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National AIDS Control Organisation

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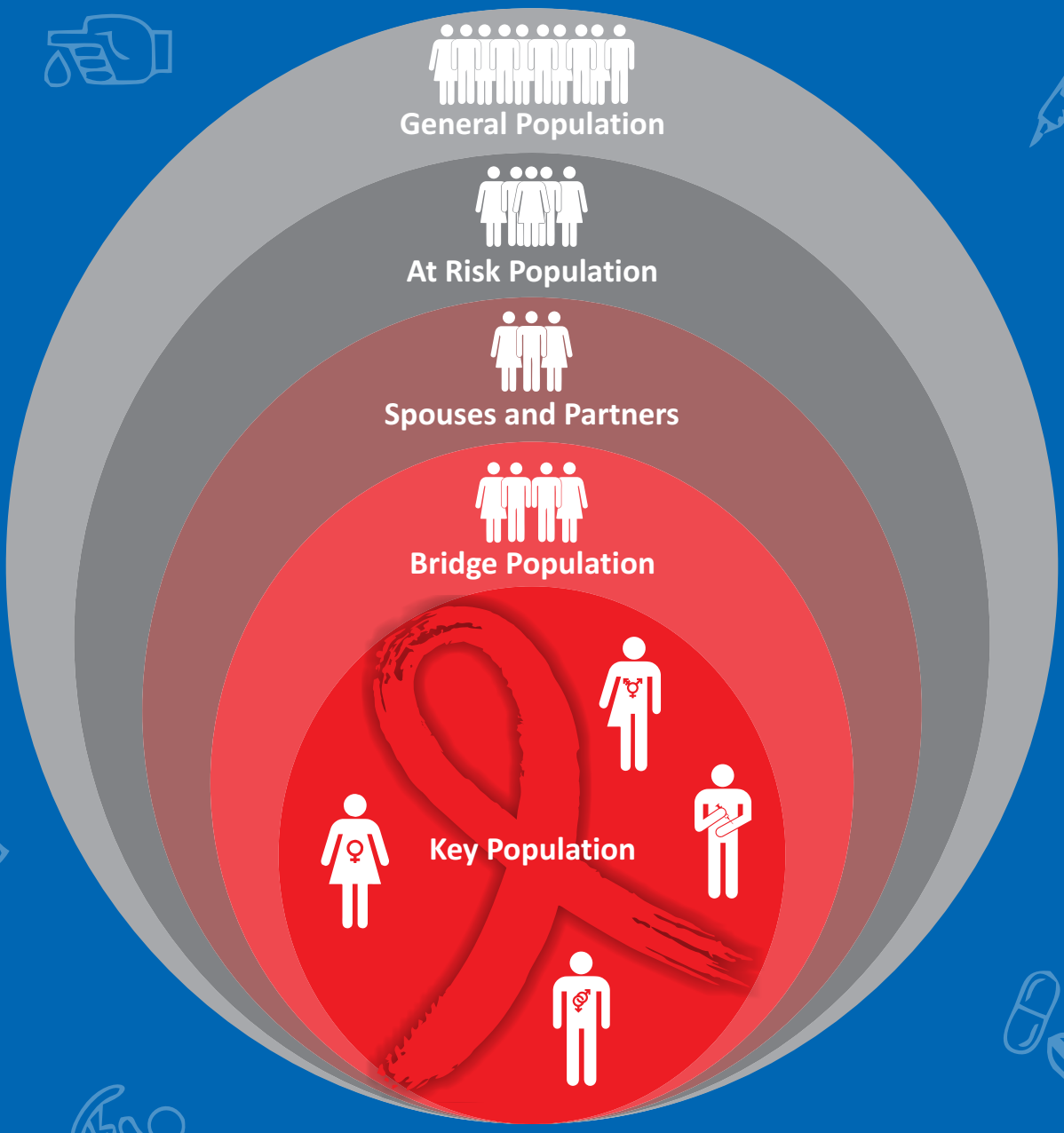

Prevention Progress Update

TI, LWS & OST

FY 2020-21

NATIONAL AIDS CONTROL ORGANISATION
NEW DELHI

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आलोक सक्सेना
अपर सचिव एवं महानिदेशक

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National AIDS Control Organisation
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Foreword

The National AIDS Control Organisation through the National AIDS Control Programme aims to ensure increase in access to HIV comprehensive services aligning with the global target to end the AIDS epidemic by 2030. The prevention of new infections among high-risk groups including FSWs, PWIDs, TG/H and MSM has been the major thrust in the National AIDS Control Programme.

One of the core components to control the spread of HIV in India is through the service-based Target Intervention (TI) and Link Worker Scheme (LWS) approach. During NACO's extended fourth phase of the National AIDS Control Program, emphasis was given on revamping the TI model based on the emerging priorities, community needs and dynamics. Currently, at the time of commencement of NACP-V, focus has been given to devising new innovations while consolidating the experiences from the past phases of implementation with the vision of ending the AIDS epidemic by 2030. These new innovations include approaches wherein TIs go beyond exclusivity to implementation of hybrid TI interventions, mapping and population and size estimation, community system strengthening, as well as interventions for the virtual populations to increase coverage and optimize resources.

I would like to congratulate the Targeted Intervention Division of National AIDS Control Organisation for the development of this document. This document provides the base through which gaps and barriers can be critically analysed and evidence-based solutions can be pursued with the active engagement of HRG communities as well as various partners and stakeholders to accelerate the reversal of the HIV epidemic.

(ALOK SAXENA)

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Preface

Target Interventions (TI) under NACP provide a package of prevention, support and linkage services to a focused group of HRGs i.e. FSWs, PWIDs, TG/H and MSM in a defined geography through a peer-led, outreach-based service delivery model in partnership with Non-Governmental Organizations (NGOs) and Community Based Organizations (CBOs).The Prevention Progress Update (TI/LWS/OST) document has been developed with the objective of showcasing the achievements for financial year 2020-2021 along with highlighting the gaps still existing and challenges to be overcome to reach the goal of elimination of HIV/AIDS by 2030.

The new approaches and strategies that have been adopted for the prevention programme involve reaching out to hard-to-reach population from within the HRGs. These involve more focused programming to reaching out to spouses, partners as well as virtual population including sub groups like youth and women specifically.

The year 2020-21 is also known for COVID 19 pandemic and related restrictions. The findings from the document of prevention activities suggest that despite challenges, NGO and CBOs working under Target Intervention and LWS have been able to reach out to the HRGs with essential services such as HIV testing, ART treatment, and distribution of commodities such as condoms, needles and syringes, etc. Other services like provision of dry rations and health commodities to key population, along with COVID vaccination support was also extended to the HRGs.

NACO also appreciates the State AIDS Control Societies as well as the communities for their continuous efforts in the prevention programme. The document provides an opportunity for preparation of comprehensive strategy, to assess and explore the areas to strengthen the programme towards increasing coverage of TI services.

(Nidhi Kesarwani)

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Message

Prevention of HIV/AIDS with specific focus on the key population has been critical to reach the overall goal of NACP. As prevention is the core element under National AIDS Control Programme, the Targeted Interventions has initiated various efforts to close the gap existing in the national AIDS response. The Prevention Progress Update (TI/LWS/OST) document presents TIs service coverage, including new HRG registrations and performance analysis for all HRGs, along with an overview of rural HIV interventions (Link Worker Scheme), Employer Led Model and capacity building of service providers.

The revamping activities in TIs initiated, which resulted in identification and coverage of new HRGs in the newer areas, increase in spouse and partner testing, navigating the KP PLHIV to ART centres etc. The focus has also been on overall coverage of key and bridge population, initiation of p-MPSE activities, retention of client on Opioid Substitution Therapy (OST), coverage of incarcerated population under prison intervention as per the new prison estimates, and coverage of informal labourers under Employer led Model, as well as size estimation exercise under p-MPSE. During the COVID19 related lockdowns, the TI division in collaboration with NGOs and CBOs intensified outreach and service delivery for 'At Risk' and 'Bridge' populations to communities where they are at. These included provision of "Take Home" OST dosage, and distribution of dry rations and mask, sanitizers, soap and gloves to HRGs in TI geographies and beyond.

With respect to new strategies like community system strengthening, sampoornasuraksha, one stop centres, virtual intervention, prison intervention, evaluation of TI and LWS, opening of one stop centres, integrated package of services to the key population will augment the overall prevention efforts of NACO.

We would also like to applaud the various stakeholders and SACS for their efforts to strengthen, provide supportive supervision, initiation of new innovations and involvement of communities to eradicate HIV / AIDS as a serious health challenge to India.

(Dr. Shobini Rajan)

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Acknowledgement

The Prevention Progress Update (TI/LWS/OST) document has been a result of all the TI activities and collaborative efforts of various stakeholders. We acknowledge all the efforts of all stakeholders including the community engaged in the implementation of the prevention strategy under NACP.

We sincerely thank NACO's senior leadership for providing vision and insights for the successful implementation of the service-based Target Intervention (TI) and Link Worker Scheme (LWS) approach.

We extend our appreciation to all State AIDS Control Societies and Technical Support Units for their immense contribution in the implementation of the Target Intervention activities as envisioned and designed under NACP.

Lastly, we acknowledge the contributions of the TI Division members and technical experts for documenting and finalizing The Prevention Progress Update (TI/LWS/OST) document.

(Dr Bhawani Singh)

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Background

National AIDS Control Organisation (NACO), Ministry of Health and Family Welfare (MoHFW), Government of India is currently implementing its extended fourth phase of the National AIDS Control Program (NACP-IV). The National Strategic Plan 2017-2024 has six objectives towards fulfilling its vision of an AIDS free India. These are:

Objective 1: Reduce 80% new infections by 2024 (Baseline 2010);

Objective 2: Ensure 95% of estimated PLHIV know their status by 2024;

Objective 3: Ensure 95% PLHIV have ART initiation and retention by 2024;

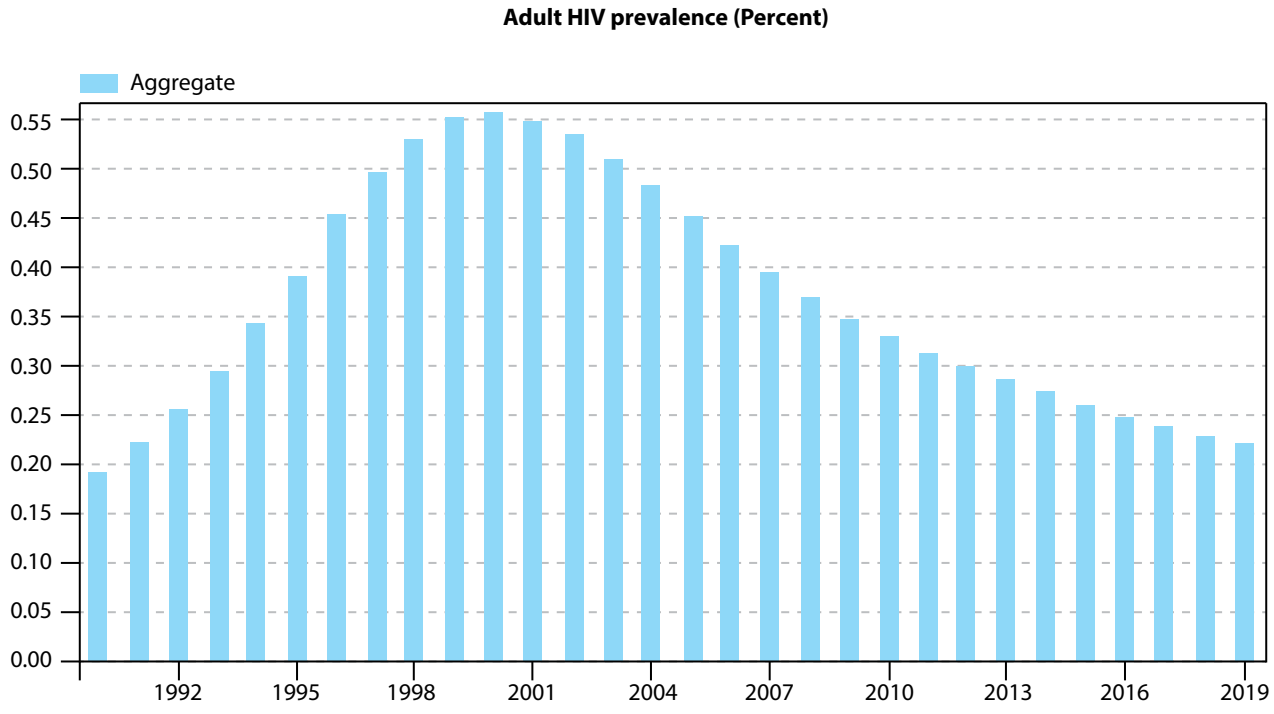
Objective 4: Eliminate mother-to-child transmission of HIV and Syphilis by 2020;

Objective 5: Eliminate HIV/AIDS related stigma and discrimination by 2020; and

Objective 6: Facilitate sustainable NACP service delivery by 2024.

According to HIV Estimations 2019, HIV epidemic in India continues to decline and there has been an overall reduction in adult HIV prevalence, HIV incidence (new infections) and AIDS-related mortality in the country. By the end of 2019, it is estimated that 23.50 lakh [18.0 - 31.00] people are living with HIV/AIDS (PLHIV) in India with adult (15-49 years) prevalence of 0.22% (0.17-0.29).

Figure 1: Percentage of Adult HIV prevalence



There are eight population group covered under periodic HIV surveillance. For ANC and inmates at central jails, the last round of surveillance was conducted in 2019 while for FSW, MSM, IDU, H/TG people, migrants and long-distance truckers (LDT) was conducted in 2017. As evident, HIV epidemic in India continues to be concentrated among high-risk population. HIV prevalence among IDU is almost 28 times higher than that of overall adult prevalence. Similarly, HIV prevalence among H/TG, MSM and FSW also have HIV prevalence which is 6 to 13 times higher than the adult prevalence. Among inmates at central jails, where population with high-risk behaviour are over-represented, HIV prevalence is almost 9 times higher than the adult prevalence.

Chapter 1:

Targeted Interventions

The Targeted Intervention (TI) programme provides HIV related services to High Risk Group (HRG) populations i.e. Female Sex Workers (FSW), Men who have Sex with Men (MSM), Hijra /Trans-genders (H/TG) and Injecting Drug Users (IDU) and Bridge Population, i.e. Migrants and Truckers population.

TIs provide a package of prevention, support and linkage services to a focused group of HRGs in a defined geography through a peer-led, outreach based service delivery model in partnership with Non-Governmental Organizations (NGOs) and Community Based Organizations (CBOs). TIs primarily reach two sets of groups: Key population and the Bridge population.

Recent TI interventions have tried to reach a wider group of at-risk population such as spouses and partners of the key and bridge population. Efforts have also been made to reach other groups where high-risk behaviour has been observed such as prison inmates, informal sector workers and rural populations through schemes such as the Prison HIV Intervention Program, Employer Led Model and Link Worker Scheme respectively.

Each TI offers a bouquet of services and activities and is characterized by unique features as outlined in Box 1 and 2.

Box 1

Community Mobilization:

- Reach out to community through Outreach Workers (ORWs) and Peer Leaders
- Continuous care and support to key population

Behaviour Change Communication:

- Interpersonal Communication (IPC) by peers and ORWs
- Field level events/ Melas
- Awareness generation workshops
- Trainings on condom usage, negotiation skills, usage of needles (IDUs only)
- Multi-media advertisements
- NACO National Helpline

Provision of Commodities:

- Free condom and lubricant distribution
- Social marketing of condoms
- Clean needle/syringe exchange (IDUs only)

Box: 2

There are some unique features that have characterized the TIs approach and have stood the test of time by proving their effectiveness.

Focussed: TIs target key population (KP) groups based on detailed mapping and surveillance data. Detailed micro mapping and surveillance data of the KP collected in partnership with leading research organizations, technical experts, community-based organizations and peer leaders have been strong components of the TI strategy over the years. These help to better target interventions, resources and to evaluate impact.

Community Based Implementation: Working through community-based organizations allows for easier buying of target groups as well as program implementation and monitoring.

- **Peer Led Model:** Community as an active participant is a distinctive aspect of the TI approach. As peer leaders and outreach workers are identified and nurtured from the community, they help to reach otherwise hard to reach/hidden communities, build trust and get active community inputs thereby increasing the effectiveness of TIs.
- **Services at the Door-Step:** From training to condom supply to HIV/STI screening, all services are provided to the KP within their community itself. The community based drop-in centres provide a safe and non judgemental space.

Decentralized Implementation: The states are empowered through the SACs to adapt the TIs to their local contexts, thereby increasing the relevance and effectiveness of services provided by a TI to the KP.

Regular Capacity Building: Regular training programs are planned and delivered by NACO and states to continuously build and reinforce TI effectiveness.

Life-cycle Approach: From outreach to identification of the KP, to prevention, to testing and ART-treatment and regular follow-ups, TIs cover the entire lifecycle of a person at high risk of HIV infection.

Evidence Based with Strong Monitoring: TIs have a strong results-focus, with the success of implementing partners (NGOs/CBOs) being measured on the basis of results in reach, testing and reduction in prevalence of HIV infection in the target communities. Strong checks and balances have been developed through close co-ordination between NACO, SACS and TSU program officers and NGOs/CBOs.

The TI approach to engage with the bridge population is broadly similar to that of the key population with some modifications. NACO has done considerable research to identify migration corridors across the country where the greatest movement of migrants takes place between villages/districts and cities. Based on this, migrants are targeted at 3 locations:

- Home Base: during home coming periods, through melas and health camps where focus is on awareness and testing e.g., Holi or Chhath mela in Bihar.
- Transit: share IEC material in target trains or stations on the route.
- Destination: employers, industry, residence. Truckers are targeted at dhabas, loading/unloading hubs and construction sites by the NGOs in close coordination with the SACS.

Scale up of TIs and Coverage

Based on the mapping of HRGs and subsequent validation of sites and size of the population, efforts are made to scale up the number of TIs in strategic places. Based on the size of the population and geographical presence, either new TI are placed or multiple typologies are covered through composite interventions. As per table no. 2, number of new TIs have been increased in case of IDU, Migrant and Truckers population as compared to the FY 2019-20. Efforts to cover new population have also been made through strategic relocation of TIs keeping the existing population covered through Core composite TIs.

Based on evidences of risks and vulnerability, more than 88 % of the core group HRGs have been covered through TIs which is more than 78% from last year, with primary prevention services like treatment for STI, condoms, needles/syringes, BCC, enabling environment, with community involvement and linkages with care and support services during this reporting period. These services have been prioritised for all the registered HRGs. Considering the time period of association of HRGs in the TI, the population was segregated into active and dynamic. The Dynamic population/ HRG refereed to the HRG who are aware about their risk and vulnerability because of their long term association or exposure with the TIs. Therefore, new population identified within the same geography replaced this dynamic population in the TIs. However, TIs continue to offer their routine services. This exercise resulted in significant increase of the coverage under TIs. A progress on the number of TIs and coverage has been given in the figure below at Table 1, while the number of TIs and the coverage of population against the mapping estimates for last one year is presented in Table 2:

Table 1: Number of TIs and coverage

Typology	Estimate (in Lakhs)	March 2020					March 2021				
		No. of TIs	Coverage (in Lakhs)	Coverage against Estimates (%)	Dynamic Pop (in Lakhs)	Total Coverage in (%)	No. of TIs	Coverage (in Lakhs)	Coverage against Estimates (%)	Dynamic Pop (in Lakhs)	Total Coverage in (%)
FSW	8.68	328	6.62	76.3	1.26	90.8	323	7.01	81%	1.81	102%
MSM	3.57	108	2.38	66.7	0.46	79.6	107	2.58	72%	0.57	88%
IDU	1.77	193	1.40	78.9	0.28	94.4	204	1.51	85%	0.17	94%
H/TG	0.7	41	0.41	58.6	0.07	68.2	39	0.59	84%	0.70	94%
Core Composite		486					515				
Migrant (Destination)	72	205	50.14	69.6			210	41.61			
Trucker	20	65	12.79	64.0			66	8.86			
	Total	**1426**					**1472**				

New HRG Registration in TIs

States were guided to re-structure the TIs considering the following parameters such as positivity, number of years of HRG's association with TI programme, changing dynamics in sex work and injecting practices, etc. These strategies helped significantly in enrolling new and young HRGs across all typology since then. In the case of bridge populations, focus was given on increasing the contacts, mobilising the groups through focussed IPC

and mid-media activities etc. Technical Support Units (TSUs) provided on-site assistance and hand holding to re-strategize outreach plan so as to cover hard-to-reach and hidden population. The below table shows the number of new HRGs registered with TIs in last one year.

Table 2: New HRG registration in TIs (April 2020 to March 2021)

Typology	FSW	MSM	IDU	TG
April to September'20	32513	12458	11693	2514
October'20 to March'21	81743	28206	17418	10118
Total new HRG registration	**114256**	**40664**	**29111**	**12632**

As can be seen in the table, a total of more than 1.96 Lakhs new HRGs were registered in this period. The new registration among all typologies were impacted due to COVID-19 pandemic.

Chapter 2:

Program Overview

FSW Performance Analysis

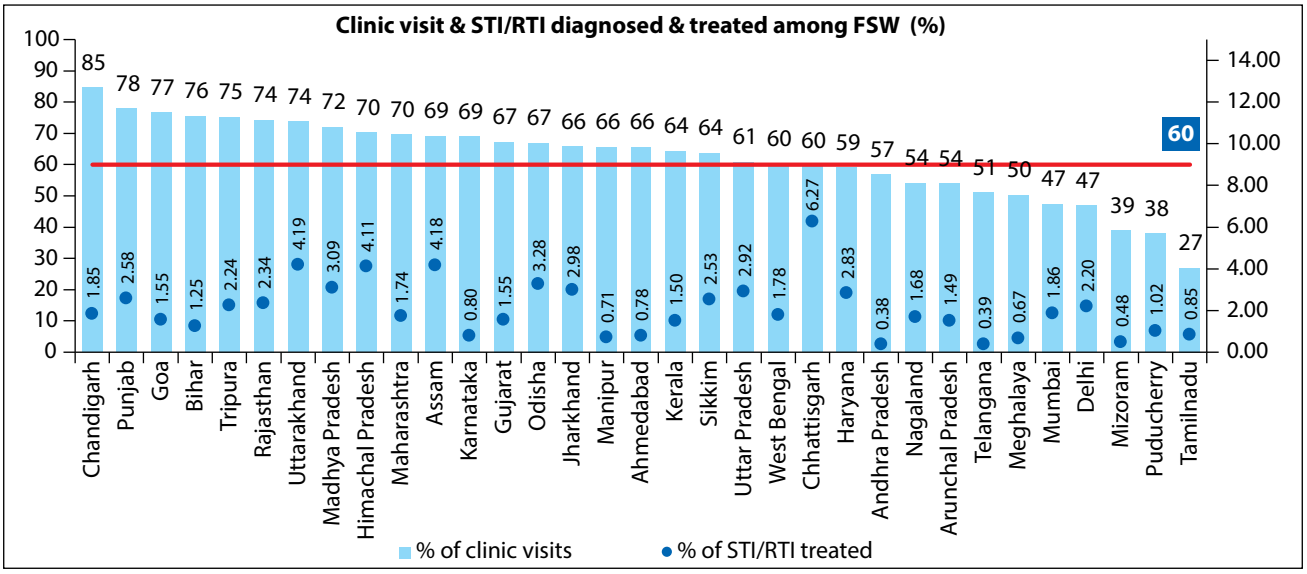
Clinic Visits: STI/RTI Diagnosed and Treated Among FSW

Every active FSWs should undergo quarterly regular medical check-up for STI/RTI either at DSRC, project clinic or PPP clinic as per the program guidelines. The symptomatic persons are treated in respect to their diagnosis and provided with STI medicines with follow up as required, while the newly registered FSWs are provided with presumptive treatment.

The national average of clinic visit by FSWs was 60% of the active population, with performance of 22 States/UTs more than the national average and the performance of 11 States/UTs was less than the national average. 5 States had the clinic footfall of more than 75% ranging from 75% to 85% (Goa, Chandigarh, Punjab, Goa, Bihar and Tripura) performance of 11 states was below 50% for clinic visits (Haryana, Andhra Pradesh, Nagaland, Arunchal, Telangana, Meghalaya, Mumbai, Delhi, Mizoram, Puducherry &Tamil Nadu).

At national level 1.63% of FSWs was diagnosed with STI/RTI out of 60% of FSW who visited the clinic. While at the state level, 8 states have shown only less than 1% of STI/RTI diagnosed and who were treated, especially the high prevalent states of Andhra Pradesh, Telangana Mizoram, Meghalaya, Manipur, Ahmadabad, Karnataka and Tamil Nadu. 19 states reported STI/RTI infection more than national average while 6 States have shown more than 3% of STI/RTI infection ranging up to 6.27% (Madhya Pradesh, Odisha, Himachal Pradesh, Assam, Uttarakhand and Chhattisgarh).

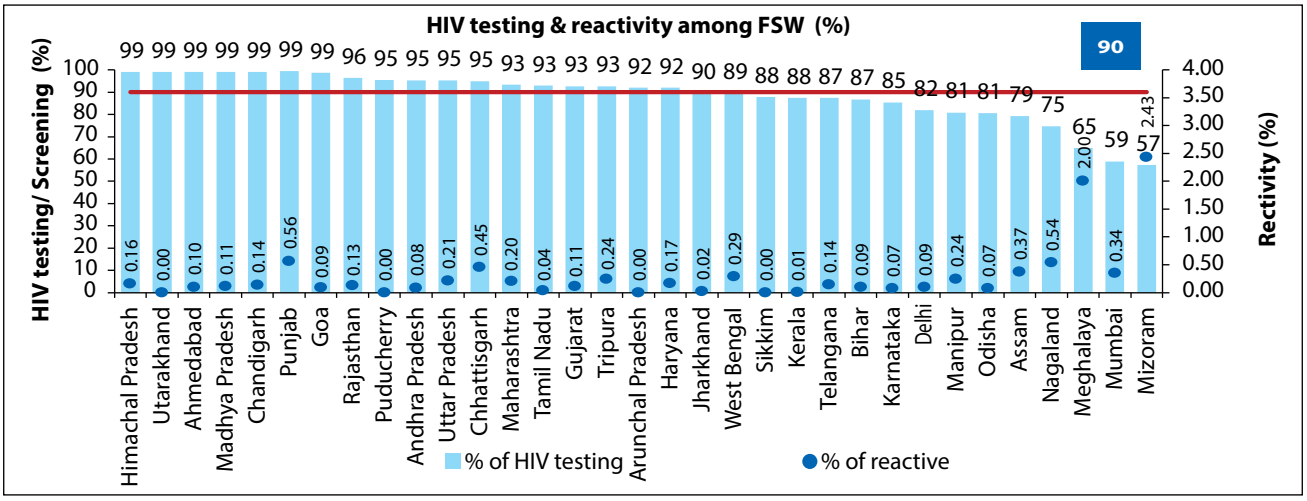
Figure 2: Clinic visits and STI/RTI diagnosed and treated in FSW intervention (April 2020 to March 2021)



HIV Screening/Testing among FSW (April 2020 to March 2021)

Every six months, all active FSWs are encouraged to undergo voluntary HIV screening or testing, and those found to be HIV positive are referred and linked to an ART centre for care and treatment.

Figure 3: HIV screening/testing and positivity among FSW (April 2020 to March 2021)

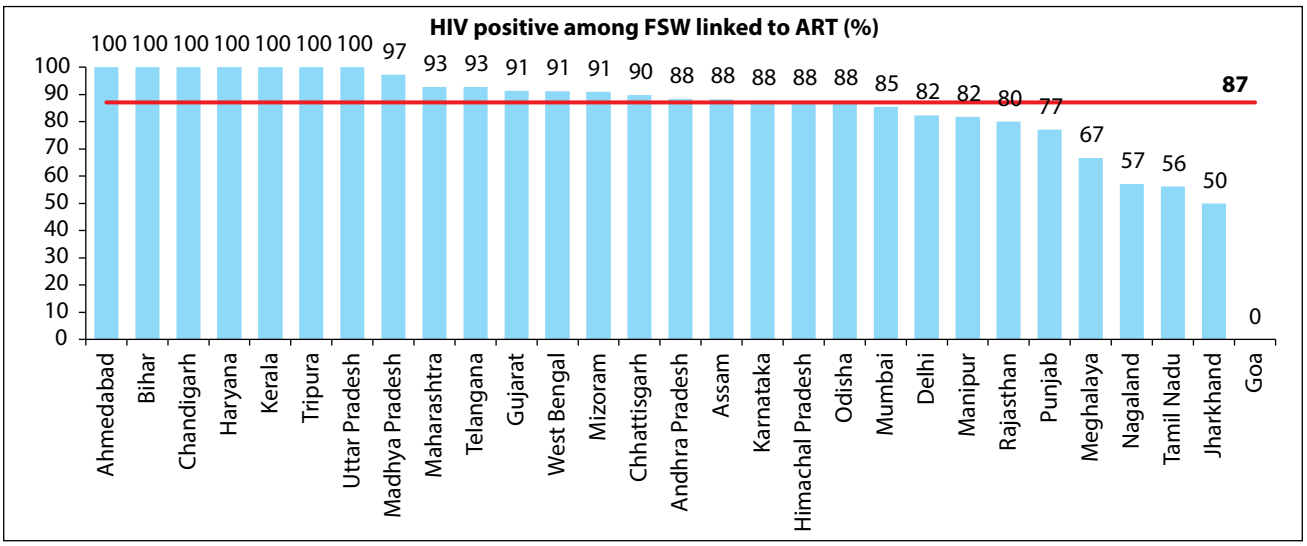


During the reporting period, 90% of active FSWs were screened/tested for HIV at least once, with an overall positivity rate of 0.14 %. 28 states/UTs screened/tested more than 80% of active FSWs for HIV, with 19 states testing more than 90% (Himachal Pradesh, Uttarakhand, Ahmadabad, Madhya Pradesh, Chandigarh, Punjab, Goa, Rajasthan, Puducherry, Andhra Pradesh, Chhattisgarh, Uttar Pradesh, Maharashtra, Tamil Nadu, Gujarat, Tripura, Arunchal Pradesh, Haryana and Jharkhand). States of Meghalaya, Mumbai, and Mizoram had the lowest HIV testing rates at 66 %, 59 %, and 57% respectively, while Mizoram and Meghalaya had the highest HIV positivity rates of 2.43 percent and 2 percent, respectively. The data for HIV testing is based on ***tested at least once*** during the reporting period.

New FSW PLHIVs Linked to ART (April 2020 to March 2021)

FSWs who tested positive for HIV during the FY 2020-21 are linked to ART treatment. Most of the states performed more than the national average 87%, while States performing less than the national average are Jharkhand (50%), Tamil Nadu (50%), Nagaland (57%), Rajasthan (80%), Meghalaya (67%), Manipur (82%), Punjab (77%), Delhi (82%), and Mumbai (85%).

Figure 4: Percentage of FSW PLHIVs linked to ART (April 2020 to March 2021)

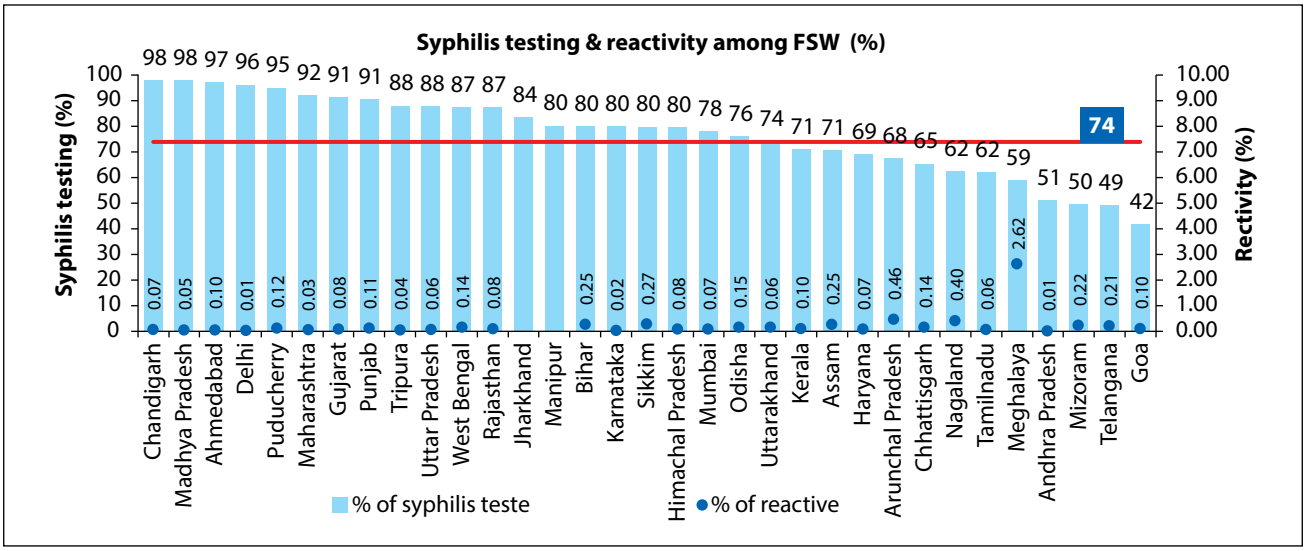


Syphilis Screening Among FSWs (April 2020 to March2021)

Every active FSWs are also motivated for syphilis screening on a half yearly basis, in alignment with HIV testing. National average for syphilis screening among FSWs was 74% for the reporting period. Majority of the States (20) conducted the screening more than the National average including 13 States screening more than 80% of the active FSWs. Six States (Meghalaya, Andhra Pradesh, Mizoram, Telangana and Goa) could ensure screening of less than 60% of the active FSW.

The national average for syphilis reactivity is at 0.07%, with HIV positivity is at 0.14%. The major contributor for high percentage at the national level for syphilis reactivity is Meghalaya at 2.62%. The data for syphilis testing is based on ***tested at least once*** during the reporting period.

Figure 5: Syphilis screening among FSWs (April 2020 to March 2021)

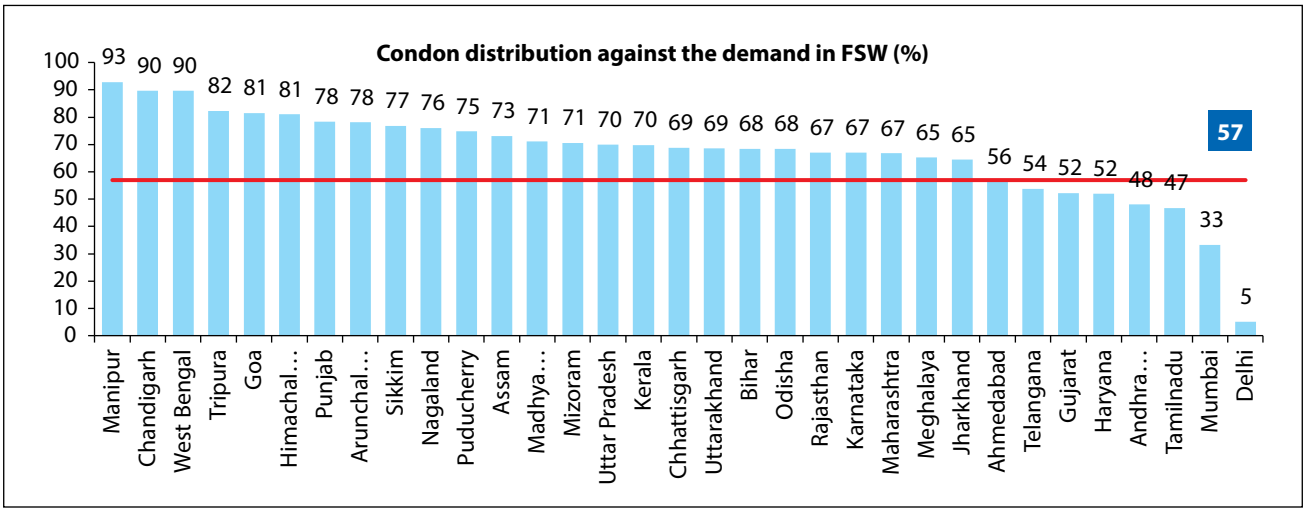


Also, to note that the syphilis reactivity is not found/reported for 2 states (Jharkhand &Manipur). It has been observed that the syphilis screening by Goa was lowest at 42% of the active FSW, while the HIV testing was at 99%.

Condom Distribution Against Demand Among FSW (April 2020 to March 202)

Condom distribution includes free condoms made available to the core groups at the program facilities, while TIs in the States have their own mechanism to facilitate socially marketed condoms.

Figure 6: Condom distribution against demand among FSW during April 2020 to March 2021



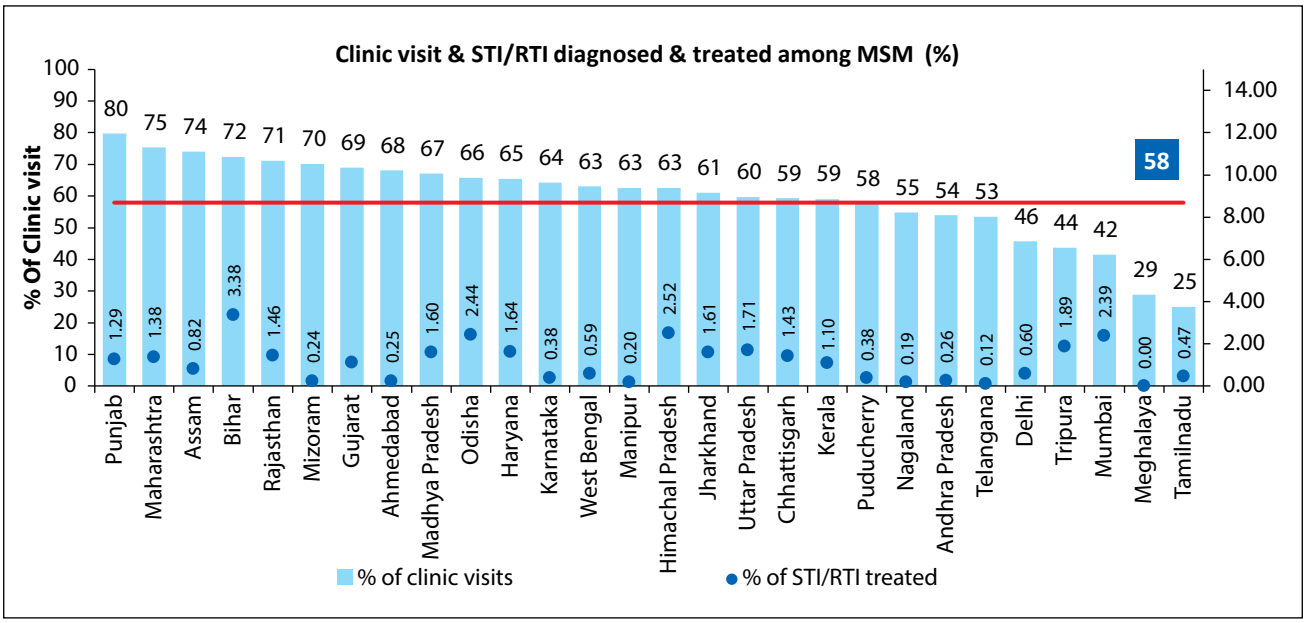
For the reporting period, the national average of condom distribution among FSWs was at 57% against the demand. 22 States/UTs have distributed condom more than the national average with the highest performing state being Chandigarh (90%) and Manipur (93%)and West Bengal (90%). 8 States distributed less than the national average for the same period with the lowest distribution observed in Delhi at only 5%, followed by Mumbai at 33%.

MSM Performance Analysis

Clinic Visits and STI Detection Among MSM (April 2020 to March 2021)

Below Figure depicts the clinic visit performance among MSM TI's in 32 States/UT's. The national Average is at 58%, which is lower than previous years, impacted due to COVID19 and related lockdown situation. It has been observed that almost 8 out of 32 States/UTs have reported below 58% visitation by by MSM to the clinics. Punjab was found with maximum at 80% clinic visits among MSM in comparison to other states. The National average of STI diagnosed and treated among MSM who had attended clinic was at 0.98%. Bihar (3.38%), Arunachal Pradesh (2.85%), Odisha (2.44%), Himachal Pradesh (2.52%) & Mumbai (2.39%) are states where detection is high among MSM. The data for clinic visits are taken on the basis of yearly average.

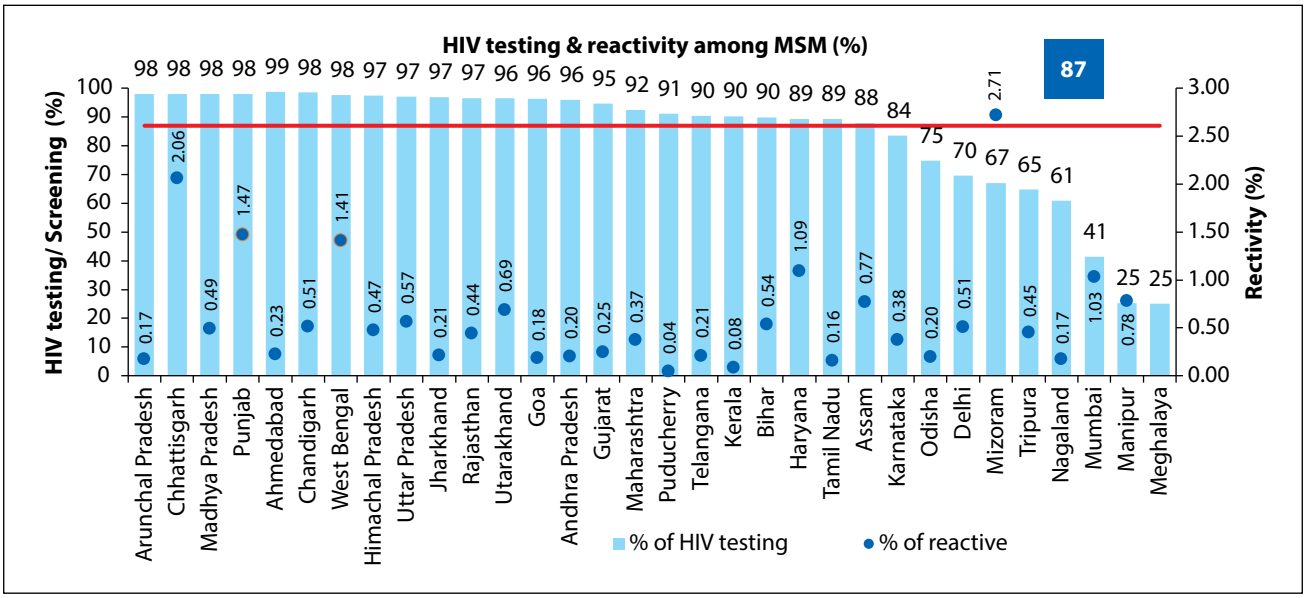
Figure 7: Clinic visits and STI/RTI diagnosed and treated in MSM intervention (April 2020 to March 2021)



HIV Testing/Screening and Positivity Among MSM (April 2020 to March 2021)

Below Figure (8) depicts HIV screening/ testing and positivity among MSM during the reporting period, April 2020 to March 2021 with national average at 87% where it has been observed that Odisha (75%), Delhi (79%), Mizoram (67%) Tripura (65%), Nagaland (61%), Mumbai (41%), Manipur (25%) and Meghalaya (25%) have reported less than 75% screening/testing among the MSM population. Arunchal Pradesh, Chhattisgarh, Madhya Pradesh, Punjab, Ahmedabad, Chandigarh, West Bengal, Himachal Pradesh, Uttar Pradesh, Jharkhand, Rajasthan, Utarakhand, Goa, Andhra Pradesh, Gujarat, Maharashtra and Puducherry have reported 90% or more screening/ testing among MSM. States of Meghlaya, Mizoram and Chhattisgarh had the highest HIV positivity rates at 3.85%, 2,71 % and 2.06% respectively compared to the national average at 0.39%. The data for HIV testing is based on ***tested at least once*** during the reporting period.

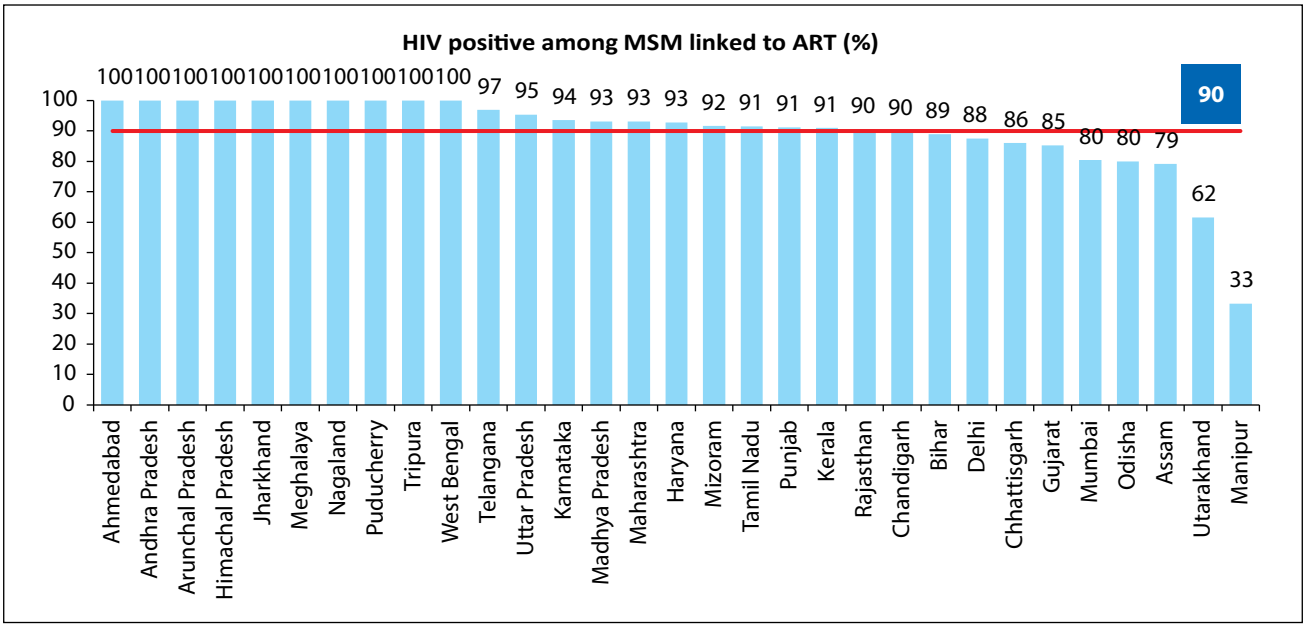
Figure 8: HIV testing/screening and positivity among MSM (April 2020 to March 2021)



New MSM PLHIVs Linked to ART (April 2020 to March 2021)

MSMs who tested positive for HIV during the FY 2020-21 were linked to ART treatment. Most of the states performed more than the national average of 90%, while States performing less than the national average are Bihar (89%), Delhi (88%), Chhattisgarh (86%), Gujarat (85%), Mumbai (80%), Odisha (80%), Assam (79%), Uttarakhand (62%), and Manipur (33%).

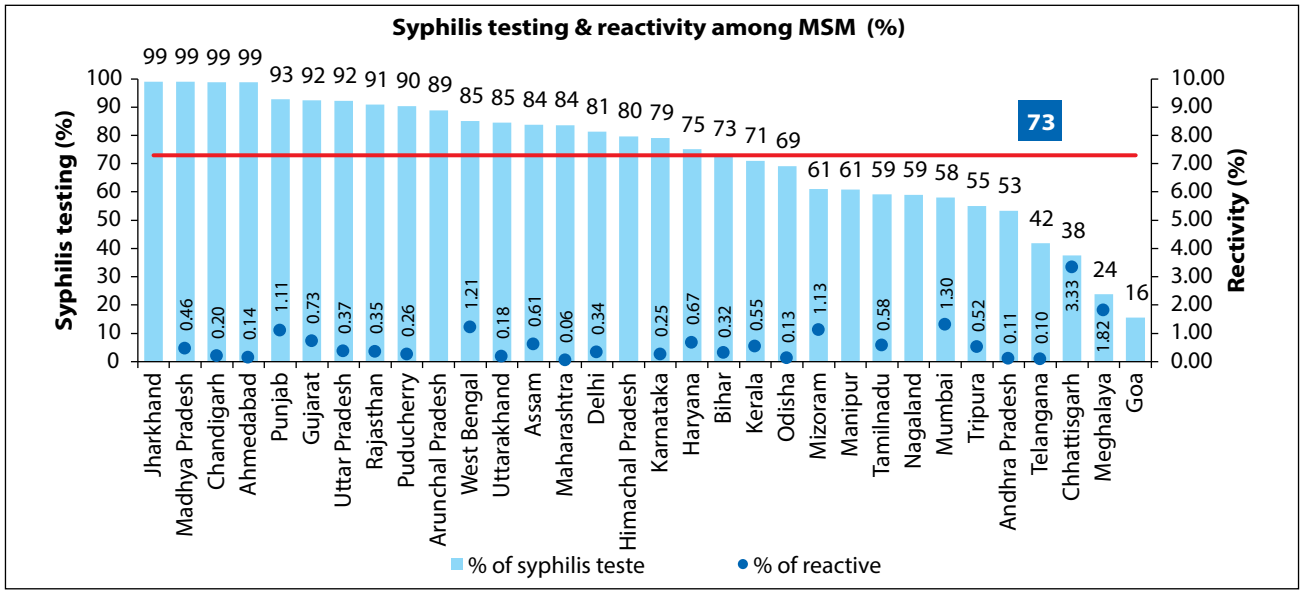
Figure 9: Percentage of MSM PLHIVs linked to ART (April 2020 to March 2021)



Syphilis Screening Among MSM (April 2020 to March 2021)

Below figure 10 depicts syphilis screening among MSM during the reporting period, with national average at 73%. 8 State/UTs (Jharkhand, MP, Chandigarh, Ahmadabad, Punjab, Gujarat and Uttar Pradesh). 9 State/UTs (Tamilnadu, Nagaland, Mumbai, Tripura, Andhra, Telangana, Chhattisgarh, Meghalaya and Goa) reported below 60%. The state Chhattisgarh and Meghalaya reposted high Syphilis reactivity .i.e. at 3.3% and 1.8% respectively.

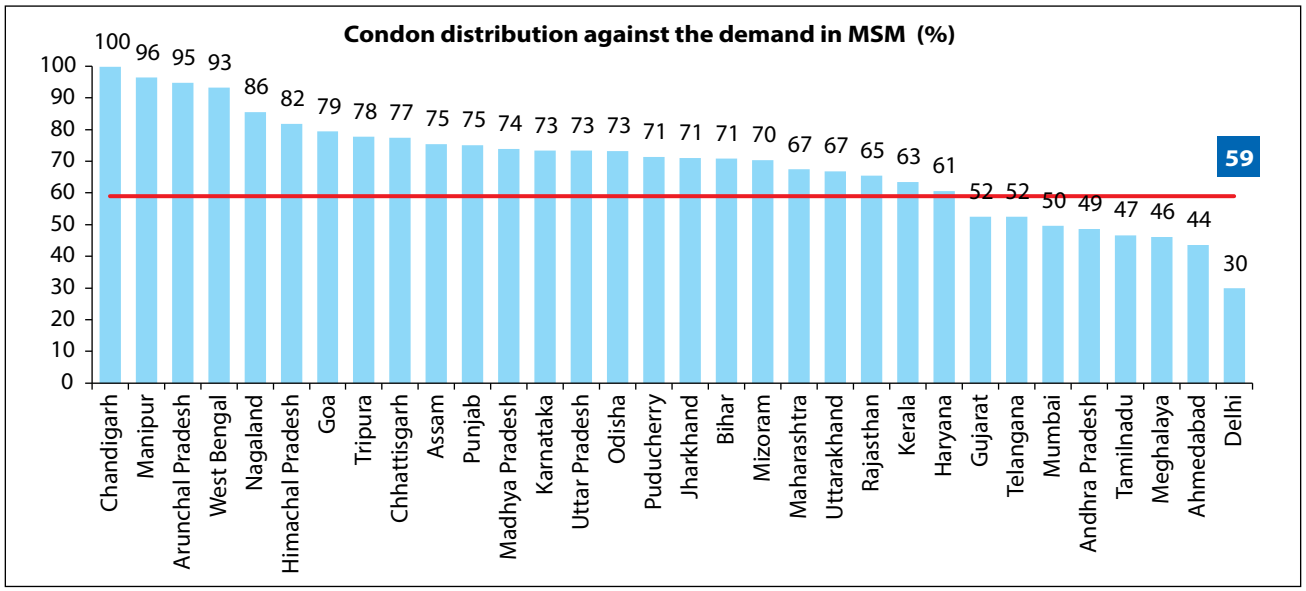
Figure 10: Syphilis screening and reactivity among MSM



Condoms Distribution Against Demand Among MSM (April 2020 to March 21)

Below Figure 11 depicts 59% of condoms distributed among MSMs against the demand as a national average for the period of April 2020 to March 2021. 8 states/UT's have distributed condom less than the national average, i.e. Gujarat (52%), Telangana (52%), Mumbai (50%), Andhra Pradesh (49%), Tamil Nadu (47%), Meghalaya (46%), Ahmadabad (44%) and (Delhi 30%). While Chandigarh, Manipur, Arunachal Pradesh, Mizoram, West Bengal reported condom distribution above 90% among MSM.

Figure 11: Condom distribution against demand among MSM during April 2020 to March 2021



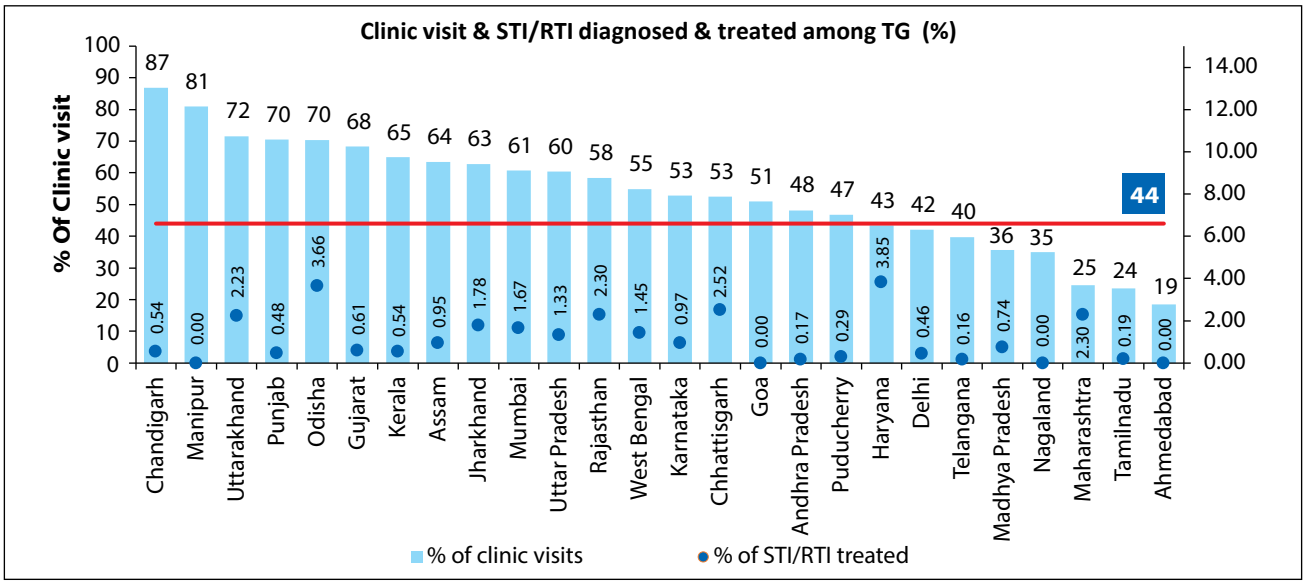
Transgender/Hijra (TG/H) Performance Analysis

Clinic visits: STI Detection Among TG (April 2020 to March 2021)

A total of 26 states/UT have reported TG data with STI performance. 44% is the national average of clinic visits by TG which 33% less than last financial year i.e 2019-20. The states like Haryana (43%), Delhi (42%), Telangana (40%), Madhya Pradesh (36%), Nagaland (35%), Maharashtra (25%) Tamilnadu (24%) and Ahmadabad (19%) have reported less than 44% clinic attendees.

National average of STI diagnosed and treated among clinic attendees was 1.34%. Haryana, Odisha, Chhattisgarh, Rajasthan, Maharashtra and Uttarakhand reported high number of STI cases more than 2%.

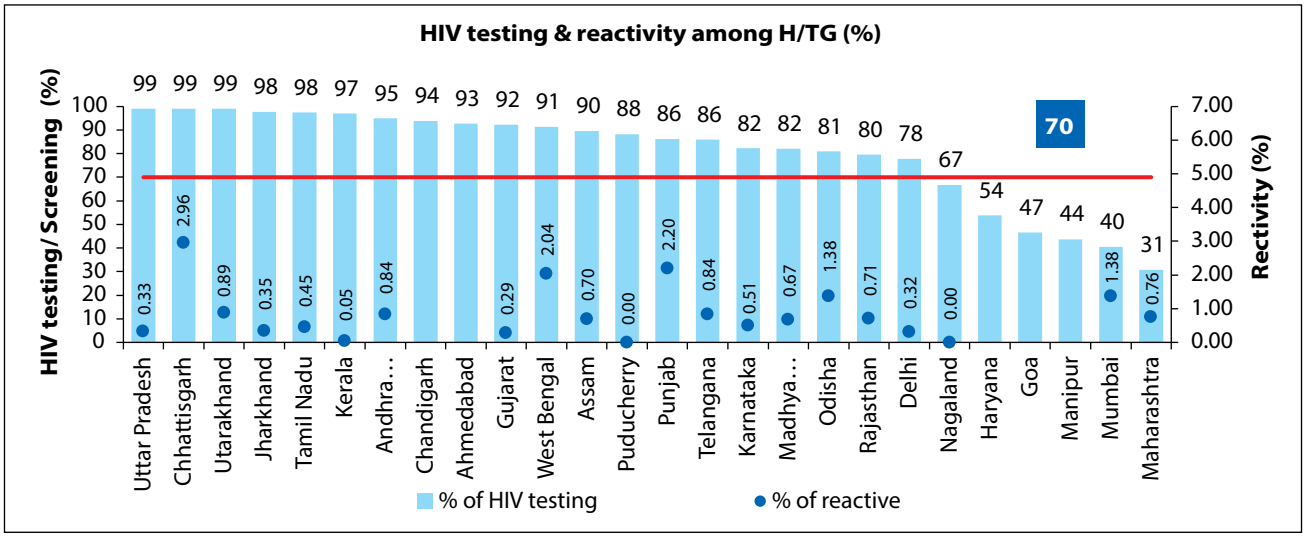
Figure 12: Clinic visits and STI detection among TG (April 2020 to March 21)



HIV Testing/Screening and Positivity Among TG/H

Figure below 13 depicts HIV screening/testing and positivity among TG/H during the reporting period April 2020 to March 2021. The national average of HIV testing among TG/H is at 70%. 6 states reported below national average in HIV testing, which are Nagaland (67%), Haryana (54%), Goa (47%), Manipur (44%), Mumbai (40%) and Maharashtra (31%). States like Uttar Pradesh, Chhattisgarh, Uttarakhand, Jharkhand, Tamil Nadu, Kerala, Andhra Pradesh, Chandigarh, Ahmadabad, Gujarat, West Bengal and Assam have reported HIV testing at more 90.

Figure13: HIV screening/testing and positivity among TG/H (April 2020 to March 2021)

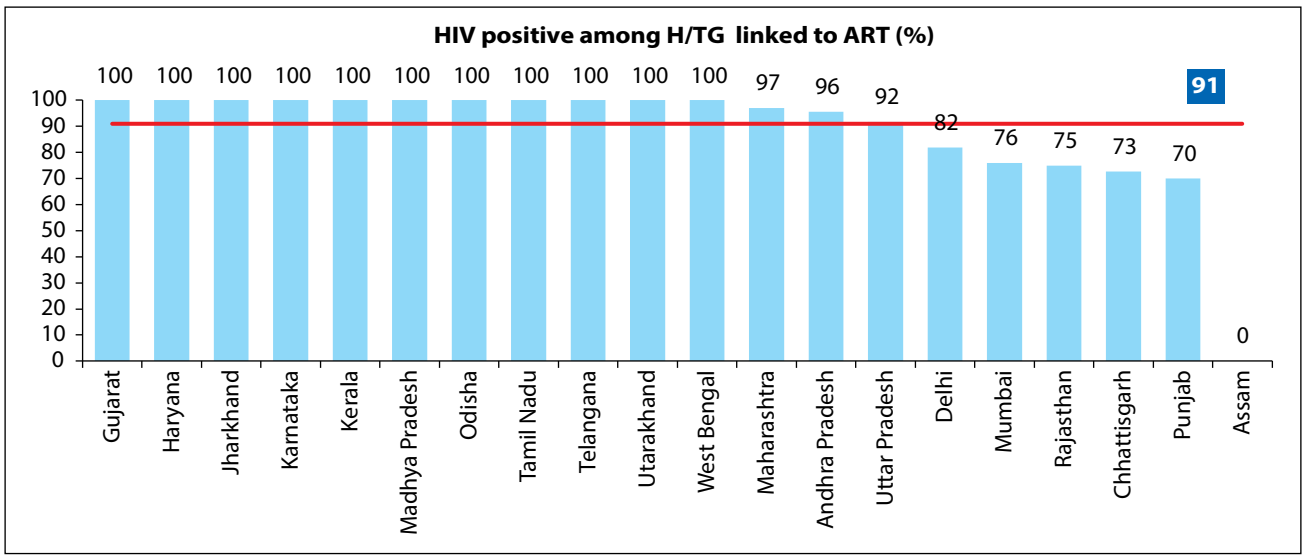


New Transgender/Hijra PLHIVs Linked to ART (April to March 2021)

Below figure 14 shows the percentage of TG who are HIV positive and linked to ART during the reporting period April 2020 to march 2021. The national average is at 91% for positive HRG's linked to ART. 6 states reported less than the national average including Delhi (82%), Mumbai (76%), Rajasthan (75%), Chhattisgarh (73%) and Punjab (70%).

Assam was unable to link any H/TG PLHIV to ART. Whereas Gujarat, Haryana, Jharkhand, Karnataka, Kerala, Madhya Pradesh, Odisha, Tamil Nadu, Telangana, Uttarakhand and West Bengal have found 100% positive TG linked on ART.

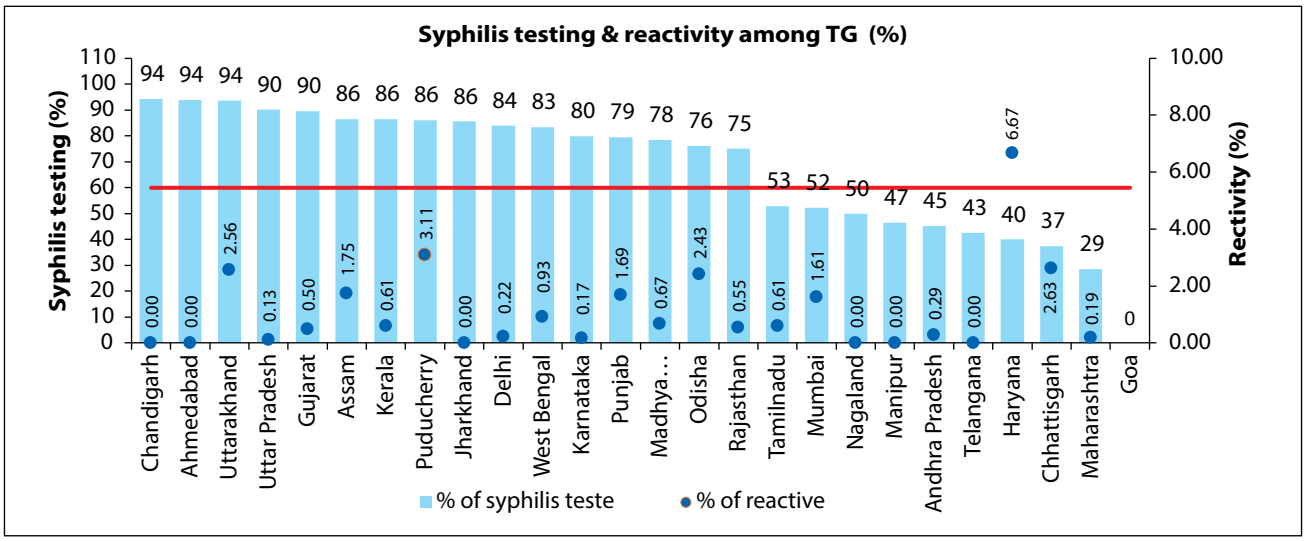
Figure 14: Percentage of new TG/H PLHIVs linked to ART (April 2020 to March 2021)



Syphilis Screening and Reactivity Among TG (April 2020 to March 2021)

Figure below 15 depicts Syphilis testing and reactivity among TG/H during the reporting period April 2020 to March 2021. The national average of HIV testing among TG/H is at 60%. 10 State (Tamil Nadu, Mumbai, Nagaland, Manipur, Andhra Pradesh, Telangana, Haryana, Chhattisgarh, Maharashtra and Goa) have reported below national average in Syphilis testing. While Syphilis reactive cases were reported greater than 2% in Haryana and Chhattisgarh.

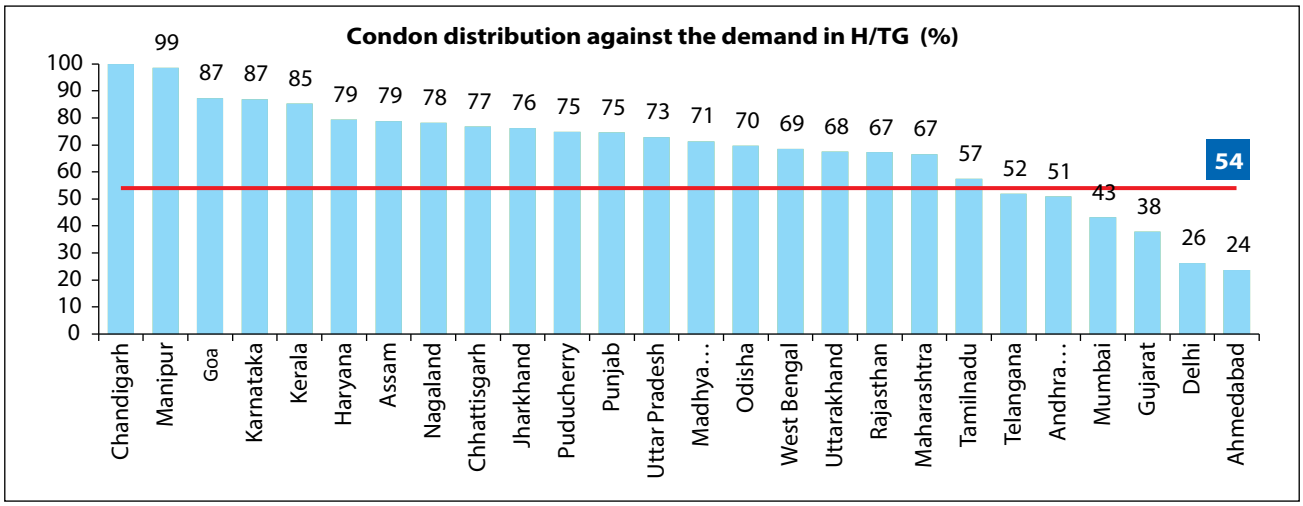
Figure 15: Syphilis screening among TG (April 2020 to March 2021)



Condom Distribution Against Demand Among TG (April 2020 to March 2021)

Below figure 16 shows that 26 States/UT's reported for condom distribution among TG population. It is reported that 54% is the national average during the period April 2020 to March 2021. 6 states have distributed condom less than the national average among TG's. It has been observed that Telangana (52%), Andhra Pradesh (51%), Mumbai (43%), Gujarat (38%), Delhi (26%) & Ahmadabad (24%) have distributed condom at below 54% on an average during this period.

Figure 16: Condoms distribution among TG against demand (April 2020 to March 2021)

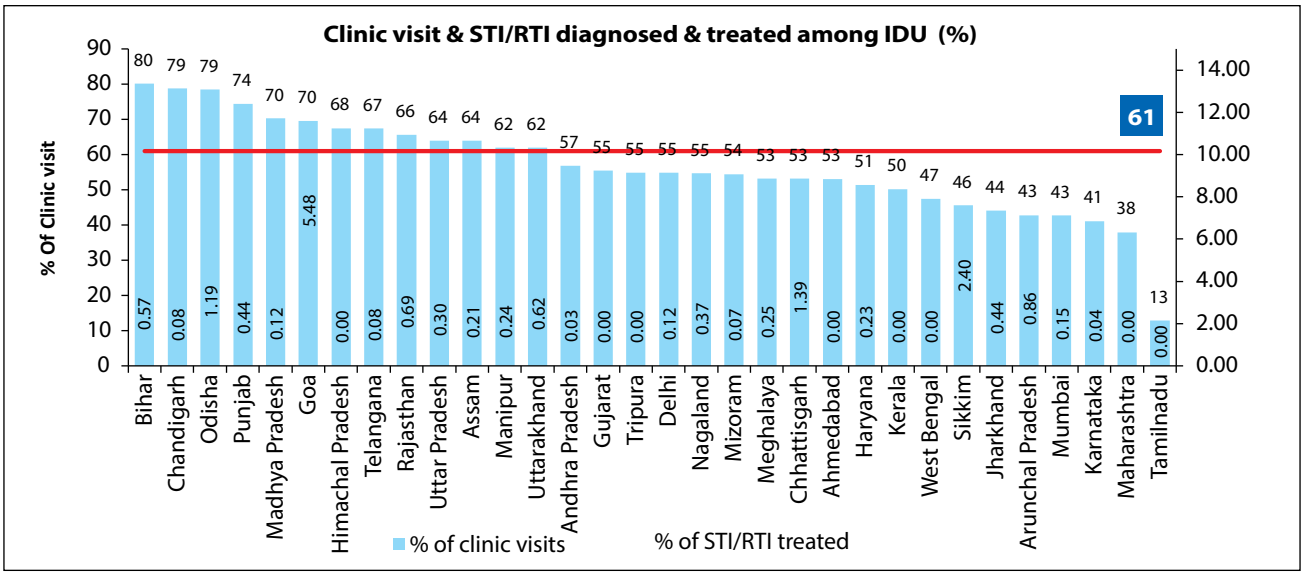


IDU Performance Analysis

Clinic Visits: STI Detection Among IDU (April 2020 to March 2021)

Figure 17 depicts clinic visit performance among IDU TIs in 32 States/UTs. The National average for clinic visit for the IDU intervention is at 61 % in comparison to 70 % for FY 2019-20. The national average for STI/RTI diagnosed and treated is reported at 0.35 % among the IDU clinic attendees. Tamil Nadu (13%), Maharashtra (38%), Karnataka (41%), Mumbai (43%), Arunchal Pradesh (43%) , Jharkhand (44%), Sikkim (46%) and West Bengal (47%) have reported less than 50% of clinic visits during the reporting period.

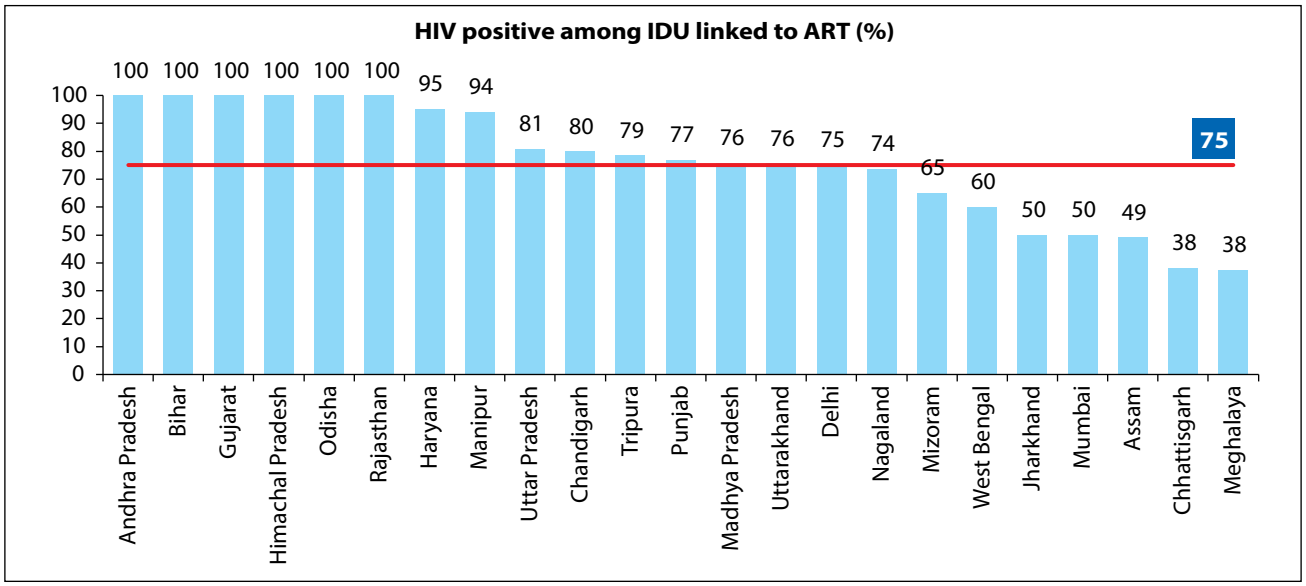
Figure 17: STI detection among IDU (April 2020 to March 2021)



New IDU PLHIVs Linked to ART (April' 2020 to March 2021)

Figure 18 shows the percentage of HIV positive among IDU linked to ART for the reporting period April 2020 to March 2021. National average was reported at 75% against 86% during FY 2019-20. Meghalaya (38%), Chhattisgarh (38%), Mumbai (50%), Jharkhand (50%), Assam (49%), West Bengal (60%), Mizoram (65%), Nagaland (74%), Delhi (75%) have reported less than 75% linkage to ART while Andhra Pradesh, Bihar, Gujarat, Himachal Pradesh, Odisha and Rajasthan have 100% positive linked to ART.

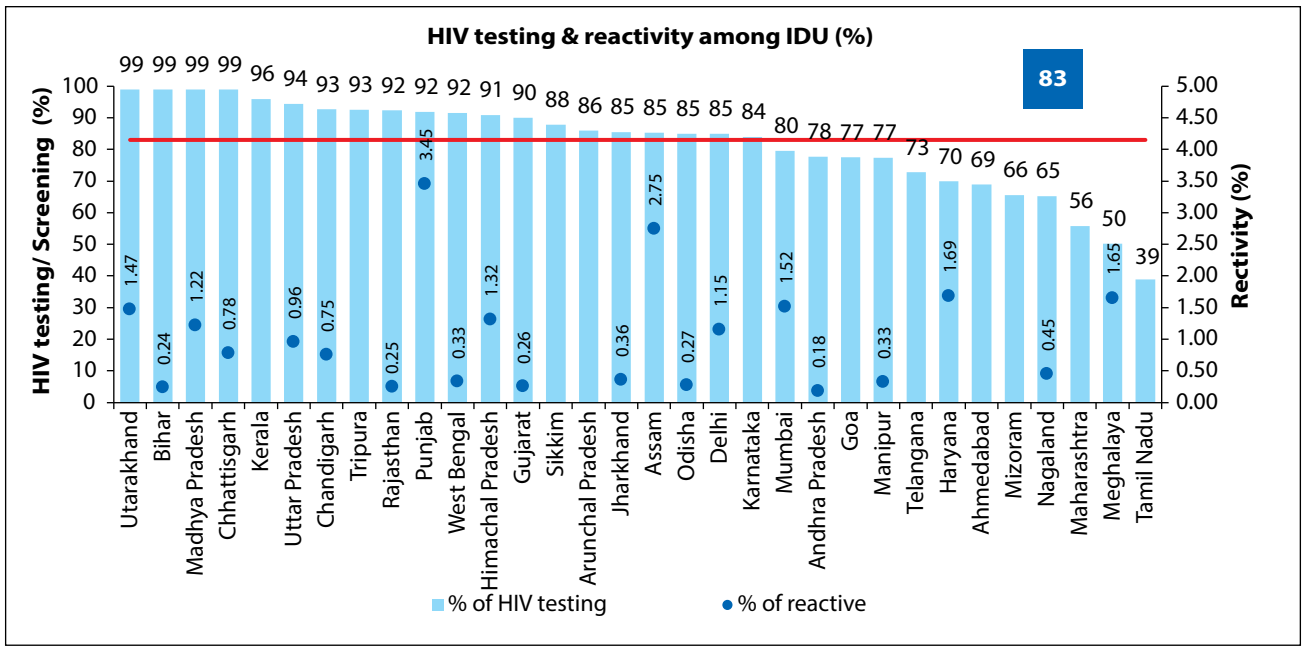
Figure 18: Percentage of new IDU PLHIVs linked to ART (April 2020 to March 2021)



HIV Screening/Testing and Positivity Among IDU (April 2020 to March 2021)

Figure 19 below shows HIV screening/testing and positivity among IDU during the reporting period April 2020 to March 2021 National average of HIV testing among IDU is 83% during the reporting period. Tamil Nadu (39%), Meghalaya (50%), Maharashtra (56%), Nagaland (65%), Mizoram (66%), Ahmedabad (69%), Haryana (70%), Telangana (73%), Manipur and Goa (77%), Andhra Pradesh (78%) and Mumbai (80%) are less than the national average. State Tripura, Mizoram, Punjab and Assam reported high positivity greater than 2%.

Figure 19: HIV screening/testing and positivity among IDU

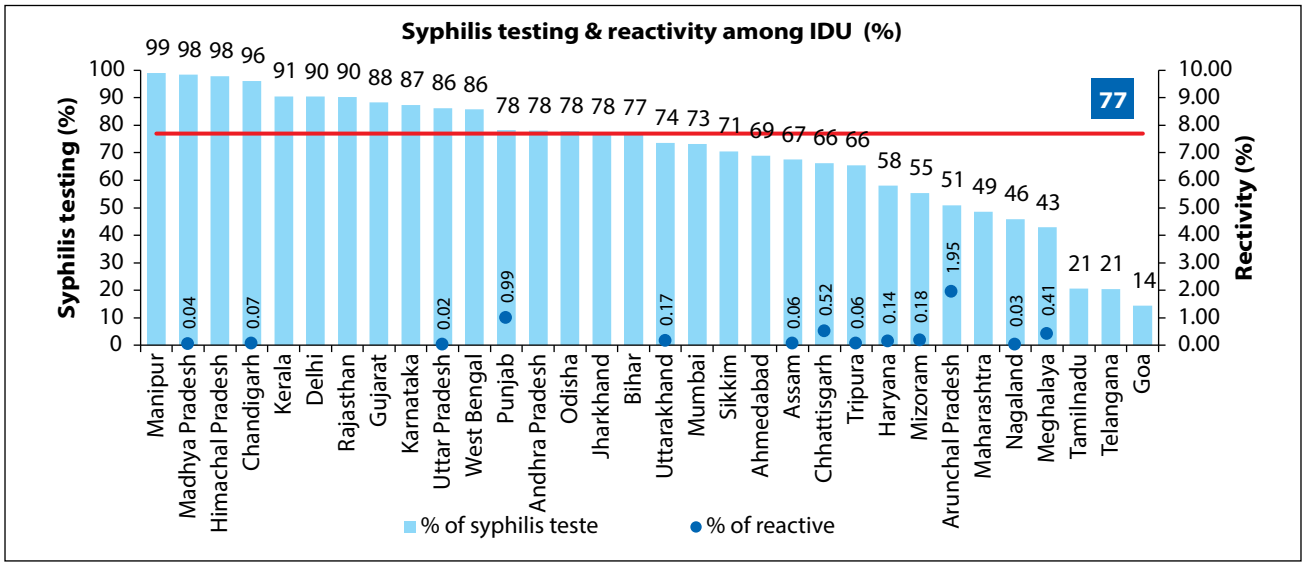


Syphilis Testing Among IDU (April 2020 to March 2021)

Figure 20 depicts syphilis screening among IDU for 32 States/UTs during the reporting period April 2020 to March 2021 with the National average at 77% in comparison to 59 % during FY 2019-20. Goa (14%), Telangana (21%), Tamil Nadu (21%), Meghalaya (43%), Nagaland (46%), Maharashtra (49%) have reported less than 50% syphilis screening during the reporting year. National average for positivity was reported at 0.17%. 19 State/UTs not

reported any reactive case of syphilis during the reporting period. Whereas Arunchal Pradesh (1.95%) reported high reactivity.

Figure 20: Syphilis testing among IDU



Needle Syringes Distribution & Return

Figure below depicts needle distribution against demand in IDU TIs in 32 States/UTs for the reporting period, April 2020 to March 2021 with the national average reported at 73% distribution of needles against the demand which is similar to 73% distribution in April 2020 - March 21. Similarly, the national average for distribution of syringes is at 87% in this reporting period from 87 % in April-March 2020. Chhattisgarh (54%), Maharashtra (55%) Tamil Nadu (58%), Meghalaya (63%), Gujarat (65), Mumbai (69%), Madhya Pradesh (70%), Haryana (71%) and Andhra Pradesh (725) have reported less than 73% distribution against the demand while Kerala (94%) and Nagaland (93%), West Bengal and Manipur (91%) have reported above 90% distribution of needles against the demand. 65% of the needles and 67% of syringes were returned for the reporting period as the national average compared to 77% Needle return and 79% Syringe return in April -March 2020. Haryana (48%), Himachal Pradesh & Ahmadabad (50%) have reported less than 55% syringes returned to the TI . More than 75% returned of syringes was reported by 14 states. Karnataka (37%), Haryana (48%), Ahmedabad (53%) and Maharashtra (58%) have reported less than 60% returned rate of needles. More than 75% returned rate of needles was reported by 11 states during the reporting period.

Figure 21: Percentage of Used needles retuned ageinst distribution

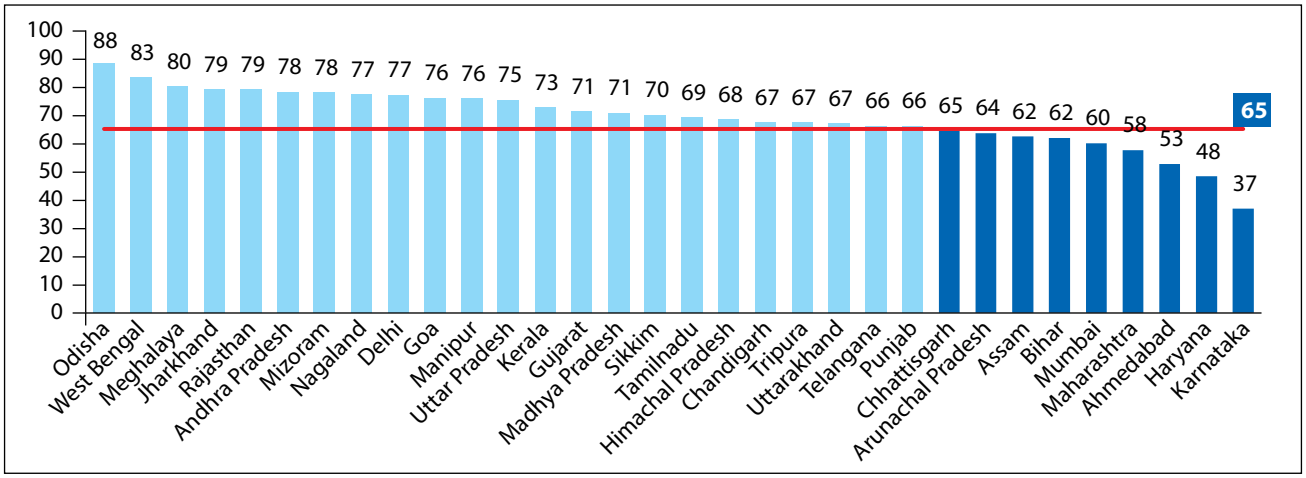


Figure 22: Percentage of Used Syringe retuned ageinst distribution

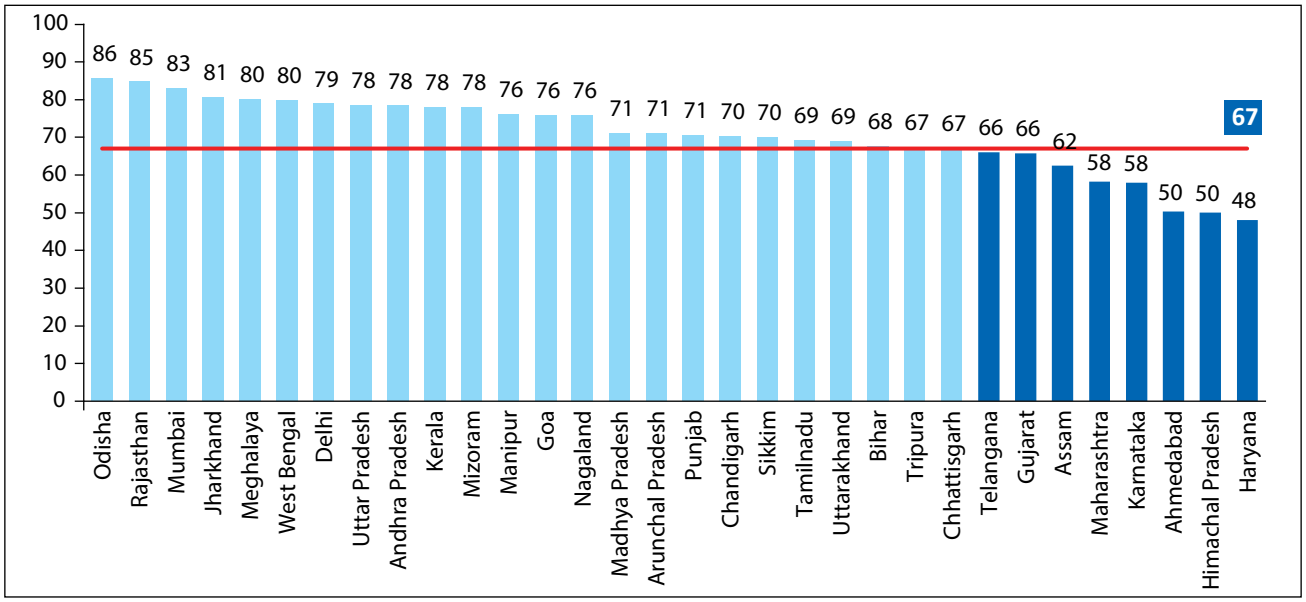


Figure 23: Percentage of Syringe demand against distribution

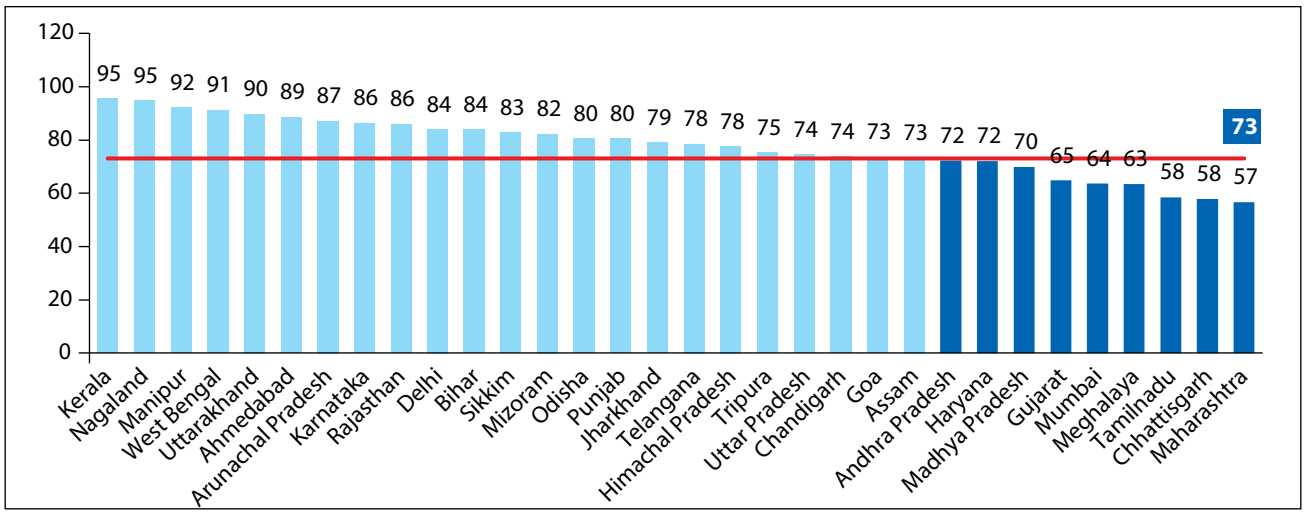
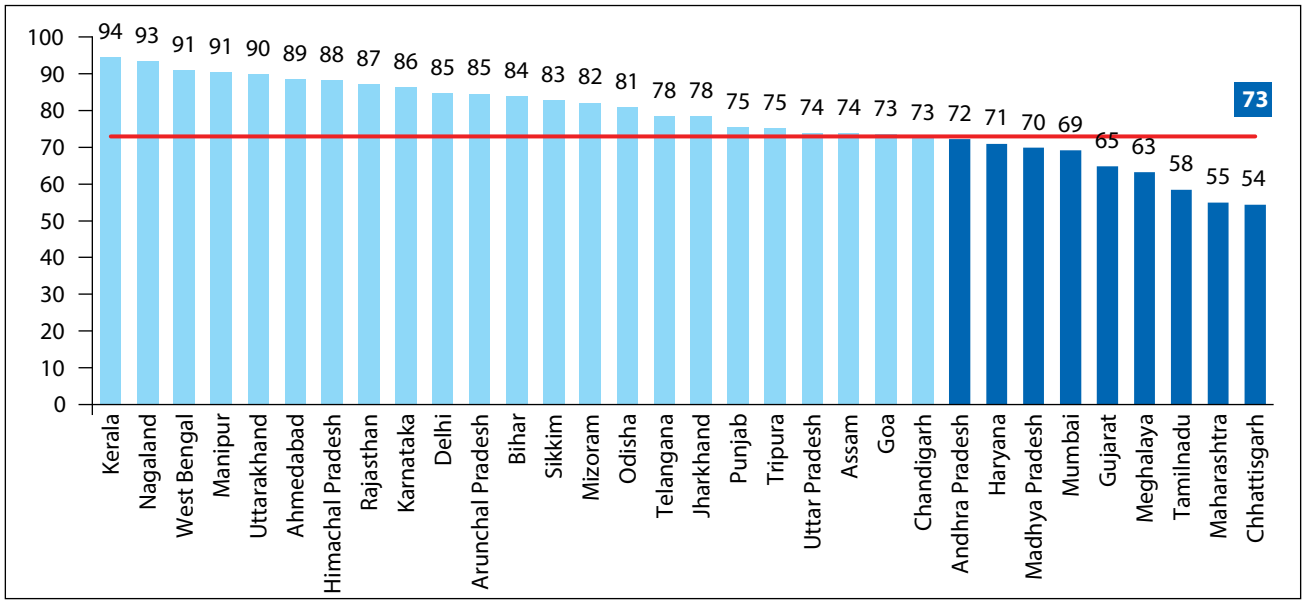


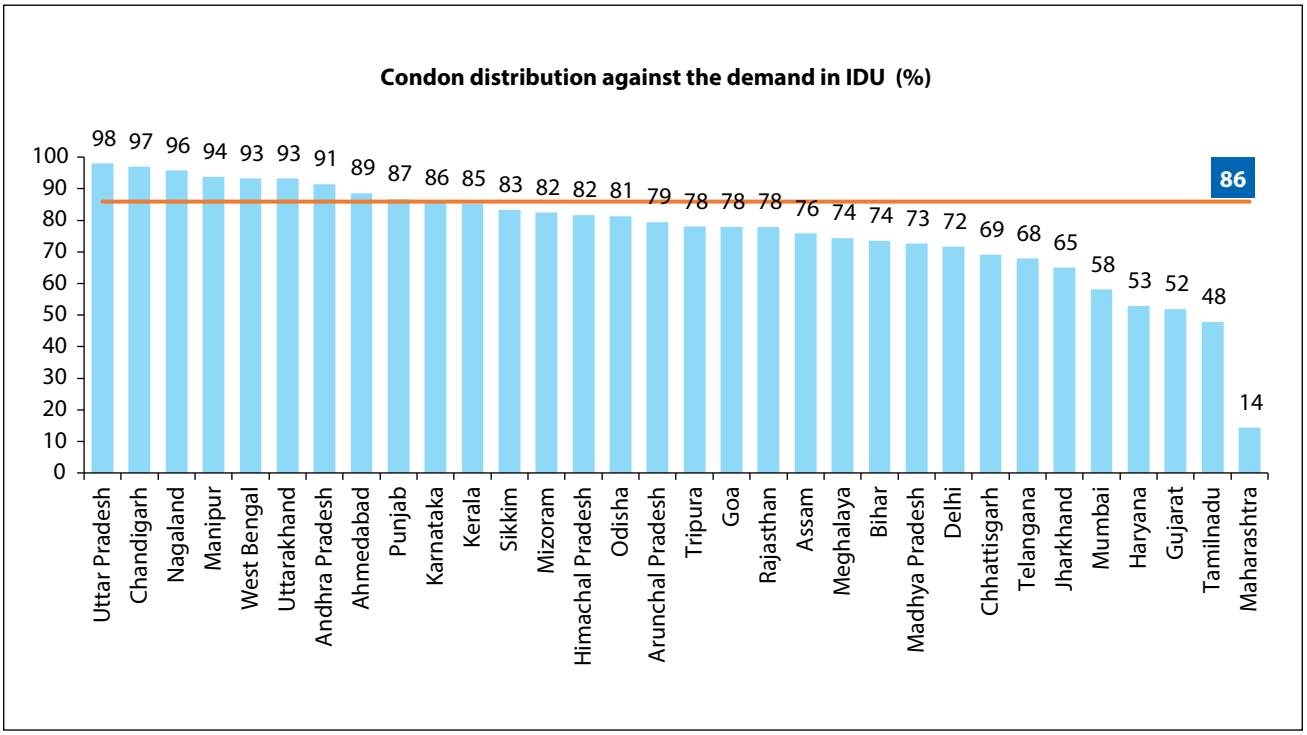
Figure 24: Percentage of Needle demand against distribution



Condoms Distribution Against Demand Among IDU (April 2020 to March 2021)

Figure 25 below depicts condom distribution in IDU TIs in 32States/UTs for the reporting period, April 2020 to March 2021. Reported national average for distribution against the demand in the IDU TIs was 86% against 93% during FY 2019-20. Uttar Pradesh, Chandigarh, Nagaland, Manipur and West Bengal, Uttarakhand, and Andhra Pradesh reported more than 90% distribution against the demand while Kerala (85%), Sikkim (83%), Mizoram (82%), Himchal Pradesh (82%), Odisha (81%), Arunchal (79%), Tripura, Goa and Rajasthan (78%), Assam (76%), Meghalaya and Bihar (74%), Madhya Pradesh (73%), Delhi (72%), Chhattisgarh (69%), Telangana (68%), Jharkhand (65%), Mumbai (58%), Haryana (53%), Gujarat (52%), Tamil Nadu (48%) and Maharashtra (14%) have reported less than 86% of National average distribution against the demand.

Figure 25: Condoms distribution against demand among IDU (April 2020 to March 2021)



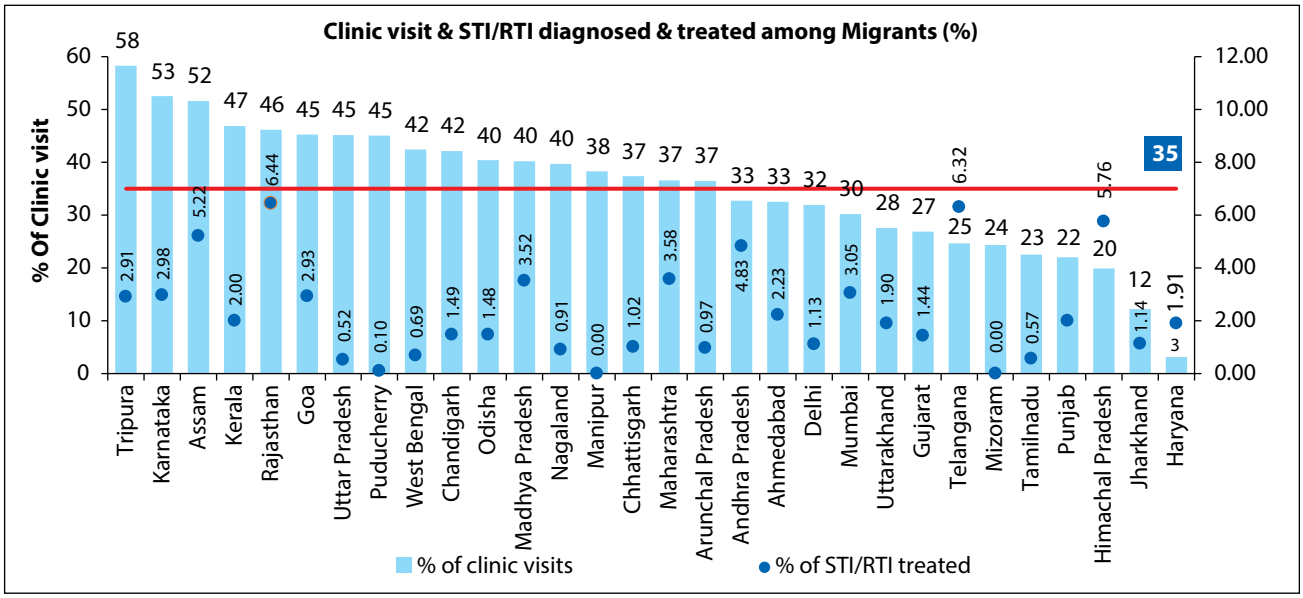
Bridge Population

Migrant Performance Analysis

Clinic visits: STI/RTI Diagnosed and Treated Among Migrants

As per Figure 26 the established norms, 40% of the MoU target is supposed to visit STI clinic in a year. Below graph, based on the basis of program data, suggests that 13 States/ UTs perform below national average Andhra Pradesh, Ahmedabad, Delhi, Mumbai, Uttarakhand, Gujarat, Telangana, Mizoram, Tamilnadu, Punjab, Himachal Pradesh, Jharkhand and Haryana). At the national level (2.73%) STI cases has been reported among the Migrant population, in comparison to that few states has reported high number of cases i.e. Rajasthan (6.44), Telangana (6.32), Himachal (5.76%), Assam (5.22%) and Andhra Pradesh (4.83%). State/UTs of Bihar, DNH&DD, Meghalaya, and Sikkim do not have any migrant Intervention in financial year 2020-21.

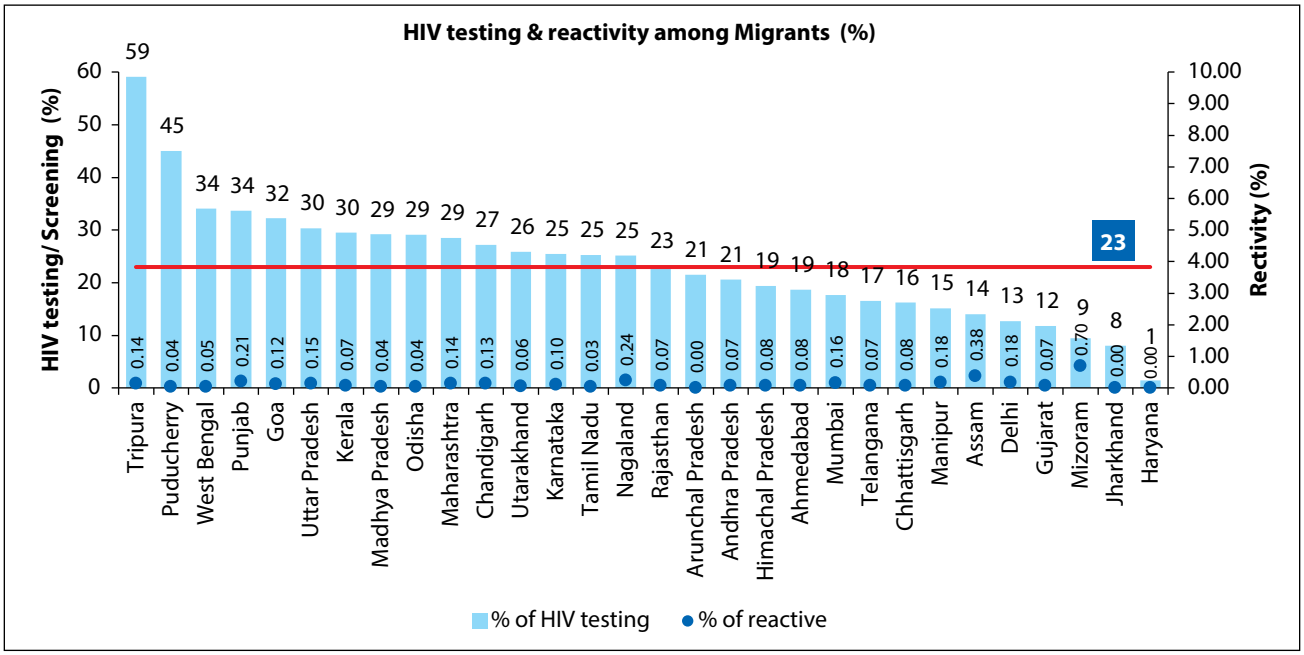
Figure 26: Clinic visits, STI/RTI diagnosed & treated in Migrant intervention (April-2020 to March 2021)



HIV Testing/Screening and Positivity Among Migrant (April 2020 to March 2021)

In Migrant population, (figure 27) as per the guidelines, 30% of the MOU target is supposed to get tested for HIV. As per the analysis of the program data, 23 states have failed to achieve this benchmark and 14 State/UTs failed to achieve the national average. State/UTs Positivity among migrants is reported high by 4 States i.e Mizoram (0.70%), Assam (0.38%), Nagaland (0.24%) and Punjab (0.21%) with respect to the national positivity of 0.11%.

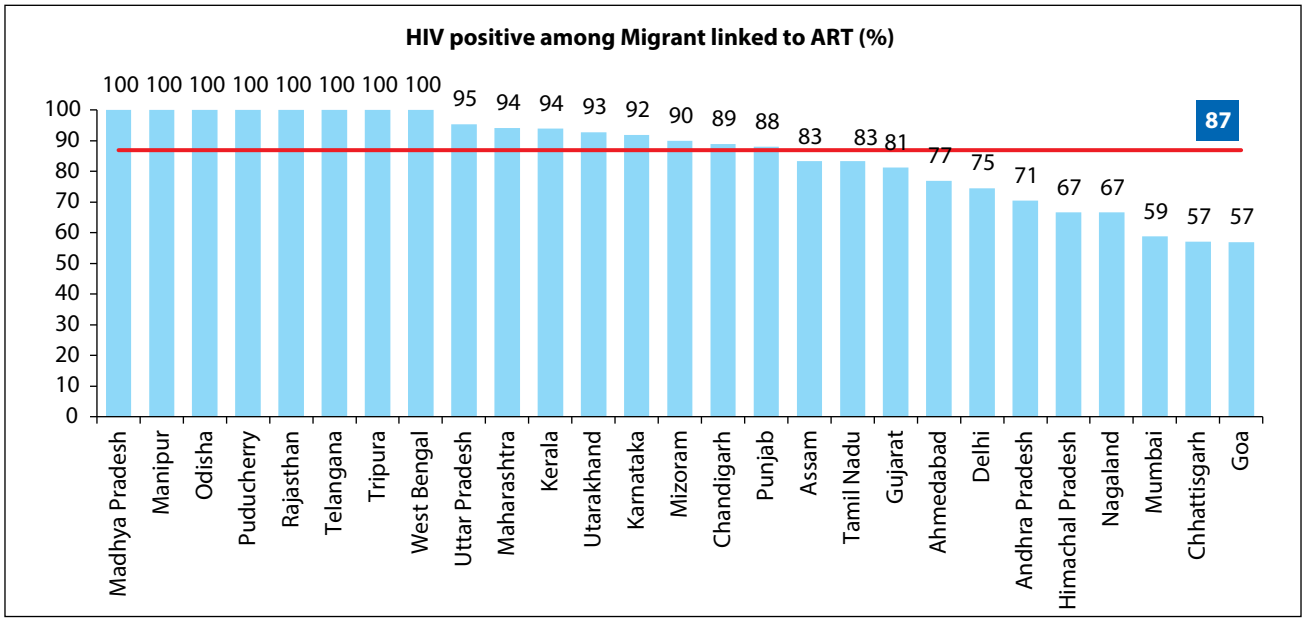
Figure 27: HIV Testing & Positivity among Migrant population



Migrant PLHIVs Linked to ART (April 2020 to March 2021)

In all India level, (figure 28) 87 % of the HIV positive cases got linked to ART among migrant population. Among them 13 states have underperformed in comparison to the national average Chandigarh (89%), Punjab (88%), Assam (83%) Tamilnadu (83%), Gujarat (81%), Ahmadabad (77%), Delhi (75%), Andhra Pradesh (71%) Himachal (67%), Nagaland (67%), Mumbai (59%), Chhattisgarh (57%), and Goa (57%).

Figure 28: Percentage of Migrant PLHIVs linked to ART (April 2020 to March 2021)

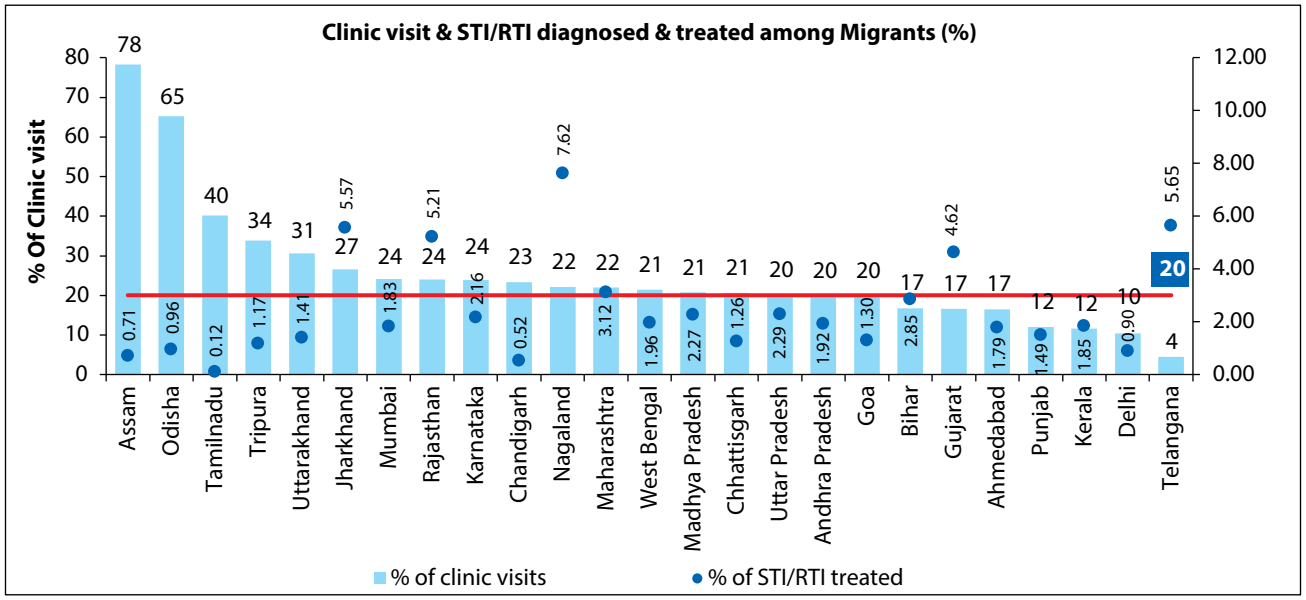


Truckers Performance Analysis

Clinic Visits and STI/RTI Diagnosed and Treated Among Trucker

As per the guidelines, 25 % of the coverage done in 12 months (figure 29), is the target for clinic visits for trucker's typology in a year. Seven states have failed to achieve this target i.e. Bihar (17%), Gujarat (17%), Ahmadabad (17%), Punjab (12%), Kerala (12%) Delhi (10%) and Telangana (4%) as per the reports received for reporting period. At the national level (2.52%) of STI diagnosed reported among the Truckers Population. Whereas in the states Nagaland (7.62%), Telangana (5.65%), Jharkhand (5.57%), Rajasthan (5.21%), and Gujarat (4.62%) has reported high number of STI cases.

Figure 29: Clinic visit & STI/RTI diagnosed & treated among Truckers (%)

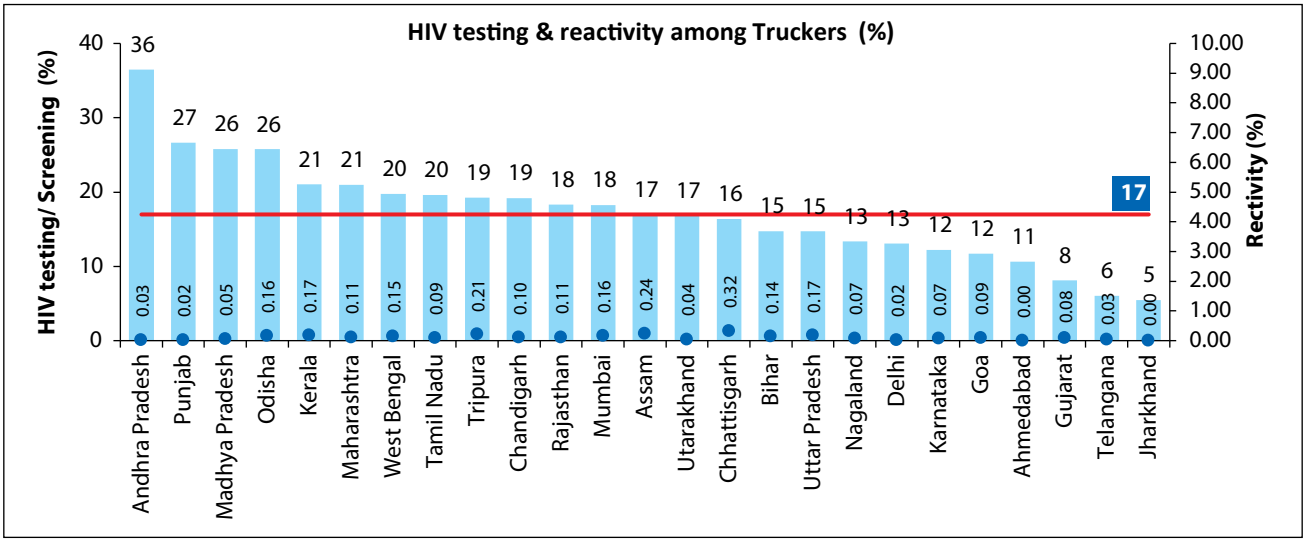


HIV Testing/ Screening and Positivity Among Truckers (April 2020 to March2021)

In overall 15% of the MOU target is the total target that were supposed to be get tested during the year. Below graph (figure 30) depicts that majority of states have achieved target. This could be achieved because of focused

HIV screening through Community Based Screening and availability of the CBS testing kits at theta sites. Now the efforts are made to ensure that the tests are conducted based on their risk assessment. Over all positivity rate among the Long Distance Truckers is (0.10%), whereas in the state of Tripura (0.21%), Kerala (0.17%), Uttar Pradesh (0.17 %), West Bengal (0.15%), Bihar (0.14%) finally in Assam (0.24%) reported.

Figure 30: HIV testing/ Screening and positivity among Truckers (April 2020 to March2021)

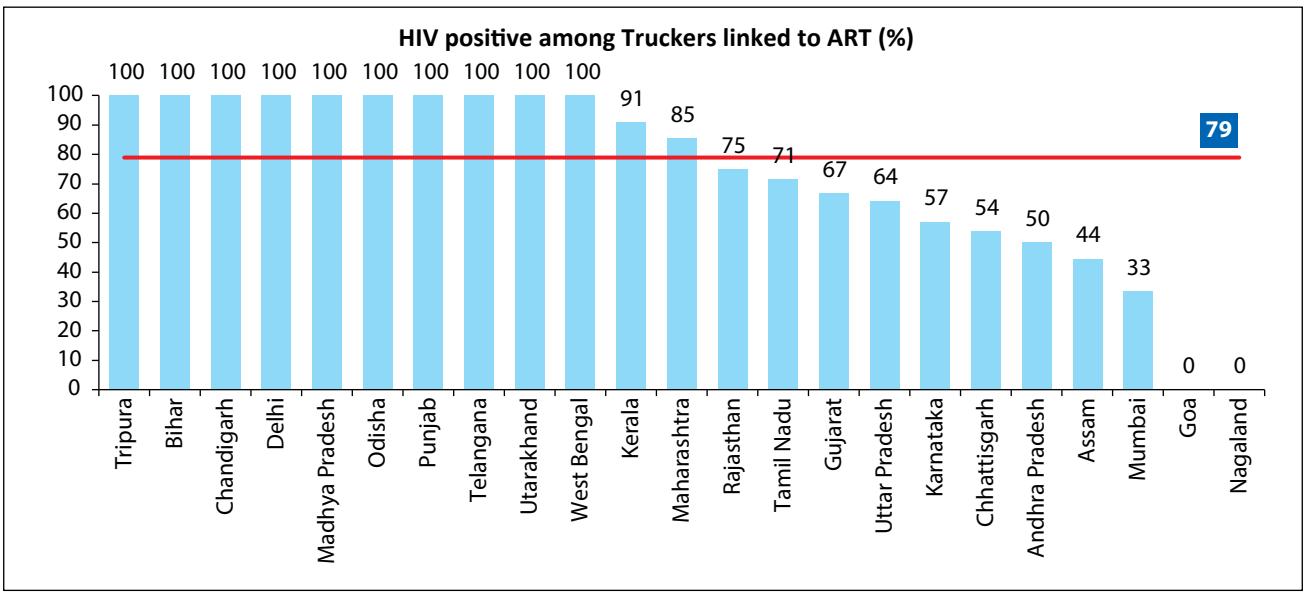


Truckers PLHIVs Linked to ART (April 2020 to March 2021)

The overall ART linkages among the Long Distance Truckers is 76%, whereas majority of the state has fall short from the national average (figure 31) i.e. Rajasthan (75%), Tamilnadu (71%), Gujarat (67%), Uttar Pradesh (64%) Karnataka (57%), Chhattisgarh (54%), Andhra Pradesh (50%), Assam (44%), and Mumbai (33%). Whaere as Goa and Nagaland were unable to link any of PLHIV trucker to ART.

On the basis of cumulative data on ART linkages among the truckers population (88%) was the achievement, based on the states data Assam, Gujarat Mumbai & Punjab has fall shorts of national average.

Figure 31: Percentage of Truckers PLHIVs linked to ART (April 2020 to March 2021)



Chapter 3:

Opioid Substitution Therapy

The Opioid Substitution Therapy (OST) programme provides quality services with trained medical and para-medical staff in collaboration with outreach team from TI programme. The OST was integrated as part of the harm reduction service component in 2008. Currently, under National AIDS Control Program, the following models for delivering OST services are being followed:

1. **NGO model:** In this model, OST services are offered by NGOs already implementing an IDU TI project and offering the package of harm reduction services. TI staffs are trained on OST and are required to follow standard operating procedures to ensure minimum standards of care, which include maintenance of records for clinical interactions, dispensing and stock keeping.

2. **Collaborative Model:** In this model, OST center is located in a government health care setting (medical college hospital, district hospital, sub-divisional hospital, CHC, etc.) and is tasked with clinical assessment, diagnosis, prescription of substitution treatment, follow-up, dispensing of the medications and stock management. Each of these OST centers is linked with nearby IDU TI(s) which facilitate the service uptake by motivating IDU clients in the project area and referring them to the centre for treatment. In addition, the linked TIs also follow-up with clients who drop-out of treatment and conduct regular advocacy with local stakeholders to generate support for the OST programme.

3. **Satellite OST:** The purpose of satellite OST Centre is to

   a. provide OST services to IDUs residing/congregating at remote locations, hard to reach or unreached populations or location and/or

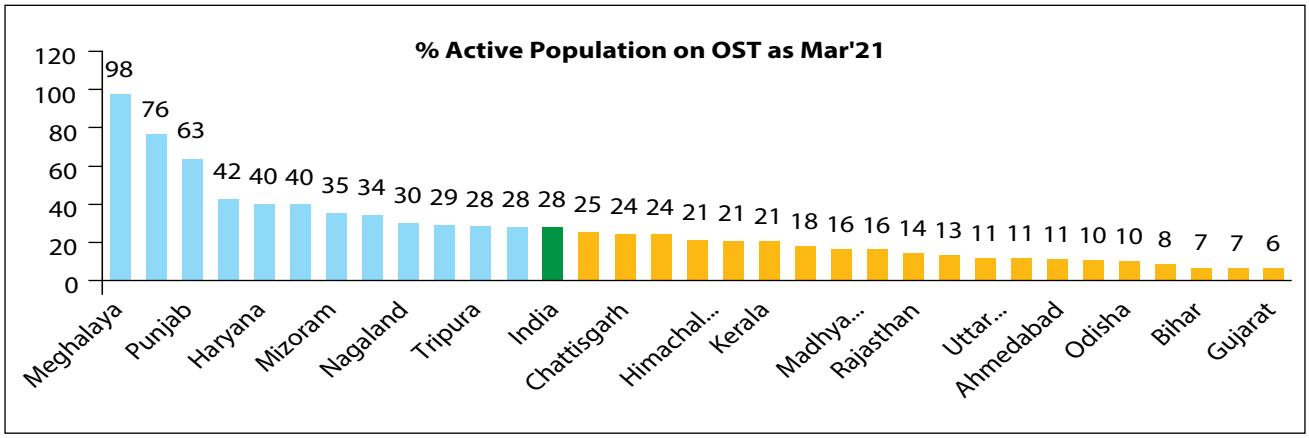
   b. de-congest the existing OST centre having daily client load to ensure quality service delivery.

   It cannot be a standalone center but should be linked with the parent (primary) OST center. In this model, the IDU clients are registered, assessment conducted by the doctor and then the eligible clients are inducted on OST at the parent OST centre. Once their dose is stabilized, the clients are referred to the satellite OST centre, where they continue to take the OST medications. For any change in dosage of medication, follow up is done by the doctor belonging to the parent OST centre.

4. **OST provision in Prison setting: the service is** for those inmates who fall under the IDU group category and this is monitored through the Medical Officer of the concerned Jail. At present, the OST programme is not implemented across all Jails but is implemented at a few selected Jails.

   All training modules and operational guidelines are in place for implementing OST program. Buprenorphine is being used in the program. Currently, there are 46 NGO model OST centres, 187 collaborative model OST centres and 58 satellite OST centres, reaching out to a total of 40937 PWID in the country. Figure 1 depicts Active IDU population who are on OST from April 2020 to Marh 2021 in 32 States / UTs. 28% is the national average of active IDU during reporting period from April 2020 to March 2021 (figure 32).

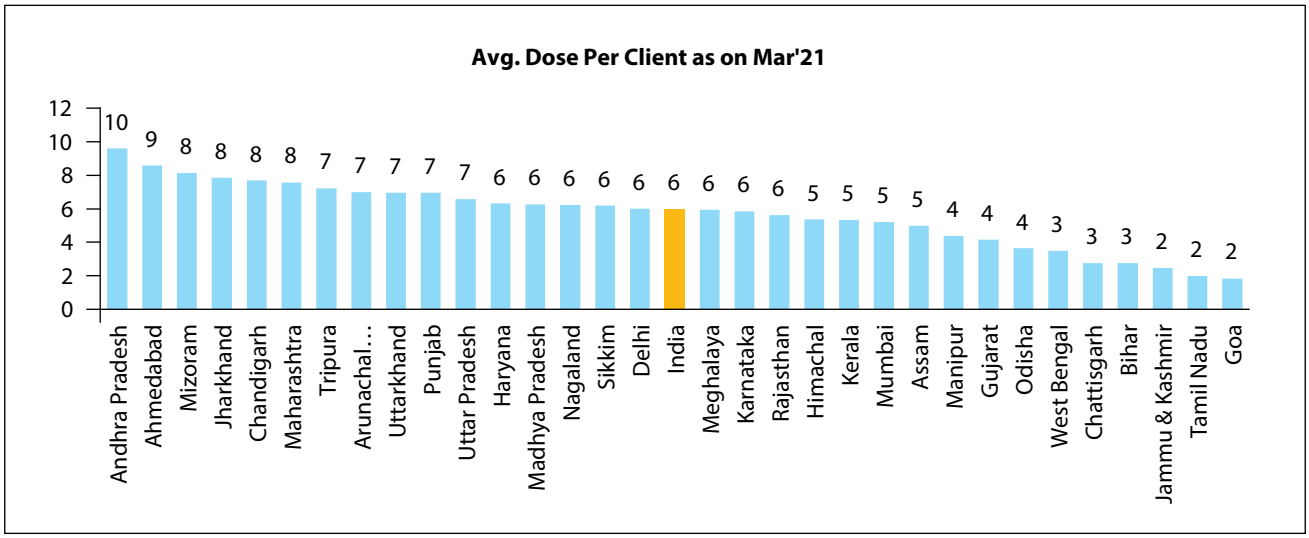
Figure 32: Percentage of Active IDU population who are on OST (as on March 2021)



Meghalaya has the maximum IDU population on OST at 98%. Meghalaya, Sikkim, Punjab, West Bengal, Haryana, Chandigarh, Mizoram, Mumbai, Nagaland and Assam are performing above the national average. While states like Karnataka, Odisha, Goa, Bihar, Andhra Pradesh, Gujarat are at 10% or less than 10%.

Figure 33 shows average dose per client in OST centres in April 2020 to March 2021. National average dose during the reporting period from April 2020 to March 2021 is 6 mg per client per day.

Figure 33: Percentage of Average dose as on March 2021



Highest Average dose per client is in Andhra Pradesh at 10 mg per client per day. Andhra Pradesh, Ahmedabad, Mizoram, Jharkhand, Chandigarh, Maharashtra, Tripura, Arunachal Pradesh, Uttarkhand, Punjab and Uttar Pradesh have an average dose above the national average. The lowest average dose of 2 mg is found in Jammu and Kashmir, Tamil Nadu and Goa. Figure 34 below depicts percentage of expected OST clients who were retained in treatment as on March 2021. National average of % OST retention rate among expected clients is 57%.

Highest % of OST retention rate among expected clients was in Goa and Maharashtra. Goa, Maharashtra, Bihar, Rajasthan, Nagaland, Uttar Pradesh, Tamil Nadu, Tripura, Uttarkhand, Jharkhand, Arunachal Pradesh, Delhi, Kerala, Madhya Pradesh and Mumbai had higher than average % of OST retention rate. Gujarat, Ahmedabad, Assam and Andhra Pradesh has less than 25% OST retention rate.

Figure 34: Percentage of OST retention rate among expected OST clients as on March 2021.

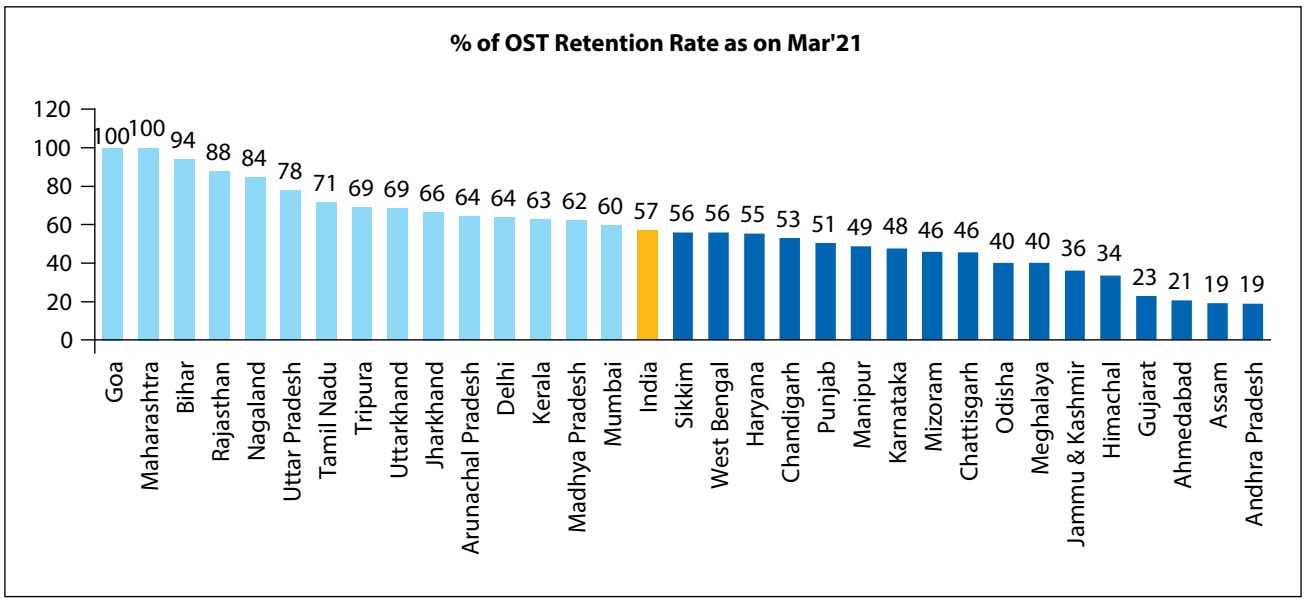
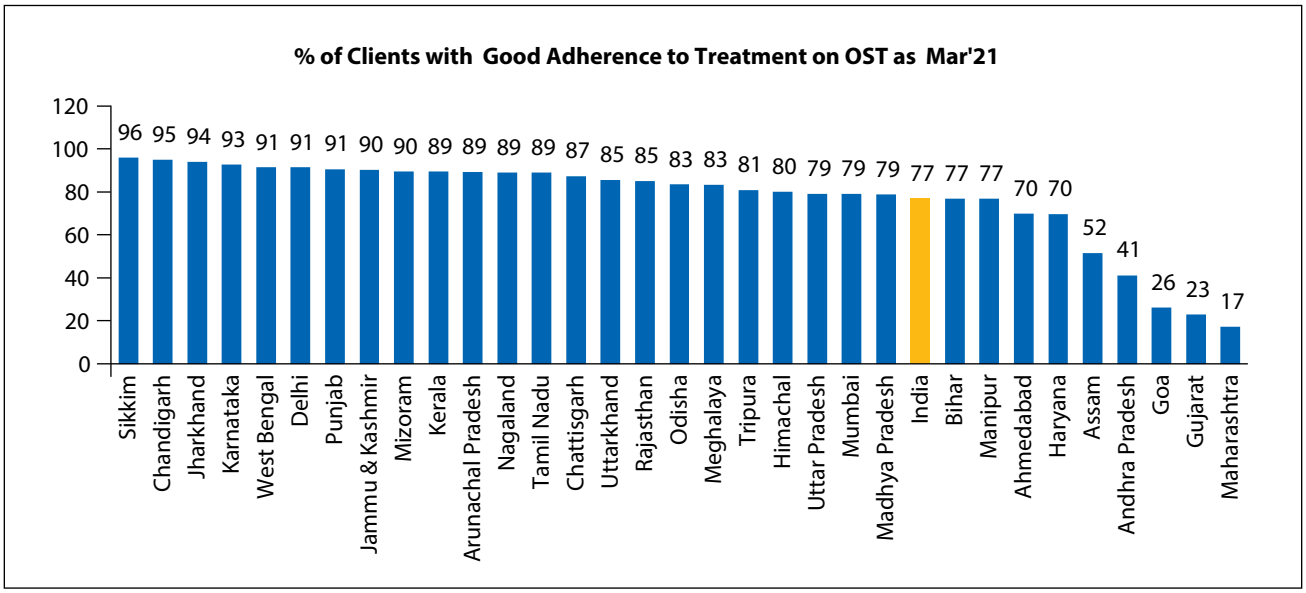


Figure 35 below depicts percentage of clients with good adherence to treatment with OST among active clients as on March 2021. (Good adherence is defined here as patients who are regular or very regular). National average of % clients with good adherence to treatment on OST among active clients is 77%.

Figure 35: Percentage of clients with good adherence to treatment on OST among active clients



Highest percentage of clients with good adherence to treatment on OST is found in Sikkim. Sikkim, Chandigarh, Jharkhand, Karnataka, West Bengal, Delhi, Punjab, Jammu and Kashmir, Mizoram, Kerala, Arunachal Pradesh, Nagaland, Tamilnadu, Chattisgarh, Uttarkhand, Rajasthan, Odisha, Meghalaya, Tripura, Himachal Pradesh, Uttar Pradesh, Mumbai and Madhya Pradesh have higher that national average of percentage of clients with good adherence to OST treatment among active clients. Andhra Pradesh, Goa, Gujarat and Maharashtra have less than 50% of adherence to treatment on OST as on March 2021.

Reaching Communities During the Time of COVID-19

The impact of COVID-19 pandemic has been far reaching, with devastating effects on individuals, communities, and societies across the world. People with chronic health conditions may be at greater risk of contracting or experiencing complications from COVID-19.

Following Activities were planned during COVID-19 pandemic and related lock down situations to strengthen outreach and service delivery for 'At Risk' and 'Bridge' populations at Targeted Intervention geographies and beyond:

1. TI trained all the TI outreach staffs on basic preventive health measures and respiratory etiquettes, and precautions to be taken while conducting outreach and issue of travel pass to TI staffs etc.
2. TI mapped and assessed TI and non-TI areas into containment zone and non-containment zones based on the COVID19 norms.
3. Distribution of Dry Rations to Key population on regular basis.
4. Distribution of Mask, sanitizers, soap and gloves to key population.
5. Under the specific zones, TI mapped further three basic premises of outreach such as :
    I. DIC,
    II. Hotspots, congregation points, Trans shipment Locations and
    III. Non TI areas

Chapter 4:

Rural HIV Interventions (Link Worker Scheme)

Link Worker Scheme: Reaching out to rural HRGs and Vulnerable Populations

Link Workers Scheme (LWS) is mandated to work in vulnerable districts in India with the specific goal of reducing rural India's vulnerability to HIV. Linking rural communities to HIV programmes with a special focus on High Risk Populations, Bridge and other Vulnerable groups to provide them with access to existing services has emerged as a crucial need in recent times. With the premises that the large number of HRGs, bridge population, vulnerable population and PLHIVs are residing in the rural areas, there is a need to provide services to these populations in view of the overall prevention strategy.

The specific objective of the scheme includes: Reaching out to HRGs and vulnerable men and womenin rural areas with information, knowledge, skills in STI/HIV prevention and risk reduction. This entails:

- Increasing the availability and use of condoms among HRGs and other vulnerable men and women
- Establishing referral and follow-up linkages to various services including treatment for STIs, testing and treatment for TB, ICTC/PPTCT services, HIV care and support services including ART
- Creating an enabling environment for PLHA and their families, reducing stigma and discrimination against them through interactions with existing community structures/groups, e.g. Village Health Committees (VHC), Self Help Groups (SHG) and Panchayat Raj Institutions (PRI).

The population covered under the scheme are Female Sex Workers, Men having sex with Men, Injecting Drug Users, Transgender/Hijra, Migrants, Truckers, Other vulnerable populations (spouse/ partners of sex workers), TB cases, ANC, and People Living with HIV. The Link Worker Scheme aims to address the complex needs of rural HIV prevention, care and supportservices through identification and training of village level workforce consisting of Zonal Supervisors, Cluster Link Workers and other stakeholders on issues of HIV/AIDS, gender, sexuality and Sexual Tract Infections.

Monitoring mechanism for LWS: Link Worker Scheme is being monitored and supervised by TI division of NACO and SACS. At state level, TI division, TSU POs and DAPCUs, provide hand holding support and monitor the activities of LWS. Field reports are compiled and validated at SACS level and thereafter shared to NACO on a monthly basis. Like TI programme, after completion of two-year term, each LWS is evaluated by external evaluators as per norms. The methodology of the LWS evaluation is same as adopted for NGO evaluation under Targeted Intervention (TI) Programme using TI evaluation manual.

Coverage of the Population

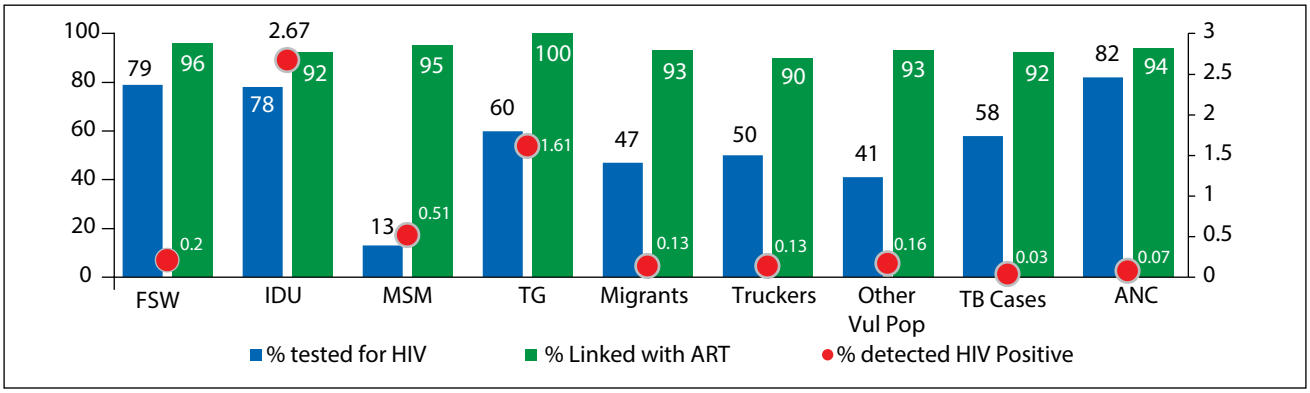
In FY 2020-21, LWS was proposed to be implemented in 155 districts across 20 states. As on March 2021, LWS has been in implementation in 139 districts.

Under the scheme, over 69,411 FSWs, 5,770 IDUs, 9,850 MSMs and 642 TGs have been reached in rural areas across the country during 2020-21. In addition to this, the scheme also has been covering nearly 5.21 lakhs Migrants, one lakh truckers and 7.26 lakhs other vulnerable populations. The programme also reached out to 42,091 people living with HIV (PLHIV), 1.51 lakhs ANC and around 61,132 TB cases. Around 9.46 Lakhs population were tested for HIV; and 24,052 cases have sought treatment for STI. The above services were provided by establishing linkages with existing services. 23,29,828 free condoms and approximately 1,40,989 socially marketed condoms were distributed during the same period.

HIV Testing Among the Core Groups and Bridge Populations

Rural HIV positivity under LWS was found to be at par with urban HIV positivity under TI programme among all High-Risk Groups and Bridge population. It was also evident that there were different perceptions surrounding issues on sex & sexuality, drug use, and HIV as well as stigma and discrimination towards PLHIV in rural areas which requires a localized approach. This has been further fueled by inadequate infrastructure, weak health systems and poor connectivity with most of the facilities.

Figure 36: HIV testing, positivity and ART Linkages in LWS (April 2020 - March 2021)



FSW

Overall 79% of FSWs were tested for at least one time for HIV all over India in the LWS coverage villages. States like Telangana (75%), Gujarat (74%), West Bengal (71%), Karnataka (66%), Mizoram (60%) and Uttar Pradesh (30%) have conducted lower than the national average. HIV positivity among the FSWs were 0.20% while the statesof Punjab (1.94%), Uttar Pradesh (1.26%), Mizoram (1.23%), Karnataka (0.40%), Manipur (0.28%) and Madhya Pradesh (0.21%) had reported more positivity among FSWs. Linking the detected positive HRGs with ART has been poor in the states Punjab (95%),Telangana (92%), Maharashtra (92%) and Manipur (67%) against the national average of 96%.

Figure 37: HIV test among FSW and positivity

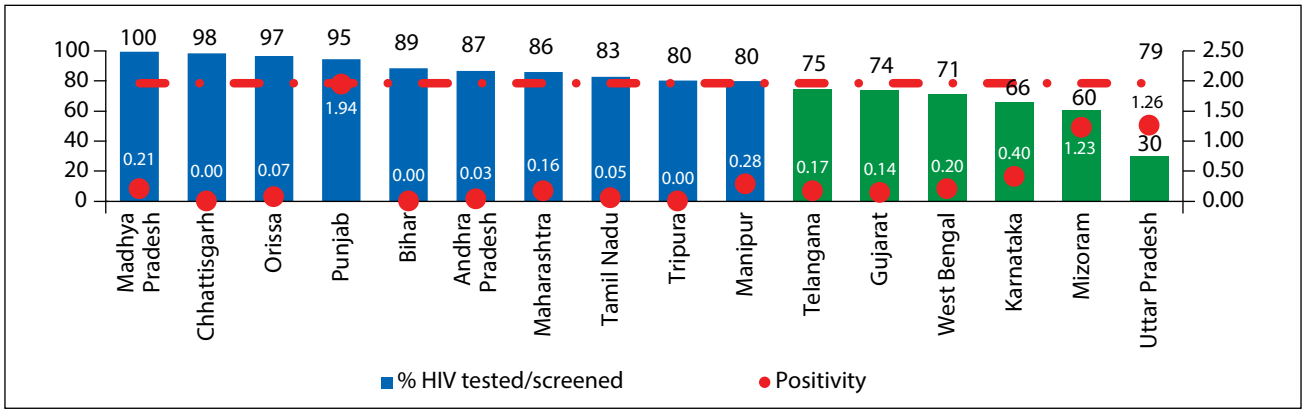
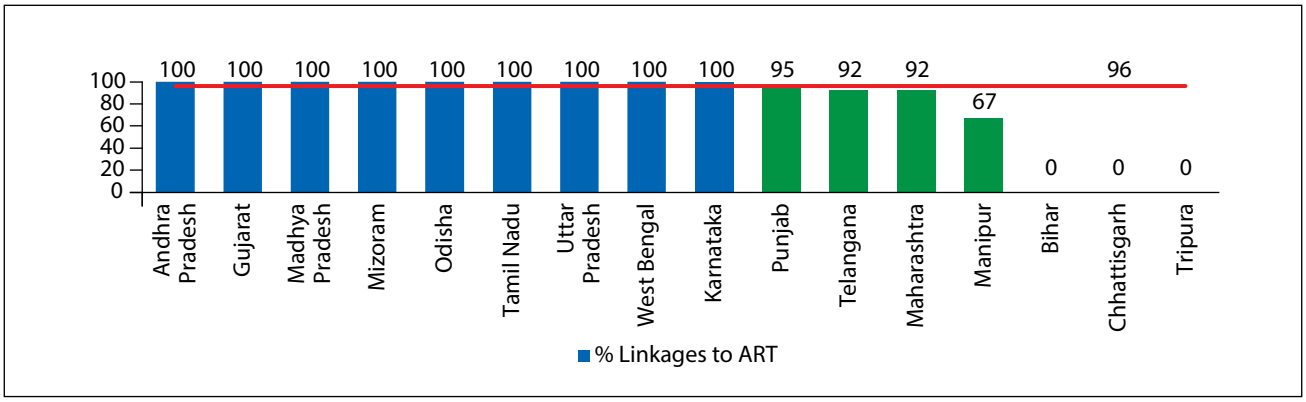


Figure 38: Linkage to ART in % among FSW in LWS



IDU

Overall, 91% of IDUs were tested for at least one time for HIV all over India in the LWS coverage villages while the states Chhattisgarh (64%), Uttar Pradesh (61%), Mizoram (57%), Odisha (50%) and West Bengal (5%) were tested the IDUs below the National average. HIV Positivity among the IDUs were 2.67% while the states of Tripura (13.58%), Punjab (4.59%), Mizoram (4.26%) and Manipur (0.16%) have shown positivity. Among the detected positive HRGs linked with ART has been seen poor in the states Tripura (82%), Manipur (67%), where the national average is 92%.

Figure 39: HIV test among IDU and Positivity

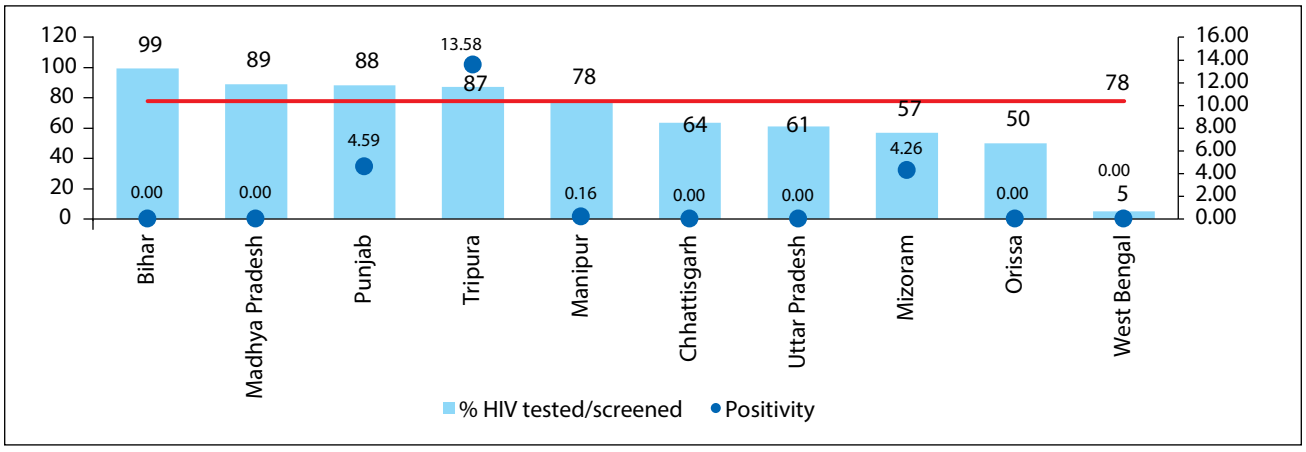
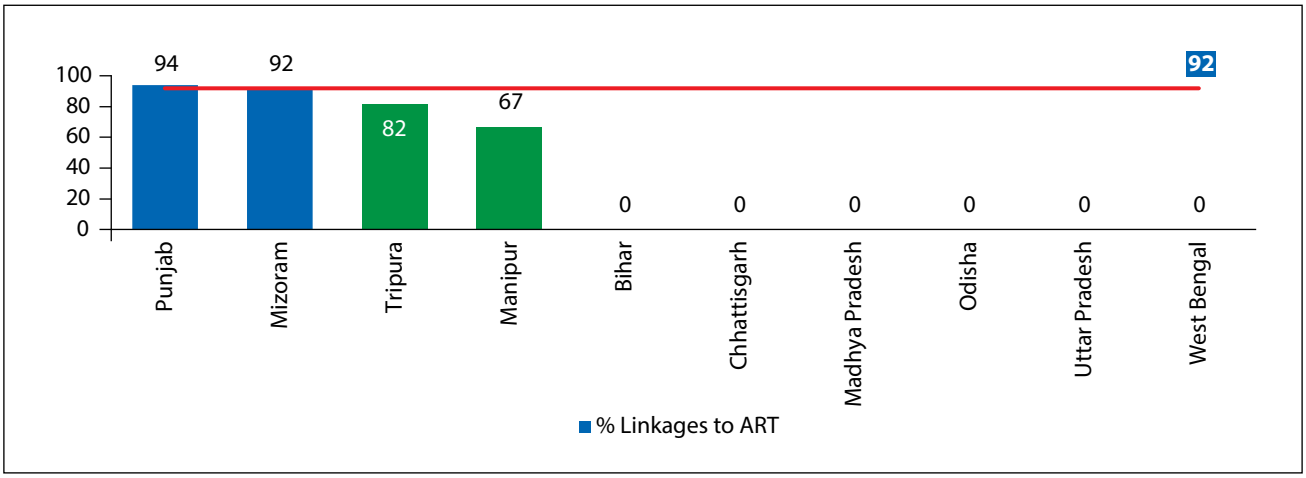


Figure 40: Linkage to ART in % among IDUs in LWS



MSM

Overall 73% of MSMs were tested for at least one time for HIV all over India in the LWS coverage villages while the testing conducted were below the national average by states like Gujarat (65%), Tripura (47%), Karnataka (44%), Uttar Pradesh (30%) and West Bengal (26%). The national HIV Positivity average among the MSMs was 0.51% while the Mizoram (28.57%), Punjab (12.36%), West Bengal (7.14%), Chhattisgarh (1.25%) and Maharashtra (1.20%) had shown high positivity. Among the detected positive HRGs linked with ART has been seen poor in Gujarat (90%) and Mizoram (75%) against the national average 95%.

Figure 41: HIV test among MSM and positivity

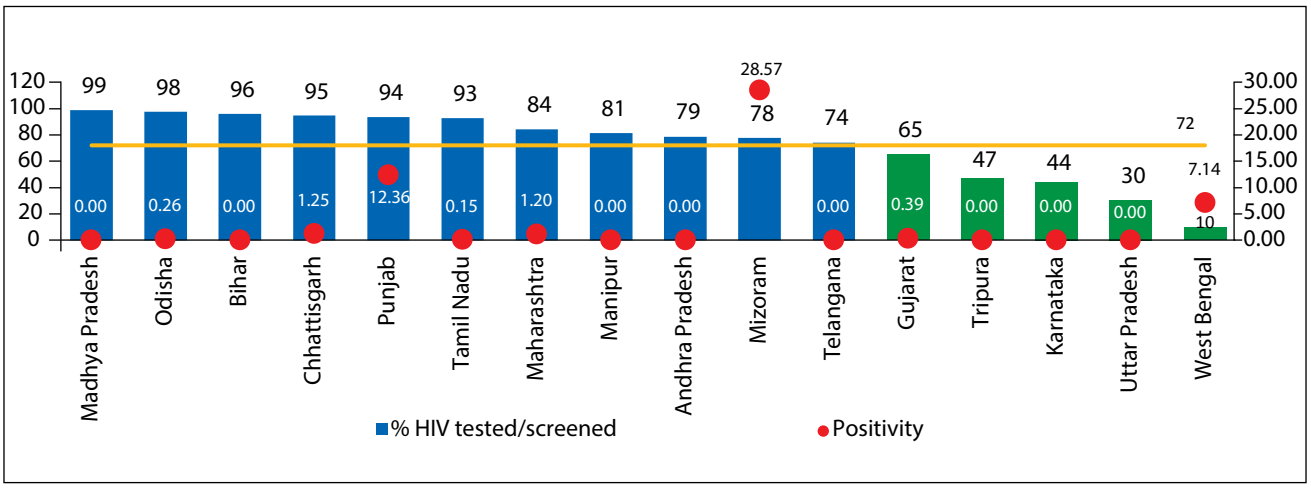
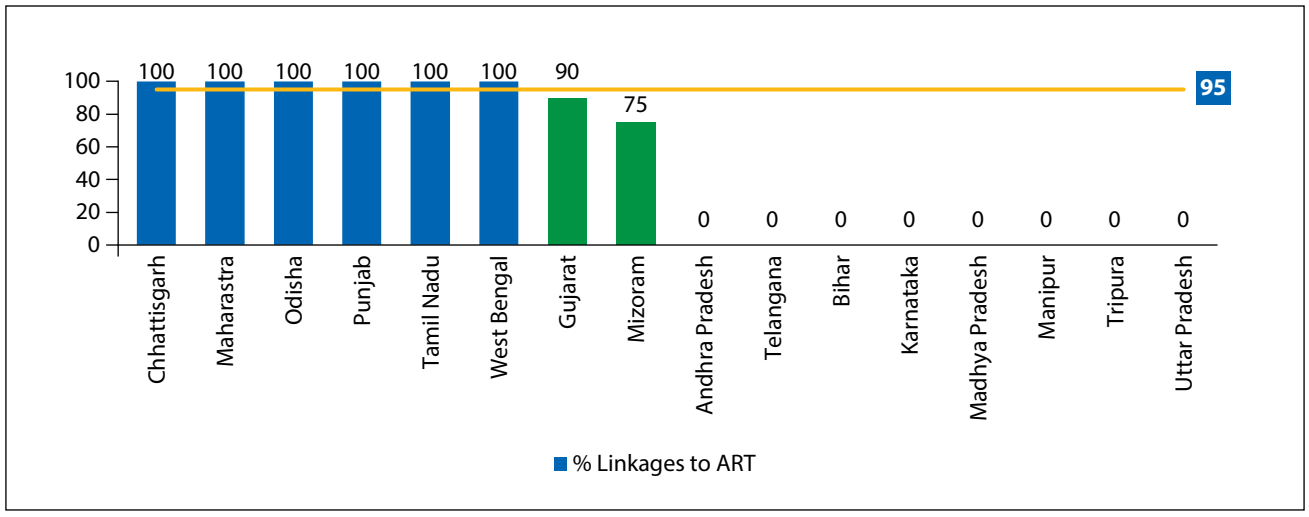


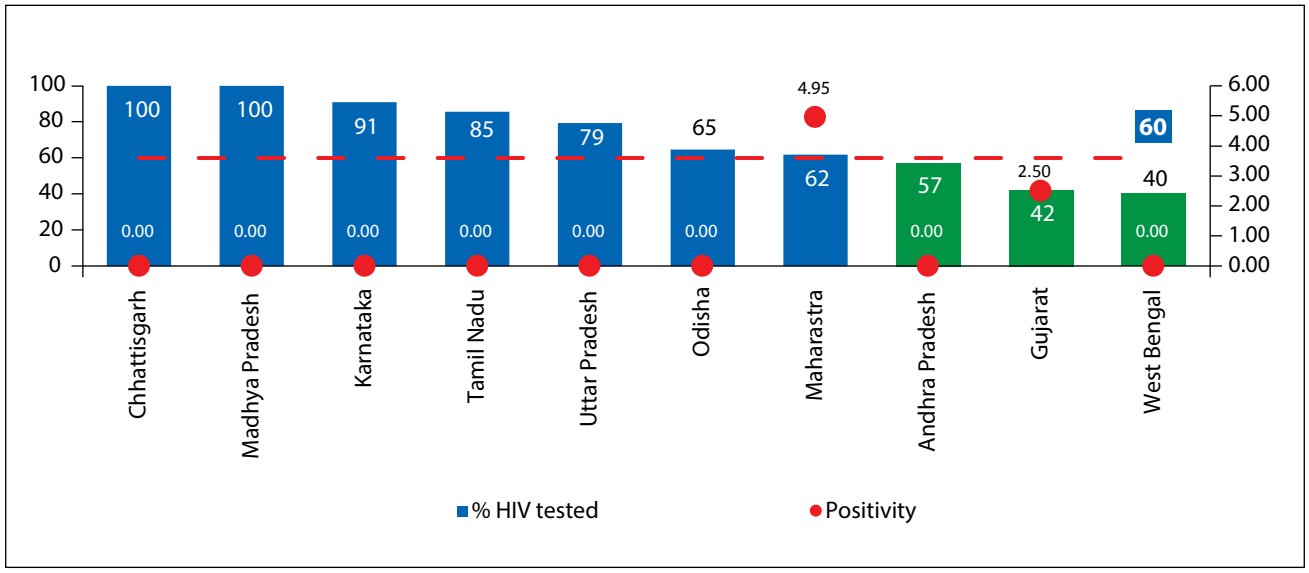
Figure 42: Linkage to ART in % among MSM in LWS



Transgender/Hijra

Overall 60% of TGs were tested for at least one time for HIV all over India in the LWS coverage villages while the testing conducted by Andhra Pradesh (57%) Gujarat (42%) and West Bengal (40%) is below the national average. The national HIV Positivity among the TGs has been 1.61% while the states of Maharashtra (4.95%) and Gujarat (2.5%) have shown high positivity than the national average. Among the detected positive HRGs linked with ART has been seen as 100%.

Figure 43: HIV Test Among TG and Positivity



Migrant

Overall 42% of Migrants were tested for at least one time for HIV all over India in the LWS coverage villages while the states Karnataka (38%), Andhra Pradesh (37%), Telangana (34%), West Bengal (31%), Manipur (29%), Bihar (18%), Uttar Pradesh (17%), Mizoram (17%) and Gujarat (17%) have conducted the HIV test below the National average. HIV Positivity among the Migrants were 0.13% during 2020-21, while the states of Punjab (0.60%), Karnataka (0.59%), Gujarat (0.38%), Andhra Pradesh (0.24%), Tripura (0.18%), Uttar Pradesh (0.18%), West Bengal (0.17%), Odisha (0.17%) and Tamil Nadu (0.14%) have shown high positivity. Among the detected positive Migrants linked with ART has been poor in the states Madhya Pradesh, Telangana, Gujarat, Odisha, Tripura and Chhattisgarh compared to the national average of 93%.

Figure 44: HIV test among Migrant and Positivity

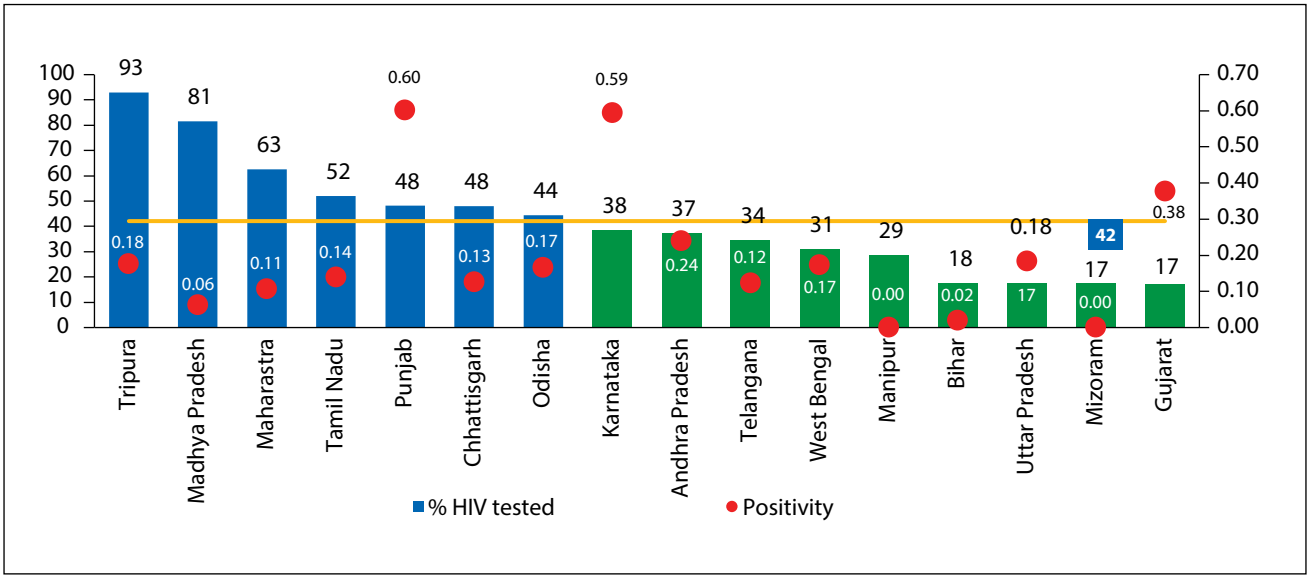
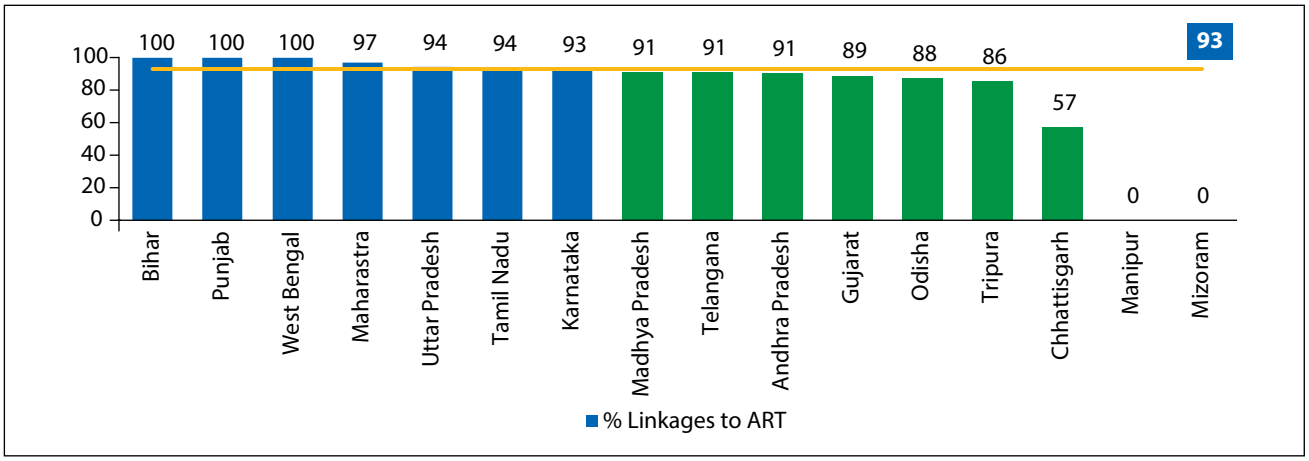


Figure 45: Linkage to ART in % among Migrants in LWS



Trucker

An average of 50% of Trucker were tested for at least one time for HIV across the country through LWS, while the states Odisha (49%), Karnataka (48%), Manipur (42%), Uttar Pradesh (40%), Mizoram (38%), Bihar (31%), WB (30%), and Gujarat (18%) have performed below the National average. HIV Positivity among the Trucker was 0.13% among truckers covered through LWS, while the states like Tripura (1.08%), Punjab (0.73%), Karnataka (0.38%) Chhattisgarh (0.18%) and Madhya Pradesh (0.16%) have shown high positivity. Among the detected positive Truckers linked with ART has been poor in the states Madhya Pradesh, Telangana, West Bengal, Tamil Nadu and Mizoram against thenational average 90%.

Figure 46: HIV test among Trucker and Positivity

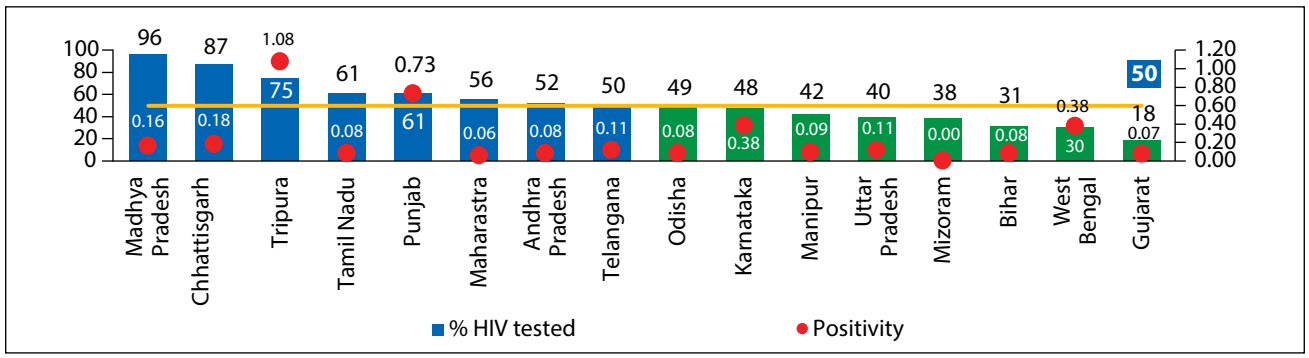
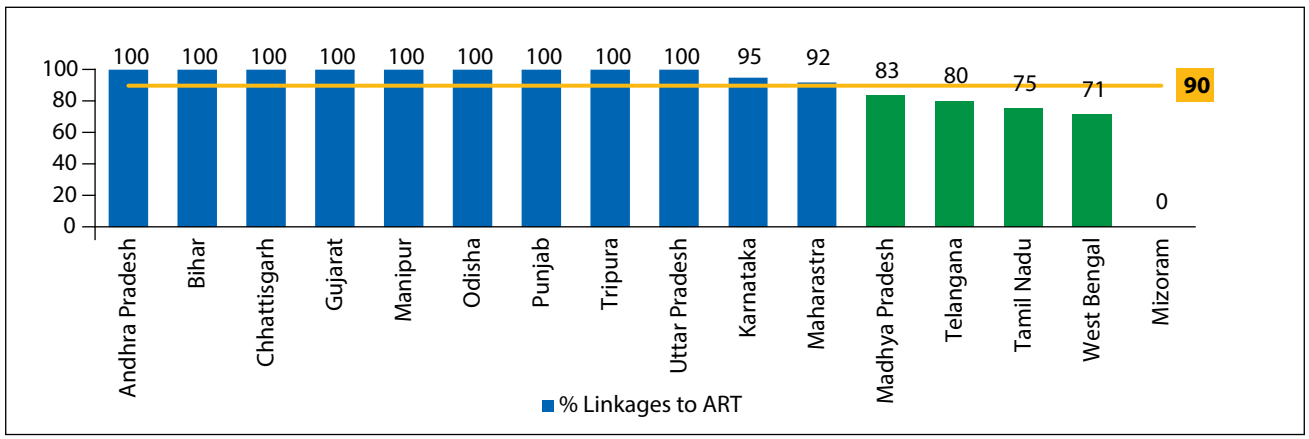


Figure 47: Linkage to ART in % among Truckers in LWS



Other Vulnerable Population

41% of other vulnerable population covered by LWS were tested for at least one time for HIV across the country, while Punjab (40%), Odisha (36%), West Bengal (35%), Telangana (31%), Manipur & Andhra Pradesh (28% each), Uttar Pradesh (25%), Bihar (21%) and Gujarat (20%) have performed below the National average. National HIV Positivity among this group was 0.16% through LWS, while the states of Punjab (1.21%), Mizoram(0.97%), Karnataka (0.41%), Gujarat & Andhra Pradesh (0.34% each), Uttar Pradesh (0.33%), West Bengal (0.22%), Tripura (0.19%) and Odisha (0.18%) have shown high positivity. Among the detected positive Truckers linked with ART has been seen poor in the states of Maharashtra, Chhattisgarh, Punjab, UP, Tripura, Odisha and Mizoram against the national average 93%.

Figure 48: HIV test among OVP and positivity

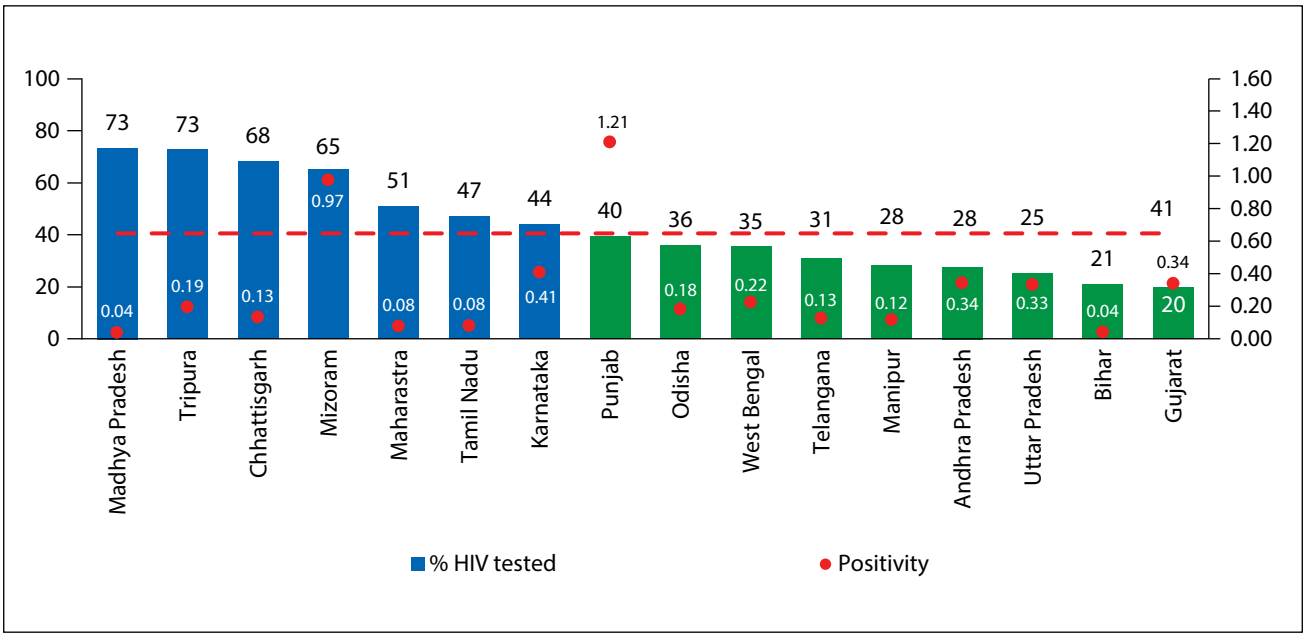
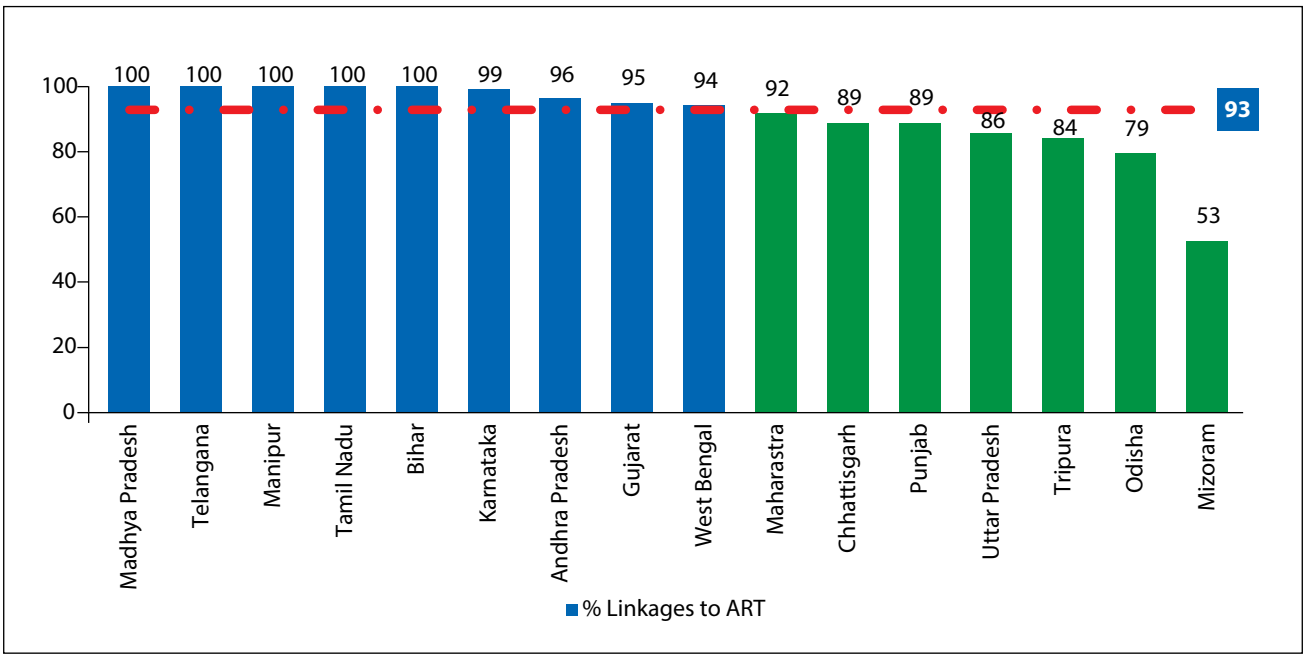


Figure 49: Linkage to ART in % among OVP in LWS



ANC

Overall 82% of AN Mothers were tested for at least one time for HIV across the country in LWS coverage villages, while the states Telangana (18%), WB (31%), Mizoram (49%), Tamil Nadu (65%), Tripura (70%), Chhattisgarh (71%)m Uttar Pradesh (78%), Manipur (78%) and Odisha (80%) have performed below the National average. HIV Positivity among the AN Mothers was 0.07% nationally, while the states of Punjab (3.69%), Mizoram (0.53%), West Bengal (0.27%), Telangana (0.16%), Andhra Pradesh (0.15%), Odisha (0.10%), Maharashtra (0.09%) and Madhya Pradesh (0.08%) have shown high positivity. Among the detected positive AN Mothers linked with ART has been seen poor in the states of Madhya Pradesh, Maharashtra and Odisha against the national average 94%.

Figure 50: HIV test among ANC and positivity

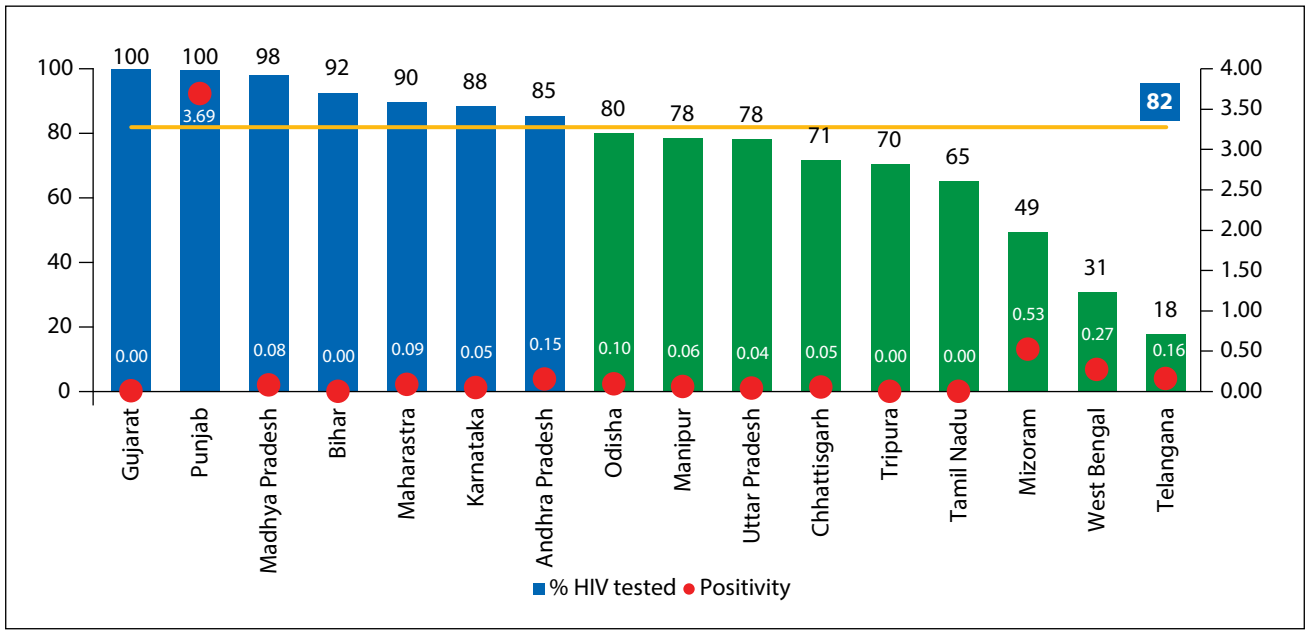
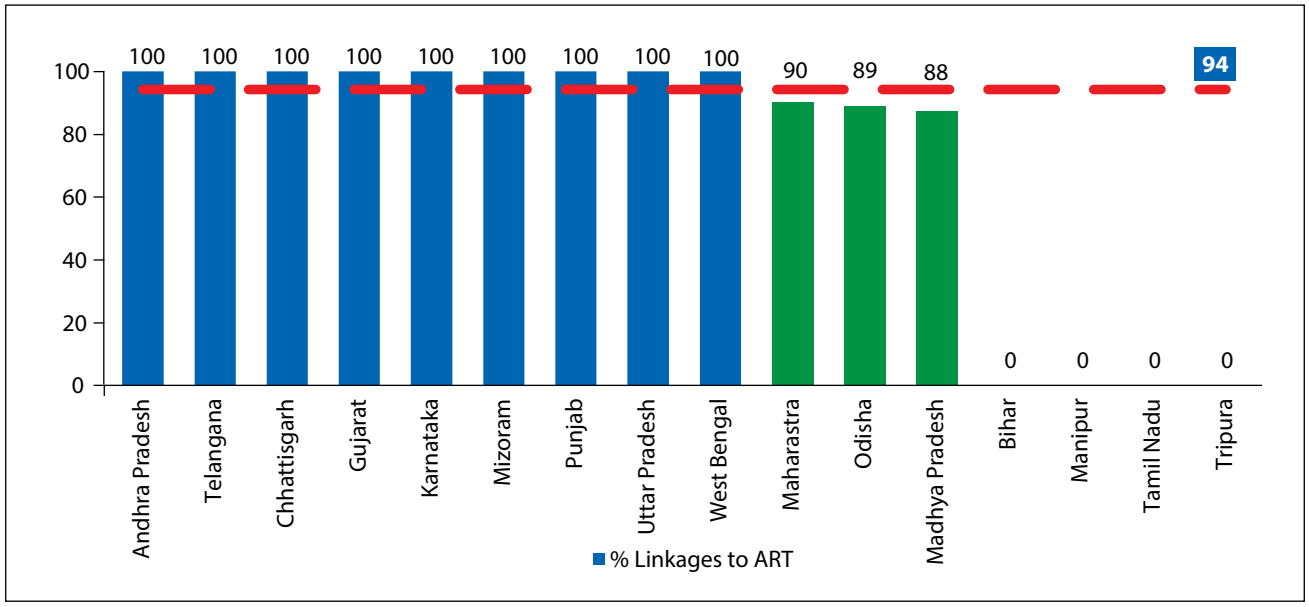


Figure 51: Linkage to ART in % among ANC in LWS



Chapter 5:

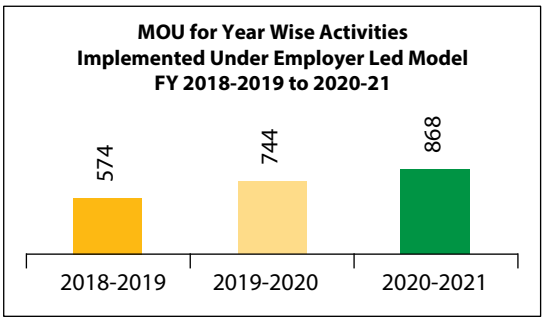
Employer Led Model

The Employer Led Model (ELM) has been designed to provide HIV/AIDS prevention and care services to informal labourers, who are linked to the industries directly or indirectly as a no cost intervention under the National AIDS Control Program.

Under the ELM model, concerted efforts were made to engage with major industries and trade and employee associations to integrate comprehensive HIV/AIDS prevention to care programme within their existing structure. State wise mapping of prospective employers was conducted by SACS/TSU with MoUs signed between the SACS and respective employers. SACS/TSU work closely with the employers, build up their capacity and support them in conducting different activities for the informal labourers.

The major activities under taken under the ELM program is as follows;

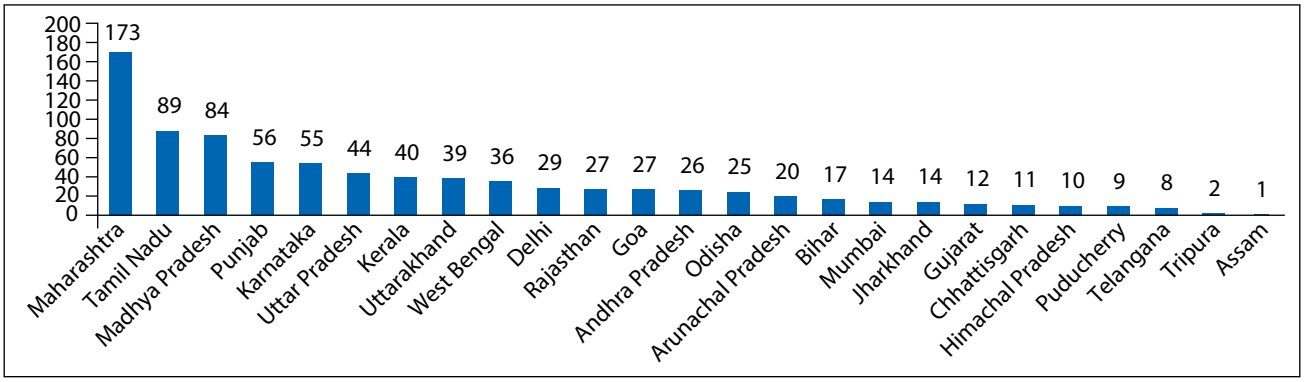
- Increase awareness and access to HIV and AIDS prevention to care services for the informal workers
- To create an enabling environment by reducing stigma and discrimination against PLHIV
- To encourage and help prospective employers to integrate and sustain the HIV and AIDS intervention Programme within existing systems and structures.



With the concerted efforts of SACS and TSU, as on March 2021, NACO has established partnership with 1067 industries, out of which 868 industries are implementing activities in 26 states, covering 2,37,653* workers/ migrants for various HIV AIDS related services. MoU for year-wise activities implementation are given in figure 52.

*Due to COVID Pandamic industries were shut down and as a result coverage has gone down in comparison to the last year.

Figure 53: State Wise States implementing MoU across the States are shown as below:



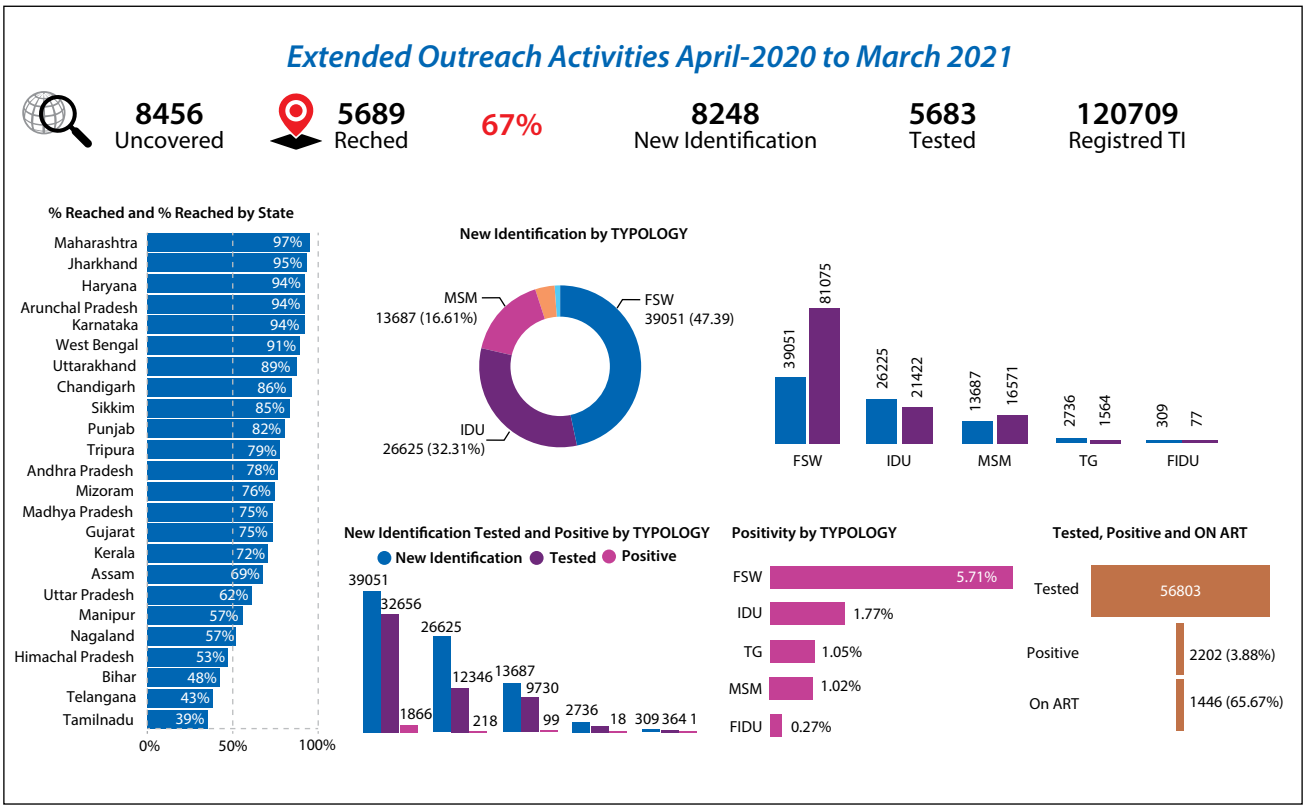
Chapter 6:

Newer Strategies in TI

Extended Outreach

Strengthening of outreach activities is an effort to reach out to the hard to reach, uncovered and hidden HRGs, including their sexual and injecting partners who are located outside the TI geographical area is an approach that was integrated into the TI program. Each core TI is expected to undertake a maximum of 24 outreach camps and community based screening in a year as extended outreach activities. To ensure monitoring and ownership by SACS/TSU, all camps were held after prior approval of SACS.

Figure 54: Extended outreach activities April-2020 to March 2021



The activities proposed will help TIs to register new sets of HRGs for various services for HIV prevention. HRGs who remain negative and maintain healthy behaviours will be provided differentiated service delivery, which would be different to the conventional TI approach and performance indicators will be modified according to the package of services proposed by TIs. Therefore, TI- NGOs have been advised to identify and recruit new and young HRGs who may need to use TI services in addition to providing services to the HRGs who are already registered.

TIs reach out to FSWs, MSMs and HTGs in congregation points which are called "Hot Spots". In recent times, with advancement in technology and introduction of IT enabled services including mobile phones and social networks like WhatsApp/ Facebook/ Messenger and apps like Grindr, Blue D, Planet Romeo, etc. HRGs registered with TIs and HRGs who are away from the ambit of NGOs/CBOs have started operating through these social platforms. This resulted in HRGs (which were once visible in "Hot Spots") remains hidden and hard-to-reach through conventional approaches. These changing dynamics warrants new and out-of- the-box thinking to reach out to these HRGs.

Index Testing

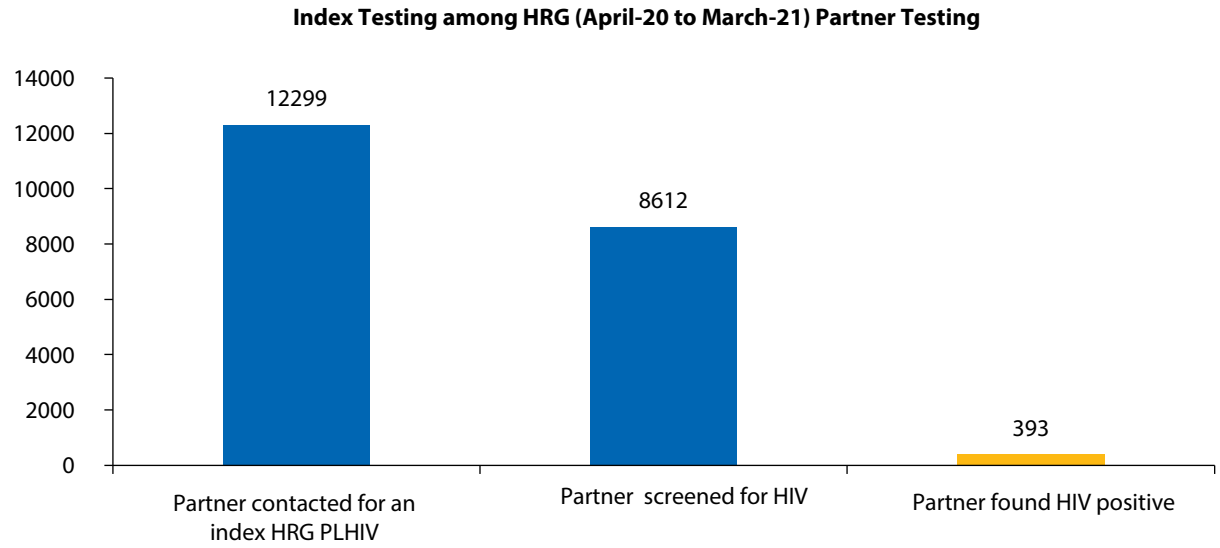
Index testing is a highly recommended strategy to increase the reach and testing coverage of sexual partners, spouses, social and injecting networks of the index client. Index client is an HRG diagnosed HIV-positive, HIV testing is done through either voluntary or assisted partner notification after ART initiation and stabilization. Index testing increases HIV testing coverage of hidden HRGs and their sexual, social and injecting partners in the community. Index testing, as an approach is critical to achieve the 90:90:90 goals and to break the HIV transmission chain. The counselors/ANM employed with TIs will be responsible for managing index testing. The following activities should be ensured:

Activities which were ensured in Index testing are:

- Voluntary testing encouraged and confidentiality maintained at TIs level.
- HIV screening to be carried out by trained staff and those reactive to be navigated to the nearest ICTC for confirmatory test. Counselor employed with TI will be responsible to manage index testing.
- The counselor/ANM should work closely with the PE and HRG PLHIV and adopt a person-centered approach ensuring that the HRG PLHIV are stabilized on ART first and then supported on partner notification.

Index testing increases HIV testing coverage of hidden HRGs and their sexual, social and injecting partners in the community. Index Testing, as an approach is critical to achieve the 90:90:90 goals and to break the HIV transmission chain.

Figure 55: Index testing among HRG partner testing for the duration April 20 to March 21



The above figure 55 is ensuring the index testing among HRG partners during the FY 2020-21. It is observed that 12299 partner were contracted for an Index testing of HRG PLHIV, whereas 8612 partners were screened for HIV out of which 393 partner were found HIV positive among all typologies.

Community Based Screening

In order to achieve the first 90 of the 90:90:90 target, it was proposed that community based screening (CBS) will be implemented through TI and LWS across the country. CBS is important for improving early diagnosis, reaching first-time testers and people who seldom use clinical services.

- TI programme should ensure coverage of at risk populations for HIV screening, while prioritizing newly registered groups, groups of young people, groups that get repeated STIs, abscess, etc., or are not using condoms or clean needle/syringes regularly, regular partners, etc. or groups that have never been screened/ tested.
- HRGs should be identified and facilities (or alternative facilities) should be selected to suit the convenience of the groups.
- Audio-visual privacy should be ensured, and informed consent documented at all screening facilities.

Secondary Distribution of Needle/Syringes

Secondary Distribution of Needles and Syringes program aims to establish new outlets in hard to reach and unreached geographies for distribution of needles/syringes. Secondary Distribution of Needle/Syringes outlets are established in government health facilities, shops, pharmacies, volunteers and other public facilities.

Distribution of Needle/Syringes for IDU's can also act as an entry point for delivery of the comprehensive harm reduction packages. The following activities need to be implemented:

- TI project managers lead the process of establishing secondary distribution of needle/syringes outlets. This includes site-specific community consultations, feasibility assessments and estimation of NS requirement of IDUs population at the identified sites.
- Project manager designated outreach workers and Peer Educators for providing onsite support to SDNS outlets.
- Outreach workers conducted site-level sensitization and done involvement of stakeholders in SDNS.
- Peer Educators and outreach workers were motivated to navigate the secondary distribution of needle/ syringe clients to Opioid substitution centers (OST) for enrolment

Community System Strengthening

One of the largest and most comprehensive programmes globally, NACP has undergone series of strategic modifications through its various phases. As the nodal organization implementing NACP, the National AIDS Control Organisation (NACO) has integrated systems to ensure involvement of High Risk Groups (HRGs) and People living with HIV (PLHIV) in programme development, implementation and share feedback on the service delivery. National level Technical Resource Groups (TRG), Technical Working Groups (TWG), state level Community Advisory Board (CAB), representation in NACO Ethics Committee, research studies, surveillance activities are some of the examples of community engagement at every level. Keeping communities at the forefront of the programme, NACO under NACP has planned to build a stronger "Community Systems Strengthening (CSS)" systems in India.

CSS aims to achieve improved outcomes of NACP, particularly in strengthening Targeted Interventions programme, reduction of Stigma and Discrimination, enhanced Treatment Literacy, Greater Involvement of communities in decision making and developing structured systems of community monitoring. NACO's vision is to strengthen community systems intervention to achieve strategic outcomes that together improve HIV/AIDS prevention response and access to high quality services to key population, hard to reach and vulnerable population, reduce stigma and ensure dignity. The broader objectives of CSS is to identify and build up capacity of the communities, community organizations, and networks, overcome stigma and barriers for their effective and meaningful involvement all levels of planning and implementation at national and sub national level to ensure proper implementation of HIV /AIDS response in India. The specific objectives of CSS are to;

- Create a community resource pool at national and sub national level for all typologies of and build their capacity
- Strengthen leadership and governance/ organizational capacity of Community Based Organizations (CBOs)
- Strengthen community led monitoring and advocacy
- Build networks, linkages, partnerships and coordination among different stakeholders including Government Ministries, Departments, Faith based organization, Civil society organizations etc.

The implementation of CSS will contribute to India's commitment for ending HIV/AIDS epidemic as public health threat by 2030, and will complements to the commitment given in the National Strategic Plan 2017- 2024. This also complements NACO's overall vision where every person who is highly vulnerable to HIV is heard and reached out to and every person living with HIV is treated with dignity and has access to quality care.

Navigation

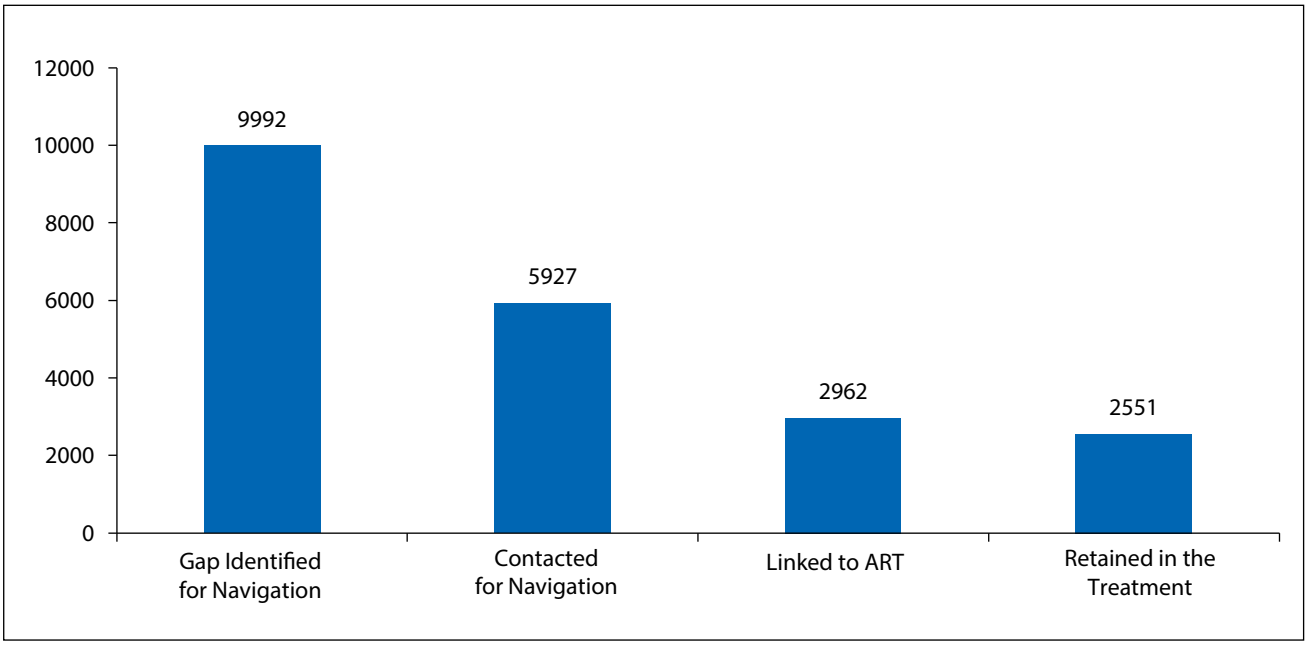
Navigation is one of the approaches recommended by mid- term appraisal of NACP-IV. Navigation is proposed to achieve the second and third 90 of 90:90:90 target.

All HRGs PLHIV detected or enrolled at the TI level will be navigated and coordinate with ART staff to ensure linkages for ART. A joint meeting of ART centre and TIs were held for implementation of the peer navigation programme.

Following are the key strategies for navigation:

- Navigation to be implemented by TIs to navigate all the HRG PLHIV enrolled at TIs for ART and coordinate with ART staff for initiation of ART.
- A joint meeting of ART centre and TIs should be held for implementation of the peer navigation programme.
- Navigation will be carried out by all or two to three designated Peer Educators (PE). PEs /ORWs need to be oriented on the process of peer navigation including ART initiation.
- The counselor will need to provide the list of HRG PLHIV to the designated peer navigator who will educate the client and navigate them to the ART centre.
- The PE/ORW will also track the lost-to-follow up HRGs (in coordination with ART center, care and support centre and TIs) and link them to ART; support in ART adherence, retention and mobilization of all eligible HRG PLHIV for viral load testing.

Figure 56: Describes HRGs navigated to ensure linkages of ART during FY 2020-21



Above figure shows that the 9992 number of gap was identified during navigation, out of which 5927 were contracted for navigation. 2962 HRGs were linked to ART whereas 2551 are still retained for the treatment during the FY- 2020-21. The above figure has calculation of all the typologies.

Chapter 7:

Capacity Building

Capacity Building under Targeted Intervention (TI)

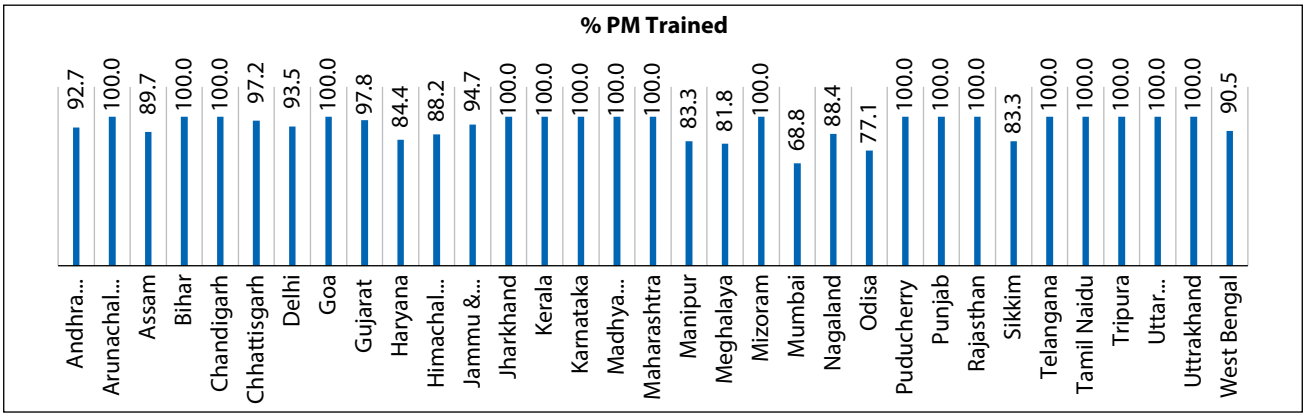
Through the implementation of Targeted Interventions (TI), Link worker Scheme, the programme provides free of cost awareness and access to prevention, care and support services to persons most vulnerable to HIV/AIDS i.e. Female Sex Workers (FSW), Men-having-Sex-with-Men (MSM), Trans-gender (TG), Injecting Drug Users (IDU), Truckers, Migrants. This is implemented through a community-led approach which is based around outreach and linkage to necessary services. State AIDS Control Society with the support of TSU has conducted the training of TI staff on the following themes:

1	Induction Training
2	Programme Management
3	Financial Management
4	MIS and Data Management
5	Counselling Skills
6	STI Management
7	TI Revamping Strategies
8	p-MPSE

Training of Programme Manager

Training of PM has been conducted on Programme Management, Financial Management, TI revamping Strategies. Arunachal Pradesh, Bihar, Chandigarh, Goa, Jharkhand, Kerala, Karnataka, Madhya Pradesh, Maharashtra, Mizoram, Puducherry, Punjab, Rajasthan, Telangana, Tamil Nadu, Tripura, Uttar Pradesh, and Uttrakhand has attained 100% training of their Project managers. Remaining states like Andhra Pradesh, Assam, Chhattisgarh, Delhi, Gujarat, Haryana, Jammu & Kashmir, Manipur, Meghalaya, Mumbai, Nagaland, Odisha, Sikkim, and West Bengal were completed their Project Manger's training above 70%.

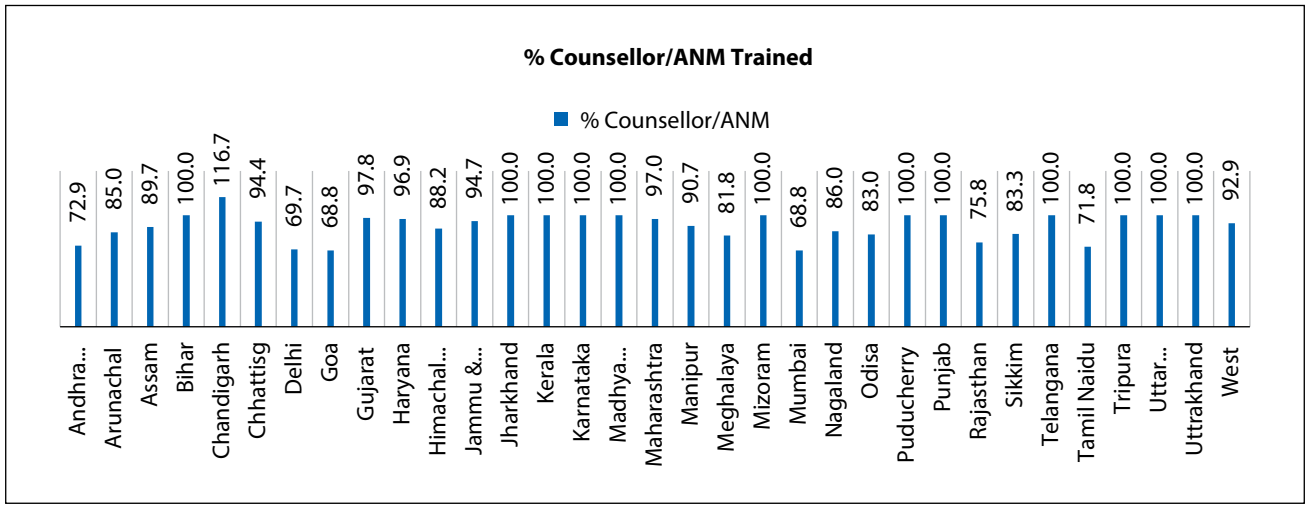
Figure 57: Percentage of Programme Manager trained



Training of Counsellor/ANM

Training of counsellor and ANM on risk reduction counselling, STI management and abscess management was conducted by most of the States/UTs. Chandigarh, Bihar, Gujarat, Jharkhand, Kerala, Karnataka, Madhya Paresh, Mizoram, Puducherry, Punjab, Telangana, Tirpura Uttrapardesh and Uttrakhand completed their 100% training load of Counsellor/ANM. Remaining State/UTs Arunachal Pradesh, Andhra Pradesh, Assam, Chatishgarh, Delhi Goa, Haryana Himachal Pradesh, Jammu & Kashmir, Maharashtra, Manipur, Meghalaya, Mumbai, Nagaland, Odisha, Rajasthan Sikkim tamil Nadu and west Bengal completed their 70% of training load.

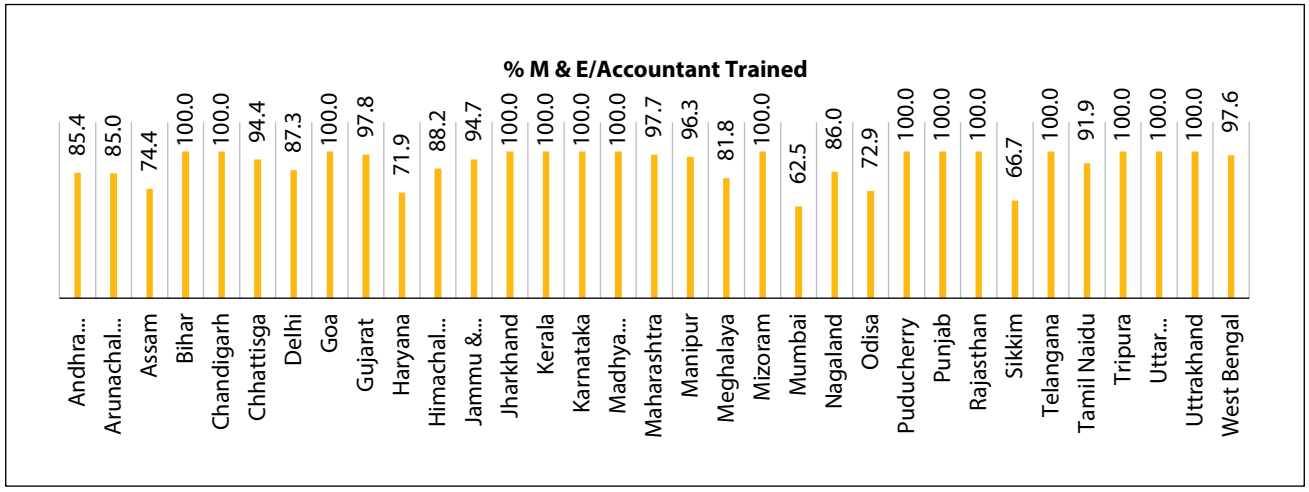
Figure 58: Percentage of counsellor/ANM trained



Training of M & E Cum Accountant

Training of M & E Cum Accountant on MIS, SOCH, p-MPSE and data management were completed by maximum State/UTs. Only Sikkim, Mumbai and Odisha are showing moderate performance in term of M&E training.

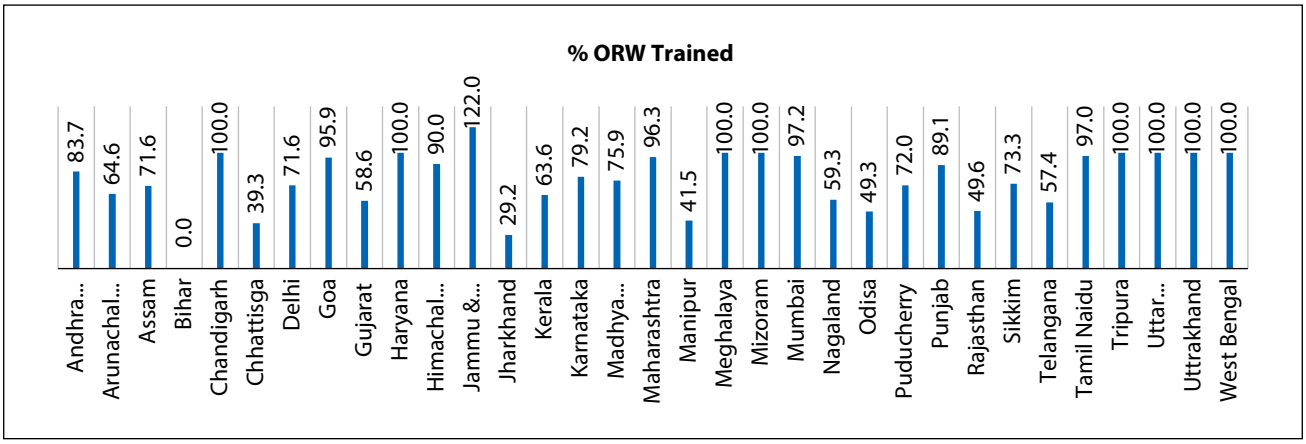
Figure 59: Percentage of M&E/Accountant trained



Training of Out Reach Worker

State like Bihar, Chhattisgarh, Jharkhand, Manipur, Odisha and Rajasthan are very poor in terms of conducting Out Reach Worker training. All above mentioned State are below 50% for conducting ORW Training.

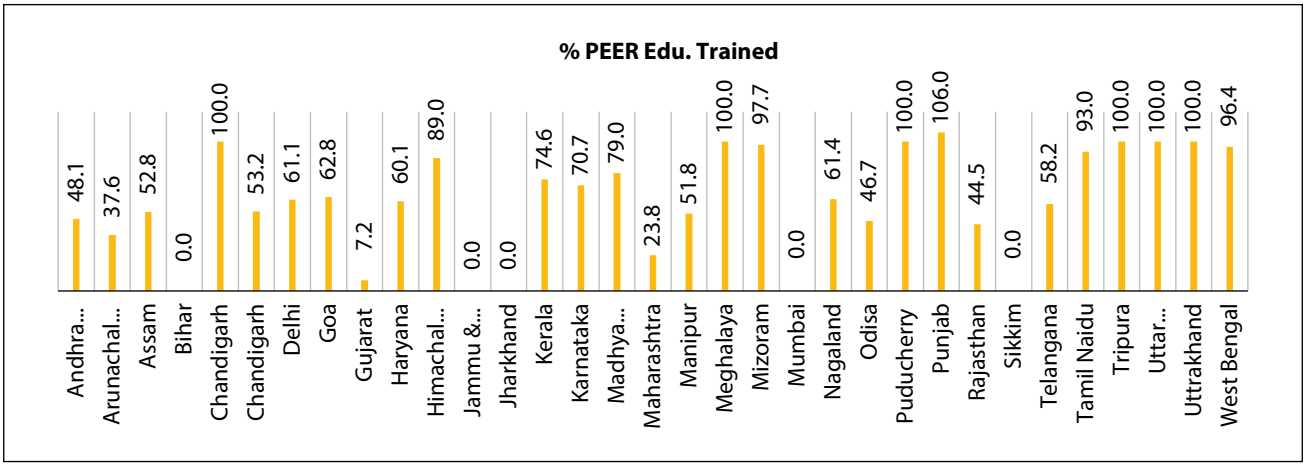
Figure 60: Percentage of ORW trained



Training of Peer Educators

Chandigarh, Himachal Pradesh, Meghalaya, Puducherry, Punjab, Tripura, Uttar Pradesh and Uttrakhand completed their training of Peer Educators. State like Bihar, Gujarat, Jammu & Kashmir, Jharkhand, Mumbai and Sikkim are very poor performing State. No peer educator has been trained in above mentioned State/UTs

Figure 61: Percentage of PEER Educators trained



Most of the States have not provided training their LWS staff and Doctors associated with TI projects in PPP Mode.

Chapter 8:

Innovative Activities (SACS and TSU)

NACO encourages SACS and Technical Support Units (TSU) to come up with new innovations, pilot new strategies to strengthen the prevention programme and optimise the resources. Various innovations done by SACS and TSUs are presented in the table below:

Table 3: Innovations done by SACS and TSUs

State	Title	Implementation Strategy	Results– outputs and outcomes	Lessons learnt	Conclusion
Uttarakhand	**e-Sanjeevani**	Popularized e-Sanjeevni: TI NGO staff generated awareness among the HRG & PLHIV and their family members. Built the capacity of TI NGOs about e-Sanjeevni portal TI NGOs supported the HRG in enrolment on E- Sanjeevni Portal and also shared the toll-free Numbers. Regular follow up done with the clients who benefited and collected feedback.	All 27 TI NGOs supported the e-Sanjeevani promotion. As on May 2021, total 1,142 HRGs enrolled themselves on e-Sanjeevni portal. 1,080 HRG received consultation from e-Sanjeevni including 733 Male, 336 Female and 15 TGs. 1,066 HRGs contacted for general OPD consultation and 24 for specialist consultation.	Awareness generation on technology is much required to promote new platforms enabling our HRGs on Registration for medical consultation. Audio-Video Consultation with a Doctor e-Prescription SMS/Email Notifications Serviced by State's Doctors Free Service Fully configurable (no. of daily slots, no. of doctors/clinics, waiting room slots, consultation time limit etc).	Willingness of TI NGOs made this possible and created ownership resulting in continuation of the activity.
Delhi	**Virtual Intervention for MSM population in Delhi**	The processes followed in the implementation of the Virtual Intervention to reach out to the MSMs active on virtual platforms with HIV/AIDS services.	Maximizing coverage is one of the expected outputs of virtual intervention.	The Virtual Intervention, being new and innovative, a strong learning perspective was to be built; hence evaluating various stages of intervention, along with, the progress with a customized approach, was essential.	Virtual Interventions are a promising innovation that use virtual tools to reach out to MSMs and link them to HIV services. The community has provided an affirming feedback for the VDIC as some of the services are just at the click of a button and confidentiality of the user is maintained.

State	Title	Implementation Strategy	Results– outputs and outcomes	Lessons learnt	Conclusion
Delhi	**Virtual Intervention for MSM population in Delhi**	Records and highlights an innovative approach that has been adopted through virtual intervention to improve the reach of the hidden MSM population and provide HIV/AIDS prevention, treatment and care services	Virtual intervention platform can act as an excellent mode of communication to cover the MSM population active on virtual platforms with HIV prevention, care and treatment services.	The web-based built-in dashboard provides data on registered user details (name, age and date of registration) and service uptake information like counselling services, condom orders, appointment details (for HIV screening, syphilis screening, Clinic services and counselling) and appointment status. This data can be exported to an excel sheet for further analysis at TI/ State level. During the appointment booking process, the user receives an OTP through VDIC mentioning the location of the facility. Simultaneously, the TI also receives the information of the appointment. If he appointment is missed by the member, a follow-up message or call is done by the TI staff. Through this system, the community is encouraged to visit VDIC and then the facility for service uptake.	As the TI program comprehends the VDIC benefits, applicability and impact that it is creating, the intervention can be strengthened and taken to the next level. In order to reach out to the community and make the platform user-friendly, the VDIC will be accessible and compatible on mobile devices in the form of application. The intervention will also focus on promotion of the VDIC platform to bring visibility to the services offered. Further, it also seeks to take up some innovative initiatives to strengthen its service delivery and at the same time saturate the population in order to bring every individual community member under its purview
MP	**"Linkages of Children of HRG-PLHIVs with Sponsored Scheme"**	Sahara Manch is an NGO that is implementing TI – Core Composite TI & NGO OST Centre at Katni District. The Program Manager met with the Women & Child Development Officer to get support for children of PLHIVs/HRGs.	The forms were processed by the Department, as a follow up to the same, six children of three families had already benefitted under the scheme, and the forms of four children from two families are in process.	There are various Govt. Schemes that can be availed by the HRG/PLHIVs that can get support for the betterment of their life.	Family members were happy to avail the support, the support provided them to get good education and fulfilment of their education related requirement.

State	Title	Implementation Strategy	Results– outputs and outcomes	Lessons learnt	Conclusion
MP	**"Linkages of Children of HRG-PLHIVs with Sponsored Scheme"**	Mr. Nayan Singh, Women & Development Officer explained about scheme regarding education support for children who are Below Poverty Line or are living with HIV. There is provision of 2000 per month for education. Step Adopted by Program Manger The Program Manager conducted meeting with HRG-PLHIVs and shared about the Scheme There were 11 families who have children and five families were ready to give consent for linkages with scheme. The Program Manager collected all the document and submitted at Women Empowerment department and facilitated entire process.	The families will be receiving Rs. 2000 per month for their education. The support has been already initiated by the department and the concerned families had started receiving Rs 2000 per month.		There is also provision of monitoring from Department, wherein, Officials also visited the families twice in a year to ensure proper utilization of sponsorship
Chhattisgarh	**HIV Sentinel Surveillance e-Dashboard for HRG sites**	This dashboard has been developed to track the progress of HRG Sentinel Surveillance on real time data entry basis. The units were asked for real-time data entry on the daily basis, so the improvement rate, percentage of despatching, daily sampling rate etc. to provide appropriate inputs from the state as well as national level and understanding the situation through graphical presentation. The dashboard has the ability to show the compiled typology-wise data, unit wise data, overall achievement status, target vs achievement and daily as well as weekly accomplishment in terms of sample collection and despatch RI.	The output was to provide regular input and tracking the progress very successfully among even the lock down situation and as outcome, the activity is completed without any hassles. The regular monitoring was made possible because of having real-time data. The stakeholders also were in the same-page on the status of sentinel which was succeeded to create transparency.	The virtual platform can be used as data presentation for monitoring and handholding purpose keeping all the users, managers and stakeholders in same-line.	https://docs.google.com/spreadsheets/d/1I1Gupzm48XACD9gadjj1FQU5nm-5tNEht0I9TkW4Q6c/edit#gid=998860746

State	Title	Implementation Strategy	Results– outputs and outcomes	Lessons learnt	Conclusion
Jharkhand	**Counselling and Clinical services (RMC & STI) to the HRGs through online platform in COVID-19 lockdown Period by FARZ-TI NGO at Palamu distict in Jhakhand**	During the COVID-19 lockdown situation, it was quite difficult for the FSWs to visit the clinic for Regular Medical Check-up; but it was quite necessary for the community as well. To resolve the situation, the Program Management Committee of the TI NGOs decided to reach the community people through online platform. It was also take in the consideration that all the field facilitators like PE/ORWs didn't have the smartphone; thus, the committee had selected the conference call and Whatsapp video calling mechanism for communication. Oriented Peer Educators and Outreach workers about the online platform like normal conference call and video call in Whatsapp Prepared the schedule of conference call with PE, ORW and doctors Prioritize the hotspots as per the due and overdue list As per the requirement of STI treatment medicines delivered to the FSWs	In the month of April and May through online communication, total 453 FSWs had been received the clinical & counselling services from the TI NGOs. They had also oriented COVID-19 precautions and also guided them about the other concerns related to COVID-19.	It was very difficult to introduce the online platform to provide the services to the community, during the two month's period we had learnt that the online platform could be one of the best effective ways to communicate with the community in certain situations.	The way TI had approached to the community with the services (mask, sanitizer and STI medicines) in the difficult situation was made them happy and the bondage between the organization and community more strengthen.
Kerala	**Provision of ART medicines at the door step of HRG PLHIVs during Covid situation**	In Kerala, we are having 173 HRGs who are on ART. During Covid 19 pandemic scenario, they find it difficult to access ART medicines from concerned ART centres. In this context, the TI staff collected ART drugs from ART centres and distributed it at the door step of HRG-PLHIVs. These people were also stressed during that period because their comorbidity. In order to reduce their mental stress and give them confidence, the TI project provided tele-counselling services to these PLHIVs with the support of ARTCs.	Even though there had lot of travel restrictions, 173 HRG-PLHIVs received ART medicines on regular basis and it helped them to improve the ART adherence among them. The tele-counselling facility also helped to build the confidence of these people and to clarify their doubts regarding Covid and HIV.	Door step delivery of ART medicines to PLHIVs is an effective way to improve the treatment adherence during lock down situation.	Door step delivery of ART medicines by the TI project staff to the HRG PLHIVs improved the treatment adherence and also helped to strengthen the relationship between HRGs and project staff.

State	Title	Implementation Strategy	Results– outputs and outcomes	Lessons learnt	Conclusion
Kerala	**STI care for HRGs through online platform**	The TI projects in Kerala already linked the STI care program with the government hospitals. The HRGs having STI symptoms were referred to government hospitals for check-up and treatment. During the covid 19 pandemic, accessing the services from hospitals was not easy due to the travel restrictions and also many of the government hospitals were designated as exclusive covid care centres. In this context, the STI care program was not upto the mark and it was decided to utilize online platform for STI care for HRGs. The trained doctors were linked with the TI projects and the project counsellor initially given online counselling to the HRGs and then referred to the doctor for online consultation (with the consent of the client). After consultation, the doctors provided necessary advice and prescribed the medicines. Follow-up of these cases were done by the project counsellor.	241 No. of HRGs were provided STI care through online consultation.	Online consultation is an effective platform for providing STI care services to the HRGs, especially in difficult situations. It helped to ensure privacy and confidentiality and hence this was acceptable to the HRGs.	STI care through online consultation is effective, especially in the case of symptomatic patients.
Kerala	**IEC/ BCC materials focusing on the twin threat of COVID19 and HIV/STI among communities vulnerable to HIV infection - prepared by Targeted Intervention (TI) project partners in Kerala.**	COVID19 pandemic has interfered with development process in different segments. The pandemic not only caused hindrance to routine work in TI due to restriction for mobility and gathering, but increased the risk level of key population. Regular close physical interactions in social life make HRGs more vulnerable to COVID19 infections.	25 TI projects developed various IEC materials like short videos, comic book, cartoons, posters and leaflets. The same has been disseminated to the HRGs mainly through social media. Less number of COVID19 cases among HRGs is an outcome of this effort.	Many of the TI project staff are having high potential of developing appropriate IEC materials. By providing adequate guidance and motivation, locally appropriate and culture specific innovative IEC materials can be developed and disseminated. This also helped to increase the ownership of TI partners.	Material focusing on twin threat of COVID19 and HIV developed by the TI staff was innovative and also effective to disseminate target specific information.

State	Title	Implementation Strategy	Results– outputs and outcomes	Lessons learnt	Conclusion
Kerala	**IEC/ BCC materials focusing on the twin threat of COVID19 and HIV/STI among communities vulnerable to HIV infection - prepared by Targeted Intervention (TI) project partners in Kerala.**	Hence special attention was given to HRGs in protection them from this twin hazard namely COVID19 and HIV. Kerala SACS and TSU have issued a number of guidelines to help TI partners to perform adequate and safe in this challenging situation. Project staff volunteered to come up with IECs appropriate to their working segments and geographical areas. TSU has provided technical assistance and handholding to ensure quality of the IEC/BCC packages. Considering the good work observed in this regard, TSU took initiative of collecting and compiling the IEC materials as a document for reference and replication for initiatives elsewhere. The enthusiastic response of TI partners in the state and rich contents and professionalism in most of the documents gave confidence to compile and present it as a resource document. This resource material is shared with the NACP partners with the hope that appropriate ones be replicated. They were advised to give importance to keep safe from COVID19 infection while discharging responsibilities in HIV / STI prevention. It has emerged during the online reviews and interactions with TI staff that segment specific and situation specific IEC / BCC materials will be required for HRG reflecting the challenges and prevention in their specific situations.			

State	Title	Implementation Strategy	Results– outputs and outcomes	Lessons learnt	Conclusion
Kerala	**Towards Building A Comprehensive Baseline For Social Protection Schemes**	The purpose of this activity is to build a comprehensive baseline along with benchmarks on social protection schemes accessed by the HRGs in Kerala so as to assess the rate of coverage by each scheme by denominator specific to such schemes and enable each TI to monitor further progress in accessing such schemes. After having a good amount of internal discussion on the problem of getting accurate information on the level of accessing social protection schemes and entitlement, the TSU developed a robust instrument to collect data. It was circulated among the team members and an online discussion was held with all members of TSU on the instrument. Online discussions with the key functionaries of TIs (PM, M&EO and ANM/ Counsellor) in the five regional clusters followed. Then started the data collection which is in progress. The analysis of data and generation of the final report are yet to take place.	Vetted and robust data collection instrument and checklist for data entry as well as data analysis, TI teams made competent to collect data, and data collected from around 40 per cent of HRGs are the outputs. The outcome is yet to emerge.	The need for individual based information is required for proper monitoring (in relation to or against universe of each scheme) the access of schemes and entitlements; keeping the information dynamic with scope for periodic updating; and integrating the data going to be generated into the routine MIS.	The activity under discussion when gets completed will provide vibrant database on the level of access of social protection schemes and entitlements enabling each TI to report on them with evidence.
Kerala	**Support To Migrant Labour (Isml) During The Covid 19 Pandemic**	It was decided to organise distress relief to migrant labour by all TIs catering to the needs of migrant labour.	Major immediate results or outputs: Migrant labour in Kerala was provided immediate distress relief in the areas of shelter, self-protection, cooked food and food materials, health complaints got addressed through online medical consultation, ensured regular and uninterrupted supply of drugs, regular online guidance on the pandemic, tele-counselling on a variety of concerns to cope with the situation of uncertainty.	Different modes and strategies of organising quick and effective distress relief, innovative modes of service provisioning such as tele-counselling and tele-medicine, enhanced skills in the focused application in service provisioning, learned quick alert-response system during emergencies	The above narration is on the activities undertaken by 15 migrant TIs during a period of 75 days in all the 14 districts of Kerala.

State	Title	Implementation Strategy	Results– outputs and outcomes	Lessons learnt	Conclusion
Kerala	**Support To Migrant Labour (Isml) During The Covid 19 Pandemic**	The purpose of this activity was to keep regular watch on the support extended by various stakeholders to migrant labour (ISML) from various corners during the distress period resulted by the first wave of the COVID 19 Pandemic and the subsequent lock-down in Kerala (April to June 2020) All migrant TIs working with KSACS were given instructions to collect information as per a structured instrument and report as per the instrument on daily basis for nearly 90 days. The information was gathered at regional levels by the respective POs . After scrutinising the information, the same was compiled at the TSU level by the TE-A&P. Then the compiled information was share with KSACS and NACO.	Long-term as well as medium term futuristic results or outcomes: Strengthened partnership with a multitude modes of partnership with a variety of local stakeholders with the indication of continuation of partnership; linkages and collaboration with government departments of labour, health, civil supplies etc. and local self governments at all three levels; intensified joint working with DLSAs; instilled confidence in migrant labour and developed skills in them to face similar situation in future; and changes in the the disposition government servants and the community at large in to migrant labour opening possibility of their enhanced recognition and better integration.		

Chapter 9:

Way Forward

Prevention of HIV/AIDS and more specifically focus on the key population has been critical to reach the overall gaol of NACP. The findings on the progress of prevention activities during 2020-21 suggest that despite challenges due to COVID-19, TI projects and LWS have been able to reach out the key population with essential services such as HIV testing, ART treatment, and distribution of commodities such as condoms, needles and syringes etc. The revamping activities in TIs has been initiated in many states and shown results with respect to identification and coverage of new HRGs in the newer areas, increase in spouse and partner testing, navigating the KP PLHIV to ART centres etc. The newer initiatives with the support of global fund is expected to supplement the overall prevention activities under NACP.

However, despite the progress made on prevention activities through TI, LWS and other initiatives, gaps continue to exist in terms of empanelment of TIs & LWS in the states to the approved numbers intervention in the AAP, overall coverage of key and bridge population, initiation of p-MPSE activities, , retention of client on Opiod Substitution Therapy (OST), coverage of incarcerated population under prison intervention as per the new prison estimates, and coverage of informal labourers under Employer led Model etc. Similarly, the turnover of staffs in TI & LWS, capacity building of TI and OST staffs continues to affect the results of the TI programme.

In the backdrop of India's response towards 95-95-95 and providing comprehensive prevention, care and support services to key population, the opportunity to address the aforesaid gaps is critical to accelerate the reversal HIV epidemic. In view of above more efforts and attention are required in the following areas:

- Empanelment of TI/LWS in the states as per approved annual action plan.
- Improve testing of KP and their spouse / partners aligning with the goals of reaching towards first 95
- Identification of new hotspots or soliciting place to expand TI services through outreach
- Intensifying and monitoring the revamping exercise in TI
- Completion of p-MPSE activities in the state and preparation of action plan to cover the unreached population and the area
- Increase retention of clients on OST
- Follow up of the KPs who are on take home dispensation for OST and ART
- Strengthening prison interventions and invoking interest of stakeholders ensure sustainability of the programme
- Setting targets for prison intervention in line with the new Prison estimates
- Focus on industries/ establishment to cover more informal laborers under ELM

- Ensure capacity building of TI/LWS and OST staffs on thematic areas of the programme
- Timely completion of external evaluation of TI/ LWS to avoid delay in renewal of the NGOs/CBOs to implement the programme and provide critical inputs to strengthen the activities further
- Ensure 100% of usage of SOCH in TI, and OST
- Initiate the process of revamping of bridge population intervention and LWS

Besides above, the activities envisaged under Global fund with respect to virtual intervention, community system strengthening, prison intervention, evaluation of TI and LWS, opening of one stop centre, integrated package of services to the key population will add value to the overall prevention activities of NACO. Therefore more coordination with GF partner, review and assess their progress is critical to reaching the goal for preventing the key population under the programme.

The prevention activities for the coming years warrants preparation of a comprehensive strategy, assess and explore the areas that need further work to keep the pace of implementation and strengthen the programme addressing the past challenges and exploring the newer opportunities. As NACP-V (2021-25) has accorded approval of the Ministry, the aforesaid way forward will work as critical enablers to achieve the goal.