



# PROGRESS REPORT

## AUSAID

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



**UNAIDS**  
JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS

UNHCR UNICEF  
WFP UNFPA  
UNEP UNFPA  
UNESCO WHO  
WORLD BANK

Reporting Agency: [UNAIDS]  
Country: [India]  
Reporting period: [April 2011-March 2012]  
Date of Submission: [September 2012]

## 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, finance, administration, mainstreaming, planning-coordination, targeted intervention for female sex workers, Men who have sex with Men, migrant interventions. In addition to the above support 28 project officers are posted 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 six professionals at NERO to support targeted interventions and decentralization at the District level. NACO has recruited a full time team leader for the North East Regional Office and UNDP has recruited the new project officer for the north east collocated at NERO.

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 will be 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 North East Regional Office and technical assistance mobilized through the UN agencies. The North East 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 improvements in planning, 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), Capacity building of PLHIV networks and 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 response from government departments to mainstreaming HIV through support to SACS; intensify engagement of 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 and state departments, establish linkages with development programs of the departments and ensure HIV-sensitivity in programming.

- 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. To expand outreach to the Female Injecting Drug Users (FIDU) and female partners of male IDUs, is ongoing in 4 districts. Support capacity building of Opioid substitution therapy centers in all 8 North East states through training and mentoring

- 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**

#### **Epidemic snapshot**

- India accounts for half of Asia's HIV epidemic. 2.4 million PLHIVs<sup>1</sup>, 120,000 people new infections, and 172,000 AIDS-related deaths estimated.
- Women account for 39% of reported HIV cases.
- Incidence declined by 56% (2000-2009) owing to programmatic success in 6 high prevalence states.
- Out of the 35 States and Union Territories, adult HIV prevalence increasing in 8 states which are known as low prevalence. Adult HIV prevalence remains stable in 10 states.
- Over 370,000 people are on ART, which is 20% more than the NACP III target. But more needs to be done to reach all those in need.
- HIV prevalence among FSW declined to less than 5%. Prevalence remains high among MSM (7.4%) and IDUs (9.2%).

#### **Response highlights**

- HIV investments balanced over programme components.
- Investments increased from USD 99.6 million during NACP I<sup>2</sup> to USD 2.5 billion during NACP III<sup>3</sup>. Domestic contribution increased to 25% (2011).
- Coverage by Targeted Interventions increased to 82%, 67% and 80% of the estimated FSW, MSMs and IDUs respectively (March 2011).
- Consensual sex between adult men decriminalized by Delhi High Court, strengthening the protection of MSMs' Human Rights.

#### **Priorities for "Getting to Zero" – Zero new infections, zero HIV deaths, Zero discrimination**

- Revise targets. Increase coverage and access to:
  - Prevention and treatment services for MARPs and Bridge populations.<sup>4</sup>
  - Adult and pediatric ART.
  - PMTCT to keep mothers alive and improve their and their children's health.
  - TB referrals. Over 50% HIV-TB co-infected are not accessing ART.

<sup>1</sup> Abbreviation for People living with HIV.

<sup>2</sup> The timeframe for NACP I was 1992-1999.

<sup>3</sup> The timeframe for NACP III was 2007-2012.

<sup>4</sup> Bridge population refers to migrants and truckers.

- Introduce effective ways for partner prevention.
- Defuse stigma and discrimination in health care settings.
- Remove legal barriers / punitive laws around sex work and drug use.

Ensure trade agreements neither compromise citizens' right to health (including ART) nor undermine India's potential to pioneer in South-to-South collaboration around affordable (generic) pharmaceutical manufacturing.

NACP IV (2012-2017) has been designed with full community and stakeholder participation. The project is technically outstanding, building on three previous projects over 15 years. Independent published evaluations indicate that the program is averting about 3 million of an expected 5.5 million HIV infections in India and is highly cost-effective. The project draws on the successes and lessons of the three previous projects and focuses on targeted interventions to reduce new HIV infections among female sex workers FSWs, high risk men who have sex with men (MSM) including transgender persons, injecting drug users (IDU) and their partners. The targeted interventions are based on a well-validated package of tightly integrated services including peer behavior change communications, condom and clean injecting equipment distribution, drug substitution therapy and referral for testing, treatment and other sexual health services.

#### **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**

Documenting the experience of AusAID support to the NE region was undertaken in consultation with co-sponsors, NAC, NERO, SACS and other beneficiaries. The written and video document will be ready before the end of the year and will serve as an information/advocacy tool to continue the enhanced support for the Northeast states.

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 Northeastern states Nagaland, Mizoram, Meghalaya and Manipur. Training of SACS 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 under the Joint UN Initiative provided intensive training on data quality and the Central Management Information System (CMIS), this has resulted in timely and effective reporting from the states. Also SACS have been provided technical support on improving internal monitoring and evaluation systems that has enhanced the quality of reports from the different program divisions.

To support the planning for NACP-IV regional level consultation of over 250 participants from IDU, FSW, MSM, civil society, SACS, NRHM and development partners was held 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 taking into account the specific cultural and geographical needs of the region, which sometimes get overlooked in the standard Operational Guidelines prepared of the programs. The specific needs of redefined outreach target, mobile service models, strengthening of networks, IDU specific comprehensive service package were incorporated for submission to NACO to take into consideration under NACP IV.

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 of all development partner agencies working in Northeast 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**

During the reporting period, the work on mainstreaming continued to gather momentum at the state and regional level. Following the social protection strategy developed at the national level, the states have been working towards increased coordination among the departments for the purpose to improving access to HIV sensitive social protection schemes and entitlements. State level consultation for social protection of HIV affected population with Legislative Forum on AIDS and SACS were completed in Meghalaya which brought about increase in awareness and direction to improving access to social protection schemes in the state. Similar meetings and advocacy at state level were conducted leading to adaption of social entitlement to be more responsive and sensitive to the needs of PLHIV communities. In the state of Manipur, the SACS actively worked with the district level PLHIV network to list the schemes and entitlements that can be adapted and under the social protection schemes. The PLHIV networks advocated with the respective departments on ways to improve access to these schemes especially for PLHIVs.. As per National program state

grievance redressal committee meetings have been held in most of the states with community participation resulting in government taking action related to any stigma and discrimination in the states.

Strengthening and providing support to the PLHIV community and groups has been an important area of support under the Joint UN Initiative. Capacity needs assessment for PLHIV was conducted which led to the UN State Project Officers in partnership with SACS undertaking capacity building initiatives at the state level. Such workshops and coordination meetings are providing platforms for PLHIV networks to convene, build capacity and advocate for more HIV sensitive services has also been a highlight of the year. Monitoring and capacity building of state and district level networks with SACS has been a continuous activity.

The capacity assessment clearly indicated a gap in terms of leadership and management among the PLHV networks. A special course in Leadership and Management for PLHV for the Northeast was designed and implemented by a reputed management institute – XIMB. The course "Leadership and Management Proficiency(LAMP), is a 6 week intensive residential course which not only provides classes from the faculty on a range of issues but also placed the candidates in various organizations for onsite trainings and experience. To ensure sustainability and longer term support a local management institute was identified to conduct the above training.

Sustainable livelihoods especially for PLHIV too has been a focus for the project. Promoting sustainable livelihoods in partnership with local institutes such as Manipur Industrial Development Council has started yielding results. Some immediate outcomes includes registration of 43 PLHIV under the crafts person's insurance schemes under process, the Rural Bank, Prorompat and UBI Moirang has also assured provision of loans to two SHGs by the participants trained under the initiative. PLHIV who attended the training also exhibited their products during the World AIDS day event observed by Manipur State AIDS Control Society. The lessons learnt from the initiative will now guide similar responses by the other states.

Involving Faith Based Organizations (FBOs) in the response has been one of the focus areas of the Joint UN Initiatives. The 2 day regional consultation with FBOs was organized in Guwahati. Representation from all denominations was present in the consultation and shared their experiences and initiatives. The consultation also provided leads for the strategy that needs to be adapted to increase engagement and synergy with the state efforts. Among the many recommendations that the consultation brought out, is the need more capacity to address issues of HIV and AIDS beyond general awareness and increase association with marginalized communities i.e. Injecting Drug Users, Sex workers and Men who have Sex with Men. Based on the recommendations a training of resource persons was held which resulted in a pool of resource persons at the state level who can be utilized to provide capacity building locally and will also be available to SACS for various programmes and initiatives.



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

In collaboration with State AIDS Control Society, a four-day residential camp with children affected by HIV was organized in Mizoram in February 2012. The camp brought together 35 children in the age group of 12-18 years. This was an innovative means to engage and empower children on issues affecting their lives; and was designed within a framework that encouraged and allowed for open dialogue, discussion and participatory learning. List of recommendations was put forward by the children along with facilitators on the final day of the camp. Series of activities were organized as a precursor to the camp; to name some: training of state-level camp facilitators, stakeholder meeting, parents meeting and volunteers' orientation programme. As per the discussions with SACS, the camp was facilitated by local facilitators, under direction and guidance of two national-level experts. Involvement of network of People Living with HIV and Kristian Thalai Pawl, a youth wing of Mizoram Presbyterian Synod was ensured at every level of planning and implementation phase resulting to their enhanced participation on issues around children. Based on learning of this innovative intervention, there is a plan to replicate the camps in other NE states.

An evaluation of "Adolescent School Education Programme" was facilitated; in the Northeastern states of including Nagaland, Assam, and Manipur. The in-depth data collection is underway in select districts and is expected to complete by August 2012.

The partnership with Prodigal Home, a field NGO in Dimapur, yielded better linkage of children affected by HIV and their families to existing care and support services in the district.

During the reporting period,

- 10 children affected by HIV and their families accessing scholarship and foster care schemes under Integrated Child Protection Scheme (ICPS)/Social Welfare Department
- 104 women affected by HIV receiving nutrition support from Department of Women Development (through Dimapur Network of Positives people-DNP+)
- 15 children infected/affected by HIV and 5 widows received nutritional support from Dimapur Ao Baptist church
- Police Baptist Church supported one affected family with material support benefiting 5 children
- Lotha Baptist Church through Eyilo (Hope) Ministry and Sumi Church through MERCY Ministry respectively continued to provide education and nutrition support to children affected by HIV

Moreover, 80 children affected by HIV and 200 parents and primary caregivers have been engaged through interactive and participatory programmes and provided with counseling services. As part of the initiative, two (2) peer support groups of mothers have been established. Under the Joint UN Initiative, linkages between the HIV Programme and Department of Social Welfare and Integrated Child Protection Scheme (ICPS) are being strengthened through regular training programmes and district-level coordination meetings.

During the reporting period, on NACO direction Early Infant Diagnosis (EID) was rolled out in Northeastern States. Currently, EID services are available at 23 Integrated Counseling & Testing Centers (ICTCs) and 11 Anti-Retroviral Therapy Centers (ARTCs). The project team facilitated distribution of centrally-procured supplies to respective SACS, capacity building of service providers and monitoring support. As per the discussions with Mizoram State AIDS Control Society, a two day state-level review meeting on EID was facilitated with support from National Institute of Cholera and Enteric Diseases, Kolkata, a Regional Reference Laboratory for EID. In Manipur, 88 Out-reach workers were trained on EID and Care of HIV exposed infants to follow up infants upto 18 months. In addition, 75 pediatricians and medical officers from medical colleges and district hospitals were oriented to strengthen referral linkages of children to EID services. The capacity building initiatives in Manipur were coordinated by Jawaharlal Nehru Medical College & Hospital, a Pediatric Center of Excellence (PCoE).

PPTCT Consultants under the Joint UN Initiative, placed at the SACS in Manipur, Nagaland and Mizoram continued to provide 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.

**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. Providing technical support, generating evidence and developing models for quality implementation of HIV prevention programmes for people who inject drugs in Northeastern region has been one of the priorities. A pilot initiative for Female Injecting Drug Users (FIDUs) was established, operational research conducted and advocacy and community mobilization supported.

Under the Female Service Delivery Models for HIV prevention among FIDUs , four NGOs, one each from the four sites have been engaged to set up female drop in centres (DICs) and are providing gender sensitive outreach and service delivery model for female sexual partners (FSPs) of male injecting drug users and female injecting drug users. Under the, services have been regularly reaching out to 391 FIDUs (89-in Mizoram, 93 in Nagaland, 109 Manipur and 100 in Meghalaya). Besides it has also reached out to 656 Female sex partners of

Injecting drug users (198 Mizoram, 195-nagaland, 200-manipur & 63Meghalaya) The salient features of the pilot are female friendly services such as peer-led outreach, Needle Exchange Program (NSP), condoms, STI/RTI treatment being provided through the DIC's and Integrated Counseling and Testing centres (ICTC), Anti-retroviral Therapy (ART) and Reproductive Child Health being ensured through accompanied referrals.

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 pilot has helped reduce stigma and discrimination and some of the most significant outcomes has been the recruitment and capacity building of 28 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. The lessons learnt have been discussed in preparation of NACP IV and there is a commitment from NACO to take these forward based on evidence generated under the initiative.

To strengthen evidence three studies were conducted, i) study on a cost effective service delivery model to reach out to female IDU and the sexual partners of the IDUs, ii) diagnostic study on IDU TI functioning, iii) document innovative approaches of interventions with FIDU in NE. The three studies are contributing to developing strategies for female drug users, who are difficult to reach. The regular interactions with the FIDUs and the FSPs have helped in improved understanding of community's needs. In fact more recently, one of the major learning has been identified as the need for prevention of parent to child transmission among the target groups and recognizing this UNICEF and UNODC are collaborating to ensure that requisite capacity building mechanisms and services are in place.

To mobilise the community and support network building the Mizoram Drug User Forum (MDUF) is officially registered. Similar forums are expected to be set up (in Nagaland, Manipur and Meghalaya) in keeping with the NACP 4 priorities of convergence and mainstreaming specially at the state level.

Another agreed upon activity is to support the national programme in scale up of Opioid Substitution Therapy (OST) in Northeast region. As part of its current operational plans NACO is scaling -up the provision of OST services especially through the Government hospital based programmes. Northeast India alone forms the basis for over 50% of NACO's scale-up plans. Technical assistance is being provided for OST scale up in North East India. The activities include; training for the appointed staff, refresher training for the appointed staff, psychosocial training for the OST staff, supportive supervisory visits, capacity

building of supervisory staff, developing resource pool for the NE region, technical support for demand generation and advocacy activities, adaptation of IEC materials on OST for Northeastern region and operational research on OST. This handholding support in the scale up phase is critical for the success of the OST program on the Northeast states.

**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 2011-12, 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 completion of training of 261 Tis out of 269 Tis in North east and expansion of OST and migrant project in north east India,

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. As per discussions with NACO, third party end-line evaluation of NE multi-media campaign was initiated in 8 NE states. The quantitative data collection is completed; qualitative data collection in 4 states is finished and remaining 4 states is ongoing. The draft report is expected to be available in August 2012.

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 along with community members, members from civil society and state 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 of Joint work plan 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, with modifications to extend the project till December 2013. The new agreement between the agencies and the funds distribution has been finalized with approval from PCB, Geneva. A quarterly monitoring mechanism at regional level has been in place to monitor the progress of Joint UN program which is being useful in improving the understanding in the field level implementation of the program and coordinating with counterparts.

NACO had provided feedback on the joint annual plan submitted by joint UN program in the beginning of the year. 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 two 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. NERO has also been budgeted for in the budget for the next five years of the national programme (NACP IV).

#### **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 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

#### **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 2012 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

The support under the project is for a balance of 15 months, coming to an end in December 2013. The transition of initiatives to the SACS and NACO, sustaining the Northeast Regional Office and a smooth exit are the current issues to be discussed with NACO.

### Finance

AGENCY	Budget (2011-2012)	Expenditure	Percentage
UNDP	200,000	121,707	60.9
UNICEF	366,000	216,824	59.2
UNODC	325,000	224,979.80	69.2
UNAIDS	320,000	197,950	61.9
NACO	526,742	414,714	78.7
<b>Total</b>	<b>1,737,742</b>	<b>1,176,175</b>	<b>67.7</b>

