

ESSENCE

**Insights and Impact from 25 years of HIV & AIDS
Initiatives of Humana People to People India (2001–2025)**



HUMANA
PEOPLE TO PEOPLE INDIA

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(2001–2025)

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Abbreviations and Acronyms

AIDS	Acquired Immune Deficiency Syndrome
AHF	AIDS Healthcare Foundation
ART	Anti Retro-viral Treatment
ARV drugs	Anti Retro-viral drugs
ATT	Anti TB Treatment
CABA	Children Affected by HIV & AIDS
C & T	Counselling & Testing
CLHIV:	Children living with HIV
FGD	Focused Group Discussion
FSW	Female Sex Worker
HIV	Human Immunodeficiency Virus
HPPI	Humana People to People India
HSS	HIV Sentinel Sero-surveillance Survey
IBBS	Integrated Biological and Behavioral Surveillance
ICTC	Integrated Counselling & Testing Centre
LWS	Link Workers Scheme
MSM	Men who have Sex with Men
NACO	National AIDS Control Organisation
NACP	National AIDS Control Programme
NCD	Non-Communicable Diseases
NGO	Non-governmental Organisation
NSEP	Needle and Syringe Exchange Programme
OVC	Orphans and Vulnerable Children
OST	Opioid Substitution Treatment
PLHIV	People Living with HIV
PPTCT	Prevention of Parent to Child Transmission
PWID	People Who Inject Drugs
PwTB	People with Tuberculosis
SACS	State AIDS Control Society
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
TB	Tuberculosis
TCE	Total Control of Epidemic
TI	Targeted Intervention
UNAIDS	Joint United Nations Programme on HIV/AIDS
WHO	World Health Organization

Introduction

The menacing pandemic known as AIDS has infected at least 91.4 million people and killed almost 44.1 million globally since its first detection, according to WHO.¹

India, being the most populous country in the world, has been equally affected by the AIDS pandemic. It houses the world's third-largest population of people living with HIV and AIDS after South Africa and Nigeria, as of 2023.

HIV/AIDS was first detected in India in 1986 among the sex workers in Chennai. The government started the National AIDS Control Programme (NACP) in 1992 to prevent the spread of HIV and raise awareness. Over time, the programme has evolved through different phases — focusing first on awareness, then on prevention, testing, treatment, and care. Today, under NACP-V, India has achieved major success in reducing new infections and providing free antiretroviral treatment to millions.

Humana People to People India (HPPI), a national-level NGO of India, registered in 1998, has implemented multiple HIV and AIDS projects across India — over the past 25 years (2001–2025). HPPI has worked with various high-risk and vulnerable groups of people including youth, children, and women within different socio-cultural contexts. Over the years, it has faced challenges from various fronts, created best practices, and learnt important lessons.

This document traces Humana's long and unique journey of two and a half decades to explore and explain the stories of thousands of people infected and affected by HIV and AIDS across the country. HPPI has supported these individuals to live with care, confidence and dignity. It reflects HPPI's strategic perspectives and approaches towards controlling the spread of HIV, mitigating the impact of AIDS in India, and supporting the country in moving a step closer to eliminating the disease — a goal the world aspires to achieve today.

Here, we share our account of the fight against AIDS in India — to reaffirm and strengthen our camaraderie and solidarity with all fellow crusaders committed to ending this disease.

¹<https://www.who.int/data/gho/data/themes/hiv-aids#:~:text=Since%20the%20beginning%20of%20the%20epidemic%2C%2091.4%20million,living%20with%20HIV%20at%20the%20end%20of%202024.>

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A Preview of the HIV Situation – Global and Indian Perspectives

1.1 Background: A viral infection by the Human Immunodeficiency Virus (HIV), and Acquired Immune Deficiency Syndrome (AIDS), the full-blown disease caused by the virus, is still one of the leading causes of premature deaths in developing countries of the world. Sexual transmission is the key source of transmission among the sexually active individuals, especially those with multiple and concurrent sexual partners who practice unsafe sex including extremely high-risk anal sex. People Who Inject Drugs (PWID) often share needles and syringes during group sessions, which further accelerates the chances of HIV acquisition.

HIV is closely linked to stigma, discrimination, denial, and a criminalised status because it is more prevalent among specific population groups like sex workers, PWID, transgender individuals, and MSM, whose behaviours in the context of their occupations and preferences are perceived to be conventionally ‘immoral’ and ‘aberrant’.

1.2 Global Situation (Reference: UNAIDS Global Report 2024): According to the latest fact sheet of UNAIDS of 2024, 40.8 million (37.0 million–45.6 million) people globally were living with HIV. 1.3 million (1 million–1.7 million) people became newly infected with HIV. 630,000 (490,000–820,000) people died from AIDS-related illnesses.

Remarkable efforts of the communities and governments brought down the number of new infections by 40% and AIDS-related deaths by 56% since 2010. However, significant gaps in HIV prevention remained; the number of new infections has remained unchanged from the previous year.

A sudden disruption of funding in early 2025 from the single biggest contributor to the global HIV response disrupted treatment and prevention programmes, affecting 80% of prevention programmes in low- and middle-income countries. UNAIDS modelling showed that new infections could rise to 6 million, and AIDS-related deaths up 4 million globally by 2029 if the funding is permanently stopped.

Children continue to be left behind in the AIDS response. In 2024, 620,000 children living with HIV were not on treatment, leading to 75,000 child deaths.

Tuberculosis continues to be the major killer of people living with HIV. According to the World Health Organization’s (WHO) 2023 Global Tuberculosis Report, in 2022, HIV-positive tuberculosis cases accounted for 6.3% of all new tuberculosis infections, with a total of 167,000 HIV-positive individuals succumbing to tuberculosis worldwide.

1.3 India’s Situation (Reference: <https://aidsinfo.unaids.org>): India has an estimated PLHIV population of 2.6 million (adult prevalence 0.2%), with 64,000 new infections, 32,000 AIDS-related death in 2024.

In terms of progress toward 95-95-95 target achievements, India's performance is as follows:

Table 1: NACP India's Achievement in terms of 95-95-95

Year	Achievements
2022	76-86-93
2023	80-87-97
2024	84-85-98

India's HIV epidemic is mostly concentrated among the high-risk groups, for which National AIDS Control Organisation (NACO) has been implementing Targeted Intervention (TI) projects with the help of the State AIDS Control societies and local NGO partners. The available figures from 2024 regarding TIs for core high-risk groups are given in the table below.

Table 2: Overview of the High-risk Groups in India

Name of the high-risk group	Population estimates	HIV prevalence	TI coverage (NACP IV data of 2014-15)	HIV Counselling & Testing coverage	Condom use	ART coverage of those infected by HIV	Safe injection practice	Oral Substitution Treatment coverage
Sex worker	995,500	1.6%	80%	94.3%	96.8%	74.7%		
MSM	351,000	2.3%	68%	93.8%	92.6%	71.5%		
PWID	288,700	8.1%	75%	90.4%	65.9%	73.8%	94.6%	23.4%
Transgender people (No data available with UNAIDS)	487,803 ²	3.8% ³	NA	80% ⁴	94% ⁵	71 – 72% ²		

According to the sources of NACO, India's sustained efforts have ensured low HIV epidemic level over the years with new infections in the country in 2023 almost 44% lower than in 2010 while AIDS related deaths declined by 79% from the same year.

Table 3: TB/HIV Co-infection Snap-shot in India (2023)

<ul style="list-style-type: none"> • Number of newly diagnosed PwTB infected by HIV: 34,476 (1.5% of the total cases) – Reference: Global TB Report 2024 • Number of PLHIV died of TB: 8,200 – Reference: Global TB Report 2024 • Number of PLHIV found with active TB upon screening at ART centres: 26,903 (14,430 bacteriologically confirmed) – Reference: India TB Report 2024 • Proportion of PLHIV on TPT: 137,465 (out of 1,669,491 enrolled at ART centres) – Reference: CDC HIV/TB India data, 2025

²https://2011.census

³HSS 2021

⁴IBBS 2014-15

⁵IBBS 2014-15

⁶NACO Sankalak

2

HIV Initiatives of Humana People to People India

2.1 About HPPI: Humana People to People India (HPPI) is a national-level NGO, with its headquarters in New Delhi. It has been operational since 1998 (website: www.humana-india.org). HPPI is a member of the Humana People to People Federation which is active in 29 countries in Africa, Asia, and South America through country-level federation partners.

Over the last 25 years HPPI has worked with over 38 million people in collaboration with more than 250 partners. During the past year, it worked in 5,889 villages across 128 districts in 17 states, reaching more than 1.1 million people. (Ref: HPPI Annual Report 2024-25).

The key areas of HPPI's operations are health, education, environment, community development and livelihood. In health, HPPI is active in HIV, Tuberculosis, Non-Communicable Diseases (NCDs) and Community Health.

HIV is HPPI's flagship programme in health. HPPI has been working on HIV projects since 2001. The full list of HPPI's HIV projects and their brief descriptions are available in the annexure.



2.2 Brief Description of HPPI's HIV Projects

Table 4: HPPI's HIV Initiatives at a Glance

<ul style="list-style-type: none">• Total number of HIV projects implemented by HPPI between 2021 – 2025: 15• Total number of HIV projects supported by State AIDS Control Societies: 8• Total number of active projects in 2025: 4• Project geographies (states): Bihar, Delhi, Haryana, Himachal Pradesh, Rajasthan, Telangana, Uttar Pradesh• Key targeted communities: Core groups (sex workers, people who inject drugs [PWID], Men who have Sex with Men [MSM], Transgender people), bridge population (migrants, truckers), other vulnerable population (street children, women, young girls, youth, urban slums, rural population), PLHIV, CLHIV, Orphans and Vulnerable Children (OVC), and AIDS orphans• Types of project interventions:<ul style="list-style-type: none">o Prevention for core and vulnerable population,o Care and support for PLHIV and CLHIVo Social protection support for OVC, CLHIV, and AIDS orphans• Goal of the HIV initiatives of HPPI: Elimination of HIV and AIDS• Key Objectives: To achieve three zero like<ul style="list-style-type: none">o Zero new infectiono Zero AIDS-related deatho Zero stigma• Key strategy: To achieve 95-95-95• Key approaches of the HIV projects<ul style="list-style-type: none">o Total Control of Epidemic (TCE)o Hope (Targeted Intervention for core and bridge population)o Community-based HIV testingo Nutritional supplementationo HIV/TB comorbidity management

2.3 HPPI's HIV & AIDS Intervention Strategies (2001 – 2025)

HPPI has so far adopted four strategies in its HIV and AIDS projects.

Table 5: HPPI's Key HIV Intervention Strategies

<ol style="list-style-type: none">1. Total Control of Epidemic (TCE)2. Hope Strategy or Targeted Intervention and Link Workers Schemes3. Community-based HIV Counselling and Testing4. Care and Support for the PLHIV
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2.4 Brief Descriptions of the Key Strategies

2.4.1 Initial HIV Intervention Strategy: Total Control of Epidemic (TCE)

TCE was HPPI's key strategy in its initial HIV projects. The TCE approach was replicated

from the African experiences of similar approaches by various country-level partners of Humana Federation. To implement the strategy, HPPI organised mass HIV and AIDS awareness campaigns both in urban and rural areas, followed by household visits to mobilise community members to assess their individual-level risks and to seek HIV counselling and testing (C&T) services at the local health facilities. Condom promotion and distribution, referral for treatment of STIs, and reduction of stigma were other critical activities under the TCE approach.

The TCE approach was effective in reaching and testing a large number of people for HIV and delivering test results to them in a shorter period by a well-coordinated team of field workers. However, due to the generally low prevalence of HIV in India compared to Africa, TCE couldn't yield a high number of HIV cases in its targeted areas. Over of time, HPPI shifted focus more toward the core and vulnerable groups, who had much higher HIV prevalence than the general population as revealed in the HIV sentinel surveys of National AIDS Control Organisation (NACO).

2.4.2 Hope Strategy

The Hope Strategy of HPPI was closely aligned with the Targeted Intervention (TI) HIV prevention approach of India's National AIDS Control Programme (NACP). HPPI adopted the strategy when it began a partnership with the State AIDS Control Society (SACS) of Rajasthan during the second phase of NACP, or NACP II, in 2005. HPPI subsequently replicated the Hope Strategy in other states such as Haryana, Delhi, Bihar, Uttar Pradesh and Telangana through the implementation of SACS-supported TI projects and Link Workers Schemes (LWS) with local high-risk and vulnerable groups.

2.4.3 Community-based HIV Counselling & Testing

HPPI, in 2011, initiated community-based HIV counselling and testing services in selected hotspots of Delhi in partnership with AIDS Healthcare Foundation (AHF). The hotspots were inhabited by high risk and vulnerable groups like sex workers, PWID, transgender people and migrant workers in significant numbers. These populations had poor access to the local Integrated Counselling and Testing Services (ICTCs) due to high stigma, discrimination, and misconceptions about HIV and AIDS.

To overcome the challenges, HPPI mobilised the local people to the HIV counselling and testing camps organised at their community premises, and helped them to get tested and learn their HIV status. It maintained strict confidentiality of the people during the testing and result-disclosure sessions. Those who tested positive were linked to the ART services of the NACP at the local hospital.

2.4.4 Care and Support

The care and support strategy of HPPI aimed to ensure adherence to ARV drugs, co-morbidity management of TB, mitigation of stigma, and the promotion of good quality lives among the PLHIV who were detected in its projects and linked to the ART services of the NACP.

2.5 Humana's HIV Interventions at Different Levels of Public Health Prevention

We describe them with the following table under different levels of public health prevention to explain the comprehensiveness of HPPI's approach in its overall HIV initiatives.

Table 6: Description of Humana People to People India’s HIV interventions

Sr No	Level of Public Health Prevention	Overall purpose	HIV Interventions
1	Primordial	To mitigate risks of HIV transmission	<p>Socio-structural Interventions</p> <ul style="list-style-type: none"> • Community awareness and education on HIV & AIDS • Literacy programmes addressing stigma, gender inequity, and violations of human rights • Engagement with stakeholders to enhance their positive influences and mitigate negative influences on high-risk groups • Comprehensive sexuality education in youth groups. • Family life education for adolescents. • Develop community-friendly and culturally appropriate information materials • Community mobilisation and empowerment of high-risk and vulnerable groups, youth, and women • Life-skill support for vulnerable women and children (schooling, nutrition, social protection, livelihood opportunities)
2	Primary	To prevent HIV transmission	<p>Behavioral Interventions</p> <ul style="list-style-type: none"> • Condom demonstration, promotion and distribution (male and female) for correct and consistent use; free condoms • Safer sex negotiation skills training • Promotion of <ul style="list-style-type: none"> o Abstinence/delayed sexual debut interventions for youth. o Reduction of sexual partners o Faithfulness to a single sexual partner <p>Biomedical Interventions</p> <ul style="list-style-type: none"> • Linking to Prevention of Parent-to-Child Transmission (PPTCT) – ARV prophylaxis during pregnancy, delivery and breastfeeding • Screening, early detection and facilitation of treatment of STIs; periodic presumptive treatment of sex workers for gonorrhea and chlamydial infections; syphilis screening and treatment of the sexual partners <p>Targeted Interventions for High-risk Groups</p> <ul style="list-style-type: none"> • Mapping of high-risk groups and periodic revision of the mapping • Community outreach and engagement • Programmes for Female Sex Workers (FSWs), MSM, Transgender persons, PWID, and bridge population (truckers, and migrants) • Needle-syringe exchange programmes (NSEP). • Opioid substitution therapy (OST) <p>Youth and Adolescent Focus</p> <ul style="list-style-type: none"> • Life-skills training programmes • Gender literacy • Proper SRH counselling including addressing myths, misconceptions and stigma • Youth-friendly health services • Linkages to MCH and FP services

3	Secondary	To detect infection early and prevent progression or transmission, especially for those at high-risk	<p>Early Diagnosis & Testing Services</p> <ul style="list-style-type: none"> • Linking to HIV Counselling and Testing Services at Integrated Counselling and Testing Centres (ICTCs) • Decentralisation of HIV counselling and testing services to peripheral health facilities through community-based testing • Promoting Provider-initiated testing and counselling (PITC). • Community-based testing <p>Screening among Key Populations</p> <ul style="list-style-type: none"> • Regular screening of FSW, MSM, PWID, truckers, migrants • Partner notification and tracing • Assisted partner notification services • Index testing approaches <p>Prevention of Transmission from Diagnosed Cases</p> <ul style="list-style-type: none"> • Immediate initiation of ART (Test and Treat policy) • Counselling on adherence and safe behaviours
4	Tertiary	To reduce complications, morbidity, and improve quality of life of the PLHIV	<p>Assistance to Treatment</p> <ul style="list-style-type: none"> • Assist PLHIV to receive lifelong Antiretroviral Therapy (ART) services at the ART centres and support their treatment adherence • Facilitate co-morbidity management of TB with screening, referral to health facilities for TB testing, and facilitating TPT for the PLHIV as well as for close contacts of PLHIV diagnosed with TB <p>Psychosocial Support</p> <ul style="list-style-type: none"> • Peer support groups for PLHIV <p>Rehabilitation & Social Protection</p> <ul style="list-style-type: none"> • Social security, disability support • Linkages to welfare schemes, livelihood support



2.6 Project-wise Examples of Good Practices: Over the years, HPPI has demonstrated several good practices in its HIV projects implemented at different times. We list them in the following table with the project name, duration and venue. Only selected projects are included here as samples.

Table 7: Good Practices and Lessons Learnt by HPPI in its HIV Projects

Sr No	Project Details	Key Theme of the Good Practice	Brief Description of the Good Practice	Critical Lessons Learnt
1	<p>Project Name: Project TI (Hope)</p> <p>Period: 2011–2014</p> <p>Target Group: Single male migrants</p> <p>Venue: Rewari, Haryana</p>	<p>Evaluating the impact of condom promotion among single male migrants</p>	<p>Key point: Used symptomatic male urethral discharge as an indicator of recent unprotected sexual activities with infected partner/s to measure the effectiveness of condom promotion activities.</p> <p>Data collection source: HPPI used a programme indicator like ‘annual incidence of symptomatic urethral discharge per 100 sexually active single male migrants. Data was collected from the clinical records of the TI project clinic.</p> <p>Results: Gradual rise of annual incidence of symptomatic urethral discharge observed; 6% in 2011, 10.1% in 2012 and 10.5% in 2013.</p> <p>Inclusion of additional 5,000 new migrants’ population since Feb’12 and reduced government’s supply of free condoms (139 condoms distributed/per 100 migrants in 2011 reduced to 92/100 in 2012 and 60/100 in 2013) might have been the reasons for the rise. With intensified project’s interventions in new areas and increased condom supply (100/100), incidence rate declined in 2014; 7% (till May 2014, annualised).</p>	<p>Monitoring the annual incidence of symptomatic urethral discharge among the male clinic attendees can offer a reliable measure of real condom use on the ground among the high-risk groups.</p>

2	<p>Project Name: TI (Hope) Project</p> <p>Period: 2008–2019</p> <p>Target Group: FSWs</p> <p>Venue: Patparganj, Delhi</p>	<p>The FSWs were empowered to continue with their HIV-negative status</p>	<p>Key point: HPPI aimed to maintain the HIV negative status of the HIV-uninfected FSWs in the TI project.</p> <p>Data collection source: Desk review of the field operation and clinic data of the project from 2008–2019 Focused Group Discussions (FGDs) with the FSWs after seeking their verbal informed consent</p> <p>Results: The project registered 2,546 FSWs between its inception in April 2008 and the evaluation time in March 2019. Of the total registered FSWs, 48% i.e., 1,216, dropped out over time mostly due to migration. 52% of them, i.e., 1,330 FSWs were found to be still linked to the project and utilising its services at the time of evaluation.</p> <p>Out of those 1,330 FSWs, 1,325 were HIV-negative during their first HIV testing after registration to the project. Out of these 1,325 HIV-free FSWs, 1,323 FSWs (around 99%) continued remaining HIV-free in the project as found during the time of evaluation.</p> <p>18 FSWs participated in the evaluation-Focus Group Discussions, and all of them claimed that their knowledge on STI/HIV transmission and prevention, and safe sex negotiation skills with their clients increased substantially due to the project interventions. The overall syphilis positivity rate was negligible among the FSWs in these years.</p>	<p>Empowering the FSWs with scientific information about STIs/HIV, demand generation for quality and stigma-free healthcare services, skill development for consistent safe sex practices, engagement of the key community stakeholders, and improved access to STI/HIV testing and treatment services at the local health-facilities can be highly effective to continue with their HIV-negative status.</p>
3	<p>Project Name: Test and Treat initiative (TCE Narella)</p> <p>Period: 2011–2020</p> <p>Target Group: Combination of high-risk and vulnerable population</p> <p>Venue: Narella, Delhi</p>	<p>Coverage of community-based HIV testing</p>	<p>Key point: HPPI had organised community-based HIV counselling and testing services at the community-level through camp approach in collaboration with AIDS Health Care Foundation (AHF), to improve access of the at-risk and vulnerable population to the testing services and reduce stigma related to HIV testing. The approach was adopted to mobilise the people to the camps to utilise the HIV testing services.</p> <p>Data collection source: Project performance reports</p> <p>Results: Between 2011–2020 HPPI had tested 220,174 high risk people through community-based testing. 1,576 (0.72%) people were detected with HIV and linked to the local ART centres.</p>	<p>Community-based HIV testing services through camp approach can reach larger number of high-risk people to help them know their HIV status and equally mitigate stigma and myths about the testing. We also observed that the approach can be effective to motivate and mobilise people into the HIV testing camps.</p>

4	<p>Project Name: Hope for Children – Active Communities</p> <p>Period: 2012</p> <p>Target Groups: Children Affected by HIV & AIDS/ CABA, AIDS affected youth and PLHIV</p> <p>Venue: Patna, Samastipur, Siwan districts of Bihar</p>	<p>Social Protection of CABA & PLHIV and their economic empowerment</p>	<p>Key points: The project demonstrated the ways to provide the necessary socio-economic, livelihood, and psychosocial support to the CABA, youth and PLHIV.</p> <p>Data collection source: Project performance report</p> <p>Results: 200 CABA (107 infected with HIV, and 93 affected children) received nutritional supplementation. 46 affected youth got the opportunity to be enrolled to various vocational and livelihood training courses. 8 PLHIV were able to open grocery shops in their villages with the help of the project to have a stable monthly income.</p>	<p>Economic independence and sustainability are vital for the PLHIV and affected communities to adhere to the treatment and live a healthy and productive life. That can be achieved by promoting the livelihood literacy programmes and improving the access to different livelihood and small entrepreneurship opportunities.</p>
5	<p>Project Name: Humsafar</p> <p>Period: 2008–2015</p> <p>Target Groups: Truckers, Migrants</p> <p>Venue: Neemrana in Rajasthan, Sonipat in Haryana</p>	<p>Working in multi-sectoral collaboration and partnership</p>	<p>Key points: Through the Humsafar project, HPPI showcased the feasibility of multiple-level collaboration and partnership. HPPI collaborated and coordinated with donor partner Sab Miller (CSR partner), respective State AIDS Control societies, local health-facilities, and local rural communities.</p> <p>Data collection sources: Project performance report</p> <p>Results: The project, in two of its locations, covered more than 12,000 truckers, and 11,000 migrant workers with optimum HIV prevention, and care and support services of the NACP through an effective collaboration model.</p>	<p>Multi-sectoral collaboration among the CSR-partners, SACS, local healthcare providers, and communities, if well facilitated, can help to achieve the desired results of the HIV projects for the mobile bridge population like truckers and migrants.</p>
6	<p>Project Name: TI and Link Workers Scheme Projects</p> <p>Period: 2020–2024</p> <p>Target Groups: High-risk and vulnerable groups</p> <p>Venues: Delhi (FSW-TI Project), Unnao/UP (Composite TI Project), Kothakota/ Telangana (composite TI Project), Lucknow/ UP (Link Workers Scheme Project)</p>	<p>Enhancing the HIV & TB collaborative activities through the SACS-supported HIV projects</p>	<p>Key points: HPPI demonstrated how to enhance HIV & TB collaborative activities through regular TB screening of the high-risk and vulnerable groups and the PLHIV who were enrolled in the TI projects and Link Workers Scheme project in different states of India.</p> <p>Data collection source: Project performance report</p> <p>Results: Between 2020–2024 (all projects combined) Total high-risk people screened for TB: 103,891 Total PwTB detected from high-risk people: 668 (all initiated on ATT) Close contacts of PwTB who were initiated on TPT: 420 Close contacts of PwTB who complete TPT: 419 Total PLHIV screened for TB: 449 Total co-infected cases detected: 13 (all initiated on ATT) PLHIV who were initiated on TPT: 262 PLHIV who completed TPT: 262</p>	<p>The TB interventions can be successfully integrated with the TI and Link Worker Scheme Projects by the same outreach workers, and project-staff through strong linkages and coordination between the HIV and TB services of the local health facilities.</p>

7	<p>Project Name: Collaborative Pilot Study with ICMR, and National AIDS Research Institute (NARI), Pune by Engaging the Composite TI Project</p> <p>Period: 2022</p> <p>Venue: Kothakota in Telangana</p>	Community-based syphilis screening in high-risk groups	<p>75 FSW and 65 MSM were screened for syphilis through community-based counselling and testing by using rapid tests.</p> <p>We found 22 FSW and 12 MSM sero-positive for syphilis.</p> <p>FSW: 29% sero-prevalence</p> <p>MSM: 18% sero-prevalence</p>	<p>The study revealed high sero-prevalence of syphilis among the FSWs and MSM.</p> <p>It signified ongoing transmission of syphilis in high-risk sexual networks, inadequate prevention efforts, and heightened vulnerability to HIV and other STIs.</p>
8	<p>Project Name: Saksham Partnership: Plan India</p> <p>Period: 2012–2015</p> <p>Venue: Patna, Samastipur, and Siwan districts of Bihar</p>	Rebuilding livelihoods of victims of commercial sexual exploitation and women affected by AIDS	<p>Project results of first one and half years:</p> <p>Number of beneficiaries reached and engaged: 645</p> <p>Number of bank accounts opened: 71</p> <p>Number of loans arranged: 395</p> <p>Number of business plans developed: 395</p>	The project taught us a critical lesson like enhancing livelihood opportunities with small entrepreneurship arrangements for the victims of sexual offences and women PLHIV can help them to lead balanced, healthy, and productive lives.
9	<p>Project Name: Women in Action</p> <p>Period: November 2022 – March 2024</p> <p>Target Groups: Women and girls from HIV and AIDS affected, infected and vulnerable families</p> <p>Venue:Thane, Peri Urban Mumbai</p>	Providing formal education, enhancing employability skills and fostering entrepreneurship opportunities for these women.	<p>Key points:</p> <p>Enrollment of 654 women/girls to education and livelihood opportunities.</p> <p>301 women registered in NIOS.</p> <p>Establishment of 12 Remedial Class Centres free of cost through public liaising</p> <p>Successful completion of livelihood skill training by 355 women</p> <p>Successful completion of Entrepreneurship Development Training by 375 women</p> <p>Linkage of 145 women to vocational skills training</p> <p>58 women were successfully placed in jobs</p> <p>61 women started their micro-enterprises</p> <p>7 students, including 5 from class XII and 2 from class X cleared the NIOS examination. The second batch of students appeared in the next sessions</p> <p>18 HIV awareness sessions/street plays</p> <p>Awareness generation among 1,208 community people through street plays</p> <p>44 life skills and 11 Entrepreneurship Modules created</p>	Outreach proved challenging under the 2017 HIV Act, which mandated their anonymity. Without official approval from the State AIDS Control Society and National AIDS Control Organisation (NACO), identification was restricted. To overcome this challenge, the project team collaborated closely with local NGOs and departments serving this community.

2.7: Trend of New HIV Infection Rate in HPPI's Currently Running HIV Projects

HPPI is currently implementing 4 HIV projects supported by SACS/NACO. These are as follows:

Table 8: HPPI's Current HIV Projects

Sr No	Type of the project	Targeted groups	Location	Present coverage
1	TI	FSW	Delhi	2,400
2	Composite TI	FSW, MSM, Transgender people, PWID	Unnao, Uttar Pradesh	2,200
3	Composite TI	FSW, MSM, Transgender people	Kothakota, Telangana	3,072
4	Link Workers Scheme	High-risk and vulnerable bridge population, young people, pregnant women	Lucknow, Uttar Pradesh	18,743

We calculated the new infection rate over the last five years across all four projects, and have made the following critical observations:

New infection rate is the lowest in the Link Worker Scheme Project of Lucknow: Due to the presence of a large number of bridge populations like migrants and truckers in the Link Worker Scheme Project who generally display fewer high-risk behaviors than the high-risk core groups, and equally due to the long-standing effects of the project interventions (since 2015), new infection rate is the lowest.

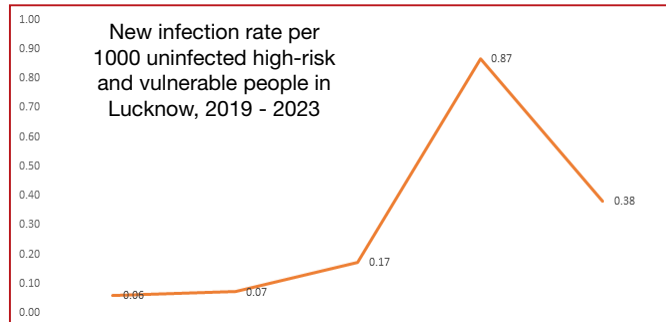
It is stabilised in the FSW-TI project of Delhi: This TI has been implemented since 2008, and the long-standing effects of the project have had strong impacts in terms of strengthening and sustaining the safe sex practices among the FSWs, thus stabilising the new infection rate.

It is still high in composite TI projects, Unnao and Kothakota: They are relatively newer projects of HPPI, targeting varieties of high-risk core groups like FSWs, MSM, Transgender people, and PWID. Transgender people and PWID generally have higher HIV prevalence across the country as reflected in NACO's HIV Sentinel Surveillance Plus 2023 report.

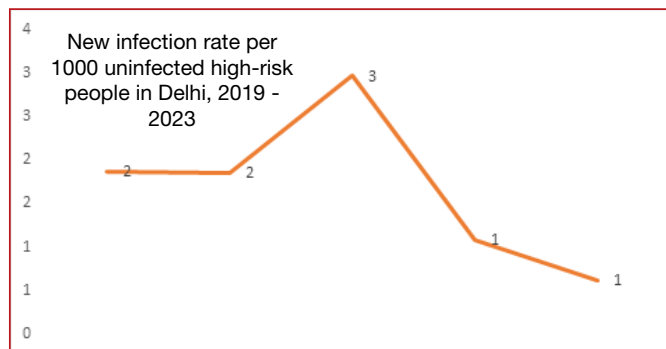
Higher HIV burden among the newly registered people in the projects: The HIV burden is higher among the new people who have been registered in the project every year than among the older or previously registered people. Those new clients are most likely contributing to continue the new infections due to their high-risk behaviors. HPPI aims to intensify counselling efforts about safe sex practices among the newly registered people to reduce the overall new infections rate in all the HIV projects.

Declining trend in new infection rate in the last 5 years: The positive finding is that all the four projects show a declining trend of the new infection rate. This is reflected in the graphs below.

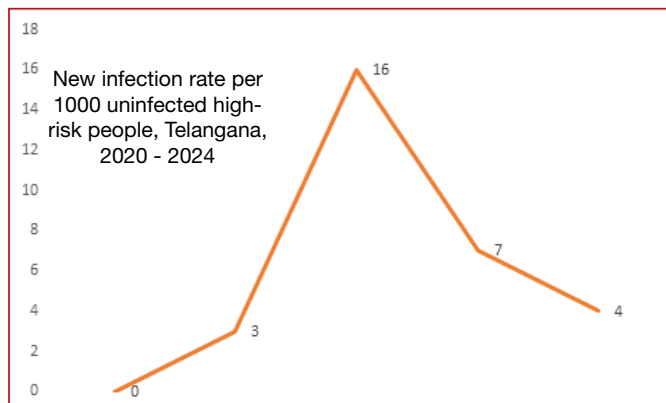
Graph 1: Trend of new HIV infection rate/1000, in Lucknow



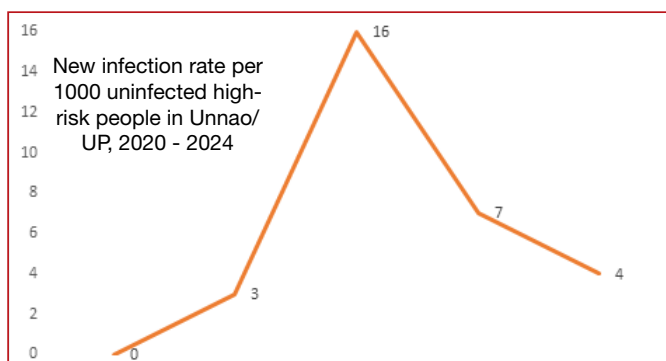
Graph 2: Trend of new HIV infection rate/1000, in Delhi



Graph 3: Trend of new HIV infection rate/1000 in Kothakota, Telangana



Graph 4: Trend of new HIV infection rate/1000 in Unnao, UP



Case Stories

From Suffering to Strength

A Happy Beginning Turned Sour

Neha (named changed) was a married young woman from Delhi. She was happy with her husband, who ran a small business. She was a proud mother of a young girl. However, the compulsive alcohol drinking of her husband soon stripped her of life's happiness. Verbal abuse and physical violence became a regular occurrence in her drunkard husband's behaviour. The family was also hit by acute financial crisis due to the failing business. Neha was desperate to find an income source for herself, especially to support her child. Unfortunately, her limited academic qualifications were a major barrier to finding a decent job.

A Desperate Choice

Neha was incidentally lured and dragged into sex work by a local middle-aged woman. She was initially hesitant but the steady income of money changed her mind. One day, her husband came to know about her sex work. She was beaten black and blue, and thrown out of the house along with her daughter.

Struggles and Fear

Neha rented a house where they could live and where she continued her sex work, though she was extremely sad and worried of the safety and future of her little girl. The fear of being infected with HIV kept haunting her throughout her work. She was slowly sinking into depression.

An Unexpected Lifeline

A group of people then came to meet her. They introduced themselves as the health workers of an NGO named Humana People to People India (HPPI), who were associated with the HIV and AIDS intervention project for the female sex workers in Delhi. Neha discovered a bunch of good friends in those people in the course of their conversations.

Gaining Knowledge and Confidence

She came to know detailed and authentic information about HIV and AIDS, its modes of transmission and ways of prevention, and the techniques of self-protection, from the Outreach Workers of HPPI. They guided her to overcome the long-standing myths and misconceptions about HIV and AIDS, and other STIs. Their repeated assurance encouraged her to take a HIV test for herself, and also for her child. Her happiness knew no bounds when the test results came back negative. Neha promised to herself to maintain her HIV-negative status as long as she remained in sex work. She was also determined to give her child a good and healthy life. She already enrolled her daughter in a local primary school with the help of her friends from HPPI.

Becoming a Leader and a Peer Educator

Today, Neha finds her life closely blended with the Humana family and its HIV project-activities. She attends all the meetings, gatherings, and cultural events of the project. She never misses her quarterly health-screening and biannual HIV tests. She has recently started educating newly joined sex workers about HIV and AIDS, and helping build their confidence and self-esteem through motivational counselling that she once received from the health workers of HPPI.

Neha is a confident and self-reliant woman, empowered by the right knowledge of the disease and its prevention. She is a dedicated peer educator offering guidance and support to fellow sex workers, and she dreams of a future free from HIV/AIDS.

A New Life: Manoj Kumar's Journey with HIV

My name is Manoj Kumar (named changed). I live in Mohanlalgunge, Lucknow. I am 32 years of age, unmarried, staying with my parents, and working in a tailoring shop.

Decline in Health

Around 3 years ago, my health suddenly started deteriorating. I visited several doctors, took a number of pills as prescribed by them, but there was no improvement in my health. I was worried; my parents were worried. My poor health was also hampering my job. I was feeling helpless and depressed.

A Ray of Hope

Then I met a middle-aged woman named Shivrani, who was very friendly and compassionate. She was working with an organisation named Humana People to People India. She told me that she works there as a health worker for the HIV and AIDS project. I told her about my illness in detail thinking that she may help me as a health worker. But when she suggested me to take a HIV test, I was utterly surprised.

Shivrani explained to me that there is no harm in getting tested for HIV in case of a chronic illness, as it is a simple test, and many people take the test daily at the government hospitals after a good session of counselling. The test is free of cost. The test result is also kept strictly confidential. She also informed me that there are also drugs to fully control and check the harmful effects of the virus inside the body after the infection, so the HIV infected person can remain healthy and lead a fully normal life. These drugs are also available free of cost from the government hospital. I was initially not convinced but Shivrani's continuous assurance and motivation brought me to the local hospital to get the test.

A Life-Changing Diagnosis

I tested positive for HIV and it broke me. I felt like destroying my life. Shivrani stood like a pillar by my side and said, "It is not the end, but beginning of a new life." She took me to the doctor of the ART centre, where the HIV-infected people receive treatment. The doctor conducted several other tests on me, including a chest X-ray. Then he started my Antiretroviral Therapy and told me never to stop it without informing him.

Adapting to Lifelong Treatment

I was further shattered to hear that it would be a lifelong treatment. Shivrani then told me that it is not uncommon at all. There are many other illnesses where a person has to take pills or even injections lifelong to remain healthy. She also gave me the example of hundred thousand of people living with HIV who are taking those pills non-stop, and leading a normal life with their families, jobs and other social activities. Her words gave me some relief and a ray of hope.

Life Anew

Three years have passed since then. I am still on Antiretroviral Therapy without any problems. I have already got back my health, energy and enthusiasm like before. I have also opened my own tailoring shop and it is running very well. I visit the ART centres for the routine check-up on regular basis. I keep on visiting the project office of HPPI as well during their meetings and events. There I came across the project staff and other persons living with HIV like me, and found a new family among them. They are now the key source of inspiration in my living and existence.

This is indeed a new life for me.

The Valiant Outreach Workers of Delhi

Background of the Project

HPPI has been implementing the Targeted Intervention Project for Female Sex Workers in East Delhi since 2008 in collaborating with the Delhi State AIDS Control Society (DSACS). The Project has presently been covering more than 2,500 FSWs with the HIV prevention and care services of the NACP of India. HPPI has deployed eight Outreach Workers in the Project for regular interactions and assistance to the FSWs. They are all women.

Challenging Requirements

The geography of the project has several challenging hotspots, especially the thick forest areas scattered around East Delhi. The FSWs find those places suitable as they are not easily accessed by the common people, so convenient for their cruising and sexual acts with clients. However, constraints like sudden police raids and frequent harassments, physical tortures and money-snatching at the hands of local criminals remain their regular companions in the middle of the forests. A sex worker described their experiences as “doing business under a constant death threat.”

Risks for the Crucial Work

The Outreach Workers of HPPI frequently visit the FSWs inside the forests, supply condoms, promote safe sex, and regularly mobilise them to the project-clinics for STI screening, presumptive treatment, and HIV counselling and testing.

Their tasks are equally full of challenges and risks.

The women Outreach Workers themselves have often come under suspicion of being involved in sex works, due to their repeated interactions with the FSWs. Their condom distribution activities received the treatment of promoting an immoral act like sex work. They have not been spared from discrimination and denial by the local police and residents. Their identification card couldn't resolve these issues without an official and recognisable affiliation to the NACP of the Ministry of Health & Family Welfare. Moreover, frequent shortages of condoms, STI drugs, and HIV testing kits in the DSACS hampered their Behaviour Change Communication activities with the FSWs on the ground.

Persistence Despite Barriers

However, such challenges have not broken the morale of the Outreach Workers. Instead, they have become more determined and committed to protect the FSWs from the dangers of HIV transmission. Their never-give-up attitude and persistent efforts to engage the FSWs and the key community stakeholders (police, pimps, local vendors) have yielded positive results. Today, they are highly accepted and recognised within the FSW communities of East Delhi. There has also been a shift in the perspective of the local police and residents regarding their activities, based on their uninterrupted advocacy on the ground.

True Grit and Impact

The continuing good performances of the Outreach Workers — especially in the highly sensitive hotspots like forests where workplace safety of the women is severely compromised — demonstrates their courage and resilience. The decline in new HIV infections and low HIV prevalence among FSWs of East Delhi have been made possible by the tireless efforts of the Outreach Workers of HPPI.

Rising Again: A New Beginning for Priti Against All Odds

Background

Priti Salgar is a 17-year-old girl living in Turbhe, Maharashtra. Priti was born with physical disability and her mother passed away when she was only five days old. She was found to be HIV positive. An only child, her father abandoned her as well. Priti's paternal grandmother has brought her up.

Early Struggles

Priti dropped out of school two years ago. With reduced immunity she used fall ill frequently and miss school often. Having been body shamed by her peers at school discouraged from returning to school. Difficult financial conditions did not help matters either. Priti's grandmother's earnings in the spice market for the Maharashtra Industrial Development Corporation (MIDC) were, and still are, meagre. She finds it very hard to make ends meet.

The Spark of Possibility

In mid-2023, a counsellor from the Women in Action project of Humana People to People India, named Ravi, introduced Priti to the possibility of enrolling in the 10th grade through the National Institute of Open Schooling (NIOS). However, Priti's grandmother initially resisted the idea. She argued that Priti should contribute financially by working with her at MIDC. This reluctance was mainly due to the absence of other earners in the household. Despite Ravi's best efforts, the grandmother remained firm in her decision not to allow Priti's enrolment in the education programme.

Overcoming Fear and Self-Doubt

Priti herself had reservations about joining the programme; she felt self-conscious and different. The painful experience of body shaming she faced at her previous school had made her withdraw into a shell. Her physical disability had alienated her from society, leading to a lack of self-confidence and a sense of isolation. Recognising these challenges, Ravi engaged with both Priti and her grandmother in open conversations.

During subsequent visits, Ravi persistently communicated the benefits of the programme, emphasising that education is provided free of cost and includes essential materials like books. To inspire Priti, he took Priti to observe local girls attending classes, demonstrating that education is attainable and empowering. Consequently, Priti decided to consider the opportunity. The counsellor reiterated the importance of education for her overall well-being and ability to lead a fulfilling life. Eventually, the grandmother relented and Priti enrolled in the programme.

Navigating Challenges

The practical steps towards enrolment presented their own set of challenges. Ravi assisted her in obtaining the necessary documentation, including a School Leaving Certificate (SLC) from Priti's previous school. The school was initially uncooperative. Stepping in, Ravi engaged with the school administration, explaining the significance of the NIOS programme for Priti. After these discussions, the principal finally provided the required SLC, paving the way for Priti's successful admission.

Embracing Education Again

With her admission secured, Priti attended remedial classes with dedication and enthusiasm. She actively participated in all classroom activities, reflecting a noticeable increase in her confidence. She also took her 10th standard exams and is hopeful of clearing them successfully. "I want to study more so that I can get a good job. I want to live a comfortable life and help my grandmother," adds Priti.

She always expresses her sincere gratitude to the counsellor from Humana, Ravi, whose tireless efforts and persistent motivation helped Priti to restart her schooling and rebuild the confidence and self-esteem.

Baking a Dream: The Story of a Girl from an AIDS-Affected Family

“I love making pizzas,” quips Salli with a smile. She is a hopeful 22 years old who plans to run a pizza-selling business. But her situation was not this optimistic always. She had to leave her education after 10th standard. This happened five years ago in 2018. Her family’s financial and social conditions were not conducive for pursuing education.

A Family Struggling with Stigma and Loss

Salli’s father was HIV positive, and also contracted TB twelve years ago. He succumbed to the disease and passed away. Salli now lives with her mother and brother. Her mother too was HIV positive. Her relatives and neighbors distanced themselves from Salli and her family since the time they learnt about her parents being HIV positive. Salli and her brother were also routinely tested and found to be HIV negative. Regardless, like her mother, Salli and her brother started limiting their contact with the outside world. The family was pushed to the margins of the society.

A Step Toward Change

Salli did a few temporary jobs to support her family, but the earnings was never enough. She then came in contact with the community outreach team members of the Women in Action Project of Humana People to People India. When they presented her the opportunity of resuming education with strong motivation and support, she decided to take the plunge and move out of the margins into the mainstream. Living through the many rejections, she had understood that she needed basic education and training to secure better employment.

Learning, Training, and Transformation

Salli took remedial classes and took the 12th exams through the National Institute of Open Schooling (NIOS), being constantly supported and mobilised by her friends of Humana. She also received a Food and Beverage (FNB) training, which helped her get a job at Domino’s Pizza. She is currently working at the outlet in Old Zakat Naka, Gokul Nagar, Bhiwandi, Maharashtra. This win has motivated Salli and fanned her bigger dreams of having her own pizza business. “While working in the kitchen, or interacting with the customers I am learning the business,” highlights Salli reminding that she is not losing sight of her bigger goal. With a confident smile she concludes, “Now, I will create my own future.”

Community workers link needy people with HIV services and help them live with strength and resilience

All children should receive quality education. Child marriage and early motherhood are unacceptable. Making HIV combination prevention accessible to all remains indispensable if we are to end AIDS.

This is the story of Pinki (not her real name) who lives in Malihabad and got married to a migrant worker Bablu (not his real name) in 2014 at the young age of 16. A year later, she delivered a male child.

Pinki is illiterate. Bablu does 'zari' embroidery work, earning around INR 7000 per month (~US\$ 75) but enough work does not come year-round.

In 2017, both were diagnosed with HIV. Their son remains HIV negative.

Pinki recalls the emotional shock vividly: "The day I got the positive result, I started crying. I was very upset when I was diagnosed with HIV. Why did it have to be me?"

Upon returning home, they came in contact with Sarojini, a frontline community health worker of Humana People to People India - who was doing her routine door-to-door screening for HIV, TB and syphilis among key and other vulnerable populations.

Government of India's National AIDS Control Organisation (NACO) has supported Humana People to People India to implement its Link Workers Scheme in 100 villages of Lucknow, under which Sarojini got trained by NACO and Humana as a Cluster Link Worker to help support people (like Pinki and Bablu) in 9 villages. She is backed by a network of teams at Humana People to People India which enables her to keep making a difference in the lives of people.

Pinki expressed dissatisfaction with the level of support provided during counselling sessions at the antiretroviral therapy centre: "We were told that we have to take our medicines lifelong. But they did not say any soothing words to reduce our mental agony caused by this disease."

Sarojini's timely and regular support helped them dispel their many fears and misconceptions and regain confidence to rebuild their lives ahead.

They both were put on lifesaving antiretroviral therapy.

Thanks to government counsellors and Sarojini, Pinki clearly knows the importance of treatment adherence. She shares: "I know that I have to be on lifelong medication. I have never missed my medicines even for a single day. For us taking our medicines is as important as eating our food every day."

Sarojini also helps support Bablu and Pinki get their CD4 count tested every 6 months and viral load once a year, and TB screening quarterly at least.

Thanks to NACO and Humana People to People India, both of them have stayed virally suppressed and continue to lead healthy normal lives with their son.

The couple have disclosed their HIV status only to Pinki's parents.

Despite the hardships, Pinki displays remarkable optimism and emotional maturity. She reflects: "Please accept your fate and be happy. The more you feel sad the more the disease will impact you mentally. During the first month of my medication, I felt miserable. But with time I adjusted. So, the mantra is to accept and be happy."

Bridging the deadly divide between the most underserved and lifesaving HIV services

Baba (name changed) is an orphan child of 4 years. He was born with HIV to migrant workers who came from Malihabad, a small town in UP state of India. Baba did not get institutional delivery but was delivered at home.

Soon after his birth, he lost both his parents one by one. So, he was taken care of by his paternal aunt and grandmother. His parents had not disclosed their HIV status to their families. His carers were initially thus not aware of his HIV status.

It is important to mention that Baba's parents were migrant workers in Mumbai. They were diagnosed HIV positive in Mumbai and received lifesaving antiretroviral therapy till they discontinued (reason for treatment discontinuation is not known).

When their health condition deteriorated, they migrated from Mumbai to Delhi and eventually returned to Malihabad – where Baba was born soon after.

Since birth, Baba had chronic health problems. During a routine door-to-door health awareness and screening visit, Sarojini – a frontline community health worker of Humana People to People India, came in contact with Baba's carers. Upon seeing Baba's ill health, she took them to a local government doctor who advised them to get HIV and TB tests done at a government-run tertiary care hospital 30 kilometres away. The tests revealed that he was positive for HIV and negative for TB. That is how Baba's carers found out about his HIV status. Both, Sarojini and government health workers helped counsel the family members.

Government of India's National AIDS Control Organisation (NACO) has supported Humana People to People India to implement its Link Workers Scheme in 100 villages of Lucknow so that Cluster Link Workers like Sarojini can help link key and other vulnerable populations (such as migrant workers) with government-run health services. Sarojini got trained and mentored as Cluster Link Worker as part of this initiative by NACO and Humana to help support people like Baba and his family in 9 villages.

Sarojini's constant support remains critically important for Baba and his carers. She helps them navigate/ support treatment adherence, health literacy, regular TB screening, CD4 testing once every six months, viral load testing once a year, TB preventive therapy, screening and testing of his carers, among others. She also helped Baba avail other social welfare benefits from the government such as Anganwadi Centre (government-run early childhood care and development system). She also personally accompanies them on every visit to the health centre for regular follow up, screening or testing.

Baba's story is another strong reminder why regular frontline workers like Sarojini, are an essential support system and bridge between key populations and access to public health services. It is also a clarion call to rethink, rebuild and rise to collectively ensure that no child is born with HIV, all pregnant women are able to access institutional deliveries, and all persons with HIV live a normal healthy life.

4

Annexure: List of the HIV Projects of HPPI

Project Implemented in Partnership with State Aids Control Societies (SACS)

Sr No	Name of the project	Name of SACS supported the project	Nature of the Project	Project Period	Status	Target covered
1	Hope Alwar	Rajasthan SACS	Targeted Intervention (FSWs, Truckers, slum dwellers/ street children)	2005–2010	Completed	Covered 1,20,000 vulnerable and high risk people PLHIV: 50
2	Link Worker Scheme - Alwar	Rajasthan SACS	Link Workers Scheme (rural high risk and vulnerable population)	2008–2012	Completed	Covered 1,40,000 vulnerable and high risk people FSWs: 939 a. Other vulnerable population: 12,625 b. PLHIV: 12 c. Orphan and vulnerable children: 197
3	Hope Haryana	Haryana SACS	Targeted Intervention (migrants)	2005–2015	Completed	Covered 3,20,000 vulnerable and high risk people a. Truckers: 15,000 b. FSW: 500 c. PLHIV: 16
4	TCE Bihar	Bihar SACS (Siwan, Samastipur and Patna)	Link Workers Scheme (rural high risk and vulnerable population)	2012–2014	Completed	a. FSWs: 3564 b. MSMs: 753 c. IDUs: 337 d. Other vulnerable population: 39,222 e. Bridge Population: 72,056 f. PLHIV: 500 g. Orphan and vulnerable children: 360
5	TCE Uttar Pradesh	Uttar Pradesh SACS	Link Workers Scheme (rural population, HRBGs)	2012–present	Continuing	a. Now the project currently registered 553 FSWs, 25 MSM) and 84 IDUs. (From 2012–2025, approx. 2,000 HRGs reached) b. 6,168 Bridge populations, 9,878 Vulnerable People. c. 77 PLHIV are registered
6	Composite TI Unnao	Uttar Pradesh SACS	Targeted Intervention (FSW, MSM, PWID)	2018–present	Continuing	a. FSW: 989 b. MSM: 445 c. IDU: 357
7	Composite TI	Telangana SACS	Targeted Intervention (FSW, MSM, PWID)	2019–present	Continuing	a. MSMs: 378 b. FSWs: 2928 c. Transgender persons: 27 d. 3,333 HRGs are active now. e. Approximately 1,500 HRGs drop out for various reasons.
8	Hope Delhi	Delhi SACS	Targeted Intervention (FSWs)	2008–present	Continuing	a. From 2008 to 2025, approximately 3,800 FSWs drop out due to different reasons. b. Currently, 3,100 FSWs are active.

Projects Implemented with Other Partners

Sr No	Name of the project	Name of SACS supported the project	Nature of the Project	Project Period	Status	Target covered
1	Hope Behror	PCI and UNICEF Rajasthan	Migrant Worker project on NH8 in Neemrana and Behror blocks.	2001–2002	Completed	The project reached more than 1,78,000 people, here under 28,000 students, in campaigns, workshops and seminars.
2	HOPE Humana Behror	UNAIDS	School intervention, youth awareness, and awareness among health workers.	2004–2006	Completed	<ul style="list-style-type: none"> The project spread awareness on HIV/AIDS to 1,50,000 people in 89 vil-lages and Behror town.
3	Total control of the Epidemic	Irish Aid	Information, community mobilisation, and testing of migrant workers. Training community volunteers and peer-educators.	2006–2012	Completed	The project spread awareness on HIV/AIDS to 1,00,000 migrant workers in Nerala industrial area of Delhi. Tested more than 17,000 people and supported 100s positive people to access care, support and treatment. 2000 community passionate trained.
4	TCE Baddi	Johnson & Johnson	Migrants and factory workers.	2007–2010	Completed	<ul style="list-style-type: none"> The project has reached a population of 1,34,000 and 20,000 were tested. 800 factories were visited with presentations and training of Peer Educators.
5	Hope for Children	Plan India	Children infected or effected by HIV/AIDS	January 2012–September 2012	Completed	<ul style="list-style-type: none"> The project reached out to 200 children with nutrition packages in Patna, Samastipur and Siwan that included 107 infected with HIV, 81 affected, and 12 suspected children.
6	HUMSAFER Neemrana	SAB Miller	One-to-one information and testing of truck drivers and people surrounding villages	2008–2015	Completed	<ul style="list-style-type: none"> The project reached 8,555 truck drivers on one-to-one session. 11,275 people in the surrounding villages.
7	Hope Sonipat	SAB Miller	One-to-one information and testing of truck drivers and people surrounding villages	2011–2015	Completed	<ul style="list-style-type: none"> The project reached 3,642 truck drivers on one-to-one sessions about HIV and safe sex practices.
8	TCE Narela	AHF (AIDS Healthcare Foundation)	Test and treat	2011–2020	Completed	<ul style="list-style-type: none"> Overall testing: 220,174 Total PLHIV identified: 1,596 0.72% positivity.
9	Women in Action Thane, Peri Urban Mumbai	UN Women & UNAIDS	Adolescent girls and young womens from HIV/AIDS affected, infected and vulnerable families	2022–2024	Completed	<ul style="list-style-type: none"> 654 women/girls to education and livelihood opportunities. 301 women registered in NIOS. Livelihood skill training of 355 women Entrepreneurship Development Training by 375 women Linkage of 145 women to vocational skills training 58 women successfully placed in jobs, 61 women started micro-enterprises



111/9-Z, Kishangarh, Vasant Kunj, New Delhi-110070
Telephone & Fax: 011- 47462222

E-mail: info@humana-india.org | Website: www.humana-india.org



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