

PROGRESS REPORT

AUSAID

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

Reporting Agency: **[UNAIDS]**
Country: **[India]**
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1. Key Results

Staffing: The National AIDS Control Organisation Sub-office in Guwahati funded by AusAID is staffed with technical officers in key areas of monitoring and evaluation, training, finance, mainstreaming, planning and coordination. The Gates Foundation has seconded professionals at the Regional Office to support target interventions and decentralisation at the District level. Due to stringent Government of India rules, efforts to place an IAS officer at the Regional Office did not succeed, and there was a delay in recruitment of the Team Leader. However, a full time leader is in place wef April 2009. Until then the local UNICEF Representative in Guwahati was holding charge.

Institutional development: The NACO Northeast Regional Office (NERO) is a unique partnership between AusAID, UNAIDS and NACO. The first regional office to be established by NACO, the office has strengthened the support for Northeast States and improved the overall implementation rate of the programme. With a stronger Regional Office, NACO proposes to delegate more authority and decision making to NERO.

Project implementation: The project has two main components : support for NERO and Technical Assistance mobilised through the UN agencies. NERO was established in early 2008. The start-up of the project was slow, due to lack of trained human resources in the region and unwillingness of professionals to relocate to the Northeast. However in the latter half of 2008, most positions were filled and implementation improved significantly.

The “Joint UN Plan for the North East” provides technical assistance to the States to assist in the scale up of the programme and improve the quality of interventions. UNODC and UNICEF have offices in the Northeast and UNDP and UNAIDS Secretariat have placed staff at NERO, which has assisted in effective implementation and closer monitoring of the activities.

2. Objectives Summary

a. To build the capacity of State AIDS Control Societies in the NE for strategic planning, coordination, monitoring and evaluation for integrated response to HIV-AIDS in each of the four states. Carry out a participatory review of SACS current planning process, skills and competency requirement and support evidence based planning. 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.

b.To support advocacy and inter-sectoral collaboration through mainstreaming HIV and AIDS at the State level;and mobilising political leadership to support the response. 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 for collaboration. Advocacy to national government authorities by SACS to and with other state level government agencies, non-government organizations and PLHIV groups fostered.

c.To promote sustainable care and support programs for HIV-affected women and children in the four states 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 to provide information in the community on advantages of HIV test. Assess and map existing health care facilities / services (all sector – govt., private, informal and formal) and identify gaps in services for women and children.

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

Nagaland :Identify partner agencies in the community including churches in any two of the four selected districts willing to work towards reducing the vulnerability of local youth to STI/HIV. Manipur: Assess 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 two of the four selected districts willing to carry out community-based addiction treatment camps. Mizoram:Identify partner agencies in the community including churches in any two of the three selected districts willing to undertake innovative advocacy initiatives. Meghalaya:Identify partner agencies in the community including traditional institutions (dorbars and nokmas) and churches in any two of the four selected districts (East Khasi Hills, Ri Bhoi, Jaintia Hills and South Garo Hills) willing to conduct contextualized HIV awareness and education.

e. Co-ordination, Management and Technical Competence

Establish the NACO Sub-Office with recruitment of all Technical officers at the NACO Regional 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.

3. Implementation Progress

The National AIDS Control Programme Phase III (NACP III) was launched in July 2007 and the year 2008 was the first full year of implementation of NACP III. The focus of the programme is scale-up of the prevention and treatment programme under NACP III, with an emphasis on decentralisation and establishment of District AIDS Prevention Support Units in 200 high prevalence districts of the country, of which 22 districts are in the Northeast (primarily Manipur and Nagaland).

The Joint Implementation Review of NACP III was undertaken in June and December 2008 respectively by the development partners namely World Bank, DFID, the Global Fund, Gates Foundation, Clinton Foundation and the UN agencies. In the first year of implementation Progress on NACP-III was found to be satisfactory and preparations for scale-up in place.

The Dashboard for NACP III, by which all State AIDS Control Societies (SACS) report to NACO on a set of important implementation indicators, showed remarkable progress for most of the indicators. Assam was one of the States visited by the Review Team, as one of the largest States in the Northeast and the location for the NACO NE Regional Office. The NACO Regional Office reported good level of progress in the other NE states.

The Bill and Melinda Gates Foundation (BMGF) designed the second phase of their support to India (AVAHAN II). Under the proposed support, BMGF plans to enhance support for the national programme at the National and State level through provision of high-level technical assistance and by strengthening capacity of NGOs. BMGF has provided financial assistance to strengthen targeted interventions in six high prevalence states including two Northeast States (Manipur and Nagaland). Under their support for the Northeast States, BMGF strengthened the technical capacity of the NACO Regional office by placing two experts to provide support on targeted interventions to all the Northeast states.

Implementation Progress under the Project

Progress in the first half of 2008 was slow. However, good progress has been achieved in the second half of the year. The Regional office is staffed and provides full technical support to the SACS, along with the relevant UN agencies: UNDP, UNICEF and UNODC. UN interagency coordination, facilitated by UNAIDS Secretriariat has been strong. The UN Program Officer based in the NACO Regional Office is the focal point for UN activities in the region and ensures collaboration and information sharing amongst UN agencies.

SACS have filled most of their vacant positions and the UN agencies have positioned one staff each in the four SACS to support mainstreaming and the (Prevention of Parent to Child Transmission) PPTCT initiative. The additional human resources support at the SACS has assisted in improving the quality of the PPTCT programme to increase uptake of services and establish linkages with other ministries for mainstreaming HIV in their programmes.

Specifically, SACS have been trained on the Central Monitoring Information System (CMIS) as well as the Central Financial Monitoring System (CFMS). These systems have been designed to improve project implementation and ensure proper utilisation of funds. The data from the states feeds into the CMIS and CFMS which is collated at NACO. Accuracy in the data and timely provision ensures closer monitoring and corrections as required.

Technical support from NERO and UN agencies has resulted in strengthened planning at the State level and timely submission of the plans to NACO. The utilisation rate of funds of the Northeast SACS has increased from 30% to 75% in the last financial year. Each of the programme components of NACP-III have shown good progress and stronger implementation on the ground.

4. Achievement of Objectives

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

The NACO Northeast Regional Office (NERO) was set up in January 2008 and most of the first half of the year was spent in assisting NACO in establishing the office, recruiting appropriate staff, providing staff orientation and establishing linkages with the SACS. Being the first regional office of NACO, supported through extra budgetary resources, local processes and systems were established to ensure smooth functioning.

As NERO was not fully operational at the beginning of 2008, technical support was engaged to assist the eight Northeast SACS in preparing their Annual Action Plans for April 2008-Mar 09. Preparatory meetings were held at NERO with NACO outlining the process for planning and defining priorities. The (BMGF supported?) consultants provided onsite support to the SACS to review previous years implementation, identify emerging areas and develop a fully costed Plan. The Plan was well received by NACO and regarded as one of the most satisfactory processes followed. For the SACS planning cycle for April 2009 - Mar 2010, UNAIDS Secretariat facilitated the process through the NERO staff

who provided support to the SACS. Satisfactory plans were submitted to NACO within the stipulated timeframe.

UNAIDS Secretariat supported the coordination of UN technical Assistance to the Northeast, established systems for information exchange, facilitated periodic reviews with UN agencies and NERO, and supported development of the Technical Assistance Plan. The above process was complimented by a Technical Needs Assessment undertaken for five states in the Northeast. This exercise was supported through Sida funds and greatly enhanced the quality of the Annual Plans prepared by the States as well as planning the technical assistance.

Through the UNAIDS Secretariat, specific support was provided to the SACS in areas of monitoring and evaluation. Most SACS have recruited new officers for M&E. Familiarising them with the guidelines, providing them an orientation on NACP III, providing additional training on data collection and validation, was undertaken through their participation at a training programme conducted in Delhi and CMC Vellore, in programs developed by UNAIDS and NACO.

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

The Legislative Forum on AIDS (LFAs) was operational in Nagaland and Manipur. In 2008 through Sida support, the Secretariats of the LFAs were strengthened and local resources (20 million rupees) from legislators raised. High level political support provided oversight of the State programme and mobilised local governance structures such as the Panchayats to address issues of stigma and discrimination. Sustained advocacy led to establishment of the State AIDS Council in Manipur and Nagaland, and endorsement of the State AIDS Policy.

As part of the UNDP supported mainstreaming strategy, linkages established with 6 departments (Rural development, Home, Sports & Youth Affairs, Education, Social Welfare, Women & Child Development). One staff each was placed in the four SACS to support the mainstreaming efforts with key ministries and integrate HIV in their ongoing initiatives. As a result of the advocacy with the Ministries, action plans within the Ministries have been initiated. The SACS have allocated funds for mainstreaming initiatives and taking forward the action plan with the key ministries. To mobilise support from the Police seventy three district-level police personnel reached (Manipur) on issues around harm reduction and high risk groups.

To address the needs of People Living with HIV (PLHIV) and addressing issues of stigma and discrimination livelihood programs were initiated. Ten Members of PLHIV network in Mizoram were trained in video documentation now reported to be increasingly engaged as technical crew by local media agencies. Similar training in progress in Nagaland. Four short films were produced as an outcome of video documentation training in Mizoram are being used as advocacy tool and screened by local Cable TV channels.

PLHIV in Dimapur & Phek districts of Nagaland are being engaged in Livelihood support activities. In Manipur, 30 PLHIV have been trained on Library Management by the Institute of Cooperative Management and are reported to be actively engaged in setting-up/re-organizing libraries/resources in the organizations they belong to. Training on entrepreneurship development is being provided to 25 PLHIV in Manipur to capacitate them to design and take up livelihood projects, also keeping in view linkage to government schemes.

As part of the advocacy initiative and a stigma reduction campaign, a compilation of original songs specially developed on HIV issues by 8 NE rock bands from all NE states is underway. In addition special reports on stigma and discrimination have been facilitated in several newspapers. Media strategy for the SACS is being developed in close co-ordination with media representatives.

In Manipur and Nagaland, a Communication Management Review was undertaken. The review facilitated assessment of programmatic and managerial capacities of SACS and other institutions (outside SACS) undertaking IEC/BCC and media related programmes. In the process a resource book enlisting all media related agencies in the North-east region was developed to enable SACS to outsource some of the IEC functions to the agencies as per their needs

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

With UNICEF taking the lead in supporting this component, one technical staff each was placed with SACS in three states to support treatment, care and support programmes focusing children and women. The consultants provided support to SACS in organizing trainings, state and district level review meetings and on-site monitoring of ICTC/PPTCT centres resulting to strengthened planning, implementation and monitoring of programme activities related to PPTCT and Pediatric AIDS.

Capacity Enhancement of SACS and Government health service providers:

Government systems were strengthened at state and district level for delivery of quality ICTC/PPTCT services by building technical knowledge and skills of 600 health service providers and community health workers on PPTCT, Pediatric AIDS Treatment and care & support programmes. In collaboration with SACS,

state level review meetings were organized to strengthen the programme on PPTCT. **In Mizoram**, induction training of 64 Nurse Counsellors, 32 laboratory technicians, 20 medical officers and 30 nurses supported SACS to operationalize ICTC centers in thirty two (32) twenty four hour Primary Health Centers (PHCs) and 5 Community Health Centers (CHCs).

In Manipur, training of 96 nurses posted in Labor Rooms and Post natal wards from government health institutions with ICTC/PPTCT services has resulted in increase coverage of mother baby pair with Drug Nevirapine from 38% in 2007 to 50 % in 2008. Training of 20 Medical Officers and 40 nurses in 7 private hospitals supported SACS to scale up ICTC services in private sector as well. In collaboration with Jawaharlal Nehru Hospital, a Centre of Excellence for Pediatric AIDS built technical capacities and skills of 36 Medical Officers from 6 ART centers, 6 Community Care Centers and 7 District Hospitals on Pediatric AIDS Treatment. A learning exposure visit of Mizoram SACS officials and Manipur PPTCT Counsellors to Tamil Nadu helped them gain hands-on experience on the PPTCT programme. Training of trainers (TOT) on "Paediatric ART Counselling" organized to enable four NE SACS to roll out capacity building of ICTC/ART and community care counselors in 2009.

In Manipur and Nagaland, UNICEF India undertook Supply Chain Management Assessment in 2007 and 2008 respectively. The findings of the assessment were disseminated to the SACS and in the process, standard operating procedures and district action plans developed to strengthen supply chain management related to HIV services.

Capacity enhancement of NGOs and civil society organizations:

In collaboration with Manipur State AIDS Control Society, GFATM Round-2 PPTCT NGOs (18 NGOs) were evaluated. The evaluation facilitated identification of key actions to address implementation bottlenecks in PPTCT Out-reach programme. In response to this, 64 Out Reach Workers from 18 PPTCT NGOs, 22 out reach workers from Community care centres and Drop in centres were trained on HIV related services and home based care.

In Mizoram, 44 Counsellors and 126 out reach workers from 44 Targeted Interventions were oriented on PPTCT and HIV care and support services resulting to 10% increase in uptake of services through referrals from TI NGOs.

In Manipur, 90 peer educators from 30 targeted interventions were oriented on HIV related services, nutrition and home based care with the involvement of State Positive Network with the purpose to increase referrals among most at risk population (MARPs).

In **Nagaland**, mapping and size estimation of Children affected with HIV was undertaken in collaboration with, an Non-government organization (Prodigal's Home in Dimapur district of Nagaland. The study explored specific needs of children affected by HIV, issues and gaps in protection mechanism. In response

to the situation analysis, a community based care and support initiative for children affected by HIV will be initiated in 2009-10.

Increased visibility of “Children and AIDS “issues through advocacy and communication interventions

IEC materials on HIV care and treatment were developed and disseminated in ART, ICTC and PPTCT centres. In Mizoram, a video film on PPTCT adapted in Mizo Language is being screened in ICTC/PPTCT centres. In Manipur, Phone – in programme and panel discussion on care and support programmes resulted in increased community awareness about HIV related services.

In **Manipur**, a sensitization programme organized for Directorate of Social Welfare and National Rural Health Mission Team in Ukhrul District created better understanding for programmatic convergence towards addressing issues and needs of Children affected and infected by AIDS.

In absence of a consultant in Meghalaya, the programme implementation deferred.

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

UNODC took the lead for this component and supported implementation of State specific interventions.

Mizoram: The first quarter of the one-year advocacy initiative regarding Harm reduction was acknowledged by Mizoram SACS as showing evident signs of behaviour change of key community stakeholders in the 120 villages of Champhai and Lunglei Districts. 2182 key stakeholders sensitized from 120 villages of target districts through 1469 one to one and 108 group discussions. 56 Advocacy Committees in villages formed with introduction of drugs and HIV into their list of concerns.

Manipur: 80 % of the planned pilot 10 Low Cost Community Support de-addiction camps in selected districts was completed with remainder scheduled for June 2009. 156 IDUs treated with 89 (57%) leading a drug free life which compares favorably against the approximately 80% relapse associated with institutional de addiction treatment

Meghalaya: Meghalaya did not have appropriate IEC material for community awareness programs. Support was provided to undertake an assessment of communication material and develop state specific IEC material. The material is now available to the SACS and NGOs for advocacy and awareness raising. An intensive awareness program has been initiated in three districts.

Nagaland: Interventions with FBOs resulted in inclusion of “Prevention of HIV and Drugs abuse” in the two-month refresher course for Pastors by the Konyak Baptist Church. All pastors trained from 11 districts have sensitized their congregations on the issue of Drugs and HIV and networking with NGOs established.

e. Co-ordination, Management and Technical Competence

Inauguration of Office: The NACO Regional Office was inaugurated by Ms. Sujatha Rao, IAS, AS&DG, NACO on 22nd February 2008, It was also attended by many senior officials from Govt departments such as NRHM, Health Department, state TB division, Project Directors of all the North East State AIDS Control Societies and their officials, representatives from international agencies such as CRS, BMGF and UN Agencies. Members from network of positive people and also the representatives of different NGOs working in the field of HIV and AIDS attended the function.

Institutional strengthening : Most of the Staff members at NERO are on board including the Team Leader who joined in April 20th, 09. The NERO staff has played a key role in the recruitment processes to fill up the vacancies in all the 8 SACS. They have been instrumental in facilitating the recruitment of over 100 personnel over the last 18 months across the NE SACS including Deputy Directors in M& E and surveillance in Assam, Arunachal Pradesh and Mizoram, Procurement officer in Mizoram SACS, Accountants in all the SACS and various other positions.

The systems and procedures in NERO has been streamlined through the introduction of Monthly Planning format with Deliverables, Leave approval form, Tour approval form, Staff movement registers, Other admin forms, as applicable.

NE review workshop and discussion of Annual Action Plan: A three-day review meeting was held from 20th to 22nd February 2008 facilitated by AS&DG, NACO along with other officials from NACO New Delhi. The SACS officials from Assam, Nagaland, Manipur and Mizoram attended the review meeting for all the three days however the review for other four states namely Arunachal Pradesh, Meghalaya, Sikkim and Tripura was done on the third day. As an outcome of the workshop, the planning format for annual action plan FY08-09 was finalized.

In the past the Northeast States requested external assistance from development partners, to support the development of the Annual Action Plans. For the FY 09-10, for all the 8 NE SACS, NERO technical staff provided onsite support to review previous years Plan and define priorities for the current year. The Annual Action Plans were accepted and approved by NACO.

NERO staff has been routinely providing technical assistance to all the SACS as and when requested and has been instrumental in organizing training and

capacity building programs for the SACS and NGO personnel on a wide range of issues around HIV.

During the last 17 months that NERO is functioning, several training programs on the Financial package – CPFMS and CIMS has been organized for the SACS officials and the M & E officers. Besides these, training programs on counseling, sensitization workshops for the Police Personnel has also been undertaken. The SACS has been capacitated to send reports through the CIMS in line with the guidelines of NACO.

Training programs and Consultative Workshops pertaining to Targeted Interventions (TI)s, mainstreaming, Monitoring & Evaluation has been routinely organized and facilitated by NERO for the SACS officials.

5. Monitoring and Evaluation

UNAIDS Secretariat is responsible for the overall coordination and monitoring of the project. Formal and informal monitoring systems are in place. Six monthly review meetings are facilitated by UNAIDS Secretariat to review physical and financial progress. Annual review and planning retreat is organised to evaluate previous years performance and identifying outputs and activities for the following year. The Steering Committee is a platform to discuss the strategic direction of the project and endorse future workplans.

UNAIDS Secretariat has placed a Senior Professional at NERO, with the aim of strengthening support for the Regional office and ensuring a coordinated response.

6. Sustainability

The Regional Office has been funded by AusAID grants, with the Gates Foundation also providing human resources to strengthen the office.

With 10% of the NACO budget allocated for the Northeast States, NACO should be able to sustain the office in the coming years. NACO is well funded by DFID, the World Bank, the Global Fund (for AIDS, TB and Malaria) and the Gates Foundation.

Given the level of the problem in the North East and the distance from New Delhi, the Regional office has proved its added value in the Northeast. With NACO considering delegation of management and financial responsibility to the office, its sustainability is assured. It is expected that following termination of the the agreement with AusAID by 2012, NACO should be able to sustain the NACO Regional office.

The stress is on integrating the HIV programme with the National Rural health Mission, which is the flag ship programme of the Ministry of Health, will in the longer term contribute to its sustainability.

7. Gender equity

NACO has prepared a booklet on "Women and HIV and AIDS", which will serve as a learning tool in the States. NACO has also started initiative for 'gender budgeting analysis' in select states in collaboration with UNIFEM.. Efforts for integrating HIV in the training programs for ASHA, ANM and AWW are ongoing. Similarly, PLHIV are being linked to the programs for micro-credit and poverty alleviation. The Department of Rural Development has subsidized provision of marketing outlets for primary HIV+ women producers, which is a promising step in terms of the income support it offers.

In general the project attempts to strengthen NACP and fill gaps, and this applies to cross-cutting areas as well. For example, the Targeted Intervention (Injecting Drug Use) staff of the State SACS has been trained on gender sensitive issues. Services for female drug users and female partners of drug users were strengthened. Often the drop in centres are accessed by male drug users, therefore, as part of the project Drop in Centres for female injecting drug users and female partners of male drug users were initiated, which would be integrated in the Targeted Interventions.

8. Risk Management

Funds made available to NACO and the UN agencies through UNAIDS are managed by the UN agencies and NACO. To ensure the accountability of funds spent at the state level, approval and financial management processes are in place. UN funds are managed in a separate bank account.

The World Bank and DFID as pooled partners do a more detailed financial system assessment, apart from that to ensure the government has internal monitoring systems. In a recent Joint Review Mission (May 2009) undertaken by the World Bank and DFID, the Mission noted the ongoing improvements in financial management. NACO central FM team organized a comprehensive training for various SACS FM staff. Although some software issues need to be resolved, Central Financial Monitoring System is fully operational at NACO and all the SACS and the financial reports are being generated from the system.

9. Current Issues

Following the Steering Committee meeting on 28th April 2009, recommendations were made on the annual workplan, which has been revised and is awaiting approval of NACO.

The project has picked up speed in 2008 and expenditure has been slow in Year 1. A no-cost extension for the project may be requested following a mid-term review for the project later this year.