

MID TERM REVIEW REPORT

Joint Northeast Initiative supported by
AusAID through UNAIDS

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Executive Summary

Coordinated, focused HIV-AIDS programming in India's North-eastern states is capacitated through the Joint UN Programme's initiatives and sustained efforts. Under the joint UN, three agencies—UNDP, UNODC and UNICEF through the UNAIDS Secretariat—strategise and support national and state governments in implementing specific components of NACP III through financial support received from Swedish International Development Agency (SIDA)—and—Australian Government's Overseas AID Programme (AusAID). Specifically, establishment and functioning of a North East Regional Office (NERO) and strengthened UN technical support for HIV-AIDS programming to the four states of Manipur, Meghalaya, Mizoram and Nagaland is mandated under terms of Australia's aid programme for the North-east.

The pattern for HIV-AIDS proliferation was peculiar to the region at the time. HIV was fuelled by two primary transmission modes: injecting drug use and unprotected sexual intercourse. Whilst these factors necessitated UN action in the region; the structural factors would remain outside the scope or ability for rectification. UN response would need to rise over these challenges.

Progress was reviewed at the half way mark of AusAID supported programme implementation during November – December 2009. This was for allowing appropriate mid course correction in project design and log frame towards efficient and effective activity implementation for the remainder programme implementation period. Through intense review—involving key informant interviews and focused group discussions with Government at national and state level, UN agencies, development partners and stakeholders; and state level field visits—certain advancements and challenges are noted. These are briefly summarised ahead.

Out of the two primary objectives for the programme—which are establishment of NERO and technical support for four states—the first is achieved whilst the second is partially fulfilled. The NACO NERO office is successfully established in Guwahati, Assam. The office is functional and adequately staffed. UN technical officers are strategically posted to the regional office for catapulting firstly, development and implementation of the UN project. Secondly, imparting technical support to the NERO office.

In the overall the project has progressed well, but since the environment in the north-east had changed substantially from the design of the project to when the implementation commenced on the ground requiring a re-visit of the design itself. This change itself had posed considerable blocks and diffused the clarity in the implementation. The project itself has been on the ground effectively for about more than 14-16 months, though the elapsed time is three years is in itself a challenge that needed to be factored in during the assessment. The project has done well in the short duration but will require a refocus on the changed environment.

Based on ground realities, the project needs to alter / revise its strategic thrust for facilitating understanding on the drivers of the epidemic, its unique character in the North East and take into account the opportunities for

leveraging the support and involvement of community based structures in making prevention effective and care and support user friendly catering to the needs of the PLHIV. The legislative forums have reassured political support and willingness to the government machinery in strategically tackling the epidemic spread but needs to be harnessed to initiate policy support for better response.

The assessment finds need for leveraging greater community support in prevention, care support efforts for PLHIVs. Significantly, the role required of the legislative forum on AIDS to not only generate political resolve but utilise it to initiate policy support. Specific advice for NACO NERO is following:

- Distinguish NERO's role as a NACO sub office vis-à-vis a regional TSU.
- For effective support adopt a more functionally effective structure.
- Identify a NACO official who on a full time basis provides effective coordination and supports NACO in responding to north-east requirements.
- Continue developing the north-east regional plan on a priority basis; and position NACO-NERO within its context.
- For appropriate response formulation; review and revise project strategy that considers prevalent situation.
- Joint UN program needs to continue with supplementary technical support provision and if necessary in other states of northeast also.
- Develop a position paper for greater clarity amongst NACO staff on NERO.
- Increase efforts for formalizing NACO-NERO in the context of DONEAR.

Recommendations for the Joint UN Plan

- Develop a strategy plan for the north-east region.
- The joint UN plan's focus must centre on strategic support vis-à-vis the current objective of project orientation
- For focused UN attention, identify one theme or area critical for each state.
- Identify and develop Technical Support institutions within the region for sustained technical support provision.
- Develop guidance documents on different themes which can be used as an operational manual by SACS in their day to day work.
- Develop a clear NACO-NERO support plan and a counter part structure within the Joint UN team for effective coordination.
- Result orientation needs to be infused within the joint UN team with clear indicators developed for input, process, output, outcome and impact.
- Undertake periodic external assessments to ensure performance and initiation of corrective steps when needed.
- For strengthened UN collaboration, bring UN agencies under a common platform such as through a common UN office.
- No cost extension may be an opportunity to enhance strategic impact.

REVIEW REPORT

1. Background

AusAID and UNAIDS entered an agreement to support HIV-AIDS programming in North Eastern under the Joint UN Programme through firstly, establishing a Regional Office and Secondly, enhancing UN technical support for four states (Meghalaya, Mizoram, Manipur and Nagaland).

These are with objectives of:

- Increasing capacities of SACS for strategic planning, coordination and monitoring and evaluation for an integrated HIV-AIDS response.
- HIV-AIDS mainstreaming at the national level and state level through collaboration and initiatives in multiple sectors
- Establishing an integrated response for STI/HIV care and support service provision for women and children in each state
- Developing state specific innovative interventions to augment the response to the epidemic
- Establishing efficient management and coordination including the provision of technical competence

Under terms of agreement, UNAIDS India Country Office is responsible for project coordination and overall reporting to AusAID.

As the programme reaches its mid-term implementation period in 2009; it was decided to carry out a mid-term review (MTR) to reflect, reassess and discuss the progress achieved and challenges encountered. It was also proposed that the project design and the log frame be revisited, as it would be difficult and inefficient to carry out design validation and make course corrections at a later stage.

The AusAID funded project was evaluated in its mid-term review from October 28, 2009 to November 28, 2009 by a team of three consultants. The MTR was carried out with the following objectives:

- Examining the quality and overall progress in relation to the objectives of the project, its four components and Project Design Indicators (includes targets, coverage, input, process, output and outcome)
- Assessing the institutional management processes, efficiency and workload
- Examining the opportunities and challenges faced during the implementation and identifying the barriers impacting performance and programme focus for the remainder time

- On the basis for review and lessons learned; provide recommendations for strengthening the project implementation for the second half of the project period
- Assess the impact of the supplementary funding provided by Sida for the NE States.

The mid-term review of the project assessed the overall response of the initiative to HIV in terms of the four project components:

- Capacity building
- Advocacy
- Care and Support especially for women and Children
- State specific interventions

To further elaborate, evaluation would entail assessment of project strategy, approaches, design, management structure, funds flow and overall progress through in depth analysis of the interventions with respect to Targeted Interventions, STI/STD services, PPTCT, Social Inclusion and equity, IEC, Behavioural Surveillance Survey (BSS) and routine monitoring data triangulation. The following was envisaged.

Firstly, greater clarity and coherence on the original project design with respect to present needs of the NE States and secondly, effectiveness of the project to address existent issues. Moreover the strategy adopted—in the immediate and long term—for attaining planned outputs and activities within the time frame vis-à-vis inputs provided. Thirdly, consider the effectiveness of UN agencies working jointly towards a common plan on a common platform in the North East and the role of UNAIDS as coordinator. Understanding the modalities and managerial arrangements, and the agreed perquisites by the project partners and government counterparts was the fourth area. Fifthly, NERO's value addition, its management systems and long term plans.

2. Evaluation Methodology

The evaluation was based on primary and secondary data sources. Primary data was firstly through key informant interviews and FGD with the following:

- All UN partner organisation's programme managers
- Government Officers of NACO responsible for the northeast office
- All UN recruited staff within the Joint UN programme
- SIDA program managers
- All NERO staff
- PD's of 5 north-eastern SACS
- Legislative Forum Convenors
- Project managers where funds were given to NGOs for managing the UN project.
- Coordinators and Managers of UN offices in Guwahati and Shillong
- Community members from communities where projects were implemented.

Secondary data was obtained from reports forwarded by the project to AusAid and SIDA and those sent by the team members to UN and NACO.

The MTR commenced through meeting with UNAIDS India Country Office's Senior National Programme Officer for providing background to the project's origin and process for finalizing the funding agreement with AusAID. Other principle points of discussion were firstly, the time line for NERO office establishment, the development of the joint UN Plan for the four states and the planning processes. The team also was briefed on practical implementational factors that caused delays in selection of the NERO team leader. The team was informed on progress made by the project. UNAIDS Senior National Programme Officer disseminated progress reports prepared and submitted to the donor amongst team members.

A consultation subsequently was scheduled with The Secretary and Director General of NACO (DG NACO), Joint Secretary, NACO(JS NACO), National Programme Officer, UNDP, Representative and the national Programme Officer UNODC, HIV/AIDS Section Head, UNICEF and Programme Manager, SIDA.

Further rounds of meetings were with AusAID. The field visit to NERO office in Guwahati was broken to two sections. The first leg was a three day mission to Guwahati from November 2 – 4, 2009 for a meeting with NERO staff, conducting FGD with the team, discussions with UN appointed staff and NERO Team Leader. This second leg was field visits from November 16- 27 to Manipur followed by Nagaland, Mizoram and Meghalaya.

Upon return to Delhi, the team completed the analysis of emerging findings and drafted the report. Some of the key feedback received from key informant interviews is summarised below.

DG NACO recommended that the MTR team focus on analysing programme effectiveness and administrative structures whilst viewing practical implementational difficulties for the northeast and strengths of openness in the society. Larger issues for keeping in mind are the border issues and the large ADB road projects that are coming up and their impact.

JS NACO's counsel for the team was consideration of the following:

- NERO's current and potential role as either an outreach arm of NACO or a Technical support Unit or both.
- NERO's mandate vis-à-vis that of a SACS' and understand which sections lie outside SACS's ambit.
- The extent to which NERO reflect NACO's priorities.
- Consider whether NERO's staffing is according to NACO's priorities or donor priorities.
- The level of support NERO enjoys from the SACS.
- The amount of work NACO is given to NERO and vice versa
- Which sections of NACO is going to NERO and what are their foci

AusAID's recommendations were for developing an understanding on the following:

- Identify delivery issues and ways for course corrections, design considerations, and validity.
- Consider whether the project should be expanded to all 7 states.
- Analyse possible power devolution from centre to NERO.
- Efficacy of the UN systems; understanding whether any institutional issue works against the workplan and opportunities for leveraging.
- Closer alignment of the UN and NERO's work.
- Analyse whether lower fund absorption capacity necessitate extension of the grant implementation period.
- Whilst the programme should remain within the government programme and agreed cost; everything else has scope for changing.

Discussion points at the meeting with SIDA were:

- Whether SIDA grants had added value to the north-east project.
- Whether civil society needs assessment is yet undertaken.
- Additionally whether PLHIV NGO/CBO capacities are increased or is support extended to them.
- Response if any for addressing increased feminisation of the epidemic.
- The extent of a coordinating role played by UN for NERO.
- Whether states welcome NERO as a sub office or a technical support unit.

Although several recommended focus areas were suggested; few were outside the scope of work. The review team limited itself to the TOR for the review.

3. Organization of the Evaluation report

The evaluation report is divided to two sections representing the two distinct parts of the project. Part one is establishment of the northeast NACO office which is managed and staffed directly by NACO (through funds and staff support from UNAIDS-AusAID project and Bill and Melinda Gates Foundation). Part two is the joint UN project in 4 north eastern states and addresses. Both segments aim at assessing:

- The quality and overall progress in advancement towards project objectives, the four components and Project Design Indicators (includes targets, coverage, input, process, output and outcome)
- To institutional management processes: the efficiency and workload.
- Opportunities and challenges—including barriers and bottlenecks—affecting implementation performance and focus.

4. Review of NACO-NERO and Functioning

4.1 Background:

The NACO sub-office as part of the overall design is placed within component E - Coordination, Management and technical Competence. In the overall design the joint UN project is expected to be managed and implemented through the newly established NACO-Sub-office at Guwahati which will directly report to NACO.

The project document goes on to state that “with the establishment of NACO’s physical presence in the North East, NACO has requested the UN to facilitate the set up of the office and to integrate support for the UN-HIV Programme as an integral part of the sub-office.”

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

- to facilitate further development and fine tuning of the Project Implementation Plans for HIV Prevention, treatment care and support in state wide partnerships of government, civil societies and development partners;
- to support implementation of such Programme Implementation plans (PIP) by offering strategic technical assistance at the local level, in close association with the National Rural Health mission (NRHM).

Further the project document states that the NACO Sub-office/RSU, 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 North East Office and NACO at the centre level in New Delhi.

The UN Program would support the recruitment of one Technical Officer for each of the four SACS to support the sub-office in developing its technical support plans for the states; mobilizing and coordinating technical assistance from UN and for monitoring the PIP progress and reporting a UN Project Coordinator will be appointed.

The human resource support envisaged for the Sub-office by the project is as follows:

Team Leader
Technical Officer- Training
Technical Officer-IDU
Technical Officer- Programmes
Program Assistants (2)
Administrative/Finance Officer
Administrative/Finance Assistant
UN Project Coordinator

The SACS in all the four states will be provided one Program Officer each to provide back-stop as well as support in the programming area.

4.2 Assessment of achievement of Indicators

The progress towards achievement of objectives has been satisfactory considering the short time span during which NACO-NERO has functioned¹. (The NACO sub-office has been functioning effectively only for the last year prior to the evaluation.)

It has

- Provided high level and coherent technical support to the states which has contributed to the continuing scale up response to HIV.
- With support from NERO office the resource utilisation of SACS have increased several notches and is probably touching 80% from the previous below 50%.
- CMIS and CPFMS reporting has improved.
- The support being provided for setting up DAPCU has enhanced program monitoring.

In its short life with a complete set of staff, the north east sub office of NACO has provided support to SACS, sorted out their issues with NACO, helped the annual action plans, followed up to increase spending and brought in an increased level of energy at the ground level. It has in short provided an added value plus.

On an issue In the NACO sub office UN staff has been posted and are presently carrying dual roles assigned to them by the UN and those assigned by NACO.

The evaluation team however would like to flag the following issues that have not been addressed though it is part of the original proposal:

4.3 Role of NERO

In the beginning of section 4 the report looked at what was initially envisaged as the role of NERO¹.

Since then, the various stakeholders hold varying views on what NERO's role should be. The views are placed below:

NACO, at different levels echo differing views:

¹ The detailed analysis of activities, indicators and progress achieved has been provided in detail in Annex 1.

- It is a NACO sub office but at the bottom end of the totem pole. In this role NERO becomes the place to hold meetings, a point to request information, a place where there are staff who can be asked to do specific activities.
- It is a TSU. In this role NERO functions as a manager for project officers in the states, conducts trainings, provides trainers and provides technical support.
- It is a UN office.

The view from SACS is :

- It is a NACO sub office without any financial and administrative powers. SACS have used the support of NERO in their annual action plans, staff recruitment, as a one point shop for clarification of issues regarding NACO requests and as a group of people who will lobby for and follow up their issues in NACO.
- It is a technical support unit. The staff at NERO provides training, support to TI, programme management, evaluation of NGOs and respond to the needs of the SACS.
- It is really helpful to have them but we should not be isolated. There is the fear that all support would be from within the north-eastern states and good practices from the rest of the country would be blocked out because of NERO's efficiency in getting local support. On the other hand there is the need for looking at north-eastern states differently since there is a serious variation in way the epidemic is progressing.
- The PDs of all the five SACS that the MTR team met with have expressed a need for a NACO sub office. They have also expressed the fear that unless NERO has concomitant level of financial and administrative powers it would not really serve the purpose of being a voice of the northeast.
- The PDs of four of the five SACS expressed need for good quality technical support in their programming. Most of the staff positions at SACS have not been filled and where they have been filled the staff are far too senior to be able to manage ground level programming. A good TSU is an immediate necessity.
- SACS also required NERO to be able to follow up on pending issues of the SACS with NACO in order that they are resolved quickly to ensure smooth implementation of the programmes. This may suggest that NERO would need to identify the special issues facing the different states in the NE region and be able to advocate with NACO regarding the needs. It may also be worthwhile to have a focal person for NERO designated within NACO to whom the NERO office can refer matters of importance and follow up for decision.

In order to get a clearer understanding on what NERO could be the evaluation team looked at the activities that NERO is presently undertaking. They are:

- Provision of technical support in the development of annual action plan of the states
- Provision of capacity building to the states and the personnel in the program

- Provision of capacity in feeding into the CMIS of NACO as well as in the CPFMS
- Provision of support as and when required by SACS
- Provision of support in terms of setting up DAPCU and setting up financial and management systems required for the same
- Streamlining the reporting systems at the SACS and monitoring the regularity and comprehensiveness of the reporting of SACS.
- Act as a clearing house of requests from SACS and follow up with the NACO office at Delhi
- Support NACO staff visits for regional meetings
- Provide oversight to the Joint UN Plan for NE

The evaluation team were also informed by NERO staff and the various SACS that the previous Director General, NACO stated in the joint meeting at NERO that it was a sub office of NACO and will over time and upon proving its capacity and capability would have financial powers also. The same was conveyed to the SACS PD's when the then DG met with them at NERO office. This was confirmed by the Nagaland PD and the finance officer from NERO, both of whom were at the meeting.

However, the SACS were provided a contradictory messages by other visiting NACO officials who said that NERO would not be given any financial and administrative powers. This was confirmed by the Nagaland and Manipur PDs.

The above clearly points to two things:

- Internally within NACO there are different views on NERO's role.
- Since there is no written government order establishing NERO and therefore a single position about NERO is still being debated.

In addition there were no indicators that NERO is a Government of India office, since:

- NERO does not have governmental order (that we could get our hands on) establishing it.
- NERO staff do not have any official status other than job contracts (for some of them) from NACO.

The lack of understanding is further increased with the absence of vision within the NERO office of what they wish to be over a period of time.

Hence, it would be of immense value if NACO develops a clear vision for NERO and its growth over time and communicates it within NACO and makes it official to NERO and the SACS providing the direction that the NERO has to move so that it can take steps that for its growth.

4.4. Joint UN Plan integral with NERO working

The Joint UN plan as per the proposal and the agreement is to be integral with NERO. However, this was visible only to a limited extent.. UNICEF and UNODC with their own offices in the northeast, and implement their plans directly through their office. Their staff are linked to NERO only through UN coordinator positioned by UNAIDS at NERO who tracks the progress of the activities and is responsible for sharing information. UNDP has positioned staff at NERO and the four SACS for their support.

The funds for the UN technical support are not routed through NERO except in the case of UNDP where part of the funds are managed by NERO, in a separate Bank Account from the NERO Bank Account. This adds complexity to the process and tends to result in delay of transfer of funds resulting in either postponement or cancellation of activities. This has been ironed out in recent times but may need to be addressed further.

It is suggested that the joint UN plan feeds into an overall NE plan and is jointly worked out with NERO and SACS in order that it fits in with what has been identified as priorities. The activities supported by the UN should be reflected in the SACS Annual Action Plan as complimentary activities.

The current design of provision of staff for technical support though a necessity when the project was initiated, may not be long term as the SACS is recruiting staff and will be fully staffed in the coming years. Further, provision of small intervention support at the state level will also not be able to contribute to the capacity of the states in terms of improved response nor be able to address the constraints imposed by a national framework on the special requirements of the North East.

Hence, the joint UN support for the North east needs to be more strategic in nature and in response to enabling the NE in addressing the special requirements to a overall NE plan for the response to HIV.

4.5. Challenges facing NERO

a) Limited experience of staff with government functioning

- NERO staff is largely from the civil society with little or no knowledge of governmental functioning.
- The only person with experience in governmental functioning is the finance person.
- NERO staff has experience in knowing the epidemic and how programmes are managed and run. But they lack the knowledge of managing and making the government system work for them and the north eastern SACS.

b) Limited ability to play dual role

NERO plays a dual role of TSU and NACO sub office. In managing this role they lack

- Management skills
- Staff for managing dual responsibilities (lack of financial powers mean that they have to work so much harder to ensure finances and approvals are in place)
- Clear guidelines and nodal persons at NACO for the dual activities.

c) Mixed bag of staff with multiple roles

Though different partners (UN, BMGF) have parked staff at NERO, contributing to the technical capacity of NERO, it has to in some cases led to multiple roles, thus making it difficult for the staff to deliver at the optimum level.

In order to simplify matters the entire staff of NERO need to be under a single contracting mechanism with uniform eligibilities and unified reporting relationships. The source of payment of salary can be from different funding sources but the accountability and work performance will be to NERO.

It is essential for effective implementation of the programs all the members of the team are placed within the NERO office and are accountable to the team leader NERO rather than independently reporting and acting as per their agency requirement and not as per the requirement of the North East.

4.6 Opportunities

Provide a unified yet diversified vision for the northeast

- Develop a vision statement and plan for the northeast. (The north eastern states while completely different have several policy and infrastructural similarities.)
- Develop planning tools that can enhance the similarities while allowing space for state specific adaptations.
- Enable better use of funds through joint planning and procurement procedures.

Nodal point for using the community structures available in the different states for the programme:

- Opportunity to build on the community models in Nagaland and Mizoram. (Smaller states and more open systems provide for programmatic collaborations that are difficult to see in larger states.)
- Learning from the community programmes can be a learning for larger states.
- Smaller and specific homogenous populations are crucibles for research on stigma and programme effectiveness.

Harness strengths and motivate Staff:

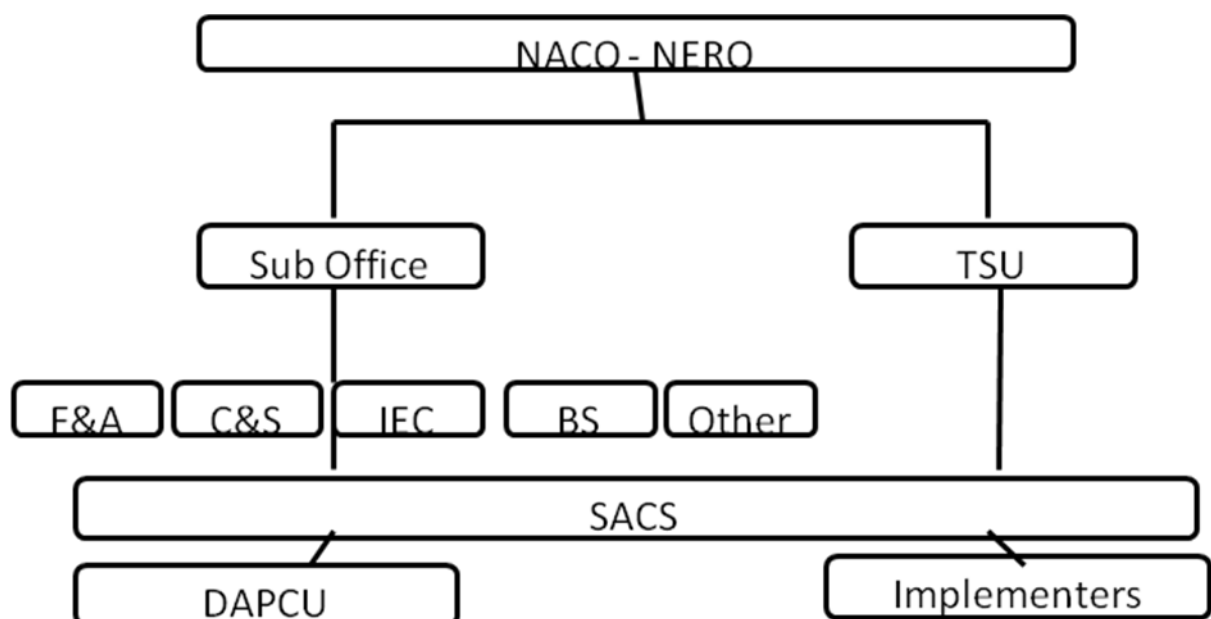
- Most staff are from the northeast and have a commitment to the region.
- Staff have ground level experience and energy and linkages on their side.
- Have made their presence felt with most SACS even though there were so many roadblocks to their work.

5. NACO-NERO Recommendations

This section outlines the recommendations made by the review team towards the NACO-NERO office and the functioning of the joint UN plan. These are suggestions for improving the functioning of NACO-NERO in the medium and long term and to make the joint plan contribute to the effectiveness of the response in the NE through facilitating public policy in the area of HIV. It also suggests improvement in the HIV response in the North East by supporting the development of a NE Strategic Plan for HIV by studying and creating evidence on the transmission dynamics, risk and vulnerability mapping as well as using the strengths of community structures available in the North east.

Recommendations to NACO and NACO-NERO

- NACO-NERO functions as a technical assistance provider as well as facilitates the implementation of NACP III State Plans by acting as a NACO regional office. It is important that there is greater role clarity of NACO-NERO as a Regional TSU and NACO Regional office with designated staff for the two divisions.
- The specificity of job descriptions and human resource delivering against their work-plan can strengthen the provision of TA. Similarly, the HR designated to carry out NACO related tasks can apply their full time to do that. The dual position that staff has should be changed to bring about efficiency in both areas that are equally important.
- The Roles of each division should be articulated through the development of a Terms of Reference for each division, thereby limiting people in the division to provide un-divided attention to the specific job on hand as reflected by work plans



- NACO-NERO should provide strategic support to states, which calls for periodic consultation with the state and development of State specific TA plans. This will provide for a greater buy in from the SACS and this may mean additional people, higher degree of skills and augmented resources etc. The strategic support should have an integral approach of improving the capacity of the SACS and implementing agencies so that there is inherent capacity built in each State to implement the plans. The technical needs assessment carried out in Feb 2008 can be used for planning purposes.
- NACO need to place a full time point person who is responsible for support to NACO-NERO from NACO. However the close interaction of the leadership at NACO-NERO with the NACO DG should continue since it gives a “at a glance” picture of the progress and problems that is faced in the North East. NACO-NERO could send a fortnightly/monthly one page update to NACO DG for easy perusal.
- As NACO-NERO makes progress in the administrative management of the North East response by winning the confidence of SACS, NACO can consider devolution of powers (financial and administrative) from NACO in a staged manner. This can be planned in such a manner that the institutional arrangements through NACO-NERO can be robust by the time NACP IV starts (2012)
- In the next year or so, the North East Regional Plan needs to be developed and NERO should be positioned as NACO for the North East in coordinating the overall response including external agencies (donors and other organizations)
- Staff working with NERO should be solely working in the NACP III plans towards providing TA and Administrative support and should not be assigned to do tasks as under Joint UN plan. Similarly, the designated staffs who are implementing the Joint UN plan should not be drawn to work on NERO plans for States. This is important because, in the current situation, though NERO seems to be fully staffed, the functions (e.g. IEC, Epidemiology and Research etc) are played by the UN appointed staff in addition to implementing the Joint UN Plan and diffusing the focus.
- The perception of NACO-NERO needs to be uniform within NACO in order that the officers from NACO communicate uniform messages regarding NACO-NERO during their interactions with SACS of NE region. Currently there is no paper or note within NACO clarifying the position of NACO-NERO. It is suggested that a position paper be

created and circulated within NACO and SACS to bring about the clarity.

- Efforts to formalize NACO-NERO in the context of DONEAR as well as the GOI North East Development Plan should be made so that NACO-NERO comes within the overall government ambit.
- The Joint UN program should continue to provide supplementary technical support to NERO during the course of the remaining period of AusAID support through the NE coordinator of the Joint UN program. With NACO-NERO working across the seven north eastern states, there may be a need for the Joint UN Plan to support work in other states if they are strategic to the project.
- As the program under NACP III at the State level scales up, the requirement of TA providing HR need to be revisited. Appropriate human resource should be placed in NACO-NERO so that there is no dilution of efficiency. This may include short term consultants that NACO-NERO will be able to source and place them.

6. Joint UN Plan for Northeast

6. 1 Background

Upon reviewing the project document the following statements are captured that provides relevance to the analysis of choice of strategies for the Joint UN program for the four North Eastern States

- “The HIV scenario and the responses 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 heterosexual route of transmission has gained momentum. It was found that almost all of the HIV related services were concentrated in 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 the different vulnerabilities on the ground’
- “While Manipur reported a very low HIV test uptake among the clients of Targeted Intervention sites, 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.”

Using whatever data was available, the project document stated the following areas of focus:

- 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
- Cross cutting issues such as capacity building, advocacy, quality systems, inter-sector collaboration, monitoring and evaluation as well as project monitoring and coordination.

What the project failed to add was the strategic need for specific information, analysis and study to understand the epidemic and its ever changing nature, lying within a community that is fast transitioning yet trying to hold on to its roots. Studies that look at ethnographic variations, sexual networks, causes for the spread of the virus from concentrated groups to the general population

as well understanding the dynamics of the epidemic would help both the SACS and NACO to focus their programmes.

Based on the areas of focus, the project drew its main components to be addressed as follows:

- Capacity Building
- Advocacy and inter-sector collaboration
- Care and support with special focus on women and children
- State specific interventions to respond to special needs in specific states

The Component E namely coordination, Management and building technical competence has been covered under Section1. The following is the schematic taken from the Project Design document and it outlines the relationship between goal, purpose and components and output.

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



Purpose: 'To contribute to the national response in reducing the risk and impact of HIV/AIDS in the 4 states of NE India

Components and outputs

Component A Capacity Building	Component B Advocacy: Inter Sector Collaboration	Component C Care and Support for women and children in 4	Component D State specific Interventions
Outputs <ul style="list-style-type: none"> • Evidence based annual plan for an integrated response • Leadership developed in SACS and opinion makers • Enhance skill in planning, coordination and M&E systems 	Outputs <ul style="list-style-type: none"> • Advocacy efforts by SACS to and with authorities of national government, other state government departments, NGOs and PLWHA networks • State level collaboration between SACS and department 	Outputs <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 	Outputs <ul style="list-style-type: none"> • Youth friendly prevention services in Nagaland • Risk reduction initiative through community based detoxification services in Manipur • Strengthen on going risk reduction activities through advocacy in Mizoram • Population and content specific HIV awareness initiative in Meghalaya

Review issues

6.2 Rationale for the design

The design assumes that all relevant epidemiological evidences for understanding the transmission dynamics and uniqueness of the epidemic in the North East are available. Hence absence of capacity for effective program management has been taken as a weakness and accorded a high priority in the Joint UN Plan. However, in reality, new evidence needs to be generated to inform programming.

Capacity building for generating evidences on understanding the epidemic, the transmission dynamics, understanding the high risk group dynamics need to be given priority.

6.3 Progress of work and achievements

The activities have progressed and in most cases have undergone changes based on the feedback provided by the Steering Committee and the SACS. Since the overall plan is activity based and not derived from a broader strategic perspective the frequent changes have been necessitated. The indicators in most cases have been qualitative and process oriented and hence has not been able to measure progress towards outputs and outcomes. The detailed analysis of the activities and progress are provided in Annex 1.

The environmental context in the northeast when the AusAID project began is very different from what it is now. At the start there were very few HIV responses operational, a clear lack of absorption capacity and lack of trained health workers. By the time this project was finalized the situation had changed quite a lot. The absorption capacity had grown, capacity building had been operational, new set of SACS leaders were in place and communities and political leaders were beginning to take interest in the issue.

When the project got really operational, the ground level situation had progressed much further; capacity building activity has become normalized, absorption capacity had increased, and several large projects were operational and monitoring systems in place.

In context, this begins to explain some of the reasons why there are so many requests to changes in the project plans. It is in this changed scenario that we need to look at the project and establish some goals and outcomes that are futuristic and will provide leadership to the HIV programme in the northeast.

6.3.1 Capacity Building

Within capacity building the focus has been on developing planning processes, developing the legislative forums, and assessing and providing necessary training skills.

Planning skills

- Planning has improved in the states as there has been support provided either through external consultant or provided by NERO after its coming into being. The same cannot be said of the process of planning because there has been no documentation of the required process and the sources of evidence and how to analyse them and use them in planning.
- Presently there are NACO established systems for planning and the SACS adapt them to their needs. What is missing is planning based on evidence of transmission dynamics, sexual network patterns, needle sharing patterns specific to the north eastern states. The system to plan studies, generate evidence and use it for planning is yet to be established.
- SACS are willing to carry out evidence based planning. This requires several sectors to deliver results before evidence is available for planning purposes.
 - First there is a need for good data collection
 - Second there is a need for skills in analysing the data and understanding the story that the data is telling.
 - Third, if the data is telling a story that is at variance with what is believed, then there is a need to examine and explore the validity of the story.
 - Four, once the evidence is in, then the strategies to reduce the epidemic or the vulnerability (as the case may be) should be developed.
 - Finally, the plan can begin to be made.
- Presently, most of the above is not in place. The only data collection that is done is what is required by CMIS. Analysis of this data is not being done at state level, in most cases.

The review concludes that SACS's capacities and appreciation of evidence based planning has not been increased within this time period. The opportunity that the completion of this activity would provide is immense

Legislative Forum

- Legislative Forum (LFA) secretariats have been established and are functional in Manipur and Nagaland.
- LFA has been carrying out activities at district levels
- Training of Panchayat /Village leaders have been carried out
- Community leadership development has not been addressed

- Church leaders have been provided training
- The above activities have been carried out though there has been no monitoring system established that would enable the project to measure the impact of these trainings and allow for an evaluation of the need either for improvement or the value of scaling up.

The review concludes that the LFA has been a success story and can be leveraged for policy work if there is a strategic focus to the whole programme. It would also suggest that every activity including this one have monitoring systems to measure impact.

Training Needs Assessment

- Assessment of training needs of the SACS has been completed including identification of local training institutions.
- The trainings following the assessment have focused on developing skills in M&E and Finance especially in reporting into the CMIS and CPFMS. However, this has not translated into skills of analysis at the SACS level in terms of analyzing data provided in order to assess progress and effectiveness of programs at the SACS level. The same holds true of CPFMS.
- The number and frequency of training is reported but the development of competency in the areas of training needs to be further developed

The review concludes that a lot of progress has been made in this area and suggest that focus be on developing mechanisms for assessing competency and look at ways of developing sustainability in delivering continued training.

6.3.2 Advocacy

The area of advocacy focussed on building linkages with national level stakeholders and networks and similarly at state level. The effort to mainstream at state level has met with minimal success.

- There has been efforts to develop livelihood opportunities though these are still managed by the UN project rather than by the specific government departments thus taking away the mainstreaming value.
- Even the livelihood efforts, though commendable, does not take advantage of the reach and leverage of the UN to bring in large scale change processes.

The review concludes that the opportunities exist for the UN to leverage its position to bring in strategic changes in livelihood opportunities as well as mainstream HIV with the departments it uses for leveraging. It concludes that this should not be a missed opportunity.

6.3.3 Care and Support of women and children

This is a key implementation objective or an opportunity to showcase best practices in care and support to women and children. This activity is being conducted in all the four states.

The focus of the interventions have been in terms of training the PPTCT and ICTC staff and in conducting camps to reach out to infected and affected children, there by mobilizing positive children for ART.

The activities in this area began by posting of PPTCT consultants who are carrying out coordination work of the activities in the state.

- It is suggested that there be some change made in the indicators, if possible, to allow for the UN agencies to report accurately. Presently the indicators themselves suggest that there is no result orientation as they have not been quantified. The existing indicator only states that proportion of women and children accessing services increase-but does not bring out from what proportion against what denominator
- Training provided under this programme to various levels of providers have resulted in increased follow up of Mother Baby pairs with Nevraprine. Periodic review meetings with PLHIV networks have identified bottlenecks and efforts to ease them have been put into place.
- Mapping and size estimation of Children affected with HIV was undertaken in collaboration with an NGO organization in Dimapur district. The study explored specific needs of children affected by HIV issues and gaps in protection mechanism.
- Training to the service providers in the area of paediatric counselling was provided through an exposure visit to Tamil Nadu. The development of an excellent paediatric care room in an otherwise drab hospital complex in Imphal reflects the value of quality exposure combined with local initiative.
- Supply chain assessment was carried out in Manipur enabling development of standard operating protocols as well as district action plans developed to strengthen supply chain management related to HIV services.
- The identification of social, economic and legal problems faced by women and children in the select districts of Manipur is yet to be completed.
- Consultation with PLWHA was undertaken to better understand their care and support needs. This provided insights into the care and support needs of women and children such as economic opportunities

for HIV positive women, nutritional support, transportation support to ART centres and mobilization of community groups etc.,

- Training of counsellors and outreach workers of targeted Interventions (TI) were oriented to PPTCT and HIV care and support services. This resulted in an increase in up take of services through referrals from TI NGOs.
- Using the services of a local NGO, community groups have been reached the interior villages in Mizoram. They have built awareness, and case studies have shown that increased number of people have accessed VCT and HIV services.
- In Meghalaya the implementation has been deferred due to non-availability of state PPTCT consultant. This post is yet to be filled up as no suitable candidate has been found

The review concludes that a lot of progress has been made and significant advances achieved through this component. Unfortunately, the government is taking over the follow up of mother baby pairs and allows for a strategic change in this component. The review suggests that this opportunity of change be taken to move the focus on OVC, with policy development as a key component looking at foster care, adoption, and education and family support through a corpus fund created for the purpose.

6.3.4 State Specific Interventions

Interventions have been implemented in Manipur, Nagaland, Mizoram and Meghalaya according to the request of the state and based on the project plans.

- Rapid assessment research completed on drug/HIV knowledge and risk perception of the general youth population, their attitude towards the epidemic and their behavioural practices prior to the implementation of youth friendly interventions.
- Intense work with Faith Based organizations led to the inclusion of “Prevention of HIV and Drug abuse” in the two months refresher course for Pastors by the Konyak Baptist Church.
- Trainings were conducted for TI (IDU) staff on gender sensitive services to reduce HIV risk among young female drug users and female partners of male drug users.
- Youth friendly services were piloted in Nagaland.
- NGO representatives from Manipur received exposure training in Chennai for conducting low cost community based drug treatment camps in Manipur

- Low cost camps conducted in selected districts. The programme has potential to be an excellent approach for reducing stigma and discrimination towards IDUs and has potential to be a preventive approach for reducing injecting and stopping youth from getting into injecting.
- NGO partners and CBOs (YMA) from 87 villages received advocacy training in advocating for harm reduction approaches for youth. Operational projects are continuing in 120 villages of the two selected districts
- Meghalaya specific IEC materials developed and translated in local languages. The IEC materials have been developed after testing but the messages are outdated and convey fear rather than positive messages.
- Community based HIV awareness and education programmes launched in 37 villages of the 3 selected districts and advocacy meeting conducted to mainstream of HIV/AIDS prevention and awareness activities in the state government departments.

The review concludes that the activities have been achieved and in some cases have provided unique models worth replication but may require an enabling policy environment.

6.3.5 Overall summary of the review

- This project provides the UN an excellent opportunity to provide strategic leadership in the area of HIV prevention.
- At this juncture though there is excellent commitment from the UN agency leadership to ensure that the plan is truly a Joint UN Plan, the situation on the ground is not the same
- The groundwork that has completed by the Plan till date has ensured a very high level of acceptance and support for the Joint Plan.
- The leadership provided by the Legislative forum has potential to lead towards policy advocacy at a very high level.
- Innovative projects have brought out strategic models that can be scaled up for prevention as well as care and support with a focus on children.
- Opportunity and access exists for the Plan to initiate ground level studies providing much needed evidence for planning.
- Some of the activities initiated under the plan may require change due to the change in the larger environment.
- Support provided to SACS in terms of personnel would not provide capacity building as envisaged. They merely provide capacity. Provision of strategic capacity building through specialised trainers would have greater impact since the need at SACS level is twofold:
- Management and monitoring capacity

- A clear understanding of the evidence needs and the resources to gather it, analyse it and use it for planning.
- The project has several small scale activities which may not be required in the changed environment.
- Advocacy regarding the real costs of programming in the northeast is another area that the Plan can focus on as against the approach taken to advocacy presently.

6.4 Recommendations for Joint UN Program

6.4.1 Develop a NE strategic plan

The dynamics of the epidemic is changing and despite similar vulnerabilities in states such as Nagaland and Mizoram the prevalence is high in Nagaland and is only showing trends of rising in Mizoram. The reasons have been only in terms of conjectures and there are no clear evidences or explanations for these differences. Hence, it is imperative that research studies be commissioned to assess the following in the North East region:

- Transmission Dynamics
- Risk Mapping
- Vulnerability Mapping
- Community structures that can be harnessed
- Mapping and size estimation
- Documentation of community based approaches in harm reduction that have been successful
- Assess sustainable and viable options of provision of OST
- Specific requirements of the different states of the North east

The evidences developed through this research needs to be used in the development of a North East Strategic response plan. The differential requirements of North East in terms of size of TI and the costing also needs to be established in order that the national framework can be adjusted to accommodate the changes required.

It is anticipated that the commissioning and completion of the studies will take more than a year and the development of NE strategic plan will take another six months there from. Hence, this can be treated as a long term requirement, but the resources need to be deployed for carrying out the studies in the next years plan in order that the evidences are available by 2011 for framing the NE Strategic Plan by end of 2011 in time to feed into designing NACP IV. This can be taken up as a priority in the planning for 2010-11.

- The Joint UN plan should move away from a project orientation (funding diffuse small projects) to long term strategic orientation to bring about a definite impact in the North Eastern States.

- The fragmented resource application needs to be done away with and these resources can be utilized for strategic support in the key results areas. (see later for the thematic areas identified)
- Choose a strategic area that is critical for each state and all UN agencies work to that theme for the rest of the period of AusAID support.
- The joint UN plan needs to work towards developing policies for HIV/AIDS in the four states of Manipur, Mizoram, Nagaland and Meghalaya. The states have expressed areas of interest: Nagaland and Mizoram in the area of Women and Children; Manipur in the area of Community based low cost detoxification and harm reduction and Meghalaya in the area of vulnerability reduction to maintain the low prevalence. The joint UN plan needs to carve out niche areas around these thematic areas and enable the states to develop state policies to facilitate incorporation of these into the state response. The LFA needs to be leveraged in order to facilitate the adoption of policies that are developed. The joint UN plan needs to reflect these in their plans for the remaining period of the AusAID support.
- Build technical support institutions within the region that can continue to carry out research and inform programming
- There is a need to develop systems that will continue to provide assistance at the State level. This calls for identification of local institutions that can over time serve the State in critical areas and therefore invest in building their capacity to deliver such assistance.
- Develop documents/ monographs / manuals/ step by step guide etc, that can serve as reference for the States and the institutions. Develop clear NERO support plan and provide counterpart UNAIDS Regional Programme Officer the authority as a single point leader or manager for the entire Joint UN Plan. It would be ideal if all the UN agencies involved in this project worked out of one unit, providing coherence, strengthening the strategic focus, and ensuring quality delivery of support and capacity building.
- The Joint Plan should develop a monitoring framework capturing Input, Process, Output, outcome and Impact. However with the requirement of results based approach, clear and measurable indicators need to be developed with assistance from UNAIDS secretariat so that EOP measurements will be possible.
- Periodic review – external (from Delhi) and internal (within the region) should be undertaken to make appropriate course correction as well as taking strategic decisions. This will influence sharing of information between the UN agencies as well as promote a joint working relationship.

- The Steering Committee need to play the function of a Steering Group and not get engaged in approval of plans. They should engage in setting proper direction and meet once/ twice a year to review progress.
- An internal ombudsman system can be developed so that somebody from the UN joint program will have a overall knowledge of what is going on and if there are issues that need to be resolved it will be taken up during periodic reviews.
- For strengthened UN collaboration, bring UN agencies under a common platform such as through a common UN office.
- Reorienting all the Joint UN staff, based on the recommendations above being implemented is essential to bring about the required change on the ground and to minimize confusion.
- The Joint UN Plan (and NACO- NERO) having just got their full complement of staff and plans in place, there would be need for more time than available within the project timetable. The project should consider no cost extension if available from AusAid.