



LINKAGES INDIA

QUARTERLY NEWSLETTER: JULY-SEPTEMBER 2018

HIGHLIGHT OF THE QUARTER

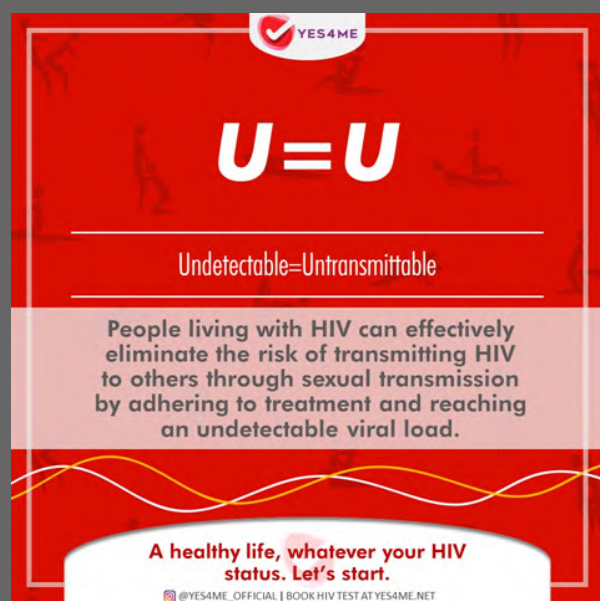
LINKAGES INDIA'S VIRTUAL PLATFORM, YES4ME, EXPANDING TO 8 CITIES



Yes4Me celebrates the strike down of Article 377, in a landmark victory, where homosexuality has been decriminalized in India.

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.

NEW ADDITION: CHILDREN OF KEY POPULATION



Tanya Medrano, Technical Advisor, FHI 360 Headquarters with children of KPs
Photograph Captured By: David Damara, OVC Director, LINKAGES 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.

INTERNATIONAL CONFERENCE: AIDS 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.

It's Time to Integrate Innovative Combination Prevention Approaches with Conventional Peer Outreach to Enhance HIV Case Finding? An Experience from India

David Damara,¹ Priyanka Todankar,² Narsimha Murthy,³ Nagasau Jara Raju,⁴ Ajay Kumar Reddy,⁵ Parthasarathy MRA,⁶ Mahesh Doddanane,⁷ Hajo Mathew,⁸ Shreenivas GS,⁹ Bitra George,¹⁰ Jiban Balshya,¹¹ Ravikumar Bansi¹²

BACKGROUND

In India, the national HIV prevention program for key populations (EPH) is implemented through targeted interventions (TGI) by non-governmental organizations. Program data across the TGI show 0.2%–0.5% HIV case detection among the EPH, which is lower than HIV surveillance data. This points to the need to develop more evidence approaches for engaging HIV individuals not being reached by the program.

DESCRIPTION

LINKAGES India piloted the enhanced peer outreach approach (EPOA), which adapts respondent-driven sampling to reach hidden networks of HIV individuals at high risk of HIV. The referral chain starts with primary users, who in turn refer their peers at their social and sexual networks to HIV testing services. Referrals were made using a coupon-based referral system. Each coupon was assigned a unique identifier code for tracking the referral network. The peers mobilized by the primary users, if willing, would be enrolled as peer mobilizers, provided with coupons to hand over to their peers in their network, and asked to enable peers to access HIV testing services at the locations included in the EPOA pilot.

The EPOA pilot was conducted in a coupon manager (or peer outreach worker), a data manager, and a data technician. The coupon manager was primarily responsible for EPOA, including identifying the primary users, distributing coupons to the peer mobilizers, monitoring the network chain and ensuring to ensure the growth of the network's peer navigation (the linking clients detected as HIV positive to the antiretroviral therapy center) collecting and maintaining all records and EPOA reports managing travel reimbursements to the peers participating in project mobilization and training, and reporting.

In 2017 EPOA was rolled out among men who have sex with men (MSM), female sex workers (FSWs), people who inject drugs (PWID), and transgender (TGW) across the three districts of South India with high HIV prevalence: Gurur, Kollam, and Thiruvananthapuram (Table 1). The criteria for peers to get enrolled during EPOA as part of the network mobilized by peer mobilizers were that they be above the age of 18 years and should never have been registered in the.

HIV screening with periodic counseling services was offered at community-friendly venues and times. Those who were found to be living with HIV were accompanied by the peer mobilizer to a government testing facility for confirmatory testing (per national guidelines).

CONCLUSIONS

LINKAGES India has demonstrated that EPOA is effective at enhancing HIV case finding across geography and HIV populations. EPOA has reached HIV individuals who were not registered in the national HIV prevention program for EPH. A high case-detection rate confirms that the EPOA has reached HIV individuals at high risk of HIV.

Continuing EPOA with traditional peer outreach would further increase HIV case finding.

LINKAGES will transfer the EPOA tools to the national program, ensuring sustainability of EPOA, and will train outreach workers in reaching HIV outside of traditional hot spots.

RESULTS

EPOA reached 763 HIV individuals (523 FSWs, 127 MSM, 117 TGWs, and 106 PWIDs) through 32 primary users. Among the 106 PWID clients reached, 94 (88%) were enrolled in the TGI. The mean age of the clients (Table 1) indicates that EPOA has primarily reached young clients at risk of HIV. The lowest age of the clients was 18 (in line with the eligibility criteria mentioned above), while the upper age was 49 among FSWs, 50 among MSM, and 55 among both TGWs and PWIDs.

Table 1. Basic information on EPOA conducted in Gurur, Kollam, and Thiruvananthapuram districts, 2017

Characteristic	MSM	FSWs	TGWs	PWIDs	Gender
Start date of EPOA	Jul 2017	Jul 2017	Jul 2017	Jul 2017	Oct 2017
End date of EPOA	Dec 2017	Dec 2017	Dec 2017	Dec 2017	Dec 2017
Mean age	28.5	27.2	29.3	24.1	28.7

*EPOA commenced on the date of the data presented here (December 2017).

With regard to the network size (i.e., number of partners in the social and sexual network, as reported by the client), the average network size among HIV clients was 4.0 (range = 1–25 clients) and 3.1 among TGWs (range = 2–15).

Table 2. Number of clients mobilized, tested, and linked to treatment through EPOA conducted in 2017 (by district and HIV type)

District	HIV Type	Infected	Gender	Tested	Linked	Total
Gurur	MSM	12	6	6	8	32
	FSWs	287	16	176	123	503
	TGWs	55	15	13	12	7
	PWIDs	55	14	13	11	5
Kollam	MSM	55	13	13	11	6
	FSWs	54	13	13	9	3
	TGWs	49	10	18	9	2
	PWIDs	49	10	18	9	2

Table 3. HIV case finding among EPOA clients in Gurur, Kollam, and Thiruvananthapuram districts by HIV type, 2017

HIV Type	MSM	FSWs	TGWs	PWIDs
MSM	12	287	55	55
FSWs	16	176	123	123
TGWs	13	12	12	12
PWIDs	11	11	11	11

Table 4. HIV case finding among EPOA clients in Gurur, Kollam, and Thiruvananthapuram districts by HIV type, 2017

HIV Type	MSM	FSWs	TGWs	PWIDs
MSM	12	287	55	55
FSWs	16	176	123	123
TGWs	13	12	12	12
PWIDs	11	11	11	11

REFERENCES

- National AIDS Control Organization, Ministry of Health & Family Welfare, Government of India. National strategic plan for HIV/AIDS Control Programme Phase IV – Technical Report, August 2016.
- USAID, LINKAGES India. HIV/AIDS Technical Report, August 2016.
- USAID, LINKAGES India. HIV/AIDS Technical Report, August 2016.
- USAID, LINKAGES India. HIV/AIDS Technical Report, August 2016.
- USAID, LINKAGES India. HIV/AIDS Technical Report, August 2016.
- USAID, LINKAGES India. HIV/AIDS Technical Report, August 2016.
- USAID, LINKAGES India. HIV/AIDS Technical Report, August 2016.
- USAID, LINKAGES India. HIV/AIDS Technical Report, August 2016.
- USAID, LINKAGES India. HIV/AIDS Technical Report, August 2016.
- USAID, LINKAGES India. HIV/AIDS Technical Report, August 2016.
- USAID, LINKAGES India. HIV/AIDS Technical Report, August 2016.
- USAID, LINKAGES India. HIV/AIDS Technical Report, August 2016.



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

FHI 360 India team and Hally Mahler, Project Director, LINKAGES



Density Mapping of Dating App Users across Time and Space in Mumbai, India

Benjamin Eveslage,¹ Purvi Shah,² Caleb Parker,³ Bitra George,⁴ Jiban Balshya⁵

BACKGROUND

HIV programs have been focused on engaging key populations (KPs) through physical networks or "hot spots" using response interventions. Individuals who have sex but do not have sex in these hot spots in the network of physical or sexual networks are considered "hard to reach" or "hidden." Many of these individuals have been missed by traditional HIV testing and treatment programs. The use of social media and mobile technologies has opened up new ways to reach these individuals. In recent years, particularly among KPs, but HIV programs that have utilized this to reach these individuals have been limited. In India, there are an estimated four billion internet users globally, with mobile phone and internet penetration about 10% in most major global regions. The average person spends on hours a day using internet-enabled devices on their phone. In particular, KPs have high levels of active use of online platforms and dating apps. Dating app use has been shown to be associated with sexual activity, suggesting that the number of users who use dating apps may be a good indicator of the size of the hidden network of KPs. This paper reports on the use of dating app data to map the density of KPs in Mumbai.

RESULTS

An average of 3,812 online KPs were counted across metropolitan Mumbai around the 2017-2018 period. The total number of users counted in Mumbai includes those currently using the dating app at the time of data collection (mostly a given set of the user profile) and all dating app users logged in to the app but not actively using the app. The number of users counted in the dating app was higher than the number of users counted in the dating app who were actively using the app. The number of users counted in the dating app was higher than the number of users counted in the dating app who were actively using the app. The number of users counted in the dating app was higher than the number of users counted in the dating app who were actively using the app.

CONCLUSIONS

The results suggest that dating app data can be used to map the density of KPs in Mumbai. The results suggest that dating app data can be used to map the density of KPs in Mumbai. The results suggest that dating app data can be used to map the density of KPs in Mumbai.

REFERENCES

- USAID, LINKAGES India. HIV/AIDS Technical Report, August 2016.
- USAID, LINKAGES India. HIV/AIDS Technical Report, August 2016.
- USAID, LINKAGES India. HIV/AIDS Technical Report, August 2016.
- USAID, LINKAGES India. HIV/AIDS Technical Report, August 2016.
- USAID, LINKAGES India. HIV/AIDS Technical Report, August 2016.

IAS oral presentation on density mapping, by Purvi Shah, Program Manager, LINKAGES India

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

David Damara,¹ Parthasarathy Mugundu Ramien,² Ajay Kumar Reddy,² Shreenivas GS,² Bitra George,² Jiban Baishya,³ Ravikumar Bandi⁴

¹ FHI 360, LINKAGES, Vijayawada, India; ² FHI 360, LINKAGES, New Delhi, India; ³ USAID/India, New Delhi, India; ⁴ Formerly of FHI 360, LINKAGES, Vijayawada, India.

BACKGROUND

The national HIV prevention program for key populations (KPs) in India is implemented through targeted interventions (TIs) run by nongovernmental organizations (NGOs). India has achieved renowned prevention successes among KPs through its domestic investments in the TIs, but it has identified a need for stronger links between TIs and antiretroviral therapy (ART) services. Hence, India adopted the Test and Treat Policy for HIV in April 2017, but operational challenges have constrained implementation at scale. Vertical implementation of ART and TI components under the national program using multiple unique client identifier codes makes it difficult to monitor and report the continuum-of-care cascade among KPs.

To complement the prevention-focused peer outreach of the TI program, the USAID- and PEPFAR-supported Linkages across the Continuum of HIV Services for Key Populations Affected by HIV (LINKAGES) project engaged a peer navigator (PN) in each of the 24 TIs in three high-prevalence districts of Andhra Pradesh, South India — East Godavari, Guntur, and Krishna — to mobilize all KP individuals living with HIV and link them to facilities for ART initiation.

PROCESS

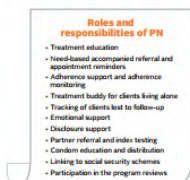
LINKAGES advocated for peer navigation with the national and subnational units of the national AIDS control program. The global LINKAGES guidelines and training materials for PNs were adapted to the local context, and trained PNs were placed in the TIs of East Godavari, Guntur, and Krishna. Supported by LINKAGES, the PNs then engaged closely with the national program staff of the TI and ART center, reporting to the TI's program manager (Figure 1). Pictorial monitoring and evaluation (M&E) tools were also developed.

The TI outreach team conducted joint outreach microplanning with the LINKAGES subpartner, including the PN. In coordination with the TI outreach workers, the PN then led the outreach for KP individuals living with HIV. The PN communicated with clients in person (at the clinic, the TI NGO, and in the field), by phone, and through social media.

Initially, in close coordination with the TI and ART centers, PHs sought to reengage and link to treatment all recorded previously diagnosed and pre-ART KP individuals living with HIV. In the process, the registries were updated to exclude all truly lost-to-follow-up and deceased clients (Figures 2 and 3).

To define the denominator for peer navigation, the LINKAGES district team collaborated with ART, TI, and other PEPFAR partners to cross-check and validate the line list from the TI and ART centers of KP individuals living with HIV.

Figure 1. Roles and responsibilities of peer navigators.



RESULTS

- After cleaning the database of KP individuals living with HIV who were "ever registered" in T1a, 798 HIV-positive KP individuals were found to be "active and on current follow-up" in T1 records as of July 2017.
- Upon validation of ART and T1 registers, it was found that 55.5% of the 798 clients were already initiated on ART, and 30.8% were either deceased or lost to follow-up.
- PHIs followed up the remaining 109 clients during July and August 2017; 97% were then initiated on ART (72 female sex workers [FSWs], 20 men who have sex with men [MSM], 12 transgender (trans) women, and two people who inject drugs [PWID]), adding a total of 106 clients (Table 1).

CHALLENGES AND LESSONS LEARNED:

- Ownership of peer navigation by the "prevention-focused" TIs is needed, including:
 - Orientation of TIs on peer navigation and engaging the state AIDS control societies (SACS)
 - Negotiating with SACS to include the KP cascade as a monitoring indicator for TIs
- Data sharing is needed, including close engagement with and support to SACS for data analysis and review of PHIs' work.
- The delay in implementation of the treat-all policy for lack of resources affects the performance of peer navigation, requiring advocacy with national- and subnational-level program functional...

Figure 2. A schematic flow of clients across prevention and treatment facilities

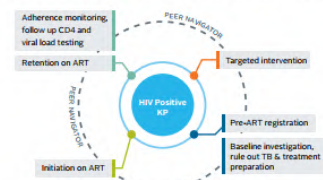
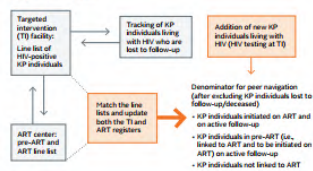


Figure 3. The process of data cleaning across the ART center and targeted intervention



CONCLUSIONS

- Results from peer navigation demonstrate the benefits of extending the focus of the HIV prevention program to include care and treatment
- PHs have effectively bridged the ART and IT divisions of the national program at the facility level and have improved access to ART among PLs
- Apart from linking the PL individuals living with HIV from TIs to ART centers, the scope of work of PHs is being expanded to include partner testing of the index clients, peer counseling on retention, monitoring retention of PL individuals on ART, and mobilizing PL individuals for follow-up CD4 tests and viral load monitoring.
- LINKAGES recommends that the national PL HIV prevention program integrate peer navigation within the existing package of services for PLs.

CRITICAL POINTS FOR SUCCESS:

- Engaging closely with stakeholders and building ownership of the national program on peer navigation
- Customizing the job description and compensation of PNs to the local context
- Providing strong technical support and supportive supervision to the PNs

ACKNOWLEDGMENTS

We would like to thank all partner organizations involved in conducting this intervention and those individuals who participated in the study.

www.fhi360.org/LINKAGES



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

NATIONAL WORKSHOPS



Pictured from left to right: Dr. Naresh Goel (Deputy Director General, NACO), Dr. DCS Reddy (HIV Research Expert), Shri Sanjeeva Kumar (AS & DG, NACO/RNTCP), Ms. Marietou Satin (Deputy Director, Health Office, USAID), Dr. Bitra George (Country Director, FHI 360 India and Sri Lanka)
Photograph Captured By: Trishna Govil, Program Officer, LINKAGES India

OPERATIONAL RESEARCH

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.

NATIONAL WORKSHOPS

DIFFERENTIATED SERVICE DELIVERY

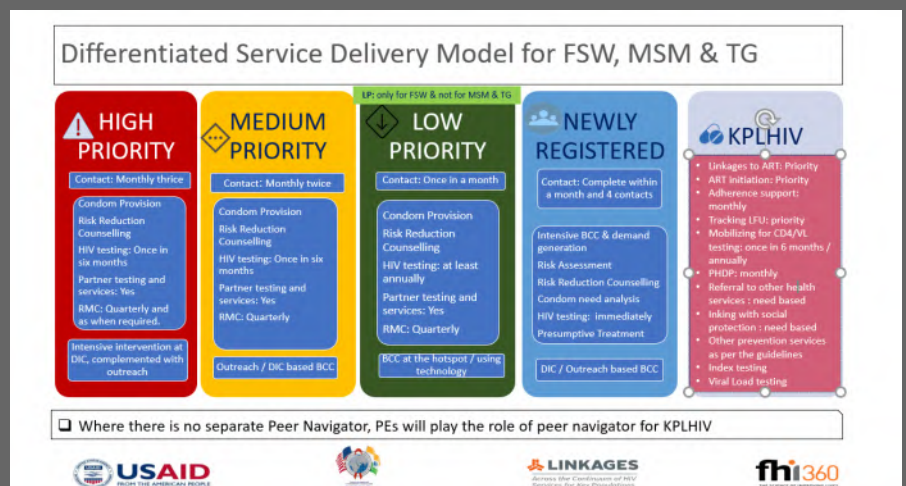
LINKAGES in collaboration with MSACS (Maharashtra State AIDS Control Society) and MDACS (Mumbai District AIDS Control Society) has developed a differentiated prevention model for Key Populations (KPs).

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.



EVENTS

HIJRA HABBA- BORN THIS WAY



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.



Newspaper article covering Hijra Habba



Community member dance performance

VOICES FROM THE COMMUNITY

DURGA: A COMMUNITY LAWYER PROVIDING LEGAL SUPPORT TO LINKAGES CLIENTS



Pictured above: Durga (center) with community members

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 in to 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 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.



Durga with Advocate Borkar

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.

LINKAGES India: H-5 Garud Marg Road, Green Park Extension, New Delhi, India 110016

*This document has been made possible by the generous support of the American people through the United States Agency for International Development (USAID) and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). The contents are the responsibility of LINKAGES do not necessarily reflect the views of USAID, PEPFAR, or the United States Government. LINKAGES, a five-year cooperative agreement (AID-OAA-A-14-00045), is the largest global project dedicated to key populations. LINKAGES is led by FHI 360 in partnership with IntraHealth International, Pact, and the University of North Carolina at Chapel Hill.

Editorial Team:

G.S. Shreenivas- Country Representative, LINKAGES India

Trishna Govil, Program Officer, LINKAGES India

Suzanne Fischer, Senior Writer/Editor, Research Utilization, LINKAGES

Stevie Daniels, Editor, Research Utilization, FHI 360