

# PROGRESS REPORT

**AUSAID**

## **Joint Programme on HIV and AIDS Prevention and Care In the North East**



Reporting Agency: [**UNAIDS**]

Country: [**India**]

Reporting period: [April 2010-March 2011]

Date of Submission: [July 2011]

## 1. Key Results

Staffing: The North-East Regional Office (NERO) of National AIDS Control Organization in Guwahati funded by AusAID is staffed with technical officers in key areas of monitoring and evaluation, training, finance, mainstreaming, planning-coordination, targeted intervention for female sex workers and Men who have sex with Men in addition to the posting of 28 project officers at sub state level for support and mentoring the 250 targeted intervention programs in eight north eastern states. The Bill and Melinda Gates Foundation have also seconded professionals at NERO to support targeted interventions and decentralization at the District level. Following resignation of the Team Leader, NACO has advertised the position and is finalizing awaiting recruitment of the Team Leader. In the mean time a senior NERO staff is Officer-in-Charge.

Institutional development: The NACO Northeast Regional Office (NERO) is a unique partnership between AusAID, UNAIDS and NACO. It's the first regional office to be established by NACO, which has strengthened the support for the Northeast States and improved the overall implementation rate of the programme especially targeted intervention and strategic information in addition to building capacity of SACS and district level units. With a stronger Regional Office, NACO has delegated more authority and decision making at the local level by expanding the operational domain of NERO from seven states to eight states (Sikkim included). NACO is exploring the possibility in future, to place the office under the overarching mechanism of Government of India's support to North East states i.e. through Department of North East Region, a decision making body for development of North eastern states.

Project implementation: The project has two main components: support for the NE Regional Office and technical assistance mobilized through the UN agencies. The NE Regional office established in early 2008 has shown encouraging improvement in providing support to the national program implemented through the State AIDS Control Societies (SACS). The efforts are reflected in increased utilization of funds, program uptake and innovative initiatives taken on by states to meet the local challenges through existing mechanisms.

Joint UN Plan for the North East provides technical assistance to the States to assist in the scale up of the programme and improve the quality of interventions. UNODC and UNICEF have offices in the Northeast and UNDP and UNAIDS Secretariat have placed staff at NERO, The Joint UN initiative, in close collaboration with NACO, NERO and SACS, contributed to strengthened implementation, mobilization of Faith Based Organization (FBOs), advocating the needs of PLHIV, addressing the issue of stigma- discrimination and improving the capacity of SACS to generate and utilize strategic information.

## 2. Objectives Summary

- a. To build the capacity of State AIDS Control Societies of NE in the areas of strategic planning, coordination, monitoring and evaluation for integrated response to HIV-AIDS in each of the four states:  
Provide technical assistance to generate evidence, on epidemiological situation in the states of Manipur, Meghalaya, Nagaland and Mizoram; in addition to understanding the risk behavior of population in the state of Manipur. Support District AIDS Prevention Control Units (DAPCUs) in all 25 high prevalence districts in strengthening the decentralized programme implementation till the field level.
- b. To support advocacy and inter-sectoral collaboration through mainstreaming HIV and AIDS at the State level; and mobilizing political leadership to support the response:  
Strengthen the legislative forums in the two states and support similar forums in Mizoram and Meghalaya. Undertake advocacy with legislators and ensure their involvement in strengthening the response in their state. Mobilize support from other government departments and stakeholders such as media and uniformed services. To encourage mainstreaming HIV issues in programs of other ministries establish linkages with development programs of the departments.
- c. To promote sustainable care and support programs for HIV-affected women and children in the four states.  
Undertake capacity building of service providers on care and support of children infected by HIV for better service uptake in terms of mother baby pair, receiving Nevirapine, quality of ART services for children and availability of cotrimoxazole prophylaxis. Ensure good quality of trainings on counseling to improve counseling services.
- d. To support State specific targeted interventions which focus on risk reduction and awareness:  
Support state specific initiatives to strengthen the program and respond to the needs of the states. Pilot low cost community support in Manipur and Nagaland and to reach out to the youth in Mizoram and Meghalaya. Another pilot, to expand outreach to the Female Injecting Drug Users (FIDU) and female partners of male IDUs, was ongoing in 4 districts. Support development of state specific IEC materials for specific populations groups such as young people and drug users.
- e. Co-ordination, Management and Technical Competence:  
Strengthen the Northeast regional office as a technical support for the region. Ensure recruitment of trained and skilled staff. Provide on-site support to States in implementation of the Annual Action Plan and improving their implementation rate.

### **3. Overall Implementation Progress of NACP**

The National AIDS Control Programme Phase III (NACP III) was launched in July 2007. The focus of the programme is scale up of the prevention and treatment programme under NACP III, with an emphasis on decentralization and establishment of District AIDS Prevention Support Units in 200 high prevalence districts of the country.

The Joint Implementation Review of NACP III was undertaken by development partners namely World Bank, DFID, the Global Fund, Gates Foundation, Clinton Foundation and the UN agencies twice a year since the start of NACP III and the mid-term review in 2009..

As part of the Joint Implementation review 2010 (JIR) of NACP III, Nagaland was visited by the Review Team. Through discussions at the state level and the regional office (NERO), the JIR noted that the Northeast states have showed remarkable progress under most of the program components. The JIR also recommended NACO for increased attention to the Northeast states and appreciated the timely support provided by NERO.

The Bill and Melinda Gates Foundation (BMGF) designed the second phase of their support to India (AVAHAN II) which will continue till April 2013. Under the proposed support, BMGF plans to enhance support for the national programme at the National and State level through provision of high-level technical assistance and by strengthening capacity of NGOs. BMGF has provided financial assistance to strengthen targeted interventions in six high prevalence states including two Northeast States (Manipur and Nagaland). Under their support for the Northeast States, BMGF strengthened the technical capacity of NERO by placing three experts, to provide support on targeted interventions to all the Northeast states and two staff to facilitate roll out of DAPCU in 25 districts of North east.

The over all support from other agencies supporting north east states are in various stages with most of the support going to the state of Nagaland and Manipur.

### **4. Achievement of Objectives**

#### **a. To build the capacity of State Aids Control Societies in the NE for strategic planning, coordination, monitoring and evaluation for integrated response to HIV-AIDS in each of the four states**

A study for two district for Tuensang (Nagaland) and Ukul (Manipur) was completed to understand the epidemiological patterns, factors that underlie prevalence trends, and close examination of data to assess the situation on the ground. The study brought out interesting analysis on the extent of the problem in

the two districts and will inform the response as it is planned by the States and partners. Following NACOs endorsement the study will be widely shared with the state government and other stake holders.

In the past one year there has been a renewed direction to collate the available data in the national program to understand the epidemic in the states by triangulating the available information from various sources, identifying gaps and find local solutions for the same. Under the Joint UN Initiative the data triangulation exercise is on going in the north eastern states of Manipur and Mizoram through the Regional Institute of Medical Science, Manipur. Training of State AIDS Control Society ( SACS) ACS and District teams in data triangulation is one of the key methods applied in this rigorous process of data management and analysis which will provide insights on the nature of the epidemic and useful evidence for future planning.

To strengthen data quality and analysis NERO through in-house technical expertise provided intensive training on data quality and the Central Management Information System (CMIS), which has resulted in timely and effective reporting from the states. Through the Joint UN support SACS have been provided technical support on improving internal monitoring and evaluation systems have enhanced the quality of reports from the different programs.

To support the planning for 2011-12 year for each of the states the UN Joint Initiative and NERO/NACO facilitated a strategic planning meeting with all the NE states, in Guwahati. The regional meeting was an opportunity to discuss state specific issues as well as cross cutting issues common to the region. The strategies to address specific cultural and geographical needs of the region, which remain unaddressed due to standard Operational Guidelines, were discussed. Special mention for coverage targets. The specific needs of redefined outreach target, mobile service models, strengthening of networks, IDU specific comprehensive service package were then incorporated in the annual action plans of the states.

Capacity Needs Assessment of the State AIDS control Society and the strategy for building capacity of each cadre of staff were completed in collaboration with the regional office and the document was submitted to NACO. The assessment has been used to plan trainings for SACS staff in the areas articulated in the assessment

The UNAIDS secretariat has been involved in coordinating the Joint UN implementation with states and NERO through regular meetings and sharing of information. In addition, NERO facilitated coordination meeting of all development partner agencies working in North east to ensure better coordination and reduce risk of overlaps between agencies and government program. NERO has played an important role of coordination and communication with all stakeholders thereby strengthening partnerships.

**b. To support advocacy and inter-sectoral collaboration through mainstreaming HIV and AIDS at the State level; and mobilizing political leadership to support the response**

The Legislators' Forum on AIDS (LFAs) was operational in Nagaland and Manipur with commitment and release of funds to address HIV related issues by the LFA in both the states. High level political support played an oversight role of the State programme as well as mobilized local governance structures such as the Panchayats to address issues of stigma and discrimination. Sustained advocacy led to establishment of the State AIDS Council in Manipur and Nagaland and endorsement of the State AIDS Policy. Through continued advocacy the state of Meghalaya has launched the Legislators' Forum on AIDS on World AIDS day, 2010. The legislators in the states of Meghalaya, Manipur and Nagaland have contributed Rs 100,000 each from their Area Development Fund towards HIV programs, leading to a sizable corpus for the LFA.

The project team has led an exercise to develop a Social Protection Strategy for People Living with HIV (PLHIV) in the North East. The strategy details the process of involving PLHIV and other stakeholders in developing advocacy methods to link the community with livelihood, education, insurance, income generation programs, scholarships etc from government and non governmental agencies and emphasizes more on institutional arrangements for sustainability of such efforts. It is serving as a guideline to improve instruments for social protection of PLHIV. The LFAs of Manipur, Nagaland and Meghalaya have expressed their commitment in ensuring that PLHIV's have access to social protection schemes of the government. The LFA has taken this up as part of their action plan and would promote within their departments to promote equal access. LFA efforts facilitated additional government support for PLHIVs for nutrition and transport; funds were mobilized from local legislative corpus for livelihood and other social protection initiatives in the states of Manipur, Meghalaya and Nagaland.

To strengthen the institutional capacity of PLHIV networks at the district level Capacity Needs Assessment of PLHIV Networks/Groups has been completed covering 41 sites across 4 states. Major areas for capacity building included governance, strategy & leadership, administration and human resources, knowledge and skills, advocacy and communication, finance, and skills to carry out (livelihood) activities. Based on the assessment direct support to the networks on building capacity in the above areas has been initiated through Indira Gandhi Open University for building soft skills and NGO management in the states of Nagaland and Manipur

Livelihood has emerged as a major issue for PLHIV not only in the NE but all over the country. Under the Joint UN Initiative pilot initiatives were supported in 2008-09 following which some states i.e. Nagaland has expressed interest in

collaborating and taking the initiatives further. To establish linkages with other ministries, discussions were held with government Micro, Small and Medium Enterprises (MSME) and National Bank for Agricultural Development (NABARD), and agencies such as IFAD. This has led to an opening within these departments and number of women have benefitted from their schemes.

A review of government schemes through HIV and Gender Lens has been completed across 4 states which provide valuable information to strengthen the social protection initiatives for PLHIV and is a tool being used by SACS, PLHIV community and other stakeholders to advocate for access to entitlements.

The partnership with 26 FBOs that were brought on board towards the end of 2009 continues (2 regional church-based agencies working with 24 local churches in 4 states) with the work with the churches intensifying during the year. The potential of engaging churches lies in being advocates, lobbyists, pressure groups for PLHIV and to lend a voice for better access to treatment, care, protection of human rights and social protection. Church leaders in all 4 states have reached out to their congregations with messages and sermons on HIV-related issues; PLHIV are receiving counseling and have shared testimonies in church services; churches have been taking care of children affected by HIV through church-run facilities. Exposure visits have been undertaken for 74 pastors and core group members from partner churches to visit services for rehabilitation of drug users, community care centers, children's homes and juvenile homes. Churches are increasingly taking ownership of the programme and building towards sustainability and wider acceptance of HIV related issues in the general community. A strategy for strengthening the response of churches to HIV in NE India has also been drafted and will be finalized in consultation with the states.

In Dimapur, 60 church leaders from five (5) major Christian denominations have been sensitized and engaged on issues of children affected by HIV. Advocacy with Baptist Fellowship led to a resolution passed by local churches to mobilize resources for HIV affected children.

Three modules for building partnerships with the media have been developed during the year 2009-2010 for use in the states of Manipur, Mizoram and Nagaland in consultation with media persons, PLHIV representatives, HRGs and SACS which was completed in the year 2010-2011. These three modules have been shared with respective and NERO for larger dissemination and use.

As per discussions with NACO, the project team has been lending technical support to SACS in strengthening mainstreaming efforts with other departments through sensitization of their officials, engaging with them and advocating for the community entitlements in local context. This has contributed to the departments opening up for discussions on the inclusion of PLHIV in their programs like nutrition support, education scholarship, widow pension, etc. .

### **c. To promote sustainable care and support programs for HIV-affected women and children in the four states**

During the reporting period, the main focus of the support was to provide technical assistance to accelerate implementation of government-supported Prevention of Parent to Child Transmission (PPTCT), Pediatric HIV programme and increase understanding on issues related to care, support and protection of children affected by HIV among various stakeholders in the 4 NE states.

PPTCT Consultants in Manipur, Nagaland and Mizoram provided direct technical support to SACS for quality implementation of PPTCT and Paediatric HIV initiatives through (a) site assessments, (b) convergence with National Rural health Mission (NRHM), and (c) quarterly data analysis (d) hand-holding supportive supervision and field visits of ICTC, PPTCT and ART centres.

In Manipur, Mizoram and Nagaland, 192 medical officers and 253 Counsellors from ICTC/PPTCT, anti-retroviral centres, community care centres, PLHIV managed Drop in centres trained on care & treatment of HIV exposed infants. As a result, during April 2010-March 2011, 163 HIV exposed infants in Manipur, 113 exposed children in Nagaland and 90 exposed infants in Mizoram were enrolled in care and are on cotrimoxazole prophylaxis.

In Mizoram, convergence between NRHM and SACS was facilitated through capacity building of District AIDS Prevention Control Units on Prevention of Transmission from Parent to Child followed by joint review of expansion of program to 24x7 primary health centres which has resulted operationalisation of testing and counselling services all the 14 PHCs which was planned in the year 2010-2011, ]

State-level consultations on “National Policy framework and operation guidelines on children affected by HIV” were organized with various stakeholders in Manipur, Mizoram and Nagaland including FBO, Civil Society, Government, UN agencies and PLHIV community members. These consultations resulted in review of national policy for children infected and affected by HIV in the context of three key states and suggested recommendations to scale up coordinated and unified response for HIV affected children through multipronged approach (a) undertake policy and legislation reviews to incorporate the special needs of children affected by HIV/AIDS; (b) establish and strengthen state / district coordination committees ensuring better access of government schemes and programmes (c) capacity building of parents, caregivers, service providers, PLHIV networks and government officials for ensuring a protective environment (d) design and implement community based programmes for children affected by HIV.

Special focus was provided to the care support and protection of children affected by HIV. As a community owned initiative, 800 HIV affected children were



identified in Dimapur district of Nagaland. Based on the need identification, the children were referred and linked to other government departments such as District Social Welfare Officer for sponsorship and to foster care programmes under “Integrated Child Protection Scheme”-ICPS. The initiative provided a platform to children to share experiences and to voice their needs. As a part of the initiative advocacy with school teachers was done to address the needs of the children affected with HIV, Through the project, 35 caregivers and service providers (representing NGOs, faith-based organizations, district level networks) were trained on care and support needs of children affected by HIV.

**d. To support State specific targeted interventions which focus on risk reduction and awareness:**

Specific models were supported in areas which were identified as gaps in the state response. Though the targeted interventions with IDUs focus on men and women, female drug users would not access services for several reasons, mainly confidentiality and the services not catering to the specific needs of women. Female Service Delivery Models for HIV prevention among ‘female IDUs and female partners of IDUs’. Under this initiative, four NGOs, one each from the four sites have been engaged to set up female drop in centres and are providing gender sensitive outreach and service delivery model for female sexual partners of male injecting Drug users and female injecting drug users

The intervention has resulted in strengthening of the existing networks of female positive persons and recovering female drug users and involving them in project as Peer Educators, which has given them a platform to voice their opinions and build their lives. The project has helped reduce stigma and discrimination and some of the most significant outcomes has been the recruitment and capacity building of 24 energetic Female Peer Educators and establishment of 4 drop in centres, specifically for female IDUs and partners of IDUs, where women come together and interact and have group discussions, trainings, access needle/syringes/condoms, OST services, health care facilities, counseling and referral to other existing services. This has lead to the focus on FIDU being taken up in preparation of NACP IV.

To strengthen evidence two studies were conducted: Barriers to access the comprehensive package of services by IDUs and regular sexual partners and a study on a cost effective service delivery model to reach out to female IDU and the sexual partners of the IDUs. The two studies are contributing to developing strategies for female drug users, who are difficult to reach. The interventions have also brought to the forefront the need to focus on female drug users and partners of male drug users, which will taken as part of the next phase of the national program (NACP IV). In addition to this through the Joint UN Initiative support will be provided to develop guidelines to reach out to FIDU and female partners]

### **e. Co-ordination, Management and Technical Competence (North-East Regional Office)**

Under the Joint Initiative, the National AIDS Control Organization has established the Northeast Regional Office (NERO) in Guwahati, Assam with AusAID support. This office has been operational since 2008 and has extended full support to strengthen the response of the Northeast states.

In the year 2010-11, though NERO has been without a designated Team Leader, a senior staff has been playing the role of an interim Team Leader. The team has been strengthened with all key technical position filled which has provided extensive support to the states. In addition the NERO Team focused on improving coordination between the states and NACO, between the states and with other stakeholders.

The Northeast states altogether have 250 targeted interventions (interventions with high risk population Intravenous drug users, sex worker, men who have sex with men) which are spread across the 8 states. To provide close mentoring support to the target interventions 28 field project officers were appointed by NERO in collaboration with the SACS. This was in line with NACO's decision to strengthen the quality of targeted interventions through mentoring. This resulted in improved quality of Targeted interventions, which has been reported in the assessments undertaken: 90 Targeted Interventions were assessed and 33 were graded A (good), 15 A+ (V. Good) and 4 A++ (Excellent) categories.

As NERO plays the role of a technical support unit for the Northeast states one of their main areas of focus is to identify to capacity development needs and ensure that appropriate training is provided or facilitated through partners or NACO. In coordination with SACS, NERO prepared a training calendar, identified training institutes or resource persons. Regional trainings were organized in different areas bringing together the SACS from all 8 states. This facilitated cross learning, exchange of ideas and joint recommendations on certain key areas. As these trainings are held periodically this process resulted in building a strong communication between the Northeast states and they advocating for the specific needs to the Northeast.

**NERO facilitated the** multimedia campaign in the states of Nagaland, Mizoram and Manipur. The campaign was carefully planned keeping in mind the local context and culture. Local festivals and sports events were used as the opportunities to promote HIV messages and they had a tremendous outreach. The campaign considered very successful by NACO in terms of management and outreach. This unique campaign which targeted young people has resulted in increase in number of young people for HIV testing, blood donation and taking forward the prevention messages to other young people and creating an environment for interaction of young people with PLHIV and High Risk Group thus reducing stigma and discrimination.

The northeast states have established **25 District AIDS Prevention Control Units (DAPCUs) in high prevalence districts**. As these units are at the lowest level of governance they play a key role in terms of monitoring, linkages with other programs and coordination at the district level. NERO team has build capacity of the DAPCU staff for all 25 districts and provided them a full understanding of the program as well as the tools to support their role at the district level. As the districts are far flung and difficult to reach, NERO along with SACS visits the DAPCU regularly or any local level issues. District Profiling has been completed for all 25 districts which is used as base information set for planning and implementation of programs in these districts.

Annual action planning for all the states is initiated at the beginning of each year, for the annual plan to be ready for implementation on 1 April every year. This year too NERO took the lead and assisted each of the in preparing their annual plan in accordance with emerging evidence from the states. NERO facilitated the discussion with NACO on the annual action plans and advocated for jointly identified certain state specific requirements.

The National AIDS program commenced its preparation for the next phase (NACP IV) in March 2011. This is year long exercise which will lead to the development of the NACP IV framework. A strategic planning regional consultation was facilitated by NERO/NACO and UN agencies. The consultation was an opportunity for the states to discuss regional priorities, state specific priorities, and specific needs to the northeast and propose a regional strategy for the Northeast. This consultation prepared a based for the Northeast states participation at the national level and enabled them to input into the national planning exercise.

## **5. Monitoring and Evaluation**

The annual planning and review meeting was held in February 2011. The meeting involved all the UN agencies participating in the Joint UN Initiative. A results based management approach was used to develop a workplan for 2011-12.

A quarterly monitoring mechanism at regional level has been in place to monitor the progress of Joint UN program. The UN agencies committed to having two of the four review meetings in the Northeast.

NERO workplan is reviewed and approved by NACO at the beginning of the year. NERO submits quarterly reports to NACO and UNAIDS on results of each quarter. NACO also makes regular visits to the NERO office to discuss progress and issues to be addressed.

## **6. Sustainability**

The Joint UN plan has been to institutionalize the capacity building efforts and advocate for policy level change for service delivery including addressing the

vulnerability factors. The strategic focus for the next three years is towards policy level changes in (i) Comprehensive harm reduction for IDU, Female IDU and partners of IDU, (ii) Adaptation of national policy for children affected and infected by HIV (iii) development of social protection strategy and policy for PLHIV in the four states.

Over last few years there is a visible increase in NACO's ownership over NERO, which was evident at the recent Steering Committee meeting of the project. Secretary and Director General NACO committed to work towards integrating NERO as part of the DONER in coming years.

## **7. Gender equity**

The UNAIDS agenda for women, girls and gender equality was launched in March 2010. The joint UN team in India agreed to prioritize and accelerate work on women and girls and gender equality and an action plan on deliverables for the next 18 months is to be developed by the end of Sept. 2010. Pilot program, has shown initial positive results and pathways to reach to this important target group. Common challenges of the epidemic in the states include feminization (the greater impact of the HIV infection on women) of the epidemic. Based on the Programmatic experiences from Northeast India on the issue of female injecting drug users, need for specific services for them and relative lack of emphasis on them in the existing national program, program tailored to meet the needs of female injecting drug users along with female partners of Male drug users was initiated in the present reporting year on pilot basis in four of the north eastern states which has started showing initial results of near completion of coverage of the targets and improvements in uptake of services. Importance of increased proportion of women getting infected with HIV initial consultation was held in Nagaland to find out the reasons for the same and the strategies to address the rising trend in the state of Nagaland. This consultation report has recommended undertaking further studies on feminization of the epidemic to better understand the situation in the north east region and thus tailor the response in the states to meet the challenge. .

## **8. Risk Management**

Learning from the previous years experience and the recommendations put forward by Mid Term Review, inputs from states and feedback from NACO the plan for the year 2011 was developed in consultation with SACS and NERO which was submitted to NACO for final approval. Delays in receiving an approval from NACO could delay implementation of the new activities.

## **9. Current Issues**

**NERO:** Recruitment of a full time new team leader for NERO is in the process and would be completed soon.

# FINANCIAL REPORT

(April 2010 - March 2011)

*Amount in USD*

<b>AGENCY</b>	<b>Budget (2010-2011)</b>	<b>Expenditure</b>	<b>Balance</b>	<b>Percentage</b>
<b>UNDP</b>	420000	269994	150006	64.28
<b>UNICEF</b>	520000	203144	316856	39.07
<b>UNODC</b>	329000	225116	103884	68.42
<b>UNAIDS</b>	331000	171153	159847	51.71
<b>NACO</b>	421755	329066	92689	78.02
<b>TOTAL</b>	<b>2021755</b>	<b>1198473</b>	<b>823282</b>	<b>59.28</b>

*Funds for 2010-2011 have been transferred to all agencies including NACO.*