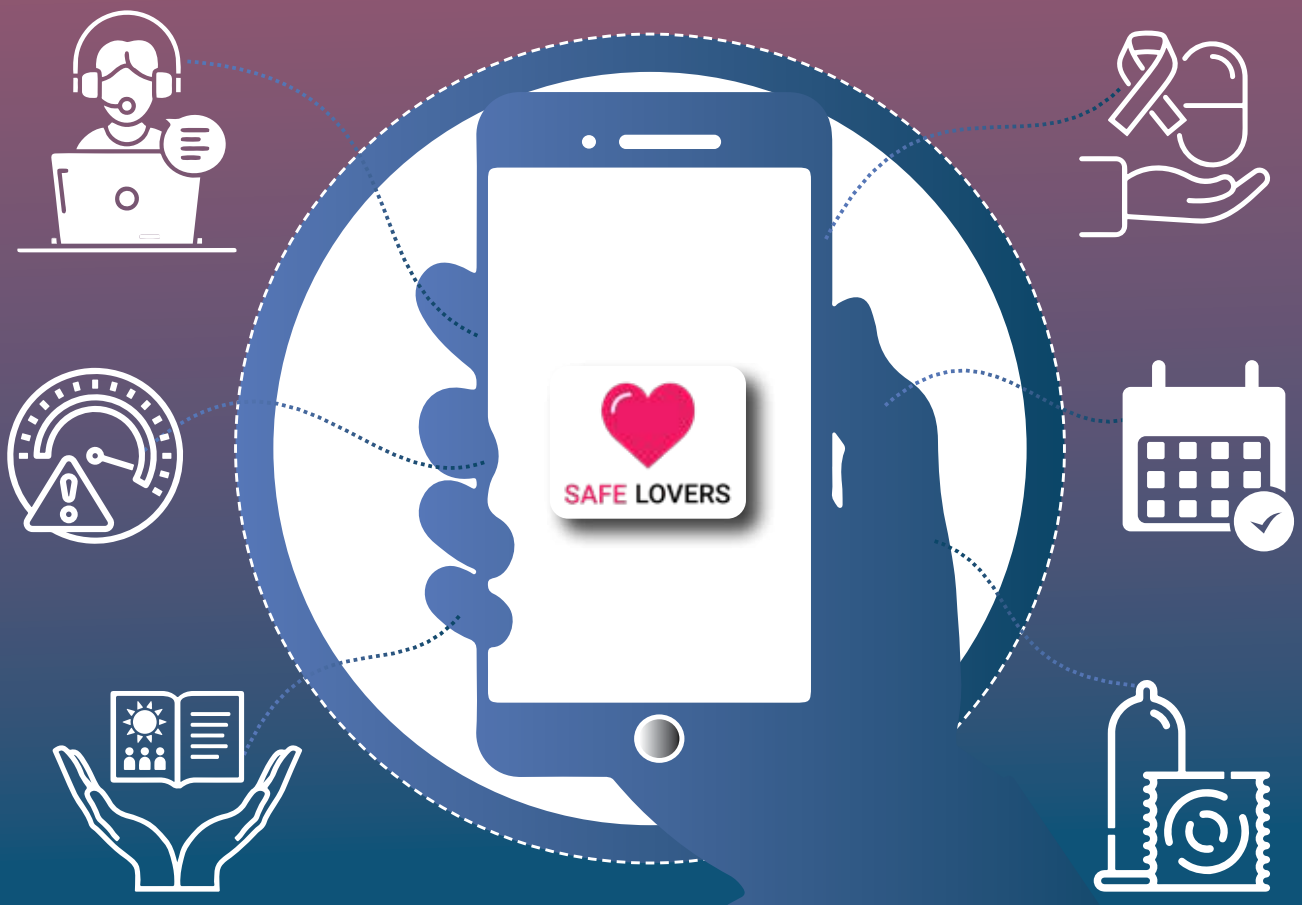
Virtual Intervention for the MSM population in Delhi

Reaching out to the MSM population active on virtual platforms with HIV prevention, care and treatment services in Delhi

An Implementation Note | 2020



DELHI STATE AIDS CONTROL SOCIETY
GOVT. OF DELHI

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Virtual Intervention for the MSM population in Delhi: Reaching out to the MSM population active on virtual platforms with HIV prevention, care and treatment services in Delhi

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All MSM Targeted Interventions

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उदित प्रकाश राय
भारतीय प्रशासनिक सेवा
परियोजना निदेशक

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IAS
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PREFACE

Delhi State AIDS Control Society (DSACS) has been implementing exclusive targeted interventions for Men who have Sex with Men (MSM) in Delhi. The HIV prevalence in this group is more than 6 times the prevalence in adult general population. National AIDS and STD Control Program aims for zero new infections among MSM and universal access to HIV prevention, care, support and treatment services for all at risk MSM.

Information technology and growth of newer ways of communication have influenced every sphere of people's lives and have also affected the dynamics and operations of sex work too. The traditional ways of solicitation are undergoing change. Mobile based technologies and social media platforms are becoming preferable alternatives. MSMs too have been found to be active on virtual platforms like dating applications, social media websites, and messenger groups to seek sexual partners. Recognizing this change, Delhi State AIDS Control Society, in collaboration with its Technical Support Unit (TSU) – Delhi TSU (DL TSU), managed by India Health Action Trust (IHAT), conducted a mapping exercise to estimate the MSM population active on virtual platforms.

The virtual mapping exercise in Delhi has provided significant inferences on the size and the characteristics of MSMs operating in the virtual space. The findings have potential to influence the policy and programmatic implications for prevention, treatment and control of HIV and AIDS. DSACS/DL TSU have utilized these observations/findings into the TI program and designed an innovative 'Virtual Intervention' for the MSM community in Delhi. So far, this innovation is one-of-its-kinds in India that has been implemented in Delhi for the MSM community active on virtual platforms.

This document elaborates the process followed to implement virtual intervention for MSMs active on virtual platforms in Delhi. The intervention was executed by the MSM TIs of Delhi, with support from DSACS and DL TSU. This document will be useful for NACO, the State AIDS Control Societies, State Technical Support Units, Global Programmes and other key stakeholders who seek to replicate the intervention that reach out to the MSMs operating on virtual platforms and provide HIV prevention and control services to the community.

(Udit Prakash Rai)

Know AIDS, No AIDS
दिल्ली बोले एड्स नहीं

Message from the Managing Trustee

Delhi Technical Support Unit was established by IHAT in 2014 to support the DSACS with the objective of achieving high level of coverage and ensuring quality of HIV programs, delivered under NACO's TI Program. IHAT is committed towards optimizing and scaling-up of public health programs in the country through partnership with governments and communities.

The advent of internet and smartphones have changed the way the MSMs operate and this has been noted by DSACS/DL TSU through the virtual mapping exercise. The mapping revealed some critical data which establishes that this is the right time to look at the HIV prevention, care and treatment services with a virtual lens. Noting that the MSMs have opted for virtual platforms like mobile applications, social media platforms and messenger groups for solicitation, the same platforms can be leveraged to create awareness, reaching out and linking them to the HIV and related services. DSACS/DL TSU have implemented the Virtual Intervention for MSM in Delhi, which maps the size of MSM population in the virtual space, provides an exclusive MSM virtual platform to seek HIV services and links the population active on virtual platforms to the respective health facilities. This intervention may be considered as a distinctive and first-of-its-kinds initiative in India. It is a cost effective model, being incorporated in the existing Targeted Intervention Program and caters to the MSM population active on virtual platforms in Delhi.

I acknowledge the efforts of DSACS/DL TSU in conceptualizing 'Virtual Intervention' and the TI partners & the community in implementing the same with commitment and diligence. I hope this innovative intervention is absorbed by experts and organizations working in the field of HIV and its application reaps significant results in terms of providing enhanced HIV prevention, care and treatment services to the Key Population. I would also like to thank the Project Director and Additional Project Director, DSACS for their continued support to DL TSU.

Dr Shajy Isac
Managing Trustee, IHAT

Contents

Abbreviations

AIDS	-	Acquired Immunodeficiency Syndrome
ART	-	Antiretroviral Therapy
BCC	-	Behaviour Change Communication
CBS	-	Community Based Screening
DL TSU	-	Delhi Technical Support Unit
DSACS	-	Delhi State AIDS Control Society
FAQ	-	Frequently Asked Questions
GPS	-	Global Positioning System
HIV	-	Human Immunodeficiency Virus
HOPE	-	Harnessing Online Peer Education
ICTC	-	Integrated Counseling and Testing Center
ID	-	Identification
IEC	-	Information, Education and Communication
IHAT	-	India Health Action Trust
MADE	-	Map, Adapt, Deliver and Evaluate
MSM	-	Men who have Sex with Men
NACO	-	National AIDS Control Organization
NCT	-	National Capital Territory
NGO	-	Non-Governmental Organization
OTP	-	One Time Password
PLHA	-	People living with HIV/AIDS
PWID	-	People Who Inject Drugs
RTI	-	Reproductive Tract Infection
STI	-	Sexually transmitted infections
TI	-	Targeted Intervention
TSU	-	Technical Support Unit
UNAIDS	-	Joint United Nations Programme on HIV and AIDS
VDIC	-	Virtual Drop-In Centre

Figures

BACKGROUND

Men who have Sex with Men (MSMs) are disproportionately affected by HIV as compared to the general population. According to UNAIDS, MSMs are 22 times more likely to acquire HIV than the general population[1]. In India too, the HIV epidemic continues to be concentrated among key populations (KPs), with relatively higher prevalence among the MSM population; the national prevalence among MSM being 2.69%, which is much higher than a 0.28% prevalence among ANC clinic attendees[2]. There exists a profound need for focused and innovative HIV interventions designed for the MSM community in order to meet their prevention needs, reduce infections and provide them with care and treatment services.

HIV programs need to integrate novel methods to respond to the dynamic needs and networks among MSMs. Digital transformation and social networking sites have opened more ways than ever for the MSM community to meet sexual partners[3]. Moreover, it has also been found that MSMs active on virtual platforms are associated with higher risk of HIV compared to those using only physical sites[4]. HIV programs and civil society organizations across the world are recognizing this trend and have initiated efforts to reach out to MSM that are engaging on virtual platforms.

Global Initiatives to reach out to MSMs active in the virtual space

While the MSM population are using virtual platforms for solicitation, they are all the more becoming unreachable by the traditional peer led approach, as they are congregating less at physical hotspots/locations to meet sexual partners. Globally, there are a number of initiatives/ interventions being carried out to reach out to MSMs through virtual programs that provide HIV prevention, care and other related services.

A study conducted in Kenya on engagement of MSM in virtual sexual networks showed that half of the MSMs active on virtual platforms had been contacted by a peer educator or outreach worker and almost 50% have had visited HIV clinics/Drop-in Centre, three months prior to the study[5]. This indicates a need of customized HIV-related prevention, testing and treatment programmes to MSM using virtual sites.

In a project implemented in Peru, MSMs were randomized to receive a Harnessing Online Peer Education (HOPE) intervention or standard HIV prevention enhanced by social media. The intervention consisted of trained peer leaders acting as HIV prevention mentors in closed social media groups. It was found that the intervention prompted MSMs to seek HIV testing more than when compared to standard HIV prevention methods. Moreover, the engagement level also increased giving rise to improvement in the likelihood of opting for screening and counseling services. Social media based interventions are cost effective and may broaden the reach of HIV prevention services beyond traditional channels[6].

[1]Fact Sheet-World AIDS Day 2019, UNAIDS (https://rb.gy/kweca7)
[2]HIV Sentinel Surveillance 2017, NACO (https://rb.gy/kweca7)
[3]Mapping and Size Estimation of MSMs active on Virtual Platforms in Delhi, IHAT, DSACS, 2020.
[4,5]HIV prevalence, testing and treatment among men who have sex with men through engagement in virtual sexual networks in Kenya: a cross-sectional bio-behavioural study, Journal of the International AIDS Society, 2020 Bhattacharjee P. et al (https://onlinelibrary.wiley.com/doi/pdf/10.1002/jia2.25516)
[6]Project Hope (https://www.projecthope.org/peru-2/)

Other global initiatives include four major types of Online to Offline (O2O) models which have been implemented, primarily in the West and Asia, especially among MSM and transgender women. These models have had varying levels of impact in terms of reach, engagement, participation, linkage, and ability to track and monitor participants, and assess outcomes. O2O models have been found to be ideal for at-risk, stigmatized, criminalized populations and for scaling-up biomedical prevention interventions such as preexposure and postexposure prophylaxis. O2O models represent novel and powerful solutions to reverse the pandemic and could help fill significant programmatic gaps in tracking individuals through HIV cascades[7].

A research project in Canada has developed an online platform that provides self-evaluation service, wherein an individual can take stock of his consumption of alcohol and drugs and the possible effects on his sexual health. The individual can also chat with a speaker and be directed to adequate resources. The goal is to help better understand the influence that consumption can have on different facets of life. The analysis of user characteristics has revealed that the online platform has reached a vulnerable population. The findings suggest that the platform has the ability to reach people with risky or problematic substance use and engage them in a brief online intervention[8].

In India, to date, limited evidence exists on virtual interventions. The Virtual Intervention for MSM in Delhi is one such endeavor that can be considered as the first government-led and cost-effective intervention incorporated in the existing TI program, that provides HIV prevention, care and treatment services to MSMs active on virtual platforms.

Given the paucity of programs, and evidence, on virtual interventions for the community for HIV prevention, the Delhi State AIDS Control Society (DSACS) and the Delhi Technical Support Unit (DL TSU) implemented a virtual intervention to reach and engage MSM on virtual platforms.

About the document

This report captures the processes followed in the implementation of the Virtual Intervention to reach out to the MSMs active on virtual platforms with HIV/AIDS services.

This document:

- Records and highlights an innovative approach that has been adopted through virtual intervention to improve the reach of the hidden MSM population and provide HIV/AIDS prevention, treatment and care services
- Can be utilized by NACO, SACS, State Technical Support Units, Global Programmes and other key stakeholders to replicate this virtual intervention and address HIV and STI-related issues

[7]Online-to-offline models in HIV service delivery, Tarandeep Anand, et al, PubMed.gov, 2017 (https://pubmed.ncbi.nlm.nih.gov/28682799/)
[8]The MONBUZZ.in (https://www.monbuzz.ca/)

INTRODUCTION

The Scenario in Delhi (National Capital Territory)

HIV prevalence among MSM in the National Capital Territory of Delhi (Delhi NCT) has declined from 5.3% in 2010-11 to 1.8% in 2017; however, it is much higher than the national adult general population prevalence of 0.3%. NACO has been consistently working towards prevention of new infections in KPs and is designing and implementing various strategies to control the spread of HIV in India through the Targeted Intervention (TI) program. NACO has been implementing exclusive Targeted Interventions for MSMs with 11 TIs in Delhi reaching out to 16052 MSMs in Delhi[9].

Discussions and interactions with the MSM community by the MSM TIs in Delhi highlighted the growing usage of virtual platforms like social networking sites, messenger groups, dating applications, among others, by the MSM community for solicitation. As per site validation 2014 done by NACO, there are 18145 MSMs in the state; however as indicated by the virtual mapping exercise, the actual number of MSM is much higher. According to the virtual mapping exercise conducted by DSACS in collaboration with DL TSU, an estimated number of 28058 MSMs (range of 26455 and 29817) use various virtual sites to meet other MSMs. Further, it was found that two-fifth of these MSM visited physical locations for solicitation during the month prior to the conduct of the virtual mapping exercise. The findings indicate that significant number of MSMs are operating exclusively in the virtual space and therefore the estimates from the physical hotspots are likely to under estimate the MSMs in the state. Estimating the population active in the physical as well as in the virtual space, is important to assess programmatic needs and plan HIV prevention, care and treatment interventions. It was also observed that MSMs on virtual platforms have a very low awareness of organizations working on HIV/AIDS as well as exposure to the present TI programs. The mapping exercise highlighted the active presence of MSMs on virtual platforms and signalled the need for a strategy to encompass the population active on virtual platforms under the TI program. This also calls for an allocation of resources to program planning, setting of targets and designing of a specific intervention for reaching out to the hidden MSM population in virtual spaces[10].

The mapping exercise highlighted the gap in the current TI strategies which led to the development of virtual interventions with the MSMs in Delhi NCT that would reach out to those who operate on the virtual platforms, provide TI services to them and motivate them to access the facilities of HIV/AIDS, STI screening on regular basis and to initiate and adhere to treatment, when HIV infected. The unique feature of this intervention is that this is a government-led, cost-effective initiative being co-developed and co-operationalized by the community and DSACS/DL TSU.

[9]Targeted Intervention Program Data (Year 2019-2020)
[10]Mapping and Size Estimation of Men who have Sex with Men active on virtual platforms in Delhi – A Process Document, IHAT, DSACS, 2020 (https://www.ihat.in/resources/virtual-mapping/)

Virtual Intervention for MSM

This virtual intervention aims to identify and link the MSMs using virtual platforms with the HIV services. The objectives of virtual intervention are:

- To increase the HIV prevention coverage by reaching the MSM population active on virtual platforms using virtual interventions for service provisions
- To enhance the coverage of HIV testing and treatment services
- To provide information virtually to the MSM communities relevant to their sexual practices, identities and HIV status

Geography

This intervention has been rolled out with 11 TIs dealing with the MSM community in Delhi NCT. All the eleven districts of Delhi NCT, namely, North Delhi, North East Delhi, North West Delhi, South Delhi, South East Delhi, West Delhi, Central Delhi, New Delhi, South West Delhi, Shahadra and East have been covered under this intervention.

Expected Outputs

The Virtual Intervention is expected to have the following outputs:

- **Maximizing coverage** is one of the expected outputs of virtual intervention. Virtual intervention platform can act as an excellent mode of communication to cover the MSM population active on virtual platforms with HIV prevention, care and treatment services.
- **Providing an enabling environment for increasing access to TI Services, Health and other Facilities.** Many MSMs experience stigma and discrimination in the society and may face the same while accessing health services. Creating an enabling environment that ensures delivery of required services with dignity and impartiality can encourage the population to proactively approach the TI and health facilities. The virtual intervention is expected to provide a space for the MSMs to avail some of the services online and then eventually get connected to the physical services, as the need may be. The MSM community can access the online services as per their convenient time and place.
- **Behaviour change and HIV Risk Reduction** are critical aspects of the virtual intervention. As many of the MSM community members are comfortable using virtual platforms, the virtual intervention intends to establish and sustain behavioural change through virtual media. The intervention aims to create awareness and develop understanding of HIV amongst the MSM population, leading them to proactively opt for risk reduction practices/methods.

VIRTUAL INTERVENTION

The MADE Model of Implementation

The intervention was implemented through the **MADE** Model – Map, Adapt, Deliver and Evaluate. This innovative model is an evidence based practice used to **Map** the MSM population active on virtual platforms, **Adapt** the services to a digital mode for increasing the reach, **Deliver** the services to the community and **Evaluate** the progress and also provide handhold support to the TIs in implementing the Virtual Intervention to encourage more and more community members to access the services (Figure 1). This model is an excellent example of co-development through community involvement and participation. It substantiates the approach 'of the community, for the community and by the community'.

The **MADE** Model has four major components:

M: Map the MSM population active on virtual platforms
A: Adapt the services to a digital mode
D: Deliver the services
E: Evaluate the progress

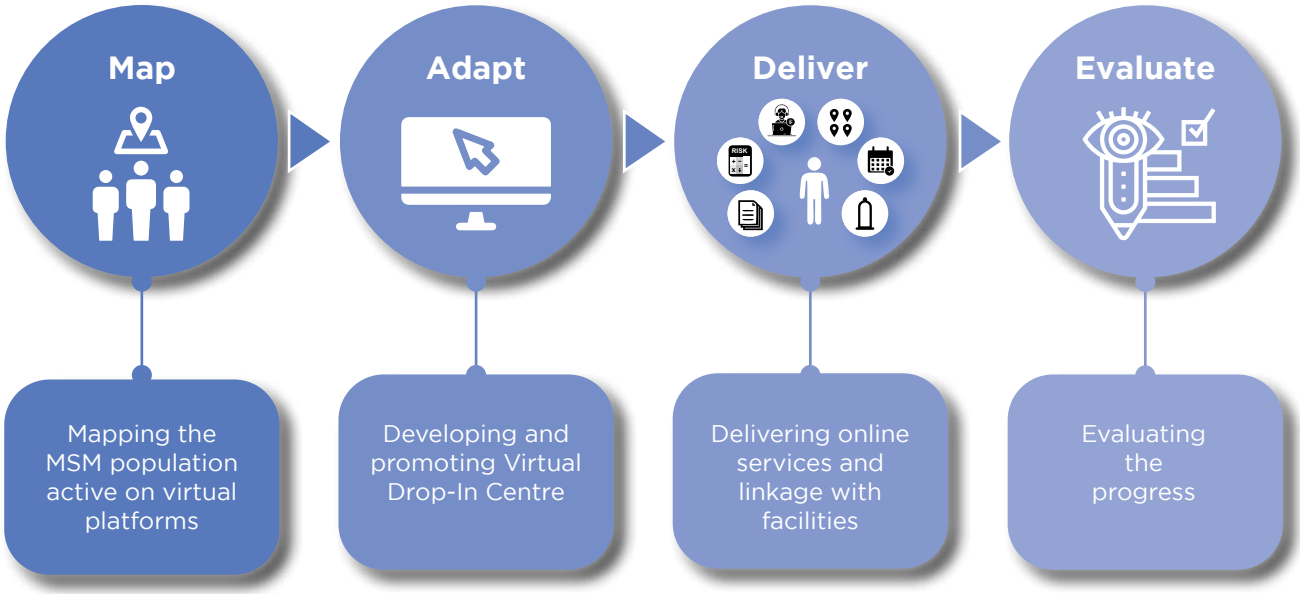

Figure 1: The MADE Model

Component 1 Map the MSM population active on virtual platforms

Mapping of the MSM community active on virtual platforms was done through the process of Virtual Mapping. This was carried out in three stages: (i) Listing of virtual sites (ii) Profiling of virtual sites (iii) Quantitative interviews with MSM. Virtual Mapping provided the list of virtual sites frequented by MSMs, their population size and characteristics. The number of registered and online users were counted from the selected sites. In order to remove the overlap, interviews of MSMs online at the time of mapping, were conducted. (Detailed methodology of Virtual Mapping can be obtained from "Mapping and Size Estimation of Men who have Sex with Men active on virtual platforms in Delhi – A Process Document" developed by IHAT and DSACS).

Component 2 Adapt the services to a digital mode

Virtual Drop-In Centre (VDIC) is the heart of the **MADE** Model. It is an interactive web portal managed by the community and the TI team, through which the virtual network based MSMs are identified and linked with service provision. Further, it aims to enhance the coverage of HIV testing and treatment services and provide contextually-relevant information through a virtual mode to the MSM communities (Figure 2 & 3).

The web platform allows the MSMs to create their own user ID and password and log in to seek services and book appointments anywhere in Delhi at a convenient day and time. To ensure security and confidentiality of the community, the only authenticated information sought is the contact number of the potential member, which again comes in an encrypted form.

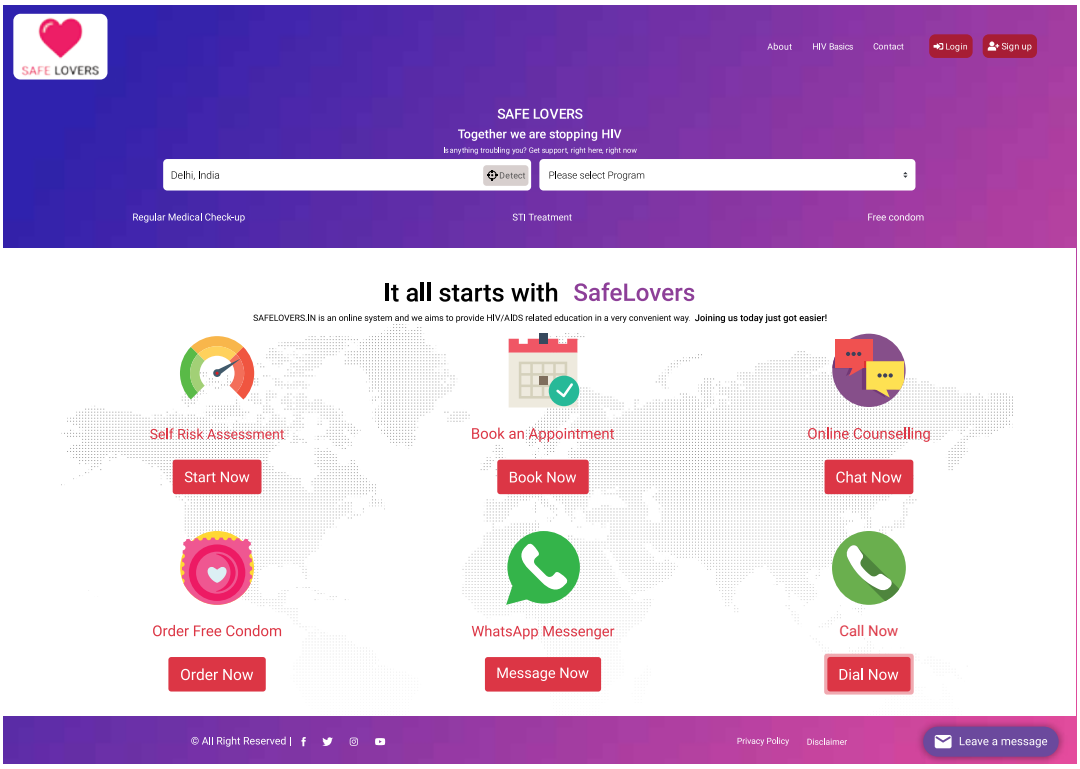

Figure 2: The Virtual Drop-In Centre Web Page

The key features of the web application are as follow:

Risk Calculator: Based on the risk calculation, the user is directed to counseling services, followed by HIV related service(s).

Appointment system for HIV services: This feature allows users to seek the services at a time convenient to them. Users can choose from the list of centres and services required as per their geographical location and book an appointment accordingly.

Online Counseling: The user can take counseling through call/chat facility. Online counselor has been deputed and trained to address the queries and concerns of the users.

Order free condoms: This feature allows the users to get the condoms delivered at their door step by selecting the 'Order Free Condoms' option.

Service Points Locator: This feature helps users to identify and locate the TI and facilities available near them.

HIV information messages: FAQs and IEC/ BCC material related to HIV/AIDS and TI services are available on the web platform.

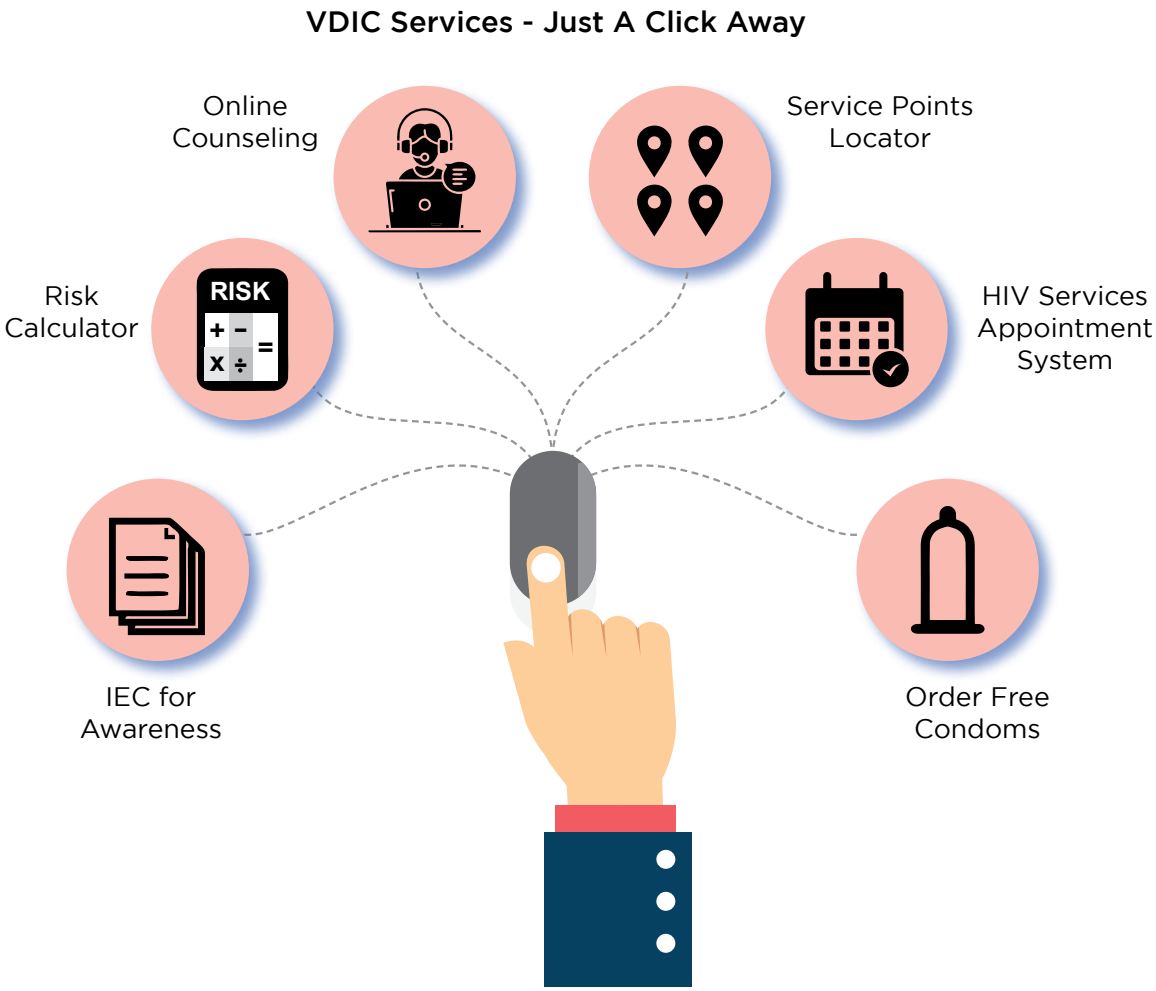

Figure 3: Features of VDIC

Development and promotion of VDIC included the following steps (Figure 4 & 5).

- **Community Consultations:** The preliminary design, features and framework was co-developed in consultation with the MSM community considering their needs and expectations. Considering that the end users of the web platform are the MSM community, involving them and their views and suggestions are critical to make it user friendly to maximize the number of members accessing the features on regular basis.

- **Web page Development and Launch:** The web page (https://www.safelovers.in/) was developed and after initial round of testing, the VDIC was launched. The TI team encouraged the community members to register and connect for various services.

- **Building Capacity for Roll-out:** Training was an essential part of the process of operating the VDIC. The MSM VDIC is being managed by MSM TI Partner, Mongolpuri (New Delhi). The capacity building module included training on – (i) Digital Marketing Training and (ii) VDIC and Tools. Both the trainings equipped the community and the TI staff to manage the backend data, handle the web portal and maintain a continuous to and fro of communication between the VDIC and the users. Refresher trainings were also provided to the TI, which also became a platform to understand the challenges experienced by them. Through these trainings, some solutions and innovative ideas also emerged from within the community and steps were taken to improvise the online platform and reach.

- **Promotion and Outreach of VDIC/TI Services:** Promotion of VDIC was the immediate step after its launch as more and more MSM community members were to be linked to the services of VDIC. Promotion remains a continuous robust process to bring maximum number of MSM community under the program.

Through word-of-mouth, the information on VDIC and its features were shared. The active community members rigorously promoted the platform during their internal meetings, interactions and events.

Social Media Handles of the VDIC were created on social networking platforms. Through these, promotion of the unique features is being done and awareness around HIV is also created.

To strengthen the outreach of the platform, the active members share the VDIC link in their personal Messenger Groups and other spaces.

The TI staff has been instructed to share about the services and features during visits of the MSM community in the Drop-In Centre or during counseling sessions.

Every feature of the VDIC is being promoted separately through digital media. This came up as a demand from the community. This has brought the MSM a step closer to the program as the unique characteristics like maintaining confidentiality, free services, online counseling, among others, give prominence to the stigma-free approach of the program.

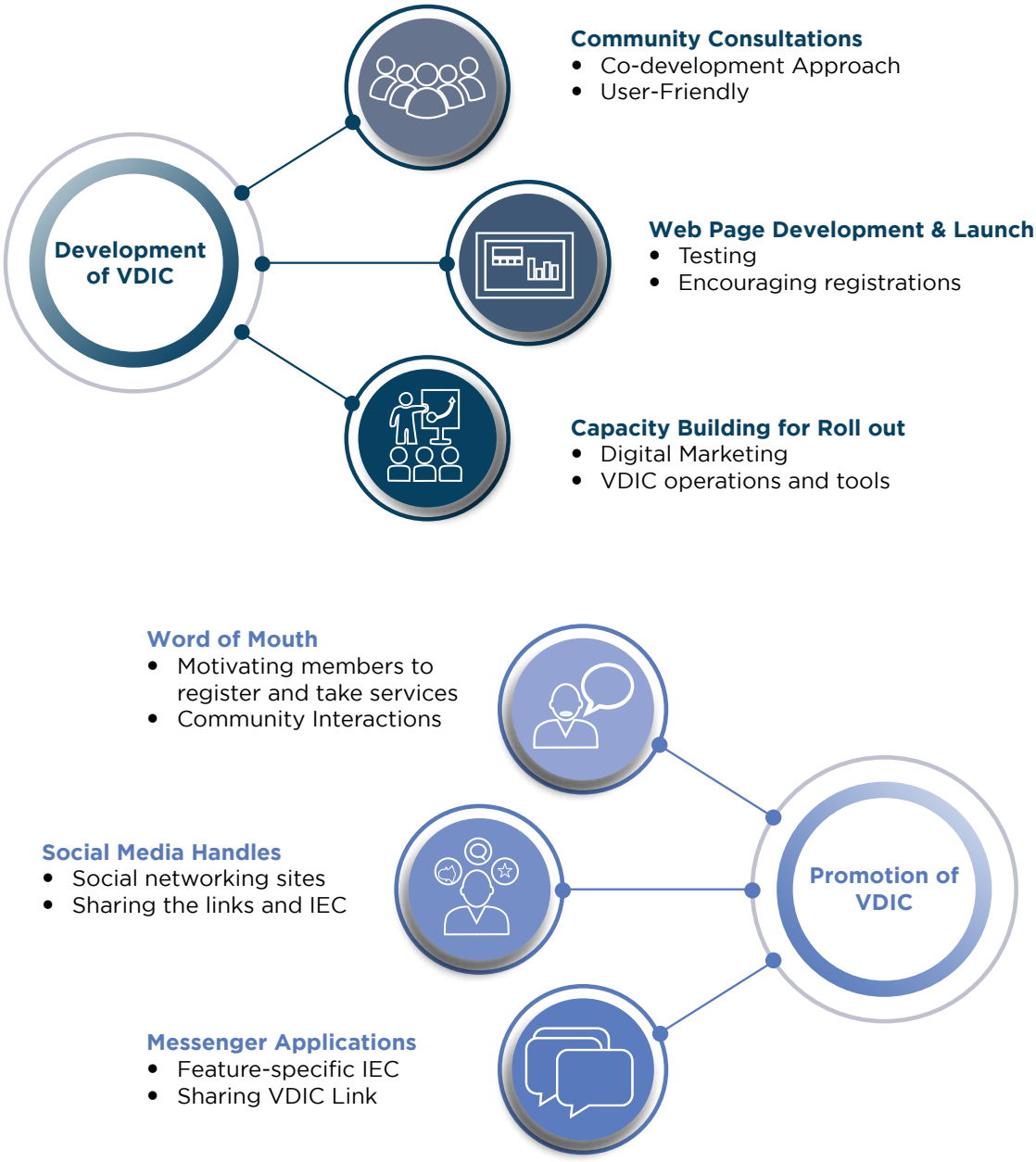

Figure 4: Development and promotion of VDIC

Figure 5: Approach to promote VDIC

Component 3 Deliver the services

The TI projects run across Delhi NCT and have been actively providing the necessary services to the MSM and at the same time addressing various issues faced by the community. As the Virtual Intervention began to take shape, the services of VDIC were linked to the TI services; so that the community can access services online and can be gradually linked to the facilities as per their requirement.

VDIC was developed to bridge the information and service gap that exists between the MSM population active on virtual platforms and services available at TIs and Health Facilities. TIs provide clinical and referral services and also provide free condoms and lubricants to the MSM community. The MSM community, being mobile and actively available on virtual platforms, can seek the services as per their convenient time and place. They can access the VDIC and opt for necessary services available at any MSM TI of their convenience and facility level. Throughout the process, confidentiality is maintained. The community members can interact with the counselor without sharing their identity. They can order for free condoms and request for HIV and Syphilis screening at their door step or any other convenient place. HIV and Syphilis screening is conducted by TI staff using a rapid test kit, either at TI office or at a place suggested by the community member. Similarly, referral support is also available to visit the Integrated Counseling and Testing Centre (ICTC), Designated STI/RTI Clinic or antiretroviral therapy (ART) (Figure 6). Follow up of all the community members for services is regularly done through virtual platforms. These aspects have been found to be a key driver to increase access to services for the MSM community.

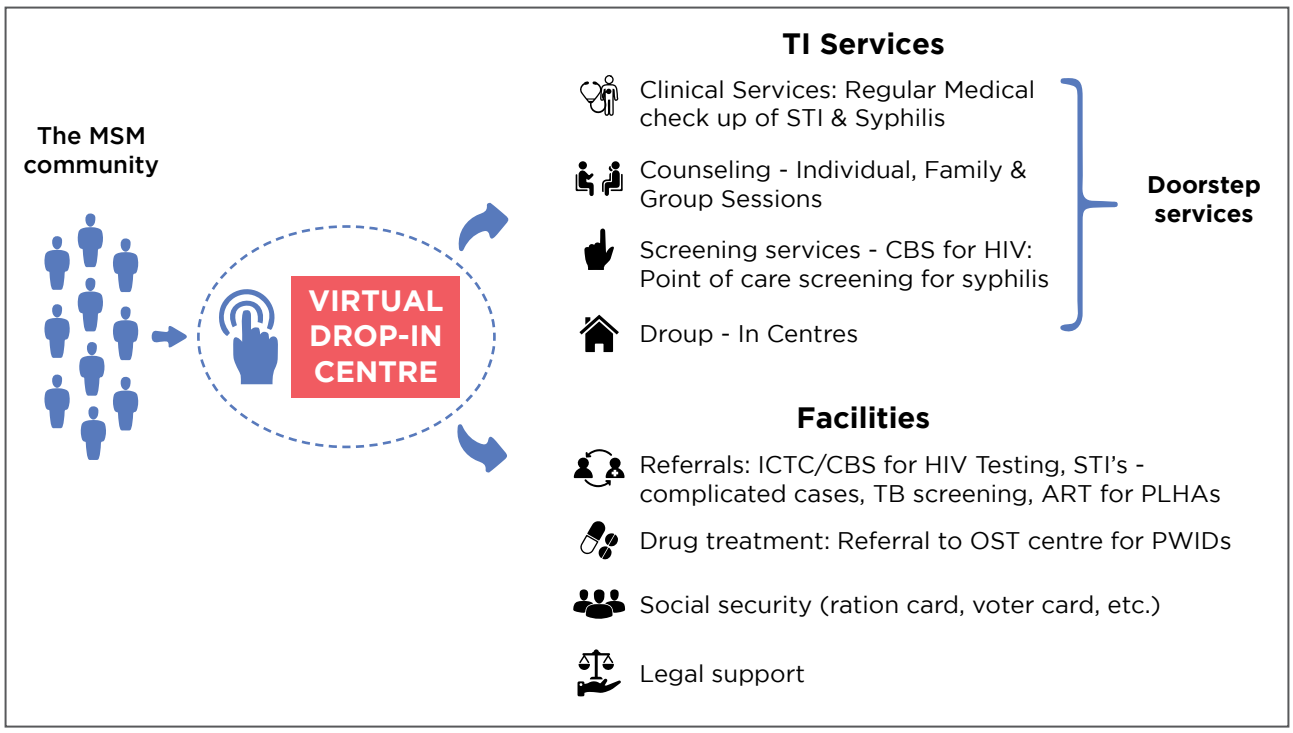

Figure 6: Linkage to Services

The unique features of VDIC that make the services easily accessible are:

- The community members are not required to share their real name, address, contact details while taking up chat and live counseling services.
- Total confidentiality is maintained in case of booking an appointment. The registration does require the name and contact number of the individual; however, the information received at the backend is encrypted; this ensures security of the information provided by the individual.
- All the VDIC services are free.
- While ordering free condoms, the members are not required to authenticate their name and can order the condoms at any address of their choice.
- Call back option from TI is possible and is utilized extensively to remind the member to take up HIV testing every three months.

Component 4 Evaluate the progress

The Virtual Intervention, being new and innovative, a strong learning perspective was to be built; hence evaluating various stages of intervention, alongwith, the progress with a customized approach, was essential.

The web-based built-in dashboard provides data on registered user details (name, age and date of registration) and service uptake information like counselling services, condom orders, appointment details (for HIV screening, syphilis screening, Clinic services and counselling) and appointment status. This data can be exported to an excel sheet for further analysis at TI/State level. During the appointment booking process, the user receives an OTP through VDIC mentioning the location of the facility. Simultaneously, the TI also receives the information of the appointment. If he appointment is missed by the member, a follow-up message or call is done by the TI staff. Through this system, the community is encouraged to visit VDIC and then the facility for service uptake.

The VDIC dashboard data are maintained in hard copies at the TI office in order to preserve the data in case of loss of digital version due to technical issues. The Project Manager is entrusted with the responsibility of managing, supporting and supervising the monitoring and record keeping aspects of the program. The VDIC dashboard and social media data is maintained, updated and shared by the Digital Communication Officer and the Virtual Counsellor is responsible to maintain the records of the counseling sessions, appointments, and other details of the community.

Roles and Responsibilities

The Virtual Intervention has been led by DSACS with technical support from DL TSU and the key implementers include the TI teams and the community.

DSACS is the overall in-charge of the program, being responsible for resource allocation and providing trainings to TI and the stakeholders. It is also responsible for provision of commodities and supplies to TIs. DSACS conducts periodic field visits and reviews of the program and reports to NACO.

DL TSU provides technical assistance to DSACS as per the national guidelines. It provides handholding support to the TIs and ensures capacity building of the TI staff. It is responsible for informing/updating DSACS on the requirement of commodities and performance analysis of TIs in reaching out to the MSM population. DL TSU supports in planning and implementation of virtual intervention. It supports and supervises online outreach & promotion and also helps in planning in reaching out to the community. It provides an on going support to TI to ensure the implementation and conducts periodic data quality audits.

TIs anchor the Virtual Intervention. They are involved in identifying the MSMs active on virtual platforms. They also manage, support and supervise the VDIC team and also maintain & update the VDIC Dashboard data. They play a key role in linking MSMs active on virtual platforms to physical services and facilities.

PROGRESS

The progress of the intervention has been captured through data pertaining to access of VDIC services by the MSM community and consequent linkage with TI and Health Facilities. From November 2018 till March 2020, 922 MSMs active on virtual platforms were reached through Virtual Interventions, which includes VDIC as well as online outreach activities. They have registered in TI. Out of these, 559 MSMs have visited TI static clinic for STI checkup and counseling; same number of MSMs underwent HIV testing and 459 MSMs were screened for Syphilis. HIV and Syphilis testing services were provided to them at the doorstep or at TI or at a location convenient to them. While 4 MSMs were reported to have STI; 15 MSMs tested HIV positive and have been linked to ART centre and are currently undergoing treatment (Figure 7).

Out of 922 MSMs, 548 MSMs have registered in the TI through VDIC. Out of them, 265 had availed services from STI clinic, TI program, ICTC and ART centre, as per their need. Out of the 26 MSMs, 104 MSMs took appointment for HIV testing. While not all who have registered through VDIC have taken appointments, we can observe a gradual increase in registrations as well as appointments (Figure 8).

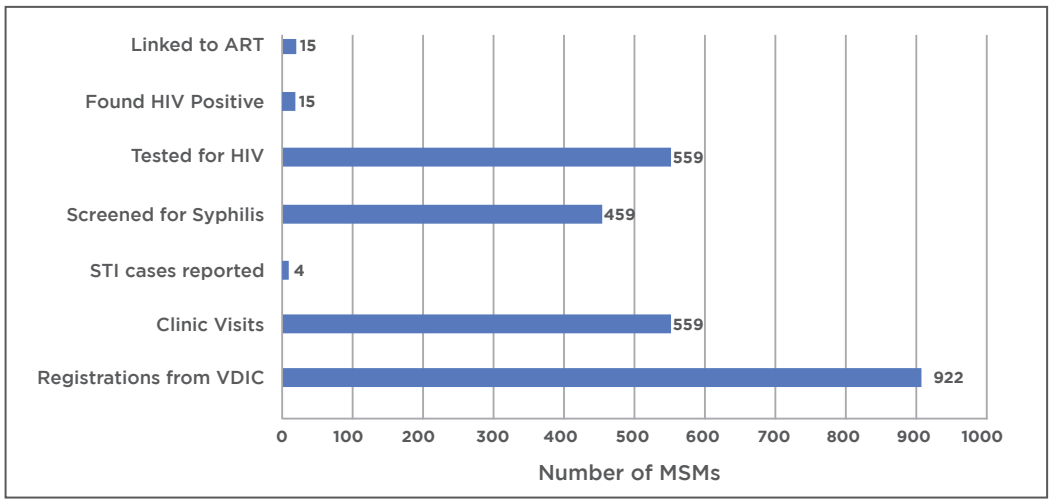

Figure 7: MSMs active on virtual platforms reached through VDIC

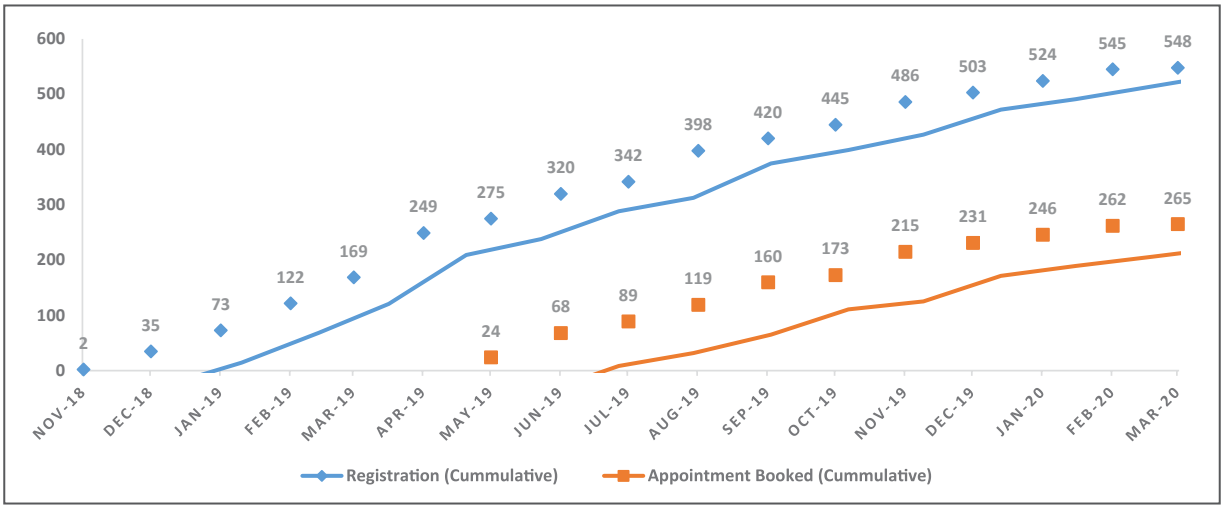

Figure 8: Registrations at VDIC

RECOMMENDATIONS

1. Developing a national strategy to cover MSM population active on virtual platforms under HIV prevention, care and treatment services

Considering the progression in the internet and smartphone era, developing a national strategy on covering MSMs active on virtual platforms seems to be the need of the hour. HIV interventions focusing on mapping the population in the virtual space and designing virtual platforms and means of communication can cater to the HIV prevention needs of the population and also link them to the care and treatment services. National-level strategy will give a thrust to the states to integrate virtual intervention in their ongoing programs. The **MADE** model can be successfully implemented in other states that have shown concentrated HIV epidemic driven by MSMs. The national and state agencies can develop area specific HIV intervention packages to extend support to KPs on virtual platforms. Similarly, organizations involved in HIV programming can devise a strategy to roll out digital interventions that connect and incorporate MSM population active on virtual platforms, in purview of their HIV prevention, treatment and care services.

2. Rolling out internet-based outreach and promotion activities for Virtual Intervention

It is recommended that online promotion and outreach activities need to be carried out on regular basis in order to connect to new and active MSM population in the virtual space. Tailored service delivery approaches should be adopted, that may include internet-based information, social marketing strategies, and use of social media applications can bring comprehensiveness to HIV messaging and reach out to the target population and link them to necessary health services.

3. Development of the digital IEC material on HIV for general awareness and directed towards behaviour change as well

Internet provides an innovative way to expand access to standardized information on HIV. Novel methods of dissemination of information via virtual platforms can be an appropriate tool to provide standardized information to the stakeholder. Along with service based features like free condom supply, online appointment booking, chat/online counseling, the VDIC should also have a range of FAQs pertaining to HIV. This can promote and sustain health-seeking behaviour in the community. Virtual messaging needs to be dynamic and visually appealing to the target audience. This may include videos, gifs, and other IEC material.

4. Capacity building of TI staff to strengthen the outreach and reach to the virtual population

Implementing the virtual intervention through the **MADE** model requires certain skill set and knowledge. The intervention being functional through virtual medium, the capacity of the TI staff needs to be built in terms of developing an understanding of features of various virtual applications, effective online outreach methods, providing online counseling, responding to the user queries and motivating them to access the physical services as well.

5. Adopting a peer-led snowball referral system to strengthen the virtual intervention

The peer-led snowball referral system accelerates the linkage of the MSMs with HIV services. This referral system needs to be strengthened through snowball approach, wherein, MSMs can refer and orient their peers to VDIC. They can play a facilitative role in the process and the TIs can aim for saturation through this technique.

6. Aiming towards health and social outcomes in the MSM population

The long-term strategies should include linking the population with health and social protection schemes and entitlements. This will require effective collaboration with various departments of the state. It is recommended that a coordinated system can be developed to provide comprehensive support services to the population.

THE WAY FORWARD

Virtual Interventions are a promising innovation that use virtual tools to reach out to MSMs and link them to HIV services. The community has provided an affirming feedback for the VDIC as some of the services are just at the click of a button and confidentiality of the user is maintained. As the TI program comprehends the VDIC benefits, applicability and impact that it is creating, the intervention can be strengthened and taken to the next level.

In order to reach out to the community and make the platform user-friendly, the VDIC will be accessible and compatible on mobile devices in the form of application. The intervention will also focus on promotion of the VDIC platform to bring visibility to the services offered. Further, it also seeks to take up some innovative initiatives to strengthen its service delivery and at the same time saturate the population in order to bring every individual community member under its purview.

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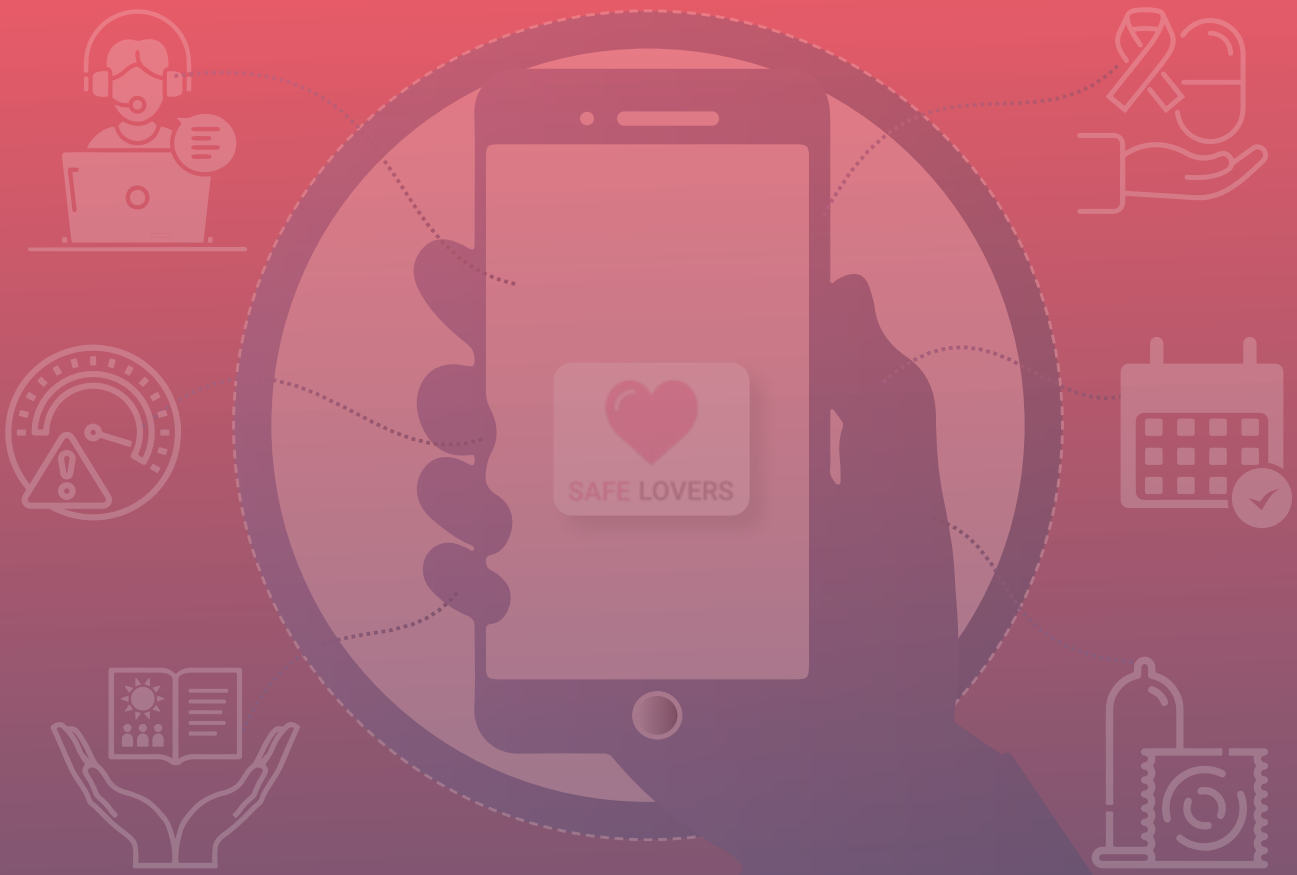

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