Research & Program Dissemination

Date – 12th-13th Mar’2020

Venue – Hotel Eros, New Delhi
1st 90-90% of all living with HIV will know their HIV Status.

- Providing technical assistant to 25 TI’s

- Non- TI Intervention
  
  - Community Led Interventions (CLI).

  - Enhance Peer outreach strategy to reaching out unreached, hidden and vulnerable HRG’s

  - Yes4Me

  - Party Based Intervention
Technical support to TI’s

- District Situation Assessment undertaken
- Hotspot Mapping done
- Started Internet outreach at the TI level
- ART linkages intensified
- Community events organized to reach out to partners and sexual network of MSM and TG community
Non-TI Intervention

**Rationale**
- Uncovered Hotspots
- Most of the MTH community using social media for socialising and finding sexual partner
- Reaching to Social and Sexual network of MTH
- Reaching to Younger MTH

**Intervention Services envisaged for beneficiaries:**
- Knowledge and awareness about HIV prevention services
- Emphasis on “know your HIV status”
- Providing information and guidance on HIV testing (centers, timing, how to go reach, benefits etc)
- Linking to ART services for positive cases
- Advocating for Partner notification (disclosure, referral and benefits)
- Emphasis on: regular STI services
- Condom availability

**Strategies of roll out:**
- Identifying those areas where communities are vulnerable and not covered by any HIV intervention program
- Introducing RDS strategy
- Organizing Community Based HIV Testing in such areas.
- Immediate referral for confirmation and referral for ART treatment
Community Led Intervention (CLI)

- **Need**
  - Geographical area uncovered
  - Lack of supply of Condom
  - MSM population at high risk for HIV

- **Foreseen intervention among beneficiaries:**
  - Communities to easily avail HIV services.
  - Focus on Behaviour change communication
  - Condom distribution
  - Community participation.
  - Focus on Stigma and Discrimination related services

- **Strategies for roll out:**
  - Plan for community events
  - Community mobilization done through outreach
  - HIV screen test will be done through FICTC at DIC premises
  - Those who found HIV positive will refer for confirmatory test and followed up for ART treatment

**KP Case Detection rate - 4.33%**
**Index Case Detection rate – 33.33%**
Peer Navigation (PN) –

- Peer Navigator are appointed to trace loss to follow up (LFU) cases. PN will take follow them with the help of counsellor and CBS.

- PN to refer KP PLHIV for regular CD4 and viral load testing.

- PN to motivate index testing of their registered PLHIV client.

- All KPLHIV identified through a combination of approaches including CBHT, snowballing, index testing of known KPLHIV to be provided care and support services by PN.

- PN will have the list of PLHIV who are not registered for treatment and due list for CD4 and viral load testing. PN will also be encouraged to monitor adherence to treatment.
ENHANCED PEER MOBILIZATION
( EPOA- MSM )
ENHANCED PEER MOBILIZATION (EPOA- MSM)
Rationale for EPM

Unreached, Hidden and Vulnerable

• In various consultations with MSM CBOs, it has been observed that this group is using various platforms such as

– Tinder
– Grindr
– Planet Romeo
– Facebook
– WhatsApp
– Insta
– PR
– Hornet
– Scruff
– Tango.

1. On these platforms, they are out of the reach of TIs

2. Unable to receive any messages that will make them aware of the risk of HIV/AIDS and STI

3. Unable to get themselves tested on time

4. Often exposed to violence

5. Hardly connected to any support group
EPM- Project ‘Mulakat’ Process

EPOA – Intervention Design

• Focus of EPOA – To reach the unreached
• Mode of reaching – Through social media platforms
• Who could be considered under EPOA:
  – Above 18 yrs
  – Accessed social media platform for sex with a man in last 3 months
  – Had sex with a male in the last one month
  – Not associated with any TI
Enhanced Peer Mobilization - Flow

1. **Internet Outreach workers**
2. **Potential PMs (Seeds)**
   - Viewing messages
3. **PM recruited, Profile completed, conveyed clinic timing and CM contact details**
4. **PM at Vakola Clinic**
5. **PM meets CM**
   - Pre-test counseling, risk profiling
   - HIV test
6. **Confidential Result**
   - Post test counselling
7. **Doctor Visit**
   - PM meets CM
8. **If +ve ART Centre**
   - C1
   - C2
   - C3
   - C4
9. **Incentives**
EPOA – Preparatory Activities

- Finalisation of platforms.
- Community consultation for message development.
- Development and modification of formats – profile format, clinic formats, coupon development etc.
- Finalisation of incentives
- Important manpower for EPOA – coupon manager, Internet outreach worker, peers, peer mobilisers(seeds), clinic staff including counsellor and doctor, support team
Innovations

Seeds promoting EPM on Gay dating profile

Create WhatsApp Broadcast group

EPM Events

Project Mulakat invites you to a community event

on Sunday 26th March 2017

From 2 pm to 6 pm

at The Humsafar Trust, Vakola Drop-in-Centre.

Come and enjoy a series of short films on LGBTQ, interact with the community and get exciting incentives for HIV testing!

Snacks will also be provided!

More Details: Ankit Trivedi: 8097468660

kisi K0 apna HIV test karwana ho to ping me no charges add. humsafar trust Santa Cruz ping me & give a entry card for chackup full safe trustable trust ..or up down ka fair bhi mil Jayga don’t worry

arman khan top 22

Online now 0 meters away

Encryption
Messages you send to this broadcast list are secured with end-to-end encryption. Tap for more info.

Recipients

Add recipient...

Epm Affan
Love u❤️❤️

Epm Amit Kamble

Epm Amit Taak

Sun mere humsafar, kya tujhe itni si bi kh...
Some Glimpse of EPM Events

Strategy to reach out EPM clients through small events E.g.: Film Screening and Gender Bender).
EPOA- Key Findings
From February - June 2017, around 5530 messages were sent to virtual network clients. The following is the breakdown:

Did not respond: 4500
Responded: 1030
Not interested: 350

Thus potentially interested: 680
Visited: 274
Tested: 247
<table>
<thead>
<tr>
<th>Sr No</th>
<th>Criteria</th>
<th>No. of Clients eligible for EPM</th>
<th>No. of Clients not eligible for EPM</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Are you above 18</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Are you part of any national HIV/AIDS programme currently</td>
<td>247</td>
<td>27</td>
<td>274</td>
</tr>
<tr>
<td>3</td>
<td>Have you used Social Media platforms for solicitation of male partner in last three month</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Break up of Non-Eligible Clients in EPM

Note –
- 23 Clients were voluntary tested for HIV.
- 4 below 18 yrs were referred to Government ICTC
<table>
<thead>
<tr>
<th>Indicators</th>
<th>Number of Clients</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of HIV and VDRL test done</td>
<td>247</td>
<td></td>
</tr>
<tr>
<td>No found HIV +VE</td>
<td>8</td>
<td>3.24%</td>
</tr>
<tr>
<td>No linked to ART centre</td>
<td>7</td>
<td>87.5%</td>
</tr>
<tr>
<td>No found Syphilis positive.</td>
<td>22</td>
<td>8.91%</td>
</tr>
<tr>
<td>No. of client treated Syphilis</td>
<td>20</td>
<td>95.45%</td>
</tr>
</tbody>
</table>
96% unmarried
### Condom Usage

<table>
<thead>
<tr>
<th>Number of Condom Usage</th>
<th>Oral Sex</th>
<th>Anal Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Numbers</td>
<td>%</td>
</tr>
<tr>
<td>Always</td>
<td>46</td>
<td>19%</td>
</tr>
<tr>
<td>Sometimes/Rare/Often</td>
<td>96</td>
<td>39%</td>
</tr>
<tr>
<td>Never</td>
<td>105</td>
<td>43%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>247</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Condom Usage in PLHIV Client</th>
<th>Oral Sex</th>
<th>Anal Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Numbers</td>
<td>%</td>
</tr>
<tr>
<td>Always</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Sometimes/Rare/Often</td>
<td>2</td>
<td>25%</td>
</tr>
<tr>
<td>Never</td>
<td>6</td>
<td>75%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Condom Usage in Syphilis Positive Client</th>
<th>Oral Sex</th>
<th>Anal Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Numbers</td>
<td>%</td>
</tr>
<tr>
<td>Always</td>
<td>3</td>
<td>14%</td>
</tr>
<tr>
<td>Sometimes/Rare/Often</td>
<td>11</td>
<td>50%</td>
</tr>
<tr>
<td>Never</td>
<td>8</td>
<td>36%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>22</td>
<td></td>
</tr>
</tbody>
</table>
• TAMANNA project focused on TG/Hijra individuals to be reached via EPOA.

• Reach out hard to reach Hijra KPs who are not part government programs

• Connect Hijra individuals to services and motivate HIV and Syphilis testing.
Process and Inclusion criteria

- Duration of EPOA – 3 months.
- Nature of EPOA – physical
- Self identified/presenting as - (1) Jogtas (2) Akwa (3) Nirvaan (4) Cross Dressers
- No of Hijra to be reached through EPOA – 250
- Inclusion criterion - (1) Age above 18 yrs. (2) No association with TIs (3) had sex with a male partner in last 1 month in exchange of cash or kind.
- Association with TI for Implementation – EPOA will be implemented with TI Aarambh as a non-TI model.
- ICTC facility – Considering the mobility and timings of Hijra population, following ICTC centers are proposed in consultation with MDACS:
  - FPAI Sneha ICTC in Govandi which will have additional coupon manager under LINKAGES
  - Rawali camp GTB nagar
  - Ma hospital, Chembur
  - Shatabdi hospital, Govanditimes
<table>
<thead>
<tr>
<th>Indicators</th>
<th>Numbers</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of HRG Reached</td>
<td>254</td>
<td>-</td>
</tr>
<tr>
<td>No. of HRG tested for HIV</td>
<td>254</td>
<td>100%</td>
</tr>
<tr>
<td>No. of HRG confirm HIV Positive</td>
<td>18</td>
<td>7.09%</td>
</tr>
<tr>
<td>No. of HRG initiated ON ART</td>
<td>10</td>
<td>55.56%</td>
</tr>
<tr>
<td>NO. of HRG tested for VDRL</td>
<td>159</td>
<td>62.60%</td>
</tr>
<tr>
<td>No. of HRG confirm VDRL Positive</td>
<td>26</td>
<td>16.35%</td>
</tr>
</tbody>
</table>
ENHANCED PEER OUTREACH APPROACH (EPOA-INDEX PARTNE)
PROJECT: SANJEEVANI
• An EPOA/snowballing model was rolled out for network testing with positive KPs who are detected in non-TIs and Sanjeevani support.

• Positive seeds were identified to reach-out to their partners and sexual networks.

• A cost of INR 100 will be paid for travel to ICTC and INR 200 for travel to ART centre.
## Index testing EPOA

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Numbers</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of HRG Reached</td>
<td>222</td>
<td>-</td>
</tr>
<tr>
<td>No. of HRG tested for HIV Positive</td>
<td>222</td>
<td>100%</td>
</tr>
<tr>
<td>No. of HRG confirm HIV Positive</td>
<td>26</td>
<td>10.70%</td>
</tr>
<tr>
<td>No. of HRG initiated ON ART</td>
<td>16</td>
<td>61.54%</td>
</tr>
<tr>
<td>NO. of HRG tested for VDRL</td>
<td>173</td>
<td>77.93%</td>
</tr>
<tr>
<td>No. of HRG confirm VDRL Positive</td>
<td>4</td>
<td>2.31%</td>
</tr>
</tbody>
</table>
Yes4Me is a simple website-based tool to help you assess your sexual health needs and book appointments for subsidized HIV testing at private labs.

Yes4Me’s risk assessment allows anyone who is HIV negative or unsure of their HIV status to self-report their demographics, HIV testing history, and possible exposures to HIV with a simple online tool to help estimate their risk for HIV.
Way Forward

• With Changing dynamics of Communities, strategies need to be upgraded.

• Need to focus on Clients need specific services.

• In order to reach the unreached, hidden population networks need to be tapped with community support.

• Need to focus on young population and notification strategies (index testing) for all HIV/syphilis cases.

• EPOA clients need to be motivate to be part of HIV program, app-based messenger groups/broadcasts will be created for them to have regular prevention messages.

• Quarterly physical meeting modes Events, one to one.
Thank you!!!
Thank You