

# **National Consultation on Standard Operating Procedure for Targeted Interventions at Spa/Massage Parlours, through Network Operators and on Web Based Platforms under NACP V**

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

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

## Executive Summary

Key populations, including individuals engaged in sex work and solicitation through various means, confront a diverse array of social, economic, and health-related challenges. These challenges encompass stigma, discrimination, and the heightened risk of contracting HIV and other sexually transmitted infections (STIs). The changing landscape of sex work, driven by advancements in technology and social media, has thereby demanded the implementation of targeted interventions to address the evolving patterns and risks associated with this vulnerable population.

The National AIDS Control Program (NACP) Phase-V aims to reduce new HIV infections and AIDS-related mortalities by 80% by 2025-26, emphasizing the need to address emerging risk behaviours such as solicitation on virtual platforms and through venues like spas and massage parlours. In response to these challenges, the National AIDS Control Organization (NACO) with support from India HIV/AIDS Alliance organised a National Consultation to develop Standard Operating Procedures (SOPs) for implementing interventions in these contexts.

The national consultation, titled "Standard Operating Procedure (SoP) for Targeted Interventions at Spa/Massage Parlours, through Network Operators and on Web-Based Platforms under NACP V," was held from June 8th to 9th, 2023, in New Delhi.

The objective of the national consultation was to develop a standard operating procedure for reaching out to unreached population at Spa/Massage Parlours, through Network Operators and on Web-Based Platforms and provide access to HIV prevention, treatment and care services in an enabling environment, free from stigma and discrimination.

The consultation brought together various stakeholders, including NACO officials, State AIDS Control Societies (SACS), Technical Support Units (TSUs), allied NGO partners, and community representatives from different geographical zones. Over the course of two days, the participants engaged in brainstorming sessions, group activities, and presentations to generate valuable insights and recommendations for the development of the SOP framework.

The technical sessions, starting with the opening session focused on the strategies under NACP phase V to reach out to the unreached HRGs through the program. The NACP phase V goals were detailed in the session along with the approaches to reach high risk persons on web-based platforms and applications. The session ended with the presentation on the information on Network operators garnered through the program mapping exercise by NACO. The following session focused on the presentations made by various SACS and partners of their experience of implementing interventions for sex workers in SPA and massage parlours, through network operators as well as high risk groups on web-based platforms. The last technical session focused on IEC materials for linkages and follow up of unreached HRGs specifically on web-based platforms.

The consultation also featured three group work sessions to gather insights and recommendations SoP development for each specific area of intervention: spas/massage parlours, network operators, and web-based platforms.

The national consultation provided a platform for meaningful discussions and collaborative efforts to develop SoPs for interventions targeting high risk populations in spa and massage parlours, on virtual platforms, and through network operators. The recommendations and insights gathered from the participants will serve as valuable inputs for the development of a comprehensive and effective SoP framework. The implementation of these SOPs will bridge existing gaps in service delivery and enhance the reach, coverage, and impact of interventions, ultimately contributing to the achievement of the NACP Phase-V objectives.

It was also highlighted during the consultation that the interventions need to adopt a differentiated and human-centered approach, wherein services are specifically tailored to meet the specific needs of different high-risk populations, and are provided in a comprehensive manner. It was also reiterated that comprehensive situation assessments are conducted before implementation, that various social determinants of health are address through the interventions, and ensure inclusion of a range of services in the implementation framework. Specific to virtual interventions, it was highlighted to ensure sustainability of the intervention in terms of funding, infrastructure and adaptability, while it was recommended that for interventions at SPA and massage parlours and through network operators, rapport building exercise is given due focus. Lastly, the importance of ensuring privacy and confidentiality while engaging the target population was also highlighted.

Ms V Hekali Zhimomi, AS & DG, NACO in her final remarks highlighted the need to adapting the approach of Targetted Interventions (TIs) to reach the unreached populations beyond metro areas. She reiterated the importance of dissemination of Standard Operating Procedures (SoP) to remote regions and leveraging the knowledge of communities by utilising the same effective tools that have been used previously. She additionally highlighted the importance of addressing local needs that vary across different geographies, creating safe spaces and setting timelines. She also reiterated the importance of engaging with different stakeholders including ministries and government departments to ensure addressing needs of the communities which are beyond HIV and health. The following chapters capture the discussions during the day as well as recommendations and way forward.

## Background

Key Populations are at higher risk of experiencing a broad range of social, economic, sexual, and reproductive issues, health conditions and experience stigma and discrimination, along with sexually transmitted infections (STIs)/HIV etc. In recent times, sex work patterns have undergone a change owing to technology and social media. With the advent of mobile and newer communication technologies, the patterns of sex work have also changed and evolved. Mobile phones act as a tool for networking and soliciting. Increasingly, key populations have also started depending on mediators termed 'Network Operators' (NWO) for client solicitation. The role of NWOs has emerged as a new mechanism in carrying out sex work solicitation in India and worldwide. There are new physical spaces like massage parlours and spas where solicitation takes place. Studies conducted in massage parlours in Asia and North America have indicated that masseurs and masseuses frequently engage in high-risk behaviours, including sex work which makes them vulnerable to contracting HIV and other STIs. Key Population's correct and consistent use of condoms during vaginal and oral sex with clients has been found to be low and depends largely on the individual's negotiation skills. The studies also highlight that drug consumption is prevalent among the masseuses and masseurs, and they are also exposed to violence from clients and intimate partners. The evidence highlights that intervening at spas and massage parlours is critical to enhancing coverage of HIV prevention, treatment and care services.

The NACP Phase - V aims to reduce annual new HIV infections and AIDS -related mortalities by 80% by 2025-26 from the baseline value of 2010. The program also aims to attain dual elimination of vertical transmission, elimination of HIV/AIDS related stigma while promoting universal access to quality STI/RTI services to at-risk and vulnerable population. As prevention is the core component under the program, the targeted interventions have initiated various efforts to close the existing gap due to newer risk behaviours like soliciting partners through virtual platforms, through new spaces like spa and massage parlours, etc and have emerged as programmatic focus under NACP V.

National AIDS Control Organisation hosted The National Consultation on "Standard Operating Procedure (SoP) for Targeted Interventions at Spa/Massage Parlours, through Network Operators and on Web Based Platforms under NACP V" from June 8th to 9th, 2023, supported by India HIV/AIDS Alliance. The participating dignitaries of NACO, SACS, TSU, allied NGO partners and community representatives of different typologies from geographical zones representing diverse insights came together to successfully deliberate and conclude on a framework.

The two-day event encompassed brainstorming sessions, group activities, presentations on various interventions implemented and piloted by the partners. Three working groups were formed to work on specific sub themes, namely:

**Group I:** Development of a framework for Standard Operating Procedures (SOP) targeting unreached HRGs from SPA/Massage Parlours.

**Group II:** Development of a framework for SOP targeting unreached HRGs through Network Operators.

**Group III:** Development of a framework for SOP targeting unreached HRGs on Web-Based Platforms.



## The consultation processes

The consultation processes included an opening panel, two plenary sessions and three group work activities. These discussions offered valuable opportunities for participants to engage with the subject experts, NACO and SACS officials, social workers, and community workers representing FSW, TG, and MSM communities from across the country. The participants actively deliberated on the emerging issues related to the evolving nature of sex work and the increasing presence of virtual spaces. The discussions were conducted in a respectful, empathetic, non-judgmental, and insightful manner. The deliberations yielded valuable insights that were distilled and comprehensively addressed during the group work sessions. The perspectives shared by the participants are immensely valuable in understanding and gathering information to develop a robust framework for the Standard Operating Procedure (SOP).

### Welcome and context setting

Dr Bhawna Rao, DD IEC & Lab Services, NACO, commenced the event by welcoming everyone and providing an overview of the objectives for the National Consultation. She emphasised the objectives of NACP V, which aim to achieve the 95-95-95 target and align with the Sustainable Development Goals (SDGs). Dr Rao highlighted the challenges high-risk groups (HRGs) face, including social, economic, and discriminatory factors. She acknowledged the changing patterns of sex work, with many individuals utilising new technologies and virtual platforms for solicitation.



Dr Rao emphasised the role of network operators in client solicitation and the importance of conveying the message that engaging in high-risk behaviour puts individuals at risk. Key objectives were identified as encouraging HRGs to access the program's available services and promoting health-seeking behaviour. The population who are at-risk and involved in vulnerable activities and not reached, needs to be prioritised and enrol them into the program to deliver the services.

Dr Rao outlined the agenda for the three-panel discussions, which focused on implementing interventions in spa and massage parlours. Following these discussions, participants would engage in three group work sessions, with the outcomes to be presented the following day.

### Opening Panel: Overview of program strategies and approaches under NACP

The opening panel was chaired by Dr Anoop Kumar Puri, DDG (CST), NACO.

#### Current program strategies under NACP - V: Dr Shantanu Purohit, NC, Prevention Division, NACO

Dr Shantanu Purohit, presented on the topic of current program strategies under NACP-V, where he briefly explained the goals, objectives, and process of NACP V. The primary purpose of NACP-V is to eliminate HIV by 2030 as a public health threat. He emphasised the need to maintain a high level of response without complacency. Dr Purohit elaborated on the five goals of NACP V:

**Goal 1:** Reduce annual new HIV infections by 80%.

**Goal 2:** Reduce AIDS-related mortalities by 80%.

**Goal 3:** Eliminate vertical transmission of HIV and syphilis.

**Goal 4:** Promote universal access to quality STI/RTI services.

**Goal 5:** Eliminate HIV/AIDS-related stigma and discrimination.

The NACP Phase-V (2021-26) and HIV/AIDS Act 2017 aims to address stigma and discrimination, create an enabling environment to enhance access to services, safeguard the rights of People Living with HIV (PLHIV) and those affected by HIV. It also strives to provide accessible diagnostic facilities and antiretroviral therapy (ART) to PLHIVs, promote a safe workplace in healthcare settings, and to prevent occupational exposure and strengthen the system of grievance redressal. Dr Purohit also discussed the guiding principles and critical highlights of NACP V and the budget allocation, with 94% of the budget being domestic and 6% of funding supported by Global Fund grant.



### **White Paper on strategies for engaging with HIV at-risk populations in Virtual spaces: Ms Vinita Verma NC, Strategic Information Division, NACO**

During the presentation, Ms Vinita Verma provided a brief overview on the White Paper, highlighting the escalating demand for virtual approaches in HIV/AIDS interventions. The white paper underscored the significance of leveraging both global and local evidence to effectively reach the young population and assess their risk. Ms. Verma specifically emphasized strategies related to the National HIV/AIDS Helpline, mapping virtual populations for guiding interventions, and developing strategies to assess risk and establish linkages with testing and treatment services.



These strategies aimed to raise awareness, provide counselling, HIV and STI testing, facilitate treatment access and follow-up, and monitor service linkages. The presentation underscored the significance of effective communication through social media and dating platforms, promoting awareness of testing sites, conducting risk assessments, and utilizing various digital tools such as SMS messages and remote video communication. The overarching framework focused on optimising existing platforms, engaging with private providers, establishing strong linkages with the NACO helpline, and ensuring seamless reporting to the national system without the need of new or additional infrastructure.

### **Network Operators under pMPSE: Dr Shantanu Purohit, NC, Prevention Division, NACO**

Dr Shantanu presented the crucial role played by the Network Operators in soliciting or facilitating connections between high-risk groups (HRGs) and their clients or sexual/injecting partners. These operators provide valuable support, including establishing secure long-term partnerships, ensuring confidentiality, assisting new HRGs in finding clients, and offering protection in challenging situations. The Identification of network operators involves specific steps, and state-wise data reveals the distribution of network operators across different typologies.

Among female sex workers (FSWs), Delhi has the highest number of network operators (10,802), followed by MSM (1,670), TG/H (730), and IDUs (465). In the state of Maharashtra, the highest number of network operators is observed among men who have sex with men (MSM), while Karnataka has the highest number among transgender individuals (TGs), and Punjab has the highest number among injecting drug users (IDUs).



### Panel Discussion 1: Strategies to Reach and Provide Services to Unreached HRGs from SPA, NWO, and Web-Based Platforms in Physical and Virtual Spaces

The panel discussion was chaired by Dr Anoop Kumar Puri, DDG (CST), NACO, and co-chaired by Dr Bhawna Rao, DD (IEC), NACO. The other panellist included Ms Deepika Joshi, HIV Division Chief, USAID, Dr Praveen Kumar, APD, Delhi SACS, Dr Ravi Verma, Director, ICRW Asia, and Dr Sudhir Chawla, Public Health Specialist, CDC.

#### **Learnings from intervention with SPA and massage parlours and network operators: Dr. J. K Mishra, JD TI, DSACS.**

During the presentation, Dr. J. K Mishra provided insights on a study conducted on the changing pattern of sex work highlighted the transition from a peer-based social approach to a network approach. Emerging networks such as SPAs and massage parlours, along with the use of mobile phones, made sex workers virtually invisible. The presence of MSM on virtual platforms like dating apps was also emphasized. The program encountered challenges in identifying and reaching out to SPAs and massage parlours. Profiling and risk assessment revealed that the workers had low HIV knowledge, high alcohol consumption, reported incidents of violence, and low condom uptake. The network operator approach was also discussed, where network operators were individuals linked to a group of sex workers for client solicitation. The steps involved network mapping, sensitization meetings, linkage to services, and reporting and monitoring. Service delivery through network operators included facilitating and motivating FSWs to engage with TI. The progress of the network approach showed that 55,000 FSWs were associated with 2,862 network operators, with 48,000 FSWs registered in TIs.

The presentation concluded with key learnings, including the importance of developing healthy relationships with SMPOs and network operators, maintaining respect and empathy, continuous engagement and sensitization efforts, and providing doorstep services. Challenges identified included limited face-to-face interaction and demographic changes in the sex work business. Dr Mishra suggested capacity building of SMPOs/NWOs, customized training modules, involvement of SMPOs/NWOs in service delivery, and the development of strategies for online outreach as potential solutions.

## **Strategies for linking at-risk populations to NACP facilities, Safe Zindagi: Dr. Jalpa H. Thakker, Director (Programs), ACCELERATE/JHU**

Dr Jalpa H. Thakker underscored the need of virtual approaches as a critical aspect to achieve HIV program goals. Virtual counsellors and sexual health managers play a pivotal role in facilitating the virtual outreach. The platform encompasses a wide range of services, from testing and prevention options to treatment choices, including linkages to Antiretroviral Therapy (ART) centres. The online platform provides user-friendly features like one-time registration using a mobile number, a client ID that remains constant throughout their journey, and a cafeteria approach for testing, allowing clients to choose from private laboratories, ICTCs, or home collection services. Treatment services offer information on nearby ART centres, while prevention services encompass counselling, risk mitigation, teleconsultation for Pre-Exposure Prophylaxis (PrEP), and subsidized medications. An appointment-based system facilitates clients and counsellors in scheduling appointments, accessing information, and downloading reports. Outreach strategies encompass engaging dating applications, social media messengers, and social media applications to effectively reach the target population, with over 150,000 registrations.

Dr Thakker explained on the HIV self-testing model implemented by ACCELERATE, which entails registration, test kit delivery or pickup, assistance from virtual counsellors or CTO counsellors, and real-time client tracking for completing the testing process. User-friendly features like WhatsApp chatbots, and IVR calls enhance client engagement. She further elucidated the PrEP services, adhering to NACO guidelines, which include PrEP preparedness, consent, baseline investigations, doctor consultations, adherence counselling, medication provision, and follow-up. Free consultations, subsidized medications, and successful initiation and retention of PrEP clients were achieved. Dr. Thakker also highlighted outreach efforts targeting spa and massage parlours, emphasizing the need to link the virtual population to NACP facilities. Key considerations for program implementation encompass service delivery mechanisms, communication and outreach materials, training orientation, piloting, and scaling-up. NACP facilities should offer flexible timings, offer home collection services, and a dedicated helpline number (1097), while also being sensitized to cater to the virtual intervention and population.

## **Linkages with at-risk population to NACP facilities: Dr Sanjib Chakraborty, RTL, on behalf of ASSAM SACS.**

Dr Sanjib Chakraborty, discussed the objectives of the program, emphasizing the shift from physical spaces to virtual platforms for reaching key populations. He highlighted the increasing reliance on dating and virtual platforms, particularly among transgender individuals, men who have sex with men (MSM), and adolescents, due to the widespread use of smartphones. Building trust and rapport on virtual platforms is a significant challenge, requiring personal contact through social media apps by counsellors, outreach workers (ORWs), and peer educators (PEs) from the same community as the target population. This approach gradually establishes relationship and initiates conversations. During the implementation, the information about the importance of HIV testing, how to get tested, and where to access care and support is provided physically or virtually, adhering to confidentiality norms. ORWs/PEs meet the contacted person at their preferred location, link them to prevention services, and refer them to designated facilities as necessary. ORWs and PEs maintain regular contact and follow-up with the individual. Dr Chakraborty also discussed the use of virtual platforms for index client testing. In cases where individuals who tested positive were hesitant to disclose the identity of their sexual partners, counsellors played a crucial role. They provided counselling and utilized virtual platforms that were used by the sexual partners to establish contact with them.

In conclusion, Dr Chakraborty emphasized the need to revamp operational guidelines to address the cross-cutting nature of the program. Many individuals prefer not to identify themselves under any specific key population, and platforms like Tinder offer potential opportunities to reach a wide range of individuals, including those engaged in casual sexual relationships from both the LGBTQ community and mainstream society.

### **Strategies for conversion of virtual at-risk population to physical spaces- Project NETREACH: Mr Murugesan, Technical Director, HST**

Mr Murugesan discussed various aspects of engaging with high-risk populations, particularly sex workers, through virtual means in the context of the COVID-19 pandemic. Popular applications such as WhatsApp, SAINI, Tinder, and Bumble, as well as operators are commonly used for these interactions. He introduced the NETREACH Project as an innovative method to reach hidden and high-risk populations, either through virtual mediums or establishments like spas and massage parlours.

The strategies used in the NETREACH project involve introducing oneself from NETREACH, actively listening to the members, providing mental and emotional support, gaining their trust, assuring confidentiality through regular counselling sessions, creating a non-judgmental and safe space, understanding and addressing sexual and reproductive health (SRH) needs, and explaining the importance of prevention, testing, and treatment. The online referral process includes building interactions with clients through dating apps, and social media platforms. Key steps in the process include building rapport with gatekeepers, conducting HIV risk assessments, sharing information about NETREACH, generating unique identification (UID) numbers and referral slips, ensuring authenticity of clients, referring to HIV testing or other services, connecting with service providers, and obtaining evidence of services accessed.

Engaging with clients through network operators presents challenges such as establishing relationships with leaders, concerns about discovery by authorities, confidentiality and trust issues, fear of women's identity disclosure impacting business, and difficulties in risk assessments and referrals without access to sex workers' phone numbers. Challenges also faced when engaging with clients directly include the time-consuming process of reaching and motivating them individually, dropouts and blocking of virtual networks by sex workers, concerns about confidentiality affecting responsiveness, dependency on network operators for interactions, and the critical need for physical meetings. Key learnings from the project include the importance of building and maintaining engagement with gatekeepers, using more appropriate terminology instead of labelling sex workers, conducting community-sensitive risk assessment, implementing strategies for convenient testing (e.g., self-testing), employing regular program engagement strategies, and addressing the unmet needs of the community by linking them to appropriate services.

### **Reaching out to HRGs on virtual platforms: Dr Sampath, Project ASPIRE VHS**

Dr Sampath highlighted the challenges faced by adolescents and young key populations (KPs) including sexual and gender violence, stigma, discrimination, inequalities in access to services, and poor knowledge about HIV. Further, he expressed the lack of information on the size of adolescent and young key populations and the issue of the age of consent requirement hindering prevention efforts for many adolescents. A unique model was implemented to empower adolescents and young key populations by combining HIV testing with knowledge-building workshops. Simple materials translated into Telegu were developed, and hands-on training was conducted.

A total of 75 workshops were conducted, with 1982 participants, and HIV screening identified 16 positive cases that were given treatment. Integration of interventions for adolescents and young key populations was achieved with the RKSK program through Project ASPIRE, a collaborative program with the National Health Mission. This integration provided HIV services, counselling, condoms, HIV testing, PrEP, ART dispensation, and health services such as RTI/STI screening, diagnosis and treatment, BMI tests, Hb tests, and mental health screening.

The presentation highlighted the challenges encountered including the need for parental/guardian consent for adolescents, lack of youth-friendly services, difficulties in reaching adolescent TGs and MSM, and self-stigma. Key learnings emphasized the importance of implementing workshops to engage and mobilize adolescents and young key populations, recognizing the role of peer support and potential leaders among them, and building trust through the combination of interventions with OSCs and National Health Mission for sustainability.

### **Linkages of MSM youth to HIV services under NACP, Project SAMARTH: Mr. Rajiv Dua, Chief Executive, India HIV/AIDS Alliance**

Mr. Rajiv Dua gave an overview of the SAMARTH project under the NACP, focusing on the linkages of MSM youth to HIV services. The project, funded by the Elton John AIDS Foundation and initiated in 2016, aimed to address the prevention-to-treatment cascade for men who have sex with men (MSM) and transgender individuals (TG) by increasing HIV screening and linkage to care. The project comprised three phases. The first phase involved developing a community-led approach to facilitate HIV screening and treatment linkage for hard-to-reach MSM and TG populations. The second phase employed differentiated outreach and service delivery based on geographical typologies to enhance uptake of comprehensive HIV services for MSM and TG populations, considering factors such as sex work and substance use. The third phase focused on exploring the risk association of MSM and TG individuals with sexualized substance use (SSU) and developing effective strategies for tailored comprehensive HIV services to address the distinctive needs of SSU. The intervention design encompassed various components, such as evidence generation through the development and implementation of tools for trend documentation, information dissemination, and demand generation for harm reduction. Outreach and mobilization were conducted through identification of popular virtual platforms and preferred socializing/operating time for the targeted beneficiaries. Service delivery included counselling on safer practices, harm reduction, SSU, Hepatitis B & C, commodity distribution (needles and syringes), HIV screening (conventional and self-tests), ART adherence support for substance users, linkages to confirmatory tests, opioid substitution therapy (OST), ART, etc., identification of preferred service providers, sensitization on the intersectionality of substance use and sexual health/practices, and crisis management at the unit level, including overdose management.

Key learnings from the project included mapping 28 distinctive assembly sites/gathering sites across five locations and identifying common assembly points such as community brothels, PG/hostels, private party venues, hourly rented places, and massage parlours. Five specific sites reported consistent use of virtual platforms for sexual partner search and sexualized substance use. Challenges encountered during the project included the lack of visibility and acceptance of sexualized substance use among MSM and TG individuals, leading to dual stigma. Other challenges included decreased risk perception, inconsistent access to harm reduction services, inadequate comprehensive services addressing intersecting vulnerabilities related to gender, sexuality, and substance use, as well as inadequate knowledge among service providers on these intersectional issues.

In conclusion, Mr. Rajiv Dua provided key recommendations based on the project's findings. These recommendations included creating specific information, education, and communication (IEC) materials on sexualized substance use, developing a distinctive service package to address sexual health and sexualized substance use for MSM and TG individuals, sensitizing existing service providers on sexualized substance use, providing overdose management specific to ATS and combination drug use, promoting combination prevention strategies, and offering specific treatment adherence support for beneficiaries with sexualized substance use.

### **Virtual Outreach in Mumbai, Maharashtra, Sashakt Project: Mr. G. S. Shreenivas, the Technical Lead-HIV Prevention, PATH India**

Mr. G. S. Shreenivas emphasized the importance of sustainable interventions that can be easily adapted by State AIDS Control Societies (SACS), District AIDS Prevention and Control Units (DAPCUs), or targeted interventions (TIs). He highlighted virtual outreach program that was implemented in collaboration with Nagaland SACS and Mumbai DACS.

In Mumbai, the focus of the activities was on establishing a population-friendly Integrated Counselling and Testing Centre (ICTC). The objective was to identify ICTCs where the population could be directly referred without experiencing long waiting times or overcrowded facilities. Three ICTCs were selected, and the counsellors at these Centres underwent training on the mechanism to fast track the population referred through the virtual outreach program. The project was initiated on 1st December 2022, and during the preparatory period, it was observed that nearly 50% of the people reached out were through the virtual platform. These individuals preferred going to the selected ICTCs because they found them friendlier and more efficient. Mr Shreenivas mentioned that the focus now is on scaling up the virtual outreach program to other ICTCs. Additionally, he emphasized the importance of motivating nurses who routinely engage in testing activities to offer free treatment to patients. This approach aims to attract more individuals to avail services at the facility, as many people who get tested outside often seek free treatment and are unwilling to pay for the services.

#### **Panel Discussion 1: Key discussion points:**

- Developing the Standard Operating Procedure (SOP) framework requires a differentiated and human-centred approach. It is crucial to treat sex workers employed in spa or massage parlours as workers keeping into focus their safety and comfort that is free from harassment, discrimination, and violence.
- Linking all key populations (KPs) involved in spa and massage parlours with services and effectively managing data are essential considerations in SOP development. It was also underlined that leveraging resources from private healthcare can be advantageous.



- When deciding on service delivery, it is important to consider the preferences of the community, including how, when, and from where they want to access services.
- Key suggestions include user profiling, implementing online outreach strategies, developing training modules for operators, offering door-step service delivery, incorporating social welfare schemes, utilising the 1097 helpline, providing free testing and treatment with flexible timings, and offering counselling on substance use. It is necessary to increase awareness on the PoSH Act 2013.
- The scalability, replicability, and availability of resources should be considered to ensure the effectiveness and sustainability of SOP framework. By addressing these aspects, the SOP framework can be designed to promote inclusivity, safety, and accessibility for the high-risk populations in SPA and massage parlours, enabling them to access necessary services and support.





## Panel Discussion 2: The IEC (Information, Education, and Communication) strategy for linkages and follow-up of unreachable high-risk groups (HRGs) on web-based platforms

The discussion was chaired by Dr Anoop Kumar Puri, DDG, NACO and co-chaired by Dr Saiprasad Bhavsar, DD, NACO. The other panellist included Dr Venkatesan Chakrapani Chairperson of c-Sharp, Dr Bitra George, Country Director, FHI 360, and Mr Rajiv Dua, Chief Executive, India HIV/AIDS Alliance.

### Reaching out to HRGs on virtual platforms - Safe Zindagi: Mr. Aditya Singh, Executive Director and Deputy COP, JHU

Mr. Aditya Singh presented strategies for content development aimed at raising awareness, generating demand, providing support, and establishing linkages with National AIDS Control Program (NACP) facilities through web-based platforms. The process involved designing content that fosters empathy, features expert views, and encourages the uptake of services such as HIV testing, pre-exposure prophylaxis (PrEP), and treatment services. The intervention aimed to effectively reach the target population with the right messages and appropriate services through various platforms, including dating applications, social messengers, and social media applications.

The content focused on enhancing awareness, generating demand, and improving service accessibility with direct linkages. It provided information on the importance and benefits of HIV testing, PrEP, and other services. The outreach products offered as part of the intervention included online HIV test booking, counselling services, information on PrEP and self-testing, HIV and risk education, guidance on initiating antiretroviral therapy (ART), and access to healthcare experts. By developing and disseminating targeted and informative content through web-based platforms, this IEC strategy aims to bridge the gap between unreachable HRGs and essential services, empowering individuals to make informed decisions regarding their sexual health and access the necessary support and care.

### **Reaching out to HRGs on virtual platforms: Dr Vijay Raman, Project ASPIRE VHS**

Dr Vijay Raman presented strategies for disseminating HIV information and education, including:

Simple message dissemination through chat platforms: Deliver concise and user-friendly messages about HIV prevention, testing, and treatment via messaging apps.

One-to-one education through phone calls: Provide personalized information, answer questions, and address concerns during direct conversations with individuals.

Offline follow-up education: Arrange in-person sessions in community centers or health facilities to provide additional information and support after initial phone calls or chat sessions.

Online follow-up education and services: Offer ongoing education and support through virtual channels like messaging apps, video calls, or online forums for those who prefer online interactions.

Use of IEC materials: Utilize visually appealing and shareable materials, such as gifs, posters, videos, and FAQs, to disseminate HIV messages and raise awareness.

These strategies aim to reach individuals through various channels, provide accessible education and support, and enhance HIV prevention and care outcomes.

### **Reaching out to HRGs on virtual platforms: Mr Murgesan Technical Director, NETREACH, HST**

Mr. Murgesan presented NETREACH's IEC strategies for reaching HRGs on virtual platforms. The intervention involved trained community members, known as virtual navigators, who engaged with individuals on dating apps and social media platforms to provide information, support, and referrals related to HIV risk assessment and services. A communications campaign reached a significant audience on Facebook, Instagram, and through paid promotions. Risk assessments were conducted for over 36,000 individuals, resulting in referrals for more than 13,000 individuals to HIV services. Over 10,000 individuals received HIV testing, with 325 linked to ART. Key learnings included leveraging AI and chatbots, engaging with new platforms, targeting populations involved in chemsex and substance use, employing dynamic risk assessment approaches, collaborating with dating apps, and adapting communication strategies. The intervention showcased the effectiveness of engaging with individuals on virtual platforms to promote HIV testing and treatment.

### **Reaching out to HRGs on virtual platforms - Dr Bhawna DD NACO**

Regarding the development of IEC material, it is suggested to target the general population rather than specific high-risk groups. This is because individuals operating virtually may not necessarily identify themselves with particular groups. Influencer-based messaging is recommended, with influencers varying by region and having their own followers. Real images, accompanied by consent and positive testimonials, are believed to have a greater impact than animated content. The messages should be concise, infused with a human touch, and focused on highlighting the positive aspects of linking up with the program's services. Boosting the content strategically can help gather a larger following.

## Panel Discussion 2: Key discussion points

- The presence of a gap in achieving targets was highlighted, indicating that there are challenges in effectively reaching the desired outcomes. It is important to consider social determinants and factors such as socioeconomic status, education, and access to healthcare which significantly impact the success of interventions.
- It was suggested to use and implementing Artificial Intelligence (AI) to enhance case detection and improve the value for money in virtual interventions, potentially optimising resources and increasing the effectiveness of interventions.
- The need for tailored messages is essential that resonate with different populations with varying risks and needs. Acknowledging the distinct needs, attitudes, and behaviours of other communities, it is crucial to crafting relevant, and effective messages for conveying key information and promoting behaviour change. By tailoring the messages to specific target groups, the virtual intervention can generate a more significant impact and greater engagement with the intended audience.
- The significance of focusing on high-risk behaviours that contribute to the spread of infections and increase vulnerability was highlighted. By addressing these behaviours, virtual intervention provide an opportunity to mitigate risks, promote safer practices, and reduce disease transmission. It is also important to ensure the sustainability of virtual platforms, considering factors such as funding, technical infrastructure, and the ability to continuously adapt and improve the intervention based on emerging needs and challenges.
- The significance of maintaining confidentiality and privacy were also emphasized.
- The importance of engaging the influencers in the virtual intervention was highlighted, especially influencers with a significant following on social media platforms who can play a vital role in disseminating key messages, promoting positive behaviours, and increasing awareness. Leveraging the reach of influencers can expand the intervention’s impact and effectiveness.



## Group Work: Development of the Framework for SoP:

To develop the framework for Standard Operating Procedures (SoP) aimed at reaching out to unreached High-Risk Groups (HRGs), three groups were formed, each focusing on specific areas: Spa and Massage Parlours, Network Operators, and Web-based Platforms. These groups consisted of participants from NACO, SACS, TSU, partner organizations, and community representatives. The objective of each group was to prepare a presentation based on provided guiding questions and collaboratively create a draft framework through group discussions.

### Group I: Development of framework for SoP for unreached HRGs from spa/massage Parlours

#### Objective:

To determine the service package (Direct and Indirect Services) and operational service delivery mechanism including outreach services for unreached HRGs operating in spa and massage parlours.

Group Name	Members
<b>Group I:</b> Development of Framework for SoP for unreached HRGs from SPA/Massage Parlours	<b>Experts:</b> Dr. Sampath, Mr. Kaveesheer, Mr. Rajiv Dua, Ms Alka Gupta <b>SACS/TSU Representatives:</b> Dr Mishra, Mr. Ramesh, Mr. Ullas, Dr Meenu, Mr. S. Swaminathan, Mr. Prasad Sant <b>Community Representatives:</b> Ms. Sameera, Mx Saurabh Tiwari aka Soumya Mishra, Ms. Kanchan Ramesh Naik, Mr. Brijendra Ahirwar, Ms. Sumayla <b>NACO officials:</b> Mr. Mung, Mr. Sanjay Verma <b>Alliance India:</b> Ms. Urvashi, Ms. Monika <b>Moderator:</b> Mr. G S Sreenivas <b>Facilitator:</b> Dr. Payal Sahu

### Proposed Chapter Plan for the SOP for unreached HRGs from spa/massage Parlours:

Proposed Chapterization: Group 1	
1	Introduction, background, rationale
2	Conceptual framework of Spa intervention
3	Expanded Roles and Responsibilities of the SPA TI Staff
4	Outreach Activities- Mapping and Profiling- SNA Tools detail
5	Partnership and collaboration <ul style="list-style-type: none"> <li>Spa Managers</li> <li>Owners</li> <li>Network Operators</li> </ul>
6	Comprehensive Service Package <ul style="list-style-type: none"> <li>Direct</li> <li>Indirect</li> </ul>
7	Training and capacity building <ul style="list-style-type: none"> <li>TI Staff</li> <li>SPA &amp; Massage Parlour Managers</li> <li>Network Operators</li> </ul>
8	Advocacy and SBCC package and process of dissemination of the same
9	MIS Tool
10	Monitoring and Evaluation

**Group work and key findings:** The key recommendations that emerged out of the group work are listed below:

- To conduct a comprehensive situation assessment including mapping and risk profiling of spas and massage parlours, and masseuses. This assessment should consider factors such as the population at risk, timing and mobility of the parlours, peak timings, and the use of mobile apps in the area.
- Spa profiling is an important aspect and involves sensitising the spa owners, identifying why women and men are working in the spas, determining the presence of multiple branches, and gathering information about the number of persons employed, types of massages offered, types of clients, and the demand for sexual services. The profiling should also include the safety of the spas.
- To ensure inclusion of the range of services to be provided in the framework, such as HIV/STI counselling, confirmatory tests, tele-consultation, and the identification of staff members with any skin diseases or health issues. To also include promotion of the use of hygiene kits within the spas.
- It is essential to build rapport with the spa managers to facilitate service provision to the staff working in the spas and to engage them as the entry point for the intervention. The timing of outreach activities should be based on the client load at each spa.
- Utilize various communication channels to deliver information, including WhatsApp messages and pamphlets which can be included in hygiene kits.
- To develop specific tools, such as mapping and spa profiling tools, to facilitate the implementation of the framework. These tools will aid in collecting relevant information and conducting assessments effectively.

*The detailed group work presentation is in annexure.*



## **Group II: Development of Framework for SoP for unreached HRGs through Network Operators**

### **Objective:**

To determine the service package (Direct and Indirect Services) and operational service delivery mechanism including outreach services for unreached HRGs operating through Network Operators

Group Name	Members
<b>Group II:</b> Discussion on Development of Framework for SoP for unreached HRGs through Network Operators	<b>Experts:</b> Ms Deepika Joshi, Dr Sudhir Chawla, Dr Vijayraman, Mr Rajiv Sindhu, Dr Shilpi Vohra <b>SACS/TSU Representatives:</b> Mr Ranjit Jha, Dr Sandeep Mittal, Mr Ramesh Srivastav, Dr Mannu, Ms P. Thungbeni Ezung, Ms Kiran Mishra, Mr Mahendra Sharma <b>Community Representatives:</b> Mr Mohan Mahant, Ms Reena Saxena, Ms Jaswinder Kaur <b>NACO officials:</b> Ms Gunjan Pandey, Ms Rachana Shukla, Mr Abraham Lincoln <b>Alliance India:</b> Dr Priyanka, Dr Sukhendra <b>Moderator:</b> Dr Bitra <b>Facilitator:</b> Mr Prashant Patra

### Proposed Chapter Plan for the SOP for unreached HRGs through Network Operators:

Proposed Chapterization: Group 2	
1	Abbreviation
2	Introduction
3	Definition of Unreached HRG network operators <ul style="list-style-type: none"> <li>• FSW/ MSM/ TG/ IDU</li> </ul>
4	Service package <ul style="list-style-type: none"> <li>• Direct / Indirect</li> <li>• ***Define Comprehensive package, social protection, Acts</li> </ul>
5	Roles and Responsibilities
6	Delivery mechanism approach <ul style="list-style-type: none"> <li>• Client flow</li> <li>• Method</li> <li>• Tool</li> </ul>
7	Outreach approach <ul style="list-style-type: none"> <li>• Active and Passive</li> </ul>
8	Community Engagement
9	SBCC Material
10	Monitoring and Reporting



**Group work and key findings:** The key recommendations that emerged out of the group work are listed below:

- It was highlighted that network operators at spas can also play a crucial role in supporting the staff of spas. They can connect with non-governmental organisations (NGOs) to seek assistance, including legal and medical help where required.
- The framework suggests two types of services: direct and indirect services that can be given to high risk persons through the network operators.
- Direct services would encompass activities such as clinic visits for HIV testing, fulfilling condom demands, STI testing, and extending services to the family members of at-risk individuals like index testing, etc. The targeted intervention (TI) team will provide these direct services.
- Indirect services include educational support, referrals to relevant services, mental health support, referral to gender affirmation services (such as Sex Reassignment Surgery - SRS), access to social protection programs, skill development opportunities, and shelter home services designed explicitly for transgender individuals.
- The mode of outreach for implementing the framework can be both virtual and physical, catering to the needs and preferences of the target population.
- Various messages will be delivered as part of the framework, including health and wellness messages, legal aid information, and a resource directory to provide valuable guidance and information.
- Reporting on the framework's implementation will include using 15 indicators. These reporting mechanisms will help monitor and evaluate the effectiveness of the implementation, ensuring accountability and measuring the impact of the interventions.

*The detailed group work is in annexure.*

### **Group III: Discussion on the Development of Framework for SoP for unreached HRGs on Web-Based Platforms**

**Objective:**

To determine the service package (Direct and Indirect Services) and operational service delivery mechanism including outreach services for unreached HRGs from Web Based Platforms.

Group Name	Members
<p><b>Group II: Discussion on Development of Framework for SoP for unreached HRGs on Web Based Platforms</b></p>	<p><b>Experts:</b> Dr Venkatesan Chakrapani, Mr Rohit Sarkar, M. Murugesan, Mr Tarun, Ms Jalpa Thakkar  <b>SACS/TSU Representatives:</b> Dr Vinod, Mr Rajeev Pandey, Ms Smita Chougley, Mr Manish Kumar, Mr Deepak Kumar, Mr Sanjib Chakraborty  <b>Community Representatives:</b> Mr A Lebongse Sangtam, Ms Sravanthi Gattollu, Mr Manoj, Mr Akash Pandey  <b>NACO officials:</b> Ms Jyotika Cheema, Ms Jyotsana Pal  <b>Alliance India:</b> Mr Udit, Mr Nehal  <b>Moderator:</b> Mr Aditya Singh  <b>Facilitator:</b> Dr Abhishek Royal</p>

**Proposed Chapterization: Group 3**

1	<p>Introduction</p> <ul style="list-style-type: none"> <li>• Background and rationale</li> <li>• Purpose of the SOP</li> <li>• Scope and target audience</li> <li>• Definitions and key terms</li> </ul>
2	Objectives of the Virtual Intervention among unreached at-risk population
3	Target Population
4	Strategies for Virtual Interventions & Service Delivery Packages
5	<p>Virtual Intervention Platforms and Tools</p> <ul style="list-style-type: none"> <li>• Overview of the virtual platforms and tools</li> <li>• Features, advantages, and limitations of virtual platforms</li> <li>• Process of getting the subscription of dating apps or platforms and its management</li> <li>• Development of webpage/landing page and its management</li> </ul>
6	<p>Communication Strategy</p> <ul style="list-style-type: none"> <li>• Process for development of SBCC Material</li> <li>• Demand generation</li> </ul>
7	<p>Training and Capacity Building</p> <ul style="list-style-type: none"> <li>• ToR of virtual outreach team</li> <li>• Training needs for staff involved in virtual intervention</li> <li>• Development of training modules and guidelines for skill development</li> <li>• Ongoing capacity-building strategies</li> <li>• Supportive Supervision</li> </ul>
8	<p>Service Delivery Process</p> <ul style="list-style-type: none"> <li>• Step-by-step process of delivering virtual interventions</li> <li>• Dos and Don'ts for maintaining engagement and building trust virtually</li> <li>• Guidelines for initiating contact, conducting risk-assessment, providing referral support and follow-up</li> <li>• Process of delivering SBCC messages</li> <li>• Process of referral mechanism to physical service delivery points</li> </ul>
9	<p>Monitoring and Evaluation</p> <ul style="list-style-type: none"> <li>• Monitoring and evaluation framework for virtual interventions</li> <li>• Key performance indicators and data collection methods</li> <li>• Mechanism of program review and community feedback</li> </ul>
10	<p>Ethical consideration</p> <ul style="list-style-type: none"> <li>• Ethical principles to be followed</li> <li>• Issues related to privacy, confidentiality, informed consent, and data protection</li> </ul>
11	<p>Sustainability and Scaling-up of Virtual Interventions</p> <ul style="list-style-type: none"> <li>• Strategies for long-term sustainability and scaling up of virtual intervention programs</li> <li>• Potential challenges and mitigation strategies</li> </ul>



**Group work and key findings: The key recommendations that emerged out of the group work are listed below:**

- The virtual population is identified as individuals on various dating apps and social media platforms such as RedBoy, Tinder, Massage Republic, Sokkaa, TS, escort services, Bumble, Banana (local app), Locanto, and other similar platforms. Population under both targeted intervention (TI) and non-TI populations will be covered. The focus is on individuals engaged in sexually-related activities on social media, including sexually explicit or community-specific groups. This framework also considers specific groups such as adolescents, sports, and messenger groups, aiming to reach unreached populations and congregate community groups.
- High risk groups to be targeted include not only sex workers but also their clients, who are considered inherently at risk.



Additionally, the framework emphasises reaching out to gender non-conforming individuals, substance users, and those uncertain about their identity.

- When developing the SoP framework, emphasis should be placed on considering target high risk behaviours and designing service delivery mechanisms accordingly. The specific applications used in particular areas will also be essential in reaching out to the target population effectively.
- The framework proposes both fundamental and essential services:
- Primary services include confidential HIV testing, condom distribution, client referrals, and self-risk assessment options.
- Essential services encompass a range of comprehensive interventions, including counselling on safe sex (provided by the TI team), HIV testing, condom and lubricant provision, addressing risk behaviours, information related to service points, guidance about Drop-In Centers (DIC), linkages to services after testing, personal safety information, risk perception, general health advice, door-to-door delivery of antiretroviral therapy (ART) medicines, vaccination, and nutritional counselling for both TI and non-TI populations.
- Detailed chapters and annexures will be prepared, providing comprehensive guidelines and specific instructions for implementing the SoP framework effectively and efficiently.
- By addressing the needs of high-risk populations on virtual platforms, this framework aims to ensure the provision of essential services, minimise risk behaviours, and promote overall health and well-being.

*The detailed group work is in annexure.*

## Recommendations and key remarks on the group presentation for developing the SoP

**Dr Bhawna Rao, DD, NACO** recommended the inclusion of tools, references, and annexures into the Standard Operating Procedures (SoPs). She also emphasised the use of existing learnings to prepare this SoP, and ensure capacity building of the virtual outreach workers.

**Dr Sai Prasad Bhavsar, DD, NACO** emphasized the significance of Standard Operating Procedures (SOPs) and suggested using it as a guidance document, ensuring adaptation of the SoP to the local context and needs. He also highlighted the significance of stakeholder involvement, particularly for prevention and linkages to other services. Additionally, he proposed streamlining processes, focusing on skill development, and implementing measures for risk mitigation and violence management.

**Dr Bhawani Singh, DD, NACO** urged for expansion beyond boundaries and emphasized the need for prompt detailing of the interventions and the population that we focusing on.

**Dr Shobini Rajan, DDG, NACO** recommended inclusion of a Technical Support Unit (TSU) representative in order to gather relevant information and underscored the document's importance. She also raised a question regarding the number of network providers and recommends incorporating Terms of Reference (TOR), a responsibility matrix, and highlighting the significance of Standard Operating Procedures (SoP) in the existing guidelines. Furthermore, she stressed the need to address the specific vulnerabilities of the high risk groups in these settings.

**Dr Uday Bhanu Das, DDG, NACO** emphasized the importance of implementing effective behaviour change communication strategies. He highlighted the need to establish ownership at spas and develop monitoring methods for their work. Additionally, he suggested ensuring adherence to the guidelines and evaluating their acceptance by spa and massage parlours. He also advised being prepared for challenges that may arise after the guidelines are rolled out.

**Dr Anoop Kumar Puri, DDG, NACO** emphasized the need to reach the unreached population in order to achieve the goal of reaching the first 95 and ending AIDS by 2030. He recommended leveraging social media platforms and engaging influencers from specific groups targeting high-risk behaviours rather than focusing solely on high-risk groups is important. He also suggested considering flexible timing for service provision at different spas and addressing the limitations faced during implementation.

**Ms V Hekali Zhimomi, AS & DG, NACO** In her final remarks, thanked all the participants especially members from the community for their valuable participation in the National Consultation. She mentioned that although it has been stated that this would be a new intervention, but that is not the case as some of work has already been seeded in certain states. She highlighted the important of innovations and convergence. She emphasised that the consultation has come at the right time when our key communities and HRGs are changing the way they are interacting, pushing their own spaces, adopting new technologies and engaging with each other.



Therefore, the NACO program should not lag behind; instead, it should collaborate with the communities, utilizing their knowledge, strengths, and the tools they use. We also need to ensure that we focus on the unreached HRGs not just in metro cities, but also beyond and in rural areas. The intervention should not just be focused on prevention, but from the aspect of ensuring overall health-related issues, including mental health. She also reiterated that as a guidance for these interventions, the SoP should not merely strive for standardization but ensure adaptation to different needs, geographical variations, and diverse communities. Local requirements, needs, cultural contexts and issues should be taken into consideration. She emphasised the need for engagement with different ministries on issues concerning our priority population that extend beyond health. She concluded her remarks by reiterating the importance of setting timelines and ensuring development and finalization of the SoP within the next three months, with the support of all stakeholders, including community representatives.

S.No.	Action Point	Responsibility	Timelines
1	Finalise the report of the National Consultation	Alliance India	20th June 2023
2	Share the Draft of the SoP with NACO based on the framework developed during the National Consultation.	Alliance India	15th July 2023
3	Create a Working Group for providing Technical Inputs to the SoP	Prevention Division, NACO	15th July 2023
4	Finalization of the SoP by the NACO Technical Resource Group	Prevention Division, NACO	31th August 2023
5	NACO approvals and dissemination	Prevention Division, NACO	15th September 2023

**Mr. Mung Ngaihte, Consultant NACO, concluded the consultation by delivering a vote of thanks.**



# Gallery view



## Annexure 1- List of Participants

NAME	DESIGNATION	ORGANIZATION
MS. V HEKALI ZIMOMI	Additional Secretary & Director General	NACO
DR. ANOOP KUMAR PURI	Deputy Director General	NACO
Dr. U B DAS	Deputy Director General	NACO
DR. SHOBHINI RAJAN	CMO (SAG)/DDG	NACO
DR. BHAWANI SINGH KUSHWAH	Deputy Director	NACO
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MR. SANDEEP MITTAL	DD TI	CHANDIGARH NACO
MS. SMITA CHOUGULE	DD TI	MDACS
MR. ULLASA RANGAYYA	DDTI	KSAPS
DR. VINOD KUMAR	DDTI	HARYANA SACS
MR. MANU LADIA	DD TI	PSACS
MR. RAMESH RATHOD	DD TI	GOA SACS
MR. RANJEET KUMAR JHA	ADTI	DSACS
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MR. RAJIV DUA	Chief Exeutive	ALLIANCE INDIA

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DR. BITRA GEORGE	Country Director	FHI 360
DR SAMPATH	ADVISOR	VHS
DR. SUDHIR CHAWLA	PHS CDC	CDC
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DR VENKTESEN CHAKRAPANI	Chair	C-SHARP
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MS. KIRAN MISHRA	RTL	SETU
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MR. DEEPAK TIWARI	RTL	SETU
MR. S. SWAMINATHAN	RTL	SETU
MR. SANJIB	RTL	SETU
MS. G. SRAVANTHI	Community Member	COMMUNITY MEMBER
MR. BRIJENDRA AHIRWAR	Community Member	COMMUNITY MEMBER
MS. KANCHAN	Community Member	COMMUNITY MEMBER
MR. KAVYANSH	Community Member	COMMUNITY MEMBER
MS. ALKA GUPTA	Community Member	MANCH TI
MS. SOUMYA	Community Member	E.S.S
MR. AKASH PANDEY	Community Member	E.S.S
MS. S. SRAVANTHI	Community Member	COMMUNITY MEMBER
MS. REENA SAXENA	Community Member	COMMUNITY MEMBER
MS. SONAM	Community Member	COMMUNITY MEMBER
MS. KOMAL	Community Member	COMMUNITY MEMBER
MR. LEBONGSE SANGTAM	Community Member	GUARDIAN ANDGLE AND DNP+
MOHINI MAHANT	Project Director	MANSA FOUNDATION
SAMEERA	Community Member	COMMUNITY MEMBER
SUMAIYA	Community Member	COMMUNITY MEMBER
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MR. MANOJ KUMAR	Alliance India	ALLIANCE INDIA
MR. ANEET AHLAWAT	Alliance India	ALLIANCE INDIA
MS. MONIKA SINGH	Alliance India	ALLIANCE INDIA
MS. ASHIMA	Alliance India	ALLIANCE INDIA
DR. MANALI	Alliance India	ALLIANCE INDIA
MR. PAWAN KUMAR	Alliance India	ALLIANCE INDIA

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MR. PRAKASH	Pp. Programme Officer	ALLIANCE INDIA
DR. UDIT CHEETRI	Cd. Programme Officer	ALLIANCE INDIA
MS. MAHESHWARI	Alliance India	ALLIANCE INDIA
MR. FIROZ KHAN	Alliance India	ALLIANCE INDIA
MS. SONAM	Alliance India	ALLIANCE INDIA
DR. URVASHI	Alliance India	ALLIANCE INDIA
MS. ARYA VATSA	Alliance India	ALLIANCE INDIA
DR. PRIYANKA BHAT	Alliance India	ALLIANCE INDIA
MR. MUBARAK ALI ANSARI	Alliance India	ALLIANCE INDIA
MS. NANCY MITTAL	Alliance India	ALLIANCE INDIA
MR. PANKAJ CHAMOLI	Alliance India	ALLIANCE INDIA
MR. BIRPAL	Alliance India	ALLIANCE INDIA
MS. AMRITA SARKAR	Alliance India	ALLIANCE INDIA
MS. SAKSHI	Alliance India	ALLIANCE INDIA



**Opening Panel Discussion 1**



**Panel 1 Day 1**



**Panel 2 Day 1**



### Detailed group work of Group 1



1\_ SPA & Massage  
Parlours SoP framew

### Detailed group work of Group 2



2. Group  
Presentation Netwo

### Detailed group work of Group 3



3. Group  
Presentation Web b