

ANNUAL REPORT

2022-2023



Note: Programmatic data are from April 2022 to March 2023. The data provided are from the project's lifetime for the projects that have ended.

Copy Editor: Ashima Phadiyal

Unless otherwise stated, the appearance of individuals in this publication does not indicate their HIV status.

Published: August 2023

©India HIV/AIDS Alliance © Frontline AIDS/Sarah Waiswa/2022

Information contained in the publication may be freely reproduced, published or otherwise used for non-profit purposes without permission from Alliance India. However, Alliance India requests to be cited as the exclusive source of all information.

Recommended Citation: Alliance India, Annual Report 2022-2023. New Delhi.

Alliance India
6, Community Centre, Zamrudpur
Kailash Colony Extension
New Delhi- 110048
T +91-11-4536-7700
info@allianceindia.org

Message from the Chief Executive

It is with immense pride and gratitude that I present to you the Annual Report of India HIV/AIDS Alliance (Alliance India) for the period April 2022 to March 2023. The report encapsulates the impactful journey we have shared over the past year.

In our relentless pursuit of a healthier, more equitable world, we have navigated challenges and embraced change with resilience. This report is not just a compilation of statistics; it is a chronicle of lives touched, communities empowered, and futures transformed.

In the virtual realm, our NETREACH program has redefined outreach, counselling, and other support services. Leveraging digital platforms, we have connected with key and vulnerable populations, making a lasting impact on HIV/STI prevention and sexual health. This is innovation in action, making a difference one click at a time.

Our engagement with the private sector has been instrumental in bridging gaps in treatment recommendations. With over 2,000 private practitioners identified and 19,218 PLHIV treated through private medical colleges, we are fostering collaboration for comprehensive care and inclusive health services.

Samarth Phase III continues to be a trailblazer in community-led HIV screening and treatment linkage. Our innovative approach to preventing sexualized substance use and associated health risks reflects our commitment to be tailored to meet the paradigm shift in the patterns of risk behaviors and community-centric solutions that bring about real change.

Wajood Phase-III's focus on transgender empowerment and well-being is a testament to our commitment to inclusivity. The end-line assessment speaks volumes, showcasing increased access to healthcare services, reduced self-medication, and the resolution of gender-based violence cases.

Sampoorna, our project integrating SRH and HIV services, has expanded its reach across Gujarat, Madhya Pradesh, and Bihar. Our collaborative efforts with government bodies and healthcare providers underscore our commitment to ensuring that every woman exercises her sexual and reproductive health rights without barriers.

As we turn the pages of this report, let us not just see data points; let us see stories of hope, courage, and resilience. Each statistic is a testament to our shared vision of a world where health disparities are eradicated and every individual has the opportunity to lead a healthy and fulfilling life.

I take this opportunity to thank our board members who have kept us on our feet and guided us through difficult times.

To our dedicated team, supportive partners, and generous donors and supporters – we thank you for being part of this transformative journey. Together, we are not just witnessing change; we are driving the journey forward with the commitment of no one to be left behind.



A handwritten signature in black ink, appearing to read 'Rajiv Dua', on a light-colored rectangular background.

Mr Rajiv Dua

Message from the Board Chair

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

Recovering from disruptions caused by COVID-19 has been a significant challenge, and Alliance India has done its bit to address that challenge. We have continued to provide treatment literacy, promote adherence to ART, track lost to follow-up cases, and engage the private sector to be part of a comprehensive response to HIV/AIDS. All this has been done in consonance and coordination with the National AIDS Control Program to ensure sustainability and improve the people's faith in the public health system.



As part of our commitment to sustainability, Alliance India transitioned 81 Care and Support Centres to the domestic budget under the leadership of the National AIDS Control Organization and various State AIDS Control Societies. We continue to provide technical assistance to the transitioned Care and Support Centres.

As part of the private sector engagement, the Vihaan program identifies, engages, and motivates the private practitioners prescribing ARV to PLHIV to report using the NACO quarterly reporting format. By March 2023, 408 Private Practitioners were reporting to the government. About 9,218 PLHIV receiving treatment under their care. The reporting is non-incentivised and is being integrated within the NACP.

The number of People Living with HIV (PLHIV) lost to follow-up, tracked back with definitive outcomes, rose from 54% in the period April 2021 - September 2021 to 82% in the period ending in March 2023. This inclusive approach involves home visits, physical outreach, and telephonic follow-ups, ensuring everyone receives the necessary support and is not left behind.

In the period of April 2021 to September 2021, the percentage of individuals newly diagnosed with HIV and promptly initiated on treatment was 46%. In the semester ending in March 2023, this figure significantly increased to 94%. These results underscore our unwavering commitment to leaving no one behind in the fight against HIV/AIDS.

I am grateful to Alliance India frontline workers, who worked tirelessly despite the pandemic. Due to their determined efforts, we could serve the marginalised communities. For that, my board members and I express our deep appreciation.

I am incredibly grateful to the National AIDS Control Organisation, State AIDS Control Societies, and various other ministries for empowering us with their wise counsel and guidance. We also thank all our donors for having faith in us and supporting us to serve our communities better. Last but not least, we thank our strategic and implementing partners and community leaders for joining hands throughout the journey and working together as a team towards achieving the goal of no one being left behind.

A handwritten signature in blue ink, appearing to read 'Dr. S.Y. Quraishi', on a light-colored background.

Dr S.Y Quraishi

ACKNOWLEDGEMENT

We extend our profound gratitude to the National AIDS Control Organization (NACO), State AIDS Control Societies (SACS), District AIDS Prevention and Control Unit (DAPCU), Networks of People Living with HIV, Care and 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, and the Ministry of Social Justice and Empowerment (MoSJE) for their collaborative efforts in advancing the national HIV response in India. Their dedication to the cause has been instrumental in shaping and implementing effective strategies.

Our gratitude also extends to our implementing partners, including Gujarat State Network of People living with HIV/AIDS (GSNP+), National Coalition of People living with HIV in India (NCPI+), Manipur Network of Positive People (MNP+), Uttar Pradesh Welfare for People Living with HIV/AIDS Society (UPNPplus), Tamil Nadu Networking People with HIV/AIDS (TNNP+), and The Humsafar Trust.

We would like to express our appreciation to our donors—The Global Fund, Elton John AIDS Foundation, Amplify Change, United Nations Population Fund (UNFPA), and Frontline AIDS—for their support that has enabled us to implement crucial programs and interventions.

A special acknowledgement goes to our individual donors, community-based organisations (CBO), and sub-sub recipients for their invaluable contributions and unwavering support.

Lastly, we offer our sincere thanks to all private providers and the management of private medical colleges (PMC) who actively support the national HIV response in India.

ABBREVIATIONS

AI	Artificial Intelligence
AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Therapy
AS & DG	Additional Secretary and Director General
ATS	Amphetamine Type Stimulants
CDC	Centres for Disease Control and Prevention
COVID-19	Coronavirus Disease 2019
CST	Care Support and Treatment
DAPCU	District AIDS Prevention and Control Unit
DD	Deputy Director
DDG	Deputy Director General
DIC	Drop-In Centre
FSW	Female Sex Workers
HRGs	High-Risk Groups
HIV	Human Immunodeficiency Virus
ICRW	International Centre for Research on Women
ICTC	Integrated Counselling and Testing Centre
IDUs	Injecting Drug Users
IEC	Information, Education, and Communication
JD	Joint Director
KP	Key Population
LGBT	Lesbian, Gay, Bisexual, Transgender
MSM	Men who have sex with Men
MSJE	Ministry of Social Justice and Empowerment
NACO	National AIDS Control Organization
NACP	National AIDS Control Program
NGOs	Non-Governmental Organizations
NWO	Network Operators

ABBREVIATIONS

ORWs	Out Reach Workers
OSCs	One Stop Centres
OST	Opioid Substitution Therapy
PE	Peer Educator
PLHIV	People Living with HIV
PMPSE	Programmatic Mapping and Population Size Estimation
PoSH Act	Protection of Women from Sexual Harassment ACT 2013
PrEP	Pre-Exposure Prophylaxis
RKSK	Rashtriya Kishore Swasthya Karyakram
RTI	Reproductive tract infection
SACS	State AIDS Control Societies
SBCC	Social and Behaviour Change Communication
SDGs	Sustainable Development Goals
SES	Socioeconomic Status
SMPOs	Spa and Massage Parlours Operators
SNA	Social Network Analysis
SOPs	Standard Operating Procedures
SRH	Sexual Reproductive Health
SUS	Sexualised Substance Use
STIs	Sexually Transmitted Infections
TGs	Transgender Persons
TI	Targeted Intervention
TOR	Terms of Reference
TSUs	Technical Support Units
UID	Unique Identification
USAID	United States Agency for International Development
VBISD	Venue Based Integrated Service Delivery
WBP	Web-Based Platforms

TABLE OF CONTENTS

INTRODUCTION	1
PROGRAMMES	
Vihaan Care & Support	2-6
NETREACH	7-9
Private Sector Engagement	10-11
Samarth Phase 3	12-14
Wajood Phase-3	15-17
Sampoorna	18-20
FRONTLINE AIDS PROJECT	21-22
WORLD AIDS DAY 2022	23
RESEARCH/STUDY	
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.	24-25
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	26-27
Fundraising Update	28-29
Financial Overview	30-32



INTRODUCTION

Founded in 1999, Alliance India is a non-governmental organisation operating in partnership with civil society, government and communities to support sustained responses to HIV in India that protect rights and improve health. Complementing the Indian national programme, we build capacity, provide technical support and advocate to strengthen the delivery of effective, innovative, community-based HIV programmes to vulnerable populations affected by the epidemic.

Mission

To support community action to prevent HIV infection, meet the challenges of AIDS, & build healthier communities.

Vision

A world in which no one dies of AIDS.

OUR PROGRAMMES



VIHAAN CARE & SUPPORT

The Vihaan Care and Support programme is supported by The Global Fund Program and complements the National AIDS Control Program to enhance adherence to antiretroviral (ARV) treatment and retention in HIV care for People Living with HIV (PLHIV) in India. The program is implemented through diverse partnerships with the government, civil society, and networks of people living with HIV. It reaches out to 1.6 million PLHIV through its 320 Care and Support Centres (CSCs) spread across 28 states and 4 union territories in India. Since its inception, the program has adopted different strategies to enhance early case finding through index testing of partners/spouses and children of PLHIV, early initiation of treatment, and adherence, as well as outreach services for retaining PLHIV in the HIV care program. The program also engages with the PLHIV community to improve access to various social entitlements and welfare schemes, contributing to a comprehensive continuum of care service model to improve the overall quality of life of people living with HIV.

The community-led model of the Vihaan Care and Support program has been recognised as an integral part of the national program. The program has been implemented in close coordination with the National AIDS Control Organisation and the State AIDS Control Societies, complementing the national HIV response. Gradually, CSCs are being integrated into the national program, while the Vihaan program continues to provide post-transition technical support for effective care and support program implementation.

The fourth phase of Vihaan (2021-24) currently builds on the key learnings from previous phases and national program priorities, which focus on strengthening differentiated care and support service provision. The program's emphasis is on expanding coverage for the most vulnerable and hard-to-reach populations to provide holistic person-centric care and support services. The program prioritises peer-to-peer adherence support for PLHIV newly initiated ART medication to prevent new loss to follow-up cases. Equal emphasis is given to peer-led adherence support to identified PLHIV with advanced disease.



The program also focuses on HIV detection among partners/spouses of PLHIV, early identification of co-infections, building resilient communities, and strengthening public and private healthcare systems. The current VIHAAN program is implemented in close coordination with NACO and SACS, with five sub-recipients: Network of Maharashtra People Living with HIV (NMP+), Uttar Pradesh Welfare for People Living with HIV/AIDS Society (UPNP+), Gujarat State Network of People Living with HIV/AIDS (GSNP+), Tamil Nadu Network of People Living with HIV/AIDS (TNP+ TN), and National Coalition of People Living with HIV in India (NCPI+), as well as 320 community-based organisations linked with all functional ART centres across the country.

Programme Achievements

1,210,330 PLHIV have been reached with differentiated care and support services.

100,274 PLHIV initiated on ART have been retained with a six-month follow-up through differentiated care and support services.

618,638 individuals lost to follow-up/MIS cases have been tracked with definite outcomes.

60,311 family members were tested for HIV, and 1,883 persons were found to be HIV positive and linked to treatment services.

35,483 discordant couples were screened for HIV; 517 were found to be HIV positive, and 513 were linked with ART.

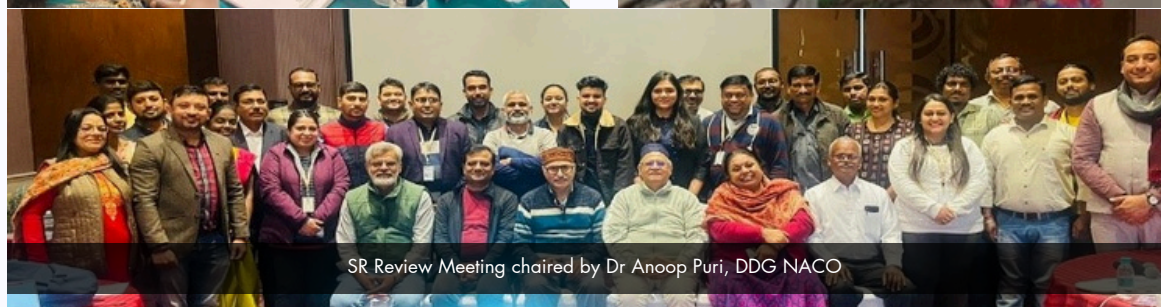
636,962 PLHIV were verbally screened for the four symptoms of TB as per WHO guidelines; among them, 50,404 were found symptomatic and referred for testing, and 2,972 were detected with TB and linked to TB treatment, with follow-up for TB treatment compliance.



Community Champion Training



Outreach by Health Promoter



SR Review Meeting chaired by Dr Anoop Puri, DDG NACO

- **131,382** PLHIV were linked with social protection and social entitlement schemes.
- Nine Community-Based Organisations (four at the State Level and five at the District level, PLHIV networks) have been established or reformed.
- **6,703** Transgender/Hijra individuals have been provided sexual health services, linked to social entitlements and social welfare schemes, and offered legal aid services through Transgender-specific Care and Support Centres.
- **81 Care** and Support Centres have been transitioned to SACS and supported through the domestic budget. The Vihaan program continues to provide technical assistance to the transitioned CSCs. The focus of the technical assistance has been to continue the program implementation as per national program priorities seamlessly.

New Initiative or Innovations

Early MIS tracking: A Pilot initiative was developed to track and bring back PLHIV who missed their ART refill due date (i.e. PLHIV who are 7 days past their ART refill appointment) when they do not visit the ART centre for ART refill within the month would be reported as MIS case. The initiative was to intervene immediately and bring the PLHIV back for an ART refill. This initiative was implemented in four districts of Madhya Pradesh (Bhopal, Indore, Neemuch and Seoni). The initial result of this initiative has shown promising results, and the brought back cases in these four sites have increased significantly.

Community System Strengthening: Alliance India, in collaboration with the National AIDS Control Organisation, developed a roadmap to build community resources as a Community Champion in each district across nine states. This exercise is helping find young and energetic community representatives from all key populations, youth, adolescents and PLHIV. This initiative aims to train community champions so they can contribute meaningfully to the NACP. NACO has allocated seven states and 2 UTs to train 2,692 Community Champions to Alliance India. The process of identifying community champions for the pieces of training was initiated in February 2023, and by the end of March 2023, 72 community champions were trained.



Programme Update

Intensified LFU tracking campaign: To track all the LFU clients and provide definite outcomes, the initiative was launched in Haryana, Delhi, Gujarat, Rajasthan, Madhya Pradesh, Maharashtra, Uttar Pradesh, Punjab, Mizoram, Nagaland, Tripura and other regions. Technical assistance was provided to the ART centres to clean the data. During the process, gaps were identified, such as incorrect addresses, single-line addresses and duplicate cases. To mitigate these gaps, we developed various strategies, which include:

- Clients taking treatment from other ARTCs were motivated to transfer out/opt out from the ART centre, where they were recorded as LFU.
- Capturing the latest/updated address details of all the clients periodically,
- Capturing alternate addresses of all newly initiated clients, including the phone number of the family member or caretaker
- Alternate addresses of the clients who become untraceable (incomplete/Incorrect/Migrated) were collected from the ARTC and other sources such as the ICTC register, TI, CRF forms, and the Daily diary of the ORW.
- Inter-district/state line list sharing of migrated clients to respective CSC for follow-up and providing outcomes such as noting secondary addresses and contact information and regularly updating the contact information.



Rekindling Hope: Overcoming Barriers to HIV Treatment Adherence through Persistent Outreach and Supportive Interventions

Mr. Kumar, a client who began HIV treatment in 2015, was reported as lost to follow-up for the past two years. He believed he did not need medication as he felt healthy without taking ART medicine. The CSC team attempted to contact him multiple times, but he declined to meet with the ORW.

Kumar's family was unaware of his HIV status, and due to some physical issues, when the CSC team (Health Promoter) interacted with Kumar, they learned that his physical disability prevented him from visiting the ART Centre for treatment. The Health Promoter offered to transport Kumar on his bike to the ART Centre and accompanied him to the ARTC, assisting in the process of re-establishing his connection to the ART Centre, obtaining a new green booklet, receiving ART counselling, undergoing lab investigations, and commencing treatment. The Health Promoter also aided him in disclosing his HIV status to his family and supported him in applying for a social welfare scheme. The health promoter continues to follow up with Kumar to monitor his treatment adherence.

Thanks to the periodic follow-up, prompt response, and linkages with services, Kumar was successfully reintegrated into treatment, and he is presently receiving treatment. He has pledged not to discontinue in the future.

NETREACH

NETREACH is a national-level virtual intervention project supported by Global Fund and implemented by Alliance India as a Principal Recipient and Humsafar Trust as a Sub-recipient of the current Global Fund Grant (2021-2024).

Project NETREACH has been initiated to accelerate the national HIV response further to reach the first 95 targets of the NACP goals to eliminate HIV in India by 2030. This project focuses on reaching out to key and vulnerable populations through virtual platforms to reach the mission of millions with HIV services.

The program encompasses several key components:

Reaching Out on Virtual Platforms: NETREACH aims to connect with young and key populations through various virtual platforms, such as social media and other web-based platforms. This involves using Behaviour Change Communication (BCC) materials to disseminate information and raise awareness about HIV/STI prevention and sexual health.

Comprehensive Risk Assessment: The program includes a digital platform where individuals can assess their risk of HIV/STIs. This could involve interactive tools or questionnaires that help users understand their level of risk and make informed decisions regarding their sexual health.

Online Counseling Services: NETREACH encourages regular HIV/STI testing by providing online counselling services. This means individuals can seek guidance and support from trained counsellors through virtual channels, making accessing health care information and testing services more convenient.

Referral to Continuum of Care: When individuals are identified as needing further care or testing, NETREACH aims to refer and link them to the continuum of care services available across the country. This ensures that individuals receive the necessary follow-up care and support, including treatment if required.

Strengthening Community Systems: One of the overarching goals of NETREACH is to enhance sexual health mechanisms by strengthening community systems. This could involve building partnerships with community organisations, healthcare providers, and other stakeholders to create a supportive network for individuals seeking sexual health services.

Overall, NETREACH is a comprehensive and innovative approach to promoting sexual health and preventing HIV/STIs among young and key populations by leveraging digital platforms and community engagement. It combines education, risk assessment, counselling, and referral services to create a holistic approach to sexual health promotion.

Programme Achievements

- **184,000** - Number of new profiles approached/reached through virtual platforms
- **35,029** - Number of key populations identified on the Virtual place (Social Networking Reach by numbers clicks/hits at various Social Networking sites)
- **13,764** - Number of identified key populations linked to HIV-related services (Counselling on Mental Health, PrEP, PEP, Referral to TI services, STI services & HIV testing)
- **39%** - Proportion of key populations identified on the Virtual place and linked to HIV-related services during the reporting period
- **7** Community-Based Organisations have been provided with Innovative seed grants to undertake advocacy activities at the local level
- **13** Community-based organisations have been trained in Organizational Development and Resource Mobilization
- **169** private healthcare providers have been sensitised and trained[RD1] on gender sexualities, its' impact on HIV and marginalised communities, and the unique Virtual intervention and its processes.





Innovations and Future Plans

The Program is currently in the process of developing an enhanced risk assessment strategy to expand our coverage and reach at-risk youth. This strategy aims to assist them in self-assessing their risk behaviours and encourage them to seek appropriate health services to mitigate these risks.

We are implementing offline facilitation for Female Sex Workers (FSW) to access HIV testing through WhatsApp groups, massage parlours, and agents.

Moreover, we intend to expand our social media intervention to identify young and at-risk populations on virtual platforms.

NETREACH community gatherings serve the purpose of raising awareness and facilitating HIV testing among hard-to-reach populations.



PRIVATE SECTOR ENGAGEMENT

It is estimated that there are 2.14 million PLHIV in India. National AIDS Control Organization (NACO) is providing free Antiretroviral Treatment (ART) to 1.5 million patients. NACO ART guidelines state that there is a need to bridge the gap in treatment recommendations between public and private sector programs because many patients transition between the two sectors for treatment. The program focuses on strengthening the private sector component through engagement with private practitioners and the establishment of ART centres in private medical colleges.

Engagement with Private Practitioners

Different approaches were followed to identify private practitioners prescribing ARV, including engagement with the Indian Medical Association, CBOs, ART centres, community members, etc. The identified private practitioners were contacted and motivated to report to the national AIDS control program.

Establishment of ART Centre in Private Medical Colleges:

The program provides technical assistance to eligible private medical colleges for establishing ART centres and ensuring the quality of care as per the national guidelines and standards prescribed by the National AIDS Control Organization.

Programme Update

Engagement with Private Practitioners

- 2,269 Private Practitioners were identified/mapped through different approaches like IMA, DAPCU, NGO/CBOs, CSCs, and drug controller sales data.
- 363 Private Practitioners reported at least once using the NACO quarterly reporting format during the year.
- 19,218 PLHIV were reported to be treated by private practitioners as of March 2023.

Establishment of ART centres in Private Medical Colleges

- 71 private medical colleges initiated the process of establishing ART centres, and 39 ART centres are functional.
- 1,282 medical professionals were trained through 23 CMEs (Continuing Medical Education)

Mentoring support ART Centres

Mentoring support was provided to 26 prioritised special ARTCs identified by NACO requiring support to improve the ART service provision performance. The Alliance team supported all 26 ARTCs in close coordination with respective State AIDS Control Societies. Improved their performances to green from the baseline scorecard indicators yellow/red by the end of the reporting year.

As part of the private sector engagement, the Vihaan program identifies, engages, and motivates the private practitioners prescribing ARV to PLHIV to report using the NACO quarterly reporting format. By March 2023, 408 Private Practitioners and reported to have treated 19,218 PLHIV under their care. The reporting is non-incentivized and is being integrated within the NACP.

New initiatives or Innovations

Mapping of private practitioners treating PLHIV through respondent-driven methods was not yielding adequate results. In Karnataka, the State AIDS Prevention Society proactively took the initiative to write to the Department of Drug Control requesting ARV sales data. Based on the ARV sales data provided by the Drug Controller, 303 pharmacies were identified as ARV drug sales points in the state. The process of further identification of private practitioners based on ARV sales data and listed pharmacies would be initiated by the state coordinators. This would help in the identification of private practitioners prescribing ARV who would be contacted and motivated to report to the National AIDS Control Programme.





SAMARTH PHASE 3

Since its inception in 2016, Samarth has been a torchbearer on community-led HIV screening and treatment linkage for the MSM and transgender population. Building on critical lessons and experiences gained through implementation in six priority cities of India, i.e., Delhi (NCR), Jalandhar (Punjab), Hyderabad (Telangana), Vadodara (Gujarat), Hooghly (West Bengal) and Bangalore (Karnataka); the project established two unique service delivery models titled 'Smart City' and 'Segmented Specialisation' with generous support from the Elton John AIDS Foundation (EJAF) and guidance from NACO and ICMR. Under the recently concluded SAMARTH Phase 2, The Smart City model successfully demonstrated outreach and awareness generation through virtual platforms, especially in urban settings. At the same time, the 'Segmented Specialisation' helped demonstrate service provision in coordination with health service providers in semi-urban / rural settings – for the MSM and transgender population.

SAMARTH Phase 3 builds on the successes and lessons of the earlier phases of SAMARTH and expands evidence-based effective models through the concurrent phases of the "National AIDS Control Programme" for key populations. More specifically, under SAMARTH 3, the overall strategy is to identify, reach and sustain efforts to prevent sexualised substance use related to HIV and associated health risks. The following objectives were identified under SAMARTH Phase 3:

- Increasing knowledge among MSM and TG people on substance use and its effect on health and HIV transmission
- To establish a service network distinctive to MSM and TG people with sexualised substance use in the project, implementing sites
- To develop a strategic blueprint on sexualised substance use service needs and delivery strategies among MSM and TGH in India

Programme Achievements

- From April 2022 to March 2023, the SAMARTH programme continued its HIV prevention efforts by prioritising the most at-risk MSM and TG community members. This was done by sharing information on safer sexual practices, providing community-friendly HIV screening to **3,086** community members and linking them to substance use-related HIV and health services.
- **28** distinctive assembly/gathering sites were identified across the five Samarth locations. Amongst them, common across all sites included – community rented accommodations for sex work, PG/Hostel, private party venues, hourly rented places and massage parlours.
- A significant number of reported consistent use of virtual platforms for networking and searching potential partners/clients for SSU. Five of the assembly points reported above 7% of HIV reactive rate, including community brothels (7.48%, N=187), PG/Hostel (11.04%, N=181), private parties (11.74%, N=315), massage parlours (11.25%, N=160), and temporarily rented accommodations/hotels (19.80%, N=101).
- Alcohol and Marijuana are reported to be the most popular substances, followed by the use of combination substances, including ATS, inhalants, etc. The HIV reactivity rate among the combination substance users reached during the reporting period is very high.
- Immediate demand for services reported to vary from a secure place for substance use, meditation support, adverse case management, legal support, and medical help along with commodities like condoms, needles & syringes and doorstep HIV screening.

New initiatives or Innovations

In line with the objectives of SAMARTH Phase 3, the intervention model includes a new approach to identify, reach and sustain efforts to prevent sexualised substance use related to HIV and associated health risks. The key initiatives under the new approach include:

Outreach and mobilisation - Identification of popular virtual platforms and preferred socialising/operating time as per the targeted beneficiaries. Also, mapping of physical assemble points

Service delivery - Counselling (safer practices, harm reduction, SSU, Hep B & C), Commodity (N&S), HIV screening (CBS and self-test), ART adherence (specific to substance users), linkages (confirmation test, OST, ART, etc.)



Programme Insights

One of the significant findings under the first year of Samarth 3 was collecting empirical evidence for higher HIV vulnerability of the MSM and TG population with a history of substance use (including alcohol and various drugs) for sexual pleasure for both commercial and personal reasons. During the reporting period, the preliminary analysis revealed the following:

2,791 beneficiaries (MSMs and TGH with a history of substance use) screened for HIV

260 (9.3%) beneficiaries identified as reactive

259 (99%) beneficiaries linked with ICTC for a confirmation test

254 (98%) PLHIV identified and linked with ART & CSCs



Under the overarching theme "Expanding delivery of and access to evidence-based sexualised substance use services among Men who have Sex with Men (MSM) and Transgender persons", the SAMARTH team is engaging the respective State AIDS Control Societies, community members and development partners to develop operational tools for expanding services, training and capacity building resources for training community-based service providers and IEC material for preventing sexualised substance use related HIV and associated health risks.





WAJOOD PHASE-3

Alliance India, with the support from Amplify Change, launched a unique intervention known as Wajood (meaning Identity and Existence). This intervention had three distinct areas of focus: sexual health services, crisis and violence mitigation, and access to social welfare and entitlements. During Wajood Phase I, 6,000 transgender individuals across five states benefited from the program. This success highlighted the need to expand into other geographical areas.

In 2019, Wajood Phase II was initiated with the continued support of Amplify Change. The primary objective of this phase was to strengthen efforts in transgender empowerment by conducting evidence-based advocacy on violence. Wajood Phase II aimed to build on the goals of Phase I with renewed determination to serve underserved transgender and hijra (TGH) communities. A key aspect of this initiative was to enhance access to sexual health services, raise awareness among healthcare providers, and develop the capacity for community empowerment and policy reforms.

Wajood Phase III focused on expanding activities to promote the health and well-being of transgender individuals in India.

Programme Achievements

The Wajood project's primary impact on healthcare access, especially sexual healthcare services for the transgender community, is the discrimination experienced within the country's healthcare service infrastructure. Due to this discrimination, many individuals in the community, despite affordability, feel reluctant to seek healthcare services. The prevention of HIV/AIDS and other sexually transmitted diseases has been a central focus of Alliance India's work. In line with this agenda, Wajood Phase III initiated efforts to promote behavioural changes among transgender clients, subsequently enhancing their access to healthcare, particularly sexual healthcare services.

Wajood endline assessment by external agency has observed

- An increase from 67.70% to 75.78% has been observed from pre-Wajood intervention to current times in case of visiting nearby hospitals for healthcare issues.
- A 5% decrease in self-medication by transgender people in the project area.
- For sexual healthcare services, 52.17% of the respondents have opted for ICTC centres, which has seen an increase of 39.11% before 2020.
- 27.33% dependency on community-based clinics, while dependency on community leaders was 14.29[RD1] [AP2] % for overall health care services.
- An increase of 18.01% in visiting nearby hospitals or doctors while a 19.26% increase in reaching out to the local NGO for sexual healthcare issues.

New initiatives or Innovations:

- Five Transgender Community-Based Organisations (TG CBOs) have been strengthened. One CBO is implementing a Targeted Intervention (TI) programme under the Uttar Pradesh State AIDS Control Society (UPSACS). The remaining four CBOs also function as Sub-Recipient Recipients (SSRs) of Global Fund Grants.
- Many members have joined the State/District Transgender Welfare Board in Noida and Gorakhpur, Uttar Pradesh.
- Twenty-eight transgender individuals have received job opportunities and are now successfully employed with TATA Steel in Jamshedpur.
- TATA Steel has announced the establishment of a transgender shelter home in Jamshedpur.
- The program has also successfully established a community business setup in Dehradun, Uttarakhand, in coordination with state stakeholders.



Programme Insights

One of the significant achievements under Wajood is that the project has trained 737 transgender "Agents of Change" who serve as second-line leaders at the district level. We provided them with training on health, gender-based violence, and human rights. This effort resulted in the resolution of 818 out of 821 reported gender-based violence cases within 24 hours, and we supported 728 transgender members in obtaining their social entitlement services with transgender identity.

- The programme has reached 6,000 transgender individuals with two services of the Wajood programme.
- Out of these, 5,396 transgender individuals have received sexual health services through the Wajood intervention.
- The Wajood programme has supported 3,623 transgender individuals getting tested at Integrated Counselling and Testing Centres (ICTC) for HIV.
- 107 (3%) transgender individuals tested positive for HIV at ICTC, and 104 (97%) have been linked with Antiretroviral Therapy (ART) for treatment. Additionally, 200 transgender individuals received skill-building training support from the Wajood project.
- 51 (25%) transgender individuals secured placements in various agencies.



Resilience and Empowerment: Navigating the Journey of Alka, a Transgender Woman, Through HIV Diagnosis, Community Support, and Pandemic Challenges

Alka, a 40-year-old transgender woman from Noida, Uttar Pradesh, faced a life-altering moment in 2015 when she tested positive for HIV. Her journey had been fraught with challenges from a young age, grappling with her identity and enduring harassment and assault during her school years.

Despite quitting school in the 10th standard, Alka found some stability working as an office boy. However, her health took a nosedive, and she had to resign when the symptoms, including weakness and a growing neck mass, became too prominent to ignore. It was then that she reached out to Basera Samajik Sansthan, a Wajood program implementing partner, recommended by a friend.

Alka's HIV diagnosis felt like life had come to a standstill, but the team at Basera provided constant support. Grateful for their help, Alka is now at peace with herself. She not only receives ongoing assistance for her health issues but also actively contributes to the community by addressing the apprehensions of those hesitant to get tested for HIV.

Living with several health issues and facing financial instability exacerbated by the COVID-19 pandemic, Alka relies on the community for support. The Wajood program plays a crucial role by providing alternate means of employment, livelihood training, and connecting HIV-positive individuals with treatment and counselling services. Alka emphasizes the importance of not letting HIV be the end of the road, and the Wajood program strived to make this challenging journey manageable for individuals like her.

Despite the added hurdles posed by the pandemic, the program redoubled its efforts to ensure uninterrupted treatment for those living with HIV. Outreach workers actively reach out to provide medications, especially during nationwide lockdowns.

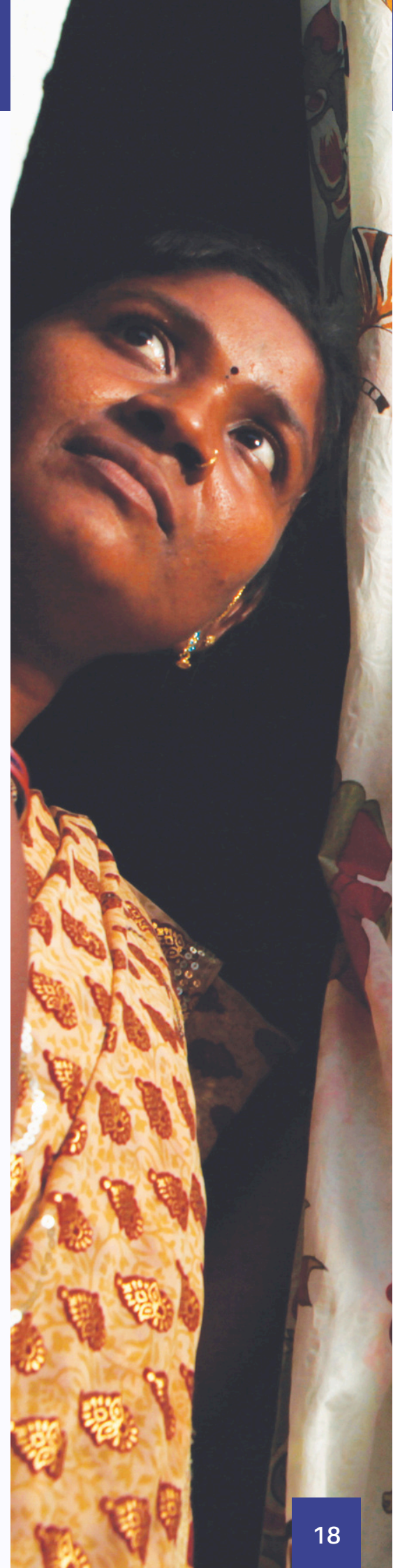
SAMPOORNA

The program aims to strengthen the integration of SRH and HIV services at public health facilities and community level to ensure women exercise their sexual and reproductive health rights by accessing quality services.

Project period and geographical coverage

Project's first phase was implemented between July 2020 to Dec 2022 in nine districts of Gujarat, namely Ahmedabad, Vadodara, Anand, Surat, Banskant, Sabarkant, Chote Udaipur, Kheda, Aravali.

In the second phase, the project was replicated between June 2022 and June 2024 in three Madhya Pradesh districts: Bhopal, Indore, and Ujjain, and two Bihar districts, Patna and Saran.





Programme Achievements:

Gujarat - Consolidation phase

As the project was in the consolidation phase, the focus was on project sustainability and the next steps after project closure. Strategic meetings were done at the district level to continue strengthening integration at public health facilities. Joint monitoring visits by district officers representing Family planning/maternal health and HIV officers to public health were undertaken to monitor and strengthen integration.

A dissemination workshop was organised to share key learnings from the project with government stakeholders and development partners. Key project products like training modules, sampoorna broacher, etc. were shared during this workshop.

Documentation of best practices and key learning from the project was undertaken to be shared as a document for the organisation or other project learning.

Madhya Pradesh and Bihar

Project launch with State NHM and SACS support for project visibility and seek support and coordination with key government and non-government stakeholders. Madhya Pradesh government assured their support on their government portal while sharing the launch event.

Strategic meetings were held with government officials at state and district levels to seek their official approval letters to initiate the project capacity-building initiatives.

Key activities update

Trained 42 HIV counsellors from Madhya Pradesh and 27 from Bihar to provide integrated counselling[RD1] [TM2] on sexual and reproductive health issues like contraception, abortion care, cervical cancer screening, and HIV issues like prevention, partner testing, treatment and care.

44 PHC/CHC in Bihar and Madhya Pradesh were capacitated in providing integrated services in which a total of 44 medical officers, 27 lab technicians, 344 ANMs, 55 Community Health officers, 18 Data Entry operators, and 550 ASHA were trained.

15 Community champions from Bihar and ten community champions from MP joined the project and were capacitated in providing integrated outreach.

Outreach workers from local NGOs reaching women at risk or living with HIV were provided training along with local ASHAs in providing integrated outreach.

110 high-risk women for HIV from MP and 106 women from Bihar were provided SRH products[RD3] [TM4] that include pregnancy testing kits, oral contraceptives, emergency contraceptives, and referred women for abortion care, long term contraceptives and screening for cervical cancer.

New initiatives or Innovations

Joint training of ASHA and NGO outreach teams was an efficient approach. This facilitated face-to-face interaction and effective coordination in providing SRH services to women. For example, ASHA has access to pregnancy testing kits and oral contraceptives while NGOs outreach team doesn't. The joint training and coordination ensured that the key population could access these commodities.

Acknowledgement and Recapitulation

- State AIDS Control Society of Bihar and Madhya Pradesh
- State health mission Mission Directors and officers from the Family planning and maternal health division
- District health and medical officers and District TB/HIV officers of Patna, Saran, Bhopal, Indore and Ujjain.
- UNFPA state head of offices at Madhya Pradesh and Bihar



FRONTLINE AIDS PROJECT

Frontline AIDS was set up in 1993 to work with community groups in the countries most affected by the global AIDS epidemic. Alliance India is one of their partners that contributes to their global plan of action 2020 – 2025 to help the world secure a future free from AIDS, focusing on - comprehensive HIV/AIDS health care, human rights, addressing discrimination against the people who are affected by HIV, strengthening country's HIV response etc. Alliance India is currently contributing to a total of six action points:

Action 1: Engage and influence governments and donors to improve access to comprehensive HIV prevention services (including comprehensive sexuality education and harm reduction) to stop marginalised people from acquiring HIV.

Action 2: Drive conversations with governments and donors to secure integrated testing, treatment and care for HIV-TB/HIV-hepatitis C to stop people living with HIV from dying.

Action 3: Work with marginalised people and their communities to prevent and respond to violence to improve access to and uptake of HIV services.

Action 4: Convene community networks to document and respond to human rights violations to hold governments and the private sector to account.

Action 5: Challenge harmful and discriminatory social and gender norms that prevent marginalised people from claiming their right to health.

Action 9: Strengthen community and national health systems and structures to ensure that sustainable, inclusive, and evidence informed HIV prevention, treatment and care services are integral to universal health coverage and social support programmes, with full financing by national governments following the transition from donor support.

Key Achievements

Action 1: Alliance India set a prevention coalition network last year comprising the following key populations networks: Integrated Network for Sexual Minorities (INFOSEM), National Coalition of People Living with HIV in India (NCPI+), National Network of Sex Workers, Indian Drug Users' Forum (IDUF) and The National Network of Transgender Persons (NNTP).

Taking inputs from all these partner networks, last year, a milestones document was developed titled "National Prevention Project: Community Perspectives on Developing National Milestones for the HIV Prevention 2025 Roadmap". Partner networks shared this milestones document with their respective SACS. They informed about the gaps identified in the HIV prevention efforts, such as the importance of rollout and easy access to Pre-exposure prophylaxis (or PrEP).

A global coalition has been set up by Frontline AIDS involving the transgender persons led organisations and the organisations who are working for the same community in order to address gender based violence and other core issues concerning their lives. Alliance India is an integral part of the same.

New Initiatives

C20 India 2023 is one of the official Engagement Groups of the G20 that provides a platform for Civil Society Organizations (CSO) around the world to voice people's aspirations to the world leaders in G20. It gives CSOs a forum to protect the agency of this sector, reflect the primary and common concerns affecting the people of the world, and to promote social and economic development with the vision of leaving no one behind. There are a total 13 working groups involving the CSOs, and Alliance India is part of the following:

- Integrated Holistic Health: Mind, Body, and Environment
- Gender Equality and Disability (GED)
- Human Rights as Human Values and
- Disability, Equity, Justice (DEJ)

Following are the key activities that Alliance India has been a part of as a C20 working group members:

- Attending online meetings based on the invitations by C20 and People's 20 group
- Sharing of documents, policy recommendations and best case practices:
 - Policy recommendation(s) that we consider to be potential game-changers related to physical and mental health, gender inequality and disability
 - Sharing success stories of the Vihaan project
 - Receiving updates from Peoples' 20 on G20 Summit

Acknowledgment and Recapitulation

At Alliance India, we are very much thankful to Frontline AIDS, who has been supporting us for years in terms of catering to the needs of the key populations and contributing to the national and regional level HIV response.

Firoz Khan and Amrita Sarkar of Alliance India got the opportunity to attend the face to face working group meeting organised by Alliance for Public Health, Ukraine, from December 12-13, 2022, in Istanbul. In the same meeting, both shared a presentation about Alliance India's activities and took part in the 2023 activities planning meeting.

A policy brief was developed by APHA last year titled "On the road to putting people first: journey to integrated health services for key populations "and Alliance India contributed to the same by sharing case studies from the Vihaan Project.

Abstract has been submitted for the UNION TB conference to be organised in November 2023 for the session titled "Driving Change: Power of Community-led Advocacy in Shaping Political Contexts for End TB: experience of Action 2 partners."

Alliance India also got the opportunity to contribute to Frontline AIDS annual action for 2023, facilitated by APHA.



WORLD AIDS DAY 2022

Equality & Inclusivity: World AIDS Day 2022

Introduction:

In line with the theme for World AIDS Day 2022, "Equalize," Alliance India convened a panel discussion to promote equality and inclusivity for people living with HIV (PLHIV) and key populations (KPs).

Discussion Highlights:

- Equal Access to Health Services:** Emphasised equal opportunities for PLHIV and community members to access HIV management and related healthcare services.
- Stigma-Free Services:** Addressed the need for discrimination-free health and non-health services tailored to community needs.
- Safe Workplace Environment:** Committed to inclusive policies that eliminate discrimination based on gender, sexuality, and health status.

Conclusion

World AIDS Day 2022 reinforced our commitment to equality and inclusivity. The fight against AIDS includes equal access, stigma-free services, and safe workplaces for all. To watch the discussion, visit https://youtu.be/By7OpFeVcHI?si=5p_xKDk-t-7wlmuj

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 was 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 aimed to identify potentially modifiable targets to mitigate the impact of multiple stigmas on HIV care outcomes. Findings from this study have advanced 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 was a longitudinal prospective cohort design study that tried 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 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-month follow-up interviews in addition to baseline data collection at the time of enrolment.

During this financial year, a dissemination meeting was conducted on September 29, 2022 to share the study findings with key stakeholders, including the National AIDS Control Organization (NACO), civil society organisations, academicians, Community Based organisation (CBO) and community individuals.

Study Findings

- Enacted and anticipated stigma due to transgender identity, HIV, or sex work status, and lack of gender affirmation (e.g., misgendering) in healthcare settings delayed ART initiation and promoted care disengagement.
- Supportive physicians and counsellors within ART centres and peer outreach workers facilitated ART initiation, adherence, and retention.
- HIV stigma within TGW communities led to the concealment of HIV status or syndemic conditions such as depression and alcohol use, thereby affecting care engagement. However, the TGW community itself was also described as a resilience resource, offering emotional, psychological and tangible support that decreased the impact of discrimination on care engagement.
- HIV care engagement efforts among Indian TGWLH could be strengthened by reducing intersecting stigmas in healthcare settings and within TGW communities, providing gender-affirming and culturally competent healthcare, addressing psychosocial syndemic conditions, and strengthening support within transgender communities.

Insights

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

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 maximising the use of limited resources by investigating the best models to deliver PrEP services in various locations 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.

Study Achievements

We have successfully screened 393 participants and enrolled 331 participants for the PrEP feasibility.

- Total 3rd month follow-up done: 318
- Total 6th month follow-up done: 311
- Total 9th month follow-up done: 308
- Total 12th month follow-up done: 290



Participants have been terminated from the study for the following reasons:

- HIV Reactive: 15 (12 participants found reactive during initial screening, 1 participant found reactive in 3rd month testing, 1 participant found reactive in 6th month testing, and 1 participant found reactive in 9th month)
- HbsAg Reactive: 7 (5 participants found reactive during initial screening, 1 participant found reactive in the 9th month of testing, and 1 participant found reactive in 12th month of testing)
- HCV Reactive – 28 (25 participants found reactive during initial screening, 1 participant found reactive in 9th month testing, and 2 participants found reactive in 12th month testing)
- VDRL: 18 participants were found reactive during enrolment.
- HSV: 82 participants found HSV Reactive.

STI screening

- Chlamydia: 3 participants were found reactive during enrolment.
- Gonorrhoea: 7 (4 participants found reactive during enrolment and 3 participants found reactive in 6th month testing)

END AIDS INDIA

Fundraising Update

End AIDS India is a campaign by Alliance India to create awareness and mobilise resources to fund the HIV response programme in India to accelerate the response to the HIV epidemic in India.

Post the pandemic era; the campaign consolidated itself with a key focus on exploring the corporations and foundations with much vigour. With guidance from the new leadership at Alliance India, the campaign concentrated on innovations, new products and investing time into data science to improve donor relationships and retention rates. It's a perfect time to look back and celebrate the remarkable journey we've had in the past periods. Unprecedented challenges marked the last financial year, yet it was also a year of resilience, generosity, and immense progress in our fundraising efforts.

This year, we reached out to support community-based organisations with direct support to meet the community's critical needs. During the shortage of ART medicines, we supported communities and partnered with NACO to bridge the gap and step up the response. We created a national ART campaign to support paediatric and adults with a critical supply of ART (Anti Retroviral –medicine for HIV/AIDS).

The sincere efforts of fundraisers and supporters' generosity helped us finally have a certain growth in gross collections compared to 2021-22. The Institutional Engagement team continued to multiply its efforts and was to meaningfully contribute by creating newer products and proposals. Five key partnerships were implemented in the financial year, which included support from Give2Asia, Innovacer, RAMCO Steels, Frontline AIDS and, for the first time, support from a PSE, Rashtriya Chemicals & Fertilizers Limited.

The retail focus on acquisition was slowed as the prerogative shifted to the retention and revival of donors and enhanced donor servicing. Digital activities also saw multi-fold activities during the year where campaigns like Rakhi, Mothers Day, etc were targeted to amplify retentions while, along with PODCASTS, we reached and engaged with digital followers.

The acquisition and retention of donors decreased to some extent during the year. However, we proactively developed strategies and set ambitious targets to expand support for our current channel partners, ensuring long-term sustainability. We also focused on exploring new partnerships and strengthening our retention team to stay ahead.

Highlights

- We reached donor number 35,000+ (cumulative & approximately 4000 new acquisitions) by the end of the financial year.
- We continued to support our partners/fundraisers across India with innovations and other key resources. We stayed active throughout the year in Delhi, Bangalore, Mumbai, Kolkata, Pune, and Chennai.
- We had a dedicated pool of Regular Monthly donors who supported us throughout the year. The Regular monthly collection is now 30% of the total retail collections, which adds to sustainability.



This accomplishment is a testament to the unwavering support of our donors and the hard work of our fundraising team. The campaign indeed has miles to go as we continue our efforts to sensitise and catalyse key support for children and adults living with HIV. The campaign will continue raise voices and provide critical support to address the gaps of the vulnerable communities disproportionately affected by HIV.

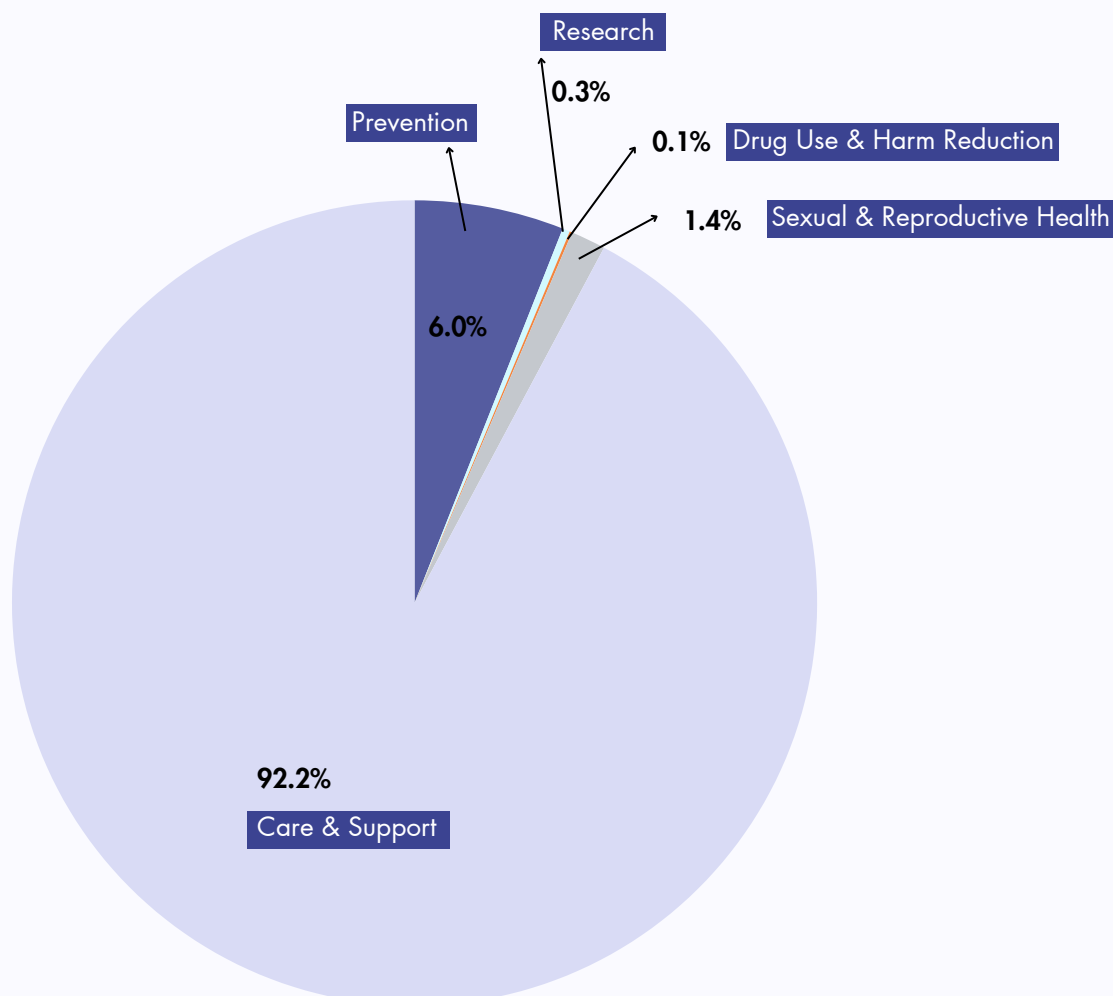
FINANCIAL OVERVIEW

For the period of April'2022 to March'2023

We are grateful to all our donors for their growing commitment to our work. The annual turnover for the year is 729.9 million, supported by multiple donors. The support ranges from less than 1% to as high as 92%, which reflects the scale of implementation and interventions. Small funding reflects innovations and pilot testing, while large-scale funding reflects pan-India operations with mainstream organisations at both national and state levels.

The grant funds are utilised for different interventions that range from 0.1% to 92.2%. The distribution focuses on prevention at 6.0%, Care and Support being most considerable at 92.2%, Sexual and Reproductive Health at 1.4%, Harm Reduction on Drug Use at 0.1% and Research at 0.3%. The large-scale funding of 98.3% focuses on prevention of HIV/AIDS, and care and support for people living with HIV (PLHIV).

The application of funds reflects that a significant portion (74.24%) is being granted to implementation organisations at the grassroots level all over India. This is a reflection of our community-centric project implementation approach.



INDIA HIV/AIDS ALLIANCE
BALANCE SHEET AS AT 31ST MARCH 2023

(Amount in Rs.)

Particulars	Note No.	As at 31st March 2023	As at 31st March 2022
I. EQUITY AND LIABILITIES			
(1) Shareholder's Funds			
(a) Share Capital	3	-	-
(b) Reserves and Surplus	4	4,78,58,149	3,80,41,917
(c) Property, Plant & Equipment Fund	5	11,94,54,528	9,84,71,328
(2) Current Liabilities			
(a) Other current liabilities	6/6A	23,76,53,136	27,74,44,858
(b) Short term provision	7	25,81,147	38,55,592
Total		40,75,46,960	41,78,13,695
II. ASSETS			
(1) Non-current assets			
(a) Property, Plant & Equipment	5		
(i) Tangible assets		9,13,96,462	7,14,81,578
(ii) Intangible assets		2,80,58,066	2,69,89,750
(2) Current assets			
(a) Cash and cash equivalents	8	28,05,43,978	31,18,95,142
(b) Short-term loans and advances	9	27,99,522	27,93,113
(c) Other current assets	10	47,48,932	46,54,112
Total		40,75,46,960	41,78,13,695


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


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


(Amrish Gupta)
Partner
M. No. 090553


Shahabuddin Yaqoob Quraishi
Chairperson
DIN: 07443898


Sanjay Patra
Director
DIN: 06718178




Sanjay Gupta
Director- Finance & Operations


Rajiv Dua
Chief Executive

Place: New Delhi
Date: 20.09.2023



**INDIA HIV/AIDS ALLIANCE
STATEMENT OF INCOME AND EXPENDITURE
FOR THE YEAR ENDED 31ST MARCH 2023**

Particulars	Note No.	For the year ended 31st March 2023	For the year ended 31st March 2022
Income:			
Grant Incomes (To the extent utilized)		69,99,86,457	82,39,83,383
General Donations		2,83,79,919	2,67,23,001
Misc Income		10,000	1,58,480
Interest Income			
FDRs Interest		13,36,594	-
Saving Bank Interest		2,14,802	39,06,827
Total Income		72,99,27,772	85,47,71,691
Expenses:			
Programme Expenses	11	60,59,63,819	74,34,83,905
Employee Benefit Program Staff	12-A	4,84,28,126	4,03,85,199
Employee Benefit Admin Staff	12-B	3,22,32,396	2,85,52,977
Administrative Expenses	13	3,34,87,198	4,60,97,048
Total Expenses		72,01,11,539	85,85,19,129
Surplus/ (Deficit) before exceptional and extraordinary items and tax		98,16,233	(37,47,438)
Prior period items		-	-
Exceptional Items		-	-
Surplus/ (Deficit) before extraordinary items and tax		98,16,233	(37,47,438)
Surplus/ (Deficit) before tax		98,16,233	(37,47,438)
Tax expense:			
Current Tax		-	-
Deferred Tax		-	-
Deferred tax assets/ (liabilities)			
Surplus/ (Deficit) for the year		98,16,233	(37,47,438)

NOTES FORMING PART OF THE FINANCIAL STATEMENTS

1 to 31

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

KUMAR MITTAL & CO.
Chartered Accountants
FRN:010500N

(Amrith 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: 06718178

Sanjay Gupta
Director, Finance & Operations

Rajiv Dua
Chief Executive

Place: New Delhi
Date: 20.09.2023





India HIV/AIDS Alliance, 6 Community Centre, Zamrudpur
Kailash Colony Extension, New Delhi 110048