NETREACH

Process and Manual

An Innovative Approach
to HIV Response

Reaching the "**Missing Million**"
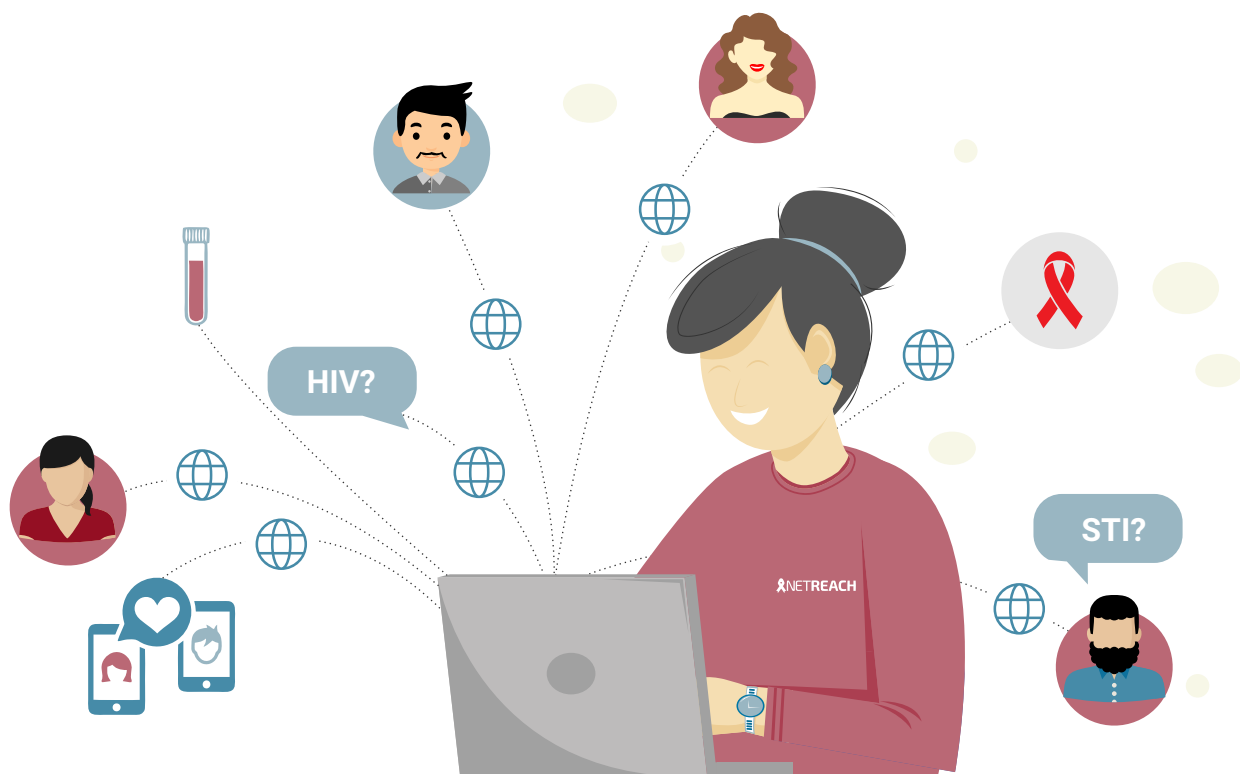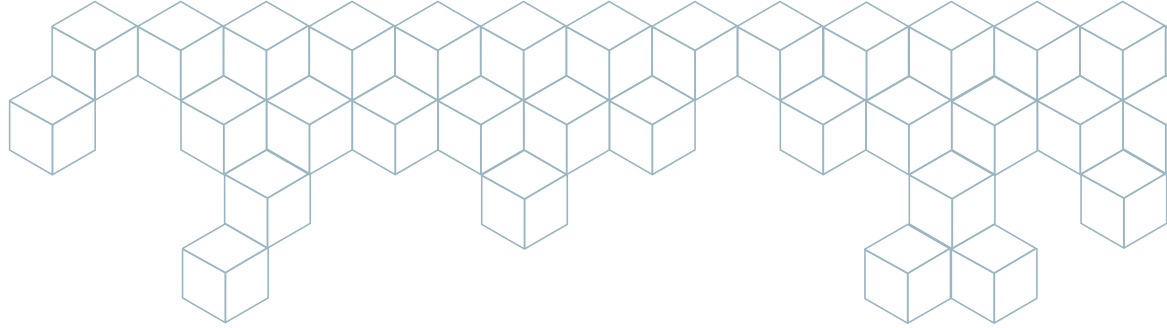
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Introduction

Chapter 1

Chapter 1: Introduction

1.1 Reaching the Missing Million

On 9th June'2021, United Nations Assembly agreed to adopt "The Political Declaration on HIV and AIDS" in order to end inequalities and get on track to end AIDS by 2030. As a part of achieving the Sustainable Development Goal (SDG) 3 - the aim of the declaration is to reduce annual new HIV infections to under 370 000 and annual AIDS-related deaths to under 250 000 by 2025 and generate progress towards the elimination of all forms of HIV-related stigma and discrimination (UNAIDS, 2021). The 2025 targets, set by UNAIDS promulgates - putting people living with HIV (PLHIV) and communities at risk at the centre (UNAIDS, 2021). These set a target to diagnose 95% of people living with HIV, to treat 95% of those infected, and to attain viral load suppression in 95% of those on treatment by 2030.

In India, National AIDS Control Program (NACP) Phase-V, a Central Sector Scheme, fully funded by the Government of India, aims to reduce annual new HIV infections and AIDS-related mortalities by 80% by 2025-26 from the baseline value of 2010.

The two primary specific objectives listed in the NACP Phase-V strategy document include:

a. HIV/AIDS prevention and control

b. STI/RTI prevention and control

Further, under the HIV/AIDS prevention and control, the sub-objectives listed include:

- 95% of people who are most at risk of acquiring HIV infection use comprehensive evention
- 95% of HIV positive know their status
- 95% of those who know their status are on treatment
- 95% of those who are on treatment have suppressed viral load (NACO, 2022, 14).

The Ministry of Health and Family Welfare's (MoHFW) 95-95-95 mission highlights promotion of innovative approaches to reach the 'missing millions.' It lays stress on efforts to reduce the linkages loss from Integrated Counselling and Testing Centre (ICTC) and focus on tracing the loss to follow up cases for achieving the target of people who know their HIV status.

Under the aegis of Global Fund to fight against AIDS, Tuberculosis and Malaria (GFATM), a virtual project to reach the **"missing million"** has been initiated in India. Alliance India is currently the Principal Recipient (PR) for Global Fund and is implementing project "NETREACH" in partnership with The Humsafar Trust (HST) which is the sub- recipient (SR).

The objective of "NETREACH" is to further accelerate the national HIV response to reach the first 95 targets of the NACP goals to eliminate HIV in India by 2030. The focus is to reach key and vulnerable populations through **virtual platforms** in the pursuit of reaching the missing millions with HIV related services.

The Humsafar Trust (HST) deployed the virtual navigators to identify and evaluate high risk groups, at risk adolescents and youth, men and women with high risk behaviors through virtual platforms. In this endeavor NETREACH aims to:

1. Reach key and vulnerable populations through virtual platforms

2. Establish linkage to screening

3. Strengthen Community Systems for key and vulnerable populations

1.2 Background

National AIDS Control Organization (NACO)'s estimates suggest that more than 90% of HIV transmission in India is related to unprotected sexual intercourse or sharing of injecting equipment between an infected and an uninfected individual. Not everyone in the population has the same risk of acquiring or transmitting HIV. Much of the HIV transmission in India occurs within groups or networks of individuals who have higher levels of risk due to a higher number of sexual partners or the sharing of injection drug equipment (Ministry of Health and Family Welfare, 2019).

The communities at high risk are Men who have Sex with Men (MSM), Female Sex Workers (FSW), Trans Genders (TG), and Person Who Inject Drugs (PWID). International human rights mechanisms have stressed that the discrimination against people on the basis of their gender identity, sexual orientation and criminalization of same sex behaviour is violation of basic human rights and the right to privacy. Any encroachment on the rights of MSM or people from (Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) community also impedes their access to HIV testing and treatment (UNAIDS, 2021).

Stigma, fear of violence and discrimination based on sexual orientation and gender identity prevents the access to proper education and access to HIV prevention, testing and treatment. Gay men, or men who engage in sexual activity with other men are reported to be in at 26% higher risk of contracting HIV (UNAIDS, 2021). In 2019, about 40% of the people who had AIDS were gay men.

HIV is highly transmissible through the sharing of needles and other injection equipment, so it can spread very rapidly within networks of PWIDs who share injecting equipment with each other. Once HIV prevalence is high in the PWID population, it can expand quickly into their sexual networks.

Some PWID are also sex workers, which can quickly link HIV transmission in the IDU networks to transmission in the larger high-risk sexual networks.

Since HIV is more transmissible through anal sex than by other sexual practices, members of the transgender population who have many male partners are also at high risk, since many of them engage in anal sex. Because many men who have sex with high risk MSM and transgender individuals also have other partners, both male and female, targeted interventions for these High-Risk groups (HRGs) are strategically critical to controlling the HIV epidemic.

Over the past decade, the boom in online spaces for different purposes also saw the rise of dating apps.

The dating apps and other social media provided space and platform for fulfilling personal needs and desires of individual being, but it also brought forth number of issues surrounding health and wellbeing, including risks of sexual assault and Sexually transmitted infections (STI) transmission. Reports of sexual privacy breaches (in the form of 'revenge porn', or large scale data leaks), along with harassment, sexual assault and murder have raised concerns around the use of dating apps (Dietzel et al., 2019).

Amidst all this, use of online spaces, both dating apps and other social media is on the rise. Currently, little evidence exists regarding the role these apps play in users' everyday negotiations of consent, condom use, contraception, personal safety, and other aspects of sexual health and wellbeing.

A review paper published in the National Library of Medicine studied several research on Sexual Risk Behaviours (SRB) suggests that sexual risks often expanded beyond sexual health risks (of STIs/HIV), including risks of abuse, drug and alcohol use, intimate partner violence, and body dissatisfaction. Whether explicit or implicit, dating/hook-up apps are often presented as facilitators of sex, and therefore they are approached and understood as risky environments. (Castro & Barrada, 2020).

Research studies found that the use of dating applications such as Tinder and Grindr can contribute to a greater performance of risky sexual behaviors, which results in a higher prevalence of sexually transmitted infections (STIs). These studies find a relationship between being a user of dating apps and performing more risky sexual behaviors (e.g., having more sexual partners, less condom use, more relationships under the effects of alcohol and other drugs), both among men from sexual minorities and among heterosexual individuals (Castro & Barrada, 2020).

Public health studies also discuss hook-up and dating apps as potentially useful tools for the promotion of sexual health to "risk populations," particularly young people, and men who have sex with men (Ems & Gonzales, 2015; Holloway et al., 2014; Rendina, Jimenez, Grov, Ventuneac, & Parsons, 2013). For example, Landovitz et al. (2013) used Grindr to recruit Los Angeles−based "Grindr users" for a computer-assisted survey "to characterize the epidemiology, sexual risk behaviours, HIV serostatus and testing behaviour, and

uptake of biomedical HIV prevention strategies". In this context, hook-up apps are framed as "novel technologies" for sexual health research and health promotion (Albuty & Byron, 2016).

Many such studies consider both the risk and promise of apps in the context of other social networking sites. Social Networking Sites (SNS) have the potential to be powerful tools to promote sexual health, sex-positivity, disease prevention, and linkage to care and treatment, they also have the capacity to become risky environments that can compromise interpersonal skills, promote risky norms around sexual behaviours, and foster disease spread.

1.3 Goal and Objectives

The goal of NETREACH is "to accelerate national HIV response to reach first 95 targets, by reaching key and vulnerable populations through virtual platforms."

The objective of the NETREACH project is broken into three financial years starting from 2021-22 to reach 5000 target population , thereafter 15000 target population and last year 20,000.

OBJECTIVES

REACHING KEY AND VULNERABLE POPULATIONS ON VIRTUAL PLATFORMS

It encompass identification of Key Populations (KPs) and their social and sexual networks through Virtual Platform outreach and refer them to HIV prevention programs.

ESTABLISHING LINKAGE TO SCREENING

It strategizes towards strengthening private sector engagement to establish linkage for KP (Virtual platform) towards HIV testing.

COMMUNITY SYSTEMS STRENGTHENING FOR KEY POPULATIONS

It involves building community support, monitoring and documenting meaningful participation of key populations at every level of implementation of the project.

1.4 Target Group

As NACO's estimates suggested to look into the missing million, to reach to the ones who are hard to identify- the main objective of NETREACH project is to find the targeted high risk groups that comprises:

- -Men who have sex with men
- -Female sex workers
- -Male sex workers
- -At risk and vulnerable adolescents and youth

- -Hijra or transgender community
- -Persons who inject drugs
- -Men and women with high-risk behaviours

Through The Humsafar Trust (HST), the objectives of the project have been commissioned and deployed. To identify and reach the target population, a strategic and specific team has been designed.

1.5 About the Manual

The purpose of manual that is developed for the use by agencies, organizations engaged in provisioning services to address the HIV issue. It could be used to train and upgrade the skills of staff in provisioning outreach services, keeping in consideration omnipresence of internet in contemporary societies' lifestyle and choices.

This manual comprises of below mentioned sections with the main focus on the virtual programmatic ways of implementing the project.

Section No	Section Name	Key Contents
Section 1	Virtual Outreach	• What is Virtual Outreach? • Who leads virtual outreach? • What is the purpose of virtual outreach? • Key skill set
Section 2	Virtual Profile on Social Media and Apps	• How to create virtual profile? • Key skill set
Section 3	Navigation and Identification of At-risk Individuals	• How to conduct virtual navigation with purpose of service? • Key skill set
Section 4	Awareness and Motivation for HIV/STI Testing	• How to embed awareness with empathy? • Key skill set
Section 5	Referral to ICTC	• How to guide at-risk individuals for availing ICTC services • Key skill set
Section 6	Counselling HIV+ Clients	• How to counsel HIV+ clients? • Key skill set
Section 7	Counselling HIV+ Clients	• How to counsel HIV+ clients? • Key skill set
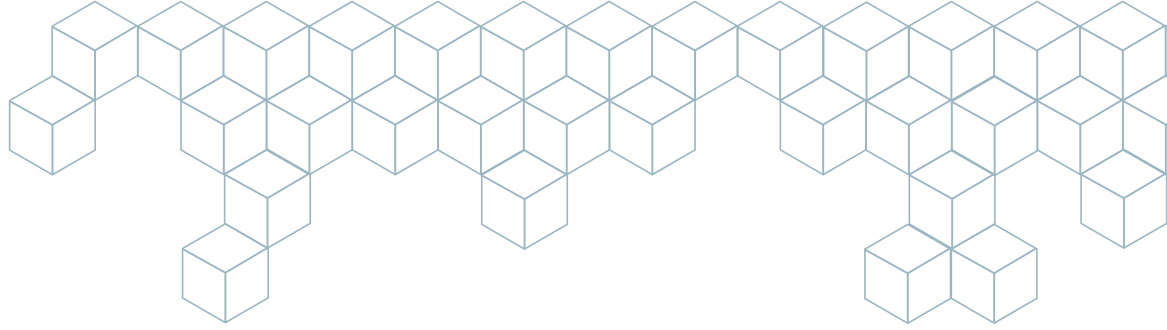
Global Context and Innovation

Chapter 2

Chapter 2: Global Context and Innovation

2.1 An overview of working with online population

Earlier online dating primarily focused on heterosexuals, and the (hetero) gendered aspects of digital dating. This trend, over the course of past decade has evolved, and online spaces for dating have become inclusive and accessible to population who identify themselves other than heterosexual. The use of dating sites also involves negotiating gender – one's own, and that of one's potential partners (Byron & Albury, 2020, 22).

A wide range of dating and hook-up apps are used, but some of the most popular in the contemporary times are Tinder, Grindr, OK Cupid, Bumble, Blued, Planet Romeo, WhatsApp, Instagram, Facebook, Gay Friendly, TAMI, Telegram, Walla, Telephone call, Clubhouse and Mido.

Online mode is used for communication by 80% of the LGBTQ+ community compared to just 58% of the general public. The reason is homophobia, transphobia and the absence of laws protecting queer folks in their offline world. For many adolescents, encrypted communication is the only safe way to express themselves. It ensures that their activities are private and it minimizes the risk of stigma and violence (Encryption: Essential for the LGBTQ+ Community, 2019).

Studies of non-heterosexual online dating commonly centred on gay/queer men and their use of these homosexual focused sites and apps. Research on gay men's digital intimacies has often considered these in relation to cruising , suggesting sites/apps as new 'queer spaces' and sometimes comparing these to gay bars. Like bars, apps are understood as spaces that can offer a sense of community and shelter from more hostile or uncomfortable environments. The association with 'cruising' also suggests the danger and exhilaration that comes with negotiating queer intimacies in public spaces (Byron & Albury, 2020). With some exceptions , there is little consideration of the ways that hook-up and dating apps may contribute to gay men's cultures of intimacy and sexual safety.

Qualitative findings in the study showed that safety was negotiated at many levels of app use – from reading and assessing user profiles, to in-app communication, to meeting in person. Participants typically defined safety in terms of 'feeling safe', including in an emotional sense. Many participants spoke of strategies they have adopted (or heard of others adopting) to make apps feel safer, whether this be precautions against physical harm or emotional fallout. Many of these discussions of safety reflected cultural understandings of gender and who is more at risk in negotiating sex, dating and relationships, and reflect wider cultures of sex and relationships in Australia (Dietzel et al., 2019).

Further, research studies have established that dating apps may be leading to a rise in HIV cases among adolescents. In a United Nations (In Danger: UNAIDS Global AIDS Update) research it was found that growing use of mobile dating apps by young gay men is a major factor in a new HIV epidemic

in Asia (Pinkstone et al., 2015). This report highlighted surge of HIV infections is fastest growing amongst men who have sex with men, and other groups include those who are sexually exploited by or engaged in sex work, people who inject drugs, and young transgender people.

The emerging evidence indicates the need for efficacious engagement in the online spaces, specifically dating sites and apps, to keep the target of ending AIDS by 2030 intact.

2.2 Case-based approaches and Innovations

Across the globe and in India, different innovative approaches, like NETREACH have been adopted to raise awareness on online engagement, risks, and measures which can be undertaken, and systems for facilitating testing and treatment services. These approaches highlight the importance of reaching out to key population at risk and vulnerable owing to their sexual and gender orientation, and engagement on online mediums.

The AIDS Council of New South Wales (NSW, Australia)

NSW conducted a 6-week *Getting It Online program*, as part of a suite of sexual health outreach activities targeting 18- to 26-year-olds. This program addressed a range of health and safety issues associated with the use of dating and hook-up apps (including HIV stigma and racism in online chat forums) within a sex-positive peer education format. The participants in the focus groups were not directly asked about their use of hook-up apps or websites, however, but were invited to respond to popular discussions of sexting in educational materials and popular media texts, including "cyber-safety" messages.

Blue India online safety awareness campaign (India)

To build awareness and ensure online dating app users are safe, Blued India, a social app dedicated to GBTQ rolled out a campaign on social media to promote the essentials of online safety rules as fun posts on its social media handles. With this, Blued also announced the launch of its in-built features that prompt users to prioritize safety while exploring online dating. This initiative educates viewers on the measures one must take to be safe on online dating sites and apps by spreading awareness on how to be more careful while approaching or making an online dating profile.

My Future. My Choice HIV service (Vietnam)

The "My Future. My Choice" campaign, a part of the PEPFAR/USAID-supported Healthy Markets (HM) project, was launched in 2015 to channel the leadership of gay men, other men who have sex with men (MSM), and transgender women (TGW) communities to promote HIV prevention, testing, pre-exposure prophylaxis (PrEP), and treatment adherence as integral components of a healthy life.
I

n an attempt to reach key population community members who currently do not access HIV services, HM worked with MSM and TGW community-based organizations (CBOs) to devise innovative strategies to reach and serve these populations. The approach utilized includes:

1. Xóm Cầu Vồng (Rainbow Village) Facebook page

2. Partnering with gay/MSM dating/hook-up apps (Grindr and Hornet) to promote HIV services.

3. Launching Toi Hen (I reserve), a web-based and mobile app that enables anonymous or confidential scheduling of HIV testing appointments, pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) services, STI screening and treatment, and antiretroviral treatment (ART) enrollment.

4. Capacitating community-based "Online Change Agents (OCAs)" to provide HIV counseling and referrals to HIV testing, self-testing opportunities, and/or direct lay peer-provided HIV testing via Facebook (FB) messenger, Lime/WhatsApp, etc.

5. Collaborating with the Vietnam television series "MTV I Live"

6. Strengthening the capacity of CBOs and introducing social enterprise activities for sustainability

TestXXX (Southeast Asia)

Based in Bangkok, Asia Pacific Coalition on Male Sexual Health (APCOM) is a not-for-profit organisation representing and working with a network of individuals and community-based organisations across 35 countries in Asia and the Pacific. APCOM has a primary focus on HIV because it is a key health issue for gay men and other men who have sex with men in the region.

APCOM initiated first TestXXX pilot program as TestBKK to empower the existing community-based clinics to reach wider audience and more promising behaviour change by harnessing the power of cutting-edge communications and creativity that resonates with today's culture of young MSM. It enables a strong and provocative message by employing and integrating online and offline presence. This was further launched in **Saigon** (2016) as TestSGN, in **Manila** (2017 as TestMNL, in **Jakarta** as TestJKT, in **Yogyakarta** as TestJOG and in **Hong Kong** as TestHKG.

APCOM performs a critical role of community liaison by reviewing and tracking the degree of inclusion of MSM and HIV issues in the national AIDS plans for different countries. They monitor violation of rights of MSM and Transgender and work with MSM and HIV community networks and organizations by offering support and mentorship, and technical expertise. APCOM also advocates for qualitative research and extensive studies, which help policy-makers and service providers in their work.

KNOW4SURE.LK (Srilanka)

KNOW4SURE, is an online reservation system that is convenient means to make reservations for HIV testing services with the National STD/AIDS Control Programme (NSACP) and preferred private

practitioners for rapid HIV screening tests, while handling client data to ensure anonymity and privacy.

It helps key population to go through a short questionnaire to learn about their risk of contracting HIV or other sexually transmitted infections. Then it assists to locate and plan a visit to a clinic for the individual. The app shows individual a list of clinics that are nearest, asks the individual to choose a convenient time, then collects a few more pieces of information to plan reservation – and then reservation is complete

KNOW4SURE also provides services like prevention, treatment or any other sexual health information through their outreach workers and counselors listed on their site. They help individuals to connect with services nearest to individual's location. This system has facilitated accessibility to services with online engagement.
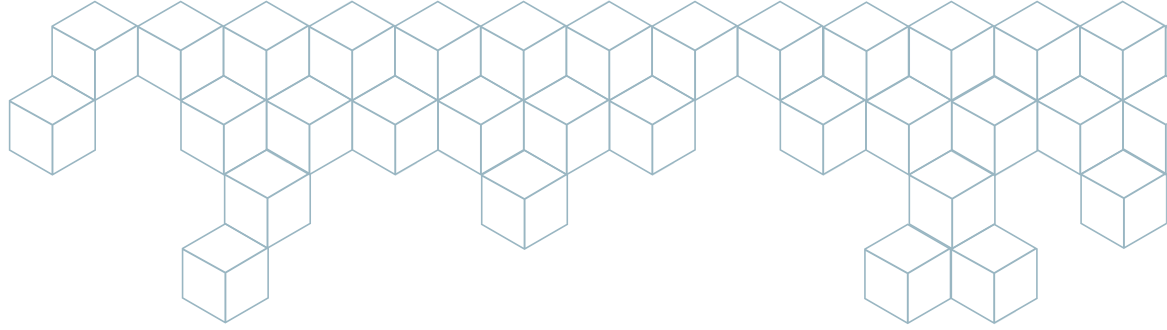
Team Structure and Service Provision

Chapter 3

Chapter 3: Team Structure and Service Provision

3.1 // Team Structure

Since NETREACH is a national level implementation program managed by HST, there are internal and external team stakeholders involved. This section, delves deeper into the both the stakeholders' teams to understand the structure of the overall program.

External Team Coordination:
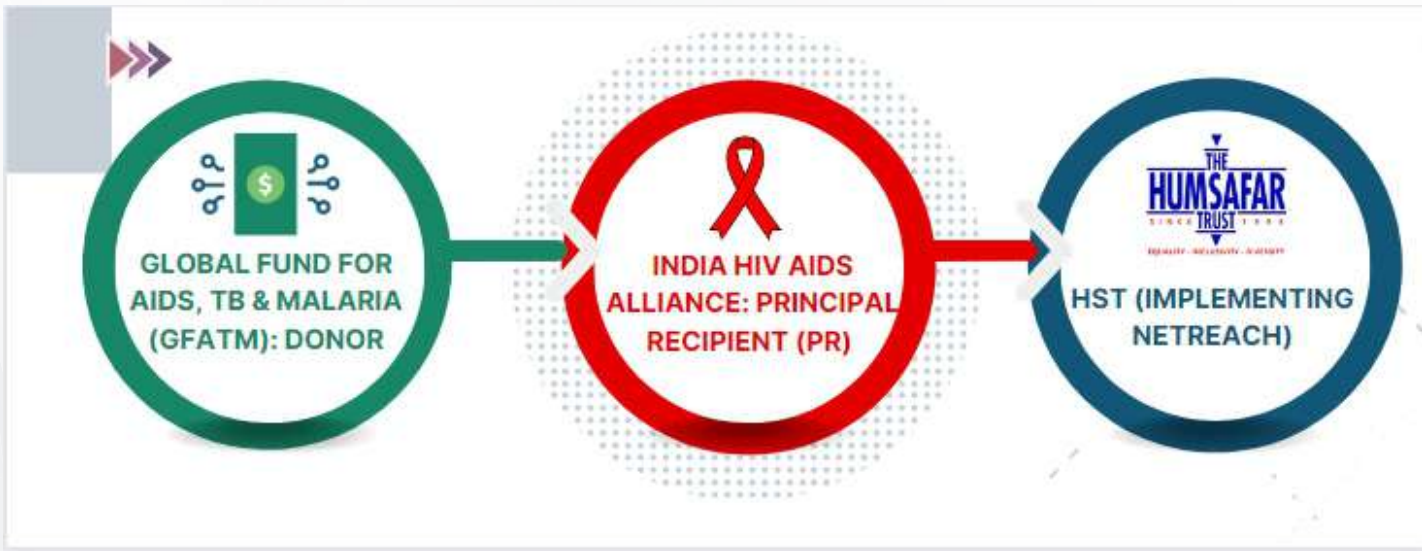
Role of NACO:

NETREACH functions under the aegis of the National AIDS Control Organisation (NACO), Ministry of Family and Health Welfare (MoHFW), Government of India. With support from NACO, HST has been promoting safer sex practices among MSM and TG groups improving access to government healthcare facilities and creating an enabling environment for MSM/TGs on selected sites in Mumbai district.

Role of SACS:

NETREACH's work and mission has an overlap and a potential of greatly enhancing the impacts of the efforts of SACS (State AIDS Control and Prevention Societies)– local bodies responsible for implementing NACO's national program. NACO through SACS and local ICTCs (Integrated Counseling and Testing Centers) has been aiding NETREACH by recognizing and provisioning on ground support to virtual navigators and counsellors in the course of client referral to ICTCs.

NETREACH is working with the SACS in every state to facilitate HIV testing and related services for the target groups. SACS and NETREACH have a symbiotic **bilateral relationship.**

Sharing of data between NETREACH and SACS is being seen as an important step in increasing efficiency of the intervention, it involves data of individuals who have been contacted and if the efforts are causing behavioral changes in the population at risk. The influence of SACS has been a helping and encouraging one on the NETREACH project, they are now exploring the possibilities of increasing the scope of collaboration with NACO's Sampoorna Suraksha Strategy (SSS) which is aimed at stopping the spread of HIV within high risk groups through targeted interventions.

Role of CBO/NGO

HST under the NETREACH project has been engaged with CBOs/NGOs working in the field of HIV/AIDS with a focus on Men having Sex with Men (MSM) and Female Sex workers (FSW) for strengthening governance, strategic planning, financial and accounts management and resource mobilization and fund raising. Technical support is provided for capacity strengthening in KP programming areas including newer community outreach and engagement strategies across the prevention to treatment continuum, behaviour change communication and stigma and discrimination.

Private sector engagement: NETREACH has been sensitizing and bringing private practitioners onboard, and workshops are been conducted to amplify the reach and access. One such workshop was conducted in the southern region in March 2022. The eastern region is going to have a 2nd round of consultation with doctors from the private sector. These engagements are necessary and fruitful, as awareness of doctors on the population that is affected by HIV, and the high-risk behaviors of certain groups is still limited.

Further onsite training for private healthcare providers has been conducted in the South and West India. Private sector healthcare workers (counselors, general practitioners and others) desirous of engaging with NETREACH are connected and shall be engaged.

Internal Team Coordination:

NETREACH project is centrally managed and coordinated, with regional implementation strategies and approaches. Since it is a national program, NETREACH has been divided into four zones covering different states in each zone. All of these zones are supervised and managed by a designated Program Officers (PO). To look into every state level management, every state has a specific Virtual Navigator (VN) who is responsible for the virtual outreach, evaluation and referral. Sometimes, one VN covers more than one state whilst some states may have more than one VN.
Each zone also has a designated counselor who handles not only outreach but also offers counseling support and guidance to at-risk people, HIV positive person.

North India

- Delhi NCR
- Bihar
- Chattisgarh
- Jharkhand
- Chandigarh
- Himachal Pradesh
- Uttarakhand
- Leh- Ladakh
- Uttar Pradesh
- Punjab
- Haryana
- Rajasthan

East India

- West Bengal
- Sikkim
- Nagaland
- Odisha
- Arunchal Pradesh
- Mizoram
- Meghalaya
- Tripura
- Manipur
- Assam

South India

- Tamil Nadu
- Karnataka
- Andhra Pradesh
- Lakshadweep
- Telegana
- Puducherry
- Kerala
- Andaman and Nicobar

West India

- ✓ Maharashtra
- ✓ Madhya Pradesh
- ✓ Dadra & Nagar Haveli
- ✓ Goa
- ✓ Gujarat
- ✓ Daman & Diu

==The entire program is led by the Technical Director in partnership with the Monitoring and Evaluation team that holds the responsibility of data verification, analysis and management.== To manage the volume of the work, the national program management is done by two Regional Program Managers who is engaged into the daily program management, administrative responsibilities, strategic planning and supervision along with representing the external stakeholders in different forums.

All of this programmatic development is progressed in partnership with the **Communications team, IT team** and **finance team** whose core areas of expertise helps to handle the internal dynamics of the project management.

IT Manager · Communication Manager · Monitoring and Evaluation Head · Finance Head · Technical Director

North & East Regional Programme Manager · Project Officer, East

Virtual Navigators, East India
West Bengal, Sikkim, Nagaland, Tripura Manipur, Arunchal Pradesh, Mizoram Meghalaya, Assam, Odisha

Project Officer, North

Virtual Navigators, North India
Delhi NCR, Bihar, Chattisgarh, Jharkhand, Uttar Pradesh, Punjab, Chandigarh Himachal Pradesh, Uttarakhand, Leh- Ladakh, Haryana, Rajasthan

South & West Regional Programme Manager · Project Officer, West

Virtual Navigators, West India
Maharashtra, Goa, Madhya Pradesh, Gujarat Dadra & Nagar Haveli and Daman & Diu

Project Officer, South

Virtual Navigators, South India
Tamil Nadu, Karnataka, Andhra Pradesh, Lakshadweep, Telegana, Puducherry, Kerala, Andaman and Nicobar

3.2 Service Overview

NETREACH primarily provisions HIV/STI awareness, prevention counseling and referral services to the target population defined under the project. These services are provisioned through two mechanisms: 1) Health Related Outreach; and 2) Wellbeing and Rights Related Outreach.
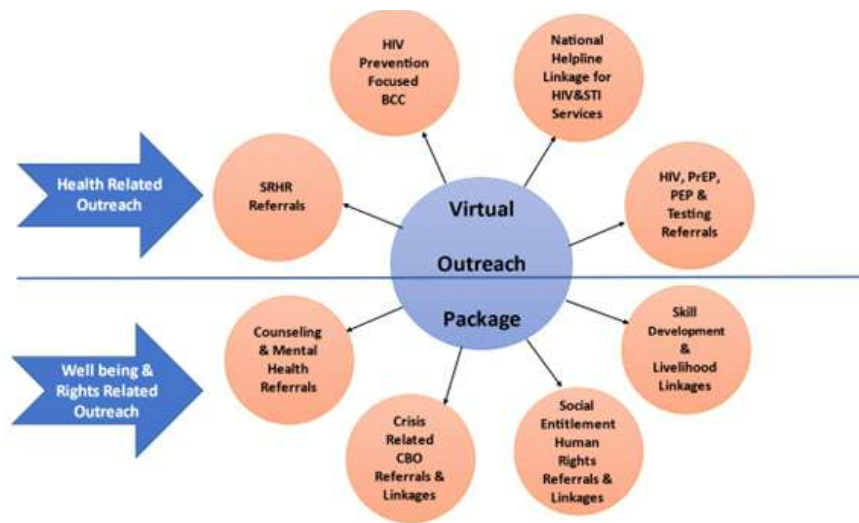
Under the Health related outreach, services provisioned include - Sexual & Reproductive Health and Rights referrals, HIV prevention focused BCC, National Helpline linkage for HIV and STI services, and HIV, PrEP, PEP & testing referrals. Whereas in the Wellbeing and Rights related outreach the focus primarily lays on mental health and human rights. It comprises - Counselling & Mental Health referrals, Crisis related CBO/NGO referrals & linkages, social entitlements referrals, Human rights referrals & linkages, and skill development & livelihood linkages.

Now, to enable provisioning of services detailed out above, a sequential process is employed. The online referral process is depicted below along with description of same.
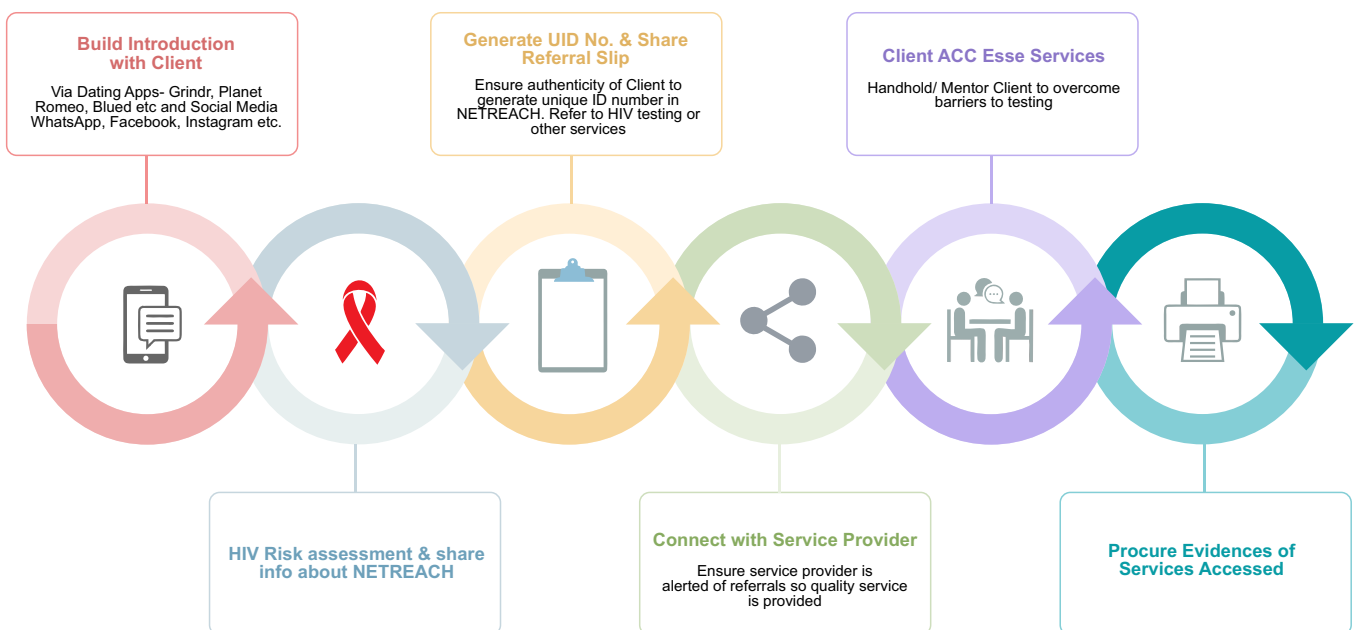
3.2.1 Build Introduction with Client

For provisioning aforementioned services, outreach to key population is done over the online mediums comprising primarily of dating apps and other social media platforms. Listed below are the dating apps and social media platforms approached for the outreach.

Dating Apps

Social Media

Each of these platforms are utilized on priority basis by the outreach team ie the Virtual navigators and Counselors to reach the targeted key population. The most prevalent group amongst the targeted key population, on different apps (listed above), is the MSM community and few members from Transgender community.

The FSW and PWID population is outreached through WhatsApp, and also efforts are put in by VNs to reach them through offline community networking activities. It is crucial to mention that to reach FSWs brokers are the "hindering and facilitating mediators", and as such direct reach to FSW is nearly impossible. On social media, there are hidden groups and communities, where VNs and Counsellors navigate and scout to raise awareness on safe practices and various HIV prevention mechanisms in place.

3.2.2 HIV Risk Assessment and share information about NETREACH

Risk assessment of the KP is done after establishing the connect. This risk assessment is done based on the pre-decided risk factors. Along with the risk assessment, the at-risk individual is also provided an overview of the NETREACH project and different services provisioned. Primarily VNs provide awareness to individuals on sexual health, HIV, STDs, and the importance of testing. It is critical to highlight that connect establishment with "at risk" individual may take few days, weeks or months. It depends upon the individual's personality, circumstances and skill of the VN.

3.2.3 Generate UID Number & share referral slip

Once target key population has been connected, UID number for the individual is generated and HIV/STI Prevention Counseling and Referral is provisioned, based on the expressed need by the individual and risk assessment of the VN. The referral services provisioned under NETREACH involve HIV testing, STI services, PrEP, PEP, HIV/STI counselling including Mental Health Counselling and Referral to TI Services.

3.2.4 Connect with service provider

Service provider is alerted by the VN about the referred individual, alongwith the UID number generated. It is done in order to ensure that quality of services is kept intact seamless service delivery to the individual in need.

3.2.5 Client accesses service

Handholding support is provided to the referred individual along with counseling on any barriers which might come in between the availing of services by at-risk individual. These barriers could primarily be ascribed to the approach/percpetion taken by the individual towards testing services and social stigma attached with it.

3.2.6 Procure evidence of services accessed

Evidence is collected from the at-risk individual on services being availed at the referral centre. It also includes doing follow up with the KP, and guiding on next steps based on the outcome of the testing.

3.3 Private Healthcare providers at Virtual Place

The private health sector has the potential to ease the increasing burden on public health resources, and strengthen the health sector in developing countries. It can play pivotal role in expanding access to quality care to underserved populations and create sustainable health system.

Augmenting the commercial health sector into the health system improves the efficiency of resources and may appear preferable to some clients. Private facilities can alleviate the patient load on public facilities, have shorter wait times, reduce stigmatization, and provide more flexible scheduling (Sargent et al., 2009). Also, some patients perceive private facilities as having more respect for confidentiality and sensitivity toward patient needs.

NETREACH, across different regions, has undertaken efforts to tie-up with private stakeholders for service delivery related to HIV/STI testing. Individual clients are referred with a referral slip and private providers provision required service to people. In this regard, MoUs with private players are signed and some are in the pipeline. Association with renowned testing centres such as Dr Lal Path Lab has been initiated. VN referred KPs do get reliable and discounted services there with confidentiality kept intact.
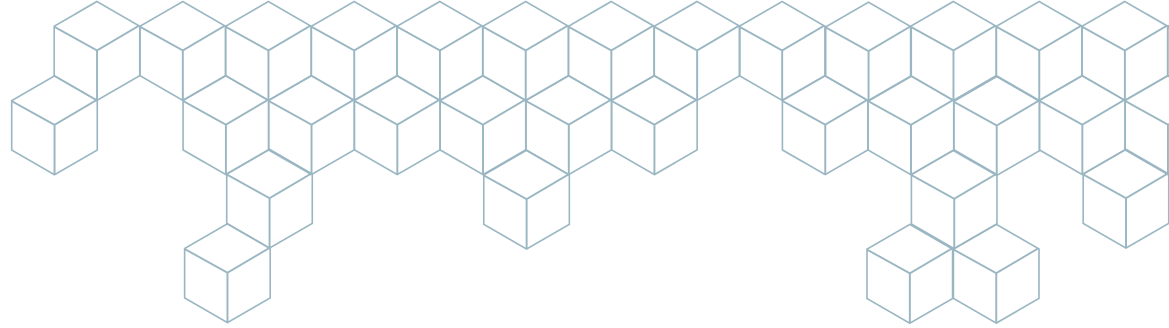
Roles and Responsibilities of Virtual Navigator

Chapter 4

Chapter 4: Roles and Responsibilities of Virtual Navigator

4.1 Introduction

Virtual Navigators (VNs) are the frontline workers, who play a crucial role in conducting online outreach and establishing the first contact with key populations at risk of HIV. In the virtual medium, it is necessary and important that VNs have thorough comprehension about the objective of activity they are engaged in, their own skills, attitude and behavior specifically in the virtual medium. For the purposes of virtual navigation, VNs have been provided with the laptop and mobile to ensure safety and privacy.

4.2 Outreach Process

This section details the steps followed by the VNs to towards outreach services virtually.

Step 1: VN Profile Development on Different APPs and Social Media

Virtual navigation process begins with developing a profile on the social dating apps and social media sites. While developing this profile, due care is given on choice of words in the description and details. This is done by making an appealing and attractive profile, opting for an unusual profile name for example. 'Sexual health?' to produce a curiosity quotient to seek the attention of the target people.

Though there are different ways of building an appealing profile, but based on VNs' experience, it was found that an informative bio helps in gaining the appeal. Another innovative approach, in the profile is use of posters related to sex education and its usage in status space. It raises sense of curiosity among the Key Population (KP) and

Service Delivery Process

1. **VN Profile Development on Different APPs and Social Media**
Virtual navigation process begins with developing a profile on the social dating apps (Grindr, Blued, Tinder, BLUED, Planet Romeo etcetera) and social media sites (Facebook and Instagram).

2. **Outreach, Navigation, and Risk Assessment of Client**
Once the profile is developed, VNs start navigating on dating APPs and social media sites to identify the at-risk individuals and communities.

3. **Information, BCC Messages, Motivating Client to take HIV Related Services**
When the VNs gets assured of having established a communication connect with the individual, then they start with their primary agenda of spreading information, awareness and motivating at-risk individual to get tested and counseled (if needed).

4. **Referral for HIV Testing**
At-risk individuals who confirm to get tested are informed about the nearest ICT center and referral slip is raised for records in the VOR system.

5. **Recording Referred Client Details**
VN records the details of referred client and facilitates the individual in accessing the testing services at the ICTC.

6. **Evidence gathering on service access, linkage with service provider and follow up**
The whole cycle completes with VN gathering evidence on whether service was accessed by the client from the suggested service provider or not.

they contact VNs by themselves if they have some query.

Step 2: Outreach, Navigation, and Risk Assessment of Client

Once the profile is developed, VNs start navigating on dating apps and social media sites to identify the at-risk individuals and communities. VNs ping and try to reach out to identified at-risk individual. The initial conversation is generally kept casual (for comforting and rapport building), wherein formal greetings, individual general interests are discussed. Communicating with decency and use of the polite tone, has been found to be a facilitator in establishing a comforting communication equation with at-risk individuals.

At times outreach also happens through existing physical network of people from the community. Substantial number of navigators in the four regional teams have already been working with the community for a long time, so building trust and finding connections is easier.

At this stage VNs also conduct risk assessment of the client based on the pre-defined risk assessment indicators. Risk assessment enables VN to prioritize cases, based on the risk ranking of the client.

Step 3: Information, BCC messages, Motivating Client to take HIV related services

When the VNs gets assured of having established a communication connect with the individual, then they start with their primary agenda of spreading information, awareness and motivating at-risk individual to get tested and counseled (if needed). VNs, being the brand ambassadors of NETREACH inform individuals about the activities being conducted under the project for awareness building and facilitating access to services on sexual health, HIV, STDs, along with major impetus on importance of testing. In the process of regular communication by VNs, which may span from few days to a few weeks, with at-risk individuals, some of the individuals (at-risk) agree to get their testing done.

During the conversations, at times, VNs also find themselves in a situation wherein at-risk individuals seek counselling from VNs on personal issues (gender identity/crisis, threat from family/sexual partner etcetera). In such cases, they provide basic counselling, and in cases where, the issue at hand is beyond their capacity to deal with, they refer it to their respective regional counsellor.

Step 4: Referral for HIV Testing

At-risk individuals who confirm to get tested are informed about the nearest ICT center and a referral slip is raised for records in the Virtual Outreach system. Usually, when at-risk individuals agree for testing, they do exchange contact number with respective VN.

Step 5: Recording Referred Client Details

VN records the details of referred client and facilitates the individual in accessing the testing services at the ICTC. It is important to highlight that this support system established for the at-risk individuals

Step 6: Evidence gathering on service access, linkage with service provider and follow up

The whole cycle completes with VN gathering evidence on whether service was accessed by the client from the suggested service provider or not. This enables in ensuring that client accesses the service. After that follow up with clients who are in receipt of their test results is done. If a VN finds the case to be positive, then that individual is counseled initially by the VN and individual is motivated and guided on further course of treatment.

4.3 Capacity (Skill, Knowledge and Attitude)

In this section, details of VNs' capacity requirement for the efficient and efficacious delivery of their responsibility are listed. Once the VNs are recruited, they are orientated about the project and key concepts related to the service delivery. VNs, further are trained in-house on communication and handling data according to the code of conduct.

VNs should have atleast completed secondary education from any education board in India and are 18 years or above. The capacity and skill set are discussed below.

- **Knowledge of dating apps, social media platforms and MS Office**

  The first and foremost skill, expected in the VN is knowledge of dating apps and social media. It is essential that VN is comfortable and familiar with dating apps and social media. This familiarity and knowledge of VN enables seamless onboard training and equipping VN with pace and precision for project objective delivery. In addition to that VNs must know how to use VPN or GPS emulator to reach out in different cities. Further they should be well versed in basics of MS office for recording the virtual outreach data.

- **Communication**

  The communication skills of VNs become crucial amidst the virtual engagement for awareness and motivating at-risk individuals to avail HIV/STI testing services. Under this, ability of the VN to communicate through text, keeping consideration of virtual communication etiquettes becomes crucial. In the virtual communication etiquettes, greeting gestures, tone of words, calmness and empathy are significant to be held by any VN during the expression by at-risk individuals.

  In addition to that knowledge of colloquial/vernacular terms used in the community in particular region also plays crucial role in establishing an emic perspective. VNs' knowledge and ability to communicate in regional language establishes confidence and comfort in at-risk individual.

- **Subject Matter Knowledge**

  Basic knowledge on HIV/STI, different government services and issues faced by the LGBTQI

community members are an important prerequisite. It has been observed that VN, if belongs to the ==LGBTQI community,== then it becomes an added advantage for the project and peers of VN in terms of experiential community knowledge resource.

- **Liaison with external stakeholders**

Existing familiarity or visibility of the VN with external stakeholders (SACS, CSOs, Community Groups) in the region of operation, provides smooth pathway in establishing credibility and rapport with at-risk individuals. If a VN has previous exposure and experience of working with the community, it helps in spreading the word about the project and services faster among the community members.

Anonymity as an engagement practice is carried too out by at-risk individuals while navigating through dating APPs and social media groups. In such a scenario, VNs apply anonymous account strategy navigation for the outreach on dating APPs and social media. Under this anonymous account is created by VN for outreach and motivating at-risk individuals to avail testing services.

- **Training**

To strengthen the VNs ability for provisioning services under the project NETREACH, they are trained on the following:

- Basic orientation about the project
- Virtual outreach and navigation training
- Counselling training
- Database management ==(virtual outreach sheet)==

4.4 Risks and mitigation

Owing to virtual nature of VNs' engagement, there are no physical risks involved as such. However, at-risk individuals' online behaviour and attitude during online engagement raises certain substantial concerns regarding risks to mental health of virtual navigators. some of the tentative risks are listed along with mitigation strategies.

- Some of the at-risk individuals do issue **online threats**, along with need for additional attention, thus causing requirement of extra effort from VNs. Specifically for such cases, VNs should handle them calmly and if need be then discuss the same with peers, counsellor and project officer.

- Engagement of ==VNs in the outreach may affect the mental health of VNs, due to continuous online engagement and different kinds of conversations with individuals from key population, wherein lewd comments may be passed or sexual favors asked.==

In such a scenario, it becomes essential for the VN to discuss it with peers, who they feel comfortable sharing with. In the event of heavy toll on mental health, it is advised that professional help is sought.

- VNs might encounter negative and inconsiderate remarks from the KPs. In such cases, they should keep their calm and respond in a non-hostile tone. They should try to understand KPs situation and steer conversation towards importance of HIV testing and avenues available for same.

- VNs might get involved into a midstream if the KP is dealing with some issues such as getting blackmailed, household feuds, mental health traumas, etc. If VNs find themselves in this scenario, then they should inform their respective counselor and PO, and seek their advice on further course of action.

- There is a considerable risk involved in sharing personal details such as contact number or location by VN with the KP, as they don't know them on a personal level. VNs should ensure that relevant details such as name and number is shared only and if location is sought by KP, then they should provide address of regional project office.

4.5 Dos and Don'ts

In the following section, do's and don'ts are listed for the VNs, while delivering services in virtual environment.

Dos

- **Remain empathetic and patient** with at-risk individuals, as they go through lots of mental and physical stress, and they require substantial time to get comfortable in sharing things with VNs.

- Begin the conversation in a casual tone.

- Ensure the usage of apt and sensitive words.

- Remain empathetic with the clients to build trust and rapport.

- Remain patient while conversing (especially when at-risk individuals do not respond for days).

- Try to resolve the queries of clients and disseminate information as they ask to gain their trust.

- Use GPS emulator or VPN to reach out in different locations.

Don'ts

- Don't use your original name for outreach.

- Don't accept any sexual favours or gifts.

- Don't lose your temper if you receive a negative response.

- Don't cross professional boundaries and refrain from maintaining any personal connections.

- Don't be judgmental about the client's situation, sexual preference, queries, issues, etc.

- Don't force the clients to go for testing.

- Do not act as a bot in connecting with clients

- Do not share your personal number or picture.

- Avoid getting personally invested in the client's journey to safeguard one's own mental health
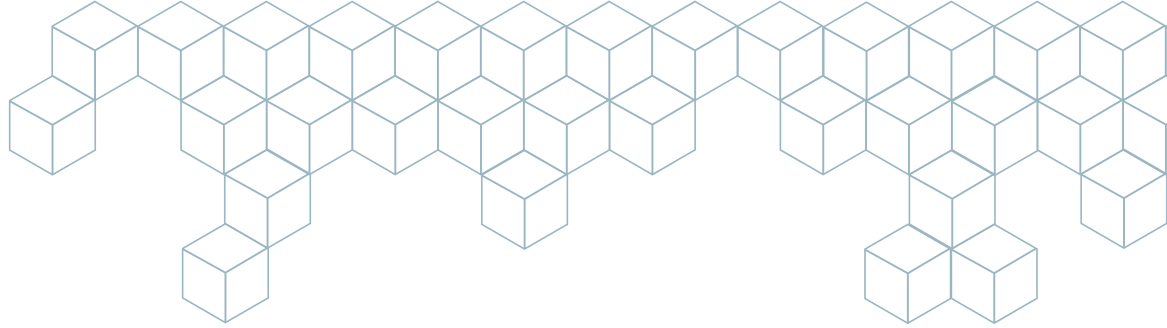
Roles and Responsibilities of Online Counsellors

Chapter 5

Chapter 5: Roles and Responsibilities of Online Counsellors

5.1 Introduction

Online counsellors play an important role in the virtual outreach program. Currently there are four counsellors, spread across northern, eastern, southern and western region of the country. The counselling services provisioned are on need and case by case basis.

In addition to counselling, they work closely with project officers, in provisioning backend support to VNs for service delivery. They play pivotal role in the training of VNs and also monitor data from virtual outreach along with POs. They also liaison with private healthcare professionals for building partnerships with aim of achieving project objectives.

5.2 Service Delivery Process

Primarily counsellors counselling at-risk individuals referred by the VNs with the objective to support the at-risk individual come to terms with their mental health, emotional health and sexual health. In the section below, detailed listing of services performed along with the process is discussed.

5.2.1 Counselling

Process of counseling is initiated on need and case basis. Based on the report of VN, if an at-risk individual requires counselling then they are contacted over the phone. Counsellors, then provision counselling telephonically and the information/data on counselling session is manually updated into the sheet.

In case, an at-risk identified individual's test comes HIV positive, then advanced counselling is also provisioned by the counsellors, based on VN's assessment and report.

Counsellors too, engage in virtual navigation and motivate at-risk individuals for testing by raising awareness and informing them about the services offered under the project. In case, an at-risk individual seeks mental health counselling, but counsellor, based on professional assessment, feels that individual is having high risk behaviour then counsellor directs individual for testing too.

Further, counsellors also counsel, informally, VNs on day to day queries of VNs based on their virtual engagement experience. They guide the VNs with approach and strategy for dealing with at-risk individuals with highly difficult attitude.

5.2.2 VN Capacity Building and Data Monitoring

Counsellors, owing to the subject and communication expertise, engage in building capacities of the VN. The training sessions conducted by the counsellors vary vary from basics of HIV/AIDS to field

based knowledge/skill challenges raised by VNs. These sessions are conducted in-house and region specific, as each counsellor is responsible for specific region.

In addition to capacity building of VNs, counselors also support POs in data monitoring (quality assurance) from the VOR sheet.

5.2.3 Liaison with Private Healthcare Professional

Counsellors, owing to nature of their primary engagement, also liaison with private healthcare practioners for building partnerships and sensitization.

5.3 Capacity (Skill, Knowledge and Attitude)

The counsellors are key technical experts with subject knowledge and previous experience of counselling. In this section key capacity attributes of counselors are listed which enable due fulfilment of their role. Aside from the below mentioned capacity and skill sets, counselors should have atleast completed diploma/degree in counselling and are 25 years or above.

5.3.1 Counselling and Communication

The counsellors shall have formal academic qualification and experience of counseling on HIV/AIDS. This becomes crucial as they not only have to counsel the at-risk individuals, but also provide backend support to VNs with strategic communication and virtual engagement approach. The counselors appointed, do have previous counselling experience and some of them have experience in tele-counseling over the AIDS helpline 1097.
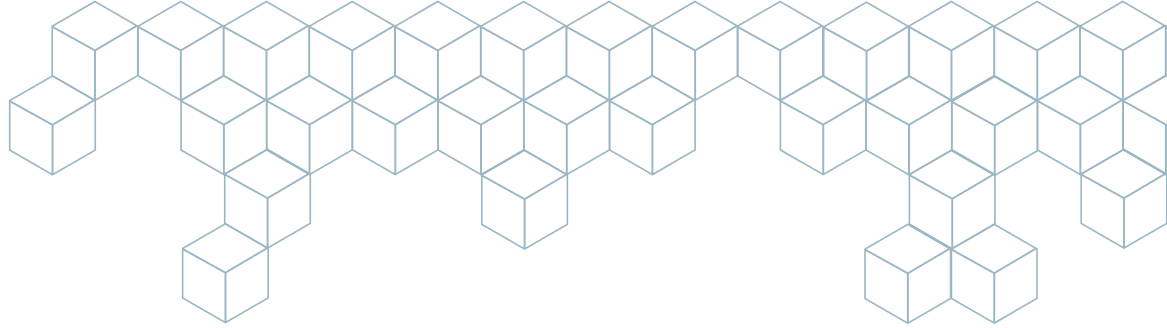
Despite being an inevitable skill in counselling profession, it still becomes important that counselors are expected to display an advanced level of communication skill along with knowledge of language(s) in the region of operation. Although, English is the primary language of communication over dating apps and social media, but most people using dating apps have only basic knowledge and understanding of English. In this backdrop, lack of knowledge of regional language might act as a barrier while establishing a a rapport, specifically in rural regions of the southern region.

5.3.2 Community Knowledge

Given the nature of virtual engagement, along with perceptive thinking, it is crucial that counsellors have fair understanding of the community (MSM, FSWs, TGs and PWIDs) that is involved in high-risk behaviour.

5.3.3 Knowledge Management and Application

Counsellors, over the course of their engagement with at-risk individuals and VNs, synthesize and gain knowledge based on practical experience. This vast treasure of knowledge is crucial for continuity in evolution of virtual outreach engagement approaches and strategies.

Role of Innovative Communication Approach

Chapter 6

Chapter 6: Role of Innovative Communication Approach

The communication approach in the virtual engagement scenario with at-risk individuals has to be user friendly along with consideration of its utility in achieving the intended objectives of the NETREACH project. The communication approach at different levels has been unique and region specific. In this section components of communication approach are detailed out.

Innovative approach for Virtual Outreach

Based on the collective feedback on outcome, it was realized that a social media bio is not very effective, as it escapes people's attention. So a poster was introduced which had a navigator's photo, contact details and details of the services provisioned. It was initiated for social media messaging, and the number of responses increased, so that's one innovation that came out of the eastern region.

6.1 // Communication Material for Virtual Outreach

Different communication material comprising informative posters, contemporary development brief, press releases etcetera are developed by the communication wing in partnership with regional teams and circulated over different media including social media.

NETREACH, being the first of its kind program for outreach and awareness, has been evolving the communication strategies. Earlier, the introduction used to be through a bio on social media sites informing about the NETREACH programme and contact details.

A message matrix based on FAQs on HIV, STDs, testing, sexual choices was also developed for VNs, which comes handy while doing outreach and counselling.

6.2 // Campaign

The campaign with national reach will aim to spread knowledge about the NETREACH initiative. It is focused on – Spreading knowledge about choices while dealing with HIV, and about testing centres.

It is envisaged that the campaign will direct at-risk individuals, across India, seeking services to the NETREACH website. It will further inform about sexual awareness, HIV testing, post infecting steps to be taken, how to use contraceptives and sexual wellness products in the high-risk communities.

The communications campaign is aimed at spreading information for the campaign, the engagement involves development of brochures, working with influencers, creating videos etc. The distribution mechanism involves deploying advertisements on Tinder, Grinder and other dating sites.
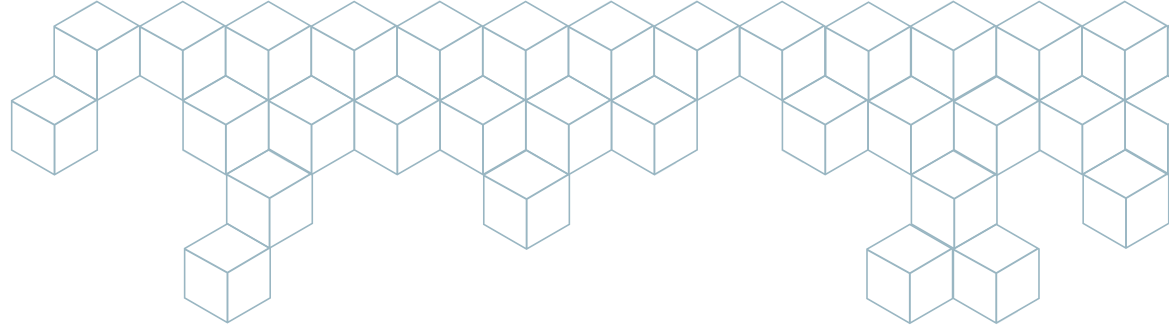
Role and Responsibility of Monitoring and Evaluation towards Management Information System

Chapter 7

Chapter 7: Role & Responsibility of Monitoring & Evaluation towards Management Information System

7.1 Process life cycle

The communication approach in the virtual engagement scenario with at-risk individuals has to be user friendly along with consideration of its utility in achieving the intended objectives of the NETREACH project. The communication approach at different levels has been unique and region specific. In this section components of communication approach are detailed out.

NETREACH understands the importance of having a Management Information System (MIS) for managing the data. The MIS aims at capturing the data and the subsequent workflow that is attached to the mandate of the program.

The objective of the MIS is to generate an evidence-based system. The MIS serves as a reporting tool in addition to bringing transparency and robustness to the program implementation. The MIS is being used by all the users involved in the process. The user includes Virtual Navigator, Program officer, Counsellor, and the Administrator.

The Information and Communication Technologies (ICT) system caters to the following user groups

1. General Client
2. Virtual Navigator (VN)
3. Counsellor
4. Program officer (PO)
5. Administrator

7.2 Workflow over Website

General Client

There is a public interface available for people to have their risk assessment. The URL is www.netreach.co.in/ .

In this system, the client can choose a preferred state and then select from listed centres, the system will generate an e-Referral slip through mail or WhatsApp, and is sent to three people– the client, the VN, and the service provider. VN can see number of clients who have taken appointments or taken the test and help in facilitating the process. VN can contact the client for assistance or ask for a report. Clients can opt for counselling on the website and the Counsellor can see the reach out. The VN reports to the PO, and the PO further approves the record of the client only after that the records are visible to the core team or to the M&E team.

Virtual Navigator (VN)

VN has access to the MIS where they can see the clients who applied for testing, the statistics about how many clients are registered, and how many of them are tested with the related data. The VN can also upload evidence/documents to the MIS. VN can send a particular client to a counselor using the MIS platform.

The MIS provides an option for VNs can also download the data in the form of an excel sheet.

A unique invitation link for different social and dating sites can also be generated and shared. The link will record which VN and medium via which a client has reached the NETREACH website or the facility. VNs can also create a manual appointment/record for people who can't operate or have a mobile/internet connection etc.

It is also important to note that there are data-related activities being practiced without using the MIS. The Virtual Navigator keeps the list of the target population contacted in an excel sheet. This data is reported to their team lead on monthly basis.

Counsellor

Counsellor reaches out to the target population after having the basic details captured in the MIS and the VN completes the pre-counselling activity. It is done telephonically and the data is manually updated in the MIS.

Program Officer (PO)

Pos are designated to approve or disapprove any record. PO can see the activity log of everything in their region.

They can see the activity being performed by the VN in the MIS. But the activity log of day-to-day work is kept in excel format and that remains outside the scope of the MIS.

Administrator

The administrator can see the data related to testing, counselling, and approval from POs. The data presented may be They can filter data filtered according to the region and other relevant parameters such as VN involved, Stage of engagement and geographical region. The data can be exported the same in the given format in CSV (Comma Separated Value) format.

The Administrator is also designated for the user management, and it includes User Creation, Enabling/ Disabling, and assignment of a user to a given role such as VN, PO or counsellor. and The user may also be allocated to a particular location using the MIS interface by the administrator.

7.3 Reporting Mechanism

The project reporting mechanism is systematic and functions as per the pre-decided communication frequency. The data on individuals outreached is recorded daily on the VOR sheet by the VNs. Similarly, data on individuals counseled and outreached to by the counselors is recorded in their sheet by counselors. Further, these data sheets are submitted to Regional Project Officer (RPO) on weekly basis. Data quality assessment and vetting is done by the respective RPOs.

Further, RPOs submit data and project updates with a consolidated regional report to their Program Manager. Every interaction is recorded in the VOR sheet and all the documentary evidence is recorded in database along with referral slips, reports etc. The names of clients are recorded with confidentiality mechanisms in place.

Centrally, monthly meeting is organized where all the VNs, the project officer and the M&E team come together to deliberate upon project process, share issues challenges and strategies adopted. The team members across different regions share insights about their experiences, comprising of interaction with the community, and contacting hidden groups on social media etc. These interactions, where whole team facilitates networking and collaboration across for dealing with cases of crisis/emergency such as situations like people being drugged or cases of violence etcetera.

This platform has enabled development of one -to- one relationship amongst VNs which has enhanced their learning, growth and development of informal bonding.

7.4 Data Privacy/Data Encryption to maintain the privacy

This is a web-based MIS being developed using an open-source development framework. The obvious

advantage is there will be no challenge in the scalability of the application. The backend is MySQL, and the frontend is developed using a Laravel framework.

MYSql is an open-source Relational Database Management System to store the data in a systematic manner. It is globally know as one of the most versatile and powerful data storage.

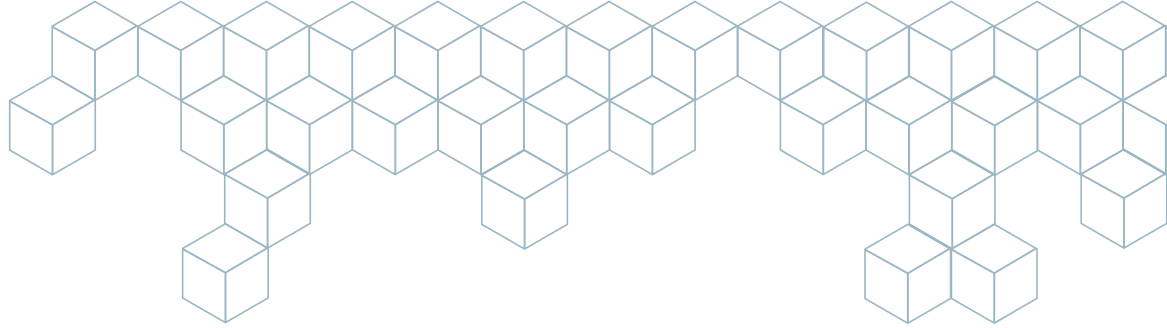Laravel is a PHP based open-source development framework being used for developing the MIS.

OTP-based authentication is being initiated using email and SMS as the delivery method. This is also to implement single sign-on via Google and Facebook as it will give us a contact point to reach out to our clients.

The website will be available in English and Hindi multiple languages and work is in progress.

7.5 Key Performance Indicators and Visualization

The key performance indicators which are tracked to monitor project progress are listed below with description of each indicator. These indicators are tracked on monthly basis by the M&E team located at HST headquarters (Mumbai). The data arising from these indicators further help in developing strategic planning.

Sl No.	Indicators
1.	Linkages to Referrals for HIV related services (HIV, STI, HIV/STI and Mental Health Counselling, PrEP, PEP, TI services)
2.	Individuals tested for HIV
3.	Individuals tested found HIV positive
4.	Individuals found HIV positive linked to ART services
5.	Proportion of key population identified at virtual platform and referred for HIV related services
6.	Training of Health Care Providers
7.	Training of community champions
8.	Technical assistance to CBOs for strengthening organizational governance
9.	Innovative seed grants award to CBOs
10.	Development of innovative communication materials

Virtual Outreach Manual

Chapter 8

Chapter 8: Virtual Outreach Manual

8.1 // Virtual Profile on Social Media and Dating Apps

8.1.1 How to create virtual profile?

Before a VN starts virtual navigation, a virtual profile has to be developed on the dating apps (Grindr, Blued, Tinder, BLUED, Planet Romeo etcetera) and social media sites (Facebook and Instagram). This profile is representation of VN in the virtual reality space, hence it becomes important to understand basic considerations, listed below, while creating a virtual profile.

1. Selecting a profile name which is contemporary and colloquial to region specific of operation.

2. Develop a creative profile picture. It could have an interesting caricature, aphoristic expression on HIV/STI or services or any organizationally decent expression which stands out of the ordinary.

3. Next step in the profile creation is profile/biographic description. Keep following in consideration:

   a. Ensure that choice of words in the description and details are appropriate, and make an appealing and attractive disposition of VN. E.g. unusual profile name such as '**Sexual health**?' to produce a curiosity quotient to seek the attention of the target people.

   b. An informative profile/biographic description enables generating curiosity amongst the tentative profile visitors.

   c. Another innovative approach, in the profile/biographic description is use of posters related to Sex education and its usage in status space (for Apps and social media such as Whatsapp, FB, Instagram etcetera). It raises sense of curiosity among the Key Population (KP) and they contact VNs by themselves if they have some query.

Group Task for Training/Workshop on Virtual Outreach

✓ Ask the participants in the workshop/training to develop a virtual profile on any social media/Apps.

✓ Ask them to keep aforementioned points in consideration while developing this profile.

✓ Once the participants have developed the virtual profile, ask them to present it to the group.

✓ Note down key points from the participants' feedback on individual virtual profile presentation. In the end summarize the key points/consideration reiterating

8.2.1 How to conduct virtual navigation with the purpose of service?

Upon completion of profile development, the next step is virtual navigation. In the contemporary time, when internet browsing is becoming synonymous with daily do-to-activities, VNs are expected to be familiar with basic internet browsing. In the context of VNs' internet browsing for service provisioning, virtual navigation becomes a targeted activity with specific purpose. VNs navigate on dating appss and social media sites to identify the at-risk individuals and communities. Following are the key considerations to be kept while conducting virtual navigation:

1. Cursory scrolling through different profiles. VNs should begin virtual navigation by doing cursory scrolling of different profiles. While doing this, they should mark the profile, which they would ping.

2. Pinging identified at-risk individuals' profile. Scroll through VNs ping and try to reach out to identified at-risk individual.

3. Once VN has pinged the at-risk individual's profile, begin with the initial conversation. Keep this conversation casual, as it is first step of connecting with the targeted individual and it should be comforting and build rapport. It should involve:

   a. Formal greetings with decency and use of the polite tone

   b. Asking about individual general interests

Note: While doing, virtual navigation, VNs should keep the importance of physical networks in consideration for leveraging and connecting with at-risk individuals on virtual platforms. As at times outreach also happens through existing physical network of people from the community. The NETREACH experience shows that substantial number of navigators in the four regional teams have already been working with the community in the region for a long time, so building trust and finding connections is easier.

Group Task for Training/Workshop on Virtual Outreach

1. Ask the participants in the workshop/training to conduct virtual navigation through the virtual profile created by them during previous step on any social media/Apps.

2. While they start the virtual navigation, ask them to keep aforementioned points in consideration.

3. Give them 10 minutes to do virtual navigation.

4. Once the participants have completed virtual navigation, ask them to share their experience with the group. In this participants can highlight on how they went about scrolling profiles, identifying at-risk individuals and initiating conversation.

5. Note down key points from the participants' feedback on individual presentations.

6. In the end summarize the key points/consideration reiterating aforementioned points in a broader context.

8.3 Awareness and Motivation for HIV/STI Testing

8.3.1 How to embed awareness with empathy?

Once the VN builds rapport and establishes communication with the at-risk individual, then the primary agenda of spreading awareness and motivating at-risk individual to get tested and counseled (if needed) arises. Below some key considerations are listed:

1. VNs should start with informing at-risk individuals about importance of keeping oneself upto date on matters concerning sexual health, HIV, STI and STDs. For doing this, it is important that VNs are themselves aware on aforementioned subjects

2. After that, VNs should inform at-risk individuals about the activities being conducted under the respective program for awareness building and facilitating access to services on sexual health, HIV, STDs. While informing the VNs should lay major impetus on importance of testing and motivate the individual towards undertaking the test.

3. During the conversations, at times, VNs might find themselves in a situation wherein at-risk individuals seek counseling from VNs on personal issues (gender identity/crisis, threat from family/sexual partner etcetera). In such cases, they should provide basic counseling, and in cases where, the issue at hand is beyond their capacity to deal with, they should refer it to the counselor listed with them for counseling referral.

4. VNs will have to keep the engaging communication loop with at-risk individuals, which may span from few days to a few weeks. It is only then that some of the individuals (at-risk) might agree to get their testing done.

Role Play

1. Inform the participants in the workshop/training that now they will do a role play on virtual medium, wherein a dyad will be formed with one participant playing the role of at-risk individual and other playing the role of VN.

2. Divide the participants in the workshop forming dyads.

3. Ask the participants to start the role play on virtual medium from their respective virtual profile.

4. While they start the role play exercise, ask them to keep aforementioned points in consideration.

5. Give them 10 minutes to do role play.

6. Once the participants have completed, ask them to share their experience with the group. In this participants can highlight on how they went about informing at-risk individuals, raising awareness and motivating, and convincing them to get tested.

7. Note down key points from the participants' feedback on group presentations.

8. In the end summarize the key points/consideration reiterating aforementioned points in a broader context.

8.4 Referral to Integrated Counseling & Testing Centre (ICTC)

8.4.1 How to guide at-risk individuals on availing ICTC service?

The next step is to guide at-risk individuals who confirm to get tested. Following steps with key considerations are to be followed:

✔ Inform at-risk individual about the nearest ICT center.

✔ Raise referral slip for records in the Virtual Outreach system.

✔ VN should facilitate & guide the individual in accessing the testing services at the ICT. It is important that this support system for the at-risk individuals continues even after the testing is completed.

8.5 // Counselling HIV+ Clients

8.5.1 How to counsel?

Once the at-risk individual gets tested, follow up is done on test results. If an at-risk individual is found to be HIV+ mentioned below steps are along with key considerations are followed:

1. If an HIV+ case is found, then that individual is counseled initially by the VN. VN also provides guidance on ART and various steps (Though it is provided at ICTC, but VNs provide further guidance based on established rapport with individual)

2. Guidance and motivation is provided to HIV positive individual by the VN on further course of treatment.

3. If during the conversation with HIV+ individual, need for advanced counseling is realized then they are referred to listed counsellors by the VNs.

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Abbreviations

ART: Anti-retroviral therapy

FSW: Female Sex Workers

GFATM: Global Fund to Fight AIDS, Tuberculosis and Malaria

HIV: Human immunodeficiency virus

HRGs: High-Risk groups

HST: The Humsafar Trust

ICTC: Integrated Counselling and Testing Centre

IDU: Injection Drug Use

KP: Key Population

LGBTQ: Lesbian, gay, bisexual, and transgender

MIS: Management Information System

MoHFW: Ministry of Health and Family Welfare

MSM: Men who have Sex with Men

M&E: Monitoring and Evaluation

NACO: National AIDS Control Organization

NACP: National AIDS Control Program

NSACP: National STD/AIDS Control Programme

NSW: New South Wales

OCAs: Online Change Agents

OCs: Online Counselors

PEP: Post-exposure Prophylaxis

PO: Program Officer

PrEP: Pre-exposure prophylaxis

PLHIV: Person living with HIV

PWID: Person Who Injects Drugs

RPO: Regional Program Officer

SACS: State AIDS Control and Prevention Societies

SNS: Social Networking Sites

SRB: Sexual Risk Behaviours

STDs: Sexually Transmitted Diseases

STI: Sexually Transmitted Infections

TGW: Transgender Women

UNAIDS: United Nations Programme on HIV and AIDS

TIs: Targeted Intervention services

VNs: Virtual Navigators

VPN: Virtual private network

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