

Advancing Health Dignity & Inclusion



**Annual
Report
2023-2024**



Advancing Health Dignity & Inclusion





Note: Programmatic data are from April 2023 to March 2024. The data provided are from the project's lifetime for the projects that have ended.

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

Published: October 2024

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Recommended Citation: Alliance India, Annual Report 2023–2024. New Delhi.

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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), 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+), Network of Maharashtra People with HIV (NMP+), Uttar Pradesh Welfare for People Living with HIV/AIDS Society (UPNPplus), Tamil Nadu Network of People Living with HIV/AIDS (TNP+), All India Network of Sex Workers (AINSW) 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), Azim Premji Philanthropic Initiatives (APPI), Gilead Sciences, 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.

MESSAGE FROM THE BOARD CHAIR

As we mark 25 years of Alliance India's unwavering commitment to improving lives and advancing public health, I am filled with immense pride in the remarkable progress we've made together. This milestone is not only a testament to the resilience and dedication of our teams, partners, and supporters, but also to the communities we serve, whose courage and perseverance inspire us every day.

Over the past quarter of a century, Alliance India has grown from a humble initiative into a leading force in the fight against HIV, while championing the rights of vulnerable populations across the country. Our programs have evolved to meet the dynamic challenges of the epidemic, ensuring that those who need our support the most—people living with HIV, people who inject drugs, the LGBTQ+ community, and sex workers—have access to life-saving treatment, care, and services.

Throughout this journey, one thing has remained constant: our unwavering belief in the power of collaboration. Whether through our partnerships with local organisations, healthcare providers, or donors, our collective efforts have driven change and improved health outcomes for millions of individuals and families.

This year's accomplishments remind us that there is still much work to be done, but they also underscore the incredible impact we can achieve when we unite around a shared vision. As we look to the future, I am confident that Alliance India will continue to innovate, advocate, and expand its reach, ensuring that no one is left behind in the fight for better health and equality.

Thank you to everyone who has been a part of this journey—together, we are building a healthier, more inclusive India.



Dr S Y Quraishi

MESSAGE FROM THE CHIEF EXECUTIVE

As we celebrate 25 years of Alliance India, I am filled with immense pride and gratitude for the progress we've made in supporting marginalised communities affected by HIV and related health and social inequities. Our journey has been characterised by resilience, innovation, and an unwavering commitment to equity and inclusion, and the past year has been a testament to that mission.

The Vihaan Care and Support Program provided crucial services to over 1.7 million individuals living with HIV, helping them stay on treatment and access psychosocial support. The Harm Reduction Program expanded its services to over 20,000 individuals who inject drugs, offering life-saving interventions such as needle-syringe exchange and opioid substitution therapy.

Through our C19RM-KP Grant, we have specifically addressed the urgent needs of sex workers, a community facing heightened vulnerabilities due to the COVID-19 pandemic. In collaboration with the All India Network of Sex Workers (AINSW) and various community-based organisations, we facilitated essential health support and access to social protection programs, achieving approximately 1,180 service linkages, including critical documentation for social security.

Additionally, the project on Addressing Barriers for Women Who Inject Drugs aims to combat HIV-related stigma and improve health equity. By empowering networks of women and advocating for inclusive policies, we ensure their voices are integral to the development of tailored health responses. Our strategic partnerships are paving the way for sustainable funding and supportive legal frameworks that recognise and meet the unique needs of this community.

Our Samarth Program continued to provide essential HIV testing and prevention services to men who have sex with men (MSM) and transgender individuals, while Sahas, our new initiative, empowered transgender communities through healthcare, capacity-building, and gender-affirming care. We also successfully concluded the Sampoorana Program, which integrated sexual and reproductive health with HIV services in priority districts, creating a lasting impact.

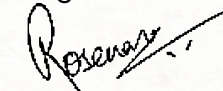
Furthermore, Alliance India's commitment to advancing knowledge is reflected in our research efforts, which explore critical issues like antiretroviral therapy (ART) adherence among individuals who inject drugs and the broader challenges faced by key populations in accessing healthcare.

Our ongoing dedication to advocating for human rights, decriminalisation, and the protection of key populations from stigma and discrimination is evident in our participation in international platforms, including the International AIDS Conference and the UNION Lung Conference.

As we reflect on 25 years of impact, including a wide range of programs that have empowered people living with HIV (PLHIV), MSM, transgender communities, youth, people who inject drugs, sex workers, and other most at-risk populations, we are more determined than ever to build a future of health, dignity, and equality for all. Our work would not be possible without the support of our donors, partners, staff, and the communities we serve, whose strength and resilience inspire us every day.

Together, we will continue to challenge discrimination, bridge gaps, and ensure access to health for all.

Acting Chief Executive
Program Director



Ms Rosanara Huidrom



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List of Abbreviations and Acronyms

ART	Antiretroviral Therapy
MSM	Men who have Sex with Men
FSWs	Female Sex Workers
MSWs	Male Sex Workers
TGs	Transgender individuals
IDUs	Intravenous Drug Users
PHC	Primary Health Centre
CHC	Community Health Centre
ASHAs	Accredited Social Health Activists
ANMs	Auxiliary Nurse Midwives
IEC	Information, Education, and Communication
SACS	State AIDS Control Societies
VDRL	Venereal Disease Research Laboratory
CVN	Community Volunteer Network
SRH	Sexual and Reproductive Health
UNFPA	United Nations Population Fund
SSU	Sexualised Substance Use
ERA	Enhanced Risk Assessment
PLHIV	People Living with HIV
PWID	People Who Inject Drugs
LFU	Lost to Follow-Up
NACO	National AIDS Control Organization
UNAIDS	Joint United Nations Programme on HIV/AIDS
CSW	Commercial Sex Workers
MPOX	Human Monkeypox Virus (formerly known as Monkeypox)
KII	Key Informant Interviews
FGD	Focused Group Discussion
STATA	A software used for statistical analysis

25 Years of Alliance India: A Journey of Impact and Change

For the past 25 years, Alliance India has been at the forefront of India's fight against HIV/AIDS. Our work has focused on improving healthcare access, reducing stigma, and advocating for the rights of vulnerable populations. Through community-led initiatives, we have implemented a wide range of programs across the country to address HIV and related health challenges.

OUR VISION AND MISSION

Mission: Alliance India's mission is to ensure health, dignity, and rights for people affected by HIV and related health issues.

Vision: Our vision is a world where all people, regardless of their health status, have access to quality healthcare and live free of stigma and discrimination.





1999: Inception of India HIV/AIDS Alliance

Funded by: International HIV/AIDS Alliance (now Frontline AIDS)

India HIV/AIDS Alliance now Alliance India was founded in 1999 with the goal of providing support to people affected by HIV in India. Over the years, we have grown into a leading organisation, partnering with communities to tackle the HIV epidemic through innovative, community-based interventions.

2003 – 2014: AVAHAN INDIA AIDS INITIATIVE

Funded by: Bill & Melinda Gates Foundation

The Avahan India AIDS Initiative, launched in 2003 with the support of the Bill & Melinda Gates Foundation, was a large-scale HIV prevention programme targeting high-risk populations such as female sex workers (FSW), men who have sex with men (MSM), transgender people, and people who inject drugs (PWID). Avahan aimed to reduce new HIV infections through a combination of behavioural interventions, community empowerment, and advocacy.

2010 – 2015: PEHCHAN PROGRAMME

Funded by: The Global Fund

The Pehchan Programme focused on HIV prevention and care for MSM, transgender people, and hijras, operating in 17 states. It aimed to build the capacity of community-based organisations to deliver sustainable HIV services.

2011 – 2019: HRIDAYA PROGRAMME

Funded by: Government of the Netherlands

Hridaya, launched in 2011, provided harm reduction services to PWID in five Indian states, including needle and syringe exchange and opioid substitution therapy. The programme also integrated broader health and social support services.

2011 – 2014: KOSHISH PROGRAMME

Funded by: European Union

The Koshish Programme aimed at improving sexual and reproductive health (SRH) for people living with HIV and key populations, including female sex workers, MSM, transgender individuals, and PWID, through state-level advocacy and strengthening civil society organisations.

2003– PRESENT: VIHAAN CARE & SUPPORT PROGRAMME

Funded by: The Global Fund

The Vihaan Care & Support Programme, launched in 2003, provides essential healthcare, counselling, and psychosocial support to people living with HIV (PLHIV). Vihaan helps ensure that PLHIV remain in treatment and receive the care they need to lead healthy lives.

2013– SECTION 377 CAMPAIGN

Alliance India has been actively involved in advocating for the rights of LGBTQ+ individuals in India, including supporting the movement against Section 377 of the Indian Penal Code. This section criminalised consensual same-sex relationships and was a major barrier to achieving equality for LGBTQ+ communities. Our advocacy work contributed to the landmark 2018 Supreme Court decision that decriminalised consensual same-sex relationships, marking a significant step forward in the fight for LGBTQ+ rights and dignity in India.

2013– END AIDS INDIA CAMPAIGN

The End AIDS India campaign launched in 2013, aimed to galvanise support and resources for HIV prevention, treatment, and care in India. The campaign focused on raising awareness, advocating for policy changes, and mobilising funding to strengthen HIV programmes and services.

2013 – 2016: UJWALA PROGRAMME

Funded by: MAC AIDS Funds and Tides Foundation

The Ujwala Programme focused on improving HIV care and reducing gender-based violence among female sex workers in Delhi, Warangal, and Ahmedabad. It provided targeted SRH services and built the capacity of frontline workers.

2015 – 2018: CHANURA KOL PROGRAMME

Funded by: Elton John AIDS Foundation

Chanura Kol, implemented in Manipur, provided holistic care and support to women who inject drugs, including harm reduction services, mental health support, and economic rehabilitation.

2017 – 2019: WINGS PROGRAMME

Funded by: Viiv Healthcare's Positive Action for Women Fund
WINGS addressed the intersection of gender-based violence and HIV among women who use drugs in Pune, Delhi, and Manipur, integrating HIV counselling with interventions to prevent and respond to GBV.

2017 – 2021: HR ASIA PROJECT

Funded by: The Global Fund

The HR Asia Project was a regional initiative focusing on harm reduction for PWID across seven Asian countries, including India. It aimed to advocate for policy changes and enhance harm reduction services.

2016 – 2018: PRAYAS PROGRAMME

Funded by: Viiv Healthcare Positive Action Fund

Prayas aimed to increase awareness and access to Pre-exposure Prophylaxis (PrEP) for transgender and hijra communities across six states, building the capacities of community organisations and training health providers.

2015 – 2018: ASIA ACTION ON HARM REDUCTION (AAHR)

Funded by: the European Union

The AAHR program focused on advocating for comprehensive harm reduction services for people who inject drugs (PWID) in six Asian countries, including India. Alliance India worked with PWID communities in Bihar, Haryana, Uttarakhand, and Manipur to improve national policies, reduce stigma, and foster rights-based responses to drug use and HIV.

2017 – 2019: LINKAGES PROGRAMME

Funded by: USAID PEPFAR through FHI 360

The LINKAGES project improved HIV services for MSM and transgender populations in remote rural areas of Maharashtra and Andhra Pradesh. Alliance India partnered with community organisations to reduce structural barriers, conduct gender-based violence training, and raise healthcare provider awareness, ensuring sustained community-driven services.

2018 – 2020: READY++ PROGRAMME

Funded by: The Global Fund (Embedded within the Vihaan programme)

Ready++ focused on empowering adolescents and young people living with HIV across five states, addressing their unique health needs and reducing stigma through peer-led support.

2020: SAMARTH PROGRAMME

Funded by: Elton John AIDS Foundation

The Samarth Programme provided HIV services specifically for MSM and transgender individuals, supporting community organisations in delivering tailored healthcare and services.

2020: SAMPOORNA PROGRAMME

Funded by: The United Nations Population Fund (UNFPA)

Sampoorna focused on HIV prevention, treatment, and care for female sex workers and their families, addressing gender-based violence and access to sexual and reproductive health services.

2023 – PRESENT: SAHAS PROGRAMME

Funded by: Azim Premji Philanthropic Initiatives (APPI)

Addresses issues faced by transgender and hijra communities in ten states by creating a rights-based, stigma-free environment. It integrates healthcare, human rights, social welfare, GBV support, and community system strengthening, establishing 'one-stop transgender welfare centres.'

2023 – 2024: COVID-19 RESPONSE MECHANISM (C19RM)

Funded by: Global Fund

Provided emergency assistance to the sex worker community, enhancing access to social entitlements, protection schemes, and welfare programmes. Supported by Sub Recipient Partners and Female Sex Worker-led Community-Based Organisations (CBOs) across 14 states.

2015 – 2023: WAJOOD PROGRAMME

Funded by: Amplify Change

Focused on enhancing HIV prevention and sexual health services for the transgender and hijra (TGH) community across Noida, Gorakhpur, Dehradun, and Jamshedpur. The project addressed sexual health, gender-based violence, and stigma, advocating for policy changes and improving access to healthcare.

25 YEARS OF IMPACT

For the past 25 years, India HIV/AIDS Alliance has reached nearly 2 million people through life-saving programs, ensuring access to healthcare, dignity, and the right to live without stigma for communities vulnerable to HIV, including transgender individuals, men who have sex with men, female sex workers, and people who inject drugs. In these 25 years, the organisation has also grown its reach from the various programs in 4 states in India to all over the country.

With the community at the centre of our services, our journey has created a profound impact on the lives of these communities while also significantly contributing to the National HIV program.

Under the leadership of the National AIDS Control Organisation (NACO), Alliance India has played a pivotal role in shaping the national HIV response. By establishing community-led Care and Support Centers, we have made HIV services more easily accessible for the communities, contributing significantly to the national goal of 95-95-95. This community led model care and support centers has been gradually transitioning under the government of India and to be included under the National HIV Program (As of March 2024, 83 out of 320 CSCs have been transitioned).

Through our programs, we have empowered numerous community members of community-based organisations (CBOs) to actively participate in the national program response on prevention, care, support and treatment and community system strengthening by being a member of the various technical resource groups, country coordinating mechanism member, community advisory groups etc.

Beyond enhancing healthcare services, we have also collaborated with various other governmental and non-governmental organisations and advocated for the needs of the communities ensuring their voices are heard in national policy dialogues.

Our commitment extends beyond HIV services; we have successfully navigated crises like the COVID-19 pandemic and many other natural disasters such as floods, landslides etc, ensuring uninterrupted access to essential services for our communities in their time of greatest need.

As we look toward the future, India HIV/AIDS Alliance (Alliance India), building on the successes and learnings of the past 25 years, intend to also focus on developing our research portfolio and also explore the community's needs other than HIV such as Sexual and Reproductive Health, Non-communicable diseases, Mental Health etc.





VIHAAN CARE AND SUPPORT PROGRAMME

Vihaan Care and Support programme aims to enhance treatment adherence and retention in HIV care for People Living with HIV (PLHIV) in India. The programme has been included as a care and support component of the National HIV programme by the National AIDS Control Organisation (NACO) and has been implemented in 28 states and 4 union territories, serving 1.7 million people living with HIV through its 320 Care and Support Centres (CSCs) spread across India.

The CSCs provide comprehensive and differentiated care and support services to PLHIV of different profiles and thereby support the national programme to meet the objectives of early linkage of PLHIV to treatment, retention in care, sustained viral suppression, and elimination of HIV-related stigma and discrimination.

During the year 2023-2024, the VIHAAN programme focused on strengthening differentiated care and support services and expanding reach to the People living with HIV and to the high risk population for providing holistic care and support services. The key achievements of the program are as follows:

- ✧ A total of 1,236,322 People living with HIV were reached.
- ✧ A total of 107,225 people living with HIV who have newly initiated to Anti-retroviral treatment were retained.
- ✧ 9,32,031 Lost to Follow-up and MIS cases tracked with definite outcomes. Out of which, the total brought back was 5,72,408.
- ✧ 1,07,430 PLHIV linked with social protection schemes and 61,783 PLHIV linked to social entitlements.
- ✧ 2,131 Cases of stigma and discrimination were reported, of which action was taken for 2078 cases.
- ✧ 389,999 PLHIV were re-screened (4S) for TB symptoms, Out of which 74,164 PLHIV were found TB symptomatic and were referred to ARTC / nearest TB testing facility, out of which 2,783 TB symptomatic PLHIV were detected TB positive and were detected TB positive linked for ATT.
- ✧ 77,104 family members and discordant couples were screened for HIV, of which 1,790 family members and discordant couples were tested HIV positive and 1,744 were linked to ARTC.

COMMUNITY SYSTEM STRENGTHENING

Alliance India, in collaboration with the National AIDS Control Organisation, has been implementing the Community system strengthening component across 9 states in India. The objective of the component is to build community networks (all key populations, youth, adolescents and PLHIV) in high-burden states/

districts, build the capacity of community networks and establish community-led monitoring. During this year, 7 State Level Networks and 23 District Level Networks were formed and 2,061 Community Champions were trained.



Pictures Capacity building of the community champions

TRANSGENDER-SPECIFIC CSC ACHIEVEMENTS

10 Transgender (TG) CSCs were introduced under the Vihaan programme in the year 2018, which has also been included in the national HIV programme. The objective of this initiative was to provide holistic care and support services to HIV-positive TGs in a stigma-free environment and at their convenient time. The key achievements under the TG CSC are as follows:

- ✧ 6,856 Transgenders were registered in CSC.
- ✧ 5,926 Transgenders were provided sexual health services.
- ✧ 2,249 Transgenders were linked to at least one social entitlement and social welfare scheme.
- ✧ 1,153 Transgenders were provided with legal aid.



NEW INITIATIVES OR INNOVATIONS

The Vihaan Care and Support Centers rolled out innovative strategies to keep HIV-positive individuals on track with their treatment, a vital step for enhancing their well-being and also contributing to the reaching the goals set by National AIDS Control Program. Some of them are:

WEEKLY PRE-MIS FOLLOW-UP: The Weekly pre-MIS (Those PLHIV who do not turn up for their Antiretroviral drug pick up within the first week of the due date) Follow-up initiative, conducted in Madhya Pradesh and Uttar Pradesh from April to September 2023, aimed to engage clients before they became Lost to Follow-Up



(LFU), thereby reducing LFU cases. By closely coordinating with State AIDS Control Societies (SACS) and utilising phone calls and home visits, the initiative successfully decreased MIS cases by 14% in Uttar Pradesh and 13% in Madhya Pradesh during the six-month intervention period. The strategy has been planned to be implemented in other states in the upcoming months.

VAAPSI LFU DRIVE: In Uttar Pradesh, the “Vaapsi” campaign, running from February to March 2023, aimed to bring back clients who had become Lost to Follow-Up (LFU) or MIS and encourage them to restart antiretroviral therapy (ART). Collaborating with partners



from various programs like Prevention of Parent to Child Transmission (PPTCT) and Targeted Interventions (TI), the campaign significantly reduced LFU cases by reaching out to 87% of LFU/MIS clients and facilitating their return to ART, resulting in a 23% decrease in LFU cases overall.

IMPACT: Following these initiatives, the overall LFU cases dropped by 5.12% in the year April 2023 to March 2024.



RESPONDING TO THE EMERGENCY SITUATION IN MANIPUR

During ethnic violence in Manipur, efforts were made to ensure continuous access to ARVs. These included various methods such as home

delivery, collection from Health Promoters' residences, and coordination with community volunteers and ARTC staff. A total of 4,584 ARVs have been delivered to 1,691 PLHIVs between May and September 2023.

CONCLUSION

Through these efforts, the Vihaan programme has not only played a vital role in supporting

PLHIV but also contributed to mitigating HIV-related stigma and ensuring sustained access to care, even in challenging circumstances such as the ethnic unrest in Manipur. As the programme moves forward, its ongoing focus on differentiated care, community engagement, and innovative solutions will remain crucial in addressing the evolving needs of PLHIV and supporting the national HIV response.



STRENGTHENING HIV CARE THROUGH PRIVATE SECTOR ENGAGEMENT

The Private Sector Engagement (PSE) initiative focused on collaborating with Private Practitioners who prescribe Antiretroviral Therapy (ART) to their patients and supporting Private Medical Colleges in establishing ART centres in line with Medical Council of India guidelines.

KEY ACHIEVEMENTS:

- ◇ During FY 2023-2024, 90 new private practitioners prescribing ARVs reported, bringing the total to 483 private practitioners who reported to have treated 23,987 patients. This success was achieved through sensitising private practitioners to voluntarily report to the National Program without any incentives.
- ◇ 133 private medical colleges across 13 states were supported to establish ART centres, with 81 centres becoming fully operational and reporting to the National Program.
- ◇ 39 Continuing Medical Education (CME) programs were conducted in these colleges, engaging 2,384 medical professionals in collaboration with the State AIDS Control Societies (SACS).



- ◇ The PSE team also provided technical assistance to improve the performance of 69 NACO-supported ART centres, further strengthening HIV care and treatment services across India.
- ◇ The private sector engagement by the end of the project period ensured the sustainability of the activities by SACS through actively engaging with the DAPCU during the implementation of the project.

CONCLUSION

The Private Sector Engagement (PSE) initiative made significant strides in expanding HIV care by integrating private healthcare providers into the National HIV Program. By collaborating with private practitioners and medical colleges, the initiative increased access to Antiretroviral Therapy (ART) and strengthened the quality of HIV services across India. Through capacity building and technical support, PSE ensured long-term sustainability by engaging State AIDS Control Societies (SACS) and District AIDS Prevention and Control Units (DAPCU), leaving a lasting impact on HIV care delivery.



PROJECT NETREACH: LEVERAGING DIGITAL PLATFORMS FOR HIV PREVENTION

In response to the rapidly growing digital landscape in India, Project NETREACH harnesses the power of virtual outreach to engage key populations with critical HIV prevention services. This project, supported by the Global Fund and implemented by Alliance India in collaboration with the Humsafar Trust, aligns with the National AIDS Control Program's (NACP) first 95 targets for 2030.

India's digital revolution has transformed HIV prevention strategies, with internet users rising to 687 million by May 2020. Project NETREACH taps into this shift by targeting vulnerable populations, including Men who have Sex with Men (MSM), Female Sex Workers (FSWs), Male Sex Workers (MSWs), Transgender individuals (TGs), Intravenous Drug Users (IDUs), and other high-risk individuals. By providing online information, risk self-assessment tools, and virtual service booking options, the project effectively reaches individuals through social and sexual networks in the digital age.

KEY ACHIEVEMENTS: EXPANDING HIV OUTREACH AND TESTING THROUGH INNOVATION AND VIRTUAL ENGAGEMENT:

- ◇ **Virtual Outreach:** Through Virtual Navigators (VNs), the project engaged 248,153 profiles, connecting individuals with essential HIV services and information.
- ◇ **HIV Testing:** Reached 18,611 at-risk individuals, with an HIV positivity rate of

3.8% and syphilis positivity rate of 7%.

- ◇ **Media Campaign:** Reached over 5 million people, promoting safe sexual practices and dispelling myths around HIV.
- ◇ **Innovative Strategies:** Collaboration with State AIDS Control Societies (SACS) and private healthcare providers, promoting HIV self-testing and expanding virtual services.

KEY ACHIEVEMENTS DURING THE REPORTING PERIOD

POSITIVE SHIFT IN ATTITUDES TOWARDS HIV TESTING:

- ◇ Prior to NETREACH, key populations (KPs) were hesitant to undergo HIV testing due to stigma and misconceptions.
- ◇ NETREACH created safe virtual spaces and offered peer support through VNs, which built trust, provided accurate information, and reduced stigma.
- ◇ This led to greater acceptance of HIV testing and improved health outcomes among KPs

IMPROVED LINKAGE TO HIV TREATMENT AND COPING WITH STIGMA:

- ◇ The project connected KPs to HIV treatment and counselling services via virtual platforms, ensuring consistent support.
- ◇ By addressing stigma and empowering individuals through advocacy and counselling, NETREACH helped reduce the negative impacts of discrimination and

improved resilience in coping with HIV.

PROMOTION OF SAFE SEXUAL PRACTICES:

- ♦ NETREACH promoted safer sexual behaviours among KPs through awareness campaigns, personalised guidance, and confidential services.
- ♦ The project saw significant improvements in engagement with HIV services, safe sex practices, and treatment adherence.

BUILDING STRONG COLLABORATIONS AND TRUST:

- ♦ Success was also attributed to building strong relationships with local health officials, stakeholders, and the community.
- ♦ This collaboration ensured a smooth rollout of virtual services and enhanced the project's credibility.

EMPOWERING CHANGE THROUGH SHARED STORIES:

- ♦ NETREACH highlighted real-life success stories through social media and websites, strengthening trust and credibility within the community.
- ♦ Sharing these powerful testimonials drove meaningful change and showcased the impact of the project.

CONCLUSION

Project NETREACH demonstrates the immense potential of digital platforms in transforming HIV prevention efforts. By addressing stigma, promoting safe practices, and providing accessible HIV services, the project has made significant strides in reducing the spread of HIV and empowering key populations in the digital age.

FROM DIGITAL OUTREACH TO LIFE-SAVING INTERVENTION: THE IMPACT OF NETREACH 2.0

In May 2024, the story of a 23-year-old man from the remote tribal region of Kolli Hills, Tamil Nadu, became a defining case study for Project NETREACH 2.0. Living in a secluded area with limited access to healthcare, this young man had engaged in high-risk sexual behaviours, including travelling long distances for extreme sexual encounters. Although his actions placed him in significant danger of contracting HIV, he was unaware of the risks and initially reluctant to seek testing.

The breakthrough moment came when the NETREACH 2.0 team connected with him through a dynamic social media campaign. After several attempts, a Community Volunteer Navigator (CVN) from Chennai, connected via a mutual contact, stepped in. Understanding the man's resistance and fears, the CVN adopted a patient, supportive approach, consistently communicating the importance of testing and the potential severity of his symptoms.

By early June, the young man, with the CVN's encouragement, agreed to take an HIV test.

He tested positive for both HIV and syphilis, which underscored the gravity of his health condition. What followed was a comprehensive intervention: the young man was immediately placed on antiretroviral therapy (ART) and received ongoing mental health support to cope with his diagnosis and the challenges it brought to his personal life and family relationships.

This case exemplifies how NETREACH 2.0 successfully merged digital outreach with personal intervention. Beyond the initial online engagement, it was the empathetic, human connection that ultimately led to life-saving care. The CVN's dedication not only saved the young man's life but also empowered him to make informed decisions about his health and future. This case underscores the broader impact of the NETREACH 2.0 project, which continues to harness the power of digital platforms while ensuring personal support for individuals in vulnerable communities.



SAMPOORNA



The SAMPOORNA project was launched to enhance the convergence of HIV and Sexual and Reproductive Health (SRH) services. Funded by UNFPA, the project was initially implemented in Gujarat from 2020 to 2022. Building on its success, Alliance India expanded the project to three districts in Madhya Pradesh (Bhopal, Ujjain, Indore) and two districts in Bihar (Saran, Patna). These regions were selected based on high HIV prevalence and low uptake of SRH services. The project aimed to replicate the

Gujarat model in two of UNFPA's focus states, Madhya Pradesh and Bihar, in alignment with the Country Plan – 10's objective of promoting comprehensive SRH services.

KEY MILESTONES AND ACHIEVEMENTS

ACHIEVEMENTS IN SERVICE PROVISION:

- ♦ INTEGRATED SERVICES: Medical and non-medical staff from 166 PHC/CHC (77-Bihar,

89 MP), and 309 sub-centres (101-Bihar, 208- MP) were trained to provide integrated services.

- ♦ TRAINING: 1549 ASHAs (751 Bihar, 798 MP) and 1282 ANMs (678 Bihar, 604 MP) from 90 blocks (45 Bihar, 45 MP) were provided orientation in integrated outreach.

ENDLINE ASSESSMENT FINDINGS:

A comprehensive Endline Assessment was conducted in Bihar and Madhya Pradesh to assess the project's effectiveness and impact on integrating HIV and Sexual and Reproductive Health (SRH) services. A qualitative approach was conducted to probe the issues through 33 In-depth interviews with district-level health care professionals and community champions.

Key findings of the end-line assessment:

- ♦ Enhanced knowledge of the healthcare staff on the importance of HIV screening and Sexual and reproductive health.
- ♦ Improved coordination between CHCs, PHCs, and district-level authorities enhanced the service delivery.

- ♦ Successful integration of HIV and SRH services increased awareness among adolescents, those undergoing Antenatal Care (ANC), and individuals in high-risk groups.

OUTREACH AND IMPACT:

- ♦ **SRH PRODUCTS:** 816 women were reached with SRH commodities that include pregnancy testing kits, oral contraceptives, referrals for abortion care, cervical cancer screening etc.
- ♦ **COMMUNITY ENGAGEMENT:** 8120 community members received SRH and HIV information.
- ♦ **COMMUNITY-BASED HIV SCREENING:** 2051 pregnant women (Bihar- 1517, MP-534) were provided community-based HIV screening at primary public health service centres.
- ♦ **TRAINING MATERIALS:** Training modules were created for healthcare providers and ASHA's, along with IEC products such as gifs and short videos. Hard copies of training modules and SRH posters were also delivered.

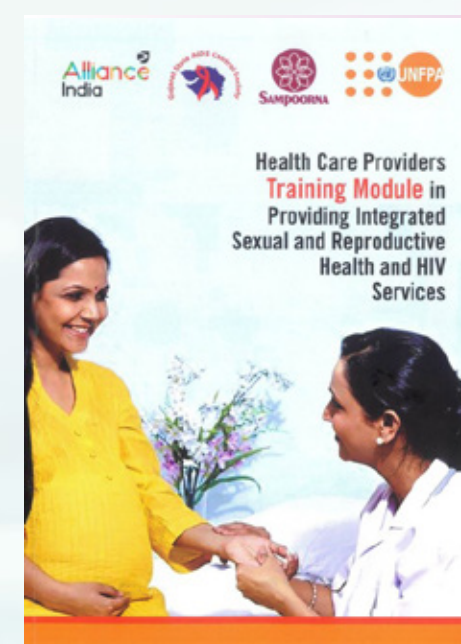
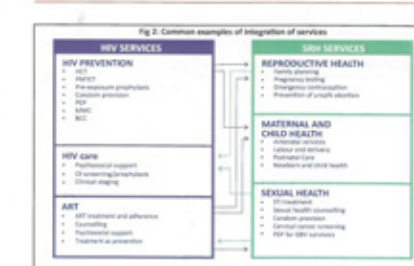


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Some of the platforms that can be used for integrating SRH and HIV services in India's public health system include:

S. No.	Facility/Program	Services to be added	Target group
1.	Family Planning/Contraceptive services	Education/counseling on SRH, Safe sex promotion, Free condoms, STI diagnosis and management including rapid test, PEPCT and ART services, SRH services if ART centers located in major secondary and tertiary facilities, SRH information	Mothers-to-be for married women
2.	ART centers	Safe information, SRH services if ART centers located in major secondary and tertiary facilities, SRH information	All type of clients
3.	HIV programmes (prevention/care and support services)	Safe information, SRH services	Key populations (PWID, FSW, MSM), migrants, clients/partners of sex workers

Pictures of the training module for healthcare providers and ASHA workers.

CONCLUSION

The SAMPOORNA project has significantly advanced the integration of HIV and sexual and reproductive health (SRH) services across Madhya Pradesh, and Bihar. Through the successful implementation of service delivery models, training initiatives, and community outreach, the project has reached women particularly female sex workers with essential health services.

FROM DESPAIR TO DETERMINATION: NASREEN'S JOURNEY

Here they can help me." The story of a sex worker from Bhopal who was able to believe in herself and today dreams of changing her life. Life started for Nasreen as normal life with almost no schooling and later getting married. She gave birth to two little cute girls. But life had its share of twists for her. Her husband left her for another woman. Suddenly the slap of life hit her very badly. She was left alone with two kids, impoverishment, despair and lots of hopelessness. Upon arrival into reality, it became apparent that getting a job wasn't easy and in her desperate search for a job discovered sex work. "At first, it was wild, unpleasant, and unfamiliar. However, over

time, you get used to everything. My friend explained to me what needed to be done, and I listened to her. That's how I ended up here," Nasreen clarifies. Although she still faces all kinds of discrimination but the fortitude and consciousness to fight them is what makes the difference. The SAMPOORNA project has played a crucial role in supporting women like Nasreen, providing them with resources and a sense of empowerment to envision a better future.

A BEACON OF CHANGE: SUDHANSHU'S INSPIRATIONAL JOURNEY

Sudhanshu, an openly transgender individual from Bhopal, embarked on a path of self-discovery in her teenage years and has since become a respected community leader and advocate. With a background in science, Sudhanshu has utilised her education and experiences to become a Community Champion for the SAMPOORNA project. Her efforts have positively impacted nearly two hundred individuals, including transgender people and men who have sex with men (MSM). Sudhanshu's journey is marked by positivity and pride, exemplified by her recent participation in a religious ritual where she led the procession, reflecting her profound sense of respect and accomplishment.

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SAMARTH PHASE 3: ADDRESSING HIV AND SEXUALISED SUBSTANCE USE AMONG MSM AND TGH POPULATIONS (APRIL 2023 – MARCH 2024)



The SAMARTH program, initiated in June 2016, was designed to provide comprehensive HIV testing, prevention, and care services to MSM (men who have sex with men) and TGH (transgender and hijra) populations. With the aim of supporting the national HIV goals of 95:95:95, SAMARTH established community-based clinics across six priority states, offering HIV testing for 10,800 individuals. As the program enters its final phase, SAMARTH is now focused on investigating the connection between Sexualised Substance Use (SSU) and HIV risk among MSM and TGH individuals and developing targeted harm reduction strategies.

PROGRAM EVOLUTION

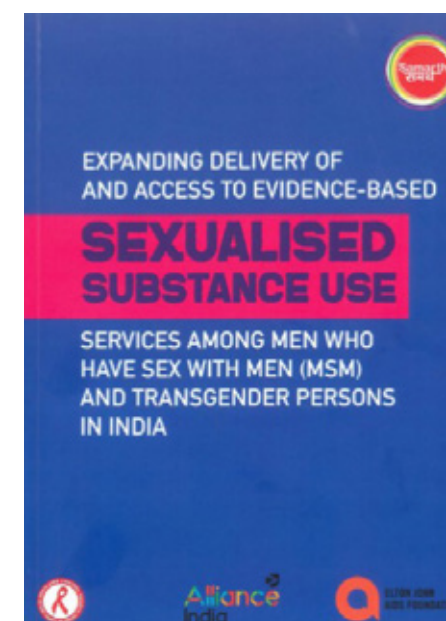
THE SAMARTH INITIATIVE EVOLVED THROUGH THREE KEY PHASES:

- ♦ SAMARTH-1 identified the unique vulnerabilities of MSM and TGH individuals and demonstrated that their HIV risk was shaped by complex socio-behavioural factors.
- ♦ SAMARTH-2 introduced differentiated service delivery models, improving the accessibility and uptake of comprehensive HIV services.
- ♦ SAMARTH-3 is building on these foundations by addressing the growing prevalence of Sexualised Substance Use (SSU) and its associated HIV risks within the community. This phase focuses on developing harm reduction strategies tailored to the specific needs of MSM and TGH individuals involved in SSU.

KEY OBJECTIVES

- ♦ To increase the uptake of comprehensive HIV services, including prevention, testing, treatment, and adherence, among MSM and TGH individuals engaged in SSU.
- ♦ To develop and implement effective harm reduction strategies tailored to MSM and TGH populations involved in SSU.

ADVANCING HIV CARE: INNOVATIONS IN TRAINING, AWARENESS, AND RESEARCH



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- ♦ Standardised training materials for capacity building
- ♦ In collaboration with the Delhi State AIDS Control Society (SACS), SAMARTH-3

developed a standardised training manual for HIV prevention and care providers. Titled “Expanding Delivery of and Access to Evidence-Based Services for MSM and



Transgender Individuals in India,” this manual ensures consistent training across providers and covers MSM, TGH, female sex workers (FSW), and people who inject drugs (PWID).

IEC MATERIALS FOR AWARENESS GENERATION

- Created a series of six posters and a ready reckoner booklet in partnership with Delhi SACS. These materials raise awareness about SSU-related risks and promote harm-reduction practices within the community

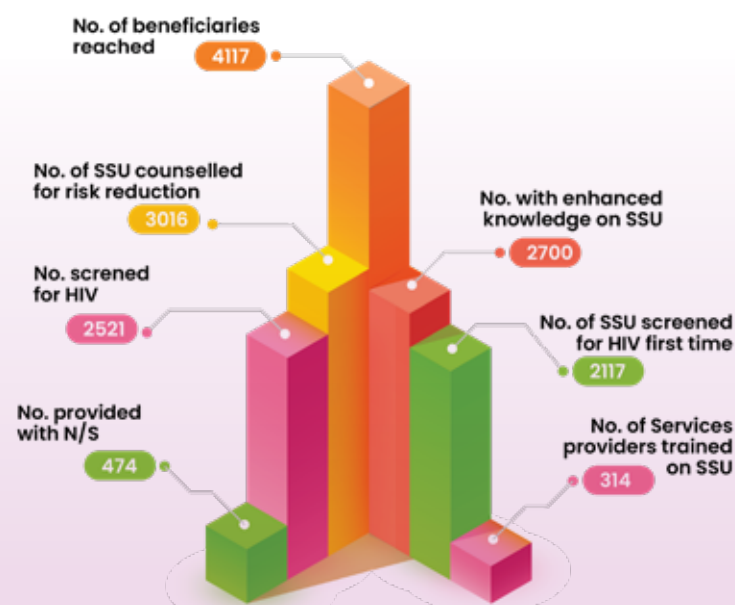
PROGRAM ACHIEVEMENTS

SERVICE DELIVERY

- SAMARTH-3 reached 4,117 MSM and TGH individuals, of whom 2,521 (61%) were screened for HIV, and 2,117 (51%) were tested for the first time in their lives. Among those engaged in SSU, 474 (11.5%) regularly accessed sterile needles, and 3,016 (73.3%) received risk reduction counselling.

CAPACITY BUILDING AND TRAINING

- A total of 2,700 MSM and TGH individuals received training on the risks associated with SSU, and 314 healthcare providers, including doctors, nurses, and counsellors, were trained on delivering SSU-related services.



CONCLUSION

SAMARTH-3 has made significant strides in addressing the intersection of HIV and Sexualised Substance Use among MSM and TGH populations. By expanding access to HIV services, enhancing harm reduction strategies, and generating vital evidence on SSU, the program has laid the groundwork for future interventions that target the unique needs of these communities. The collaboration with stakeholders like Delhi SACS and the introduction of new training and IEC materials demonstrate the program’s commitment to innovative and sustainable solutions.

SAHAS: A MODEL INTERVENTION FOR THE HOLISTIC DEVELOPMENT OF THE TRANSGENDER COMMUNITY IN INDIA



SAHAS, meaning ‘Courage’ in Hindi, funded by Azim Premji Philanthropic Initiatives (APPI) addresses key areas affecting the transgender community in India. The project aims to enhance access to comprehensive healthcare services beyond HIV, including Gender Affirmation Care (GAC), advocate for human rights, provide social welfare and entitlements, address gender-based violence, and strengthen community systems. Implemented across 9 sites, SAHAS operates at the district, state, and national levels, collaborating with organisations dedicated to the transgender community and Hijra welfare.

OBJECTIVES AND FOCUS AREAS

PROJECT SAHAS FOCUSES ON THE HOLISTIC DEVELOPMENT OF TRANSGENDER AND HIJRA COMMUNITIES BY:

- CAPACITY BUILDING:** Enhancing skills in organisational development, health and well-being, policy advocacy, and leadership within the transgender community.
- HEALTHCARE IMPROVEMENT:** Ensuring better access to gender-affirmation care services and addressing health barriers.
- ADVOCACY AND VISIBILITY:** Promoting policy reforms, creating visibility through transgender leadership, and sensitising the healthcare system.
- ADDRESSING VIOLENCE AND BARRIERS:** Reducing gender-based violence and gathering evidence on structural barriers to health access.
- CREATING A SUPPORTIVE ENVIRONMENT:** Building a rights-based, stigma-free, and inclusive environment for the holistic development of the community.

INITIATIVES AND INNOVATIONS

Collaboration has been a cornerstone of SAHAS, with significant partnerships formed with various stakeholders, including:

- ♦ **PRIVATE SECTOR PARTNERS:** TELUS Corporation, BUnic, Blossom Kochhar's Academy, Nirmaya Souls.
- ♦ **GOVERNMENT AND ACADEMIC INSTITUTIONS:** AIIMS, MoSJE, MoHFW, NACO, ATHI, IIM Lucknow, NCUI, NISD, BWSSC, CJLS
- ♦ **NGOS AND COMMUNITY ORGANISATIONS:** NNTP, Tweet Foundation, PLAN India, Peheil Foundation, Shape India, YRG Care

These partnerships have facilitated innovative approaches and strengthened the project's impact on the community.

ACHIEVEMENTS

For the first time, a range of services related to Health, Social and Financial inclusion have been made accessible to persons from the Transgender community through a single window – Project SAHAS.

- ♦ 3,193 new transgender (TG) individuals were identified and enrolled between April 2023 and March 2024.
- ♦ 253 TG persons accessed social welfare services and entitlements like bank accounts, Aadhaar, and PAN registration.
- ♦ 418 TG persons received counselling and were linked to the SMILE portal for GAC.
- ♦ 933 TG persons accessed Day Care Shelter/ Drop-in Centre services for health and GAC informatio



Pictures of the training module for healthcare providers and ASHA workers.



Pictures of the IEC materials.

CONCLUSION

SAHAS continues to drive transformative change by building a robust support system for transgender and Hijra individuals, enhancing their access to essential services, and fostering a more inclusive and equitable society.

VINOD'S JOURNEY: A STORY OF COURAGE, TRANSFORMATION, AND RESILIENCE

“I will forever be grateful to Project SAHAS for helping me realise the gift of life and for guiding me through my darkest moments.”

Vinod, a 28-year-old marketing executive from Hyderabad, Telangana, appeared to have a stable life. With a successful career in a private firm and a balanced daily routine, everything seemed to be in place for him. But behind this facade, Vinod harboured a deeply personal secret—he identified as non-binary and had been in a happy relationship with his male partner for three years. However, their relationship was kept hidden, even from his closest family members, as Vinod feared the societal judgment and expectations that loomed over him.

As time passed, Vinod faced increasing pressure from his family to marry. His relatives, unaware of his sexual orientation, pushed him toward marriage proposals, expecting him to settle down traditionally. At first, Vinod managed to fend off these proposals, but eventually, the weight of familial expectations became too much to bear. Reluctantly, he agreed to marry a woman chosen by his family, not out of desire, but out of duty and the fear of disappointing those closest to him.

As Vinod feared, the marriage was fraught with difficulties from the start. He struggled to maintain the facade of happiness, and within months, the marriage ended in divorce. Though he reunited with his male partner, the experience took a heavy toll on him. Vinod's mental health began to deteriorate, and he started engaging in unsafe sexual practices with multiple partners as a means of coping with his emotional turmoil.

During a routine field visit, a counsellor from Project SAHAS learned about Vinod's lifestyle and reached out to offer support. Vinod was registered with Project SAHAS and provided with access to healthcare services, including an HIV test. When the test returned positive, Vinod was devastated. The diagnosis left him in shock, struggling to accept himself as a person living with HIV. His once-stable life seemed to be unravelling, and the weight of fear, shame, and uncertainty about his future became overwhelming. Unable to cope, Vinod resigned from his job and sank deeper into despair.

In a moment of hopelessness, Vinod made the decision to end his life. But fate intervened, and his attempt was unsuccessful. When the Sahas counsellor learned of his situation, they immediately reached out, reminding Vinod of the value of his life and the support available to him. This marked a turning point in Vinod's journey. With the compassion and guidance of his counsellor, Vinod began to open up about his struggles and unsafe behaviours. Through ongoing counselling sessions, he slowly started to heal.

Determined to turn his life around, Vinod began applying for jobs and soon secured employment through a community job fair organised by Project SAHAS. He committed to his HIV treatment, taking his medication regularly, and encouraged his partner, who had also contracted HIV, to seek treatment as well. Together, they rebuilt their lives, focusing on their health, their relationship, and their future.

Today, Vinod and his partner are living a fulfilling life, supported by regular medical treatment, a balanced diet, and a renewed sense of purpose. Reflecting on his journey, Vinod says, “I will forever be grateful to Project SAHAS for helping me realise the gift of life and for guiding me through my darkest moments.”

Vinod's story is a powerful reminder of the immense challenges faced by non-binary individuals and members of the transgender community in a society that often marginalises them. It highlights the emotional toll of living in secrecy and the impact of societal pressure to conform. His experience underscores the critical need for inclusive healthcare services, mental health support, and compassionate interventions like those provided by Project SAHAS, which empower individuals to embrace their authentic selves and overcome adversity.



C19RM-KP GRANT: KEY POPULATION AND SOCIAL PROTECTION



Project staff capacity building

Sex workers, a marginalised and vulnerable community, face numerous challenges including stigma, discrimination, violence, health risks, and a lack of social support and protection. The COVID-19 pandemic exacerbated these issues, leaving many without work, food, or access to social protection programs.

In response, Alliance India, in collaboration with the All India Network of Sex Workers (AINSW) and its affiliated Community-Based Organizations (CBOs), launched the Global Fund-supported COVID-19 Response Mechanism (C19RM) program. This initiative is designed to address the unique socio-economic and health vulnerabilities of sex workers during the pandemic. Implemented through two primary CBOs, Usha Cooperative Multipurpose Society in Kolkata and Ashodaya Samithi in Mysuru, along with thirty additional CBOs across twelve states and twenty-five districts, the program provides essential health support, facilitates access to social protection schemes, and

focuses on organisational development and leadership within the community.

Alliance India serves as the Principal Recipient, overseeing the program's implementation and coordination, while the CBOs handle field-level operations and reporting.

PROGRAM ACHIEVEMENTS

Since its inception, the program has achieved notable milestones:

- ♦ **Advocacy and Sensitisation:** Sensitisation meetings with the law enforcement agencies in Bihar and Madhya Pradesh to raise awareness about the Supreme Court's order on sex worker rights, aimed at reducing stigma and enhancing health and social protection.
- ♦ **Service Linkages:** Facilitated the linkage or provision of approximately 1,180 services to sex worker communities which included various social protection schemes and

entitlements such as ADHAAR Card, Bank accounts, Ration Cards etc.

- ♦ **Legal Compliance Support:** 9 CBOs have successfully applied for and received legal compliance support such as 12A, 80G, and Darpan registrations.



Capacity Building of CBOs



The facilitation of linkage to social protection



Sensitisation meeting with the community members.

CONCLUSION

C19RM-KP Grant's comprehensive approach has laid a solid foundation for supporting and empowering sex workers, also demonstrating significant progress towards achieving the program's goals.

MAYA KSHETRAPAL'S JOURNEY TO FINANCIAL EMPOWERMENT

“I HAVE LOST MY YOUNG AGE WITHOUT ANY SAVINGS, BUT NOW I CAN SAVE SOMETHING FOR MY LAST DAYS OF LIFE.”

Maya Kshetrapal, a 53-year-old woman, has spent the past three decades living and working in the bustling red-light area of Seoraphuli Gorbagan in West Bengal. Despite her long tenure in the area, Maya's financial situation remained precarious due to a lack of personal identification and banking resources. Her sole identification was a Voter Card, which significantly hindered her ability to open a bank account and manage her finances securely.

Over the years, Maya's attempts to save her earnings were fraught with challenges. She initially relied on her landlady to safeguard her savings. However, when she needed to access her money, she was dismayed to find that only a small portion of her savings was returned. In another attempt to secure her funds, Maya entrusted her savings to a friend. Tragically, this friend left Seoraphuli and never returned, taking Maya's hard-earned money with her. These repeated setbacks left Maya financially vulnerable and without a dependable means to save for her future.

Understanding Maya's urgent need for financial security, the Usha Multipurpose Cooperative Society, part of the KP Grant project, stepped in to assist. They began by helping her obtain an Aadhaar Card, a crucial first step. With the Aadhaar Card secured, they guided Maya through the process of obtaining a PAN Card. Finally, Maya was able to open her own bank account.

This milestone marked a significant turning point in Maya's life. Overwhelmed with emotion, she shared her profound relief and joy, saying, “I have lost my young age without any savings, but now I can save something for my last days of life.” Maya Kshetrapal's journey from financial insecurity to empowerment highlights the transformative impact of access to identification and banking services for marginalised individuals. The project has provided Maya with not only essential identification documents but also a pathway to financial inclusion and stability, ensuring a more secure future for her.

ADDRESSING BARRIERS IN ACCESSING HIV, HARM REDUCTION, AND SEXUAL & REPRODUCTIVE HEALTH SERVICES BY WOMEN WHO INJECT DRUGS

Alliance India, with the support of Gilead Sciences, launched the project “Addressing Barriers in Accessing HIV, Harm Reduction, and Sexual & Reproductive Health Services by Women Who Inject Drugs (WWID) in January 2024. The project operates at two key sites: Punjab and Manipur. These regions were selected due to their high prevalence of Women Who Inject Drugs (WWID) and the unique challenges faced by these communities.

The initiative aims to combat HIV-related stigma and promote health equity by improving access to comprehensive health services for Women Who Use Drugs (WUD). This effort focuses on three core objectives:

STRENGTHENING NETWORKS OF WOMEN WHO USE DRUGS (WUD)

- ◊ The project facilitates the active participation of WUD in state and national policy discussions on HIV and harm reduction. By empowering these networks, WUD are given a platform to advocate for their needs, ensuring their voices are heard in shaping health responses tailored to their circumstances.

CREATING AN ENABLING LEGAL AND POLICY ENVIRONMENT

- ◊ The project aims to advocate for inclusive policies that address the specific needs of WUD. This involves working closely with policymakers to build a legal framework

that supports comprehensive HIV and harm reduction strategies, ensuring access to health services and social protection.

INCREASING THE USE OF STRATEGIC INFORMATION

- ◊ By leveraging data and strategic insights, the project aims to inform evidence-based policies and interventions. This approach ensures that HIV and harm reduction efforts are driven by real-world evidence, continuously adapting to the evolving needs of WUD.

KEY ACHIEVEMENTS

Since the project was in the preliminary phase, the project conducted strategic engagements and partnerships with Mr Jai Krishan Singh Rouri, Deputy Speaker of the Punjab Assembly and also conducted discussions with lawmakers to secure increased state funding for extending the project's activities beyond its initial phase.

This project represents a crucial step towards reducing barriers for Women Who Inject Drugs in accessing essential HIV, harm reduction, and sexual and reproductive health services. By focusing on strengthening community networks, fostering a supportive policy environment, and utilising strategic data, it is building a foundation for long-term health equity and improved quality of life for this vulnerable population.

FRONTLINE AIDS PROJECT: NATIONAL ACCOUNTABILITY



OVERVIEW OF THE NATIONAL ACCOUNTABILITY PROJECT

In the financial year 2023-2024, Frontline AIDS launched its Global Plan of Action to address the AIDS epidemic through ten critical actions. These actions have since been streamlined into six core focus areas.

KEY ACHIEVEMENTS

A Report on HIV Prevention & Accountability: A Community Perspective 2023

On October 13, 2023, Alliance India facilitated a pivotal round table, organised in collaboration with the National AIDS Control Organisation (NACO) and UNAIDS, at the UN office in India.

This meeting, which brought together all key population networks of India, aimed to review

Action Point 1: Enhancing Access to HIV Prevention Services

Action Point 2: Integrated Testing and Treatment

Action Point 3: Violence Prevention and Response

Action Point 4: Human Rights and Accountability

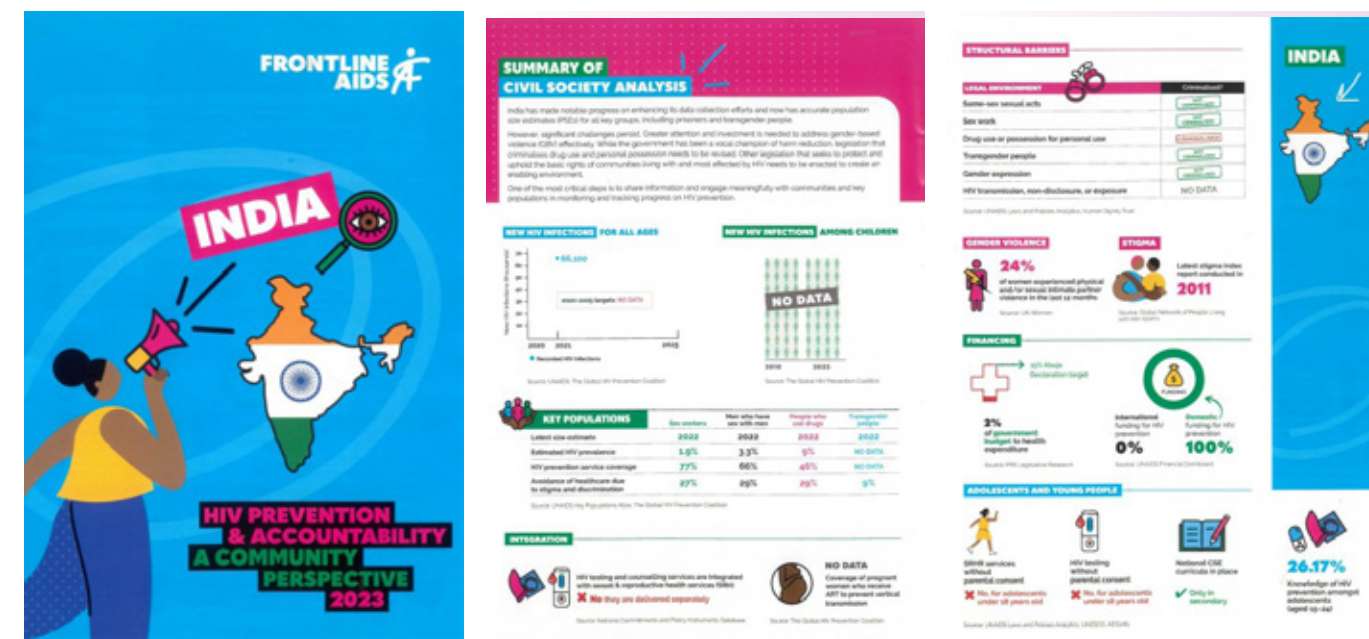
Action Point 5: Challenging Discriminatory Norms

Action Point 6: Strengthening Health Systems

the country's HIV prevention strategies. The discussion provided valuable insights into the Global HIV Prevention Coalition's work and the HIV Prevention 2025 Road Map.

The outcome was documented in the report "HIV Prevention & Accountability: A Community Perspective 2023," which was shared with NACO, key population networks, and other

stakeholders. The report's findings were presented at the 25th International AIDS Conference, highlighting its significance on a global stage.



G20 ENGAGEMENT

Alliance India engaged in C20 India 2023, an official G20 Engagement Group platform.

Alliance India contributed to discussions on gender equality, human rights, and diversity, reflecting the primary concerns of marginalised communities and promoting inclusive development. Notably, best-case practices from the Vihaan project were shared at the C20 Working Group on Gender Equality and Disability.

CONCLUSION

By addressing key action points through collaborative efforts, strategic meetings, and advocacy, Alliance India has contributed to strengthening health systems, promoting human rights, and advancing the global fight against AIDS.

ALLIANCE RESEARCH AND EVALUATION

PROGRAMMATIC ASSESSMENT ON ART ADHERENCE AND RETENTION IN PWID LIVING WITH HIV

In 2023, Alliance India conducted a programmatic assessment titled “PWID ART Adherence Retention Factors” to understand the challenges that affect adherence to Antiretroviral Therapy (ART) and retention in HIV care among People Who Inject Drugs (PWID). This assessment focused on identifying the key barriers to effective HIV treatment within this high-risk population.

INTRODUCTION

The assessment highlighted several factors that hinder ART adherence and retention among PWID, including:

- ◊ Stigma and discrimination related to drug use and HIV status.
- ◊ Active drug use, which interferes with regular treatment schedules.
- ◊ High prevalence of comorbidities, such as Hepatitis C and tuberculosis, complicating treatment.

These issues contribute significantly to poor ART adherence and retention rates within this group, exacerbating their vulnerability to HIV-related complications.

IMPLEMENTATION

The Vihaan Care and Support Program, run by Alliance India, was at the forefront of addressing these challenges. Specific strategies employed to improve ART adherence and retention included:

- ◊ Weekly follow-ups with PWID clients to monitor their treatment progress.
- ◊ Address verification to reduce lost-to-follow-up (LFU) cases by ensuring accurate and up-to-date contact information.
- ◊ Tailored interventions that specifically

targeted the needs of PWID, integrating harm reduction services with HIV care and support.

RESULTS

The assessment found that more than one in five LFU cases involved PWID, underscoring the need for tailored interventions to improve retention and adherence. These findings revealed that PWID are disproportionately affected by factors that hinder their engagement with HIV treatment.

IMPACT

KEY IMPACTS IDENTIFIED THROUGH THE PROGRAMMATIC ASSESSMENT INCLUDE:

- ◊ Improved understanding of the complex barriers faced by PWID in adhering to ART.
- ◊ Enhanced collaboration between healthcare providers, community support systems, and harm reduction programs to address these challenges.
- ◊ The recognition that gender-specific needs, particularly among women who inject drugs, must be prioritised to improve treatment outcomes.

CONCLUSION

The “PWID ART Adherence Retention Factors” report offers critical insights into the barriers affecting HIV treatment adherence and retention in the PWID community. The findings emphasise the importance of coordinated care, regular follow-ups, and tailored approaches to meet the unique needs of this population. By addressing these factors, the Vihaan program aims to strengthen support for PWIDs living with HIV, improving their health outcomes and quality of life.

A SURVEY TO UNDERSTAND THE FACTORS CONTRIBUTING TO DISCONTINUATION OF ART TREATMENT AMONG PLHIV WHO ARE REPORTED AS LOST-TO FOLLOW UP (LFU) FROM VIHAAN CARE AND SUPPORT PROGRAM IN INDIA

INTRODUCTION

A descriptive cross-sectional survey was conducted to identify the reasons for discontinuation of antiretroviral therapy (ART) among PLHIV through an evidence-based sampling strategy. The survey covered 10 states, comprising 30 Care and Support Centres (CSCs).

OBJECTIVE:

- ♦ To explore various clients-reported reasons for loss to follow-up (LFU).
- ♦ To identify gender variations regarding reasons for loss to follow-up (LFU).
- ♦ To explore the socio-demographic characteristics associated with the reasons for loss to follow-up (LFU).

IMPLEMENTATION

A questionnaire was developed to gather details about the clients, including their demographic information, ARTC care history, and the reasons for their loss to follow-up (LFU) for ART.

Data was collected using a mobile-based data collection tool called Google Form, which helped minimise data entry errors and ensured the real-time data collection of error-free data and analysis using STATA.

RESULT

A total of 739 PLHIV who had stopped treatment participated in the survey, including 247 females (33.4%) and 492 males (66.6%), with a median age of 33 years (ranging from 18 to 70 years).

The top ten major reasons reported by the LFU clients were:

1. Feeling healthy,
2. Job situation,
3. Transportation-related issues,
4. Migration,
5. ART side-effect,
6. Alcohol/ drug use,
7. having no family member or caretaker,
8. being dependent on others to visit ARTC,
9. disclosure issues
10. Bedridden/ physical disability.

Among these, the most frequently cited reason was feeling healthy (perception of good health), reported by over a third (37%) of LFU clients. Following this, 17% and 13% cited job situation and transportation-related issues respectively as reasons for discontinuing ART treatment.

ASSESSING THE STIGMA ASSOCIATED WITH HUMAN MONKEYPOX VIRUS (MPOX) AMONG HIGH-RISK POPULATIONS IN INDIA

Alliance India, with the support from Indian Council of Medical Research, conducted a study titled "Assessing the Stigma Associated with Human Monkeypox Virus (MPox) Among High-Risk Populations in India" focuses on the stigma experienced by Commercial Sex Workers (CSW) and Men Having Sex with Men (MSM) regarding MPox in urban and semi-urban areas.

The research aims to explore their knowledge, attitudes, perceptions, and experiences concerning MPox. By adopting a sequential mixed-method approach, the study is structured into two phases—qualitative and quantitative—providing a detailed understanding of the stigma and challenges faced by these communities.

IMPLEMENTATION

The study used a sequential mixed method approach and has been divided into two phases i.e. Qualitative and Quantitative.

PHASE I: QUALITATIVE

In Phase I of the study, documentation of the perceptions and self-experiences about

Monkeypox risk and stigma across the high-risk communities i.e., MSM, Transgender and Female Sex Workers has been conducted through qualitative data collection methods such as Focused Group Discussions (FGDs) and Key Informant In-depth Interviews (KIIs).

Sampling Strategy:

Participants were systematically selected from Alliance India's client registration database, which includes individuals involved in HIV screening. A systematic random sampling method was used for FGDs and IDIs.

Sample Size:

A total of 58 activities were conducted, with each FGD consisting of at least six participants from the MSM, Transgender, and Female Sex Worker communities. Participants were selected from the NGO's existing database.

RESULT

The report of the qualitative study is yet to be finalised. After this, we will be conducting PHASE II of the study i.e Quantitative.

A BRIEF ASSESSMENT ON SEXUALISED SUBSTANCE USE AND SERVICES NEEDED AMONG MSM AND TRANSGENDER PERSONS IN DELHI.

The Programme collaborated with Delhi SACS to conduct a study titled “A Brief Assessment on Sexualised Substance Use and Services Needed among MSM and Transgender Persons in Delhi.”

THE OBJECTIVE OF THE ASSESSMENT WAS:

- ◊ To document the drugs being used as a part of SSU by the MSM and Hijra/Transgender persons in Delhi
- ◊ To document the types of risk practices associated with the SSU among the MSM and Hijra/Transgender persons in Delhi
- ◊ To understand the awareness related to the SSU drugs being used and risks associated with them among MSM and Hijra/Transgender persons in Delhi
- ◊ To understand the health-seeking behaviour (or lack of it) related to SSU among MSM and Hijra/Transgender persons in Delhi

METHODOLOGY

The methodology employed for data collection involved conducting Focus Group Discussions (FGDs) with members of the MSM (men who have sex with men) and Hijra/Transgender communities. A total of 26 FGDs were carried out, engaging 208 participants who shared their experiences. To enrich the qualitative data, participants' responses were analysed by searching for specific keywords and phrases, allowing for quantification where

applicable. This approach ensured that both qualitative insights and quantified proportions were included in the findings. Purposive sampling was utilised to focus on community members who had experiences with alcohol, opioids, and stimulants prior to sexual activity, providing a targeted understanding of their unique challenges and perspectives. This comprehensive methodology aimed to capture a nuanced view of the experiences and needs of these marginalised groups.

RESULT

- ◊ The study revealed high levels of drug use within the MSM and TGH communities in Delhi.
- ◊ Commonly used substances include alcohol, cannabis, sedatives, Heroin, Pharmaceutical opioids, Amphetamine type stimulants and Cocaine.
- ◊ More Hijra/Transgender persons responded to have ever injected for non-medical purposes as compared to MSM.
- ◊ Sexualised drug use was primarily driven by the desire to enhance sexual pleasure, and stamina, and reduce pain. Nearly 55% of participants reported using drugs daily, with a significant number engaging in risky behaviours, such as sharing needles.
- ◊ Condom use during sexual encounters under the influence of drugs was inconsistent, with only 76% reporting condom use.

RECOMMENDATION

The findings highlighted the urgent need for specialised interventions to address SSU and its associated risks within these populations through:

- ◊ Awareness Generation using IEC materials
- ◊ SSU-related risk reduction intervention among the community to be initiated

- ◊ Quality Assurance materials need to be developed
- ◊ Capacity building of the healthcare providers to provide evidence-based risk reduction and treatment services.
- ◊ Community Engagement at all levels of evidence generation, policy development, intervention planning and execution, quality assurance and capacity building.



FUNDRAISING UPDATE

End AIDS India, an initiative by Alliance India, aims to raise awareness and mobilise resources to strengthen the HIV response in India. The campaign is committed to accelerating the country's efforts in combating the HIV epidemic.

In the 2023-24 financial year, we did not experience growth in our gross collections. However, this period highlighted the tireless efforts of our fundraising team and the unwavering support of our donors. The Institutional Engagement team made significant strides in expanding outreach efforts, developing innovative proposals, and driving impactful initiatives. Notably, we secured three major partnerships: continued support from Lubrizol and Lotus Lab Pvt Ltd, and a new partnership with TELUS International, which enabled the implementation of a skill development program for 40 transgender individuals in the Delhi/NCR region.

While our focus on donor acquisition slowed as we prioritised retention, donor servicing, and revival, our digital campaigns, including the Diwali and Mother's Day initiatives, were effective in boosting engagement. Additionally, through podcasts and other digital platforms, we reached and engaged a larger online audience.

Although donor acquisition and retention saw a slight decline, we proactively developed new strategies and set ambitious targets to expand our support from existing channel partners, ensuring long-term sustainability for the campaign.

TG CARD INITIATIVE

Alliance India organised several campaigns under the SAHAS project, assisting transgender individuals in applying for TG Cards, opening bank accounts, and providing crucial information on various social welfare schemes. These efforts empowered the transgender community by improving their access to essential services and resources. Our fundraising team played a key role in supporting the SAHAS initiative for the Transgender ID Card Registration Drive, with the in-house team reaching out to individual donors to raise funds for the campaign.

HIGHLIGHTS

- ◇ By the end of the financial year, we reached 36,500+ donors (cumulative), with approximately 500 new acquisitions.
- ◇ We continued to support our fundraising partners across India with innovative solutions and resources, maintaining an active presence in Delhi, Bangalore, Mumbai, Kolkata, Pune, and Chennai.
- ◇ Regular monthly donors provided sustained support, contributing to 15% of total retail collections, enhancing the campaign's sustainability.

While there is still much work ahead, the campaign remains focused on raising awareness and providing critical support to address the gaps faced by vulnerable communities disproportionately affected by HIV. Our mission is to continue mobilising resources and catalysing key support for children and adults living with HIV across India.

FINANCIAL OVERVIEW

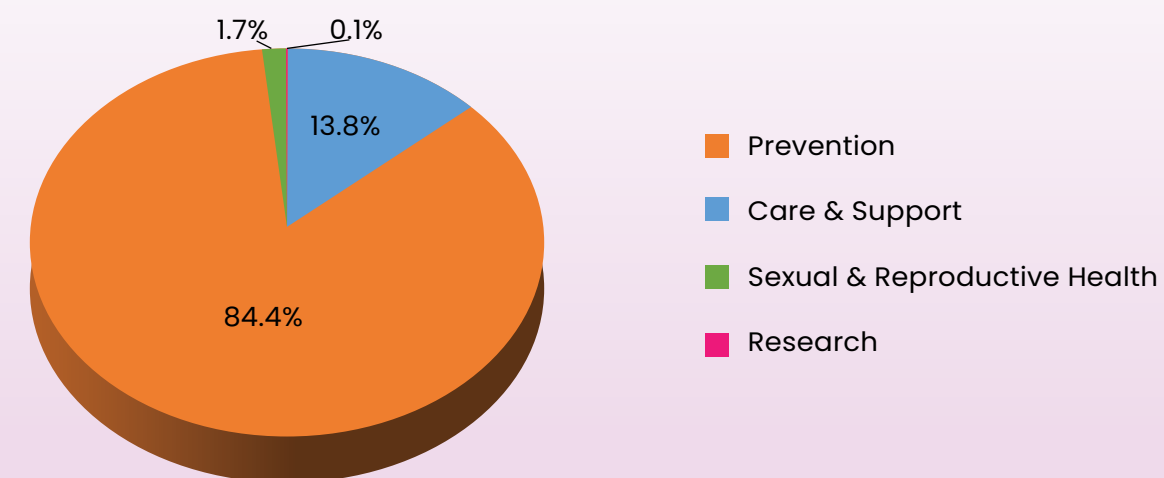
FOR THE PERIOD OF APRIL'2023 TO MARCH'2024







We are grateful to all our donors for their growing commitment to our work. The annual turnover for the year is INR 86.29 crores, supported by multiple donors. The support ranges from less than 1% to as high as 92.18%, 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 84.4%. The distribution focuses on Prevention at 13.8%, Care and Support being most considerable at 84.4%, Sexual and Reproductive Health at 1.7%, Research at 0.1%. The large-scale funding of 98.1% 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 (76.40%) is being granted to implementation organisations at the grassroots level all over India. This is a reflection of our community-centric project implementation approach.

GRANTS – INTERVENTION WISE



INDIA HIV/AIDS ALLIANCE			
BALANCE SHEET AS AT 31ST MARCH 2024			
(Amount in Rs. Hundreds)			
Particulars	Note No.	As at 31st March 2024	As at 31st March 2023
I. EQUITY AND LIABILITIES			
(1) Shareholder's Funds			
(a) Share Capital	3	-	-
(b) Reserves and Surplus	4	5,50,252.20	4,78,581.49
(c) Property, Plant & Equipment Fund	5	12,72,180.11	11,94,545.28
(2) Current Liabilities			
(a) Other current liabilities	6/6A	8,99,760.85	23,76,531.36
(b) Short term provision	7	28,877.60	25,811.47
Total		27,51,070.76	40,75,469.60
II. ASSETS			
(1) Non-current assets			
(a) Property, Plant & Equipment	5		
(i) Tangible assets		9,81,024.26	9,13,964.62
(ii) Intangible assets		2,91,155.85	2,80,580.66
(2) Current assets			
(a) Cash and cash equivalents	8	13,97,763.80	28,05,439.78
(b) Short-term loans and advances	9	31,253.32	27,995.22
(c) Other current assets	10	49,873.53	47,489.32
Total		27,51,070.76	40,75,469.60
NOTES FORMING PART OF THE FINANCIAL STATEMENTS			
1 to 31			
This is the Balance Sheet referred to in our report of even date.			
<div> <div> For KUMAR MITTAL & CO. Chartered Accountants PRN:010500N  (Amrith Gupta) Partner M. No. 090553  </div> <div> 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  Huidrom Rosenara Acting Chief Executive  </div> </div>			
Place: New Delhi Date: 18 SEP 2024			

INDIA HIV/AIDS ALLIANCE			
STATEMENT OF INCOME AND EXPENDITURE FOR THE YEAR ENDED 31ST MARCH 2024			
(Amount in Rs. Hundreds)			
Particulars	Note No.	For the year ended 31st March 2024	For the year ended 31st March 2023
Income:			
Grant Incomes (To the extent utilized)		84,36,526.17	69,99,864.57
General Donations		1,61,030.45	2,83,799.19
Misc Income		-	100.00
Interest Income			
FDRs Interest		29,163.89	13,365.94
Saving Bank Interest		2,658.71	2,148.02
Total Income		86,29,379.22	72,99,277.72
Expenses:			
Programme Expenses	11	73,97,049.71	60,59,638.19
Employee Benefit Program Staff	12-A	6,28,864.50	4,84,281.26
Employee Benefit Admin Staff	12-B	2,76,820.08	3,22,323.96
Administrative Expenses	13	2,54,974.24	3,34,871.98
Total Expenses		85,57,708.53	72,01,115.39
Surplus/ (Deficit) before exceptional and extraordinary items and tax		71,670.69	98,162.33
Prior period items		-	-
Exceptional Items		-	-
Surplus/ (Deficit) before extraordinary items and tax		71,670.69	98,162.33
Surplus/ (Deficit) before tax		71,670.69	98,162.33
Tax expense:			
Current Tax		-	-
Deferred Tax		-	-
Deferred tax assets/ (liabilities)		-	-
Surplus/ (Deficit) for the year		71,670.69	98,162.33
NOTES FORMING PART OF THE FINANCIAL STATEMENTS			
1 to 31			
This is the Income & Expenditure Account referred to in our report of even date.			
<div> <div> For KUMAR MITTAL & CO. Chartered Accountants PRN:010500N  (Amrith Gupta) Partner M. No. 090553  </div> <div> 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  Huidrom Rosenara Acting Chief Executive  </div> </div>			
Place: New Delhi Date: 18 SEP 2024			



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