

Stepping Up

ANNUAL REPORT 2018-2019



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Stepping Up

ANNUAL REPORT 2018-2019



Message from the Chief Executive

I have been very fortunate to be a bigger part of Alliance India's 20 years of journey. Alliance India did not take a long time from being a dependent local partner to becoming a fully independent and credible national organization, because the community most affected by HIV was always in the center of all initiatives that Alliance India has taken.

We have three key parameters through which we pass our decisions, we amplify community voices; we fast track newer methods and technologies for improving quality of lives of most marginalised people – men who have sex with men, transgender, people who use drugs, women in sex work, people living with HIV and young people in all the above categories; and we supplement and complement the national programme in partnership with government and other stakeholders. By managing large complex programmes and ensuring the best results we have been able to serve 1.4 million people this year. And that is all thanks to the efficient and collaborative partners that we have on ground across the country – most of who are community led organisations.

Working closely with community constantly helps us adapt to the context and changing needs. Two of our completely outstanding contributions in the financial year have been the model of working with rural MSM and transgender community and penetrating in the circuit of commercial sex work based on virtual platforms and sites. In Ujwala we were able to provide sexual and reproductive services and gender base violence mitigation support to many women operating from virtual networks and sites after hard work of the last two years. Similarly, our new initiatives READY++ and skill building programmes for young people affected by HIV are results of our relationship and response to real needs. Quality of life is what we would like to impact, and therefore working on co-infections, particularly on tuberculosis has been a growing area of work for us and we believe this will not only support the organisation expand its horizons but will also contribute to the national goals of reducing disease burden.

Another area that is fast growing within the organisation is research and evaluations. We are extremely proud and thankful to the members of our Institutional Review Board for supporting and guiding us. We are also very proud to get DSIR certification and engaging in two path breaking studies – implementation research with ICMR on PrEP and effects of stigma and discrimination on treatment adherence (please see more inside).

Finally, the role we play in the advocacy arena keeps the spirit of Alliance India going. Our active engagement in India Working Group for Health Advocacy – a group of volunteers from HIV, TB and Malaria programmes that are actively engaged in increasing health finances has been extremely satisfying and rewarding. Our global engagement in the NGO Delegation of the Global Fund Board, ASEAN health secretariat, Commission on Narcotics Drugs and contribution in the 6th Replenishment Meeting of the Global Fund put us in the global map.

After 12 very satisfying and educative years, I am very happy to move on to different pursuits in life. The years have been very energising – challenging and glorifying, at times frustrating but gratifying. My earning from all these years have been a lot of love from the community, support from team and faith and confidence of the stakeholders. The success of the Alliance India is the strong, vibrant and technically sound team that can challenge each other and yet work effectively towards the same goal.

Sonal Mehta

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About Alliance India

Alliance India is a non-governmental organisation at the forefront of HIV response and human rights protection of the people most affected by HIV. Founded in 1999, Alliance India works in partnership with civil society, the government of India and communities to support sustained responses to HIV in India and build healthier communities. We place equal value on every human life. This is why our HIV interventions focus on fostering wellbeing, realising equality and affirming the dignity of communities and key population groups we serve; including men who have sex with men, women in sex work, transgender, people who inject drugs and people living with HIV.



Our Vision, Mission and Values

We envision **a world in which no one dies of AIDS.**

What really energises us is our mission **to support community action to prevent HIV infection, meet the challenges of AIDS and build healthier communities.**

Our values are the foundation on which our programmes are built. We embrace these as individuals and let it permeate into our interaction with communities and the diverse partnerships we foster.



EQUALITY

Everyone deserves equal respect, rights, opportunity and justice



DIVERSITY

Inclusivity is part of our DNA. We affirm the dignity and rights of vulnerable populations



EMPOWERMENT

We build the capacity of individuals and organisations empowering them for sustainable change and progress

OUR 20 YEARS *Journey*

1999-2005

Getting on board with early HIV response and activism

Along with four other organisations, Alliance India was created as a linking organisation of Frontline AIDS (formerly International HIV/AIDS Alliance). Alliance India operated from its main office in Delhi and a regional office in Hyderabad, South India. In the first five years, we implemented eight different programmes with support from ABBOTT, UNAIDS, Bill & Melinda Gates Foundation, Frontline AIDS, USAID, ICRW and Johnson & Johnson. Alliance was known for its focus on GIPA and working with a focus on children and families. When no one was talking about life after HIV in the early days of infection, Alliance India started work in the area of care and support in the continuum of prevention and human rights.

2005-2010

Empowering communities and amplifying their voices

Our CHAHA programme was India's first large scale, community-based, children centric care and support programme that was designed and implemented by civil society. It was also our first programme supported by the Global Fund. In partnership with 37 community-based organisations, CHAHA was implemented in three states: Delhi, Tamil Nadu and (united) Andhra Pradesh. That is also when we, along with other important partners, actively worked on the Children Affected By AIDS (CABA) policy of the government of India.

Alliance India's programmes evolved focusing on prevention services for the most vulnerable and marginalised population: women in sex work (WISW), people who use drugs (PWID), men who have sex with men (MSM), transgender and hijra (TGH). In addition, using the right-based approach, our programmes extended HIV-SRH services to young key populations including PWID through advocacy and peer support. As a lead state partner in Avahan India AIDS Initiative of Bill & Melinda Gates Foundation, we engaged with 85,000 FSW, MSM, TG, Hijra in Andhra Pradesh and averted an estimated 10,000 HIV infections among the target population.



2010-2015

Intensifying reach and diversifying HIV services

In subsequent years, Alliance India's HIV response gained momentum with stronger alliances and growing credibility among international supporters, the government of India and civil societies alike. With large scale, pan India programmes like Pehchan and Vihaan, Alliance India reached the mark of impacting half a million lives annually. From 32 implementing partners, Alliance India grew to an alliance of 500 community-based organisations in 32 states and union territories of India leading community action on HIV.

Alliance India played a significant role in discovering the key populations in India that largely remained hidden and ambiguous. Because of their inaccessibility, India's size estimation of the sexual minorities for the national HIV response was inadequate and narrow until then. For the first time, the community not only became visible but their diverse identities and complex challenges were also understood at the national level. The engagement with the sexual minorities in India on HIV services paved the way for the rise of the LGBTQI+ movement in India.

Another area that grew steadily was work in harm reduction, not only for men who inject drugs but also initiatives of supporting, reaching to and working with women who use drugs and female partners of men who inject drugs.

Moreover, Alliance India successfully advocated for care and support component in the national HIV response. Under Vihaan programme, Alliance India developed Operational Guidelines for Care and Support, which is recognised and implemented in the Care and Support framework of the national programme by the National AIDS Control Organisation.



2015-2019

Staying on course

Alliance India currently implements 11 programmes that cover the thematic areas of improving quality of life through Care and Retention in Treatment, Harm Reduction & Drug Use, Gender, Sexuality and Rights, and HIV and Co-infection (TB) and has reached the mark of impacting 1.4 million lives annually.

Alliance India is also leading the Global Fund-supported regional Harm Reduction Advocacy in Asia Programme implemented in seven countries: Cambodia, India, Indonesia, Nepal, Philippines, Thailand and Vietnam.

We, along with our partners and communities, celebrated some victories. In 2015 HIV prevalence in the country was down at 0.26%, compared to 0.41% in 2002. In 2014, members of the transgender community were recognised as 'third gender' in India. HIV Act 2017 to secure the rights of people living with HIV was implemented in India. In 2018, the long fight against section 377 was won when the Supreme Court decriminalised consensual sex between adults of the same sex.

Overview of Programme Thematic Areas

Care and Retention in Treatment

- Care and Support Services
 - Resilient Adolescents & Young people
 - Skill Building of Young people affected by HIV
-

Harm Reduction & Drug Use

- Harm Reduction Advocacy in Asia
 - Harm Reduction in India
 - Safety Plan for Women Who Use Drugs
-

Gender, Sexuality and Rights

- Community Clinic for MSM and TGH
 - Linkages across HIV Care Continuum
 - PrEP initiative among TGH
 - Integrated HIV Prevention Among TGH
 - SRH Services for Women in Sex Work
-

HIV and Co-Infection (TB)

Prioritising Operational Research

End AIDS India



1,415,866

Lives impacted through 2018-19

1,392,819

4,208

5,255

4,890

8,694



PLHIV - People Living with HIV



WISW - Women in Sex Work



PWUD - People Who Use Drugs



TGH - Transgender & Hijra



MSM - Men who have Sex with Men

13,92,819

PLHIV provided care & support service

1,53,268

PLHIV linked to social protection schemes

2,254

Clients provided with sexual & reproductive health services

212

Clients assisted in addressing gender-based violence (Sex Workers & IDUs)

422

PWIDs provided with needle & syringe

6,83,339

Client provided TB testing service and referral services

140

Clients provided with Opioid Substitution Therapy.



Highlights from Operations and Finance

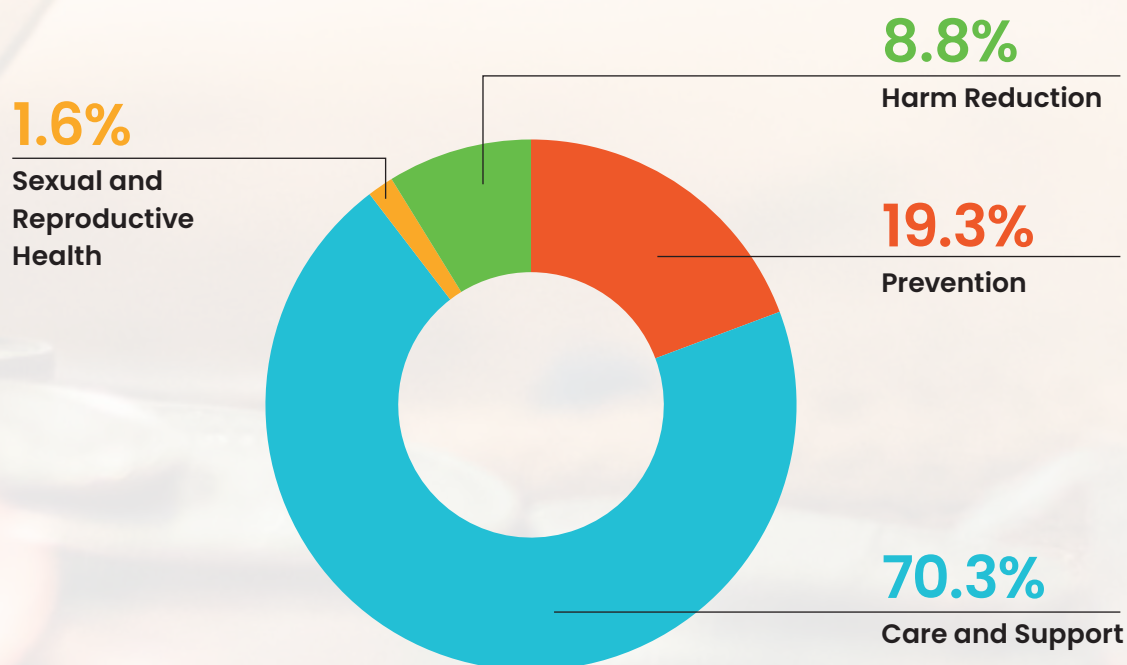
For the period of April 2018 to March 2019

We are grateful to all our donors for their growing commitment to our work. The annual turnover for the year is INR 61.38 crores, supported by multiple donors. The support ranges from less than 1% to as high as 78% which reflects the scale of implementation and interventions. Small funding reflects innovations, pilot testing and demonstration projects, while the large scale funding reflects pan-India operations with mainstream organisations at both national and state levels.

The grant funds are utilised for different interventions that range from 1.6% to 70.3%. The distribution focuses on **Prevention** at 19.3%, **Care and Support** being largest at 70.3%, **Sexual and Reproductive Health** at 1.6% and **Harm Reduction on Drug Use** at 8.8%. The large scale funding of 89.6% focuses on the prevention of HIV, and care and support for people living with HIV.

The application of funds reflects that major portion (58.93%) is being granted to implementation organisations at grass root level all over India. This is a reflection of our community-centric project implementation approach.

Grants - Intervention wise



CARE AND RETENTION IN TREATMENT

Vihaan

Enhanced Treatment Adherence and Retention in HIV

With support from the Global Fund, Vihaan (meaning dawn in Hindi) programme enhances treatment adherence and retention in HIV care for People Living with HIV/AIDS (PLHIV) in India. It is an ambitious programme administering 310 Care and Support Centres, that covered over 540 ART Centres across India during the first phase. We are proud to complement the country's HIV response as Care and Support component of the national programme providing comprehensive care and support services to nearly 1.4 million people living with HIV.

The programme was implemented in a phased manner. In each phase, the implementing strategies evolved and improved to address the needs on the ground much more efficiently. In 2015, during the second phase, the programme services were expanded to integrate HIV-TB into CSC activities. In 2017, the number of CSCs were gradually downsized to 310 CSCs that still cover all ARTs linked previously.

Programme Highlights

- **Differentiated Care:** Based on the programme learning 'one size does not fit all', we adopted differentiated care approach in the current phase to prioritise both services and eligible communities for greater impact and optimum utilisation of resources.
- **Transgender Care and Support Centres:** As per India HIV estimation 2017 report, HIV prevalence among the general population was estimated at 0.28% whereas prevalence among transgender and hijra (TGH) was 3.14%. Due to various barriers, only 80% tested positive TGH people reach the ART centre and a lesser percentage of TGH continue in active care. To enhance HIV care and support service uptake among TGH population, 10 TGH specific CSCs were started in areas with dense TGH population.
- **Mission SAMPARK:** In a joint effort with NACO, Vihaan initiated Mission Sampark drive to track all drop-out cases and link them back to treatment. After national consultation in May 2018 and subsequent data cleaning, extensive outreach activities were carried out. Out of 4,23,845 clients line list shared with Vihaan as on December 2018, 31% reported with the definite outcome. The Joint Secretary, NACO released the final report on Mission Sampark during annual CST review meeting held in Bhuvaneshwar, Odisha on 14th January 2019.

- Local Resource Mobilisation:**
 The most needed support for families affected by HIV are the needs around education and nutrition. Our local partners used Vihaan as a platform and mobilised resources from generous individuals and small enterprises. In this reporting period, they raised a sum of INR 1,69,64,139/- benefitting 35,365 PLHIV. Local resource mobilisation has been the most prominent secondary gains of the project.



PROGRAMME RESULTS

April 2018–March 2019



13,71,325

Received at least one care and support service



9,36,045

PLHIV received differentiated care and support services



36,992

Re-linked to ART services for treatment



1,41,011

PLHIV linked with social protection schemes and entitlements



38,260

Family members and partners of PLHIV were tested for HIV of which and



3,274

Found positive and those found positive linked with ART Centre for treatment



6,19,422

PLHIV screened for TB



5,556

Found TB positive and linked with ART Centre for TB treatment

Skill Building & Livelihood for Young People Living with HIV

Vihaan programme data revealed that there are 4,163 young people between the age bracket of 15–25 which includes 1,470 male, 2,693 females and 189 transgender and more than 70% of them did not have any formal employment.

In 2018, with support from HSBC Skills and Oracle, Alliance India selected seven priority states: Maharashtra, Uttar Pradesh, Karnataka, Bhopal, Rajasthan, Delhi, Punjab and Manipur with the objective of providing skills training and job placement to youth aged 18 to 30 who were affected by HIV. The project aimed at improving employment and income opportunities for this group which would eventually result in increased individual and household incomes, elevation from poverty and resilience to the socioeconomic impact due to HIV and overall improved quality of life. The project partnered with training institutes to provide the training on skills ranging from tally and accounting, beauty, tailoring, electrician and plumbing, electronics repairing, communication in customer care sector etc.

PROJECT RESULTS

April 2018–March 2019



555

Youth completed the training successfully



282

282 Youth placed on job or self-employed



Becoming a Pillar of Support

It came as a rude shock when Bhumika found out that her mother was living with HIV.

Bhumika is an 18-year old student from Bengaluru, Karnataka. Bhumika's family comprises of her brother and her mother, both were recently diagnosed with HIV. Her mother, in hope to help Bhumika cope with the news, brought her to our Care and Support Centre where she had started attending support group meetings. Meeting other people coping well with HIV and learning more about HIV helped Bhumika calm down her anxieties. She was determined to support her mother and brother.

Moreover, she wanted to help her mother by bringing in some income. Bhumika wanted to do something besides studying but didn't know what to do. Around the same time, under the Care and Support Centre, our programme was implementing a skill-building project for youth like Bhumika. It was a perfect match and soon Bhumika joined a six-month course on Computer Basics and tally software. After successfully completing the course, she secured a part-time job that paid her Rs.3000 per month. Bhumika dreams about finishing her studies and starting her own computer training centre to help others get into skilled jobs. Bhumika thanks the Vihaan Care and Support Centre for helping her grow, learn and be able to support her family.



Award-Winning Youth Champion in HIV Response

Pawan was only nine when he was told that he was HIV positive. He was left in the care of his uncle and aunt after both his parents died from AIDS-related illnesses. Recalling those painful years he says, "My belongings and cutleries were kept separate, I was restricted to only certain parts of the house. As a child, the pang of rejection and exclusion from the only family I knew was so unbearable that I wished to die."

Through his teenage years, he had difficulty adhering to treatment, he lacked proper nutrition and had incomplete information on HIV and all this contributed to his poor health. Through his friends, he came to know about Care and Support Centre of Vihaan programme in his area and started visiting the centre regularly.

One day, at the Care and Support Centre, he was informed about the Ready++ initiative. The interactive training provided ample space for participants to open up and discuss on topics such as sexual and reproductive health, gender & sexuality, positive living and mental health with a special focus on adolescents living with HIV in the course of two days.

"This was a life-changing experience for me at so many levels," says Pawan. After the training, he even got selected as a peer champion- an opportunity for further learning and growth. In the past few months, he is so infused with hope, joy and courage that it shows on his face and confident mannerism. He is so passionate about spreading the right information and knowledge about HIV, that he conceived a street play along with his friends and started enacting them in various forums including ART centre, school, colleges and workplaces.

Pawan was felicitated with the prestigious 'emerging young leader in HIV response' award during World AIDS Day observation by Alliance India 2018. Currently, he is employed as a Community Care Coordinator at an ART centre in Pune and continues to motivate many peers of his age to lead a healthy and positive life.

Ready++

Resilient and Empowered Adolescents and Young People Living with & Affected by HIV

Adolescents constitute 22% of India's total population and there are 0.27 million adolescent and young people living with HIV registered in our Vihaan programme (Source: Vihaan CMIS). An analysis of HIV counselling data under the national programme for 2016 indicated that 24% of all newly detected HIV infections were among young people in the age group of 15-24 years (National strategic plan document of NACO).

Adolescents of all ages and gender including sexual minority need to have comprehensive knowledge on their sexual health rights and responsibilities. This will empower them to lead a healthy and dignified life and enable them to deal with difficult circumstances.

The project aims to build the capacity of adolescents and youth affected by HIV by enhancing their knowledge and skills on sexual and reproductive health, gender and sexuality, positive living and mental health with special focus on adolescents living with HIV. The project is embedded into our existing Vihaan programme that provides support in mobilizing, supervising and advocacy to the peer champions of Ready++ project. The pilot project was started in five states covering 20 districts of Manipur, Rajasthan, Uttar Pradesh, Maharashtra and Delhi.

Within a short period of three months (October to December 2018), the pilot project achieved more than the set deliverables and demonstrated that the youth were willing to take control of things concerning their health and catalyse change among their peers. The project conducted state-level training and identified peer champions in each district who in turn disseminated the crucial knowledge through one to one, group meetings and WhatsApp groups.



PROJECT RESULTS

April 2018–March 2019



145

Adolescents and youth
trained



20

Peer champions identified
and trained



1,280

Adolescents and youth
reached by peer champions

HARM REDUCTION & DRUG USE

HRAsia

Strengthening HIV and Harm Reduction Responses for People Who Inject Drugs in Asia

People who inject drugs in Asia are disproportionately affected by HIV, despite the region seeing an overall decline in HIV rates. In 2018, UNAIDS reported HIV prevalence among people who inject drugs in Southeast Asia to be highest in the Philippines (29%), Indonesia (28.76%), and Thailand (19.02%). Access to combination prevention services, especially Harm Reduction, remains a challenge in a few countries according to survey data from 2016–2018.

The Global Fund’s Harm Reduction Advocacy in Asia grant (HRAsia) is based on learning from the earlier national programme. Since 2017, the regional grant focuses on advocacy to achieve the long-term sustainability of harm reduction interventions in line with the 90-90-90 targets in seven high priority countries of Asia through our country partners in Cambodia, India, Indonesia, Nepal, Philippines, Thailand and Vietnam. Our technical partners under the regional grant are the International Drug Policy Consortium, a global network of 182 NGOs, Asian Network of People who Use Drugs, the regional community-led organization and Harm Reduction International, a leading NGO dedicated to reducing the negative health, social and legal impacts of drug use and drug policy.

Programme Highlights

At the regional level

- Engagement with ASEAN Health Cluster 2 in collaboration with UNAIDS RST, Frontline AIDS to conduct the regional advocacy workshop on preventing HIV among PWIDs, under the leadership of the Ministry of Health, Malaysia from May 13 – 15, 2018.
- Organised 1st Regional meeting “Advancing health through rights-based approaches and harm reduction services for people who use drugs in SAARC countries”, of the representatives from the South Asian Association for Regional Cooperation (SAARC) countries held under the leadership of Nepal and SAARC Tuberculosis and HIV/AIDS Centre from December 9 – 11, 2018.
- Regional level engagement with Country Coordinating Mechanism of Cambodia, India, Indonesia, Thailand, Nepal, Philippines and Vietnam to promote evidence-based understanding and exchange of best practice in

harm reduction and HIV policy, drug treatment and relevant services Regional Meeting from November 22 – 23, 2018.

- Participation at the 62nd Commission on Narcotic Drugs, under the grant through the representation of Alliance India, HRI, IDPC, ANPUD, with Rumah Cemara and Ozone Foundation representation in the Ministerial segment. IDPC also organised a side event as Global Community and civil society with delegations from India, Indonesia, Thailand, Philippines and Cambodia in March 2019.
- Organised a regional level civil society capacity building a workshop on engaging law enforcement agencies for advancing health and rights-based approaches and harm reduction services amongst people who use drugs in Bangkok, Thailand with Law enforcement country focal points, civil society and community networks from December 14 – 15, 2018

COUNTRY-LEVEL ENGAGEMENT

- Conducted a series of workshops in India, Nepal, Indonesia, Cambodia, Philippines, and Thailand at the national and sub-national level with country networks on increasing capacity of community members to meaningfully engage in advocacy for PWUDs during December 2018.
- Sensitization training for media professionals on reporting on human rights issues in Cambodia (March 20, 2019), Vietnam (June 11, 2018) and Indonesia (January 2019).
- Launch and implementation of “A model demonstration project for comprehensive health and rights-based response for women who use drugs”, in partnership with the Department of Health and Family Welfare, Government of Punjab, India on November 9, 2018.
- Organised a National level consultation with Faith-Based Organizations for Developing a Comprehensive Health and Rights-Based Response to Drug Use in partnership with Department of Health & Family Welfare, Govt. of NCT of Delhi, and URI in Delhi, India on October 10, 2018.
- Facilitation and organising of consultation with networks of women who use drugs for Nepal on identifying and addressing gaps in coverage in partnership with Recovering Nepal on March 13, 2019.
- Organised a workshop for parliamentarians towards dialogues between National Assembly and People’s Council members including PUD representatives in Vietnam on March 22, 2019.

Hridaya

Alliance Integrated Harm Reduction Programme

Alliance India has been implementing Hridaya (meaning heart) in India since 2012 in select states in coordination with NACO. Over the years, the programme strategies and approaches have evolved to not only provide essential harm reduction services but technical assistance and delivery of a comprehensive package of services. The programme has been successful in strengthening harm reduction services for PWID, enhancing the capacity of TI NGOs, the formation of state drug-user forums to support community members/groups become part of the decision-making process, building the leadership of frontline workers, sensitizing and engaging law enforcement agencies. The programme is complementing the national programme by closely working with the State AIDS Control Society (SACS).

Supported by Frontline AIDS, Alliance India is implementing Hridaya, current cycle 2016–2020, in five states of India: Uttarakhand, Uttar Pradesh, Delhi, Mizoram and Sikkim. It is designed to address the capacity and service delivery gaps and raise the standards of the national HIV prevention programme. Considering the changing patterns among drug users and their sexual behaviour as per the recent national studies, Hridaya project added to the design – a pilot intervention at one site in Delhi to address the unmet needs of spouses and female partners (FSP) of male IDUs and Female Injecting Drug Users (FIDU). The intervention provided information and awareness on the prevention and treatment of HIV and sexually transmitted infections as well as related services. The FSP intervention intends to develop a differentiated model of delivering essential services to the unreached FSPs of male Drug Users as well as Female Injecting Drug Users.

Project Highlights

- Equipped and trained the frontline workers to empower the PWID community, help increase access to services and develop leaders who further advocate for improving availability, accessibility and quality of services.
- The Opioid Substitute Therapy (OST) service providers were trained to directly help in scaling up of OST centres and improving quality of OST services.
- Cadre specific training initiated to increase the reach of harm reduction services and to help in reviewing and further update national training modules on harm reduction.



PROJECT RESULTS

April 2018–March 2019



5,966

PWIDs and their sexual partners received one of the project services



1,030

PWIDs and their sexual partners tested for HIV, among them 33 PWIDs and 1 sexual partner were found HIV positive and further linked to the treatment centre



413

PWIDs benefitted by the establishment of secondary outlets for distribution of syringes to increase the availability of essential harm reduction services in the under covered areas



84

Peer educators and outreach workers trained in enhancing their knowledge and capacity



38

Programme Managers and outreach workers from 13 PWID TIs of Delhi were trained on Harm Reduction showing a substantial increase in knowledge and skills.



A flicker of Hope

The first time Parveen used drugs was about seven years ago. Her year-long marriage was characterised by violence and abuse but having no other choice, she continued to remain in the marriage. "I did what my husband wanted," she says. She looked after the house and the newborn child while her husband often worked away or spent time with his friends. One day, he threw her out of the house and told her family and relatives that she was an unfit wife and mother. The threat of getting a divorce, having her child taken away, coupled with the scars of abuse made her life a living hell.

"I have been shamed, embarrassed and stigmatized. Even today, years later, I fear being called names, I fear that my child will be taken away from me", she says. For the last three years, she is on Methadone Maintenance Therapy (MMT) at Navjeevan Kendra in District Hospital, Kapurthala, Punjab. She travels every day, from a nearby city to take her medicine. Being able to manage her drug use has enabled her to also find strength in mending her relationship with her husband.

"I am doing whatever I can to survive in this man's world. Being a woman and a woman who uses drugs comes with additional obstacles. It is a struggle to get my medicine, beg my husband for financial support, and look after my child," she says. Despite her challenges with drug use, Parveen is a loving mother who will go through fire for her child. Very soon, she hopes to gain her confidence back and find employment to become financially independent and be able to provide better for her child.

WINGS

Addressing gender-based violence and reducing the risk of HIV transmission among women who use drugs

Alliance India piloted Women Initiating New Goals for Safety (WINGS), an intervention model for addressing gender-based violence (GBV) and intimate partner violence (IPV) against women using drugs (WUDs), in 2017 with support from Frontline AIDS. As a successful model, Alliance India is currently implementing the third phase of WINGS intervention from June to December 2019 in partnership with Sahara Aalhad in Pune, Ganga Social Foundation in Delhi and Nirvana Foundation in Manipur.

WINGS is an evidence-based screening, brief intervention and referral to treatment service tool designed to identify the intimate partner violence and gender-based violence for women who use drugs. The intervention enables participating women to develop safety planning strategies and strengthen their social support networks. WINGS can be delivered in one to two sessions and has been integrated with HIV counselling and testing and linkage to HIV treatment interventions.

Project Highlights

- The project successfully engaged with 200 women who use drugs across three project sites with the aim to reduce GBV and minimize the risk of HIV among them. Building on the lessons from the pilot, the project in its second and third phase prioritised strengthening evidence generation for expanding harm reduction service package.
- To reduce stigma and discrimination of WUDs, the project sensitised health care providers, social support providers and facilitated community-led advocacy for the creation of laws to protect against police harassment and other forms of human rights violation.



PROJECT RESULTS

April 2018–March 2019



100

Women received safety goal and plan to reduce/minimize violence



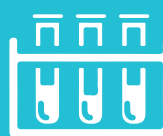
122

Women received treatment for opportunistic infections



164

Women were referred for HIV testing, 11 were found positive and linked to treatment



26

Women were referred for TB testing, 2 were tested positive



25

Women were referred for HCV testing, 16 were found positive and linked to treatment



28

Women were initiated on Opioid Substitution Therapy and 32 were referred for detox



37

Women were provided legal aid counselling services and linked with government welfare schemes

GENDER, SEXUALITY AND RIGHTS

Samarth

Community Clinics providing health and HIV testing for MSM, transgender and hijra

In implementation since 2016 with support from Elton John AIDS Foundation, Samarth (meaning competent) project provides community-led HIV screening and treatment linkages for men who have sex with men (MSM) and transgender and hijra (TGH) population by ensuring confidential and sensitive dealing of various sexual health-related issues. Samarth community clinics are implemented through a consortium of five partners, Lakshya Trust, Sangama Trust, Amitie Trust, Udaan Trust and Shaan Foundation in seven cities: Noida (Delhi NCR), Jalandhar (Punjab), Vadodara (Gujarat), Hyderabad (Telangana), Hooghly (West Bengal), Hassan (Karnataka) and Pune (Maharashtra).

Samarth is the first community-based testing intervention implemented in India with the support of the National AIDS Control Organisation (NACO) for MSM and TGH population. The project works closely with NACO & State AIDS Control Societies. The project has helped the national programme to gather higher reactivity among MSM & TGH person, reach out to the new population, not yet served under targeted interventions, for prevention services and to increase health-seeking behaviour among them.

Project Highlights

- The project developed a series of social media materials on benefits of early HIV testing and treatment linkages titled 'Pata Lagao' meaning 'know your status' resulting in increased HIV testing.
- Samarth community clinics were successful in mobilising new clients for HIV testing, almost 11080 new clients have been tested for the first time in the last three years. It found overall 2.9% (overall positivity including repeat testing – 3.3%) reactivity among the clients who tested for the first time – which is higher compared to annual targeted intervention testing data in those states. The project has also managed to connect 94% MSM & TGH clients for ARV support.
- Samarth supported National AIDS Research Centre (NARI) to conduct genotype study with TGH reactive persons to understand the vulnerabilities associated with new infection and ARV medication and behavioural assessment in Pune.
- The project also identified a new segment of the population who are higher in vulnerabilities for HIV which include young, aged 18-30, TGH person, married MSM, MSM working in men parlours and massage centres, MSM and TGH engaging in chemical sex and drug use. Samarth's next phase will be based on further reaching to 'hard to reach' MSM & TGH person demonstrating higher vulnerabilities towards HIV infection.



PROJECT RESULTS

April 2018–March 2019



2,604

New MSM & TGH clients were screened for HIV out of these 112 were identified reactive



10,692

MSM & TGH clients repeat tested, out of these 27 found reactive



116

Out of 139 reactive clients could be linked with ART after confirmation test at ICTCs



1,119

Clients (854 MSM and 265 TGH clients) were screened for STIs. Out of these clients 30 were found reactive to STI and all of them were linked to treatment



Making the Best of Second Chance

Madhu who identifies herself as a transgender is bubbly and vivacious in nature and is quite popular with her friends and family. She has been a frequent visitor to Kalyan drop-in centre based out of Thane district in the state of Maharashtra.

Through the project, Madhu was tested for HIV, and when she tested positive, she was counselled and linked to the nearest ART centre. However, a visible change soon came over Madhu. She stopped medications after a few days of being registered with the ART centre. When asked about the discontinuation of ART medication, Madhu replied, "I felt nauseous after taking the medicines. Even though the counsellor there told me about the possible side effects, I was still uncomfortable taking this on a daily basis."

A few days later, it came as a shock to the project team when they received a call late in the evening from the police station in Kalyan. Madhu had tried to commit suicide by throwing herself off the train, thankfully, she was saved by some bystanders. Following this episode, the project team constantly checked on Madhu through personal visits and phone calls. She was racked with guilt and afraid of what the project staff would think of her given the fact that she had been a regular visitor to the drop-in-centre. The project staff reassured Madhu and introduced her to other people living with HIV so that she could learn more about positive living. They noted a perceptible difference in Madhu's attitude as a result of the support that she has received.

Madhu has finally re-started her ART medication. It took some time for Madhu to accept her reactive status, but now she is the strongest advocate of regular HIV testing and treatment at DIC and community events. Life indeed has come full circle for Madhu. She assertively states that "HIV should not mean the end of life – this medication has given me a new lease of life."

LINKAGES

Linkages across the continuum of HIV services for key population

Building on the years of experience of closely working with high risk groups on HIV prevention, treatment and care, Alliance India directly implemented LINKAGES project supported by FHI 360 funded by USAIDS PEPFAR in six high burden districts of Maharashtra (Mumbai, Pune and Thane) and Andhra Pradesh (Krishna, Guntur and East Godavari) starting from August 2017. For the first time, an HIV programme was designed to provide HIV services to the scattered MSM and TG population in remote sub-districts of rural districts.

As an attempt to reduce structural barriers, the LINKAGES project collaborated with 16 community-based organisations and 77 targeted interventions of State AIDS Control Organisations. The staff serving female sex workers and MSM and TGs were trained on gender-based violence and violence mitigation, laws and policies that can harm or help the community and supported in advocacy activities with the stakeholders. On the other hand, had a series of sensitization meetings and training with health care providers which lead to increased service uptake. To ensure that communities continue to serve beyond the project period, efforts were put in strengthening the institution and organisational development for community-based organisations in the two states.

Project Highlights

- For the first time, project officers, outreach workers and peer counsellors of targeted intervention (TI) teams in all the six districts received training on Gender & Sexuality and Gender-based Violence.
- Reviewed and revived the crisis response teams in 50 TIs by supporting them to document and address violence faced by the community.
- A resource pool of 40 community consultants was identified and given training of trainers on gender-based-violence and health care providers' guide. They were the master trainers in the subsequent cascade of training.
- Created 'virtual crisis response support groups' with support from the lawyers' forum from the local courts, which was a huge success in Mumbai and Thane. Sensitised the bar council on sexuality and gender issues.
- The project managed to bring together seven Gharanas (house of hijra community consisting of a nayak - leader, gurus - multiple second-line leaders and chelas - followers) for the first time for a state hijra consultation in Mumbai. This resulted in garnering support from the gharanas and promoting co-operation between the TIs and the influential individuals of the community.

- An opportunity to extend HIV services to the female partners of the MSM was recognized. Interestingly, 40% of those who tested were found to be positive initiated on ART.



PROJECT RESULTS

April 2018–March 2019



15,561

TGH and MSM received at least one of the project services for the first time in their lives



7,135

TGH, MSM and their female partners tested for HIV screening



162

TGH, MSM and their female partners found HIV reactive and linked to the treatment centre



909

TI workforce trained in gender-based violence covering 72 TIs projects of the respective State AIDS Control Society



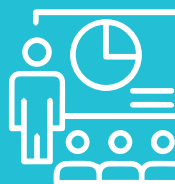
1,159

Health care providers were trained to help reduce stigma and discrimination in high-burden health facilities



363

Crisis cases were reported within one year of introducing crisis and violence tool



188

Board members and directors of 16 CBOs received training on governance, leadership, fiscal management, compliance to laws and policies and human resource management

Prayas

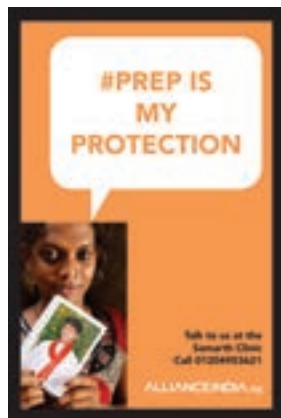
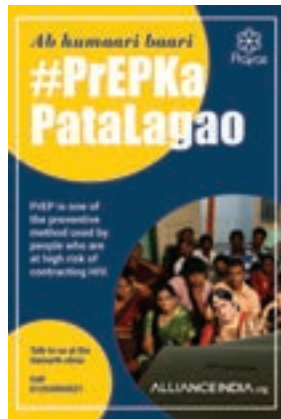
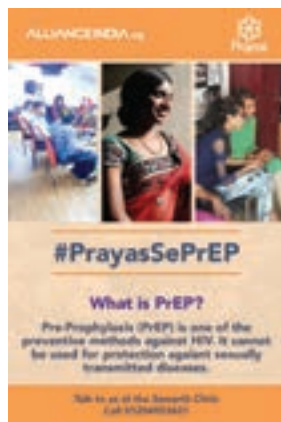
PrEP preparedness for transgender in India

With the objective to increase awareness and access to Pre-exposure Prophylaxis (PrEP) for transgender and hijra communities as a service within combination prevention, Prayas (meaning attempt) project was implemented in November 2016 till December 2018. The project is supported by ViiV Health Care Foundation and implemented in six states with local partners – *Shaan Foundation* in Punjab, *Lakshya Trust* in Gujarat, *Alliance Hyderabad* in Telangana, *Sangama* in Karnataka, *Amitie Trust* in West Bengal and *Basera Samaji Sansthan* in Delhi.

The project also emphasizes on building the capacities of TGH community to advocate for PrEP as part of the service delivery package of HIV prevention programme of the government of India. To accomplish this, the project made efforts to influence the government to develop and formulate policies to adopt the WHO recommendation of PrEP in the context of Test and Treat to reach the global goal of 90-90-90.

Project Highlights

- 12 'PrEP Champions' across six states continue to mobilise and educate the communities through community meetings, group meetings and sharing knowledge of PrEP.
- Prayas successfully created the only evidence available to understand the perspective of the transgender community about the use of PrEP in India. The baseline and end-line study capture the perspectives of transgender women on PrEP as well as that of health care providers and stakeholders.



PROJECT RESULTS

April 2018–March 2019



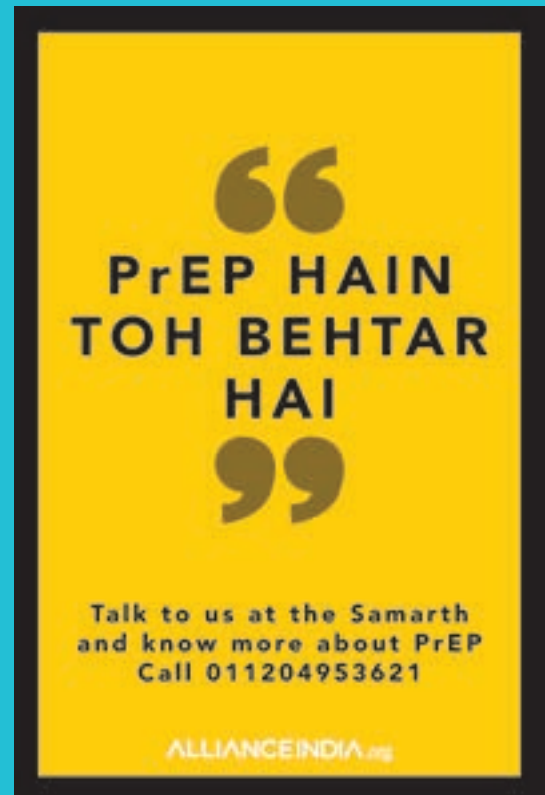
5,513

TGH population engaged in the awareness activities. 92% of the target population reached



12

Posters were developed through community consultative processes and shared on social media to reach a wider audience



Wajood

Integrated and right-based approach to HIV prevention among transgender and hijra community

Being transgender and hijra (TGH) is strongly associated with stigma and discrimination. TGH population also lack access to tailored HIV services. Alliance India has been implementing project Wajood with support from Amplify Change since November 2015 reaching more than 10,000 TGH for providing HIV sexual health services including support in feminisation, mitigating gender-based-violence and linking to social welfare and entitlements. Wajood (meaning identity) is implemented with local partners in six states – Basera Samajeek Sansthan in Delhi, Lakshya Trust in Gujarat, Alliance India's regional office in Andhra Pradesh and Telangana and Sangama Trust in Karnataka.

The project supports community-led action for mitigation and prevention of gender-based violence among TGH population, increase awareness and access to sexual health reproductive health services and empower the community to formulate and propose policy change to protect the rights of TG and Hijra population. The project has actively tracked and engaged in TGH policy reforms such as Transgender Persons (Protection of Rights) Bill since 2016. The Transgender Persons (Protection of Rights) bill, 2019 was passed by Parliament on November 26, 2019. The Bill defines a transperson as someone whose gender does not match the one assigned at birth. It prohibits discrimination against them in employment, education, housing, healthcare and other services.

Project Highlights

- Integration of sexual health services, addressing gender-based violence and linkages to social protection schemes with HIV prevention has resulted in better outcomes in terms of increased access to diagnosis and linkages with treatment, care and support services.
- Recruiting and equipping agents of change, volunteers from within the community, has helped the project make new inroads in the interiors of TGH groups and homes.
- The project also facilitated the cross-state learning visit for Gujarat State Welfare Officials in Chhattisgarh for creating TGH welfare state policies.
- The project has also penetrated in reaching the subsets of TGH umbrella such as Jogappas & Shiva Shaktis (devotees of gods) and Hammam (TGH massage and recreational centres) based TGH.



PROJECT RESULTS

April 2018–March 2019



1,813

Transgender and Hijra persons received at least one of the services offered by the project



1,636

Received HIV testing services. 21 found HIV positive and linked to the treatment



374

Received STI testing services



530

Linked to social entitlement services



224

Received violence/crisis support

Ujwala

A comprehensive sexual reproductive health services to women in sex work for retaining women in HIV care

Ujwala (meaning towards a bright future) project was designed based on the programme learnings of the Abhaya project that Alliance India had successfully implemented in 2013–16 to enhance access to sexual and reproductive health services for female sex workers. With the support from Mac AIDS Funds and Tides Foundation, Ujwala project was rolled out in April 2017 in three cities: Delhi, Warangal, and Ahmedabad. The main objective of the project is to mitigate and prevent gender-based violence (GBV) against women in sex work, and strategically provide sexual reproductive health services (SRH) with the aim to improve the uptake of HIV services including prevention, testing, treatment, and care and support. The project works with implementing partners, Sakijyot in Ahmedabad, Gujarat, Anchal Trust in Delhi, and Rudhrama Devi Mahila Mandali in Warangal, Telangana.

Leveraging the existing sex worker's targeted intervention (TI) programme of State AIDS Control Society in the three states, Ujwala project provides additional support and builds their capacity to address the unmet needs of HIV and SRH services. In addition, the project seeks to understand and respond to the rapidly changing sex work environment in India, which is moving beyond the traditional sites, and reach women in sex work who operate virtually and remain unreached by the national HIV programme. An impact assessment study was carried out to acquire an in-depth understanding of the sexual reproductive health needs of female sex workers registered with TIs instituted under Ujwala project in three implementing sites. In addition, the study looked into all the objectives of the Ujwala project and how they have impacted lives and coping of female sex workers to mitigate risks and vulnerabilities associated with sex work in different contexts.

Project Highlights

- Moving away from the traditional outreach strategy around HIV testing, Ujwala project devised an outreach strategy to identify and work with peer-volunteers. This proved to be a successful strategy as the project has been able to identify 30 soliciting sites, 50 spa/massage/beauty parlours and build rapport with 500 women operating in sex work from the parlours.
- Our continued advocacy efforts with important stakeholders like the police, lawyers, doctors and hospitals highlighting the health needs of women in sex work resulted in district medical and health officer deputing doctors and nurses for regular health camps at the 'hot spots' for women in sex work.

- Enabling access to services to male gatekeepers and regular partners of women in sex work has been one of the best practices of the project as that helps women to access HIV and SRH services during working hours with ease.
- The project has managed to demystify the virtual network of women in sex work and generated considerable evidence to demonstrate that reaching out to the women soliciting sex work through virtual networks is possible. The project organised three health camps in the Spas of Delhi and reached 620 women who are not covered by the TIs enabling them to access SRH and HIV testing facilities.
- With the guidance and support from NACO organised National consultation on 'Changing Patterns of Sex Work in India' with stakeholders and development partners. Through the two day consultation, a national framework was developed for reaching out to the women in sex work soliciting sex through virtual platforms.
- Some of the key findings of the impact assessment study were that the soliciting of sex work is rapidly shifting to virtual networks. Young women predominantly enter the profession through beauty parlours and spas and most of them do not associate themselves as women in sex work. Evidence from the project suggests that interventions working with women in sex work should address the immediate needs of the women for retaining them in HIV care, and the interventions should integrate information, counselling and access to SRH services including contraception, medical termination of pregnancy and post-abortion care etc. This will help in retaining women in HIV care.

PROJECT RESULTS

April 2018–March 2019



1,033

Women were registered among 3 sites improving access to HIV testing and SRH services, 58% are below 24 years



484

Women tested for HIV of which 4 women tested positive for HIV and linked to treatment



701

Women treated for gynaecological issues such as heavy bleeding, white discharge, UTI, sore breast, RTI etc.



251

Women in sex work accessed SRH services such as oral pills, emergency contraception pills, sterilization, Copper T, medical termination of pregnancy and pap smear testing



125

Women were treated for STI

PROJECT RESULTS

In reaching the unreached women in sex work soliciting through virtual networks



400

Women were provided with additional referral services



158

Women successfully accessed at least one of the comprehensive SRH services package

HIV AND CO-INFECTION IN TUBERCULOSIS (TB)

HIV and TB are closely linked as TB is the most common opportunistic infection among People Living with HIV/AIDS (PLHIV) causing a high number of mortalities. According to the Global TB report 2018, the incidence of HIV-TB is 86000 in India which is 9% of global incidence. As the world's highest TB burden country, India has pledged its commitment to eliminate TB by 2025 and launched a bold National Strategic Plan for TB Elimination (NSP 2017-2025). In spite of the commitment of free diagnostics and treatment, the TB program faces a huge challenge to reach all, resulting in undue morbidity, mortality and continuum of infection transmission.

Our programmes don't have full-fledged TB services yet, however, TB screening is one of the core activities under our Vihaan Care and Support programme. Care and Support Center (CSC) team undertake active case finding among PLHIV and their family members using the screening techniques outside when they go for follow up.

Each year, we observe World Tuberculosis (TB) Day on March 24 to raise public awareness about the devastating health, social and economic consequences of TB and to step up efforts to end the global TB epidemic. Under our Vihaan programme, the CSCs observed the World TB Day by organising Support Group Meeting to deliberate on HIV-TB Co-infection, going for TB testing during this month as part of 'Starting with Self' campaign, collaborating with the District TB Officer to create awareness at the district level including organising an awareness rally.

At the state level, local partners of Vihaan programme collaborated with the State TB Officer (STO) for the state-level activities, social media campaigns, and support Vihaan outreach workers to engage as DOT providers.

TB Screening Results

April 2018 to March 2019

Description	Male	Female	Transgender	Male Children (<15 Yrs.)	Female Children (<15 Yrs.)	Total
Number of registered clients screened for TB symptoms for the first time	253101	260094	1979	14425	11936	541535
Number of registered clients found TB symptomatic by CSC staff through ICF	30009	27621	170	1269	1026	60095
Number of TB symptomatic clients among registered referred to ARTC	25898	23472	147	986	791	51294
Number of TB symptomatic clients among registered tested	22052	19985	124	798	635	43594
Number of TB symptomatic clients found TB positive	2747	1405	13	58	58	4281
Number of TB symptomatic clients found TB positive linked with ART Centre for ATT	2720	1399	13	56	60	4248

ALLIANCE RESEARCH & EVALUATION

Through our robust programme implementation, Alliance India has been generating new evidence and data for evidence-based strategic planning and programme implementation to support HIV response to achieve the global target of 90-90-90. In addition to that, Alliance India undertakes implementation researches including operational and evaluation studies to add new scientific knowledge that can inform programmes and policies, therefore improving access, quality, efficiency and effectiveness of the HIV and harm reduction responses in India and Asia region.

To ensure correct scientific methods and protect human ethics in research, especially with the key populations, Alliance India constituted Institutional Ethics Review Board (IRB) in 2017. The Alliance IRB is duly recognized by the Office of the Human Research Protection (OHRP), US Department of Health and Human Services. It is multidisciplinary and multi-sectorial in composition and has representation from the community organization, social scientists, public health experts and research institutions of national and international repute. Since its inception, the IRB has reviewed nine proposals which included impact evaluation studies from various programs implemented by Alliance India along with some cutting-edge research grants implemented by Alliance India. In the year 2018-19, two meetings of Alliance India IRB were conducted dated May 8, 2018, and February 11, 2019. During these meetings, four proposals were reviewed and approved by the IRB.

Alliance India has also been recognised as Scientific and Industrial Research Organisations (SIROs) by the Department of Scientific and Industrial Research.

Currently, Alliance India is involved in two implementation research studies:

- 1. Study the feasibility of Oral TDF-containing PrEP, administered, once-daily orally to men having sex with men (MSM) and transgender Women (TGW) in India. The research is being carried out in collaboration with ICMR Delhi (Funded), NARI (Pune), Alliance India and Shaan Foundation in Jalandhar with guidance and close coordination with NACO and SACS.**
- 2. Study to understand the role of Stigma on antiretroviral initiation and retention among HIV positive MSM/TW+H in collaboration with Albert Einstein College of Medicine, National Institute of Health (NIH), USA guidance in close coordination with NACO and Ministry of Health & Family Welfare.**

Evaluation studies conducted in the last financial year:

1. Baseline Assessment of project titled WINGS "Reducing Gender-Based Violence/Intimate Partner Violence and HIV prevention among Women Who Use Drugs in India".
2. End line Assessment of project titled Prayas "Community Preparedness for HIV Pre-Exposure Prophylaxis (PrEP) among Hijra/Trans Women in India".
3. Impact Assessment Study of the project titled Ujwala "Increasing Sexual and Reproductive Health and HIV and reducing Gender-Based Violence among women in sex work".
4. Baseline Evaluation of project titled HR Asia "Strengthening HIV and Harm Reduction Responses for PWIDs in Asia".
5. End line Assessment of project titled WINGS "Reducing Gender-Based Violence/Intimate Partner Violence and HIV prevention among Women Who Use Drugs in India".
6. Impact Assessment Study under "Piloting Different Ways of Measuring Outcomes" Long Term Impact Assessment of Programme titled "Pehchan".



End AIDS India

Mobilising resources to accelerate HIV response in India

End AIDS India campaign completed three years of its operation this year. The campaign was launched in early 2016 with the hope to connect to a larger audience and help create an alternative funding mechanism. The saying 'big changes start with small steps' is true for the campaign. The campaign apart from bridging the funding gap is enabling a huge population to access information, get connected to treatment, and more importantly, contribute towards building a stigma-free and healthier India. The campaign in its endeavour to make an equitable and stigma-free India has connected to more than 5 million population.

The campaign reaches Indians across the globe to raise awareness and raises funds for HIV. As Alliance India magnifies its portfolio with HIV as an epicentre to other co-infections like tuberculosis, hepatitis C & B along with working on various research projects to reduce discrimination and stigma, the campaign intends to scale up and provide a holistic healthy living opportunity to vulnerable populations. Hosted by Alliance India and partnered by Humsafar Trust, Lepra Society, and Vasavya Mahila Mandali, the campaign in this financial year was perhaps much more co-ordinated between the partners.



CAMPAIGN RESULTS

April 2018–March 2019



2.3 million

Individuals reached



1,500

Donors pledged for regular support



9

Cities reached



26%

Growth from the previous year



18,500+

Donors supporting



76,000+

Social media followers

Campaigns

Hijra Habba

The annual Hijra Habba (*meaning amalgamation of transgender people*) event is Alliance India's bold statement of visibility, solidarity and advocacy for the rights of the transgender and hijra community in India. Since 2012, the annual signature event has not only increased visibility, brought together various concerned stakeholders on a single platform to talk about the welfare of the transgender community but also has proved to be a stepping stone in advancing the advocacy efforts of the community over time. More importantly, Hijra Habba is a platform where the LGBTQ+ members are warmly welcomed, free to express their gender identities in all its diversities and celebrated for their idiosyncrasies.

The 7th Hijra Habba, organised on 11th September 2018 at Select City Mall's open stage, saw 400 community members coming together to engage with an overwhelming gathering of the mall-goers. The event had more than one reason to celebrate as coincidentally, the Supreme Court judgement on reading down of the Indian Penal Code Section 377 had come just a week before the event. Amidst excitement and celebration, Shree Gautam Gambhir, former cricketer, elected MP and supporter of the LGBTQ+ community, inaugurated the event. The community members not only wowed the audiences with their power-packed performances but effectively shared the message of acceptance and inclusivity through heart-warming plays, action songs and group dance performances. The dignitaries from the UNAIDS, USAID, CDC, NACO and civil society present at the event also added their voices of support. The message, "*Born This Way*" which was also the theme of the event was clear and well received.





World AIDS Day

World AIDS Day, observed on 1st December, Alliance India takes this opportunity to recognise the champions in HIV response for their exceptional contribution and history of impactful work. In the last few years, we have brought the event in a public arena reaching masses with our messages and giving the mic to community leaders to strengthen their voices.

The World AIDS Day 2018 theme was 'Know Your Status'. We jumped on the bandwagon with the global theme except that we added our own *desi* twist to it by naming our event in Hindi *Pata Lagao: Test. Support. Prevent.* The event was organized on the eve of the World AIDS Day at Palika Parking Park, Connaught Place. The event had dignitaries from NACO, UNAIDS and other development organisations and saw a participation of around 500 members of the general public.

This year, to motivate people to get tested for HIV, we designed a captivating maze structure 'Herogiri' where anyone who passes through a maze of questions on their risk to HIV and gets tested, is a hero. More than 300 people took part in the maze and almost 150 got tested for HIV, achieving the purpose of the event successfully.

The Annual Community Leadership Awards were presented to acknowledge the emerging leaders from various communities: men who have sex with men (MSM), transgender and hijra populations (TGH), women in sex work (WISW), people who inject drugs (PWID), and people living with HIV (PLHIV). Our organisation believes in living the mission by felicitation of leaders from the community on such an important day that will encourage emerging leaders to continue the good work.

Support. Don't Punish

Since 2013 Alliance India has observed and commemorated **Support. Don't Punish (SDP)** - Global Day of Action - A global advocacy campaign calling for drug policies based on health and human rights on 26th June, the International Day Against Drug Abuse and Illicit Trafficking. Historically, this date has been used by the governments to showcase their drug control "achievements". The campaign's Global Day of Action seeks to reclaim and shift for that day's narrative.

To advance the engagement and review India's progress on commitments towards UN General Assembly Special Session on the World Drug Problem of 2016, HRAsia project organized a stakeholder dialogue on June 25, 2018, attended by experts and dignitaries from Police, different line Ministries, NACO, community leaders, WHO and UNAIDS. The dialogue also marked solidarity with 2018 Support. Don't Punish Global Day of Action.

Special Mentions

Alliance India Leads India Working Group for Health Advocacy

India Working Group for Health Advocacy (IWG) with representatives from HIV, TB and Malaria CSOs and communities was formed in October 2018 with support from the Global Fund Advocates Network Asia-Pacific (GFAN AP) and the Global Fund. The initiative is hosted with and led by Alliance India for collective engagement for access to health and to support the 6th replenishment for the Global Fund. The members include National Coalition of People Living with HIV, Global Coalition of TB Activists and Caritas India.

Since its formation, IWG has been actively involved in increasing the understanding of Global Fund replenishment, identifying priority advocacy actions and strengthening links between communities and civil societies beyond the 6th replenishment. The regional community consultations conducted in Chennai, Calcutta, Delhi, and Gujarat gave the opportunity to strengthen the collective voice of the community members, interact and discuss the three diseases and develop an advocacy work plan for various verticals including government, political parties, media and communities.

During the a high level preparatory meeting for the sixth replenishment conference of the Global Fund hosted by India on 7th – 8th February, 2019 in New Delhi, IWG along with civil societies, presented India Booth at the 'networking zone' where a human library was showcased where individuals shared personal experiences and stories about their journey with HIV, TB and Malaria. To motivate and encourage the donor countries as well as private funders to increase their pledge for the Global Fund, we installed a creative wall of '\$14 Billion Target' and asked the participants to stick the fake currencies to signify their pledge.

Furthermore, IWG launched 'Valentines Day campaign' where an open letter, endorsed by the civil society members, was addressed and sent to 19 embassies of donor countries. The letter encouraged the donor governments to set an example by announcing an early pledge and increase the investment to the 6th Global Fund replenishment grant in comparison to the fifth replenishment grant.

On 5 and 6th March 2019, IWG presented progress especially on the 'Get Back on Track' campaign for 6th Global Fund Replenishment meeting at India Country Coordination Mechanism (CCM) Meeting

On 24th July 2019, IWG hosted dinner for the elected members of Parliament. On the occasion, IWG released the **India Investment Case** document, an analysis of India's investment in the three diseases (TB, HIV and Malaria) and expenditure over and below the allocated budget for health.

Representing Alliance India at various platforms

Ms Sonal Mehta, Chief Executive of Alliance India is a member of the Developing Country NGO Delegation to the Global Fund Board since 2017. In May 2018, she attended 39th

Global Fund Board meeting held in Skopje, Macedonia. The NGO Delegation aims to contribute to and influence Global Fund policies and practices in an effort to make them continually and appropriately responsive to the needs of people living with or affected by HIV and AIDS, tuberculosis and malaria and the NGOs and community-based organizations providing services and support to address these diseases.

Ms Mehta also served as a member of the UNAIDS Programme Coordinating Board from 2016 to 2018. As a member of the Board, she contributed to meaningful improvements in the implementation and evaluation of AIDS policies and programmes. This year Ms Mehta attended 42nd and 43rd UNAIDS Programme Coordinating Board (PCB) meeting held in Geneva, Switzerland in June and December 2018.

She is also a Developing Country NGO Delegation member to the Board of UNITAID. Apart from that, she is an observer in the WHO SEARO Regional Committee.

Some of the other meetings that Ms Mehta attended was Civil Society Representative Dialogue on Sustainability, Transition and Financing, Den Haag, Netherlands; Global Fund Advocacy Network, Asia Pacific – Strategising and Planning meeting, Bangkok; AIDS free Cities Event, London, and Global Fund Advocates Network’s global meeting of civil society and communities, Amsterdam, in the last financial year. She leads the IWG and was an active member of Indian government hosted Preparatory meeting for the 6th Replenishment of the Global Fund was the NGO speaker at the India Showcase, as the part of the event.

HRAsia grant’s participation at the 62nd Commission on Narcotic Drugs

In March 2019, UN member states gathered in Vienna for a high-level Ministerial Segment and the regular session of the Commission on Narcotic Drugs (CND). At this 62nd session, the member states were convened by UNODC to deliberate on the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem.

In Asia, in partnership with member states, CSOs, development partners and regional mechanisms like SAARC and ASEAN, Alliance India is leading efforts that contribute in achieving these global commitments and targets through the Harm Reduction Advocacy in Asia grant. The 62nd session included special sessions on the developments in Asia especially those that have been marked by extremes in violence, abuses and consequent new infections amongst people who use drugs and their subgroups such as women and young people.

Alliance India team was part of major side events and dialogues convened by the UN and member states to discuss financing, health, rights, access to services, drug policy reform and related major agendas that are shaping the global, regional and national discourses.

Thank You

We thank our donors who made it possible to impact the lives of more than 1.4 million people in this financial year alone. Together, we were able to weaken the power of HIV and strengthen the resilience and confidence of the communities we work with. We value our partnership and look forward to your continued support.

We cannot review a year's work without acknowledging the invaluable support we have received from our implementing partners at the national, state and district level. The community-based organisations, the PLHIV networks at the state and district level are the backbones of our programmes. While we develop their capacity, they teach us more about community needs and guide us on how we can better design our interventions.

Across the states and districts, we work very closely with the national programme and various government authorities and bodies. Without their constant support and guidance, we could not have made the progress we have made in the last year.

We are especially grateful to the National AIDS Control Organisation, State AIDS Control Societies, UNAIDS, USAID, CDC and various lines of government ministries for empowering us with their wise counsel and guidance.

Our Donors

1. The Global Fund
2. MAC AIDSFund
3. Centres for Disease Control and Prevention
4. Frontline AIDS (formerly International HIV/AIDS Alliance)
5. Amplify Change
6. Elton John AIDS Foundation
7. FHI 360
8. HSBC (Swadesh Foundation)
9. Oracle (Charity Aids Foundation)
10. ViiV Health Care Foundation
11. New Venture Fund (GFAN)

Human Resource

We always strive to ensure that 'Team Alliance' represents a vibrant and motivated group of people who are fully aligned with the mission and goal of the organisation. An open and transparent working culture, participatory decision making and maintaining open communication channels for internal and external communication are some examples of the part of our work culture.

Diversity and inclusion are not just buzz words for us. We ensure that it truly reflects in our workforce that we nurture in our organisation. We keep the community we work for at the centre of our work. Following this principle, we always ensure to have a maximum representation of people from the community in our team as far as possible – within projects and even in non-programme functions. Our non-programme staff have also been given ample opportunities for field visits to understand the field realities and to interact with a diversified workforce.

We inculcate a culture of learning within our organisation. To this end, we invited experts from various fields to share their knowledge with us on topics ranging from health to leadership to self-defence to yoga. Last year, with support from the Caplor Horizon, we invited Mr Charles Handy who is rated as one of the most influential living management thinkers. Mr Handy's speech and a subsequent interactive session focused on understanding the importance of initiative and accountability at work. He also shared useful facts regarding effective team management and thinking out of the box to bring more innovation at work.

In the words of an Intern

I am grateful for the opportunity to work and learn as an intern with Alliance India. My internship served as a good on-ground experience after I had completed my formal education. The internship opened my eyes to the real world. Through Vihaan Programme, I visited various Care and Support Centres and interacted with people living with HIV and got to hear their heart touching life stories. Everyone was extremely helpful especially when I had questions and problems. I was treated as a professional and I hope I performed in the same manner.

I have really enjoyed working with you. Your dedication and professionalism towards people living with HIV are truly remarkable. The work ethics and enthusiasm you bring in your work culture is something that I truly admire. The way women are treated with respect in Alliance India is exemplary. I cannot express in words how good it felt to be treated with respect. The organization is everything that interns dream for their internship. The meticulous work culture has raised the benchmark for me. It was my honour and privilege to have worked for such a prestigious organization. It reinforced the importance of responsibility, focus and ambition. I am truly grateful for this opportunity.

Mridul Acharya
Eternal University, Baru Sahib, Himachal Pradesh
Duration of Internship: 1st February – 31st March, 2019

Board Members

Dr S Y Quraishi, Chairman

Dr Saroj Pachauri, Member

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Mukesh Agrawal

P Sarbeswar Patnaik

Get Involved

Volunteer or Intern

Students and volunteers who work with us for a short period of time often leave with rich experience and knowledge about HIV programmes and the communities we work with. We provide internships to students from India and abroad to work, as per their interests and suitability, with teams from programmes, research, strategic information, grant, finance, administration, communication and fundraising department. To intern or volunteer with us, please connect with us at recruits@allianceindia.org

Donate

We are closer to our goal of eliminating HIV in India, however, we need to accelerate HIV response to cover the last mile. International funding for HIV has been declining for a while. We are increasingly becoming dependent on domestic funding for sustaining and fast-tracking HIV response in India. We are aware of the pressure it creates for programmes and personnel at the forefront of the HIV response. We appeal to individuals and corporates to support us.

Here are some of the ways you can support us:

To make an online donation, please visit: www.endaidsindia.org

To invest your CSR meaningfully, collaborate on mutually benefiting ventures and initiatives, please connect with Mr Kanchan Sen at ksen@endaidsindia.org

Fundraise

You can raise support for our cause using any crowdfunding platform of your choice. We work with Ketto and Impact Guru in India. And to raise funds outside India, we use Give2Asia and Global Giving platforms. You can also use these platforms to raise funds for our cause. For a step to step guide on how to start a fundraiser, please get in touch with Ms Tara Rana at trana@allianceindia.org

Publications

Sensitization of Health Care Providers (Facilitator Guide), LINKAGES programme, 2019



Coffee Table Book – Linkages That Can Make or Break, LINKAGES, 2019



Case Study Document, Wajood project, 2019



Post Evaluation Summary under Pehchan programme, 2019



Blueprint for Change (BFC) documents, HRAsia Grant, 2018



eMpower Flyer, 2019



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