

The Joint Programme in India continued to make significant contributions in scaling up access to integrated HIV services across the country. For instance, newly established One-Stop Centres improved access to community-led HIV prevention, testing and linkages to treatment among vulnerable and key populations in 5 districts (UNFPA).

In Gujarat State, over 114 000 migrant and informal workers were sensitized on HIV prevention, of whom about 26 300 people were voluntarily screened for HIV and tuberculosis and 10% were linked to social protection schemes (ILO). Following the government's introduction of dual HIV and syphilis testing kits, 700 staff members of State AIDS Control Societies from 71 districts are better equipped to timely detect infections (UNICEF, WHO).

The Red Ribbon Clubs sensitized around 500 000 adolescents and young people on HIV prevention and SRH through support from the Joint Programme. In two states, 400 000 students and 52 800 teachers improved their knowledge and skills for prevention and management of HIV and SRH. In addition, over 7500 women gained a better understanding of HIV and SRH through information, education and communication materials disseminated in these two states (UNICEF, UNFPA, UNESCO).

Strategic evidence for the national HIV, tuberculosis, hepatitis and harm reduction programmes further improved through programmatic mapping and HIV size estimation among key populations; annual HIV estimation for general population; and needs assessment of incarcerated people in Central Prisons as well as women in shelter homes in two states (WHO, UNODC, UNAIDS Secretariat). Model standard operating procedures were also developed to support implementation of HIV and

hepatitis C services for transgender people in prisons (UNODC).

Revised national treatment policies now include optimized paediatric treatment regimen, shorter tuberculosis treatment among people living with HIV and integrated approach for management of HIV and comorbidities, thanks to sustained advocacy and technical support from the Joint Programme (WHO, UNICEF, UNAIDS Secretariat). More than 4000 healthcare providers from 730 treatment centres improved their capacity of treatment service delivery through several National ART Capsular Team Training sessions (WHO, UNICEF).

The newly developed national guidelines for the prevention of vertical transmission of HIV boosted capacity building thanks to technical support from the Joint Programme, and will fast track progress towards EMTCT in seven priority states. This included training of 180 master trainers from State AIDS Control Societies on vertical transmission of HIV and syphilis and 5400 medical doctors, including obstetrician and gynaecologists on managing paediatric HIV as well as treatment among pregnant women living with HIV and syphilis (UNICEF, WHO).

Findings from pilot community-led monitoring models in three north-eastern states improved implementation of evidence-based and equitable HIV programmes, particularly among key and vulnerable populations. More than 500 transgender people were shortlisted for job opportunities in over 30 companies following a job fair organized by the Trans Employment Mela and Tweet Foundation with support from the Joint Programme (UNDP, UNAIDS Secretariat).

KEY RESULTS

- Over a million adolescents, young people, women, teachers, migrant and informal workers improved their knowledge of HIV and sexual and reproductive health (SRH).
- Model standard operating procedures were developed to support implementation of HIV and hepatitis C services for transgender people in prisons.
- Close to 40 000 healthcare providers are better equipped to deliver HIV services, such as treatment among pregnant women living with HIV and syphilis, paediatric HIV and management of gender-based violence cases.
- New evidence guides the HIV, tuberculosis, hepatitis and harm reduction programmes including programmatic mapping and HIV size estimation among key populations, annual HIV estimation for general population and a prison needs assessment.
- The Government allocated public expenditure to cover 93% of the funding needed for the National AIDS and STD Control Programme.

Joint UN Team
on AIDS

UNICEF	UNODC	WHO
WFP	UN Women	UNAIDS Secretariat
UNDP	ILO	
UNFPA	UNESCO	

Contributing to
the UNSDCF
and SDGs



To address gender-based violence, 32 000 doctors improved their capacity in identifying, managing and referring gender-based violence cases through newly developed training modules in collaboration with the Federation of Obstetrics & Gynaecological Society of India. A total of 200 000 students from 12 000 schools also received orientation on gender-based violence (UN Women, UNESCO).

The Government has allocated public expenditure to cover 93% of the funding needed for the National AIDS and STD Control Programme (NACP-Phase V), thanks to intense advocacy and technical support from the Joint Programme. All interventions included in the NACP will be implemented using public healthcare facilities, community-led responses and social contracting mechanisms (UNICEF, WFP, UNDP, UNFPA, UNODC, UN Women, ILO, UNESCO, WHO, UNAIDS Secretariat).