



Towards a brighter future!

The 6th regional review and LFU consultation was conducted on 28th and 29th June 2017 in New Delhi, organized jointly by Alliance India and NACO CST team. Programme managers from Vihaan partners such as MAMTA, HLPPT, NCPI+, MPNP+ and UPNP+ were present along with the Joint Director of Care, Support and Treatment (CST) from Sate AIDS Control Societies (SACS) of Uttar Pradesh, Madhya Pradesh, Uttarakhand, Jammu & Kashmir, Rajasthan and Haryana. The deliberations during the first day of the meeting drew more insights of the programmatic accomplishments, areas of improvements and priority measures to strengthen the quality of care and support programme in the country. The second day was a consultation with wider stakeholders on taking forward the agenda of firming up the traceable Lost to follow up (LFU) people on treatment. In addition to the participants of the day one of the meeting, Regional Coordinators of NACO, JD CST of SACS from Gujarat, Karnataka, Maharashtra, Tamil Nadu, Manipur and West Bengal had attended the consultation. Representatives from development partners such as WHO and CDC also enriched the deliberations yielding to concrete way forward.



Unity is Strength – an enriched experience of Madhya Pradesh team

As a part of the ongoing National Drive of firming up the traceable LFU cases and working towards a comprehensive approach of bringing back atleast 90% of people back to treatment, Vihaan Team in Madhya Pradesh (MPSACS and MPNP+ and its district level partners) had carried out a comprehensive LFU drive campaign taking along all stakeholders in the state. The drive commenced on 5th May, 2017 and culminated on 15th July, 2017. During this drive, the Care and Support Centre along with ART centre team under the guidance and support from SACS and MPNP+ team not only intensified the LFU data cleaning, updating the record but also intensified an integrated outreach to fast tract the traceable cases, updating Adhaar number of other active clients, TB screening of PLHIV, follow up for family and partner testing for HIV for eligible members, linkages with the social entitlements. The result will be reflected in the next monthly report.

Few of the strategies adopted were:

- Visit each and every client personally, not telephonically so that the brought back number can be increased and evidences for other indicators can be collected
- Track clients in the districts where there is no CSC with the support from AHANA team and HRG clients by TI NGOs
- A WhatsApp group was created to escalate the information and data sharing, evidence collection and provide immediate support to the field team
- Weekly meeting of all participating stakeholders to share and update report to the ART centres

All citizens are equal

Babulal resides in Kankariya village of Jhunjhunu district in Rajasthan. He is a senior member of Jhunjhunu network of people living with HIV/AIDS *sansthan*. Unfortunately, in the month of April, he met with an accident in Sikar. He was admitted to the local government hospital by unknown people. He was referred to the Jaipur SMS medical college for advanced treatment and surgery. The formalities for his surgery was finalized and he was about to be operated when the operating doctor came to know about his HIV status and subsequently refused to perform the surgery and informed his family members that there was no need of a surgery as the leg has merely swollen due to the impact of the accident. The doctor applied an interim plaster on his leg and discharged him.

In grave pain, he explained the entire ordeal to Ms. Azad Kumari, Board member of the Jhunjhunu Network. She took up the incident with the nodal officer of Jhunjhunu ARTC, he also denied support for further treatment and opined that the leg will heal on its own in due

time. Following this, she contacted the Discrimination Response Team (DRT) members and organized a meeting to highlight Babulal's plight. The DRT members wrote a letter to the District Collector informing about the treatment meted out on Babulal at the Jaipur SMS medical college.

After getting permission from the Principal Medical Officer (PMO), they came to Jaipur and got him admitted at the hospital for his surgery. Same situation occurred in the hospital, the doctors refused to carry out the surgery. Dejected, Ms. Kumari contacted the sub-recipient (SR), Hindustan Latex Family Planning Promotion Trust (HLPPT) and Vihaan programme officer (PO). The SR team and the PO coordinated with the Rajasthan SACS seeking their intervention and support in enabling access to non-discriminatory medical service. Following the intervention of SACS, the nodal officer directed the doctors to perform surgery on Babulal.

Unwavering support and dedication from the SR and SSR teams helped Babulal resume his daily life.

Vihaan Updates

- 11,74,417** PLHIV received care & support services
- 5,39,600** PLHIV linked with social protection schemes
- 1,24,080** Family members and partners of registered clients linked to ICTC
- 3,50,866** Lost-to-Follow-Up PLHIV tracked and returned to ART services
- 9,59,005** PLHIV screened for TB

(Through July 2017)