

Annual Report 2025–2026

PEOPLE
PARTNERSHIPS
LASTING
CHANGE

HEALTHIER
PEOPLE

A MORE
EQUITABLE
TOMORROW

STRONGER
COMMUNITIES

Note:

- Programmatic data covers the period from April 2025 to March 2026. For projects that concluded during the financial year, the data reflects the project's cumulative lifetime achievements.
- Unless otherwise stated, the appearance of individuals in this publication does not indicate their HIV status.
- Names used in the case stories have been changed to protect personal identities and privacy.

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India HIV/AIDS Alliance

6, Community Centre, Zamrudpur, Kailash Colony Extension, New Delhi – 110048, India

Tel: +91-11-4536-7700 | Email: info@allianceindia.org | Web: www.allianceindia.org

Acknowledgements

We extend our profound gratitude to the National AIDS Control Organisation (NACO), State AIDS Control Societies (SACS), State Prison Authorities, National Institute of Social Defence (NISD), and the Indian Council of Medical Research (ICMR). We also express our sincere appreciation to the Networks of People Living with HIV, our Care and Support Centres (CSCs), Integrated Counselling and Testing Centres (ICTCs), and ART Centres under the Vihaan programme for their collaborative efforts in advancing the national HIV response in India.

Our sincere thanks go to our implementing partners, consisting of civil society organisations, and community-based organisations, including Networks of People living with HIV, Female sex workers, Men who have sex with men (MSM), Transgender/Hijra communities & Injecting drug users'.

We deeply appreciate the vital support of our strategic donors and global partners, including the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Elton John AIDS Foundation, the Azim Premji Foundation, Frontline AIDS, and UNAIDS. Their sustained investments, shared vision, and technical collaboration continue to expand differentiated prevention, treatment support, and community resilience.

We extend our special gratitude to our corporate CSR partners and donors, including TELUS Digital, Impressico Business Solutions Pvt. Ltd., Ramco Steels Pvt. Ltd., Shrimati Ram Ditti Dua Memorial Society, Gracure Pharmaceuticals Ltd., and IKG Charitable Trust, Embee Software Pvt. Ltd. and M Pallonji & Co Pvt. Ltd.

Our heartfelt thanks also go to 1,797 individual donors, Sub-Recipients and Sub-Sub-Recipients for their invaluable contribution and unwavering support.

MESSAGE FROM THE BOARD CHAIR

Over the years, I have seen firsthand that resilient, community-centred responses are the cornerstone of equitable and lasting public health outcomes. This past year, India HIV/AIDS Alliance has once again demonstrated how empowering communities from within transforms vulnerability into leadership, dignity, and collective strength.

In an evolving healthcare landscape, Alliance India's commitment to reaching those pushed furthest to the margins remains unwavering. From strengthening continuous care for people living with HIV to pioneering interventions in prisons and closed settings, expanding holistic healthcare for transgender persons, and championing civic inclusion and rights for sex workers, our efforts continue to bridge critical gaps between policy and lived experience.

True sustainability in public health is built when communities actively lead, monitor, and shape their own care. By deepening Community Systems Strengthening, embedding community-led monitoring tools, and translating grassroots evidence into national dialogue, Alliance India continues to ensure that the voices of key populations remain central to institutional decision-making.

As we look to the path ahead, ending the epidemic requires us to be bolder in addressing intersectional vulnerabilities, from mental health and substance use to paediatric nutrition and socio-economic inclusion.

I extend my profound gratitude to our committed Board of Directors, our visionary leadership and frontline teams, resilient community champions, implementing partners, donor organisations, and government stakeholders. Together, we reaffirm our shared vision of an inclusive, stigma-free, and healthier tomorrow for all.



Dr Kanuru Sujatha Rao

Chairperson, Board of Directors

India HIV/AIDS Alliance

MESSAGE FROM THE CHIEF EXECUTIVE

It is with immense gratitude that I present the Annual Report of India HIV/AIDS Alliance (Alliance India) for the period April 2025 to March 2026. This year has been defined by our resolve to deepen the quality of our care, foster ground-up accountability, and ensure that no one is left behind in building an inclusive, healthier nation.

Our flagship Vihaan Care and Support Programme, supported by the Global Fund and implemented in coordination with National AIDS Control Organization (NACO) and State AIDS Control Societies, continues to stand as a vital community pillar, actively supporting over 4.3 lakh individuals living with HIV across 11 states and union territories. Through dedicated peer outreach and differentiated care, our teams have reinforced treatment adherence, tracked lost-to-follow-up individuals, and expanded holistic care. Under the Vihaan Programme, our Elimination of Vertical Transmission of HIV and Syphilis (EVTHS) initiative reached over 2,000 pregnant women, safeguarding newborns through timely prophylaxis and early infant diagnosis.

This year was also marked by purposeful expansion and strategic innovation across our specialised programmes:

Reaching Closed Settings: We expanded integrated HIV/TB screening, harm reduction, mental health support, and transition tracking across prisons and other closed settings in 11 states and union territories.

Community Systems Strengthening (CSS): We empowered community champions, sensitised government stakeholders, and rolled out digital QR-based Community-Led Monitoring (CLM) tools to enhance public health accountability as per National AIDS Control Programme (NACP) mandate.

Key Population Grant: Under the Global Fund C19RM KP Grant alongside AINSW, we facilitated nearly 12,800 social protection linkages, piloted 24/7 telehealth services, for sex workers.

Holistic Transgender Health: Through Project SAHAS, we expanded gender-affirming care helpdesks in public hospitals, launched community learning modules and parents' networks.

Intersectional HIV Prevention: Supported by the Elton John AIDS Foundation, Project SPECTRUM expanded to Chennai, integrating harm reduction, mental health, and PrEP uptake for over 1,100 MSM and transgender individuals engaged in sexualised substance use.

Paediatric Nutrition & Systemic Impact: Through the Bal Poshan Project (supported by TELUS Digital), targeted nutrition significantly reduced severe thinness and anaemia among children living with HIV in Ahmedabad, while inspiring the institutionalisation of monthly Bal Ayusham Days across Gujarat ART Centres.

Health Systems Integration: In Mumbai, we partnered under the RISE initiative (Jhpiego/MDACS) to launch evening clinics and provider-initiated testing to improve early case detection and treatment retention.

These achievements were possible because of our dedicated staff, frontline outreach teams, and community leaders who navigate challenging realities with courage every day. We remain deeply thankful to the National AIDS Control Organisation (NACO), State AIDS Control Societies, our global donors, including the Global Fund, Frontline AIDS, Elton John AIDS Foundation, Azim Premji Foundation, and UNAIDS, our corporate CSR partners and individual donors.

As we advance into the next phase of our journey, grounded in evidence, and community ownership; we move forward with renewed optimism and collective purpose to build a resilient, and healthy nation.



Dr Pramod K

Chief Executive
Alliance India

Abbreviations & Acronyms

Abbreviation	Full Form / Expanded Form
AINSW	All India Network of Sex Workers
AIIMS	All India Institute of Medical Sciences
APF	Azim Premji Foundation
ART	Antiretroviral Therapy
ARTC	Antiretroviral Therapy Centre
ARV	Antiretroviral
ATT	Anti-Tubercular Treatment
BMI	Body Mass Index
CBO	Community-Based Organisation
CF	Community Facilitator
CLHIV	Children Living with HIV
CLM	Community-Led Monitoring
CSC	Care and Support Centre
CSR	Corporate Social Responsibility
CSS	Community Systems Strengthening
DBS	Dried Blood Spot
DCRG	District Community Resource Group
DISHA	District Development Coordination and Monitoring Committee
DLN	District Level Network
DNH & DD	Dadra and Nagar Haveli and Daman and Diu
DSRC	Designated STI/RTI Clinic
EID	Early Infant Diagnosis
EJAF	Elton John AIDS Foundation
EVTHS	Elimination of Vertical Transmission of HIV & Syphilis
FSW	Female Sex Workers
FY	Financial Year
GAC	Gender Affirmation Care / Gender-Affirming Care
GBV	Gender-Based Violence
GSACS	Gujarat State AIDS Control Society
GSNP+	Gujarat State Network of People Living with HIV/AIDS
Hb	Haemoglobin
HEI	HIV-Exposed Infants
H/TG	Hijra / Transgender
HIV/AIDS	Human Immunodeficiency Virus / Acquired Immunodeficiency Syndrome
ICMR	Indian Council of Medical Research

Abbreviation	Full Form / Expanded Form
ICTC	Integrated Counselling and Testing Centre
IEC	Information, Education, and Communication
IPC	Interpersonal Communication
IPV	Intimate Partner Violence
KP	Key Populations
LFU	Lost to Follow-Up
MDACS	Mumbai District AIDS Control Society
MSM	Men who have Sex with Men
NACO	National AIDS Control Organisation
NACP	National AIDS Control Programme
NISD	National Institute of Social Defence
OCS	Other Closed Settings
ORW	Outreach Worker
OST	Opioid Substitution Therapy
PCB	Programme Coordinating Board
PITC	Provider-Initiated Testing and Counselling
PLHIV	People Living with HIV
PR	Principal Recipient
PrEP	Pre-Exposure Prophylaxis
PWID	People Who Inject Drugs
QR	Quick Response
RISE	Reaching Impact, Saturation and Epidemic Control
SACS	State AIDS Control Societies
SHG	Self-Help Group
SIP	Site Improvement Plan
SRHR	Sexual and Reproductive Health and Rights
SSU	Sexualised Substance Use
STI	Sexually Transmitted Infection
TAC	Technical Advisory Committee
TB	Tuberculosis
TI	Targeted Intervention
ToT	Training of Trainers
UNAIDS	Joint United Nations Programme on HIV/AIDS
VL	Viral Load
WHO	World Health Organization

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About Alliance India

India HIV/AIDS Alliance (Alliance India) is a non-governmental organisation founded in 1999 to support a sustained response to HIV in India. We work in partnership with the Government of India, civil society organisations and communities affected by HIV/AIDS to support the delivery of effective, innovative, community-based programmes at scale.

At Alliance India, we place equal value on every human life. Fuelled by this conviction, we work to foster wellbeing, equality, and affirm the dignity of HIV communities and key population groups, including men who have sex with men, women in sex work, persons from transgender community, people who use/inject drugs and people living with HIV and other at-risk populations. We value responses that engage with affected communities and address the core issues of marginalisation based on gender, sexuality and other factors influencing equitable access to quality care. Our programming and policy efforts are driven by evidence of what works; quality and accountability are core priorities in our interventions.

Headquartered in Delhi, Alliance India implements programmes across India and has supported more than 450 organisations (NGOs/CBOs/Community Networks). Our interventions reach across 28 states and 4 UTs in India, touching more than a million lives annually, complementing the national HIV response of NACO (National AIDS Control Organization), in coordination with SACS (State AIDS Control Societies) and State Community Networks. Most of Alliance India's projects are implemented in partnership with the national/state-level community networks. Through these partnerships, Alliance India continues to strengthen India's HIV response by advancing inclusive, community-led, and evidence-driven solutions that leave no one behind.

Mission: *Building on the lessons of the HIV response, our mission is to strengthen the connection between communities and public systems through community-led action, strategic partnerships, and evidence-driven thought leadership, advancing health, equity, and resilience for women, youth, and vulnerable populations.*

Vision: *A future where communities shape the systems that determine their health and wellbeing*



The Vihaan Care and Support Programme

The Vihaan Care and Support Programme implemented by India HIV/AIDS Alliance, is one of India's largest community-led HIV care and support initiatives. The programme is designed to strengthen treatment adherence, retention in care, and to improve the overall quality of life of People Living with HIV (PLHIV). Supported by the Global Fund and implemented in close collaboration with National AIDS Control Organisation (NACO), State AIDS Control Societies, civil society organisations, and networks of PLHIV, the programme complements the national HIV response under the National AIDS Control Programme (NACP).

Launched in 2013, Vihaan, meaning "dawn's first light", operates through a wide network of Care and Support Centres (CSCs) across 11 states and union territories: Gujarat, Madhya Pradesh, Maharashtra, Manipur, Mizoram, Goa, Jammu & Kashmir and Ladakh, Uttarakhand, Chandigarh, Daman & Diu, and Dadra & Nagar Haveli. In the current phase (2024–2027), the programme supports 75 Care and Support Centres and technical support is provided to 17 transitioned CSCs.

The programme adopts a community-centred and differentiated care approach to ensure timely linkage to treatment, adherence counselling, follow-up of lost-to-follow-up (LFU) clients, TB screening, psychosocial support, partner and family testing, and linkage to social protection schemes provided by the State and Central Government. Through its peer-led and community-based model, Vihaan plays a critical role in strengthening continuity of care and improving treatment outcomes among PLHIV.

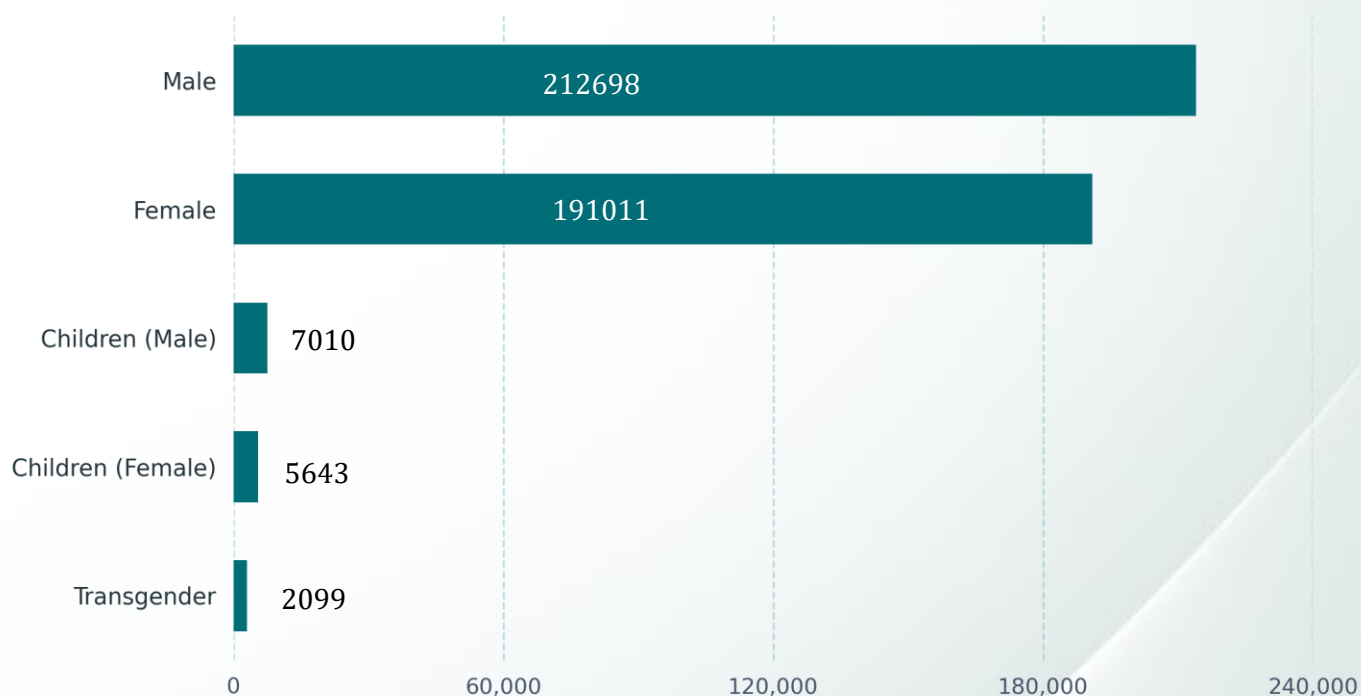
Over the years, the programme has evolved to address emerging challenges in HIV care by prioritising vulnerable and hard-to-reach populations, strengthening community systems, and enhancing coordination between healthcare providers and community networks. Vihaan has also contributed significantly towards reducing stigma and discrimination, improving continuity of treatment, and promoting a holistic continuum of care for PLHIV across the country.

Highlights

**418,461**People living with HIV
under active care**104,252**Viral load tests
conducted**320,356**People screened for
TB (4S)**36,260**People linked to social
welfare schemes**20,071**People supported with
social entitlements

PLHIV under Active Care

Beneficiaries reached through the Programme (April 2025–March 2026).



Achievements

28,011

Newly initiated

320,356

PLHIV screened
for TB symptoms.

730

TB-positive PLHIV detected;

6,113

HIV-TB co-infected PLHIV

243

Stigma and discrimination
cases reported.

28,133

Family members, biological
children, sexual partners, &
discordant couples screened
for HIV.

Beyond Treatment: Supporting Recovery Through HIV Care and Rehabilitation

Zuala (name changed), a 28-year from Mizoram, was once regarded as a bright and promising young man with a strong passion and talent for football. However, over time, his life became deeply affected by substance use, gradually distancing him from his family, community, and personal aspirations. Much of his time was spent away from home, frequently moving between rehabilitation centres and unstable living situations, making regular contact with his family increasingly difficult.

At a young age, he was diagnosed with HIV, which added another layer of emotional and social vulnerability to his life. Growing up in a household where his father struggled with alcohol dependence, he experienced an environment marked by instability and emotional stress. In an effort to cope with his personal challenges and psychological distress, he eventually got dependent on substance use.

As his condition worsened, he stopped returning home for extended periods. Despite repeated tracing efforts by healthcare providers and outreach teams across rehabilitation centres and correctional facilities, his whereabouts remained unknown. Due to prolonged disengagement from treatment services and loss of contact, he was categorised as Lost to Follow-Up (LFU) under the HIV care program.

Being an ON-ART LFU client, several tracing and re-engagement attempts were undertaken jointly by the ART Centre (ARTC) and Care and Support Centre (CSC) teams through field outreach and review of data records. However, because of his unstable living conditions and prolonged absence from care, initial efforts were unsuccessful.

A breakthrough came during a field outreach activity conducted in a hotspot area in Mizoram known for gatherings of substance users. A community worker was able to identify possible lead and established contact through local networks. Following this, the team initiated further follow-up and engagement and the Zuala was brought back to the ART Centre & re-initiated on ART.

Subsequent inquiry revealed that he had been associated with individuals involved in substance distribution and was doing small tasks to sustain his addiction. The team recognised that merely restarting ART would not be sufficient unless his substance dependency was addressed simultaneously.

Considering his situation, coordination was initiated with a drug rehabilitation center, they responded positively and agreed to support his admission on Zuala's consent. The ARTC Counsellor and Community staff then met him personally and engaged with him through supportive counselling and empathetic discussion. Through continuous encouragement and trust-building, he agreed to seek help and was successfully enrolled in the rehabilitation program.

His family was informed immediately after admission. The news brought immense emotional relief to them, particularly to his mother, who expressed deep gratitude and described the intervention as a life-changing turning point for her son.

Zuala's journey demonstrates how persistent outreach, compassionate counselling, and strong collaboration between HIV care and rehabilitation services can help individuals reconnect with treatment and rebuild their lives. By bringing him back into care and supporting his recovery from substance use, the intervention renewed hope for both him and his family.

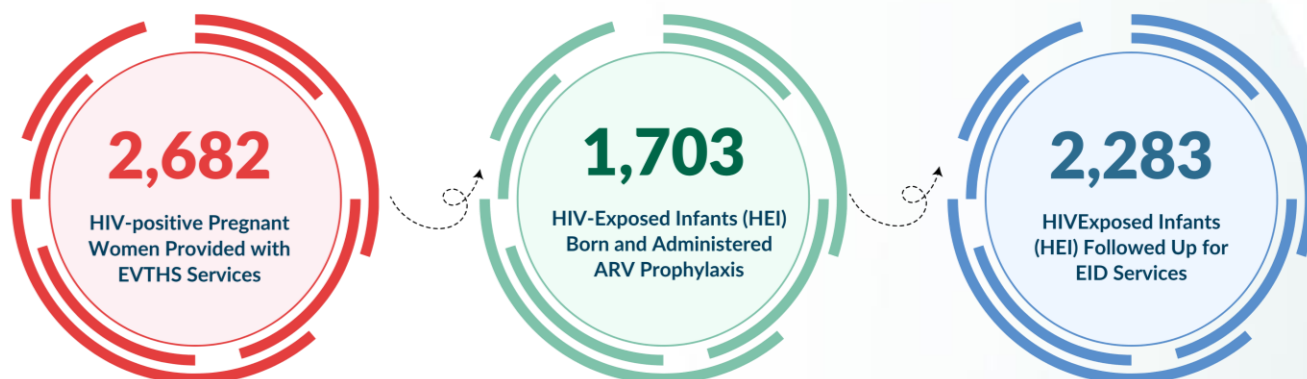
Elimination of Vertical Transmission of HIV & Syphilis (EVTHS)

Under the Vihaan Care and Support Programme, India HIV/AIDS Alliance continues to support the national goal of eliminating vertical transmission of HIV and syphilis through community-centred interventions focused on prevention, early diagnosis, treatment, and continuity of care for pregnant women and their infants. Implemented in collaboration with National AIDS Control Organisation (NACO), State AIDS Control Societies, Integrated Counselling and Testing Centres (ICTCs), ART Centres, and community-based organisations, the programme strengthens linkages between communities and healthcare systems to ensure comprehensive maternal and child health services.

The programme promotes early HIV and syphilis testing among pregnant women and facilitates the timely initiation of antiretroviral therapy (ART) and syphilis treatment in accordance with national guidelines. Counselling services are provided on treatment adherence, viral suppression, nutrition, safe breastfeeding practices, and infant feeding options to minimise the risk of transmission from mother to child. In addition, the programme supports prophylactic interventions for mothers and newborns, including Nevirapine prophylaxis and cotrimoxazole preventive therapy.

A major focus area under EVTHS is Early Infant Diagnosis (EID) for HIV-exposed infants. The programme facilitates timely Dried Blood Spot (DBS) sample collection within six to eight weeks of birth, followed by scheduled follow-up testing at 6 months, 12 months, and 18 months. Through regular follow-up and tracking mechanisms, the programme ensures timely delivery of test results, continuity of care, and prompt initiation of ART for infants diagnosed HIV positive, thereby improving survival and long-term health outcomes.

Continuum of Care



To further strengthen maternal and child health outcomes, the programme encourages institutional deliveries and supports postnatal follow-up for both mothers and infants. Community awareness-raising, stigma-reduction activities, and male partner involvement are also promoted to improve health-seeking behaviour and strengthen family support systems. Through these integrated efforts, the Vihaan programme contributes significantly towards the national vision of ensuring that no child is born with HIV or syphilis.

A Mother's Return to Care, A Child's HIV-Free Start

Rani (name changed), a 35-year-old woman living with HIV, has been on ART treatment since 2022. Her husband and four-year-old son are also HIV positive and on treatment. In the beginning, Rani adhered to her ART regimen regularly, which helped her maintain good health. However, as she started feeling better, she began missing doses and gradually stopped visiting the ART centre.

Over time, Rani was marked as Lost to Follow-Up (LFU), repeated phone calls were made by the ART centre and Care & Support centre team, but her husband proved to be a major barrier—he did not allow her to collect her medicines or talk to health staff. He often claimed he would visit the centre himself but never did.

During continued follow-up efforts, the team found another address, her maternal home. When the Outreach Worker (ORW) visited, her mother revealed that Rani was pregnant. This raised immediate concern about preventing mother-to-child transmission, requiring prompt intervention.

The Outreach Worker counselled Rani's mother on the urgent need for uninterrupted ART during pregnancy and explained how it could protect the unborn baby.

A few days later, Rani returned to her maternal home. She was already several months pregnant. The ORW facilitated her hospital visit, where her viral load was tested. She received detailed counselling on:

- Restarting ART without delay
- Protecting her own health and preventing HIV transmission to the baby
- Maintaining regular follow-up during pregnancy and breastfeeding

On 23rd July 2025, Rani delivered a healthy baby girl. After delivery, she received further counselling focused on strict adherence to ART during breastfeeding, ensuring the baby remained protected. Regular follow-up helped Rani remain motivated and confident in her treatment.

The focused intervention led to a strong positive outcome. Rani resumed taking her ART medicines regularly and complied with all medical advice. When her baby was one and a half months old, she was brought for HIV testing, and the result was HIV negative, bringing immense relief to the family.

Rani's story demonstrates how persistent follow-up, effective counselling, and family involvement can successfully bring an LFU client back into treatment and prevent HIV transmission to the next generation.

Prison & Other Closed Settings (OCS) Intervention

The Intervention under the Global Fund-supported programme works to strengthen HIV prevention, testing, treatment, care, and support services for incarcerated populations and individuals residing in closed settings. Implemented in collaboration with State AIDS Control Societies (SACS), prison authorities, health departments, ART Centres, and implementing partners, the intervention seeks to ensure equitable access to essential health services for vulnerable populations.

The programme promotes HIV awareness, testing, treatment adherence, TB screening, psychosocial support, and continuity of care through structured counselling, Interpersonal Communication (IPC) sessions, referral mechanisms, and institutional coordination. Special emphasis is placed on supporting People Living with HIV (PLHIV) through timely linkage to ART services, adherence counselling, and continuity of treatment during inmate transfers and release.



Launch of a Portable Handheld X-Ray Machine for TB Screening among prison and other close setting inmates at Gwalior Central Jail, Madhya Pradesh, under the Prison Intervention Programme.



Launch of the Prison Intervention Programme at Sabarmati Central Jail, Ahmedabad.

During FY 2025–26, the intervention was implemented across Chandigarh, DNH & DD, Goa, Gujarat, Jammu & Kashmir, Ladakh, Madhya Pradesh, Maharashtra, Manipur, Mizoram, Mumbai, and Uttarakhand. Through strengthened partnerships with prison health systems and public health institutions, the programme contributed to improved healthcare access, enhanced HIV-TB service integration, and increased awareness on HIV prevention, stigma reduction, mental health, and substance use among inmates and residents of closed settings.

New Initiatives and Innovations

Strengthened coordination mechanisms between prison authorities, ART Centres, ICTCs, and district health systems to improve continuity of care.

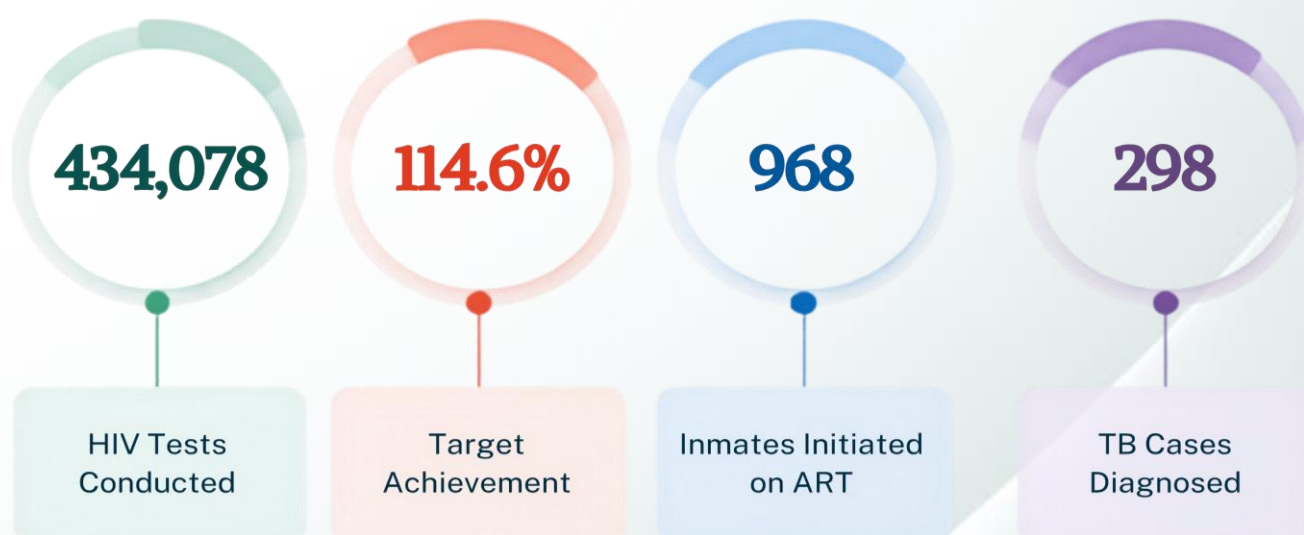
Enhanced referral and tracking systems to support uninterrupted treatment during inmate transfers and post-release transitions.

Integrated HIV and TB screening, counselling, and treatment support services within prison settings.

Expanded Interpersonal Communication (IPC) sessions covering HIV prevention, treatment adherence, TB awareness, mental health, psychosocial wellbeing, and substance use.

Conducted regular capacity-building sessions for prison officials, healthcare providers, counsellors, and peer educators to strengthen service delivery and programme monitoring.

Programme Achievements



Community Systems Strengthening (CSS)

The intervention under the Global Fund-supported programme aims to strengthen community leadership, participation, and accountability within India's HIV response. Implemented by India HIV/AIDS Alliance in partnership with NACO, State AIDS Control Societies (SACS), community-based organisations, and networks of People Living with HIV (PLHIV) and key populations, the intervention promotes meaningful community engagement across all levels of programme implementation.

The programme focuses on building the capacities of community leaders, strengthening Community-Led Monitoring (CLM), supporting Community Resource Groups, and enhancing collaboration between communities and public health systems. Through structured feedback mechanisms, leadership development, and advocacy platforms, CSS enables communities to actively participate in planning, monitoring, and improving HIV service delivery.

During FY 2025–26, CSS interventions strengthened community engagement across multiple states, contributing to improved accountability, service quality, and responsiveness of HIV prevention, treatment, care, and support services. By empowering communities to become active partners in the national HIV response.

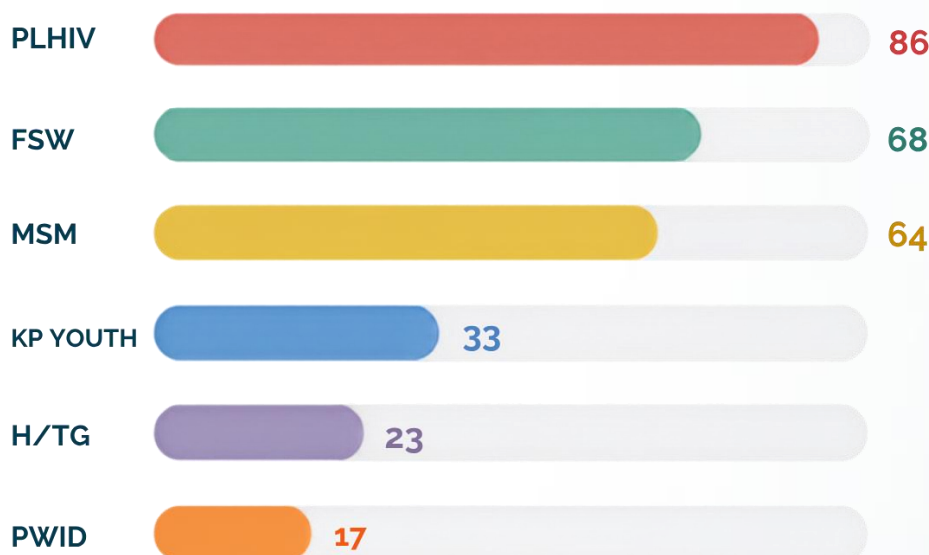
New Initiatives and Innovations

- Introduction of digital Community-Led Monitoring (CLM) tools using QR-based feedback mechanisms.
- Training of community champions to collect and report service delivery feedback from ICTCs, ART Centres, OST Centres, DSRCs, and Targeted Interventions.
- Strengthening the SOLVE approach (a 5-step model under NACO's Community-Led Monitoring framework to Spot issues, Organize evidence, Link stakeholders, Verify solutions, and Evaluate/escalate) for identifying and addressing service delivery gaps.
- Sensitisation of over 200 DISHA officials on CSS and CLM interventions.
- Expansion and regularisation of District Community Resource Groups (DCRGs) to strengthen decentralised community engagement.

Key Achievements

Indicator	Achievement
Community Champions Trained	291
DISHA & SACS Officials Sensitised	200+
DCRGs Formed	127
DCRGs Regularised	76
New DCRGs Established	13
States Covered	10+

Number Trained by Community Group



The Community Systems Strengthening (CSS) intervention continued to reinforce the role of communities as key partners in India's HIV response during FY 2025–26. Through leadership development, Community-Led Monitoring, capacity building, and strengthened community governance mechanisms, the programme empowered key populations and PLHIV networks to actively participate in improving service quality and accountability. The training of 291 community champions, sensitisation of over 200 government stakeholders, and strengthening of Community Resource Groups contributed to more responsive, inclusive, and community-centred HIV services.

NETREACH – A Virtual Intervention

Project NETREACH, supported by the Global Fund and implemented by India HIV/AIDS Alliance (Alliance India) in collaboration with The Humsafar Trust, continued to strengthen India's virtual HIV prevention ecosystem during April 2025–March 2026. The programme used digital outreach, virtual navigation, online risk assessments, tele-support, and technology-enabled referral systems to connect hidden and underserved populations with confidential HIV testing, STI services, mental health support, and ART linkage services.

NETREACH is designed to respond to the growing use of digital platforms among key populations and individuals seeking discreet sexual health services. The programme combines online demand generation, virtual counselling, behavioural risk assessment, referral management, and follow-up support to improve access to HIV prevention and treatment services.

Key Achievements



New Initiatives and Innovations

Digital Innovation and Technology Strengthening

During the year, NETREACH undertook a major digital transformation to strengthen scalability, responsiveness and service integration. The website was migrated from a PHP/Laravel monolithic system to a modern React + Laravel architecture and relaunched in November 2025.

The revamped platform introduced multilingual support, secure teleconsultation with AI-powered summarisation, the AI-driven multilingual chatbot “Malini Didi”, voice-enabled search, consent-based geo-location of nearby health facilities, a client dashboard for appointments and reports, Google Maps integration, colour-coded free/paid service indicators, and a toll-free IVR support system in eight Indian languages.

Outreach and Demand Generation

NETREACH expanded regional and pan-India digital demand-generation efforts through Counsellors-cum-Virtual Navigators (CVNs). Strategies included social media advertising, awareness posters, short videos and reels, CVN-led counselling videos, engagement with trending stories, regional advertising optimisation, and website promotion campaigns.

Higher engagement was observed across Delhi NCR, Haryana, Madhya Pradesh, Punjab and Arunachal Pradesh, with notable interest in HIV, syphilis, STI and PrEP-related services.

Partnerships and Systems Strengthening

NETREACH strengthened coordination with State AIDS Control Societies (SACS) by providing technical assistance in data management, testing-kit forecasting, reporting systems and virtual intervention implementation. To strengthen data quality and programme accountability, the programme also conducted onsite data-validation visits in Kanpur, Lucknow, Jalandhar, Bhopal, Bengaluru, Hyderabad and Guntur.

Knowledge Sharing and Advocacy

NETREACH contributed to national and international knowledge-sharing platforms, presenting its programme experience at the Global Fund and South-to-South Learning Network for HIV Prevention webinar in October 2025. The programme also presented papers at the 14th AIDS Conference organised by Chandigarh SACS and the 17th National Conference of the AIDS Society of India. An abstract on digital HIV counselling for anonymous and hard-to-reach populations was also selected for the 26th International AIDS Conference.

NETREACH demonstrated that virtual HIV prevention can effectively reach hidden, anonymous, and digitally connected populations at scale. The programme achieved substantial digital reach, maintained strong HIV testing and ART linkage outcomes, introduced major technology innovations, and contributed valuable learning to India's evolving digital HIV prevention landscape. NETREACH remains a critical virtual gateway for confidential HIV prevention, testing, psychosocial support, and linkage-to-care services, supporting national efforts to end AIDS as a public health threat by 2030.

Key Populations (KP) Grant for Sex Workers

Sex workers continue to face multiple vulnerabilities, including stigma, discrimination, violence, limited access to healthcare, financial insecurity, and inadequate social protection. These challenges are often compounded by the lack of identity documentation and limited awareness of rights and entitlements, increasing their vulnerability to HIV and other health and social risks.

To address these challenges, India HIV/AIDS Alliance, as the Principal Recipient (PR) of the Global Fund-supported C19RM–Key Populations (KP) Grant, partnered with the All India Network of Sex Workers (AINSW) and sex worker-led Community-Based Organisations (CBOs) to strengthen health resilience, improve access to social protection schemes and entitlements, address gender-based violence, promote community leadership, and enhance engagement of sex workers living with HIV.

Implemented through two Sub-Recipients, 12 Sub-Sub-Recipients, and 18 direct implementation units across 12 states and 25 districts, the programme adopted a community-led approach to reduce vulnerabilities and improve access to essential services. Field implementation commenced in January 2024 and continued through July 2025, reaching sex workers through 27 Community-Based Organisations. The project concluded in October 2025 with a National Dissemination Meeting to share key learnings, outcomes, and implementation experiences.



National Dissemination Meeting | C19RM KP Grant, New Delhi (October 2025)

New Initiatives and Innovations

- Development of IEC materials and toolkits on SRHR, GBV/IPV, and the Hon'ble Supreme Court order on the rights of sex workers, translated into eight regional languages.
- A Telehealth Pilot in Kolkata and Mysuru, providing 24/7 teleconsultation services and healthcare support for sex workers.
- Capacity building of Community Facilitators and community leaders through Training of Trainers (ToTs) and leadership development programmes.
- Strengthening engagement of sex workers living with HIV through coordinated sensitisation sessions with Care and Support Centres (CSCs).
- Organising state-level roundtable discussions involving government departments, law enforcement agencies, donor organisations, and community representatives to promote rights-based approaches and strengthen stakeholder engagement.

Programme Achievements

Indicator	Achievement April 2025 and July 2025
Social Protection Services Facilitated	12,790 services were successfully accessed by beneficiaries.
Strengthening of CBOs (GBV, IPV & SRHR Capacity Building)	1,341 sensitisation meetings were conducted, reaching approximately 20,352 community members.
Engagement with Sex Workers Living with HIV	89 sensitisation meetings reached 1,487 participants, including community members, healthcare providers, doctors, supervisors.

Key Achievements and Impact

The KP Grant strengthened community leadership, improved access to social protection, and promoted rights-based approaches among sex workers across 12 states. Through community-led interventions, sex workers were connected to social entitlements, healthcare services, and support systems that enhanced their resilience and wellbeing. The programme also strengthened awareness around gender-based violence, sexual and reproductive health and rights, and legal protections available to sex workers.

A significant achievement was the successful implementation of the Telehealth Pilot, which demonstrated the potential of technology-enabled healthcare delivery for reaching vulnerable populations. The project further strengthened institutional capacities of sex worker-led organisations, supported emerging community leaders, and facilitated dialogue between communities, government agencies, and service providers.

By placing sex workers at the centre of programme design and implementation, the intervention contributed to greater inclusion, empowerment, and access to services while strengthening community systems that can sustain these gains beyond the life of the project.

A Place in the System, A Place in Society

Raveena (name changed), a 62-year-old woman from Bardhaman district of West Bengal, has spent more than five decades living in the area. Her life has been shaped by hardship and trauma from an early age. Born in West Bengal, she lost both her parents at the age of 12. With no family to care for her, she was brought to the red-light area, where she faced severe violence and abuse as a young sex worker. The stigma and emotional wounds she endured convinced her that returning to her hometown would be impossible; she believed society would never accept her.

Throughout her life, Raveena lacked access to fundamental social entitlements. She had no Aadhaar Card, no Voter ID, and no bank account. Without any official identity documents, Raveena felt invisible, excluded from the civic life of India.

Understanding her struggles, Asansol Durbar Samity, an implementation partner, KP grant. Their first objective was to help her obtain proper identity documents, beginning with a Voter Card. With the assistance of the KP Grant Project, Raveena successfully received her Voter ID.

This single document marked a turning point in Raveena's life. For the first time, she felt recognised as part of the nation's civic structure. In 2024, at the age of 62, Raveena proudly cast her vote in the Lok Sabha elections, a moment filled with empowerment and emotion. She expressed overwhelming joy and a renewed sense of belonging, saying the Voter Card made her feel like a true citizen of India.

Receiving her Voter Card is just the beginning of Raveena's journey toward full inclusion. The next steps will involve obtaining her Aadhaar Card and opening a bank account. This story stands as a powerful example of how focused support and advocacy can transform the lives of those pushed to the margins of society.

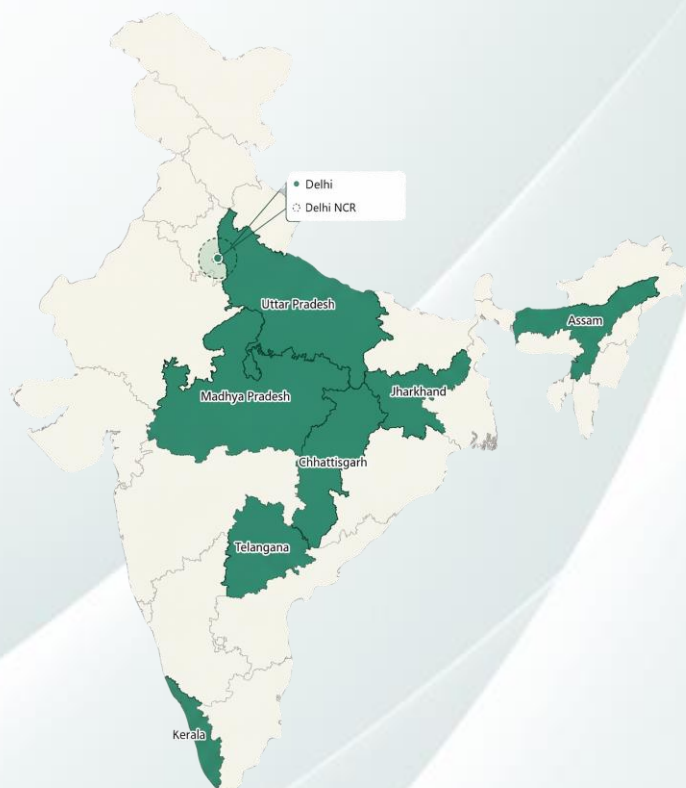


Project SAHAS

SAHAS, meaning “Courage” in Hindi, is a holistic initiative that advances the health and wellbeing of transgender and Hijra communities in India. The programme addresses key areas including healthcare beyond HIV, recognising the diverse and intersecting needs of transgender and gender-diverse persons, gender Affirmation Care (GAC), social entitlements, violence prevention, and leadership development.

Funded by Azim Premji Foundation (APF) and implemented by India HIV/AIDS Alliance in collaboration with partner Community-Based Organisations (CBOs).

The programme adopts a community-led approach to improve access to healthcare services, gender-affirming care, social protection schemes, crisis response mechanisms, and community support systems. Through community outreach, Drop-in Centres, support groups, leadership development initiatives, and partnerships with healthcare providers and government stakeholders, SAHAS works to strengthen inclusion, dignity, access to essential services, and long-term wellbeing of transgender and Hijra communities.



Community Registration & Outreach

A total of 5,248 new transgender persons were registered during the third year of the project, including 3,833 Transwomen, 567 Transmen and 848 Non-binary persons. This demonstrates the project's extensive community outreach and trust-building efforts among diverse transgender communities.

Thematic Area	Key Achievements
Health and HIV Services	10,699 transgender persons screened for HIV. 673 individuals received confirmatory testing at ICTCs. 94 individuals were diagnosed HIV positive and all 94 were initiated on ART.
Gender-Affirming Care	2,443 referrals made for gender-affirming care services
Social Protection and Welfare	2,546 transgender persons linked to social welfare and entitlement services.
Community Engagement and Support	9,918 transgender persons accessed services through Drop-in Centres. 255 support group meetings and community Sabhas conducted. 10,268 individuals reached through IEC and awareness activities. 815 crisis cases reported

Leadership, Advocacy and Inclusion

- Advocacy and leadership training conducted for second-line leaders across project sites.
- Sensitisation programmes on Gender Affirming Care conducted at AIIMS Guwahati, AIIMS Bhopal, and AIIMS Raipur.
- Three new Self-Help Groups established to strengthen livelihoods and entrepreneurship.
- Two transgender-led organisations transitioned to onward granting partners, strengthening community ownership and leadership.

New Initiatives and Innovations

- Community Gender Affirming Care (GAC) Help Desks established in government hospitals to facilitate access to gender-affirming healthcare services.
- Introduction of "SAHAS ki Pathshala" e-learning modules covering gender-affirming care, mental health, non-communicable diseases, oral hygiene, and social welfare schemes.
- Launch of Parents' Network Meetings to strengthen family acceptance and support for transgender persons.
- Training of healthcare providers at AIIMS Guwahati, AIIMS Bhopal, and AIIMS Raipur to promote transgender-inclusive healthcare services.
- Leadership and advocacy training for second-line community leaders to strengthen community representation and engagement with policymakers.
- Promotion of Self-Help Groups (SHGs) and social entrepreneurship initiatives to support livelihood opportunities and financial inclusion

Project SAHAS strengthened community-led systems that enable transgender persons to access healthcare, social protection, crisis support, and gender-affirming services with dignity and confidence. The project demonstrated the value of integrating health, social inclusion, leadership development, and economic empowerment within a single programme framework.

Building on the achievements of Phase I (2023–2026), SAHAS 2.0 (2026–2029) will continue to advance transgender inclusion while placing greater emphasis on Education, Employment, and Entrepreneurship (3Es) to improve long-term quality of life and socio-economic wellbeing of transgender and gender-diverse communities.

National Prevention Accountability Project

The National Prevention Accountability Project, led by India HIV/AIDS Alliance in partnership with Frontline AIDS, contributes to the global effort to end AIDS by strengthening community-led HIV prevention in India. Aligned with the Global Plan of Action by Frontline AIDS; the program focuses on improving access to inclusive and integrated prevention services across HIV, sexual and reproductive health and rights (SRHR), tuberculosis, and viral hepatitis. It prioritises gender equality, overall wellbeing, and the development of sustainable, people-centred community health systems.

At its core, the project brought together national networks of key populations; including people living with HIV, sex workers, transgender persons, sexual minorities, and people who use drugs; to ensure that prevention responses are accountable, inclusive, and grounded in lived realities. Through this coalition-based approach, the program amplifies community voices and informs policy. By bridging grassroots experiences with national and global policy platforms, the project plays a critical role in shaping investments and ensuring that prevention services effectively reach those most at risk.

Program Achievements:

- Established a strong, representative national coalition of key population networks across India
- Generated evidence-based recommendations informing key policy processes, including the National Prevention Summit 2025 and NACP Phase

New Initiatives or Innovations:

- Strengthening a national coalition of key population networks to lead community-driven accountability in HIV prevention
- Development of a structured framework to track HIV prevention milestones and gaps
- Key populations specific consultations (2025) to identify decentralised, population-specific prevention challenges and solutions
- Contribution to the formation of a global transgender coalition addressing gender-based violence



Strengthening Community Voice in National Policy

Through a series of national consultations and roundtables, community representatives from diverse key populations were able to directly engage with policymakers and stakeholders. Their inputs informed national-level recommendations that were integrated into discussions for NACP Phase VI, demonstrating the impact of structured community engagement on policy development. On July 7, 2025; Alliance presented the findings at the NACO meeting regarding the critical challenges across varying geographic locations identified by the network partners, with actionable recommendations based on the feedback from key population network partners. The detailed report was shared with NACO early 2025.

Amplifying Community Voices on the Global Stage

Alliance India's membership in the UNAIDS Programme Coordinating Board (PCB) NGO Delegation reflects its strategic role in advancing meaningful civil society participation in global HIV governance. The PCB serves as a unique platform where governments, UN agencies, and civil society—including representatives from people living with HIV and key populations; jointly shape global HIV priorities and hold stakeholders accountable. Through this mechanism, Alliance India brings grounded, community-led evidence from India to inform global policy discussions, ensuring that the voices of marginalised communities are not only heard but integrated into decision-making processes. As a long-standing partner of Frontline AIDS, the organisation also contributes to strengthening global advocacy efforts, aligning national experiences with international strategies to accelerate progress towards ending AIDS.





The Fourth National Transgender Summit

On 20 February 2026, the Fourth National Transgender Summit was convened at the National Institute of Social Defence (NISD), New Delhi, bringing together policymakers, healthcare professionals, researchers, and community leaders to advance transgender health equity in India. Organised by Alliance India in collaboration with NISD, The Humsafar Trust, and Centre for Sexuality and Health Research and Policy (C-SHaRP), the summit created a critical platform for dialogue on inclusive and comprehensive healthcare systems. Key discussions focused on expanding access to gender-affirming services, translating evidence-based research into policy and practice, and strengthening community-led service delivery.

Representatives from national programmes, UN agencies, academic institutions, and civil society organisations deliberated on strengthening health systems, addressing gender-based violence, and improving access to education and sustainable livelihood opportunities. The summit also emphasised nurturing the next generation of transgender health researchers and ensuring meaningful community participation in decision-making spaces. By bridging the gap between lived experiences and institutional responses, the convening reinforced a collective commitment to dignity, safety, and inclusive development, while advancing actionable pathways for a more equitable future for transgender communities across India.



Project SPECTRUM

The Project is an innovative HIV prevention initiative that addresses the intersection of HIV vulnerability, sexualised substance use (SSU), mental health, and access to Pre-Exposure Prophylaxis (PrEP) among men who have sex with men (MSM) and transgender communities. Supported by the Elton John AIDS Foundation (EJAF) and implemented by India HIV/AIDS Alliance, the project aims to strengthen access to stigma-free HIV prevention, treatment, and support services for individuals engaged in sexualised substance use.

Implemented across Delhi, Bengaluru, Imphal, Amritsar, and Chennai, the project integrates HIV testing, PrEP services, harm reduction approaches, mental health support, provider sensitisation, and targeted outreach to address the complex factors that increase HIV vulnerability among MSM and transgender communities. Through evidence-informed interventions and strategic partnerships, the programme promotes safer behaviours, strengthens access to healthcare services, and supports improved health outcomes among populations that often remain underserved by conventional HIV prevention programmes.

During the reporting period, the project expanded its geographic footprint, strengthened PrEP service delivery, enhanced provider capacity, and generated important evidence on sexualised substance use and HIV risk, contributing to more responsive and differentiated HIV prevention approaches in India.

New Initiatives and Innovations

- Expansion of Project SPECTRUM to Chennai, extending access to HIV prevention and support services to MSM and transgender communities in Tamil Nadu.
- Introduction of integrated sexualised substance use (SSU) risk assessments and behavioural screening within HIV prevention services.
- Strengthening peer-led psychosocial support and mental health counselling for individuals engaged in SSU.
- Scale-up of community-led PrEP counselling, adherence support, and retention mechanisms.
- Establishment of a Technical Advisory Committee (TAC) comprising experts from WHO, UNAIDS, ICMR, clinicians, and community representatives to provide strategic guidance.
- Strengthening digital monitoring systems, longitudinal cohort tracking, and referral pathways with ICTCs, STI clinics, ART centres, and mental health services.

Programme Achievements

Areas	Key Achievements
HIV Prevention and Treatment	2,464 individuals screened for HIV. 42 HIV-positive individuals identified. 100% linkage to ART services. 100% retention on treatment among those linked.
PrEP Scale-Up	1,139 MSM and transgender individuals initiated on PrEP. PrEP uptake exceeded cumulative programme targets. Strengthened adherence support and peer navigation systems.
Community Outreach and Engagement	4,967 physical outreach sessions conducted. 753 virtual outreach sessions conducted. Community mobilisation activities strengthened awareness and uptake of HIV prevention services.
Mental Health and Harm Reduction	681 individuals enrolled in the longitudinal SSU cohort. Mental health counselling and psychosocial support integrated into service delivery. Tailored IEC materials developed on safer substance use and HIV prevention.
Healthcare Systems Strengthening	85 healthcare and service providers trained on MSM and transgender-sensitive service delivery, PrEP counselling, stigma reduction, confidentiality, and SSU-related vulnerabilities. Provider training exceeded the overall project life target.
Advocacy and Partnerships	30 advocacy meetings conducted with key stakeholders. Technical Advisory Committee established to strengthen evidence-informed programme implementation.

Project SPECTRUM has demonstrated the importance of integrating HIV prevention, mental health support, harm reduction, and community-led service delivery to address the needs of MSM and transgender individuals engaged in sexualised substance use. The programme successfully created safe and non-judgemental spaces where community members could access HIV prevention services, discuss substance use, receive psychosocial support, and make informed decisions about their health.

Findings from the programme highlighted significant levels of HIV vulnerability among participants, with 68% of registered clients falling within medium-to-high HIV risk categories and 59% reporting high-frequency sexualised substance use. These insights have strengthened the evidence base for targeted HIV prevention approaches and informed programme adaptation.

Through expanded access to PrEP, provider sensitisation, peer-led outreach, and strengthened referral systems, the project contributed to improved service uptake and retention while promoting community trust and engagement.

RISE: Strengthening the HIV Care Continuum in Mumbai

The Reaching Impact, Saturation and Epidemic Control (RISE) initiative, funded by Jhpiego, is a health systems strengthening programme to accelerate sustainable, country-led HIV epidemic control. In India, RISE supports the National AIDS Control Programme (NACP-V) targets (95-95-99) by reinforcing data systems, institutional health mechanisms, and community-led care. Implemented under the strategic leadership of Jhpiego, the project partners with India HIV/AIDS Alliance (Alliance India) in Mumbai to strengthen facility-community integration, treatment adherence support, and differentiated services for key and vulnerable populations. Formally launched on 15 January 2026, the project completed its inception phase (planning, staffing, and stakeholder alignment) in February, followed by full operational scale-up across multiple sites in March 2026 using Community Facilitators (CFs) to support ICTCs, ARTCs, and Targeted Interventions (TIs).

New Initiatives or Innovation

In coordination with the Mumbai District AIDS Control Society (MDACS), three core innovative strategies were adopted to improve service accessibility and reach underserved, hidden, or hard-to-reach demographics:

- **Evening Clinics:** Extends access to testing and treatment services past routine working hours for working populations, particularly at-risk women and partners.
- **Provider Initiated Testing & Counselling (PITC):** A demonstration model launched in high-yield clinical departments to optimize early facility-based case identification.
- **Community-Based Screening:** Targeted outreach planned for priority locations to complement facility-based testing. Area identification discussions are ongoing with MDACS.

Program Achievements

1. Site Improvement Plan (SIP)

Sites prioritised for supportive supervision based on regular performance, scorecard analysis, and baseline datasets:

TI NGO	ICTC	ARTC
13	15	13

2. Improving HIV Case Identification (Till March 2026)

Virtual Outreach: 6,676 new community members were contacted to engage hidden and mobile populations unreached by standard facility lines.

Index Testing at ICTC: Community Facilitator supported index testing during routine post-test counselling to increase partner coverage, reaching 519 clients.

Index Testing at ARTC: Integrated into routine PLHIV follow-up to trace undiagnosed individuals, reaching 2,445 index clients.

Supportive Supervision (Prevention): Structured mentoring visits conducted by the Programme Officer to optimise field capacity at SIP sites.

3. Treatment Continuity and Retention (Till March 2026)

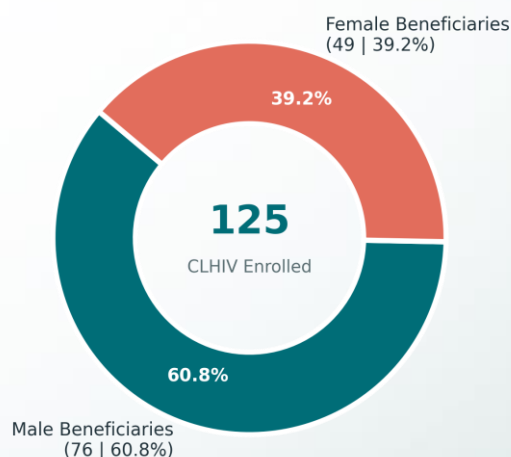
- **Tracking Treatment Continuity:** Systematic phone follow ups and field visits to recover clients due for visits or Lost to Follow-Up (LFU), 2123 clients were followed up.
- **Viral Load (VL) Monitoring:** Follow-up monitoring prioritising 780 newly initiated clients and individuals exhibiting treatment adherence gaps.
- **Supportive Supervision (Treatment):** Structured quality mentoring site visits executed across a total of 12 ARTCs based on baseline SIP prioritisation.

Bal Poshan Project

The Bal Poshan Project, implemented by Alliance India with financial and strategic support from TELUS Digital under its Corporate Social Responsibility (CSR) initiative, aims to improve the nutritional status, health outcomes and overall well-being of Children Living with HIV (CLHIV) in Ahmedabad, Gujarat. Implemented from July 2025 to March 2026, the project provided targeted nutritional support, regular health monitoring, adherence counselling, and caregiver capacity strengthening to 125 CLHIV aged 2–19 years enrolled in ART Centres. The intervention addressed the heightened nutritional vulnerability faced by CLHIV due to chronic infection, increased metabolic demands, and socio-economic constraints. Through monthly nutrition and hygiene kit distribution, anthropometric monitoring, counselling sessions, home visits, and caregiver engagement. The project, apart from nutrition and clinical care, strengthened caregiver awareness and psychosocial well-being through counselling, home-based follow-ups, and child-friendly activities during nutrition distribution days. Community engagement initiatives such as Children's Day and Christmas celebrations, nutritional support while strengthening treatment adherence and health awareness among families.

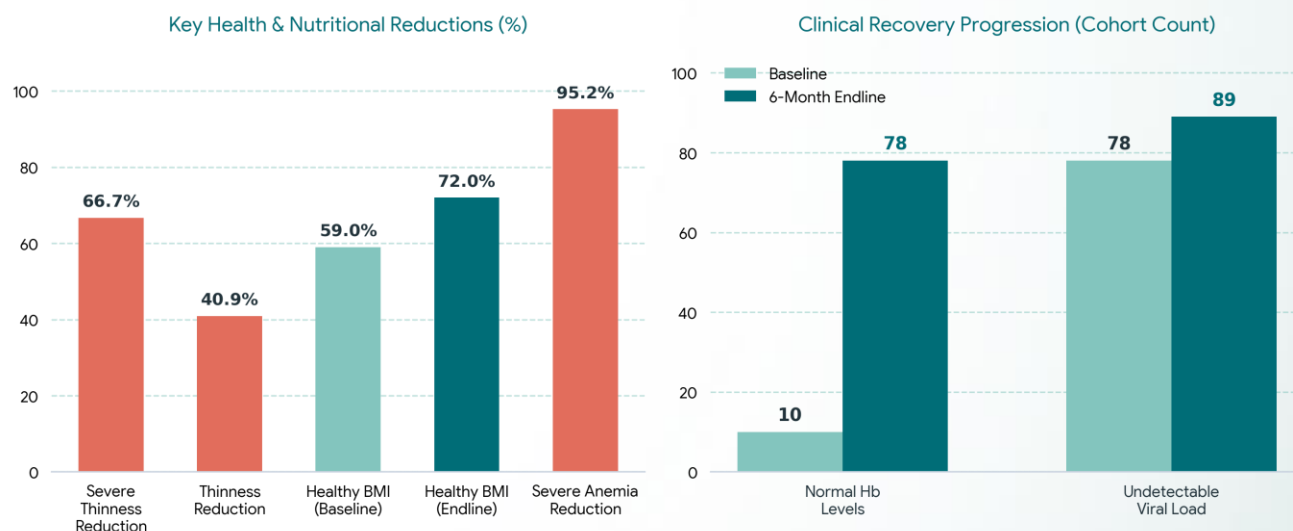
Programme Achievements

A total of 125 Children Living with HIV (CLHIV) were enrolled in the Bal Poshan Project and monitored throughout the six-month intervention period. The cohort consisted of 76 male beneficiaries (60.8%) and 49 female beneficiaries (39.2%). These children belonged to different age groups between 2–19 years and were registered at the ART Centre.



The selected participants represented nutritionally vulnerable children requiring targeted nutritional support, regular health monitoring, and caregiver counseling. The intervention addressed the heightened nutritional vulnerability faced by CLHIV due to chronic infection, increased metabolic demands, and socio-economic constraints. Through monthly nutrition and hygiene kit distribution, anthropometric monitoring, counselling sessions, home visits, and caregiver engagement, the project ensured consistent nutritional support while strengthening treatment adherence and health awareness among families.

Over the six-month intervention period, the project demonstrated significant improvements in child health outcomes. The prevalence of severe thinness declined by 66.7% and thinness by 40.9%, increasing the proportion of children with healthy BMI from 59% to 72%. Substantial improvement was also observed in anemia status, with severe anemia reduced by 95.2% and the number of children with normal hemoglobin levels increasing from 10 to 78. Clinical outcomes improved as well, with the number of children achieving undetectable viral load rising from 78 to 89, indicating better treatment adherence and overall health stability.



Beyond nutrition and clinical care, the project strengthened caregiver awareness and psychosocial well-being through counselling, home-based follow-up, and child-friendly activities during nutrition distribution days. Community engagement initiatives such as Children's Day and Christmas celebrations, supported by TELUS volunteers, created a supportive and inclusive environment that enhanced the emotional well-being of participating children.



Importantly, the project also contributed to policy-level impact. Evidence generated through the intervention informed advocacy with the Gujarat State AIDS Control Society, resulting in the institutionalisation of “Bal Ayusham Day” on the 1st of every month across ART Centres in Gujarat. This initiative promotes regular anthropometric monitoring, adherence reinforcement, and nutritional counselling for paediatric HIV care across the state.

Overall, the **Bal Poshan Project** demonstrates that integrating structured nutritional support with clinical monitoring, counselling, and community engagement can significantly improve the health, nutritional recovery, and quality of life of Children Living with HIV, while also informing scalable policy responses for paediatric HIV care.

14-Year-Old Ravi: Finding Strength to Pursue His Dreams

Ravi (Name changed to protect identity), a 14-year-old boy from Ahmedabad, is a bright student with a deep passion for cricket. He dreams of becoming a professional cricketer and supporting his parents through his achievements. However, his aspirations were overshadowed by significant health and social challenges. He was underweight, severely anaemic, and living with HIV.

Ravi struggled with taking his ART medication and had, at times, discarded his tablets, leading to an unsuppressed viral load. As an adolescent, he had several questions about why he needed ART when his peers and elder brother did not, but his confusion and misconceptions had never been fully addressed. Financial difficulties and HIV-related stigma further affected the family's well-being.

Recognising the need for comprehensive care, the Bal Poshan Project rolled out a multifaceted, family-centred intervention to address his health, nutrition, and psychosocial well-being. The outreach team initiated intensive, empathetic counselling with Ravi and his parents, focusing on ART adherence, essential nutrition, and positive health practices. Crucially, outreach workers addressed his questions and misconceptions regarding HIV, helping him understand the importance of taking ART regularly and on time. The team also used Ravi's love for cricket as a source of motivation, helping him understand that taking care of his health is an important step towards achieving his dreams.

To address his nutritional deficiencies, the project provided monthly nutrient-dense kits alongside routine anthropometric assessments to track his weight, height, and physical recovery.

The team is focusing on Ravi's recovery through ongoing nutritional supplementation, targeted anaemia management, and close clinical monitoring to achieve and sustain full viral load suppression.

Ravi's journey is still ongoing, with continued support focused on nutritional recovery, viral load suppression, treatment adherence, education, and sports. His story reminds us that adolescents living with HIV need more than medicines; they need understanding, encouragement, and the confidence to imagine a future beyond their illness.

End AIDS India

End AIDS India, a campaign by India HIV/AIDS Alliance, continues to create awareness and mobilise resources to strengthen the HIV response programme in India and accelerate efforts towards ending the HIV epidemic.

As we reflect on the financial year 2025–26, we do so with deep gratitude and renewed determination. The year highlighted the power of collective support, as the continued trust and encouragement of our donors, partners, and well-wishers strengthened Alliance India's mission and outreach efforts.

During the year, we were privileged to receive continued support from organisations including TELUS Digital, Impressico Business Solutions Pvt. Ltd., Ramco Steels Pvt. Ltd., Shrimati Ram Ditti Dua Memorial Society, Gracure Pharmaceuticals Ltd., and IKG Charitable Trust. We were equally encouraged to welcome first-time support from Embee Software Pvt. Ltd. and M Pallonji & Co Pvt. Ltd.

Their generosity and belief in our work became a source of strength during critical moments, enabling us to remain focused on sustaining and expanding our programmes for communities affected by HIV.

This year was marked by resilience, compassion, and collective action. Through the support of around 1800 donors, we were able to continue delivering meaningful interventions and strengthening our outreach efforts. We extend our heartfelt gratitude to every individual and organisation whose trust and commitment continue to inspire our journey.

Through focused fundraising initiatives in nutrition and education, we continued to support children and communities living with HIV during the year. These interventions, carried out in collaboration with our valued partners and supporters, helped address critical needs while contributing to improved quality of life and long-term well-being.

Significant efforts were also made to strengthen fundraising systems and team engagement through strategic planning, capacity enhancement, and improved donor retention approaches. Outreach activities were further expanded to identify new partnerships and create sustainable avenues for support.

In the coming year, End AIDS India campaign will continue to build stronger partnerships, promote community-led advocacy, and adopt innovative fundraising strategies to ensure sustained support for people living with HIV.

Our mission remains focused on creating hope, inclusion, and meaningful change for affected communities.

Financial Overview

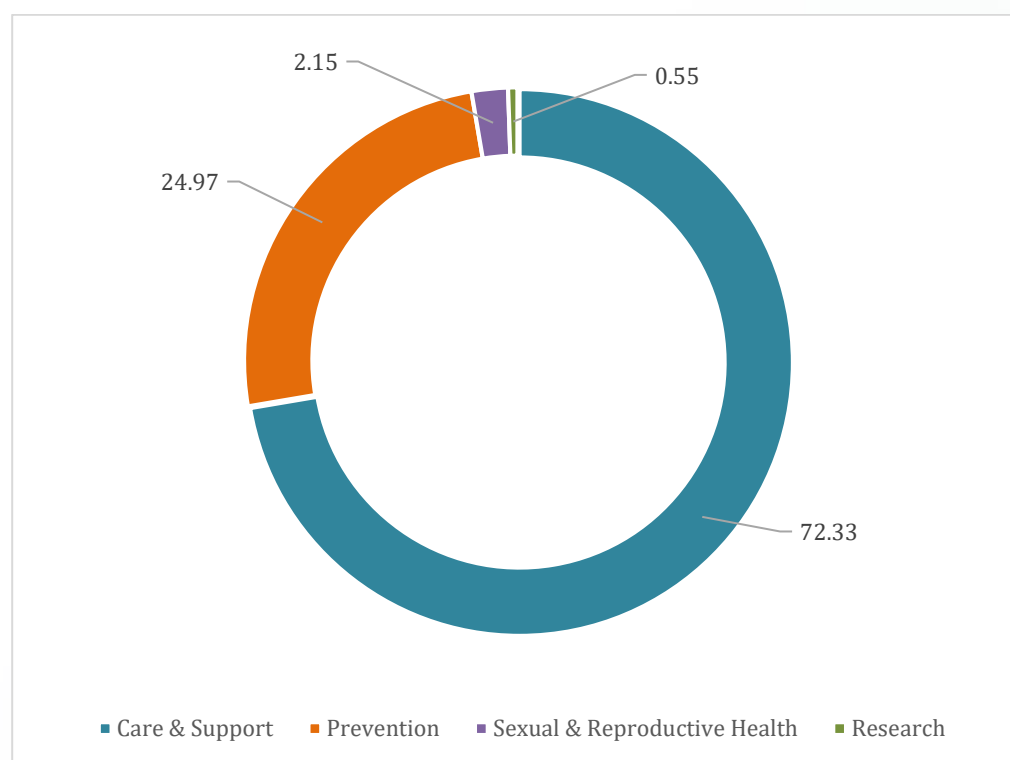
For the period of April'2025 to March'2026

During FY 2025–26, the annual turnover of INR 50.08 crore, supported by a diverse portfolio of donors.

Donor contributions ranged from less than 1% to 85.79% of the total funding. While contributions from individuals and High-Net-Worth Individuals (HNIs) provide important support for innovation and pilot initiatives, larger institutional grants enable the organisation to undertake programmes at scale through community-based organisations and established partners at the national and state levels.

Allocation of Grant Funds

Grant funding was deployed across four key intervention areas:



Overall, 98.21% of the grant funding was directed towards HIV/AIDS prevention and care and support for people living with HIV (PLHIV), reflecting the Organisation's continued focus on its core programme priorities.

Community-Centric Implementation

The application of funds demonstrates a strong emphasis on grassroots and community-led implementation. Approximately 63.61% of the total funds were provided as grants to implementation organisations across India, enabling programmes to be delivered through community-based and local partner organisations.

This allocation reflects the Organisation's community-centric implementation approach, strengthening the role of grassroots organisations in reaching vulnerable and marginalised communities and translating programme investments into interventions at the field level.

INDIA HIV/AIDS ALLIANCE

BALANCE SHEET AS AT 31ST MARCH 2026

(Amount in Rs. 00)

Particulars	Note No.	As at 31st March 2026	As at 31st March 2025
I. EQUITY AND LIABILITIES			
(1) Shareholder's Funds			
(a) Share Capital	3	-	-
(b) Reserves and Surplus	4	6,07,511	5,63,766
(c) Property, Plant, Equipment & Intangible assets fund	5	4,72,347	13,00,947
(2) Current Liabilities			
(a) Trade payables	6	-	-
-Total outstanding dues of micro enterprises & small enterprises		-	-
-Total outstanding dues of creditors other than micro & small enterprises		4,704	14,822
(b) Other current liabilities	7	8,58,916	9,58,690
Total		19,43,478	28,38,225
II. ASSETS			
(1) Non-current assets			
(a) Property, Plant, Equipment & Intangible assets	5		
(i) Property, Plant & Equipment		4,51,089	10,09,791
(ii) Intangible assets		21,258	2,91,156
b) Long-term loans and advances	8	-	18,173
c) Other Non-current assets	9	3,04,530	75,579
(2) Current assets			
(a) Cash and cash equivalent	10	10,70,673	14,25,769
(b) Short-term loans and advances	11	92,319	8,118
(c) Other current assets	12	3,609	9,639
Total		19,43,478	28,38,225

NOTES FORMING PART OF THE FINANCIAL STATEMENTS

1 to 32

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

For RAY & RAY

Chartered Accountants

Registration No. 301072E

Samir Manocha

Partner

Membership No. 91479

New Delhi

Date: 21st September 2026



**For and on behalf of Board of Directors
India HIV/AIDS Alliance**

Kanuru Sujatha Rao
(Chairperson)
(DIN :07129022)

Sanjay Patra
(Director)
(DIN: 03257125)

Sanjay Gupta
Director Finance & Operations

Pramod Kunnath
(Chief Executive)

**India
HIV/AIDS
Alliance**

New Delhi

INDIA HIV/AIDS ALLIANCE
STATEMENT OF INCOME AND EXPENDITURE
FOR THE YEAR ENDED 31ST MARCH 2026

(Amount in Rs. 00)

Particulars	Note No.	For the year ended 31st March 2026	For the year ended 31st March 2025
<u>Income:</u>			
Grant Incomes (Restricted Funds to the extent utilised)		48,68,008	56,51,313
General Donations		1,05,867	1,04,678
Other Income	13	34,620	31,172
Total Income		50,08,495	57,87,163
<u>Expenditure</u>			
Programme Expenses	14	39,90,539	48,38,094
Employee Benefit Program Staff	15-A	4,56,819	4,38,988
Employee Benefit Admin Staff	15-B	2,67,812	2,37,287
Administrative Expenses	16	2,49,580	2,59,280
Total Expenses		49,64,750	57,73,649
Surplus/ (Deficit) for the year		43,745	13,514

NOTES FORMING PART OF THE FINANCIAL STATEMENTS

1 to 32

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

For RAY & RAY
Chartered Accountants
Registration No. 301072E

Samir Manocha

Partner

Membership No. 91479

New Delhi

Date: 21st September 2026

For and on behalf of Board of Directors
India HIV/AIDS Alliance

Kanuru Sujatha Rao

(Chairperson)

(DIN :07129022)

Sanjay Patra

(Director)

(DIN: 03257125)

Sanjay Gupta

Director Finance & Operations

Pramod Kunnath

(Chief Executive)

India
HIV/AIDS
Alliance

New Delhi

ALLIANCEINDIA.org

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



@India HIV/AIDS Alliance



@indiahivaidallsalliance



@AllianceinIndia



@India HIV/AIDS Alliance



@India HIV/AIDS Alliance