IIHMR UNIVERSITY
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ALLIANCE INDIA , New Delhi
PROJECT VIHAAN

Alliance
University Mentor :- Mr. Arindam Das
Organization Mentor :- Dr. Urvashi Garg

Industry Sector Profile

Brief history of organization

Founded in 1999, Alliance India is a non-governmental organization operating in partnership with civil society, government and communities to support sustained responses to HIV in India that protect rights and improve health.

VISION & MISSION

- A World in Which no one dies of AIDS.
- To support community action to prevent HIV infection, meet the challenges of AIDS, and build healthier communities.

Project Description

Background

- Antiretroviral therapy (ART) is vital for HIV/AIDS treatment, but many people disengage from it, impacting their health. To improve ART success, we need to understand why people disengage and develop effective re-engagement strategies.
- Regular monitoring of viral load is an essential component in HIV AIDS care. the goal of the treatment to is to achieve an undetectable viral load . which means that the virus is effectively suppressed at very low level.

Objective

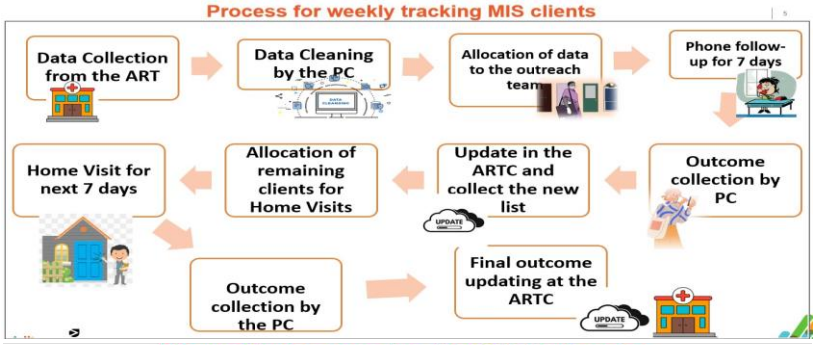
- Early tracking and linkage of the client to have no new LFUs.
  HIV positive should Adhere to treatment.

Methodology

To address the challenge of individuals being lost to follow-up, the VIHAAN Project, employs strategies to ensure continuous engagement and adherence to treatment.

METHOD USED – Convenient Method
DURATION OF STUDY - 5 month
STUDY USED – Cross- sectional study

Analysis & Findings of project– To Adhere HIV client to Treatment by Tracking weekly



MIS weekly data from Jan- May 2023 in 4 centers

Indicators	Cumulative (including reporting month)	%	Remarks
MIS follow up after 7 days through phone			
Number of PLHIV (after 7 days of MIS) **share with CSC** in last week	10493	825	no.s were found to be incorrect, not picked call
Number of MIS cases (after 7 days of MIS) followed up by CSC **through phone** in last week	9668	92%	
Number of MIS cases (after 7 days of MIS) **reported back to ART centre** in last week	3530	37%	Brought Back
Number of MIS cases (after 7 days of MIS) who did not come to ARTC, **assigned to ORW for home visit**	6953		Allocated for home visit
MIS follow up after 14 days through field visit			
Number of PLHIV (after 14 days of MIS) who did not come to ARTC assigned to ORW for home visit	6953		
Number of PLHIV who is MIS (after 14 days of MIS) contact during reporting period	6528	94%	
Number of PLHIV after 14 days of MIS)- **Agreed to come back** to ART center	2748	42%	
Number of PLHIV after 14 days of MIS)-others	15	1%	
Number of PLHIV (after 14 days of MIS)- confirmed as **untraceable clients** (incorrect / incomplete address)	69	1%	
Number of PLHIV (after 14 days of MIS)- confirmed **Taking Alternative Medicines**	0		
Number of PLHIV (after 14 days of MIS)- confirmed as **Migrated**	5	0.1%	
Number of PLHIV (after 14 days of MIS)- confirmed as **Opted Out**	0		
Number of PLHIV (after 14 days of MIS)- confirmed as **Dead** Through Outreach	17	0.3%	
Number of PLHIV (after 14 days of MIS)- confirmed as **Transferred Out**	14	0.2%	
Number of PLHIV (after 14 days of MIS)- confirmed as **Taking ART at other NACO ART Centre**	0		
Number of PLHIV (after 14 days of MIS)- confirmed as **Taking ART from Private provider**	0		
Number of PLHIV (after 14 days of MIS)- **Identified in Prison and other closed setting**	0		
Number of PLHIV (after 14 days of MIS)- confirmed **Brought Back** to ART Centre	3660	56%	Brought Back through HW

SWOT Analysis

Strength - Safe space for community
-Delivery of effective and innovative HIV health service.

Weakness – Dependence on collaboration
- Limited Resources

Opportunities – community Engagement
- Expansion on service

Threats – Plan International
- SAATHI

Suggestion

- Increase collaboration with government agencies, NGOs, and stakeholders involved in HIV prevention and treatment.
- Develop more Antiretroviral Therapy (ART) Centers and Community Health Centers (CHCs) in areas with high HIV prevalence to ensure adequate access to treatment and care for PLHIV.
- Increase the number of outreach workers, especially in larger states and hilly states with a significant HIV burden, to enhance community-level engagement, awareness, and support.

Learning & Value Addition

Theoretical vs Practical understanding

- Theoretical modules helped me understand the cause of HIV ,risk groups, and prevention .
- But practically observed the stigma and discrimination faced by the PLHIV groups and their financial problems, the difficulties to make PLHIV adhere to their course of treatment.

Challenges faced during internship

- Adapting a new work environment & culture
- Working with diverse teams and personalities.
- Developing effective communication and collaboration skills.

Learnings during internship

- Understanding the program and project in the organization.
- Analysing and monitoring the data
- Documenting and Report building.

Usefulness of internship

- Interaction with people from vulnerable community.
- Understanding of Program Implementation.