



Annual Report
2013-2014



Our Mission

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

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Note: Programmatic data are for the year ending September 2014.

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**Annual Report
2013-2014**

From India HIV/AIDS Alliance's Executive Director



As a leader in this country's civil society response to the epidemic, India HIV/AIDS Alliance is driven by an unwavering commitment to equity and access. For too many Indians, especially key populations and people living with HIV, essential services, legal protection and social acceptance remain elusive. Make no mistake, we are not yet free of AIDS.

While vulnerability persists, progress continues to be made. Alliance India and our more than 600 collaborating partners – mostly community-based organisations – have touched the lives of over 900,000 people in the course of this year with HIV prevention, care and support services.

Our interventions reach across 32 states and territories in India. Our close coordination with the government at both national and state levels has enabled our efforts to reflect the shared priorities and strategies necessary to deliver on the promise of the country's fourth National AIDS Control Programme.

At the heart of our work are affected communities: transgenders & hijras; men who have sex with men; people who inject drugs; sex workers; and people living with HIV from all demographics, including vulnerable women and children. These populations are not simply beneficiaries of our programmes. They are our leaders and managers, our advocates and catalysts. They are the momentum that drives us forward.

Each day I am inspired by what we are able to achieve to control the ongoing epidemic in India. Some highlights of the past year include:

- Nearly half a million people living with HIV have access to care & support services because of **Vihaan**, and more than 40,000 people who had dropped out of treatment services have returned.



- Almost 350,000 men who have sex with men, transgenders, and hijras have been reached with HIV prevention and other interventions because of **Pehchan**, over a quarter of a million of them new to HIV prevention services.
- As many as 150,000 HIV infections averted in Andhra Pradesh over the past decade because of interventions with female sex workers and men who have sex with men under our recently concluded **Avahan** initiative.
- More than 50,000 people who inject drugs, their partners and families have access to comprehensive harm reduction services because of **Hridaya**.

These programmes and the others that complete our portfolio capture the spirit and purpose of Alliance India. In them and in our advocacy, you will find our steadfast focus on both epidemiologic priorities and stubborn problems in HIV/AIDS. Our determination to end this epidemic is relentless. We must not fail in the task of HIV prevention even as we embrace new technologies and strategies and endeavour to provide care, support and treatment to India's vast population of people living with HIV. There is still more to do, and we must not yield.

It is a great privilege to collaborate with a remarkable Board of Directors and engage each day with a staff so capable, dedicated and passionate. Our commitment to the effective use of the resources entrusted to us remains a constant principle in our programme management and oversight, and we are always grateful for the donors who fuel the impact we have.

I am honoured to share our Annual Report with you. Together with our partners and other stakeholders across this country and around the world, we are making a difference in the lives of the most vulnerable and marginalised, and I look forward to further strengthening our collaborations in the year ahead. Thank you for your continued partnership and support.



James Robertson, MPH, MBA
Executive Director
India HIV/AIDS Alliance



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Vihaan

29 States & 3 Union Territories

350 Care & Support Centres

One Million People Living with HIV

2013-Present

A national initiative to establish and manage 350 Care & Support Centres (CSCs) across India to expand access to essential services, increase treatment adherence, reduce stigma and discrimination, and improve the quality of life of people living with HIV (PLHIV).

Vihaan is designed as the care & support component of the India's HIV response under National AIDS Control Programme IV. Working in collaboration with the National AIDS Control Organisation and with support from the Global Fund, the programme operates in 32 states and territories and will reach more than one million PLHIV by 2016. The programme, named for the Sanskrit word for 'dawn's first light,' has come to symbolise a ray of hope in the lives of PLHIV in India.

The Vihaan consortium is led by Alliance India in collaboration with NACO and 19 state-level PLHIV networks and NGOs that in turn partner with State AIDS Control Societies and district-level PLHIV networks and other organisations to deliver care & support services in communities through the CSCs. This unique model of donor, government and civil society partnership in which the affected population takes a lead role in implementing the programme has proven highly effective.

Vihaan's community advisory boards in each state or region serve as the backbone of the programme's community systems strengthening and ensure that PLHIV voices are directly informing the programme's ongoing implementation at every level. Discrimination Response Teams in CSCs track reports of stigma and discrimination against PLHIV and coordinate timely responses to such cases. These mechanisms play a crucial role in creating enabling environments for PLHIV to increase service uptake and improve their quality of life.

Vihaan CSCs are committed to the health and wellbeing of all PLHIV and their affected families, with special effort to reach those from underserved populations, including women, children and members of key populations, such as sex workers, men who have sex with men, transgenders, hijras and people who inject drugs.

Vihaan provides access to a range of quality care & support services using an integrated approach that complements existing HIV programming. Working in coordination with nearby Antiretroviral Treatment Centres, CSCs serve as safe spaces for PLHIV and offer services that boost the impact of treatment services including counselling, outreach and follow-up support, health referrals, and linkages to social welfare schemes.

Vihaan is funded with generous support from the Global Fund to Fight AIDS, Tuberculosis and Malaria.



Key Achievements

- **325** Care & Support Centres established.
- **343,548** PLHIV on ART reached with care & support services.
- **127,617** pre-ART PLHIV reached with care & support services.
- **80,503** PLHIV linked to social welfare schemes & basic entitlements.
- **42,393** PLHIV brought back to treatment services.



Vihaan: A Ray of Hope in the Lives of PLHIV in India

“We are thankful to the government for providing free ART treatment. Without their support, we might not be alive today,” says Preeti with gratitude in her eyes. In her mid-thirties, Preeti is a mother of two from a backward district in Bihar. She contracted HIV at the young age of 18.

“I had no idea what to do and who to approach back then. HIV and AIDS were taboo. Now we have ART, and what we need along with treatment is care and support. Medication without proper support is of no use. I want to be an earning member of my family. My children are growing, so are their needs and still no one wants to offer jobs to people living with HIV,” she says.

Care and support are essential to effective ART programmes. PLHIV need support to access and adhere to treatment, to strengthen the capacity of families to manage HIV infection, to maximise the value of referrals and linkages to social protection schemes and services, to address instances of stigma and discrimination, and to reinforce positive prevention strategies.

To address these needs, India HIV/AIDS Alliance, working closely with the Department of AIDS Control (DAC) and with funding from the Global Fund, has initiated the Vihaan programme to scale-up care and support services for PLHIV in India. Meaning ‘dawn’s first light’ in Sanskrit, Vihaan complements the national treatment programme and has been designed in line with the National AIDS Control Programme IV (NACP IV) which promises “...universal access to comprehensive, equitable, stigma-free, quality care, support and treatment services to all PLHIV using an integrated approach.” Vihaan is the largest care & support programme ever launched.

PLHIV are at the heart of Vihaan. The programme ensures a robust, holistic care & support system for PLHIV – including high-risk groups, women and children. Vihaan relies on a range of civil society organisations and partnership with government to ensure the success of the programme. PLHIV organisations are key partners at every level. Nearly three-quarters of Vihaan’s implementing partners are PLHIV networks at state and district levels. Of the nearly 3,000 people engaged in the programme, roughly sixty percent are from the PLHIV community. Within the first three years, the programme expects to reach more than 1 million PLHIV.

Fatima, another woman living with HIV in Bihar, expresses her growing confidence, “Being positive myself, I realise how important care and support are in the lives of PLHIV. I am excited to be part of Vihaan and to make a difference in the lives of so many.”

The author Rosenara Huidrom is Associate Director: Care & Support.

Don't Delay, Test Now!

It was the summer of 1999. I clearly remember those two nights. Sleepless and anxious, I just prayed that my son did not have HIV. A day earlier I had tested positive, so did my husband. The lab technician advised that since both of us were HIV positive, we should get our son tested immediately.

I didn't have courage to face the situation. I was 23, and my son was only two and a half. Questions like "How will my son face society?", "What will his life be like?", and "Will he be able to live life with this reality?" kept me awake. My husband asked me whether I was ready to get my son tested. Nervous and afraid inside, I said a determined, "Yes." I knew this was the only way to overcome fear.

At 10am we were at the lab. With tears rolling down, I signed the consent form. Soon the blood sample was taken, and the technician asked us to collect the report in two days. Those two days seemed unbearably long. While my husband resumed work, I was not able to sit at home peacefully even for a moment, let alone eat and sleep.

Finally, the two days were over. I rushed to the lab. Thankfully, the report was negative.

My son had to undergo the test again after six months, then after a year and later after five years. He tested negative at all intervals. It was a big relief! He's 18 now and living a healthy life.

Now, working in the field under the Global Fund-supported Vihaan programme, I meet many anxious parents, couples and teenagers who are unsure about their HIV status but afraid to get tested. It reminds me of my story, and through my example, I motivate them to get tested immediately. Delay is of no use. Early testing is crucial for managing HIV. Even if you test positive, a treatment plan can help you live a healthy and long life.

The author Mona Balani is Programme Officer: Vihaan.





Pehchan

18 States

200 Community-Based Organisations

450,000 MSM, Transgenders and Hijras

2010-Present

Pehchan is an innovative community systems strengthening programme working at national scale in collaboration with the government to support improved HIV prevention efforts with marginalised and vulnerable MSM, transgender and hijra communities.

Pehchan strengthens and builds the capacity of 200 community-based organisations (CBOs) to provide effective, inclusive and sustainable HIV prevention programming in 18 states in India for more than 450,000 men who have sex with men (MSM), transgenders and hijras (collectively, MTH). The programme is funded by the Global Fund and remains their largest single-country grant to date focused on the HIV response for vulnerable and underserved sexual minorities.

Named for the Hindi word meaning 'identity,' 'recognition' or 'acknowledgement', Pehchan develops CBOs to serve as implementing partners with the National AIDS Control Programme, fosters community-friendly services within the health system, and engages in advocacy to improve the lives and wellbeing of MTH populations in India. The programme leverages and complements the government's HIV prevention strategy for MTH by providing a broad range of additional services that support an enabling environment that encourages healthy behaviours.

Partnership with government is key to programming at national scale. Pehchan has filled critical gaps in community capacity necessary to support the government to achieve significant HIV prevention coverage for MTH populations. The active involvement of MTH as programme managers and technical advisors has also enabled Pehchan to rapidly build trust in often unwelcoming environments and to create high levels of community ownership.

Societal attitudes against homosexuality remain a serious concern in India and discourage MTH community members from accessing HIV and other health services. The re-criminalisation of homosexuality in India in late 2013 has created additional resistance and led to further stigma, discrimination and violence. Pehchan has developed Crisis Response Teams that work with victims of violence to ensure that police and other authorities respond appropriately and quickly. The programme has also initiated a national advocacy campaign in support of decriminalisation of homosexuality. HIV stigma continues to be a challenge in MTH communities, and Pehchan's outreach and counselling include efforts to reduce it.

Pehchan has coupled a coherent, comprehensive and sustained effort of capacity building and systems strengthening with effective community mobilisation tied directly to HIV prevention services. It is a programme approach that has worked and can be adapted to other contexts and countries where sexual minority communities are underserved by HIV interventions and other services.

Pehchan is funded with generous support from the Global Fund to Fight AIDS, Tuberculosis and Malaria.



Key Achievements

- **203** MTH community-based organisations capacitated and strengthened.
- **346,042** MTH reached with HIV prevention and related services, including mental health counselling, legal assistance, and crisis support.
- **268,687** MTH not previously reached with HIV services provided with HIV prevention and related services.
- **154,397** MTH supported for HIV testing and received their results (1,744 tested positive and linked to ART centres).
- **41,355** transgenders and hijras reached with HIV prevention and related services.

I'm a Gay Man, and I am Not a Criminal

You don't always have to commit a crime to be treated as a criminal in India; sometimes just being yourself will suffice. When two cops saw me all alone in Nehru Park, it was past closing time. The park is a well-known cruising point among gay men in Delhi, which I didn't know at the time as I was new to the city. After they caught me, they briskly pulled out my wallet to check my ID and found a condom. Their first question was, "Are you gay?" "Yes," I replied. To which the cop threw the wallet at me and said, "Aren't you ashamed of yourself".

Thanks to Section 377 of Indian Penal Code, I'm supposed to be ashamed of myself. I pay for a legacy of colonial rule, kept alive by Indian Supreme Court.

When I tried to resist their aggression, but both cops turned violent. And when I refused to budge, one of the cops snatched my phone and threatened me saying, "Let me call a few of your contacts and tell them what you are up to here." I knew they had no right to do that. But I also knew they were playing on a gay man's fear of being found out.

If you are a closeted gay man (and most Indian gay men are), calling someone like your boss, your landlord, your mother, or a business associate can shatter your life. In such scenarios, you lose your job, get kicked out of your rented house, lose your family, or lose your social status. And you can't seek protection from the police or the law because in their eyes you are a criminal by default.

"You can't call my contacts!" I shouted at the police hoping assertiveness might stop them. "Why not? Homosexuality is a crime, don't you know." said one. "But I didn't do anything," I said almost defeated. "Well, say that in the police station," they replied, dragging me to their jeep. I tried to negotiate but they wouldn't listen. Soon we reached the main entrance of the park, where the police jeep was parked. An ice cream vendor approached us. "Another one caught?" he asked the cops, staring me down. "We are just getting started with this one. We caught one at Nizamuddin the other day and set him straight." said the cop with pride. I felt disgusted by them.

Where the governments are against homosexuality, research shows that the law enforcement agents become complicit by turning a blind eye, failing to prosecute individuals who commit violent acts against homosexuals, and seemingly allowing others to use violence as a tactic to stop homosexuality. In India, Section 377 gives homophobia a state-sanctioned seal of approval. So while people who perpetuate violence brag about it, victims of violence, instead of feeling protected, cower in fear in front of the very people whose duty it is to protect them.

Instead of tackling rapes on Delhi streets, these police men were all bothered about imagined consensual intimacy between two men. Seeing no point in fighting with them, I did what most





NO GOING BACK!

Indians do in such situations – offered them money. They took all I had, leaving some change for me to get home. On the way home I felt deeply humiliated. There's a reason why gay men meet in dark parks, why they don't access health services needed by them, and why they don't, and can't, stand up for their rights – because they have none. Would things be different if we decriminalised homosexuality?

I think it would. When the Delhi High Court struck down Section 377, a study on LGBT community in Delhi found that decriminalisation “clearly shows that the Delhi High Court judgment has positively impacted the LGBT community and has improved the quality of life of sexual minorities...Police harassment has definitely reduced after the judgment.” This is echoed by many public health and human rights activists around the world.

WHO and UNAIDS have repeatedly emphasised that criminalisation of homosexuality has a dire effect on HIV prevention because homosexuals do not access health system, afraid of being treated like criminals. Similarly, a recent study in the Lancet found that “homophobia marginalises people and makes them less able to adopt preventive techniques, even if they are available.”

Although the Delhi High court ruled against Section 377, unfortunately the Supreme Court overturned the decision. I'm a criminal all over again. It reopened all the wounds. You might not know it but maybe your close friend, your cousin, your colleague, your brother, your neighbour, even the person sitting next to you might have faced humiliation and violence in their life, all because they were just being themselves. It doesn't have to be that way. Wasn't it Mahatma Gandhi who said, “First they ignore you, then they laugh at you, then they fight you, then you win”?

The author Ravi Kanth is a development consultant, based in New Delhi.

PEHCHĀN
पेचन



Truth Prevails: Satyamev Jayate and Me

In a country where most people can't cope with 'anomalies' in sexual and gender identities, Satyamev Jayate has made visible the hidden struggle endured by millions of Indians. An open discussion on national television on alternative sexualities would have changed my life had I been fortunate enough to watch when I was a 14-year-old Parsi boy struggling with my identity in Mumbai back in the 1990s.

Most people in India do not know what it means to live as a transgender or a hijra. It's a taboo to speak about sexuality and gender variance in our society. Hence, when I was invited to tell my story to Aamir Khan on an episode of Satyamev Jayate – a television show that's watched across the globe by tens of millions – I said 'yes' without a second thought.

It was raining the day we taped, and I was nervous. When Aamir entered the studio, I had butterflies in my stomach. Before I was invited on stage for the interview, I closed my eyes and asked myself if I was doing the right thing? Instantly an affirming 'yes' came from within. It was my time to tell the world that there is nothing wrong with being a transgender.

The interview began with a dramatisation of my childhood. I sat there with Aamir as my struggle played on the big screen behind me. By the end of the clip, I could see tears in his eyes. When he asked me if I would like to go back to my biological family, I just said, "No, Khan saab, I will never go back. My family is now my hijra community who have stood beside me. There was a time in my life as a young boy when I needed my biological family the most, but they didn't even hear me out. Now I don't need them. My life is dedicated only for hijras who have supported me during my struggling days, and I shall give my last breath to them."

When we tell our stories as members of India's LGBT community, we change the future. I will be always grateful for the opportunity to share my story on Satyamev Jayate. When I tell my story, it's not for sympathy. I want people to understand what it means to be transgender. I have worked for many years now advocating for the rights of transgenders and hijras, particularly those who are HIV-positive and facing a double stigma that comes with breaking gender norms and living with HIV. I hope a day will come soon when no human being will face such discrimination, and no one will die of AIDS.

The author Simran Shaikh is Programme Officer: Pehchan.





Avahan

14 Districts in Andhra Pradesh

46 Organisations

75,000 Female Sex Workers, MSM and Transgenders

2003-2014

Mobilising vulnerable communities to improve HIV prevention and STI control, Alliance India's Avahan programme reached female sex workers (FSWs), men who have sex with men (MSM), and transgenders in Andhra Pradesh and contributed significantly to the impact of the HIV response in programme districts.

Avahan India AIDS Initiative was a focused prevention initiative funded by the Bill & Melinda Gates Foundation that worked in six states of India to reduce HIV transmission and lower the prevalence of sexually transmitted infections in vulnerable high-risk populations – FSWs, MSM, transgenders, and people who inject drugs – through prevention education and services. Alliance India was designated a state lead partner for Avahan in Andhra Pradesh, and this past year marked the end of our decade-long collaboration under this programme.

The programme's main components included condom promotion, STI management, behaviour change communication, community mobilisation, and advocacy. Avahan also supported the creation of an enabling environment through individual and organisational capacity building to increase the effectiveness and impact of the HIV response. Alliance India's efforts in Andhra Pradesh strengthened the capacity of non-governmental organisations and community-based organisation to implement quality HIV and STI programming in close partnership with the AP State AIDS Control Society (APSACS) and in alignment with the National AIDS Control Programme.

During our final year of implementation, the programme focused on grassroots mobilising and ensuring vibrant and sustainable community organisations beyond the project period, both operationally and financially. Efforts also extended networking and linkages with mainstream institutions to meet the holistic needs of key populations. Financial inclusion activities promoted community savings, including the encouraging the opening of individual savings accounts among organisation members.

As part of the South to North Initiative, our Avahan programme successfully provided technical support to the Bihar State AIDS Control Society and partners in the state to improve impact of HIV prevention building on our experience in Andhra Pradesh.

Avahan was funded with generous support from the Bill and Melinda Gates Foundation.



Overall Achievements

- As many as **150,000** HIV infections averted since 2003.
- **127** million free condoms distributed.
- **155** drop-in centres established as safe spaces for key populations.
- More than **40,000** STI episodes treated, and symptomatic STI rates among clients decreased from **31%** to **4%**.
- Health seeking behaviours among FSWs, MSM and transgenders increased from **5%** to **70%**.



Keeping Violence at Bay in Andhra Pradesh

“I filed an application for a ration card in the mandal (block) administrative office. The clerk made me come to office 15 times, and every time he slept with me,” rued Meena (name changed), a sex worker from Andhra Pradesh. “Wherever we go – offices, schools, hospitals or banks – we are sexually exploited and discriminated against.”

Sex workers across the world are easy targets for violence and discrimination at work, at home and in society at large. Data show that violence faced by sex workers ranges from slapping to sexual assault, physical and psychological torture, and sometimes even murder. HIV programmes across the world are grappling with this reality of sex workers facing high levels of stigma, discrimination, gender-based violence and other human rights violations, which prevent them from accessing HIV information, health care and needed social services.

To tackle the problem, Alliance India worked through our Avahan programme to develop community-led strategies for prevention and mitigation of violence among female sex workers and other sexual minorities. In Andhra Pradesh, our programme covered over 40,000 sex workers in 14 districts. Programme strategies on violence included community mobilisation and empowerment, crisis response systems and teams, sensitisation of police and other law enforcement agencies, media personnel, and service professionals. The crisis response teams responded within 24 hours to any violence reported by liaising with legal services in the event of unlawful arrests, sexual assault, violence and other rights violations against sex workers.

Since 2006, our team successfully sensitised around 7,000 police officials at state, district and block level. Over 700 community members received training on law and human rights and were recognised by the District Legal Cell Authority as para-legal volunteers (PLVs). PLVs from sex-worker communities provided support to those in need. In addition, community collectivisation and legal education empowered sex workers to recognise and address cases of violence against them.

Routine monitoring on violence and crisis response including data collected from Targeted Interventions for HIV prevention and from special Behavioural Tracking Surveys (BTS) among 2,000 female sex workers in five districts in Andhra Pradesh between 2009 and 2012 showed an improved response to violence in sex worker communities. The number of cases of violence against sex workers declined by 68 percent, from 900 cases in 2009 to 288 cases in 2011. The BTS data indicate that there was also a reduction in violence by police (from 29% in 2009 to 19% in 2011-12). The perception of fair treatment by police increased from 14% (2009) to 29% (2011-12), and around 70 percent of sex workers came to experience what they considered to be fair treatment at public institutions.

“Earlier we shuddered at the sight of police. Not anymore. We now know our rights and what to do in a crisis,” said Meena with confidence.

The author Dr Parimi Prabhakar was Regional Director, Alliance India Andhra Pradesh.

The Avahan Decade

So much has been written about Avahan – by implementers, academics, and journalists – that to write more might be unnecessary. Many have reflected on the complexity of the programme and its ambition. What would it take to have an impact on the HIV epidemic in India's highest burden states at a scale usually expected only of government? The learnings of Avahan are ample and thusly well documented. India's fascination with Avahan's donor surely was a story unto itself and told many times.

Yet, for me, the central contribution of Avahan is simple, and remarkably, it still remains radical today. Leveraging the prestige and resources of the Bill & Melinda Gates Foundation, Avahan focused its efforts on key populations, groups whose social marginalisation previously all but ensured that their needs would not be adequately prioritised in spite of their disproportionate vulnerability to HIV.

Before Avahan arrived, India had already recognised that sex workers were an important driver of the country's epidemic. The data told this story, and the government had a plan. Other key population groups like men who have sex with men and people who inject drugs were similarly targeted. Yet, capacity in the government to meet these challenges was limited. Apprehension about HIV was just part of the problem. How does a government effectively protect the health of groups that are criminalised and pushed to the margins of society?

What Avahan did – putting key populations first – should have been game-changing for the global AIDS response. How little the global AIDS response has actually changed now a decade later is testament to how difficult it is to break through the stigma and discrimination that define this disease. For all our talk in public health about evidence-based responses, what is done about AIDS still passes through a moral and political filter. Though we know we can find HIV concentrated in sex worker, MSM and drug using populations worldwide, we still don't invest resources to match the relative scale of the epidemic in these groups.

Avahan showed it can be done. The Gates Foundation deserves great praise for its vision and resolve. The Government of India's National AIDS Control Organisation (now, Department of AIDS Control) and the State AIDS Control Societies were essential collaborators, giving the programme the space it needed to show impact. Avahan's implementing partners took the programme to the community level in six states across the country, with Alliance India working in Andhra Pradesh. Together, over the Avahan decade, we had the journey of a lifetime, empowering vulnerable communities and changing the trajectory of India's epidemic.

The author James Robertson is Executive Director, India HIV/AIDS Alliance.





Hridaya

5 States

34 Organisations

59,000 People Who Inject Drugs, Their Partners & Families

2011-Present

Hridaya expands harm reduction services for people who inject drugs (PWID), their partners and families and fosters an enabling environment by protecting and promoting their rights. The programme demonstrates how it is possible to reach a greater number of PWID more effectively by leveraging existing Targeted Interventions (TIs) as a foundation on which to build and scale-up harm reduction programming.

Funded by the Government of Netherlands and part of the five-country Community Action on Harm Reduction initiative, Hridaya complements and supplements the services of TIs in selected states of India. TIs are at the centre of the HIV prevention approach for PWID adopted by the National AIDS Control Organisation and implemented by State AIDS Control Societies around the country.

Named for the Hindi word for 'heart,' Hridaya leverages the existing government investment in HIV prevention for PWID and builds NGO capacity to expand services to include the full range of harm reduction interventions. Complementing government-supported needle & syringe exchange and opioid substitution therapy are efforts to educate PWID about Hepatitis C and provide counselling and linkages to testing, as well as overdose prevention education and management with Naloxone.

Hridaya has developed specific services for PWID, such as peer counselling that both addresses mental health issues and promotes safer injections and safer sex. The programme is reaching out to spouses and sexual partners of PWID and building their capacity to reduce vulnerability of their drug-using companions by encouraging harm reduction practices. In addition to referrals to health services, linkages have also been established with existing government welfare schemes to contribute to the economic and social wellbeing of PWID. Hridaya also disseminates information on Hepatitis C prevention and management through outreach directly to PWID in the field or at drop-in centres.

The programme has a strong focus on building the capacity of partner organisations and the PWID community to successfully implement harm reduction activities. The programme involves PWID in the planning, design, and delivery of services and is endeavouring to make interventions more gender-responsive.

Hridaya works in partnership with 34 organisations in the states of Bihar, Haryana, Jammu, Manipur and Uttarakhand to augment existing capacity and fill implementation gaps to strengthen harm reduction services. The programme's overall reach target includes 10,000 PWID and more than 49,000 spouses, partners and family members.

Hridaya is funded with generous support from the Government of Netherlands.



Key Achievements

- **11,126** PWID reached with Hridaya-supported harm reduction services.
- **48,616** spouses, partners and families of PWID benefitted from Hridaya-supported services.
- **8,573** PWID educated on Hepatitis C testing and treatment.
- **6,793** PWID guided on drug overdose management.
- **6,052** PWID informed about legal aid options.
- **2,322** spouses and partners of PWID tested for HIV and **1,282** for tuberculosis.

Stigma to Strength: A Widow's Triumph

Lalmuni Devi needs no introduction in Sarenja village. Situated in western Bihar, Sarenja is poverty-stricken with hardly any means of livelihood and even fewer employment opportunities. In this rural underbelly of India, Lalmuni, once the struggling spouse of a drug user, has now emerged a strong leader in her community.

Life was not easy for Lalmuni. She was only fifteen years old when she was married to her husband Lalji Chouhan. She was soon the mother of three sons. She would later learn that her husband was HIV positive and dependent on drugs. His drug dependence took a heavy toll on the family leaving Lalmuni struggling to provide one square meal for herself and her children.

Lalmuni's husband was among the first who were introduced to heroin in the area. He began chasing and could not continue his job at the brick factory. He mortgaged his land for Rs. 30,000 (US\$500) and bought himself a cycle rickshaw. Whatever he would earn supported his drug habit. The situation was extremely challenging for Lalmuni.

Eventually Lalji also started injecting pharmaceutical drugs. Sharing injecting paraphernalia was common in his peer group. Lalji was reached by a local NGO named Jayaprabha Gram Vikas Mandal (JGVS) that implemented a government Targeted Intervention programme for people who inject drugs (PWID). Lalji was referred for testing and was found HIV positive.



This came as a shock to Lalmuni. Her life came to a halt. She was left with no hope and felt that all in her family would die because of HIV. Fortunately around this time, outreach workers under Alliance India's Hridaya programme contacted Lalmuni and helped her regain her hope. She and her children were taken for HIV testing and were found to be negative. Even though Lalji was registered at the ART Centre and began medication in 2012, he unfortunately died of AIDS in November 2013.

Lalmuni remained in regular contact with Hridaya staff, gaining confidence and the positive energy needed to deal with life's challenges. As a woman widowed due to AIDS, she has faced stigma and discrimination. Giving back, she has used her experience to help other widows who have lost their husbands to HIV and drug use.

With support from Hridaya, Lalmuni initiated a self-help group for other women in similar circumstances to share possibilities for leading healthier and better lives. Her group started in April 2013 with only 13 members who were either wives of PWID living with HIV or those who are widowed. Today the group has 23 members.

A role model for many women in the village, Lalmuni lives by example and supports the women around her. She now looks at life positively and has the courage to face any situation with vigour and perseverance. Lalmuni has discovered a new level of inner peace and solace by helping others, and she has helped herself in the process, identifying new strengths and coping skills that have guided her from despair.

The author Francis Joseph is Programme Officer: Drug Use & Harm Reduction.



The Pain of Being ‘the Other’: How Stigma Fuels HIV/AIDS among People Who Inject Drugs in India

Born in a poor family in a remote district of Haryana, Paul (name changed) learnt from childhood to be by himself. He was dragged to work at the age of 10. It was here, copying older boys, he got into the habit of smoking ganja (cannabis). Soon his peers influenced him enough to experiment with stronger substances like smack (a heroin derivative). As his cravings increased, he was soon hooked on injecting pharmaceutical drugs, unaware that sharing needles and syringes could make him vulnerable to HIV.

Paul’s story is shared by many people who inject drugs (PWID) in India. There are thousands in India, who feel helpless because drugs control their bodies and minds. Addiction compels them to keep ‘using’ despite horrendous physical and mental consequences and unaware of their increased risk for HIV. It is estimated that the HIV prevalence among 180,000 PWID in India is approximately 7.1%.

Their vulnerability is further fuelled by the fact that society perceives drug users as criminals and a threat to society. This makes it difficult for people who want to reach out to them to build rapport and trust. This demonisation further fuel the HIV epidemic in the country.

PWIDs are often assumed to be HIV-positive and refused treatment when clinical care is needed. There have been many instances of PWID being denied services at public healthcare facilities and instead getting arrested and suffering police brutality.

“When I tested HIV-positive, hell broke on me. Going for treatment was scary as there was so much stigma attached with being a PWID,” recalls Paul.

Sensitisation efforts by Alliance India’s Hridaya programme with healthcare facilities and psychosocial interventions with PWID have helped community members living with HIV avail stigma-free antiretroviral treatment. Hridaya follows a harm reduction approach, which – as the name suggests – aims to reduce the harm associated with injecting drug use, such as vulnerability to HIV and Hepatitis C infection, rather than trying to eliminate drug use per se.

“Thanks to Hridaya, I am now comfortable with myself, comfortable with the fact that I am positive,” says Paul.

UNAIDS has embraced “Getting to Zero”: zero new infections; zero AIDS-related deaths; and zero discrimination. For the first two to happen, eliminating discrimination is essential. Building rapport with PWID and gaining their trust are essential in harm reduction programming and are the first steps towards getting to zero with PWID.

The author Francis Joseph is Programme Officer: Drug Use & Harm Reduction.



Asia Action on Harm Reduction (India)

► Advocacy for Harm Reduction and People Who Inject Drugs

2013-Present

Asia Action on Harm Reduction focuses in India on building the political and social momentum for change by empowering civil society and people who inject drugs (PWID) to inform, advocate for reform and bring about social and political change to address HIV and foster greater participation of PWID in civic life.

Worldwide an estimated 16 million people inject drugs, and three million of them are living with HIV. In India, HIV prevalence in this group is 24-times that of the general population. Though progress has been made, the HIV epidemic continues to be fuelled by stigma, discrimination often experienced by this community together with the laws, policies and practices that impose harsh penalties on people who use drugs.

With funding from European Union, the Asia Action on Harm Reduction programme supports advocacy to increase access by PWID to comprehensive harm reduction services and reduce stigma, discrimination and abuse towards this vulnerable population. The programme works toward improving national policy environments to enable more evidence-based and rights-based responses to drug use and HIV/AIDS in six countries in Asia – China, Cambodia, Vietnam, Malaysia, Indonesia and India.

In India, Asia Action engages with PWID and organisational partners in Bihar, Haryana, Uttarakhand and Manipur. The programme advocates for expanded rights-based approaches and increased engagement by PWID in HIV prevention and treatment programmes to improve the response to HIV/AIDS and drug use. Asia Action supports the development of PWID networks that engage with state governments, state and local law enforcement officials as well as with healthcare providers to expand their understanding of the needs of PWID and enable the delivery of a comprehensive package of harm reduction services.

Asia Action for Harm Reduction is funded with generous support from the European Union.



Key Achievements

- **Three** state-level drug user forums formed.
- **19** state- and site-level community consultations organised.
- **National communication strategy** developed for harm reduction advocacy.
- **Six** state-level consultations conducted to increase political support for law and policy reforms.
- **Five** harm reduction workshops conducted for media, legal representatives, and law enforcement agencies.
- Advocacy film '**Out of the Shadows: Women Who Use Drugs in India**' produced & disseminated.



End the War on Drug Users

India has a long history of cannabis and opium use for social, cultural, religious and medical purposes. There are several examples of the use of these substances being sanctioned by particular communities. In sharp contrast today, India's explicit constitutional aspiration to eliminate all forms of drug use from society is possibly the single most dangerous ideal that has fueled utter disregard for the health and rights of people who use drugs in India.

Political apathy is evident from the 2014 amendment to the principal Indian drug law, NDPS Act 1985, which leaves very little space for the promotion of evidence-informed and rights-based programming for drug users. The amendment does have a few positive features in its handling of harm reduction, treatment and recasting the death penalty. However, it enhances punishment for consumption and possession of small quantities for personal use from six months to one year, which is in direct contrast to developments in countries like Portugal, Spain, Italy and even America where the War on Drugs originated. The response in India to drug use has primarily been a health services-based approach. Though it mitigates some aspects of vulnerability, this approach fails to address the central role that rights protections play in ensuring the overall wellbeing of drug users.

Globally, there is a growing movement by activists and policy experts calling for decriminalisation of drug users. There is increasing evidence worldwide of the positive impact of law and policy reform on the health and well-being of people who use drugs, as well as on their social and economic productivity. However, progress in this area is hindered predominantly by the personal views and often moralistic outlook of policy makers informed by limited subject knowledge and general apathy towards an already outlawed and therefore marginalised community.

A study conducted under Alliance India's Hridaya programme indicates that as many as half of drug users interviewed in four states across the country have cited fear of police action as a major barrier to access health services. This effectively ensures that these drug users are at increased risk of blood borne viral infection, overdose and injection related injuries. "Cops often patrol near drop-in centres to apprehend drug users as they are seen as easy sources of income, information and general entertainment," laments a drug user in Haryana.

The Asia Action on Harm Reduction programme in India supports advocacy to increase access by people who inject drugs (PWID) to comprehensive harm reduction services and advocate for law and policy reform.

The biggest barriers to a rights-based approach remain the laws that criminalise the use of narcotic substances except for medical purposes. Until India rationalises its policies toward drug use and improves services, PWID here will continue to face grim prospects. There can be no doubt that India needs a comprehensive, rights-based harm reduction approach, and we must end the war on drug users.

The author Simon W. Beddoe is Advocacy Officer: Drug Use & Harm Reduction.

Making Hepatitis C a Priority

A dear friend of mine was struggling as a single mother, working two jobs and balancing drug use. To make things simpler, she quit the jobs and started working from home. Unfortunately, her drug use turned out to be more problematic than anticipated. Her situation was further complicated when she was diagnosed as positive for Hepatitis C, a viral disease that leads to the inflammation of the liver and related complications.

With no medical insurance, she faced a financial challenge to cover the six-month long treatment. At first, she got contributions from family and friends and then a loan, and lastly she sold her jewellery. She recovered only to be hit with the virus again. This time her condition deteriorated so quickly that she was not able to make it through a second round of treatment. Only half of those who are treated actually recover. My friend's is just one of the many stories of people struggling with Hepatitis C.

Hepatitis C represents a huge public health problem in India and globally. According to the World Health Organization about 150 million people are chronically infected with the Hepatitis C virus, and more than 350,000 people die every year from Hepatitis C-related liver diseases. The Hepatitis C virus is more infectious than HIV. An estimated 10–12 million people in India are infected with Hepatitis C, including 50 percent of people who inject drugs (PWID) nationally and 90 percent of PWID in the northeast. Left untreated, Hepatitis C can lead to liver cirrhosis, liver cancer or liver failure.

Hepatitis C is especially of concern for those co-infected with HIV, as several studies have shown that HIV-Hepatitis C co-infection leads to increased rates of disease progression. PWID are especially vulnerable to infection by both HIV and Hepatitis C; co-infection rates are as high as 93% among PWID in Manipur. However, unlike first- and now second-line HIV treatment, which is available to people living with HIV who need it in India, Hepatitis C treatment is not available in government hospitals largely due to its high cost, and health programmes for PWID typically do not screen patients for Hepatitis C due to the unavailability of treatment. Consequently, this results in high morbidity and mortality among PWID.

To address this concern, our Government of the Netherlands-supported Hridaya programme disseminates information on Hepatitis C prevention through outreach and counselling sessions at drop-in centres (DICs) in 36 sites in four states: Bihar, Jammu, Haryana and Uttarakhand. The programme also identifies clients and refers them for testing. Those found to be Hepatitis C-positive are further educated on self-care and positive prevention. The programme's outreach team works with spouses and families of PWID, explaining Hepatitis C risk and prevention in the context of injecting drug use.

To address the growing problem of HIV-Hepatitis C co-infection among women who inject drugs, our Elton John AIDS Foundation-funded Chanura Kol project also initiated Hepatitis C interventions. Women enrolled in the project are educated about transmission risks, prevention strategies, and the importance of testing.

Complemented by advocacy through our Asia Action on Harm Reduction programme, Alliance India is working to ensure that Hepatitis C prevention education and treatment literacy become a priority for PWID and a core part of this country's efforts to improve the lives and health of PWID.

The author Simon W. Beddoe is Advocacy Officer: Drug Use & Harm Reduction.

MEMORIAL TRUST PATI



Abhaya

2 States

2 Community-Based Organisations

4,500 Female Sex Workers & Their Partners

2013-Present

Abhaya expands access to sexual and reproductive health (SRH) services as part of HIV prevention interventions for female sex workers (FSWs) in Telangana and Gujarat. The programme complements the existing Targeted Intervention (TI) programme under the country's National AIDS Control Programme IV (NACP IV) by providing key SRH services and linkages to increase the desirability and value of TI services to FSWs.

FSWs have considerable unmet SRH needs due to their occupation and social marginalisation. They are discouraged from accessing SRH services due to stigma and discrimination, negative attitudes of healthcare providers, and fear of clients, law enforcement agencies, and people opposed to sex work.

Global and national evidence shows that linking HIV and SRH services provides valuable impetus to uptake of prevention, treatment, care and support services among affected and vulnerable populations. Using this approach, Alliance India with support from MAC AIDS Fund has initiated a pilot programme Abhaya – meaning 'fearless woman' in Sanskrit– for FSWs and their regular partners in Telangana and Gujarat. The programme addresses issues of gender and sexuality to promote a rights-based approach to address the health needs of FSWs. Regular partners of FSWs are included as they often have control or influence over the women's healthcare decisions.

Within existing TIs for FSWs, Abhaya expands access to complementary SRH services. The project enables FSWs and their partners to reach a broader range of services, including SRH information, counselling, referral and linkages to facilities providing relevant services. Abhaya also engages in capacity building of existing healthcare providers and advocacy with key stakeholders to provide services in a stigma-free environment in line with NACP IV.

Over the first two pilot years, the programme aims to reach more than 4,500 FSWs and their partners, helping them better identify their SRH needs and access quality services. The programme creates linkages with service providers in government and non-government settings, forming a pool of doctors and other providers who are sensitised to address the specific SRH concerns of patients who are FSWs including family planning, contraception, pregnancy termination, antenatal care, birth, and routine Pap smear testing.

Abhaya is funded with generous support from the MAC AIDS Fund.



Key Achievements

- **3,000** FSWs and **300** regular partners registered.
- **1,182** FSWs counselled on SRH issues.
- More than **500** FSWs availed SRH services following counselling.
- **71** registered regular partners (23%) received condoms.



The Fearless One

I met her in the secrecy of midnight
I met her in broad daylight.
I met her outside,
I met her within.
I met her everywhere.
I saw her in her totality
I saw her in me.

Like a commodity in busy markets,
She was invisible as she was on display.
Her garish makeup, her name, her identity
Remained hidden under the bank notes and carnal needs.
She remained a nobody.
Her past, her present and her future
Stood in uncertainty.
The fearless one.

You come for your reasons,
And go for your reasons.
You leave behind very little.
That little then slowly takes over.
What was yours becomes hers too.
Birthing and suffering,
They breed in her body.
Dying and killing,
They take over her life.
She lives in the pain of your pleasure,
The invincible one.

She lives the life of one condemned,
Ignored and denied,
In perversions and passions,
In pleasure and in pain,
As the outcast and in the deity,
She is a fellow human being.
I met her in the secrecy of midnight
I met her in broad daylight.
I met her outside,
I met her within.
I met her everywhere.
I saw her in her totality
I saw her in me.

– Nandini Mazumdar

The Fearless One

Abhaya, which literally translates to 'fearless' in Hindi, is a project that focusses on female sexual and reproductive health issues as faced by female sex workers (FSWs). As a key population, FSWs are highly vulnerable to HIV infection and often face significant social stigma. Common words for 'sex worker' in many languages (in India and beyond) reflect the low status attached to sex work and deeply held contempt for women in this profession. Yet many women and families depend on sex-work as a source of livelihood, a reality that cannot simply be wished away.

Women in sex work need basic protections of the rights to which every person is entitled as laid down in the Universal Declaration of Human Rights. With this in mind, Abhaya promotes the sexual and reproductive health under a broader human rights framework to reduce vulnerabilities by raising awareness and improving access to services. Our research and observations have shown that sexual and reproductive health is a major concern for women in sex work. These health issues directly relate to the work they do. Without proper care, harm is frequent and often even fatal from high rates of unsafe abortion, unplanned pregnancies, sexually transmitted infections and HIV.

Abhaya has been working in Ahmedabad since 2013 through our partner organisation Sakhi Jyot. The project has been able to impact the lives of FSWs we reach by raising their awareness of sexual and reproductive health issues and increasing their uptake of related services. One of the big achievements of this project has been creating a pool of doctors who are sensitised to the specific sexual and reproductive health concerns of FSWs and readily provide them with medical assistance. The patients who come to these doctors for care include FSWs living with HIV. With these doctors, they are also able to get surgeries and delivery services that are frequently refused by too many health professionals even today.

I wrote the poem above after my first field visit to Sakhi Jyot when I met several members of the CBO team and attended hotspot meetings, which are held in and around areas of commercial sex work conducted by outreach workers to educate FSWs on health and rights. Many of the FSWs I met are also working as peer leaders and helping each other out. My inspiration is the courage of these women in the face of adversity from all sides: social stigma, absence of family support, contempt from the local community and violence from partners, pimps, police, and even relatives.

Our society can be ruthless and unforgiving to all women but even more so towards women in sex work, branding and brutalising them, using and abusing them. Yet these women can rise as warriors and survivors, not only overcoming their ordeals but actually emerging as brave leaders of their families and communities.

The author Nandini Mazumdar is Programme Officer: Sexual & Reproductive Health.

Koshish

Advocacy on Sexual & Reproductive Health for People Living with HIV and Key Populations

2011-2014

Koshish successfully created awareness and advocated for action to address critical challenges facing people living with HIV (PLHIV), including social stigma and discrimination, limited access to essential sexual and reproductive health (SRH) services, and lack of a comprehensive approach to the SRH needs of PLHIV, particularly of women living with HIV.

There has been a growing recognition of the importance of SRH and rights within HIV programmes in order to respond more effectively to the HIV epidemic. Lack of a comprehensive approach to the SRH needs of PLHIV along with ongoing stigma and discrimination limit accessibility to and availability of essential SRH services.

Named for the Hindi word for 'effort,' the Koshish programme supported advocacy and action to improve SRH of PLHIV and key populations in India. Funded by the European Union, the programme strengthened civil society organisations and networks that represent and work with PLHIV and other marginalised groups, such as female sex workers, men who have sex with men, transgenders, hijras and people who inject drugs.

Through state-level advocacy coalitions, Koshish partner organisations worked at state and district levels identify community priorities and affirm principles of empowerment and meaningful partnership as core elements of effective advocacy. Coalitions were comprised of civil society organisations, PLHIV networks, community-based organisations working for and led by key populations, and the media.

Alliance India implemented Koshish in collaboration with four state-level NGO partners and PLHIV networks in Andhra Pradesh, Gujarat, Maharashtra and Tamil Nadu. Koshish successfully advocated with government and healthcare providers for appropriate interventions to address critical challenges facing PLHIV, including increasing access for women living with HIV in the four programme states to Pap smear testing, as they are five-times more susceptible to cervical cancer than other women.

Koshish was funded with generous support from the European Union.



Overall Achievements

- **80** civil society organisations trained on sexuality, human rights and SRH.
- **288** community consultations on SRH needs organised, involving **3,351** PLHIV and **2,724** key population members.
- **Increased awareness of SRH** among community members created greater demand for health services responsive to their needs.
- **199** decision-makers in government participated in state and district-level advocacy events.
- **Advocacy encouraged SACS** to regularise cervical cancer screening for women living with HIV.

Speaking Out for Sexual Health

Access to antiretroviral treatment (ART) has helped enable people living with HIV (PLHIV) to live longer, fulfilling lives. Improved health and wellbeing has allowed PLHIV to plan for their futures, that include sex, sexuality, and the possibility of starting or expanding families. A comprehensive approach to sexual & reproductive health (SRH) for PLHIV across India has been lacking, and in most places current interventions are inadequate. Key populations vulnerable to HIV such as sex workers, men who have sex with men, transgenders, and people who inject drugs are similarly challenged to find supportive and responsive SRH services.

Stigma and discrimination marginalise PLHIV and key populations limiting their access to and uptake of SRH services. Studies show that people living with HIV have higher levels of unmet contraceptive need, more untreated Sexually Transmitted Infections (STIs), and knowledge gaps on positive prevention. Among PLHIV from key population groups, these indicators are even more dismal.

Alliance India's Koshish programme strengthened and advanced the SRH and rights of PLHIV and other key populations through advocacy. In each state, an advocacy coalition was established that typically consisted of the lead partner non-governmental organisation, the state-level PLHIV network, five district-level PLHIV networks, and five community-based organisations for key populations, along with representation from eight additional civil society constituencies. The coalition was responsible for determining SRH advocacy priorities in each state and designing and implementing strategies to reach key decision makers to ensure better policies and programming responsive to the SRH needs of PLHIV and key populations.

In order to understand the effect that Koshish has had on the communities it engaged, the programme considered a variety of evaluation options. To maintain the central place of community voices, we developed a qualitative study that considered intermediate outcomes and changes in the lives of these communities during the course of the project.

The study applied an adapted version of the Most Significant Change (MSC) technique (Dart & Davis, 2003) that gauged outcomes and impact of the programme through the qualitative analysis of stories of change from programme beneficiaries. This methodology was community-driven and participatory and ensured that the evaluation of Koshish directly involved those people served by the programme.

The study was conducted over a three-month period in 2013 in the four Koshish states. Stories were collected by a trained field team comprised of programme beneficiaries and peer leaders from PLHIV and key population communities and networks. As part of the process, particular effort was made to build the capacity of community members on research methodologies and data collection processes in the field.

The stories presented in Alliance India's publication *Speaking Out for Sexual Health* (available on our website) tell of changes within four major domains: personal change; changes in participation; changes in capacity; and challenges. These moving personal stories of change can serve to inform ongoing efforts to improve programme implementation, enrich policy discussions, and ensure the SRH and wellbeing of PLHIV and key populations remain policy and programming priorities.

*This essay is based on the preface to the Alliance India publication **Speaking Out for Sexual Health: Stories of Significant Change from PLHIV and Key Populations.***







Advocating for Stigma-free Healthcare for Female Sex Workers

While conducting community consultations in East Godavari district of Andhra Pradesh, the Koshish programme team learned that female sex workers (FSWs) in the district faced numerous challenges in accessing healthcare services, including stigmatising behaviour, discrimination, and apathy of service providers. A majority of FSWs who spoke at the consultations mentioned that counsellors at the Integrated Counselling and Testing Centre (ICTC) at the government hospital at Kakinada were highly insensitive and asked unnecessary questions while providing them services.

The advocacy coalitions set up under Koshish took note of the matter and decided to collect evidence from the community and flag the issue to relevant authorities. The team documented experiences of 50 community members and approached the Additional District Medical & Health Officer for redressal. After the initial briefing on the project and its activities, the community members shared their concerns. They narrated how clients were asked irrelevant questions by the counsellors and faced deliberate delays in testing and reports.

Appreciating the difficulties faced by FSWs, the official instructed his office to issue a circular to all ICTCs to remind them of their obligation to provide client-friendly services and not delay sample collection deliberately. He also facilitated the provision of other social security schemes and entitlements to these community members like Aadhar cards, Antyodaya cards, caste certificates and even voter registration. Later, the officer organised a review meeting with all counsellors in the district and invited Koshish partners. In the meeting, the official emphasised to the counsellors, “Key populations are to be given priority in availing health services.”

Advocacy coalitions under Koshish successfully engaged with stakeholders and identified unfulfilled SRH needs of PLHIV. With these coalitions in place, Koshish made sure that voices of communities affected by HIV/AIDS are heard by decision makers and the problems they face every day remain at the heart of the programme’s state-level advocacy agenda.

The author Kumkum Pal was Programme Officer: Sexual & Reproductive Health.

Chanura Kol

3 Sites in Manipur

3 Community-Based Organisations

700 Women Who Inject Drugs

2010-2013

Through a holistic, community-based model, Chanura Kol met the immediate health, protection and psychosocial needs of women who inject drugs by providing harm reduction services, economic rehabilitation and social reintegration.

Often neglected, women who inject drugs are a highly marginalised and vulnerable population in need of a comprehensive response to meet their health and social needs. They are at high risk for a range of harms, including violence and HIV infection, because of injecting drug use and sex work, which many depended on as their primary source of income.

With support from the Elton John AIDS Foundation, Alliance India and partners collaborated to mitigate the impact of drug use and HIV on these women in three districts of Manipur through the Chanura Kol project – named after the Manipuri words for ‘garden of women.’ The project enhanced access to key services, supported reintegration, and reduced stigma and discrimination related to both injecting drug use and HIV.

Drop-in centres and a short-stay home were established to provide harm reduction services, HIV prevention interventions, care & support programming, and counselling. Support groups were also formed in each district, providing outreach and referrals to sexual & reproductive health, antiretroviral treatment, HIV counselling and testing, Hepatitis C testing, general health and other social services. Referrals were also provided for drug treatment and oral substitution therapy. Once women completed treatment or stabilised, they could access the short-stay home for six months; the home provided shelter, food, health services, psychosocial and family reintegration support, and vocational training.

Chanura Kol services were complemented by efforts to create an enabling environment through advocacy with relevant decision makers, local leaders, and community members to address stigma and discrimination and barriers to service access faced by women who inject drugs.

Chanura Kol was funded with generous support from the Elton John AIDS Foundation.



Overall Achievements

- **734** women who inject drugs reached with harm reduction services.
- **582,122** needles & syringes and **546,385** condoms distributed.
- **184** clients completed detoxification or sustained oral substitution therapy.
- **861** HIV tests carried out among clients, of which **169** were positive.
- **87** women living with HIV on ART and received adherence support.
 - **61** women supported to initiate income generation ventures.





Detox and a New Life: Supporting Options for Women Who Inject Drugs in Manipur

Alliance India's Chanura Kol project offered a range of harm reduction services for women who inject drugs to help them lead a better life. Detoxification was key to this strategy. Over the life of the project, 113 women have completed detoxification to wean themselves off drugs.

Detoxification reduces withdrawal symptoms and helps an addicted person adjust to living without the effects of opiates or other drugs. Alliance India's partner in the project, Social Awareness Service Organisation (SASO), provided this option either at the homes of female injecting drug users in situations where they have supportive family members or in a clinical setting when drug users lack family support.

Once detox is completed, the process of rehabilitation begins. Chanura Kol encouraged the rebuilding of strained family relationships during the reintegration period. As a key part of rehabilitation, these women were helped to learn new vocations to earn a living. They often received loans from self-help groups established by their peers to support these efforts to start small businesses.

The author Shamnu Rao is Programme Officer: Care & Support.

Publications

Empowering Key Populations for Sustainable HIV Prevention: Avahan in Andhra Pradesh 2003-2014



Sexual & Reproductive Health and Rights of People Living with HIV: A Training Manual



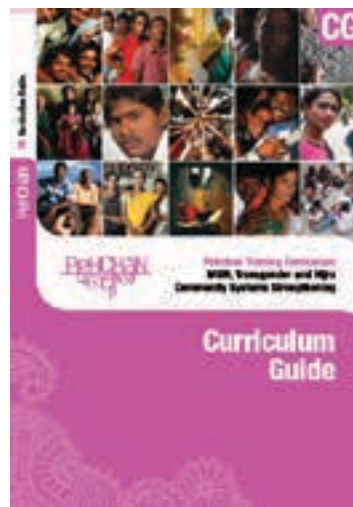
TB/HIV Advocacy Campaign



Addressing Violence Against Female Sex Workers in Andhra Pradesh



Touching Communities, Transforming Lives: Stories of sex workers and MSM in Alliance India's Avahan programme



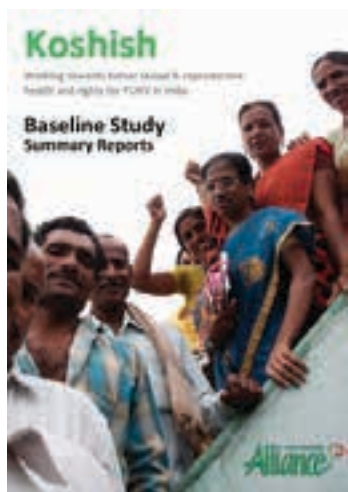
Pehchan Training Curriculum: MSM, Transgender and Hijra Community Systems Strengthening



Strengthening Systems, Enhancing Capacities: Process documentation of the South-to-North Initiative in Bihar



Koshish: Working towards better sexual & reproductive health and rights for PLHIV in India



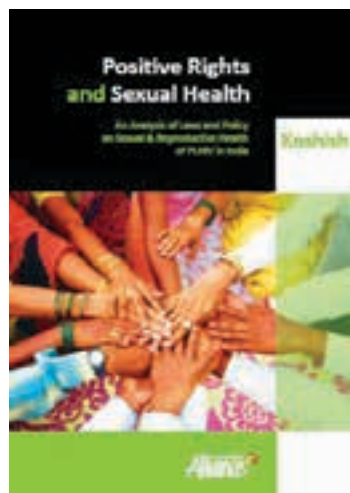
Speaking out for Sexual Health: Stories of Significant Change from PLHIV and Key Population



Treatment Adherence: Dos and Don'ts



Dynamics of Vulnerability and Drug Use



Positive Rights and Sexual Health: An Analysis of Laws and Policy on Sexual & Reproductive Health of PLHIV in India.



Vihaan Brochure



Do we count? Campaign



Drug Use Patterns among Clients Receiving Services from Targeted Interventions for People Who Inject Drugs





Social Media Campaigns



Alliance India in Action

World Bank President Jim Yong Kim meets with global LGBT advocates including Alliance India's Simran Shaikh.



Presenting findings and insights from our programmes at the 20th International AIDS Conference in Melbourne, Australia.



The current and former Directors General of NACO join hands to mark 10 years of free antiretroviral treatment in India.



Sharing our work with colleagues in the region at the 11th International Congress on AIDS in Asia and the Pacific in Bangkok, Thailand



Alliance India contributing to the national commemoration of World AIDS Day in New Delhi.



Showing our true colours with the launch of our new visual identity and website.



Celebrating our women and their many contributions as Alliance India observed International Women's Day 2014.



Thousands of MSM and transgender community members show their strength at the Melukolupu event in Hyderabad, Andhra Pradesh.



Launch of Pehchan Training Curriculum by NACO Secretary Shri Lov Verma, IAS, at Alliance India's Community Hall in New Delhi.



Harm reduction activists join our Support. Don't Punish campaign rally in New Delhi.



Confirming our strong support for UNAIDS global Zero Discrimination campaign.



The Supreme Court gave legal recognition to India's transgender community, and our Pehchan team engaged the media and joined the victory rally in New Delhi.



Stakeholders from government, civil society, and transgender communities came together for the second National Hijra Habba.



Alliance India's Abhina Aher leads the Prague Pride march in the Czech Republic.

Our entire New Delhi team in costume at the end of a great retreat in Kausali, Himachal Pradesh.



Alliance India and partners launched End AIDS India, a collaborative fundraising campaign with a vision of an India without AIDS.



Our Donors

Our work is not possible without the generosity and commitment of our donors. We are grateful to each of them. In the 2013-14 fiscal year, India HIV/AIDS Alliance received support from:



Bill & Melinda Gates Foundation

Elton John AIDS Foundation

European Union

Global Fund to Fight AIDS, Tuberculosis and Malaria

Government of the Netherlands*

International HIV/AIDS Alliance

MAC AIDS Fund

US President's Emergency Plan for AIDS Relief (PEPFAR)/USAID*

**through contracts with the International HIV/AIDS Alliance*



Our Board

India HIV/AIDS Alliance is overseen by a seven-member board that defines our direction and ensures our policies and strategies reflect our mission and values. Board members come from all over India and are chosen for their relevant experience and expertise in a range of disciplines including HIV, sexual & reproductive health, human rights, governance, management, finance, resource mobilisation, research, advocacy and communications. Our board meets three times each year.

J V R Prasada Rao (Chair): Shri Rao, IAS, is presently the UN Secretary-General's Special Envoy for HIV/AIDS in Asia-Pacific. He is a former Secretary of Health & Family Welfare, Government of India, and earlier served as Regional Director, UNAIDS Asia-Pacific, and as Director General of NACO.

Dr Shalini Bharat: Dr Bharat is Professor and Chair of the School of Health System Studies at Tata Institute of Social Sciences.

Dr Saroj Pachauri: Dr Pachauri is currently a Distinguished Scholar at the Population Council and is the former Regional Director for South and East Asia.

Sanjay Patra: Mr Patra is Executive Director of Financial Management Services Foundation.

Dr S Y Quraishi: Dr Quraishi is a former Chief Election Commissioner of India. Earlier he served as Secretary of Youth Affairs & Sports and as Director General, NACO.

Dr Suniti Solomon: Dr Solomon documented the first evidence of the HIV infection in India in 1986 and is the founder of the Y R Gaitonde Centre for AIDS Research and Education (YRG CARE).

Roy Wadia: Mr Wadia is a communications and advocacy expert, with a special focus on HIV/AIDS and public health issues. He earlier served as Executive Director of the Heroes Project.

Financial Report

Balance Sheet as at 31st March 2014

	As at 31st March 2014 (Rs.)	As at 31st March 2013 (Rs.)
CORPUS FUND & LIABILITIES		
General Reserve	5,486,040	2,432,013
Sub Total	5,486,040	2,432,013
NON CURRENT LIABILITIES		
Long Term Provision	5,580,813	3,402,305
Sub Total	5,580,813	3,402,305
CURRENT LIABILITIES		
Program Fund Balance	629,117,374	99,167,095
Short Term Provisions	-	114,634
Other Current Liabilities	11,044,011	10,340,440
Sub Total	640,161,385	109,622,169
Grand Total	651,228,238	115,456,487
ASSETS		
NON CURRENT ASSETS		
Fixed Assets	5,289,588	2,235,561
Long Term Loans & Advances	33,707,548	4,840,133
Sub Total	38,997,136	7,075,694
CURRENT ASSETS		
Cash & Cash Equivalent	582,777,343	69,370,398
Short Term Loans and Advances	28,600,293	37,605,320
Other Current Assets	853,466	1,405,075
Sub Total	612,231,102	108,380,793
Grand Total	651,228,238	115,456,487
12th September 2014		
New Delhi		

Statement of Income and Expenditure for the Year ended 31st March 2014

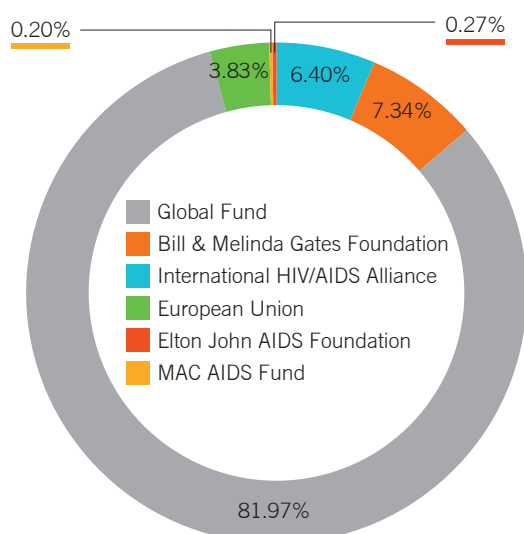
	Year ended 31st March, 2014 (Rs.)	Year ended 31st March, 2013 (Rs.)
INCOME		
Other Income	8,886,402	339,902
	8,886,402	339,902
EXPENDITURE		
Employee Benefits	1,402,755	-
Other Expenses	7,483,647	339,902
	8,886,402	339,902
12th September 2014		
New Delhi		



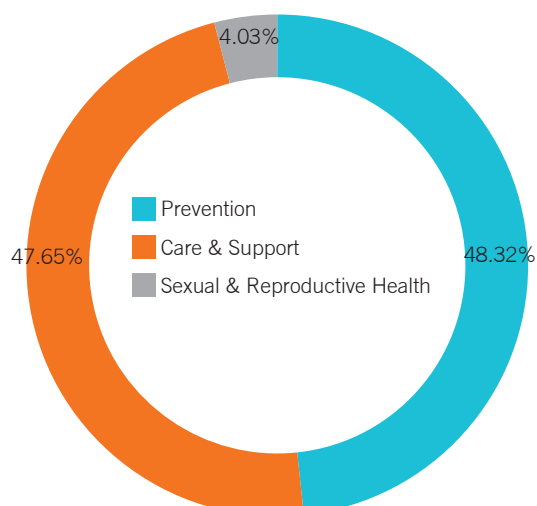
Statement of Sources and Application for the Year ended 31st March 2014

SOURCES	Amount (Rs.)	APPLICATION	Amount (Rs.)
Opening Balances		Contributions Utilised	
- Cash in hand	214,300	- Global Fund	656,761,223
- Cash at bank	70,561,173	- Bill & Melinda Gates Foundation	58,801,718
- Loans and Advances	40,100,974	- International HIV/AIDS Alliance	51,237,475
Sub Total	110,876,447	- European Union	30,669,637
		- Elton John AIDS Foundation	2,134,737
Contributions Received		- MAC AIDS Fund	1,590,214
- Global Fund	1,148,572,068	Sub Total	801,195,003
- International HIV/AIDS Alliance	82,784,776		
- Bill & Melinda Gates Foundation	74,125,145		
- European Union	17,502,067		
- MAC AIDS Fund	4,386,750		
Sub Total	1,327,370,806		
		Closing Balances	
Interest Earnings		- Cash in Hand	128,390
- On Saving Account	-	- Cash at Bank	583,502,419
- On Fixed Deposits	8,886,402	- Loans and Advances	62,307,843
Sub Total	8,886,402	Sub Total	645,938,652
Grand Total	1,447,133,655	Grand Total	1,447,133,655
12th September 2014			
New Delhi			

Utilisation by Donor



Utilisation by Intervention



Our Team

Leadership

James Robertson
(Executive Director)

Rajan Mani
(Director: Finance & Operations)

Kaushik Biswas
(Associate Director: Strategic Information)

Sonal Mehta
(Director: Policy & Programmes)

Huidrom Rosenara
(Associate Director: Care & Support)

N R Manilal
(Principal Investigator: Nirantar)

A Ramanathan

A Vishwanathan

Abhijit Dhondiba Aher

Abhinav Singh

Amarjit Kumar Sinha

Amit Kumar Pandey

Amit Parab

Amitava Sarkar

Amitava Sarkar

Amrita Bhar

Anindita Biswas

Ankit Saxena

Ankita Bhalla

Anurag Mittal

Ashique Ahmed

Ashish Patkar

Awaneesh Kumar Tiwari

Balaji Bhagwan Ubarhande

Balne Rajashekar

Bimal Kishore Jojo

Bir Pal

Ch Priya Murthy

Chhaya Devi

Deepa Tyagi

Deepak Kumar

Denish Parshad

Dinesh Kumar

Dipika Sangwan

Durgesh Sen

Francis Joseph

G Charanjit Sharma

Giridhar Goud M B

Girish Kumar

Gopal Ram Arya

Govindu Manasa

Govindu Swathi

Harchand Singh

Harjyot Khosa

Haroon Rasheed

Heena Mehta

Heena Wadhani

K Bala Krishna

Kapil Kumar Sharma

Kavish Dilawari

Kishore Mekkonda

Korla Visweswara Rao

Kumkum Pal

M J Raja Sekhar

Manoj Benjwal

Mattipalli Naveen Kumar

Meka Raja Rajeswari

Mohammad Arif Hussain

Mona Balani

Naga Srinivasa Rao Pasam

Nandini Mazumder

Narkmelly Nelson

Nilesh Kumar Vishwakarma

Nitin Kumar Sagar

Nunthuk Vunghoikim

P Sarbeswar Patnaik

Pankaj Chamoli

Parimi Prabhakar

Pashupati Jha

Pavan Kumar Shetty

Prabhuranjan Priyadarshi

Pragya Baseria

Priti Dubey

Priyanka Sopan Shelke

Pullikal Somanatha Renuka

Rahul Choudhary

Raj Kumar Chauhan

Ramakrishna Rajendi

Ramandeep Kaur

Ramesh Kumar Tiwari

Ranjit Singh

Rohit Sarkar

S J Prashanth Kumar

Samin De

Sanjay Nagrath

Sanjay Swain

Saravanan R M

Satirtha Chakraborty

Shailesh Kumar Pandey

Shaleen Rakesh

Shamnu Rao

Shanthy Vejella

Shiva Shankar Chintala

Shubham Verma

Simon W Beddoe

Simran Shaikh

Sonu

Sophia Lonappan

Srashti Sachan

Sree Kumar V

Srinadh Ranganadham

Srinivasa Rao Mittapally

Subhajit Pakira

Subodh Kumar

Sunil Babu Mekale

Sunil Butola

T Sraavan Kumar

Tanweer Hassan Khan

Therampattil Bhaskaran

Varghese John

Vijay Ramdas Nair

Vikram Singh

Vipin Joseph

Vishnuprasad Rao Cheypala

Yadavendra Singh

Yashwinder Singh



Vihaan
Care & Support

Hridaya
Harm Reduction in India

PEHCHĀN
पेचन

ASIA ACTION
ON HARM REDUCTION
INDIA

India
HIV/AIDS
Alliance

ABHAYA

AVAHAN

**CHANURA
KOL**

Koshish

*Section 8 Company (as per 2013 Companies Act; formerly Section 25 Company),
Registration No. U85310DL1999NPL098570*

FCRA Registration No. 231660645

*Income Tax Exemption: 12A (issued on 17 July 2000 with effect since organisation's inception
in 1999); 80G (renewal request submitted)*

Name of Bank: Citibank

ALLIANCEINDIA.org

India HIV/AIDS Alliance

6 Community Centre, Zamrudpur

Kailash Colony Extension

New Delhi 110048