15 Years of Journey - Technical Assistance to implement Targeted Interventions for HIV Prevention

Assessment Report of Technical Support Units in Karnataka and Delhi

2022

PREFACE

The Government of India's HIV program aimed to 'halt and reverse the epidemic' by integrating programs for prevention, care, support, and treatment. The Targeted Intervention (TI) approach adopted by National AIDS Control Organization (NACO) brought down prevalence among specific high-risk groups. However, scaling up, managing, and monitoring such large public health programs required the government to have strong coordination, management, and technical capacity. In order to accelerate this, the India HIV program insourced expertise and skills from the private and non-profit sectors through the Technical Support Units (TSUs) to provide rapid and flexible support.

India Health Action Trust (IHAT) was identified as the TSU for NACO's Karnataka and Delhi TI programs. IHAT implemented the project for 15 years in Karnataka (since 2007) and seven years in Delhi (since 2014) to support the quality implementation of the national HIV program. This model of support maximized technical support to respective State AIDS Control Societies (SACS). It also ensured that national policies and strategies were implemented at the state level by working in close coordination with the SACS and providing capacity building and direct implementation support to the TIs.

Through this report, we have tried to capture the essence of the 15 years' journey of IHAT in providing technical assistance to implement the Targeted Interventions in Karnataka and Delhi. We are thankful to NACO and SACS for entrusting this responsibility on IHAT and continuing the support for more than a decade's time. We are also grateful to the TI partners and the community members, without whom the project would not have fructified.

Shajy K Isac, Ph D
Managing Trustee
India Health Action Trust

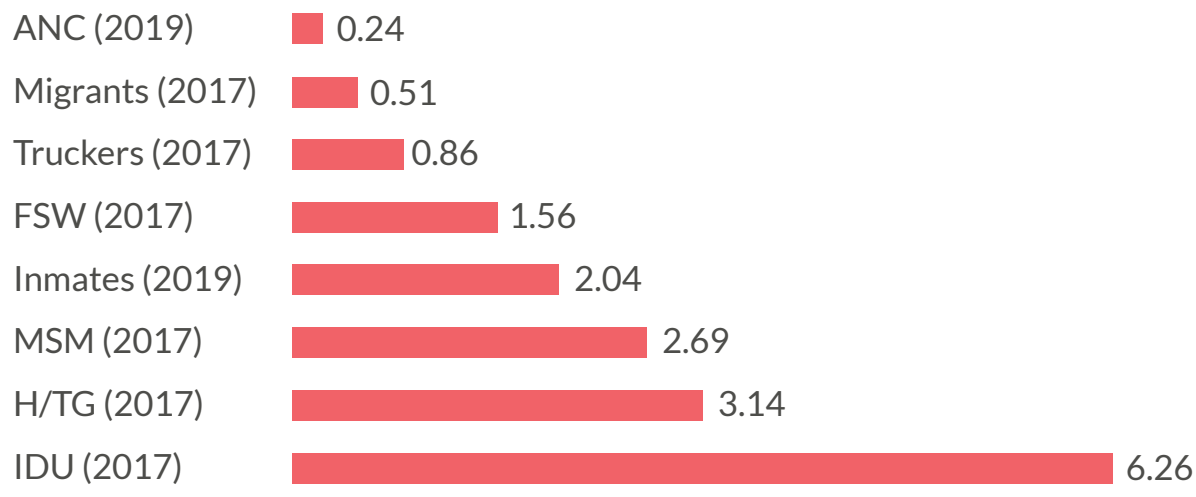
ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
ART	Anti-Retroviral Therapy
ARV	Anti-Retroviral
BCC	Behaviour Change Communication
CBO	Community Based Organization
DIC	Drop-In Centre
DL TSU	Delhi Technical Support Unit
FSW	Female Sex Worker
H/TG	Hijra/Transgender
HCT	Haematocrit Test
HIV	Human Immunodeficiency Virus
HIVST	Human Immunodeficiency Virus Self-Testing
HRG	High Risk Group
HSS	HIV Sentinel Surveillance
IDU	Injecting Drug Use
IHAT	India Health Action Trust
KA TSU	Karnataka Technical Support Unit
KSAPS	Karnataka State AIDS Prevention Society
MMD	Multi-Month Dispensing
MSM	Men who have Sex with Men
NACO	National AIDS Control Organization
NACP	National AIDS Control Program
ORW	Outreach Worker
OST	Opioid Substitution Therapy
PE	Peer Educator
PLHIV	People Living with HIV
PO	Project Officer
RMNCH	Reproductive, Maternal, Newborn and Child Health
SACS	State AIDS Control Societies
SMP	Spa and Massage Parlors
STI	Sexually Transmitted Infections
TI	Targeted Interventions
TSU	Technical Support Unit

BACKGROUND

India's HIV prevalence peaked in 2000, showing a continuous decline in the past two decades with 0.55% in 2000, to 0.32% in 2010 and 0.21% in 2021[1]. Declining trends in adult HIV prevalence sustained in the high prevalence southern state of Karnataka (0.46%), though stable and rising trends have been noted in Delhi (0.31%).

Figure 1 : HIV prevalence in different populations groups



Source: National AIDS Control Organization. ANC HSS 2019: Technical report. New Delhi: NACO, Ministry of Health and Family Welfare, Government of India; 2020

The 15th round of HSS has depicted that the HIV epidemic in India continues to be concentrated among High-Risk Groups (HRG), with a higher prevalence of 6.26% among Injecting Drug Users (IDU) and 3.14% among Hijra/Transgender (H/TG) population at the national level. On the other hand, the prevalence among Female Sex Workers (FSW) is 1.56% and Men having sex with Men (MSM) is 2.7% has continued to show a declining trend at the national level. Still, a stable, high-level epidemic among IDUs continues to be a significant concern[2]. In addition, the bridge population of migrants (0.51%) and truckers (0.86%) also have added to the HIV epidemic (Figure 1).

Scaling up, managing, and monitoring large public health programs such as the National AIDS Control Program (NACP) required the government to have strong coordination, management, and technical capacity. The Government of India's HIV prevention program has insourced expertise and skills from the private and nonprofit sectors through the TSUs to provide rapid and flexible support. This model of support maximizes technical support to respective State AIDS Control Societies (SACS). It ensures that national policies and strategies are implemented at the state level by closely coordinating with the SACS and providing capacity-building and direct implementation support to intervention units – Targeted Interventions (TIs).

India Health Action Trust (IHAT) has compiled this **'15 Years of Journey of IHAT'** report for technical assistance in implementing TIs for HIV prevention. IHAT implemented a project for 15 years in Karnataka (since 2007) and seven years in Delhi (since 2014) to support the quality implementation of the national HIV program. The project was officially closed on 15th September 2022.

[1] National AIDS Control Organization & ICMR-National Institute of Medical Statistics (2022). India HIV Estimates 2021: Fact Sheet. New Delhi: NACO, Ministry of Health and Family Welfare, Government of India.
[2] National AIDS Control Organization. ANC HSS 2019: Technical Report. New Delhi: NACO, Ministry of Health and Family Welfare, Government of India; 2020

INDIA HEALTH ACTION TRUST
THE MANAGEMENT AGENCY FOR THE TECHNICAL SUPPORT UNITS IN KARNATAKA & DELHI

> "IHAT TSUs have functioned effectively. At NACO we recall more of successes and innovations initiated by these TSUs. IHAT's strengths in the areas of M&E, Surveillance, population mapping and size estimation etc., are well acknowledged by NACO".
>
> **Dr. Shobini Rajan, Deputy Director General, BTS, TI and SI, NACO, Government of India**

For the states of Karnataka and Delhi, IHAT was selected by the National AIDS Control Organization (NACO) to set up the Technical Support Units in both states. The Karnataka TSU was initiated in 2007 to support the Karnataka State AIDS Prevention Society (KSAPS). Since its inception, KA TSU has supported KSAPS in implementing 76 TI programs in partnership with 75 Non-Governmental Organisations (NGOs) / Community Based Organisations (CBOs) to provide HIV services to Key Populations covering Female Sex Workers, Men who have Sex with Men, Transgender Individuals, People Who Inject Drugs and Bridge Population such as Migrants and Truckers.

Similarly, in 2014, for the state of Delhi, IHAT was selected to set up the Delhi Technical Support Unit (DL TSU) to support the Delhi State AIDS Control Society (DSACS). The TSU had supported DSACS in implementing 78 Targeted Intervention programs in partnership with 60 NGOs/CBOs in Delhi to support programs for critical populations/ high-risk groups.

IHAT adopted a programme science approach to strategic planning, programme implementation, resource management, capacity building and program monitoring to strengthen Targeted Interventions focused on providing HIV prevention, care, and support services to population groups at elevated risk, defined as critical populations and bridge populations by NACO.

By September 2022, a total of 8,25,311 key population members were mapped and regularly served by both TSUs. The TSUs' strategies included intensifying and consolidating the prevention services with a focus on more than 2 lakh High-Risk Groups (HRGs) and 6 lakhs Bridge populations, as shown in Table 1 (Page 7).

[3] Program Science is the "systematic application of theoretical and empirical scientific knowledge to improve the design, implementation and evaluation of public health programs". The goal of the Program Science approach is to maximize the population-level impact of a program by using the right strategy for the right populations at the right time; by doing the right things the right way; and by ensuring appropriate scale.

Table 1: Typology wise details of IHAT TSUs in Karnataka & Delhi			
Typology	**Karnataka***	**Delhi***	**Total**
FSW	91,478	49,741	141,219
MSM	34,083	17,982	52,065
TG	2,636	8,972	11,608
IDU	1,451	10,583	12,034
HRG Total	**129,648**	**57,278**	**216,926**
Migrant	142,000	337,775	479,775
Trucker	80,000	62,261	132,261
Bridge Population Total	222,000	390,036	612,036
Grand Total	**251,648**	**477,314**	**828,962**

Source: *Karnataka and Delhi TSU data, 2021-22

ACHIEVEMENTS AND CHALLENGES OF IHAT's TSUs

The TSUs managed by IHAT had many notable achievements throughout their tenure. The TSUs made steady progress toward achieving their goal of halting and reversing the HIV epidemic. This was ensured by effective coverage and quality of all HRGs and Bridge Populations in identifying through mapping exercises and providing required services in innovative ways. However, TSUs endeavouring to work in a consistent, coordinated, and coherent manner is laced with significant challenges too.

Ensuring Coverage and Quality

IHAT and its implementing partners worked to ensure mapping and service provision to all HRGs by adopting innovative models: workspace interventions for FSW, mapping MSMs operating in the virtual space and providing OST to IDUs through Hub & Spoke models

Enhancing the service delivery

Focus is to improve the quality of care offered at the STI clinics/OST sites supported through TI Projects. This was implemented through training, mentorship, and supportive supervision.

Empowering the community

Establishing or sustaining community driven models through greater involvement of high-risk groups and networks of PLHIVs involvement in planning, monitoring and implementation of various services.

Evidence based program planning and implementation

Strategic information needed to improve the evidence base for micro planning, decision making, and prioritization strategies for program planning and implementation.

ENSURING THE COVERAGE AND QUALITY OF TIs

IHAT TSUs made significant progress in geographic and population coverage during the implementation years. In addition, the saturation of HRGs was accelerated by IHAT, which supported the implementing agencies in designing and implementing many innovative tools and mechanisms to enhance the effectiveness and quality of the TI program.

Using these tools, the TIs expanded their outreach coverage to the hard-to-reach and hidden or online populations, reaching beyond 100% of the registered HRGs.

Figures 2 and 3 (Page 10) represent the growth of HRGs in the two states of Karnataka and Delhi, respectively. It is observed that the proportion of HRGs covered for the first four years remained relatively flat, with a distinct and dramatic increase since 2019-20. These changes in the coverage of HRGs are attributed to the "changing landscape of risk due to sexual and injecting behaviours among the HRGs, bridge populations and special groups.

> “The key to our achievements is that the Project Officers visited most hotspots in all TIs, having our eyes and ears to the ground. The shifts in sex work operations and challenges thereof were observed in the field. We quickly examined, analyzed, and responded with suitable solutions acceptable to community, SACS and NACO.
>
> Our learnings from the field observations led to many innovative tools like - Risk & Vulnerability of Sex Workers, Prioritization of HRGs, identifying sex workers' new workspaces such as - Spa and Massage Parlors, Network Operators, Aunty Intervention, etc.”
>
> **Project Officers,**
> TSU Karnataka, IHAT

Figure 2 : Total HRGs Coverage - Karnataka

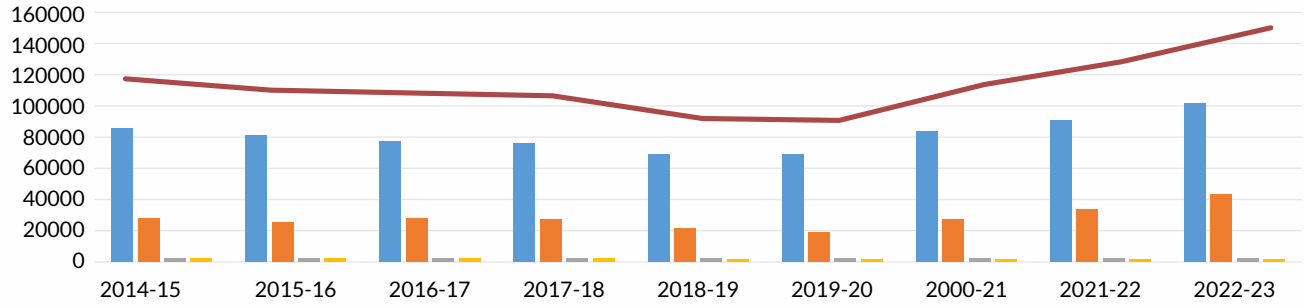
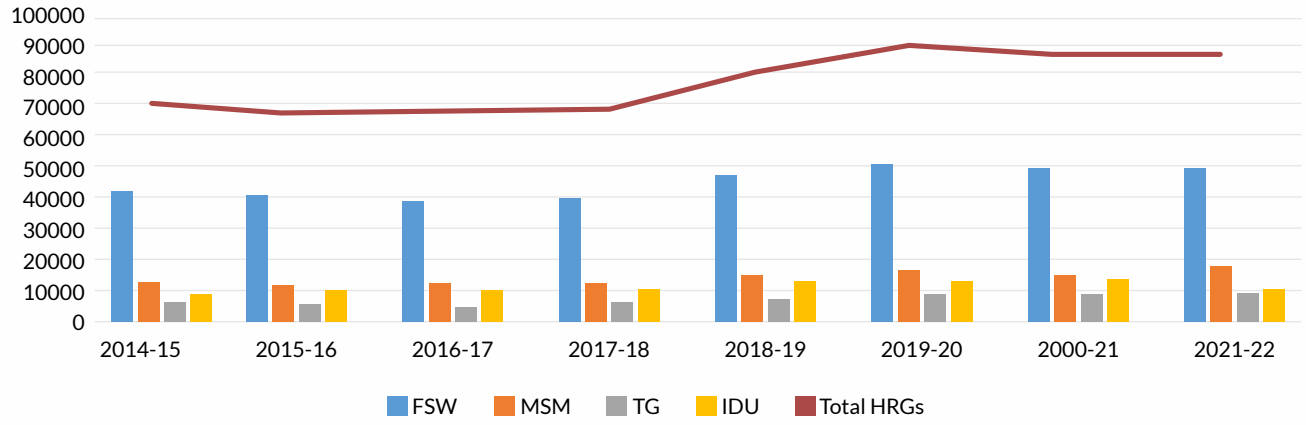


Figure 3 : Total HRGs Coverage - Delhi



Quality of outreach and overall TI performance was affected by the financial challenges resulting from the budget cuts, fund flow and financial uncertainties witnessed in 2015-16 that disrupted the quality and continuity of services. Secondly, with the significant growth in internet and social media usage internet and social media usage, there have been tectonic shifts in sex work operations, moving from physical, geographic locations to soliciting through the phone and internet. The TSU staff developed mobile applications for outreach workers to conduct outreach of network operators and virtual Drop-In Centres (DIC).

The use of smartphones with the internet and the introduction of workspace in sex work operations – Spa and Massage Parlors (SMP) - have completely altered the strategy, design, and skills to identify, map, and provide services to them. These shifts in sex work operations merit radical changes in all aspects of intervention – outreach, clinical services, testing, condom provision, communication, capacity building, community mobilization, monitoring, etc. Therefore, it is imperative that adjustments are made not just with TI staff but also with TSU and SACS.

Delhi TSU conducted virtual mapping to identify various types of online social media/advertisement sites and mobile applications where high-risk virtual sexual networks forms. In addition, virtual mapping provided an estimate of the size of HRGs operating through virtual networks and their unmet HIV/AIDS prevention service needs. About 380 sites and 49 applications were listed through virtual intervention, and about 28000 MSMs were found to be active on virtual platforms.

IHAT witnessed these changes in the field, conducted studies, devised strategies, built capacities, altered outreach techniques, reorganized the monitoring tools, etc., and pioneered the SPM interventions in the country.

Figure 4: Network Operator Cumulative reach and average action Network Operator per month

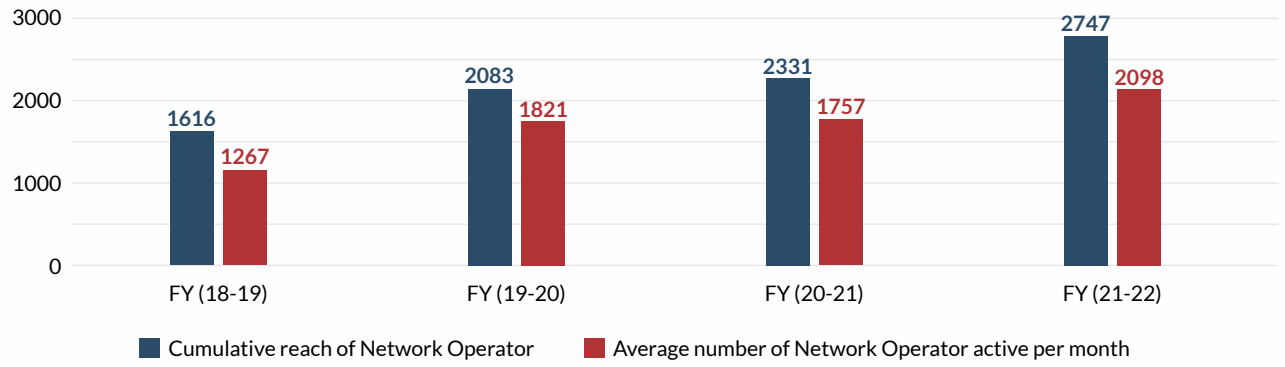
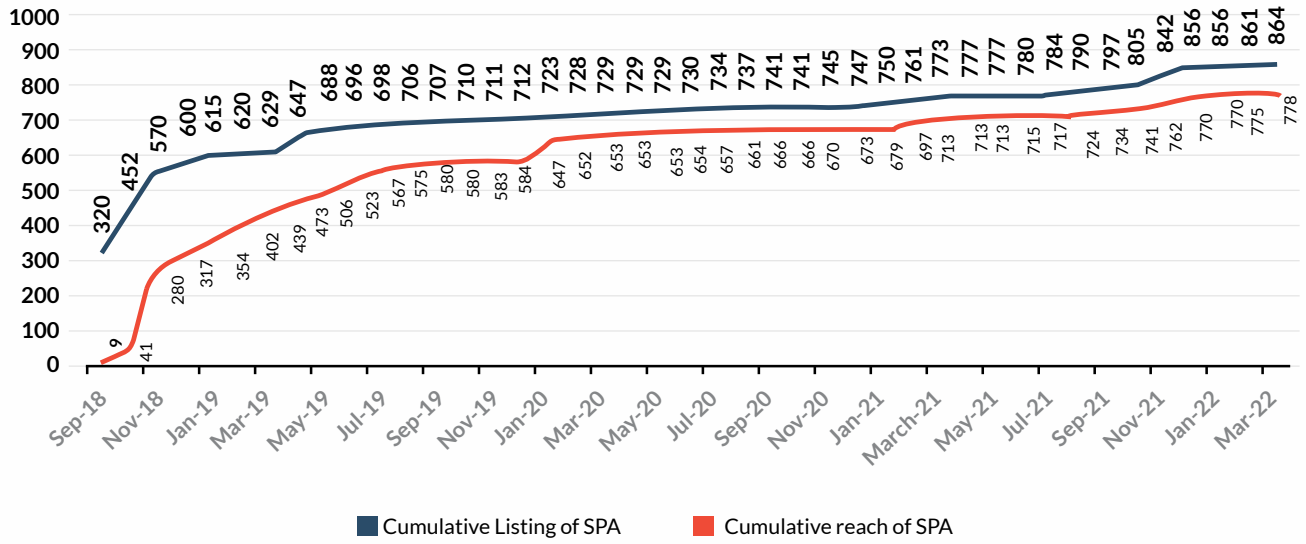


Figure 5: Cumulative Listing and Reach of SPA in Delhi



Delhi's high numbers of IDU population dispersed across the city with limited Opioid Substitution Therapy (OST) centres located at few places has not yielded the desired goal of registering and serving them. To address this issue, IHAT and Delhi TSU team designed the "Hub and Spoke model" of the ST delivery system to ensure IDUs living in hard-to-reach areas have access to OST. Through the innovative service delivery mechanism of the 'Hub and Spoke Model, ' TIs recruited and retained individuals on OST to optimize resources and ensure optimal reach, coverage, and quality service for all IDUs in a given geography.

ENHANCING THE SERVICE DELIVERY

IHAT worked to build service provider capacity through trainings in both states. Also, it implemented the Quality Assessment System for Sexually Transmitted Infections (STI) services, including regular clinic visits, on-site mentoring to enhance the knowledge of counsellors and doctors, verifying clinical monitoring formats/ registers, etc. and providing feedback to TI and the SACS to effectively measure the service implementation against a comprehensive set of service delivery standards.

The TSUs are responsible for implementing effective commodities distribution - Condoms, Needle-Syringes, STI and HIV testing kits, STI medicines, ART medicines, etc. and conducting behaviour change communication.

Despite gains in preventing HIV transmission and scaling up programs throughout the two states, the number of people acquiring HIV is still high. From 2015-16 till 2021-22, the HIV incidence among female sex workers has been consistently growing. Analysis of new and older FSWs indicates that cases among new FSWs grew exponentially compared to older FSWs. Young sex workers, especially those working in Spas and under the Network Operators, have been demanding Contraception Pills and Condoms as they experience unmet needs for modern contraceptives.

> "The Spa intervention is both exciting and challenging at the same time. While it provides opportunity to identify changes in the sex work landscape and connect with new sex workers; it is also challenging to gain entry into workspace, secure confidence of Spa managers and win the trust of new sex workers.
>
> After successful mapping, it was the service provision area which required much time and effort. While few Spa centres readily agreed for providing health information (Condoms, STI and HIV information) to women, others forbid such efforts.
>
> Certain young sex workers request contraceptive pills, saying that they are recently married and wanted to avoid unintended pregnancies before they earn some money. Often it is a quandary situation for us: Should I push condoms along with contraception pills and build trust and rapport or if I insist on condom use, will she shut doors on me?"
>
> **Project Officer,** Delhi TSU

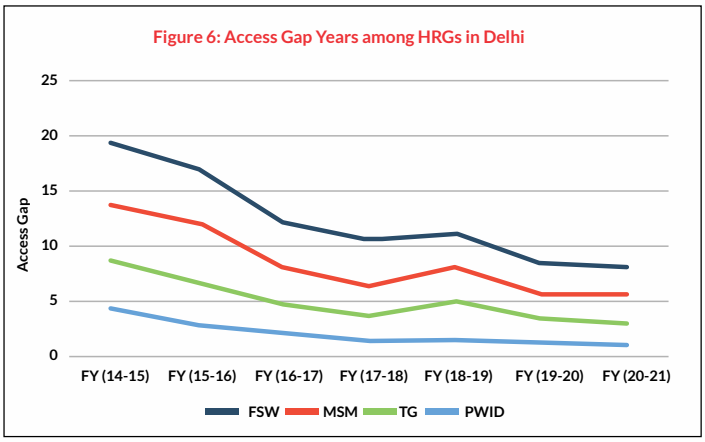
The use of condoms among these young and new sex workers is influenced by improper condom negotiations, leading to low condom use. Inconsistent condom use is also related to alcohol, violence, low self-esteem, or specific partner situations – compromised condom use with regular partners.

The TSU refers all STI cases to seek HIV testing at ICTCs. In addition, the hard-to-reach populations from Network Operators, Spa and Massage Parlors and IDUs are encouraged to seek HIV testing through adaptations such as door-step service delivery, Community Based Screening, and multi-month dispensing (MMD) of ARV drugs, etc.

EVIDENCE-BASED PROGRAM PLANNING AND IMPLEMENTATION

Effective management of targeted intervention requires ways to understand practices in which to prevent the maximum number of HIV infections and which populations or sub-categories of HRGs should be given the highest priority. IHAT's monitoring team has periodically analyzed its monitoring data to gain more insights into the program's enrichment. The analysis indicated that the new infections are mainly among the newer KPs, so it is imperative to reduce the access gap. As a result, both in Delhi and Karnataka states, the access gap of HRGs was reduced, and necessary strategies were adopted to reach out to them and provide services with care effectively.

Figure 6: Access Gap Years among HRGs in Delhi



Further, IHAT is identifying positivity among young and new HRGs in both states; as a result, these states have focused increased attention and resources on prevention interventions for this population.

The TSU teams identified that HIV infections were emerging from the new and young sex workers who were recently inducted into the program and had limited exposure. The endeavour in both states was to shorten the period between their entry into sex work and registration with TIs. This helped in devising effective strategies in outreach, service delivery and communication, apart from other critical components of the TI program. Efforts were made to ensure that new and young sex workers were prioritized for service delivery, and advocacy with their gatekeepers – SMP manager, and network operators were initiated.

EMPOWERING THE COMMUNITY

Community-based organizations in Karnataka and Delhi have successfully mobilized communities, and service providers catalyzed public opinion, engaged with policymakers, and integrated legal literacy and legal services into health care. For example, in Karnataka, the CBOs are instrumental in promoting the 'Single Window model' for Social Protection Schemes for all vulnerable and marginalized groups. Other CBOs have advocated with the Women and Child Development department to support projects on women's entrepreneurship financially and ensured that all HRGs have access to various benefits of social entitlements. In Delhi, the MSM CBO has leveraged funds from relatively small investments, creating a huge impact. Effectiveness of their responses included advocacy, service provision, community-based research, and financing.

Enactus' project named 'TransCreations4' is aimed at creating social and financial upliftment of the underprivileged members of the transgender community through the power of entrepreneurial action.

Project TransCreations aimed at building social and financial inclusivity for sexual minorities by setting up beauty salons focusing on building entrepreneurial skills among the community members. The project successfully launched four beauty salons in different locations in Delhi under the brand name 'VIBGYOR.' The salons are safe and inclusive working spaces for the community. They offered wide-ranging services to their patrons: facials, massage, and all other beauty services.

[4] https://thelogicalindian.com/lgbtq/enactus-ramjas-creates-transgender-beauticians-opens-salons-for-them-27806

"This CBO is my extended family. During the times when I was confused with my sexuality and was afraid to disclose my identity, friends from this CBO reached out to my family and counselled them to accept me and my sexuality.

Today, I live a life of dignity. Therefore, I owe my life to this organization and have committed to the overall development of my community.

At MITR CBO, we conduct English speaking classes along with basic training in computer skills and painting classes. We have also initiated a small start-up of collecting discarded flowers and processing them to sell…We also run a shelter home for homeless MSM and TG/Hijras with donations from volunteers, students, and others."

Ritu Kumar,
MITR CBO leader, Delhi

The support from this initiative was through international grants from the 'KPMG Business Ethics Grant' and 'It Gets Better Global grant. The project also has won Godrej's LOUD Initiative. In addition, the project was recognized by the 'All India Queer Association (AIQA)'; consequently, MITR CBO and its initiatives attracted media attention, resulting in numerous articles in newspapers and TV shows.

The project team now dreams big. It wants to expand its horizons to other locations in the country to provide a wide range of employment opportunities. The team also plans to set up its own 'Centre for Entrepreneurship' to impart entrepreneurial training to help trans people become capable of managing and sustaining business ventures and TransCreations parlours for employment opportunities for the community.

INNOVATIONS ADOPTED

NETWORK OPERATOR APPROACH

Alterations in sex work modalities proved an absence of sex workers from physical spaces and adaptations to use smartphones with the internet, necessitating modifications in TI strategies. These changes merged to form the Network Operator Approach. The network operator approach is comprehensive to include pimps, madams, local vendors, clients, auto drivers, etc. Sustained efforts to enhance its effectiveness in reach resulted in identifying about 45160 (by the end of 2021-22), most of whom were new and young sex workers. IHAT is continuously striving to build a web of network operators and reach a maximum number of sex workers.

In Karnataka, similar changes were observed by the TSU staff with the female brokers earning the sobriquet of "Aunty-Interventions." The modus operandi of the young and new sex workers seeking anonymity is to work under the 'protection' of an elderly woman – an Aunty acting as a pimp, who provided accommodation and clientele to the sex workers.

HIV INTERVENTION IN SPAS AND MASSAGE PARLORS

HIV Intervention in Spas and Massage Parlors is one of the critical and successful interventions initiated by IHAT in both Bengaluru city and Delhi. Spa and Massage Parlors (SPM) proffers private negotiations between masseuses and customers to exchange money for sexual services.

The SPM intervention facilitates TI staff to intervene with masseuses, which are hard to reach and have been neglected by hitherto HIV/AIDS prevention efforts and the health care systems. This innovative intervention promotes a secure work environment through advocacy with massage parlour owners, promotes protective behaviours among masseuses, and contributes to HIV prevention through condom use, providing clinical services and HIV knowledge dissemination. Moreover, IHAT's initial success with SPM interventions yielded inroads into another sub-category of male masseuses servicing male clients exclusively.

HELLO DOCTOR

Over the last three decades, the Covid-19 pandemic has disrupted the health-seeking behaviour carefully instilled among community members. The TSUs provided vital support in identifying appropriate responses in addressing the STI and HIV testing services by establishing a Virtual Support Desk known as 'Hello Doctor' to assist HRGs seeking health services from their preferred service providers.

This endeavour helped maximize coverage by ensuring that all KPs have access to clinical consultations and counselling services. In addition, it helped sustain the behaviour change of timely seeking STI, general health and HIV-related services through telephonic clinic services.

VIRTUAL MAPPING OF MSM POPULATION IN DELHI

There has been a rapid shift among MSMs accessing traditional hotspots or cruising sites to increasingly using mobile phones and the internet to seek sexual partners.

Delhi TSU conducted virtual mapping through focused group discussions with community members to explore, describe and distinguish the various types of online social media/ advertisement sites and mobile applications (apps) where high-risk virtual sexual networks forms. Virtual mapping estimated the size of HRGs operating through virtual networks, and Delhi TSU reported 380 sites and 49 applications had been listed through virtual intervention. Around 28000 MSMs are active on virtual platforms as per the virtual mapping exercise conducted in the state.

"When my friends introduced me to newer clients available on various online applications, I quickly got hooked to it. Any new location you are in, I used to get clients living in that neighbourhood. That was not only interesting but was fun too.

Our PO learnt about it and encouraged me to find out if these "new online friends" had taken any HIV services or are even aware of TI or HIV/AIDS. A quick chat with few friends revealed that none of them know of TI/STI or HIV.

The need to understand their numbers in each location, their awareness levels and willingness to seek STI/HIV services led us to conduct virtual mapping of MSMs and TGs in Delhi."

Outreach Worker,
MITR CBO, Delhi

LESSONS LEARNT

Strengthening local TI partners' capacity for collecting, analyzing, and utilizing strategic information is critical for quality coverage and service provision. The efforts of Bengaluru and Delhi-based TIs to target new, young and hidden populations is a clear example of the potential impact of high-quality strategic information to improve the intervention approaches. The TSUs in both states have demonstrated that harnessing data to accelerate program implementation and to use evidence to inform the programs' shifts, along with continuous trainings, are key to the success of the interventions.

Investment in staff is paramount. They carry the institutional memory and have invested in creating trust and rapport with the community, which is critical in tracking and enhancing retention in service delivery packages. It enhances the potential for sustainability too.

It is imperative to strengthen essential commodities' logistics and supply systems, including STI drugs, OST, and ART medicines. The new generation of sex workers has a little attention span, and any delays or disruption in services discourages and deviates them. The outreach and communication efforts of field staff need to be coordinated with the availability of service providers and drugs in the clinic, lest it diminishes the efforts to accomplish program deliverables.

CHALLENGES

The financial challenges resulting from the budget cuts, fund flow and financial uncertainties have disrupted the quality and continuity of services. In addition, these 'new-gen' sex workers extensively used smartphones, operating primarily in digital spaces or through virtual networks necessitating alterations in outreach and service delivery strategies. Moreover, high mobility and attrition rates among HRGs, particularly the IDU population, disrupt the service provision and cause increased loss to follow-up cases.

The Covid-19 pandemic has also marred the last two years. Outreach and service delivery, especially STI, HIV testing and ART medicines distribution, have been particularly affected. Prolonged delays of essential commodities like STI kits led to inconsistencies in service delivery for sex workers.

Delivering behaviour change communication(BCC) messages was also restricted with limited one-to-one meetings during the Covid-19 pandemic. Developing new generation BCC tools is arduous, resulting in losing precious time reaching out to these sex workers in their new milieus. Social media has expanded globally, and community members quickly adopted it for their benefit. Therefore, TIs must design and develop innovative and appealing messages to address the needs of sex workers adept at using modern devices.

Continued service delivery requires well-capacitated staff working towards building rapport and trust with the community, especially with the new and young sex workers, IDUs, et al. The TIs face critical shortages of skilled staff, especially with modest salaries. High staff turnover adversely affects the continuation of services and necessitates expensive retraining, requiring immediate attention.

RECOMMENDATIONS

- IHAT's innovations were in response to specific challenges faced by TSUs in implementing their TI programs, observed in the last few years. For example, mapping the Spa and Massage Parlour Sex Workers, identifying Network Operators and Virtual Mapping of MSM, etc., is a clear example of the potential impact of high-quality strategic information on intervention approaches. Therefore, the local implementing partners must be offered technical assistance and training to observe, build networks, collect, and use data appropriately.
- The young and new sex workers are a shade different from the erstwhile sex workers of the previous era. They are more literate, have access to resources such as smartphones and are more aspirational. In addition, the new workspaces are designed to allow mobility in quick succession of sex workers offering newer faces to their clientele. Therefore, the HIV intervention needs to be responsive to these modifications to design and develop new generation communication methods which are attractive, appealing, and appropriate to the younger generation of sex workers.

- IHAT's monitoring team has periodically undertaken analysis which indicated that the new infections are mainly among the newer KPs, so it is imperative to reduce the access gap. In Delhi and Karnataka states, the access gap of HRGs is reduced, and necessary strategies were adopted to reach out to them and provide services with care effectively. Therefore, the TI staff ought to have their eyes and ears to the ground, observing the changes in the sex work environments and ensuring that the access gap among the new and young sex workers is shortened and can be protected from STI or HIV infections.
- The service provider for these high-risk groups necessitates change. Therefore, the TIs providing sexual health services (including HCT and STI diagnosis and treatment) in workspace / community-based settings should be redesigned to meet both sex workers' expectations and high standards for service quality. These changes may include convenience (HIVST / rapid testing, weekday and weekend service times, on-site treatment), choice (sex workers could choose either their preferred provider trained by project / a community-based testing site), and continuity (well-trained PEs/ ORWs to maintain inter-personal relationships both with sex workers and network operator / Spa center manager).
- HIV is transforming from a life-threatening emergency to a manageable chronic disease. HRGs, irrespective of their status, suffer from many communicable and non-communicable diseases (NCDs), such as TB, Hypertension, Cervical Cancer, Chronic lung diseases etc. Lessons can be drawn from HIV program implementation to address the needs of NCDs. The programmatic components of staffing, outreach, capacity building, communication, service provision, commodity distribution and other components, such as M&E requiring newer monitoring tools, data management, surveillance etc., can be adapted by agencies implementing public health programs.
- Sexual and reproductive health for women living with HIV, low condom use among HRGs, and unmet needs of young women in sex work require comprehensive and consistent care. Similarly, people living with HIV have an increased risk of mental health conditions. HIV and mental health issues are associated with lower retention in HIV care, increased risk behaviours and lower engagement with HIV prevention services. IHAT can conduct operational research on integrating HIV services into related health services, such as maternal and child health services, mental health, etc.

CONCLUSION

IHAT has specialized in providing governments, communities and HIV service partners with technical assistance honed from its 20 years of expertise and service. In addition, it promotes, develops, implements, and facilitates research in various public health projects, particularly HIV, reproductive health, etc., across the country.

TSU was created to be the externally placed specialized wing of SACS providing technical inputs to the program and is deemed a revolutionary public health concept. Overall, the TSU model achieved the objectives of successfully implementing quality TIs in these states and establishing a strong feedback loop with SACS.

India Health Action Trust established in 2003, is led by a strong team of Indian technical experts to support the implementation of HIV/AIDS prevention, care, and support programs in the context of India's National AIDS Control Programme.

IHAT works with the Government of India and state governments to achieve its public health goals. It focuses on prevention and control of HIV and Tuberculosis, achieving significant improvements in HIV/AIDS, Reproductive, Maternal, Neonatal and Child Health (RMNCH), improved Nutrition among mothers and children, and strengthening health systems.

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