

No. No.T 11025/8/2011-NACO
Government of India
Ministry of Health & Family Welfare
(National AIDS Control Organization)

6th Floor, Chandralok Building
36, Janpath, New Delhi- 110001

Dated: 13-4-2011

OFFICE ORDER.

National AIDS Control Programme Phase III is ending in 2012 and preparatory process for NACPIV is on the anvil by forming Working Groups on key areas..

The Working Groups would facilitate the process by discussing all issues through meetings and The following working group is formed for Targetted Interventions

CORE GROUP

- Dr. Neeraj Dhingra, DDG (TI) – convener & Facilitator
- Dr. Rajan Khobragde Team Leader (NTSU) -
- Mr. Manilal N.R, PO(TI)
- Ms. Aprajitha Ramakrishnan, Gates Foundation
- Ms. Mariam Cleason World Bank
- Ms. Sabina Bindra Barnes DFID
- Alka Narang, UNDP
- Mr. Taoufik Bakkali, UNAIDS
- Ms. Nandini Kapoor Dhingra, UNAIDS
- Dr. Anupam Raisada Team Leader TSU (UP)
- PD, TNSACS
- PD, Nagaland SACS
- Dr. S. Jana, Sonoganchy Project Calcutta
- Ms. Sangmitra Iyengar, SAMRAKSHA, Bangalore
- Dr Sushena Paul ASWODAYA Bangalore
- Mr. Ashok Row Kavi, UNAIDS
- Dr Bimal Charles, APAC Chennai
- Sanjeev Gaikwad, FHI
- Dr. Sundraraman S, Freelance Consultant Chennai
- Dr. Thomas Philip former Leader SHRC
- Dr. Dhanikachalam TAST-DFID
- Mr. Shiv Kumar, CMS Bangalore
- Rep. from NRHM
- Rep. from IDU – Mr. Mahesh Nath
- Rep. from Transgender group – Ms. Priya babu
- Mr. Ravi Kant , Shakti Vahini, New Delhi
- Mr. L. Birendra Singh, SASO, Imphal
- Ms. Asha Elango, INP + , Bangalore
- Mr. Sukumar David, IRDS, Hyderabad

Sub Group: FSW

- Dr. Neeraj Dhingra, DDG (TI) – Convener & Facilitator
- Mr N.R. Manilal, PO (TI)
- MS. Nishtha, TO NACO
- Deepak Dhobal, NTSU NACO
- Dr. Bitra George, Director, FHI
- Dr. Sampath or Mr. Aravind, USAID
- Ms. Mathangi Jayaram, BMGF
- Mr. Kailash Aditya, JD (TI), APSACS
- Dr. Meenu, DD (TI), Punjab
- Dr. Jana, Consultant
- Dr. Sundar Raman, consultant
- Dr. Sushena, Ashodhaya Samiti
- Ms. Sangamitra Iyengar, Director, Samraksha
- Dr. Bimal Charles, Director, APAC
- Mr. Shiv Kumar, Director, CMS
- Dr. Thomas Philip, Formerly SHRC
- Ms. Bharti Dey, DMSC, Kolkata
- Ms. Deepika Ben, Sakhi Jyot
- Ms. Lakshmi, Ashodaya Samithi
- Ms Kousalya, INPW+

Sub Group: MSM

- Dr. Neeraj Dhingra, DDG (TI) – Convener & Facilitator
 - Dr. Rajan Khobragde, NTSU- Convener & Facilitator
 - Mr. Manilal. N.R PO(TI)
 - Ms. Mridu TO(TI)
 - Ms. Sabina, DFID
 - Mr. Ernest Noronha, UNDP
 - Sameer Kumta, BMGF
 - Natasha Dawa, WHO
 - Mr. Janu, PD, KSAPS
 - Mr. S. Goyal, PD, UPSACS
 - Mr. Dennis Joseph, JD (TI), Kerala SACS
 - Mr. Ashok Rao Kavi, UNAIDS)
 - Ms. Sonal Mehta, HIV/AIDS Alliance
 - Dr. Venkitesh Chakrapani, Independent consultant(TAST)
 - Dr Dhanikachalam, TAST-DFID
 - Mr. Pawan Dhall, SATHI, Kolkata
 - Mr. Arif Jaffer, MAAN Foundation
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- Mr. Sunil Menon, Chennai, Sahodaran
- Mr. Prasanth kumar, MAAN Foundation
- Mr. Pallav Pattankar, Mumbai
- Mr. Sandeep Mane, Humsafar Trust
- Mr.Sanjesh, Malabar Cultural Forum, Kerala
- Mr. Vijay Nair, INP+
- Mr.Sylvester, Lakshya Trust, Gujarat
- Sanjib Chakrabarti, MANAS Bangla
- N. MuthuKumar, Lotus Sangam

Sub Group: Transgender & Hijara (New)

- Dr. Rajan Khobragde, NTSU – Convener & Facilitator
- Mr.Manilal. N.R PO(TI)
- Ms. Mridu TO(TI)
- Dr.Venkitesh Chakrapani, Consultant, TAST
- Ernest Noora, UNDP
- Ms. Lakhmi bhai, BMGF
- Mr Sravan Chennai
- Dr. Kudalkar, PD, MDACS
- PD, TNSACS
- Mr. Pramod (TSU TNSACS)
- Mr. J.K. Misra, (JD TI DSACS)
- Ms. Priya Babu, Chennai (TG) SIDA foundation.
- Mr. Abhijit Aher, HIV/AIDS Alliance
- Mr.Ashok Rao Kavi, UNAIDS (representative from Community
- Ms. Gauri Sawant, Sakhi Char Chowghi, Mumbai
- Mr. R. Jeeva, Transgender Rights Associations
- Mr. Amitiava Sarkar, SAATHI
- Ms. Kalki Subramaniam, Sahadhari Foundation.
- Ms. Payal Koovar , Lakshya Trust
- Laxmi Narayan Tripathi,) Astitva Trust
- Ms. Ravati, Sangama
- Mr. Agniva Lahiri, PLUS Kolkata
- Laxmibai(VHS)

Sub Group: Migrant

- Dr. Neeraj Dhingra DDG(TI), Convener & Facilitator
- Ms. Shrirupa Sengupta TO(TI)
- Dr. Subash Chandra Ghosh PO(TI)
- Mr. Umesh Chawla UNDP
- PD, Orissa, UP, Bihar, Mumbai
- Ms. Anna Joy, AVERT Society
- John Anthony (TSU-Karnataka)
- Mr. Asutosh Saxena, Freelance Consultant
- Dr. Shiva Halli, Prof. University of Mannitoba
- Dr. Anoop Gurung, PM, FHI
- Shri Sasi Kumar, NLI
- Mr. Amitaba Banerji, Director, Bhourkha Charitable Trust
- Ms. Ratna Sudarshan, Director, Inst. Of Social Studies Trust
- Dr. Niranjana Saggruti, Pop. Council.

Sub Group: Truckers

- Dr. Neeraj Dhingra, DDG(TI) Convener & Facilitator
- Ms. Shrirupa Sengupta TO(TI)
- Dr. Subash Chandra Ghosh PO(TI)
- Shekhar, TCIF
- PD, Delhi SACS
- JD (TI) TNSACS
- Mr. Shreenivas, TSU, Maharashtra
- Rep. from Indian Oil Corporation
- Rep. from Ministry of Surface Transport
- Mr. Bala Subramaniam Free lance Consultant Chennai
- Mr. Gunashekharan, Consultant
- Dr. Surya Prakash, Bhorukha Public Welfare Trust

Sub Group: Capacity Building

- Dr. Neeraj Dhingra DDG(TI), Convener & Facilitator
- Dr. Subash Chandra Ghosh Programme Officer, NACO
- Ms Nimisha, Technical Officer, NACO
- Ms Parul, NTSU
- Dr. Preethi Kumar PHFI
- PD, West Bengal SACS
- Ms. Dhriti Bania, JD (TI), Assam SACS
- JD (TI), MDACS
- Dr. Dhanikachalm, TAST DFID
- Prof. Dr. Anil Kumar XISS, Ranchi

- Ms. Savitri Rammaiya, Independent Consultant
- Mr. Srinarh Mudur KHPT
- Ms. Rumeli Das CINI (STRC)
- Rep. from CORT (Gujarat STRC)
- Dr. Langkham EHA (IDU specific)
- Mr. Satheesh Chandran, Independent Consultant
- Mr. Tom PRAXIS
- Mr. Senthil Kumar KHPT (FSW)
- Mr. Ajay Paul IHAT (Migrant specific)
- Mr. Shaleen Alliance (TG specific)
- Mr. Vivek Humsafar Trust (MSM specific)
- Mr. Charan PDI (MSM specific) (Reporting)
- Mr. Srinath Ashodaya (FSW specific)
- Dr. Surya Prakash BCT, Bangalore (Truckers specific)
- Representatives from AVERT STRCs
- Prof. Deeoki Nandan, Director NIHFW
- Representative TISS

Sub Group: IDU

- Dr. Neeraj Dhingra DDG (TI) Convenora & Facilitator
- Mr. Charan Sharma, NERO
- Dr Alok Agrawal PO-OST
- Mr Aditya Singh PO-IDU
- Ms Sophia Khumukcham TO-IDU
- Ms. Sema Sgaier, BMGF
- Mr. Gary Reid, WHO
- Mariam cleason, WB
- Samaran Panda
- Mr. Sanjeev Jain NTSU
- Mr. Richard PO, NERO - Assam
- Mr. Ketho PO, NERO – Nagaland
- Ms Bernice D.
- Ms Sabina Bindra Barnes, DFID
- Ms. Nandini Kapoor Dhingra, UNAIDS
- Mr. Taoufik Bakkali, UNAIDS
- Dr. Ravindra Rao, UNODC
- PD, Manipur, Punjab SACS
- Dr. Rajat Ray, AIMS
- Dr. Suresh Kumar, Consultant
- Dr. Atul Ambekar, AMS
- Mr. Manish Kumar, SPYM
- Director, NISD
- Director, Drug De-addiction Programme

- Director, Narcotics Control Bureau
- Mr. Luke Samson, SHARN
- Mr. Rajesh Kumar, SPYM
- Dr Pratima Murthy, NIMHANS
- Dr Ranbir S Rana, OST Centre, Punjab
- Ms Nini Pakhma, VHAM, Meghalaya
- Mr Rajkumar Raju, IHRA
- Mr.Tito Thomas Consultant Calicut
- Dr Lankham

Sub Group: Link Worker

- Dr Sunil D. Khaparde, DDG (LWS) - convener
- Dr Mohammad Shaukat ADG, NACO
- Dr Neeraj Dhingra DDG, NACO
- Ms. Alka Narang, UNDP
- Dr Brijendra Singh Team Leader (Mainstreaming), NACO
- Smrity Kumar, PO (LWS)
- Sunil Kumar G., PO (LWS)
- Nidhi Dubey, TO (LWS)
- Pragya Mishra, TO (LWS)
- Faraz Usmani, TA (LWS)
- PD, Tamil Nadu
- PD, Gujarat
- Dr Indira Kapoor Ex-Regional Director, IPPF
- Dr Ravindra Rao Project Officer, UNODC
- Dr Sunil Mehra CEO, MAMTA
- Mr Ravi Verma Director, Population Council
- Dr Parinita Bhattacharjee Director Programmes, KHPT
- Mr Shiv Kumar CEO, SWASTI
- Dr Anjana Palve Director (CST), Avert
- Dr P Nuli Project Director, Kripa Foundation
- Kousalya President, Positive Women Network

Support Staff :- Ms. Ratna

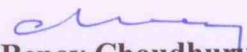
Detailed TOR and guidelines are attached

The composition of Working group would be as under:-

- Convener/Facilitator : A Senior Officer from NACO will be the facilitator and be the convener of each working group.
- Chair Person : Each working group will have a chair person. The chair person will moderate the discussion and develop a consensus on subject based on the terms of reference for each working groups
- Rapporteur : Chair person will identify a rapporteur for the group whose responsibility is to prepare the draft report of meetings.
- Number of Meetings : It is envisaged that each group will have at least 2 meetings.
- Final Report : The final report must be submitted by chairperson to NACO.
- Format for Report : The final report should address all the issues addressed in the TORs and must have specific actionable recommendation. The report should be concise and not exceed 20 pages
- Time Frame : The time frame for activity is 6-8 weeks

The conveners should co-ordinate with the members and start the activities immediately.

This issues with the concurrence of Secretary &DG NACO


((Benoy Choudhury)
Under Secretary to the Govt. of India

To

- 1) Conveners of Working group
- 2) Divisional Officers, NACO
- 3) Officers NACO
- 4) Sr. PS to Secretary&DG
- 5) PS to AS NACO

Terms of Reference (FSW & MSM)

- Take stock of efforts and attained coverage so far with regard to high – risk groups through Targeted Interventions.
- Develop strategies for scaling up quality in interventions along with saturate coverage of core group populations, based on evidence and lessons learnt during NACP –III.
- Design strategies for maximizing the quality coverage of non – core group populations.
- Develop strategy to institutionalize TI program both at National, state and district level.
- Identify the gaps in the enabling environment component in NACP III for high risk groups and Develop strategies to strengthen enabling environment effecting sustained behaviour change amongst the vulnerable populations.
- Suggest strategies for improving the quality of interventions to establish effective linkages to ICTC and Care and Support services.
- Suggest ways of increasing demand for condoms and STI care
- Revisit procedures of selection of NGOs, and release of funds for TIs and provide recommendations for improving efficiency.
- Develop strategies to empower target communities with a view to mobilize communities for quick expansion and improve quality of program as well as building community driven accountability.
- Deliberate on strategies to address emerging issues like coverage of FSW, MSM/people with alternative sexualities, migration, trafficking and enhancing rural programming. (sub groups to look into these issues more closely)
- Design strategies for convergence and sustainability of interventions.
- Identify technical support needs for TIs and suggest plans for capacity building of SACS and NGOs/CBOs at national, regional, state, district and implementation levels.
- Develop a mechanism and indicators for monitoring the performance of all concerned players with emphasis on community based monitoring.
- Develop a strategic approach for NACP IV for TI program considering the changing nature of risk, risk population and the profile.
- Revisit the present strategies and activities under positive prevention for HRGs and bridge population and develop strategies to address the issues related to positive prevention.
- Analyse the various supporting structures at National and state level to support TI programme and suggest effective support structure.
- Devise strategies to identify and scale up of innovations to reach the hardest to reach groups.
- Suggest ways to introduce flexibility in TI planning and implementation.

TOR (Trucker & Migrant)

- Take stock of efforts and attained coverage so far with regard to bridge population through Targeted Interventions.
- Identify key gap areas in the coverage of bridge population current categorisation – needs more group to be included based on newer risks and vulnerabilities
- Develop strategies for scaling up interventions in order to saturate coverage of bridge population, based on evidence and lessons learnt during NACP –III.
- Determining the quality parameters in strengthening services through TIs and other facilities that are networked or linked with TIs – designing quality indicators, tools for measurement
- Design strategies for maximizing the quality coverage of non – core group populations.
- Develop strategy to institutionalize TI program both at National, state and district levels by bringing in other supporting institutions like corporates, trade unions, truckers associations, transport associations etc.
- Develop strategies for building enabling environment for TIs and effecting sustained behaviour change amongst the vulnerable populations.
- Suggest strategies for improving the quality of interventions and to establish linkages to ICTC and Care and Support services.
- Suggest ways of increasing demand for condoms and STI treatment and for saturation of services.
- Revisit procedures of selection of NGOs, and release of funds for TIs and provide recommendations for improving efficiency.
- Revisit management and technical support structures of NACP-III – design appropriate structures with out overlapping roles
- Develop strategies to empower target communities with a view to mobilize communities for quick expansion and improve quality of program as well as building community driven accountability.
- Deliberate on strategies to address emerging issues like migration, trafficking and enhancing rural programming. (sub groups to look into these issues more closely)
- Design strategies for convergence and sustainability of interventions.
- Identify technical support needs for TIs and suggest plans for capacity building of SACS and NGOs/CBOs at national, regional, state, district and implementation levels.
- Develop a mechanism and indicators for monitoring the performance of all concerned players with emphasis on community based monitoring.
- Develop monitoring of services by migrants and truckers through IDSP – to understand the risk pattern of these groups vis-à-vis general population in terms of morbidity patterns such as STIs, RCH related complaints, vaccination etc.

- Develop systems for integration of services through UID for mobile populations for tracking of services and portability of follow up
- Design interventions to reach out short distance truckers who are at risk, transport workers, taxi drivers, rickshaw pullers, tourist guides for offering services and commodities
- Exploring the linkages for services of STI and ICTC for bridge population through urban RCH programmes, ESIC and other facilities – develop policy framework and operational guidelines
- Review of existing labour laws related to associated vulnerabilities of informal workers and migrants in different setting – suggest policy recommendations and activity plan for engaging
- Exploring the comprehensive service needs of women migrants in work both in formal and informal sector – addressing service delivery mechanism
- Exploring the need for including sex and sexuality, vulnerability issues in the medical curriculum in India to address stigma and discrimination associated with MARPS– suggest policy framework and activity plan
- Explore, suggest management models for different type of TI approaches suited to disperse setting including the outreach, service delivery modalities, monitoring – whether the peer led approach is relevant to settings which are dense vis-a-vis out reach worker and volunteer model for dispersed settings.
- Explore the costing, activities that are appropriate in different settings – accordingly suggest changes with framework for each approaches.
- Exploring the models for truckers interventions – highway models, source specific models, work place models,

TOR (Capacity Building)

- Identify key gap areas in knowledge and skill of staffs implementing TI programme across different MARPs.
- Review of existing training module – in terms of its contents, presentation, methodology of delivery and learning processes included – suggest suitable changes
- Identify key areas and develop specific learning modules for improving outreach and behaviour change in different settings as well as emerging areas of sex work
- Review the functioning and TOR of different institutions involved in providing training at SACS/ DAPCU level for TI programme, suggest necessary modifications (if any)
- Identify key issues / areas relevant with capacity building which can be taken up for operations research
- Exploring the framework of training, handholding of TIs – STRC vis-a-vis capacity building positions in the SACS

TOR for IDU

The proposed working group shall look into the following areas and suggest evidence based strategies to enhance effectiveness of preventive IDU interventions:

- Examine coverage of IDUs with current interventions and design strategies to saturate coverage.
- Critically examine the current implementation model for IDU interventions and suggest possible modifications or ways to make it more effective.
- Examine the existing outreach model and evaluate its usefulness in HIV prevention amongst IDUs.
- Design strategies for maximizing the quality of IDU interventions especially with respect to commodity distribution and linkage with other services.
- Develop strategies to improve the access and utilization of services by Female IDUs and partners of male IDUs based on the experience gained during NACP III.
- Develop strategies for building enabling environment for TIs and effecting sustained behaviour change amongst the vulnerable populations.
- Examine possibility of having institutional mechanism for referral and linkages between interventions supported by different departments (NACO, MSJE, and DDAP). Additionally, explore possibilities of establishment of centres with support from these departments.
- Examine whether IDU interventions should also provide/be linked to other services like Hepatitis B and C testing, counselling, vaccination, treatment of minor medical illnesses, detoxification, vocational rehabilitation, etc.
- Explore models to improve registration of positive IDUs with ART centres and adherence of active IDUs to ART medications.
- Discuss the model for scale-up of OST services for the IDUs and plan targets for the next phase of interventions.
- Examine the need for focussing on other vulnerable groups along with IDUs through mass media / IEC campaigns for example adolescents and street children.
- Explore the benefits of introducing IDU interventions in prison population and Suggest strategies for the same.
- To look at possible linkages with the LWS to reach out to the rural IDU population and suggest services that can be offered to rural IDUs through the LWS.
- Suggest strategies for improving the quality of interventions and to establish linkages to ICTC and Care and Support services.
- Suggest ways of increasing demand for condoms and STI treatment and for saturation of services.
- Revisit procedures of selection of NGOs, and release of funds for TIs and provide recommendations for improving efficiency.

- Develop strategies to empower target communities with a view to mobilize communities for quick expansion and improve quality of program as well as building community driven accountability.
- Deliberate on strategies to address emerging issues like coverage of IDUs, MSM/people with alternative sexualities, migration, trafficking and enhancing rural programming. (sub groups to look into these issues more closely)
- Design strategies for convergence and sustainability of interventions.
- Identify technical support needs for TIs and suggest plans for capacity building of SACS and NGOs/CBOs at national, regional, state, district and implementation levels.
- Develop a mechanism and indicators for monitoring the performance of all concerned players with emphasis on community based monitoring.
- Develop a strategic approach for NACO IV for TI program considering the changing nature of risk, risk population and the profile.

Terms of Reference (Link Worker)

1. Developing strategies that ensure sustainability of existing outreach programmes, including saturating the coverage of HRG core groups, based on evidence from and experiences of NACP-III;
2. Design strategies for maximizing the quality of coverage of non-core groups (Bridge Populations and Vulnerable Populations);
3. Develop strategies for community-based care and support of PLHIVs in rural settings;
4. Develop strategies for effectively reaching out to rural IDUs, including provision of IDU-specific services such as NSEP or OST;
5. Develop strategies for effectively reaching to rural MSMs, including provision of MSM-specific services and commodities;
6. Explore strategies for increasing availability and accessibility of condoms in rural areas, including through Social Marketing;
7. Identifying key areas and strategies through which rural outreach can be enhanced;
8. Identifying the mechanism for effective linkages with other health and non-health sectors/organisations;
9. Suggest channels (IEC/BCC) for communications on rural HIV outreach programmes, generating demand for existing HIV care and support services;
10. Assessing the current status of rural outreach programmes, in particular the Link Worker Scheme (LWS), including strategies for scaling-up quality;
 - a. Take stock of efforts and attained coverage so far with high-risk groups, bridge populations, and vulnerable populations in rural areas through existing outreach programmes
 - b. Review the role of NGOs at all levels, focusing in particular on Service Delivery and Behaviour Change of the target population
 - c. Develop strategies for mainstreaming LWS with NRHM and other healthcare systems, including the feasibility, advantages and disadvantages of the suggested mainstreaming, as well as the extent of the mainstreaming over the next five years
 - d. Develop a "toolkit" (including a list of yearly benchmarks, and a grading system) to facilitate evaluation of LWS implementation at the district-, state- and national-level
 - e. Develop strategies for strengthening Red Ribbon Clubs (RRCs) for out-of-school youth and adolescents, and Information Centres (ICs), as well as for maximizing their sustainability
 - f. Suggest the scale-up of activities to be undertaken as part of NACP-IV, clearly mentioning targets, objectives, as well as a comment on financial feasibility and implications

Deliverables: Draft Report with Annexure:

Time frame: 6-8 Weeks

NACP IV (2012 – 2017) Programme Plan Preparation Working Group Guidelines

The National Aids Control Programme, Government of India is initiating the programme plan preparation process the NACP IV phase of the programme. Having initiated the process of reversal through focused effort on prevention linked to care support and treatment, the next phase of the NACP will focus on accelerating this reversal process and ensure integration of the next programme response.

NACP IV seeks to consolidate the gains of NACP III and learn from the lessons of the previous phases of programme implementation. It aspires to further strengthen and decentralize the programme management capacities to state and district levels in particular. The focus will remain as prevention oriented plan with adequate coverage of the HIV care in the context of the concentrated epidemic situation in India.

The cross cutting issues which require focus in all WG discussions are

1. Innovation
2. Integration and Convergence
3. Capacity Building
4. GIPA
5. GENDER

Facilitators are encouraged to invite facilitators/members from other groups when issues which relate to other groups are discussed.

Separate meeting and discussion with Facilitators and core group is planned at the end of 1st and 2nd round of meetings.

Working Group Activity Guidelines:

Convener	A Senior Officer from NACO will be the facilitator and convener of each WG.
Chairperson	Each working group will have a chairperson. The chairperson will moderate the discussion and develop a consensus on subject based on the terms of reference.
Rapporteur	Chairperson will identify a Rapporteur for the group whose responsibility is to prepare the draft report of meetings.
Number of Meetings	It is envisaged that each group will have at least 2-3 meetings.
Final Report	The Chairperson and Facilitator of each working group will submit the final report to NACO.
Format for Report	The final report should address all the issues addressed in the TORs and must have specific actionable recommendation. The report should be concise and not exceed 20 pages.
Time Frame	The time frame for activity is 6-8 weeks.
Invited Members	If necessary, each WG can invite one or two key representatives of other relevant groups to discuss the cross cutting issues
Core Team	One NACP Core Team member may participate in the discussion of each WG