

BACKGROUND

The National AIDS Control Programme as part of development of the next phase (Phase III) has laid greater emphasis on decentralization and strengthening support to the eight* Northeastern States. NACO will establish a sub office in Guwahati to augment support to the eight Northeast States.

AusAID and Sida have committed funds through UNAIDS, to strengthen support for the Northeast States. AusAID has committed AUD 10 million for a period of five years for Nagaland, Manipur, Mizoram, Meghalaya. Sida has committed US\$ 650,000 for a period of three years for the eight Northeast States.

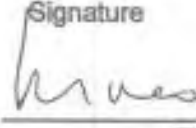
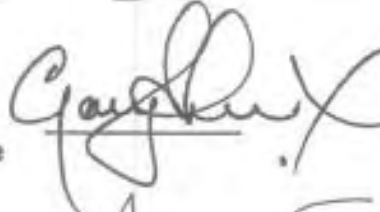

The UN system agrees to provide financial support to NACO for a period of 5 years for establishment of the NACO sub office (which includes remuneration of staff, travel costs and trainings to be undertaken by the NACO sub office). The estimated budget for the NACO sub office is US\$ 2.0 million for five years, which will be transferred from UNAIDS to NACO on the basis of annual budget submitted by NACO. In addition, the UN System will make technical assistance available for a period of five years at an estimated budget of US\$ 5 million.

The Joint Programme document designed in 2005, prepared by NACO and SACS in collaboration with the UN system outlines the areas of UN technical assistance for the Northeast States, which include capacity building support for SACS and targeted interventions, advocacy and mainstreaming and strengthening care, treatment & support programmes.

BRIEF PROJECT DESCRIPTION

The overall goal of the Project is to contribute to the national response in reducing the risk and impact of HIV/AIDS in North East India and to improve the quality and delivery of the national HIV/AIDS prevention and control program through the support for establishment of a NACO sub office (Regional Support Facility) for the Northeast states, and technical assistance provided by the UN agencies in their areas of expertise.

NACO and SACS in close collaboration with the UN System will develop an Operational Plan for five years, with a detail budget prepared annually. The Steering Committee Chaired by Director General NACO will endorse the Operational plan.

	Date	Name/Title	Signature
NACO	<u>11-12-06</u>	Ms Sujatha Rao Director General NACO	
UN Theme Group (Chair)	<u>13 Dec '06</u>	Mr Gary Lewis Country Representative UNODC ROSA	
UNAIDS	<u>12/12/06</u>	Dr Denis Broun Country Coordinator UNAIDS	

The States are Arunachal, Assam, Nagaland, Manipur, Meghalaya, Mizoram, Sikkim, Tripura

Joint UN Work Plan
Capacity Building, Technical Assistance and
Program Support
for Indian States of the North East

Manipur, Meghalaya, Mizoram, and Nagaland



UNAIDS

JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS

UNHCR
UNICEF
WFP
UNDP
UNFPA

UNODC
ILO
UNESCO
WHO
WORLD BANK

Uniting the world against AIDS

November 22, 2006

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1. Background and Introduction

1.1. Project Origin and Design Preparation

In 2004, AusAID expressed interest in a HIV initiative in the North Eastern States of Nagaland, Manipur, Mizoram and Meghalaya with a financial support of AUD 10 million over a 5-year period drawing on the capabilities of relevant UN agencies based in the country. A 'Rapid Program Needs Assessment' (RPNA) was carried out from December 2004 to January 2005 to determine the status of the epidemic and identify current needs for informed programming. Primary and secondary data were collected from various stakeholders such as representatives from the State AIDS Control Societies, other relevant Government departments, NGOs, positive people's networks as well as general population such as students and women's groups.

Subsequently, the Design mission was commissioned on February 9, 2005 and the Joint Programme Document (hereafter referred to as "Joint Programme") final report was submitted by March 21, 2005. At the time of developing the Design, a series of key informant interviews, focus group discussions and state level workshops were held to validate the RPNA findings in the five states of Nagaland, Manipur, Mizoram, Meghalaya and Assam. In each of the state Workshops, the copies of the report were circulated and highlights of the state specific RPNA findings were presented. The Project Director of the SACS indicated gaps in the current responses in the state and suggested project directions for the future. Following these deliberations, the participants from government, civil society (including community-based organizations and NGOs) and networks of 'People Living With HIV/AIDS' (PLWHA) identified inputs and activities required to achieve outputs that would address issues emerging from RPNA. Common themes across all states as well as priority needs specific to each state were identified.

1.2. Problem Analysis and Strategies Chosen

The HIV scenario and the response varied across the states even while a few similarities did exist. The HIV epidemic has clearly progressed beyond the prototype of being driven by injection use and hetero sexual route of transmission has gained momentum. It was found that almost all of the HIV related services were concentrated in the urban settings and the geographical reach into the rural areas was poor. Women with unequal access to health and nutrition and lesser level of participation in social and political decision making processes are particularly at a disadvantage increasing their vulnerability to HIV/AIDS significantly. It is evident that, while the epidemiological data on occasions failed to capture different vulnerabilities on ground, in many aspects the data had not been used appropriately towards developing an evidence based response. Of the 4 states, Nagaland and Manipur had already been identified as generalized epidemic states 3 and 7 years ago respectively. In Nagaland, the high HIV prevalence among young women pointed to serious on going transmission through the sexual route, while Manipur, reported a very low HIV test uptake among clients of the 'Targeted Intervention' sites (TIs). On the other hand, Mizoram had transited from a concentrated epidemic to a generalized one. More than 1% HIV prevalence among ante natal clinic attending women for the last three years and steady rise of HIV prevalence from 1.6% to 5.3% among injecting drug users had been recorded in this state. Meghalaya was in a state of denial with very low reported number of HIV infections and AIDS cases in the absence of a robust surveillance system.

In view of the above, addressing the needs of women and children, reaching out to the far-flung districts by developing a network of services in partnership with the state machinery as well as other community based service providers emerged as program priorities. Cross cutting issues such as capacity building, advocacy, quality systems, inter-sectoral collaboration, monitoring and evaluation as well as project management and co-ordination were also to be addressed.

2. Project Design

- 2.1. Program Goal: To contribute to the national response in reducing the risk and impact of HIV/AIDS in 4 states of North East India
- 2.2. Program Purpose: "To contribute to the national response in reducing the risk and impact of HIV/AIDS in 4 States of North East India"
- 2.3. Program Components:
 - A. Capacity Building
 - B. Advocacy and Intersectoral Collaboration
 - C. Care and Support with special focus on women and children
 - D. State Specific Innovations to respond to special needs in specific States
 - E. Coordination, Management and Building Technical Competence

Note:

Subsumed within the design is provision of support to the Operation of National Program through its specially installed NACO Sub-Office in the region as well as leveraging the existing presence of some of the UN agencies on the ground in the North East Region.

- 2.4. Diagrammatic Representation of the Preferred Project Design Showing the Relationship between Goal, Purpose, Components and Output

See Over Leaf

Program Goal: To contribute to the national response in reducing the risk and impact of HIV/AIDS in 4 states of North East India

Purpose: "To contribute to the national response in reducing the risk and impact of HIV/AIDS in 4 States of North East India"



Components and Outputs in Preferred Option

Component A Care & Support for Women & Children	Component B Advocacy, Inter- sectoral Collaboration	Component C Capacity Building for SACS and PLWHA	Component D Youth-specific Interventions
<p>Outputs</p> <ul style="list-style-type: none"> • Evidence based annual planning for an integrated response • Leadership developed in SACS and opinion makers • Enhance skills in planning, co-ordination and M& E systems 	<p>Outputs</p> <ul style="list-style-type: none"> • Advocacy efforts by SACS to and with authorities of national government, other state govt. departments, NGOs and PLWHA networks • State level collaboration between SACS and Departments of Labor, WCD and Education 	<p>Outputs</p> <ul style="list-style-type: none"> • Care & support to women and children in Nagaland • Care & support to women and children in Manipur • Care & support to women and children in Mizoram • Care & support to women and children in Meghalaya 	<p>Outputs</p> <ul style="list-style-type: none"> • Youth friendly HIV prevention services in Nagaland • Risk reduction initiative through community based detoxification services in Manipur • Strengthen on-going HIV risk reduction activities through advocacy in Mizoram • Population and content-specific HIV awareness initiative in Meghalaya
<p>Component E: Co-ordination, Management and Technical Competence</p> <ul style="list-style-type: none"> • Program management systems established • Program co-ordination systems established • Technical assistance to support capacity enhancement & training 			

3. Project Description and Implementation arrangements

The project was developed based on 6 guiding principles:

- Equity (distribution of resources according to needs rather than equal distribution);
- Flexibility (ability to respond to changing needs);
- Transparency (mechanism of the modes of operation amendable to public scrutiny);
- Accountability (responsibility of stakeholders for efforts and effects);
- Non-duplication of available services and;
- Sustainability.

The proposed project will be carried out in the 4 states of Nagaland, Manipur, Mizoram and Meghalaya in selected districts of each state. Districts away from the capital or those which receive inadequate HIV services were chosen specifically as the project proposed to reach out to the rural population.

The two key arms of the project are:

- Support to the National Program through support to the North East Sub-Office of NACO
- Delivery of Technical Assistance and Capacity Building in support of the SACS through the participating UN Organizations

3.1. NACO Sub Office

The project will be carried out through a newly established NACO Sub-Office at Guwahati which will report directly to NACO. The support to the NACO Sub-Office will be part of the component E of the overall design. This will address the co-ordination, Management and Technical Competence aspects.

With the establishment of NACO's physical presence in the Northeast, NACO has requested the UN to facilitate the establishment of the office and to integrate support for the UN HIV Programme in the Northeast as an integral part of this sub office. NACO is committed to sustaining the NACO sub office and will fully support the functioning of the Sub-office through commitments of financial outlay through the life of the project. AusAID's financial support for the NACO sub office functions will decrease over the five year period and the financial support from NACO will commence from year 2 increasing gradually over the five year period.

The main role of the NACO sub-office will be:

- a) To facilitate further development and fine-tuning of Project Implementation Plans for HIV prevention, treatment care and support in state-wide partnerships of government, civil society and development partners;
- b) To support implementation of such Programme Implementation Plans (PIP) by offering strategic technical assistance at the local level, in close collaboration with the National Rural Health Mission (NRHM).

This NACO sub-office, led by a senior IAS Officer as the Team Leader, will employ four technical officers, one administration officer and one finance officer. These

persons will be recruited as NACO staff through UN support. The Team Leader will also function as liaison between the Northeast Office and NACO at the center level, in New Delhi.

To support the sub office in developing its technical support plans for the States; mobilising and coordinating technical assistance from the UN, and for monitoring the Programme implementation progress and reporting, a UN Project Coordinator will be appointed.

As per the original design document (Joint Programme) the UN was to establish a office in the North East. With the recent development of initiating a NACO Sub-Office in the region, the UN system will not set up any establishment. However, the local presence of participating UN Organizations such as UNODC, UNICEF and UNDP will be adding value to the operation by providing need based support. The Participating UN Organisations including UNAIDS have developed a Joint UN Workplan, under which the technical support from the UN will be provided.

3.1.1. HR support to NACO Sub office:

The NACO Sub Office will be provided staffing in providing program assistance for all the North East States and will have the following staff.

- Team Leader
- Technical Officer - Training
- Technical Officer - IDU
- Technical Officer - Programmes
- Administrative/Finance Officer
- UN Project Coordinator

3.1.2. HR Support to SACS

The State AIDS Control Society in all the four States will also be provided one Program Officer each to provide back-stop as well as support in the programming area.

3.2. UN Technical Assistance

The design brings in all the relevant participating UN organizations under one operations umbrella and therefore the technical areas that are supported through the project will be addressed by each of the participating UN organizations bringing in their comparative advantage.

4. The UN Comparative Advantage in HIV/AIDS Programming

The UN system through the UN Theme Group and the coordination role of UNAIDS brings a high level of comparative advantage to this project. Each of the Participating UN Organisations (UNDP, UNODC, UNICEF, UNAIDS) will play a relevant role in the roll out of the Joint UN Work plan. There has been a systematic allocation of work (division of labor matrix) that brings in the added value that UN system and co-sponsors bring. Further for the smooth coordination and implementation through the participating UN Organizations certain management arrangements will be followed. The key among them are the Joint Programme Steering Committee and the UN Theme Group.

Each year, the NACO sub office with the SACS will identify gaps and determine technical assistance needs in coordination with the UN system. The Joint UN Team on AIDS (JUNTA) will formulate a Technical Assistance Plan/Joint UN Workplan to support the technical assistance needs of the region, which will be in support of the overall workplan of the NACO sub office. The Joint UN Workplans will be cleared by the UN Theme Group, before being presented to the Joint Programming Steering Committee for approval

5. Management Arrangements

5.1. Joint Programme Steering Committee and its role

The overall operations of the Joint Programme will be governed by a Joint Programme Steering Committee, Chaired by the D.G NACO and include the Team Leader, SACS Directors, UNRC, the UNAIDS Country Coordinator, Chair of UN Theme Group a representative from AusAID and a representative from Swedish Sida (Sida is routing funds for the Northeast through UNAIDS). The terms of reference of the Joint Programme Steering Committee are:

- approve annual Joint UN Workplan for the Joint Programme, within the context of the overall work of NACO in the NE, including budget allocations for participating UN Organizations to implement activities
- periodically review overall Programme activity progress, particularly at the level of activity outputs and development results,
- monitor expenditure and budget utilization and periodically review (and, if necessary, adjust) the overall performance of the project

5.2. UN Theme Group and its role

The Joint UN Workplan, (Role of the participating UN organizations including UNAIDS) as developed by the JUNTA, will be cleared by the UN Theme Group, and then presented to the Joint Programme Steering Committee.

5.3. UN Project Coordinator

The UN Project Coordinator will be recruited by UNAIDS Secretariat, with NACO and Chair UN Theme Group on the panel. The UN Project Coordinator will report to the Team Leader on all technical issues and report to the UNAIDS Country Coordinator on

operational issues on this Joint Programme (facilitation of Joint programme, progress reports, financial reports).

Role of the UN Project Coordinator

- Mobilizing technical assistance from the participating UN Organizations as agreed in the Joint UN Workplan
- Monitoring project expenditure and preparing regular financial and technical progress reports
- Preparing relevant documentation for the Joint Programme Steering Committee
- Nodal point for the participating UN organizations

5.4. UNAIDS India Country Office

UNAIDS India Country Office will be responsible for the overall coordination of the Joint Programme. As part of the original project design, it was proposed to set up a Regional Support Unit in the Northeast to provide ongoing technical support to the region. In January 2006, the Government of India took a decision to set up a NACO sub office in the Northeast region with the objective to enhance support the Northeast states. In view of this decision the Government of India requested UNAIDS to subsume the Regional Support Unit in the NACO sub office and strengthen Government's support to the region.

UNAIDS will be responsible for the overall coordination and the UN Project Coordinator to the North East Program will report to the Country Coordinator of UNAIDS. The responsibility to report to the donor (in this case AusAID) will rest with UNAIDS.

Role of UNAIDS Secretariat

- Support the establishment of the NACO sub office
- Facilitate the development of Joint UN Workplan with NACO, SACS and participating UN organizations,
- Facilitate delivery of technical assistance for the states from the participating UN organizations
- Prepare reports for submission to donors
- Mobilise additional resources for the Northeast region
- Generate strategic information to support Joint Programme implementation (which forms a part of the Joint UN Workplan each year)

Since UNAIDS on behalf of UN system is the recipient in this project through the agreement with AusAID, the UNAIDS secretariat will play the role of the in-country agency to interface with AusAID. All the participating UN organizations and UNAIDS will play a Lead or Support role based on the agreed division of labor matrix.

Initially it was envisaged in the Joint Programme that the UN will have a sub-office in the North East for the purpose of implementation. With the recent development of initiating a NACO Sub-Office in the region, NACO – North East – Regional Sub-office will be supported through this initiative. The UN system will not set up any establishment. However, a UN Project Coordinator will be appointed. The UN Project Coordinator will work closely with the NACO Sub-Office by co-locating in it and work with all the

participating UN organizations in making sure the technical assistance and support is delivered in the timely manner. He/She will also be responsible for implementation of the Joint UN Workplan with AusAID support. The person will also be responsible to report on progress so that UNAIDS will be able to provide timely report to AusAID on the achievements.

Through the AusAID support, UNAIDS Secretariat will assist establishment of the NACO Sub-Office by providing resources. These resources will be to the tune of 400,000 US \$ per year for a. operating cost b. personnel c. establishment and sub grants to the States for State specific needs. A request for assistance has already been submitted by NACO and it is in the process of finalization and release of resources.

An MOU is being prepared for the overall project support to the North East and the NACO Sub-Office support will be an integral part of the MOU.

Since each of the participating UN organizations have a lead and participating role to implement specific activities under the Joint UN Workplan, a process of quarterly reporting on the progress made on each output will be submitted to the UNAIDS Secretariat for the purpose of collation of the overall progress report. Resources will be provided based on the budget break up of activities (budgets agreed upon by each agency) and modalities for transfer of resources and acquittal will be worked out as per inter-agency MOU between UNAIDS and participating UN organizations. There will be an overall agreement through the concurrence sought at the UN theme group meeting that will be held for the purpose.

UNAIDS Secretariat will be coordinating this annually and the work plans in line to the Joint UN Workplan will be submitted to AusAID. However ballpark budgets for each year have been forecasted for each of the Five Components as well as the overall annual requirements.

6. Joint UN Workplan

6.1. Introduction

Based on the already developed Joint Programme, the participating UN Organizations have worked in carving out a Joint Work Plan for implementation. This will be called as "Joint UN Workplan". The Joint UN Workplan is based on the already agreed upon Division of Labor Matrix that is being used within the UN system to support the National AIDS Control Program. Therefore, through various consultations held (September 06 to November 06) lead and support agencies were identified to support implementation of the Joint UN Workplan.

This initiative will be coordinated by UNAIDS and the responsibility of reporting to AusAID based on the sub agreement will rest with UNAIDS. However, all the participating UN Organizations will be closely involved in the operations to bring in their strengths for the initiative to succeed.

The Joint UN Workplan is not in isolation but tied up as part of the essential package that need to be delivered in the North East

6.2. The process

A review of the needs expressed by the States during the time of the Joint Programme development along with any emerging needs (as of now) was conducted. This was reviewed in the context of the Program Implementation Plans, which have been developed by the States for the NACP III. Through this process, it was recognized that those activities that are over and above what is reflected in the AusAID strategy document will be implemented through the NACO Sub-Office and be threaded into their work-plan

Therefore, along the lines of the Strategy, the main outputs and the activities were revisited by the participating UN Organizations and the specific items were identified where specific participating UN Organizations will take Lead responsibility as well as participative responsibility was specified. Specific budgets for conduct of the activities to attain the objectives were ear marked and time line were prepared for the roll out of implementation.

The Joint UN Workplan will be ratified by the UN theme group and subsequently it will be submitted to the Joint Programme Steering Committee, chaired by NACO. This is fundamentally to seek consensus with all participating UN Organizations and the National AIDS Program

6.3. Institutional mechanism for delivering outputs

Specific participating UN Organizations are being designated to deliver specific outputs. The participating UN Organizations will develop modalities / mechanisms that will be used to deliver against the outputs. Apart from working towards delivering the outputs of this program, the participating UN Organizations which have a presence in the North East

will play a complementary role beyond the support that is obtained through the AusAID funded initiative.

Since there are also other agencies and large initiatives in the States such as a. Avahan, Bill and Melinda Gates Foundation, The Clinton Foundation, GFATM etc, a coordination mechanism that informs as well as leverages value from each other will be set up and periodic meetings will be conducted to facilitate information transfer across agencies. This will be called the "development partners forum for North East". Meetings will be called for jointly by the NACO Sub-office and the UNAIDS Secretariat through the UN Project Coordinator.

6.4. Description of the outputs and activities

Component A - Capacity Building

Lead Agency: UNAIDS

To increase the capacity of SACS for strategic planning, co- ordination and monitoring and evaluation for an integrated response to HIV/AIDS in each state

Indicators

- Improved planning process, coordination and monitoring mechanism and systematic evaluation
- Evidence based planning process & minutes of the planning meeting with listing of participants,
- Number and description of evaluations carried out

Output A1 - Evidence-based annual planning for an integrated response established and conducted in each state

Agency Responsible for Output: UNAIDS

Activities

Upon carrying out a participatory review of SACS current planning process, skills and competency requirement will be assessed to undertake evidence based planning. Provide inputs to SACS and other stakeholders to address skills and competency requirement for planning team as well as develop in-state human resource for evidence based planning. Through the engagement of in-state human resource and assistance from public health agencies evidence for annual planning is generated. Carefully monitor the extent to which evidence generated is reflected in the annual action plan of the State

Indicators

- System established
- SACS willing to generate and carry out evidence based planning

Output A2: Leadership development program for senior staff of SACS and community opinion makers of each state established and conducted

Agency Responsible for Output: UNAIDS

Activities

Establish a system in collaboration with the SACS to inform and update political, administrative and community leadership on the status of the epidemic in each of the states on a regular basis.

The State AIDS Policy that is being developed is assisted and finalized. In order to advance the advocacy skills of the officers of the SACS, training in Advocacy, specific to HIV and the development impact.

~~Advance local leadership in the community and political leadership for active engagement and involvement in the response to the epidemic. Further, towards integrating HIV into the plans of the specific ministries advocacy with the respective planning boards will be undertaken.~~

Monitor the nature and extent of active participation and leadership displayed by the SACS, NGOs, CBOs, church leaders and other opinion leaders in their states' HIV control programs

Indicators

- New initiatives fostered by community opinion makers
- Increase in number of new initiatives by SACS and decisions made in this regard
- FGD/KII in the community indicating faster and relevant decision making during mid term review

Output A3 Competency based training program in planning, co-ordination and M&E for SACS established and delivered

Agency Responsible for Output: UNAIDS

Activities

Upon assessing the training needs of SACS officials in the four States, a training plan and protocol is developed to address the identified needs. Conduct training upon identifying experts from the region and elsewhere and continue to provide technical assistance where relevant.

Indicators

- Competency developed in the areas covered through training initiatives
- No. and frequency of training reported by training coordinator

Component B: Advocacy and Intersectoral Collaboration

Lead Agency: UNDP

To mainstream HIV and AIDS at the national level and State level through collaboration and initiatives in multiple sectors.

Indicators

- Action plans of different departments of state governments include HIV/AIDS initiatives
- Documents describing the process of initiation of inter-sectoral collaboration

- Reports of the collaborative projects

Output B1 Advocacy to enhance inter-sectoral and multi-sectoral initiatives in State.

Agency Responsible for Output: UNDP

Activities

With the involvement of NACO, Department of Women and Child Development (DWCD), Ministry of Labor and Ministry of Education and the four SACS to develop a framework and position paper for collaboration. Develop 3 action plans each including selection criteria for implementing agencies in consultation with WCD, Labor and Education Departments in the state to implement an integrated community-based care response. Showcase the advocacy effort of SACS along with CBOs through the above mentioned departments of the national government, to provide replication template

Indicators

- Institutional mechanism for collaboration established
- Advocacy workshop report and position paper developed by SACS on inter departmental collaboration3 action plans for implementation by Women and children, Labor and Education departments in the state

Output B2 State-level collaboration between SACS and Departments of WCD, Labour and Education initiated

Agency Responsible for Output: UNDP

Activities

Towards implementation of inter-ministerial collaborative projects through trained community-based organizations, identify and select potential community-based organizations in 4 districts (other than the state capital). Provide guidelines and training for implementation. Monitor the community-based projects and suggest necessary modifications.

Indicators

- Collaborative initiatives between SACS and the departments of WCD, Labor and Education
- Guidelines to implement collaborative initiatives between SACS, other state government departments and CBOs Monitoring reports with indicators of CBOs enhanced involvement in collaborative initiatives

Component C: Care and Support for women and children in 4 States

Lead Agency: UNICEF

To establish an integrated response to provide STI/HIV care and support services especially for women and children in each state.

Indicators

- Proportion of women and children accessing STI/HIV care and support services increased
- Quarterly reports of the partner organizations on number women and children accessing STI/HIV related services

Output C1 Care and support needs of women and children in Nagaland determined and services delivered according to Project annual plan

Agency Responsible for Output: UNICEF

Support: WHO

Activities

After careful assessment of barriers to HIV VCT uptake identify possible ways of overcoming identified barriers. Engage community of involving key influencers such as church leaders, NGOs and the media in mobilization. Involve members of women's groups such as branches of Naga Mothers Association to provide information in the community on advantages of HIV test in districts will comprise Tuensang, Dimapur, Wokha and Mokokchung

Assess the training needs of the existing HIV VCT counselors and members identified by the village health committee and organize training and orientation of the existing HIV VCT counselors and members identified by village health committee members to provide HIV VCT services.

Assess and map existing health care facilities / services (all sector – govt., private, informal and formal) and identify gaps in services for women and children, initially in the districts of Tuensang, Dimapur, Wokha and Mokokchung.

Assess the needs to enhance skills of community based health care providers (health or family planning worker and indigenous medicine practitioners) to provide STI/HIV services and develop training plan.

Provide training to different health care providers, according to the training plan and establish co-ordination and referral linkages between community-based health care providers and government run health care outlets.

Involve PLWA groups in every possible process and delivery.

Indicators

- Range of STI/HIV care services provided to women and children according to their needs
- Proportion of women and children in the select community of the selected districts accessing STI/HIV care services
- Proportion of women and children in the select community of the selected districts accessing STI/HIV care

Output C2 Care and support needs of women and children in Manipur determined and services delivered according to Project annual plans

Agency Responsible for Output: UNICEF

Support: WHO

Activities

Assess and map availability of existing HIV VCT services and women and children's access to these services both in rural and urban settings in Chandel, Ukhrul, Churachandpur and Imphal. Assess the training needs of VCT counselors and train and supervise HIV VCT counselors on a periodic basis.

Establish core teams at the state and district levels with representation from SACS, NGOs, Directorate of Health Services, PLWHA networks, media/human rights organizations to co-ordinate HIV/AIDS care and support services in districts of Chandel, Ukhrul, Churachandpur and Imphal.

Establish village level core groups comprising local health care providers through whom continuum of care services can be provided at homes, community clinics and hospitals.

Assess and map existing STI/HIV health care facilities / services (all sectors-government, private, informal and formal) and identify gaps in HIV/AIDS services for women and children, with the help of village level core groups in the districts of Chandel, Ukhrul, Churachandpur and Imphal initially.

Identify social, economic and legal problems faced by women and children affected by HIV/AIDS and also service gaps in the districts of Chandel, Ukhrul, Churachandpur and Imphal.

Monitor the extent to which women and children are able to access social, legal and economic support and conduct annual review to assess additional needs for appropriate response and resource identification.

Output C3 Care and support to women and children (including unwed and single mothers and orphans) in Mizoram determined and delivered according to Project annual plans

Agency Responsible for Output: UNICEF

Support: WHO

Activities

Launch information campaign on the usefulness and availability of HIV VCT services in the Project districts, namely, Lunglei, Chhimituipui and Lawngtlai of the state, ensuring the reach to rural areas.

Establish systems (such as collection and transportation of blood samples) so that groups of villages/ development blocks begin to access VCT services

Assess and map existing STI/HIV (all sector – government and private) services and identify gaps in services for women and children, initially in the districts of Lunglei, Chhimitupui and Lawngtlai and develop a plan for providing STI/HIV services in collaboration with SACS and NGOs.

Provide training to different health care providers including doctors, according to the training plan and establish co-ordination and referral linkages between health care providers in the 3 districts.

Orient CBOs of males such as Mizo Upa Pawl (MUP), YMA and KTP to issues of increased vulnerability of men and women to STI/HIV under the influence of substance use, alcohol and in the context of domestic violence, and availability of STI treatment services and need for partner treatment. Identify a cadre of male and female volunteers from the above mentioned CBOs to reach out to couples with health education messages and materials.

Monitor the trend in partners seeking treatment for any single episode of STIs
Engage PLWHA networks in all relevant activities.

Output C4: Care and support to women and children in Meghalaya determined and delivered according to Project annual plans

Agency Responsible for Output: UNICEF

Support: WHO

Activities

Assess and map:

- availability of existing VCT services and women and children's access to these services
- training needs of VCT counselors
- existing health care facilities / services (all sector – govt., private, informal and formal) and identify gaps in services for women and children, initially in the districts of East Khasi Hills, Ri Bhoi, Jaintia Hills and South Garo Hills of Meghalaya.
- the needs to enhance skills of health care providers among NGOs and CBOs to provide STI and HIV care services and develop training plan.

Provide training to different health care providers, according to the training plan and establish co-ordination and referral linkages between health care providers. Identify and select community based women's groups willing to provide STI and HIV care services including HIV counseling.

Conduct initial training for selected community based groups on sex and sexuality, basic skills on counseling, STI and HIV.

Provide seed funding support for facilitating formation of PLWHA network with women and men's wing and engage PLWHA networks in activities.

Component D: State Specific Innovations

Lead Agency: UNODC

To develop state specific innovative interventions to augment the response to the epidemic

Indicators

- Innovative projects implemented

Output D1 Youth-friendly HIV prevention activities implemented in Nagaland

Agency Responsible for Output: UNODC

Activities

Identify partner agencies in the community including churches in any 2 of the 4 selected districts (Tuensang, Dimapur, Wokha and Mokokchung) willing to work towards reducing the vulnerability of local youth to STI/HIV.

Commission a rapid assessment to be conducted in the selected communities of the 2 districts by identified partner agencies for understanding vulnerability determinants of youth.

Design socio-culturally appropriate peer led interventions for youth in consultation with partner agencies and community stakeholders, based on study findings.

Implement intervention as per design developed and document the process undertaken for intervention and elements that reduce vulnerability of local youth to STI/HIV.

Indicators

- Rapid assessment research conducted
- Locally appropriate intervention in the selected districts developed based on the Rapid Assessment findings
- Number of youth reached (desegregated by gender and age)
- Range of services for youth established

Output D.2: Harm reduction initiative primarily through community-based detoxification services established in Manipur

Agency Responsible for Output: UNODC

Activities

Make an assessment of the existing programs on drug detoxification and prepare a menu of options including the resources required for each. Identify partner agencies in the community including churches in any 2 of the 4 selected districts (Chandel and Ukhrul, Churachandpur and Imphal) willing to carry out community-based addiction treatment camps. Conduct quarterly community-based addiction treatment camps simultaneously in 2 sites per district

Organize exposure visits for staff of partner organizations to community based camps elsewhere and interact with professionals who organize and run such camps. Explore possible ways to support and advocate for oral substitution programs coupled with community based services for recovering users

Indicators

- Orientation obtained by the partner organization through exposure visits
- Camps conducted as per project proposal

Output D3 Harm reduction initiative primarily through advocacy to strengthen on-going HIV risk reduction activities among IDUs established in Mizoram

Agency Responsible for Output: UNODC

Activities

Identify partner agencies in the community including churches in any 2 of the 3 selected districts (Lunglei, Chhimitupui and Lawngtlai) willing to undertake innovative advocacy initiatives.

Identify areas where the selected partner agencies need to develop their skills to bring in changes as defined. Develop skills as identified (e.g. how to conduct inter-personal communication, how to sensitize the community, preparing press release, etc). Implement the innovative advocacy initiative.

Extend innovative advocacy to other districts based on the lessons learnt

Indicators

- Skill of the partner organizations in effective advocacy developed
- State policy endorsing risk reduction interventions formulated
- Risk reduction projects with operational drop-in-centers located in the community

Output D4 Population and content specific awareness and HIV/AIDS education initiative in Meghalaya established

Agency Responsible for Output: UNODC

Activities

D.4.1 Identify partner agencies in the community including traditional institutions (dorbars and nokmas) and churches in any 2 of the 4 selected districts (East Khasi Hills, Ri Bhoi, Jaintia Hills and South Garo Hills) willing to conduct contextualized HIV/AIDS awareness and education. Research communication needs in the selected communities of the 2 districts identified by partner agencies with assistance from communication research specialists.

Develop, field test and finalize scientifically accurate and contextualized awareness messages based on the findings of the risk characterization exercise and communication

needs study. Develop comprehensive community based approaches for involving key stakeholders including opinion leaders, district administration, education and women and child development departments, church and civil society in shifting community norms to create a culture of safer sexual practices.

Indicators

- Contextualized IEC campaign launched Scaled up
- IEC campaign in other districts based on lessons learnt

Component E: Co-ordination, Management and Technical Competence - (includes cost of NACO Sub-Office)

Lead Agency: UNAIDS

To establish efficient management and co-ordination including the provision of technical competence

Indicators

- Revised management arrangements approved by the UN Theme Group
- Joint UN Workplan developed for the Northeast
- MOU with NACO

Output E.1: Project management systems established

Agency Responsible for Output: UNAIDS

Activities

Assist the NACO Sub-Office in recruitment of all Technical officers at the NACO sub office and State Project Officers (SPOs) to be located at the SACS as per Standard Government of India recruitment guidelines. Upon recruitment, provide for orientation as well as subsequent training in project and finance management to all technical officers and SPO Staff. Leading up to the assistance in establishment of the NACO Sub-Office, establish administrative systems and standard reporting formats that will help fast track operations.

Indicators

- NACO Sub-Office established
- Recruitment and orientation completed
- Administrative, financial and project management system established

Output E.2: Project co-ordination mechanisms established

Agency Responsible for Output: UNAIDS

Activities

A Joint Programme Steering Committee, composed of members of NACO, SACS, participating UN Organizations active in the project, will be established for the purpose of project oversight and guidance. The Joint Programme Steering Committee will be chaired by the DG NACO, with members consisting of SACS Directors, UNRC,

UNAIDS Country Coordinator, Chair of UN theme group and representatives from AusAID & SIDA. UNAIDS through the Regional Support Team, Bangkok, will be responsible for overall reporting to AusAID as per the agreed reporting requirements. UNAIDS on behalf of the participating UN Organizations and the / NACO Sub-office will inform Joint Programme Steering Committee on the status of implementation of management and coordination arrangements. UNAIDS India Country Office and Joint Programme Steering Committee will jointly identifies resource pool associated with the participating UN Organizations that the project may draw upon as per the proposed plan. UNAIDS India Country Office identifies the UN/other partner agencies interested in supporting project activities through complementary funding support in addition to the available AusAID fund.

Indicators

- Joint Programme Steering committee established and periodic meetings held
- Reports periodically generated for onward transmission to AusAID
- Resource pool of professionals identified

Output E.3: Technical competence ensured through capacity enhancement and training

Agency Responsible for Output: UNAIDS

Activities

Upon assessment of training needs of SACS and select partner agencies in the four States, a project training plan will be developed. Specific training modules and materials will be produced (adapted) and periodic training will be provided. Further, specific training courses will be identified.

Indicators

- Training Needs assessment completed
- Training Action Plan prepared
- Training implemented

7. Implementation Modalities, Funds Transfer and Budget

An output-based budget has been drawn and the activities are costed. The participating UN Organization responsible to deliver against each output will be provided the budget and will report on the expenditure as per that output line. The participating UN Organizations will receive annual release of the budgets as a "pass through" budget to minimize bottlenecks. Similarly, annual release of budget for the NACO Sub Office will be provided. The Detailed budget (Annual, Component based, and Output) are available on document "Operations Plan Details". However, a synopsis is provided in this document. Broadly The Joint Programme will consist of 3 implementation components.

Component A - D

UN Agencies Technical Assistance

To determine the technical assistance from the participating UN Organizations, in line with the Programme Design document, NACO sub office and the SACS will identify gaps in their current Project Implementation Plans with the support of the participating UN Organizations.

On completion of the Joint UN Workplan per state, each participating UN Organization will be in position to develop their individual technical support plan with detail budgets, timelines etc. These Joint UN Workplan will be submitted to the Joint Programme Steering Committee for endorsement once they have been cleared by the UN Theme Group. Based on the Joint UN Workplan, UNAIDS will use the "pass through" mechanism to transfer funds to the participating UN Organizations, on an annual basis.

Component E

NACO sub office

NACO will submit a yearly workplan/budget for a period of five years for the establishment and operations of the NACO sub office. As part of the NACO sub office workplan, funds will be available for state specific innovations to be undertaken by the SACS.

The workplan / budget will be endorsed by the Joint Programme Steering Committee. UNAIDS will enter into an agreement with NACO for a five year period and disbursements will be based on annual budgets and plans. Disbursements will be made directly from UNAIDS Geneva based on a Programme Funding Agreement with NACO.

UNAIDS Support

UNAIDS Secretariat will be strengthened to support Programme implementation and ensure timely reporting to the donors.

8. Monitoring

The basis for monitoring will be the M&E framework of NACP III. An output-monitoring framework will be developed and the participating UN Organizations will report against that framework for further reporting to the donor. The log frame proposed in the Strategy document will be the basis for this framework. The overall monitoring will be undertaken by UNAIDS Secretariat and a system will be established for collection of monitoring information against the indicators articulated per output as well as activities.

The overall monitoring will adhere to the results based monitoring system and therefore the donor will be able to appreciate progress against activities as well as outputs against each component.

Reports will be compiled every year twice and will be the substance for discussion with the participating UN Organizations. The results will also be provided annually to the

Joint Programme Steering Committee and recommendations will be sought to take mid course corrective steps towards achieving overall objectives and goals.

An end of project, independent evaluation will be commissioned and all relevant partners who will participate in the evaluation exercise

9. Conclusion

This ambitious project is a culmination of expressed needs from the States of North East of India. AusAID has been committed to this assistance and this initiative intends to strengthen the response by strengthening NACO in implementing the National Program. This is also an exercise of value since it brings together all the participating UN Organizations to partner in promoting capacity building and assisting program implementation on critical areas that can have a positive impact on the HIV epidemic in the four States.

Synopsis of the Budget
Budget for Year 2 to Year 5 are indicative budgets

	Amount in USD					Total Budget in USD	Total Budget in INR (In Crores)
	Year 1	Indicative for Year 2	Indicative for Year 3	Indicative for Year 4	Indicative for Year 5		
NACO sub office	279,566	174,130	176,391	154,943	131,443	916,473	3.74
Activities to be undertaken by the NACO sub office	0	175,870	173,609	195,057	218,557	763,093	3.11
Staff Support to SACS through NACO Sub office	68,261	64,739	71,522	78,978	86,866	370,266	1.51
Sub Total - NACO Sub Office	347,827	414,739	421,522	428,878	436,866	2,048,832	8.37
Technical Support to SACS on Planning and M&E	217,580	225,000	260,000	200,000	149,322	1,051,902	4.29
Advocacy and Mainstreaming	300,000	300,000	262,500	249,375	131,985	1,243,860	5.08
Care and Support for Women and Children	320,000	299,065	267,500	254,125	133,750	1,274,440	5.20
State specific innovative interventions	290,000	299,152	280,000	257,600	140,000	1,266,752	5.17
UNAIDS (UN Project Coordinator and other costs for the Secretariat)	74,500	85,675	98,526	113,305	130,301	502,307	2.05
Administrative Agent cost 1%(UN agencies budgets)	16,331	17,179	16,915	15,998	12,154	78,577	0.32
Programme Support Cost	83,188	94,304	101,406	96,484	93,144	468,526	1.91
Sub Total - UN Technical Assistance	1,301,599	1,320,375	1,286,847	1,186,887	790,656	5,886,364	24.03
Total						7,936,196	32.40

1 USD=40.82 INR

Budget for 1st Year				
S.No.	Particulars	Details	1st Year	
			Amount (INR)	Amount (US\$)
1	Recruitment of 8 Team Leader @ Rs. 100,000 per month for 12 months	100000 x 12	1,200,000	26,087
2	Recruitment of 3 Technical Officers @ Rs. 65,000 per month for 12 months	65000 x 12 x 3	2,340,000	50,870
3	Recruitment of Personal Assistant for Team Leader for 12 months @ Rs. 30,000 per month	30000 x 12	360,000	7,826
4	Recruitment of Assistant for Technical Officers for 12 months @ Rs. 30,000 per month	30,000 x 12	360,000	7,826
5	Recruitment of Finance cum Administration Officer for 12 months @ Rs. 50,000 per month	50,000 x 12	600,000	13,043
6	Recruitment of Administrative cum Finance Assistant @ Rs. 20,000 per month	20,000 x 12	240,000	5,217
7	Inter State for NACO sub office 2 travels per month for 4 persons @ Rs. 15,000/- per travel for 12 months (By Air and By Taxi)	15000 x 2 x 12 x 4	1,440,000	31,304
8	6 travel outside North East @ Rs. 35,000 per travel (By Air)	35000 x 4 x 6	840,000	18,261
9	Office Maintenance @ Rs. 25,000/- per month for 12 months	25000 x 12	300,000	6,522
10	Supplies & Equipments (furniture/computer)	Supplies & Equipments	5,000,000	108,696
11	Meetings @ Rs. 15,000 per month for 12 months	15000 x 12	180,000	3,913
	Total	Total	12,660,000	279,565
1	Recruitment of 4 Technical Officers for 4 State AIDS Control Society for 12 months @ Rs. 50,000 per month	50,000 x 12 x 4	2,400,000	52,174
2	Travel of 4 Technical Officers to within their State and to NACO Sub Office in Guwahati @ Rs. 5,000/- per month	5000 x 12 x 4	240,000	5,217
3	Supplies & Equipments (furniture/computer)	Supplies & Equipments	500,000	10,870
	Total	Total	3,140,000	68,261

Budget for 2016 for NACO Sub Office Guwahati

S.No.	Particulars	Details	2nd Year	
			Amount (INR)	Amount (US\$)
1	Recruitment of a Team Leader @ Rs. 110,000 per month for 12 months	110000 x 12	1,320,000	28,598
2	Recruitment of 3 Technical Officers @ Rs. 71,500 per month for 12 months	71500 x 12 x 3	2,574,000	55,957
3	Recruitment of Personal Assistant for Team Leader for 12 months @ Rs. 33,000 per month	33,000 x 12	396,000	8,609
4	Recruitment of Assistant for Technical Officers for 12 months @ Rs. 33,000 per month	33,000 x 12	396,000	8,609
5	Recruitment of Finance cum Administration Officer for 12 months @ Rs. 55,000 per month	55,000 x 12	660,000	14,348
6	Recruitment of Administrative cum Finance Assistant @ Rs. 22,000 per month	22,000 x 12	264,000	5,739
7	Inter State for NACO sub office 2 travels per month for 4 persons @ Rs. 20,000/- per travel for 12 months (By Air and By Taxi)	20000 x 2 x 12 x 4	1,920,000	41,739
8	6 travel outside North East @ Rs. 40,000 per travel (By Air)	40000 x 4 x 6	960,000	20,870
9	Office Maintenance @ Rs. 27,500/- per month for 12 months	27500 x 12	330,000	7,174
10	Supplies & Equipments	Supplies & Equipments	100,000	2,174
11	Meetings @ Rs. 20,000 per month for 12 months	20000 x 12	240,000	5,217
	Total		9,160,000	198,130
1	Recruitment of 4 Technical Officers for 4 State AIDS Control Society for 12 months @ Rs. 55,000 per month	55,000 x 12 x 4	2,640,000	57,391
2	Travel of 4 Technical Officers to within their State and to NACO Sub Office in Guwahati @ Rs. 6,000/- per month	6000 x 12 x 4	288,000	6,261
3	Supplies & Equipments (furniture/computer)	Supplies & Equipments	50,000	1,087
	Total		2,978,000	64,739

S.No.	Particulars	Details	3rd Year	
			Amount (INR)	Amount (US\$)
1	Recruitment of a Team Leader @ Rs. 121,000 per month for 12 months	121000 x 12	1,452,000	31,565
2	Recruitment of 3 Technical Officers @ Rs. 78,550 per month for 12 months	78550 x 12 x 3	2,831,400	61,552
3	Recruitment of Personal Assistant for Team Leader for 12 months @ Rs. 36,300 per month	36300 x 12	435,600	9,470
4	Recruitment of Assistant for Technical Officers for 12 months @ Rs. 86,300 per month	36300 x 12	435,600	9,470
5	Recruitment of Finance cum Administration Officer for 12 months @ Rs. 60,500 per month	60,500 x 12	726,000	15,783
6	Recruitment of Administrative cum Finance Assistant @ Rs. 24,200 per month	24,200 x 12	290,400	6,313
7	Inter State for NACO sub office 2 travels per month for 4 persons @ Rs. 25,000/- per travel for 12 months (By Air and By Taxi)	25000 x 2 x 12 x 4	2,400,000	52,174
8	6 travel outside North East @ Rs. 45,000 per travel (By Air)	45000 x 4 x 6	1,080,000	23,478
9	Office Maintenance @ Rs. 30,250/- per month for 12 months	30250 x 12	363,000	7,891
10	Supplies & Equipments	Supplies & Equipments	100,000	2,174
11	Meetings @ Rs. 25,000 per month for 12 months	25000 x 12	300,000	6,522
	Total	Total	10,414,000	228,391
1	Recruitment of 4 Technical Officers for 4 State AIDS Control Society for 12 months @ Rs. 60,500 per month	60500 x 12 x 4	2,904,000	63,130
2	Travel of 4 Technical Officers to within their State and to NACO Sub Office in Guwahati @ Rs. 7,000/- per month	7000 x 12 x 4	336,000	7,304
3	Supplies & Equipments (furniture/computer)	Supplies & Equipments	50,000	1,087
	Total	Total	3,290,000	71,522

Budget for the year 2010-11		4th Year	
S.No.	Particulars	Details	Amount (INR) Amount (US\$)
1	Recruitment of a Team Leader @ Rs. 133100 per month for 12 months	133100 x 12	1,597,200 34,722
2	Recruitment of 3 Technical Officers @ Rs. 66,515 per month for 12 months	66515 x 12 x 3	3,114,540 67,707
3	Recruitment of Personal Assistant for Team Leader for 12 months @ Rs. 39,930 per month	39930 x 12	479,160 10,417
4	Recruitment of Assistant for Technical Officers for 12 months @ Rs. 39,930 per month	39930 x 12	479,160 10,417
5	Recruitment of Finance cum Administration Officer for 12 months @ Rs. 66,550 per month	66550 x 12	798,600 17,361
6	Recruitment of Administrative cum Finance Assistant @ Rs. 26,620 per month	26620 x 12	319,440 6,944
7	Inter State for NACO sub office 2 travels per month for 4 persons @ Rs. 30,000/- per travel for 12 months (By Air and By Taxi)	30000 x 2 x 12 x 4	2,880,000 62,809
8	6 travel outside North East @ Rs. 50,000 per travel (By Air)	50000 x 4 x 6	1,200,000 26,087
9	Office Maintenance @ Rs. 33,275/- per month for 12 months	33275 x 12	399,300 8,680
10	Supplies & Equipments	Supplies & Equipments	100,000 2,174
11	Meetings @ Rs. 30,000 per month for 12 months	30000 x 12	360,000 7,826
	Total	Total	11,727,400 254,943
1	Recruitment of 4 Technical Officers for 4 State AIDS Control Society for 12 months @ Rs. 66,550 per month	66550 x 12 x 4	3,194,400 69,443
2	Travel of 4 Technical Officers to within their State and to NACO Sub Office in Guwahati @ Rs. 8,000/- per month	8000 x 12 x 4	384,000 8,348
3	Supplies & Equipments (furniture/computer)	Supplies & Equipments	50,000 1,087
	Total	Total	3,628,400 78,878

S.No.	Particulars	Details	5th Year	
			Amount (INR)	Amount (US\$)
1	Recruitment of a Team Leader @ Rs. 146410 per month for 12 months	146410 x 12	1,597,200	34,722
2	Recruitment of 3 Technical Officers @ Rs. 95,166 per month for 12 months	95166 x 12 x 3	3,425,978	74,478
3	Recruitment of Personal Assistant for Team Leader for 12 months @ Rs. 49,923 per month	49923 x 12	527,076	11,458
4	Recruitment of Assistant for Technical Officers for 12 months @ Rs. 43,923 per month	43923 x 12	527,076	11,458
5	Recruitment of Finance cum Administration Officer for 12 months @ Rs. 73,205 per month	73205 x 12	878,460	19,097
6	Recruitment of Administrative cum Finance Assistant @ Rs. 29,282 per month	29282 x 12	351,384	7,839
7	Inter State for NACO sub office 2 travels per month for 4 persons @ Rs. 35,000/- per travel for 12 months (By Air and By Taxi)	35000 x 2 x 12 x 4	3,360,000	73,043
8	6 travel outside North East @ Rs. 55,000 per travel (By Air)	55000 x 4 x 6	1,320,000	28,886
9	Office Maintenance @ Rs. 36,602/- per month for 12 months	36602 x 12	439,224	9,548
10	Supplies & Equipments for Year One only (furniture/computer)	Supplies & Equipments	100,000	2,174
11	Meetings @ Rs. 35,000 per month for 12 months	35000 x 12	420,000	9,130
	Total	Total	12,946,396	281,443
1	Recruitment of 4 Technical Officers for 4 State AIDS Control Society for 12 months @ Rs. 73,205 per month	73205 x 12 x 4	3,513,840	76,388
2	Travel of 4 Technical Officers to within their State and to NACO Sub Office in Guwahati @ Rs. 9,000/- per month	9000 x 12 x 4	432,000	9,391
3	Supplies & Equipments (furniture/computer)	Supplies & Equipments	50,000	1,087
	Total	Total	3,995,840	86,866

UNAIDS - Northeast Operational Plan

Area of Support	Budget (US\$)	Partners	Indicators	Time Line Year 1			
				Q1	Q2	Q3	Q4
Component A - Capacity Building							
Budget for Year 1	217,580						
Estimated Budget for Year 2	225,000						
Estimated Budget for Year 3	260,000						
Estimated Budget for Year 4	200,000						
Estimated Budget for Year 5	149,322						
To increase the capacity of SACS for strategic planning, co-ordination and monitoring and evaluation for an integrated response to HIV/AIDS in each state							
Detailed Budget for Year 1							
Output A1 - Evidence-based annual planning for an integrated response established and conducted in each state	100,000		System established at the SACS level				
Activities							
A.1.1 Carry out a participatory review of SACS current planning process.	10,000	SACS	Review completed of the SACS				
A.1.2 Identify skill and competency requirements of the planning team in SACS to undertake evidence-based planning.	10,000	SACS	Skill and competency requirements determined				
A.1.3 Provide inputs to SACS and other stakeholders including representatives of PLHIV to address skill and competency requirements of the planning team and develop in-state human resource for evidence-based planning.	50,000	SACS	Training program was SACS officials conducted				
A.1.4 Gather evidence for annual planning with external assistance (in state and out of state)	15,000	SACS	Monitoring and evaluation strengthened and data available for planning				
A.1.5 Monitor the extent to which evidence generated is reflected in the annual action plan	15,000	SACS	Annual action plans developed based on evidence				

Area of Support	Budget (US\$)	Partners	Indicators	Time Line Year 1			
				Q1	Q2	Q3	Q4
<p>Output A2: Leadership development program for senior staff of SACS and community opinion makers of each state established and conducted</p>	77,580		<ul style="list-style-type: none"> New initiatives fostered by community opinion makers Increase in number of new initiatives by SACS and decisions made in this regard 				
<p>Activities</p> <p>A.2.1 Establish a system that will inform and update political, administrative and community leadership on the status of the epidemic in each of the states on a regular basis</p>	20,000	UN agencies	Quarterly consultations organised with opinion makers and community leaders				
A.2.2 Engage and assist the SACS in Nagaland, Mizoram and Meghalaya to develop state-specific AIDS policies	20,000		AIDS policies for the States developed				
A.2.4 Enhance participation and involvement of local leadership in the community and the political leadership of the state in responses to the epidemic in their states through engagement with SACS	20,000	Legislative Forums	Local LFA established and action plan for the LFA developed Orientation programmes for LFA members organised				
A.2.6. Sensitize opinion-makers (CBOs and churches) for a far reaching impact of HIV on the communities they represent	10,000	CBOs/Churches	Consultations with Church leaders organised Operational guidelines for formation of CBOs discussed and CBOs supported				
A.2.8 Monitor the nature and extent of active participation and leadership displayed by the SACS, NGOs, CBOs, church leaders and other opinion leaders in their states' HIV programs	7,580	NGOs/CBOs	Monitoring reports available				

Area of Support	Budget (US\$)	Partners	Indicators	Time Line Year 1			
				Q1	Q2	Q3	Q4
Output A3 Competency based training program in planning, co-ordination and M&E for SACS established and delivered	40,000		Competency developed in the areas covered through training initiatives				
Activities							
A.3.1 Participatory assessment of training needs in particular of SACS officials in the four states.	15,000	NACO/SACS	Assessment report of training needs of the SACS				
A.3.2 Develop a training plan and tools to meet the identified needs	5,000	SACS	Training plan developed and list of tools finalised				
A.3.3 Identify experts from within the region and / or t training institutes who will train and provide ongoing need based technical support		SACS	Develop a database of training institutions and organisations				
A.3.4 Conduct training programs and provide ongoing support	20,000	SACS	Training program was SACS officials conducted				

Area of Support	Budget (US\$)	Partners	Indicators	Time Line Year 1			
				Q1	Q2	Q3	Q4
Component E: Co-ordination, Management and Technical Competence							
Budget for Year 1	347,827						
Estimated Budget for Year 2	414,739						
Estimated Budget for Year 3	421,522						
Estimated Budget for Year 4	428,878						
Estimated Budget for Year 5	436,866						
To establish NACO sub office with efficient management and co-ordination role including the provision of technical competence regarding managing and coordinating integrated response enhanced							
Detailed Budget for Year 1							
Output E.1: Project management systems established	279,566						
Activities							
E.1.1 Recruit NACO sub-office staff and technical support officers to be located at the SACS as per Recruitment Guidelines developed by NACO in consultation with UN system for this Project		NACO	Staff for the NACO sub office recruited				
E.1.2 Provide induction and orientation training in project and finance management to Project Staff.		NACO	Induction training for staff organised				
E.1.3 Support Establishment of the the Regional Project Office (NACO Sub Office in North East India)		NACO	NACO sub office staffed and established with full infrastructure				
E.1.4 Establish travel co-ordination and administrative systems		NACO	Internal management arrangements established				
E.1.5 Assist NACO and Sub Office to develop relevant guidelines that will be adhered to in the project implementation		NACO	Guidelines in relevant technical areas developed				
E.1.6 Provide the technical support officers located in the SACS offices with office furniture, computer support and equipment procured within the first 6 months of Project life as per Procurement Plan.		NACO	SACS officers recruited and based in the SACS				
E.1.7 Assist provision of ongoing office administration and logistics support to the technical support officers located in the 4 states.		NACO	Logistic and administration guidelines provided to SACS officers				

Area of Support	Budget (US\$)	Partners	Indicators	Time Line Year 1			
				Q1	Q2	Q3	Q4
E.1.8 Formulate rules and regulations for Project staff with a special focus on rights issues, gender and ethical principles, in consultation with key stakeholders and staff and distribute it widely.			guidelines for staff developed				
E.1.9 Develop standard reporting formats (narrative and financial).		NACO	Reporting formats finalised				
E.1.10 Develop annual staff performance appraisal guidelines		NACO	Staff appraisal guidelines developed				
E.1.11 Draft standard contracts for activities to be sub contracted.		NACO	Standard contract formats developed				

Area of Support	Budget (US\$)	Partners	Indicators	Time Line Year 1			
				Q1	Q2	Q3	Q4
Output E.2: Project co-ordination mechanisms established							
Activities							
E.2.1 UNAIDS country office, India along with NACO and Northeast Development partners' forum facilitates formation of 'Project Advisory Board' that will advise 'Project steering committee' as necessary		NACO	Project Steering Committees established Minutes of the Steering Committee meetings				
E.2.2 UNAIDS country office, India and UNTG jointly develops roles and responsibilities of the project staff as well as other UN partner agencies		NACO	Roles and responsibilities of the NACO sub office developed				
E.2.4 Establish management system with the help of recruited staff in the NACO sub office by providing assistance		NACO	Efficient management system established at the NACO sub office				
E.2.5 Develop line of reporting responsibility for the UN NE coordinator in consultation with UNTG and UNAIDS country office, India		NACO	Reporting lines for UN coordinator developed				
E.2.6 UNAIDS country office, India and UNTG jointly identifies resource pool associated with the respective UN partner agencies that the project could draw upon as per proposed plan		NACO	Technical resources pool within the UN system identified				
E.2.7 As per agreed work plan, develop a reporting mechanism by which each of the implementing agencies will report on progress periodically to the UNAIDS Secretariat		UN agencies	Reporting formats for UN agencies finalized				

Area of Support	Budget (US\$)	Partners	Indicators	Time Line Year 1			
				Q1	Q2	Q3	Q4
Output E.3: Technical competence ensured through capacity enhancement and training	68,261						
Activities							
E.3.1 Assess training needs of SACS officials and selected partner agencies in the 4 states.		NACO	training provided in identified areas				
E.3.2 Build regional and state resource directory indicating resource persons/ organizations who can be included for provision of technical support		NACO	resource directory on training institutions developed				
E.3.3 Develop project training plan to meet the identified needs including identification of appropriate existing courses provided by regional institutes.		NACO	Training plan for the SACS developed				
E.3.4 Adapt, use and develop training modules and materials as per training plan		NACO	Training modules adapted and developed for training				
E.3.5 Conduct training and/or provide access to existing training courses		NACO	SACs officials participated in training courses				
E.3.6 Monitor the implementation of the training plan		NACO	Report on monitoring of the training plan finalised				

UNDP - Northeast Operational Plan

Area of Support	Budget	Partners	Indicators	Time Line Year 1			
				Q1	Q2	Q3	Q4
Component B: Advocacy and Intersectoral Collaboration							
Budget for Year 1	300,000						
Estimated Budget for Year 2	300,000						
Estimated Budget for Year 3	262,500						
Estimated Budget for Year 4	249,375						
Estimated Budget for Year 5	131,985						
To mainstream HIV and AIDS at the national level and State level through collaboration and initiatives in multiple sectors.							
Detailed Budget for Year 1							
Output B1: Advocacy to national & state government authorities by SACS and state level government agencies, NGOs and FLHIV around festivals	154,000						
Activities							
B.1.1 Technical Support to SACS- \$22,500 -Support for Mainstreaming Facilitator/ Consultants (Mizoram - \$7,500, Mizoram-\$7,500, Nagaland-\$7,500, Meghalaya-\$7,500, One Mainstreaming HIV Facilitator at SACS as technical support, coordination costs (Meeting/Consultation, Travel, Stationery, Communication) and equipment (One Laptop & Laser Printer) - Recruitment Costs-\$2,000	54,500	UNDP/SACS	Facilitation for Mainstreaming placed in SACS				
B.1.2 Consultations at the state / select district level - government/private sector & PUAs for advocacy & developing action plan (Meghalaya -\$4,000, Mizoram-\$4,000, Mizoram-\$4,000, Nagaland-\$4,000)	18,000	SACS/District Administration/Positive Networks/UNDP	Number of Stakeholder consultation held in states/district				

Aims of Support	Budget	Partners	Indicators	Time Line Year 1		
				Q1	Q2	Q3 Q4
B.1.3 Mapping of NGOs/CBOs across four states engaged in intersectoral initiatives	8,000	SACS/NACO Sub Office/ Contracted Agency/UNDP	Completed Mapping study Report			
B.1.4 Documentation of intersectoral collaboration initiatives across four states	8,000	SACS/NACO Sub Office/ Contracted Agency/UNDP	Completed Report			
B.1.5 PLHV Needs Assessment (including livelihoods) -Identification of state/district networks -Training of select PLHVs in research techniques	9,000	SACS/NACO Sub Office/ Contracted NGO/UNDP+ve networks	Completed Needs Assessment Report			
B.1.6 Communications Needs Assessment for Mainstreaming as inputs to development of communication materials -Preparation of TORs -Hiring of Agency	8,000	SACS/NACO Sub Office/Contracted Agency/UNDP	Completed Communication study Report			
B.1.7 Generation of advocacy materials like- policy brief/memoranda, posters etc. based on findings of the mapping studies	12,000	Contracted Agency/SACS/UNDP	Number of context specific advocacy materials available			
B.1.8 Orientation of State Govt personnel - Identification of entry points in various government programmes -adoption of workplace policy (Manipur -\$2500, Mizoram-\$2500, Nagaland-\$2500, Meghalaya-\$2500)	10,000	SACS/UNDP/NACO Sub Office/Resource Agency	No of orientation workshops			
B.1.9 Roll out of the CD Plans in identified districts with govt departments, Private Sector (Manipur -\$2500, Mizoram-\$2500, Nagaland-\$2500, Meghalaya-\$2500)	10,000	SACS/UNDP/NACO Sub Office/Resource Agency	Number of Capacity Development Workshops			
B.1.10 Linkages & Strengthening of existing positive networks (Meghalaya-\$3500, Mizoram-\$3500, Nagaland-\$3500, Manipur-\$2000)	12,500	SACS/ UNDP/INP+States+ve networks	Developed Action Plans			
B.1.11 Setting up of positive networks(Meghalaya-\$3000, Mizoram-\$3000, Nagaland-\$3000)	9,000	SACS/ UNDP/INP+States+ve networks	Registration of +ve networks in States			

Area of Support	Budget	Partners	Indicators	Time Line Year 1			
				01	02	03	04
<p>Output B3 State Level Collaboration between SACS and Departments</p> <p>146,000</p>							
<p>Activities</p> <p>B.2.1 "Partnerships with Government depts, CBOs & Private Sector (Manipur-\$7500, Mizoram-\$10000, Nagaland-\$10000, Meghalaya-\$10000)</p> <ul style="list-style-type: none"> - Identification based on Mapping exercises - Mobilization of NGOs / CBOs -Development of workplans with finalized NGOs/ CBOs & Private Sector (inclusive of workplace interventions)" 	37,500	SACS/UNDP/NACO Sub Office's/ Vn network/ALO	Partnership agreements with SACS				
<p>B.2.2"Strategy formulation for Livelihood initiatives for infected/affected (Manipur-\$7500, Meghalaya-\$15000, Mizoram-\$15000, Nagaland-\$7500)</p> <ul style="list-style-type: none"> -Consultation/Meetings with different stakeholders 	43,000	SACS/UNDP/NACO Sub Office's/vn networks	Initiated livelihood projects in collaboration with state departments				
<p>B.2.3 "Coordination with focal points for HIV in Government Departments at the state/district/sub-district levels</p> <ul style="list-style-type: none"> - Quarterly Meetings -Formation of Intra-departmental task force with work plans -Development of Intra departmental work plan "Manipur-\$2,500, Meghalaya-\$2,500, Mizoram-\$2,500, Nagaland-\$2,500 	10,000	SACS/Departmental/ Resource Agency	Formation of Intra -departmental taskforce with work plans				
<p>B.2.4"Identification & formalization of partnership with the resource agencies for Capacity Development (CD) of CBOs, Government Dept, Private sector</p> <ul style="list-style-type: none"> - In collaboration with SACS & RSU finalization of the resource agency after capacity assessment" -Development of CD Plan -Guidelines/Modules Development (Mapping/teaching/assigning/field testing and finalizing as needed) 	6,500	SACS/UNDP/NACO Sub Office/Resource Agency	Identified Resource Agency				
<p>B.2.5 Finalisation of the participatory M&E framework with In the NACO framework</p>	2,500	SACS/UNDP/NACO Sub Office/UNAIDS	Consultation for Participatory M&E framework				
<p>B.2.6 Generation and submission of quarterly & yearly (progress & financial) reports & annual review</p>	2,500	SACS/UNDP/ implementing Partners	Quarterly reports available				
<p>B.2.7 Mutual learning visits (by UNDP, may include external resource persons for annual review)</p>	5,000	UNDP/SACS	Mission Reports				
<p>B.2.8 Annual management audit by UNDP</p>	2,000	UNDP/SACS	Audit Report				
<p>B.2.8 F&A</p>	15,000	UNDP					
<p>B.3.0 Implementation Support Services (ISS)</p>	20,000	UNDP	This is an indicative figure - ISS is as per actuals.				

UNICEF - Northeast Operational Plan

Area of Support	Budget (US\$)	Partners	Indicators	Time Line Year 1			
				Q1	Q2	Q3	Q4
Component C: Care and Support for women and children in 4 States							
Budget for Year 1	320,000						
Estimated Budget for Year 2	299,065						
Estimated Budget for Year 3	267,500						
Estimated Budget for Year 4	254,125						
Estimated Budget for Year 5	133,750						
Output - To establish an integrated response to provide STI/HIV care and support services especially for women and children in each state.							
Detailed Budget for Year 1							
Output C1 - Care and support needs of women and children in Nagaland determined and services delivered according to Project annual plan	75,000	Nagaland SACS, Nagaland Health Department, Nagaland Network of Positives, Department of Women and Child Development	<ul style="list-style-type: none"> * Range of STI/HIV care services provided to women and children according to their needs * Proportion of women and children in the select community of the selected districts accessing STI/HIV care services * Number of people in the community of the select districts accessing HIV VCT desegregated by gender, age and other demographics 				
Activities							
C.1.1 Map availability and identify barriers to VCT uptake with a focus on women and children. Identify ways of overcoming barriers and provide recommendations to SACS	4,000		District situational analysis report				
C.1.2 Develop methods to mobilize community through influencers such as Church, Media and NGO for better utilization of VCT services	6,000		Community consultations, Materials developed as per needs assessment				

Area of Support	Budget (US\$)	Partners	Indicators	Time Line Year 1			
				Q1	Q2	Q3	Q4
C.1.3 Identify and involve community based initiatives (eg. Naga Mothers Association) to provide information in the community on advantages of HIV test.	2,000		Documentation of best practices				
C.1.4 Conduct orientation sessions for selected community based groups on community sensitization, sex and sexuality, STI and HIV	2,000		Reports of training and sensitization sessions				
C.1.5 Assess the training needs of the existing HIV VCT counselors.	1,000		Review meetings assessments with counselors				
C.1.6 Organize training and orientation of the existing HIV VCT counselors to provide HIV VCT services.	13,000		Training reports / feedback from counselors, materials +				
C.1.7 Monitor provision of STI and HIV counseling services in government health service outlets.	12,000		Monitoring system in place, consultant support, build capacities of resource institutions, SACS				
C.1.8 Assess and map existing health care facilities / services (and identify gaps in services for women and children (initially in the districts of Tuensang, Dimapur, Wokha and Mokokchung)	budget from C.1.1		District situational analysis report				
C.1.9 Develop a plan for providing STI/HIV services through existing Reproductive and Child Health care facilities in collaboration with SACS, village health committees, village councils, indigenous medical practitioners and NGOs.	3,000		Strategic plan developed through consultative process				
C.1.10 Assess the needs to enhance skills of community based health care providers to provide reproductive health services with a focus on STI and HIV and develop plan for addressing needs and implement	4,000		Meetings with health care providers - assessments				
C.1.11 Establish co-ordination and referral linkages between community-based health care providers and government run health care outlets.	3,000		Monitoring systems in place, reports +				
C.1.12 Monitor the provision of RCH care services in relation to STI and HIV among women and children	6,000		Monitoring systems in place, reports +, field trip reports				
C.1.13 Establish / Strengthen positive networks in the pilot districts	8,000		Contracts with partners +				
C.1.14 Engage PLHIV networks in activities adopting GIPA principles (budget subsumed in C.1.13)							

Area of Support	Budget (US\$)	Partners	Indicators	Time Line Year 1			
				Q1	Q2	Q3	Q4
C.1.15 Conduct reviews to assess additional needs for appropriate response and resource identification	5,750		Review reportist, field visits				
Recovery cost (7%) total for Nagaland	5,250						
Output C2 Care and support needs of women and children in Manipur determined and services delivered according to Project annual plans	85,000	Manipur SACS, Manipur Health Department, Manipur Network of Positives, Department of Women and Child Development					
Activities							
C.2.1 Assess and map availability of existing HIV VCT services and women and children's access to these services both in rural and urban settings in Chandel and Ukhrul, Churachandpur and Imphal	4,000		District situational analysis report Review meetings assessments with counselors				
C.2.2 Assess the training needs of VCT counselors	1,000						
C.2.3 Train and supervise HIV VCT counselors on a periodic basis	15,000		Training reports / feedback from counselors				
C.2.4 Sensitize opinion leaders including Church representatives about the importance of HIV VCT	5,000		Community consultations, Materials developed as per needs assessment				
C.2.5 Establish core teams at the state and district levels with representation from SACS, NGOs, Directorate of Health Services, PLHIV networks, media/human rights organizations to co-ordinate HIV/AIDS care and support services in the selected 4 districts.	4,000		Task force at State and district level+, meeting reports				
C.2.6 Establish village level core groups comprising local health care providers through whom continuum of care services can be provided at homes, community clinics and hospitals	4,000		Contracts with partners, NGOs, CBOs. Number of village level core groups +				

Area of Support	Budget (US\$)	Partners	Indicators	Time Line Year 1			
				Q1	Q2	Q3	Q4
C.2.7 Assess and map existing health care facilities / services (all sector – govt., private, informal and formal) and identify gaps in HIV/AIDS services for women and children, with the help of village level core groups in the districts of Chandel and Ukhrul, Churachandpur and Imphal initially	same as C.2.1		District situational analysis report				
C.2.8 Assess training needs of village core group members to provide HIV/AIDS care services	2,000		Community consultations, Materials developed as per needs assessment				
C.2.9 Provide training to different village level core group members according to training plan based on assessment findings	8,000		Training reports, materials+				
C.2.10 Establish referral mechanism for care at the village and district levels	4,000		Monitoring system in place. Sensitization meetings with health care providers				
C.2.11 Identify social, economic and legal problems faced by women and children affected by HIV/AIDS and also service gaps in the districts of Chandel and Ukhrul, Churachandpur and Imphal	2,000		Qualitative research reports, consultations with stakeholders				
C.2.12 Address service gaps in collaboration with existing systems (e.g. self-help groups, existing TIs, inter-departmental collaboration, existing health and development initiatives) to improve access of women and children affected by HIV/AIDS to social, legal and economic support	8,000		Training, sensitization with key stakeholders + reports+				
C.2.13 Monitor the extent to which women and children are able to access social, legal and economic support	16,000		Monitoring system in place, consultant support, build capacities of resource institutions, SACS, monitoring reports+				
C.2.14 Conduct annual review to assess additional needs for appropriate response and resource identification	6,050		Annual review reports, field visits				
Recovery cost (7%)	5,950						
total for Manipur	85,000						

Area of Support	Budget (US\$)	Partners	Indicators	Time Line Year 1			
				Q1	Q2	Q3	Q4
Output C3 Care and support to women and children (including unweaned and single mothers and orphans) in Mizoram determined and delivered according to Project annual plans	85,000	Mizoram SACS, Mizoram Health Department, Mizoram Network of Postives, UNODC, Department of Women and Child Development					
Activities							
C.3.1 Launch information campaign on the usefulness and availability of HIV VCT services in the Project districts, namely, Lunglei, Chhimitupui and Lawngtlai of the state, ensuring the reach to rural areas.	10,000		Communication plan developed through assessments, materials developed				
C.3.2 Sensitize key influencers such as church leaders, YMA, leaders of church youth fellowships such as Kristian Thalai Pawl (KT), Salvation Army youth (SAY) and Pentecostal Youth Department (PYD), etc in the 3 districts to encourage people for taking HIV test.	4,000		Community consultation reports				
C.3.3 Establish systems (such as collection and transportation of blood samples) so that groups of villages/ development blocks begin to access VCT services	4,000		Assessment of current situation, formulation of plan				
C.3.4 Conduct community assessment to identify requirements for VCT service provision in the 3 districts and design action plan to address it	5,000		Community consultation reports				
C.3.5 Assess and map existing Reproductive and Child Health (RCH) services in relation to STI/HIV (all sector - government and private) and identify gaps in services for women and children, initially in the districts of Lunglei, Chhimitupui and Lawngtlai.	4,000		District situational analysis report				
C.3.6 Develop a plan for STI/HIV services through existing reproductive and child health care facilities in collaboration with SACS and NGOs.	2,000		Strategic plan developed through consultative process				

Area of Support	Budget (US\$)	Partners	Indicators	Time Line Year 1			
				Q1	Q2	Q3	Q4
C.3.7 Assess the needs to enhance skills of health care providers among NGOs, GOs and CBOs (such as Mizo Hmeichhe Insukhawm Pawl - MHIP) to provide reproductive health services with a focus on STI and HIV and develop training plan.	2,000		Reviews / meetings reports+				
C.3.8 Provide training to different health care providers including doctors, according to the training plan	10,000		training reports, feedback, materials				
C.3.9 Establish co-ordination and referral linkages between health care providers in the 3 districts	3,000		Monitoring systems in place, number of persons referred and accessing services				
C.3.10 Monitor the provision of RCH care services in relation to STI and HIV among women and children	13,000		Monitoring system in place, consultant support, build capacities of resource institutions, SACS, monitoring reports+, field reports				
C.3.11 Orient CBOs of males such as Mizo Upa Pawl (MUP), YMA and KTP to issues of increased vulnerability of men and women to STI/HIV under the influence of substance use, alcohol and in the context of domestic violence, and availability of STI treatment services and need for partner treatment.	2,000		Sensitization meetings reports				
C.3.12 Identify a cadre of male and female volunteers from the above mentioned CBOs to reach out to couples with health education messages and materials	3,000		Contracts with NGOs, CBOs				
C.3.13 Monitor the trend in partners seeking treatment for any single episode of STIs	3,000		Monitoring systems in place, reports+				
C.3.14 Engage PLWHA networks in activities under the section C.3 - Subsume network building in this activity	8,000		Contracts with positive networks				
C.3.15 Conduct annual review to assess additional needs for appropriate response and resource identification	6,050		Annual review reports, field visits				
Recovery cost (7%)	5,950						
total for Mizoram	85,000						

Area of Support	Budget (US\$)	Partners	Indicators	Time Line Year 1			
				Q1	Q2	Q3	Q4
Output C4 Care and support to women and children in Meghalaya determined and delivered according to Project annual plans	75,000	Meghalaya SACS, Meghalaya Health Department, Meghalaya Network of Positives, Department of Women and Child Development					
Activities							
C.4.1 Assess and map availability of existing VCT services and women and children's access to these services	4,000		District situational analysis report Review meetings assessments with counselors				
C.4.2 Assess the training needs of VCT counselors	1,000						
C.4.3 Assess and map existing health care facilities / services (all sector – govt., private, informal and formal) and identify gaps in services for women and children, initially in the districts of East Khasi Hills, Ri Bhoi, Jaintia Hills and South Garo Hills of Meghalaya.	2,000		District situational analysis report				
C.4.4 Develop a plan for providing STI/HIV care through existing RCH care facilities in collaboration with SACS, traditional institutions (<i>dorbars, nobmas etc.</i>) and NGOs.	2,000		Strategic plan developed through consultative process				
C.4.5 Assess the needs to enhance skills of health care providers among NGOs, GOs and CBOs to provide reproductive health services with a focus on STI and HIV and develop training plan.	2,000		Review meetings assessments with health care providers				
C.4.6 Provide training to different health care providers, according to the training plan	10,000		training reports, feedback, materials +				
C.4.7 Establish co-ordination and referral linkages between health care providers	3,000		Monitoring systems in place, number of persons referred and accessing services				

Area of Support	Budget (US\$)	Partners	Indicators	Time Line Year 1			
				Q1	Q2	Q3	Q4
C.4.8 Monitor the provision of STI/HIV care services among women and children	13,000		Monitoring systems, number of women and children accessing services, consultant support, build capacities of resource institutions, SACS, monitoring reports+, field reports				
C.4.9 Identify and select community based women's groups willing to provide reproductive health care services including HIV counseling	2,000		Contracts with NGOs, CBOs				
C.4.10 Conduct initial training for selected community based groups on sex and sexuality, basic skills on counselling, STI and HIV	8,000		Training reports				
C.4.11 Monitor provision STI and HIV counselling services by the community based groups	4,000		Monitoring systems in place, review reports				
C.4.12 Provide seed funding support for facilitating formation of PLHIV network with women and men's wing	8,000		Contracts with PLWHA networks				
C.4.13 Engage PLHIV networks in activities under the section 3.1	5,000		Monitoring reports of activities, field visits				
C.4.14 Conduct annual review to assess additional needs for appropriate response and resource identification	5,750		Annual review reports, field visits				
Recovery cost (7%) total for Meghalaya	5,250						
	75,000						
Programme budget for all 4 States total	320,000						
Recovery costs 7%	22,400						
programme activity cost	297,600						

Programme budget for all 4 States total
Recovery costs 7%
programme activity cost

UNODC - Northeast Operational Plan

Area of Support	Budget	Partners	Indicators	Time Line Year 1			
				Q1	Q2	Q3	Q4
Component D: State Specific Innovations							
Budget for Year 1	290,000			X	X	X	X
Estimated Budget for Year 2	299,152						
Estimated Budget for Year 3	280,000						
Estimated Budget for Year 4	257,600						
Estimated Budget for Year 5	140,000						
To develop state specific innovative interventions to augment the response to the epidemic							
Detailed Budget for Year 1							
Output D1 Youth-friendly HIV prevention activities implemented in Nagaland	75,000	UNICEF & Department of Women and Child Welfare in Nagaland, Nagaland SACS, UNFPA, youth organisations, church, RSU	<ul style="list-style-type: none"> • Rapid assessment research conducted • Locally appropriate intervention in the selected districts developed based on the Rapid Assessment findings • Number of youth reached (desegregated by gender and age) • Range of services for youth established 				
Activities							
D.1.1 Identify partner agencies in the community including churches in any 2 of the 4 selected districts (Tuensang, Dimapur, Wokha and Mokokchung) willing to work towards reducing the vulnerability of local youth to STI/HIV. meetings/ consultation with RSU and NSACS-\$2000, travel for partner NGO selection-\$3000(RSU/SACS and project staff, equipment(one laptop& one projector)\$ 6000, Non-expendable equipment-10,000	21,000		Contracts for partner agencies			X	X

Area of Support	Budget	Partners	Indicators	Time Line Year 1			
				Q1	Q2	Q3	Q4
D.1.2 Commission a rapid assessment to be conducted in the selected communities of the 2 districts by identified partner agencies for understanding vulnerability determinants of youth - Training of partner NGOs-\$8,000, meeting/consultations-\$ 2,000, travel-\$2000,Consultant-\$5000. Contracts 2 partner NGOs-15,000, 1 dissemination workshop at state level-\$5, 000	37,000		Report of the Rapid Assessment Study		X		X
D.1.3 Design socio-culturally appropriate intervention for youth with a special focus on females in consultation with partner agencies and community stakeholders, based on study findings.Contract for consultant-\$8,700	8,700		Intervention design document showing links between assessment findings and intervention design				X
D.1.4 Implement intervention as per design developed.- guidelines for implementing youth friendly services for prevention of HIV-\$5000 meetings and travel-\$2000			Quarterly reports from partner organisations				
D.1.5 Document the process undertaken for intervention and elements that reduced vulnerability of local youth to HIV/STI			Documentation of good practices in reducing vulnerability				
D.1.6 Extend successful interventions to other districts following lessons learnt and annual review			Contracts for new partner agencies& Annual review report				
UNODC Total for output D1	66, 700						

Area of Support	Budget	Partners	Indicators	Time Line Year 1			
				Q1	Q2	Q3	Q4
Output D.2: Harm reduction initiative primarily through community-based detoxification services established in Manipur	75,000	Manipur State AIDs Control Society, Orchid Project, Partner NGOs, RSU	<ul style="list-style-type: none"> Orientation obtained by the partner organization through exposure visits Camps conducted as per project proposal 				
Activities							
D.2.1 Document assessment of existing programmes on drug detoxification to prepare menu of options-consultant- \$5000, travel-\$3000, meetings with keystakeholders-\$1000, dissemination meeting at state level-10,000(including travel for 15 participants from districts)					X		X
D.2.2. Identify partner agencies in the community including churches in 2 of the 4 selected districts(Chandel, Ukhrul, Churachandpur and Imphal willing to work in community based addiction camps- mapping of potential partner agencies in 4 districts-4@ \$1000-\$4000, meetings/ consultation with RSU and MSACS-\$2000, travel for partner NGO selection-\$2000(1RSU/SACS and 1 project staff), contract to 2 partner NGOs for organising camps-2@5000=10000	19,000		Report of the assessment		X		X
D.2.3 Mobilize the community for participation in these camps	17,000		Contracts of the partner agencies Number of drug users accessing services at detoxification camps				
D.2.4 Visit such camps organised by TTK Hospital in villages of Tamil Nadu and interact with professional who organise and run such camps(5 day Trip for 6 persons(2 from RSU and MSACS, 4 representatives from partner NGOs)	28,700		Report resulting from visits to the TTK Hospital		X		X
D.2.5 Conduct quarterly community based addiction treatment camps simultaneously in 2 Sites per district			Quarterly report of treatment camps				
D.2.6 Advocate for oral substitution coupled with community based response							
D.2.7 Document the process undertaken for these camps and elements critical to foster community participation in such endeavors.			Documents on lessons learnt from the camps				
D.2.8 Based on lessons learnt, extend the camps to other districts after learnt and annual review			Contracts for new agencies				
UNODC Total for Output D2	66,700						

Area of Support	Budget	Partners	Indicators	Time Line Year 1			
				Q1	Q2	Q3	Q4
Output D3 Harm reduction initiative primarily through advocacy to strengthen on-going HIV risk reduction activities among IDUs established in Mizoram	75,000	Mizoram SACS, UNAIDS, UNDP, BMGF, Partner NGOs, churches	<ul style="list-style-type: none"> Skill of the partner organizations in effective advocacy developed State policy endorsing risk reduction interventions formulated Risk reduction projects with operational drop-in-centers located in the community 				
Activities							
D.3.1 Identify partner agencies in the community including churches in any 2 of the 3 selected districts (Lunglei, Chhimitupui and Lawngtlai)-site visits for partner selection-\$2000(1 project staff and IRSU/ Mizo SACS), mapping of potential partner agencies willing to take advocacy work related to harm reduction-1000@3=3000, non-expendable equipment-\$5000)	10,000		Criterion for selection of partner agencies for advocacy developed and contract for partner agencies	X	X		X
D.3.2 Define the changes that the advocacy initiative would bring in at the level of community, the population groups at risk of HIV, service providers and plan the change- Baseline Survey in two districts by partner agencies-\$6,700 ,Consultation workshop at state level to develop the road map-\$5000, consultant for mapping & identifying key advocates-\$5000,Local travel-\$3,000, meetings- \$1000, workshop to develop advocacy action plans-\$5000, 2 workshops@5000=10,000, meeting of legislators in the state assembly-\$5000.This activity would be coordinated with UNDP and UNAIDS	40,700		Report of the Baseline Survey				
D.3.3 Identify areas where the selected partner agencies need to develop their skills to bring in changes -Needs assessment -\$5000, travel-\$3000, training plan for development of advocacy skills-\$3000, consultant-\$5000	16,000		Report on the gaps in skills required for undertaking advocacy	X	X		X
D.3.4 Develop skills as identified (e.g. how to conduct inter-personal communication, sensitize the community, preparing press release, etc-			Skill development workshop report				
D.3.5 Implement the innovative advocacy initiative at the level of the community			Quarterly reports of partner organisations				

Area of Support	Budget	Partners	Indicators	Time Line Year 1			
				Q1	Q2	Q3	Q4
D.3.6 Undertake innovative advocacy initiative at the level of MzSACS towards formulation of State AIDS Policy endorsing risk reduction interventions			Advocacy activities articulated in the state plan of MzSACs				
D.3.7 Document the process undertaken for advocacy and changes that resulted			Report on the successful outcomes of the advocacy efforts				
D.3.8 Articulate the advantages of harm reduction in HIV prevention in the State AIDS Policy based on lessons learnt in pilot districts			State Advocacy policy endorsing risk reduction				
D.3.9 Extend innovative advocacy to other districts based on the lessons learnt			New contracts with partner organisations				
UNODC Total for OUTPUT D3	66,700						

Area of Support	Budget	Partners	Indicators	Time Line Year 1			
				Q1	Q2	Q3	Q4
Output D4 Population and content specific awareness and HIV/AIDS education initiative in Meghalaya established	65,000	Meghalaya SACS, State Information Department	Contextualized IEC campaign launched Scaled up IEC campaign in other districts based on lessons learnt				
Activities							
D.4.1 Identify partner agencies in the community including traditional institutions (<i>dorbars and nokmas</i>) and churches in any 2 of the 4 selected districts willing to conduct contextualized HIV/AIDS awareness and education site visits for partner selection-\$3000(1 project staff and IRSU/ Meghalya SACS), mapping of potential partner agencies -2000@2-4000, non-extendable equipment-\$10,000	17,000		Contracts with partner agencies		X		X
D.4.2 Commission studies with partner agencies to characterize risks of local vulnerable groups (e.g. IDUs, FSWs, women working in coalmine areas and <i>dhabas</i> , street children) in consultation with experts- local travel-\$3000, consultant for vulnerability assessment study-\$5,000,2 consultants for communications needs assessment-2@\$5000=10, 000, 2 contracts for partner NGOs to conduct communication needs assessment-2@7500=15,000,training workshop2@4250=8500.	41, 500		Report of the communication assessment study		X		X
D.4.3 Research communication needs in the selected communities of the 2 districts by identified partner agencies with assistance from communication research specialists.							
D.4.4 Develop, field test and finalize scientifically accurate and contextualized awareness messages based on the findings of the risk characterization exercise and communication needs study.			Communication strategy including messages, media mix				
D.4.5 Develop Comprehensive community based approaches for involving key stakeholders including opinion leaders, district administration, educational departments church and civil society in shifting community norms to create culture of safer sexual practices							
D.4.6 Disseminate finalized messages in socio-culturally appropriate means identified through community consultations.			Plans for contextualised communication campaign Annual review report on IEC campaign plan				
D.4.7 Assess the impact of HIV/AIDS awareness and education initiative			Report on the process documentation				
D.4.8 Document the processes undertaken for the HIV/AIDS awareness and education initiative and lessons learnt							

Area of Support	Budget	Partners	Indicators	Time Line Year 1			
				Q1	Q2	Q3	Q4
D.4.9 Extend successful initiatives to other districts following lessons learnt and annual review			New Contracts with partner Organisations				

58,500

Total UNODC Cost for output D4

PSC to the reporting agency(3%) 7,800
PSC to UNODC- impl.project (9%) 23,300
Actual project sub total 258,600
Total project cost 290,000

