

NURTURING OF CBO AND INTEGRATING HIV INTERVENTION WITH THE PUBLIC HEALTH SYSTEM: THE STORY OF INFOCEM, TELANGANA, INDIA

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Context

- The state of Telangana has the fourth highest HIV incidence in India, with a rate of 0.26 per 1,000 uninfected individuals in 2017, higher than the national rate of 0.07. Out of the estimated 157,513 people living with HIV/AIDS (PLHIV) in Telangana, only 110,120 individuals (70%) are aware of their status
- The ACCELERATE program, aims to address the coverage gap among men who have sex with men (MSM) and transgender communities (TG) and complement the efforts of Telangana State AIDS Control Society (TSACS) in reducing new HIV infections
- Through the project's technical assistance to organizations not implementing HIV intervention, a needs assessment was conducted by the project, and around 1,650 MSM and TG individuals were found by a community-based organization (CBO) named INFOCEM in the Sircilla District (former part of Karimnagar District) of Telangana, but were not supported by any HIV intervention program
- To expand coverage for this at-risk population, ACCELERATE developed a model by adapting the government-run targeted intervention (TI) that delivers HIV prevention, testing, and linkage services to key populations (KP). This TI model, led by ACCELERATE with INFOCEM, was designed to extend services across the HIV cascade to reach the previously uncovered KP in Sircilla
- With the support of TSACS and the Technical Support Unit, the project established evidence for the uncovered population, which was approved by Telangana SACS, in 2021

Activity Description

- INFOCEM is an MSM CBO registered in 2020 that has been providing non-HIV related support to the community, in crisis response and facilitating the formation of self-help groups
- The MSM community in the region prefers receiving services from this CBO due to the rapport with the organization. ACCELERATE has provided human and other resources to support the organization aligning with national targeted intervention (TI) guidelines
- An MOU was signed between ACCELERATE and INFOCEM to collaborate in serving the MSM community in the region. The CBO was expected to register and expand its services to include HIV prevention, testing, and treatment linkage services for the identified community in the region

Human Resource support included:

• Program Manager (1), Monitoring and Evaluation Officer (1), Auxiliary Nurse Midwife or Counselor (1), and Outreach Workers (4), and Honorarium was provided to the Project Director (1) of the CBO

Technical Support included:

- Capacity building of staff: Staff received training on various aspects of HIV/AIDS, including antiretroviral therapy (ART), outreach planning and service delivery, condom distribution, STI management, HIV testing, self-testing, PrEP, and documentation/reporting
- Supportive supervision: Regular monthly visits were conducted by the district and state implementation teams to provide technical guidance. Monthly review meetings were held to assess the performance of the CBO
- Introduction of HIV self-testing: To reach out to MSM individuals who preferred not to disclose their sexual identity, the project introduced HIV self-testing. This enabled the community to access HIV screening tests conveniently at their own homes













Activity Impact

- **Regular monthly reports:** INFOCEM consistently submitted monthly reports in the formats provided by ACCELERATE. The data included information on outreach activities, HIV testing, condom distribution, and treatment linkages.
- *Reviews and supervision:* The CBO received periodic reviews and supportive supervision to ensure the quality and effectiveness of their interventions. Progress updates were shared with TSACS on a monthly basis
- Transition to government-supported TI: With the implementation model's success, TSACS has taken over INFOCEM, as a government-supported Targeted Intervention, since February 2023, with the approval of the National AIDS Control Organization

Evidence

- Sustainability and structured service delivery: This transition ensures the sustainability of ACCELERATE's intervention model with INFOCEM. The CBO is now operating as a fullfledged TI with the support of TSACS, providing structured prevention, testing, and treatment services under the National AIDS Control Program
- The support extended to CBO resulted in the registration of 1,173 community members. Of these, 23 were diagnosed HIV positive and 17 were linked to ART







Facilitators

- These activities were made possible with the support of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), through the United States Agency for International Development (USAID), and the guidance of the National AIDS Control Organisation (NACO) and Telangana State AIDS Control Society
- This was implemented by the Johns Hopkins University School of Medicine, through ACCELERATE, along with the prime implementing partner, YR Gaitonde Center for AIDS Research and Education (YRGCARE)
- The strong rapport between the CBO and the local community, played a crucial role in the successful execution of the initiative
- The support and technical capacity provided by PEPFAR/USAID, along with the expertise of the project team in implementing HIV interventions for KP in India, contributed to the initiative's success
- The collaboration with Technical Support Unit and Telangana SACS facilitated extending HIV services through the local CBO
- Community feedback was highly valued in the management of the intervention, including the hiring of staff and the decision-making process, ensuring community ownership and empowerment
- Regular reporting of the intervention's progress to TSACS, along with advocacy efforts, ensured the sustainability of the initiative

Challenges

- COVID-19 pandemic movement restriction posed the biggest threat, significantly affecting service delivery during the second and third waves
- The migration of individuals during the COVID-19 pandemic disrupted the delivery of services to the community
- Engaging community leaders and influencers: During the initial weeks of implementation, efforts were made to align community leaders and influencers with the intervention model, ensuring their support and cooperation

Lessons Learned

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- Importance of local partnership: The intervention heavily relied on the local CBO for service delivery, leveraging their strong connection with the local community to gain acceptance of the services
- Community consultations with CBO leaders: Engaging in consultations with CBO leaders was crucial to explain the rationale and implementation of the intervention model and garner the buy-in from the community
- *Efficient service roll-out:* The motivated CBO team facilitated rapid roll-out of services, including the recruitment of local community members as staff
- Partnering with CBOs for sustainability: Engaging local CBOs in service delivery contributed to the sustainability of interventions, which the National AIDS Control Program should consider in geographic areas not reached/difficult to be reached by the government-run TIs. This could facilitate an equitable coverage of KP across the regions

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Theme 3 - CASCADE OF SERVICES FOR VIRTUAL POPULATIONS: STRATEGIES AND IMPLEMENTATION MODELS ON HIV TESTING AND PREVENTION

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Context

- There is a growing numbers of young people seeking connectivity and anonymity through online dating apps and sexual partners in the virtual space
- However, HIV testing approaches have been historically limited to physical sites, making it hard to reach young individuals potentially at risk for HIV
- ACCELERARTE launched in June 2021 Safe Zindagi, a web-based platform that offers comprehensive HIV and sexual health services with counselling support from virtual counsellors (vCs)
- SZ provides integrated HIV testing options by offering different testing modalities such as private or public labs, NGOs, paid and free options, and home delivery of HIV self-testing kits The platform also offers telemedicine-based pre-exposure prophylaxis (PrEP), treatment initiation and retention through appointment booking with SZ doctors or referral to antiretroviral therapy (ART) centers, along with treatment literacy, risk assessment, and regular follow-up for re-testing and adherence

Activity Description

- Safe Zindagi has a team of 12 virtual counsellors (vCs) to reach potential clients through various channels such as: online dating platforms (Grindr, Tinder, Blued, and Planet Romeo), social media platforms (Instagram, Facebook), paid ads on Google display network, and an online network on WhatsApp (WA). They also collaborate with community-based organizations that work with an online community to reach at-risk individuals
- The vCs establish initial communication with clients online and then transition to WA to build rapport and ensure confidentiality. They also provide pre-test counseling and sexual health counselling
- The vCs assist clients in booking an HIV test through the SZ virtual platform. Clients have the option to choose the nearest testing center, including private laboratories with subsidized paid services (private labs), NGO-based labs, ICTCs (government testing centers), or home testing Clients must be at least 18 years old and complete a risk assessment and consent process before booking a test. The vCs follow up with clients to ensure the testing process is completed,
- and they provide post-test counselling
- If a client tests positive, the vCs assist with confirmatory testing at the ICTC and facilitate linkage to the ARTC for appropriate treatment. Negative high-risk clients are also counselled and linked to prevention services such as pre-exposure prophylaxis (PrEP)

Safe Zindagi approaches to client engagement:

- Virtual to Virtual (HIV Self-Testing): This approach involves clients who are reached virtually and seek services virtually without visiting any physical site
- Virtual to Physical (HIV Testing and PrEP): These clients are guided by a virtual counselor to book a test on Safe Zindagi and then visit a facility-based testing site
- **Physical to Virtual (Lab Testing Result):** Clients are reached through physical outreach by CBO/NGO and then register on the SZ online platform for online services







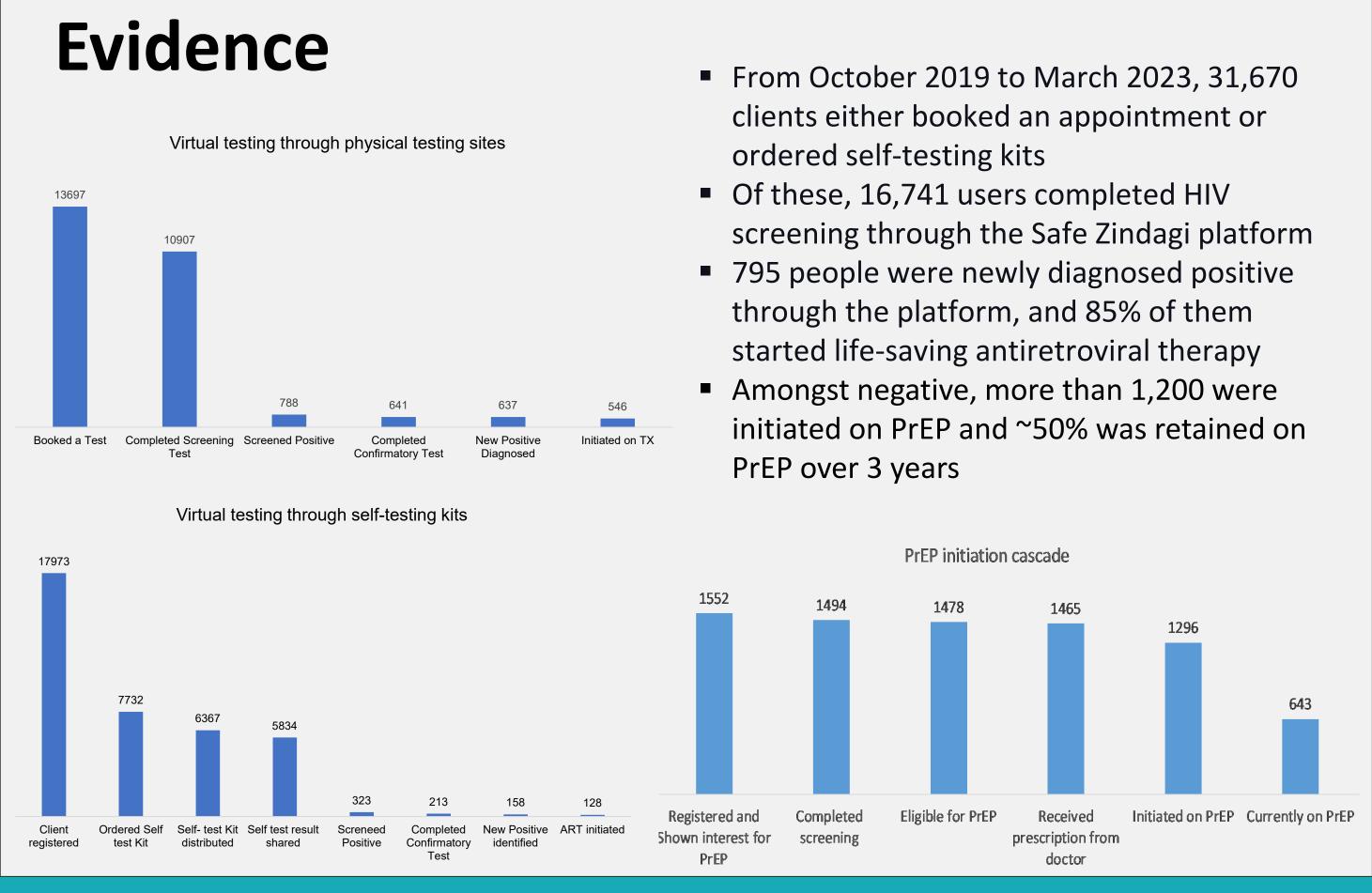


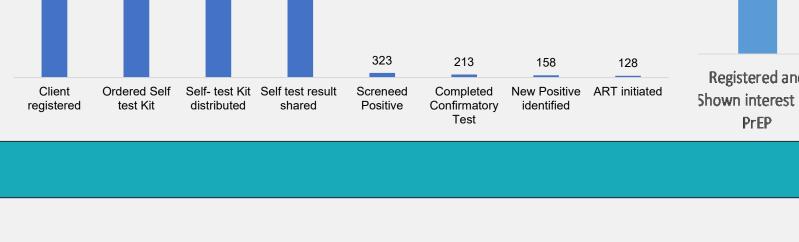


Activity Impact

- Safe Zindagi is a non-judgemental, reliable, and convenient sexual health platform that provides a range of services to users who are generally left out from the traditional HIV/AIDS programs
- The virtual platform provides privacy and security, becoming a trusted source of healthcare services for people across 28 cities in India
- The platform's HIV self-testing services, doctor consultations, health packages, and medicine delivery services have made it easier for people to access healthcare services from the comfort of their own homes
- The virtual implementation experience from Safe Zindagi has also influenced the National AIDS Control Program in the development of a 'White Paper on Strategies for Engaging with HIV atrisk Populations in Virtual Spaces', with key technical inputs from the project team

	About Safe Zindagi I
A SAFE & FULFILLING LIFESTYLE BEGINS HERE	
Prevent or control HIV & sexually transmitted infections	
Request a doctor's appointment	
Get a counsellor to call back	





RESULTS FOR DEVELOPMENT





Facilitators

- and State AIDS Control Societies
- (YRGCARE)
- The website SafeZindagi.in is user friendly and easy to navigate
- laboratories for PrEP referrals
- and subsidies on diagnostics and medications

Challenges

- service provided
- they are adherent to PrEP
- received

Lessons Learned

- has largely been missed by traditional HIV programs
- Integration of HIV self-testing, PrEP, PEP, and telemedicine into these platforms has played a crucial role in advancing progress towards achieving the UNAIDS 95-95-95 targets

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The virtual platform was made possible with the support of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), through the United States Agency for International Development (USAID), and the guidance of the National AIDS Control Organisation (NACO)

Safe Zindagi is implemented by the Johns Hopkins University School of Medicine along with the prime implementing partner, YR Gaitonde Center for AIDS Research and Education

• The virtual operations are executed through a team of well-trained virtual counselors The program has also created and leveraged a network of private practitioners and

Collaborations with manufacturing and pharmaceutical companies to leverage donations

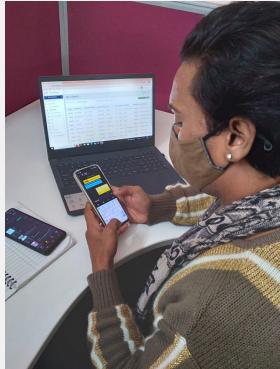
Communications feedback to develop educational materials and marketing plans

It is not always possible to ensure that clients who visit or register on Safe Zindagi platform avail the services. This creates a gap between client visits, registration and

In some cases the vCs experience difficulties following up with clients and make sure

Clients who receive HIV self-testing kits online do not always upload the test results on the online platform. This affects the numbers of test kits dispensed versus results

The experience emphasizes the benefits of using virtual counsellors to reach out individuals in dating apps and online spaces, and how a user-friendly platform with integrated service delivery can effectively reach a high-risk population that



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