



Note: Programmatic data are from April 2021 to March 2022. The data provided are from the project's lifetime for the projects that have ended.

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Message from the Board Chair

India HIV/AIDS Alliance (Alliance India) has an important role to play; supporting community action to prevent HIV infection, meeting the challenges of AIDS and helping to build healthier communities.

Inevitably, there have been hiccups along the way, and the last year has been challenging because of the widespread disruption caused by the COVID-19 pandemic. In response Alliance India stepped outside of its usual role to work for minimising the impact of COVID-19 among our key population groups and beyond.

We were saddened by the demise of Ashim Chawla, Chief Executive, Alliance India, in December 2021. Ashim always led from the front, bringing his considerable intellect and talents to advance the causes he believed in so passionately. Ashim's contribution and leadership will be celebrated and honoured for years. I extend our heartfelt condolences to his family on behalf of the board.

Despite the challenges, Alliance India continued its efforts to safeguard People living with HIV (PLHIV) and key population groups by supporting and complementing the national HIV response efforts in partnership with the government and other stakeholders. During pandemic induced lockdown and travel restrictions, Alliance India continued to fast-track differential approaches for improving the quality of services and amplified community-level actions to reach out to the most vulnerable and key populations. These efforts focused on providing care and treatment services, crisis support, COVID-19 vaccination services, harm reduction and promotion of sexual and reproductive health rights. Quickly adapting to the rapidly evolving pandemic, Alliance India realigned last-mile service delivery, embraced innovations, and dealt with various challenges resolutely.

I would like to share my gratitude to Alliance India frontline workers, who worked tirelessly despite the pandemic. Due to their determined efforts, we were able to serve the marginalised communities. For that, my board members and I express our deep appreciation.

I am especially grateful to the National AIDS Control Organisation, State AIDS Control Societies, and various lines of government ministries for empowering us with their wise counsel and guidance. Last but not least, we thank all our donors for having faith in us and supporting us to serve our communities better.

Dr S Y Quraishi

Board Chair

Alliance India

Message from the Chief Executive

I have been a part of the National HIV response since the National AIDS Control Programme I (NACP I) was launched in 1992. The first phase of NACP was implemented to slow the spread of HIV infections and reduce morbidity, mortality, and the impact of AIDS in the country. Over the years, the HIV landscape in the country has changed drastically due to the consistent efforts of the Government of India, Non-governmental organizations, bilateral and multilateral donors, networks of people living with HIV, and the active involvement of key population groups.

I am delighted to become part of the Alliance India family this year. I thank the India HIV/AIDS Alliance's board of directors for giving me this opportunity to serve. India has played a vital role in the national HIV response due to its close collaboration with National AIDS Control Organization and other development partners.

Two of our outstanding contributions in the financial year have been initiating and implementing the Community System Strengthening (CSS) component and Private Sector Engagement (PSE) under the Vihaan care and support programme. Both these components are unique. Community-led monitoring has improved accountability and strengthened community ownership through continuous mentoring support under the PSE component. Four Hundred and Thirty-Five (435) private providers from 11 States have started reporting to SACS every quarter as per the NACO guidelines.

The second phase of the Samarth project supported by Amplify Change provided an evidence-based effective model for the fifth phase of the National AIDS Control Programme for key population group mobilization and service provision. The project innovated new strategies to cover beneficiaries that do not self-associate with the general MSM/TG population yet have multiple risk associations, including but not limited to multiple sexual partners, engagement in sex work, and substance use.

Our research study to understand the impact of multiple stigmas on ART initiation and retention in care among MSM and transgender women living with HIV in India helped us to advance our understanding of how stigmas influence ART initiation/early retention.

This financial year, we could develop and successfully implement various advocacy and communication campaigns that have positively impacted millions of people's lives, especially during the various waves of COVID-19. These campaigns focused on the community-centred approach that this organization strongly believes in and how we always stand with the community of people we serve.

This annual report details how we are working to improve the quality of life of members from key population groups and the general population through our various programmes, which you will read in detail in the coming pages.

I look forward to the continued support of our esteemed donors, partners, stakeholders, and communities we serve, as without their support and guidance, we could not have made the progress we have made in the last year.

Rajiv Dua
Chief Executive
Alliance India

Acknowledgements

We would like to extend our gratitude to National AIDS Control Organization (NACO), State AIDS Control Societies (SACS), Indian Medical Association (IMA), District AIDS Prevention and Control Unit (DAPCU), networks of People Living with HIV, Community Support Centres (CSC) of Vihaan, Indian Council of Medical Research (ICMR), National AIDS Research Institute (NARI), Albert Einstein College of Medicine, New York, USA, National Institute of Health, USA, Ministry of Social Justice and Empowerment (MOSJE), National AIDS Research Institute (NARI), Pune, and Dr Babasaheb Ambedkar Open University.

We would like to especially thank all the private providers and management of private medical colleges (PMC) who support the national HIV response in India.



ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal Care
ART	Antiretroviral Therapy
ATS	Amphetamine Type Stimulants
ARTC	ART Centre
ASHA	Accredited Social Health Activist
BCT	Blended Clinical Training
CoE	Centre of Excellence
CRT	Crisis Response Team
CSC	Care and Support Centre
CST	Care Support & Treatment
CSR	Corporate Social Responsibility
DAPCU	District AIDS Prevention and Control Unit
DMO	District Magistrate Office
FIDU	Female IDU
FSP	Female Partner
FSW	Female Sex Worker
GBV	Gender-based Violence
HIV	Human Immunodeficiency Virus
ICTC	Integrated Counselling Testing Centre
IDU	Injecting Drug User

IMA	Indian Medical Association
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
PMC	Private Medical College
PP	Private Practitioners/Providers
PPE	Personal Protective Equipment
PPP	Public Private Partnership
PSE	Private Sector Engagement
PWID	People who inject Drugs
SACS	State AIDS Control Society
SRH	Sexual and Reproductive Health
TB	Tuberculosis
TG	Transgender
TGH	Transgender and Hijra
TI	Targeted Intervention



I N D E X

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VIHAAN CARE & SUPPORT

About the Programme

Vihaan is a Global Fund-supported care and support programme initiated in 2013 for the overall well-being of People Living with HIV/AIDS (PLHIV). The implementation support from April 2021 is the 4th phase of the program “To Accelerate National HIV response in reaching 95-95-95 targets through community-led, rights-based prevention to care approach”.

The programme has evolved over the implementation phases to deliver services focusing on the more significant impact and optimization of resources using a ‘differentiated care’ strategy and prioritizing PLHIV based on their care and support needs. Currently, the Vihaan programme works with 33 State AIDS control societies and 640 ART centres.



Programme Achievements

- 1,340,188 (92%) PLHIV reached out with differentiated care and support services
- 40,461 PLHIV who were initiated on ART have been retained with a six-month follow-up on care and support
- 442,521 lost to follow-up cases tracked with definite outcomes
- 19,762 family members tested for HIV as Index testing with a yield of 7% HIV positive was found among the tested
- 111,880 persons were linked with social protection and social entitlement schemes

New Initiative or Innovations

1. Advance disease management

- **Intensive follow-up for 2nd and 3rd Line treatment**
37,044 PLHIV on 2nd line and 3rd ARV treatment were followed up and provided adherence & differentiated care
- **Follow up for people who have less than <200 CD-4 and >1000 Viral Load copies**
74,200 clients with <200 CD4 count or >1000 Viral Load copies were followed up and provided adherence support & differentiated care services

2. Establishment of ICTC to ART Linkages

ICTC to ART linkage loss was a priority category in this programme phase. Peer Navigators worked to ensure that all clients who are detected HIV positive are

linked with ART Centre in 100 ICTCs across 19 states. During the reporting period, 1,340 tracked clients were provided treatment adherence and preparedness counselling.

3. Community System Strengthening

The community system strengthening component is being implemented in collaboration with the National AIDS Control Organisation and National Coalition of People Living with HIV in India (NCPI+) along with five CBO who are working as sub-recipients in the Vihaan care & support programme. The three main components of the CSS intervention are:

1. To build community networks in high-burden districts/states.
2. Capacity building of community networks on organizational development, leadership, governance, compliance, and resource mobilization.
3. Establishment of community-led monitoring to improve accountability and community ownership.

Activities carried out:

- Under this component, the process of establishing 10 PLHIV organizations was initiated in the first year. Five PLHIV organizations have been registered, and the remaining are in the process of getting compliance done at the local registrar of the society/charity office.
- Need assessment for capacity-building and organizational development has been carried out.

Sustenance of Interventions during COVID-19 Pandemic

1. Mitigation of Impact of COVID-19

- Telephonic counselling on adherence/ARTC decentralization/COVID-19 information: 296,858
- Tele-support to collect ART at nearest ARTC: 239,188
- Collected ART from Care and Support Centres: 5,796
- Key populations received ART during the lockdown: 7,801
- ART home delivery by CSC team: 47,694
- COVID-19 screening among PLHIV: 309,893

- Referral for COVID testing: 35,820
- Tested COVID positive: 3,908
- Died due to COVID-19: 465
- Linked with food and social protection schemes: 52,405 (including linkages to cash benefit schemes)

2. Community-Based Screening for HIV

Community-Based Screening (CBS) is an effective strategy to provide HIV prevention and care services to vulnerable people at the community level, including spouses, sexual partners, family members of the index client and discordant couples. CBS contributes to the NACP in achieving the first 95 goal. Altogether 6,724 family members were screened during the year.

3. Community-Based ART Refilling

Under the differentiated service delivery model, CSCs initiated ART refilling to ensure that ARV treatment was accessible to stable clients willing to receive ART refills from the CSCs. A total of 2,003 stable clients received ART from community-based refilling centres monthly.

Transgender-specific Care and Support centre: 10 CSCs have been catering to the 6,406 TG population. The TG community-based organization is implementing the TG CSCs.

Progress as of March 2022

- 2,647 TG/H living with HIV were provided differentiated care services
- 3,759 TG/H received HIV prevention services
- 6,406 TG/H were provided at least one HIV care service
- 4,156 TG/H were provided sexual health services
- 1,816 TG/H were tested for HIV and received test results
- 913 TG/H were linked with social protection and social entitlement:
- 622 TG/H were linked to legal aid services



NETREACH

About the Programme

“NETREACH” is a National Level Project supported by Global Fund and implemented by Alliance India jointly through its partner organization - Humsafar Trust (HST).

Project “NETREACH” has been initiated with an objective to accelerate the national HIV response further to reach the first 95 target of the NACP goals to eliminate HIV in India by 2030. The focus of this project is to reach key and vulnerable populations through virtual platforms to reach the missing millions with HIV services. The project goal is to accelerate the national HIV response to reach the first 95 target by reaching key and vulnerable populations through virtual platforms. NETREACH strives to harness online platforms to expand access to the unreached key populations (MSM/TG/FSW/MSW/PWID, adolescents and youths, and men and women) that are at risk of HIV/AIDS and STIs and develop sustainable linkage of the beneficiaries to health and community-related services in the public and private sector.

Project NETREACH encompasses the following key components:

- Creating demand for HIV services using BCC materials
- Facilitation of HIV risk perception and self-assessment of risk
- Encouraging regular HIV/STI testing

- Providing counselling and support
- Establish a comprehensive digital platform to focus on information, services and referral on HIV and community-related services
- Facilitating access to the continuum of care services across the country
- Strengthening community systems to achieve health and human rights of the key populations

Programme Achievements:

A total of 87,047 profiles were contacted across various dating apps and social media platforms between April 2021 - March 2022. Of these, 13,539 underwent HIV risk assessment, and 3,811 were referred for HIV testing and other related services. A total of 2,759 individuals were tested for HIV, of which 2,035 were tested in government facilities, 466 were tested in NGOs and 258 in private health facilities. A total of 120 persons were found HIV positive with a yield of 5.4 per cent (2,221 persons tested for HIV shared their HIV test outcome while 538 did not). HIV-related referrals include persons referred for HIV testing (3,580), STI services (1,223), and mental health counselling, including HIV/STI counselling (233), PrEP (50), and PEP (7).

New initiatives or Innovations:

- Offline facilitation of FSW for HIV testing through WhatsApp groups of pimps.
- Expand social media interventions to identify HRG populations for FSWs and IDUs through local HRG groups.
- The community meets for awareness generation and to facilitate HIV testing among hard-to-reach populations.



Programme Insights:

- Effective use of social media and virtual networks for HIV prevention of different KP groups like MSM, FSW, TG, and IDU to reach the unreached population group has helped to identify innovative ways to reach the first 95.
- Effective use of service packages like PrEP, PEP, SRH and mental health counselling generates demand among the key populations through virtual networks.
- Identify new community members through local community groups and bring them under the ambit of virtual outreach for providing specialized services.
- Integration with local private sector providers provides services like SRS, mental health, and sexual health.
- Innovative digital messages were developed and used to increase the attractiveness of service packages and HIV prevention in the virtual space.

PRIVATE SECTOR ENGAGEMENT

About the Programme: Private sector engagement focuses on improving the special ARTCs' performances through continuous mentoring support. This component of the Vihaan Care & Support Programme works to facilitate and build the capacity of private medical colleges to operationalize ART services in PPP mode. It also supports private practitioners in sharing data on the care and support services provided to PLHIV as per the NACO reporting format.

Programme Achievements:

- Mentoring support was provided to 26 special ARTCs identified by NACO to improve their performances from the baseline scorecard indicators.
- Feasibility assessment was facilitated in 35 Private Medical Colleges (PMCs).
- 31 PPP-ART Centres have been linked for BCT (Blended Clinical Training) supported by NACO.
- 24 PPP-ART Centres have been established in private medical colleges.
- A total of 917 private providers have been contacted and oriented on the national treatment guidelines for reporting.
- Sensitization programs have been conducted with the support of IMA & SACS in 5 States (Madhya Pradesh, Gujarat, Bihar, Tamil Nadu and Delhi).

- A total of 435 private providers from 11 States have started reporting to SACS every quarter as per the NACO guidelines.

New initiatives or Innovations:

- IMA Newsletter in Gujarat featuring the role of the private sector in the national HIV response motivated private providers to start reporting to SACS.
- Conceptual revision in queue systems in special ARTCs in Punjab has reduced waiting time at ART centres and improved client satisfaction.

Programme Insights:

- Involving Indian Medical Association (IMA) and their support in sensitizing the Private providers/Practitioners has given us good results in onboarding the PPs.
- Continuous engagement with district-level stakeholders like DAPCU, PLHIV networks, and TI NGOs have given leads to reach the private practitioners providing treatment services to PLHIV.
- Regular visits and mentoring support by state coordinators have helped improve the performance of special ART centres.



SAMARTH PHASE 2

About the Programme

Samarth is a community-led HIV screening and treatment linkage project for the MSM and transgender population, implemented in six priority cities of India, including Delhi (NCR), Jalandhar (Punjab), Hyderabad (Telangana), Vadodara (Gujarat), Hooghly (West Bengal) and Bangalore (Karnataka). Supported by Elton John AIDS Foundation (EJAF) with technical guidance from NACO and ICMR, to establish two different models of service titled ‘Smart City’ and ‘Segmented Specialization’. The Smart City model emphasized outreach over virtual platforms and awareness generation of HIV comprehensive service in urban settings. At the same time, the ‘Segmented Specialization’ focused on specific and

sensitive service provision in coordination with health service providers in semi-urban / rural settings. In both these approaches, Samarth 2 aimed to provide an evidence-based effective model for the fifth phase of the “National AIDS Control Programme” for key population group mobilization and service provision.

Programme Achievements:

From April 2021 to March 2022, the programme has facilitated HIV prevention by sharing information on safer sexual practices to 5,498 clients and has provided community-based/community-friendly HIV screening to 4,816 (3,405 MSM and 1,411 TGH) beneficiaries. The program has linked 356 HIV-positive clients to treatment services at government ART centres. Besides that, the project also innovated new strategies to cover beneficiaries that do not self-associate with the general MSM/TG population yet have multiple risk associations, including but not limited to multiple sexual partners, engagement in sex work, and substance use.

New initiatives or Innovations:

Like phase 1 of the project, the differentiated outreach and service delivery models specific to urban (smart city model) and semi-urban / rural intervention (segmented specialization model) have contributed to generating significant evidence towards the need for new-age strategy development in the national programme, including virtual intervention and Sampoorana Suraksha Strategy (SSS) by NACO.

Programme Insights:

One of the significant findings under Samarth 2 was the collection of empirical evidence for higher HIV vulnerability of the MSM and TG population with a history of substance use (including alcohol and a variety of drugs) for sexual pleasure for both commercial and personal reasons. The preliminary analysis revealed the following:

- Approximately 40% of the beneficiaries who tested reactive for HIV consumed alcohol daily, and 28% consumed it occasionally.
- 5.02% (N – 3,104) HIV reactivity rate was observed among MSM beneficiaries who reported regular use of alcohol and other oral substance, including marijuana and Amphetamine-Type Stimulants (ATS). The infection rate was specifically high (11.01%, N – 717) among MSM sex workers that operated around known physical hotspots.
- 7.08% (N – 280) reactivity rate was observed among MSM clients reporting intravenous drug use with as high as 22.7% (N – 22) HIV infection rate in clients who could be tracked over the virtual platform with chem-sex history.
- Similarly, high HIV reactivity (41.67%, N – 12) was observed in TG sex workers with a history of intravenous drug use, followed by TG sex workers who reported alcohol and other oral substance use (4.70%, N – 786)

Based on the evidence generated, the third phase of the project is planned to formulate a need-based distinctive harm reduction strategy for this population.





WAJOOD PHASE-3

About the Programme

Alliance India has been implementing project Wajood with support from Amplify Change since November 2015. The programme aims to strengthen community systems for TG/hijras through capacity development. It strives to expand access to quality sexual health services, increase awareness, and reporting of gender-based & sexual violence among TG/hijras.

This programme has four implementing units with the following community-based organizations - Basera Samajik Sansthan, Noida in Uttar Pradesh, Prayojan Kalyan Samiti, Dehradun in Uttarakhand, Utthan, Jamshedpur in Jharkhand, and Ekta Sewa Sansthan, Gorakhpur in UP.

Programme Achievements:

The project identified 4,548 new TGH beneficiaries, out of which 2,352 TGH beneficiaries were supported to undergo HIV testing with the support of government facilities. Out of those tested, 98 were identified to be living with HIV. The project also supported 3,293 TGH to access sexual health services, 521 have been trained as Agent of Change from the transgender community, 271 TGH obtained social



entitlement support, and 394 cases or crises were addressed within 48 hours of it being reported.

Wajood project continued providing COVID-19 related support to the TGH community in their respective areas, where they distributed dry rations to 1,535 TGH people. Sanitization kits were distributed to 787 TGH people with the support of some local stakeholders; 740 TGH people were linked to the government health facilities for vaccination and COVID testing.

New initiative or Innovations:

Under the Wajood programme, a national level event called the National Transgender Summit was organized in collaboration with the National AIDS Control Organization under the aegis of the Ministry of Health and Family Welfare, National Institute of Skill Development, Ministry of Social Justice and Empowerment, UNAIDS, UNDP, USAID, AIIMS, ATHI and other important stakeholders and community. The first Transgender summit was organized on 6th April 2021.

Programme Insights:

During the Wajood programme implementation, it was observed that the transgender community faces a very high level of stigma and discrimination.

Overall, it appears that individuals personally known to the victim are more often seen to be the ones to perpetrate violence against them. When further analyzed, the most common type of violent incident recorded on the overall level is physical assault/harassment, reported by more than half of clients (53.4%). Similarly, 49.6% reported being subject to verbal abuse, 11% reported discrimination and/or denial of services, 4.7% clients reported mental abuse, and 2.8% reported outing status or disclosing identity in Delhi NCR, Uttar Pradesh, Jharkhand and Uttarakhand





SAMPOORNA

About the Programme

Sampoorna project focused on strengthening the public health facilities' capacities and inter-department coordination in providing quality and integrated services to women accessing these facilities. Community-level integration was another priority area focusing on strengthening sub-centre capacities in providing HIV screening for all pregnant women. Community level activities included strengthening ASHA's capacities in reaching out to FSWs with reproductive health services and products like oral contraceptives, pregnancy testing kits and referrals for abortion care, and long acting reversible contraceptives. The integration of HIV and SRH services in a health system increases the potential to access and increase uptake of services, better client satisfaction, improved coverage and reduced time and cost to women, ultimately improving SRHR and HIV outcomes holistically.

The objectives of the Sampoorna project are as follows:

1. To strengthen SRH-HIV integration at the facility and medical college level in six districts of Gujarat
2. To pilot interventions for community-level integration of SRH and HIV services in 3 selected districts of Gujarat
3. To facilitate policy-level integration at the levels of monitoring for SRH-HIV programs, training, and availability of supplies in the state

4. 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.

Geographical coverage

- Gujarat – Nine districts, namely 1. Ahmedabad, 2. Vadodara, 3. Surat, 4. Anand, 5. Kheda, 6. Sabarkantha, 7. Choteudepur, 8. Aravalli, 9. Banaskantha
- Delhi – Northwest Delhi
- Karnataka – Kolar district

Programme Achievements:

Key project activities, progress, and achievements

1. Advocacy meetings with NACO/SACS and NHM at the state and district level:
As a result of this ongoing advocacy, the following are some of the achievements that facilitated in the achievement of the program goal.

State-level:

- GSACS and NHM team provided extensive support in the baseline assessment, development of IEC products, and training modules.
- Communication was sent from the NHM office to initiate training of PHC/CHC in providing SRH-HIV integrated services in their respective facilities.
- An official letter was sent from GSACS to the NHM family planning Joint Director suggesting integrated planning and implementation of SRH-HIV activities at the state and district level.



- Support was provided in conducting the training on dual screening for HIV and Syphilis at the sub-centre level in Ahmedabad.

District level:

- District Medical and Health Officers (DMHO) have ensured the provision of reproductive and family planning products like pregnancy testing kits and oral contraceptives available to the project team to be further distributed among key population groups.
- DMHO provided technical resources persons for the different training activities.
- Approval to conduct PHC/CHC and sub-centre level training.
- Project teams were invited and part of monthly district-level inter-department coordination meetings to ensure the SRH-HIV integration.

2. Capacity Building:

- **Training modules:** Two training modules, one for the training of health care providers (HCP) and another one for ASHA workers, were developed with technical inputs from GSACS and the UNFPA team.
- **Training of PHC/CHC teams:** The training modules were used to build the capacity of 682 medical and non-medical teams from 35 PHC/CHC. Pre/post-training analysis informed that most facility teams were unaware of key populations' issues or needs, especially MSM and their female partners. This training enhanced their knowledge and understanding of reaching out to high-risk groups.
- **Training of ASHAs:** A one-day training programme for ASHAs, and corresponding block supervisors was organized between January to December 2021 for all project districts. The training focused on building capacities in providing community-level SRH-HIV integrated outreach services. An immediate increase in knowledge levels was assessed using a pre and post-training questionnaire.
- **Training of Targeted intervention (TI) teams:** Training for all 28 TIs outreach teams was provided in the first quarter of the project period. The joint training facilitated mutual rapport and coordinated outreach services to women in their areas. Two-day training for the 15 outreach workers of AINSW, Delhi and 15 of Sangama, Karnataka, was provided, followed by a refresher in July 2021.
- **Training of sub-centres:** The project team provided training to ANM, health supervisor and other teams from 61 sub-centres. These training focused on

delivering SRH-HIV integrated services to women accessing the services from these sub-centres. Most sub-centres provide HIV screening through community-based screening/testing (CBT) kits.

3. **Strengthening IEC and community outreach:** Project developed eight GIFs and seven short videos on SRH, HIV, and Gender-based Violence (GBV) and COVID prevention and care in Gujarati. These IEC products were widely circulated among WhatsApp groups of state and district level teams working on SRH, reproductive health and HIV.

New initiatives or Innovations:

Piloting dual screening for HIV and Syphilis: Due to advocacy, GSACS received approval to pilot the dual screening kits in selected sub-centres in the Ahmedabad district. With technical support from GSCAS, four sub-centre teams were trained on dual screening in December 2021.



Programme Insights:

- Building the capacities of the sub-centre team in providing SRH-HIV integrated services to all women visiting sub-centres is an effective approach as the sub-centre is the first point of contact for public health facilities. Providing HIV screening at these facilities can identify the high-risk women, especially during ANC check-ups and early initiation of treatment to prevent HIV vertical transmission from mother to child.
- Conducting joint training for TI ORWs and area ASHA workers was another successful strategy in building mutual rapport and coordinating outreach activities. Often high-risk populations are reached by ASHA workers. Similarly, TI ORWs focus on HIV issues and ignore other issues like women's contraception, abortion care and general reproductive health.
- At the state level, the NHM maternal health department manages reproductive health, and SACS manages the HIV program. Coordinating with these departments, whose offices are located at a distance of 35 km, was challenging. Each of them has separate planning and reporting structure and format. Gathering data on SRH services from HIV programs and vice versa was a considerable challenge.



PARIVARTAN

About the Programme

Parivartan project, with support from EJAF through Frontline AIDS, had made an innovative beginning to support key populations to face the COVID-19 situation. The project organized vaccination camps in the project office to provide vaccines to key population groups who couldn't access the same through the public health system. It provided outreach activities among key populations to create awareness of COVID-19 prevention and care. The project team reached out to public health facility teams to sensitize them on key population issues. Screening for COVID symptoms, referrals, and follow for COVID testing were also done as part of project activities



Geographical coverage – Four blocks in the Surat district of Gujarat

Programme Achievements:

- An outreach team of 13 community representatives conducted awareness sessions for all key populations on COVID-19.
- Screening for COVID-19 was provided to more than 2,000 key populations and free vaccination services to more than 1,800 by connecting health centres and/or organizing vaccination camps.
- GIFs and videos on safety and precautionary measures were used to sensitize the Health Care Providers on the core concerns of the key population with specific respect to COVID-19.
- An advocacy meeting was organized with Surat municipal corporation and medical officers at public health facilities to organize camps at the project office and provide vaccination free of cost to key populations.

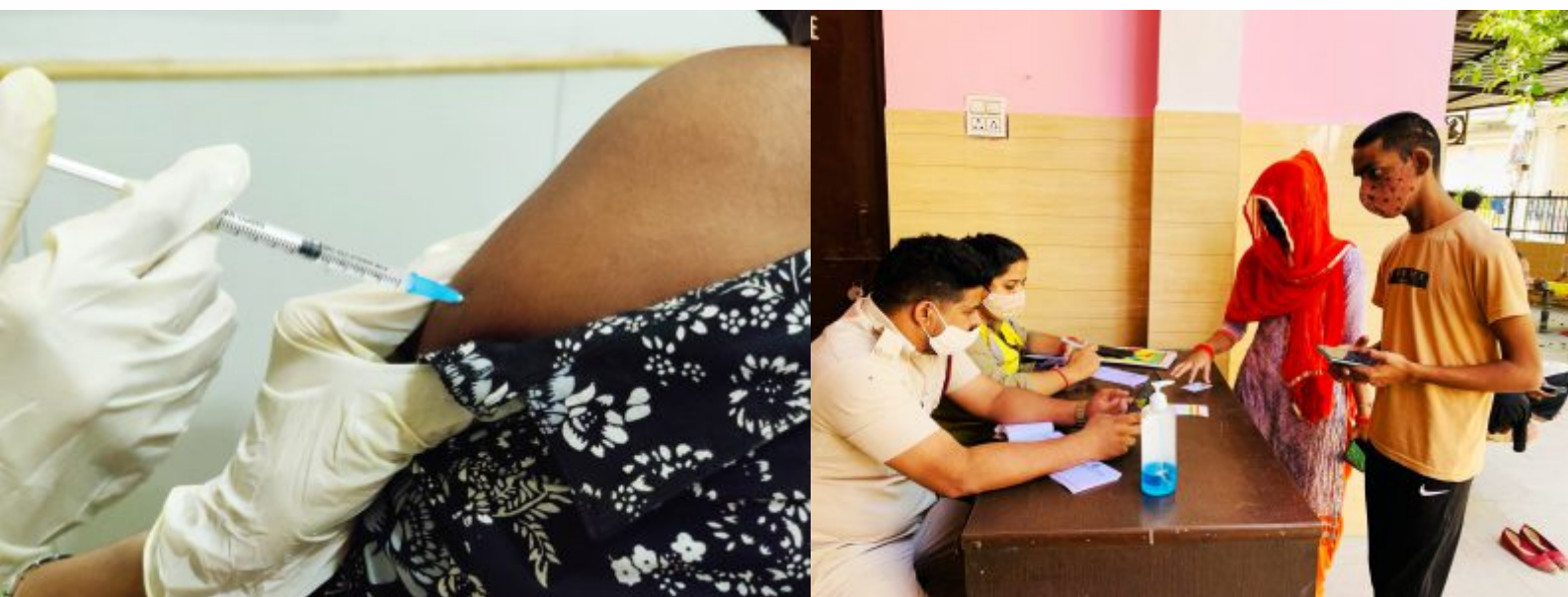
New initiatives or Innovations:

As the COVID-19 wave subsided and the vaccination for key population groups was almost saturated during the first six months of the project period, following new activities were initiated.

- Peer group meetings with key populations to create and strengthen the social support system.
- Conduct community outreach to identify and refer any key population with mental health issues.
- Vocational training/skills building for families who lost their sole bread earner.
- Training the targeted intervention (TI) team on COVID-19 related issues was initiated. TI team, which was already working for the national HIV program, this training on gender-based violence (GBV) and COVID-19 was an add-on during their outreach.

Programme Insights:

Mental health outreach: The project provided mental health services to families/individuals who have had mental health issues post COVID-19. The project team were trained in outreach services and identifying potential cases that might need mental health intervention. However, during the outreach services, referring the patients to mental health services was a challenge due to the stigma associated with mental health. Most potential cases were denied the services as they felt it was normal and they would cope with it, and time would heal them. In some cases, even if the client was willing to seek services, family members denied or discouraged them as they would be labelled as mentally sick.





Study to assess the feasibility of Oral TDF-containing PrEP administered once daily to men having sex with men (MSM) and transgender women (TGW) in India

About the Study

Alliance India, in collaboration with the Indian Council of Medical Research (ICMR), National AIDS Research Institute (NARI) and Shaan Foundation, Jalandhar, Punjab, is implementing an operational research demonstration project to assess the feasibility of dispensing oral TDF-containing PrEP among men having sex with men (MSM) and transgender women (TGW) in a community-based setting. The operational research aims to provide empirical evidence for maximizing the use of limited resources by investigating the best models to deliver PrEP services in various settings and contexts, including clinic and community-based settings. The study will also assess whether daily oral PrEP can be added to a package of HIV prevention interventions for MSM and TGWs in India. Additional insights from the study will include the community's PrEP acceptability, adherence, safety, and assess potential changes in sexual behaviour, quality of life, and reported mental health issues among the target population.

Programme Achievements:

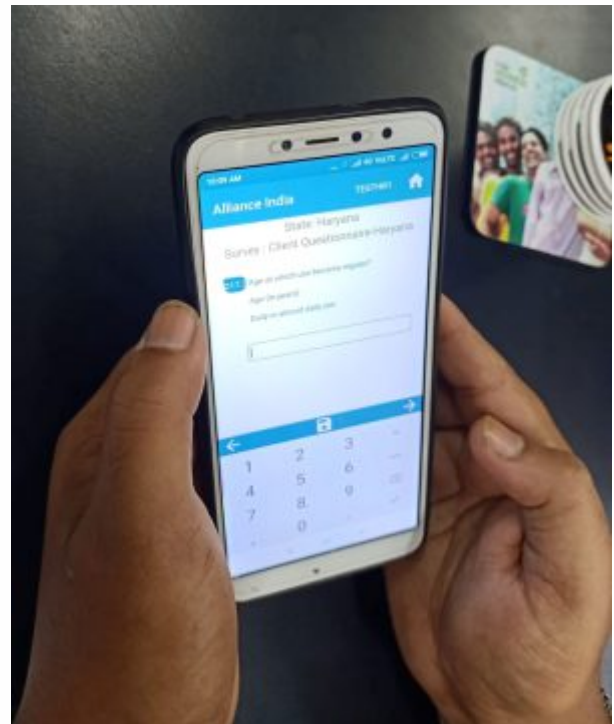
We have successfully screened 165 participants and enrolled 155 participants for the PrEP feasibility.

- Total 3rd month follow-up done: **125**
- Total 6th month follow-up done: **105**
- Total 9th month follow-up done: **87**
- Total 12th month follow-up done: **57**

We have also conducted 52 meetings with the stakeholders.

Below, participants have been terminated from the study for the following reasons:

- HIV Reactive: 2 (1 participant found reactive in 6th month testing, 1 participant found reactive in 9th month testing)
- HIV Reactive: 3 (participants found reactive during initial screening)
- HbsAg Reactive: 1 (1 participant found reactive in the 9thth month of testing)
- Five participants found HCV Reactive – All five participants were found reactive during a screening test.
- Six participants found VDRL Reactive – 3 participants found reactive during enrolment, two found reactive during the 6th month of testing, and one participant found reactive during the 12th month of testing.
- 50 participants found HSV Reactive – 22 participants found reactive during enrolment, 20 found reactive during 6th month testing, eight found reactive during 12th month testing



Reducing Multiple HIV-associated stigmas to improve HIV care continuum outcomes- A study to understand the impact of multiple stigmas on ART initiation and retention in care among MSM and transgender women living with HIV in India

About the Study

The objective of the study is to understand the impact of multiple stigmas on antiretroviral (ART) initiation and retention in care among men who have sex with men (MSM) and transgender women (TW) living with HIV (MSM/TW+H) in India. It aims to identify potentially modifiable targets to mitigate the impact of multiple stigmas on HIV care outcomes. Findings from this study will advance our understanding of how stigmas influence ART initiation/early retention and identify mediators of these stigmas that can be potentially targeted to improve the health of MSM/TW+H further. It is a longitudinal prospective cohort design study that tries to understand the direct and indirect effects of stigma and discrimination on ART adherence within three months and retention in ART care at six months.



Programme Achievements:

The baseline survey has been completed. The study enrolled 367 (227 MSM and 140 TGW+H) participants after excluding individuals who had died, refused their identity, were uninterested in participating, and/or provided incorrect contact details. All 367 clients were followed up for their 3 and 6 months follow-up interviews.

New initiatives or Innovations:

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 recruiting participants, the number of states included was increased to 12, with a high concentration of MSM and TW and high seropositivity.

The study was converted to a virtual mode while the participants were recruited from the 12 states with the help of Vihaan Care and Support Centers in their respective states. Interviewers recruited and retained the participants for nine months in the study virtually. The maximum time of retention of the participant in the study was 11 months and 17 days.

Despite the telephonic interviews, we have conducted this longitudinal study with 98% retention of study participants at three months follow-ups and 96.5% retention rate at six months follow-ups.

Programme Insights:

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



WORLD AIDS DAY 2021

Every year, on 1st December, the world commemorates World AIDS Day. People worldwide unite to show support for people living with and affected by HIV and to remember those who lost their lives to AIDS. The theme of World AIDS Day 2021 was “End Inequalities. End AIDS. End Pandemic”.

Alliance India focussed its HIV interventions in the state of Mizoram and commemorated World AIDS Day 2021 through an interactive event in Aizawl (Mizoram). Dr R. Lalthangliana, Hon’ble Minister of Health & Family Welfare, Mizoram, launched our book titled “SCRIPTING CHANGE: Alliance India’s COVID Response” as a part of the World AIDS Day commemoration event held in Aizawl (Mizoram).

In New Delhi, Alliance India was part of the national World AIDS Day commemoration event organized by the National AIDS Control Organisation (NACO). Alliance India had also put up a stall at Dr Ambedkar International Centre as part of the event to raise awareness on the issue.

In Guwahati (Assam), Shri Keshab Mahanta, Health Minister, Government of Assam, presented the book “Scripting Change-Alliance India’s Covid Response” at the event organized by Alliance India and Assam Network of People Living with HIV.

This book contains the efforts made by Alliance India and its SR and SSR partners to fight COVID-19 and HIV during the lockdown period in coordination with the National AIDS Control Programme.

As COVID-19 related restrictions hampered HIV service delivery drastically in the field, an immediate advocacy strategy was developed by Alliance India, as a result of which different services were delivered to People Living with HIV (PLHIV) at their doorstep. In Gandhinagar (Gujarat), Shri Rushikesh Patel, Hon'ble Cabinet Minister, Health and Family Welfare Department, Government of Gujarat, inaugurated the “Samudayik Samanta Karyakram” event to spread awareness about HIV/AIDS. He shared that Gujarat is the first state where the Government of Gujarat supports nine CSCs for the betterment of the PLHIV community.

Shri Prabhuram Choudhary, Cabinet Minister, Public Health and Family Welfare of Madhya Pradesh, inaugurated “Community Samvad” in Bhopal on 1st December 2021. The event aimed to end the economic, social, cultural, and legal inequalities related to AIDS and to bring change in political, economic, and social policies for protecting the rights and needs of marginalized communities.

In Jaipur (Rajasthan), Shri Parsadi Lal Meena, Cabinet Minister, Medical Health and Services, inaugurated the state-level World AIDS Day event at HCM Rajasthan State Institute of Public Administration.





THE SECOND NATIONAL TRANSGENDER SUMMIT; MARCH 3-4, 2022; DELHI

About the Programme

Alliance India organized the Second National Transgender Summit on 3-4 March in New Delhi with the following objectives:

- Transgender community members will be aware and trained about the accessibility of the processes concerning gender-affirming medical care, legal gender affirmation and violence mitigation.
- Services regarding gender-affirming medical care, legal gender affirmation and violence mitigation would be more community-friendly and easy to access for the transgender community members in India.

Programme Achievements or key recommendations received:

Gender affirming medical care:

Concerned stakeholders: Ministry of Health and Family Welfare, National AIDS Control Organisation and All India Institute of Medical Science (AIIMS)

- “Gender-affirming care” is a multi-disciplinary care unit, and the medical providers should have the necessary knowledge about the healthcare needs of transgender community members. The mechanism must have a holistic view and adhere to evidence-based and ethical practices.
- Preventive healthcare measures should include focusing on lifestyle-related disorders (because of preferred gender role, sexual orientation, ethnicity, and sex work history (cultural/lifestyle factors)), mental health, hormone therapy-related issues, cancer prevention, ageing, and geriatric issues.
- Proper training and sensitization programmes need to be implemented for the transgender community members to scale up health-seeking behaviour and avoid self-medication.
- Psychological affirmation and mental preparedness must be integral to gender-affirming care.
- The insurance needs to cover the cost of gender-affirming care.
- Centre of Excellence on the health of transgender people, to be set up by AIIMS, Delhi.
- A database of cost-effective/free community-friendly gender-affirming care-related services (both public and private) needs to be prepared, which needs to be available for the transgender community members in their native languages.
- Effective implementation of SOC (Standard of Care) for gender-affirming care needs to be emphasized.

Gender affirming legal care:

Concerned stakeholders: Ministry of Social Justice and Empowerment (MOSJE), National Institute of Social Defence (NISD), The National Legal Services Authority (NALSA), and District Legal Services Authority (DLSA)

- Proper training and sensitization among the transgender community members need to be implemented, around the national transgender portal, how to access the same effectively and what to do to ensure further support if the system is not working or the application is rejected.
- Every district needs a supporting unit to help the transgender community members who want to access the national transgender portal.
- Organizations working for the transgender community need to be responsible for spreading awareness about the national transgender portal among transgender community members. They need to work closely with the concerned government departments, including the Ministry of Social Justice and Empowerment.

Addressing violence and its mitigation process:

Concerned stakeholders: Ministry of Social Justice and Empowerment (MSJE), National Institute of Social Defence (NISD), The National Legal Services Authority (NALSA), District Legal Services Authority (DLSA), The National Commission for Women (NCW) and Niti Ayog

- Effective implementation of the Transgender Persons (Protection of Rights) Act requires organizations working for the transgender community to be adequately trained in coordination with Government departments (e.g. NISD, Niti Ayog etc.).
- Transgender community members need to be aware of the different kinds of violence against them, including their mitigation process.
- Sensitization and training for police departments need to be conducted to reduce the violence rate against the transgender community.
- More research, survey etc., need to be done regarding violence against transgender people since less data is available on this.
- Organizations working for the transgender community should consider developing the 'Transgender Protection Cell', which will be in every state as assured by the MOSJE.





FUNDRAISING UPDATE

End AIDS India

As India was hoping to be on the path of recovery during the latter part of the last financial year, the new waves of the COVID-19 crisis almost wiped off the modest gains achieved. While the entire year saw a few more waves across different parts of the country, raising agony and disruptions across sectors, it was also a year of alternate thinking, patience, endurance, and rising generosity for the social sector.

At End AIDS India, the entire year remained a roller coaster with ups and downs. Still, we kept on adapting to the situation. We kept ourselves focused not just on our cause but also incubated a COVID-19 resource hub to support donors and other contacts on key information on hospital beds, medicines etc. Post the integration of the campaign with Alliance India, COVID-19 was the first crisis response that we initiated. We had a favourable share of responses and were able to directly support rations, vaccinations, and medical equipment along with tie-ups with medical platforms to help health-seeking behaviours of the community.

The endurance of fundraisers and generosity from supporters helped us finally to have a 57% growth in gross collections compared to 2020-21 (15 months). This was the first year where the Institutional Engagement team also was able to contribute, and we

closed seven partnerships in the year, which included Give India, Give2Asia, Harmaan, and Frontline AIDS, among others. A strong vigil on costs and resource optimization helped us keep our costs below the budgeted amounts. It enabled us to stay positive in an extremely turmoil year, which also saw the sad demise of our CEO in December 2021. The donor acquisition and retention dropped to almost 34%, but we strategized and reached for bigger goals which helped us stay ahead even in this once in a century year.

Some key highlights

- We now have a friend base (regular donors) of 34,000+, and we prefer calling them friends.
- COVID-19 did not deter the morale of the fundraisers, and with generous support, we stayed positive and contributed to the crisis positively.
- We continued to support our partners/fundraisers across India with innovations and other key resources. We stayed active in 10 cities, namely Delhi, Chandigarh, Bangalore, Jaipur, Kolkata, Pune, Chennai, Hyderabad, Surat, and Ahmedabad, throughout the year.
- Due to COVID-19, we saw a considerable shift in donations towards using digital channels, and we equipped our systems and processes to adapt to the same.
- The Institutional Engagement team, with support from the Business Development Team, were able to submit 49 proposals in the Financial Year.
- Donor Response Team, created to improve donor relationships, was instrumental in retaining almost 40% of the donors in the year.
- The EAI communications team created opportunities in social media channels and radio channels, whereby we kept disseminating awareness messages.
- Alliance India, perhaps for the first time, responded to a humanitarian crisis, and our knowledge of HIV and the communities helped us to reach the vulnerable and attempted to improve their health-seeking behaviour.
- We adhered to the compliance requirements of the government and responded to the needs of the donors timely.

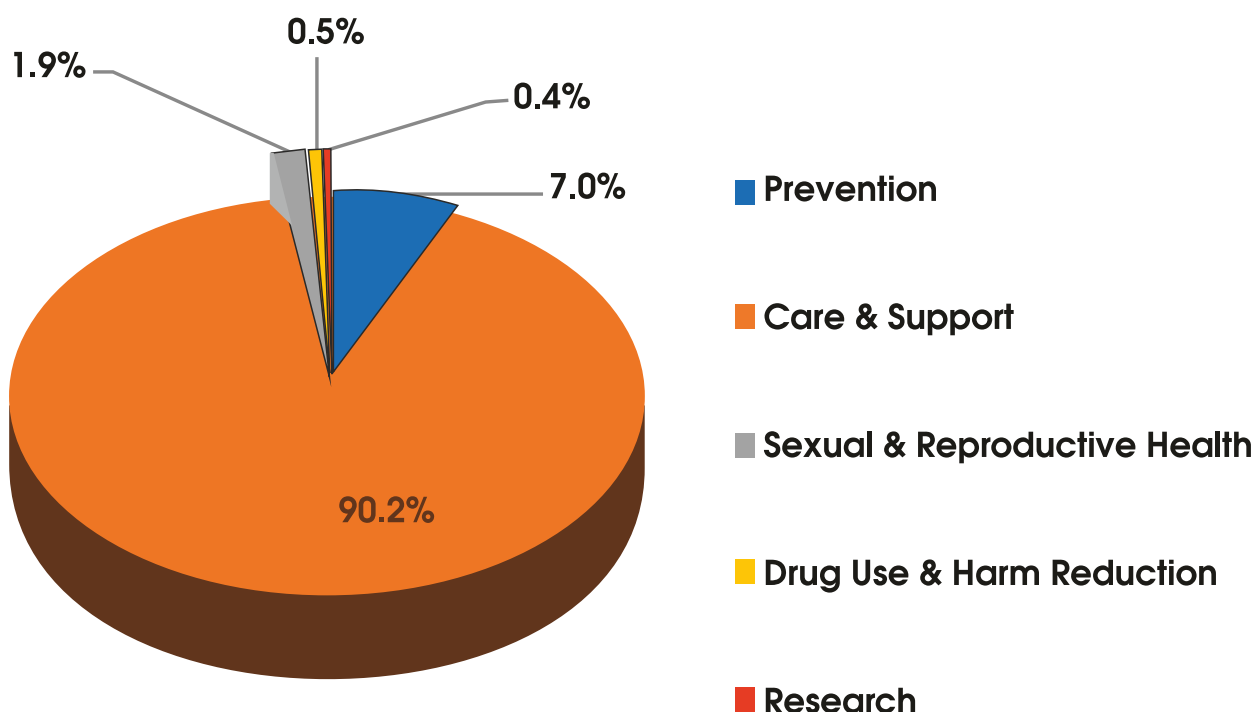
While the mood and sentiments are still precarious, many reports suggest that there have been adverse effects of COVID-19 on PLHIV populations. While the HIV population still awaits a vaccine and perhaps it is more important now to raise voices aptly toward the theme “End Inequalities, End AIDS”. We are determined to create more meaningful responses for the PLHIV and the marginalized communities and aim toward creating a healthier India.

FINANCIAL OVERVIEW

We thank all our donors for their growing commitment to our work. The annual turnover for the reporting period is INR 85.40 crores (USD 10.7M), supported by multiple donors. The support ranges from less than 1% to as high as 90%, reflecting the implementation and interventions scale. Small funding reflects innovations and pilot testing, while large-scale funding reflects pan-India operations with mainstream organizations at national and state levels.

The grant funds have been utilized for different interventions that range from 0.4% to 90.2%. The distribution focuses on prevention at 7.0%, care and support are the largest at 90.2%, sexual and reproductive health (1.9%), harm reduction on drug use (0.5%), and research (0.4%). The large-scale funding of 97.3% focuses on the prevention of HIV/AIDS and care and support for people living with HIV (PLHIV).

The application of funds reflects that a significant portion (52.96%) is being granted to implementation organizations at grass root level all over India. This reflects our community-centric project implementation approach.



Grants - Intervention Wise

BALANCE SHEET AS ON 31 MARCH 2021

INDIA HIV/AIDS ALLIANCE

BALANCE SHEET AS AT 31ST MARCH 2022

(Amount in Rs.)

Particulars	Note No.	As at 31st March 2022	As at 31st March 2021
I. EQUITY AND LIABILITIES			
(1) Shareholder's Funds			
(a) Share Capital	3	-	-
(b) Reserves and Surplus	4	38,041,917	41,789,356
(c) Property, Plant & Equipment Fund	5	98,471,328	61,093,157
(2) Current Liabilities			
(a) Short-term borrowings		-	-
(b) Trade payables		-	-
(c) Other current liabilities	6/6A	277,444,858	199,406,221
(d) Short term provision	7	3,855,592	3,229,995
Total		417,813,695	305,518,729
II. ASSETS			
(1) Non-current assets			
(a) Property, Plant & Equipment	5	-	-
(i) Tangible assets		71,481,578	34,103,407
(ii) Intangible assets		26,989,750	26,989,750
b) Fixed Asset in Transit		-	32,752,530
(2) Current assets			
(a) Cash and cash equivalents	8	311,895,142	193,239,872
(b) Short-term loans and advances	9	2,793,113	3,248,927
(c) Other current assets	10	4,654,112	15,184,243
Total		417,813,695	305,518,729

NOTES FORMING PART OF THE FINANCIAL STATEMENTS

1 to 31

This is the Balance Sheet referred to in our report of even date.

For **KUMAR MITTAL & CO.**
Chartered Accountants
FRN:010500N

(Amrish Gupta)
Partner
M. No. 090553

**By order of the Board for and on behalf of
India HIV/AIDS Alliance**

Shahabuddin Yaqoob Quraishi
Chairperson
DIN: 07443898

Sanjay Patra
Director
DIN: 03257125

Ritu Banarjee
Director- Finance & Operation

Rajiv Dua
Chief Executive

Place: New Delhi
Date: 22.08.2022

**INDIA HIV/AIDS ALLIANCE
STATEMENT OF INCOME AND EXPENDITURE
FOR THE YEAR ENDED 31ST MARCH 2022**

Particulars	Note No.	For the year ended 31st March 2022	For the year ended 31st March 2021
Income:			
Grant Incomes (To the extent utilized)		823,983,383	632,499,948
General Donations		26,723,001	29,200,868
Misc. Income		158,480	-
Interest		3,906,827	2,206,710
Total Income		854,771,691	663,907,526
Expenses:			
Programme Expenses	11	743,483,905	541,139,827
Employee Benefit Program Staff	12-A	40,385,199	36,784,550
Employee Benefit Admin Staff	12-B	28,552,977	27,897,995
Administrative Expenses	13	46,097,048	38,632,126
Total Expenses		858,519,129	644,454,498
Surplus/ (Deficit) before exceptional and extraordinary items			
1 tax		(3,747,438)	19,453,028
Prior period items		-	-
Exceptional items		-	-
Surplus/ (Deficit) before extraordinary items and tax		(3,747,438)	19,453,028
Surplus/ (Deficit) before tax		(3,747,438)	19,453,028
Tax expense:			
Current Tax		-	-
Deferred Tax		-	-
Deferred tax assets/ (liabilities)			
Surplus/ (Deficit) for the year		(3,747,438)	19,453,028

NOTES FORMING PART OF THE FINANCIAL STATEMENTS

1 to 31

This is the Income & Expenditure Account referred to in our report of even date.


For **KUMAR MITTAL & CO.**
Chartered Accountants
FRN:010500N


(Amrisha Gupta)
Partner
M. No. 090553



By order of the Board for and on behalf of
India HIV/AIDS Alliance


Shahabuddin Yaqoob Quraishi
Chairperson
DIN: 07443898


Sanjay Patra
Director
DIN: 03257125


Ritu Banerjee
Director- Finance & Operations


Ravi Dua
Chief Executive

Place: New Delhi
Date: 22.08.2022



ALLIANCEINDIA.org

India HIV/AIDS Alliance

6 Community Centre, Zamrudpur

Kailash Colony Extension, New Delhi-110048



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@AllianceinIndia



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