence of domestic violence could be seen but with a very low conviction rate. HIV / AIDS helpline is operational in the state of Gujarat wherein key population groups could reach out in cases of violence against them.

3 Implementation

The Sampoorna project initiated in May 2020 had the following objectives:

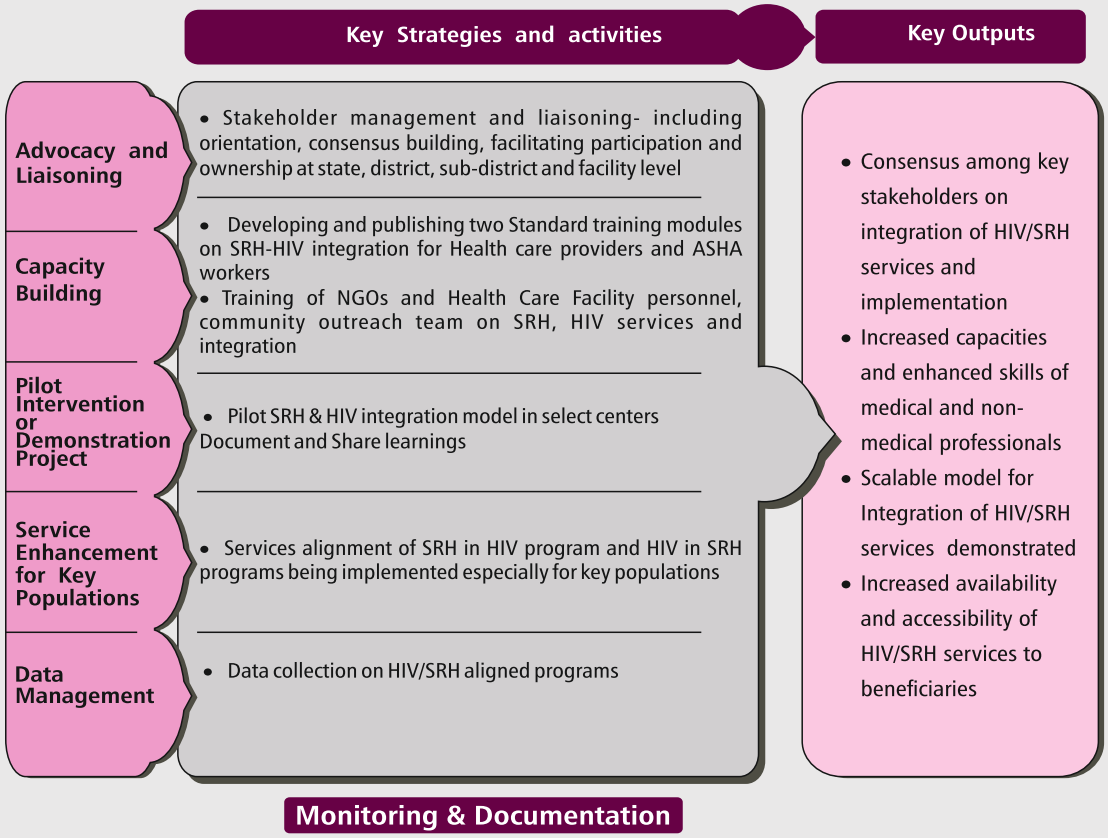
- To strengthen SRH-HIV integration at the facility and medical college level in 6 districts of Gujarat
- To pilot interventions for community-level integration of SRH and HIV services in 3 selected districts of Gujarat
- To facilitate policy-level integration at the levels of monitoring for SRH-HIV programs, training and availability of supplies in the state
- To document the intervention and prepare a clear roadmap for rolling out integrated SRH-HIV services in other states of India and initiate actions in lessons for other states.

The Sampoorna project has focused on advocacy and sensitization, coordination and liaising at the state and district levels as the initiative is aimed at creating convergence at different levels of the health system. The main reach of the project is women in the reproductive age group who are accessing MNCH services at the health facilities at district and sub-district level; women living with HIV, female partners of men living with HIV; female sex workers and female partners of MSM through partnerships with TI NGOs in the districts who have outreach programs for Female Sex workers (FSW) and Men who have sex with Men (MSM).

Geographical Coverage: Nine districts of Gujarat namely, Ahmedabad, Vadodara, Surat, Anand, Kheda, Sabarkantha, Choteudepur, Aravalli and Banaskantha which includes urban and rural, tribal districts.

Staff Structure: The staff structure includes a state manager, finance and administrative officer, state training officer and district monitors in the districts.

Following diagram provides details on key strategies, activities and outputs



Main components of the program:

The project interventions started in 2020 were repurposed due to the COVID pandemic to also include activities for COVID response, and to accomplish the activities postponed due to travel restrictions. Given below are the key strategies adopted under this intervention:

Advocacy and liaison with state and district public health administration

Advocacy and liaising were done by the Sampoorna project staff with the state and district level officials at NHM (MH and FP division), SACS and DAPCU. 70 PHC and CHC were originally selected for the capacity building in 9 districts. The final trainings were held in a sub-set of this total number due to challenges of availability for trainings and conflicting work commitments. The District Monitors identified by India HIV/AIDS Alliance in the districts have been responsible for the district level coordination and liaising.

District level coordination and review meeting: Leveraging on the existing district-level coordination mechanism at the DAPCU level, efforts were made to have a quarterly review meeting of the facility and community interventions on delivering the integrated SRH-HIV messages, demand generation, key challenges and possible solutions.

Supply chain management: Meetings and advocacy was held with the SACS and NHM for the availability of Community based testing kits at the sub-centre and ASHA/ANMs and ensuring that the HIV service delivery points had access to reproductive health commodities. Further, advocacy was done with NACO / MOHFW and GSACS / NHM to ensure that supplies of SRH and HIV programs were sent in an integrated manner.

Capacity building of public health facility teams

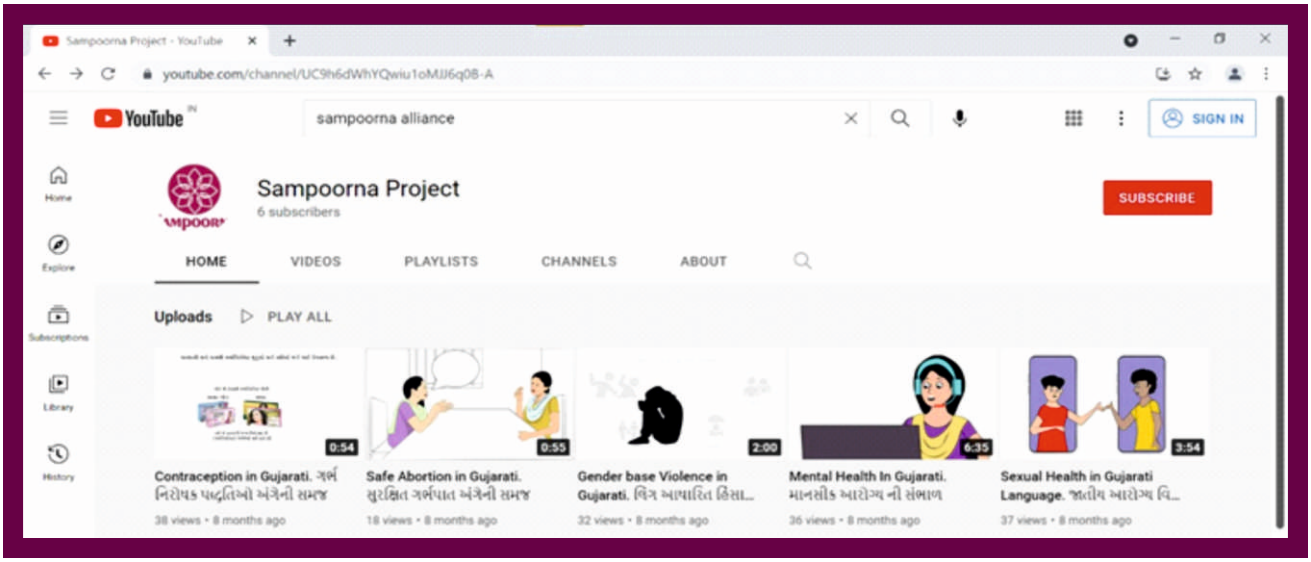
Capacity building and trainings for the health functionaries at different levels was a key strategy of the intervention. The trainings were tailored and customised according to the needs of staff being trained.

Development of training modules and IEC material

To build the capacities of health care providers in providing comprehensive and qualitative SRH-HIV related services training modules were developed for health providers and frontline workers. The manuals are intended as facilitators' guide to orient healthcare providers to key concepts on the sexual and reproductive health (SRH) needs of women at risk of HIV, especially female sex workers, women living with HIV, female partners of MSM and young women. It also aims to train the service providers for the effective implementation of integration of sexual and reproductive health (SRH) and HIV services for these populations. Not only they are more vulnerable to sexual and reproductive ill-health and HIV due to their risk practices, but they also face stigma and discrimination at health care facilities, preventing them from accessing healthcare services. The modules aim at sensitizing health care providers towards vulnerabilities of these populations, and consequent risk behaviours and unmet needs related to sexual and reproductive health.

The modules attempt to enable participants to recognize diverse SRH needs of the women at risk of HIV; and successfully transfer the knowledge gained to develop a model for the provision of comprehensive SRH services to women at risk of HIV, especially female sex workers. The module includes sessions on sexual health such as sexuality, gender issues and their impact on sexual health, the need for integration of SRH and HIV services, benefits, challenges and recommended strategies based on international experience. It also addresses specific thematic areas of sexual and reproductive health (sexually transmitted infection, family planning, maternal and child health) in the context of female sex workers and their specific needs. It seeks to engage participants in a participatory manner.

Besides the modules, IEC material and short videos (available on YouTube) were also developed for information dissemination in the local language – Gujarati on safe abortion, sexual health, contraception, mental health and gender-based violence.



Conducting Trainings

Dual trainings of virtual and in-person have been held in the last 1.5 years. In 2020, virtual orientation and training sessions were initiated with District Monitors, TI NGO staff and counsellors. From September 2021, trainings of PHCs and CHCs were initiated but truncated from 2 days to one day to accommodate the availability of health staff due to their other work commitments.

> ***"The role of the counsellor is very crucial. The counsellor needs to be well trained and guide the client with information, what are their problems and what services they should take"***
>
> – Technical partner agency

On-site training of facilities in nine districts. Doctors and staff from select facilities that included counsellors from the CHC, PHC, ICTC, OBGYN Department, RKSK Clinics and ART clinics were trained for one day from each facility. The focus of the training was on sex and sexuality, key populations, beliefs, attitudes and values. They had limited knowledge on HIV, how to work on HIV and integrate with general services, infection prevention, universal precautions and PEP. For the ICTC and ART counsellors, it was on contraception and myths. The time slot was for 4-5 hours. The earlier plan was longer training. However, this was changed due to challenges during the COVID pandemic of the availability of health providers.

Training of outreach team of targeted interventions (TI's): Training for 27 TI NGOs, 5 Link workers TI and 142 ORWs and respective block supervisors, ASHA workers were provided refresher training on delivering an integrated package of SRH-HIV services. Some of these trainings were done virtually during the pandemic and included information on HIV, sex and sexuality, RTIs, safe abortion, contraception, ANC and PNC, needs of key populations.

Capacity Building of Frontline Workers of NHM: Training of ASHAs and ANMs during sector/ block level meetings was carried out. The training focused on HIV knowledge and many myths, attitudes, values and addressing stigma and discrimination. Also, information on KPs and their SRH needs and how to provide SRH services. And where to refer for linkages. At the sub-centre, also included was symptoms of STIs/RTIs for patients – how and where to refer.

The in-person trainings were done with COVID protocols, and the trainers' team carried masks and sanitisers.

Establishing model sub-centers for demonstration

Integrated SRH-HIV service delivery points were established in selected 20 Sub- centers as models for demonstration in 9 districts. The project advocated for the availability of CBT (community-based testing) and syphilis testing kits at the selected sub-centers for all ANC women. From August 2021, training was initiated for the 20 model sub-centers and HIV testing was initiated where possible once a month by the lab technician (where available) from the PHC. In other sub-centers, the letter from DAPCU has been issued and community-level HIV testing at the sub-center will be initiated shortly. Earlier PHCs and ICTCs would be the only places for HIV testing, however, the attempt is to make it more decentralised to the sub-centre level. However, there are challenges of cold storage facilities which doesn't exist in some sub-centers.

Training of staff was done to provide counselling and use CBT and syphilis screening. Ensuring availability of condoms and all SRH products. Availability and display of integrated SRH-HIV messages and IEC material. Monthly visits were done by the District Monitor to facilitate SRH-HIV integration and support the quality and availability of commodities at service delivery points.

Establishing model sub-centers

The model sub-center in Anand district covers a population of 8000 people. The Mamta Divas is held on every Wednesday. The sub-center has a staff of 9 – Health officer, Multipurpose Health Worker, Female health worker/ANM, and 6 ASHAs. The services provided at the sub-center include ANC, PNC checkup, FP counselling and distribution, OPD for minor diseases, NCDs – BP, diabetes screening, immunization for children including height and weight measurement, COVID vaccination and referrals. The MPHW looks after Malaria, TB, leprosy and motivation for sterilization. For adolescent girls- screening, counselling for nutrition, diet, menstrual health and hygiene is done. According to the staff, no sex workers (as self-identified) are coming for ANC or PNC checkups. There may be a fear of disclosing their identity. The lab technician from the PHC comes once a month for HIV testing of ANC women. Syphilis testing is being introduced. The ASHA covers 1000 population and is responsible for mobilization, awareness raising, family planning counselling and accompanying the woman for deliveries. India HIV/AIDS Alliance did the liaising and training of the ASHAs. According to the ASHAs, ***"From the Sampoorna training, we learnt about HIV, the routes of transmission, STIs, the importance of confidentiality. If a woman is HIV positive, we refer her to the district hospital. Currently, no sex worker is coming for pregnancies, ANC or PNC to our sub-center"***

Working with Targeted Interventions for key populations:
Increasing awareness and access for SRH information and services

Targeted Interventions (TIs) are an integral part of NACO's program on HIV/AIDS prevention and treatment. During NACP-II nationwide mapping of high-risk groups — commercial sex workers, men-who-have-sex-with-men and injecting drug users — was completed. This provided critical insights into the operational aspects of the commercial sex trade and guided in developing focused HIV prevention strategies. During this period managerial, technical and financial systems were also set up to develop and implement focused strategies to reduce HIV prevalence among high-risk groups. Given the High-Risk groups (HRGs) special vulnerabilities, prevention strategies under NACO's program include five elements — behaviour change, treatment for sexually transmitted infections (STI), monitoring access to and utilisation of condoms, ownership building and creating an enabling environment. The NACP encourages peer-led interventions by community-based organisations or NGOs both in the rural and urban areas and focuses on clients of sex workers, partners of MSM and IDUs. All TIs are rights-based; they empower the communities. NGOs/CBOs engaged in TIs are networked and linked to general healthcare facilities to ensure that HRGs access them without stigma or discrimination; they are also linked to Community Care Centres, Counselling and Testing Centres and ART centres. The prevention strategies are thus linked to care and treatment and empower the community against stigma and discrimination.

Targeted Interventions for FSW

Targeted interventions among female sex workers bring awareness about the health implications of unsafe sex and HIV/AIDS issues. The TIs reduce sex workers vulnerability to STIs and HIV/AIDS through the promotion of:

- STI services
- Condom use
- Behaviour Change Communication (BCC) through peer and outreach
- Building enabling environment
- Ownership building in the community
- Linking prevention to HIV related care and support services

Targeted Interventions for MSM

- Use of lubricants and appropriate condoms
- Behaviour Change Communication (BCC) through peer and outreach
- Building enabling environment
- Linking prevention to HIV related care and support services

The Sampoorna project focused on service enhancement for the 27 Targeted Interventions (TI's for FSW, MSM and IDUs) in 9 districts of Gujarat and expanded the existing services to include SRH information, counselling and easy access to SRH products (condoms, contraceptives for spacing- OCP, emergency contraception and pregnancy testing kits) and referrals for pregnancies, deliveries, PAP test for cervical cancer screening, sterilization, IUCD, gynecological related tests and screenings. 180 outreach workers were supported for travel, capacity building and communications through the project period.

Emergency COVID response

COVID adversely affected the high-risk communities FSW, MSM (men who have sex men), people living with HIV, transgender and people who inject drugs) immensely due to the social marginalization, limited access to health and lack of prevention awareness. As an emergency response, the Sampoorna project provided immediate support to communities accessing SRHR and HIV services in Gujarat for 6 months. Providing COVID safety kits of masks, gloves, sanitiser, soap for the outreach workers, peer educators, staff and key populations of FSWs and MSM. The Sampoorna project also facilitated the provision of ART medication and SRH products at the homes of the key populations which enabled self-protection. Linkages were also established with the Gujarat State Network for Positive people who supported the provision of dry ration kits and ART at home for PLHIV during the COVID pandemic and lockdowns. COVID awareness and vaccination information was also shared to combat vaccine hesitancy.

Data management

Systems have been established to collect data from project activities at the community level through ASHA workers and TI outreach teams. District level review and consolidation were done by district monitors.

"In Gujarat, we wanted to strengthen the SRH-HIV integration. Because of COVID, virtual and physical trainings were held. We cannot see the impact yet. It's too early. The long-term vision is for services to be comprehensive, accessible and safeguarding rights...The contribution of India HIV/AIDS Alliance (Alliance India) is the expertise, community linkages, representation and significant experience in different states... We want to continue the integrated services. Referral has started with strengthening SRH and rights."

– Senior state government official, Gujarat

4 Major achievements

- **Training modules developed and printed:** Two training modules were developed and printed – for Health Care Providers and ASHAs and ANMs. The modules on SRH-HIV Integration aim at strengthening the capacities of medical and paramedical service providers at public health facilities. The curriculum addresses concerns at two levels - one is increasing knowledge of health care providers on essential emerging HIV interventions such as PrEP, PEP and SRH intervention like cervix cancer, updated contraception choices like Antara injectable etc. The second level focus is on sensitizing the Health care providers on issues of the key population through their human stories, games and activities that will help them to understand the issues from the 'community perspective'. This will help them respond to their needs on humanitarian grounds. However technically sound the modules maybe, their effective use during the capacity building activities with the health care service providers helped to facilitate the beginning of the provision of quality SRH-HIV integrated services for all women visiting these health facilities.

- **Trainings completed:** Trainings were conducted and completed with TIs, PHCs, CHCs and sub-centers, at the district level – ART, ICTC, STI and PPTCT counsellors and front-line workers. The trainings helped to provide SRH information to DAPCU and HIV focused officials like ICTC, ART and PPTCT counsellors. Their knowledge base has widened from being specifically focused on HIV, STIs and HRGs to knowledge on family planning, contraception and SRH needs. Similarly for health staff and counsellors in sub-centers, PHCs, CHCs, whose knowledge was more on SRH was expanded to include knowledge on HIV, routes of transmission, understanding of key populations and their needs.

Type of facilities and staff for training	Emphasis of training	
PHC, CHC and Sub-centers – Medical officer, Ayush MO, ANM, LT and other staff	• HIV • Sex and sexuality • STIs and RTIs • Safe abortion • Key populations and their SRH needs	• Attitudes, values and stigma and discrimination • Infection prevention, Universal precautions, PEP
ASHAs	• HIV- myths and misconceptions, routes of transmissions, symptoms • Key populations – needs and how to provide services	• STIs and RTIs • Referral and linkages • Attitudes, values and stigma and discrimination
At district level- ART, ICTC, STI and PPTCT counsellors and frontline workers	• HIV • Sex and sexuality • STIs and RTIs • Safe abortion • Contraception	• ANC and PNC • Key populations and their SRH needs • Attitudes, values and stigma and discrimination
TI NGOs staff- project manager, Counsellor, outreach workers, peer educators	• Sex and sexuality • RTIs and STIs • Safe abortion • Contraception- OCPs, injectables, ECP, IUD • PAP test	• Cervical and breast cancer • SRH rights • Pregnancies, ANC and PNC • Key populations – SRH needs • Referrals and Linkages • Violence

- **Learnings being slowly included in service provision:** The trainings have helped to raise awareness on SRH issues and there is a slow inclusion into the counselling and services being provided. According to the DAPCU officials, ***"Earlier we didn't know about SRH. We knew about HIV and HRG. But not about SRH. We learnt something new and have started including information and counselling on family planning and contraception."*** An ANM based at the PHC said, ***"I didn't know about key populations earlier. SRH-HIV integration is important."***

The ICTC and PPTCT counsellor at the Sanand CHC wants every woman to receive dual services of SRH and HIV. He raises awareness on HIV for high-risk groups as the neighbouring areas from where they get clients is an industrial area with the high influx of migration. He does family planning counselling for HIV positive women and also provides pre and post HIV test counselling. According to the ANM at the CHC, "I learnt new things, didn't know about HIV before. Now, I also refer the husband/partner to the ICTC counsellor and for testing. Referrals have just begun." According to the PPTCT counsellor based in a district hospital, ***" It's important to do SRH-HIV integration for stopping HIV and doing prevention."*** There is also an increase in preventive measures – early testing and diagnosis for RTI, STI and cancers.

- **Effective COVID response:** COVID kits have been distributed consisting of masks, sanitiser, gloves to staff members of TI's, outreach workers and key populations. There is ***"a feeling that we are cared for"***. This activity was also recognized by the district level government officials.

> ***"The coordination by Alliance India and distribution of COVID safety kit of masks, sanitisers, soap and gloves was very helpful during the pandemic"***
>
> – DAPCU official

- **Increase in knowledge of TI staff and expansion of services:**
  There is an increase in the knowledge of TI staff- outreach workers, peer educators on SRH issues and SRH product distribution. Earlier they only focused on HIV. With an expansion of SRH information and provision of SRH products, the participants are more satisfied as they are getting more information, more satisfaction. Knowledge of referrals and linkages has increased. The outreach workers also provided ART and SRH products

like contraceptives and pregnancy kits at home to key populations during the lockdown and COVID pandemic when health centers were closed, and mobility was limited due to lack of transport services. According to an outreach worker, ***"Earlier it was difficult to access contraceptives. Now they can get Mala D and emergency contraceptives at home. The word also spreads by word of mouth and FSWs tell their friends. Earlier women would hesitate to come forward. Now FSWs not associated with our organization are also coming forward because of the increased services offered and feeling of security and confidentiality."***

Providing comprehensive services

Sakhijyot Sangathan (SS) is a community-based organization that provides support to female sex workers in Ahmedabad. It was the first community organization of female sex workers in the state of Gujarat. They are a member of the National Sex Workers Association. They believe that sex workers have the basic right to health and safety and are entitled to social and economic alternatives to the sex trade. SS offers a range of supportive programs including street outreach, crisis counselling, peer support, harm reduction workshops, recreational and education programs, advocacy, court support and medical support. Before the Sampoorna project, the focus was on HIV awareness, HIV testing, condom distribution and regular medical checkups for the FSWs. Their health problems included white discharge, repeated pregnancies, unsafe and incomplete abortions that led to other complications. Access to health services was difficult and expensive. Currently, SS provides contraceptives and SRH products like pregnancy testing kits that are easily accessible and available, and their gynaecological problems can be addressed via outreach, through drop-in centers and referrals. The peer educators and outreach workers who are primarily from the sex worker community reach out to about 1000 sex workers who are registered with the organization and reach out to the spots where they work and live. The sex workers primarily operate out of beauty parlours, streets, homes and remote locations. The organization also has a crisis committee in place that responds to the crisis as they occur. They also do sensitization and advocacy work with the police.

The problems FSWs face who are mostly street, home, highway and brothel-based include frequent pregnancies, white discharge, frequent abortions, miscarriages, STIs, RTIs, skin fungal infections. Earlier, they would spend time, energy and money to access health services either government or private. FSWs often used condoms with clients but did not use family planning methods with their regular partners. Repeated unsafe abortions put their health at risk. Many times, the slow decision making for abortions was beyond the prescribed time for abortions. They would then acquire tablets from the medical store without adequate medical consultation. Access to family planning was also a challenge due to fear of stigma and discrimination. Repeated medical consultations also led to financial vulnerabilities. According to one female sex worker, earlier she had the problem of white discharge but didn't know what it was and didn't do anything about it. Now every 3 months she gets a regular health checkup. Earlier if she had pregnancies, she would do home remedies to end the pregnancy which would at times create heavy bleeding, fever, weakness and anaemia. Now she uses contraception (emergency contraception, spacing methods) and uses the pregnancy test available at the centre. "Now easy access to get

contraceptives saves time and there are no queues here. I know where to go…less money is spent, and my health improves, and I can look after myself and my children." During COVID, SS also provided dry ration kits and safety kits that included masks, sanitisers and gloves.

The ORW explains how to use pregnancy test kits and contraception to the FSWs. Earlier the CBO would refer the FSWs for OCP, pregnancy test and emergency contraception to the hospital or health clinic. Now they stock it in the CBO so that FSWs have easy access and regular supply. The sex workers either drop into the CBO or the ORW hands it over during home visits. They also counsel on the proper use of emergency contraception so that it's not misused which could lead to health problems. There are misconceptions related to IUDs that are clarified. Earlier the focus in the FSW TI in Baroda was only on HIV, STI and regular medical checkups. Now there is support for contraception and pregnancies – ANC, deliveries and PNC. According to the ORW, ***"FSWs can't speak openly in the medical store. Here they can ask openly for Easy pill and condoms and they are free of cost. In the medical store, they have to make payment."*** The ORWs give referrals for vaginal tests and PAP tests.

Alliance India has worked with TIs and high-risk groups – focused on prevention, raising awareness and services

– State-level government official

Coordination mechanisms for delivery of package of services

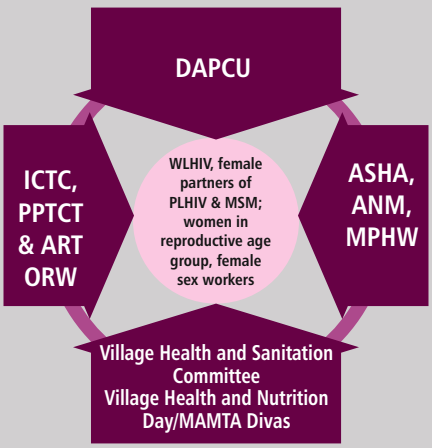
NACO/SACS

- Specialised clinical care
- Regular HIV testing for Cd4 count viral load
- Early management of OIs
- ART
- General health care, water, sanitation and hygiene
- Counselling for testing, disclosure and adherence
- Counselling on breastfeeding and universal precautions
- Communication and advocacy to overcome stigma and discrimination

National Committee on SRHIV convergence

Coordination Committee at the state-level

District Health Society/Coordination Committee



Linkages and networking

MHFW

- General health care
- Maternal health - ANC, PNC
- Child health- immunisation
- Family planning and contraception
- Sexually transmitted infections and RTIs
- Communication and advocacy to promote services

Integration of HIV and SRH services at a health system leads to improve dual health outcomes related to SRH and HIV, such as treatment for HIV/STI infections, addressing the unmet need for unintended pregnancies and maternal mortality, cervical cancer screening and treatment and addressing gender-based violence. Access to SRH products and information has also facilitated the contact of newer FSWs with the CBO. Newer contacts with sex workers have been established due to feelings of confidentiality and security.

Building partnerships

Lakshya Trust is a community-based organization based in Vadodra, Gujarat. The organization works on various issues addressing and advocating the social, economic, legal, psychological, spiritual and health aspects of sexual minorities (Gay, Bisexual and Transgender population). Lakshya primarily works on HIV/AIDS awareness and prevention among MSM (men having sex with men) and GBT(gay, bisexual and transgender) in three major cities of Gujarat State of India(Vadodara, Surat and Rajkot). The organization works through DIC's (drop-in centers), PEs (peer educators) and outreach workers. The HIV/AIDS-related outreach services reach MSM, female partners of MSM and TG population. Lakshya Trust initially focused on HIV awareness, condom distribution and usage, promoting the treatment of STIs and HIV testing. However, after being a part of Sampoorna, they also began to focus on SRH needs of the female partners of MSM who had been hidden before- pregnancy, ANC, PNC, contraception and other RH issues. Their needs were considered for the first time, SRH products collected for them, and referral linkages established. This was also leading to early HIV testing, diagnosis and helping with prevention. Pregnancy test kits and contraceptives were being collected by MSM for their female partners. They also learned about their rights and raised their voices for getting services.

Lakshya Trust also tries to mainstream the issues of HIV/AIDS and MSM, collectivize and empower HIV positive MSM, HIV positive female partners of MSM and HIV positive Hijras (Transgenders) as well as promotion of scientific research thus increasing safe sex and health-seeking behaviours.

Activities	Achievements
Increase in the proportion of facilities (CHCs, PHCs) that provide an integrated package of SRH HIV services including Pregnancy test kits and FP commodities. (MOV: Onsite mentoring report/ end line assessment)	Among 70 selected PHC/CHC/UHC project facilities, 46 facilities initiated the SRH-HIV integration activities and 43 ICTC/ART centers are providing SRH counselling to all women visiting their centers.
No. of Sub-centers providing community-based counselling and testing for ANC mothers.	14 are providing CBT to all ANC women
No. of women accessing CBT testing facility at the sub-center level.	1005
Number of medical and non-medical staff from PHC/CHC trained on providing SRH-HIV integrated services	399
Number of ANM from sub-center trained	69
Number of outreach workers from TI program promote, stock and district SRH products	180 ORWs are providing SRH products and do necessary referrals for key populations. Products include oral contraceptives, pregnancy testing kits, and referral to Antara, IUD, abortion care or cervical cancer

5 Emergency COVID response

COVID has adversely affected the lives of high-risk communities FSW, MSM (men who have sex men), people living with HIV, transgender and people who inject drugs in other parts of India due to social marginalization, limited access to health services and lack of prevention awareness. In response, the Sampoorna project expanded its COVID emergency response to include the states of Delhi and Karnataka for 6 months.

The Sampoorna project provided:

- Prevention messages to high-risk groups through district-level mentors
- Outreach SRH services to high-risk groups
- IEC materials for COVID response in local language (Hindi and Kannada)
- Telephonic support for testing and referral linkages
- Home delivery of ART to PLHIV
- Providing printed information materials on reproductive health, SRHR and HIV along with ART medication to PLHIV
- COVID safety kits provided – masks, sanitisers, gloves, soap
- Community members, PLHIV, HRGs were provided audiovisual and printed information materials on COVID, SRHR and HIV.
- ORWs provided basic RH commodities in, Delhi and Karnataka (condoms, ECPs, OCPs, Pregnancy test kits) regularly to key populations

To support the above activities, outreach workers in the CBOs for the targeted interventions were provided with a capacity building activity, travel and communication costs.

During COVID 19 pandemic a dedicated helpline number was started in August 2021 to provide an immediate response to any query on SRH –HIV to key population groups. This number was widely circulated among TI NGOs, district level officers, ASHA workers and other key stakeholders in the project. Most of the calls were related to how to protect them from COVID infection, how to access services as facilities were not open, requests for ART medication, condoms and oral contraceptives. The outreach team actively reached out and responded to these calls.

6 Challenges faced

- The COVID pandemic and pressure on health functionaries for COVID tracking and health response led to their task shifting and unavailability for trainings organized by the Sampoorna project. PHCs and sub-centers were also closed during the COVID waves and lockdowns.
- Mobility was a problem for the Alliance India staff during the COVID pandemic due to lockdowns and night curfews imposed in the state.
- There was high staff attrition due to the short duration of the project. Also, high travel in COVID times was a deterrent for new recruitments.
- In person trainings were converted to virtual trainings in 2020, especially for TIs and counsellors. However, this was at times challenging due to the digital divide, technology and connectivity issues. Many frontline workers like ANMs and ASHAs did not have access to smartphones and computers.
- TIs and PPTCT, ICTC, STI counsellors are not capturing the SRH data and reporting. Therefore, it is not being given priority as they don't have to report on it. Similarly, for the PHC, CHC, sub-centers – they are not capturing the HIV data and reporting.

7 Lessons learned for future programming and scale-up

- Importance of SRH-HIV integration -There is a need to develop an enabling environment in the health facilities that promotes trust, confidentiality and non-discrimination, especially for key populations. The timings and services offered need to be clearly stated for the catchment area. The enabling environment takes time to establish and positive health provider attitudes, beliefs, values and culture help to create the enabling environment.
- Convergence between different government departments takes time and needs consistent efforts to be incorporated into the system and translated into implementation. There is a need to build ownership in teams.

> ***"There is a need for SACS and NHM to converge and coordinate. The beneficiary should get services from a single window – SRH-HIV as per the needs... Family planning counselling is important for women who are living with HIV. The message seems to have gone out that due to PPTC, they can have a child. But you never know."***
>
> - DAPCU official

- Importance of making SRH products easily accessible for FSWs and female partners of MSM. This has helped to build trust and rapport. There is an increased feeling that the TI offers useful and comprehensive services. This initiative has helped make female partners of MSM more visible as they were hidden and invisible earlier. Their SRH needs are now being considered and this also helps to catalyze early diagnosis, prevention and early HIV testing.
- There is a need to have the inclusion of SRH indicators in HIV services sites and HIV indicators in SRH service delivery sites – identifying common indicators for reporting at the facility and sub-center level and joint coordination and monitoring mechanisms at the district level. As without reporting, the SRH data is not captured and not focused on, in the delivery of services. It needs to be within the government policies and guidelines from the senior administration in the government.
- As NHM has many health priorities, there needs to be more ownership and HIV should be included in reviews, reporting and reflected in budgets. There is a need to give SRH-HIV integration priority and provide one window of services to increase efficiency and reduce expenses.
- Proper comprehensive, confidential and non-judgmental services and counselling are important, especially when dealing with key populations with an absence of stigma and discrimination.
- Regular trainings are important that are refresher that includes gender, GBV, SRH and rights, sex and sexuality, key populations, safe abortion, RTI/STIs, cancer-cervical and breast, attitudes and beliefs and values of service providers, code of conduct and harassment. Currently, the training has been only for a few hours due to lack of available time slots. Needs to be longer for 2-3 days.
- Needs to be a policy for integration with a package also including quality of care
- There needs to be better coordination between PPTCT, ART and RMNCH counsellors and centers within health facilities. The facilities are seeing more cases of WLHIV having more pregnancies due to feeling of security, reduced risk and son preference. There needs to be enhanced family planning counselling and follow up. According to a PPTCT counsellor in a district hospital, ***"If a woman is HIV positive, I have to look after her for life – track her, follow up. It's important to have SRH-HIV integration for stopping and preventing HIV***". The role of the District Monitor is critical for coordination and liaising between departments at the district level. When the District Monitor is linked to the district level PLHIV network, is open about own HIV status and talks about own journey has been a powerful motivation for the health staff. The mobilization and sensitization in the district depended on the District Monitor, their awareness, commitment, understanding of HIV issues and networks.
- During the COVID pandemic, the need to be flexible and nimble and adapt to the changing context has been important.

8 Recommendations

"Need to think out of the box to reach key populations".
– Senior State level government official, Gujarat

- It is important to continue working on SRH-HIV integration and scaling up to other states and districts. Convergence between departments within the health system that have been working vertically takes time and needs ownership building and coordination mechanisms. Time needs to be built in to see integration in action and practice after trainings.
- The Sampoorna pilot project in Gujarat is still at the early stages of translation of trainings into implementation due to challenges of accessibility of health providers for trainings due to the COVID pandemic. There needs to be more time given for consolidation and action on the ground and refresher trainings.
- Need for refresher and regular trainings as information is new and only limited information given in trainings due to the shortage of time. The knowledge of family planning and SRH needs to be strengthened. Also, there is a need for follow up and more IEC material in the local language.
- There needs to be better coordination between ICTC, PPTCT, ART and RMNCH counsellors and centres. Linkages can be established between RMNCH counsellors and ICTC, PPTCT and ART counsellors.
- WLHIV are having repeated pregnancies and more than two children as they feel more secure, with reduced perception of risk due to treatment and a desire for son preference because of social-cultural reasons. There is a need to have better counselling and coordination between different departments and follow up.
- Currently, there are no specific indicators and reporting for SRH-HIV integration. It needs to be included in the government guidelines and reporting and would catalyze action.
- At the sub-center level, there is a need for awareness sessions on HIV and SRH to be given as currently, it is not reaching the bridge and general population of women.

9 Conclusion and way forward

The Sampoorna project was conceptualised as a pilot project to see how SRH-HIV integration would converge at the implementation level in the state of Gujarat. A large part of the project was designed to provide capacity building to the frontline workers, counsellors and health functionaries within the DAPCU and the NHM structures at the state, district and sub-district level (sub-center, PHC and CHC) which had been working primarily in silos. The idea was to provide a single window of services for women whether from the general population or high-risk groups/ key populations. Unfortunately, due to the COVID pandemic, the health functionaries were preoccupied with COVID tracking and vaccination which was the priority. The SRH-HIV integration trainings were delayed, and the duration was shortened to accommodate the more pressing concerns of COVID. Time was spent liaising with the two departments and providing orientation. The learnings from the trainings still need to be incorporated into practice at the health facility level. Supportive supervision and follow up trainings are needed to ensure effective convergence and build ownership within the departments. More outreach is needed to build demand for integrated services. Gujarat with its high HIV prevalence sites and strong health system could be a demonstration of convergence in action for other states to learn from and follow.

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