Annual Report 2007 -08

Access to Care & Treatment Project

Preface

Greetings from INP+

I feel privileged in submitting our annual report for the year 2007-08 for the project Access to Care & Treatment (ACT).

The year has witnessed hectic activities in the area of building DLNs, improving the services of grass root functionaries and taking the message of access to services to thousands of PLHIV in the community.

I am pleased to record the services and commitment of the project team in realizing the goals of the ACT project. We have achieved over and above the targets given for the year and we have crossed the beneficiary membership over one lakh. I also acknowledge the services of partner agencies for their support.

I take this opportunity to express my gratitude and sincere thanks to the leaders, board members of SLN and DLN for their cooperation and support in implementing the project.

K.K. Abraham
President
INP+

Date: 19th June 2008

Place: Chennai

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1 INP+ Mission

Our mission is "To improve the quality of life of People living with HIV/AIDS in India and provide a sense of belongingness among PLHIV and their families for full and active participation in society and also to reduce further HIV transmission."

INP+ strives for

- Human rights – to promote elimination of stigma and discrimination and protect human rights of PLHIV
- GIPA - Greater Involvement of People living with HIV/AIDS
- Access to information and services – to ensure access to high quality information and services for positive prevention, positive living and continuum of care and treatment and
- Sustainable Society

Our principal approach to realize these objectives is a triangular approach covering the components of **Advocacy**, **Network Building** and **Service Delivery**. All the activities of INP+ are focused through this approach. The triangle reflects the strong connectivity among these three components. All projects coordinated and executed by INP+ and its partner networks aim to strengthen at least 1 of the 3 core components

Our projects currently spread through the states of Andhra Pradesh, Gujarat, Goa, Jharkant, Karnataka, Kerala, Manipur, Nagaland, Madyapradesh, Maharashtra, Orissa, Pondicherry, Rajastan, Tamil Nadu and Uttrapradesh covering grassroots districts. The national advocacy office is functioning from New Delhi. The current ongoing projects are:

- Formation and strengthening of the network at state, district and taluk/block level models of care and support services supported by CDC -GAP

- AVAHAN project for building capacity of INP+ and networks to equip them on advocacy programs and developing advocacy strategies

- HIV Prevention & Treatment Advocacy Project (PTAP), Tamil Nadu, India, an advocacy project to scale up HIV prevention services

supported by Asia Pacific Council of AIDS Service Organizations (APCASO)

- Orissa phase II project to strengthen the capacities of Orissa State Level Networks aided by Concern worldwide - India

- Sarvojana project to challenge AIDS related poverty in Tamil Nadu with the assistance from SIAAP/ European Commission

- SAMARTH - Strengthen abilities to manage and respond effectively to HIV/AIDS in strengthening the INP+ involvement in Country Coordination Mechanism of GFTAM and need based capacity building of PLHIV with the support from FHI/USAID

- Post Tsunami relief program to provide micro-credit activities for PLHIV affected by the Tsunami

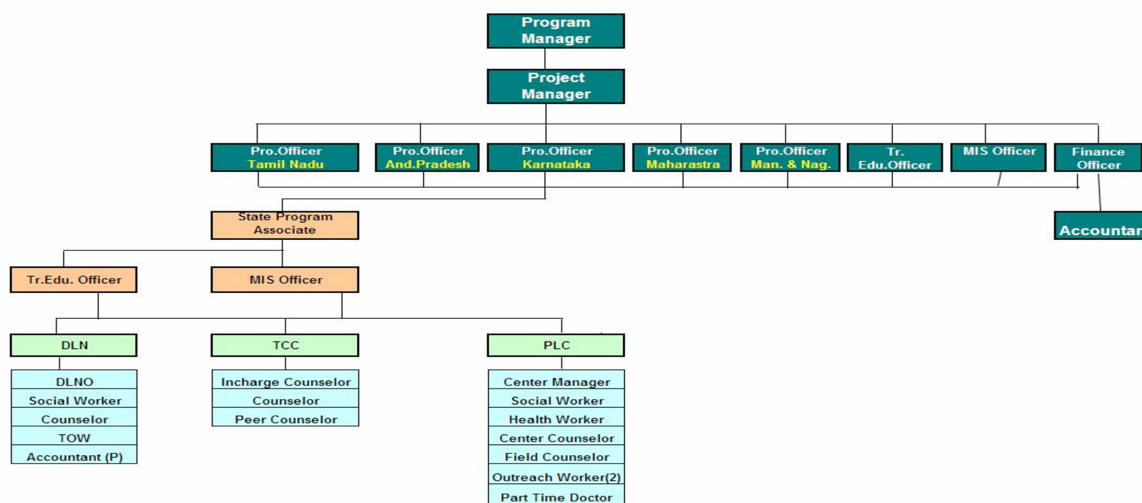
1.1 ACT project

In its quest to create an effective response to the changing nature of the epidemic, INP+ is working to build a multi sectored response. In this process, INP+ is determined to collaborate with various service sectors to bring in rapport among the service providers and the PLHIV and realization on the significance of GIPA in effectively addressing the issues behind the epidemic. The Project Access to Care & Treatment (ACT) is designed and implemented in these perspectives through the strategies or approaches of network building and service deliveries.

The primary objective of the ACT has been ***to reduce morbidity and mortality associated with HIV/AIDS and transmission of HIV in six high prevalence states*** by combining care, treatment including ART, prevention and support.

The project in its 5 year duration would increase the number of DLNs/TCCs/PLCs in its operational states and build community capacities among the PLHIV in counseling and community education. Its main activities are development of service delivery points (SDPs), training, advocacy on treatment, IEC development and monitoring of the projects.

The Organogram of the project is as follows.

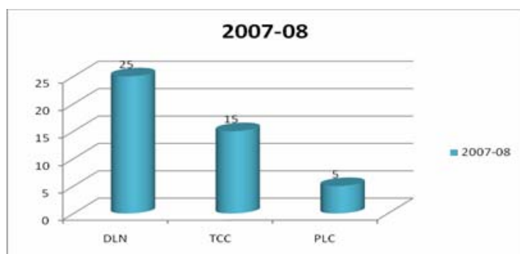


ACT is a community driven project. The emphasis is on PLHIV equipping them on self care and promoting peer volunteerism to sustain care and treatment adherence. Therefore, a sizable number of PLHIV community members are part of the functionaries in taking up the project activities to grass root.

2.0. MAJOR ACTIVITIES FOR THE YEAR - 2007-08

2.1. Development and promotion of SDPs

The primary service delivery points for the project have been DLNs, TCCs and PLCs. As at the end of March, 2008, the total number of these centers is 177. Their break up for the year, 2007-08 is 25 DLN, 15 TCC, and 5 PLC across the six project states. INP+ was able to raise as many as 25 DLN during the reporting period. As a result, there have been gradual gains for an enabling environment for PLHIV to access services and benefits.



Similarly, the following facilities are made available to PLHIV clients on account of the SDPs.

- Medical support
- Counseling and Peer Education
- Supply of Medicine
- Recreation Center
- Nutrition Supplementation

- Education Support for children
- Legal Aid Support

Our primary stakeholders in these activities are health care providers - ART medical officers, lawyers, government officials from welfare departments, NGOs and sexual minority organizations.

The year has witnessed 88 percent of total budget as an investment on physical and person power resources on SDP activities.

2.2. Coverage

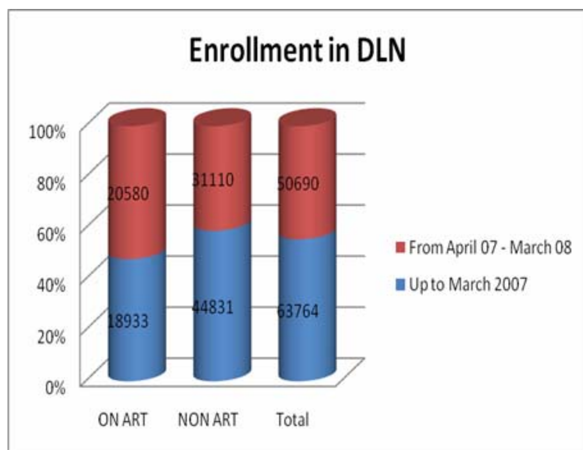
Our sources to reach and serve the PLHIV population are ART centers, VCCTC TCC/FCC/DIC, PLC and every DLN in the six states. Enrollment of PLHIV is made through these sources. Even the beneficiaries also make references for enrollment either to the project staff or to the potential beneficiary

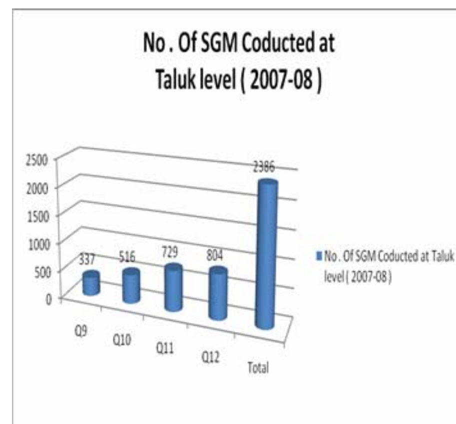
2.3. Service Delivery Points

With the objective of the Project "to reduce morbidity and mortality associated with HIV/AIDS and the transmission of HIV in six high prevalence states by combining care, treatment, prevention and support', the main strategy is to provide service delivery points to enhance the access to care and treatment services to the People living with HIV/ AIDS.

2.3.1 - District level Network (DLN)

Our coverage of PLHIV population through the DLNs could well be measured through our enrolment. The project total enrolment of PLHIV is at 114454 and this includes 45 percent increase over the previous year 2007 – 08. They have included men, women and





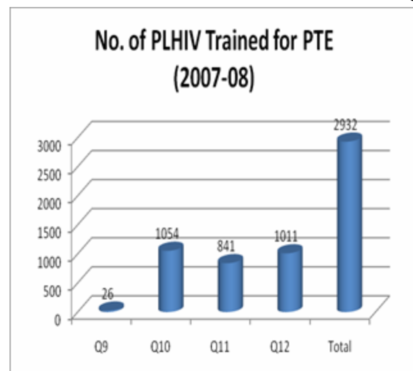
children. There are also other vulnerable groups like widows, IDUs, FSW and MSM. The percent increases in coverage as well as the increase in DLN establishment have now facilitated the project to provide more access and convenience to avail multiple services. The increase in the average of enrollment at each DLN from 625 in 2006 -07 to 901 in the reporting year ensures the viability of DLN.

PLHIV on ART

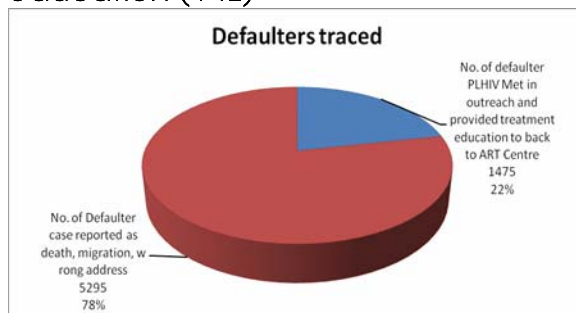
At the end of the year 2007 -08, the total PLHIV on ART is 39513 across states. The ratio of people on ART to the total PLHIV enrolled is 0.34 indicating that the DLNs have further facilitated the PLHIV to access ART facilities adequately.

The project has provided opportunities for the DLN in the six states to provide a package of services to PLHIV with several link service agencies. The prime benefit areas are SGM, home care services, nutrition support for children, treatment education at the taluk level by trained peer.

Follow up is One of Our Regular Activities that ensures treatment adherence and OI management among PLHIV. The DLN team is the main responsibility for the follow up. It is carried on through home visits, consented telephone messages and through regular contacts at ART centers.



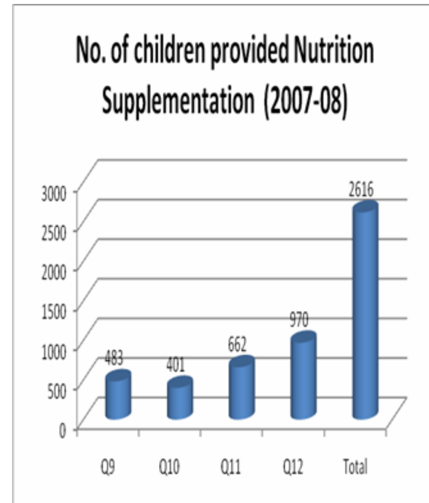
- Psychosocial support provided through 2386 support group meeting (SGM)
- Trained 2932 Peer on Treatment education (PTE)



- Of the 6770 defaulters referred from ART Centre 1475 were traced and rejoined and the remaining balance PLHIV was found as died, migrated and non traceable due to reportedly wrong address.
- Linkages facilitated to PLHIV for getting Income generation provision from other projects of INP+ (attached the case studies in Annexure No : 1)

2.3.2 - Positive Living Centre (PLC)

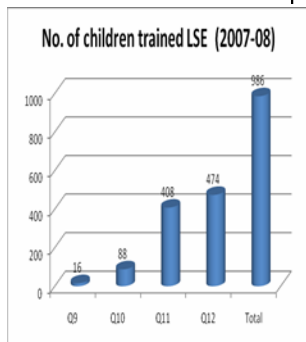
PLC is the unique model of INP+ to provide and facilitate the several services like medical facilities, nutrition supplement, educational support and meeting the needs of PLHIV through linkages and advocacy



Through the Phase I of ACT Project, INP+ established 5 Positive living centers in different location of operational states. In the reported year 2007-08, 5 more PLC were set up in Madurai, Tenali, Bishnupur, Villupuram and Ramnagar to meet the needs of PLHIV.

Total PLHIV served at PLC is 6888 and this includes men, women and children. There has been 61% percentage of increase in PLHIV served over the year 2007-08. The major activities done through the PLCs are:

- Networking to Local stake holders like GH PHCs, Taluk hospital, ART Centre, other NGOs to access support services.
- A variety of advocacy measures to sensitize the stake holders in the PLC area.
- Information was provided and the PLHIV were facilitated and provided to manage their HIV related illness and infections.
- Supporting activities such as Nutrition supplement, life skill education, and recreation trip. to Children infected and affected



Through Positive living centre 986 Children's were benefited in the life skill education program.

2.3.3 Treatment Counseling Center

Treatment Counseling Centers are established within the premises of government hospital or medical college where ART is rolled out. Clients coming to the center will go through a screening process and pre-ART

counseling. Each PLHIV advised on ART will be thoroughly educated on ART treatment and its possible side effects along with how to take care of oneself in line with adherence during the treatment.

Two treatment counselors and a treatment peer counselor have been placed in these centers to provide treatment education, group counseling, and family counseling together with the importance of drug adherence.

Benefits of having TCCs in ART Center

1. Increased adherence level
2. Referral for link services.
3. Quality of counseling has been improved
4. Individual counseling to the patients focusing on their physical and psycho-social needs.
5. Ward admission for PLHIV have been made easy.
6. Linkages and admirable coordination realized with District Level Network
7. Sharing the workload of other counselors in counseling process.
8. Reduce the waiting time of PLHIV at the ART centers
9. Effective work on follow up patients on ART, especially with the default cases.
10. Record keeping (Pre-ART Register, On ART register, ART White and Green Card).

Good practices:

1. Adherence has been strengthened after the initiation of coordination meeting with ART centre staff, NGOs and Networks.
2. Lost for follow-up cases have been contacted through telephone, letters and networks helped to reduce the default cases.
3. Identifying default cases and helping them to restart ART.
4. Use of play materials (drawing) to help the children to maintain adherence.
5. Arranging for a get-together program for CIA /CAA through network.
6. Group Counseling on Adherence and nutrition.
7. Linkages with District Level Network.

3 Training

The project has capacitated its staff and the PLHIV community both to run the projects and sustain their activities over a period. During the year, there were leadership training, quality management training and training to counselors, peer educators and TOT to selected peer educators. Beside these, there were technical and monitoring visits by the secretariat staff to ensure quality of services.

4 Major Advocacy Activities

1 Promoting Access Campaign was held in the all 6 project operation

states covering all DLNs with the **GOAL** to access to care, support and treatment services including ART among People Living with HIV (PLHIV) by involving various key stake holders like NACO, the State AIDS Control Societies (SACS) and the District AIDS Committees (DAC) in the districts of six high prevalence states in India and increased awareness/ knowledge among people living with HIV on care, support and treatment, positive prevention and its services. The impact of this campaign are:

- Created a supportive environment for people living with HIV to access treatment and its services.
- Strengthened partnership of DLN with Govt. officials and various stakeholders.
- Reduced level of Stigma and discrimination

2. Our District Level Networks have represented district level HIV/AIDS, TB technical input committees. Our State Level Networks have participated in SACS committees.
3. PLCs have taken the support of local lawyers and Lawyers Collective, where ever needed to support litigations and legal counseling to our members.

5 Special Programs and Events

Mention need to be made on the peer conventions held across the states to motivate and encourage peer volunteers to educate and motivate PLHIV on ART, ART adherence, positive prevention and availing of government schemes and services. Best peers have been awarded on their significance performance.

We acknowledge the support services by our lead partner Population Foundation of India(PFI). Our other partners are Engender Health Society (EHS), Freedom Foundation (FF) and Confederation of Indian Industries (CII). EHS provides us inputs for technical capacity among our PLHIV. FF provides comprehensive care to our referral clients.

6 The Performances

Major Indicators

- 100% of PLHIV enrolled
- 100% of PLHIV served
- 127 MoUs signed

The periodical reports and feedback and responses from the community do indicate positive impacts due to project activities. It is gratifying to note that there is more number of PLHIV who maintain adequate CD4 count and there is no necessity for them to take ART. Secondly, there has been a positive behavior change among the PLHIV in taking responsibilities in prevention of HIV. Increased number of condoms is now being used by PLHIV to prevent re infection/cross infection. Similarly, there has been a report on decreasing illness and their frequency among PLHIV.

One of the major achievements for the current year has been establishing a system in each and every DLN. The DLN has been trained in the

maintaining appropriate records and registers and following procedures. For example they have been maintaining timeliness, adherence to schedule and movement register with purpose.

7 The Challenges

Places for DLN

The project had faced stiff resistance in availing space for DLN / PLC office due to prevailing stigma.

Identification of Peers

Initially the project had difficulty in identifying the peers given their criteria – age, health, literacy and ART status. Later, it was able to get adequate number of volunteers. But sustaining them for a given hours of work and their lack of commitment due to their own work are the two major hurdles to address with.

Follow Up of Screened Persons at VCCTC

Another area of concern has been the follow up referrals from VCCTC. As these centers would normally refer the persons screened for HIV+ to ART directly, there have been missing link for these persons if they opted to neglect ART services.

Similarly, in North Eastern states, the project staff find it the most difficult to travel more than twice a month due to fixed travel allowance. This has severely restricted the average number of times of follow up.

Staff Turnover

This is a major handicap in the project. We have experienced nearly 50 percent of our staff quitting their jobs. The prime reason was heavy competition due to provision of number of project particularly in Andra Pradesh and Karnataka

8 Case Studies

Case Study 1: First Mobile Chaat Shop at Marina Beach

Mari is a 30 year old man living in Triplicane (Chennai) and is a member of the Chennai Network of Positive People since 2006. His wife and their two children (a boy and a girl) are negative. Mari faced a ruthless form of stigma and discrimination from his family and in-laws. They refused to accept both the couple and their children. The discarded couple faced many hardships since 2005 when Mari found out his HIV status.

After knowing his status, Mari had compelled his wife to divorce and to remarry. But his wife didn't agree. In this situation, the couple approached the network and through proper counseling and guidance they have become regular participants of monthly support groups meetings. The couple with DLN support of got sanctioned an amount of Rs. 7,000 to initiate a petty shop. They decided to run their Mobile Chaat Shop at Marina Beach. They are pioneers among the PLHIV community in starting this initiative. Today, the couple is able to meet their daily needs and live a happy life independently without any hindrance. Mari is the owner of two notable credits: a PLHIV who sticks on to the concept of positive prevention and positive living till date, as well as one among those members who has repaid the loan without any lapse in-between.

Case Study 2: "I can work, work is more than medicine".

Rajack is a 35 year old PLHIV living in Nagapattinam; is economically weak and came to know his status in the year 2006. His wife and children were negative and he hails from the fishing community which has been adversely affected by Tsunami. His health made him take more rest and he was unable to sustain. He was working in the fishing harbor as a load man and he could not bear to see his wife and children driven to poverty.

It was at this crucial time that he came to be associated with the PLHIV network at the district level, and learnt about the Tsunami loan. He discussed the same with his wife and she persuaded him to apply for the loan.

He always said to himself "I can work, work is more than medicine". These words along with repeated counseling by the district level network on ART, resistance and nutrition boosted him and his family members to get motivated and work hard. Through the recommendation from DLN with Rajack received a loan amount of Rs. 10,000 UNDP program. He started a Fish Commission Shop at Nagapattinam and it is now in full swing.

This timely livelihood support by the network has improved his quality of life along with his wife's and children's. With their daily income he and his family members are able to take in nutritious food. He has been initiated for the first line ART and is able to adhere to the drug schedule. ***The smile of his children*** has made him stronger and stable in his trade.

Quarter wise Break up - Establishment & Functioning of SDPs (DLN/TCC/PLC)

State	Tamil Nadu	Andhra Pradesh	Karnataka	Maharastra	Manipur	Nagaland
QUARTERWISE DISTRIBUTION OF DLNS						
Q-1	1.Madurai 2.Chennai 3.Tutucurin 4.Salem	1.Prakasam 2. W. Godavari	1.Bijapur 2. Dharwad 3.Mysore 4.Belguam			
Total	4	2	4			
Q-2		3.Visakapatnam	5.Gulbarga 6.Udipi	1.Satara 2.Thane 3.Bhandara 4.Kholapur 5.Nagpur 6. Parbhani 7.Pune		
Total	4	3	6	7		
Q-3	5.Thirunelveli 6.Tanjore 7.Theni 8.Dindugal 9.Ramnad	4. Ranga Reddy 5.Nalgonda 6.Khammam 7.Warrangal 8.Anantapur 9.Kadapa	7.Bellary	8. Sangli 9. Ahmed Nagar 10. Beedu.	1.Imphal (W) 2.Imphal (E) 3.Bishnupur 4.Senapathy 5.Thoubal	
Total	9	9	7	10	5	
Q-4	10Kancheepuram 11.Thiruvalloor 12.Perambalur 13.Virudunagar 14.Thichy	10.Guntur 11.Chittoor 12. Krishna 13.E.Godavari	8.Bagalkot 9.Kopal 10.Mangalore	11.Nanded 12Rathnagri 13.Yatmaal 14.Aurangabad	6.Chuchanpur 7.Sugnu	1.Tuensang 2.Zunobuto
Total	14	13	10	14	7	2
Q-5	15.Dharmapuri 16.Krishnagiri 17.Karur 18Kanyakmari 19.Sivagangai	14.Nellore 15.Vijaynagram 16.Hyderabad	11.Gadag 12.Dhavanagere 13Banglore	15.Nasik 16.Mumbai	8.Chandel	3.Dimapur 4.Kohima
Total	19	16	13	16	8	4
Q-6	20.Namakkal 21.Villupuram 22.Cuddaloor 23.Coimbatoor 24.Pudukottai 25.Erode	17.Karnool 18Mehabonagar 19.Medak 20Karimnagar	14Shimuga 15.Kolar 16.Kaveri 17.Mandya 18.Tumkur	17Sindudurg	9 Ukrul	
Total	25	20	18	17	9	4

Q-7	26. Thiruvarur	21. Srikakulam 22. Adilabad 23. Nizamabad		18. Jalgaon 19. Dhule 20. Nandurbar		5. Phek 6. Kiphiru
Q8	-	-	-	-	-	-
Total	26	23	18	20	9	6
Q9	-	-	-	-	-	-
Q10	27- Nagapattinam 28 – Nilgiris	-	19 – Chamraj Nagar 20 – Hassan 21 – Raichur 22 – Bidar (Humnabad) 23 – Karwar	21 – Hingoli 22- Chandrapur 23- Amravati 24 – Gondiya 25 – Wardha 26 – Washim		
Q11	-	-	-	-	-	-
Q12	29- Ariyalur 30- Thiruvannamali	-	24 – Chickapalapur 25- Chitradurga	27-Akola 28-Cholapur 29-Jalna 30-Latur 31-Raigad 32- Buldana	-	7-Paren 8- Mokokchung
Total up to Q12	30	23	25	32	9	8
DISTRIBUTION OF TCCs						
Q-1 to 6	1. Nammakkal 2. Madurai 3. Coimbatore 4. Chennai 5. Tanjore	1. Guntur 2. Vizaq	1. Hubli 2. Bellarry	1. Sangli 2. Mumbai JJ 3. Mumbai KM 4. PUNE	1.Imphal-JN 2.Imphal-RIMS 3.Chuchanpur	Kohima
Q-7	6. GHTM	3. Ongole 4. Vijayawada 5. Warrangal	3. Bijapur 4. Mangalore 5. Gulbarga		4.Ukhrul	
Q8	-	-	-	-	-	-
Total up Q8	6	5	5	4	4	1
Q9	-	-	-	-	-	-
Q10	7 – Theni	6 – Hyderabad 7 – Khammam 8 – Anandhapur				2- Dimapur
Q11		9-Karimnagar 10- Nizamabad				
Total up to Q11	7	10	5	4	4	2
Q12	8- Trichy		6 - Belgaum	-	-	3-

	9- Dharmapuri 10 – Kanyakumari 11-Karur 12- Tirunelveli 13- Villupuram					Mokokchung
Total UP Q12	13	10	6	4	4	3
DISTRIBUTION OF PLCs						
Q-1 to 6		Q1. Prakasam	Q 2. Bagalkot	Pune		
Q-7	Rasipuram					Tuesang
Up to Q8	1	1	1	1		1
Q9	-	-	--	-	-	-
Q10	2 –Madurai	2 – Tenali	-	-	1 – Bishnupur	-
Q11	-	-		-		
Total UP Q11	2	2	1	1	1	1
Q12-	3- Villupuram		2- Ramnagar			
Total up to Q12	3	2	2	1	1	1

9 Photo Gallery:

1- support Group Meeting

Group discussion – Support Group Meeting

Group discussion – Support group Meeting

2- Peer Treatment education training

Group discussion while PTE Training

Display discussion - PTE Training

Pledge - PTE Training

Promoting Access Campaign launching program – by Supriya sahu, PD, TNSACS

Promoting Access Campaign – DLN

PAC Culminated at Lucknow

4 – Life skill education

Life Skill education

State level peer convention

Team Building - KN

Counseling Skill training

Skill Building – TN & AP

MIS Review

MIS Review - AP

Capacity Building Workshop - KN