COASTAL NETWORK OF POSITIVE PEOPLE (CNP+)

ANNUAL REPORT 2024-25

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AIDS	Acquired Immune Deficiency Syndrome
ALHIV	Adolescents Living with HIV
ANM	Auxiliary Nurse Midwife
ART	Anti-Retroviral Therapy
ARV	Anti-Retro Viral
ASHA	Accredited Social Health Activist
ATT	Anti-Tubercular Treatment
AWW	Anganwadi Worker
CAPART	Council for Advancement of People's Action an Rural Technology
CBO	Community-Based Organization
CD4	Cluster of Differentiation 4
CDD	Community Drug Dispensation
CLH	Community Liaison for Health
CLHIV	Children Living with HIV
CSC	Care and Support Centre
CSS	Community System Strengthening
CSO	Civil Society Organisation
CSR	Corporate Social Responsibility
CST	Care Support and Treatment
DAPCU	District AIDS Prevention & Control Unit
DHO	District Health Officer
DIC	Drop-in-Centre
DISHA	District Integrated Strategy for HIV/AIDS
DLN	District Level Network
DLSA	District Legal Services Authority
DSDM	Differentiated Service Delivery Model
DRT	Discrimination Response Team
DTO	District Tuberculosis Officer
DQA	Data Quality Assurance
EAC	Enhanced Adherence Counselling
EID	Early Infant Diagnostics
EVTHS	Elimination of Vertical Transmission of HIV & S
GF	Global Fund
HEI	HIV Exposed Infants
FBO	Faith Based Organization
FSW	Female Sex Worker
PWID	People Who Inject Drugs
PWLHIV	Pregnant Women Living with HIV
RFP	Request for Proposal
RTI	Reproductive Tract Infections
SLN	State Level Network
SOC	State Oversight Committee
SOCH	Strengthening Overall Care for HIV beneficiaries
SOE	Statement of Expenditure
SSR	Sub Sub-Recipient
SC	Scheduled Caste

HRG	High Risk Group
ICTC	Integrated Counselling and Testing Centre
IEC	Information Education Communication
JAT	Joint Appraisal Team
JD	Joint Director
LAC	Link ART Centre
LFA	Local Fund Agent
LFU	Lost to Follow Up
LSE	Life Skill Education
LWS	Link Worker Scheme
MDR	Multi Drug Resistance
MLL	Master Line-List
MO	Medical Officer
MSM	Men who have Sex with Men
NACO	National AIDS Control Organisation
NACP	National AIDS & STD Control Programme.
NCC	National Coordination Committee
NGO	Non-Governmental Organization
NP-NCD	National Program for Prevention and Control of Non-Communicable Diseases
NRLM	National Rural Livelihood Mission
NTEP	National Tuberculosis Elimination Program
OSDV	On Site Data Validation
OI	Opportunistic Infections
ORW	Outreach Worker
OVC	Orphan & Vulnerable Children
PC	Project Coordinator
PD	Project Director
PEP	Post Exposure Prophylaxis
PHC	Primary Health Centre
PLHIV	People Living with HIV
PoC	Point of Contact
PR	Principal Recipient
SR	Sub-Recipient
SGM	Support Group Meeting
SACS	State AIDS Control Societies
SRH	Sexual and Reproductive Health
SSK	Sampoorna Suraksha Kendra
STI	Sexually Transmitted Infections
STO	State Tuberculosis (TB) Officer
TAC	Technical Advisory Committee
TB	Tuberculosis
TG	Transgender
TI	Targeted Interventions
ToT	Training of Trainers
UC	Utilisation Certificate

GLOSSARY

1. **Adherence:** Extent to which a person's behaviour – the taking of medication and the following of a healthy lifestyle including a healthy diet and other activities – corresponds with the agreed recommendations from a health care provider.
2. **Advocacy:** Advocacy is a method and a process of influencing decision-makers and public perceptions about an issue of concern and facilitating collective action to achieve social change and a favourable policy environment to address the concerns.
3. **Brought back:** PLHIV reaching the ARTC after outreach contact by CSC will be documented as brought back.
4. **Community Based Organisation (CBO)[1] :** An organization/society constituted by the Community members (PLHIV / FSW / MSM / TG / IDU) and legally registered (i.e. under Society Registration Act of 1860 or Charitable and Religion Act or The Indian Trust Act) and managed by the Community members for Communities' development and wellbeing.
5. **Community Mobilisation:** This is a process of engaging and empowering individuals within a community to actively participate in initiatives that address common issues or goals. This process is undertaken to build awareness, create safe spaces, facilitate collaboration, and sustain engagement of communities.
6. **Community system strengthening (CSS):** CSS is a strategy to establish and strengthen systems of community based/led activities to address the unmet needs of the communities and reach out to unreached populations.
7. **Disclosure:** It is the act of disclosing the HIV-positive status or any other private information of an individual to another person or persons. Disclosure may be done by the PLHIV themselves or with the help of another person such as a counsellor or a health care provider. For further details related to disclosure please refer to the relevant section of Gazette of India through this link- https://naco.gov.in/sites/default/files/HIV%20 and%20AIDS%20Act-%20English.pdf
8. **Discordant couple:** When the spouse/sexual partner of an HIV-positive person is HIV-negative.
9. **Discrimination:** "Discrimination" means any act or omission which directly or indirectly, expressly or by

   effect, immediately or over a period of time,

   (i) imposes any burden, obligation, liability, disability or disadvantage on any person or category of persons, based on one or more HIV-related grounds; or
   (ii) denies or withholds any benefit, opportunity or advantage from any person or category of persons,

   based on one or more HIV-related grounds,

10. **Death:** Death of PLHIV due to any cause. Deaths reported after follow-up during field visit must be supported by a death certificate (from a health facility or issued by local authorities) or other valid documents (written certificates from the village headman or written statements from close family members, providing contact details for verification by the ART Centre), if a death certificate is unavailable.
11. **Elimination of Vertical Transmission of HIV and Syphilis (EVTHS):** Interventions adopted to prevent vertical transmission of HIV & Syphilis from mother to child, which can occur during pregnancy (in utero), childbirth (peri-natal) or postpartum through breastfeeding. The intervention will focus on tracking the PWLHIV

and their children until 18 months of age/3 months after cessation of breast feeding, whichever is later.

12. **Enhanced Adherence Counselling (EAC):** This is a patient-centred approach to counselling that helps people living with HIV (PLHIV) identify and address barriers to taking antiretroviral therapy (ART). The goal of EAC is to facilitate good adherence to ART and viral suppression. In case of Children Living with HIV(CLHIV), the child and caregiver are both counselled to improve adherence to ART.
13. **udging of M&E Data:** A deliberate act of CSC to manipulate the data in reporting with the malicious intention of showing good performance without doing actual work.
14. **HIV-exposed infants (HEI)/Children:** Infants/children born to mothers infected with HIV, until HIV infection

    can be reliably excluded or confirmed in them.

15. **Infant ARV prophylaxis:** HIV-exposed infant is given prophylactic ARV drugs to further reduce chances of HIV transmission during the perinatal period and breastfeeding.
16. **Home Visit:** Visit undertaken to a patient's home, with the consent of the patient, to provide support and assistance at their doorstep, as and when required by them.
17. **Linkages:** Establishment of processes and mechanisms that connect individuals or groups to the resources and services they need.
18. **Migrated:** A PLHIV is not found at the given address and ORW/CLH is informed by a neighbour or relative that they have shifted to some other place within/outside the state. If the name of the state, district and city to which they have shifted are available, PLHIV may be reported as migrated.
19. **Misappropriation of Funds:** When the funds allocated to the CSC are used in a way that is not permitted by the agreement that governs the funds. For example, forging bills, claiming money without conducting events and meetings etc. Incidents such as wrong booking, mistakes committed without proper accounting knowledge etc. should not be considered as misappropriation.
20. **Monitoring and Evaluation:** Monitoring is the process of systematic collection and review of data on specified indicators while Evaluation is the process of collecting and analysing information to assess the relevance of objectives and efficacy of implementation that together help the programme to assess the progress it is making towards its aims and objectives.
21. **Non-Communicable Diseases (NCD):** Non-Communicable diseases are non-infectious health conditions that cannot be spread from person to person. These diseases generally last for a long period and are chronic in nature. A combination of genetic, physiological, lifestyle and environmental factors can cause these diseases. Some of the major risk factors include unhealthy/unbalanced diets, lack of physical activity, substance use disorders, smoking/tobacco use and excessive use of alcohol.
22. **Non-compliance with CSC Guidelines:** When the CSC violates the standard CSC guidelines in terms of CSC management, services to PLHIV, reporting standards etc., it is documented as Non-Compliance by the concerned SACS/SR, based on the evidence available.
23. **On ART lost to follow-up (LFU):** PLHIV on-ART with no clinical contact or ARV pill pick-up for more than 28

    days since last due date (missed appointment)

24. **Opportunistic Infections (OI):** These are infections caused by microbial agents, in a person with a compromised host immune system. These infections are called opportunistic because they take advantage of a weakened/compromised immune system.

25. **Opted out**[2] If PLHIV express their unwillingness to continue ART services under national programme (even after adequate counselling and three documented contacts through home visits/phone calls, at least one of which is by the ARTC Counsellor/MO and is willing to give this in writing, such patients will be documented as 'Opted Out', by submitting the written undertaking. PLHIV taking medicines from the private sector or taking alternative medicines are also included under Opted out.

26. **Person-centred approach:** A person-centred approach is a treatment model that focuses on the individual's needs, abilities, and aspirations, rather than their condition or disability. Differentiated service delivery adopts a person-centred approach and simplifies/adapts HIV services across the cascade of care, in ways that both serve the needs of people living with and vulnerable to HIV and optimize available resources in health systems.

27. **Pre-ART LFU**[1]**:** PLHIV registered at the ARTC but not initiated on ART and with no clinical contact or visit to a health facility for more than or equal to 28 days.

28. **Post-exposure prophylaxis (PEP):** Post-exposure prophylaxis (PEP) refers to the comprehensive management

instituted to minimize the risk of infection following potential exposure to bloodborne pathogens.

29. **Rapid ART initiation:** ART initiation within seven days from the day of HIV diagnosis,with proper treatment and preparedness counselling.

30. **Recording and Reporting:** The systematic recording of the process and outcome of the project activities with the help of data analysis and interpretations wherever possible and sending them to the apex centres through proper formats and on time.

31. **Stable on-ART Patients (children, adolescents and adults):**

A. On ART for at least 6 months
B. No adverse effects of ART that require regular monitoring
C. No current illness/OI/medical condition that requires management or regular monitoring
D. Suppressed viral load (in the absence of viral load monitoring, the rising CD4 cell counts or CD4 cell

counts exceeding 200 cells/ mm3 and adherence ≥ 95% consecutively over the last 3 months)

32. **Transferred out:** Transferred out refers to a situation when a patient seeks transfer from one ART centre under the national programme to another. However, the PLHIV is labelled as "transferred out' only when the patient reaches the recipient ART centre and the "transfer in" has been accepted in SOCH by the recipient ART Centre. After confirmation of transfer by recipient ART centre, the parent ART centre will change the patient's status in their records as "transferred out".

33. **Taking ART at other NACO ART Centre:** These are PLHIV who are taking ART from another NACO-supported ART centre, without information to the parent ART centre/ICTC and confirm this when contacted during outreach. This outcome needs to be supported with a copy of the first page of the Green Book from the ART centre, where they are taking treatment currently.

34. **Taking ART from Private Sector:** PLHIV taking ART from private sector hospitals/private practitioners can be reported under this category. The source of information can be verbal /written. If available, a copy of the prescription/patient records can be collected and uploaded on the mobile application. This is a subset of Opted out patients.

35. **Taking Alternative Medicine:** All PLHIV taking alternative medicine (non-allopathic treatments) can be reported under this category. The term alternative medicine includes traditional medicine (healing practices indigenous and different cultures have used over time to maintain health and prevent, diagnose and treat physical and mental illness). Its reach encompasses ancient practices such as acupuncture, use of herbal mixtures etc. This is also a subset of Opted out patients.

36. **TB Preventive Therapy (TPT):** Administration of one or more anti-TB drugs to individuals with latent TB infection to prevent progression to active TB disease.

37. **Target not detected (TND) or Undetectable (Plasma viral load):** This means that the level of HIV RNA copies is too low to be detected or measured by the test being used. It does not mean that HIV has disappeared. HIV is still present in reservoirs within the body.

38. **Vertical transmission:** Transmission of infection from mother to child during pregnancy, delivery or breastfeeding

39. **Virological failure:** Two consecutive HIV-1 viral load values of ≥ 1,000 copies/ml with the following criteria:
    i. After 6 months of ART initiation, and
    ii. Even after receiving enhanced/step-up adherence counselling, as per national guidelines and
    iii. having treatment adherence > 95% for 3 consecutive months.

40. **Virological suppression:** A viral load less than 1000 copies/ml or TND is defined as Virological suppression.

41. **Undetectable=Untransmittable (U=U):** Undetectable Viral Load helps in keeping PLHIV healthy as well as prevents transmission of HIV to their sexual partners and children (through vertical transmission). This concept is known as Undetectable = Untransmittable or U=U.

42. **Untraceable:** PLHIV who cannot be contacted due to incorrect/wrong /incomplete address & wrong phone number are termed as 'Untraceable.' This outcome should be submitted only after the ORW/CLH has made two attempts at telephonic contact and one home visit (if telephonic contacts could not be made) within one month of receiving the contact details.

President Message:

I am glad to submitting our annual report for the year 2024-25 for the Society. This year has witness better strengthening of the project activates in the district by providing information and propagate on HIV/AIDS Epidemic and its treatment (including ART) with a number of PLHIV in the community and better organizing of Support Group Meetings to make a platform from community to society.

I am pleased to exhibit the commitment of the project team in implementing the project activities. I also remind the best support and services of partner agencies for their support. It is encouraging to recount the steps we have moved forward and to look of life with joy and love. The positive attitude towards life demonstrated by our fellow people living with HIV/AIDS has made profound impact on the community around us. Despite all odds we dared to reach out and extend out life beyond the walls of insecurities and separations.

The CNP+ Board members and the secretariat staff who worked in various capacities helped rallying the warrior's in the struggle to keep the movement a growing force of change. The initial years of establishing and surviving of an organization is always exhilarating and gives sense of fulfilment. But the real test is in sustaining the process, the spirit, and the tempo of it, until the realization of dreams and hopes of the entire PLHA community in East Godavari. In the coming years, we have lot of responsibility in moving our organization forward strategically. There is also a need to encourage new ideas, which benefit more PLHA's in East Godavari District.

I am happy to express my sincere and warm thanks to the board members of ours DLN for their cooperation and support in implementing the project.

K. UMADEVI
President, CNP+

BACK GROUND OF DLN:

CPN+ of Positive People has been registered under Society Registration Act and Regd.No.879/2003. It is an association for, of and by the people living with HIV/AIDS. It makes a great effort to improve the quality of life of PLHIV and creates impacts in the lives of the people living with the virus. It creates general awareness; sensitization on HIV/AIDS. CNP+ also creates and moulds the positive speakers to destigmatize the people, which are in the veils of the society. It provides psychosocial care and support. It protects the rights of People living with HIV. It provides platform for PLHIV to discuss issues affecting their lives after infection. It also caters the needs of the PLHIV community and works to advocate achieving the needs and requirements. CNP+ develops strong forward and backward linkages and rapports with various Government departments, health sectors, NGOs, CBO'S and all other service providers.

CNP+ is very democratic in its fundamentals of Governance. The Governing board consists of 7 active and committed PLHIV members who are always serving the network on voluntary basis. The General Body and Executive body are functioning regularly to uphold the spirit of ethos and visions to improve the quality of life of PLHA'S. CNP+ has merged a District Level Network, affiliated to Telugu Network of People living with HIV/AIDS (TNP+),.. On 17th November 2003 CNP+ conduct the Annual General Body Elections with the support of TNP+ & APSACS. The result of elections 7 members elected as a Board Members.

DLN BOARD MEMBERS:

Sl.NO	Name	Designation	Phone Number
1	Mrs.K.Umadevi	PRESIDENT	9398942778
2	Mrs.P.Tanukulamma	VICE-PRESIDENT	9502851653
3	Mr.M.Veera Brahmaji	SECRETARY	8374473119
4	Mrs.P.Chittithalli	JOINT SECRETARY	9849160889
5	Mrs.K.Venkata Lakshmi	TREASURER	8639650972
6	Mr.M.Rama Mohan Rao	EXE.MEMBER	8639994895
7	Mrs.P.Nagamani	EXE.MEMBER	8096431957

Mission:

The primary mission of CNP+ is "to improve the quality of life of People living with HIV in the district and provide a sense of belongingness among and their families for fully and active participation in society and also to reduce further HIV transmission in the society".

Goal:

The main goal of the CNP+ is that the holistic approach where prevention and care goes hand in hand. The organization strongly believes that the care includes dealing with issues like stigma, social discrimination, nutrition, self-employment, education, food and shelter etc. We believe that care must be associated with accessibility and availability of services, acts, and welfare sachems with main streaming approach.

Principles:

The fundamental principle of CNP+ is that collective approach of PLHIV in decision-making processes which is affecting their lives. CNP+ aims to enhance their enabling environment for PLHIV in East Godavari by providing opportunities for empowerment, taking control of issues affecting their lives. Empowerment of PLHIV concerns not only health related issues but the protection of human rights, involvement in the development of policies, access to the legal and health care system for wide community. As well, CNP+ aims to provide a voice for PLHIV at the local and Regional levels in order to facilitate systemic change in critical areas such as care and support, access to treatments and addressing issues of discrimination in society. Finally, CNP+ aims to provide PLHIV with a sense of a community, politically empowered and growing in strength of spirit. CNP+ aims to provide opportunities to increase the visibility of PLHIV, promoting a positive image of people living with the virus. Through developing supportive and politically empowered networks, CNP+ aims to ensure positive people have a safe place to share their experiences; are provided with opportunities to enhance their skills and capacity to live active and fulfilling lives; and develop an understanding of their right to continue to contribute to the community.

Value Statement

CNP+ values equal opportunities, protection of rights and full participation and involvement for the PLWHAs. CNP+ believes in participation of the PLWHAs, professionals, employees and other stakeholders in the rehabilitation programs that are client focused.

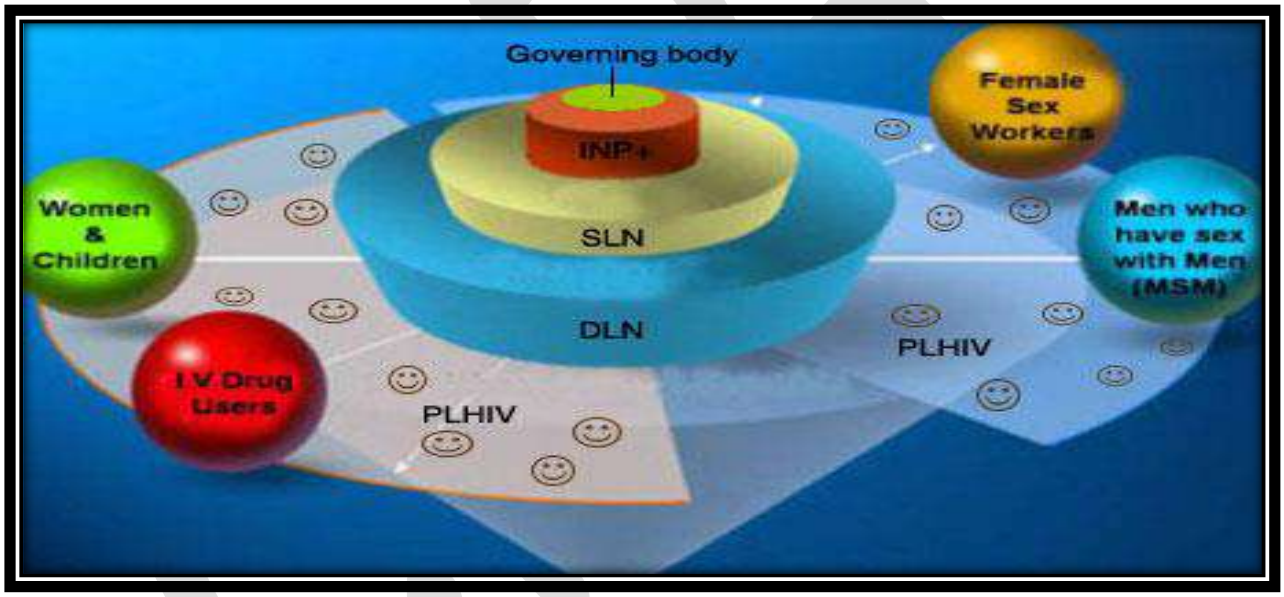
Objectives:

- To improve the quality of life of people living with HIV
- To provide the Health Services
- To provide necessary information for the needy to access their rights and entitlements
- To empower HIV affected people in order to protect their fundamental human right through main streaming process

- To create enabling environment to active participation in social events and government welfare programs.
- To create platforms to address their issues and strengthen towards the problems solving among the PLHIV communities.
- To create Divisional and Mandal level networks to raise their voice and asserting their rights and entitlements.
- To enhancing the capacities among the PLHIV communities to live with good socio-economic condition.

Coverage:

CNP+ has been working actively in all the 60 mandals of the district and reaches the community with various programmatic interventions.

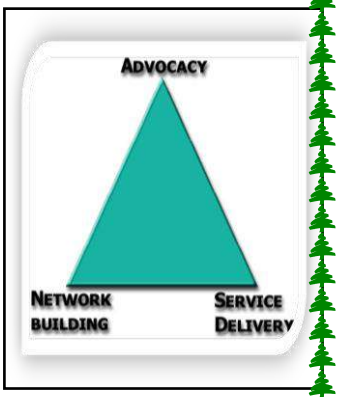


Strategies:

Core Components:

- Greater Involvement of People Living with HIV/AIDS (GIPA): Implement and promote GIPA for empowerment of PLHIV and impact on programs and policies.
- Access to information and services: Ensure access to high quality information and services for positive prevention, positive living and continuum of care and treatment.
- Mobilization of PLHIV: Work towards mobilization for improved prevention and quality of life of PLHIV communities through systematic, continuous development of the networks at various levels – National, State, District, Mandal and Village levels..
- Asserting Human Rights: Promote elimination of stigma and discrimination and protect human rights of PLHIV.
- Emerging Needs of PLHIV: Respond to emerging needs of PLHIV community, including sustainable options for livelihood and social security.

- Positive Prevention: To assist PLHIV to adopt safe sexual and injecting drug use behaviors that help not only in the prevention of transmission of infections to other people but also help to protect the health of PLHIV and their partners. Create enabling environment for positive marriages.
- Convergence and Advocacy: promotion of various platforms to involving the service providers, like minded institutions, civil society communities to mainstreaming the PLHIV communities.
- Sustainable society: CNP+ services are outcome focused, professionally managed, in partnership, evidence-based and sustainable
- All the activities of the Society are focused on a triangular approach covering the components of Advocacy, Network Building and Service Delivery. The triangle reflects the strong connectivity among these three components - each component can only be strengthened when the other 2 are strengthened



- ***Advocacy:*** This focuses on addressing the ardent issues of PLHIV like human rights, access to information, treatment, GIPA, Positive Prevention at regional, national, and international forums. In the beginning, the focus was on visibility, but as the course of the epidemic changed, there has been a shift in focus for policy change.
- ***Network Building:*** This focuses on the formation and strengthening of the network at Division and Mandal level. It also aims to provide technical assistance to the networks in capacity building of its members in Program and Finance Management, Service Delivery, Leadership and Governance through appropriate trainings like skill development, life skill education, professional skill up gradation and counselors etc.
- ***Service Delivery:*** This focuses on the models of care and support services such as Drop-in-Centers (DIC), PPTCT+ out reach program, Promoting Access to Care and Treatment (PACT/RCC), Samstha, Star Insurance Program, Women right educator to the PLHIV irrespective of age and gender.

ORGANIZATION SETUP

The Organization namely *Coastal Network of Positive People (CNP+)* was registered under Community Based Organization with Registered. No. 879/2003 & affiliated to TNP+/INP+ formed with persons with HIV/AIDS for the benefit and protection of HIV/AIDS affected people in the society. This organization is supported by APSACS, INP+, TNP+ and SAATHII/Lepra Society.

Head quarters are located at Kakinada of East Godavari District in Andhra Pradesh and other divisions are working at Rajahmundry, Amalapuram, Rampacodavaram and Peddapuram. CNP+ at Kakinada has Two projects i.e. CSC 2.O (supported by SAATHII/Lepra Society) in Kakinada Division and Peddapuram Division In East Godavari District.

Present Projects being Implemented

CSC 2.O Establishment of Service Delivery Point

National AIDS Control Organisation (NACO) is committed to providing universal access to comprehensive, equitable, stigma-free, quality care, support and treatment services to all people living with HIV (PLHIV) in India. The ART programme was launched in 2004 and scaled up in phases providing free ARV drugs to PLHIV across the country through ART centres and link ART centres (LAC). With the launch of the 'Test and Treat' policy, routine viral load monitoring and differentiated service delivery models, the coverage of ART services has been expanded rapidly focussing on person-centric approaches.

Ensuring accessibility to ARVs remains key to improving treatment adherence and retention. However, retention in care remains a challenge keeping in view the financial constraints faced by PLHIV for travelling to health care facility, and due to other reasons, such as geographical barriers and psychosocial factors. Therefore, the national programme adopted the 'Differentiated Care Service Delivery Model' (DSDM) for service delivery across the spectrum of care, support and treatment components with the objective of:

iscrimination.

- **A** Introducing person-centred approaches in HIV care.
- **B** Addressing the unmet needs, preferences and expectations of PLHIV including HIV positive KP subgroups
- **C** Ensuring access to HIV services and enhancing the efficiency of the health system and service providers.
- **D** Strengthening grievance redressal mechanisms and addressing stigma and discrimination.

Keeping in view the need of community driven and patient centric approaches to enhance treatment adherence and reduce stigma and discrimination related to HIV care, the National AIDS & STD Control Programme (NACP) responded by partnering with the community and other stakeholders to conceptualise a Care and Support Centre (CSC).

CSC is a community-based service delivery model which provides counselling, psychosocial support, outreach activities, linkages to welfare schemes and an enabling environment for PLHIV. CSC serves as an extension of treatment services for providing care and support to enhance retention, adherence, positive living, referral, and linkages to need-based services for PLHIV.

CSC play a vital role in reducing stigma and discrimination through effective treatment literacy activities in coordination with local PLHIV networks. The community-based CSC are an integral part of the national response to meet the needs of PLHIV, including those from High-Risk Groups (HRG) and women and children living with HIV.

Goal and Objectives of CSC:

Goal: The overall goal of the CSC is to support the efforts of NACP to end AIDS (Acquired Immune deficiency Syndrome) as a public health threat by 2030.

Objectives: The key objectives of CSC are aligned with the following objectives of NACP

1.95% of people living with HIV know their HIV status

2.95% of people who know their HIV status are on Antiretroviral treatment

3.95% of those on Antiretroviral therapy are virally suppressed

4.95 % of pregnant and breastfeeding

women living with HIV have suppressed viral load towards attainment of elimination of vertical transmission of HIV.

The Strategies that will be employed to implement CSC 2.0 are described below:

D.1 Differentiated care for high-priority sub-groups of clients:

Differentiated care is a patient-centered approach to HIV services that simplifies and adapts them throughout the treatment cascade, taking into account the preferences and expectations of various groups of PLHIV while reducing unnecessary burden on the health system (source: National Operational Guidelines for ART Services). The project will work with both public and private medical ART centers to compile a list of PLHIV cases who have been registered for treatment. The program has identified 15 priority sub-groups (listed on pg.2) and will provide tailored care, focusing on the second and third 95 goals. The project will monitor stable clients' adherence to ART on a quarterly basis. Depending on the needs of the prioritized groups, different types of care and support will be provided, as detailed below. The project will also help to strengthen the linkage between the ART center and stable clients by providing multi-month dispensing.

D.2 Community led intervention:

The CSC 2.0 envisages engaging Sub-Sub- Recipients (SSR), via Sub-Recipients (SR) who are primarily community-based organizations (CBOs), that will engage field staff from the PLHIV community and HRGs. The component will also actively engage community champions.

D.2.1 Staff Structure of SR and SSR

See the Annexure 3 & 4 for the detailed role and responsibility of SR and SSR teams:

D.3 Access to Social Protection: The CLH will list the social schemes based on the availability of state governments and link them to the schemes. The Program will collaborate with the C19 program of GF, implemented by SAATHII and consortium partners, and provide linkages, where relevant.

D.2.3 Engagement of Community Champions: Trained Community Champions (CC) will be engaged in counselling and follow-up on critical and hard to convince cases such as discordant couples, MIS and LFU cases, and TB coinfected cases and linking them to the care support and treatment centre. They will also motivate peers to return to the care cascade services and address stigma and discrimination.

Additionally, the CSS-trained community champions will collect feedback (Community Led Monitoring) from the PLHIV with respect to availing services and aspects of stigma discrimination and gender responsiveness.

D.4. Initiation and retention in the care cascade: Single test reactive cases will be rapidly linked to confirmatory testing and ART, followed by counselling of all high priority sub-groups for preventing MIS and LFU cases. CSC coordinators will provide due lists to CLHs, and plan with them to track the priority line list for retention in the care cascade, ensuring adherence and timely CD4 and viral load testing.

To ensure adherence, CLH will count pills used during home visits. A list of PLHIV clients who have poor adherence will be collected from the ARTC by the CSC coordinator and prioritized for follow-up services, support group meetings (SGM), and Enhanced Adherence Counselling (EAC) for all PLHIV who have <200 CD4, and a high viral load. The outreach team will collect due lists for viral load testing from the ARTC, conduct follow-up for reminders, make home visits for clients who are overdue, and ensure these clients complete testing.

Also, CSC coordinators will support ART staff with updating the PLHIV address database annually to ensure that PLHIV have access to the field staff when necessary.

D.5. Elimination of Vertical Transmission of HIV and Syphilis (EVTHS): The project will contribute to the national goal of eliminating vertical HIV and syphilis. In contrast to GC-6, the PR will focus on providing a comprehensive cascade of services to HIV-positive pregnant and lactating women and exposed infants as per the national EVTHS guidelines. (See Fig. 20 for list of cascade services)

Figure 20: EVTHS Cascade Services

D.5.3 Primary prevention among adolescents and youths

Project activities will be carried out in collaboration with SACS prevention services and other national programmes, such as Rashtriya Kishor Swasthya Karyakram (adolescent health programme), the Youth Affairs Department, and district and block-level school authorities. These will aid in the identification of adolescents at risk in need of specialized counselling and risk reduction services.

D.5.4 Cross Cutting Strategies

The project will engage in the following activities:

i. Sensitization, capacity building, and mentorship in public and private facilities for ensuring high-quality and stigma-free services
ii. Sensitization and capacity building to the FLHWs on the revised guidelines for HIV and syphilis
iii. Strengthening systems for service delivery on HIV and ANC care, ART initiation and adherence, institutional delivery, ARV prophylaxis, Early Infant Diagnosis, and essential new-born care through RCHO training.
iv. Evidence-based planning and prioritization at the district, and state level will enable structured program reviews and cross-sharing through state and district EVTHS committees
v. Supportive monitoring visit to SR and SSR partners to provide technical support, RDQA, staff capacity building, onsite-learning, and stakeholder management.

D.6 Psychosocial support and comprehensive education

The project CLH and CSC 2.0 Coordinator, will provide outreach, education, psychosocial, and other services to the PLHIV clients including:

i. One to one counselling at home, facility or other common places for positive living, acceptance of HIV status, benefits of ART, adherence, treatment reluctance, management of side effects, nutrition, and retention in care cascade
ii. Education on harm reduction, mental health, positive prevention, and disclosure for sero-discordant couples.
iii. Facilitate peer-led interventions such as support group meetings, positive speaker bureau and one-to-one peer counselling in coordination with positive networks / CBOs and other CSOs
iv. Addressing gender-based and intimate partner violence in coordination with peers and community networks
v. Engage trained community champions and make use of the monitoring tools created under the CSS framework to improve the quality of care provided to all PLHIV and women who are Syphilis positive among PLHIVs.

D.7 Sexual and Reproductive Health (SRH) Services and other Women's Health Services

The PLHIV and their family members will be provided SRH and family planning counselling to improve their knowledge and understanding of women's sexual health and right for medical termination of pregnancy. PLHIV families will be counselled on safe sex and assisted for accessing FP services. The project will also prioritize gendered approach to women centric care and support as an extended services to the CSC 2.0

D.8 Index Testing

The outreach team will provide motivation and counselling on disclosure of status to partners and family members, identify sexual and / or injecting partners, and facilitate scheduling and testing. Prioritizing the high-risk population for routine follow up,

D.9 Managing comorbidities

The outreach team will be trained to conduct 4S screening for TB for all PLHIV clients regularly, and ensure initiation of TPT and timely linkage to treatment and Nikshay Poshan for TB positive clients. Additionally, risk assessment and screening of high-risk PLHIV for STI and Hepatitis B and C and linkage to treatment will be facilitated.

D.10 Livelihood and Social Protection Services

The outreach staff will be trained to assess clients' eligibility for various social protection services and to offer application guidance to all PLHIV clients. Towards this the project staff will leverage support from DLN, TI, LWS, CSC, CSO and police. Additionally, PLHIV clients will be linked to mental health or other services as per the identified requirement.

D.11 Advocacy: With community support, the programme will advocate for policy reforms that will encourage PLHIV to use the resources available to safeguard their rights and the rights of their family members.

D.12 Innovations and Pilots:

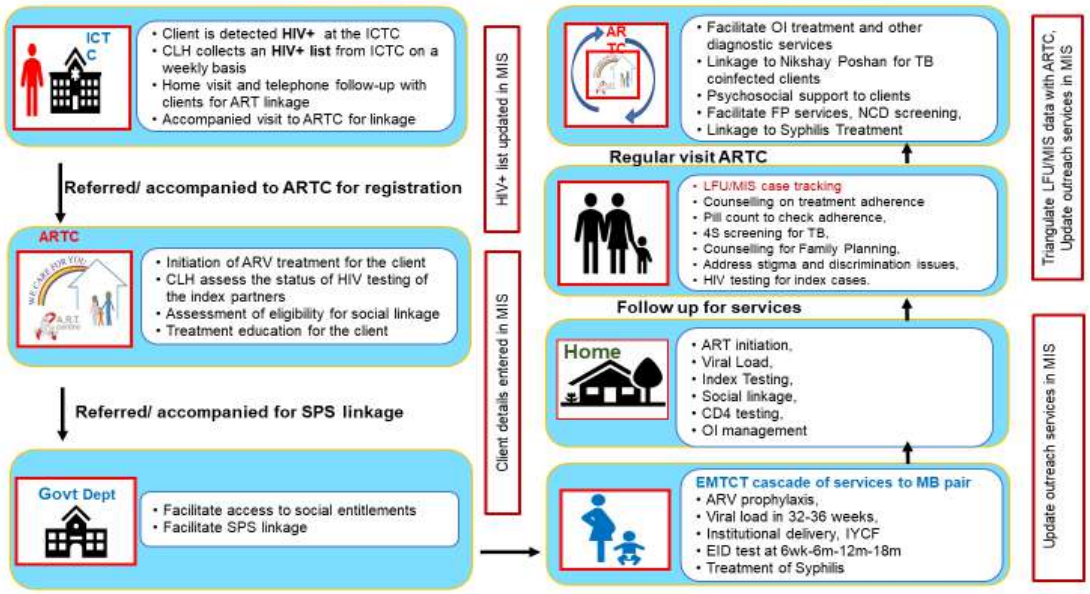
The project will carry out the following value-added activities by facilitating and coordinating with the existing systems and stakeholders in select sites (ARTC), districts/ states to improve the general health and well-being of PLHIV, in consultation with NACO and SACS:

- Facilitate HPV vaccination to PLHIV women and adolescents and Hepatitis B vaccination for all PLHIV and HIV Exposed Infants
- Advocacy for stigma-free FP services and operationalizing grievance redressal mechanisms
- Deploy customized services for adolescent PLHIV at select ARTCs
- Health education and referral for NCDs services among PLHIV on protease inhibitor-based regimen, including Hypertension, Diabetes, Cervical Cancers and other NCDs
- Periodic survey on issues of gender (Female Sex worker, TG, service providers on duty at ART centre with the needs of the beneficiaries). The findings of the survey will be shared with the SACS and DAPCU.

D. 13 Review, Planning, Capacity building and training

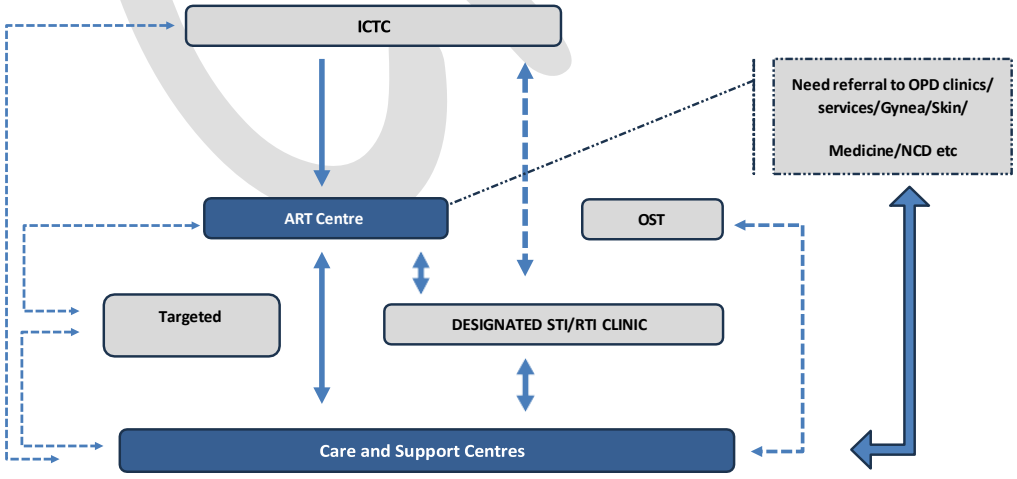
- **Experience Sharing Meeting:** The ESM will be conducted once in sex months between the field level staff (CLH and CSC coordinator) and community to share their experience and learnings. Its objective will be to get community feedback for mid-course corrections, knowledge sharing, and the updating of new guidelines.
- **Induction and Refresher Training for Community Liaison of Health (CLH)**: At the SSR level, all the CLHs will be trained for two days at the district level in the first year of the project period. The Induction training will ensure updated knowledge and guidelines, reporting and documentation, and, the project MIS. This training will support the field staff in providing quality services to PLHIV and PPWs. Also, in addition, PR/SR will do handhold support to the Field staff for the smooth implementation of the program. After 1.5 years, CLH will be provided refresher training on updated guidelines.
- **Counselling Training for Community Liaison of Health (CLH):** Counselling is a crucial part of the CSC 2.0 program, which will improve the quality of life for all PLHIVs and PPWs. Since there is no separate budget for this activity; selected CLHs will get trained in the counselling module that has been designed by NACO when the state plans for the training of the NACP staff, SR will advocate with SACS for including selected CLHs in the training.

Figure 21: Client and Service Flow Diagram CSC 2.0

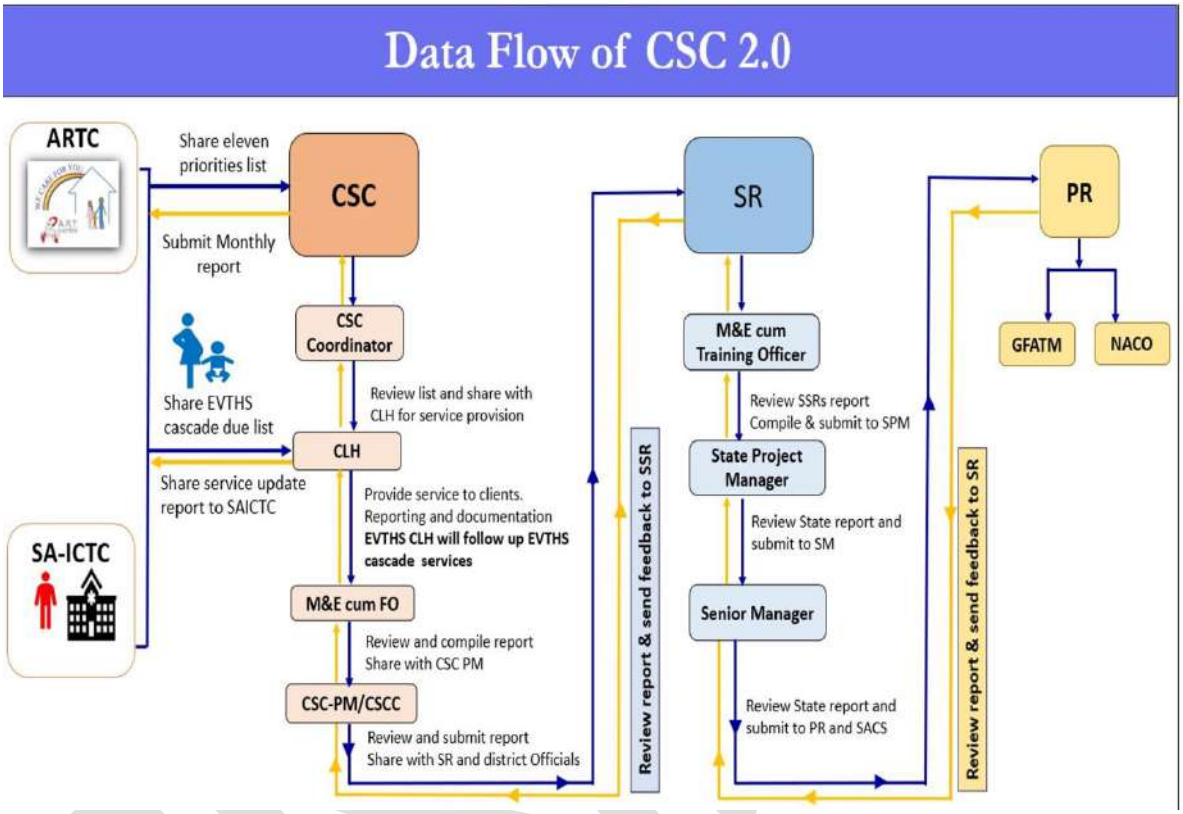


A. Support for Other Interventions

The SSR will support the three other components, viz. interventions for incarcerated populations, Red Ribbon Bus (RRB) and Community Systems Strengthening (CSS), as required. The SSR will support HIV-positive inmates in prisons and other closed settings, identified through the program, after their release by improving linkages to care and support services in their intervention geographies. Additionally, the SSR will facilitate community mobilization for the RRB campaign, which aims to raise awareness of HIV, TB, STIs, SRH, legal aid services, and the National Toll-Free AIDS Hotline in high and medium prevalence districts. They will also support the CSS component by enhancing community ownership of the program, engaging with and building the capacities of Community Champions, facilitating community-led monitoring, and fostering an enabling environment through community-led initiatives.



Data Flow



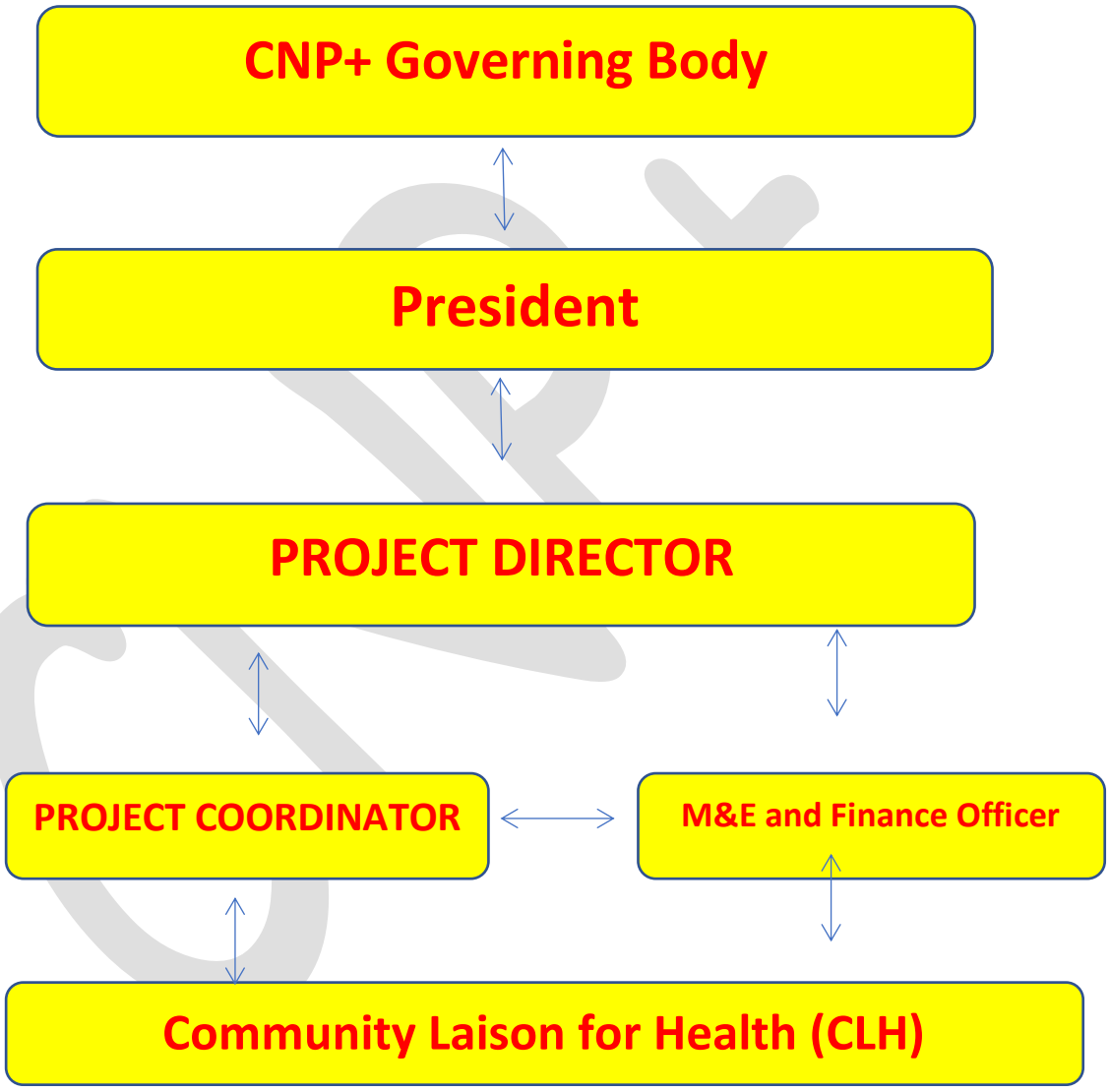
ENROLMENT OF PLWHAS IN THE YEAR OF 2014-2025

STATUS	MALE	FEMALE	T/G	MALE CHILD	FEMALE CHILD	TOTAL
Total Registered Clients	7835	9778	83	305	337	18838

COASTAL NETWORK OF POSITIVE PEOPLE (CNP+)

CSC 2.O KAKINADA

ORGANOGRAM



**Mr.M.Rama Mohan Rao met Dr.A. Siri IAS,
Project Director, APSACS to discuss on the PLHIV Issues.**

**Mr.M.Rama Mohan Rao and other team members met
Smt. B.Saraswathi, Asst. Project Director, APSACS**

Supplementary Nutrition to PLHIVs by CNP+ with support of various Organisations.

Participation of Staff on WORLD AIDS AIDS DAY Rally 01.12.24

Participation at State Level WORLD AIDS AIDS DAY Program 01.12.24

Staff Received Appreciation certificates and Mementos on the eve of World Aids Day

Staff Capacity Building Trainings conducted by SAATHI & LEPRA Society in April 2024.

Field Visit by Mr.Mukesh Dheenabandhu and Mr Anupam SAATHI & Mr. DV Sattyanarana LEPRA Society

COASTAL NETWORK OF POSITIVE PEOPLE,KAKINADA

(Regd.No.879/2003)

Consolidated Receipts & Payments A/C. For the Period From 01-04-2024 TO 31-3-2025

RECEIPTS	Amount(Rs.)	Total Amount	PAYMENTS	Amount(Rs.)	Total Amount
OPENING BALANCE			**Vihaan Project**		
Cash on Hand			Office Maintenance	53,949	
Vihaan Project	0		Salaries	8,90,507	
CSC 2.0	-		Supervision	3,45,280	12,89,736
Administrative Wing	1,221	1,221			
			CSC 2.0		
			Salaries	22,05,366	
			Travel Expenses	10,78,890	
			Others	1,45,933	34,30,189
Cash at Bank					
Vihaan Project	-		**Administrative Wing**		
CSC 2.0	-				
Administrative Wing	72,505	72,505	Office Maintenance	2,390	
			Womens Day	14,050	
			Candle Light Memorial Day	12,900	
Vihaan Project			Audit Fees	17,700	
Bank Interest	1,537		World AIDS Day	3,330	50,370
Grant Received A/C	12,88,199	12,89,736			
			CLOSING BALANCES		
Administrative Wing			**Cash on Hand**		
Grant Received A/C	-		Vihaan Project	-	
Interest Received	1,010		CSC 2.0	-	
Membership Collection	13,500	14,510	Administrative Wing	12,382	12,382
CSC 2.0			**Cash at Bank**		
Grant Received	39,50,168		Vihaan Project	0	
Bank Interest	1,347	39,51,515	CSC 2.0	5,21,326	
			Administrative Wing	25,484	5,46,810
Total		53,29,487	Total		53,29,487

UDIN: 25029123BMJE5Q6225

For BODA RAMAM & CO.
Chartered Accountants

(CA. BODA ANAND KUMAR)
M.No. 029123 FRN No.005383S

BODA RAMAM Chartered Accountants FRN No. 005383S KAKINADA

For COASTAL NETWORK OF POSITIVE PEOPLE

PRESIDENT

TREASURER

COASTAL NETWORK OF POSITIVE PEOPLE,KAKINADA

(Regd.No.879/2003)

Consolidated Income & Expenditure A/C For the Period 01-04-2024 TO 31-03-2025

EXPENDITURE	Vihaan	CSC 2.0	Administrative Wing	Total Amount	INCOME	Vihaan	CSC 2.0	Administrative Wing	Total Amount
Office Maintenance			2,390	2,390	Grant Received A/C	12,88,199	39,50,168	-	52,38,367
Advocacy Meeting Expenses			-	-	Bank Interest	1,537	1,347	1,010	3,894
Audit Fees			17,700	17,700	Interest Income Accured on Fixed Deposits(Net of Interest Adjustment)	-		49,513	49,513
Womens Day Expenses			14,050	14,050	Membership Collection			13,500	13,500
Candle Light Memorial Day			12,900	12,900					
World AIDS Day			3,330	3,330					
Salaries				-					
Program		21,03,872		21,03,872					
Admin		1,01,494		1,01,494					
Travel Expenses									
Program		10,66,280		10,66,280					
Admin		12,610		12,610					
Others		1,45,933		1,45,933					
Salaries:									
Salaries CB, Incl.CHW and ORWs	8,90,507			8,90,507					
	53,949			53,949					
Supervision related per Diems/transport/other cost	3,45,280			3,45,280					
				-					
Excess of income over expenditure	-	5,21,326	13,653	5,34,979	*Excess of Expenditure over Income*	-			
				-					
				-					
Total	12,89,736	39,51,515	64,023	53,05,274	Total	12,89,736	39,51,515	64,023	53,05,274

UDIN : 25029123BMJE5Q6225

For BODA RAMAM & CO.
Chartered Accountants

(CA. BODA ANAND KUMAR)
M No. 029123 FRN No.005383S

BODA RAMAM & CO. Chartered Accountants FRN No. 005383S KAKINADA

For COASTAL NETWORK OF POSITIVE PEOPLE

PRESIDENT

TREASURER

COASTAL NETWORK OF POSITIVE PEOPLE,KAKINADA

(Regd.No.879/2003)

Consolidated BALANCE SHEET AS ON 31-03-2025

LIABILITIES	Vihaan	CSC 2.0	Administrative Wing	Total	ASSETS	Vihaan	CSC 2.0	Administrative Wing	Total
Capital Fund :					FIXED ASSETS:				
General fund at the beginning of the year	-	-	10,26,586		Computer, Printer and UPS	-		7,300	7,300
Excess of Income over Expenditure	-	5,21,326	13,653		Printer	-		3,990	3,990
Excess of Expenditure over Income	-				Sound System	-		9,000	9,000
					Invertor	-		31,200	31,200
					Laptop			57,000	57,000
				15,61,565	Table			1,300	1,300
					Non-current Assets				
					Fixed Deposits	-		7,86,424	7,86,424
					Current Assets				
					Rent Advance	-		28,000	28,000
					TDS Receivable	-		78,158	78,158
					CASH AND BANK BALANCES				
					Cash on Hand	-		12,383	12,383
					Cash at Bank (Union Bank of India A/c No. 144010100069028)	-	5,21,326	-	5,21,326
					Cash at Bank (Bank of India A/c No. 865810100011621	-		18,534	18,534
					Cash at Bank (Bank of India A/c No. 865810100012832	-		6,950	6,950
Total	-	5,21,326	10,40,239	15,61,565	Total	-	5,21,326	10,40,239	15,61,565

UDIN : 25029123BMJES96225

For BODA RAMAM & CO.
Chartered Accountants
(CA. BODA ANAND KUMAR)
M.No. 029123 FRN No.005383S

BODA RAMAM & CO. Chartered Accountants FRN No. 005383S KAKINADA

For COASTAL NETWORK OF POSITIVE PEOPLE

K. Gnadeni
PRESIDENT

TREASURER


Thank
you