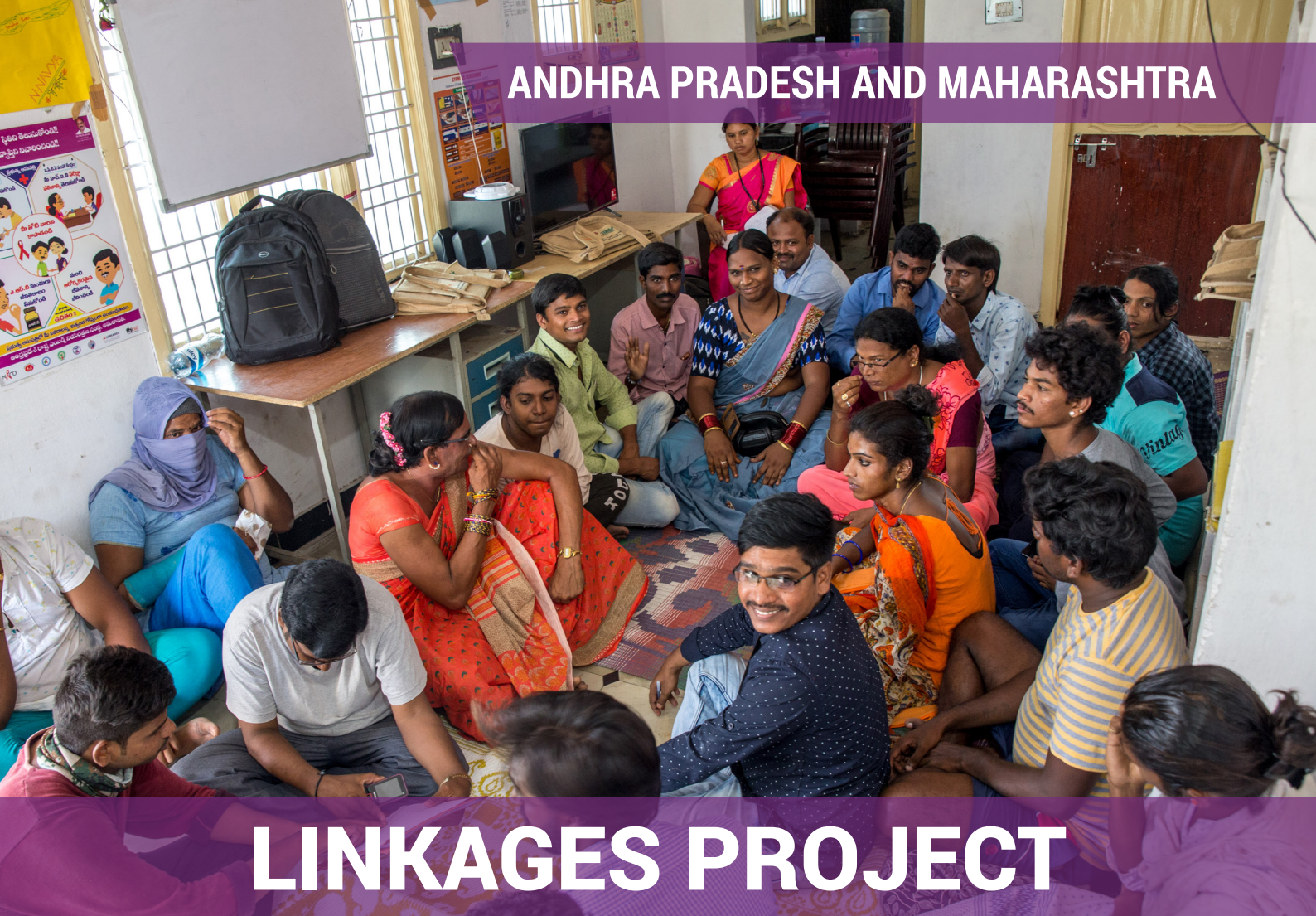# LINKAGES PROJECT

Technical Assistance to strengthen capacities of TIs and CBOs for addressing structural barriers

END OF PROJECT REPORT | 2017–2019

USAID FROM THE AMERICAN PEOPLE

PEPFAR

LINKAGES
Across the Continuum of HIV
Services for Key Populations

fhi360
THE SCIENCE OF IMPROVING LIVES

India
HIV/AIDS
Alliance

LINKAGES PROJECT

Technical Assistance to strengthen capacities of TIs and CBOs for addressing structural barriers

END OF PROJECT REPORT | 2017–2019

Preface

LINKAGES project was a unique opportunity. It was not only the first time that we engaged in work with FHI360 and USAID, it also for the first time enabled us to implement the field projects directly for increasing reach of HIV services for men who have sex with men (MSM), transgender (TG) and women in sex work (WISW), in rural settings. While the programme worked at two important levels - building the capacities of health care service providers, community based organisations and organisations servicing targeted interventions for HIV prevention; as well as mobilizing MSM and TG populations that were not serviced earlier mainly in remote and rural areas of PEPFAR districts – PEPFAR were present since last decade or so in the same districts!

There were several unique strategic interventions tried that gave excellent results such as - WhatsApp legal support groups on gender base violence, support group for PLHIV MSM & TG and community sabhas. Very locally designed, tried and implemented strategies lead to coverage of more than 8,000 MSM and TG, with a high positivity of 3.5%. For the first time in India, a situation assessment was conducted about women in sex work operating through virtual sex sights in Mumbai to understand vulnerability patterns, profile of women, their needs and HIV service gaps.

The programme heavily and effectively invested on building capacity of health care providers on issues of key populations that resulted in good outcomes. But it was a great opportunity to work on the structural barriers that we know impact access to services. Peer educators and outreach workers of targeted interventions were trained on gender and various types of violence and violence mitigation. Gender as a factor that increases vulnerability was discussed, understood and integrated within the conceptual framework for them. More than 200 TGs were supported in getting social welfare benefits. And a system of sustained support from the Thane High Court against violence was established for MSM and TGs. Not only outside, but efforts were also made to unite the community. For the first time seven hijra Gharanas in Mumbai came together to talk about issues related to care and support for TGs.

We sincerely thank FHI360, targeted intervention projects within Maharashtra and Andhra Pradesh, APSACS, MSACS and MDACS for providing such a great opportunity. We have learned and grown technically and administratively every month. We have shared ideology and learned efficiency; shared data and learned its use; shared innovations and earned systems. But the people who deserve the most acknowledgement are the team members who came forward and accepted the challenge for the short period of two years and yet gave the impressive results – the team in remote districts of Guntur, East Godavari and West Godavari; and Thane

and Pune deserve a huge applause. The state managers particularly as well as the training officers need a specific mention. I would like to give my heartiest gratitude and compliments to the team at Alliance India Delhi office Abhina, Shamnu, Sylvie and Denish for lead the project extremely effectively for the community.

LINKAGES gave us courage to venture in areas that we have not done, develop partnerships that are not heard and raise issues (such as structural barriers) that are difficult to raise. The success of LINKAGES in Maharashtra and Andhra Pradesh has help us recommit to our mission with stronger zeal and better capacities.

Sonal Mehta
Chief Executive
India HIV/AIDS Alliance

Contents

Abbreviations

CBO	Community-based Organization
CBT	Community Based Testing
CRT	Crisis Response Team
CSC	Community Score Cards
DSRC	Designated STI/RTI Clinics
HCP	Healthcare Providers
MSM	Men who have Sex with Men
MTH	MSM, Transgender and Hijra
ORW	Outreach Worker
PE	Peer Educator
PrEP	Pre-exposure prophylaxis
RNTCP	Revised National Tuberculosis Control Program
STI	Sexually Transmitted Infections
TG	Transgender person(s)
TI	Targeted Interventions
WISW	Women in sex work

Executive Summary

The LINKAGES project (Linkages across the continuum of HIV services for key populations affected by HIV) was implemented by India HIV/AIDS Alliance in partnership with FHI 360 in five priority districts across Maharashtra (Pune and Thane) and Andhra Pradesh (Krishna, Guntur and East Godavari). It worked towards strengthening capacities to address structural barriers with a focus on women in sex work, MSM and transgender/hijra (TGH) communities. Community mobilization, capacity building, violence mitigation and creating enabling environment were the core components of the project.

The project had two major result areas: to increase availability of comprehensive prevention, care and treatment services, including reliable coverage across the continuum of care for KPs; and to enhance and sustain the demand for comprehensive prevention, care and treatment services among KPs.

The project reached 8272 hidden and unreached MSM and TG populations with HIV testing services, of whom 3.4% tested positive and 96% were linked to ART services. Viral load testing was conducted for 56% of the population that tested HIV positive. As a result of the focus on index testing, 63 spouses of the KP were tested of whom 26 were found HIV positive and 25 have been initiated on ART. Similarly, 267 partners of the KP were tested of whom 35 tested HIV positive and 24 are on ART.

Capacity building initiatives included constituting a resource pool of Master Trainers on gender and violence following which trainings were conducted for 1221 TI staff from 72 TIs; conducting trainings for 1281 healthcare providers to enable stigma reduction in healthcare facilities; and training 170 representatives from 28 CBOs on organizational development.

In terms of crisis mitigation, 50 Crisis Response Teams were revived and supported to identify and address crises at field level, and the project also facilitated the formation of 23 stigma redressal committees in healthcare facilities

The LINKAGES project established the relevance and benefits of adopting differential approaches and new strategies to link the MSM, Transgender and Hijra (MTH) population to essential services. Some of these initiatives include addressing gender and violence through Mentors; support for roll-out of the TG pension scheme in Andhra Pradesh; intensive rural outreach; index testing; segmented approach to ensure optimal reach; support for organizational development of CBOs and sensitization of healthcare providers to the needs of the MTH community.

Recommendations

- Ensure differential prevention and care models to effectively address the needs of the next generation TIs
- Administration of self-risk assessment tool that can help key populations to assess their HIV risk in consultation with counsellors or outreach workers
- Identify core research areas to gather evidence on prevention and care components of key population interventions
- Introduce self-testing and HIV screening through a cadre of Peer Navigators
- Intensify index testing with a focus on female spouses and support for the children of KPs
- Include continuum of care in all interventions working with MTH populations through a holistic care response including positive prevention, mental health counselling, partner testing, nutrition, and promotion of social wellbeing
- Subsidize cost of PrEP and encourage community-led dispensing
- Generate TB data for MSM and TG populations
- Introduce Community Score Card (CSC) for the HCPs and law enforcement personnel
- Intensify viral load testing intensify and CD4 monitoring for quality of life
- Need to introduce software-based reporting mechanisms that will support outreach workers and program personnel to get real-time data on core and additional indicators so as to facilitate quicker response on programmatic issues.
- Provide technical support to TIs through capacity building of the TSUs and DAPCUs on key population issues

Background

As per the India HIV Estimation 2017 report, the total number of people living with HIV (PLHIV) in India is estimated at 21.40 lakh. India has a concentrated epidemic with substantially higher HIV prevalence in high-risk groups (HRG) than in the general population. Prevention of new HIV infections continues to be the mainstay of India's national AIDS response and has resulted in significant reductions in HIV incidence. However, the pace of decline in HIV incidence has been slow of late, dropping from 0.10 in 2010 to 0.07 in 2017. Therefore it is essential to consistently address HIV prevention, particularly in populations that have not been reached by traditional interventions, so as to achieve the United Nations 90-90-90 objectives for 2020 whereby 90% of all people living with HIV will know their HIV status, 90% of people diagnosed with HIV will receive sustained treatment, and 90% of people receiving ART will achieve viral load suppression.

The LINKAGES project (Linkages across the continuum of HIV services for key populations affected by HIV) supported by The President's Emergency Plan for AIDS Relief (PEPFAR) and The United States Agency for International Development (USAID),PEPFAR and USAID, is a global initiative that helps countries to use evidence-based approaches to make comprehensive HIV services easily available to key populations (KPs) such as female sex workers (FSW), people who inject drugs (PWID), men who have sex with men (MSM) and transgender persons (TG); and to sustain those services. The project is implemented by FHI 360 in partnership with India HIV/AIDS Alliance in six priority districts of PEPFAR in Maharashtra and Andhra Pradesh. It works towards strengthening capacities to address structural barriers with a focus on the KPs. It aims to help civil society organizations and private-sector providers to plan, deliver and optimize these services at scale to reduce HIV transmission among KPs and extend life for those who are living with HIV. India HIV/AIDS Alliance supported the LINKAGES project in its endeavor towards reducing structural barriers among National AIDS Control Programme (NACP) Targeted Interventions (TIs) around health care providers (HCPs), violence mitigation and improving organizational capacities to improve and increase health access.

LINKAGES enhances HIV prevention and care by improving the outreach to KP; promote routine HIV testing and counselling; enroll those who are HIV positive into care and support interventions; and enable them to remain in care.

Information on FHI360 (www.fhi360.org)

FHI 360 is an international non-profit organization working to improve the health and well-being of people in the United States and around the world. FHI 360 partners with governments, the private sector and civil society to bring about positive social change and to provide lifesaving health care, quality education and opportunities for meaningful

economic participation. This is done by using research and evidence to design and deliver innovative programmes that change behaviors, increase access to services and improve lives.

Information on India HIV/AIDS Alliance (www.allianceindia.org)

Founded in 1999, India HIV/AIDS Alliance (Alliance India) is a non-governmental organization operating in partnership with civil society organizations, government agencies and communities to support sustained responses to HIV in India that protect rights and improve health. Complementing India's NACP, Alliance India works to build capacity, provide technical support and advocate to strengthen the delivery of effective, innovative, community-based HIV programmes to vulnerable populations affected by the epidemic.

About the LINKAGES project

LINKAGES was implemented by India HIV/AIDS Alliance in partnership with FHI 360 in five priority districts across Maharashtra (Pune and Thane) and Andhra Pradesh (Krishna, Guntur and East Godavari). Community mobilization, capacity building, violence mitigation and creating enabling environment were the core components of the project.

The project had two major result areas:
Result Area 1: Increased availability of comprehensive prevention, care and treatment services, including reliable coverage across the continuum of care for KPs

Result Area 2: Demand for comprehensive prevention, care and treatment services among KPs enhanced and sustained

Challenges that existed at the time of project initiation:
- Mapping information for transgender and MSM populations unavailable
- Most of the outreach sites were located at rural mandals with scattered population. Distances to these sites involved travel time averaging 45 minutes to 1 hour for ORWs
- The KPs were extremely afraid to disclose their sexuality and gender in these districts
- Coordination with the SACS needed to be enhanced

Figure 1: Implementation design for Linkages: Strategic Framework

Improve coverage, testing, community mobilization and prevention approach

Quality interventions and stronger response towards violence and gender

Community empowerment through community system strengthening

REFER · TEST · TREAT · REPEAT

Supporting national HIV programme: Stronger community response for HIV intervention through community-based organizations (CBOs)

Increase easy access for key population in health care through community system strengthening

Reach new MSM, TG, FSW with support of CBOs: 5000 MSMs +1000 women engaged in sex work through virtual network (Pilot)

Capacity building of CBOs on governance, leadership and organizational development

Strengthen capacities of TIs to address stigma and violence at the community level: 77 TIs to be trained on OD, Crisis, Gender and S&D

Address stigma and discrimination in health facilities (40 health care providers in government settings)

District, state level and national level advocacy on structural barriers
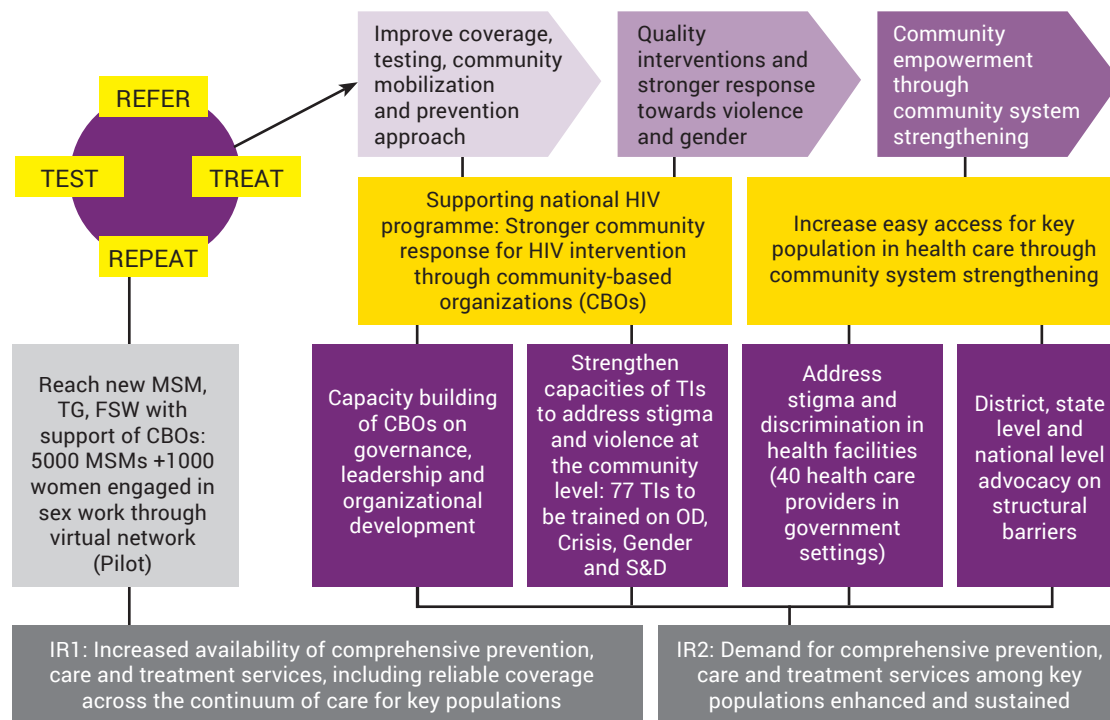
IR1: Increased availability of comprehensive prevention, care and treatment services, including reliable coverage across the continuum of care for key populations

IR2: Demand for comprehensive prevention, care and treatment services among key populations enhanced and sustained

Targets

The project set out to achieve the following targets:

- To reach out to 7,847 'unreached' persons from the MSM, transgender and hijra populations in the project areas. This specifically meant identifying and serving new key populations that had hitherto never before received services under that National AIDS Control Programme.
- To strengthen Community Based Organizations (CBOs), address stigma and discrimination in health facilities, strengthen rapid response systems to address violence, conduct district and state level advocacy events and hold national consultations on strengthening programs for key populations

Expected outcomes

The project aimed to ultimately result in improved coverage, testing, community mobilization and prevention approaches for the key populations. Activities included capacity building of CBOs on governance, leadership and organizational development; strengthening capacities of TIs to address stigma and violence at the community level; address stigma and discrimination in healthcare facilities; and advocacy on addressing structural barriers at district, state level and national levels. These activities aimed to enhance the quality of interventions and strength responses towards violence and gender; besides promoting community empowerment through community systems strengthening leading to increased access to healthcare.

Key Achievements

- The LINKAGES project has been able to effective extend reach to unreached and hidden MSM and TG populations, particularly in rural and remote areas. This included various new sub-population identities such as Jogti and Waghya Murli (cult-based communities in rural Pune), MSM among fishermen (Kakinada), and hidden MSM engaging in sex work in rural areas.
- A total of 8,272 MSM, transgender and hijra (MTH) persons were tested for HIV through this project against a target of 7847 hitherto unreached KP [Figure 2]
- A total of 285 persons (3.4%) were found to be HIV positive, of whom 274 (96%) were linked to ART services. 261 people (92.6%) have been initiated on ART. [Figures 2 and 3]
- Viral load testing was done for 56% of the persons who tested HIV positive [Figure 3]
- 63 women who are spouses of MSM were tested and 26 (41.3%) were found to be HIV positive. 25 of them have been initiated on ART [Figure 4]
- 267 partners of MTH persons were tested, of whom 35 (13.1%) tested HIV positive. 24 persons (68.6%) have been initiated on ART [Figure 5]
- Community based screening (CBS) has been successfully implemented, reaching the population through clusters operating during late hours.

- Overall HIV 3.4 % reactivity found among MSM & TG in rural areas
- 96% (274) of the identified reactive clients have been linked to ART services

## Figure 2: Reaching the unreached/hidden MTH

MTH clients tested and tested positive
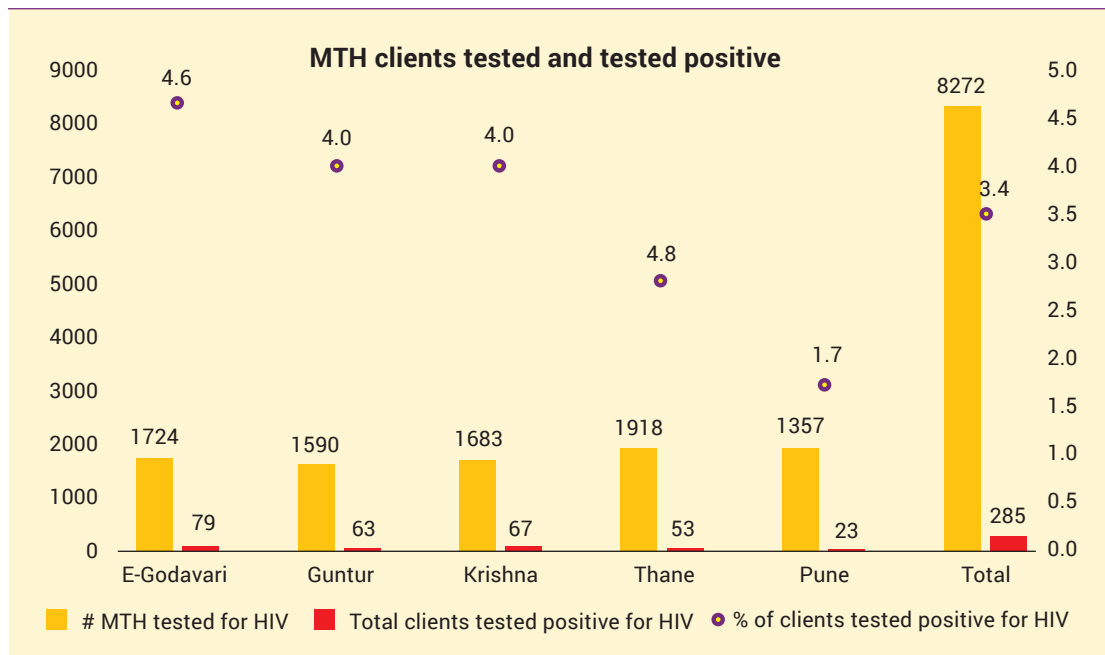
- *Graph shows increased targets till August 2019;*
- *Target 7847 and reach is 8272 - 105% achievement*
- *Positivity rate is 3.4%*

Figure 3: Reaching 90-90-90 goals

District	# clients tested for HIV	# clients found tested positive	# of known positive	Total positive	Death cases	# linked to treatment	# active on treatment	HIV Positivity (%)	% of clients linked to ART	% of clients initiated on ART	Viral load testing - eligible	Viral load testing - done	% of viral load test done
E-Godavari	1724	59	20	79	6	71	67	4.6	90	85	28	13	46
Guntur	1590	45	18	63	3	63	60	4.0	100	95	27	12	44
Krishna	1683	58	9	67	4	67	63	4.0	100	94	37	19	51
Thane	1918	53	0	53	0	53	53	2.8	100	100	30	27	90
Pune	1357	18	5	23	1	20	18	1.7	87	78	9	3	33
Total	8272	233	52	285	14	274	261	3.4	96	92	131	74	56

- 92% (261) of positive clients are on ART
- 52 known positive were brought back to ART
- 56% (74) clients been linked for viral load testing to encourage viral load suppression

- Total 63 female spouses of married MSMs were tested for HIV in ICTCs
- 40% female partners were consistently found positive throughout the project period

Figure 4: Spouses tested and positivity

Female spouse of MTH clients tested for HIV
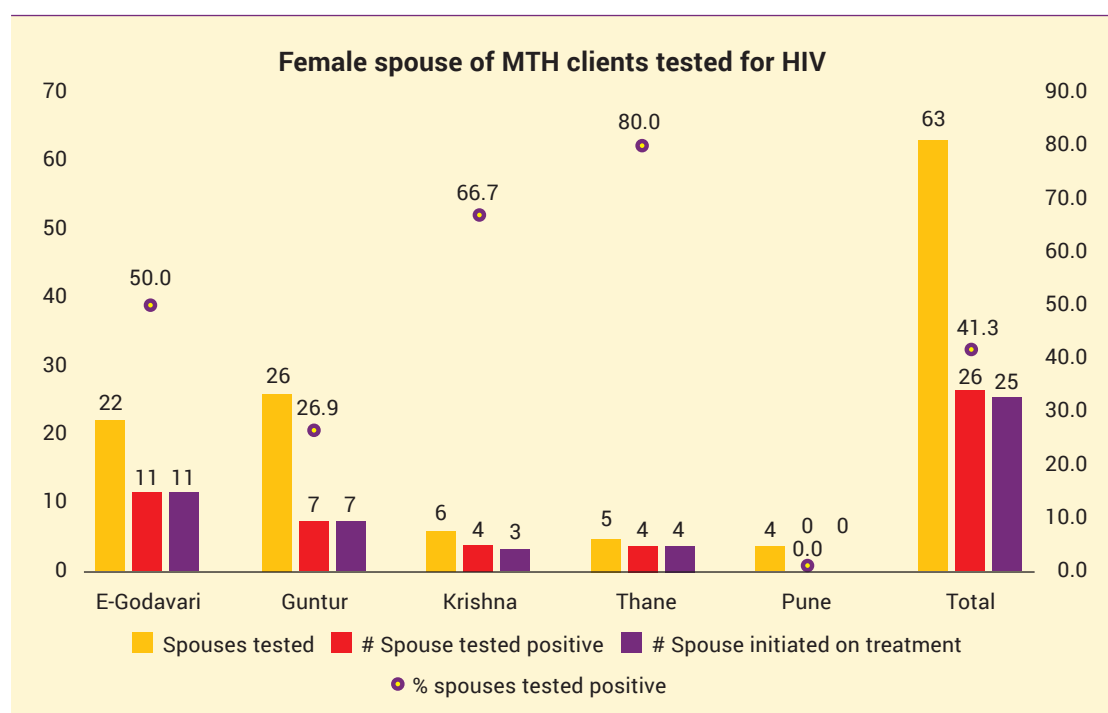
- Majority of the female spouses have been linked to ART and are availing treatment from government health care facilities
- Confidentiality of the married MSM TG has been protected while delivering ART services to female spouses with the support of peer navigators and community counsellors
- The Project focused extensively on 'index testing approach'
- 267 male partners were tested for HIV

Figure 5: Partners tested and positivity

Regular partner of MTH clients tested for HIV
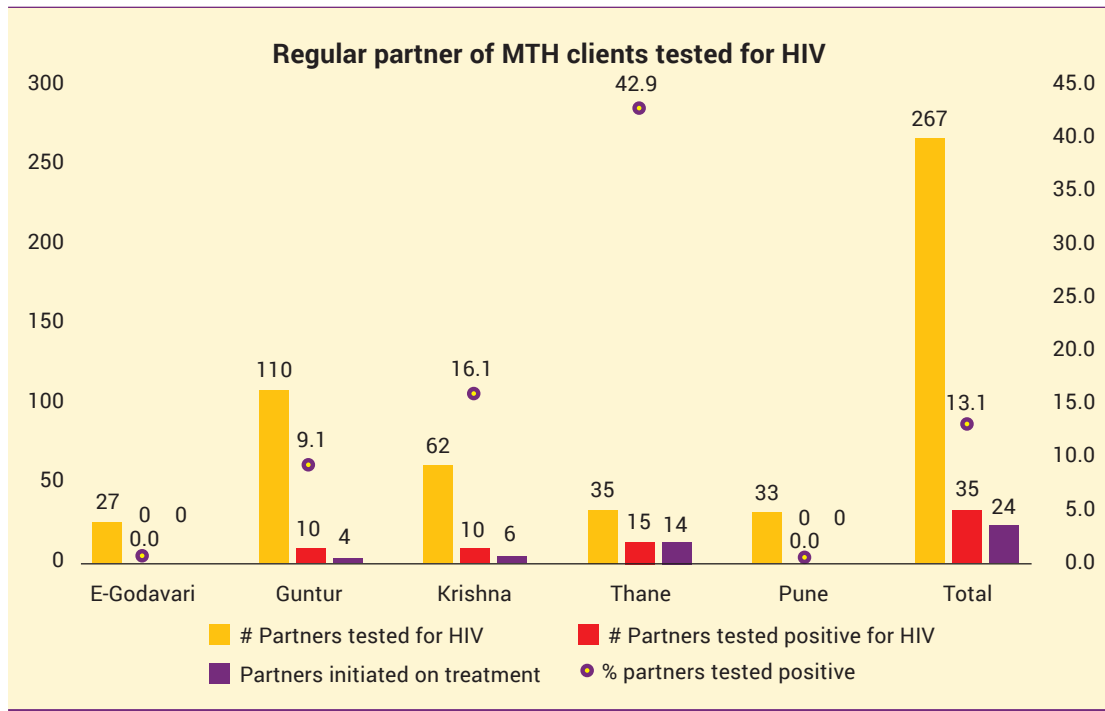
- 13% have been found positive
- 68% of the reactive male partners of positive MSM TGs been linked with ART services

The project identified and worked across a wide spectrum of the MTH community [Figure 6], of which Kothis formed the majority (37.5%) followed by individuals ascribing to the category of Double Deckers (24.9%) and Panthis (17.2%)[1] [Figure 7] East Godavari has shown the highest levels of reactivity among overall KPs (27.2%) with 39% among kothis in particular. Krishna and Thane reported high reactivity rates (52.3% and 41.8% respectively) among kothis. In Pune and Thane, the reactivity rates among panthis is significant (26.1% and 25.5%). This indicated the need for intensified intervention among these specific populations.

The data collected by the LINKAGES team indicates that a majority of the KP had their

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[1] Kothi: 'Kothis' are a heterogeneous sub-group of same-sex attracted males. They can be described as biological males who show varying degrees of 'femininity', which may be situational (only expressed in specific contexts).

Panthi: The term 'Panthi' is used by kothis and thirunangai/hijras to refer to their masculine insertive male partner or anyone who is masculine and seems to be a potential sexual (insertive) partner.

Double decker (DD): Kothis and hijras label those men who insert and receive during penetrative sexual encounters (anal or oral sex) with other men as 'Double' or 'Double Decker' or even 'DD'.

Figure 6: Identity-wise distribution

| Districts	Hijra	Gay	Panthi	Transgender	MSM	Kothi	Jogppa/ Shivshakti	Bisexual	Double Decker (DD)	Grand Total
East Godavari	67	10	158	133	16	1134	1	3	202	1724
Guntur	15	7	283	10	12	507		109	647	1590
Krishna	81		80	29		944		35	514	1683
Pune	114	3	785	56	54	287	4	12	42	1357
Thane		36	369	3	22	873	14	290	311	1918
Grand Total	**277**	**56**	**1675**	**231**	**104**	**3745**	**19**	**449**	**1716**	**8272**

Figure 7: Identity-wise reactivity

N=285

Districts	Hijra	Gay	Panthi	Transgender	MSM	Kothi	Bisexual	Double Decker (DD)	Grand Total
East Godavari	10.1	0.0	17.7	17.7	1.3	39.2	0.0	13.9	100
Guntur	0.0	0.0	15.9	1.6	1.6	27.0	15.9	38.1	100
Krishna	6.0	0.0	10.4	4.5	0.0	50.7	0.0	28.4	100
Pune	26.1	0.0	26.1	17.4	4.3	8.7	0.0	17.4	100
Thane	0.0	1.9	22.6	1.9	0.0	43.4	5.7	24.5	100
Grand Total	**6.3**	**0.4**	**(17.2)**	**8.1**	**1.1**	**(37.5)**	**4.6**	**(24.9)**	**100**

first sexual encounters between the ages of 15 and 22 years of age, with a significant number reporting that these encounters took place when they were under 15 years [Figure 8]. This reflected an urgent need for intervention among young KPs and also the need for intensified efforts to reach out to KPs at an early stage.

Figure 8: Age of first sexual encounter
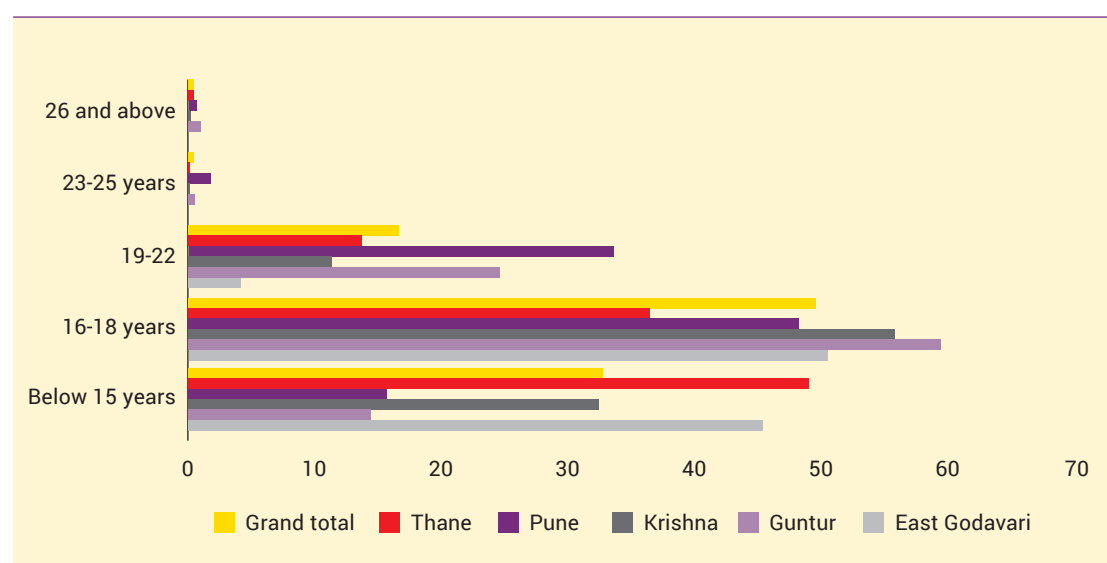
- A resource pool of 30 consultants were identified and trained on Gender and Violence through Trainings of Trainers (ToT) conducted in Vijayawada and Mumbai. The consultants were the Master Trainers in subsequent cascade of trainings at the TI and field levels.
- 24 trainings and 50 mini sessions at TI level on gender and violence were conducted covering 72 Targeted Intervention (TIs) projects under MDACS, MSACS and APSACS. A total of 1221 TI team members including Peer Educators (PE), outreach workers (ORWs), Project Directors, Project Managers, counsellors and M&E officers participated in the trainings
- 50 Crisis Response Teams in the TIs have been revived and/or supported with the help of Mentors from the LINKAGES project. This has led to a significant increase in the number of crises reported in TIs.
- The Crisis and Violence Tool has been used to identify and report a total of 363 crisis cases within the period of one year of its introduction.
- The project conducted 48 trainings for 1281 HCPs to help reduce stigma and discrimination in high-burden health facilities. These trainings were designed to equip HCPs with the skills and knowledge necessary to promote the provision of health services to the key population in a supportive and non-stigmatizing environment.
- The LINKAGES project has facilitated the formation of 23 Stigma Redressal Committees in healthcare facilities to address stigma and discrimination issues specific to key populations.
- Trainings on Organizational Development (OD) were conducted to build the capacities of CBOs on areas such as governance, leadership, fiscal management, compliance to laws and policies and human resource management. A total of 170 board members and project directors of 28 CBOs attended these trainings. *[Please see complete list of CBOs in Annexe 1].* The LINKAGES project developed an organizational assessment tool to guide CBOs in assessing their respective organizational capacities and work towards establishing strong governance structures to implement effective community-led projects.
- The LINKAGES team has conducted 99 advocacy events (4 at state level and 95 at the district level) over the lifetime of the project, often in collaboration with the local TI projects. These events provided platforms to sensitize 11,139 stakeholders such as healthcare practitioners, law enforcement agencies, politicians, families, neighbours, bar owners, brothel owners, automobile unions, lawyers and influential leaders in the community, helped in building more effective networks and thereby aided in reaching out to more people with the services provided for the key populations.
- Regular community-sabhas held twice monthly at the implementation sites as well as interactive support group meetings have been instrumental in engaging the key population in community mobilization and decision-making
- Two national-level consultations were help on strengthening programs for KPs, and the LINKAGES team has ensured regular coordination with SACS in both the states as well as with NACO at the national level.

Knowledge products generated by LINKAGES:

The LINKAGES team at Alliance India developed the following knowledge products in consultation with key population representatives:

- Situational Assessment Report on Stigma and Discrimination
- Situational Assessment of women engaged in sex work soliciting through virtual means
- Facilitator's Guide for Sensitization of Health Care Providers
- Training Module on Gender and Violence in Key Populations
- Training Module on Organizational Development
- 'Linkages that make or break': Coffee table book on case studies of MSM and TG populations reached through LINKAGES
- 'Building Alliances': a documentary film on the LINKAGES project
- National report and state-level project reports

Situational Assessment of women in sex work (WISW) soliciting through virtual means:

A Situational Assessment was conducted for the first time with WISW operating through virtual networks in Mumbai, in order to understand vulnerability patterns, profile of needs and HIV service gaps.
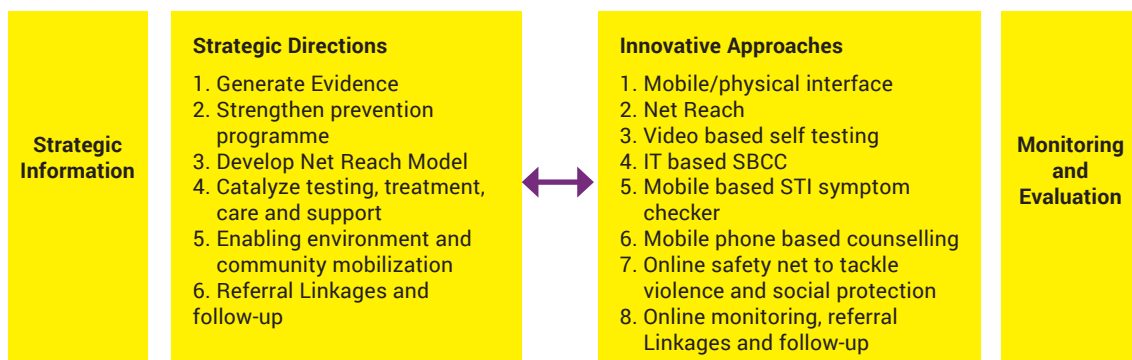
The objectives of the assessment were to:

- Identify the virtual formal and informal sex work networks and operations in Mumbai metro city
- Develop a better understanding of type of sex work and its operational mechanism
- Understand the immediate reproductive and sexual health needs of the women in sex work, including knowledge around HIV/AIDS prevention, care, treatment, violence and crisis
- Opportunity for the messaging around HIV information, education and communication
- Understand the existing available health services and issues pertaining to accessibility of such services

Women in sex work (WISW) - virtual network study

partners progress

Overall objective: Reduce vulnerability and rist of HIV/STI infection and remove barriers to HIV/STI preventiona dn access to services

Strategic Information

Strategic Directions
1. Generate Evidence
2. Strengthen prevention programme
3. Develop Net Reach Model
4. Catalyze testing, treatment, care and support
5. Enabling environment and community mobilization
6. Referral Linkages and follow-up

↔

Innovative Approaches
1. Mobile/physical interface
2. Net Reach
3. Video based self testing
4. IT based SBCC
5. Mobile based STI symptom checker
6. Mobile phone based counselling
7. Online safety net to tackle violence and social protection
8. Online monitoring, referral Linkages and follow-up

Monitoring and Evaluation

Contexual variables: Poverty, gender norms, lack of education and skills, legal regulations for IPV, stigma and discrimination, GBV, mental/emotional and physical violence

Findings:

The assessment provided in-depth information around the possible universe of the female sex workers operating through virtual networks, congregation points and areas, possible intervention lead through gatekeepers and also socio-economical profile.

The following categories of WISW soliciting on mobile phones were identified: college girls, shop owners, housewives, mall support-staff, beauticians, masseurs, housekeeping staff, domestic workers, catering hostesses and 'burkhewalis'.

Reasons for being in virtual networks were identified as: closure of brothels in the red-light district of South-Central Mumbai leading to the movement of brothel-based WISW to Thane and Navi Mumbai; crack-down on bars, issues of safety, anonymity, convenience and freedom from brothel keepers or police crackdown; and proliferation of mobile phones and economic data plan enabling the switch to mobile smart phones.

The assessment also explored the operational mechanism employed by WISW in using mobile phones, including measures taken to ensure that their work was kept hidden from family and friends, negotiating with gatekeepers and clients, and systems for monetary transactions.

The findings revealed the existence of at least four patterns of networks: through gatekeepers, through client referrals, through hotels and catering eco systems, and through friends. In general, the WISW were a part of some network or the other in order to get clients regularly. They still preferred to work through gatekeepers to ensure constant client flow, safety, security and for other related support during crises.

Based on the consultations with the WISW, specific needs around HIV and crisis were identified including knowledge-related requirements, HIV treatment and sexual and reproductive health (SRH) services, referrals to de-addiction services, support for orphans and vulnerable children (OVC), dealing with violence and the need for alternate sources of employment

Learnings: This invisible group of women in sex work has never been covered under any mapping or behavioural research in Mumbai because they have other identities and occupations which makes them a hidden group. This reflects the need to generate more information on HIV-related risks and substantial evidence to map the networks on which WISW operate. The gatekeepers will continue to play a key role in linking up with these hidden groups with HIV prevention programs through mobile-based network operating virtually rather than on physical spaces. The approach required to reach out to this group needs to be differential rather than numbers-based. It needs to be a more information, education and communication-based model that motivates WISW to uptake services voluntarily.

An Assessment of Stigma and Discrimination among the Key Population in the States of Andhra Pradesh and Maharashtra

This assessment conducted at the initial phase of the project (Feb 2019) focused on understanding the status of stigma and discrimination among the key populations in the selected cluster districts of Guntur, East Godavari, Krishna, Mumbai, Thane and Pune. Group discussions were held with representatives of the key population, peer educators, staff of TI projects, SACS, DAPCUs and stakeholders such as hospital staff, police and lawyers.

Some of the key findings identified from the assessment included the need for programs to be sustainably and adequately funded for consistent service provision; non-functioning of crisis committees; discrimination towards 'identifiable' communities and existence of self-stigma particularly among the TG population. The kinds of violence and discrimination faced by sex workers in brothel-based, bars and traditional settings were discussed. The assessment found that technology and social media are perceived to have had an impact on reduction of violence, stigma and discrimination and increased safety of KPs at the field level. The lack of formal grievance cells or mechanism at district, SACS and hospital level and low levels of engagement with the district and state legal service authorities (DLSA and SLSA) was highlighted. The need to ensure continuity of initiatives such as police advocacy and training, partner notification and counselling, KP-specific IEC materials and induction trainings for all levels of staff were underscored. The findings also revealed the need for training, counselling and capacity building for family members, healthcare providers, law enforcement agencies and administrative structures of the HIV/AIDS programme. The inadequate information and knowledge among the KP on processes involved in healthcare settings was seen as a factor leading to delays and inadequate service access.

Recommendations included ensuring availability of resources; engagement of peer volunteers/community volunteers; formation of grievance redressal committees with adequate representation key departments and community; establishment of monitoring indicators; training and sensitisation of healthcare workers; recognition of facilities that are Stigma, Abuse, Denial and Discrimination-free; consistent advocacy programs with law enforcement agencies, education programs for KPs and their families; intensive advocacy on addressing stigma; and developing partnerships with the media.

Game Changers

The LINKAGES project established the relevance and benefits of adopting differential approaches and new strategies to link the MTH population to essential services. Some of these initiatives are described in the section below:

Addressing Gender and Violence: Role of Mentors

A dedicated team of Mentors from the LINKAGES project played a crucial role in strengthening TIs supported by the SACS and in empowering key populations. The Mentors provided direct technical support to the TIs particularly in the areas of addressing gender and violence; reducing stigma and discrimination; strengthening and setting up Crisis Response Teams (CRT) and establishing linkages to legal aid services.

Attempts to form CRTs had been made by a few TIs in the past but they were no longer active and did not meet regularly. Most cases of harassment and violence had not been documented at the TI level. The Mentors supported the TIs in restructuring CRTs and reached out to a wide range of stakeholders including police personnel, advocates, lodge managers and individuals from local pressure groups. Trainings on gender and violence were provided to the TI staff in order to equip them with the knowledge and skills to address crises faced by the KP. As a result of these initiatives, 50 CRTs have been formed across the districts covered by the LINKAGES project.

The Situational Assessment of stigma and discrimination among KP conducted early in the project reflected that "Under NACP, the stigma, denial, discrimination and violence related indicators are not recorded in the current reporting to state and national level. The targeted intervention also almost stopped recording the crisis events apart from addressing the issue at their level. But these are adhoc systems and there is no sustainable system to address this."

There has been a significant number of crisis cases reported and documented in the TIs (363) over the period of one year as of which 152 have been addressed through the CRTs. [Figure 9]

The Mentors have been engaged with the TIs on an ongoing basis, and were actively involved in facilitating trainings on gender and violence, sensitization of HCPs and advocacy programs conducted in collaboration with TIs. In some cases, Mentors also assist in tracking lost-to-follow-up (LFU) cases from TIs to their respective healthcare facilities

Staff of the FSW, MSM and TG TIs in the LINKAGES have expressed their appreciation for the effective coordination and value addition to programme implementation, stating

Figure 9: Form 'K' tracking from TIs

Number of crisis cases reported and addressed in last year

Legend:
- 🟨 # of cases reported
- 🟥 addressed

Values by location:
- Kakinada: reported 6, addressed 6
- Krishna: reported 21, addressed 21
- Mumbai: reported 145, addressed 23
- Pune: reported 78, addressed 76
- Thane: reported 113, addressed 26
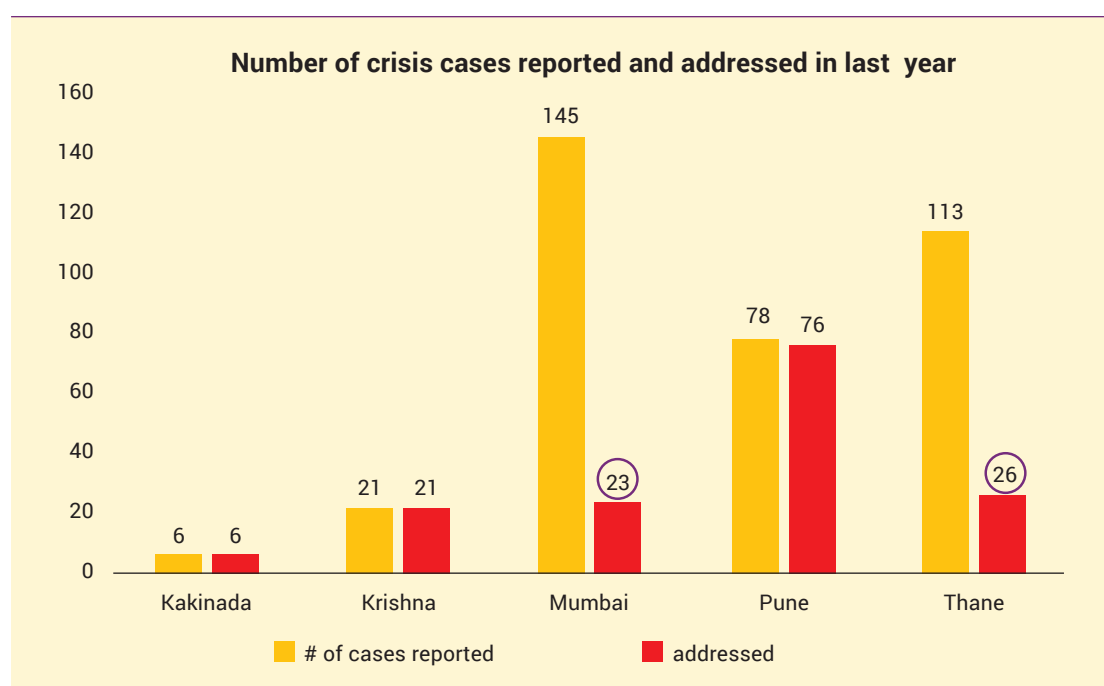
that the trainings and support received have aided their teams in counselling, creating enabling environment, and increasing rights-awareness at field level.

Key learnings:
- A separate paid position for peer advocate is essential to enable CRTs to effectively function at TI level. Provision of some funding to support both the peer advocate and the CRT is a must. Regular fund flow from SACS needs to be ensured.
- Stigma redressal committees cannot independently function until they are merged with the existing larger hospital level committees for their sustainability.
- Sustained funding for CBOs (TIs as well as non-TIs) for HIV and beyond is important for community systems strengthening and effective advocacy initiatives.

Some sound-bites from participants of the trainings on gender and violence:

"I now feel more empowered to ask the police during the raid and arrest procedure that under which section I am being arrested or harassed?" – Haseena Sheikh, Asha Mahila Sanstha

"There is a wide spread violence in TG community, mostly it is their partners who perpetuate violence on TGs, they snatch their money and even rape them, if they don't agree they beat them up as well. Through this session I learnt how to take a legal recourse against such perpetrators" – Milan, Sakhi Char Chaugi.

"I am now more empowered with information on laws on sex work, which I can use for my defense next time if anyone tries to threaten me" – Mandakini, Community Volunteer, Shape India, MSM TI, Thane

"We have seen many KPs facing violence but we are not able to help them as we have very specific knowledge about how to tackle these kinds of problems through this gender and violence training now we are confident we will help KPs as we got all knowledge about gender and violence". Sandhya Sonkar – Project Manager FPAI FSW TI

TG Welfare Support

When the government of Andhra Pradesh announced a scheme that provided a pension of Rs 3000 per month to TG persons above the age of 18 years, the LINKAGES team conducted several meetings with the TG community to raise awareness and also held sensitization meetings with government officials and local politicians on the socio-economic vulnerabilities of the community as well as the NALSA judgment recognizing the rights of TG persons.

As a result, the project team facilitated a process whereby 185 TG persons were able to access regular monthly pensions. The community has welcomed the provisions under this scheme as it is perceived to be a means through which its members, and particularly people living with HIV, can focus on health care. The LINKAGES team has aided many others in the process of obtaining identity documents to fulfil the eligibility criteria for availing loans. So far, 11 out of 19 applications have been approved for subsidised loans to start business enterprises such as beauty parlours, stationery shops, saree stores, tiffin services, embroidery and tailoring centers and mobile recharge shops.

The initiation of this scheme for the TG community in Andhra Pradesh is a significant milestone and one that owes much to the efforts of community leaders and progressive political will. Its expansion to other regions of the country should be considered.

Rural outreach

The LINKAGES team developed multiple strategies to optimize the knowledge and contact base of networks operating within the TG/Hijra and MSM communities. Efforts to reach the 'unreached' necessitated consistent efforts to contact new peers through these networks and often involved travelling long distances to reach out to people in remote mandals, villages and locations where conventional services for health and HIV had not yet made inroads.

Identifying the office space and setting up of the DIC in rural Pune was the first step towards operationalization. Jejuri (Purandar) was selected as the ideal location as it was centrally located and near the auspicious Malhari Martand shrine frequented by the Jogti, Waghya and Murli population. Advocacy with the community Waghya Murli Association, Mathadi Kamgaar Labor Association (MIDC Baramati), Gram Panchayat (Jejuri) ensured that the KP would be less apprehensive about visiting the DIC and attending events and health camps. The increased visibility of the project encouraged local MSM and TG community members to join as ORWs. This helped in intensifying direct engagement with KPs hidden in remote pockets of the region.

Figure 10: Intervention design: rural outreach

Identify Indulge Instigate Inform

Stage I

- Mapping
- Hotspots
- Social Media
- Events/ Bazar days
- Hijra deras
- Sex work sites
- Transport stops

- Identification of the outreach workers, volunteers and key stakeholders - informats on the site
- Timing for outreach interventions - time cluster and outreach schedule
- Locations for the sabhas, meeetings, one to one sessions
- Identification of nearest police station/ beat, Primary Health Centre (PHC)/hospitals, private health care providers preferred by community members
- Nearest ICTCs, ART Centres and Vihaan CSCs
- Nearest NGO/CBO

Stage II

Capacity building

Basic training with outreach workersa

Inhouse training for the volunteers and leaders of the community sabhas

Referesher training on monthly basis - led by state coordinator

Community led IEC for the strategic behavior change communication

Sexuality and gender helpline

Community system

Establishment of the DIC - inviting community members to design and decorate DIC

Build on the community donations and support formation of committees DIC, CRT etc.

Stigma grevance mechanism in healthcare and low enforcement

Community leaders: Chowki meetings Sexuality and gender counsellors

Community needs services

HIV basic services - condoms, testing, referrals, violence, mobilization & social entitlements

Couselling and psycolosocial support

Event & sensitization

Advocacy & social welfare, street play on transport stops, sexuality and gender awareness stalls

Stage III

Development of responsive MIS system as per identities

Weekly coordination meeting, monthly coordination meeting

Community audit and respose system

- Gatekeepers approach, atuo, bus train
- Party/event approach
- Local IEC in adult movie theater reach
- Snow Ball technique mapping
- Sensitization training private HCP
- Sexuality Gender Support: helpline

The LINKAGES office in Jejuri extended services to Baramati, Daund, Saswad, Shirur and Indapur talukas. This in itself was an achievement as earlier interventions were only able to work in Daund and had to close down as they were unable to identify new KPs.

Today LINKAGES has identified and reached 1342 new KPs across the implementation site in rural Pune.

Districts	Hijra	Gay	Panthi	Transgender	MSM	Kothi	Jogppa/ Shivshakti	Bisexual	Double Decker (DD)	Grand Total
Pune	114	3	785	56	54	287	4	12	42	1357

20 persons have been linked to ART centers after confirmatory testing and all 20 of them have been initiated on ART.

The success of the rural outreach approach indicates that there is still scope for reaching greater numbers by employing strategies that engage key populations to be crucial parts of the solution.

PLHIV tracking and Index testing

While implementing the first objective to reach vulnerable MSM TG population for HIV testing in rural areas, the LINKAGES project focused on the 'Index Testing' approach to assist prevention efforts, adopt strategic outreach approaches, increase case detection and strengthen linkages toward care and support.

Index testing has provided support to index clients under the LINKAGES project who tested positive, in getting their spouses, partners and children tested for HIV, thereby providing opportunities to families and partners of key populations to access treatment and reduce HIV-related health complications and mortality.
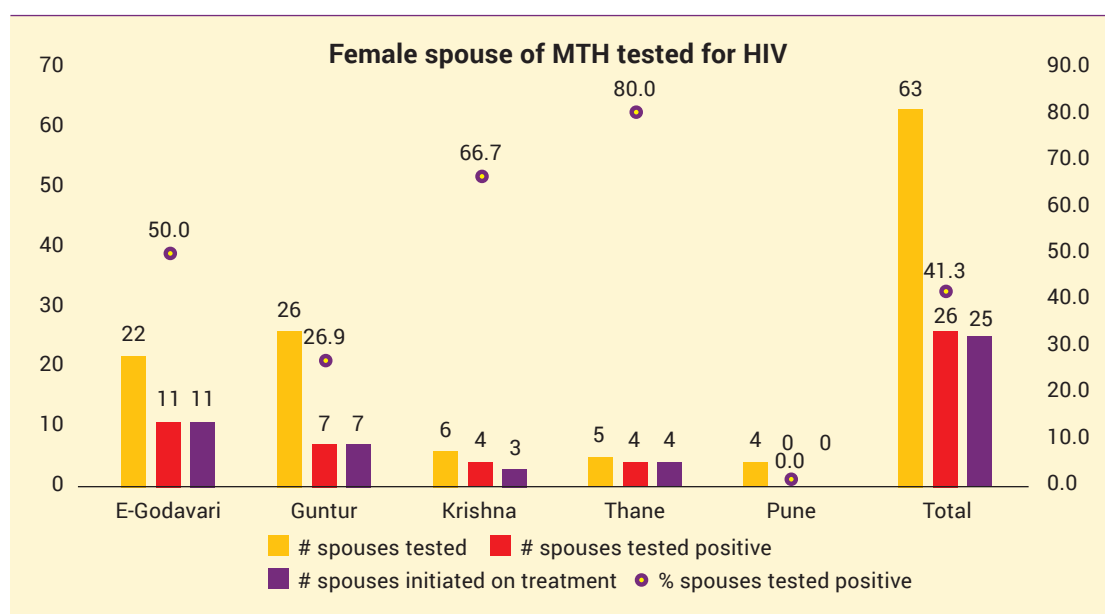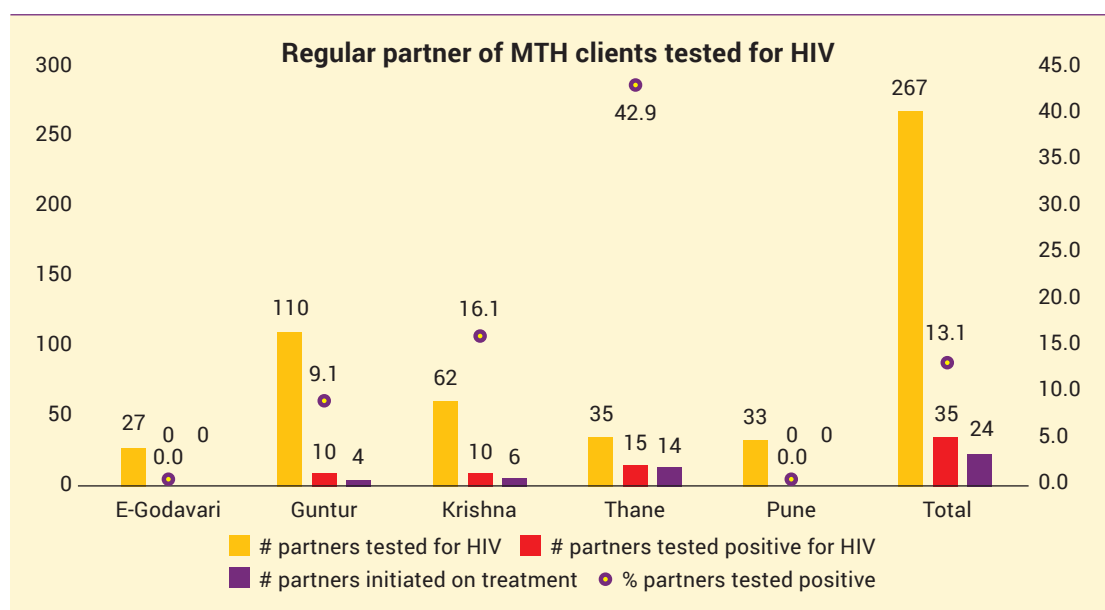
Figure 11: Female spouse testing

Female spouse of MTH tested for HIV

	E-Godavari	Guntur	Krishna	Thane	Pune	Total
# spouses tested	22	26	6	5	4	63
# spouses tested positive	11	7	4	4	0	26
# spouses initiated on treatment	11	7	3	4	0	25
% spouses tested positive	50.0	26.9	66.7	80.0	0.0	41.3

Figure 12: Partner testing

Regular partner of MTH clients tested for HIV

	E-Godavari	Guntur	Krishna	Thane	Pune	Total
# partners tested for HIV	27	110	62	35	33	267
# partners tested positive for HIV	0	10	10	15	0	35
# partners initiated on treatment	0	4	6	14	0	24
% partners tested positive	0.0	9.1	16.1	42.9	0.0	13.1

The project team ensured that partners and spouses of positive MSM and TG populations were reached through regular outreach and home visits encouraging them to undergo HIV testing.

A total of 63 female spouses of the index cases were tested for HIV, of whom 26spouses tested positive and 25 have been linked to ART [Figure 11]

A total of 267 regular partners of the KP were tested, of whom 35 tested positive and 24 were initiated on ART. Thane district reported a case detection rate of 42.9%% while Krishna and Guntur reported 16.1% and 9.1 respectively. [Figure 12]

Index testing has been demonstrated through the LINKAGES project as an effective case-finding strategy that reduces future rates of transmission by aiding in early diagnosis and treatment.

Segmented approach

The LINKAGES project team applied specific strategies to reach four major segments of the key population in the implementation areas – leaders of the Waghya Murli community, Jogappas (members of the Jogti cult), fishermen and migrant workers.

The location of the Jejuri DIC (in rural Pune) was strategically selected for its accessibility to Purandar, Daund and Indapur frequented by the Waghya Murli community who are devotees of Godess Yellamma. After several meetings, the team was able to convince the leaders of the community to agree on the need to address the health issues of key populations among them who were engaged in unsafe sex practices or had been subjected to sexual violence. The LINKAGES project was able to reach this community with HIV testing services and messages and has brought health services closer to them. Association with the LINKAGES project inspired a member of the Jogti community to join the project as an ORW and play a crucial role in raising awareness on HIV and preventing new infections. By adopting a peer-based approach, the project has reached closeted KPs in rural pockets for HIV testing, linkages to ART and adherence to ART medication.

The project applied the risk-assessment tool to reach fishermen from the MSM community in the coastal areas of East Godavari district (this tool employs a simple algorithm to calculate and categorize the HIV risk vulnerability among KPs). It also reached out to MSM in sex work and provided HIV testing and linkages to services to this population that had never been reached before by conventional programs.

Organizational Development assessment tool for CBOs

The LINKAGES project developed an organizational development (OD) assessment tool as part of the capacity building initiative for CBOs on OD. As suggested by officials from MDACS and MSACS, and extensive assessment of CBOs using the OD tool was undertaken prior to commencement of the trainings.

This exercise helped to identify and prioritize the specific areas that required strengthening in terms of the current needs of the CBOs. The scores were assessed on a scale of 1 to 10 on the basis of the following indicators:

1. Vision and mission
2. Human resources
3. Monitoring and evaluation
4. Work environment
5. Staff development and capacity plan
6. Board engagement
7. Structure and policies
8. Management structure and governance process
9. Project assessment and evaluation
10. Community partners
11. Developmental milestones
12. Organization and program sustainability
13. Donor support
14. Income generating enterprise, existence and operation

On the basis of the assessment results, some CBOs were found to require support on operations and system-strengthening, while others already had basic systems in place and needed more advanced guidance in terms of sustainability and visibility

Hence the agendas for the subsequent two batched of trainings on OD were tailor-made to suit the needs of the participating CBOs. The trainings were attended by board members and senior decision makers of the CBOs, and as participants were actively engaged in the hands-on participatory process.

Feedback from CBO participants:
"I am so surprised that people from my own organization have different views about the vision and mission of our CBO" - Maily Tamang, Trustee – Asha Mahila sansthan

"Timely elections are something which I learnt, as a board member I was aware of this process but never knew that it carries a legal weightage, especially under Charity Commissioner" – Surekha Kamble, board member – ADITI

"Nice planning tools! Very effective to be used in my future work as well" - Chandrakant Shinde, Project Manager, Udaan.

"My learning on 12A, 80G and Fundraising has surely evolved" – Aniket Chakrabarti, Trustee, Udaan.

"I assumed that this training will be HIV centric but after a long time I am attending a training which has so much to offer in terms of managing a CBO" - Prakash Panchal, Trustee, Udaan MSM CBO

Training of Healthcare Providers (HCP)

An 'Assessment of Stigma and Discrimination among KP in the states of Andhra Pradesh and Maharashtra' undertaken as part of the LINKAGES project revealed the existence of indirect discrimination and denial of rights and services to the KP across healthcare settings. Based on the findings of this baseline assessment, the LINKAGES team developed an in-depth training curriculum to sensitize and educate HCPs and other staff of healthcare facilities on issues related to stigma and discrimination faced by the KP.

The project conducted 43 trainings for HCPs across the project implementation sites. Participants included staff of ART Centers, ICTCs, PPTCT, RNTCP, Designated STI/RTI Clinics (DSRCs) and hospital staff such as nurses, ward-boys, counsellors and lab technicians.

The team ensured that each of these trainings meaningfully involved members of the KP in planning, co-facilitating, monitoring and evaluation of the trainings.

Health Care Providers Training
Training Model

Stage I – situational assessment in Maharashtra and Andhra Pradesh reflecting stigma and discrimination in Health Care facilities

Stage II – Module development with support of technical experts and community experts

Stage III – regional teams identified state level resource persons (community experts, technical experts having substantial experience in community work and HIV experience in states – regional TOTs were conducted to capacitate reginal trainers

Stage IV – Mapping health care units with support of SACS & DAPCU and active coordination with hospital authorities

Stage V – Training was conducted with support of training cluster (involvement of local TIs, technical experts, doctors & SACS officials) in high burden hospitals, ARTs, ICTCs

Stage VI – Stigma redressal committees formed or revived with support of the HCPs with in Health systems – regular meetings conducted

Stage VII – regular monitoring on quality and deliverable ensured : through pre & post-test questionnaires, feedback from participants, resource persons and case studies/quotes

The trainings covered the following topics:
- Basic information about HIV transmission, National AIDS Control Program (NACP), the 'Test and Treat All' policy, and the Prevention of Parent to Child Transmission of HIV/AIDS (PPTCT) strategy under the NACP.
- Health care staff need for safety from injury and infection on the job
  - Post exposure care, including Post Exposure Prophylaxis
  - Standard precaution practices for infection prevention
- Value clarification about HIV and AIDS
- Stigma and discrimination towards KP
- Clients' rights to dignity, comfort, privacy, confidentiality and safety.

After completion of the trainings, participants were expected to have a clearer understanding of the HIV vulnerabilities of women in sex work, MSM, TG persons and people who inject drugs (PWID. They were also expected to understand the roles and responsibilities of HCPs towards KPs in the context of negative impacts of stigma and discrimination on these KPs

Some of the feedback from the participants:
"We do accept that a few of our hospital staff discriminate against PLHIVs, MSMs and transgender people due to various reasons ignorance being the very first. This training has been very helpful for all of us to understand their issue we really don't know about this community I think we should understand their problems and we should not discriminate and we should provide health services each and every person equally" – Maya Giri - Sister In Charge, Kasturba Hospital, Mumbai

"Every human being has a fundamental right to live dignified life. Denying that right leads to injustice with them" – Data Manager, ART Center, Rajiv Gandhi Hospital, Yervada

"When I imagined myself at the position of KPs during labelling game, it pinched me somewhere" – Pharmacist, NARI, Shivaji nagar

"More technical knowledge should be imparted on SRS surgeries through these trainings, especially to the doctors of the health care facilities where TGs frequent' – Mr.Kiran Kumar-DPM-DAPCU-Krishna District

The LINKAGES project also sought to set up sustainable redressal mechanisms within the health facilities to address issues of stigma and discrimination. As a result, 23 Stigma Redressal Committees have been formed across the implementation sites as a means of addressing stigma and discrimination faced by key populations. It needs to be ensured that these committees are merged with the existing hospital-level committees for their sustainability.
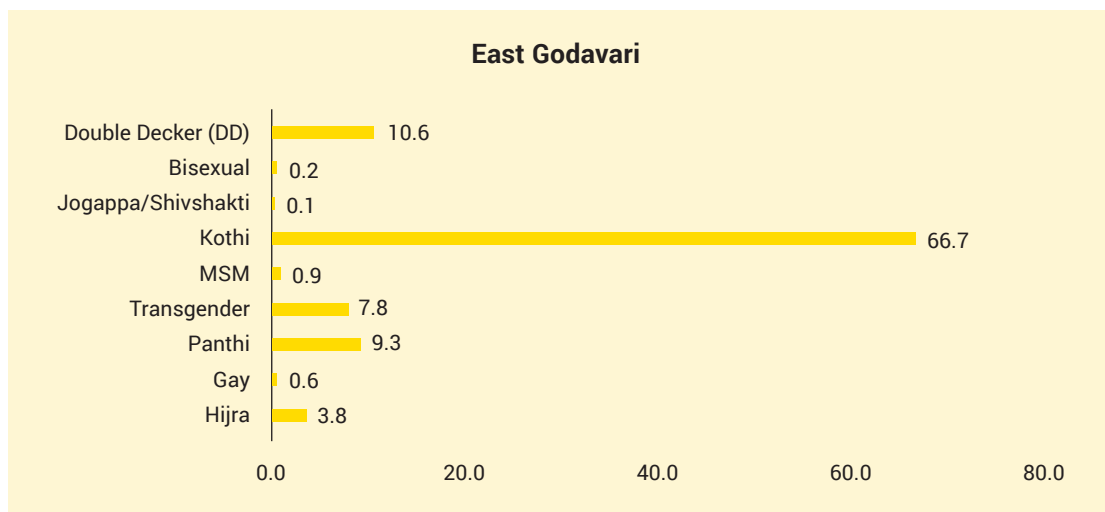
District-wise fact-sheets

ANDHRA PRADESH

East Godavari district

No. of mandals/taluks reached	41
No. tested for HIV	1724
Total positive cases	79
No. of deaths	6
No. linked to ART	71 (90%)
No. active on ART	67 (85%)
HIV positivity (%)	4.6%
Viral load test done (%)	46%
No. of MTH currently married	41
No. of spouses tested	22
No. of spouses tested positive	11
No. of spouses initiated on treatment	11
No. of MTH with regular partners	68
No. of partners tested	27
No. of partners tested positive	0
No. of partners initiated on treatment	0

KP profile

No. of healthcare facilities covered by HCP trainings	6
No. of HCPs trained on stigma and discrimination	161
No. of CBO staff trained on Organizational Development	18

East Godavari

Double Decker (DD)	10.6
Bisexual	0.2
Jogappa/Shivshakti	0.1
Kothi	66.7
MSM	0.9
Transgender	7.8
Panthi	9.3
Gay	0.6
Hijra	3.8

Highlights

- Government pension scheme for TG persons is being accessed by 188 individuals
- The project was able to identify and reach out to sub-populations such as MSM among fishermen and MSM in sex work from remote mandals
- The project staff at Kakinada is composed of a majority of community members, and this has ensured the employment of effective peer-led approaches and strategies to reach the KP
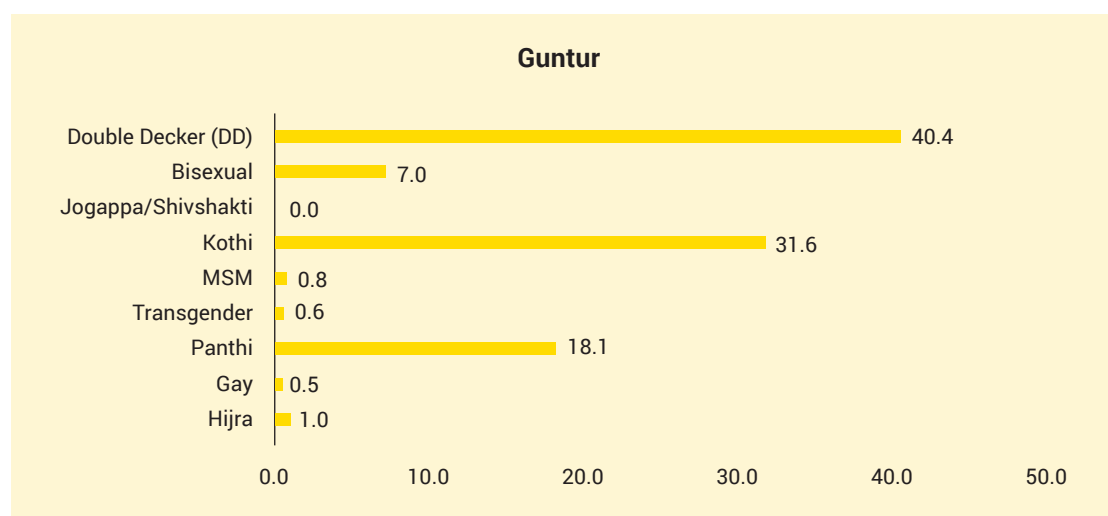
Guntur district
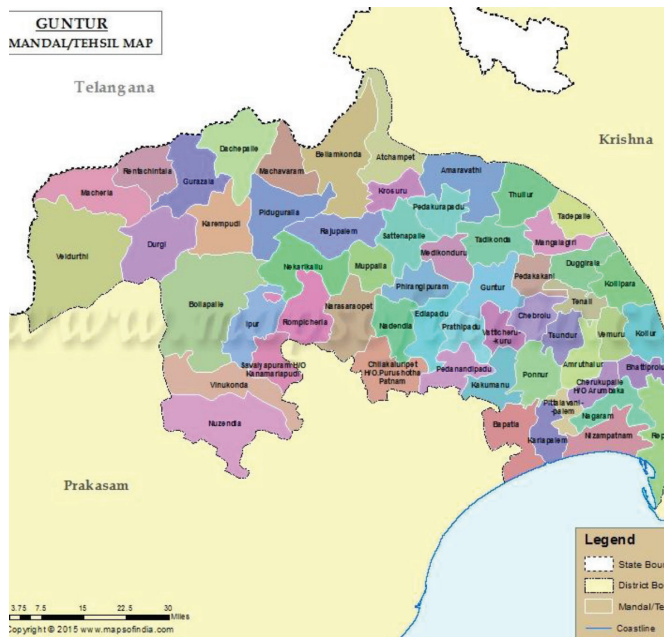
No. of mandals/taluks reached	35
No. tested for HIV	1590
Total positive cases	63
No. of deaths	3
No. linked to ART	63 (100%)
No. active on ART	60 (95%)
HIV positivity (%)	4%
Viral load test done (%)	44%
No. of MTH currently married	34
No. of spouses tested	26
No. of spouses tested positive	7
No. of spouses initiated on treatment	7
No. of MTH with regular partners	48
No. of partners tested	110
No. of partners tested positive	10
No. of partners initiated on treatment	4

KP profile

No. of healthcare facilities covered by HCP trainings	8
No. of HCPs trained on stigma and discrimination	246
No. of CBO staff trained on Organizational Development	10

Guntur

Category	Value
Double Decker (DD)	40.4
Bisexual	7.0
Jogappa/Shivshakti	0.0
Kothi	31.6
MSM	0.8
Transgender	0.6
Panthi	18.1
Gay	0.5
Hijra	1.0

Highlights

- 100% of spouses and partners identified and tested through index testing have been linked to treatment

Krishna district
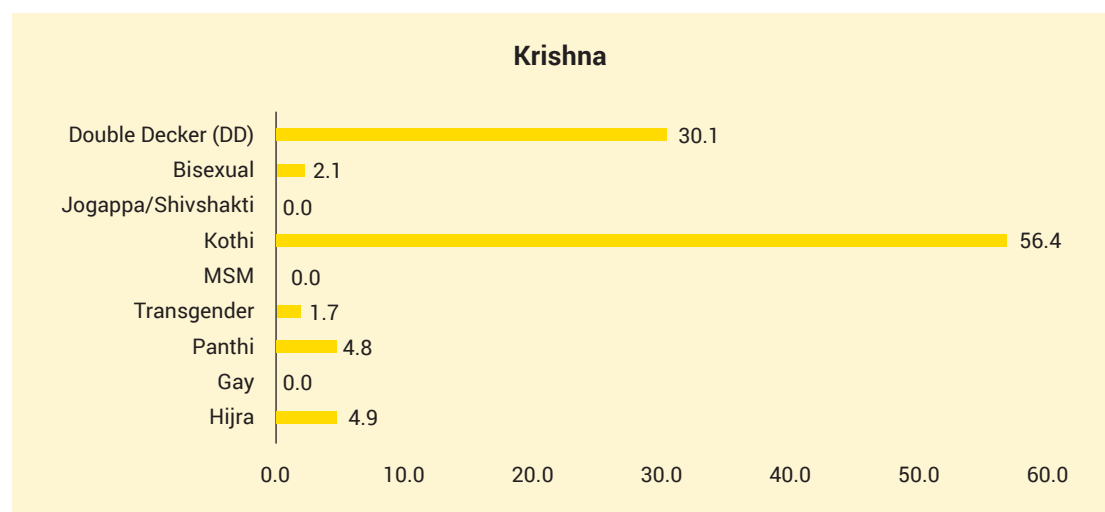

No. of mandals/taluks reached	28
No. tested for HIV	1683
Total positive cases	67
No. of deaths	4
No. linked to ART	67 (100%)
No. active on ART	63 (97%)
HIV positivity (%)	4%
Viral load test done (%)	51%
No. of MTH currently married	14
No. of spouses tested	6
No. of spouses tested positive	4
No. of spouses initiated on treatment	3
No. of MTH with regular partners	65
No. of partners tested	62
No. of partners tested positive	10
No. of partners initiated on treatment	6

KP profile

No. of healthcare facilities covered by HCP trainings	6
No. of HCPs trained on stigma and discrimination	153
No. of CBO staff trained on Organizational Development	8

Krishna

Double Decker (DD)	30.1
Bisexual	2.1
Jogappa/Shivshakti	0.0
Kothi	56.4
MSM	0.0
Transgender	1.7
Panthi	4.8
Gay	0.0
Hijra	4.9

HIghlights

- The active involvement of the community in mobilizing their peers to access services such as CBS, counselling, linkage to testing and treatment and follow up of

partners and spouses for testing. The community sabhas held regularly provide safe space to discuss issues related to rights, gender, sexuality, harassment and legal issues that are addressed in close coordination with the LINKAGES team, of which community members form an integral part.
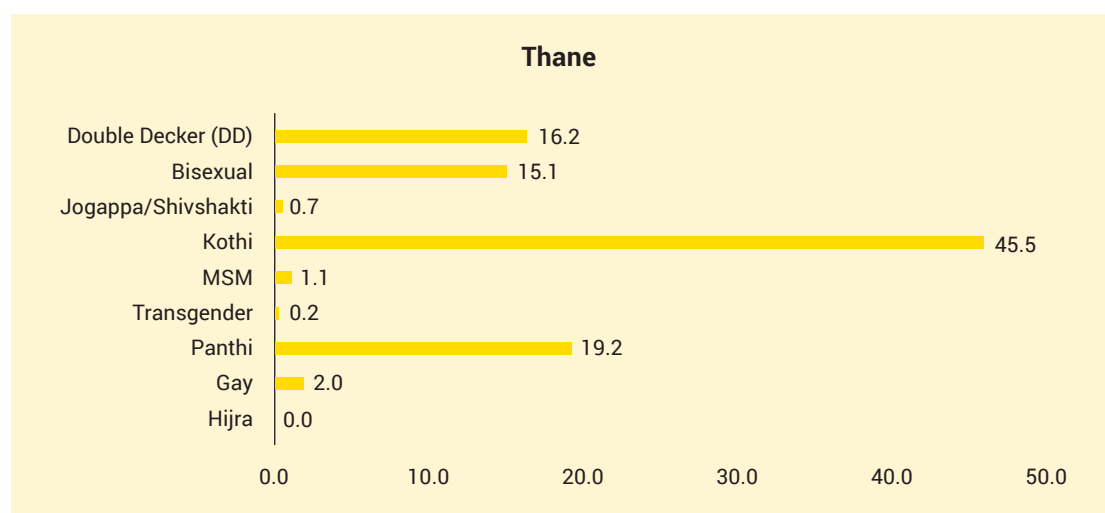
MAHARASHTRA

Thane district

No. of mandals/taluks reached	5
No. tested for HIV	1918
Total positive cases	53
No. of deaths	0
No. linked to ART	53 (100%)
No. active on ART	53 (100%
HIV positivity (%)	2.8%
Viral load test done (%)	90%
No. of MTH currently married	15
No. of spouses tested	5
No. of spouses tested positive	4
No. of spouses initiated on treatment	4
No. of MTH with regular partners	41
No. of partners tested	35
No. of partners tested positive	15
No. of partners initiated on treatment	14

KP profile

No. of healthcare facilities covered by HCP trainings (Thane and Mumbai)	16
No. of HCPs trained on stigma and discrimination	942
No. of CBO staff trained on Organizational Development	124

Thane

Double Decker (DD)	16.2
Bisexual	15.1
Jogappa/Shivshakti	0.7
Kothi	45.5
MSM	1.1
Transgender	0.2
Panthi	19.2
Gay	2.0
Hijra	0.0

Highlights

- In Kalyan where there had never been any interventions for the KP earlier, the LINKAGES project has not only been able to reach 1896 new persons for testing, but has also identified and referred people who use drug and persons engaged in sex work among the KP to service providers
- 100% of spouses and partners identified though index testing have been linked to ART and are currently on treatment
- The Community Kitchen located at the Kalyan DIC in Thane serves lunch to an average of 10-15 people from the KP every day; and also offers an non-threatening environment for linking KPs to counselling, testing and health camps.

Pune district

No. of mandals/taluks reached	10
No. tested for HIV	1357
Total positive cases	23
No. of deaths	1
No. linked to ART	20 (87%)
No. active on ART	18 (78%)
HIV positivity (%)	1.70%
Viral load test done (%)	33%
No. of MTH currently married	9
No. of spouses tested	4
No. of spouses tested positive	0
No. of spouses initiated on treatment	0
No. of MTH with regular partners	15
No. of partners tested	33
No. of partners tested positive	0
No. of partners initiated on treatment	0

KP profile

No. of healthcare facilities covered by HCP trainings	7
No. of HCPs trained on stigma and discrimination	180
No. of CBO staff trained on Organizational Development	10

Pune

Category	Value
Double Decker (DD)	3.1
Bisexual	0.9
Jogappa/Shivshakti	0.3
Kothi	21.2
MSM	4.0
Transgender	4.2
Panthi	57.6
Gay	0.2
Hijra	8.5
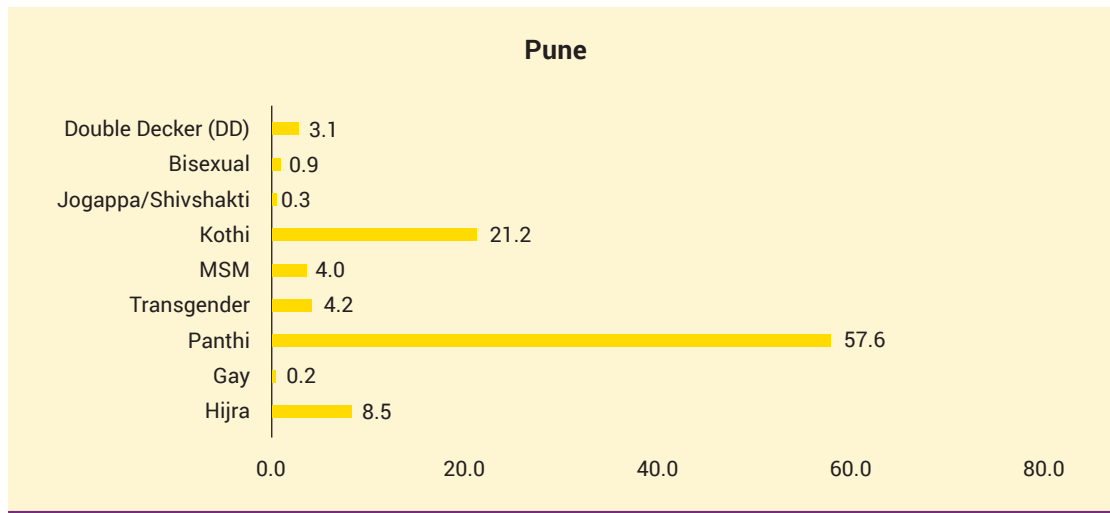
Highlights

- The success of the rural outreach strategy has been demonstrated in rural Pune, where the project has not only mobilized hidden KPs to come forward for services but also managed to make significant inroads into the Waghya Murli and Jogti communities

Recommendations and way forward

- Ensure differential prevention and care models to effectively address the needs of the next generation TIs
- Administration of self-risk assessment tool that can help key populations to assess their HIV risk in consultation with counsellors or outreach workers
- Identify core research areas to gather evidence on prevention and care components of key population interventions
- Introduce self-testing and HIV screening through a cadre of Peer Navigators
- Intensify index testing with a focus on female spouses and support for the children of KPs
- Include continuum of care in all interventions working with MTH populations through a holistic care response including positive prevention, mental health counselling, partner testing, nutrition, and promotion of social wellbeing
- Subsidize cost of PrEP and encourage community-led dispensing
- Generate TB data for MSM and TG populations
- Introduce Community Score Card (CSC) for the HCPs and law enforcement personnel
- Intensify viral load testing intensify and CD4 monitoring for quality of life
- Need to introduce software-based reporting mechanisms that will support outreach workers and program personnel to get real-time data on core and additional indicators so as to facilitate quicker response on programmatic issues.
- Provide technical support to TIs through capacity building of the TSUs and DAPCUs on key population issues

List of TIs, CBOs and healthcare facilities

List of TIs

Andhra Pradesh

East Godavari:
1. Community Health Awareness and Natural Green Environmental Society (CHANGES) – Kakinada,
2. Swarajya Abhudaya Seva Samithi (SASS) – Jaggampet,
3. Jana ANA Kalyani Welfare Society (JKWS) – Amlapuram,
4. CREATORS – Rajahmundry,
5. Bethestha Rural Economical Association for Development (BREAD) – Tuni,
6. Women Initiative for Sustainability and Empowerment (WISE)- Pedapuram

Krishna & Guntur:
1. Ankita – Gudiwada,
2. Adharsa Rural Health & Economic Development Society (ARHEDS) – Vijayawada,
3. Guide Foundation for Development (GFD) – Vijayawada,
4. Guide – Pornaki,
5. Guide – Vijayawada,
6. Krishna Vennella Mahila Society (KVMS)- Vijayawada,
7. Krishna Yuvajana Sankshema Sangam (KYSS) – Pedena,
8. Legal Education and Action for the Development of Society (LEADS) – Ibhrahimpatnam,
9. Ravicherla Integrated Development and Educational Society (RIDES) – Vijayawada,
10. Ravicherla Integrated Development and Educational Society (RIDES)- Nuzvidu.
11. Kothapeta Mahila Mandali (KMM) – Guntur,
12. Sirimahila Sadhikarika Welfare Society (SSWS) – Guntur,
13. Maruthi Mahila Society (MMS) – Mangalgiri,
14. Rural Educational& Economic Development Society (REEDS)- Dachepalli,
15. Sirimahila Sadhikarika Welfare Society (SMSWS)- Tenali,
16. Gramasiri – Bhaptala, Hands of Compassion (HOC) – Narsaraopeth,
17. Christian Association and Medical People Development (CHAMP) – Chilakaluripeth

Maharashtra

Mumbai & Thane:
1. FPAI India - Mumbai &Thane,
2. Naagri Seva Prbhodini – Mumbai
3. SHED Mumbai
4. Rashtriya Swsath Prbhodini – Mumbai
5. CDI Thane
6. Action Research Center- Thane
7. Alert India – Thane
8. MVSSK Turbhe – Thane
9. LOK Parished – Mumbai
10. SHAPE INDIA - Mumbai & Thane
11. Aditi – Mumbai
12. Vijay krida Mandal - Mumbai,
13. Aarju Foundation - Mumbai,
14. Trevini Samaj Vikas Kendra - Mumbai & Thane
15. Asha Mahila Sanstha - Mumbai,
16. Gaurav - Mumbai,
17. The Humsafaar Trust - Mumbai,
18. Kinnar Asmita - Thane,
19. Ekta Foundation - Mumbai & Thane,
20. Aastha Parivar - Mumbai & Thane & Mumbai.
21. Humsaya – Mumbai
22. Shakhi Char Choki – Mumbai

Pune:
1. John Paul Slum Development Project
2. Uddan
3. Kayakalp

List of CBOs

Andhra Pradesh

1. WISE-Peddapuram,
2. Ankitha - Gudiwada,
3. Krishna Vennella Mahila Society (KVMS) - Nandigama,
4. Krishna Yuvajana Sankehema Sangam(KYSS)- Pedana,
5. Gramasiri- Bhaptla,
6. Sri Mahila Sadhikara Society (SMWS) - Tenali,
7. Shri Mahila sadhikara society (SSSWS)- Guntur,
8. Nareesaksham - Rajahamundhary,
9. Pragathi Maithri Mahila Sangham (PMMS)- Ananthpur,
10. Sri Simhapuri Mahila Abhudaya Society (SSMAS)- Nellore,
11. Godavari Pariwar - Rajahmundry.
12. SNEHAMITHRA WELFARE SOCIETY

Maharashtra

1. Udaan Trust, Pune
2. Kinnar Asmita, Thane
3. Asha Mahila Sanstha, Mumbai
4. Triveni Samaj Vikas Kendra, Mumbai
5. Adti Source of Inspiration, Mumbai
6. Humsaaya Sanstha, Mumbai
7. Gaurav Trust, Mumbai
8. Aastha Parivaar, Mumbai
9. Ekta Foundation, Mumbai
10. Shakhi Char Chowgi, Mumbai
11. Kinnar Maa, Mumbai
12. Tweet Foundation, Mumbai
13. Ashiyana Foundation, Thane
14. Samaanta Foundation, Mumbai
15. Aarju Foundation, Mumbai
16. The Humsafar Trust, Mumbai

List of healthcare facilities

Andhra Pradesh

East Godavari:
1. Government General Hospital - KAKINADA,
2. Government General Hospital -Rajahmundry,
3. Area Hospital Amlapuram,
4. Area Hospital - Tuni,
5. CHC- Prathipadu,
6. Area Hospital - Ramachandrapuram.

Krishna & Guntur:
1. New Government General Hospital - Vijayawada,
2. Old Government General Hospital - Vijayawada,
3. District Hospital - Machlipatnam,
4. Area Hospital - Nandigama,
5. Area Hospital - Nuzividu,
6. Area Hospital - Gudiwada,
7. Government General Hospital - Guntur,
8. District Hospital- Tenali,
9. Community Health Centre - Machelara,
10. Infectious Deasease Hospital - Guntur,
11. Community Health Centre - Chilakaluripet,
12. Area Hospital - Baptla,

	13. Area Hospital- Narsaraopet,
	14. NRI Hospital Manglagiri,
	15. Blood Bank, Government General Hospital - Vijayawada,
	16. ICTC Nuzvidu,
	17. ICTC - Government General Hospital - Vijayawada,
	18. ICTC District Machlipatnam,
	19. ART Centre- Area Hospital - Nuzvidu,
	20. ART Centre New Governemnt Hospital - Vijayawada,
	21. ART Centre, District Hospital - Machlipatnam,
	22. STI Department Government General Hospital - Vijayawada,
	23. STI Department Area Hospital - Nizvedu,
	24. STI Department District Hospital - Machlipatnam,
	25. RNTCP New Government General Hospital - Vijayawada.
	26. PHC ZAMIGOLVEPALLI,
	27. PHC A.KONDURU,
	28. PHC Bantimilli,
	29. PHC Chetrai,
	30. PHC Gantasala,
	31. PHC GOLLAMUDI,
	32. PHC KONDAPALLI,
	33. PHC – Lakshmipuram,
	34. PHC Movva,
	35. PHC MUSTABADA,
	36. PHC Pedaoutapalli,
	37. PHC VEERAVALLI,
	38. PHC Bapulapadu,
	39. PHC BUCHAVARAM,
	40. PHC Chandarlapadu
	41. PHC Chevendrapalem,
	42. PHC Chinthalapadu,
	43. PHC CHOWTAPALLI,
	44. PHC DEVAPUDI,
	45. PHC EDARA,
	46. PHC Edurumondi,
	47. PHC G.KONDURU.

Maharashtra

Mumbai:
1. Dr.Ambedkar Hospital
2. M.W.Desai Hospital
3. Sewari Hospital
4. Bhabha Hospital Kurla
5. Bhabha Hospital Bandra
6. Sant Muktabai Hospital
7. Rajawadi Hospital
8. Maa hospital
9. Siddhart Hospital
10. Shatabdi Hospital, Byculla Female Jail,
11. Cama Nad Albless Hospital,
12. Kastruba Hospital,
13. J.J.Hospital,
14. KEM Hospital,
15. Sion Hospital,
16. Siddhart Hospital,
17. Cooper Hospitals,
18. Trauma care Hospital,
19. BDBA Hospital,
20. S.K.Patil Hospital,
21. K.B.Bhabha Hospital Kurla,
22. LBS Octrai Naka,
23. Muktabai hospital,
24. Aggarwal hospital,
25. Shatabdi Hospital,
26. L&T ART center, MBPT Hospital Wadala,
27. Saverdekar Hospital,
28. VN Desai Hospital,
29. ESIC Hospital Andhari,
30. Rajawadi Hospital,
31. Godrej Hospital,
32. Owsivara Maternity Home,
33. Chitanaya Hospital,
34. G.T Hospital,
35. Holy Sprit Hospital,
36. Kandiwali Nursing Home, Thane

Pune:
1. Aundh Hospital,
2. BJMC Hospital,
3. Armed Forces Medical College,
4. Rajeev Gandhi Hospital,
5. Silver Jublee Hospital,
6. DAPCU Aundh
7. Chest Hospital, NARI,
8. Rural Hospital,Talegaon (ICTC)
9. Aundh District Hospital (ART)
10. Aundh District Hospital (ICTC)
11. Bhosari (ICTC)
12. B J Medical College Hospital (ICTC)
13. B J Medical College Hospital (ART)
14. Rui, Baramati (ICTC)
15. Armed Forces Medical College (ICTC)
16. AFMC (ART)
17. Rural Hospital, Navale (ICTC)
18. Rural Hospital, Khed (ICTC)
19. Jankalyan Blood Bank, Swargate
20. Rural Hospital Shikrapur (ICTC)
21. Rural Hospital Shirur (ICTC)
22. Rajiv Gandhi Hospital, Yerawda(ICTC)
23. Rajiv Gandhi Hospital (ART)
24. Sub District Hospital, Indapur, Pune (ICTC)
25. Blood bank, Pimpri
26. Silver Jublee Hospital, Baramati (ART)
27. Silver Jublee Hospital, Baramati (ICTC)
28. Rural Hospital Saswad (ICTC)
29. Rural Hospital, Kale colony (ICTC)
30. Pune cantonment (ICTC)
31. Yerawda, Central prison (ICTC)
32. Maharashtra Aarogya Mandal (ICTC)
33. Rural Hospital, Junnar (ICTC)

37. Rukminibai hospital Kalyan,
38. Chayya Hospital Ambernath,
39. MCH Hospital Nerul,
40. R.H Hospital Badlapur,
41. ICTC Kolsewadi Kalyan,
42. Vashi ART Center,
43. Mira Bhyander (ART),
44. ICTC Ulhasnagar,
45. MGM Hospital Vashi,
46. ICTC Koperkhirne,
47. Civil Hospital Thane,
48. RNTCP Staff,
49. Rural Hospital Murbad
50. Central Hospital Ulhasnagar,
51. Shivaji Hospital Kalwa,
52. Indira Gandhi Hospital Bhiwandi,
53. Indira Gandhi Hospital Mira Bhynder,
54. Thane DAPCU Staff,
55. RMCH Turbhe

34. Rural Hospital, Yawat (ICTC)
35. Jijamata Hospital, (ICTC)
36. Sub District Hospital, Manchar (ICTC)
37. Yashwantrao Chavan Memorial Hospital Pimpri (ICTC)
38. Yashwantrao Chavan Memorial Hospital (ART)
39. Meenatai Maternity Home, Kondhwa (ICTC)
40. Rural Hospital, Supa (ICTC)
41. Rural Hospital, Jejuri (ICTC)
42. NARI (ART)
43. Rural Hospital, Narayangaon (ICTC)
44. Rural Hospital, Chakan (ICTC)
45. Rural Hospital, Nimgaon Ketki (ICTC)
46. D.Y. Patil Medical College (ICTC)

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