

CATALYZING BOLDER PROGRESS ACROSS THE HIV CASCADE

VHS-CDC project to
strengthen India's response
to the HIV/AIDS epidemic:
Results and insights



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ABOUT THE

VHS-CDC PROJECT

Sustained technical assistance to strengthen India's HIV response

Having achieved substantial progress in reducing the spread of HIV, India is accelerating efforts to further strengthen its response and address last mile bottlenecks in HIV service delivery. The country's National Strategic Plan 2017–24 is aligned to global commitments of Fast Track 90-90-90* targets by 2020 and ending AIDS by 2030. The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) is partnering with the Government of India to bolster its progress toward these ambitious goals. The support is focused on providing technical assistance to the National AIDS Control Programme (NACP), particularly to test innovative approaches in case finding to address service delivery equity and efficiency barriers. It is to this end that the United States Government's Centers for Disease Control and Prevention (CDC) worked with Voluntary Health Services (VHS) for a project aimed at catalyzing India's progress toward epidemic control. VHS, the implementation agency for the project in India, is a registered non-profit society established in 1958 and has nearly 20 years of wide-ranging experience in implementing HIV prevention, care, and support programs.

THE VHS-CDC project (October 2013–March 2020) lent sustained technical assistance to the NACP. The support was geared at strengthening national-level activities as well as intensively supporting site-level interventions in three geographic clusters of Andhra Pradesh, Maharashtra, and the North East. The project tested and demonstrated high-impact interventions to reach, test, treat, and retain key populations (KPs) in geographic areas with the greatest burden of HIV and improving the quality, availability, and use of strategic information.

This report highlights the key activities and achievements of the VHS-CDC project over the past six years as it strengthened institutional capacity and demonstrated scalable models and interventions across the HIV cascade with a focus on hidden and hard-to-reach KPs.



PEPFAR INDIA: A STRATEGIC APPROACH TO EPIDEMIC CONTROL



ENDING THE HIV EPIDEMIC

Cluster strategy

Focused site-level interventions in geographic clusters with high HIV prevalence

Strategic objectives

Strategic objective 1: Reach, test, and treat undiagnosed cases

Strategic objective 2: Strengthen laboratory capacity

Strategic objective 3: Increase data availability and use

The VHS-CDC project aligned with the PEPFAR India strategy of focusing on geographic clusters that have significantly higher HIV prevalence. The project's multiple activities were guided by and aimed at achieving PEPFAR India's strategic objectives to accelerate epidemic control.

CONTEXT

India's imperatives to halt the epidemic

India battles the third largest HIV epidemic in the world, with an estimated 0.26% of the adult population (aged 15–49 years), or 2.12 million people, living with HIV (India HIV Estimations 2015, NACO). The Government of India's National AIDS Control Programme (NACP) has yielded impressive results in its fight against HIV, with an overall reduction of 32% in new infections between 2007 and 2015 (NACO Technical Estimates). The gains are a result of NACP's aggressive, evidence-based scale-up strategy, which has provided millions of KPs as well as general population with prevention, counselling, and testing services. India is further bolstering its efforts, focusing intensively on high-priority areas and groups.

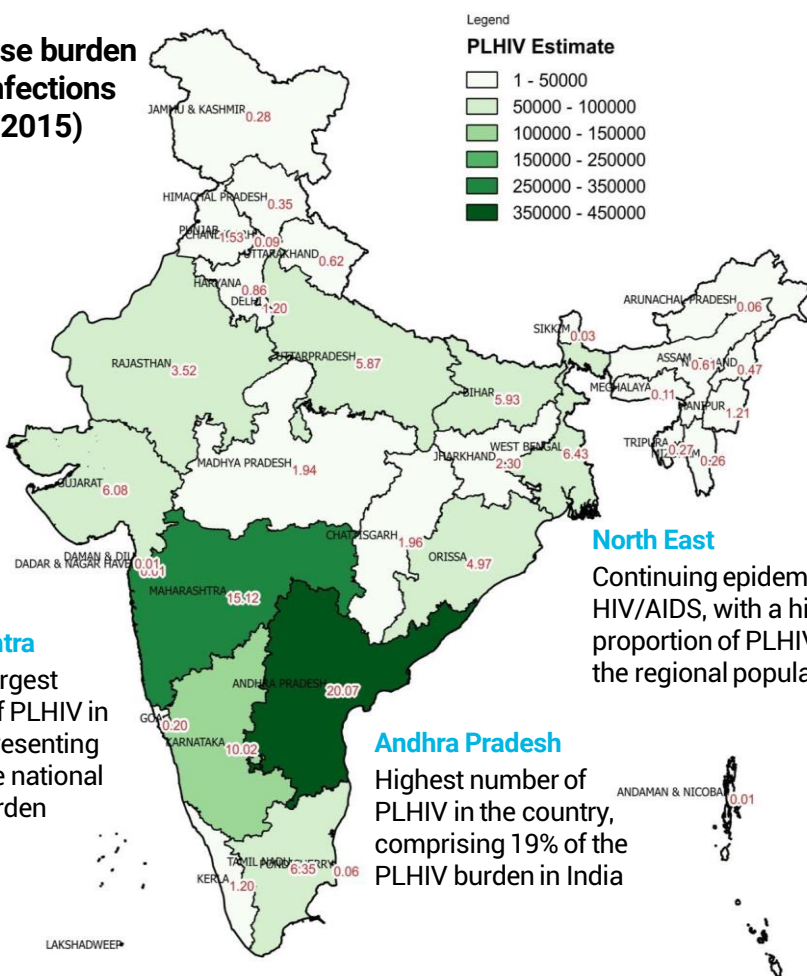
The country's pace of progress toward the Fast Track 90–90–90 targets greatly depends on bringing into fold the populations who are hard-to-reach and invisible. Given the concentrated nature of the HIV epidemic in India, there is need for preventive efforts focused on high-risk groups. The six high prevalence states of India, including Andhra Pradesh and Maharashtra, account for

a major burden of the epidemic, in terms of new infections as well as adult HIV prevalence. Even among these states, the epidemic pattern has been different in different pockets. A few districts in both the states have been traditionally identified as high prevalence pockets as well as acted as epicenters for transmission of HIV to other parts of the state and to other areas of the country.

Achieving NACP's goal of reversing the epidemic requires concerted efforts to plug leaks in the cascade for KPs in cluster areas. The major barriers that need addressing include reaching and testing hidden and hard-to-reach KPs, low yield of KP HIV positives, tracking positive KPs and people living with HIV (PLHIV) across the continuum of care, and low retention in care, support, and treatment. Technical assistance by the VHS-CDC project aimed at strengthening NACP's response to these imperatives by demonstrating scalable models for better reach and linkage, strengthening strategic planning and decision making, and supporting policy revisions of prevention, care, and treatment programs.

ALIGNING SUPPORT TO THE GEOGRAPHIC BURDEN OF DISEASE

State-wise burden of HIV infections (Adults; 2015)



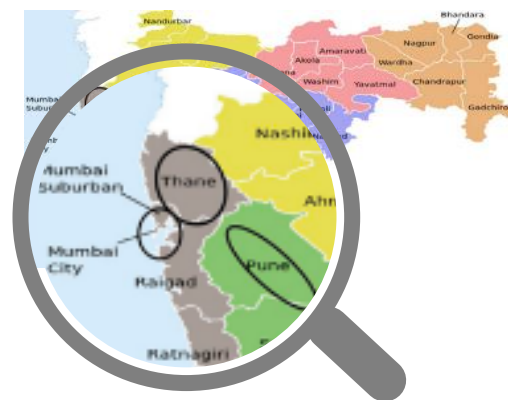
Maharashtra

Second largest number of PLHIV in India, representing 14% of the national PLHIV burden

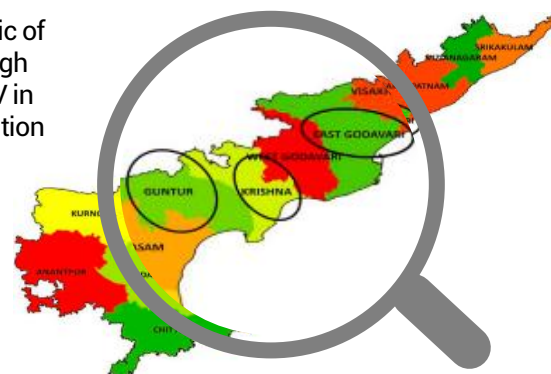
Andhra Pradesh

Highest number of PLHIV in the country, comprising 19% of the PLHIV burden in India

Maharashtra cluster districts



Andhra Pradesh cluster districts



North East

Continuing epidemic of HIV/AIDS, with a high proportion of PLHIV in the regional population

OVERVIEW

VHS-CDC PROJECT

Piloting innovations, catalyzing change

Supporting India's bolder progress toward its HIV epidemic control goals has been the driving thrust of the VHS-CDC project. While the NACP has been highly successful in the scale up of ICTC and ART services, there remain challenges in last-mile delivery of HIV services to hard-to-reach populations in high-priority HIV burden areas of the country. With the roll out of the test and treat policy in 2017, bolstering reach becomes all the more critical. The VHS-CDC project piloted several innovations in cluster districts to expand reach by better profiling, case-based tracking, linking, and retaining PLHIV in treatment.

Over the past six years (2013–2020), the VHS-CDC project strengthened national-level activities of NACO and intensely functioned, in line with the PEPFAR cluster strategy, in six high-burden districts in Andhra Pradesh (East Godavari, Guntur, Krishna) and Maharashtra (Mumbai, Pune, Thane) and in the North East region. The project successfully delivered on multiple fronts — demonstrating scalable models to bolster ICTC-ART linkage; developing new tools to better identify, track, and retain clients; strengthening the PPTCT component; lending assistance for better management of district-level implementation; and building institutional and human resource capacity.

The project supported strategies to maximize resource utilization by addressing gaps identified during program reviews and scaling up high impact practices. Its sustained technical assistance in cross-cutting areas of capacity building and improved data quality and use have contributed to evidence-based decision making, responsive planning and implementation, and strategic policymaking.

The VHS-CDC project's demonstration of scalable models for an improved response have laid the foundation for India's bolder progress toward epidemic control. The activities, insights, and achievements of these interventions hold lessons for other initiatives that will be developed and implemented in future.

VHS-CDC PROJECT: ACTIVITIES ALIGNED TO STRATEGIC OBJECTIVES

PEPFAR INDIA'S STRATEGIC OBJECTIVES

Strategic objective 1:
Reach, test, and treat undiagnosed cases

Strategic objective 2:
Strengthen laboratory capacity

Strategic objective 3:
Increase data availability and use

VHS-CDC PROJECT ACTIVITIES

- Tested innovative models for strong ICTC-ART linkage
- Developed risk-profiling tool for ICTCs
- Supported PPTCT program to better track mothers and link them to treatment
- Built institutional and human capacity
- Facilitated development of localized strategies for North East states
- Developed Jindagi mobile app to improve adherence
- Developed PALS software for improved case-based tracking
- Helped institutionalize tools and processes for a robust district level response
- Trained program cadres to improve availability and use of data



VHS-CDC PROJECT

KEY ACHIEVEMENTS

ACHIEVEMENT 1

DEMONSTRATED SCALABLE MODELS TO REACH THE UNREACHED KEY POPULATIONS



Implemented innovations for stronger linkage between testing and treatment

In the HIV care continuum, a major challenge emanates from poor follow-up of PLHIV from detection at Integrated Counselling and Testing Centers (ICTCs) to treatment at anti-retroviral therapy (ART) centers. The Mid-Term Assessment (MTA) of NACP-IV points to linkage loss – people detected to be HIV positive but not linked immediately with treatment services – as a major problem. The MTA estimates a linkage loss of 19%. Addressing this loss is crucial for India to advance on the second Fast Track 90 target of ensuring that the PLHIV who know their status start on ART.

The VHS-CDC project has demonstrated two innovative models to plug this leak. It piloted an outreach model in the three cluster districts of Maharashtra, where it strategically placed outreach workers (ORWs) at high-load ICTCs. The ORWs worked in close collaboration with ICTC counsellors and provide accompanied referrals to ensure HIV-positive clients reached the ART center for registration and treatment. In most cases, ORWs accompanied the clients from ICTC to ART center on the same day as the test result was given and post-test counselling completed by the ICTC counsellor. The ORWs also informed the clients about the processes followed at the ART center and educated them on the basics of ART, nutrition, and the need for adherence.

The project developed facility-wise plans to strengthen ICTC-ART linkage and reduce linkage loss. It trained ORWs on the importance of linkage to treatment and oriented them on their roles and responsibilities. Orientation was also provided to ICTC and ART center counsellors and state and district officials. Importantly, standardized review and monitoring tools were introduced to capture linkage data, track clients, analyze performance, and take follow-up action. To build

institutional capacity, facility-wise weekly review meetings, experience sharing sessions, data validation and consolidation, mentoring, and field visits were also undertaken in collaboration with District AIDS Prevention and Control Unit (DAPCU) teams. The weekly review served as a forum for monitoring progress, identifying gaps, and developing strategies to address causes of linkage loss.

The VHS-CDC project demonstrated another model – the mentor model – to bridge linkage loss between detection and treatment. Implemented in Andhra Pradesh cluster districts, this model entailed provision of mentoring support to ICTC counsellors to enable them to link clients with care, support, and treatment services. The strategy centered on placing a mentor for a group of ICTCs to capacitate, monitor, and support ICTC counsellors in counselling, handling clients, coordinating with ART center, following-up, and tracking PLHIV to ensure that HIV-positive clients referred for treatment reach the ART center, get registered, and start treatment.

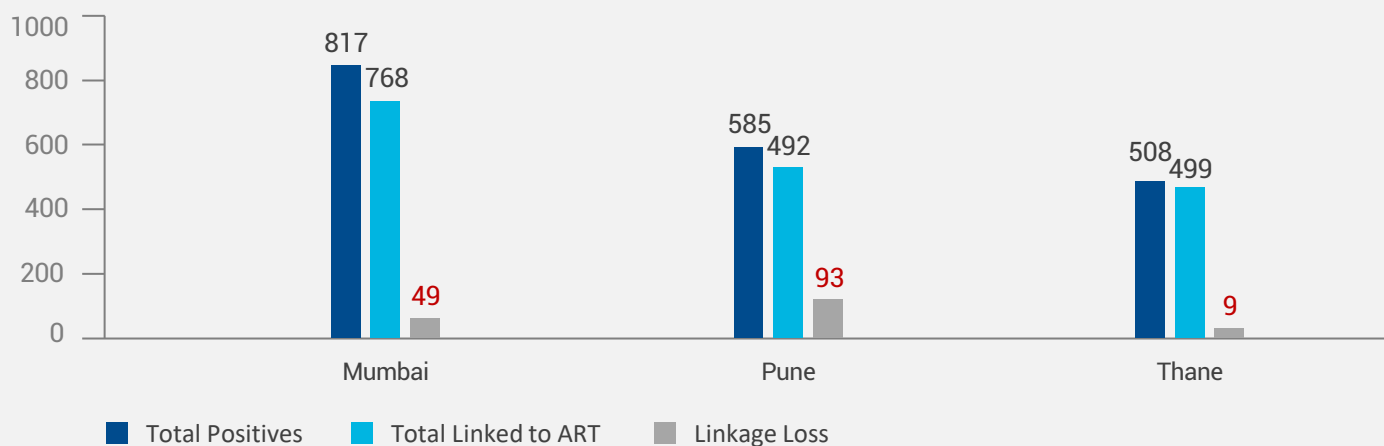
The VHS-CDC project implemented two innovative models to reduce linkage loss between ICTCs and ART centers, thereby strengthening the testing and treatment cascade, enabling a healthy life for PLHIV as well as reduced transmission.

EARLY RESULTS: ICTC-ART LINKAGE MODELS SHOW POTENTIAL TO REDUCE LINKAGE LOSS

Project data from Maharashtra shows an increase in the number of HIV positives linked to ART in Pune and Thane; reduction in linkage loss is also noted in Mumbai and Pune. Andhra Pradesh also shows improvement in ART linkage and a significant reduction in linkage loss in Guntur and Krishna districts.

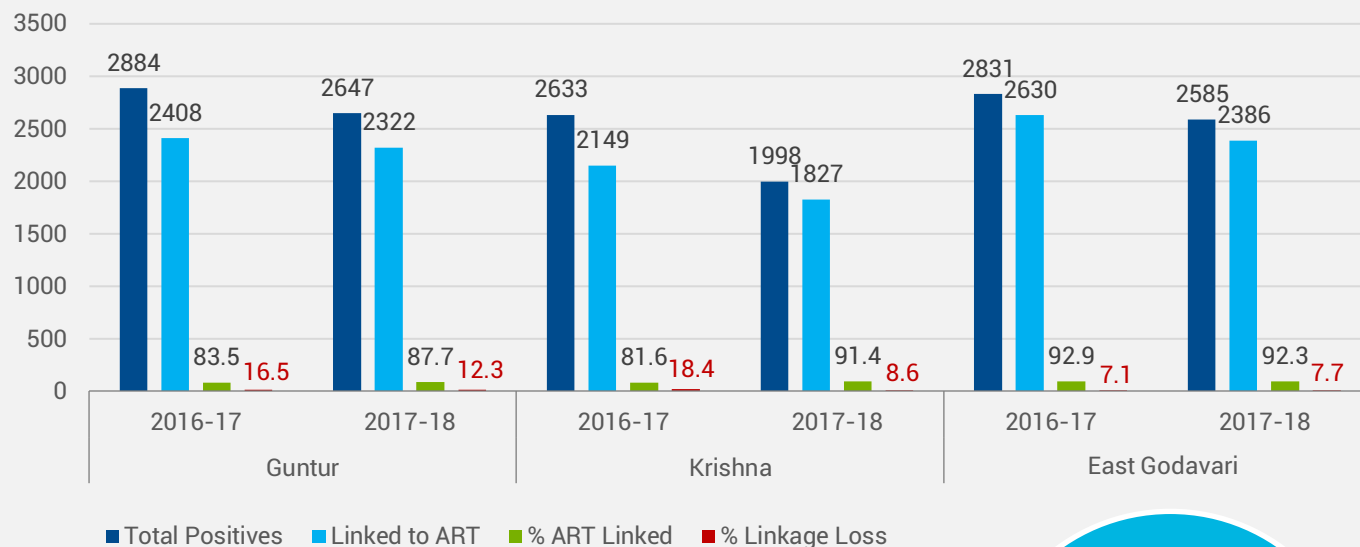
MAHARSHTRA

ICTC-ART LINKAGE AND LINKAGE LOSS (January–March 2018)



ANDHRA PRADESH

ICTC-ART LINKAGE AND LINKAGE LOSS



The accompanied referrals and ICTC counsellor mentoring introduced by the VHS-CDC project in Maharashtra and Andhra Pradesh, respectively, have contributed to strengthened linkage between ICTC and ART.

India's National Strategic Plan 2017–24 highlights "plugging the loss of clients from ICTCs to ART" as a strategic priority.



Developed a systematic tool for risk profiling of clients

Risk assessment is crucial to understand the transmission network of the HIV virus and inform strategies to control new infections. Assessment of risk behavior, profiling, and classification of self-initiated clients is hindered by the lack of standard processes at ICTCs to systematically gauge the risk behavior of HIV-positive clients and classify them as high-risk, at-risk, or general populations.

The VHS-CDC project developed an innovative risk profiling tool to record and assess the risk profile of clients accessing HIV testing and counselling services at ICTCs. The risk profiling tool was developed through wide-ranging consultations with multiple stakeholders at district, state, and national level and field testing. The instrument is a simple categorization tool containing four questions that can be easily administered by the ICTC counsellor during routine pre-test counselling sessions. The tool integrates well with the existing protocols of the national HIV program. Data generated by the tool is captured in the existing ICTC counselling register, making the process seamless and integrated. Enhanced understanding of clients' risk behavior will help the program gain a better understanding of the key drivers of the HIV epidemic, re-strategize prevention interventions, and extend timely treatment, care, and support.

VHS piloted the risk assessment tool in five ICTCs in Krishna and Guntur districts of Andhra Pradesh. Counsellors from these ICTCs were oriented on using

the tool and correctly recording the responses in the counselling register. Preliminary findings from the implementation indicate that a sizeable number of walk-in clients may belong to hidden KPs not associated with a targeted intervention (TI), while others are high-risk KPs and some others form a vulnerable population having multiple partners. Before the tool, these clients were neither being assessed for risk nor classified according to their risk. Once the clients are classified through the tool, intensified counselling and targeted follow-up can be provided to high-risk and at-risk clients.

The risk profiling tool is designed to serve as a job aid for ICTC counsellors, seamlessly integrating with the existing counselling process without placing any additional burden on the ICTC counsellor. The tool's replicability makes it useful to identify and capture hidden KPs on an ongoing basis.

The risk profiling tool for ICTC counsellors marks a critical step toward reaching hidden, undiagnosed KPs and strengthening the response to HIV.



“The risk profiling tool is simple to use and has made my work easier without adding any extra workload. With only a few questions, I can know which clients are at high risk for HIV and which are not. I can counsel them in a focused manner and refer to suitable HIV services... I motivate the walk-in clients from KP groups to enroll with the TI program. The HIV-positive clients get linked to ART services, while those who are HIV-negative and at risk are counselled to stay safe by practicing safe sex and regular HIV testing.”

P. Kishore Kumar,
Counsellor - ICTC Gudivada,
Krishna district, Andhra Pradesh



Demonstrated an intensive outreach strategy to track and link PLHIV women and their babies to treatment

Most children who acquire HIV infection through mother-to-child transmission do so during pregnancy, labor and delivery, or breastfeeding. The NACO Technical Estimate Report (2015) states that out of 29 million annual pregnancies in India, 35,255 occur in HIV-positive pregnant women. In the absence of any intervention, an estimated (2015) cohort of 10,361 infected babies will be born annually. Prevention of parent-to-child transmission (PPTCT) is, thus, an urgent imperative. HIV interventions assume even greater criticality and difficulty in large urban centers like Mumbai, which are faced with challenges of rapid urbanization, population growth, in-migration, and changing socio-economic patterns. It is in this complex context that the VHS-CDC project implemented an intensive approach for reaching out to pregnant HIV-positive women and breastfeeding mothers to deliver the required PPTCT services.

The VHS-CDC project worked closely with the Mumbai Districts AIDS Control Society (MDACS) to strengthen outreach activities, which are the backbone of the PPTCT program. The project's technical assistance to MDACS traversed the HIV care continuum – from tracking clients and linking them with testing and treatment services to ensuring follow-up and retention of PPTCT clients in the program. It trained and placed 36 outreach workers (ORWs) along with six project coordinators and a project officer for intensive tracking of clients and ensuring that HIV-positive mothers and their infected children receive ART.

The outreach activities – implemented at both facility level and community level – focused on service provision to HIV-positive antenatal clients during the entire tenure of pregnancy as well as after delivery. The ORWs began supporting the pregnant women/new mothers, especially those from hard-to-reach pockets,

immediately after they tested HIV-positive, escorting them to the ART center for registration and start of treatment and to labs for any further tests. The ORWs mobilized pregnant women and breastfeeding mothers for ANC registration at healthcare facilities, facilitated institutional delivery, and followed-up on pregnant women and mother-baby pair until the baby was 18 months of the age to ensure uptake of PPTCT services. In doing their work, the ORWs encountered and fought off customary beliefs regarding delivery and infant feeding practices and the deep-rooted stigma and discrimination surrounding HIV/AIDS.

Building the capacity of healthcare providers and other PPTCT personnel is crucial for the program's success. Using various participatory methodologies, VHS trained the ICTC, ART, and PPTCT program staff on an array of topics and real-life cases to facilitate delivery of quality services as per NACO guidelines. The project also developed robust monitoring and reporting tools to ensure efficiency in data collection, analysis, and timely submission to MDACS and NACO. The project has contributed to a strengthened PPTCT program in Mumbai through activities and interventions that, if taken to scale, can secure the goal of preventing perinatal transmission of HIV.

VHS-CDC galvanized Mumbai's PPTCT program with an effective outreach strategy, robust monitoring framework, and trained personnel to achieve the goal of preventing perinatal transmission of HIV.

The photograph has been taken with the consent of the ANC mother/family and the PPTCT team. The photograph must NOT be used in any manner without prior approval from VHS, Chennai.



The outreach workers made regular visits to the homes of HIV-positive pregnant women and breastfeeding mothers in their area. They followed up with them on their health and ART compliance and provided the information, encouragement, and support they needed to stay healthy and keep their babies safe from HIV.



Developed Jindagi mobile app to reach PLHIV and improve treatment adherence

Starting and staying on ART significantly reduces the amount of HIV virus in the infected person's blood (the viral load), allowing the individual to keep healthy and reduce the risk of sexually transmitting HIV. However, a very high level of adherence to ART (at least 95%) is necessary. The VHS-CDC project developed a digital solution to strengthen adherence and retention in care among the beneficiaries availing ART services. It created a mobile phone-based treatment literacy app – *Jindagi* (meaning, life) – to empower PLHIV with the correct information, motivation, and skills to adopt healthy behaviors. VHS worked with the Mumbai Districts AIDS Control Society (MDACS) to develop the app.

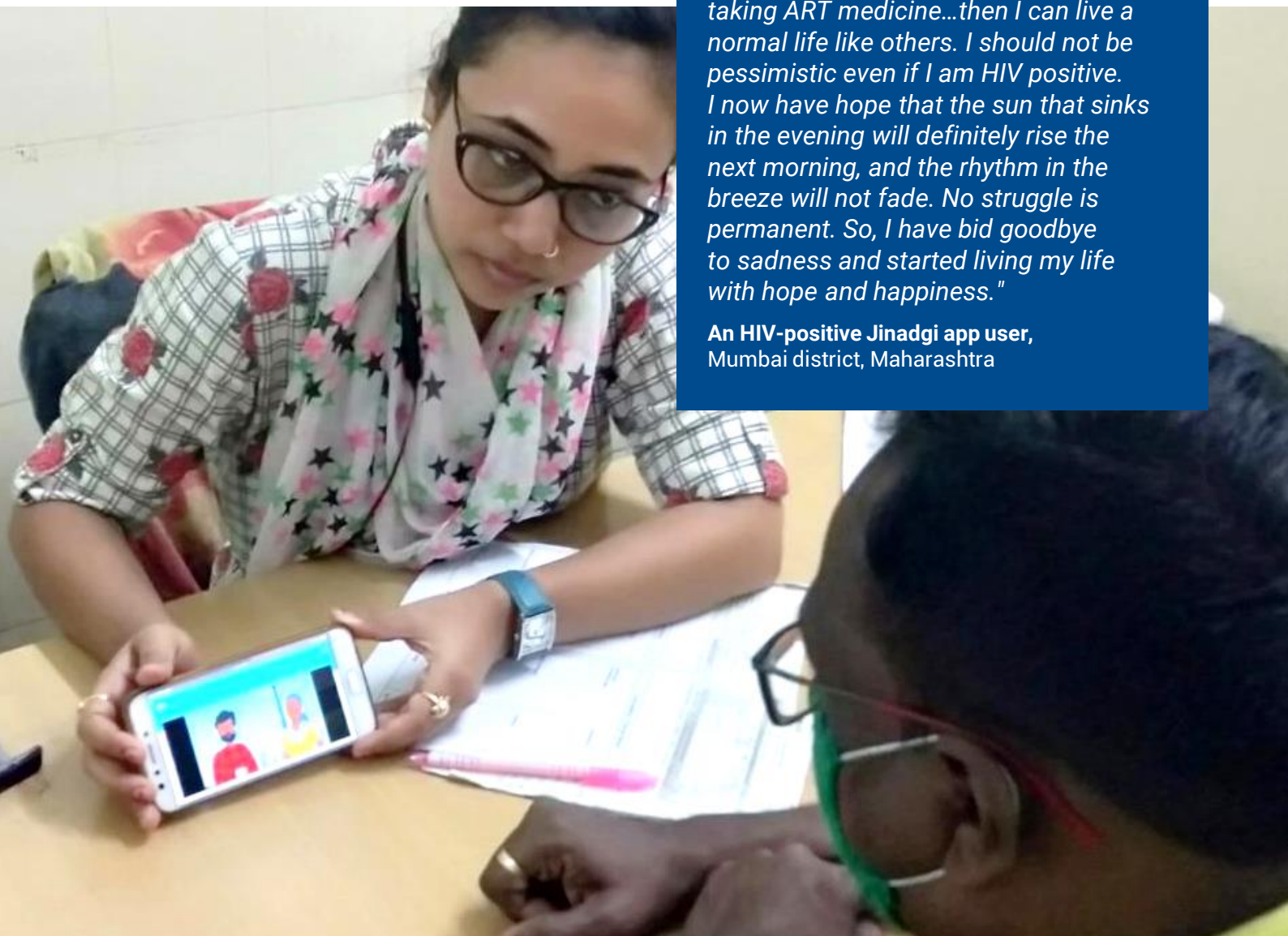
The *Jindagi* app has the following features to educate, entertain, and empower PLHIV: 30 thematic videos, 30 thematic infographics, quizzes on good health, pill reminders, a mood tracker system to track the mental health status of clients for mental health counseling, and credit points for redemption. It allows the ART counsellor to also track PLHIV through follow-up and mentoring support.

The VHS-CDC project launched the *Jindagi* app in six ART centers of Mumbai cluster district. Since its launch in December 2019, 475 PLHIV from the six ART centers have downloaded the app on their phones and are using it. Early experience attests to the app's usefulness as a convenient and discreet literacy tool to educate PLHIV about pills, treatment adherence, and side effects and dispel misconceptions about the disease. There are plans to launch the app in 13 more ART centers in Mumbai and subsequently scale up across the country.

The *Jindagi* mobile app showcases a cost-effective, scalable approach to promote adherence and health seeking by PLHIV.

"The videos on Jindagi app have taught me that my health is in my hands. I need to be regular in eating healthy food and taking ART medicine...then I can live a normal life like others. I should not be pessimistic even if I am HIV positive. I now have hope that the sun that sinks in the evening will definitely rise the next morning, and the rhythm in the breeze will not fade. No struggle is permanent. So, I have bid goodbye to sadness and started living my life with hope and happiness."

An HIV-positive *Jindagi* app user, Mumbai district, Maharashtra



ACHIEVEMENT 2

DEVELOPED TOOLS AND PROCESSES TO ENHANCE DATA AVAILABILITY AND USE



Developed PALS software for effective case-based tracking and epidemic surveillance

Tracking of PLHIV and their continued access to treatment and care is imperative for India to achieve its goal of ending the HIV epidemic. The VHS-CDC project, under the guidance of NACO, developed an online data reporting software – PLHIV-ART Linkage System (PALS) – that will revolutionize the way data on PLHIV is collected and used. PALS is a web-based, real-time, case-based reporting, tracking, surveillance, and information management tool that allows tracking of services being provided by different health facilities at different points of time in different geographies. PALS was launched by Shri. J.P. Nadda, then the Hon'ble Union Minister for Health and Family Welfare, Government of India, on World AIDS Day, December 1, 2015. Initially the PPTCT module of the software was implemented, but based on its successful implementation, NACO extended PALS to track all PLHIV general clients. All States and union territories of India have implemented PALS and are reporting data on it.

Before PALS, the data was being maintained in Excel sheets; compilation of these Excel sheets at district, state, and national levels and the aggregation of data was a tedious and difficult task. VHS supported NACO in developing PALS to make the process simpler and the

data easier to access and use by enabling at-a-glance understanding of the status of the epidemic. PALS is helping to capture individual-level data on PLHIV across geographies, service delivery points, and cohorts of PLHIV. The data, disaggregated by cohorts of PLHIV, sex, and geography, is helping to identify HIV trends, facilitating linkages, and generating alerts for field staff to follow-up on HIV-positive clients, pregnant women, and HIV exposed children. India is possibly the only developing country in the world with a well-functioning, scaled electronic health record system like PALS that is dedicated specifically to HIV. The software has immense potential to inform individual case-based tracking systems for other health programs in India and globally.

PALS is contributing significantly to the management of HIV by enabling tracking of PLHIV and making case-based data available at the click of a button.



“Tracking PLHIV from the point of detection till the point of successful ART linkage has been a major challenge for the HIV program. The technology-based PLHIV ART Linkage System (PALS) provides a solution to this. PALS is a unique system that was designed, developed, and implemented across the country by the VHS-CDC project under the guidance of NACO and with the support of CDC. Its distinctive feature of individual tracking enables service providers at ICTCs and ART centers to vigorously follow-up on PLHIV who have not been linked with ART. The data becomes easily available to district and state administrators for planning and programmatic decisions and to NACO for policymaking.”

Dr. Joseph D Williams, Director - Projects, VHS



"I want every child born in this country to be free of AIDS and have the freedom to realise their dreams. The steps (new initiatives) are important milestones as we traverse the 90:90:90 strategy adopted by UNAIDS."

Shri. J.P. Nadda, Hon'ble Union Minister for Health and Family Welfare, speaking at the launch of PALS and other initiatives on World AIDS Day 2015; Press Information Bureau, December 1, 2015



JACO CILLIERS

N.S. KANG

SHRIPAD YESSO NAIK

JAGAT PRINASH NADDA

B.P. SHARMA

HENDRIK JAN BEKERDAM

OUSSAMA TAWIL



Implemented tools for a robust decentralized response

Decentralization is widely considered essential for a strong multi-level, multi-sectoral response to the HIV epidemic. India's District AIDS Prevention and Control Units (DAPCU), initiated by NACO in 2008–09, represent an effort to that end. Strengthening DAPCUs, the nodal agency for management of all HIV-related programs at the district level, is critical to ensure the district administrative machinery stays connected and responsive to the needs of HIV service receivers and providers on the ground. The VHS-CDC project provided sustained capacity enhancement and mentoring support to DAPCUs in 188 high-burden districts across 22 states and the DAPCU National Resource Team (DNRT), which NACO constituted in 2010 to manage DAPCUs' capacity development and functioning. VHS provided the technical assistance and management support to DNRT and DAPCUs in partnership with NACO and SACS.

The VHS-CDC project introduced several tools to improve management and monitoring of DAPCUs' activities and ensure optimal outcomes. The **DAPCU Monthly Report (DMR)** was implemented as a monitoring tool to capture each DAPCU's activities, analyze progress, track key indicators, and provide feedback to the DAPCU team. Similarly, an innovative monthly **scorecard** was designed and implemented to track performance and monitor DAPCUs' effectiveness on key indicators. It objectively measures strengths and weaknesses on a consistent basis and, thus, helps to identify areas for improvement. The scorecard provides a single shot overview on performance of the DAPCU and is now being used as the first slide during presentations in all meetings, such as the DAPCU review meeting by SACS and District AIDS Prevention and Control Committee (DAPCC) meetings, to indicate the successes and challenges in implementing the HIV program in a district.

Another innovative initiative of the VHS-CDC project is the **blog DAPCU Speak**, which it initiated as a platform to provide informal learning opportunities and facilitate exchange of knowledge, ideas, lessons, and experiences among DAPCU teams across India. The DNRT decides on the monthly themes for the blog through a participatory

process; the themes are then announced to facilitate contributions and discussions. *DAPCU Speak* provides DAPCUs an opportunity to share success stories and highlight the steps they take to resolve issues such as cases of stigma and discrimination faced by the community. VHS has trained a team of volunteers from DNRT to moderate the blog. The project also supported the publication of **DAPCU Bulletin**, a newsletter brought out in hard and soft copy every two months by DNRT and circulated to NACO, SACS, and DAPCUs. The bulletin showcases, among others, the activities undertaken by DNRT and DAPCUs, district-level events, innovations and best practices from the field, and performance of the district-level HIV program.

Through the DNRT, the VHS-CDC project supported DAPCUs in multiple areas of emerging importance, including strategic support to DAPCU nodal officer and other SACS officials for systematic conduct of DAPCU review meetings, addressing data quality issues, and utilizing data for decision making. VHS also bridged capacity gaps through customized training programs in five states. It also strengthened the existing mechanism of field visits through monthly reports' analysis and planned "purposive visits" to HIV facilities. The project's multiple initiatives have been in support of NACO's objective of strengthening district planning and implementation processes to overcome last-mile bottlenecks and improve performance.

VHS-CDC's sustained technical assistance to the DNRT and 188 DAPCUs has paved the way for improved program efficiencies, enhanced quality of data for decision making, and strengthened mechanisms for decentralized program implementation.

ENABLING A STRONG DECENTRALIZED RESPONSE TO THE HIV EPIDEMIC

Analysis of DAPCU monthly report

DAPCU Speak blog Regular interactions and feedback

Monthly scorecard **DNRT** DAPCU Bulletin

Supportive supervision visits Capacity building

The VHS-CDC project supported

188 DAPCUs

in **22 states** for a robust and coordinated multi-level, multi-sectoral response.

ACHIEVEMENT 3

BUILT INSTITUTIONAL AND HUMAN CAPACITY TO STRENGTHEN PROGRAM MANAGEMENT AND IMPROVE SERVICE DELIVERY

A major part of the VHS-CDC project's technical assistance was toward strengthening institutional and human capacity for programmatic effectiveness. The project devoted considerable effort toward building the organizational and technical capacity of government health functionaries and field staff working on the ground to improve access to and quality of HIV services.

In Andhra Pradesh, one of the states where the landmark PALS software was pre-tested and effectively rolled out, VHS organized training for all facility-based staff, such as ICTC counsellors and ART data managers, and DAPCUs on the different modules, functionalities, and usability of PALS through both classroom and hands-on training. Similar trainings for program cadres were organized in Maharashtra and the North East states of Nagaland, Mizoram, and Manipur. The North East states were also provided capacity building support in a range of other areas, including on revised HIV counselling and testing services (HCTS), prison HIV intervention, index case testing, ART navigation and linkages, and TI NGO program for female injecting drug users, among others.

Strengthening of the PPTCT component was another key thrust of the project. VHS conducted training of trainers (TOT) in Mumbai to develop a pool of master trainers (nurse educators, SACS representatives, and PPTCT medical officers) on the updated PPTCT guidelines, to enable subsequent district-level trainings of nursing supervisors and labor room nurses. The project also organized sensitization workshop on PPTCT, early infant diagnosis (EID), and syndromic management of STI/RTI for medical officers of dispensaries and maternity homes under the Municipal Corporation of Greater Mumbai.

HIV counselling is a key entry point in HIV prevention, treatment, and care. Counselling of PLHIV must go beyond diagnosis of HIV status and informing the client about it. The client requires ongoing support and follow-up, especially to ensure treatment begins and continues. In this regard, VHS oriented ICTC counsellors in Maharashtra on the importance of ICTC-ART linkage and sharpened their counselling skills to assess and cater to patient needs. Besides counselling skills, counsellors were also trained

on the PALS software and data usage. VHS also organized integrated training of all counsellors, i.e., ICTC, STI, and ART counsellors, to update their knowledge and skills on various aspects of HIV/AIDS, NACP-IV, PPTCT, EID, M&E tools, HIV-TB, ART adherence, etc., to secure quality services for clients. Counsellors from select cluster district ICTCS also received training on the ICTC SIMS reporting calculator to improve data quality.

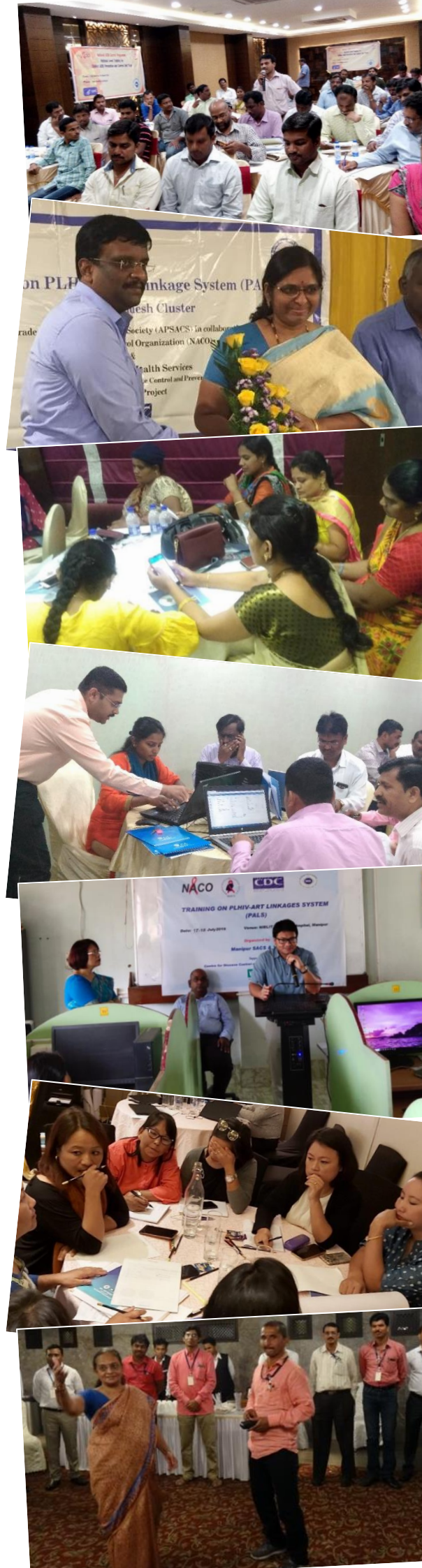
Strengthening the DAPCUs was another major focus area for the VHS-CDC project, and capacity building capacities a key thrust of that effort. VHS began by understanding the gaps in training of DAPCU staff in various states. Preparation of a comprehensive state-wise list revealed that DAPCU staff from the states of Andhra Pradesh, Telangana, Rajasthan, Maharashtra, and West Bengal were yet to be trained. VHS prepared a training calendar to ensure that DNRT representatives train all of the 198 DAPCU staff members from these states. Batch-wise trainings were organized and the staff trained on NACO components and DAPCU's roles and skills to strengthen program implementation at the district level.

Apart from trainings under the project umbrella, the VHS-CDC project also extended coordination and logistics support to CDC India for Asia region training on index testing, social network strategy, Pre Exposure Prophylaxis (PrEP), recent infection surveillance, and rapid testing. The workshop was attended by 59 participants from nine countries in Asia, including India. Personnel from NACO, SACS, health ministry, donor agencies, and implementing partners attended the workshop.

The VHS-CDC project's significant investment in building knowledge and skills has helped foster a unified and informed engagement with the HIV program agenda and improved implementation capacities.

BUILDING CAPACITY FOR IMPROVED SERVICES, STRENGTHENED OVERSIGHT

	Training programs	Participants
DAPCU staff trained on NACO components and DAPCU's roles and skills to strengthen program implementation	6	198
Cluster districts staff trained to bolster the PPTCT component	9	387
Facility-based staff like ICTC counsellors, ART data managers, and DAPCUs trained on PALS	21	924
Counsellors' skills built to strengthen ICTC-ART linkage	5	209
Counsellors trained on ICTC SIMS reporting calculator to improve data quality	8	274
Capacities in North East states bolstered through trainings on processes and guidelines, including on revised HIV counselling and testing services (HCTS), prison HIV intervention, index case testing, ART navigation and linkages, and TI NGO program for female injecting drug users	11	624
Asia region training supported to foster skills on index testing as a strategy to increase HIV case identification	1	59



61 training programs

2,675 resources trained

ACHIEVEMENT 4

FACILITATED CONSENSUS ON LOCALIZED STRATEGIES FOR NORTH EAST STATES

Over the last 25 years, India's response to the HIV epidemic has been prompt and forward thinking, enabling halting of the epidemic's spread in the country. However, while nationally there has been 57% decrease in the number of new infections between 2001 and 2011, the North East states recorded a 16 % increase in the number of new infections during the same period. Despite the Department of AIDS Control (DAC) having responded by scaling up evidence-based comprehensive prevention to care and treatment continuum program, HIV epidemic in the region has not stabilized. HIV prevalence among the general population in Nagaland, Manipur, and Mizoram is higher than the national average. Of particular concern is the rising HIV prevalence in the states of Manipur, Meghalaya, Sikkim, and Assam when compared to 2008–2010.

Clearly, it cannot be business as usual. There is need for different stakeholders to come together to analyze the contributing factors and strengthen the response through strategies that respond to the unique challenges of each of the eight North East states (Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim and Tripura).

The VHS-CDC project lent support to enable a collaborative, consultative approach toward combating the HIV epidemic in the region. The project brought together a wide range of stakeholders – representatives from various government organizations, including SACS from the eight states; officials from the North East Regional Office (NERO); NGOs; representatives from DAC; CDC; UNAIDS; networks of positive people; and community-based organizations – in four conclaves organized by NACO in Imphal, Kohima, Aizwal, and

Shillong during 2014–15. The consultations enabled a thorough understanding of the nature of the epidemic in the North East as well as the problems faced by implementing agencies, TI NGOs, and SACS while operating in the eight states, including the unique challenges of the injecting drug user (IDU) driven epidemic, compounded by challenges like infrastructure and geography. The consultations also provided an opportunity to identify solutions and develop state-specific action plans to address the epidemic. Most importantly, the consultations built clarity and consensus on the need for localized strategies that respond to the ground situation in each geographical state.

The extensive multi-stakeholder consultations fed into the draft North East regional strategy for prevention and control of HIV, with state-specific plans on various sub-components, including opioid substitution treatment, needle and syringe program, TIs, ART, TB and hepatitis C, prison HIV, and demand generation, among others. The development of state-specific plans, with specific targets and timelines, will reinforce the North East states' response to contain the epidemic.

Multi-stakeholder consultations sharpened focus on the unique problems of the North East HIV/AIDS epidemic and the localized strategies needed to respond effectively.



"The HIV/AIDS programme has long felt the need for succinct, region-specific strategies for North East states. The conclaves, which VHS facilitated with support from CDC, enabled key stakeholders to come together and deliberate on the strategies needed to tackle the specific challenges different North East states face. The dialogues have laid the ground for concerted action, and mark a significant step forward toward the national programme's goals."

Mr. K.B. Agarwal, IAS, Joint Secretary, Department of AIDS Control (DAC), September 5, 2014

North East conclaves increase media attention on the region's HIV burden



Health minister urges inclusion of Hep C treatment in NACP

By A Staff Reporter
IMPHAL, June 5: State Health Minister Phungzathang Tensing today urged the officials concerned of the department of AIDS Control to devise a strategy for the inclusion of Hepatitis C treatment program in the National AIDS control program.
The Health minister was speaking at the closing function of...

"Manipur has highest number of HIV infected persons among NE States"



NAGALAND POST, DIMAPUR SATURDAY, SEPTEMBER 6, 2014

DIMAPUR SATURDAY SEPTEMBER 6 2014

Longon stresses on strategies to combat HIV

DIMAPUR, SEP 5 (NPN): Health and family welfare H&FW) minister P. Longon has stressed on state specific strategies keeping in mind the social structure of the...

The People's Chronicle

State has 44,624 PLHIVs at present, says Phungzathang



North East conclave-II on HIV&AIDS

KOHIMA, SEP 1 (NPN): North East conclave-II on HIV&AIDS would be held on September 3, 9.30 a.m. at hotel Vivor, Secretary Banu Z. Jamir, Commissioner Secretary P. Sentiyanger Imchen, deputy director general (TI) dept of AIDS control govt. of India Dr. Neeraj Dhingra, Pauline Harvey country director CDC India, joint secretary of India K.B. Agarwal and secretary DAC Dr. V.K. Subbaraj would be addressing the gathering.

2nd NE conclave on HIV and AIDS

DIMAPUR: Nagaland State AIDS control society would be hosting the second North East conclave on HIV and AIDS from September 3 to 5 at...

NE conclave-II on HIV & AIDS begins

CDC TECH SUPPORT TO STRENGTHEN HIV& AIDS PREVENTION



EASTERN MIRROR

NE Conclave on HIV and AIDS begins



CDC India country director Dr Pauline Harvey officials during the inaugural function of the...

...en, the response of community. She informed that CDC will be providing technical support to the north east region in strengthening HIV/AIDS prevention...

Longon for state-specific strategies on HIV programme

HEALTH Minister for Health & Family Welfare P Longon stressed the need for state-specific strategies, for effective implementation of HIV programmes in the NE States. Addressing the concluding programme of the three-day NE Conclave-II in Kohima today, Longon expressed his concern over the trend of HIV infection in north-eastern states and sexual route being one of the main routes of HIV transmission. He thanked NACO for having special focus in the NE areas and requested it to put in more efforts in delivering quality services and treatment. He also stressed the need to intensify Inter Personal Communication (IPC) activities in rural areas. The minister further requested NACO to scale up IEC funding in the State while commencing NSACS and NACO for successful implementation of Oral Substitution Therapy (OST) programmes in the State. At present there are 28 OST centres functioning in Nagaland. KB Agarwal, Joint Secretary, NACO, in a speech, suggested developing area strategy to reach out to the people through doorsteps with programmatic services. He also mentioned that funders are being addressed to overcome social barriers facing at present. Earlier, Dr. L. Waikala, Project Director, NSACS, welcomed the member states of NACO and NERCO. He stated that the three-day conclave of HIV programmes, and a day of HIV programmes by heads of NACO and NERCO. Dr. Neeraj Dhingra, Deputy Director General (TI), shared the overall (TI), shared the overall day conclave, state-specific shared, state-specific and different approach to solve and address...

NACO no more an independent wing

Durgesh Nandan Jha, TNN | Sep 5, 2014, 06:11 AM IST
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Health ministry officials said the merger of NACO with the department of health will end this corruption and under-utilisation of funds.

NEW DELHI: Prime Minister Narendra Modi's call for "minimum government, maximum governance" has had an unusual impact. The merger of National AIDS Control Organisation (NACO) into department of health, the health ministry claim the move will streamline the service but activists have slammed it saying the decision deals a blow to the decade-long efforts for HIV prevention and care.

"It's official. NACO is not an independent division under the health ministry any more. It will be a part of the department of health, which is headed by Lov Verma," said a ministry official who didn't wish to be named. He said the secretary, in-charge of NACO, has been suspended.

RELATED
Condom safe, but fidelity is the safest, Harsh Vardhan says

NACO was created in the year 1992. It formulates policy and implementation of AIDS prevention and control of HIV/AIDS through 35 State AIDS Control Societies (SACS). For nearly a decade this government division has also been instrumental in...

KOHIMA: Nagaland health minister in mind the unique social structure. He Second North-East Conclave on HIV/AIDS...

The three-day programme focused on...

ACHIEVEMENT 5

SUPPORTED NACO THROUGH TECHNICAL ASSISTANCE ON EMERGING PRIORITIES

The rich evidence generated by surveillance and research under the National AIDS Control Programme (NACP) has powered India's strategic, aggressive, and comprehensive fight against the epidemic. The VHS-CDC project supported several of NACP's strategic initiatives to build a strong body of evidence for decision making and course correction. One such initiative was the **mid-term appraisal (MTA) of NACP-IV**, a unique and massive exercise conducted by NACO in partnership with SACS, development partners, community and civil society organizations, and technical and subject matter experts. The MTA entailed numerous planning meetings, technical discussions, desk reviews, and field visits. VHS supported NACO in planning, designing, implementing, and providing technical support to various steering committees and technical sub-committees on key strategies such as prevention, treatment, IEC, and the Strategic Information Management System (SIMS). The project also participated actively in field visits and lent its expertise to SACS, district administration, and on-ground implementers, including facilities and intervention sites, for communicating field-level realities to the steering committee and offering inputs for possible innovations.

Another major initiative VHS supported was the **Joint Implementation Review Mission (JIRM)**, which is conducted bi-annually to assess the progress of the World Bank-funded National AIDS Control Support Project (NACSP) to scale up HIV prevention interventions. NACO requested the VHS-CDC project to provide support for the JIRM conducted in December 2017 for the period of April–September 2017. The project supported NACO with a team of consultants who undertook desk review, interviewed key officials from NACO and SACS, conducted field visits to facilities, analyzed program data, and documented the activities implemented and progress made by NACSP during 2017–18. The team developed a comprehensive report to provide the JIRM team of experts and partners with a succinct overview of the NACSP, its achievements, and the implementation status in NACSP's three component areas (TI program, new initiatives and innovations, and institutional strengthening).

The project also supported NACO by augmenting its **technical staff**. VHS deployed technical specialists/officers and a team of IT professionals at NACO to provide expertise in the areas of strategic

information, data management, and analysis. The team – Strategic Information Management Unit (SIMU) – comprised 15 professionals based at NACO and responsible for generating strategic information for program planning and decision making, monitoring IT applications such as SIMS and PALS, streamlining the reporting system and monitoring data quality, capacity building of state level M&E officers, and analyzing the data to track the epidemic and identify trends. The team supported by the VHS-CDC project contributed to the policymaking process, program management, and course correction by developing and disseminating knowledge products at various levels.

Digitalization of NACO's filing system has been another area the VHS-CDC project supported. In line with the Government of India's mandate for digitalization of filing systems, all paper-based files/documents need to be digitalized and uploaded in an e-office web system. The VHS-CDC project assisted in setting up a streamlined filing system for NACO and supported digitalization of its files/documents. The digitalized content has been moved to the Government of India's National Informatics Centre Services Inc (NISCI) software with appropriate metadata for each file to facilitate storage and retrieval. This has been a major initiative to make data access easy and timely.

The VHS-CDC project's technical assistance to NACO contributed to evidence-based policy, planning, and decision making. The project worked in close partnership with NACP to enhance the generation and use of evidence for decision-making, building the foundation for stronger, resolute progress toward epidemic control.

VHS-CDC PROJECT

ACHIEVEMENTS AT A GLANCE

Intensive
site-level
interventions



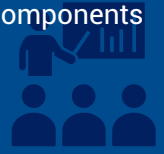
support for
national-level
activities

Demonstrated
two approaches –
outreach model
and mentor model –
for stronger
ICTC-ART linkage



61 training programs;
2,675 trained

Institutional and human
resource capacities built
across program components



Developed
risk profiling tool
for easy assessment
and classification of
clients at ICTCs



Developed **PALS software** and supported its roll out
PALS launched nationwide for case-based tracking and
epidemic surveillance

754,894 PLHIV
registered on PALS as of
September 2019



Demonstrated **intensive**
outreach strategy
for PPTCT

Model adopted by
Mumbai Districts
AIDS Control Society
(MDACS)

Supported **DNRT** and
188 DAPCUs in **22 states**
for a robust district-level
response; reporting increased
to **99.5%**

DNRT team made
373 mentoring visits
to DAPCUs (2015–2017)

Developed and piloted
Jindagi mobile app to
improve treatment adherence

App installed
and being used by

475 PLHIV
from six pilot ART
centers



Technical assistance provided for
MTA, JIRM, SIMU, and
digitalization of records
Supported NACO in building evidence
for decision making and course correction



Organized

4 multi-stakeholder
consultations

for localized HIV strategies
in 8 North East states



LESSONS LEARNED

One of the most important lessons from VHS-CDC project's implementation experience is the importance of establishing a strong relationship with the government based on trust and responsive. The project invested time and effort in building a strong rapport with NACP stakeholders at the national, state, and district level as well as with health facility staff in cluster districts. During the entire period of implementation, the project team ensured efficient coordination and productive engagement with all key stakeholders to identify gaps, address bottlenecks, and improve performance. The VHS-CDC project's collaborative approach saw it work continuously and closely with SACS, DNRT, DAPCUs, and other technical partners. This has not only helped develop institutional capacity and but also laid the groundwork for continuance of activities beyond the project term.

A critical reason for the VHS-CDC project's successful activities was the NACP leadership's keen commitment to HIV eradication goals and the reform agenda. VHS leveraged that intent by providing robust and timely technical inputs and evidence that is contributing to strong progress toward epidemic control goals. The project also benefitted from the nearly two decade-long experience VHS, the implementing agency, has in HIV programming, which has ensured it a deep understanding of the program, its framework, and operational weaknesses and strengths. It attended to NACO's requests for technical assistance with expertise and agility, supporting planning, implementation, and policymaking across program components.

From the programmatic point of view, one of the most important functionaries in the HIV program is the ICTC counsellor. It is vital that the ICTC counsellor be equipped with the skills and tools that enable her/him to appropriately counsel and refer the clients and ensure that they get and stay connected with treatment and care services. Several of the VHS-CDC project's activities and initiatives, such as the risk profiling tool, mentoring, and capacity building in counselling and data recording were focused on the ICTC counsellor to ensure they play their critical role

with success without being overburdened. Further efforts to build their skills, including for identification and counselling of KPs, using KP friendly terminologies/words, effective approaches for strengthening linkages for KPs, coordination skills, documentation, and reporting skills, will go a long way in securing effective services. Capacity building in data recording, reporting, and analysis at the ICTC level are especially needed to generate rich evidence, based on which patient tracking can be improved and quality of services made better.

A key learning from the project has been on the utilization of outreach workers (ORWs). Although placing ORWs at ICTCs has been a strategy adopted in the past under NACP, the key highlight of the VHS-CDC project intervention was the focused utilization of the ORW to track PLHIV and link them with treatment and care services. This unique focus played a vital role in bringing down linkage loss between detection and treatment at demonstration sites. The role of ORWs is profound because the immense stigma and fear PLHIV experience may not allow them to see value in linking themselves with treatment services. In such a situation, an ORW can encourage and motivate the PLHIV and usher in the required behavior change with respect to treatment seeking, adherence, retention in treatment, and risk behaviors.

Another of the project's learning was about the significant role information technology (IT) can play in improving data quality and use. The PALS software VHS developed with NACO is revolutionizing the way the HIV epidemic is monitored and responded to. PALS is allowing case-based tracking of PLHIV and making disaggregated data available at the click of a button. Similarly, the Jindagi app the project developed for clients is a robust digital communication tool, reaching clients on their mobile phones with information and messages about healthy behaviors and the need for ART adherence. IT can and must be leveraged more and more to improve client tracking, increase scale while containing costs, and achieve program efficiencies.

THE UNFINISHED AGENDA

While India has achieved commendable epidemic control, high-burden clusters in Andhra Pradesh, Maharashtra and North East continue to show comparatively slower progress, owing to reasons such as geographical terrain and leaky cascade. PEPFAR had chosen these as priority focus clusters based on the need to address the specific concerns in these clusters. To this end, PEPFAR has supported the implementation of a number of innovative strategies to complement and strengthen the national program.

Despite significant attention and resource allocation, there remains the need for improved programmatic coordination, greater synergistic action at the field level, and cutting-edge initiatives to arrest the leaky cascade. These measures need to be further scaled up and fully integrated in a wholistic manner, with key populations at the center of the effort. Alongside, attention must also go towards new emerging pockets in the country, such as injecting drug users in Punjab and Uttar Pradesh.

Notably, the national HIV program under NACP-IV is mainly geared toward consolidation and integration with the public health system (National Health Mission). It is imperative that this integration of the HIV program should not result in dilution of focus on priority areas; hampering of data flows, especially with regards clusters; and weakening of HIV protocols, such as testing protocols, on account of a single counsellor attending to multiple programs. Most importantly, key populations – which are at the center of any epidemic – should continue to receive urgent and focused attention.

The VHS-CDC project, working in collaboration with multiple stakeholders, has demonstrated a range of innovative, scalable approaches, such as the outreach model, risk profiling, and PALS, among others. These approaches helped sharpen NACP's focus on priority areas and bolstered the effectiveness and efficiency of programmatic interventions.



VHS-CDC Project

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