Summary from the NACP IV Working Group on Mainstreaming and Partnerships

Meeting held May 6-7, 2011

Parkland Retreat, New Delhi

Operational Definition

"Integrated, inclusive and multi-sectoral approach [that] transfers the ownership of HIV/AIDS issues – including its direct and indirect causes, impact and response to various stakeholders, including the government, the corporate sector and civil society organisations."

Source: NACO 2011. Mainstreaming and Partnerships page accessed at [*http://www.nacoonline.org/Mainstreaming_and_Partnerships*](http://www.nacoonline.org/Mainstreaming_and_Partnerships)

Focus on Mainstreaming in NACPs I-II-III

NACP I
- Negligible

NACP II
- Some noteworthy initiatives by MOHRD, Youth, defense, railways and labour

NACP III
- Visualized broadening of the national response through more sectors & organisations developing ownership of AIDS prevention & control programmes in their sphere

Mainstreaming Concept- NACP III

"Key approach to facilitate multi-sectoral response engaging a wide range of stakeholders" -NACP III
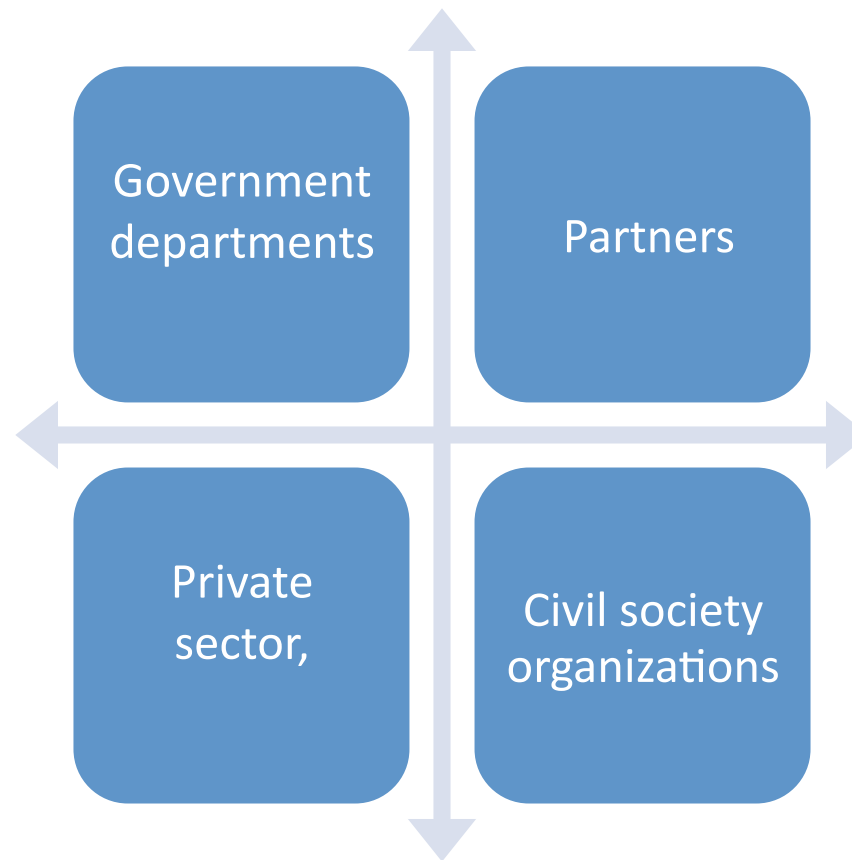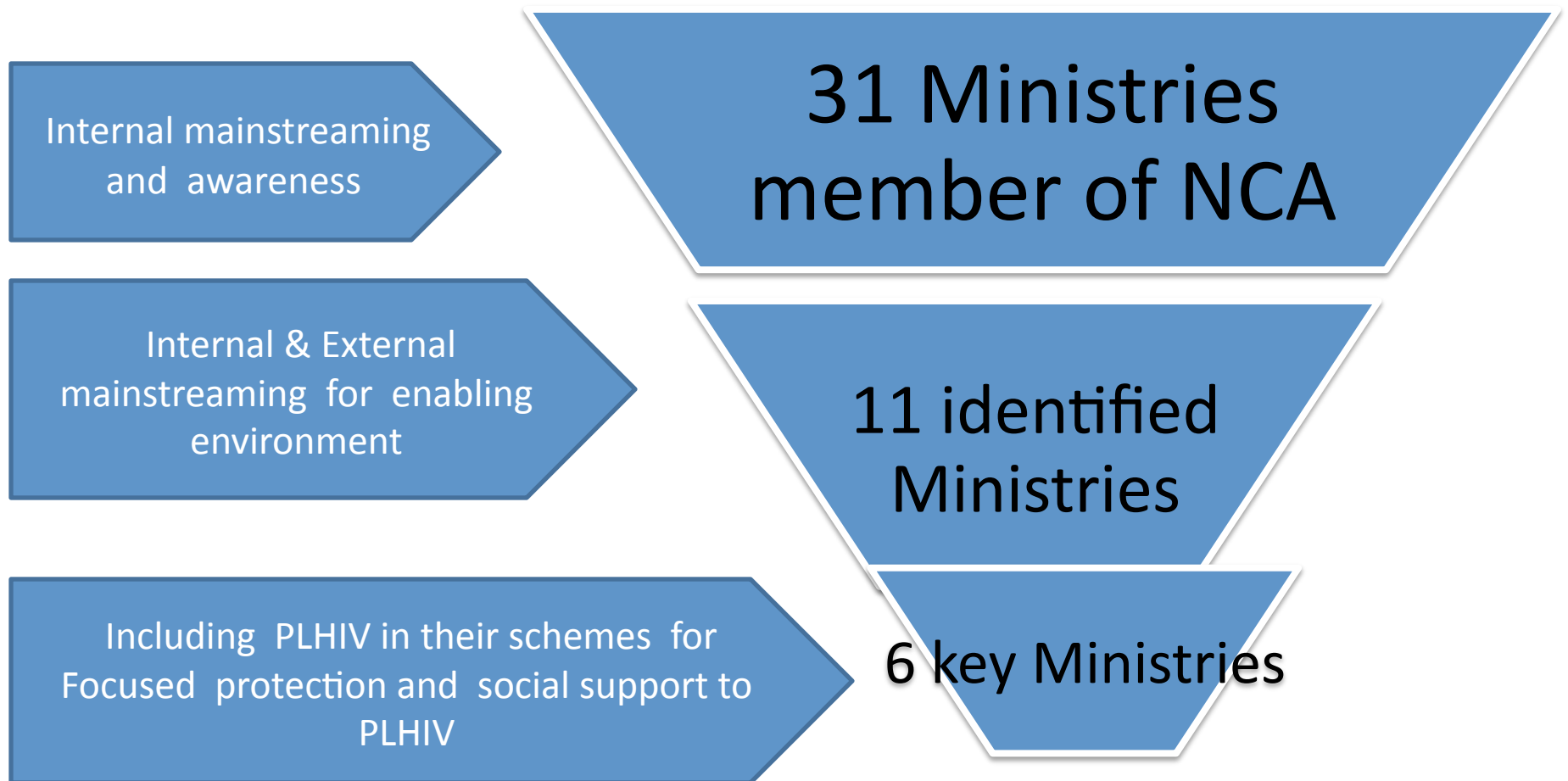
Guiding Principles for Mainstreaming in NACP-III

- Mainstreaming HIV/AIDS in schemes/ Programmes of different ministries
- Strengthening HIV/AIDS interventions in the world of
- Work
- Mainstreaming HIV/AIDS in Civil Society Organizations,
- Religious organizations or Faith Based organisations
- Media.

Framework for Prevention P 20

Mainstreaming efforts in NACP III

Internal mainstreaming and awareness

Internal & External mainstreaming for enabling environment

Including PLHIV in their schemes for Focused protection and social support to PLHIV

31 Ministries member of NCA

11 identified Ministries

6 key Ministries

WHAT WENT WELL? WHAT DID NOT?

MAINSTREAMING AND PARTNERSHIPS UNDER NACP-III

WHAT WENT WELL IN MAINSTREAMING AND PARTNERSHIP WITH CIVIL SOCIETY IN NACP-III?

Motivation
- Effectiveness when NGOs are touched personally by HIV
- CSO district forums working without funding support
- Ground realities sometimes pushing NGOs to work on HIV - BAIF, Praxis, EA (NE)
- Civil society closer to community; can address needs better

Academic courses and fellowships
- Training materials / manuals and other resources created
- IGNOU - NGO management programme
- State open universities in some states
- XIM, TISS - Engaged themselves in CB

Research level engagement with ICMR, NARI, CMS Vellore, NAMC

Parliamentarian forum - potential high

Livelihood for PLHIV - Employment and enterprise - some good work has been done

Engagement has been high

FBOs
- India inter faith forum, summit
- Faith leaders sensitisation
- Work place policy in Christian based orgns
- Momentum built with FBO actions
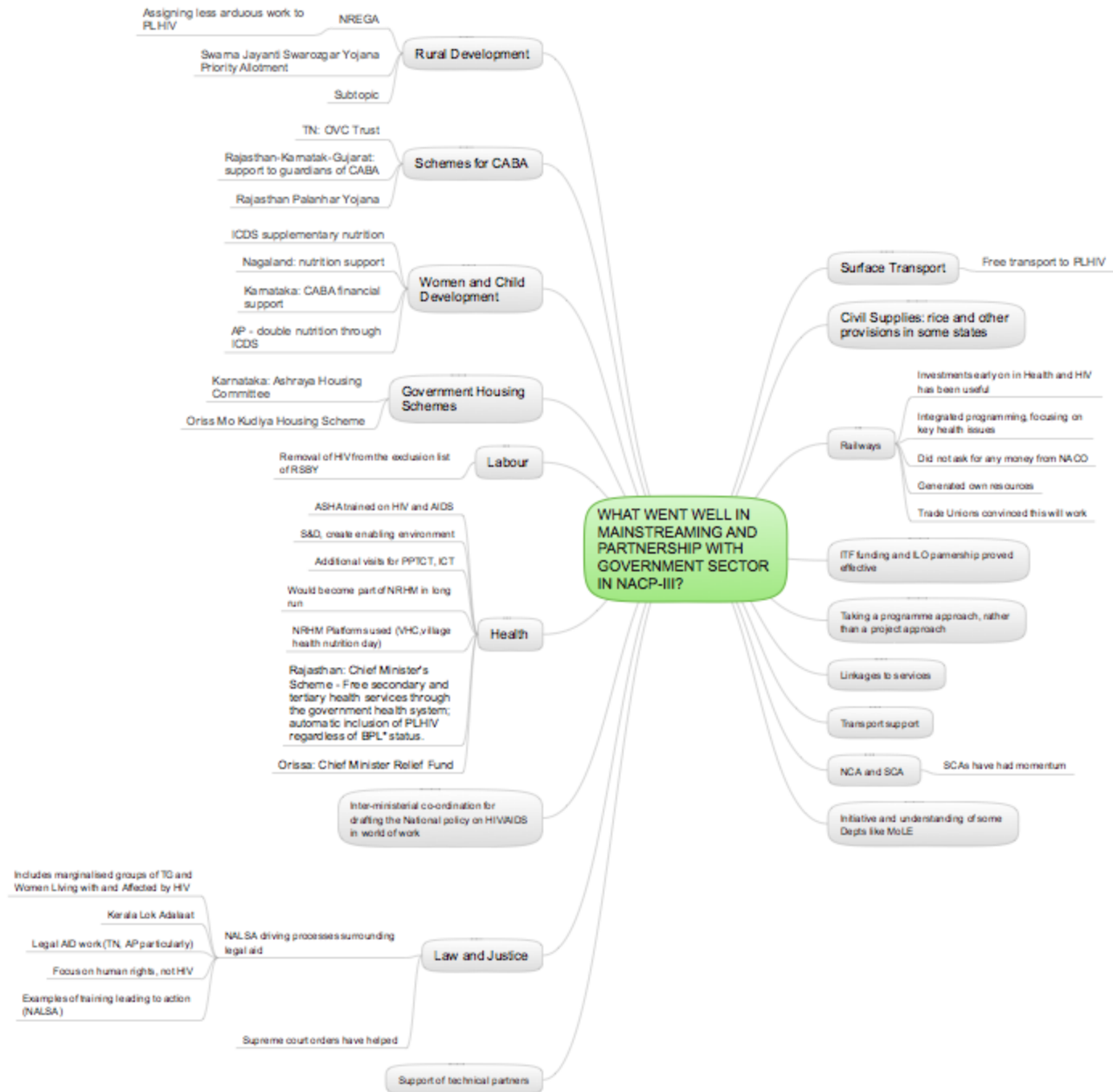- Order from NACO to SACS to work closely with FBO

SACS co-operation with Trade Unions good - but

Even without NACO support, interventions by some Trade Unions have moved forward (e.g. Railways)

SHG training (1.2 lakh) - evaluation positive.

Mainstreaming and CSOs: what did not go well?

- Strategy lacking in working with FBOs
- Civil society in many occasion was seen as contractors - rather than as partners
- Duplication and ineffective approaches
- SACS unable to work closely with Trade Unions in the absence of guidelines, despite some successes

WHAT WENT WELL IN MAINSTREAMING AND PARTNERSHIP WITH GOVERNMENT SECTOR IN NACP-III?

Rural Development
- Assigning less arduous work to PLHIV
- NREGA
- Swarna Jayanti Swarozgar Yojana Priority Allotment
- Subtopic

Schemes for CABA
- TN: OVC Trust
- Rajasthan-Karnatak-Gujarat: support to guardians of CABA
- Rajasthan Palanhar Yojana

Women and Child Development
- ICDS supplementary nutrition
- Nagaland: nutrition support
- Karnataka: CABA financial support
- AP - double nutrition through ICDS

Government Housing Schemes
- Karnataka: Ashraya Housing Committee
- Oriss Mo Kudiya Housing Scheme

Labour
- Removal of HIV from the exclusion list of RSBY

Health
- ASHA trained on HIV and AIDS
- S&D, create enabling environment
- Additional visits for PPTCT, ICT
- Would become part of NRHM in long run
- NRHM Platforms used (VHC, village health nutrition day)
- Rajasthan: Chief Minister's Scheme - Free secondary and tertiary health services through the government health system; automatic inclusion of PLHIV regardless of BPL* status.
- Orissa: Chief Minister Relief Fund

- Inter-ministerial co-ordination for drafting the National policy on HIV/AIDS in world of work

Law and Justice
- Includes marginalised groups of TG and Women Living with and Affected by HIV
- Kerala Lok Adalaat
- Legal AID work (TN, AP particularly)
- Focus on human rights, not HIV
- Examples of training leading to action (NALSA)
- NALSA driving processes surrounding legal aid
- Supreme court orders have helped

- Support of technical partners

Surface Transport
- Free transport to PLHIV

Civil Supplies: rice and other provisions in some states

Railways
- Investments early on in Health and HIV has been useful
- Integrated programming, focusing on key health issues
- Did not ask for any money from NACO
- Generated own resources
- Trade Unions convinced this will work

ITF funding and ILO parnership proved effective

Taking a programme approach, rather than a project approach

Linkages to services

Transport support

NCA and SCA
- SCAs have had momentum

Initiative and understanding of some Depts like MoLE

What did not go well: government sector mainstreaming

- Support system for employees living outside cantonment/colonies
- NCA met only once
- Platform for Secretary level, independent of NCA
- Lack of coordination and follow up
- Lack of clear guidelines and co-ordination
- Time lags in translating International policy agreements into local level action
- Ownership building
- Gaps in followthrough from mainstreaming to actual implementation: Not enough focus on outcomes

Mainstreaming and Corporate Sector

- What worked? Seven large corporates have signed agreement around workplace policy for HIV/AIDS

Sector-wise comparative advantage, , roles, strategies and results

CIVIL SOCIETY, including

- – NGOs (trust, society)
- – CBOs – MARPs, PLHIV others
- – FBOs and Religious Leaders
- – Professional Associations
- – Trade Unions
- – Political forums
- – Private not-for-profit foundations
- – Cooperatives
- – Other CSO platforms including federations

	Comparative advantage	Roles	Strategies	Results
C I V I L S O C I E T Y	Closer to communities Cohesiveness of purpose Adaptability and flexibility Space for innovation Trust and acceptance of community (in some cases) Mass reach, particularly FBOs, Trade Unions, media Expertise Structures in place, particularly FBOs Commitment to cause Leadership, leader driven Ownership and stake, providing voice By the community Roles	Watch dog/monitoring Change in mindset (mass and micro-level), catalytic Stigma reduction Community mobilization Advocacy Source of information/feedback/ dissemination Demand generation Providing services Linking to services Capacity building Non-formal mechanisms for justice Potential for direct action Knowledge management, evidence gathering Resources	Engagement mechanism/ approach partners not contractors capacity building of NACO bring resource pool Policy and guidelines to work with partners Resource pooling and risk pooling (Dr Brijendra) Capacity building of CBOs Mechanism to interact with all components of CSO.	National network of CSOs like water consortium Inclusive and sensitive HIV programming Following quality standard and accreditation where funding form Govt Self regulatory framework set up and followed Information sharing with NACP on uptake of services Community-led audit of NACP annually with modifications based on it. Knowledge nd evidence built (capacity built, tools, approaches like roving reporter) Govt held responsible through watch dog function

Sector-wise comparative advantage, , roles, strategies and results

CORPORATE SECTOR, including
- Private Sector
- Public Sector
- Governed by Companies Act
- Business hourses
- Private hospitals
- Private educational institutions
- Private pharma
- Employer organizations
- Industry/sectoral associations such as Chambers of Commerce

C O R P O R A T E	Comparative advantage	Roles	Strategies	Results	C O R P O R A T E

	Pool of employees
	CSR
	  o 3% allocation in public
	
	Resources
	
	Efficient management structure
	  o Ability to scale-up
	  o Marketing
	  o Communication and marketing
	  o Result oriented
	  o Timely
	  o Systems
	  o Result oriented
	Social commitment
	  o Linked to employees
	Existing health and safety infrastructure
	
	Geographical presence
	
	Entry point to unorganized workforce
	
	Traditional philanthropy (wide variation in commitment)
	
	Open to innovation, research, evolved risk taking
	
	Addressing S&D
	
	Livelihood opportunities and options
	
	Supply chain
		Resource providers
		
		Management
		
		Service delivery (internal and external)
		
		Sensitization of capacity building within
		
		Facilitating linkages to services
		
		Interface
		
		Materials
		
		Role models/setting standards
		
		Infrastructure and platforms
		
		New employment, protecting jobs
		
		Financial inclusion and insurance
			Facilitation and implementation of work place policies
			
			Innovative financial options
			
			Sponsorship/adoption
			
			Workplace advocacy
			
			Incentivize corporate engagement and celebrate successes
			
			Cluster approach (e.g. MSME)
			
			Linking with existing social entitlements and realization of rights
				Enabling social and legal environment
				
				Increased access and uptake of quality services
				
				Includes and sensitive HIV programming other entities
				
				Specific nodal person/team
				
				Owned action plan for each entity with allocation of resources
				
				Annual reports of entities with respect to HIV.
				
				Information sharing
				
				Resource allocation for CABA and women livelihood
				
				Building on existing models	

Sector-wise comparative advantage, , roles, strategies and results

GOVERNMENT (other than NACO), including

- Central, State, District, Block
- Ministries and Departments
  - Armed forces
  - Police and paramilitary
  - Railway protection force
- Autonomous bodies
- Judiciary
- Parliment/legislature
- Statutory authorities/regulatory bodies
- Central and State publicly owned universities, labs and special bodies (ICMR, CSIR, DRDO)

Comparative advantage	Roles	Strategies	Results
Resources and long-term sustainability, which is stable	Governance	Setting normative standards and policies, broad framework for action	Enabling social and legal environment
Reach	Design policy and programs	Decentralization	Increased access and uptake of quality services
Policy making and regulatory mandate	Lead implementatiom	Provide replicable packages (e.g. work place policy,	Includes and sensitive HIV programming other entities
Organized and well-defined structure	Ensure outcomes • M&E • Quality assurance • Service delivery	Service delivery protocols (eg treatment, C&T, biomedical waste)	Nodal person/team within ministries/department, wherever not there (with capacity, ToR)
Clarity of responsibility, boundaries	Regulatory • Making laws • Modifying laws • International treaties • International travel restrictions	Analysis of contribution of each Ministry to NACP	Workplace policy implementation in key ministries and entitites
Infrastructure	Provide resources • Human resources • Infrastructure • Finances	Principles • Incentivize implementation • Promote inclusiveness • Rights-based approaches	Owned action plan for each entity with allocation of resources
Trained human resources			Annual reports of entities with respect to HIV.
Influence over communities through enforcement	Build partnerships • Support PPPP • Joint schemes and programs		Advocacy on Results for Development
	Governance and coordination		HIV/AIDS Bill passed
Facilitate service delivery and enabling environment	Facilitate, complement, supplement - gap fillings	Social protection programs for rehabilitation and support to the very marginalized	
Role of last provider,	Social, economic and legal protection		

G O V E R N M E N T (left margin)

G O V E R N M E N T (right margin)

ENVISIONED ROLE OF NACO IN MAINSTREAMING AND PARTNERSHIPS

NACO'S ROLE	Government	Corporate	Civil Society
Facilitating	Formation of platforms, groups and forums, partnerships; sectoral analyses; HIV-WAD++; linkages between services; provision of test kits; resource optimisation; implementation of workplace policy	Mechanisms for partnerships with PSUs and other entities; equal partnership; timely responses; implementation of workplace policy in PSUs;	
Coordinating	Inter-ministerial, sectoral, nodal persons; meetings of platforms, forums;		
Technical Support	sensitisation; capacity building; accreditation of labs; tools, modules, prototypes; expertise;	Technical Assistance on request	Technical Assistance on request
Funding			Resource mobilisation;
Normative/Policy directions	guidelines, protocols, quality standards; Regular reviews of policies;		
Monitoring & Eval	formats, tools; joint reviews		
Knowledge management	Creation, validation, dissemination of new evidence, good practices, lessons; epidemiological data distilled for each sector		
Advocacy	Bill; evidence-based advocacy; engagement with other ministries on conflicting laws, policies and for social/economic/legal protection;	Non-discrimination policies, Counseling and Testing in industries with vulnerable employees	

Other Roles of NACO (discussion in progress)

- Convincing corporates to be partners
- Resource mobilisation
- CSR funds %ge
- TOR for partnership mgmt
- demand driven tech assistance
- grievance redressal
- ombudsman
- protocols for grievances
- sharing of information and data
- addressing bottlenecks
- encourage innovative approaches
- incentivising innovations??
- celebrating success
- Change agents/champions

Ideas for next meeting/s

- In light of the group's discussions, we would need to look again at 'mainstreaming and strategic partnerships'.

- Mainstreaming is more for government sector; while it is strategic partnership with the other two sectors.

- Overlaps with other groups. Common participants can keep each other in the loop.

- Not linking with other groups now. We can look at it once the draft paper comes out.

- Next meeting tentative: 26-27 May; venue: same

- Participation: need to include more government, corporate and civil society representatives. Validation with a larger group after the draft paper is ready.

Participants in Meeting

- NACO
- Ministry of Railways
- Ministry of Defence
- Ministry of Women and Child Development
- UN System: UNDP, UNAIDS, UNICEF, ILO
- State AIDS Control Societies
  - Delhi SACS
- Bi-lateral Development Partners
  - USAID with implementer AIDStar/JSI
- Civil Society
  - Asia-Pacific Interfaith coalition and Ojus Medical Institution
  - Avert Society
  - Positive Women's Network (PWN+)
  - Swasti
  - Solidarity and Action Against The HIV Infection in India (SAATHII)

Appendix: definitions of mainstreaming

In light of the multiple understandings of mainstreaming as a strategy in HIV, the working group itemized the existing definitions from NACO, UN and civil society agencies. These are listed in the following slides

UNAIDS, World Bank, UNDP

Mainstreaming HIV/AIDS is a process that enables development actors to address the causes and effects of HIV/AIDS in an effective and sustained manner, both through their usual work and within their workplace.

SDC

The growing understanding of the two-way relationship between AIDS and development has led to the insight that, in addition to developing programmes that specifically address AIDS, there is a need to strengthen the way in which existing development programmes address both the causes and effects of the epidemic in each country-specific setting.

DFID

Mainstreaming HIV and AIDS can be defined as the process of analysing how HIV and AIDS impacts on all sectors now and in the future, both internally and externally to determine how each sector should respond based on its comparative advantage both internally and externally

OXFAM

AIDS is more than a health issue. Mainstreaming means integrating HIV and AIDS into all strategic planning, and into day-to-day operations inside the organization and in its relationships with others

ELDIS

Mainstreaming of HIV/AIDS is not an intervention per se. It constitutes a range of practical strategies for scaling up and addressing the development impacts of HIV and AIDS globally and regionally

Cited in NACP-III

- Definition: "Mainstreaming HIV/AIDS can be defined as the process of analysing how HIV and AIDS impacts on all sectors now and in the future, both internally and externally, to determine how each sector should respond based on its comparative advantage."[1] (NACP III)

[1] *HIV/AIDS Mainstreaming: A definition, some experiences and strategies*, Helen Elsey Prisca Kutengule, 2003

World Vision

- Mainstreaming HIV/AIDS means all sectors and organizations determining:1 How the spread of HIV is caused or contributed to by their sector, or their operations2 How the epidemic is likely to affect their goals, objectives and programmes3 Where their sector/ organization has a comparative advantage to respond – to limit the spread of HIV and to mitigate the impact of the epidemic4 AND THEN TAKING ACTION!

  Source: World Vision date unknown. Toolkit for Mainstreaming HIV/ AIDS. Accessed at http://www.ippf.org/NR/rdonlyres/ 7B0867A2-58D8-4F77-864F-6D3142B9AEC1/0/Mainstreaming.pdf, accessed May 5, 2011)

World Bank 2003

- [P]rocess of analysing how HIV and AIDS impacts on all sectors now and in the future, both internally and externally, to determine how each sector should respond based on its comparative advantage. The specific organisational response may include: (i) putting in place policies and practice that protect staff from vulnerability to infection and support staff who are living with HIV/AIDS and its impacts, whilst also ensuring that training and recruitment takes into consideration future staff depletion rates, and future planning takes into consideration the disruption caused by increased morbidity and mortality. (ii) refocusing the work of the organisation to ensure those infected and affected by the pandemic are included and able to benefit from their activities· (iii) ensuring that the sector activities do not increase the vulnerability of the communities with whom they work to HIV/STIs, or undermine their options for coping with the affects of the pandemic.

Source: World Bank 2003. HIV/AIDS Mainstreaming: A Definition, Some Experiences and Strategies. Accessed at http://gametlibrary.worldbank.org/FILES/454_HIV%20mainstreaming%20experiences.pdf on May 5, 2011.

NACO 2011 definition: *Mainstreaming and Partnerships*

- . ...integrated, inclusive and multi-sectoral approach [that] transfers the ownership of HIV/ AIDS issues – including its direct and indirect causes, impact and response to various stakeholders, including the government, the corporate sector and civil society organisations.

http://www.nacoonline.org/Mainstreaming_and_Partnerships, *accessed May 7, 2011*