Alliance India

TRANSFORMING LIVES EMPOWERING COMMUNITIES

Annual Report 2024-2025

Note: Programmatic data are from April 2024 to March 2025. The data provided are from the project's lifetime for the projects that have ended during the financial year.

Unless otherwise stated, the appearance of individuals in this publication does not indicate their HIV status.

Names used in the case stories have been changed to protect identities.

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Our sincere thanks also go to our implementing partners, including Gujarat State Network of People Living with HIV/AIDS (GSNP+), National Coalition of People Living with HIV in India (NCPI+), Network of Maharashtra People with HIV (NMP+), Uttar Pradesh Welfare for People Living with HIV/AIDS Society (UPNPplus), Tamil Nadu Network of People Living with HIV/AIDS (TNP+), All India Network of Sex Workers (AINSW), Usha Multipurpose Cooperative Society Ltd, Ashodaya Samiti and The Humsafar Trust.

We deeply appreciate the generous support of our donors, including the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), Elton John AIDS Foundation (EJAF), Azim Premji Philanthropic Initiatives (APPI), Gilead Sciences, Frontline AIDS, European Commission (EC), Centers for Disease Control and Prevention (CDC), AmplifyChange, HSBC, CTS, UNAIDS, UNFPA, UNDP, ViiV Healthcare, Teva Pharmaceuticals, Corporate Warranties and many others who contribute to strengthening our technical expertise and programmatic reach.

A special acknowledgement goes to our individual donors, community-based organisations (CBOs), and sub-sub recipients for their invaluable contributions and unwavering support.

MESSAGE FROM THE BOARD CHAIR

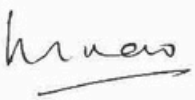
Over the years, I have witnessed how truly critical community-centred approaches are to the success of public health responses—particularly in the context of HIV. This past year, India HIV/AIDS Alliance has once again reaffirmed the purpose and promise of that approach.

In an ever-evolving health landscape, India HIV/AIDS Alliance's grounded, inclusive model continues to stand out. With a steadfast commitment to equity, dignity, and compassion, we have reached and uplifted those most often left at the margins—people living with HIV, key populations, women, children, and young people.

Even as new challenges emerge, India HIV/AIDS Alliance has remained true to its core values. We have expanded access to life-saving services, strengthened community voices, built meaningful partnerships, and advanced a public health dialogue rooted in inclusion and empowerment.

As we reflect on the milestones achieved this year, we are reminded that our journey is far from over. The path ahead demands continued innovation, deeper listening, and an unwavering focus on those still being left behind.

I extend my gratitude to the leadership team, dedicated staff, resilient community members, committed implementing partners, generous donors, and supportive government stakeholders.



Dr Kanuru Sujatha Rao
Chairperson, Board of Directors
India HIV/AIDS Alliance

MESSAGE FROM THE CHIEF EXECUTIVE

It is with immense gratitude that I present to you the Annual Report of our organization for the period April 2024 to March 2025.

This year has been defined by our unwavering commitment to advancing equitable access to health, championing inclusive programming, and ensuring the meaningful engagement of communities most affected by HIV. Through our flagship Vihaan programme—implemented in close collaboration with the National AIDS Control Programme and supported by the Global Fund—we continued to deliver comprehensive care and support services to people living with HIV across the country. This work remains central to our vision of a dignified, stigma-free life for all.

During the report year, we have included two new interventions within our programme. The Elimination of Vertical Transmission of HIV and Syphilis (EVTHS) initiative marked a significant stride in preventing new paediatric infections through early diagnosis and care for HIV-exposed infants. Developed in collaboration with National AIDS Control Programme, stakeholders and local health systems, this programme is a key step toward an HIV-free generation. The Prison Intervention Programme marked a significant step forward in improving healthcare access for incarcerated populations by integrating HIV and TB services with harm reduction measures and mental health support within prison and other closed settings.

Beyond expanding the scale of our programmes, we have deepened their impact. Through Project Sanjeevan, we responded to the nutritional needs of children living with HIV, while our SAHAS programme advanced gender-affirming healthcare for transgender individuals. Strategic partnerships with public institutions such as All India Institute of Medical Sciences (AIIMS), Delhi have been central to this progress.

We have continued to strengthen community systems and amplify the voices of key populations—including women who inject drugs, youth-led organizations, and other marginalized groups—through sustained capacity building, advocacy, and field-based innovations.

Together with our national and global partners, including the National AIDS Control Organization, The Global Fund, Frontline AIDS, UNAIDS, Elton John AIDS Foundation, WHO India and our Corporate Donors Azim Premji Philanthropic Initiative, Gilead Sciences, Teva Pharmaceuticals, etc. we remain committed to shaping an HIV response that is inclusive, accountable, and rooted in community engagement.

As we look ahead, we do so with renewed determination to pursue sustainable change through evidence-based, community-driven, and intersectional approaches. I extend my heartfelt gratitude to our dedicated team, implementing partners, donors, government agencies, and—most importantly—the communities we serve.

We move forward into the coming year with shared purpose and an enduring commitment to building a healthier nation for all.

Dr Pramod K
Chief Executive
Alliance India

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ABOUT ALLIANCE INDIA

India HIV/AIDS Alliance (Alliance India) is a non-governmental organisation founded in 1999 to support a sustained response to HIV in India. We work in partnership with the Government of India, civil society organisations and communities affected by HIV/AIDS to support the delivery of effective, innovative, community-based programmes at scale. Alliance India is a not-for-profit Section 8 Company (as per the 2013 Companies Act; formerly Section 25 Company registered in 1999)

At Alliance India, we place equal value on every human life. Fuelled by this conviction, we work to foster wellbeing, equality, and affirm the dignity of HIV communities and key population groups, including men who have sex with men, women in sex work, transgender persons, people who use drugs and people living with HIV and other at-risk populations. We value responses that engage with affected communities and address the core issues of marginalisation based on gender, sexuality and other factors influencing equitable access to quality care. Our programming and policy efforts are driven by evidence of what works; quality and accountability are core priorities in our interventions.

Headquartered in Delhi, Alliance India implements programmes across India and has supported more than 450 organisations (NGOs/CBOs/Community Networks). Our interventions reach across 28 states and 4 UTs in India touching more than a million lives annually complementing the national HIV response of NACO (National AIDS Control Organization), in coordination with SACS (State AIDS Control Societies) and State Community Networks. Most of Alliance India's project are implemented in partnership with the national/state-level community networks.

Our Mission

To support community action to prevent HIV infection, meet the challenges of AIDS, and build healthier communities.

Our Vision

A world in which no one dies of AIDS.

VIHAAN CARE AND SUPPORT PROGRAMME

Vihaan (Hindi for "Dawn") Care and Support programme is a flagship initiative of India HIV/AIDS Alliance, established to strengthen care and support services for People Living with HIV (PLHIV). Under the Ministry of Health and Family Welfare's National AIDS Control Programme (NACP), the Care and Support Centers (CSC) play an important role in supporting the outreach activities of Antiretroviral Therapy (ART) centres. They provide essential services to help people living with HIV (PLHIV) stay connected to care and treatment. The CSC teams reach out to PLHIV in their communities to offer guidance, emotional support, and information about their health.

They also create a friendly and supportive environment that encourages and supports PLHIV to continue their ARV treatment. By doing this, the CSC helps improve the overall well-being of PLHIV and ensures that they do not stop their treatment.

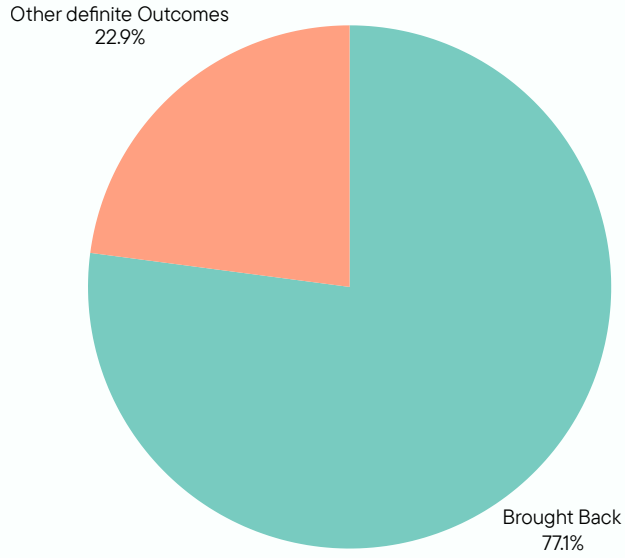
In the current phase, the Care & Support 2.0 Programme is being supported in 11 states/ UTs of India. The states are Gujarat, Madhya Pradesh, Maharashtra, Manipur, Mizoram, Goa, Jammu & Kashmir and Ladakh, Uttarakhand, Chandigarh, Daman & Diu and Dadra & Nagar Haveli. Seventy-five care and support centres are supported in this phase (2024-2027).

THE KEY ACHIEVEMENTS:

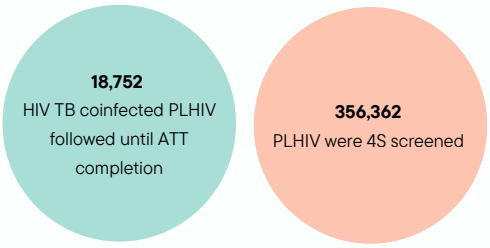
- During the financial year, the Program has reached and provided differentiated care and support services to 12,16,476 PLHIV.

Female	Male	Transgender persons	Children
555957 (45.5%)	606455 (50%)	6430 (0.5%)	47634 (4%)

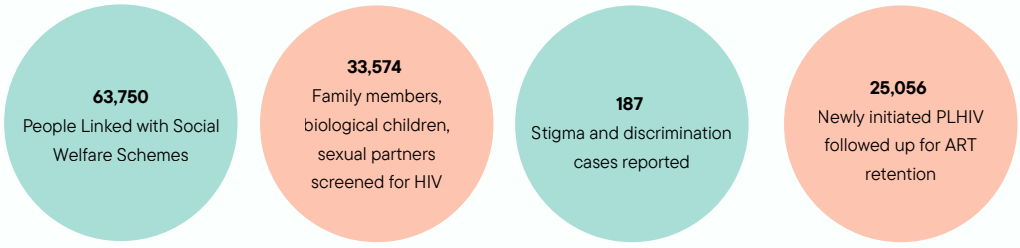
- 2,49,816 Lost to Follow-up and MIS cases tracked with definite outcomes. Out of which, the total brought back was 1,92,557.



356,362 PLHIV were screened (4S) for TB symptoms, out of which 33,320 PLHIV were found TB symptomatic and were referred to ARTC / nearest TB testing facility, out of which 800 TB symptomatic PLHIV were detected TB positive and 765 who were detected TB positive linked for Anti-Tuberculosis Treatment (ATT).



18,752 HIV-TB coinfected PLHIV were followed up for adherence support for ART and ATT.



33,574 family members, biological children, sexual partners and discordant couples were screened for HIV, of which 294 tested HIV positive and 293 were linked to ARTC.

38,634 PLHIV were linked with social protection schemes and 25,120 PLHIV were linked to social entitlements provided by the Central and State Governments

187 Cases of stigma and discrimination were reported, 177 cases were addressed.

GUIDED BY CARE: RECOVERY THROUGH OUTREACH AND HOPE

Raj (name changed), a resident living near a school in a town in Gujarat, was newly diagnosed with HIV. He faced the diagnosis alone and with considerable emotional and physical vulnerability.

At first, Raj was hesitant to start antiretroviral therapy (ART). His reluctance stemmed from fear, stigma, and a lack of awareness about HIV treatment. As his health deteriorated—marked by significant weight loss, weakness, and difficulty eating—he was diagnosed with tuberculosis (TB), compounding his condition. Recognising the urgency of his situation, an outreach worker from the program took proactive steps to provide counseling. Through repeated visits and persistent encouragement, the outreach worker was able to convince Raj to initiate both ART and TB treatment.

The outreach worker played a critical role in supporting Raj during this phase—helping him manage side effects, understand the importance of adherence, and regain a sense of hope. His CD4 count was critically low, making regular follow-up essential.

During this time, the outreach worker also assisted him in acquiring essential identity documents like his Aadhaar card and helping him access social entitlements and health services.

Gradually, Raj's health began to improve. With consistent ART and ATT adherence and emotional support, he started to regain his appetite and weight. The outreach worker maintained regular contact, building a trusting relationship with both Raj and his family.

Encouraged by this support, Raj's wife also got tested for HIV, showcasing his growing awareness and responsibility toward his family's health. The family's bond with the outreach worker deepened, with frequent visits and ongoing emotional support.

Today, Raj is stable and fully adherent to ART. His health has improved markedly, and he continues to remain in touch with the outreach worker, who is now seen as a trusted ally by the entire family. Raj's case exemplifies how personalised support, counselling, and community-based outreach can lead to positive health outcomes, even in the face of initial reluctance and multiple health challenges.

SUCCESSFUL REINTEGRATION OF A LOST-TO-FOLLOW-UP CLIENT THROUGH TARGETED HOME VISIT AND COUNSELLING

Raj (name changed) had been categorised as a Lost to Follow-Up (LFU) client from ART services. Initial attempts to re-establish contact were hindered by incorrect address. However, leveraging local contacts and additional community-level references, the outreach team successfully traced an alternate residence of Raj and conducted home visit.

During the field visit to the newly located residence, Raj was found living with his mother and wife. The family's financial condition was modest, and he was employed as a professional driver. His work required long and irregular hours, contributing to poor ART adherence. He often missed doses due to time constraints, travel, or at times, by consciously skipping treatment out of reluctance or misinformation.

A focused, empathetic counselling session was conducted at Raj's home by the outreach worker and the Community Liaison. The session covered:

- **Importance of Adherence:**

Highlighted how regular ART intake helps maintain immunity and ensures viral suppression.

- **Consequences of Non-Adherence:**

Explained risks such as drug resistance, treatment failure, and susceptibility to opportunistic infections due to missed doses.

- **Clarifying Myths & Misconceptions:**

Addressed beliefs or fears contributing to treatment avoidance.

- **Personalised Lifestyle Integration:**

Discussed tailored strategies for incorporating ART into his schedule as a driver, such as carrying medicines during work trips and setting reminders.

Following the counselling session, Raj was motivated and responsive. In February 2025, he visited the ART Centre and collected his ART medication. He expressed his renewed commitment to continue treatment and assured regular adherence moving forward.

This case highlights the critical role of field-level outreach and personalised counselling in bringing LFU clients back into the continuum of care. Proactive efforts, local engagement, and support proved essential in overcoming access and adherence barriers. Raj's case serves as an encouraging example of how targeted interventions can successfully reintegrate clients and contribute to sustained viral suppression and public health outcomes.

ELIMINATION OF VERTICAL TRANSMISSION OF HIV & SYPHILIS (EVTHS)

Under the Vihaan Care and Support Programme, Alliance India is actively collaborating with the National AIDS Control Program in the elimination of vertical transmission of HIV and syphilis by implementing community-centric interventions that ensure timely testing, treatment, and follow-up care for pregnant women and their partners. The programme focuses on strengthening linkages to antenatal services, promoting early diagnosis, and facilitating access to antiretroviral therapy (ART) and syphilis treatment.

In addition, the programme provides comprehensive counselling services on key aspects such as treatment adherence, viral suppression, nutrition, safe breastfeeding practices, and infant feeding options to reduce the risk of HIV transmission. The programme also ensures timely initiation of prophylactic treatment for both mothers and newborns, including Nevirapine prophylaxis and cotrimoxazole preventive therapy, in accordance with national guidelines.

A key focus area of the programme is Early Infant Diagnosis (EID), which is essential for the timely detection of HIV in HIV-exposed infants. The Vihaan programme facilitates prompt sample collection (typically using Dried Blood Spot testing) within the recommended six to eight weeks of birth, followed up at 6 months, 12 months, and 18 months.

Through strong coordination with State AIDS Control Society, Integrated Counselling and Testing Centres (ICTCs), ART centres, and community-based organisations, the programme ensures that test results are promptly delivered to caregivers. It also supports the timely initiation of ART for infants who test positive, thereby improving their survival and health outcomes. Regular follow-up and tracking mechanisms are in place to ensure no infant is lost to follow-up during the critical testing window. To further enhance maternal and child health outcomes, the programme encourages and facilitates institutional deliveries to ensure safe childbirth under skilled care. It collaborates closely with health facilities and community-based organisations to promote birth preparedness, ensure treatment adherence, and provide postnatal follow-up for both mothers and children. The programme also emphasises awareness generation and stigma reduction within communities to improve health-seeking behaviours and promote male partner involvement, ensuring that no child is born with HIV or syphilis.

THE KEY ACHIEVEMENTS:

- 2,043 HIV Positive pregnant women were provided with EVTHS services.
- Infants were followed up under the EID Cascade and have been provided services.

A JOURNEY OF TIMELY INTERVENTION & DEDICATED FOLLOW-UP

Rani (name changed), a 26-year-old agricultural labourer from a small town in Gujarat, approached the Labour ward of the Hospital at 4:00 AM as an emergency for delivery. During the admission process, routine medical investigations were carried out, she was diagnosed as HIV positive.

Following the diagnosis, prompt action was taken in accordance with national PPTCT (Prevention of Parent to Child Transmission) guidelines. The newborn was immediately administered Nevirapine and Zidovudine to reduce the risk of HIV transmission. CSC staff member Mala (name changed) visited the ward, once stabilised, the mother and child were discharged and returned home.

Due to the family not having a mobile phone, follow-up communication was not possible, so home visit was conducted, at two-month, the infant underwent HIV testing and was initiated on CPT (Co-trimoxazole Preventive Therapy).

Despite repeated attempts by field staff, the family was initially unwilling to continue the treatment. Subsequently, a coordinated home visit was conducted by the Vihaan team, the PPTCT counsellor, and a Lab Technician. During this visit, another blood sample was collected for the infant's HIV testing.

Eventually, the family discontinued the infant's medication and was categorised as Lost to Follow-Up (LFU). Demonstrating unwavering commitment, CSC staff made multiple visits, offering support and counselling. Their efforts were successful, the family was re-engaged and brought back to the ART (Antiretroviral Therapy) centre, and treatment was reinitiated.

Subsequently, the family relocated to a different village. Upon identifying their new location, follow-up services were extended there as well. The infant was enrolled in routine Early Infant Diagnosis Services (EID), and ultimately underwent the 18-month confirmatory HIV test.

Thanks to timely medical intervention and persistent community-based follow-up, the child tested HIV Negative at the 18-month confirmatory test.

This case is a testament to the power of community-driven healthcare, the dedication of NACP facility staff, CSC and Vihaan staff, and the importance of consistent follow-up. It underscores how even in the face of mobility, non-compliance, and communication barriers, coordinated efforts can lead to positive health outcomes for vulnerable children.

PRISON INTERVENTION

Prison Intervention programme was implemented by Alliance India from June 2024, under the guidance of the National AIDS Control Organisation, to contribute towards the national goals of reducing new infections among incarcerated populations, in 11 states/UTs (Chandigarh, Dadar & Nagar Haveli and Daman & Diu, Goa, Gujarat, Jammu and Kashmir, Ladakh, Madhya Pradesh, Maharashtra, Manipur, Mizoram and Uttarakhand)

The project employs a variety of approaches for providing comprehensive services, including screening and education on sexual health, HIV, TB, STI, syphilis, Viral hepatitis (VH), harm reduction, other prevention methods, and mental health issues. Additionally, the intervention promotes partner testing and actively links incarcerated individuals to appropriate social protection schemes to support their reintegration and overall well-being.

THE KEY ACHIEVEMENTS:

- A total of 3.49 lakh inmates were screened for HIV, and 712 inmates were detected positive and linked to ART
- 3 lakh+ inmates were screened for TB (4S), 39,942 were found TB symptomatic, and 258 were diagnosed with TB after a confirmatory test and were linked and initiated on ATT.
- 1,997 STI cases were diagnosed, of which 1986 (99%) STI cases were treated.
- 81 sexual partners of the inmates were screened for HIV.
- 32 inmates were linked to Social Protection/welfare schemes provided by the Central/State Governments.

Inmate from Prison and OCS getting screened for HIV/Syphilis with RDT dual kits supplied by NACO

CONCLUSION

The Prison Intervention programme made significant strides in its first year, achieving high coverage in HIV and TB screening and strong treatment linkage. While ART and STI treatment rates were commendable, gaps in syphilis treatment and ART retention in the last quarter of the financial year highlight areas for improvement. Continued efforts will focus on strengthening service delivery and ensuring access to quality healthcare for all inmates.

LINKING POST RELEASE: TACKLING STIGMA AND DOCUMENTATION CHALLENGES

This is the case of Neeraj (Name changed), a recently released inmate who tested positive for HIV while in prison. After his release, multiple challenges arose in linking him to HIV treatment services due to documentation issues and family hesitation.

Upon attempting to register Neeraj for Antiretroviral Therapy (ART) at the ART Centre (ARTC), the team discovered a critical issue—his previous Unique Identification (UID) details recorded in the SOCH system did not match the name on his current Aadhaar card. This discrepancy prevented immediate registration.

The Prison Coordinator played a key role in resolving the situation by regularly coordinating with the ART Centre (ARTC) and the State AIDS Control Society (SACS) to address the UID discrepancy. In addition, they provided counselling and engaged with Neeraj's family, who were initially reluctant and unaware of the importance of ART. Through consistent efforts, the Coordinator explained the health risks associated with not initiating ART and highlighted the benefits of treatment adherence for People Living with HIV (PLHIV), ultimately facilitating a positive outcome.

Following multiple counselling sessions, the family agreed to support Neeraj. They accompanied him to the ART Centre on two separate occasions. With cooperation from ARTC staff, confirmation testing was conducted at the Integrated Counselling and Testing Centre (ICTC). After verifying the documents linked to the earlier UID and completing the required procedures, Neeraj was successfully registered and initiated on ART.

This case highlights the importance of strong coordination between healthcare providers, families, and staff. Due to persistent efforts by the Prison Coordinator and the support from ARTC and SACS, Neeraj was successfully linked to HIV treatment services, ensuring better health outcomes.

COMMUNITY SYSTEMS STRENGTHENING

Under the Community Systems Strengthening (CSS) grant (2024-2027) supported by The Global Fund, Alliance India (India HIV/AIDS Alliance) aims to build the capacity of 1,686 Community Champions (CCs) and strengthen key population (KP) networks across 11 states in consultation with National AIDS Control Organization and State AIDS Control Societies (SACS) and community leaders. The focus is on collectivization and strengthening of female sex workers (FSW), men who have sex with men (MSM), transgender and Hijra individuals, and people who use drugs (PWUD) networks.

THE CSS INTERVENTION COVERS THREE KEY COMPONENTS:

- Formation and strengthening of KP/PLHIV networks and CBOs to enable grassroots representation.
- Capacity building of Community Champions on community-led monitoring, ensuring community feedback is used to enhance service quality, with technical support from SACS, DISHA, and ART centres; - Alliance India is implementing CSS in 11 states/UTs under the guidance of the National AIDS Control Organization (NACO). Over 1,600 CCs have received a three-day training based on the national curriculum. Trained CCs in Maharashtra and Manipur are also engaged in state-specific activities beyond the CSS scope, as endorsed by respective SACS.

  In Manipur, the Community Champions' induction training was conducted to address the gap arising out of turnover of CCs. Community Champion trainings was conducted in two states—Madhya Pradesh and Manipur.
- Support for district community resource group meetings to ensure inclusive representation from PLHIV and KP communities at district and sub-district levels

NEW ACTIVITIES:

Support the District Community Resource Group (DCRG) members to enable them to effectively deliver, with a clear understanding of their own Terms of Reference (ToR), and to develop a shared understanding of the NACP programme, available services, and schemes related to social protection.

THE PRIMARY OBJECTIVE WAS TO STRENGTHEN THE UNDERSTANDING OF THE ROLE OF DCRG AMONG THE COMMUNITY RESOURCE GROUP (CRG) MEMBERS.

1. To enhance knowledge of their roles and responsibilities within DCRGs.
2. To create a platform for sharing field-level experiences among DCRG members.
3. Provide knowledge about HIV programs and services at national, sub-national, and district levels.
4. Inform members about grievance redressal systems at the district and state level.
5. Orient members about the HIV/AIDS Act 2017.
6. Develop a common understanding of Community-Led Monitoring (CLM) activities under the NACP-CSS component.

Community champions who were trained in the previous phase of the capacity-building activities are being engaged in the NACP program.

PROGRAM ACHIEVEMENTS

The intervention aims to facilitate the formation and notification of 189 District Community Resource Groups (DCRGs) across 11 states and union territories—Chandigarh, Dadra & Nagar Haveli, Goa, Gujarat, Jammu & Kashmir, Ladakh, Manipur, Maharashtra, Madhya Pradesh, Mizoram, and Uttarakhand. So far, we have successfully facilitated and supported the formation of 125 DCRGs by mobilising People Living with HIV (PLHIV) and other key populations. These 125 DCRGs have been constituted in Manipur, Mizoram, Madhya Pradesh, Gujarat, and Uttarakhand.

In Manipur, 32 Community Champions (CCs) and in Maharashtra, 10 CCs have supported prevention activities, including hotspot identification, index testing, referrals, and awareness generation on NACP services. Their involvement has significantly enhanced community-led HIV interventions.

In Manipur, CCs contributed to programmatic mapping, leading to the identification of previously unreached hotspots and improved targeting of TI services. In Bishnupur, CC mobilisation facilitated enrolment into OST services, enhancing harm reduction outreach. In Chandel, CC participation in the District Community Resource Group institutionalised their role in service planning with the District AIDS Control Officer (DACO), improving district-level coordination. CCs also ensured ART continuity by delivering medicines to clients unable to access ART centres.

Young community champions actively supported HIV literacy through peer-led activities during a university festival. These efforts reflect the growing leadership and ownership of community champions in reaching the unreached and strengthening the HIV response in Manipur.

NETREACH – A VIRTUAL INTERVENTION

In response to India's rapidly evolving digital landscape, Project NETREACH leverages virtual outreach to engage key populations with HIV prevention services. Supported by the Global Fund and implemented by Alliance India in collaboration with the Humsafar Trust, the project aligns with the National AIDS Control Programme's (NACP) first 95 targets for 2030.

India's digital revolution has transformed HIV prevention strategies. NETREACH capitalises on this shift by targeting vulnerable populations, including Men who have Sex with Men (MSM), Female Sex Workers (FSWs), Male Sex Workers (MSWs), Transgender individuals (TGs), and other high-risk groups. Through online information, risk self-assessment, and virtual service booking options, the project effectively reaches individuals via digital social and sexual networks.

This year, the project focused on expanding its digital footprint through targeted campaigns, leveraging insights from Virtual Navigators (VNs), and ensuring continuity in HIV testing and linkage services despite operational and infrastructural challenges.

The NETREACH platform recorded strong engagement, with 189,737 total hits and 88,800 unique visitors. 41,585 individuals initiated the online Risk Assessment.

A total of 4,062 individuals booked service appointments, and 2,519 underwent HIV testing. Among those tested, 211 were found reactive, and 190 were successfully linked to Antiretroviral Therapy (ART) services. These figures highlight NETREACH's effectiveness in reaching hidden populations and connecting them to services, while also identifying areas to strengthen risk assessment completion and linkage mechanisms.

KEY ACHIEVEMENTS

EXPANDED OUTREACH THROUGH VN-LED CAMPAIGNS:

Several digital campaigns were implemented using insights from active Virtual Navigators (VN). Campaigns tailored to specific VN clusters significantly boosted engagement. VN-led digital storytelling, peer testimonials, and short reels proved to be highly effective in building trust and encouraging service uptake.

INTEGRATION OF BEHAVIOURAL NUDGES:

Behaviourally informed nudges—such as reminders, motivational prompts, and gamified elements—were integrated into the Risk Assessment process. These interventions showed early signs of improving assessment completion rates.

REAL-TIME ENGAGEMENT MONITORING VIA AI TOOLS:

AI-backed monitoring dashboards and advanced analytics were used to track user journeys and identify drop-off points, enabling real-time course corrections. The NetReach 2.0 platform was instrumental in aligning with policy goals and optimising resource allocation to maintain service continuity.

CONCLUSION

One of the project's most significant achievements is its high HIV positivity rate of 11.93%, reflecting the targeted outreach, successfully reaching individuals at higher risk. Furthermore, the high linkage rate to ART (190 out of 211) underscores the team's commitment to not only identifying individuals in need but also ensuring timely access to care and treatment.

This success affirms the value of community-led virtual interventions in bridging service gaps and delivering impactful results in the HIV response.

The strategic integration aims to embed NETREACH's strengths within the national framework, ensuring continued impact and sustainable scale-up of virtual HIV interventions even beyond the current grant cycle.

OVERCOMING FEAR WITH CARE: COMMUNITY-LED SUPPORT IN ACTION

Rahul (name changed), a young adult from Haldwani, Uttarakhand, tested HIV positive through a private diagnostic laboratory after being referred by Manoj, a Community Virtual Navigator (CVN) under the NETREACH Project. The diagnosis triggered deep emotional distress, driven by fear, stigma, and anxiety about confidentiality in his small-town environment.

Initially, Rahul was reluctant to approach the local ART centre for treatment, fearing breach of privacy and potential social rejection. Understanding the sensitivity of the situation, Manoj provided consistent psychosocial support, empathetic counselling, and accurate information about HIV, highlighting the importance of early confirmatory testing and timely initiation of Antiretroviral Therapy (ART).

To ensure Rahul's confidentiality, comfort and based on his request, Manoj facilitated a safe referral to a private provider clinic in Delhi. There, Rahul underwent confirmatory testing and was successfully enrolled in their HIV care programme. He began ART and has been adhering well to his treatment regimen, with his health now stabilised.

Rahul continues to receive regular virtual support from Manoj, focusing on mental well-being, treatment literacy, and guidance on living positively with HIV.

This case underscores the power of community-led, virtual interventions in overcoming barriers such as stigma and geographic limitations. It also highlights how tailored support and strategic referrals can empower individuals to access lifesaving HIV services while preserving dignity and privacy.

C19RM-KP GRANT: KEY POPULATION AND SOCIAL PROTECTION

Sex workers, are among the most marginalised communities, face severe challenges such as stigma, discrimination, violence, poor health access, financial instability, and a lack of social safety nets. These issues are further intensified by limited awareness about their rights and absence of essential identity documents, increased their vulnerability to HIV and related risks.

To address these concerns, Alliance India (India HIV/AIDS Alliance), as the Principal Recipient (PR), in partnership with the All-India Network of Sex Workers (AINSW) and its sex worker-led Community-Based Organisations (CBOs), is implementing the C19RM-KP Grant across AINSW's operational regions.

This initiative aims to enhance access to Central/ State Governments social protection schemes, strengthen health resilience, and empower community leadership.

The project operates through two SRs—Usha Multipurpose Cooperative Society Ltd in Kolkata and Ashodaya Samithi in Mysuru—along with twelve SSRs and eighteen Direct Implementation through sex worker CBOs across twelve states and twenty-five districts.

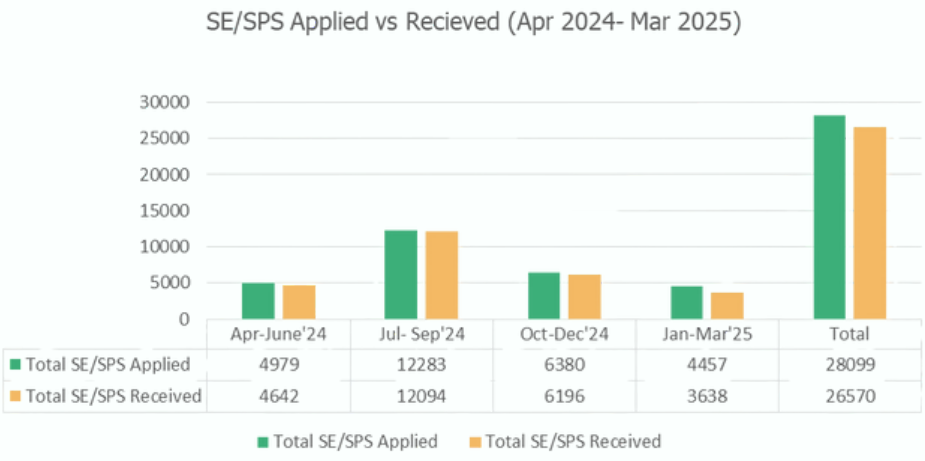
The primary goal is to improve access to entitlements and reduce sex workers' vulnerabilities, especially during health crises like pandemics.

PROGRAMME OBJECTIVES AND ACHIEVEMENTS

The programme was designed with multiple key objectives, each aimed at strengthening the rights, access, and well-being of key populations.

ENHANCE UPTAKE OF SOCIAL ENTITLEMENT AND SOCIAL PROTECTION SCHEMES AS A MEASURE OF PANDEMIC PREPAREDNESS

The sex workers from the CBOs were linked to various social protection/entitlements provided by the Central/State Governments during the period April 2024 to March 2025, they were linked to a total of 26,570 social protection/welfare schemes.



SE (Social Entitlements)/SPS (Social Protection schemes) Applied vs Linked/Received from April 2024 till March 2025.

STRENGTHENING OF CBOS/SEX WORKERS TO ADDRESS GENDER-BASED VIOLENCE (GBV)/INTIMATE PARTNER VIOLENCE (IPV), AND HARMONISATION OF SEXUAL REPRODUCTIVE HEALTH AND RIGHTS (SRHR) SERVICES

IEC materials or toolkits on SRHR/GBV were developed and translated into 8 different languages. Training of Trainers (ToTs) were organised to enable Community Facilitators/community members to lead field-level discussions. A total of 1,200 sensitisation meetings were conducted, reaching approximately 6,000 community members. In addition, 224 support group meetings were organised at the field level, 4,814 community members participated in these meetings.

SUMMARY OF COMMUNITY ENGAGEMENT ACTIVITIES & OUTREACH MEETINGS (APRIL 2024- MARCH 2025):

Sl.No.	Indicator	No. of Meetings	No. of Community members
1	Sensitization meeting on	2400	12000
2	Support group meetings	224	4814
3	Meeting with CSCs to engage SWLHIV	196	4012

SENSITISING KEY STAKEHOLDERS ON THE RIGHTS AND NEEDS OF SEX WORKERS AS PER THE HON. SUPREME COURT ORDER

Alliance India (India HIV/AIDS Alliance), in collaboration with AINSW and the State AIDS Control Societies (SACS), conducted state-level round table discussions in Uttar Pradesh, Jharkhand, Delhi, Karnataka, Tamil Nadu, Bihar, and Kerala. These discussions involved stakeholders from donor agencies, other NGO partners, community members, and various government departments—including Law Enforcement Agencies, Social Welfare Department, Food & Civil Supplies, and Women & Child Development.

The SR organised 15 district-level sensitisation programmes. Trained Community Facilitators or community members facilitated field-level sensitisation meetings on the rights of sex workers using these toolkits.

COMMUNITY SYSTEM STRENGTHENING – ORGANISATION DEVELOPMENT AND LEADERSHIP

A comprehensive “Due Diligence of CBOs” assessment was conducted prior to the project rollout to evaluate CBO eligibility. Based on the assessment, the CBOs were supported in obtaining various legal documents. Further, training will be organised for female sex workers on leadership and for CBO leaders on organisational development and leadership.

Field level sensitisation meeting on SRHR/GBV and Hon'ble SC ruling

Training of Trainers (ToT) on SRHR/GBV and Hon'ble Supreme Court ruling on the right to live with dignity for sex workers.

PR level field visit and interaction with the community members.

STRENGTHEN PARTICIPATION AND ENGAGEMENT WITH SEX WORKERS LIVING WITH HIV

A total of 196 meetings have been organised with Care and Support Centres (CSC) to support and address the needs of sex workers living with HIV.

TELE-HEALTH (PILOT)

The Telehealth project was successfully piloted in Kolkata (West Bengal) and Mysuru (Karnataka) from July 2024 to March 2025. It aimed to improve healthcare access for sex workers through 24/7 medical consultations. The pilot also sought to identify previously unregistered sex workers and to establish a scalable telehealth model for government use.

CONCLUSION

The C19RM-KP Grant has significantly enhanced access to social protection, healthcare, and rights for sex workers across 12 states. Through strong partnerships, community leadership, and targeted interventions, including telehealth pilots, legal aid, and GBV/SRHR support, the programme has strengthened resilience, reduced vulnerabilities, and laid the foundation for sustainable, rights-based support systems.

FROM ENTITLEMENTS TO EMPOWERMENT- AMINA SHEIKH'S LEADERSHIP JOURNEY

Amina (name changed), a 35-year-old sex worker from, Kolkata, West Bengal, associated with Usha Multi-Purpose Cooperative society's services under the C19RM KP Grant. She had never opened a formal bank account nor possessed a PAN (Permanent Account Number) card or documents required for accessing government welfare schemes. During a Social Entitlement/ Social Protection schemes (SE/SPs) screening conducted by Usha Multi-Purpose Cooperative society under KP Grant in Kolkata, it was found that Amina did not have a PAN Card or a zero-balance bank account, making her ineligible for several state welfare programs.

With the guidance from a Community Facilitator (CF), Amina learned the importance of formal identification and banking access, particularly enrolling in schemes like Laxmi Bhandar. Supported by the KP Grant, she successfully obtained her PAN Card and opened a zero-balance bank account. Shortly after, Amina began receiving direct benefits through the Laxmi Bhandar scheme, making it her first experience of government financial support. Encouraged by this success, she became an advocate within her community, helping peers understand and secure the entitlements provided by Central State Government.

Inspired by her experience, Amina started actively engaging with Usha Cooperative. She contested for and was elected to the Board, where she shared her journey to build trust and awareness. Her commitment and practical insight led her being elected as Treasurer, entrusted with overseeing the Cooperative's financial operations that supports hundreds of sex workers. Amina's journey reflects the transformative power of access and awareness. Through the KP Grant, she progressed from financial exclusion to leadership, demonstrating how targeted interventions can unlock long-term empowerment and create new pathways for marginalised women to lead a life with dignity and purpose.

MA'S TURN TO LEAD: A STORY FROM THE SHADOWS

Ma (name changed), a woman in her early thirties, was born and raised in a small village in West Bengal. Due to severe poverty and limited opportunities, she was forced to drop out of school at a young age. Determined to support her family, Ma moved to a nearby town hoping to find better prospects. However, the reality of urban life was far more difficult than she had anticipated. Without formal education or marketable skills, she struggled to find employment.

In a state of desperation, Ma entered the red-light district and began working as a sex worker. The initial years were extremely difficult; she faced frequent violence, unsafe working conditions, and constant exploitation. Despite these challenges, Ma remained resilient and determined to improve her life. Her search for support brought her to Shantipur Durbar Samity, a community-based organisation that provided her with much-needed legal aid and health services. With their help, she began to regain stability. Fourteen years ago, she got married and is now a mother to a seven-year-old son, which further motivated her to create a secure and dignified life for her family.

A major turning point in Ma's journey came through the support of the KP Grant Project, implemented by Usha Cooperative Organisation in partnership with Shantipur Durbar Samity.

Through this initiative, she was able to obtain her PAN Card, a crucial document that opened doors to financial inclusion and access to government services. With renewed hope, Ma started a small tea and snack stall in the red-light area. Over time, this modest enterprise began to grow, helping her gradually improve her family's financial condition and her own sense of self-worth.

In addition to her business, Ma became increasingly active within her community. She began advocating for the rights of sex workers and participated in awareness initiatives on HIV/AIDS prevention and access to entitlements. Her leadership and commitment did not go unnoticed. Ma now looks forward to contributing even more meaningfully as a Community Facilitator, where she aims to support other women facing similar struggles.

Ma's journey is an example of how timely and targeted interventions can change lives. From a life of marginalisation and vulnerability, she has emerged as a community leader, entrepreneur, and a hopeful voice for others. She often expresses deep gratitude to the KP Grant Project, Usha Cooperative, and Shantipur Durbar Samity for the critical support that helped transform her life. Her story highlights the importance of continued support for community-led initiatives that empower women and promote inclusion.

FRONTLINE AIDS: THE PREVENTION ACCOUNTABILITY PROJECT

The Prevention Accountability Project aims to contribute to Frontline AIDS' Global Plan of Action to invest in and improve access to HIV prevention. Alliance India has been implementing this initiative in India, involving a coalition of key population networks. The following were the major activities carried out during the 2024–2025 financial year:

- Identified achievable advocacy recommendations from the 2023 report
- Mapped out strategies to achieve advocacy asks from the stakeholder meeting
- Identified potential stakeholders for collaboration
- Involved coalition partners in the mapping and prioritisation process

Frontline AIDS published its Global Plan of Action, which originally set out ten critical actions to prioritise in the global effort to secure a future free from AIDS. Last year, these ten action points were revised to six.

NEW INITIATIVES UNDER ACTION POINT 1:

STAKEHOLDER CONSULTATION AND MAPPING FOR ACTION PRIORITISATION

A partner's meeting was organised at Alliance India's Delhi office on July 16, 2024, to collect inputs for the mapping exercise. Following this meeting, a thorough review of the "HIV Prevention and Accountability: A Community Perspective 2023" report was developed. The methods used included desk reviews, telecommunications and virtual calls with relevant stakeholders, key site visits, face-to-face meetings with representatives from national community networks during the consultation workshop, follow-up with the consultant, and a review of minutes and recommendations from earlier meetings and consultations. The prioritised action points were subsequently shared with NACO and UNAIDS.

COALITION ENGAGEMENT TOWARDS THE 2025 NATIONAL PREVENTION SUMMIT

On December 19, 2024, Alliance India hosted another coalition meeting in New Delhi. The event brought together community leaders from various key populations across different regions of the country. Following discussions with NACO, it was agreed that the project would contribute to the 2025 National Prevention Summit to be organised by NACO, adopting a decentralisation strategy that focuses on engaging key population members at the grassroots level. To gather input and suggestions, key stakeholders including NACO and USAID were invited to participate in this important gathering.

PROGRAM ACHIEVEMENTS

Following the aforementioned national-level meeting and considering the suggestions received from NACO, a series of online meetings were held from January 2025 to March 2025. These sessions aimed to identify specific prevention gaps faced by different key population groups within their respective geographic areas, emphasising a targeted approach to address their unique needs. By analysing insights from these discussions, Alliance India has identified critical challenges across various regions and developed actionable recommendations based on feedback from key population network partners. All the findings were compiled as a report and was submitted to NACO. These efforts contributed to the National Prevention Summit and the planning process for the National AIDS Control Program Phase VI (NACP VI).

ADDITIONAL ACTIVITIES SUPPORTING ACTION POINTS 2, 3, AND 5 INCLUDE:

- The abstract titled “Strengthening the HIV prevention and accountability framework through the community-led monitoring process” was selected for a poster presentation at AIDS 2024.
- Alliance India has joined the National Cervical Consortium, with support from Frontline AIDS.
- In alignment with Action Point 3, a global transgender coalition has been established to address gender-based violence affecting transgender individuals worldwide. A strategic planning meeting was scheduled in Cape Town from December 10-12, 2024, bringing together all Frontline AIDS partners working with transgender communities.
- Capacity-building sessions for Frontline AIDS partners were conducted in 2024, covering topics such as Alliance India’s involvement in the G20/C20 process, mental health, cervical cancer, transgender community issues, and harm reduction.

SAHAS

SAHAS, meaning “Courage” in Hindi, is a holistic initiative to advance the health, and wellbeing of the transgender and Hijra communities in India. It focuses on key areas such as healthcare (beyond HIV), Gender Affirmation Care (GAC), social entitlements, violence prevention, and leadership development. Funded by Azim Premji Philanthropic Initiatives (APPI) and implemented by India HIV/AIDS Alliance in collaboration with partner CBOs, the programme is being carried out across 9 sites in 8 states, ensuring wide geographic coverage and community reach.

The programme focused on several key areas to holistically support and empower the community.
Capacity building was prioritised through initiatives on leadership development, health literacy, policy advocacy, and organisational strengthening. In the area of healthcare improvement, efforts were made to enhance access to Gender Affirmative Care (GAC) and to address systemic barriers within health services. The programme also placed strong emphasis on advocacy and visibility, including sensitisation efforts, policy reforms, and the promotion of community leadership. Addressing violence and structural barriers was another critical focus, with targeted actions to reduce gender-based violence (GBV) and gather evidence for informed interventions. Lastly, the creation of supportive environments was central to the approach, aiming to foster stigma-free, inclusive, and rights-based spaces for all community members.

PROJECT BASELINE STUDY

Conducted in 8 states with 1,062 transgender respondents using a community-led, mixed-methods approach.

INDIA'S FIRST GENDER AFFIRMATIVE CARE (GAC) INTEGRATED COMMUNITY HELPDESK AT ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS), DELHI

Launched in July 2024 as a collaborative initiative by All India Institute of Medical Sciences (AIIMS), ATHI, and Alliance India. The helpdesk is part of the OPD at AIIMS' Burns and Plastic Surgery Department and provides direct support to those seeking GAC services like HRT, surgeries, or legal documents. This was a major achievement in making government healthcare systems more inclusive.

GAC COMMUNITY HELPDESK REPLICATION

Similar GAC desks have been established at AIIMS Bhopal, AIIMS Raipur, and Osmania Hospital, Hyderabad. These helpdesks are also managed by transgender persons and assist community members in accessing health services without fear or stigma.

MOU WITH ATHI

Formal partnership to co-develop solutions for Transgender Health and GAC. This formal partnership allows SAHAS and ATHI to work together on improving healthcare services, especially GAC, for the transgender community across India.

GAC COMMUNITY CADRE TRAINING

For the first time in India, a special training on Gender Affirmation Care was held for the SAHAS community team. Trainers included WPATH-certified doctors (international experts), and specialists from AIIMS and IHBAS. This training helped the SAHAS team understand international standards for care (WPATH SOC8) and become stronger advocates for health rights.

IPATHCON 2024 PARTICIPATION

SAHAS presented the GAC model at an international conference in Kolkata. The event also provided training and exposure to doctors and SAHAS state teams working on transgender health.

SAMANVAY: COMMUNITY-FAMILY DIALOGUE PLATFORM

SAHAS and ATHI started a new platform called SAMANVAY with the theme “Family Support.”, aimed at bringing families and the transgender community together. Queer Bandhu, a parents' network from Telangana, and supportive families from Kolkata participated in discussions. It helped build bridges between transgender persons and their families, offering emotional support and understanding.

COLLABORATION WITH NATIONAL INSTITUTE OF SOCIAL DEFENCE (NISD)

Multiple training sessions on TG health and rights for SAHAS teams and stakeholders were conducted with NISD

STAKEHOLDER ENGAGEMENT MEETINGS

Two major stakeholder meetings were organised in September 2024 and February 2025, which saw the coming together of about 100 stakeholders (in each meeting), from the states where Project SAHAS is currently being implemented. This diverse group of participants, including transgender activists, Dera gurus, politicians, teachers, doctors, media and state representatives, underwent training on Transgender Persons’ Health and Rights as laid down in the Transgender Persons Act (2019).

SHG TRAINING WITH NCUI

Collaborated with the National Cooperative Union of India (NCUI) for conducting the SHG training. It left the participants motivated, full of ideas and eager to set up SHG amongst the community members in their state. Chhattisgarh has registered two SHGs after this training.

CBO CAPACITY BUILDING

Capacity building of CBO partners on Financial Compliance as well as Program design and implementation, was conducted with the help of expert consultants. Second-line leadership training was yet another step taken towards capacity building of our CBO partners.

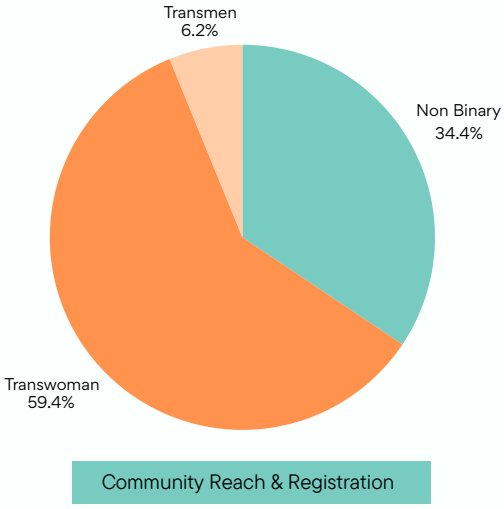
PROGRAM ACHIEVEMENTS

From April 2024 to March 2025, the SAHAS program continued its commitment to advancing the rights, health, and wellbeing of transgender persons across its intervention states.

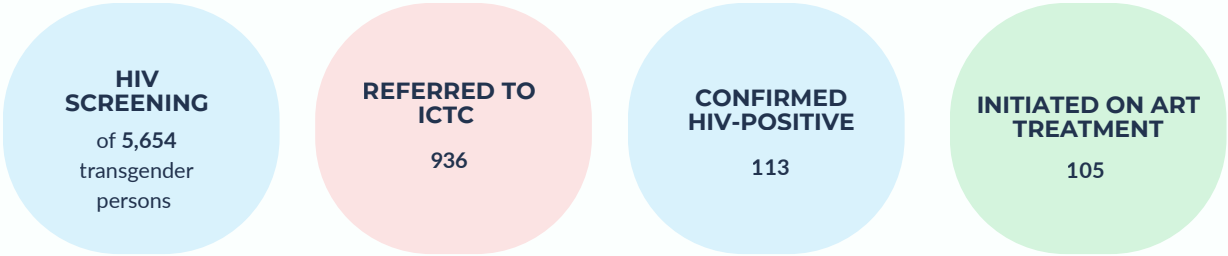
Through consistent community engagement, health interventions, and advocacy efforts, the program reached over 7,991 transgender individuals and achieved the following milestones:

COMMUNITY REACH AND REGISTRATION

A total of 7,991 new transgender (TG) individuals were identified and enrolled between April 2024 and March 2025, including 493 transmen, 4,750 transwomen, and 2,748 non-binary individuals. They received screening and referrals for HIV, sexually transmitted infections (STIs), tuberculosis (TB), non-communicable diseases (NCDs), Gender Affirmation care and social inclusion services.



HIV SCREENING, DIAGNOSIS, AND TREATMENT



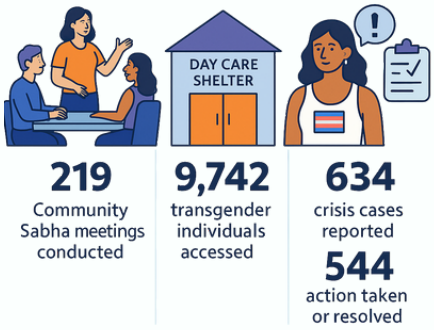
A total of 5,654 transgender persons underwent HIV screening, out of which 936 were referred to Integrated Counselling and Testing Centres (ICTC) for confirmatory testing, 113 tested HIV-positive cases. Of these, 106 individuals were linked to ART centres, and 105 initiated ART treatment, reflecting strong follow-up and health navigation systems.

GENDER AFFIRMATION CARE (GAC) SERVICES

A significant effort was made to ensure access to gender affirmation care services. The program linked 1,049 transgender persons to at least one GAC service, such as TG cards, gender identity documents, hormone replacement therapy (HRT), Hair transplant, Face feminisation or other GAC surgeries. Notably, 832 TG card applications were supported, with 288 TG cards successfully availed by community members.

COMMUNITY EMPOWERMENT AND SUPPORT

To build collective power and resilience, 219 Community Sabha meetings were conducted, engaging 2,160 transgender persons. The program also provided safe and inclusive spaces through day care shelters, which were accessed by 9,742 transgender individuals. In terms of crisis response, 634 crisis cases were reported, with action taken or resolution achieved in 544 cases.



SYSTEM STRENGTHENING AND ADVOCACY

The program played a crucial role in bridging community needs with systemic responses:

- **54 social entitlement and welfare camps** were conducted at the state level, enabling access to government schemes and benefits.
- **76 health camps and 267 sensitisation meetings** were organised to address health inequities and stigma.
- **16 Community Advisory Board meetings** ensured community voices guided program strategies.
- **90 Crisis Response Team meetings and 18 advocacy meetings with law enforcement agencies** helped improve safety, reduce violence, and ensure justice for transgender persons.
- **11 TG Welfare Board meetings** were facilitated, strengthening policy advocacy and institutional engagement.

CONCLUSION

The year marked significant achievements in healthcare access, community empowerment, capacity building, and advocacy. SAHAS continues to lead with community-centric, inclusive, and rights-based approaches, demonstrating how health and dignity can be ensured when transgender persons lead the change

KAVITA AND THE BAKERY SELF-HELP GROUP

Kavita (Changed Name) a transgender woman from Noida, faced years of discrimination and economic hardship. With limited employment opportunities, she struggled to find a stable income. Through Project SAHAS, she became part of a self-help group (SHG) focused on baking. The initiative not only provided skills training but also helped register the group, open a bank account, and secure freelance orders.

Today, the Bakery SHG is a thriving small enterprise, supplying baked goods to local vendors and online platforms. Kavita now earns a steady income, manages the business, and mentors others in the community. Her story exemplifies the power of community-led initiatives in economic empowerment and social inclusion.

PROJECT SANJEEVAN: ENHANCING NUTRITION & WELL-BEING OF CLHIV IN BENGALURU, KARNATAKA

Project Sanjeevan, meaning “New Life”—is a targeted intervention designed to improve the nutritional and mental health status of Children Living with HIV (CLHIV) in and around Bengaluru, Karnataka. Supported by Teva Pharmaceuticals, the project was implemented from April 2024 to March 2025 in collaboration with the Karnataka Network of Positive People (KNP+).

The project was initiated in response to address malnutrition and poor psychosocial well-being observed among CLHIV, both of which significantly impact ART adherence and overall quality of life.

The primary objective of Sanjeevan was to improve the health, nutritional status, and emotional well-being of CLHIV through the regular distribution of nutrition kits and psychosocial support.

This holistic intervention combines nutrition supplementation, mental health care, health system linkages, and community engagement to address the multiple vulnerabilities faced by 555 CLHIV. These include children who are double orphans, those with disabilities, and those being raised by single parents.

DEMOGRAPHIC PROFILE OF BENEFICIARIES

A total of 555 CLHIV were covered under the project, comprising 276 girls and 279 boys. Among them, 15 children were identified as living with disabilities—10 with mental health challenges, 4 with physical disabilities, and 1 with both.

The project also supported 251 double orphans and 6 single orphans, ensuring that the most vulnerable among them received the necessary support and care.

SECONDARY OBJECTIVES

- To reduce anaemia, stunting, and underweight prevalence among CLHIV.
- To improve ART adherence and school attendance.
- To provide mental health and counselling support to children and their caregivers.
- To engage families and community systems in sustaining children's well-being.
- To build evidence for scalable, community-led interventions.

KEY ACTIVITIES

BASELINE AND ENDLINE ASSESSMENTS

Comprehensive data collection including anthropometric measurements, haemoglobin testing, ART adherence, and mental health status.

MONTHLY NUTRITION KIT DISTRIBUTION

3,885 nutrition kits were distributed across nine locations. Kits included high-protein and iron-rich food items and sanitation kit.

MENTAL HEALTH INTERVENTIONS

Regular sessions featuring art therapy, yoga, storytelling, and one-on-one/group counselling.

HEALTH MONITORING

Monthly tracking of weight, height, haemoglobin levels, and vital signs. Referrals were made for severely anaemic or malnourished children.

COMMUNITY ENGAGEMENT

Celebratory and educational events, including Children's Day programs, peer-led sessions, and caregiver awareness workshops were conducted.

INSTITUTIONAL COLLABORATION

Support extended to Infant Jesus Children's Home, providing a safe and supportive environment for orphans.

SECONDARY OBJECTIVES

- Proportion of children with normal haemoglobin increased from 24% to 69.5%; severe anaemia dropped from 14% to 6.6%.
- Children with normal BMI increased from 54% to 59.1%; underweight prevalence reduced from 34% to 26.4%.
- **Reduced Stunting and Wasting:** Notable gains among both male and female children across categories.
- **Improved ART Adherence:** Better nutritional intake correlated with reduced side effects and improved adherence, especially among adolescents.
- Increased confidence, reduced withdrawal, and higher school attendance were reported by caregivers and teachers.

VITAL PARAMETERS	BASELINE		END-LINE	
Wasting	**Female**	**Male**	**Female**	**Male**
Normal	75%	70.6%	83%	78.6%
Mild	25%	23.5%	17%	21.4%
Moderate	-	5.9%	-	-
Severe	-	-	-	-
Stunting	**Female**	**Male**	**Female**	**Male**
Normal	25%	41.2%	61.1%	42.9%
Mild	16.7%	17.6%	5.6%	14.3%
Moderate	25%	17.6%	11.1%	28.6%
Severe	33.3%	23.5%	22.2%	14.3%

VOICES FROM THE GROUND: THE IMPACT OF PROJECT SANJEEVAN

"The kit saved us. Sometimes we have no money for eggs or fruits, but with this, my daughter gets her nutrients." — Mother of a 7-year-old girl

"We are grateful. My son's weight increased, and he is more cheerful. He even started helping me in the kitchen!" — Mother of a 10-year-old boy

"My daughter used to sleep during class. Now she comes home talking about what she learned!"

"My child was quiet and withdrawn. Now she sings, dances, and plays with her friends. I see the change every day." — Mother of a 9-year-old girl

CONCLUSION

Project Sanjeevan successfully improved the nutrition, health, and emotional well-being of 555 CLHIV in Bengaluru. With regular nutrition support, mental health interventions, and strong community engagement, the project led to measurable improvements in haemoglobin levels, BMI, ART adherence, and school participation. As the project concludes, it leaves behind a proven, community-led model that can be scaled to support vulnerable children across other regions.

RADHA – NOURISHING DREAMS WITH CARE & SUPPORT

At 17, Radha lives with her mother and dreams of one day becoming a teacher. After the loss of her father, Radha's family faced severe financial hardship. Her mother, who works as a housekeeper, struggles to make ends meet, and Radha is determined to grow up and support her in return.

Through Project Sanjeevan, Radha has found a source of strength and stability. She now participates in regular yoga sessions that help her relax and stay focused, both physically and mentally. For the past three months, she has also been receiving nutrition kits that ensure she gets the nourishment she needs to remain healthy and continue her education.

Radha's story is one of quiet determination. With the right support at the right time, she is taking steady steps toward a brighter future. Her journey highlights the importance of holistic care—combining nutrition, mental well-being, and consistent encouragement, for adolescents living with HIV.

NURTURING HOPE – IMA & AMAN'S JOURNEY WITH PROJECT SANJEEVAN

Ima (name changed), a 9-year-old girl, and her 8-year-old brother Aman (name changed), have faced profound hardships early in life. Born to a mother living with HIV who tragically passed away due to HIV-related complications, the siblings were left in the care of their maternal aunts, as their father, struggling with alcohol dependency, was unable to provide the care they needed.

Both children were enrolled in Antiretroviral Therapy (ART) and, over the last few months, diligently adhered to their treatment. Through Project Sanjeevan, they received essential nutrition kits for 6 months—support that made a noticeable difference. Their weight and overall health improved significantly, and their growth showed encouraging progress.

Initially withdrawn and hesitant, Ima and Aman were fearful of their new environment and unfamiliar routines. But their transformation began as they gradually engaged in the interactive sessions organised by the Sanjeevan team. Yoga classes, team games, and child-friendly group activities helped them open up and build emotional trust. These moments not only brought smiles to their faces but also created a safe space for healing.

One heart-warming moment came when Aman, usually shy, quietly shared that his favourite item in the kit was the soap, especially because of its "nice smell." This simple joy reminded the team how even the smallest comforts can mean the world to a child.

Ima and Aman's journey is one of resilience, hope, and progress. With sustained support for their health and education, they have the potential to overcome their early challenges and grow into empowered and confident individuals.

ADDRESSING BARRIERS IN ACCESSING HIV, HARM REDUCTION, AND SEXUAL & REPRODUCTIVE HEALTH SERVICES BY WOMEN WHO INJECT DRUGS (WWID)

Alliance India successfully implemented a pilot project in two states, supported by Gilead Sciences. The initiative aimed to combat HIV-related stigma and inequities by improving access to comprehensive health services for Women Who Inject Drugs (WWID). The project sought to eliminate barriers to harm reduction services by integrating interventions for safer drug use practices, sex work, and sexual and reproductive health (SRH).

Through a community-led approach, the programme assessed the service needs of women who use drugs in Punjab and Manipur.

Special focus was given to women with multiple vulnerabilities, such as those engaged in sex work, victims of gender-based violence, women in prisons, pregnant and parenting women, women from the LGBTQIA+ community, and women from migrant or minority backgrounds.

A key innovation of the project was the development of a Community Feedback and Response Mechanism (CFRM) to ensure that community voices were heard and acted upon. The CFRM enabled communities to share their experiences, concerns, and suggestions, helping shape more inclusive and effective services.

NEW INITIATIVES

- Developed and implemented a Community Feedback and Response Mechanism (CFRM) for real-time community engagement and programme responsiveness.
- Adopted an inclusive assessment approach, involving WWID with intersecting vulnerabilities (e.g., sex work, prisons, GBV survivors, LGBTQIA+).
- Established linkages with state-level authorities, including departments of health, police, mental health, and social justice, fostering strong political commitment and systems-level engagement.
- Generated state-level momentum with Punjab government's commitment to expand the model to three additional high-burden districts, starting from Kapurthala.

ALLIANCE INDIA IMPLEMENTED THE COMMUNITY FEEDBACK MECHANISM (CFM) BY ADOPTING THE FOLLOWING STEPS

STEP 1: Sensitize the staff and define the focal point or FCM team

STEP 2: Raise awareness and Consult with the community to decide the most appropriate method to channel feedback and complaints

STEP 3: Design a process for handling feedback and complaints, define roles and responsibilities and timeframe

STEP 4: Communicate and disseminate the FCM to the community and partners

STEP 5: Monitoring, and Learning of the FCM

PROGRAM ACHIEVEMENTS

- Successfully completed pilot implementation in two states: Punjab and Manipur.
- Conducted a detailed needs assessment highlighting service gaps and lived experiences of WWID.
- Strengthened advocacy and networking with mental health, social justice, and law enforcement departments.
- Received formal commitment from Punjab State Government to expand the model in 3 more high-burden districts.
- Developed community-led data to support evidence-based planning and accountability.
- Introduced policy dialogue with the Secretary of Health, Chief Minister's Office, and Police Department for sustained support.

KEY FINDINGS ON THE HEALTH AND SOCIAL VULNERABILITIES OF WWID

This project brought to light critical data and narratives that had previously gone undocumented. Key findings revealed that women often begin drug use under the influence of male partners and face disproportionate risks due to unsafe injecting practices, lack of privacy in services, and high exposure to violence.

Alarmingly, 72% reported physical violence, and 22.3% had been incarcerated, often for drug-related offences or sex work. Health-wise, WWID reported poor overall health, limited access to OST, and low use of reproductive health services.

CONCLUSION

Despite these challenges, the project succeeded in building community trust and mobilising multi-level responses. The feedback mechanism became a central accountability tool. Importantly, Punjab state authorities recognised the impact and have planned to replicate the model in three additional districts.

This demonstrates a significant policy shift and the potential for scale-up. The project stands as a promising model for addressing the intersecting health and social vulnerabilities of WWID in India.

THE PACT CAPACITY BUILDING PROGRAM FOR YOUTH COMMUNITY-BASED ORGANISATIONS IN INDIA

The project was piloted as a small initiative with the support of the UNAIDS PACT UPROOT grant, with technical guidance from FHI 360 and UNAIDS. The objective was to assess the understanding of the Global Fund mechanism, the level of youth involvement in the India Country Coordinating Mechanism (ICCM), and the scope for organisational development among youth and and LGBTQ-led community-based organisations (CBOs) in the states of Assam, Delhi, Bihar, Rajasthan, Mizoram, Tripura, and Uttar Pradesh.

Community-based groups were identified based on an assessment survey conducted by the UNAIDS India Country Team. The selected organisations were:

Assam	**Senahabandan**
Bihar	Sabrang Rista
Delhi	Glad Foundation
Rajasthan	Positive Yuva Network
Mizoram	Youth representatives from the PLHIV State Network
Tripura	Sneha Bandhan
Uttar Pradesh	Kanpur Queer Foundation

THIS PILOT PROJECT INCLUDED TWO MAJOR ACTIVITIES:

NATIONAL VIRTUAL CONSULTATION WITH COMMUNITY-BASED ORGANISATIONS.

Focused on legal compliance, use of AI tools for visibility, and proposal development for community-based organisations.

NATIONAL CAPACITY BUILDING WORKSHOP

- Trained youth leaders on HIV response, governance, advocacy, social media, virtual outreach, and livelihood opportunities for CBOs.
- In-person Community Consultation in Delhi with the participation of three governing board members from each organisation, representatives from the UNAIDS Country Office, civil society partners, government departments including NCUI and DSACS, and technical experts from communication and social media backgrounds.

OUTCOMES

STRONGER UNDERSTANDING OF GLOBAL FUND MECHANISMS

Youth and LGBTQ-led CBOs from seven states gained basic knowledge of the Global Fund and ICCM, and showed interest in future engagement.

KEY CAPACITY GAPS IDENTIFIED

Virtual consultations helped highlight gaps in legal compliance, digital advocacy, and proposal development.

CAPACITIES STRENGTHENED THROUGH WORKSHOP

Over 45 youth leaders were trained on governance, communication, digital outreach, and HIV programme engagement.

IMPROVED VISIBILITY AND NETWORKING

The project built inter-state connections and created a platform for dialogue between communities, experts, and government bodies.

COMMUNITY EMPOWERMENT AND PLANNING

CBOs began compliance planning and drafting proposals, with growing interest in forming a youth and LGBTQ+ ICCM working group.

TREATMENT LITERACY MODULE FOR PLHIV ON ART

Alliance India had the opportunity to implement a pilot project with WHO India to develop a Treatment Literacy Training Module for People Living with HIV (PLHIV), designed to be user-friendly and accessible for communities. The project duration was three months (July to September 2024).

OBJECTIVES

- To understand the challenges faced in adhering to ART and gather suggestions to address them.
- To identify information gaps and unmet needs related to ART, opportunistic infections (OIs), stigma and discrimination, treatment failure, social welfare schemes, etc.
- To gather suggestions on the topics to be included in the training content.
- To collect input on effective methods for delivering the training.

ACTIVITIES

VIRTUAL COMMUNITY CONSULTATIONS

A series of virtual consultations were conducted with PLHIV and their sub-groups (children and caregivers, adolescents, FSWs, PWID, transgender people, and MSM), including community leaders and individuals with lived experiences on ART.

REVIEW OF EXISTING MATERIALS

Existing training and IEC materials on treatment literacy were collected from development partners and community networks.

FORMATION OF TECHNICAL COMMITTEE

A technical committee with representation from key PLHIV community members was formed to review the materials.

IN-PERSON COMMUNITY CONSULTATION

An in-person consultation was organised in collaboration with WHO India with community leaders, service providers, and national network representatives.

DEVELOPMENT OF TREATMENT LITERACY CURRICULUM

A three-day curriculum was co-created with inputs from NACO, WHO, community leaders, and senior health experts.

STAKEHOLDER CONSULTATION AND DEMONSTRATION

A national-level consultation was held to present the curriculum and gather final feedback from stakeholders including NACO Care, Support and Treatment (CST) Division, WHO team, counsellors, and ART centre doctors.

DEVELOPMENT OF IEC TOOLS

Posters and informative videos were developed to support field-level training.

ACHIEVEMENTS

COMMUNITY-VALIDATED CURRICULUM

A practical, inclusive, and community-approved treatment literacy module was developed, grounded in the lived experiences of PLHIV.

COMPREHENSIVE FEEDBACK INTEGRATION

Insights from over 300 PLHIV individuals and stakeholders from across regions were integrated into the training content.

IDENTIFIED GAPS IN EXISTING MATERIALS

Gaps in current IEC materials and delivery methods were identified and documented in a report submitted to the CST Division and WHO.

STRENGTHENED COMMUNITY PARTICIPATION

Strong community ownership was achieved through active engagement in every step, from consultations to content validation.

USER-FRIENDLY IEC MATERIALS PRODUCED

New posters and videos were created to complement training delivery and improve community understanding.

CONCLUSION

The collaborative process, grounded in community participation and technical expertise, has resulted in a comprehensive and effective treatment literacy module. With strong foundations in real-life experiences and challenges faced by PLHIV, the module and accompanying IEC tools aim to strengthen knowledge, adherence, and empower PLHIV communities across India.

WORLD AIDS DAY 2024

World AIDS Day, observed annually on December 1st since 1988, is an international day to raise awareness about the AIDS pandemic, caused by HIV infection, and to honour those who have lost their lives to the disease. The theme for World AIDS Day 2024, "Take the Rights Path: My Health, My Right!", emphasised the importance of human rights in achieving better health outcomes. To commemorate this occasion, Alliance India organised a national event in New Delhi on December 19–20, 2024, with support from the Global Fund.

PROGRAM ACHIEVEMENTS

- Reflect on the progress of India's AIDS response, highlighting the importance of prevention, testing, treatment, and tackling stigma faced by affected communities and key populations.
- Serve as a platform to demonstrate solidarity with communities and advocate for greater access to healthcare, treatment, and services for marginalised groups.
- Highlight the pivotal role of community networks in driving advocacy for policies and actions that reduce new infections, enhance care, and promote equity, ensuring no one is left behind in the fight against HIV/AIDS in India.

The event witnessed active participation from National HIV Community Networks, UN agencies, development partners, National AIDS Control Organization (NACO), and other key stakeholders, reinforcing collective commitment to achieving the National HIV goals.

UPCOMING PROJECT

SEXUALISED SUBSTANCE USE (SSU) (2025 - 2027)

Sexualised substance use (SSU) poses significant health risks within India's marginalised MSM (Men who have Sex with Men) and TG (Transgender) communities, who already experience disproportionately high rates of HIV infection. Current HIV prevalence statistics reveal an alarming prevalence of approximately 3.3% among MSM and 3.8% among transgender individuals, compared to 0.22% in the general population. This represents a concerning disparity, highlighting the heightened vulnerability of these communities, which face HIV rates up to 17 times higher than the national average.

The project leverages previous work done under the SAMARTH Programme, which laid a solid foundation for addressing SSU in these high-risk populations. Over the span of eight years, SAMARTH facilitated significant community-led HIV screening and established treatment linkages for MSM, transgender, and hijra populations, instrumental in curbing new infections and fostering community engagement.

Implementing States: Delhi, Punjab, Karnataka, and Manipur

PROJECT OBJECTIVES

AWARENESS RAISING

Raise awareness among community members and healthcare providers about the risks of SSU and effective prevention strategies.

CAPACITY BUILDING

Strengthen stakeholders' capacity to address SSU-related risks and vulnerabilities through evidence-based practices, emphasising Prevention education.

TOOL DEVELOPMENT

Develop robust tools to accurately measure SSU risks, vulnerabilities, and resultant harms, with Prevention tools (Condoms, lubricants, PEP, PrEP, HIV testing) as key metrics

SERVICE ACCESSIBILITY

Establish accessible and effective prevention, diagnosis, and treatment services tailored to community needs

COMMUNITY EMPOWERMENT AND PLANNING

CBOs began compliance planning and drafting proposals, with growing interest in forming a youth and LGBTQ+ ICCM working group.

PROPOSED ACTIVITIES

REACHING THE UNREACHABLE

Identify and engage SSU community members who are not covered under the existing Intervention framework.

PROVIDING ESSENTIAL SERVICES

Facilitate STI/HIV screenings, Hepatitis B & C testing, drug dependency support, and mental health services.

STRENGTHENING COMMUNITY NETWORKS

Collaborate with grassroots organisations to enhance screening and healthcare services.

STANDARDISING SERVICES

Develop service guidelines to ensure quality and consistency across intervention areas.

AWARENESS AND ADVOCACY

Develop and disseminate educational materials to increase awareness about SSU and HIV risks.

CAPACITY BUILDING

Train healthcare providers and outreach workers to better address the needs of SSU individuals.

POLICY ADVOCACY

Engage with policymakers and law enforcement agencies to improve service accessibility and rights protection.

IMPACT ASSESSMENT

Conduct pre- and post-intervention assessments to measure program effectiveness.

FUNDRAISING UPDATE

FY 2024–25 has been a year of both reflection and renewed purpose for End AIDS India, a campaign by Alliance India committed to accelerating the response to the HIV epidemic. As we navigated evolving challenges, our focus remained committed to strengthening community support systems, sustaining donor trust, and expanding strategic partnerships.

As we reflect on the year gone by, we are filled with profound gratitude. In the face of uncertainty and challenges, we found strength not only within ourselves but through the unwavering support of our donors and well-wishers who placed their trust in Alliance India's mission. It was their generosity and trust that became our anchor during difficult moments, allowing us to stay focused and move forward. The last financial year unfolded as resilience, compassion, and collective action. This shared commitment propelled our fundraising efforts forward, enabling us to sustain and expand our impact, and bring hope and positive change to countless lives

We extend our heartfelt thanks to every individual and organisation who stood with us, your faith and support continue to inspire us every day.

This year, our fundraising efforts were meaningfully strengthened through dedicated nutrition care, essential resources, medical service and advocacy for the people living with HIV. In collaboration with our partners, we reached out to our valued supporters. These interventions not only addressed immediate needs but also helped improve their overall health and dignity for the long term.

While donor acquisition and retention saw a slight decline compared to previous years, we responded with a proactive approach. Targeted strategies and ambitious goals were implemented to strengthen and deepen engagement with our existing fundraising team. These efforts were reinforced through capacity building within the retention team and outreach to identify new opportunities.

HIGHLIGHTS

- By end of the financial year, we have reached 40,000 + donors.
- Our fundraising efforts in collaboration with our partners remained active in Delhi, Mumbai, Kolkata, Chennai, and Pune.

As we look ahead, End AIDS India remains determined to push the boundaries. We will continue to advocate, collaborate, and innovate to ensure people living with HIV are not left behind. The campaign will amplify the voices of those most impacted by HIV and provide crucial assistance to address their challenges.

FINANCIAL OVERVIEW

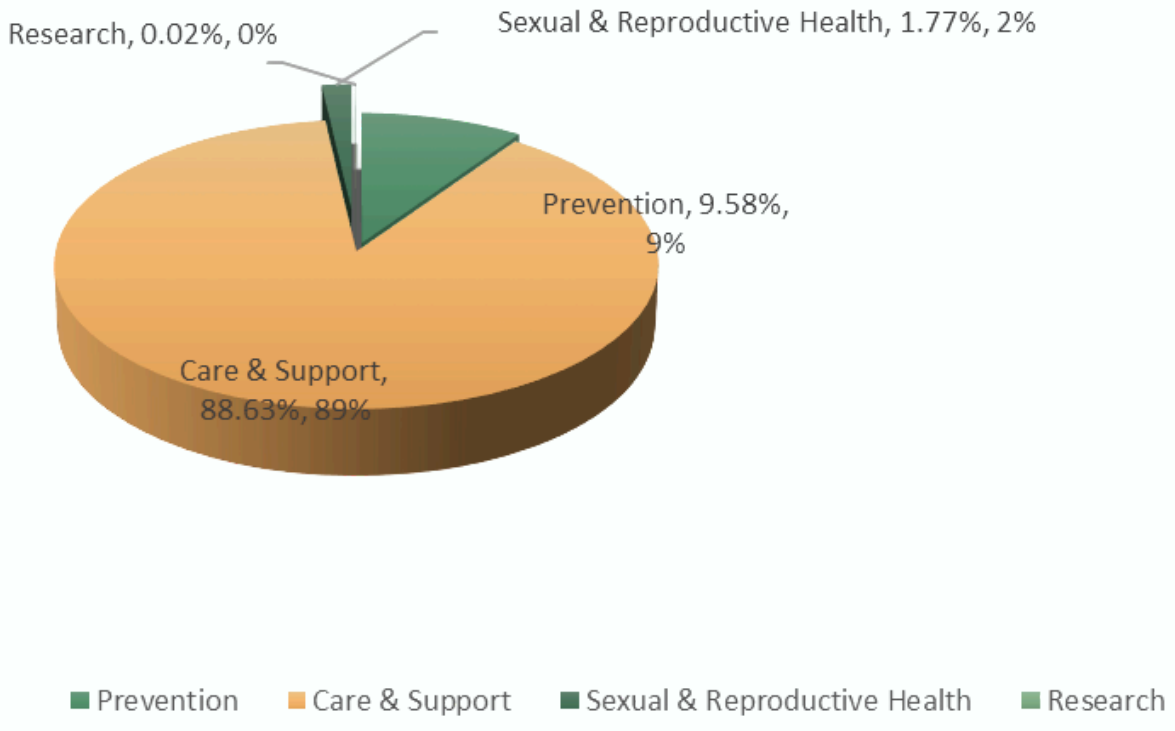
FOR THE PERIOD OF APRIL'2024 TO MARCH'2025

We are grateful to all our donors for their growing commitment to our work. The annual turnover for the year is INR 57.87 crores, supported by a diverse range of donors. The support ranges from less than 1% to as high as 88.71 %, modest funding from individuals and HNI's enables innovations and pilot initiatives, while large-scale funding underpin pan-India operations with community-based organisations as well as established organisations at both the national and state levels.

The grant funds are utilised for different interventions that range from 0.02% to 88.63%.

The distribution focuses on Prevention at 9.58%, Care and Support being most considerable at 88.63%, Sexual and Reproductive Health at 1.77%, and Research at 0.02%. The large-scale funding of 98.21% focuses on prevention of HIV/AIDS, and care and support for people living with HIV (PLHIV).

The application of funds reflects that a significant portion (69.27%) is being granted to implementation organisations at the grassroots level all over India. This is a reflection of our community-centric project implementation approach.



INDIA HIV/AIDS ALLIANCE

BALANCE SHEET AS AT 31ST MARCH 2025

(Amount in Rs. 00)

Particulars	Note No.	As at 31st March 2025	As at 31st March 2024
I. EQUITY AND LIABILITIES			
(1) Shareholder's Funds			
(a) Share Capital	3	-	-
(b) Reserves and Surplus	4	563,766	550,252
(c) Property, Plant, Equipment & Intangible assets fund	5	1,300,947	1,272,180
(2) Current Liabilities			
(a) Trade payables	6		
-Total outstanding dues of micro enterprises & small enterprises		-	-
-Total outstanding dues of creditors other than micro & small enterprises		14,822	5,242
(b) Other current liabilities	7	958,690	923,397
Total		**2,838,225**	**2,751,071**
II. ASSETS			
(1) Non-current assets			
(a) Property, Plant, Equipment & Intangible assets	5		
(i) Property, Plant & Equipment		1,009,791	981,024
(ii) Intangible assets		291,156	291,156
b) Long-term loans and advances	8	18,173	18,173
c) Other Non-current assets	9	75,579	572,125
(2) Current assets		-	-
(a) Cash and cash equivalent	10	1,425,769	842,755
(b) Short-term loans and advances	11	8,118	31,191
(c) Other current assets	12	9,639	14,647
Total		**2,838,225**	**2,751,071**
NOTES FORMING PART OF THE FINANCIAL STATEMENTS	1 to 31		

This is the Balance Sheet referred to in our report of even date.

For RAY & RAY
Chartered Accountants
Registration No. 301072E

RAY & RAY CHARTERED ACCOUNTANTS 205 Ansal Bhawan 16, K.G. Marg New Delhi-01

Samir Manocha
Partner
Membership No. 91479

New Delhi
Date: 29th July 2025

For and on behalf of Board of Directors
India HIV/AIDS Alliance

Kanuru Sujatha Rao
(Chairperson)
(DIN :07129022)

Sanjay Patra
(Director)
(DIN: 03257125)

Sanjay Gupta
Director Finance & Operations

Pramod Kunnath
(Chief Executive)

India HIV/AIDS Alliance New Delhi

INDIA HIV/AIDS ALLIANCE

STATEMENT OF INCOME AND EXPENDITURE
FOR THE YEAR ENDED 31ST MARCH 2025

(Amount in Rs. 00)

Particulars	Note No.	For the year ended 31st March 2025	For the year ended 31st March 2024
Income:			
Grant Incomes (To the extent utilized)		5,651,313	8,436,526
General Donations		104,678	161,030
Other Income	13	31,172	31,823
Total Income		**5,787,163**	**8,629,379**
Expenses:			
Programme Expenses	14	4,838,095	7,397,049
Employee Benefit Program Staff	15-A	438,988	628,865
Employee Benefit Admin Staff	15-B	237,286	276,820
Administrative Expenses	16	259,280	254,974
Total Expenses		**5,773,649**	**8,557,708**
Surplus/ (Deficit) before exceptional and extraordinary items and tax		13,514	71,671
Prior period items		-	-
Exceptional Items		-	-
Surplus/ (Deficit) before extraordinary items and tax		13,514	71,671
Surplus/ (Deficit) before tax		**13,514**	**71,671**
Tax expense:			
Current Tax		-	-
Deferred Tax		-	-
Surplus/ (Deficit) for the year		**13,514**	**71,671**

NOTES FORMING PART OF THE FINANCIAL STATEMENTS 1 to 31

This is the Statement of Income & Expenditure referred to in our report of even date.

For RAY & RAY
Chartered Accountants
Registration No. 301072E

RAY & RAY CHARTERED ACCOUNTANTS 205, Ansal Bhawan 16, K.G. Marg New Delhi-01

Samir Manocha
Partner
Membership No. 91479

New Delhi
Date: 29th July 2025

For and on behalf of Board of Directors
India HIV/AIDS Alliance

Kanuru Sujatha Rao
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(DIN :07129022)

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India HIV/AIDS Alliance New Delhi

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