

Report on the  
National Workshop on  
Strengthening Mainstreaming  
Efforts in National AIDS Control  
Programme

(December 16-17, 2021)

## **Background:**

A two-day 'National workshop on 'Strengthening Mainstreaming Efforts in National AIDS Control Programme' was organized during December 16-17, 2021 in New Delhi to augment the mainstreaming efforts in National AIDS Control Programme (NACP). The objectives of the workshop are given below:

- Strengthen partnerships with departments, Public Sector Undertaking and Private sector.
- To present best practices undertaken in terms of mainstreaming and partnership.
- To develop recommendations for strengthening mainstreaming effort to HIV and AIDS.

The workshop provided opportunity for cross-learning and capacity building of the SACS mainstreaming officials on best practices for adaptation and replication of innovative models/processes in the States vis-à-vis development of the State action plans to engage public and private sector institutions and their infrastructures to maximize the HIV and AIDS response by expanding services, setting up of treatment centers, and increased resources via mainstreaming within the existing healthcare infrastructures. The workshop was attended by officers in-charge of Mainstreaming and GIPA component of State AIDS Control Societies, nominated officials from key departments/ministries of Government of India; representatives from Private sector; officials from select TSUs and development partners.

The workshop was divided into three main sessions. These sessions included inaugural session, technical sessions and preparation of action plan by the State teams. The inaugural session underlined the commitment of the Government of India, Development Partners, Private Sector and Civil Society Organisations on HIV and AIDS mainstreaming. The technical sessions had 11 thematic presentations on different mainstreaming priorities while the way forward included development of State action plan on HIV and AIDS mainstreaming.

## **Session I: Inaugural Session:**

The workshop was inaugurated by Shri Alok Saxena, Additional Secretary & Director General, National AIDS Control Organisation (NACO). The inaugural session was also attended by Ms. B. Radhika Chakravarthy, Joint Secretary, Department of Social Justice & Empowerment; Ms. Nidhi Kesarwani, Director, NACO; Dr. Anoop Kumar Puri, Deputy Director General, NACO; Dr. Leena Gupta, CMO (SG), Department of Internal Security; Dr. Melissa Nyendak, Director, Division of Global HIV and TB, CDC India; Dr. Marjolein Jacobs, Senior Strategic Information Adviser, UNAIDS, India; Dr Sangeeta Kaul, Division Chief HIV/AIDS Division, USAID/ India and Shri Abhimanyu Saxena, Senior National Programme Manager, UNDP, India.

Snippet of the inaugural session are provided below:

***Shri Alok Saxena, Additional Secretary & Director General, NACO, MoH&FW***

*NACO is committed for providing quality prevention and treatment services for HIV without any stigma and discrimination. Antiretroviral therapy has been boosted since 2017 and now we are leveraging medical care for tuberculosis and other lifestyle diseases for the PLHIV. We must tap resources i.e., health infrastructures of other ministries and organisations such as of the Ministry of Railways; Ministry of Labour; Public Sector Undertakings and the private sector for expansion of HIV/AIDS mainstreaming response of the government. NACO is working with various ministries/departments to provide social protection measures to PLHIV and those affected by HIV and AIDS. There is a need to map various benefits available for the vulnerable and economically weaker sections and necessary advocacy shall be the key to enable comprehensive access to PLHIV with the required social protection benefits.*

***Ms. B. Radhika Chakravarthy, Joint Secretary, Department of Social Justice and Empowerment***

*The Department of Social Justice & Empowerment is reaching out to the three most marginalized populations namely people using drugs and alcohol, transgender and people engaged in the act of begging. These groups are prone to high-risk behaviours and may be at the risk of getting infected with HIV. Our partnership with NACO is the example for convergence of schemes of two different ministries but we need to have focused strategies and enter meaningful dialogues to save our youths and young adults from substance abuse and HIV. We have 'Nasha Mukh Bharat Abhiyaan' to curb the menace of substance abuse across 272 high priority districts of India. Both the departments may leverage each other's expertise and infrastructure up to grass root level to maximize the reach of the programmes.*

***Dr. Anoop Kumar Puri, Deputy Director General, NACO***

*Partnership is the key to HIV/AIDS mainstreaming and achieving the Sustainable Development Goals to end AIDS epidemic as public health threat by 2030. NACO would focus in strengthening the existing partnership with 18 different ministries/departments and would continue to forge new partnerships with other ministries as well as the public and private sector organisations. We aim to have established partnerships with 31 different ministries/ departments at national level and similarly SACS are encouraged to have State and sub-State level partnerships with the government departments for maximizing the NACP reach and adequate social protection schemes to PLHIV and those affected with HIV and AIDS.*

***Ms. Nidhi Kesharwani, Director, NACO, MoHFW, GoI***

*With the continued support and momentum put forth under NACP, stigma and discrimination have reduced significantly. These days, generally people do not hesitate to come forward for testing of HIV and antiretroviral therapies have improved the quality of life. Co-morbidities due to tuberculosis and lifestyle diseases are being addressed but the same would require stimulated mainstreaming efforts. We have initiated policy dialogues to strengthen social protection and initiating necessary steps for the skilling of PLHIV for their economic wellbeing.*

**Dr. Leena Gupta, CMO (SG), CAPF, Department of Internal Security**

*We at the Central Armed Police Forces (CAPFs) are doing our best to leverage its healthcare infrastructure for HIV/AIDS preventive and biomedical services to the troops. We have included HIV & AIDS in the training curriculum and mandated it to conduct for all. Our mainstreaming collaboration with NACO can also benefit to the civilians residing at the difficult geographical terrains where existing healthcare infrastructure is either absent or not in the good condition.*

**Dr. Melissa Nyendak, Director, Division of Global HIV and TB, CDC India**

*There are ample health opportunities in India for the PLHIV and those affected by HIV & AIDS through engagement with the public and private sector stakeholders. There should be integrated package of services for these populations comprising of health and social protection services. Thus, ensuring total care to these populations.*

**Dr. Marjolein Jacobs, Senior Strategic Information Adviser, UNAIDS, India**

*The PLHIV should enjoy all the basic rights and access to various welfare measures meant for any vulnerable and economically weaker sections. These rights and accessibility should be guaranteed through a national policy and other legal and programmatic measures by the government. It will reduce vulnerability and improve the overall wellbeing of PLHIV.*

**Shri Abhimanyu Saxena, Senior National Programme Manager, UNDP, India**

*The existing HIV & AIDS mainstreaming strategies need to look beyond the provisioning and expanding preventive and biomedical services through partnership. Convergence is equally important to bring in inclusiveness in the efforts especially the social protection efforts of the government for PLHIV and those affected by HIV & AIDS.*



## DAY 1

### Session II: Technical Sessions:

#### Overview of the National AIDS Control Programme (NACP)

**Presenter: Dr. Bhawna Rao, Deputy Director, NACO**

This session began with an overview of NACP along with the presentation on the objectives of the mainstreaming workshop. Dr. Bhawna Rao, Deputy Director, NACO led this session which helped the participants to understand NACP along with its progress and priorities to end AIDS epidemic as public health threat by 2030. She informed that NACP (I-IV), over the years, has received significant achievements in terms of prevention of new infections, detection of PLHIV, treatment of PLHIV, viral suppression among PLHIV, elimination of mother to child transmission and elimination of stigma and discrimination in the country. NACO has entered official partnerships with 18 different ministries/departments and formed Joint Working Group at national and State levels to stimulate the HIV & AIDS mainstreaming efforts of the government. It is also leveraging existing forums such as the State Council of AIDS (SCA), Legislative Forum on AIDS (LFA) and other inter/intra departmental forums as advocacy forums to facilitate accessibility and availability of preventive and care services through healthcare providers in the public and private sector. She stressed upon the need to cautiously streamline the preventive and curative services by leveraging all the potential public and private sector healthcare infrastructures.

*“Looking at the population size of PLHIV and annual new HIV infections in India that account for the six per cent of the total PLHIV and four per cent of the annual new HIV infections of the world, India must cautiously streamline the preventive and curative services by leveraging all the potential public and private healthcare infrastructures”*

Department of Social Justice and Empowerment	Department of Internal Security	Department of Rural Development	Ministry of Defence	Ministry of Petroleum & Natural Gas	Ministry of Coal
North-Eastern Council, Ministry of Development of North-Eastern Region	Department of Empowerment of Persons with Disabilities	Ministry of Electronics and Information Technology	Ministry of Road Transport and Highways	Department of Youth Affairs	Department of Higher Education
Ministry of Labour and Employment	Department of Commerce	Department of Telecommunications	Ministry of Housing & Urban Affairs	Department of Sports	Ministry of Shipping

Figure 1: HIV/AIDS mainstreaming ministries and departments

## Multi-sectoral responses to HIV – approaches, challenges, and success stories

**Presenter: Dr. Chiranjeev Bhattacharjya, National Programme Manager, UNDP, India**

**Dr. Hari Mohan, Team Lead - COVID-19 Response, World Health Partners**

Dr. Chiranjeev Bhattacharjya and Dr. Hari Mohan jointly led the technical session on multi-sectoral responses to HIV – approaches, challenges, and success stories. They informed the participants on the Global AIDS Strategy, 2021-26 that outlines a framework for transformative actions to confront inequalities and fulfill the human rights in the HIV response and recommended prioritized actions to accelerate progress towards the vision of zero new HIV infection, zero discrimination and zero AIDS-related deaths. They discussed the existing evidence on financial catastrophe of PLHIV and mainstreaming responses in the country that aim to stimulate various services and the associated concerns with respect to the inconsistent progress, cases of stigma and discrimination mainly in the rural set ups, lack of human and financial resources, limited health-education activities. The session resulted discussions to revisit the existing prevention, promotion, and protection strategies with the action-oriented outcomes to yield positive multi-sectoral response.

It was mentioned that there is a need to map the weak health systems for strengthening their capacities to provision quality of preventive services, medical care, antiretroviral therapies with robust monitoring system. Promotive strategy should include decentralized plan for community engagement, voluntary counselling, testing, and encouraging other public and private sector providers to provision HIV/AIDS/STI prevention and treatment services and prioritizing the new challenges on account of co-morbidities caused by tuberculosis, hepatitis, and non-communicable diseases. While protection means to control the new infections and guarantee access to the wide range of social protection services such as food security, nutrition, land rights, financial assistance, housing, microfinance and credit schemes, health insurance, justice and peace, drinking water and sanitation, transportation, along with other services including antiretroviral therapies for PLHIV or those affected with HIV/AIDS. COVID-19 pandemic has also increased the burden on already overstretched social and healthcare institutions in the country. The national and state governments shall also be required to pay additional attention to the rights, justice, and social protection issues of PLHIV or those affected by HIV/AIDS while streamlining preventive and curative services and augmenting the efforts to curtail new infections. The pandemic has aggravated the poverty, and many might be pushed into high-risk behaviors including sex work in order fulfill their basic need and hunger. The governments should be receptive to have human rights approach and be receptive to the voice and need of PLHIV and key populations.

*“Strengthened multi-sectoral partnership is required to widen the existing preventive and curative services and extant scope of social protection schemes. Partnership with the stakeholder ministries/departments and other government and private agencies have facilitated the access of different services. However, this needs to be further strengthened with HIV/AIDS sensitive policy and planning as integral part of different care, support, treatment, rehabilitation, and welfare schemes”*

## Communication and advocacy to strengthen mainstreaming in NACP

**Presenter: Dr. Rajesh Kumar Rana, Director (Global Fund), Plan India**

Dr. Rana discussed about the inclusive and exclusive scheme approaches of HIV & AIDS mainstreaming where the first aims to have long term effect and bring sustainability while the latter is for a shorter period. Mainstreaming has several stages such as initiation, analysis, formulation, implementation, and monitoring and evaluation. Monitoring and evaluation of the HIV/AIDS response is the most important step to keep track on the progress and decide future course of actions and intended outcomes. Dr. Rana further opined to device a monitoring and evaluation framework for all HIV/AIDS mainstreaming activities including communication and advocacy events and conducting the situational analysis at national and State levels. This may help with the identification of gaps and suggest evidence-based strategies to prioritize and indicators to assess mainstreaming actions. Such systems shall improve the planning and concurrent improvement of the sector specific mainstreaming interventions and capacity building requirements.

*“Mainstreaming officials need to have monitoring and evaluation capacity and skillset as they are extremely important in designing and implementation of HIV/AIDS response along with measurement of the effectiveness of response activities.”*

## Enhancing the responsiveness of social protection systems for the people infected and affected by HIV/AIDS

**Presenter: Mr. Digvijay Singh, Social Protection Specialist, UNDP, India**

There are detrimental effects of HIV/AIDS across the populations irrespective of caste, socio-economic, political, or professional status of the PLHIV. However, PLHIV and their dependents are more vulnerable than others due to associated stigma and discrimination and reduced economic opportunity. They often live in a fragile situations and face stigma, discrimination, and other vulnerabilities. These concerns not only affect prevention, treatment and care efforts of the government but also push them into poverty. Ministry of Labour and Employment (MoLE), Government of India framed national policy to protect the rights of workers affected with HIV & AIDS and provide access to available care, support and treatment including protection from stigma and discrimination by assuring them equity and dignity at the workplace. The policy recognized that HIV & AIDS should not be the cause for termination of employment and recommended ministries/departments to frame guidelines for their offices and other public and private sector establishments that are under their controls to develop HIV & AIDS

sensitive policy. Nevertheless, there is limited information available on this and situation gets worse when it comes to access to and availability of comprehensive social protection services to the PLHIV and their dependents.

The HIV & AIDS (Prevention and Control) Act, 2017 mandates the Central and State governments to have necessary measures in place for facilitating better access to welfare schemes to all the protected persons affected by HIV & AIDS. Though the Central and State governments have allowed PLHIV or other high-risk groups (HRGs) to avail benefits under different schemes such as food security and nutrition, pension, travel, children, employment and skill development, healthcare, social security, housing etc., there is no uniformity in availability of welfare schemes in the states vis-à-vis allowed access to avail the benefits. The speakers argued to have a social protection framework and social protection architecture to enable essential basic rights for PLHIV and their dependents, and HRGs as part of 'The HIV/AIDS (Prevention and Control) Act, 2017' and a national policy. NACO may also adapt the 'Social Protection Framework' and 'Social Protection Architecture', presented by the panelists from UNDP India as outlined in the subsequent sections.

### *Social Protection Framework*

HIV/AIDS mainstreaming practitioners have some or the other welfare schemes for the benefits of PLHIV and HRGs. However, these schemes are not uniformly controlled by a single authority that result limited access and availability of services. It is important to map all the available social protection schemes and derive a clear idea of the nature of the scheme and how a policy provision be

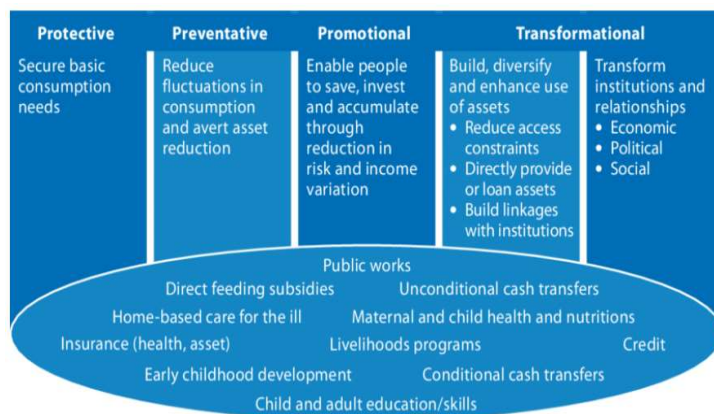


Figure 2: Taxonomy of Social Protection

made to guarantee access to essential required services for PLHIV and HRGs. UNDP India presented a social protection framework to align need and gaps along with various services.



### Social Protection Architecture

UNDP India also presented social protection architecture in the local context that lists different contributory and noncontributory schemes which significantly influence the social and economic conditions of the PLHIV and HRGs. If responded properly, these interventions have potential to improve the overall wellbeing of



the PLHIV/HRGs.

Figure 3: Social Protection Architecture

### Transformative and Adaptive Measures with 3Ps

Social protection is required to be understood in a comprehensive manner through its functions around prevention, protection, and promotion towards transformation to build, diversify and enhance the usage of assets. Preventive function helps in reducing fluctuation in consumption and avert asset reduction; protective function supports in securing basic consumption needs and prevent vulnerability on account of fulfilling basic needs of food, shelter, finances etc.; while promotion function enables people to save, invest and accumulate assets through reduction of risks.

#### Prevention

Increase access to maternity benefits, health insurance, old age pensions, widow pensions

Increase access to identity documents

Promote savings and financial and digital literacy and inclusion

Increase awareness on managing shocks (insurance literacy, loan payback efficiency)

Institutional strengthening

#### Protection

Increase access to safety nets – public distribution system and MGNREGA and other state and central government programmes

Use of digital payments, increase registration in programmes

Enable access to information on government adaptive strategies

Alternate livelihoods strategies to cope up shocks

**Promotion**

Increase access to market and forward linkages  
Credit facilities to build back better and inclusive recovery  
Stabilize incomes  
Safe migration  
Sustainable planning of public works

Mainstreaming training modules for SACS officials and other stakeholders

**Presenter: Dr. Hari Mohan, Team Lead- COVID-19 Response, World Health Partners**

The findings of Training Needs Assessment (TNA), 2020 was discussed in the workshop aiming towards pragmatic improvements by identifying and responding to the areas for capacity building of SACS mainstreaming officers. TNA recommended to gather data on the universe of PLHIV and actual number of beneficiaries for realistic planning, tracking of the beneficiaries for required services, strengthening single window system, training on the soft skills, development of monitoring and reporting tools, development of IEC/BCC materials on social protection, strengthening and empowerment of PLHIV networks, capacity building of service providers on social protection schemes etc. Though NACO has already started working on these recommendations, a draft structure of the training modules proposed for the planned capacity building programmes was discussed with the workshop participants. It was agreed to host a two days' training programme in a batch of 25 participants for the mainstreaming officers and GIPA officers. This training programme would have a total of 10 thematic sessions and the training methods would include role plays, participatory discussions, lecture, group exercises and case studies. The training module will be finalized by NACO in discussion with SACS officials in due course.

## **DAY 2**

### **Session II: Technical Session:**

#### Scaling up NACP services in public sector undertakings and private sector

**Presenter:** **Dr. Bhawani Singh, Dy. Director (TI), NACO**  
**Dr. Munish Chander, Vice President of Transport Corporation of India Ltd. (TCIL)**  
**Dr. Abhijeet Bhattacharya, Chief Medical Officer, Eastern Coalfields Ltd. (ECL)**  
**Dr. Anil Singal, CMO, BEST, Mumbai**  
**Ms Daxa Patel, GNSP+**

**Chair: Dr. Anoop K Puri, DDG (IEC & MS), NACO**  
**Co-Chair: Dr. Chiranjeev Bhattacharjya, NPM, UNDP**

The United Nations Sustainable Development Goals (SDGs) on poverty, hunger, health and wellbeing, quality education, gender equality, work and economic growth, inequality, peace, and justice, and like are particularly relevant while responding to the right to health, gender equality, human rights, employment, and social protection of the PLHIV and those affected by HIV. In India, public sector undertakings and private industries employ huge workforce. Many of these institutions have established set-up to cater healthcare need of their workers while others have formal, informal or no arrangement at all. If these industries are tapped properly, they can be the game changer in reaching the unreached populations with appropriate services.

Dr. Bhawani Singh, Deputy Director, NACO discussed the importance of TI programme in mainstreaming and how a better coordination and synergies can be developed between TI and mainstreaming teams. NACP aims to reduce positivity rate by 80 per cent from the present positivity rate of 48 per cent. Addressing this would require identification of new groups that were not previously categorized under high-risk groups, but they might be the high-risk groups such as rickshaw pullers, local transporters, construction workers, factory workers, etc. Despite reaching out to our target population in the existing pragmatic functions; we need to expand existing scope to include additional industries which deploy bridge populations at masses such as hotel industry, construction industry, taxi operators, etc. Most of these industries and their employers can provide health benefits to their workers. TI and mainstreaming officials should target them to support HIV programming. MOUs have been signed with a variety of partners, but the signing of the MOU is not the final step; we need to focus on how our partners cooperate with each other and help the government achieving NACP goals.

The speakers emphasized the need to develop linkages with the PSUs and the private sector organizations as they employ huge number of formal and informal workers for preventive and curative services. State wise data should be analyzed periodically, and the state plan should include the interventions for them. Industry mapping shall help to scale up the interventions. Association with the private sector is extremely helpful to leverage its resources for prevention of HIV & AIDS. It is a win-win proposition for government and the industry as it helps to achieve

the programme outcomes while the corporates save loss of human resource on account of HIV infection.

BEST, Mumbai is one of its kind examples for scaling up of NACP intervention in corporate sector. As it says in its moto "an unbroken tradition of efficient services", it is also caring equally for its employees (34000) and their dependents. BEST has HIV-AIDS Workplace Policy 2005 which includes provisions of care & support, awareness, and training, safeguarding rights of AIDS patients and their social protection. Some of the initiatives are remarkable like zero discrimination policy, financial assistance such as hospitalization, paid leave etc.

NCPI+ shared some of the key initiatives of scaling up NACP and creating cost effective models in public and private sector such as sustaining DLN(CSC) in 10 districts in Gujarat, Special Children Home and providing health benefits under various government/municipal schemes, mobilizing support from private sector for various HIV care clinics.

Dr. Munish Chander shared the private sector led best practices of TCI Foundation that is designed to reach out to the floating working population with the preventive and curative services. It established Khushi Clinics exclusively for truckers including drivers, helpers, mechanics, and allied population. These clinics cater the primary healthcare need of these populations along with dissemination of preventive health education and information on HIV/AIDS and STI. TCI Foundation has also implemented ILO-VCT model (VCT@WORK: Voluntary, confidential HIV counselling and testing for workers) that provide healthcare interventions on the highways for the truckers. HIV and tuberculosis (TB) prevention is one of the main features of this intervention which detected 30 HIV reactive cases within a period of two months.

Eastern Coalfields Limited (ECL) has a large number of employees and provides health facilities to their employees and the community in the coal mine catchment area. Dr. Abhijeet Bhattacharya from ECL shared that ILO, NACO and WBSACS have shown the pathways to integrate HIVE preventive and curative services through existing healthcare setups. ECL has set up screening centres and conducting awareness programme.

## Opportunities, challenges and exploring solutions in scaling up NACO services in private sector/industries

**Presenter: Mr. S. M. Baqar, Programme Officer, International Labour Organisation, India**

Mr. Baqar stressed upon the need to have focused mainstreaming activities to tap the private sector providers and industries as the existing evidence suggests that a considerable population (4/10) still think that PLHIV should not be allowed to work with others. Near to two-third of the population opined mandatory testing for HIV before confirming employment. Organizations working towards SDGs also get mandate to work on scaling up of HIV prevention, care, and support programmes. There is still inadequate participation of private sector industries specifically those who employ the formal and informal workforce including migrants, seasonal labourers and floating workforce. A TCI Foundation-ILO project for the floating workforce e.g., truckers supported identification of 30 new HIV

infections. This project was one of its kind private sector initiative on highways for awareness generation and promotion of testing amongst the target groups.

### The HIV & AIDS (Prevention and Control) Act, 2017

**Presenter: Ms. Nidhi Rawat, NC (IEC & MS), NACO**

The Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (Prevention and Control) Act, 2017 came into effect on September 10, 2018, which made legal provisions for the prevention and control of HIV/AIDS and for the protection of human rights of PLHIV and those affected by HIV/AIDS and associated matters. This Act aims to address stigma and discrimination and to safeguard rights of PLHIV and those affected by HIV. It creates enabling environment for quality access to the care, support, and treatment services, and promotes safe workplace and strengthen grievance redressal mechanisms along with others. Workshop participants were sensitized on the various provisions under this Act and including appointment of ombudsman, information portal and reporting mechanisms, designation of complaint officer as well as their capacity building. NACO has been extending all possible efforts to strengthen and monitor these provisions and shall continue to handhold them to improve the capacities of the states to train the designated officers and ombudsman to comply with the various provisions of the HIV/AIDS Act, 2017. Workshop participants were also informed that NACO has developed audio-visual materials on 11 thematic areas of the HIV/AIDS Act with support from UNDP in India. These materials are available in English and Hindi languages for their usage by the SACS officials for sensitization programme and training of multiple stakeholders.

### Strengthening social protection schemes & dissemination of the HIV & AIDS (Prevention & Control) Act, 2017 among PLHIV

**Presenter: Ms. Mona Balani, NCPI+**

The workshop also emphasized the need to have improved community engagement activities to roll out awareness generation activities on the different provisions under the HIV/AIDS Act, 2017 up to the grass root level. Community voices would be vital in streamlining the HIV/AIDS policies and the social protection efforts at different levels. There should be meaningful engagement of PLHIV while discussing and framing policies towards their health, livelihood and food security, nutrition, additional medical needs with the aim to realize their right to self-determination and participation in the decision-making processes that have significant on their lives and wellbeing. Ms. Mona Balani from NCPI+ underlined the role and importance of engaging PLHIV in formulation of rules under HIV & AIDS (Prevention and Control) Act 2017. She advocated for the active role of community in implementation of the Act. Community plays an important role in creating awareness with respect to different policies and schemes, and bringing community perspective in these aspects, will yield positive outcomes up to grass root level.

*“Community voices play vital role in streamlining the policies and schemes. It augments demand generation and maximize the reach of the interventions/schemes.”*

## Best practices – engaging the government departments: presentation by States

**Chair: Dr. Naresh Goel, Former DDG, NACO**

Some of the participating states also presented their best practices towards expanding the preventive and curative services vis-à-vis maximizing the social protection benefits to the PLHIV and those affected by HIV/AIDS. Some selected best practices liked and appreciated by the mainstreaming practitioners are:

**Gujarat:** State AIDS Control Society (SACS), Gujarat forged partnership with the Gujarat State Road Transport Corporation (GSRTC) to stimulate HIV/AIDS mainstreaming response and enhanced public awareness campaign by printing awareness messages and information on national helpline no. 1097 on the bus ticket, bus panels and bus stands. The GSRTC bus depots organized sensitization of the bus drivers, conductors and mechanics on HIV/AIDS and tuberculosis, and they regularly display HIV/AIDS awareness messages through their digital information display system.

**Nagaland:** Nagaland has expanded its prevention, care and support programme in the state. It has collaborated with the churches and other faith-based organizations (FBOs) for community sensitization. Intensive advocacy & sensitization with the churches, FBO leaders & members helped to achieve the partnership against HIV/AIDS in terms of nutritional support, financial support, education support and targeted intervention.

**Punjab:** Government of Punjab enacted 'The Punjab Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (Ombudsman and Legal Proceedings) Rules, 2019' and became the first state in India to have legal enactment to respond to HIV/AIDS mainstreaming. These Rules affirm provision of diagnostic facilities of HIV/AIDS, anti-retroviral therapy, and opportunistic infections management and appointed jurisdiction of ombudsman along with related guidelines.

**Rajasthan:** Partnership with the Department of Internal Security was presented as best practice where JWG meeting was held twice in a year. Under this partnership, nodal officer was appointed to facilitate various tasks and keep track on the progress, hold regular meetings. 265 master trainers were trained in the police department for rolling out of sensitizing programme and conduct sensitization programme at mass level. Sensitization programmes for the police personnel and prisoners were also organized in Rajasthan.

**West Bengal:** WB-SACS presented partnership model for the tea garden associations in West Bengal. North Bengal region has about 450 tea gardens that employ approx. 3.5 lakh permanent workers and 25 lakh dependents. Under this partnership, efforts were made to sensitize the tea garden workers. Testing for HIV was also conducted in 40 Tea gardens. In 2019-20, 40 health camps were organized where approx. 3300 tea garden workers were sensitized. They were provided IEC materials and screened for HIV in the camps. The screening team could get some reactive cases who were further facilitated confirmatory test at



ICTC. A total of 5 workers were found HIV positive and they were linked to the ARTC.

## Best practices – social protection: presentation by States

### **Chair: Dr. Naresh Goel, Former DDG, NACO**

**Bihar:** SACS, Bihar has launched 'Bihar Shatabdi AIDS Pedit Kalyan Yojana' in collaboration with Social Welfare Department, Government of Bihar with the purpose to control the HIV infection in the state and to provide financial assistance to the PLHIV. Rupees 1500/- (Fifteen hundred only) per month is provided to around 41,000 PLHIV on monthly basis. The Government of Bihar has also developed online portal 'Umeed- Aasha Ki Kiran' for implementation and monitoring of the scheme.

**Chhattisgarh:** A small change can make a big difference. SACS, Chhattisgarh worked on this philosophy and started single window system for PLHIV to prevent them from visiting various offices to avail social protection schemes. As there is no DAPCU in the state, the targeted beneficiaries were advised to submit their applications at any of the Integrated Counselling and Testing Centres (ICTCs), ART (antiretroviral therapy) Centres, Targeted Intervention (TI) Centres, link ART Centres and state level networks designated by medical college and government hospitals of the state. The scrutinized applications are submitted to the District Collector for approval and the respective departments have to issue certificates of entitlements for availing benefits under particular schemes. Antyodaya Anna Yojana (AAY), Free Bus Pass Scheme (FBPS), Noni Suraksha Yojana (Girl Protection Scheme), Extra Nutrition, Livelihood, and Health benefits have been included in the single window system. Though the enrollment in different scheme varies, the AAY, FBPS and health have most of the beneficiaries against estimated universe of PLHIV in the state.

**Delhi:** SACS presented various schemes implemented in Delhi such as for PLHIV. Financial assistance scheme is providing highest amount in all categories of PL/CL/OCI/CABA in the country with minimum documentation and a special and unique provision of annual increment of 5%. Rs 4.86 crore were disbursed to eligible beneficiaries during March to June 2020 by clearing all back logs. There are certain other schemes which can be accessed by PLHIV, which include free diagnostic tests (including CT scan and MRI), free access of safe blood & blood products, and free medicines. All these schemes are for lifetime.

**Maharashtra:** The Mumbai District AIDS Control Society presented another model of financial assistance under HIV/AIDS mainstreaming response in collaboration with the Municipal Corporation of Greater Mumbai (MCGM). This model of financial assistance is supported to the widow of AIDS deceased to mitigate her vulnerability on account of dual responsibility of earning and taking care of the household/family needs. MCGM provides this financial assistance to the eligible widows while capacity building of the providers is done by the SACS. Currently, 1670 widows are receiving the financial assistance and MCGM has allocated annual budget of 2.4 crores for this purpose.

The chairperson of the session also shared his observations on State presentations for HIV/AIDS mainstreaming best practices. He recommended avoiding treating mainstreaming as an extension of services. HIV programming should go beyond the services and affect the system to become more responsive and accountable. He further stated that the states should hold meetings with the line departments at appropriate intervals. NACO to also have mechanism to promote cross-learning by sharing best practices with the States for replication. Provisioning of services, training and other components are important. However, presentation of practices which triggered the change and continuing to bring in change can be replicated at wider scale. We all should think about strengthening vocational training for the PLHIV and building a stigma-free environment to avail various social protection schemes.

**Session III: The Way Forward – State Action Plan:**

All the participants were divided into four different groups for developing their mainstreaming plan and local partnership development. Representatives from stakeholder institutions were made part of these groups which are as follows:

Group A	Group B	Group C	Group D
Jammu and Kashmir	Gujarat	Tamil Nadu	7 NE States
Punjab	Maharashtra	Puducherry	Bihar
Himachal Pradesh	Madhya Pradesh	Karnataka	Jharkhand
Haryana	Rajasthan	Andhra Pradesh	Chhattisgarh
Delhi	Daman	Telangana	West Bengal
Chandigarh	Goa	Kerala	
Uttarakhand	Mumbai - DACS	Odisha	
Uttar Pradesh	Ahmedabad - DACS	Andaman	

These groups also chalked out action plans for the year 2022-23 to target as HIV/AIDS mainstreaming response. They concluded to map and include all the PSUs and private sector industries and reach the formal and informal sector workers. It was recommended to leverage the existing healthcare infrastructure in the PSUs and large private sector organizations to expand STI and HIV/AIDS prevention and control services along with management of comorbidities. The existing priorities to reach adolescent, pregnant ladies and HRGs would be continued, and periodic capacity building workshops and trainings be conducted with the mainstreaming practitioners and stakeholders. Appointment of Ombudsman under the HIV/AIDS Act, 2017 and capacity building to be expedited (if not taken already).

Leveraging physical and financial resources from private sector industries under corporate social responsibility (CSR) and public sector undertakings especially the power, hydropower and oil and natural gases companies be included in the State plan and necessary advocacy to be done to leverage resources and expand the programme reach. Interventions to be focused on the districts having high prevalence of HIV/AIDS and HRGs including migrant workers, and the tribal and aspirational districts. States proposed to work for various social protection measures and enable uniformity in the basic services such as food security under



Antyodaya Anna Yojana (AAY), free transport, free treatment at primary, secondary and tertiary care centres, health insurance to access specialized treatments (Pradhan Mantri Jan Arogya Yojana), financial assistance (monthly pension), additional workdays under the Mahatma Gandhi National Rural Employment Guarantee Act, 2005. States also advocated to have a system in place for complaints monitoring, tracking of beneficiaries availing social protection schemes (considering privacy) and framing of a national level policy on social protection to have uniformity across country. NACO may also extend with technical and additional financial resources to the States to fulfill the obligations.

Group specific presentations included a brief action plan on HIV/AIDS mainstreaming. These presentations also reflected their understanding developed on mainstreaming and social protection measures. These presentations showcased a broader perspective which a State may have while planning for HIV/AIDS mainstreaming interventions. State specific exercises would be ideal to develop a customized work plan suited to the local context of respective State.

## Going Forward:

The workshop participants discussed the existing status of the HIV/AIDS mainstreaming efforts of the government and stakeholder institutions at different levels in the country. The goal of these discussions has been to increase the accessibility and availability of preventive and curative services through capacity building and upgradation of the existing healthcare setups of the public and private sector service providers as well as a range of social protection services for PLHIV and those affected by HIV/AIDS. This two days' workshop was concluded with following recommendations to act upon by the NACO, SACS and the stakeholder organisations:

“No health program alone can achieve the sustainable development goals to ensure the health and wellbeing of people without addressing HIV/AIDS. We need to build synergy and partnerships for the total health of people”

Shri Alok Saxena  
Additional Secretary & Director General,  
NACO

### **Ms. Nadia Rasheed, Deputy Resident Representative, UNDP India**

*The UNDP is proud to have long-standing collaboration with NACO. The NACP has made significant progress in addressing HIV infection, stigma and discrimination vis-à-vis social justice and inclusion. Partnerships across ministries and departments, civil society, and private sector organisations, are very important for HIV/AIDS mainstreaming and the existing efforts have really made the difference. India has many examples of progress and best practices including enactment and enforcement of the HIV & AIDS Act of 2017. However, there is still a lot to focus to really ensure to get the 2030 goals to end AIDS epidemic as public health threat. It remains an extremely important area of priority until we reach zero new infections.*

## **Multi-sectoral responses to HIV/AIDS**

NACO is at the centre to bring all possible stakeholders together to build synergy and foster new partnerships for HIV/AIDS mainstreaming. It also has active role in facilitating cross-learning amongst mainstreaming officials and stakeholders on regular basis. Initiatives by the States like single window system (Chhattisgarh), Bihar Shatabdi AIDS Pidit Yojana (Bihar), nutrition support for HIV and TB co-infected patients (Chandigarh) and others were advocated for replication in all the States by leveraging the multi-sectoral partnerships. Human rights-based approach is required to be adopted for mainstreaming planning and actionable strategies. NACO may also think of holding a national dialogue on HIV sensitive policy and programmes by involving all the ministries, departments, and stakeholder institutions for maximizing the reach of NACP and bring in uniformity in the access to various welfare measures by PLHIV and those who are affected by HIV/AIDS across the States. While increasing the scope of existing social protection measures remain central to all mainstreaming interventions, the NACO may also consider the global recommendations such as Global Commission on HIV & Law to strategize the HIV sensitive policy and planning.

### **Enhancing the responsiveness of social protection systems for the people infected and affected by HIV/AIDS**

HIV is linked to poverty and ensuring social protection to those in the last mile reduces vulnerability, facilitates better service utilization, wellbeing, quality of life, food security, and social inclusion. PLHIV and those affected by HIV/AIDS have right to social protection which must be included as part of HIV sensitive policy and programming by various ministries, departments, and other public and private sector industries. The social protection programme should be HIV-sensitive. A compendium of social protection schemes is necessary to get a realistic picture of them and how to advocate for the inclusion of PLHIV in these schemes. NACO may adapt the UNDP framework on social protection to identify the social protection gaps and address the population need along with additional steps towards assessing the reach and impact of the different social protection measures.

### **Mainstreaming training modules for SACS officials and other stakeholders**

Sensitization of stakeholders are extremely important to HIV/AIDS mainstreaming. Currently, the discussions on HIV/AIDS mainstreaming are limited to the partners and stakeholders that work with the NACO, SACS and the development partners. The workshop recommended engaging with the larger groups who are directly or indirectly involved in NACP scaling up efforts for their sensitization on associated issues and providing total health and appropriate social protection services to the PLHIV and those affected by HIV/AIDS. These groups may be offered capacity building session on public-private partnership development as well. It will help to ensure health and wellbeing of the affected population. NACO may implement TNA recommendations and conduct training programme for the mainstreaming officers and GIPA officers. The training programme may also include information on social protection schemes, mainstreaming partnerships, leveraging resources for increased uptake of services and welfare measures.

### **Scaling up NACP services in public sector undertakings and private sector**

In India, public sector undertakings and private sector organizations employ huge number of formal and informal workers. It is very important to look at the ways to establish partnership with these institutions for scaling up of preventive and

curative services. Efforts are made to scale up NACP services through these institutions. However, there is a need map all such institutions at national, State and district levels and formulate local action plan to bring them into mainstream to deliver required services as per NACP-V. NACO may also allocate appropriate resources for capacity building of these institutions along with ensuring availability of required facilities towards STI and HIV/AIDS prevention and control. NACO may also study the available physical and financial resources in these sectors with the purpose to tap them for HIV/AIDS mainstreaming and sustainable partnerships. The private sector industries may also help to reach out to the unorganized sectors as they generally operate from them.

### **The HIV & AIDS (Prevention and Control) Act, 2017**

The legal framework as well as effective mainstreaming and convergence are essential for social protection. PLHIV are protected from stigma and discrimination and have access to the healthcare under the HIV & AIDS (Prevention and Control) Act, 2017. States have appointed ombudsman. A capacity building programme at the national level for these ombudsmen would be ideal to streamline and strengthen the implementation of various provisions of the Act. There should also be a joint working group at all levels to gather the community voices and facilitate the actions. NACO may also consider establishing legal support system in District Level Network (DLN), Targeted Intervention (TI) and other community networks with support from State Legal Services Authority (SLSA) and District Legal Services Authority (DLSA).

### **Monitoring, Evaluation and Supportive Supervision**

The workshop produced new ideas, knowledge, and ways to progress further in HIV/AIDS mainstreaming. Initiation, analysis, formulation, implementation, and monitoring & evaluation are the most important steps of whole mainstreaming process that envisage achievement of desired results. India has already achieved certain milestones and to progress further, it would be required to device a strong monitoring, evaluation, and a supportive supervision framework to track the progress across sectors, identify the gaps and facilitate evidence-based decision making. It is also suggested to commission an assessment of the current situation at national and State levels in this regard.

### **Best practices and cross-learning**

NACO may consider development of a best practice document at national level along with innovative processes that different States adopted in developing social protection policy and programmes for PLHIV and those affected by HIV/AIDS. This document would help cross-learning and adaptation/ replication of best practices across the States.

## **AGENDA**

<b>Time</b>	
09.30 a.m. - 09.45 a.m.	Registration
09:45 a.m. - 10:30 a.m.	Welcome of Hon'ble Guests on Dais
	Address by Dr. Anoop Kumar Puri, DDG (IEC & MS), NACO
	Address by Mr. Abhimanyu Saxena, OIC Health & Governance, United Nations Development Programme
	Dr. Melissa Nyendak, Director, Division of Global HIV and TB, CDC India
	Address by Dr Marjolein Jacobs, UNAIDS Senior SI Adviser
	Address by Dr. Leena Gupta, CMO (SG), Dept. of Internal Security
	Address by Ms. Nidhi Kesarwani, Director, NACO
	Address by Smt. Radhika Chakravarthy B, Joint Secretary, Dept. of Social Justice & Empowerment
	Address by Sh. Alok Saxena, Additional Secretary & Director General, NACO
	Vote of Thanks
10:30 a.m. - 11:00 a.m.	<b>TEA</b>

## Day 1: 16-12-2021

Time	Session
11:00 a.m. - 11:30 a.m.	<p><b>Session 1: Overview of National AIDS Control Programme (NACP) &amp; objectives of the workshop</b>  <b>Presenter:</b> Dr. Bhawna Rao, Deputy Director (IEC &amp; MS), NACO</p>
11:30 a.m. - 12:15 p.m.	<p><b>Session 2: Multi-sectoral responses to HIV- Approaches, Challenges and Success Stories</b>  <b>Presenters:</b> Dr. Chiranjeev Bhattacharjya, UNDP &amp; Dr. Hari Mohan, World Health Partners</p> <p><i>Objectives of the session:</i></p> <ol style="list-style-type: none"> <li>1. To highlight the importance of collaboration and partnership for strengthening the response of NACP in India.</li> <li>2. To share best practices in Mainstreaming of HIV response in India and Neighbouring Countries.</li> </ol>
12:15 p.m. - 01:00 p.m.	<p><b>Session 3: Communication and Advocacy to strengthen Mainstreaming in NACP</b>  <b>Presenter:</b> Dr. Rajesh Kumar Rana, Director (Global Fund), Plan India</p> <p>Objectives of the session:</p> <ol style="list-style-type: none"> <li>1. To build the capacity of SACS Mainstreaming Officers on the importance of communication to strengthen the Mainstreaming efforts in NACP.</li> <li>2. To build the capacity of the SACS officials on advocacy to augment the involvement of key departments in NACP response.</li> </ol>
01:00 p.m. - 02:00 p.m.	<b>LUNCH</b>
02:00 p.m. - 03:00 p.m.	<p><b>Presentation by States (Engaging the Government departments)</b>  Chair: Dr. Naresh Goel, Former DDG, NACO</p>
03:00 p.m. - 03:15 p.m.	<b>TEA</b>
03:15 p.m. - 04:15 p.m.	<p><b>Presentation by States (facilitating of Social Protection benefits)</b>  Chair: Dr. Naresh Goel, Former DDG, NACO</p>
04:15 p.m. - 05:00 p.m.	<p><b>Session 4: 'Enhancing the responsiveness of Social Protection systems for the People Infected &amp; Affected by HIV/AIDS'</b>  <b>Presenter:</b> Mr. Digvijay Singh, Social Protection Specialist, UNDP</p>

Time	Session
05:00 p.m. - 05.30 p.m.	<p><b>Discussion on Development of Mainstreaming training modules for SACS Officials and other Stakeholders</b></p> <p><b>Presenter:</b> Dr. Hari Mohan, WHP</p>

### Day 2: 17-12-2021

Time	Session
09:30 a.m. - 09:45 a.m.	<b>Recap</b>
09:45 a.m. - 11:00 a.m.	<p><b>Session 5: Scaling up NACP Services in Public &amp; Private Sector Undertakings</b></p> <p>Presenters:</p> <ol style="list-style-type: none"> <li>1. Dr. Bhawani Singh, Deputy Director (TI), NACO</li> <li>2. Dr. Munish Chander, Vice President of Transport Corporation of India Ltd.</li> <li>3. Dr. Abhijeet Bhattacharya, CMO, ECL</li> <li>4. Dr. Anil Singal, BEST, Mumbai</li> <li>5. Ms. Daxa Patel, GNSP+</li> </ol> <p>Chair: Dr. Anoop K Puri, DDG (IEC &amp; MS), NACO Co-Chair: Dr. Chiranjeiv Bhattacharjya, NPM, UNDP</p>
11:00 a.m. – 11:15 a.m.	<b>TEA</b>
11:15 a.m. – 12:00 p.m.	<p><b>Session 6: Opportunities, challenges and exploring solutions in scaling up NACO services in Private Sector/Industries</b></p> <p>Presenter: Mr. S. M. Baqar, National Project Coordinator, ILO</p> <p>Objectives of the session:</p> <ol style="list-style-type: none"> <li>1. To make participants understand about importance and benefits of early testing and treatment.</li> </ol>

Time	Session
	2. To highlight approaches of reaching to informal workers and role of stakeholders (Builder associations, GIDC, Worker's organization). 3. To highlights new approaches: Multi disease testing and health and wellness approach.
12:00 p.m. - 12:45 p.m.	<b>Session 7:</b> <b>a) The HIV &amp; AIDS (Prevention and Control) Act, 2017</b> Presenter: Ms. Nidhi Rawat, National Consultant (IEC & MS), NACO  <b>b) Strengthening Social Protection schemes &amp; dissemination of the provisions under HIV &amp; AIDS (Prevention &amp; Control) Act, 2017 among PLHIV</b> Presenter: Ms. Mona Balani, NCPI
12:45 p.m. – 01:45 p.m.	<b>Session 8: Preparation of an Action Plan</b> Moderator: Regional Coordinators-NACO/UNDP
01:45 p.m. - 02:30 p.m.	<b>LUNCH</b>
02:30 p.m. - 03:30 p.m.	<b>Presentation of Action Plan by States</b>
03:30 p.m. - 04:00 p.m.	Remarks by Dr. Chiranjeep Bhattacharjya, National Programme Manager, UNDP  Remarks by Shri Alok Saxena, AS & DG, NACO  <b>Distribution of Certificates</b>