Mainstreaming and Partnership strategy under NACP IV

1. Background and rationale

HIV is not merely a health issue. The epidemic is driven by a number of socio-economic factors. Therefore, health interventions alone are not sufficient to address causes and consequences of the epidemic. It requires a multi-faceted and multi-sectoral response. Therefore central to this logic is Mainstreaming and Partnerships. Mainstreaming approaches to HIV have increasingly gained ground with the realization that the non health sector can play an important and meaningful role in reducing vulnerability to HIV and mitigating its impact on those infected and affected. The importance of mainstreaming and partnership becomes all the more relevant in a country Like India which has low prevalence and low visibility, thus creation of HIV specific health infrastructure all across the country is not deemed fit . The resource available under the health infrastructure with any constituency whether urban or rural, whether public or private , need to be optimally utilized to contribute to the National programme. However it must be clearly understood that mainstreaming does not replace the need for traditional approaches of treatment , care and support for People Living with HIV, it may complement the same.

The main purpose of mainstreaming is to ensure that all stakeholders and agencies, state and non state, adapt their programmes and policies accordingly to addresses direct and indirect aspects of HIV and AIDS within the context of the normal functions of an organization. It requires exceptional responses that demonstrate timeliness, scale, inclusiveness, partnerships, innovation and responsiveness. Mainstreaming HIV and AIDS is a collective and iterative process of learning, engagement, action, experimentation and reflection.

Vision

> ***An integrated, inclusive and multi-sectoral approach that embeds ownership and empowers various stakeholders (Government, Civil Society and Corporate Sector) to respond to the challenge of HIV and AIDS, using their core competence and resources(human, technical and financial) in a co-ordinated manner leading to a comprehensive and effective national response.***

2. Achievements till date under NACP III – 2007-2011:

Mainstreaming and partnerships was recognized as a key approach in NACP III to facilitate multi-sectoral response engaging a wide range of stakeholders. It was visualized as an opportunity to scale up the dissemination of HIV prevention messages by mainstreaming them in Government offices, Private sector and civil society organisations.

Responding to HIV has been a strategic priority for India, getting support from highest echelon of power right from the beginning. It was stated on World AIDS Day i.e. 1st December, 2005 by Hon'ble Prime Minister of India, "the National AIDS Control Programme must move out of the narrow confines of the health department and become an integral part of all government departments and programmes to create a national response, which alone can help reverse the epidemic".

In continuing with his commitment, Hon'ble Prime Minister of India addressed the gathering of Parliamentarians, Legislatures, Zila Parishad Chairpersons and Mayors at Vigyan Bhawan on 4th and 5th July ,2011. He reiterated the need for collective action to halt and reverse the epidemic and asked everyone to ensure that people living with HIV do not face any stigma or discrimination.

Given below is a summary of the various achievements under the Mainstreaming and Partnership efforts of the NACP III, on which the current strategy is built:

i. Formation of the National Council on AIDS consisting of 31 Ministries. The main functions of the NCA are to generate a National level multi-sectoral response in the fight against AIDS.

ii. Formation of State Council on AIDS in 25 states. This has resulted in a number of states integrating concerns of PLHIV in developmental schemes such as ICDS, NREGS, pension scheme, nutrition schemes, free transport to ART centres. A listing of the schemes is in Annexure.A

iii. Several policy initiatives have been initiated during NACP-III

- National policy on HIV/ AIDS and the World of Work ensuring non-discriminatory workplace policies and referrals/ linkages to services, has been approved by the Union Cabinet and roll out led by the Ministry of Labour & Employment.
- The operational guidelines for Tribal Action Plan were finalized and shared with key stakeholders with roll out starting in 13 states
- In order to address the vulnerabilities of women, guidelines and operational plan on "Mainstreaming HIV and AIDS for women's empowerment" was released to facilitate mainstreaming of HIV and AIDS with women specific schemes and programmes in the government.
- Draft GIPA Policy guidelines have been developed in consultation with the various networks and development partners.

iv. Strategic partnership with 31 major ministries has resulted in a number of outcomes. Prevention and awareness generation was the focus across all Ministries. With 11 ministries, specific actions were initiated for enabling environment. With six ministries, focus was on social protection; improvement of existing schemes for benefit of PLHIVs and new schemes for PLHIVs. A detailed ministry wise engagement and key results are summarized in Annex B.

v. To reduce the stigma & discrimination faced by People Living with HIV (PLHIV), training and sensitization programmes for different grassroots functionaries such as SHG, Anganwadi Workers, ASHA, ANM and members of Panchayati Raj Institutions were conducted across the country. PLHIV representatives were actively involved in these efforts. HIV and AIDS issues were discussed in over 73,000 Gram Sabha meetings. Training and sensitization programmes were also conducted for defense and para-military personnel, institutions attached to M/o Tourism, M/o Urban Affairs.

vi. Two successful phases of the Red Ribbon Express were run in collaboration with the Ministry of Railways. Ministries other than Health, such as Rural Development, Women & Child Development, Panchayati Raj, Education, and Youth Affairs participated in the activities both at the station and outreach level.

vii. Adolescence Education Programme in over 50,000 schools is being implemented in collaboration with M/o Human Resource Development. ICDS guidelines were modified to include CLHIV. in Panchayat Mahila Evam Yuva Shakti Abhiyan (PMEYSA) included HIV and AIDS in its agenda. Saras Mela across the country provided market access to products manufactured by people living with HIV.

viii. Provision of HIV and AIDS related services in railway hospitals, defense hospitals, ESI hospitals and establishment of ART centers and ICTCs on PPP model are examples of expanding services through mainstreaming. HIV/AIDS has been one of the first five causes of mortality in defence services, but with mainstreaming HIV into their health services , Ministry of defence has been able to bring it down from top five to top twenty causes of mortality. Similarly Ministry of railways has been able to the reduce the infection rate within its employess.

ix. In addition to the above, there are several on-going Initiatives -engaging with Insurance development regulatory authority to bring PLHIV within the ambit of health and life insurance products, convergence with NRHM, strengthening implementation of workplace policy and addressing the vulnerabilities of Migrants.

3. Challenges and constraints:

Although there are over 2.3 Million PLHIV in India, HIV is still not a visible infection. The tremendous stigma attached to the infection makes work in this area difficult for partners. The mandate of multi-sectoral response also received a setback after the downward revision of estimation of number of people living with HIV in 2007,. While the programme delivery in terms of care and treatment remained same as actual number of PLHIV under the fold of programme remained same, the change in the estimated numbers of PLHIV loosened the sense of urgency from other sectors.

Some of the challenges and constraints:

a) There is need to mainstream HIV both within organizational policies, procedures and practices (internal mainstreaming) and within programmatic work with beneficiaries (external mainstreaming). However experience indicated that most of the efforts remained limited to internal mainstreaming focusing on sensitisation and training of a proportion of staff .
b) While a lot of effort has been made, the ownership of line departments to the AIDS response has been limited, but for a few ministries. More work is required to build this ownership.
c) Measurement of progress for Mainstreaming & Partnership has been a challenge as data has to largely emanate from partners. This has not been easy as most partners do not consider reporting as a priority and data reported tends to be in different forms.
d) Despite the reach of faith leaders, there has been skepticism, probably due to their cautious approach to condom promotion. Stronger dialogue is required between Govt and FBOs to optimally utilize their important resource especially in Care and treatment and addressing Stigma and discrimination.
e) Human resources have been a serious constraint for NACO,SACS and its partners. Wherever additional human resources have been provided, these have emerged from funding of other development partners and therefore the number of staff always remained minimal.
f) The role of Mainstreaming & Partnership was mainly seen in prevention and awareness generation, thus mainstreaming team worked within the IEC Division. Although a lot of work has been done using this structure, there is a need to place Mainstreaming & Partnership team strongly within the organizational structure of NACO

and clearly link them with other divisions in view the cross sectional nature of mainstreaming for care, treatment and support for PLHIV and MARPS.

4. Goal

Harmonized and coordinated multi-sectoral national response to achieve NACP –IV goal of accelerating reversal and integrating response.

5. Objectives and Strategies:

The objectives of Mainstreaming and partnership under NACP IV are the following:

a) Create an enabling environment through policies, programme and communication
b) Provide key HIV services, using existing and large reach to immediate staff and others in contact
c) Modify policy, programmes and schemes as appropriate to support needs of PLHIV and MARPs
d) Synergies and co-ordinate efforts across different players to optimise resource utilisation and maximize impact.

6. Expected outcomes

There are five broad outcomes which the mainstreaming and partnership efforts aim at –

- Creation of enabling environment where the legal, policy and living environments are conducive for the PLHIV and MARP groups to access services.
- **Reduction/ elimination of stigma and discrimination faced by PLHIV and MARPS** at family, community and services level.
- **Provision of appropriate social protection** schemes, by largely modifying existing schemes to make them more PLHIV and MARP friendly.
- **Expansion of health services**- There is vast health infrastructure and resources available with other ministries, which can be utilized to contribute to NACP-IV.
- **Enhanced reach and coverage of MARPs** and people more vulnerable to HIV- It is important to work with certain risk groups and profiles who are more at risk e.g. migrant workers and their female partners, sea farers, hotel workers tribals etc. Mainstreaming & Partnership is the most cost effective way to reach them since they are difficult to reach due to a variety of reasons – their mobility, migration, remote location etc.

7. Key constituencies

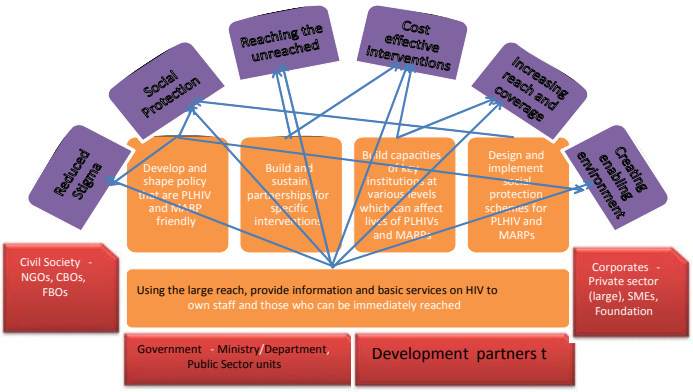
There are four key constituencies for the NACP on its M&P strategy. They are:

a) Government – Which includes Ministries and Departments (Central, State, District, Block levels, including convergence with other departments within Health Ministry) Public Sector Undertakings, Panchayati Raj Institutions, Urban Local Bodies, Armed forces, Police and Paramilitary forces, Railway Protection Force, Judiciary, Parliament/legislature, Statutory authorities/regulatory bodies, Central and State owned universities, labs and special bodies (such as ICMR, CSIR, DRDO).
b) Civil Society – Not-for-profit organisations, community based organisations and Faith Based Organizations, positive networks . Local self governance units at the grassroots level in rural and urban setting
c) Corporate - Private sector (large), Small and Medium Enterprises (SMEs), CSR Foundations
d) Development Partners - Such as World bank, GFTAM, DFID, UNAIDS, UNDP, UNICEF, ILO, UNFPA, UNWOMEN, BMGF,

7. Strategies for Mainstreaming and partnership

Based on the need to achieve the above objectives, outcomes and the potential role of the various constituencies, Mainstreaming & Partnership strategies are outlined below:

a) Provide information and basic services on HIV to own staff and those who can be immediately reached through the outreach programmes
b) Develop, shape and support policy that are PLHIV and MARP friendly
c) Design and implement social protection schemes for PLHIV and MARPs
d) Build capacities of key institutions at various levels which can influence and benefit lives of PLHIVs and MARPs
e) Build and sustain partnerships for specific interventions



a) Provide information and basic services on HIV to own staff and those who can be immediately reached through the outreach programmes:
Most of the partners mentioned earlier have substantial reach – Government Ministries/ Departments, Public and private sector in particular – through their vast number of employees, supply chain employees and the health and extension services they provide. These partners will be encouraged to mainstream HIV messaging to their own staff and those who they come in contact with and in addition will use their existing initiatives and infrastructure to provide HIV services – condom availability, STI treatment, ART, etc. As facility sizes are likely to vary the menu of services are likely to also vary. Wherever a service cannot be provided, they can link up to the nearest Government service.

b) Develop, shape and support policy that are PLHIV and MARP friendly:
Under this strategy, all policies and laws that affect PLHIV and MARPs will be mapped, reviewed and issues identified that affect their rights or access to services. To this end much has been done; but a more systematic effort will be launched to give a boost to this activity. Actions under this strategy will also include support in policy analysis, advocating with various departments on changes required, supporting departments in making the changes and implementation support. The mapping and analysis will be carried out with support of PLHIV and MARP groups and consensus built on actions required.

c) Design and implement social protection schemes for PLHIV and MARPs
There are two types of social protection schemes - those which are exclusive for PLHIV/MARPs and other general social protection schemes which need to be modified to benefit PLHIV and MARPs. Here also significant progress has been made and the Phase IV of NACP will build on the success by strongly supporting the advocacy efforts of PLHIV and MARPs groups and in addition tracking benefits flowing to these groups.

d) Build capacities of key institutions at various levels which can affect lives of PLHIV and MARPs

Capacity building and technical support are two key roles of NACO, SACS and developmental partners facilitating mainstreaming programmes. To this end, capacity building packages (videos, audio, online and set of trainers, positive speakers) will be developed and made available to mainstreaming partners. In addition, need based technical support to various partners will be provided in ensuring that the mainstreaming activities are rolled out successfully. Here the support and partnership with capacity building organisations and PLHIV and MARP groups are critical.

e) Build and sustain partnerships for specific interventions:

Specific kinds of partnerships are required with some of the partners – e.g. FBOs, Parliamentarians, advocacy organisations. With these partners, specific strategy and actions will be developed and implemented.

8. Strategic shift in Mainstreaming & Partnership

Summary of significant shifts in Mainstreaming & Partnership from NACP III to NACP IV:

- During NACP IV, the strategy for Mainstreaming and Partnership will be to work with a broad range of stakeholders from Government, Civil Society and Corporate sector in a more balanced, focused and systematic manner.
- Mainstreaming efforts during NACP III focused on garnering support for PLHIV. In NACP IV, both PLHIV and MARP groups will be the focus for strategy.
- NACP IV will have a dedicated internal team focussing on Mainstreaming and Partnership, which is funded as part of the Programme. ,.
- Mainstreaming and Partnership actions will be across the board in all states, particularly those with a higher epidemic.
- Monitoring and Evaluation of mainstreaming efforts will be strengthened significantly so that effectiveness and efficiency of the Mainstreaming & Partnership efforts are monitored at all levels.

9. Key Priorities

Following key priorities for mainstreaming interventions are suggested during NACP-IV:

a. Convergence with NRHM

Convergence with NRHM is indispensible for mainstreaming HIV in health system and is based on the guiding principle of optimal utilization of existing RCH resources for strengthening NACP services and vice versa. Thus in NACP IV, substantial efforts for convergence with NRHM are required through joint planning, implementing and monitoring . Some of the planed actions are :

i. Counseling of HIV pregnant women on nutrition, birth spacing and family planning by ICTC counselors
ii. Training of ASHA on module “Shaping Our Lives”
iii. Inclusion of HIV screening in routine ANC check up
iv. Expansion of ICTC services to all 24x7 health facilities
v. Incentives to Health Care Providers/ WLHIV for conducting deliveries in public health facilities
vi. Training of FP counselors on , PPTCT, ANC, STI & nutrition

vii. NACO and NRHM will have common information & monitoring system to track access, quality, progress and bottlenecks in National RTI/STI programme

viii. Establishing 29 district level blood banks with NACO support in equipment & recurring cost for blood collection, testing, matching and transportation and NRHM support for provision of infrastructure & essential manpower

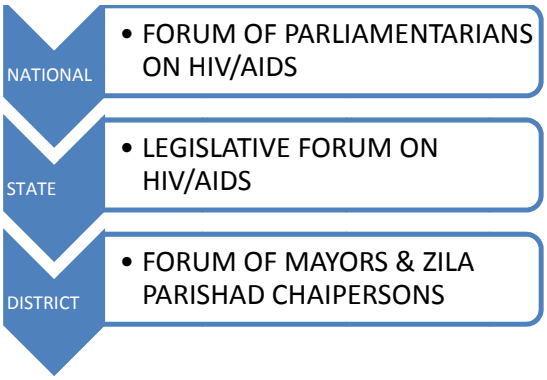
ix. Strengthening of Health facilities for OST(Opiate Substitution Therapy)

b. Social Protection for PLHIV

There is growing evidence that social protection can help reduce a person's vulnerability. It helps individuals, households, and communities to better manage risks and participate actively in all spheres of life. In its comprehensive form, social protection measures include access to health care, nutrition, support for travel, shelter, housing, legal aid, education and so on. In this regard NACO with the support of Partners would advocate and facilitate formulation of such schemes through the process of mainstreaming with Government, Corporate and Civil Society sectors. In order to enhance access to social protection schemes, information about them will be disseminated through all possible forums. Monitoring and assessment framework for strengthening evidence regarding efficacy of social protection measures will also be developed and the best practices will be documented.

c. Mainstreaming with elected representatives

Mobilizing community support for HIV mainstreaming at different level through sensitization of elected representatives, building their capacities on the issue and involving them to support polices and programme related to PLHIV and MARPS will be prioritized.



d. Implementation of National Policy on HIV/AIDS and the world of work

The National Policy on HIV/AIDS and World of Work has been approved in October 2009, but its implementation at the field level needs to be taken more vigorously and systematically during NACP-IV, so as to reach large number of migrants and workers in the organized and unorganized sectors. This would entail taking up following actions on priority

- Formation of comprehensive national plan of action
- Supporting SACS for implementation of Workplace policy for HIV at state level
- Advocacy with State Chambers of Commerce and Industry
- Consultative meetings with Public and Private Sector companies
- Mapping of health infrastructure available with major PSUs and Corporate Organisations in private sector.
- Sharing standard operating procedures of NACO with the PSUs and Corporate Organisations in private sector for PPP.
- Linking the health infrastructure available with the PSUs and Corporate Organisations in private sector with Services at state /district level
- Suggesting monitoring and assessment framework for regular monitoring of National policy of HIV/AIDS and the World of Work.

10. Suggestive framework of action

To chart out a feasible plan of action with each of the key stakeholders , a stakeholder analysis was carried out to highlight the strengths and core competence of each sector as well as the limitations and challenges (vis a vis AIDS response) of working with each of the sector (Annexure). This forms the basis of guiding for drawing up a suggestive plan of action that can be considered feasible for NACP IV .

a. Ministries and Government Sector

Mainstreaming with various Ministries/ Departments both at the Centre and in the States is essential for ensuring long-term sustainability, as the Government makes the policies, operationalises these policies and regulates their implementation. It has very wide outreach in view of large employee base and public schemes/ programmes implemented directly by it. Various welfare schemes of the Government may be suitably modified to address special needs of PLHIV and MARPs and safeguard their rights. While the schemes under various Ministries/ Departments need to be constantly reviewed to identify possible entry points for mainstreaming HIV and AIDS issue, an illustrative but not exhaustive list of such activities is given below:

Name of the Ministry	Proposed tasks in NACP IV
HRD/ Education-	a. Integrate HIV/AIDS into curriculum and curricular activities of schools, adult education schemes, distance education and open schooling programmes b. Integrate HIV/AIDS into curriculum of teacher training institutes, SIET, DIET c. Include HIV/AIDS in the modules and operational guidelines of Sarva Shiksha Abhiyan and Rashtriya Madhyamik Siksha Abhiyan(RMSA) Right to Education to include CLHIV as Children under special circumstances. d. Ensure that children infected and affected by HIV are retained, not discriminated in the school system and supported to complete their education. e. Train Mahila Samakhyas to address vulnerabilities of rural women specially infected and affected ones. f. Constitute Red Ribbon clubs in all educational institutions. g. Organise competitive events (quiz, debate, discussions, painting etc) on issues pertaining to HIV/AIDS to enhance knowledge and reduce stigma & discrimination faced by PLHIV
Home Affairs –	a. Include HIV/ AIDS in the training programmes of all police personnel to enhance police sensitivity and understanding of the issues concerning MARPs sand PLHIV and promoting non-stigmatizing behaviors towards them. b. Train policemen to respond to the vulnerabilities of trafficked and migrant women. c. Amend police procedures and jail rules so as to reduce the risk of HIV to HRG and prisoners . d. Include provision of counseling and voluntary testing in the health facilities being provided in the prisons. If number of PLHIVs are more some of the prisons may also function as Link ART

	e. Provide comprehensive HIV/AIDS services relating to prevention, care , support and treatment at heath facilities meant for police personnel and their families
Labour and Employment –	a. Amend labour laws to make National Policy on HIV/AIDS and the World of Work mandatory and have the inspection wing verify them. b. Create mandate for all Public sector undertakings to use their health facilities to provide comprehensive HIV/AIDS Services to all the contract and migratory workers c. Provide the package of services including prevention and treatment services in all major ESI and other hospitals. d. Advocate with and facilitate trade unions to manage provision of services to migrant labour and workers in the informal sector and to lead on reducing stigma against infected workers and their families. e. Integrate HIV prevention in all training programmes undertaken in labour department.
Panchayati Raj –	a. Train all elected representatives and executive officials by integrating HIV module in training programmes of all training institutions. b. Issue guidelines/ directives to elected representatives and officials of Panchayati Raj Institutions to protect infected persons and affected households against stigma and discrimination and protect the inheritance of widows and orphans. c. Facilitate linkages to income generation activities, nutrition programme, housing and welfare schemes to support HIV infected and affected persons on priority basis under special groups specially widows and orphans. d. Advise Panchayats to discuss HIV related issues relevant to the village in Gram Sabhas and other meetings. e. Request Panchayats with their own budget to allocate resources to supplement HIV prevention and control programme. f. Display HIV prevention messages at Panchayat Ghars g. Develop guidelines on how panchayats can take up work with high risk and marginalized populations.
Ministry of Surface Transport	a. Make provision of travel support to PLHIV for visiting ART centres/ health centres for treatment b. Issue directives to all State Authorities to facilitate HIV/AIDS messages on bus panels / bus shelters c. Support transport associations and truckers unions to manage HIV prevention services at truckers halting points d. Provide HIV prevention messages and condoms/ condom vending machines at halting centres where large numbers of truckers have to wait for more than two hours. e. Plan for network of basic health facilities including counseling and testing for STI/HIV/AIDS , First Aid, ambulatory services for accident trauma at halting

	points on all National highways and state highways f. Plan for health insurance schemes for truckers, helpers and bus drivers and other related workers
Ministry of Shipping –	a. To provide stigma free environment and promote greater involvement of PLHIV in all port areas b. Ensure dissemination/ display of IEC material pertaining to HIV/AIDS/STI at ports/ health facilities and outreach activities. c. Ensure ICTC/PPTCT/STI and ART services delivery to port workers as well as community around ports including fishermen, seafarers, truckers, single male migrants and other vulnerable population etc
Ministry of Railways-	a. Provide HIV/AIDS related information and services to regular and contractual employee/ railways dependent economy b. Provide a comprehensive package of prevention and treatment services in all railway hospitals. c. Integrate HIV modules in training programmes of all training institutions, build in-house capacity and train all personnel on STI/HIV/AIDS d. Install condom vending machines at railway stations. e. Facilitate opening of migration information centres at railways stations en-route to major migration routes f. Display HIV related audio- visual messages, hoarding , panels in stations, trains. g. Include HIV related messages on tickets and passes h. Plan and implement educational and welfare initiative for platform children under CSR i. Support running of projects such as Red Ribbon Express project at national and regional level.
Rural Development –	a. Plan for livelihood and social protection package for HIV infected and affected populations under national social assistance programme b. Issue directives to give preference to HIV infected and affected populations in make marginalized populations, such as sex workers, eligible for them. Under National Rural MNREGS on priority basis . c. Issue directives to give preference to HIV infected and affected populations and marginalized populations, such as sex workers, Under National Rural Livelihood Mission d. Encourage formation of mixed self help groups (Including women living with HIV) which helps in reducing self stigma among women . e. Expand the mandate of SHGs to enable them to work with high-risk groups in their area and to become facilitators for accessing HIV prevention and treatment services.
Women and Children –	a. Integrate HIV component in all training programmes under ICDS, ICPS and other schemes. b. Link AWWs to HIV related services particularly referral for PPTCT, nutrition education for PLHIV, women

	empowerment, addressing stigma and discrimination against PLHIV in village and community etc. c. Include focus for WLHIV and CLHIV under National Nutrition Policy d. Include HIV/ AIDS in the training and guidelines of Kishori Shakti Yojana and Sabla Schemes for life skills education, and messages on HIV/AIDS prevention e. Provision of shelter homes to reach out to street children including young girls and children of sex workers in the schemes such as Integrated Child Protection Scheme.
Youth and Sports-	a. Train all NSS Programme Officers and NYKS coordinators on HIV/ AIDS issues and disseminate HIV and AIDS messages to young people through programmes of NSS and NYKS b. Partnership with NSS for opening and strengthening RRCs in colleges. c. Involve rural youth in supporting Link Workers in villages to create awareness through folk, theatre d. Promote Voluntary Blood Donation through youth camps organized by NSS and NYKS.
Tribal Affairs	a. Plan for mapping of vulnerability of tribal population across all tribal areas and identify the areas which need special focus from the perspective of HIV/ AIDS vulnerability, beyond current tribal action plan. b. Provide technical support to ITDAs to analyse the vulnerabilities of specific tribes, especially migrants and in their area c. Integrate counseling and testing facilities in all the mobile health facilities going to remote tribal areas. d. Plan for expansion of Tribal Action Plan beyond A and B category district or primitive tribal groups. e. Integrate HIV into all tribal affairs activities being conducted by the tribal welfare and forest department. f. Train traditional healers and unqualified doctors with influence in the community on management of STIs and referrals to ICTC centres.
Communication and Information Technology	a. Integrate HIV/AIDS services in the national e-governance plan b. Display messages on HIV/ AIDS at the Common Service Centres (CSCs) including information about locations of nearest service centres such as ICTC, ART centres, STI clinics etc. c. Promoting social marketing of condoms through CSCs d. Facilitating free mobile phone SMSes on HIV and AIDS issues through various mobile service providers. e. Making available post offices premises for display of HIV related messages
Law and Justice	a. Provision of free legal AID to PLHIV through the network of NALSA, SALSA and DALSA b. Review of existing laws to ensure sensitive and supportive legal framework for MARPs and

	marginalized population
Ministry of Information & Broadcasting	a. Free airtime for dissemination of HIV and AIDS messages on AIR and DD, discussions on HIV issues in health programmes, enhanced coverage of HIV issues and new developments in the field in AIR and DD News b. Dissemination of HIV and AIDS messages through field programs of the media units such as Directorate of Field Publicity, Song & Drama Division, Press Information Bureau, Directorate of Advertising & Visual Publicity etc.
Ministry of Defence	a. Provide HIV/AIDS related information and services to all uniformed personnel and their families. b. Ensure ICTC/PPTCT/STI and ART services in all defence hospitals to all uniformed personnel and their families. c. Integrate HIV/AIDS/STI in training programmes of all training institutions, build in-house capacity and train all health personnel on STI/HIV/AIDS
Ministry of Social Justice & Empowerment	a. Plan and implement innovative social support measures for PLHIV. b. Address vulnerabilities of abandoned destitute, neglected and delinquent juveniles who need care and protection for preventing high risk bevahavior . c. Provide information and services to drug users for promoting safe practices and harm reduction practices. d. Address the support needs of specially vulnerable HIV positives people like widows, neglected and abandoned children and old aged. e. Include training , counseling and guidance to Most at risk population under National Institute of Social defence
Ministry of Urban Affairs	a. Mainstreaming HIV/AIDS in the city level planning by identifying pockets of population most at risk of HIV/AIDS during the survey and slum mapping process. b. Integrated HIV/AIDS in all the training programme for urban health service providers c. Integrate ICTC/PPTCT/STI and ART services in the urban health services at primary, secondary and tertiary level. d. Mainstream HIV/AIDS in urban development programme of JNNURM under basic services e. Sensitise and train elected members and all members of urban local bodies on HIV /AIDS to allocate financial resources for support of PLHIV f. Sensitise ward sabha members and nagar panchayat members to prevent any stigma and discrimination against PLHIV
Ministry of Tourism	a. Ensure dissemination of HIV and AIDS prevention messages at places of tourist interest. b. Training of hotel owners, tour operators and travel

	guides on prevention of HIV/AIDS c. Integration of vulnerability factors and prevention of HIV/AIDS in the curriculum of Hotel and Hospitality management

b.Corporate Sector

Mainstreaming with Corporate Sector- both public and private is important to reach out to their employees- both formal and informal. While, some organisations have adopted the National Policy on HIV/ AIDS and the World of Work, the achievement in this direction is far from the desired level. Advocacy initiatives with Corporate Sector will be strengthened during NACP-IV in collaboration with M/o Labour & Employment and by engaging with Business and Industry Chambers and Trade Unions for adoption and implementation of workplace policy. Corporate Sector will also be involved for expanding services through PPP model and leveraging welfare measures through its CSR programmes. Further, a large number of migrant workers are engaged by Corporate Sector for activities such as construction, manufacturing, mining etc. Corporate Sector can be involved to reach out to them with information and services related to HIV/AIDS/STI. Innovative financial options such as sponsorship/adoption of WLHIV/CLHIV can also be explored.

C,Civil Society Organisations

The term Civil Society has been defined to include NGOs (trust, society), CBOs – MARPs, PLHIV networks, FBOs and Religious Leaders, Professional Associations, Trade Unions, political forums, private not-for-profit foundations, Cooperatives, media and other CSO platforms including federations. They have distinct advantage of being closer to communities and harbour cohesiveness of purpose. They have catalytic role in bringing about change in mindset, mobilizing community, generating demand, linking to services, reducing stigma and discrimination and providing feedback through community based monitoring.

- The engagement mechanism for partnering with CSO need to be sharpened with clear cut guidelines and institutional mechanism for partnerships. They will be seen as partners in the whole process.
- There is scope of building up a National Network of CSO working on HIV/AIDS like water consortium, which may be explored. At state level and district level also CSO forums on HIV/ AIDS may be established to facilitate mainstreaming .
- CSO need to be involved in implementing workplace policy , within their own structures. They can be involved in community audit of NACP and share feedback with NACO annually about barriers to uptake of services, capacity build and best practices.
- CSO can be actively engaged to sensitise and mobilize other NGOs involved in non health sector, such as livelihood, social justice, empowerment, nutrition and child welfare etc .
- FBOs form an important sub-set of CSOs and have deep influence on people. They can be meaningfully involved to address issue of stigma and discrimination and to leverage services for treatment, care and support through their health infrastructure. Engagement with National Coalition of Faith Based Organisations needs to be strengthened by establishing a forum for regular interaction with them and other FBOs. The terms of engagement with FBO need to be clearly defined so that it can be taken up in a structured and culturally sensitive manner.

D. Mainstreaming with Development partners

The role and contribution of development partners to National AIDS Control Programme has been significant in giving strategic direction, expanding services, piloting efforts and presenting innovative models for reaching MARPs, vulnerable populations and PLHIV. They have the specific advantage of bringing in international experience and the expertise of responding to the changing epidemiology of the infection. Their contribution to NACP- IV would need to be more focused in view of the changing scenario with respect to epidemiology and availability of resources . The need for resource optimization demands minimization of duplication and maximation of outputs. Hence the core competence of each partner needs to strategically utilized to its fullest across the country, states and districts.

11. Institutional mechanisms

A set of institutional mechanisms needs to be considered to improve the work of Mainstreaming & Partnership These mechanisms as follows are very critical for successful operationalisation of the Mainstreaming and Partnership strategy:

a) At NACO, a dedicated Mainstreaming & Partnership team may be led by a Director-level officer. For mainstreaming with Ministries, a small group of officers may be appointed. These Officers, in a week, may spend 2-3 days in NACO and 2-3 days in the Ministries. In addition, staff for co-ordinating specifically with Corporate and Civil Society may also be appointed.

b) At SACS level, mainstreaming activities will need 2-3 dedicated people. Monitoring can be linked with existing structures such as TI monitoring at district level. M&E person at DAPCU can capture data, and the Program Officer can facilitate this process.
NACO and SACS mayhelp ministries develop their action plan and targets. Each ministry will have targets, regular reporting cycle and easy formats for reporting.
Engagement needs to translate effectively to state level : with SACS and State Departments District-level and panchayat-level planning needs to integrate HIV. Help should be provided for ground level situational assessment, monitoring, and sharing of information on how schemes can be leveraged.

c) Quarterly reviews and planning meetings led by the Secretary, Department of AIDS Control with senior level representatives of the Ministries/ Departments may be institutionalized. The similar arrangements may be made at the SACS level.

d) Technical Advisory Committees (TACs) may be reactivated for joint accountability, coordination and reporting. They should meet quarterly. The TACs should have representatives from PLHIV and MARP groups.

e) The National Steering Committee for implementing the National policy on HIV/AIDS in the World of Work (Has members including NACO, Parliamentary forum on HIV/AIDS, Min of Overseas Indians, Min of Industry) may be strengthened. This Committee may be used as a platform for coordinating with other ministries for workplace policy implementation. NACP-IV may review implementation through this mechanism.

f) IEC: mass media campaigns exist at district-level and should be leveraged on a continuing basis. The district support teams (5-6) have been created and are functioning well. These district support teams include community representation (district-level networks) and can play contribute in mainstreaming efforts such as providing resource persons for training and sensitization programmes for grassroots functionaries or in providing linkages to services etc.

12. Monitoring and evaluation

A. Monitoring and Evaluation Mechanism

a) A quarterly planning and review meeting led by NACO with senior officers of the mainstreaming Ministries/ Departments.
b) Formation of Technical Resource Group (Mainstreaming) for joint accountability, coordination and reporting which may meet quarterly. The TRG should have representatives from the Government, Corporate, Civil Society, Development partners, PLHIV and MARP Groups.
c) For monitoring at the state level, state mainstreaming teams should ensure the regular meeting of state forums such as State Council on AIDS, Legislatures Forum on AIDS, State Steering Committee for Workplace Policy, State Health society under NRHM. The progress need to be regularly fed in terms of quantitative data into SIMS . Qualitative data about state level achievements also needs to be documented.
d) Field visits by NACO and SACS officers and developmental partners, DAPCU officers, District Support Teams and TI monitoring mechanism will also facilitate monitoring of Mainstreaming activities in the field.
e) Impact Assessments will be done through independent programme evaluation studies.

B. Monitoring indicators

Broadly the Indicators will be divided into the following categories:

i. Number of Ministries and Departments being covered under sensitisation and training programmes and personnel reached.
ii. Number of schemes and programme which include PLHIV and MARPs,(HIV inclusive)
iii. Number of exclusive schemes and programme for PLHIV and MARPs(HIV sensitive)
iv. Number of beneficiaries in HIV sensitive and HIV inclusive schemes and programme
v. Number of states having State Council on AIDS and having at least two meeting in a year
vi. Number of states having legislative forum on HIV/AIDS and have at two meeting in a year
vii. Number of states having CSO forum , which is actively involved with SACS

Data on above indicators will be collected for different mainstreaming partners as per their programmes and policies which have been identified for mainstreaming activities.

Annexure.A

Social security schemes at state level '

Schemes	HIV-specific	HIV-sensitive	Features	Agency
Tabibi Sahay		X	Cash transfer to person suffering from TB, leprosy, cancer, PLHIVs on ART	Government of Gujarat
Dayanand Social Security Scheme for PLHA	X		Financial Assistance	Government of Goa
Chief Minister's Relief Fund		X	Financial assistance to needy and indigent persons for treatment from major ailments, major natural calamities. HIV included in ailments.	Government of Orissa
Orphans and Vulnerable Children Trust			Rs.3,000-5,000 per year orphans and vulnerable children (CLHIV)	Government of Tamil Nadu
Sahara Card	X		ID Cards for PLHIV taking ART for accessing for travel concessions, priority in housing schemes, pensions, etc.	Andhra Pradesh AIDS Control Society
Apathbandhu Scheme		X	Support to BPL families of accidental deaths; Inclusion of AIDS deaths. Rs. 10,000 as immediate support and 40,000 later as livelihood support.	Disaster Management along with Revenue Department, AP
Maha Maya Arthic		X	Rs.40/- per mnth to persons BPL; priority given to PLHIV families.	UP State Government
CABA Financial Support			Rs. 800 for education, transport, Care & treatment support to the CLHIV	DWCD, Governement of Karnataka
Sanjay Gandhi Niradhar Yojana			Rs. 600 for , Care & treatment support to the PLHIV	Govt of Maharashtra

Livelihood	National Rural Employment Guarantee Scheme		X	Assigning less arduous work	Ministry of Rural Development	1,173
	Swarna Jayanti Swarozgar Yojana		X	Priority allotment	Ministry of Rural Development	100
Housing	Indira Awas Yojana		X	Priority allotment	Ministry of Rural Development	100
	Mo Kudiya housing scheme		X	Priority allotment	Government of Orissa	74
	Ashraya Housing Committee		X	Rajiv Gandhi rural and urban housing scheme: Rs.45,000 for housing for economically and socialy weaker sections. PLHIV have been included within these schemes.	Under Rajiv Gandhi Rural Housing Corporation Ltd.	
Legal aid	Legal aid clinics	X			Ministry of Law & Justice + States	1.319
Education	Palanhar Yojana for CABA		X	`Rs. 500 (below age 5) or ` 675 per month per child	Government of Rajasthan, Karnataka	
	Palak Mata Pita Scheme	X		Rs. 1,000 (2,000 in Rajasthan) per month to guardians of AIDS orphans/ destitute children	Government of Rajasthan, Karnataka	35
Grievance	Grievance Redressal	X			National AIDS Control Organisation	