Minutes of the 2nd meeting of Working Sub- Groups on GIPA and Stigma & Discrimination

The 2nd and final meeting of the Working Sub-Group on GIPA was held on 29th July, 2011 at Parkland Resort. The list of all those who were present is attached. The following are the main points:

1. The joint meeting of the two sub-groups- GIPA and Stigma & Discrimination started with the introductory remarks by Dr. Sandhya Kabra, JD(IEC), NACO who called upon both sub-groups to firm up all decisions about the recommendations for NACP-IV on the same day so that the final documents of both sub-groups could be completed in next 4-5 days.
2. Mr. Mayank Agrawal, former JD(IEC), NACO and presently Director (Media & Comm.), PIB made presentation on GIPA while Mr. Shantamay Chatterjee, Sector Specialist, NACO made presentation on S&D covering the issues and suggestions from the group members received through e-mail discussions and informal consultations held among them in the intervening period since the first meeting. Mr. Mayank Agrawal suggested that both sub-groups may follow the outline/ format given by NACO for final recommendations.
3. Dr. Sunil Nanda, Chairperson of the group suggested that both sub-groups should also look into the recommendations of the regional and civil society consultations held in the period since the last meeting.
4. Following this, the group was divided into sub-groups. The two sub-groups held separate discussions and came out with final recommendations which were presented in the joint meeting in the evening.

GIPA Sub-Group

5. The group was very clear that GIPA means meaningful involvement of PLHIV in programme planning, implementation and monitoring and should not be viewed as employment scheme. Instead, it should look into the ways and means for involving PLHIV in ensuring quality services, strengthening grievance redressal mechanism, leveraging government welfare schemes.
6. Strengthening capacity of PLHIV networks, their representation in TRGs and other forums, expanding role of DICs to facilitate GIPA in a district were major recommendations.
7. Ms. Kousalya, President PWN+ said that the Planning Commission is coming out with a scheme for setting up Women Resource Centres (WRC) in every district and NACO should partner with them for representation of women PLHIV in these Centres. It was felt that while NACO cannot put financial resources, it can establish linkages with the WRCs once the scheme is concretized.
8. Regarding Women DIC, the meeting felt that though it is not possible to have separate women DICs everywhere, the DICs may provide separate spaces for men and women. In case, there is 2nd DIC opened in a district due to large number of registered PLHIV, it may be for women.

9. Ms. Daksha Patel suggested that NACO should support secretarial staff of at least SLNs. The sub-group felt that it may not be possible to make recommendation on this because if more than one SLN get registered in a state, it may be difficult to sustain such support by NACO. Instead, NACO may build up capacities of existing staff of SLNs and DLNs through trainings.
10. Regarding suggestion to involve CLHIV in GIPA, it was decided that it may not be possible for NACO to involve CLHIV in direct programme interventions due to ethical issues involved, instead, networks may appropriately look into the extent of CLHIV participation in GIPA.
11. The recommendations of the CSO consultations were considered as follows:

Recommendations	**Response**
NACO/SACS should facilitate the involvement of People living with HIV including key populations infected by HIV such as sex workers, IDUs and MSMs living with HIV in all formal and informal bodies of NACO	Adequate representation of PLHIV is recommended. It cannot be key population-wise
NACO, SACS to ensure participation of PLHIV in developing national strategic development processes including developing state PIPs	PLHIV are already included in the process
NACO and SACS to set organizational targets to increase the number of PLHIV within the organisation at all level including senior management level towards achieving GIPA framework beyond GIPA coordinators	It is not clear how it can be done. It is more important to have people with knowledge and skills.
Set up women resource centers at the district and state level to advocate on issues of women and children	NACO cannot set up but can provide linkages (please see point 7). It should be mandate of M/o WCD, not NACO
Ensure that women are involved as watchdogs and community monitors;	WLHIV will be effectively involved
An increment of INR 3,000 should be made towards GIPA	The point is not clear.

12. The sub-group also went through the recommendations from INP+ and these are summarized below:

Recommendations	**Response**
Re-emphasis of the key point already in the working group meeting notes: - Need for Operational guidelines / Implementation plan at the national (NACO), state (SACS) and district (DAPCU) levels	Operational Guidelines already finalized, implementation plan being worked out
Strategy-1: - We accept that "community-nominated representatives be involved at the national, state and district level". We especially want to point out that these representatives should be from the PLHIV networks and not from PLHIV who are not	PLHIV represnattion in various forums is being ensured, but the nomination cannot be limited to be from the networks.

affiliated to any network. - We also want explicit criteria to be developed to identify the PLHIV representatives to be involved. - Participants felt that because nearly 40 to 60% of INP-affiliated network members are women, we recommend strengthening the networks as a whole as well as strengthen the women (and other) forums of the state and district level PLHIV networks and work through those forums to address the issues of women living with HIV and children.	Suggestions may be made on the criteria. For GIPA Coordinator already, there are minimum qualifications. NACO will work for women PLHIV irrespective of networks
Strategy-1 (DICs): New: DLNs can provide support group meetings for HIV-positive MSM, Transgender people, IDUs, and FSWs ***Views:*** o *DIC for PLHIV can come under Care and Support Department (JD, CS) and not JD, IEC.* o *GIPA coordinator can come under and directly reporting to SACS PD, and he/she can then interact with all SACS officials – not just JD, IEC.*	DLNs and DICs can provide Support Group Meetings, it is good suggestion As DICs function more for psycho-social support and mainstreaming activities, these may continue with Mainstreaming Unit at SACS.
Strategy-1: CABA - The term CABA should be expanded as 'Children <u>infected</u> and affected by HIV/AIDS'	CABA is internationally accepted term
Strategy-2: In this section, the term 'GIPA' is used as though it is equivalent to 'PLHIV'. Example: In the title "Effective participation of GIPA..." whereas it should have been ""Effective participation of PLHIV and affected groups..."	It has been corrected
Strategy-3: - We suggest to strongly consider giving PLHIV a 'special status' (Immuno compromised disability) so that necessary welfare schemes and benefits be available to them.	It was strongly opposed by all including all PLHIV members
Strategy-5: - Explicitly state that "Annual community review (by PLHIV and affected populations) of National HIV/AIDS Prevention, Care Treatment Programme through mutually agreed indicators." - **To add:** Need to state "Capacity building of SACS/NACO officials (and other ministries) on GIPA and implementing GIPA at national and state level'	Review has to be by including all stakeholders not only PLHIV. It has been recommended to have PLHIV in various review missions such as JIRM.
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Other: • ***GIPA Coordinator:*** We suggest that GIPA coordinator (state/national) acts as a liaison person between PLHIV networks and affected communities, and SACS/NACO and for that reason, appointment of GIPA coordinator needs to be done in consultation with PLHIV networks and affected communities or to be chosen by nominations. • Involve PLHIV networks in the annual action plan development of SACS/NACO.	PLHIV networks can forward the names. But duly constituted interview board will have final say on appointment of GIPA Coordinator. .

Stigma & Discrimination Sub-Group

13. The Sub-Group was of the view that both causes and effects of stigma and discrimination need to be addressed as a cross cutting issue as stigma and discrimination adversely impact all programme components.
14. The strategy needs to bring out greater focus on women as stigma and discrimination affect women more adversely.
15. The members felt that it is very unfortunate that a number of incidents on stigma come from health care settings. The three priority areas for addressing stigma and discrimination during NACP-IV as identified were educational institutions, health service institutions and work places.
16. The need for strengthening redressal mechanisms and passing of HIV Bill was highlighted by some members.
17. It was decided that a small groups facilitated by Mr. Mayank Agrawal, Dr. Nanda and Mr. Shantamay will work out the final document by suitably incorporating views of the members.