

Draft Working Group Report on Strategy for GIPA in NACP IV

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Members:

Member Convener: Mr. Mayank Agrawal

1. Mr. Sunil Nanda (Chairperson)
2. Ms Kaushalya (Co-Chair)
3. Dr Eric Zomuna
4. Ms Nakshinaro Ao
5. Dr Bijendra Singh
6. Mr Shantamay Chatterjee
7. Mr. Alex
8. Ms Mekhla Pothana
9. Mr Raman Chawla
10. Ms Varsha
11. Ms Neha Chauhan
12. Ms Daksha Patel
13. Ms Geetha Venugopal

GIPA Goal in NACP IV

Meaningful, active and free engagement of PLHIV and affected communities in informing and influencing the design and implementation of National HIV policies and programmes at every stage.

Strategies:

- 1. Strengthening PLHIV networks and affected communities (including marginalized and at risk populations with specific focus on women and children)**
 - i. Greater and meaningful involvement of community nominated representatives across all forums. Encouraging participation, from different groups, beyond the first line leadership.
 - ii. Given the special needs of women and children living with HIV, programme should make provision to strengthen the existing positive women networks and create new state level women networks and expansion of women and children DICs in several states.
 - iii. Scaling up of Children Affected by AIDS (CABA) scheme and ensuring that recommendations from CABA to be included into GIPA; access to special counseling for children in relation to treatment, social protection etc.

- iv. Capacity building of new GIPA Coordinators and experience sharing amongst GIPA coordinators at national level.
- v. Build capacity of networks to maintain standardized systems and procedures for governance, programme management and implementation.
- vi. Strengthening quality of communication at all levels of NACO, SACS and Networks.
- vii. Core support for fostering and strengthening of networks and their role for convergence to ensure PLHIV friendly services
- viii. Gap/capacity analysis of networks by adapting existing /developing assessment tools
- ix. Create platforms for community involvement with adequate budget
- x. Recommendations to NRHM for involving PLHIV as special invitee in Village Health Sanitation Committees (VHSC) and other levels
- xi. Positive networks should be part of DAPCU meetings and District Consultative Committees (chaired by district commissioner/collector)
- xii. National/State positioning of GIPA from the community
- xiii. Convergence of activities within the communication unit in SACS and greater involvement and active participation of GIPA Coordinator
- xiv. Strengthen capacity of networks to provide services such as DIC: **(for CST)**
 - Infrastructure /services to be upgraded and expanded.
 - Assessment of outreach capacity for DIC
 - Capacity building of DIC and outreach staff on MIS, Counselling documentation and accounting.
 - DIC number/allocation should be based on the number of ART centers in the city.
 - TI DICs should be positive friendly
 - Facilities should be women and children friendly
 - Develop training modules (e.g., finance module)
 - People from DIC visiting ART should be provided a time slot and provided information. IEC materials can be produced/circulated
 - Care DIC should be placed under JD (IEC) at SACS

2. Effective participation of GIPA in national policy and programme

- i. GIPA ensuring provision for providing comprehensive care support and treatment for PLHIVs. Easy accessibility, affordability and availability of care and treatment services. Duplication and overlapping of services provided at the field level should be avoided.
- ii. GIPA should be part of National AIDS Council Meetings, National and States Parliamentarian Forums on HIV/AIDS.
- iii. Build capacity and create opportunities for political advocacy by GIPA
- iv. Need to make provision for palliative care for PLHIV with GIPA (e.g. Kerala model).
- v. Need to institute National TRG for GIPA (to develop operational guidelines for GIPA) (with representation from networks).
- vi. PLHIV community representation in policy decisions (including TRGs/Working Groups) and should be well informed and trained for these meetings.
- vii. Appropriate/Meaningful/Regional representation of PLHIVs/Network at all levels of planning.
- viii. GIPA/Other State network representatives should be approached for the recommendations for the NACP IV documentation.
- ix. Training modules of various HIV programmes should include GIPA components.
- x. GIPA representatives should be trained as Para legal workers for supporting legal issues concerning PLHIV.
- xi. GIPA involvement for sensitization of national, state and district legal aid authorities towards dealing with HIV/AIDS

3. GIPA for linkages and integration of HIV into current and future policy and programmes of other Ministries and Departments.

- i. Effective linkages, integration and convergence of existing health and welfare programmes within other Ministries for the benefit of PLHIV community.

- ii. Standardization of the procedures and policies at state and district level for better utilization of available resources within respective Ministries and Departments. Promoting cross learning among states to adapt and implement best practices. Some of the specific areas of schemes are:
 - Education for children
 - Livelihood
 - Insurance
 - Short Stay home/Shelter
 - Pension (women headed household)
 - Nutrition
 - Travel Support for treatment (Railways/Roadways)
- iii. NACO should encourage GIPA participation in advocating with MoWCD, MoLE, MoSJE for sustainable changes (amendments in ITPA, NDPS, Drug and Cosmetic Act).

4. Generating evidences by innovation, research and documentation of best practices & interventions to design and influence policies and programmes

- i. Document and publish good practices and the challenges that are limiting scale up of programmes and services.
- ii. Adapt existing tools to assess PLHIV involvement in policy and programmes.
- iii. Design innovative models for GIPA involvement:
 - a. Innovation programme funds should be allocated for each state for trying out local innovations (Rs.10-15 lakhs for every state).
 - b. State level forums to monitor, discuss, stock taking for GIPA implementation and addressing stigma activities
 - c. Quarterly GIPA newsletter and Annual Report on GIPA
 - d. Involvement of district level positive networks in mid media and folk activities by IEC division for increasing demand and uptake of services
 - e. Online self assessment of various SACS/ NACO/donor agency staff at different levels for GIPA awareness and accordingly capacity building plan to be made.

5. Monitoring and Reporting of programme implementation

- i. Review and standardize the assessment tools for periodic review of GIPA and develop monitoring and reporting systems at state and national level

- ii. Involve PLHIV and key populations in developing monitoring indicators for programme implementation (community monitoring mechanisms) by GIPA
- iii. Develop new measureable indicators –process and outcome indicators through community participation at all levels. (District, State and National)
- iv. Annual community review of National HIV/AIDS Prevention, Care Treatment Programme through mutually agreed indicators.