NACP IV Technical Working Group
Capacity Building

I. Background:

After the many successes of NACP-III in addressing HIV/AIDS prevention, care and treatment among most at risk groups and general population, India is embarking upon formulating the five years National AIDS Control Program - Phase IV (NACP IV) for the years 2012-2017. One of the four fundamental principles of NACP III was to strengthen the infrastructure, systems and human resources in prevention, care, support and treatment programme at district, state and national levels. NACP IV plans to build on the gains of NACP III, assess the gaps if any, and learn from the NACP III in order to frame a national response which is evidence informed, up-to-date and at a scale sufficient to achieve the targets for NACPIV. NACP IV will define and guide the national response over the next five years. National AIDS Control Organization (NACO), the lead organization for AIDS control in India, has formed several Technical Working Groups (TWGs) to assess the progress so far and formulate the policy for NACP IV.

A Technical Working Group was constituted by NACO to deliberate upon the capacity building needs of targeted interventions in NACP IV. The group met on 2nd may 2011 and the first round of discussions concluded on 5th may 2011. A brief report (presentation) was submitted to DG and other NACO officials.

II. Caveat:

This approach paper is being developed within the limitation of elaborating a part (Capacity Building) without clarity on the whole (NACP IV strategy). Even as it is a huge limitation, this is being put together based on the assumption that NACP IV will learn from and build on the gains/ gaps of NACP III.

III. Preamble:

We start from a reassertion of our firm belief in the capacities/ abilities of the communities and a firm commitment to join hands with the communities to 'enhance' their capacities.

a. <u>Capacity building vs. training:</u>
   - Need to recognize the core shift from 'training' to 'capacity building'
   - Holistic approach that recognizes the need to build capacities at all three levels – individual, institutional and societal – to have desired changes. Recognizing the necessity of facilitative institutional and societal environment for change to happen.

b. <u>Standardization vs. localization:</u>
   - Scale demands standardization
   - However, not at the cost of recognizing variance of geographies, typologies, etc.

c. <u>Rights based:</u>
   - Recognition of community as 'right holders' and not 'beneficiaries'

- Content, language and methodology to reflect the letter and spirit of the core purpose of 'empowering' the communities

d. Community to community capacity building:
   - Understanding horizontal learning as a critical component of any capacity building programme – both as a methodology and a forward looking strategy

e. Providing the space for 'built capacity' of communities:
   - Capacity building is about building skills, confidence, commitment, of communities for bringing positive changes
   - Providing space for such 'built capacities' requires re-alignment of 'power relations'

f. Sectoral vs. holistic:
   - Even as it is necessary to build specific sectoral skills, it is important to place it within the big picture (for example capacity building effort for any component of the TI must keep the larger guiding principles in mind and not deviate from it).

g. Principles of adult learning:
   - Need to fill 'half filled' and not 'empty' glasses, together. Build from lived realities and not the unfamiliar - from the familiar to the abstract.
   - Recognizing the concept of 'teacher-student' and 'student-teacher'. The move from 'teacher' to 'facilitator'
   - Respect to the 'participant' as essential base for receptiveness

h. Rote learning vs. critical thinking:
   - Recognizing the need for unlearning by 'facilitators' who have come through the rote learning tradition
   - Capacity building as building the faculty of 'critical thinking' by all the stake holders to find local methods and solutions

i. Institutional linkages/ systems that is facilitative:
   - Creating/ enhancing institutional level systems that facilitates furthering the goals of capacity building

j. Attitudes, behavior, change (ABC):
   - Criticality of not just 'knowledge' and 'skills' but also 'attitudes', 'behavior' in bringing about change
   - Recognition of power relations in capacity building setting – including how participants and facilitators are seated, body language and language used.

k. Methodology:
   - Choice of context specific methodologies
   - Recognition of 'empowering'/ 'disempowering' potential of methodologies

l. Gender responsive:
   - More lip service than serious attempt.

- Recognition that this could slip if not consciously looked at all stages – curriculum preparation, recruitment, implementation
- Need to use the gender lens for content, methodology and facilitators

m. Stigma:
- Recognize that the subjects continue to be a taboo, stigma ridden
- Capacity building has a role in (a) recognizing stigma (b) response to stigma (c) building confidence and capacity to deal with it

n. Community leadership/ ownership:
- Good capacity building programmes need to be built together with community – both as a means to build leadership and ownership
- Participation of community in curriculum development, recruitment, assessment of effectiveness
- Commitment to community as 'leaders' and 'owners' of the programme

o. Structural barriers:
- Global recognition of structural barriers to 'change'
- Capacity building is about changing 'power relations' and not maintaining 'status-quo'
- Capacity building to recognize this and place itself within this context as a tool to overcome such barriers

p. All need enhancement of capacities:
- Recognition that capacity is not just the need of the communities and front line workers, but also the administrative leadership - PD to Peer Educators - and other stakeholders - police, bureaucrats, politicians, etc. - that impact the 'desired change'

q. Accountability:
- Recognizing capacity building is a resource intensive engagement for the communities
- Accountability measures such as audit of content, methodology, etc. to be integral component of capacity building plan
- Audit of whether all pieces add up – holistic plan – or piecemeal/ ad hoc. Not to miss the 'wood for the trees' –while a capacity building programme in itself might be well implemented, it stands out as a disjointed piece with limited or no impact

r. Other factors:
- Other factors that affect delivery of successful programmes are internal 'equity' issues such as compensation, etc.
- Recognition of talents irrespective of position, educational background, etc.
- Community led CB at all levels

IV. CB initiatives during NACP III:

The Structures:

It is imperative to identify human resource requirements and suggest ways of developing their program planning, implementation and management capability at national, state and district level. At the national level, NACO — the institution responsible for the country's response to the HIV epidemic, is responsible for implementing the policy framework. NACO is assisted by the National Technical Support Unit (NTSU) in realizing this through supports for implementing TI and by the Technical Resource Groups (TRG) that advice on specific intervention areas such as blood safety, laboratory services, ART etc.

Administratively, NACO relies on State AIDS Control Societies set up in each state (SACS) to manage the NACP at state level. There are Technical Support Units (TSU) to assist SACS in managing the TIs. SACS are supported through TSU in most states which are primarily responsible for support on the critical TI component of the programme such as monitoring, supervising and mentoring. The TSUs also support the newly created cadre of Programme Officers, each supervising the work of 10 TIs while ensuring handholding at field level and encouraging functioning as per the guidelines as well as addressing gaps at local level. A District AIDS Prevention & Control Unit (DAPCU) is set up in all A & B districts to provide management oversight to HIV and AIDS activities in the districts. The DAPCU has been created to work with the district administration and programmes provided under the National Rural Health Mission (NRHM) with which the NACP will eventually converge.

State Training Resource Centers (STRCs) are designed to provide training and develop the capacity of TI projects staff to ensure the quality of interventions. They work closely with states and TSU to develop the capacity of partner organizations. STRCs also work with NGO and CBO to harness learning or best practice sites in each state.

Seven Regional STI Training, Reference and Research centers have also been strengthened for providing necessary laboratory support and generating scientific evidence towards ensuring good quality services. In addition, NACO supports 916 designated STI/RTI clinics located at district and teaching hospitals. In order to facilitate the provision of tertiary level treatment, training and mentoring and operations research, Centre of Excellence (CoE) are set up. At present, 10 CoE and 7 Regional Paediatric ART Centers are functioning and work is ongoing for strengthening them.

Current Status:

At the national level, the country has excellent leadership in planning, managing and monitoring and evaluation the HIV/AIDS program in the country. NACO has excellent processes and systems in place. In total, there are 27 operational guidelines and manuals prepared and disseminated by NACO in all the technical areas (The list is attached as Annexure 1). The training modules for all the officials at the TI levels are in place. STRCs/TSUs are responsible for the training programs for the TIs. There are training modules for all the functionaries at the TI level (Annexure 2). Operational guidelines are in place for:

–TI for HRGs.
–TI for Truckers.
–TI for Migrants.
–NGO / CBO operational guidelines.

NACO has strengthened the institutional capabilities by:

- Defining operational guidelines for divisions and SACS/DAPCUs and STRCs.
- Leveraging external technical / support units (TSUs, TSGs, TRGs and STRCs).
- Building strong technical expertise and capabilities by leveraging contractual staff.

State-level TSUs are set up in 15 states and are leading monitoring and capability building for TIs / NGOs. Capability building of SACS TI / TSUs POs has been undertaken to ensure adherence to guidelines and enhance their program management skills. Periodic monitoring and tracking of interventions is undertaken by during field visits by POs of SACS TI / TSUs and field report is submitted to SACS PD. TSUs also are responsible for supporting and increasing capabilities of NGOs/CBOs through on-the-job training as well as formal trainings conducted by TSUs / STRCs.

Currently there are 18 State Training Resource Centers in 22 states and 2 UTs already on board and are functional with 3 more to be contracted by 2011-2012.

TSGs have been set up to plan and implement two priority areas - Condom promotion and Truckers TIs. There are 18 TRGs (~200 experts) which have been formed to provide technical advice to divisions for all major programmatic areas (Counseling, Condoms, STI, TIs, M&E, Training).

Recognizing the criticality of well-trained human resources at all levels of programme implementation, NACP-III had developed plans for building capacity of the programme managers and health personnel at the various levels, in leadership and strategies management, and technical and communication skills and also community level workers. The plan targeted all levels of care and health care organizations, CBOs and NGOs, as well as grass-root levels functionaries and workers of various government departments.

V. Lessons learnt, gaps and challenges:

Although, a detailed study of the existing structures processes and outputs would give a clear picture, based on our understanding of CB structures and initiatives in NACP III, following are a few of observations:

- Lack of formal capacity building institutional structures at NACO level. Currently, each division and/or individual program component is taking care of the CB/ training at various levels in compartmentalised approach. There is a need to streamline training and CB on a whole and ensure better coordination between different program components.

- There is a lot of emphasis on inputs (e.g., modules, number of trainings, personnel trained etc.). NACO and SACS should focus on its review on the quality of the capacity building activities and training programs

- There is need to strengthen M&E capacity and institutionalize systematic capacity building at state and district level. Existing databases require updation and cleaning up through exercises, such as data triangulation recently undertaken; data dictionaries need to be developed to facilitate data analysis

- Capacity building of district and state programme managers and M&E personnel in data analysis, triangulation, data quality assessment and use of data for planning & program review.

- Inadequate systems to provide training for TI staff where lot of turnover is observed

- Cross Learning between the various partners at State levels. For eg: SLPs or their partners who are having TIs funded by both donors and SACS do not provide an opportunity for cross learning. This may be due to lack of leadership and initiatives at SLP as well as SACS.

- The best practices in various areas need to be consolidated and differential strategies should be thought of capacity building instead of uniformed approaches, for eg: community mobilisation strategies are suitable where the community has self identification or the broader society recognises them

- The contents and Tools of various modules need to be customized as per the local needs.

- There should be role clarity among different agencies for eg: TSU and STRC on training and CB.

- Understanding the significance of community to community learning and so the need to develop a bandwidth of community faculty who can provide ongoing technical support to programs.

VI. NACP IV guiding principles for CB:

The capacity building initiatives in NACP IV must be enshrined in principles that would guide the processes to achieve optimum results. Some of the guiding principles as worked out by the core team are articulated here:

- Evidence based.
- Community led and owned processes.
- Rights based approach.
- Be gender responsive.

- Cater to differentials and variants in environment and typologies so that there is no template approach.
- Addressing issues of stigma and discrimination.
- Innovations based on replications / adaptations from different fields, new technologies etc.,

VII. CB Needs in the context of NACP IV:

The working group firmly believed that the capacity building in the context of NACP IV must be more holistic so as to encompass the entire National AIDS Control Programme and not be limited to Targeted Interventions alone. The rationale behind this thinking is to provide opportunities to amalgamate and exploit learning and experiences across the program, be it related to STI management, care & support, delivery of ART etc., which invariably overlaps and intersects with the program strategies and service deliverables for targeted populations. Resources that are available in a decentralized manner may need to be "pooled" and guided centrally so as to optimally utilize them with better coordination. Setting up of resource centers both at center and State levels would be critical to garner all lessons learnt and build on them. A team of professionals drawn from different backgrounds of expertise would become integral part of this capacity building unit. Community cadres of technical assistance providers would be developed and an appropriate bandwidth made available at all levels viz., national, state and district.

Each group (FSW, MSM, TG, IDU, Migrants and Truckers) have their own capacity building needs specific to them. At the same time, there are areas of capacity building that is also similar and hence needs to be made available as part of a standardized curriculum (community organization development, systems strengthening, governance etc.,)

STRCs and TSUs need to work closely with community resource persons so as to achieve a strategic shift from "what to do" to "how to do". The capacity building in NACP IV must focus on onsite handholding support that would enable communities to observe, imbibe, and learn by doing. Each TI should be able to draw on these resources to "troubleshoot" capacity building requirements as and when needed. A periodic capacity building needs assessment done jointly with the NGO/CBO and community members would guide development of curriculum and methodology.

Development of learning sites and ensuring their utilization would also boost the capacity building initiatives as participants on a visit to a learning site would be able to see evidence of some best practices that they can suitably adapt in their own environments. This is critical for communities to understand that if things can happen in one location, why not in theirs?

VIII. Objective of CB under NACP IV:

The overall capacity building objective should be to ensure adequate capacities and skills at all levels and among all cadres of HIV/AIDS Prevention Program for implementing saturated, effective and quality programs across the country.

The prime objective for framing the capacity building in NACP IV would be to gather all best practices instituted under NACP III and make best use of them across the country. Success stories, useful skill sets, things that worked are scattered across the TI landscape and needs to be systemically harnessed and utilized. While activities and implementation may be decentralized, there needs to be a central unit that coordinates capacity building efforts across all states so as to provide opportunities to share rich experiences and best practices that would enrich program performance.

Suggested Strategies:

a. Instituting a Capacity Building Unit:

NACO should have a separate unit for Capacity Building of all Human Resources for NACP-IV with a clear TOR outlining its roles and responsibilities. This unit must be centrally located at NACO office with arms extended through CB units at State levels and district levels also.

At National Level

- The National CB unit shall be responsible for providing strategic direction coordination with national donors, stakeholders, supervision and assessment and evaluation of CB activities by the states.
- Preparing, collecting, collating and coordinating resources (material, finances, HR, best practices etc.) for sharing with states.
- Establishment of a Knowledge or Communication Hub at NACO.
- NACO should provide support to States with lower capacity and respond to the emerging /changing /evolving needs of such states through the following:
    - Handholding,
    - Providing direct support,
- NACO/ CB unit will need to review all resource material based on guiding principles of rights based approach, gender, addressing structural barriers etc.
- NACO/ CB unit shall request all states to develop a Training AAP (including but not necessarily restricted to TI) and monitor the implementation of the training plan, provide feedback and ensure quality assurance.
- NACO will also have experts in the field of capacity building as a national resource pool which will also include of community members from each marginalized population.
- The CB unit will have an Induction training for all staff at NACO as well as orientation for senior level staff from SACS - PD, APD, JDs.
- CB unit will enable and ensure linkages between STRCs along with periodic planned cross sharing.
- CB unit will garner learning from other partners' experiences and feed in to national strategy.
- NACO/ CB unit to ensure standardization of Module while allowing flexibility to facilitators to make it tailor-made for specific constituencies.
- As part of NACP IV, NACO will rework the TOR for STRCs in the context of NACP-IV and accordingly plan capacity building measures for STRCs.

At State level (SACS/ STRC, TSU)

- The SACS shall have a capacity building unit established that would cater to the CB needs of the State.
- A knowledge or communication hub to be established with resource pool of training materials from across the state.
- State level CB unit can also have in-house induction/orientation to SACS official before NACO conducts the same.
- The state shall adopt a systematic approach to identify on an annual basis the needs, gaps as well as areas for CB.
- The SACS should have the flexibility to modify the training package as per the state need and provide a common minimum package of CB.
- SACS at State level will have a team of capacity building experts which would also include community members from each of the marginalized groups.
- Capacity Building Unit of NACO to provide CB to STRCs in specific thematic areas of FSW, MSM, IDU,TGs. truckers and migrants.
- The state CB unit will encourage/ plan/ initiate cross learning among different states, within state and thematic areas.
- The CB unit / STRC will establish/ strengthen Linkages with DAPCU, conduct Induction training for district level officials, SACS officials of each division, consultants and other stake holders.
- Along with TSU, the CB unit / STRC will identify learning sites, good practices and learning systems. Ensure utilization of such learning sites as a mandate rather than choice of the TI alone. Ensure such visits are preceded by identifying specific needs of the TI and the objectives/expectations to make it more meaningful.

At District level

- DAPCU at the district level should also have a resource pool of community and non community technical assistance providers to enable an ongoing capacity building effort that will be more focused on field level handholding support.
- The representative of the district level resource pool will be part of the monthly meetings organized by SACS and DAPCU in the district where all HIV / AIDS service providers meet. This will help get direct feedback from the NGO partners as well as other service providers.
- STRCs shall use such district resource pool as part of their capacity building initiatives, as facilitators in the sessions as well as field level exposures to participants.
- NGOs / CBOs at the district level shall also utilize the services of such district level resource persons from time to time based on the capacity building needs.

b. Community led CB:

With one of the guiding principles being “community led and owned” in NACP IV, processes on community led capacity building needs to be put in place. The first steps would be to shortlist NGOs / CBOs that have community technical assistance providers. Community members, who also build capacities of others (community, NGO staff, SACS / NACO officials etc.,) must be identified and included in human resource pool for capacity building. All discussions around

capacity building needs must include representatives of communities to sharpen focus areas of CB. Development of curriculum and content, methodologies etc., must be whetted through a process of community consultations so that the guiding principles find place in capacity building efforts.

c. CB system – Mentoring, Learning site/ process:

Mentoring support can be provided only if mentors can spend a significant time with the constituencies they are mentoring. It would mean the type of handholding support that would take the participants through processes of observing, imbibing, and learning by doing including taking them through the processes of thinking, analyzing and strategizing. A well-developed learning site can also provide space for mentorship if there are opportunities for the "learners" to spend a good amount of time (one month at least) in the learning site so that they can be part of the activities within the learning site and have ample time and scope to learn and adapt to their locations. Needless to mention learning sites necessarily should implement TI such that the content of the curriculum is influenced by field level lessons coupled with field practicum.

d. Thematic focus:

Considering the varied populations programs will be targeting, thematic focus should not be lost in the process of standardizing curriculum. The diversity in terms of the populations, geographic regions and cultures, site specific needs and mores must be guiding the process of curriculum development. Further, capacity building should not be restricted to improving performance of the programs alone, but should provide critical life skills to the populations to regain agency over themselves. Hence, areas such as risk and vulnerability reductions must also be an integral part of the CB.

Broadly identified CB needs across all populations	
S. No	Area of Capacity Building
1.	Basic Knowledge about HIV/AIDS
2.	Community led mapping and enumeration
3.	Community led outreach and delivery of services
4.	Community led monitoring systems
5.	Peer progression
6.	Understanding and analyzing data for program use
7.	Community mobilization / CBO formation (where applicable)
8.	Community organization systems strengthening (governance structures, roles & responsibilities of board members, functional community committees etc.,)
9.	Skill sets in communication, presentation, leadership and management
10.	Addressing different structural barriers
11.	Ability to identify and suitably address changing trends and presentations in the field
12.	Community led research to better understand issues such as prevalence, constraints, cultures, networks, operations, behaviors etc., which influence program design

Specific needs of different groups were also discussed and collated. This will be shared with NACO after looking at the implications of capacity building needs expressed by the different working groups for the core populations.

e. Training Modules:

The working group has been apprised of different training modules already available with NACO, other donor agencies as well as under preparation by different agencies. All these need to be collated into the central communication hub / resource center. A team of experts that will include community members shall go through the material and adapt it to NACP IV capacity building strategies.

f. Use of innovative technologies:

Modern technology has already reached the "hard to reach populations". Mobile phones, internet, satellite connections etc., have already become an integral part of our lifestyles and program implementation. Considering the field diversity, capacities need to be built to utilize such technologies. Examples of such technologies already piloted include congregation of community members across all district of a State and communicating with each other as well as other stakeholders via satellite, using the skype video conferencing facility for community to community interfacing, using social networks, setting up community radio, messaging via mobile phones etc., While use of such technologies should improve program reach and quality, capacity building to use them should be addressed as part of the strategy.

g. Operations Research:

Evidence should be the basis for designing and re-designing processes and programs. Community led research should be encouraged which will have several benefits such as a. community ownership over data and results, b. community buy in on the results and enabling easier dissemination, c. community willingness to change design of program. It should be enshrined in the principle of "nothing for us without us". STRC can take up responsibility for such research through a community participatory approach that would begin with discussing areas of research on to designing protocols, questionnaires, methodologies, data collection-entry-analysing etc., Capacities of STRC and community "researchers" should be built to carry out periodic research that would keep the program informed about the changes in the field. A suitable ethical committee should be put in place to whet all such research. Based on the type of research, such committees which will also have community members on board, can be instituted at State levels and also at NACO for research that would be conducted across the country.

h. Transition preparedness and post transition support:

It is common knowledge that many of the TIs currently supported by other donors are in the process of transitioning to SACS. Some already have. To ensure smooth transitioning, capacity of the organizations should be built to align with NACO guidelines on all aspects of the TI without losing on some good practices of the TI which may be out of the purview of NACO guidelines. With the assumption that NACP IV will continue to be guided by community led interventions,

there will also be transitioning of projects from exiting NGOs to CBOs. While the strategy may spell out the new roles of NGOs as technical backstop providers post such transition, capacities of both NGOs and CBOs need to be built for taking them through such processes.

i. Other factors:

Certain other factors that came up during the TWG discussions were a. Ensure flexibility of training sessions which would be decided by the facilitator in terms of curriculum, time etc., to avoid repetition and duplication issues that would be faced by participants, b. Revisit the honorarium for resource persons as there is no factoring of experience and expertise in deciding pay scales.

IX. Monitoring framework for CB:

Capacity building cannot be in isolation of project realities. It essentially needs to have an outcome which would be positively reflected in the MIS of the TI. Each capacity building session should have expected outcomes and follow up plan. Feedback from participants will guide the areas of improvement of the sessions as well as facilitators.

Each visit for onsite handholding support / mentorship should have pre-visit plan, post visit achievement and follow up report. Such reports should become the instruments for "next steps" in the capacity building planning processes at the district level.

Quality is key incapacity building strategy. Hence ensuring it should become an integral part of the monitoring framework. NACP IV capacity building strategy should include developing instruments and tools for quality assurance which would include developing feedback mechanisms at each level

Institution of a quality assurance committee with multi stakeholder participation at each level (NACO, SACS, STRCs, community, donors, academic etc..) could be a mechanism for quality assurance in CB.

X. Suggested next steps:

- **Global Imperatives**

1. A more systematic approach to evaluate and improve the training programs at all levels
2. Need to assess the programmatic and technical needs of CB as a whole for NACP IV and ensure strategies, processes and tools are adopted accordingly
3. Need to assess the quality of the training material, trainings based on the stakeholders' feedback
4. TNA required to be undertaken at different level; NACO; SACS; DAPCU, TIs
5. Based on the TNA; staff should be taken through Induction Training as well as refresher courses once every two years
6. It is important that the capacity of the general health services be enhanced to take up basic services under this programme as they become mainstreamed.

- **At the level of SACS:**

There has been remarkable improvement in the capacities of the state AIDS control societies. However, there are still some gaps as far as the capacities of SACSs in managing and implementing the program in the states are concerned. There is also a need to put in concerted efforts to strengthen and further functionalize State level structures such as STRC and TSU.

- **At the level of DAPCUs:**

NACP III laid emphasis on decentralization of the national response to the district level and formed DAPCUs to plan, manage and support HIV/AIDS response at the district level. So far, the DAPCUs have been started in the Categories A & B districts. There is plan to expand the DAPCU units in the C & D category districts. This will require tremendous efforts in terms of capacity building and training requirements. It is expected that the TWG on capacity building and training will assess the current status of structures, capacities and efficacy of the existing DAPCUs, and suggest the human resources requirements and training needs for the new DAPCUs in C & D category districts.

- **Convergence and Mainstreaming**

Equally important are the issues of convergence and mainstreaming. There have been efforts to converge HIV/AIDS programming with NRHM. Similar efforts are required to converge the efforts, resources and strengths of HIV/AIDS programs with other programs such as reproductive and sexual health programs, TB control programs and other social development programs such as micro-finance programs. Same is the case with mainstreaming. Efforts geared towards mainstreaming HIV/AIDS response with other ministries, national, state level and local institutions such as local self government, Panchayat Raj Institutions and community based organizations have to upped to have a broad Based national HIV/AIDS response. Training requirements of key persons in different ministries and government bodies will be assessed and planned in the NACP IV. The human resources requirements, the structures to ensure smooth mainstreaming and capacity building requirements have to be analyzed and built into NACP IV Capacity Building and Training Component.

- **At the TI Level:**

The Targeted Interventions (TI) Model adopted by NACO during NACP II and NACP III has been very successful in controlling HIV/AIDS in the core population groups. It is imperative to build on the gains of the TI model. NACO has developed several modules and kits for TIs. However, the need remains to assess the relevance, sufficiency and efficacy of the capacity building and training modules, kits and materials to map technical support needs for TIs and suggest plans for capacity building of SACS and NGOs/CBOs at national, regional, state, district and implementation levels.

XI. Conclusion

The TWG for capacity building proposes to have community consultations that would obtain further inputs / feedback on the CB plan. It also has obtained capacity building needs as expressed by different groups such as FSW, MSM, TG, IDU, Migrants and Truckers which will be collated in the next meeting to have more meaningful discussions both on areas and delivery mechanisms of capacity building. Another important factor discussed within the group was to heighten the Capacity building aspect of NACP IV to encompass all programs of NACP and not limit it to TIs. A comprehensive capacity building strategy should be able to address all such needs drawing on experts and expertise available across the country. Much of the capacity building efforts shall "learn" from the field through communities and carry it across the landscape for strengthening and advancing both programs and communities.

Annexure 1: Operational Guidelines and Manuals

1. Link Worker Scheme(LWS) Operational Guidelines
2. National Guidelines on Prevention, Management & Control of RTI including STI
3. Operational Guidelines for Prg.Managers&Service Providers for Strengthening STI RTI Services
4. Operational Guidelines for ART Centers (May 2008 Version)
5. Guidelines for HIV Testing, March 2007.
6. Guidelines for HIV Care and Treatment in Infants and Children, Nov 2006.
7. Operational Guidelines for Integrated Counselling and Testing Centres, April 2007.
8. Operational Manual on Strategic Information on Management Unit.
9. Guidelines for Prevention and Management of Common Opportunistic Infections.
10. Antiretroviral Therapy Guidelines for HIV infected Adults and Adolescents including Post-exposure.
11. Guidelines for Setting up Blood Storage Centres.
12. Standards for Blood Banks and Blood Transfusion Services.
13. Voluntary Blood Donation.
14. Targeted Interventions for Truckers – Operational Guidelines
15. National Guidelines on Prevention, Management & Control of Reproductive Tract Infection
16. Targeted Interventions for High Risk Groups (HRGs).
17. NGO CBO Operational Guidelines.
18. Targeted Intervention for Migrants – Operational Guidelines
19. Operational Guidelines for Financial Management.
20. Surveillance Operational Guidelines.
21. NACO RESEARCH FELLOWSHIP-SCHEME UNDER NACP-III
22. Guidelines for Network of Indian Institutions for HIV/AIDS Research (NIHAR)
23. NACO Ethical Guidelines for Operational Research
24. Operational Guidelines on Community Care Centers
25. NACO IEC Operational Guidelines
26. Operational Guidelines for DAPCU
27. Data Sharing Guidelines

Annexure 2: Training Modules for TIs

1. Programme Managers
2. Out Reach Workers Module English & Hindi
3. Counseling Module for ANM & Counselor English & Hindi
4. Truckers Training Module
5. Peer Educator