

# PIPPSE PULSE NEWSLETTER

Quarterly Issue | Jul-Sep 2015

The HIV/AIDS Partnership : Impact through Prevention, Private Sector and Evidence-based Programming (PIPPSE) Project

## From the COP Desk



At the onset, let me take this opportunity to thank the readers for acknowledging our first edition of PIPPSE PULSE and sharing feedback with us to improve further. This edition focuses on District Network Model (DNM), which is PIPPSE's flagship initiative in Thane and Palghar Districts of Maharashtra.

I would like to take the privilege of introducing the concept of DNM to our readers and how it is generating global interest, particularly in the context of the Joint United Nations Program on HIV/AIDS (UNAIDS) announcing the 90-90-90 strategy. Launched in February

2014, DNM is a combined effort of National AIDS Control Organization (NACO), Maharashtra State AIDS Control Society (MSACS), Thane District Administration, seven Municipal Corporations (MCs) in Thane district and PIPPSE Project. PIPPSE also forges private partnerships with Industrial Associations and large scale industries to implement Employer Led Model (ELM) to saturate the coverage of high risk migrants in the district. DNM works with different stakeholders on the precept of symbiotic involvement and coordinated resources (infrastructure, human, institutional and organizational) for increased coverage of key and priority populations with quality and comprehensive prevention and care, support and treatment services. DNM intends to reach more people, across Thane and Palghar districts, with its programs, products and services with timely and cost effective solutions to dissipate conversion gaps.

The question that may boggle you is; Why Thane/Palghar? PIPPSE has focused on high burden districts like Thane in Maharashtra, where as per the eight rounds of HIV Sentinel Surveillance (HSS) data (since 1998), the HIV epidemic trends indicate high prevalence (>5%) among key populations [female sex workers (FSW), men having sex with men (MSM), injecting drug users (IDU) and transgender (TG)]. DNM has the potential to demonstrate innovations and offer solutions to improve the service uptake, and plug the drop outs in the prevention to treatment continuum among key populations and priority populations (migrants and truckers) that are most-at-risk of acquiring and/or transmitting HIV infection. PIPPSE is piloting Community Based Testing (CBT) in Thane to make HIV screening service available at preferred locations and timings of the communities. PIPPSE has also initiated piloting of AIDS Prevention and Treatment System (APATS) in Thane to ensure a robust comprehensive system for HIV/AIDS management in the district with emphasis on increased quality service uptake by key and priority populations. DNM will be scaled up in similar geographic settings across the country with high concentration and sexual mixing of key and priority populations that augments the spread of the HIV epidemic.

I am quite sure that you would enjoy reading the second edition of 'PIPPSE PULSE' and please share your feedback/suggestions. I would also like to extend my thanks to the contributors for adding more substance to the newsletter. PIPPSE PULSE is also available on [www.phfi.org](http://www.phfi.org) for further reading and sharing.

**Dr Ashok Agarwal**  
Chief of Party (COP), PIPPSE, PHFI

## Reflections



*"The United States Agency for International Development (USAID) has partnered with NACO over the past two decades and is pleased to now support the PIPPSE project's efforts to strengthen prevention programs at national and state levels. As highlighted in this newsletter, PIPPSE is also working to strengthen capacity at the district level in Thane by partnering with municipal corporations and local NGOs to improve prevention efforts and increase detection and linkage to treatment. USAID hopes that the Thane Network Model will demonstrate measurable progress in detection and treatment rates, and that this model will eventually be scaled in other districts in India".*

**Mr Xerxes Sidhwa**  
Acting Health Office Director, USAID

## Guest Column

### Scope for Integrating HIV Services in the broader Health Agenda



When HIV was detected for the first time in India nearly three decades ago, the perception of impact of this or syndrome in our country was quite confusing. Based on international experience, India defined and designed its responses to HIV/AIDS as a vertical National AIDS Control Program (NACP). It has achieved definite success

in the form of stabilization of the epidemic in the country at much lower level than anticipated with high number of cases of HIV/AIDS. These years have taught many lessons and have given us confidence that we can win battle against HIV/AIDS by formulating appropriate and dynamic strategies.

One of the NACP strategies is to integrate HIV services in general health services. The principal aim is to promote ownership among state, district, Municipal Corporation/Council and peripheral institutions. The public health infrastructure, which exists today in the country has lot of strength and has achieved success in reaching some of the Millennium Development Goals (MDGs). Similarly the private health infrastructure has contributed immensely in managing and treating HIV/AIDS patients.

Contd. on page 2



**In conversation with Dr Pramod Padwal, Medical Officer Health, Mira Bhayander Municipal Corporation (MBMC), Thane**

**Q1. How MC can contribute to achieve DNM Objective?**

The main objective of the MC is to bring synergy between all the stakeholders such as NGOs, Government organizations and MC systems aiming to ultimately integrate and provide various services and benefits to people living with HIV/AIDS (PLHIV). With the intervention of DNM program more integration has happened over a period of time. The MCs have come to know the role, function and importance of the targeted intervention (TI) NGOs. This clarity has helped them to collaborate with the NGOs. After signing a memorandum of understanding (MoU), MCs started actively organizing meetings with all partners; MCs have started functioning actively from November 2014 and have also organized trainings for medical officers and auxiliary nurse midwives (ANM) and orientation sessions for link workers too.

Before the DNM, the scenario of HIV/AIDS program was not so integrated in Thane and Palghar districts. The program was a simple vertical, being implemented in isolation by Government and NGOs. Earlier, it was only associated with Revised National Tuberculosis Programme (RNTCP). With DNM program intervention, the program became horizontal and is also becoming a part of general health system. Like other general health programs, HIV/AIDS is also becoming a part of regular monitoring and reporting system within the MCs.

**Q2. How Municipal Corporations can collaborate with NACP in HIV prevention and Control?**

High Risk Groups (HRGs), like men who have sex with men (MSM), female sex workers (FSW), transgender (TGs) as well as migrants exists in Mira-Bhayander Municipal Corporation (MBMC) area. We have started collaborating with NGOs on priority to saturate the coverage of these HRGs. Under DNM, we have initiated a tie-up with TIs as well as NGOs working in HIV sector. We have started organizing monthly meetings at headquarter level from November 2014. We also did a detailed review about their expertise, working areas as well as scope for coordination, etc. We are also trying to coordinate for the support they look from Municipal Corporation like- for space, logistics, drugs and seeking permissions from various authorities. We follow the NACO/MSACS guidelines as well as guidelines issued by Supreme Court for PLHIV and children living with HIV/AIDS (CLHIV). IEC is essential element that plays an important role in prevention of HIV. Apart from the orientation sessions, we have printed banners having messages on HIV. The proposal for display of hoardings is put up for approval. Currently, we are collaborating with National Health Mission (NHM). We found certain pockets where positivity rate in general population is higher. We are going to organize activities in collaboration with NGOs like street plays, pamphlet distribution, etc. in these areas for creating awareness among various stake-holders such as private clinics, hospitals, maternity homes, laboratories, etc. We have started collecting data on positivity rate among general population and ANC testing from these facilities and are also linking them to ICTC and ART centers. We are focusing now more on undertaking interpersonal communication (IPC) activities like group discussions or sessions, personal visits etc.

**Q3. Do you foresee any difficulties for marginalized groups to access from Urban Health Post (UHP) and Civil Hospital?**

There are diversities among the HRGs. It is challenging to work with these groups in existing Government set up. But NGOs can help with their experience. We are planning to have IEC Mobile Van to reach the areas where various typologies exist. The Management should analyze the needs as to why the HRGs are hesitating to approach the UHP. A detailed monitoring needs to be done to observe the attitude of the UHP staff towards HRGs. We also organize joint health camps (JHCs) with NGOs in certain areas to reach the target population. We have extended support by providing drugs and medicines. This has made HIV screening easy. Currently, vacant posts are one of the issues for the Municipal Corporation. If we get support from NHM, it will certainly help. The vacant posts of Doctors, Technicians and other staff under NHM are yet to be filled. The training is an important component under DNM for the posts which are filled up. Apart from these, pooling resources, assessing the needs and prior arrangement of funds to be streamlined are other important aspects. DNM is a pilot and it is a start of the joint collaboration, which focuses on sustainability. The momentum gained by the efforts of the DNM program needs to be maintained jointly by the Government as well as NGOs.

Contd. from page 1

**Scope for Integrating HIV Services in the broader Health Agenda**

Thus the involvement of public and private health infrastructure in imparting HIV services is now going to play a crucial role.

Association between Tuberculosis (TB) and HIV is well known. Hence integration of HIV and TB services has been initiated in India about a decade ago. However, there is a tremendous scope for improving the quality of services.

India has already initiated ante-natal care (ANC) services integrated with HIV testing at Primary Health Centers (PHCs), Community Health Centers (CHCs) as well as at Urban Health Posts (UHPs). We need to expand these services at all centers and give an opportunity to key and priority populations to utilise testing and counselling services. There is also a tremendous scope for integrating sexual health related services in adolescent health program. Decentralization of HIV services at peripheral level by building capacity and skills of peripheral health workers is a challenge but can be overcome through commitment at all levels.

We can sustain the program by integrating HIV services in general health services, which positively will help in reduction of stigma. It is quite evident that financial resource allocation/ availability for vertical HIV/AIDS control program will not be sustainable in the longer run. Funding from International agencies has also shrunk hence national programs will have to sustain the HIV/AIDS services by integrating them in general health services.

**Dr Subhash Salunke  
Senior Advisor to Health Systems Support Unit,  
PHFI**



*Joint Health Camp for migrants at Bhiwandi, Maharashtra*





### How ICT can enhance DNM functioning?

*“There are a lot of opportunities in public health for information and communication technology and we have seen the tremendous response for Swasthya Slate.*

*The success of technology introduction is when it is accessible and it is intuitive and simple to use. Still as we all know for a change to become practice, it requires persistent efforts.*

*Public Health Technologies Trust is working in collaboration with PIPPSE team on the USAID funded project “AIDS Prevention and Treatment System (APATS)” a pilot being conducted in Thane district of Maharashtra wherein Tablet based solution will be given to the frontline workers within TI-NGO and ICT centres and web application through internet. Tablet computers are best as they are always connected to internet, can be charged anywhere and can perform various functions. This simple to use technology will help in automating the current manual processes being followed by TI-NGOs, ICTC and ART Centres and will allow an on the spot digitization of the HRG record and enable GIS mapping of HRGs.*

*APATS will complement District Network Model and enhance the reach of services to the HRGs by sending reminders to follow-up, services due, distribution of commodities and medicines, etc. Counsellors will be able to use the latest IEC materials with images, audio, video, etc.”*

**Dr Kanav Kahol**  
**Director, Public Health Technologies Trust**



### In conversation with Dr Vidya Shetty, Medical Officer Health, Bhivandi Nizampur Municipal Corporation, Thane

#### Q1. How MC can contribute to achieve DNM Objective?

MC is a common platform to co-ordinate and address all health related issues. Stakeholders such as MC, ICTCs, UHPs, NGOs, target population/community etc. can coordinate in a synergistic manner. It is envisaged that the main role of the MCs is to create sustainable health facilities for the community. Due to the MCs co-operation a dialogue and networking between the other stakeholders has been

initiated. There has been an effort to encompass the overall health issues and not just creating a platform only for HIV/AIDS services. The MCs have played a major role in synchronizing the overall activities of the NGOs. Presently, the focus of the MC is also that care, support and treatment facilities are extended to not just the HRGs but also the general population. The efforts of the MC are also to bring sustainability of these activities even when the DNM program ends. Community participation is equally important for the sustainability of the program.

#### Q2. How MCs can collaborate with NACP/DACP in HIV prevention and Control?

One of the objectives of NACP IV is promoting IEC strategies for behavior change among HRGs, awareness generation among general population and demand creation for HIV services. Therefore, to this effect the MCs have focused on not just IEC but also interpersonal communication (IPC), which helps to reach out a wider audience. The MCs have been strongly following the IPC by exchange of ideas as well as sharing of resources including medicines and consumables with other stakeholders. Earlier, there was a lack of coordination and the programs were functioning in vertical manner. With the support of DNM, integrated approach for health program has been initiated by the MCs. The annual service uptake of patients has risen. Collaboration with private sector has begun for effective partnership and positive approach. The main focus of the MCs currently, is to practice preventive medicine and not only the therapeutic care. ‘Mission Indradhanush’ program undertaken by MC helped to mobilize NGOs since 2014.

#### Q3. Do you foresee any difficulties for marginalized groups to access from UHP and Civil Hospital?

Owing to many extraneous factors, working in Bhiwandi is a challenge. One of the main challenges is about 11-12 lakh population being catered by MCs, while the number of Sub-District Hospitals is inadequate. Besides this, to reach out to the loom industry workers due to their working timings as well as limited information available on the norms on how many HIV testing kits are to be purchased; what is a contract rate, and if the corporation is going to purchase, getting the same incorporated in the proposal. The financial constraint for the MC is that they can only propose and not purchase the kits.

### A Case Study: Resource Mobilisation for DNM

The central tenet of the DNM is “synergizing interventions and leveraging resources through networking of stakeholders”. There are limited resources at MSACS for IEC. Therefore, as a part of DNM strategy, PIPPSE team did advocacy with the MOH, MBMC. The advocacy efforts started in 2014 with all the MCs and as a result in May 2014, an MOU was signed between MBMC and MSACS. In November 2014, an official review of the DNM program along with all HIV and TB facilities under the chairmanship of MOH, MBMC was also conducted.

The monthly reviews are being done with SACS and DAPCU and with the support from PIPPSE team. The meetings are conducted by City TB Officer (CTO) in-charge, under the guidance of MOH, MBMC. The programs of TI, NGOs, ICTCs, ART centers, CSCs, RNTCP and designated STI/RTI clinics (DSRCs) are reviewed and plan for the next month activities is prepared. The regular co-ordination issues are discussed and resolved. The co-ordination between the MBMC and the PIPPSE team along with the support of the MSACS also resulted in the planning for the JHCs in the area. For the JHCs, the collective effort of these stakeholders is being extended presently. This is resulting in transferring the responsibilities to the Corporations and achieving sustainability.

In the current year, with the efforts of advocacy by the PIPPSE team, MBMC extended support and took over the ownership of IEC activities in the Corporation area. MBMC further extended its support for purchasing equipment and consumables/medicines required for all HIV facilities in the corporation area. PIPPSE team arranged for IEC material prototypes, sample of document formats, specification of equipment, etc. The supply of the same was duly approved and sanctioned by the Corporation.

The progress of ownership is in the form of printing of ten hoardings to be displayed in corporation area; banners for TI NGOs in the corporation area; condoms and medicines to TI NGOs as per the requisition; rotator machine for VDRL (test done for syphilis) at the DSRC, BIG Hospital, Mira Road East; and printing documents and formats for HIV facilities. The Corporation has also expressed its willingness to purchase a CD4 machine to improve the care and treatment services to the PLHIV.

## News Box

- Under DNM, CBT was rolled out from September 9, 2015 in select six TIs in Thane; a total of 576 HRGs tested for HIV and seven were found reactive at CBT camp till the end of September 2015; a draft of Operational Guidelines for CBT was also prepared
- A National level review cum refresher training workshop on ELM was organised on September 23-24, 2015; the workshop was chaired by the Deputy Director General (DDG), TI, NACO and was attended by more than 65 officials from NACO, SACS and TSUs
- A meeting chaired by Thane District Collector (DC) was held with Industries on September 28, 2015 for scaling up ELM in the district
- A National Consultation was conducted on September 4, 2015 at Delhi to develop demand generation tools for social protection
- PIPPSE in collaboration with NACO and MSACS conducted a two-day workshop for developing Thane and Palghar Districts Communication Plan at Thane, Maharashtra from September 14-15, 2015

## Events Diary

- Piloting of the outreach module of APATS in Thane
- Finalization of standard M&E tools for TSUs
- Scale-up of CBT by all TIs in Thane
- Observation of World AIDS Day
- Presentation of PIPPSE work in 12th International Congress on AIDS in Asia and the Pacific (ICAAP) 2015 at Dhaka, Bangladesh

## Voices from the Targetted Interventions (NGOs)

### Ekta Foundation (TG)-TI

*“Networking or linkages should not be restricted to counselling, testing and treatment on HIV. Linkages to be established to mainstream TGs in society, treat and respect them as a human being, providing employment and opportunities as well. This will lead to enhanced livelihoods of TGs in true sense”* says Mr Nilesh Sankpal, Program Manager, Ekta Foundation.

Mr Sankpal shared that TG is one of the most discriminated community, which is hated and victimized on the basis of lack of firm sexual identity under social norms. Their basic human rights get curtailed and are vulnerable to multiple psycho-somatic disorders. Owing to DNM, dialogue has been established among DAPCU, NGOs, MCs, and private Doctors. The coverage has increased and so the service uptake.

Ekta Foundation in Thane District is working since 2010 and has dedicated itself for Transgender community; to stand behind them strongly and help them to understand and seek their rights. It became part of DNM since June 2015. The organization covers area from Airoli to Belapur, under Navi Mumbai Municipal Corporation (NMMC). Total target for Ekta Foundation is to reach 200 TGs.

### Hamsaaya Welfare Sanstha (MSM)-TI

*“Earlier there was a compartmentalization among District AIDS Prevention and Control Unit (DAPCU), NGOs and other systems. DNM helped to strengthen the rapport, sensitize officials, synchronize services and support as well as build the trust among the key populations and implementers”* says Mr. Umesh K Dubey, Program Manager, Hamsaaya Welfare Sanstha, Thane.

Mr Dubey shared that TI is getting increasing and regular support from DAPCU and MCs. DNM model is beneficial to both clients and implementers as now clients are able to avail testing and ART services on time. Moreover, with HIV integration with other health programs, joint health camps are organized to reach MSM population, which remains hidden and hard to reach. The trust of key populations has escalated, as they themselves are visiting TIs along with new key populations.

Hamsaaya Welfare Sanstha is working since 2007 especially for MSM in Thane District with a target of reaching 1400 MSMs in designated sites viz. Mira Road to Dahanu falling under two MCs- Mira Bhayandar Municipal Corporation and Vasai Virar Municipal Corporation. Hamsaaya is working with PIPPSE since 2013 and implementing program under DNM model.

### Family Planning Association of India (FPAI)-(FSW unit 2-TI)

*“Service Providers need to see and treat FSWs as human beings. The first level of advocacy is essential for service providers itself”* says Ms. Kaveri-Mungase, Program Manager- FPAI-FSW Unit 2.

She added FSWs are most vulnerable group as they are involved in unprotected sexual activities with multiple partners. Because of this reason, chances of getting HIV infection are higher among FSWs. Owing to regular high risk behavior, FSWs need to access HIV prevention, care, treatment and support services in continuum. Being a socially outcaste group, it is very difficult for them to get easy access to the health services. NGOs are playing important role to bridge the gap between FSWs and service providers.

DNM helped in establishing network, increasing contacts at individual level and building rapport with various Government, and NGOs. DAPCU has become more interactive during DNM. The knowledge level of staff, officials as well as KPs increased because of orientation sessions and interactions. Earlier the awareness level was low about laws of human trafficking, police department, human rights, education etc. But after DNM being introduced, people now have at-least brief knowledge on all these issues. Target Groups also came to know about the free health check-up facilities under DNM program. Earlier, NGOs need to find KPs but due to DNM efforts, KPs themselves are approaching for testing. DNM definitely helped to increase coverage and service uptake, shares Ms Kaveri.

FPAI is working for FSWs since 2004. FPAI is actively engaged with PHFI-PIPPSE under DNM since 2012. The work area comes under Kalyan – Dombivali Municipal Corporation and has a target to reach out to 1000 FSWs.

## Rashtriya Swasthya Probodhini Unit 1 (Migrant)-TI

*“Generally, KPs had many misconceptions about TI NGOs but DNM really helped to change the views of people towards NGOs. KPs have got the clarity about NGOs role and responsibilities in HIV/AIDS program”* shared Ms. Farida Sayyad, Program Manager, Rashtriya Swasthya Probodhini-Unit 1. She added that DNM truly helped in increasing the coverage as the dialogue and co-ordination between different TI programs has remarkably increased. *“We have regular meetings with other typology TIs. We share information on services as well as referrals. We are also getting good support from ICTC and ART Centre”* quotes Ms Farida.

Migrants are now getting well versed with the TI activities. They are participating in all events organized by RSP. Health Camps are getting good participation and response from KPs and they come along with their friends for check-up. Various regular events organized by TIs have also helped in demand generation by KPs.

Rashtriya Swasthya Probodhini – Unit 1, popularly known as RSP, deals with Migrants who constitute a larger proportion of HRGs in Thane District. Being a bridge population, migrants are at the higher risk of having HIV as well as transmitting it to their partners. The RSP is engaged in dealing and supporting Migrants since 2014 and it received support from PHFI-PIPPSE project. The coverage area is Bhiwandi, a densely populated Municipal Corporation and home for about 50% of the total migrant population of Thane district. The target given to RSP is 20,000 migrants and so far, 16,691 migrants are contacted.

## Sankalp Kiran Rehabilitation Trust (IDU)-TI

*“Reaching IDUs is a tough task. They get registered at a site but not necessarily found on the same site. Sometimes, no one found on the original site or they may be found with entire group at a time”* said Ms. Gayatri Wakade, Project Manager-Sankalp. IDUs generally do not have their own residence, they stay on streets with identity proof. Not having regular income generation; most of them are engaged in garbage collection, low wage works, pick-pocketing or any other criminal activities. They keep changing sites in search of affordable drugs. Fear of getting arrested by Police is one of the reasons of frequent changing of their location. Being a mobile population, to keep track and counsel them is very difficult. Even if they are found on the regular spot, often they are not in a position to speak as they are under clutches of the drugs.

CBT is one of the strategies under DNM to improve coverage of HIV testing. The MCs, NGOs, TNP Plus are working in synchronization. HIV testing became easier after introducing DNM. Established network is useful to organize testing camps as the kits and other resources are easily available on the site itself. Outreach workers (ORW) and peer educators (PE) play an important role in mobilizing target group, spot them, fill up the consent form and bring them for testing. Many untracked KPs are tracked during CBT camps. DNM has helped a lot to increase the coverage, shares Ms Wadake.

Sankalp Kiran Rehabilitation Trust is an organization which is working with IDUs since 1995. The organization became a partner with PHFI-PIPPSE since 2012 under DNM. 300 IDUs were mapped and 271 IDUs have been reached till date. The coverage area comes under three municipal corporations-Ulhasnagar Municipal Corporation, Kalyan-Dombivali Municipal Corporation and Thane Municipal Corporation.

Editorial Team: Rambabu Khambampati, Shivani Kasturia and Pooja Sharma

Special Contributions: Ashwini Jathar

E-mail: [shivani.kasturia@phfi.org](mailto:shivani.kasturia@phfi.org)