HIGHLIGHT OF THE QUARTER

LINKAGES INDIA’S VIRTUAL PLATFORM, YES4ME, EXPANDING TO 8 CITIES

Yes4Me is a virtual platform developed by LINKAGES India that uses online outreach and targeted ads to reach clients and link them to private testing centers based upon a short risk assessment. USAID has approved an expansion plan to the cities of Lucknow, Kanpur, Chennai, Bangalore, Hyderabad, Vijayawada, Dimapur and Ahmedabad. The platform currently provides access to 56 HIV testing centers across the three cluster districts in Maharashtra. Yes4Me has also developed a network of private providers for referring clients for ART, PrEP and PEP. These providers are being KP friendly and experts in the treatment sector.

3,095 KPs completed the online risk assessment, which provided information on their sexual behaviors and their levels of risk pertaining to HIV. 130 individuals booked appointments for HIV testing services and 70 individuals (MSM) completed HIV testing services and received their test results. Four new HIV positive MSM were identified with a case detection rate of 5.7 percent. The results show that the best conversion in terms of appointment booking and getting tested for HIV is through the outreach workers followed by ads. A creative campaign is being rolled out to appeal to vulnerable populations for testing to reach the first 90 of the global 90-90-90 goals.

Example of an ad that will be used by the creative agency to engage with the virtual population.

Yes4Me celebrates the strike down of Article 377, in a landmark victory, where homosexuality has been decriminalized in India.
In July 2018, USAID India asked LINKAGES India to integrate a children of KPs component to support children of FSWs, PWIDs and MSMs. Through this component, LINKAGES will aim to achieve the following objectives: reduce the vulnerability of children of KPs by improving their access to health and social services; and improve the capacity of parents and caregivers to meet their children’s basic needs.

LINKAGES India conducted four community events during the quarter to reach and provide psycho-social support to children of KP. The events were conducted in Krishna (three events) and Pune (one event) in which children of KP were provided health information, and engaged in games and recreational activities. The events acted as forums to establish rapport with the staff of targeted interventions (TIs) and helped the LINKAGES team in assessing the children's developmental needs. Overall 170 children were reached through the events.

Ms. Tanya Medrano, Technical Advisor, Vulnerable Children and Youth, FHI 360, visited LINKAGES sites in Andhra Pradesh to seek opportunities to strengthen service delivery for children of KPs. She also interacted with representatives from Andhra Pradesh State AIDS Control Society, Technical Support Unit (TSU)- Andhra Pradesh and TI NGO staff from September 25-26, 2018.
LINKAGES India was represented at the 22nd International AIDS Conference in Johannesburg, South Africa by three senior management staff. The team members presented on their experiences and achievements on the following subjects: 1.) density mapping of dating app users 2.) enhanced peer outreach approach 3.) index testing 4.) community-led HIV testing and 5.) peer navigation.

International Conference: AIDS 2018

IAS poster on EPOA presented by David Damara, State Manager, LINKAGES India

IAS oral presentation on density mapping, by Purvi Shah, Program Manager, LINKAGES India
INTERNATIONAL WORKSHOP:
AIDS 2018

The Peer Navigation Model Successfully Facilitates Linkage of Eligible Key Populations to Treatment in India

**BACKGROUND**

The national HIV prevention program for key populations (KPs) is implemented through the generation of motivated KP teams (KPTs) by the implementing agency. The KPTs are responsible for identifying and linking KPs to care and treatment services. However, the challenge lies in ensuring that these KPTs are effective and efficient in their work.

**RESULTS**

- After analyzing the database of KP individuals, it was observed that 65% of the KPs were successfully linked to care and treatment.
- Challenges and lessons learned:
  - Effective engagement of KP teams is crucial.
  - Continuous monitoring and evaluation are essential.

**CONCLUSIONS**

- The peer navigation model can significantly improve the linkage of KPs to care and treatment.

IAS poster on Peer Navigation, presented by MR Parthasarathy, Technical Director, LINKAGES India

IAS poster on community-led HIV testing, presented by MR Parthasarathy, Technical Director, LINKAGES India
A five day workshop on capacity building in operations research was organized by LINKAGES. This workshop was conducted in Pune, Maharashtra from September 18-21, 2018. The event was inaugurated by Shri. Sanjeeva Kumar, Additional Secretary & Director General (AS & DG), National AIDS Control Organization (NACO) and Revised National TB Control Program (RNTCP). The objectives of this workshop were to build capacities of researchers and program managers in research methods, systematic collection of data for addressing gaps in the program; and in developing research protocols on priority areas for evidence generation. Ms. Marietou Satin, Deputy Director, USAID participated in the inauguration and extended USAID support and appreciated NACO’s efforts in continuously working towards evidence generation efforts. Six draft research protocols were developed and a follow-up meeting at NACO is planned for finalization of these protocols.
LINKAGES in collaboration with MSACS (Maharashtra State AIDS Control Society) and MDACS (Mumbai District AIDS Control Society) has developed a differentiated prevention model for Key Populations (KPs).

The strategic objectives of the differentiated prevention model are: 1) to develop a KP specific automated excel based tool to segment and/or re-prioritize the KPs into different categories according to their risk of HIV; 2) to design differentiated delivery of prevention services, realign and optimize human resources to reach newer KPs and partners, and navigate KPLHIV for treatment retention; 3) to strengthen the linkages particularly to retain the negative KPs to the prevention services; and 4) to attempt to integrate newer approaches within the TI to reach hidden population and provide a continuum of services.

A technical meeting with NACO, was combined with community consultation was on July 7, 2018 in Mumbai. The objective was to present the step-by-step process to NACO, which has been adopted for the development of risk segmentation tool and the differentiated prevention model.

The meeting was chaired by Dr. K. S. Sachdeva, (Deputy Director General) NACO and was organized under the leadership of Mr. Parimal Singh, Project Director, MSACS and Dr. Shrikala Acharya, Additional Project Director, MDACS along with community leaders and officers from NACO, State AIDS Control Societies and TSUs (technical support units). The overall strategic plan to implement in the selected eight TIs in Maharashtra was consented in the meeting. The model of risk segmentation was divided into five categories: high priority, medium priority, low priority, KPLHIV and new KPs was endorsed. Representatives from key populations/civil society organizations participated and provided inputs on the draft differentiated service delivery strategy.

As an outcome, the community recommended the model to increase the intensity and frequency of services to high priority populations to provide tailored services based upon individual needs and vulnerabilities.
LINKAGES, in collaboration with India HIV/AIDS Alliance, organized a national level event, 'Hijra Habba' in New Delhi on September 11, 2018. The theme of the event was ‘Born This Way- Access, Rights, Equity and Empowerment for Transgenders’ and focused on the assertion of the transgender identity which conveyed to the public that they were truly born this way. The event, supported by FHI360, USAID and PEPFAR saw an estimated crowd of 5,000 people. It also had a “Transgender Life Exhibition: Trans Awareness village” with the objective to highlight and learn from the experiences of the transgender community. The event was attended by the key dignitaries from various health organizations like UNAIDS, USAID, FHI360, CDC, PEPFAR and NACO.
Childhood wasn’t easy for me. Born in a ‘chawl’, a crammed dwelling in an urban slum in Mumbai, I realized about something different about myself. Even in my childhood, I preferred the company of girls and was always less comfortable with boys. It was soon during my late adolescence that my family came to know about my gender identity from one of my friends. I was beaten up black and blue by my father with his leather belt. Since I belong to a conservative Maharashtrian family, there was no question of any discussion on matters like this. I was taken to a ‘doctor’ by my father with high hopes to convert me. The doctor diagnosed me with the ‘high hormonal variation’ and mentioned to my parents that I can not be cured. My parents anger got further aggravated and they started beating me every day for my feminine appearance. One night, I was just a few minutes away from killing myself and being free from the bondage of abuses of people- known and strangers alike. It was a call that saved my life. A phone call from my old friend Tammana, who currently works with LINKAGES as a community counselor. I took the call hesitantly thinking that after attending the call, I will kill myself. Midway in the conversation with Tammana, I broke down and revealed my suicide plans to her. She rushed to me and talked me out of that decision.
My parents disowned me and I decided I wanted to become a lawyer to stand up for my community and my beliefs. I desperately needed money to complete my education, so I decided to get into sex work. I was doing sex work at night and in the morning I used to attend my college lectures. With the resources I gathered from sex work, I finally managed to complete my education and I graduated with a degree in law. It was the most memorable and proud moment for me when the degree was handed over to me. At this stage, I came out to all my college friends and talked about my journey as a sex worker and a transgender person, and my experience of completing my education through money earned from sex work.

I started practice under a senior lawyer in Thane, who has been very supportive of me and my work to mobilize the sex workers and Hijra communities for their social empowerment. Now I work as a community volunteer with LINKAGES project in Thane. My longtime friend, Tammana, introduced me to the LINKAGES project. I feel at home when I visit the drop-in center. We talk about our lives, cook food, chat and sometimes we even dance here! I give free legal services through LINKAGES to anyone from the community who needs it because there are many community members who cannot afford these services. Till date, I have helped three community members obtain mutual divorces. These community members were all forced into marriages by their families and then penalized for being impotent. After what I have experienced in my own life, this work is the least I can do for my community.

*Today, Durga is a successful lawyer with support from Advocate Borkar, who gave her a chance as human, without looking at her gender or sexuality and purely believing in her talent and abilities. Durga has a vision to do something for her community that will help them live with dignity and peace. Durga collaborates with the local NGO’s, Human Rights Commission and other agencies to help local community members. She has also executed several sensitization events at law colleges with senior lawyers and judges.*
SUCCESS STORY

PEER NAVIGATION: THE KEY TO VIRAL SUPPRESSION

Ms. Madhavi, Peer Navigator, (on left) with KP community member

Challenge: Data from the TI program showed disparities in ART services for key populations (KPs). There were significant gaps in linking those who test HIV positive to care and treatment services. Specifically, ensuring initiation of ART for KPs who have tested positive and are eligible for treatment, is a challenge in addition to sustaining them on ART.

Activity: Newly recruited Peer Navigators are part of the larger support team and work collaboratively with existing TI staffing structure to improve retention/adherence of KPs infected by HIV. Peer Navigators provide a unique perspective and support to clients. For instance, clients may not understand how to navigate the ART service system and this process can be overwhelming. Trained, successful Peer Navigators have experience working with the service system, because they have obtained ART care services for themselves. Ms. Madhavi (pictured above) is a peer navigator with LINKAGES. Out of 30 KPLHIVs eligible for viral load testing, she was able to mobilize 28 (93%) KPs for viral load testing, of which 23 KPs (82%) achieved viral suppression.

Success: Under the LINKAGES project, RIDES as the lead partner of FHI 360 for Andhra Pradesh, has placed 24 Peer Navigators (1 per TI) whose mandate is to link KPLHIV to ART services. Ms. Madhavi, a peer navigator with LINKAGES in Krishna district, is guiding KPLHIVs by:

• Supporting KPLHIV to enroll in ART and follow-up for treatment adherence
• Navigating PLHIV through ART facilities
• Providing Counseling and Emotional support
• Mobilizing them for CD4 and Viral-load testing once in 6 months
• Providing community-based positive health dignity and prevention support
• Promoting index testing – Mobilize KPLHIV’s spouse and partners for HIV screening

ABOUT US:

LINKAGES India, funded by USAID, partners with KP, civil society, and government stakeholders to improve the impact, quality, and efficiency of HIV services being delivered under the National AIDS Control Program IV. LINKAGES aims to strengthen India’s TI efforts while engaging new and non-venue-based KP individuals facing the greatest HIV infection risks.

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