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2009

India

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## Table 1: Overview

### Executive Summary

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India_COP 09_Congressional Notification.doc	application/msword	11/14/2008		KBarker

### Country Program Strategic Overview

Will you be submitting changes to your country's 5-Year Strategy this year? If so, please briefly describe the changes you will be submitting.

Yes  No

Description:

The Government of India (GOI) is now implementing the third phase of the National AIDS Control Program (NACP-III), 2007-2012, a plan developed with input from the donor community, including strong support from USG. The new GOI strategy supports a decentralized response to the epidemic to deliver expanded prevention, treatment and care services, with the goal of integrating HIV/AIDS services within the National Rural Health Mission by 2012. NACP-III has four strategic objectives, focusing on prevention for high-risk groups and the general population; scaling up care, support and treatment for People Living with HIV/AIDS, strengthening systems, and improving strategic information.

In FY 2009, USG/India expects to develop a new five-year HIV/AIDS strategy to replace the strategy developed in 2005 for FY 2006-2010. The latter document was written under NACP-II, at a time when the GOI had fewer funds invested in HIV/AIDS programs, and donors funded a significant amount of direct interventions. Since then, the development of NACP-III, the rapid national scale-up of public sector HIV/AIDS services, and the increased investment by the GOI in HIV/AIDS have changed needs for donor support. As a result our strategic approach has changed and continues to evolve in response to the needs of the National AIDS Control Organization (NACO). USG is increasingly being requested to provide technical assistance to NACO and the State AIDS Control Organizations (SACS), as well as continuing to support some direct interventions (with the intention that the direct interventions will be transferred to the GOI at a later date).

In September 2008, USG/India submitted a concept paper for a Technical Support Partnership Compact that briefly presented the framework for a new strategic approach. Key elements of the approach are:

#### Institutional Support

- Supporting the goal of integration of HIV/AIDS within the NRHM by 2012
- Assisting GOI to decentralize project management to the district level through building the capacity of district-level institutions, including District AIDS Control Units (DAPCUs)
- Building the capacity of the SACS through funding Technical Support Units in six States, who will mentor the SACS in planning, implementing and monitoring NGO HIV/AIDS programs
- Developing an ongoing mentoring program for NACO staff
- Funding staff to support the Country Coordinating Mechanism of the Global Fund

#### Technical Assistance

- Technical support in strengthening the quality of service delivery and assessment; specific activities include:
  - Strengthening the National Reference Laboratory system
  - Supporting an expanded surveillance system, through funding and training consultants in 37 positions to work on epidemiology
  - Leading the development of a strategy to strengthen public-private partnerships, including assisting NACO to set up a Trust to support PPPs

#### Demonstration Activities

- Implementing a Link Worker program in 4 districts, to demonstrate the GOI's approach to link most-at-risk populations with services
- Implementing Targeted Interventions in selected districts, with the aim of using these programs as learning sites
- Training and supervising primary health center nurses to demonstrate a wider role for them in addressing HIV/AIDS

#### Strengthening Human Resource Capacity

- Continued funding for capacity building for medical personnel through fellowship and training programs that combine theoretical and experiential training
- Supporting training workshops for the Armed Forces Medical Services in prevention, treatment and care
- Curriculum, protocol, and guideline development in clinical areas.

It is expected that in FY09 this new emphasis on actions to promote long-term sustainability will be formalized in a new HIV/AIDS strategy document.

**Ambassador Letter**

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Ambassador Letter_India_COP 2009.pdf	application/pdf	11/14/2008		KBarker

**Country Contacts**

Contact Type	First Name	Last Name	Title	Email
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HHS/NIH In-Country Contact	Altaf	Lal	Health Attache, NIH	lala@state.gov
Global Fund In-Country Representative	Kerry	Pelzman	Director, Office of Population, Health and Nutrition	kpelzman@usaid.gov

**Global Fund**

What is the planned funding for Global Fund Technical Assistance in FY 2009?	\$100000
Does the USG assist GFATM proposal writing?	Yes
Does the USG participate on the CCM?	Yes

**Table 2: Prevention, Care, and Treatment Targets**

**2.1 Targets for Reporting Period Ending September 30, 2009**

	National 2-7-10	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
<b>Prevention</b>				
<b>End of Plan Goal</b>				
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	0	148,044	1,387,856	1,535,900
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	881	4,141	5,022
<b>Care (1)</b>				
<b>End of Plan Goal</b>				
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	0	72,381	70,200	142,581
***7.2 - Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)	0	6,446	16,200	22,646
8.1 - Number of OVC served by OVC programs	0	6,754	250	7,004
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	0	217,072	1,659,713	1,876,785
<b>Treatment</b>				
<b>End of Plan Goal</b>				
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	0	8,208	6,000	14,208
<b>Human Resources for Health</b>				
<b>End of Plan Goal</b>				
Number of new health care workers who graduated from a pre-service training institution within the reporting period.	0	0	0	0

## 2.2 Targets for Reporting Period Ending September 30, 2010

	USG Downstream (Direct) Target End FY2010	USG Upstream (Indirect) Target End FY2010	USG Total Target End FY2010
<b>Prevention</b>			
<b>End of Plan Goal</b>			
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	160,258	1,577,642	1,737,900
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	944	4,828	5,772
<b>Care (1)</b>			
<b>End of Plan Goal</b>			
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	86,073	80,200	166,273
***7.2 - Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)	7,118	18,200	25,318
8.1 - Number of OVC served by OVC programs	10,493	250	10,743
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	253,618	1,848,027	2,101,645
<b>Treatment</b>			
<b>End of Plan Goal</b>			
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	8,879	7,000	15,879
<b>Human Resources for Health</b>			
<b>End of Plan Goal</b>			
Number of new health care workers who graduated from a pre-service training institution within the reporting period.	0	0	0

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(1) Total Care represents number of OVC served by an OVC program during the reporting period and the number of individuals provided with facility-based, community-based and/or home-based HIV-related palliative care, including those HIV-infected individuals who received clinical prophylaxis and/or treatment for tuberculosis(TB).

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name:**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 10704.09  
**System ID:** 10704  
**Planned Funding(\$):** ██████████  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** To Be Determined  
**New Partner:** Yes

**Mechanism Name: TBD Task Order**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 10705.09  
**System ID:** 10705  
**Planned Funding(\$):** ██████████  
**Procurement/Assistance Instrument:** Contract  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GAP  
**Prime Partner:** To Be Determined  
**New Partner:** Yes

**Mechanism Name:**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 3940.09  
**System ID:** 10306  
**Planned Funding(\$):** \$4,100,000  
**Procurement/Assistance Instrument:** Grant  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (USAID)  
**Prime Partner:** Avert Society  
**New Partner:** No

Sub-Partner: Marathwada Gramin Vikas Sanstha, Vaijapur  
Planned Funding: \$90,000  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes: HVOP - Sexual Prevention: Other, HKID - Care: OVC

Sub-Partner: The Humsafar Trust, Mumbai  
Planned Funding: \$37,500  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes: HVOP - Sexual Prevention: Other

Sub-Partner: Mook Nayak Swayamsevi Sanstha, Sangli  
Planned Funding: \$25,000  
Funding is TO BE DETERMINED: No

**Table 3.1: Funding Mechanisms and Source**

New Partner: No  
Associated Program Budget Codes: HVOP - Sexual Prevention: Other

Sub-Partner: Bel Air Hospital, Satara  
Planned Funding: \$100,000  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes: HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support

Sub-Partner: Nirmala Niketan College of Social Work  
Planned Funding: \$55,000  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other

Sub-Partner: Young Mens Christian Association, India  
Planned Funding: \$55,000  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other

Sub-Partner: Nirmaya Arogya Dham, Solapur  
Planned Funding: \$30,000  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes: HVOP - Sexual Prevention: Other, HKID - Care: OVC

Sub-Partner: UDAAN  
Planned Funding: \$80,000  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HKID - Care: OVC

Sub-Partner: To Be Determined  
Planned Funding: ██████████  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other

Sub-Partner: To Be Determined  
Planned Funding: ██████████  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other

Sub-Partner: To Be Determined  
Planned Funding: ██████████  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes: HVSI - Strategic Information



**Table 3.1: Funding Mechanisms and Source**

Sub-Partner: To Be Determined  
Planned Funding: ██████████  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other

Sub-Partner: To Be Determined  
Planned Funding: ██████████  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes: MTCT - Prevention: PMTCT

Sub-Partner: India Market Research Bureau  
Planned Funding: \$165,536  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes: HVSI - Strategic Information

Sub-Partner: Prerana Samajik Sanstha  
Planned Funding: \$34,833  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Sub-Partner: Jeevansathi Aashadeep  
Planned Funding: \$19,959  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Sub-Partner: To Be Determined  
Planned Funding: ██████████  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes: HVSI - Strategic Information

Sub-Partner: To Be Determined  
Planned Funding: ██████████  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes: HVSI - Strategic Information

Sub-Partner: To Be Determined  
Planned Funding: ██████████  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes: HVSI - Strategic Information

Sub-Partner: To Be Determined

**Table 3.1: Funding Mechanisms and Source**

Planned Funding: [REDACTED]
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVSI - Strategic Information
Sub-Partner: To Be Determined
Planned Funding: [REDACTED]
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support
Sub-Partner: To Be Determined
Planned Funding: [REDACTED]
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support
Sub-Partner: To Be Determined
Planned Funding: [REDACTED]
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support
Sub-Partner: To Be Determined
Planned Funding: [REDACTED]
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT
Sub-Partner: To Be Determined
Planned Funding: [REDACTED]
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other
Sub-Partner: To Be Determined
Planned Funding: [REDACTED]
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other
Sub-Partner: To Be Determined
Planned Funding: [REDACTED]
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other
Sub-Partner: To Be Determined
Planned Funding: [REDACTED]
Funding is TO BE DETERMINED: No

**Table 3.1: Funding Mechanisms and Source**

New Partner: No  
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other

Sub-Partner: To Be Determined  
Planned Funding: [REDACTED]  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other

Sub-Partner: To Be Determined  
Planned Funding: [REDACTED]  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other

Sub-Partner: To Be Determined  
Planned Funding: [REDACTED]  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other

Sub-Partner: To Be Determined  
Planned Funding: [REDACTED]  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other

Sub-Partner: Manav Vikas Bahuuddeshiya Sanstha  
Planned Funding: \$34,833  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes: HVOP - Sexual Prevention: Other

Sub-Partner: P.K. Chopra and Company Chartered Accountants  
Planned Funding: \$3,750  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes: OHSS - Health Systems Strengthening

Sub-Partner: To Be Determined  
Planned Funding: [REDACTED]  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: To Be Determined  
Planned Funding: [REDACTED]  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes: HKID - Care: OVC

**Table 3.1: Funding Mechanisms and Source**

Sub-Partner: To Be Determined
Planned Funding: ██████████
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other
Sub-Partner: To Be Determined
Planned Funding: ██████████
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other
Sub-Partner: To Be Determined
Planned Funding: ██████████
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: To Be Determined
Planned Funding: ██████████
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other
Sub-Partner: To Be Determined
Planned Funding: ██████████
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other
Sub-Partner: To Be Determined
Planned Funding: ██████████
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other
Sub-Partner: To Be Determined
Planned Funding: ██████████
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVOP - Sexual Prevention: Other
Sub-Partner: To Be Determined
Planned Funding: ██████████
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HKID - Care: OVC
Sub-Partner: To Be Determined

**Table 3.1: Funding Mechanisms and Source**

Planned Funding: [REDACTED]
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HKID - Care: OVC
Sub-Partner: To Be Determined
Planned Funding: [REDACTED]
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVCT - Prevention: Counseling and Testing
Sub-Partner: To Be Determined
Planned Funding: [REDACTED]
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVOP - Sexual Prevention: Other
Sub-Partner: To Be Determined
Planned Funding: [REDACTED]
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: To Be Determined
Planned Funding: [REDACTED]
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: To Be Determined
Planned Funding: [REDACTED]
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: To Be Determined
Planned Funding: [REDACTED]
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: To Be Determined
Planned Funding: [REDACTED]
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: To Be Determined
Planned Funding: [REDACTED]
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: To Be Determined

**Table 3.1: Funding Mechanisms and Source**

Planned Funding: ██████████
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: Bharatiya Adim Jati Sevak Sangh, Nagpur
Planned Funding: \$130,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVOP - Sexual Prevention: Other, HKID - Care: OVC
Sub-Partner: Birds HIV Training & Network Center
Planned Funding: \$37,500
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other
Sub-Partner: Committed Communities Development Trust
Planned Funding: \$37,500
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Gram Vikas Sanstha
Planned Funding: \$30,348
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVOP - Sexual Prevention: Other, HKID - Care: OVC
Sub-Partner: Humsaya Welfare Fund
Planned Funding: \$25,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVOP - Sexual Prevention: Other
Sub-Partner: Indian Institute of Youth Welfare
Planned Funding: \$37,500
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVOP - Sexual Prevention: Other, HKID - Care: OVC
Sub-Partner: Niramaya Arogya Dham
Planned Funding: \$21,420
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVOP - Sexual Prevention: Other, HKID - Care: OVC
Sub-Partner: Project Vaibhavi (NNP+) (DIC)
Planned Funding: \$20,128
Funding is TO BE DETERMINED: No

**Table 3.1: Funding Mechanisms and Source**

New Partner: Yes  
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HKID - Care: OVC

Sub-Partner: Sarathi Trust  
Planned Funding: \$25,000  
Funding is TO BE DETERMINED: No  
New Partner: Yes  
Associated Program Budget Codes: HVOP - Sexual Prevention: Other

Sub-Partner: Shapath  
Planned Funding: \$20,128  
Funding is TO BE DETERMINED: No  
New Partner: Yes  
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HKID - Care: OVC

Sub-Partner: Swapnyapurti (DIC)  
Planned Funding: \$20,128  
Funding is TO BE DETERMINED: No  
New Partner: Yes  
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HKID - Care: OVC

Sub-Partner: Tata Institute of Social Sciences  
Planned Funding: \$37,500  
Funding is TO BE DETERMINED: No  
New Partner: Yes  
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: The Humsafar Trust, Thane  
Planned Funding: \$40,000  
Funding is TO BE DETERMINED: No  
New Partner: Yes  
Associated Program Budget Codes: HVOP - Sexual Prevention: Other

**Mechanism Name:**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 3965.09  
**System ID:** 9254  
**Planned Funding(\$):** \$150,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** Children in Need Institute  
**New Partner:** No  
  
Sub-Partner: Srijan Foundation, Ranchi  
Planned Funding: \$23,000  
Funding is TO BE DETERMINED: No  
New Partner: No

**Table 3.1: Funding Mechanisms and Source**

Associated Program Budget Codes: HVOP - Sexual Prevention: Other

Sub-Partner: Gramin Prodyogik Vikas Sansthan

Planned Funding: \$23,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVOP - Sexual Prevention: Other

Sub-Partner: Ram Krishna Sharda Mission

Planned Funding: \$23,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVOP - Sexual Prevention: Other

**Mechanism Name: Samarth**

**Mechanism Type:** Local - Locally procured, country funded

**Mechanism ID:** 5785.09

**System ID:** 9246

**Planned Funding(\$):** \$2,374,000

**Procurement/Assistance Instrument:** Cooperative Agreement

**Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (USAID)

**Prime Partner:** Family Health International

**New Partner:** No

Sub-Partner: Sahara Michael's Care Home

Planned Funding: \$41,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVOP - Sexual Prevention: Other, IDUP - Biomedical Prevention: Drug Use, HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV, OHSS - Health Systems Strengthening

Sub-Partner: Christian Medical Association of India

Planned Funding: \$94,204

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, OHSS - Health Systems Strengthening

Sub-Partner: Indian Network of Positive People

Planned Funding: \$75,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVSI - Strategic Information, OHSS - Health Systems Strengthening

Sub-Partner: Salaam Balak Trust

Planned Funding: \$41,000

Funding is TO BE DETERMINED: No

New Partner: No



**Table 3.1: Funding Mechanisms and Source**

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, OHSS - Health Systems Strengthening

Sub-Partner: Women's Action Group, Chelsea

Planned Funding: \$41,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HKID - Care: OVC, OHSS - Health Systems Strengthening

Sub-Partner: Solidarity and Action Against The HIV Infection in India

Planned Funding: \$100,696

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVSI - Strategic Information, OHSS - Health Systems Strengthening

Sub-Partner: National AIDS Control Organization

Planned Funding: \$606,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HVCT - Prevention: Counseling and Testing, HVSI - Strategic Information, OHSS - Health Systems Strengthening

**Mechanism Name: Samarth**

**Mechanism Type:** Local - Locally procured, country funded

**Mechanism ID:** 9623.09

**System ID:** 9623

**Planned Funding(\$):** \$252,000

**Procurement/Assistance Instrument:** Cooperative Agreement

**Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Prime Partner:** Family Health International

**New Partner:** No

**Mechanism Name:**

**Mechanism Type:** Local - Locally procured, country funded

**Mechanism ID:** 7728.09

**System ID:** 9155

**Planned Funding(\$):** \$800,000

**Procurement/Assistance Instrument:** Cooperative Agreement

**Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (USAID)

**Prime Partner:** Hindustan Latex Family Planning Promotion Trust

**New Partner:** No

Sub-Partner: To Be Determined

Planned Funding: [REDACTED]

Funding is TO BE DETERMINED: No

New Partner: No

**Table 3.1: Funding Mechanisms and Source**

Associated Program Budget Codes: HVOP - Sexual Prevention: Other

Sub-Partner: To Be Determined

Planned Funding: [REDACTED]

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVOP - Sexual Prevention: Other

Sub-Partner: To Be Determined

Planned Funding: [REDACTED]

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Budget Codes: HVSI - Strategic Information

Sub-Partner: To Be Determined

Planned Funding: [REDACTED]

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Budget Codes: HVSI - Strategic Information

Sub-Partner: To Be Determined

Planned Funding: [REDACTED]

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Budget Codes: HVSI - Strategic Information

Sub-Partner: To Be Determined

Planned Funding: [REDACTED]

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Budget Codes: HVOP - Sexual Prevention: Other

Sub-Partner: To Be Determined

Planned Funding: [REDACTED]

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Budget Codes: HVOP - Sexual Prevention: Other

Sub-Partner: To Be Determined

Planned Funding: [REDACTED]

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Budget Codes: HVOP - Sexual Prevention: Other

Sub-Partner: To Be Determined

Planned Funding: [REDACTED]

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Budget Codes: HVOP - Sexual Prevention: Other

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name:**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 5976.09  
**System ID:** 9156  
**Planned Funding(\$):** \$0  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GAP  
**Prime Partner:** Indian Network of Positive People  
**New Partner:** No

**Mechanism Name:**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 3924.09  
**System ID:** 10517  
**Planned Funding(\$):** \$200,000  
**Procurement/Assistance Instrument:** Grant  
**Agency:** Department of Labor  
**Funding Source:** GHCS (State)  
**Prime Partner:** International Labor Organization  
**New Partner:** No

**Mechanism Name:**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 3950.09  
**System ID:** 9157  
**Planned Funding(\$):** \$1,001,895  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (USAID)  
**Prime Partner:** Johns Hopkins University Center for Communication Programs  
**New Partner:** No

**Mechanism Name:**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 3966.09  
**System ID:** 9158  
**Planned Funding(\$):** \$624,489  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** Leprosy Relief Association India  
**New Partner:** No  
  
Sub-Partner: Catholic Health Association of India  
Planned Funding: \$295,000  
Funding is TO BE DETERMINED: No  
New Partner: No

**Table 3.1: Funding Mechanisms and Source**

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV, HVCT - Prevention: Counseling and Testing, HVSI - Strategic Information, OHSS - Health Systems Strengthening

**Mechanism Name:**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 3964.09  
**System ID:** 9159  
**Planned Funding(\$):** \$580,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** MYRADA  
**New Partner:** No

Sub-Partner: Myrada Kaveri Pradeshika Samasthe, Mysore  
Planned Funding: \$150,000

Funding is TO BE DETERMINED: No  
New Partner: Yes

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HVSI - Strategic Information, OHSS - Health Systems Strengthening

Sub-Partner: To Be Determined  
Planned Funding: ██████████

Funding is TO BE DETERMINED: No  
New Partner: Yes

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HKID - Care: OVC, HVSI - Strategic Information, OHSS - Health Systems Strengthening

**Mechanism Name:**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 4116.09  
**System ID:** 9458  
**Planned Funding(\$):** \$0  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GAP  
**Prime Partner:** National Alliance of State and Territorial AIDS Directors  
**New Partner:** No

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: Connect**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 6721.09  
**System ID:** 9487  
**Planned Funding(\$):** \$446,895  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** Population Services International  
**New Partner:** No

**Mechanism Name: Connect**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 3943.09  
**System ID:** 10305  
**Planned Funding(\$):** \$2,253,105  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (USAID)  
**Prime Partner:** Population Services International  
**New Partner:** No

Sub-Partner: Federation of Indian Chambers of Commerce and Industry  
Planned Funding: \$61,414  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes: OHSS - Health Systems Strengthening

Sub-Partner: To Be Determined  
Planned Funding: ██████████  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes: HVOP - Sexual Prevention: Other

Sub-Partner: Y.R. Gaitonde Center for AIDS Research & Education  
Planned Funding: \$515,000  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes: MTCT - Prevention: PMTCT

Sub-Partner: Kanara Chambers of Commerce and Industry  
Planned Funding: \$4,000  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes: OHSS - Health Systems Strengthening

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name:**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 3956.09  
**System ID:** 9460  
**Planned Funding(\$):** \$0  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GAP  
**Prime Partner:** Project Concern International  
**New Partner:** No

**Mechanism Name: APAIDSCON**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 3967.09  
**System ID:** 9161  
**Planned Funding(\$):** \$349,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** Share Mediciti (Networking)  
**New Partner:** No

**Mechanism Name: PHMI**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 3978.09  
**System ID:** 9162  
**Planned Funding(\$):** \$521,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** Share Mediciti (Umbrella)  
**New Partner:** No

**Mechanism Name:**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 3958.09  
**System ID:** 9163  
**Planned Funding(\$):** \$339,200  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GAP  
**Prime Partner:** Tamil Nadu AIDS Control Society  
**New Partner:** No

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: Samastha**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 3942.09  
**System ID:** 9164  
**Planned Funding(\$):** \$5,100,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (USAID)  
**Prime Partner:** University of Manitoba  
**New Partner:** No

Sub-Partner: MYRADA  
Planned Funding: \$363,268  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HKID - Care: OVC, HVSI - Strategic Information, OHSS - Health Systems Strengthening

Sub-Partner: Belgaum Integrated Rural Development Society  
Planned Funding: \$387,921  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HKID - Care: OVC, HVSI - Strategic Information, OHSS - Health Systems Strengthening

Sub-Partner: Karnataka Health Promotion Trust  
Planned Funding: \$1,639,123  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, HKID - Care: OVC, HVSI - Strategic Information, OHSS - Health Systems Strengthening

Sub-Partner: Swami Vivekananda Youth Movement  
Planned Funding: \$215,440  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, HKID - Care: OVC, HVSI - Strategic Information, OHSS - Health Systems Strengthening

Sub-Partner: St. John's Medical College  
Planned Funding: \$221,057  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HKID - Care: OVC, HVSI - Strategic Information, OHSS - Health Systems Strengthening

Sub-Partner: Snehadan Care and Support Counseling Centre  
Planned Funding: \$293,256  
Funding is TO BE DETERMINED: No

**Table 3.1: Funding Mechanisms and Source**

New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HKID - Care: OVC, HVSI - Strategic Information, OHSS - Health Systems Strengthening
Sub-Partner: Leprosy Relief Association India
Planned Funding: \$393,305
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, HKID - Care: OVC, HVSI - Strategic Information, OHSS - Health Systems Strengthening
Sub-Partner: Karnataka Network of Positive People
Planned Funding: \$64,876
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HKID - Care: OVC, HVSI - Strategic Information, OHSS - Health Systems Strengthening
Sub-Partner: Engender Health
Planned Funding: \$251,459
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, HKID - Care: OVC, OHSS - Health Systems Strengthening
Sub-Partner: Swasti
Planned Funding: \$218,916
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HKID - Care: OVC, HVSI - Strategic Information, OHSS - Health Systems Strengthening
Sub-Partner: National Institute of Mental Health and Neuro Sciences
Planned Funding: \$64,876
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVCT - Prevention: Counseling and Testing, OHSS - Health Systems Strengthening
Sub-Partner: Citizen's Alliance for Rural Development & Training Society
Planned Funding: \$79,483
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HKID - Care: OVC, HVSI - Strategic Information, OHSS - Health Systems Strengthening
Sub-Partner: Bhoruka Charitable Trust
Planned Funding: \$98,858
Funding is TO BE DETERMINED: No
New Partner: No



**Table 3.1: Funding Mechanisms and Source**

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HKID - Care: OVC, HVSI - Strategic Information, OHSS - Health Systems Strengthening
Sub-Partner: UJWALA Rural Developemt Service Society
Planned Funding: \$162,516
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HKID - Care: OVC, HVSI - Strategic Information, OHSS - Health Systems Strengthening
Sub-Partner: Vimukthi AIDS Tadegattuva Mahila Sangha
Planned Funding: \$68,923
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other, HVSI - Strategic Information, OHSS - Health Systems Strengthening
Sub-Partner: Darbar AIDS Tadegattuva Mahila Sangha
Planned Funding: \$50,290
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other, HVSI - Strategic Information, OHSS - Health Systems Strengthening
Sub-Partner: Kempegowda Institute of Medical Sciences
Planned Funding: \$29,484
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, HKID - Care: OVC, HVSI - Strategic Information, OHSS - Health Systems Strengthening
Sub-Partner: Centre For Advocacy & Research
Planned Funding: \$62,500
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: OHSS - Health Systems Strengthening
Sub-Partner: Sadhane
Planned Funding: \$165,540
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HKID - Care: OVC, HVSI - Strategic Information, OHSS - Health Systems Strengthening

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: I-TECH (International Training and Education Center on HIV)**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 3962.09  
**System ID:** 9459  
**Planned Funding(\$):** \$1,190,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Health Resources Services Administration  
**Funding Source:** GHCS (State)  
**Prime Partner:** University of Washington  
**New Partner:** No

**Mechanism Name:**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 3973.09  
**System ID:** 9165  
**Planned Funding(\$):** \$971,000  
**Procurement/Assistance Instrument:** USG Core  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (USAID)  
**Prime Partner:** US Agency for International Development  
**New Partner:** No

**Mechanism Name:**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 3972.09  
**System ID:** 9166  
**Planned Funding(\$):** \$883,000  
**Procurement/Assistance Instrument:** USG Core  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** US Agency for International Development  
**New Partner:** No

**Mechanism Name:**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 3969.09  
**System ID:** 9167  
**Planned Funding(\$):** \$2,560,800  
**Procurement/Assistance Instrument:** USG Core  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GAP  
**Prime Partner:** US Centers for Disease Control and Prevention  
**New Partner:** No

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name:**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 5786.09  
**System ID:** 10443  
**Planned Funding(\$):** \$160,368  
**Procurement/Assistance Instrument:** USG Core  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** US Centers for Disease Control and Prevention  
**New Partner:** No

**Mechanism Name:**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 3976.09  
**System ID:** 10518  
**Planned Funding(\$):** \$0  
**Procurement/Assistance Instrument:** USG Core  
**Agency:** Department of Defense  
**Funding Source:** GHCS (State)  
**Prime Partner:** US Department of Defence/Pacific Command  
**New Partner:** No

**Mechanism Name: DoD**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 3974.09  
**System ID:** 10516  
**Planned Funding(\$):** \$627,300  
**Procurement/Assistance Instrument:** Grant  
**Agency:** Department of Defense  
**Funding Source:** GHCS (State)  
**Prime Partner:** US Department of Defense  
**New Partner:** No

**Mechanism Name: APAC**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 3949.09  
**System ID:** 9457  
**Planned Funding(\$):** \$4,400,000  
**Procurement/Assistance Instrument:** Grant  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (USAID)  
**Prime Partner:** Voluntary Health Services  
**New Partner:** No

Sub-Partner: Bethesda Hospital, Ambur  
Planned Funding: \$30,333  
Funding is TO BE DETERMINED: No  
New Partner: No

**Table 3.1: Funding Mechanisms and Source**

Associated Program Budget Codes: HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HKID - Care: OVC

Sub-Partner: Bharatiya Adim Jati Sevak Sangh, Pondicherry

Planned Funding: \$45,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other

Sub-Partner: Christian Medical College

Planned Funding: \$43,322

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVCT - Prevention: Counseling and Testing, HVSI - Strategic Information

Sub-Partner: Community Health Education Society, Chennai

Planned Funding: \$33,333

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Geofiny Technology Private Limited

Planned Funding: \$4,762

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVSI - Strategic Information

Sub-Partner: Mahatma Gandhi Elaighar Narpani Mandram, Namakkal

Planned Funding: \$30,333

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HKID - Care: OVC

Sub-Partner: Pache Trust, Madurai

Planned Funding: \$45,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVOP - Sexual Prevention: Other

Sub-Partner: Sahodaran

Planned Funding: \$56,905

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVOP - Sexual Prevention: Other, HVSI - Strategic Information

Sub-Partner: Society For Development, Research & Training, Pondicherry

Planned Funding: \$45,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVOP - Sexual Prevention: Other

**Table 3.1: Funding Mechanisms and Source**

Sub-Partner: Village Beneficiaries Education & Development Society, Karaikkal  
Planned Funding: \$45,000  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes: HVOP - Sexual Prevention: Other

Sub-Partner: Perundurai Medical College  
Planned Funding: \$66,234  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV, HVCT - Prevention: Counseling and Testing

Sub-Partner: To Be Determined  
Planned Funding: [REDACTED]  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes: HVOP - Sexual Prevention: Other

Sub-Partner: To Be Determined  
Planned Funding: [REDACTED]  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes: HVOP - Sexual Prevention: Other

Sub-Partner: To Be Determined  
Planned Funding: [REDACTED]  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes: HVOP - Sexual Prevention: Other

Sub-Partner: To Be Determined  
Planned Funding: [REDACTED]  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes: HVOP - Sexual Prevention: Other

Sub-Partner: To Be Determined  
Planned Funding: [REDACTED]  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes: HVOP - Sexual Prevention: Other

Sub-Partner: To Be Determined  
Planned Funding: [REDACTED]  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes: HVOP - Sexual Prevention: Other

Sub-Partner: To Be Determined  
Planned Funding: [REDACTED]  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes: HVOP - Sexual Prevention: Other

**Table 3.1: Funding Mechanisms and Source**

Planned Funding: \$45,000  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes: HVOP - Sexual Prevention: Other

Sub-Partner: To Be Determined  
Planned Funding: [REDACTED]  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes: HVOP - Sexual Prevention: Other

Sub-Partner: To Be Determined  
Planned Funding: [REDACTED]  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes: HVOP - Sexual Prevention: Other

Sub-Partner: To Be Determined  
Planned Funding: [REDACTED]  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes: HVOP - Sexual Prevention: Other

Sub-Partner: To Be Determined  
Planned Funding: [REDACTED]  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes: HVOP - Sexual Prevention: Other

Sub-Partner: To Be Determined  
Planned Funding: [REDACTED]  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes: HVOP - Sexual Prevention: Other

Sub-Partner: To Be Determined  
Planned Funding: [REDACTED]  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes: HVOP - Sexual Prevention: Other

Sub-Partner: To Be Determined  
Planned Funding: [REDACTED]  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes: IDUP - Biomedical Prevention: Drug Use

Sub-Partner: To Be Determined  
Planned Funding: [REDACTED]  
Funding is TO BE DETERMINED: No

**Table 3.1: Funding Mechanisms and Source**

New Partner: No  
Associated Program Budget Codes: HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HKID - Care: OVC

Sub-Partner: To Be Determined  
Planned Funding: [REDACTED]  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Sub-Partner: To Be Determined  
Planned Funding: [REDACTED]  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes: HVOP - Sexual Prevention: Other

Sub-Partner: To Be Determined  
Planned Funding: [REDACTED]  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes: HVOP - Sexual Prevention: Other

Sub-Partner: To Be Determined  
Planned Funding: [REDACTED]  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, HKID - Care: OVC

Sub-Partner: To Be Determined  
Planned Funding: [REDACTED]  
Funding is TO BE DETERMINED: No  
New Partner: Yes  
Associated Program Budget Codes: HVOP - Sexual Prevention: Other

Sub-Partner: To Be Determined  
Planned Funding: [REDACTED]  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes: HVSI - Strategic Information

Sub-Partner: To Be Determined  
Planned Funding: [REDACTED]  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes: HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support

Sub-Partner: To Be Determined  
Planned Funding: [REDACTED]  
Funding is TO BE DETERMINED: No  
New Partner: No

**Table 3.1: Funding Mechanisms and Source**

Associated Program Budget Codes: HVSI - Strategic Information

Sub-Partner: To Be Determined

Planned Funding: ██████████

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVOP - Sexual Prevention: Other

Sub-Partner: To Be Determined

Planned Funding: ██████████

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVOP - Sexual Prevention: Other

Sub-Partner: To Be Determined

Planned Funding: ██████████

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVSI - Strategic Information

Sub-Partner: Anbalayam, Tiruchirapalli

Planned Funding: \$45,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVOP - Sexual Prevention: Other

Sub-Partner: Association For Rural Mass India, Villuppuram

Planned Funding: \$75,333

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HKID - Care: OVC

Sub-Partner: Centre for Human Resource and Rural Development Program

Planned Funding: \$45,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVOP - Sexual Prevention: Other

Sub-Partner: Centre For Social Reconstruction, Nagercoil

Planned Funding: \$56,905

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVOP - Sexual Prevention: Other

Sub-Partner: Chennai Micro Print (P) Ltd., Chennai

Planned Funding: \$61,143

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HKID - Care: OVC



**Table 3.1: Funding Mechanisms and Source**

Sub-Partner: Community Action For Social Transformation, Tirunelveli
Planned Funding: \$45,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other
Sub-Partner: Empower, Tuticorin
Planned Funding: \$45,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other
Sub-Partner: Flame Advertising Company, Ltd.
Planned Funding: \$61,143
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HKID - Care: OVC
Sub-Partner: Gramium, Karur
Planned Funding: \$75,333
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HKID - Care: OVC
Sub-Partner: Indian Community Welfare Organisation, Mahabalipuram
Planned Funding: \$30,333
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HKID - Care: OVC
Sub-Partner: Kancheepuram District Network of Positive People
Planned Funding: \$30,333
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HKID - Care: OVC
Sub-Partner: League for Education and Development
Planned Funding: \$30,333
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HKID - Care: OVC
Sub-Partner: Madras Social Development Society, Chennai
Planned Funding: \$45,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other

**Table 3.1: Funding Mechanisms and Source**

Sub-Partner: Media Vision
Planned Funding: \$61,143
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HKID - Care: OVC
Sub-Partner: Net Access India Private Limited
Planned Funding: \$4,762
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVSI - Strategic Information
Sub-Partner: People's Development Initiative, Tiruchirapalli
Planned Funding: \$42,238
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HKID - Care: OVC, HVSI - Strategic Information
Sub-Partner: Rakshashi Cemantics, Chennai
Planned Funding: \$61,143
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HKID - Care: OVC
Sub-Partner: Rural Education And Development Society, Tiruvannamalai
Planned Funding: \$45,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other
Sub-Partner: Solidarity and Action Against The HIV Infection in India
Planned Funding: \$194,262
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV, HVCT - Prevention: Counseling and Testing
Sub-Partner: Sakshi Automation, Chennai
Planned Funding: \$23,810
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support
Sub-Partner: Indian Network of Positive People
Planned Funding: \$35,714
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: OHSS - Health Systems Strengthening

**Table 3.1: Funding Mechanisms and Source**

Sub-Partner: Scientific Educational Development For Community Organisation, Sattankulam
Planned Funding: \$45,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other
Sub-Partner: South Indian AIDS Action Programme, Chennai
Planned Funding: \$34,322
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVCT - Prevention: Counseling and Testing
Sub-Partner: Social Welfare Association For Men , Chennai
Planned Funding: \$45,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other
Sub-Partner: Society For Education, Village Action & Improvement, Tiruchirapalli
Planned Funding: \$45,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other
Sub-Partner: Shreshta Communications
Planned Funding: \$61,143
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HKID - Care: OVC
Sub-Partner: The Carmelite Sisters of St. Theresa, Villupuram
Planned Funding: \$30,333
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HKID - Care: OVC
Sub-Partner: To Be Determined
Planned Funding: ██████████
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVSI - Strategic Information, OHSS - Health Systems Strengthening
Sub-Partner: To Be Determined
Planned Funding: ██████████
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVSI - Strategic Information, OHSS - Health Systems Strengthening

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**Table 3.1: Funding Mechanisms and Source**

Sub-Partner: To Be Determined  
Planned Funding: [REDACTED]  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Program Budget Codes: HVSI - Strategic Information, OHSS - Health Systems Strengthening

Sub-Partner: To Be Determined  
Planned Funding: [REDACTED]  
Funding is TO BE DETERMINED: No  
New Partner: Yes  
Associated Program Budget Codes: HVSI - Strategic Information, OHSS - Health Systems Strengthening



**Table 3.2: Sub-Partners List**

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
3940.09	10306	Avert Society	U.S. Agency for International Development	GHCS (USAID)	To Be Determined	N	
3940.09	10306	Avert Society	U.S. Agency for International Development	GHCS (USAID)	To Be Determined	N	
3940.09	10306	Avert Society	U.S. Agency for International Development	GHCS (USAID)	To Be Determined	N	
3940.09	10306	Avert Society	U.S. Agency for International Development	GHCS (USAID)	To Be Determined	N	
3940.09	10306	Avert Society	U.S. Agency for International Development	GHCS (USAID)	To Be Determined	N	
3940.09	10306	Avert Society	U.S. Agency for International Development	GHCS (USAID)	To Be Determined	N	
3940.09	10306	Avert Society	U.S. Agency for International Development	GHCS (USAID)	To Be Determined	N	
3940.09	10306	Avert Society	U.S. Agency for International Development	GHCS (USAID)	To Be Determined	N	
3940.09	10306	Avert Society	U.S. Agency for International Development	GHCS (USAID)	To Be Determined	N	
3940.09	10306	Avert Society	U.S. Agency for International Development	GHCS (USAID)	To Be Determined	N	
3940.09	10306	Avert Society	U.S. Agency for International Development	GHCS (USAID)	Bel Air Hospital, Satara	N	\$100,000
3940.09	10306	Avert Society	U.S. Agency for International Development	GHCS (USAID)	Bharatiya Adim Jati Sevak Sangh, Nagpur	N	\$130,000
3940.09	10306	Avert Society	U.S. Agency for International Development	GHCS (USAID)	Birds HIV Training & Network Center	N	\$37,500
3940.09	10306	Avert Society	U.S. Agency for International Development	GHCS (USAID)	Committed Communities Development Trust	N	\$37,500
3940.09	10306	Avert Society	U.S. Agency for International Development	GHCS (USAID)	Gram Vikas Sanstha	N	\$30,348
3940.09	10306	Avert Society	U.S. Agency for International Development	GHCS (USAID)	Humsaya Welfare Fund	N	\$25,000
3940.09	10306	Avert Society	U.S. Agency for International Development	GHCS (USAID)	India Market Research Bureau	N	\$165,536
3940.09	10306	Avert Society	U.S. Agency for International Development	GHCS (USAID)	Indian Institute of Youth Welfare	N	\$37,500
3940.09	10306	Avert Society	U.S. Agency for International Development	GHCS (USAID)	Jeevansathi Aashadeep	N	\$19,959
3940.09	10306	Avert Society	U.S. Agency for International Development	GHCS (USAID)	Manav Vikas Bahuuddeshiya Sanstha	N	\$34,833
3940.09	10306	Avert Society	U.S. Agency for International Development	GHCS (USAID)	Marathwada Gramin Vikas Sanstha, Vaijapur	N	\$90,000
3940.09	10306	Avert Society	U.S. Agency for International Development	GHCS (USAID)	Mook Nayak Swayamsevi Sanstha, Sangli	N	\$25,000
3940.09	10306	Avert Society	U.S. Agency for International Development	GHCS (USAID)	Niramaya Arogya Dham	N	\$21,420
3940.09	10306	Avert Society	U.S. Agency for International Development	GHCS (USAID)	Nirmala Niketan College of Social Work	N	\$55,000
3940.09	10306	Avert Society	U.S. Agency for International Development	GHCS (USAID)	Nirmaya Arogya Dham, Solapur	N	\$30,000
3940.09	10306	Avert Society	U.S. Agency for International Development	GHCS (USAID)	P.K. Chopra and Company Chartered Accountants	N	\$3,750
3940.09	10306	Avert Society	U.S. Agency for International Development	GHCS (USAID)	Prerana Samajik Sanstha	N	\$34,833
3940.09	10306	Avert Society	U.S. Agency for International Development	GHCS (USAID)	Project Vaibhavi (NNP+) (DIC)	N	\$20,128
3940.09	10306	Avert Society	U.S. Agency for International Development	GHCS (USAID)	Sarathi Trust	N	\$25,000
3940.09	10306	Avert Society	U.S. Agency for International Development	GHCS (USAID)	Shapath	N	\$20,128
3940.09	10306	Avert Society	U.S. Agency for International Development	GHCS (USAID)	Swapnyapurti (DIC)	N	\$20,128

**Table 3.2: Sub-Partners List**

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
3940.09	10306	Avert Society	U.S. Agency for International Development	GHCS (USAID)	Tata Institute of Social Sciences	N	\$37,500
3940.09	10306	Avert Society	U.S. Agency for International Development	GHCS (USAID)	The Humsafar Trust, Mumbai	N	\$37,500
3940.09	10306	Avert Society	U.S. Agency for International Development	GHCS (USAID)	The Humsafar Trust, Thane	N	\$40,000
3940.09	10306	Avert Society	U.S. Agency for International Development	GHCS (USAID)	UDAAN	N	\$80,000
3940.09	10306	Avert Society	U.S. Agency for International Development	GHCS (USAID)	Young Mens Christian Association, India	N	\$55,000
3965.09	9254	Children in Need Institute	HHS/Centers for Disease Control & Prevention	GHCS (State)	Gramin Prodyogik Vikas Sansthan	N	\$23,000
3965.09	9254	Children in Need Institute	HHS/Centers for Disease Control & Prevention	GHCS (State)	Ram Krishna Sharda Mission	N	\$23,000
3965.09	9254	Children in Need Institute	HHS/Centers for Disease Control & Prevention	GHCS (State)	Srijan Foundation, Ranchi	N	\$23,000
5785.09	9246	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Christian Medical Association of India	N	\$94,204
5785.09	9246	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Indian Network of Positive People	N	\$75,000
5785.09	9246	Family Health International	U.S. Agency for International Development	GHCS (USAID)	National AIDS Control Organization	N	\$606,000
5785.09	9246	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Sahara Michael's Care Home	N	\$41,000
5785.09	9246	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Salaam Balak Trust	N	\$41,000
5785.09	9246	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Solidarity and Action Against The HIV Infection in India	N	\$100,696
5785.09	9246	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Women's Action Group, Chelsea	N	\$41,000
7728.09	9155	Hindustan Latex Family Planning Promotion Trust	U.S. Agency for International Development	GHCS (USAID)	To Be Determined	N	████████
7728.09	9155	Hindustan Latex Family Planning Promotion Trust	U.S. Agency for International Development	GHCS (USAID)	To Be Determined	N	████████
7728.09	9155	Hindustan Latex Family Planning Promotion Trust	U.S. Agency for International Development	GHCS (USAID)	To Be Determined	N	████████
7728.09	9155	Hindustan Latex Family Planning Promotion Trust	U.S. Agency for International Development	GHCS (USAID)	To Be Determined	N	████████
7728.09	9155	Hindustan Latex Family Planning Promotion Trust	U.S. Agency for International Development	GHCS (USAID)	To Be Determined	N	████████
7728.09	9155	Hindustan Latex Family Planning Promotion Trust	U.S. Agency for International Development	GHCS (USAID)	To Be Determined	N	████████
7728.09	9155	Hindustan Latex Family Planning Promotion Trust	U.S. Agency for International Development	GHCS (USAID)	To Be Determined	N	████████
7728.09	9155	Hindustan Latex Family Planning Promotion Trust	U.S. Agency for International Development	GHCS (USAID)	To Be Determined	N	████████
7728.09	9155	Hindustan Latex Family Planning Promotion Trust	U.S. Agency for International Development	GHCS (USAID)	To Be Determined	N	████████
7728.09	9155	Hindustan Latex Family Planning Promotion Trust	U.S. Agency for International Development	GHCS (USAID)	To Be Determined	N	████████
3966.09	9158	Leprosy Relief Association India	HHS/Centers for Disease Control & Prevention	GHCS (State)	Catholic Health Association of India	N	\$295,000
3964.09	9159	MYRADA	HHS/Centers for Disease Control & Prevention	GHCS (State)	To Be Determined	N	████████
3964.09	9159	MYRADA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Myrada Kaveri Pradeshika Samasthe, Mysore	N	\$150,000
3943.09	10305	Population Services International	U.S. Agency for International Development	GHCS (USAID)	To Be Determined	N	████████
3943.09	10305	Population Services International	U.S. Agency for International Development	GHCS (USAID)	Federation of Indian Chambers of Commerce and Industry	N	\$61,414
3943.09	10305	Population Services International	U.S. Agency for International Development	GHCS (USAID)	Kanara Chambers of Commerce and Industry	N	\$4,000

**Table 3.2: Sub-Partners List**

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
3943.09	10305	Population Services International	U.S. Agency for International Development	GHCS (USAID)	Y.R. Gaitonde Center for AIDS Research & Education	N	\$515,000
3942.09	9164	University of Manitoba	U.S. Agency for International Development	GHCS (USAID)	Belgaum Integrated Rural Development Society	N	\$387,921
3942.09	9164	University of Manitoba	U.S. Agency for International Development	GHCS (USAID)	Bhoruka Charitable Trust	N	\$98,858
3942.09	9164	University of Manitoba	U.S. Agency for International Development	GHCS (USAID)	Centre For Advocacy & Research	N	\$62,500
3942.09	9164	University of Manitoba	U.S. Agency for International Development	GHCS (USAID)	Citizen's Alliance for Rural Development & Training Society	N	\$79,483
3942.09	9164	University of Manitoba	U.S. Agency for International Development	GHCS (USAID)	Darbar AIDS Tadegattuva Mahila Sangha	N	\$50,290
3942.09	9164	University of Manitoba	U.S. Agency for International Development	GHCS (USAID)	Engender Health	N	\$251,459
3942.09	9164	University of Manitoba	U.S. Agency for International Development	GHCS (USAID)	Karnataka Health Promotion Trust	N	\$1,639,123
3942.09	9164	University of Manitoba	U.S. Agency for International Development	GHCS (USAID)	Karnataka Network of Positive People	N	\$64,876
3942.09	9164	University of Manitoba	U.S. Agency for International Development	GHCS (USAID)	Kempegowda Institute of Medical Sciences	N	\$29,484
3942.09	9164	University of Manitoba	U.S. Agency for International Development	GHCS (USAID)	Leprosy Relief Association India	N	\$393,305
3942.09	9164	University of Manitoba	U.S. Agency for International Development	GHCS (USAID)	MYRADA	N	\$363,268
3942.09	9164	University of Manitoba	U.S. Agency for International Development	GHCS (USAID)	National Institute of Mental Health and Neuro Sciences	N	\$64,876
3942.09	9164	University of Manitoba	U.S. Agency for International Development	GHCS (USAID)	Sadhane	N	\$165,540
3942.09	9164	University of Manitoba	U.S. Agency for International Development	GHCS (USAID)	Snehadaan Care and Support Counseling Centre	N	\$293,256
3942.09	9164	University of Manitoba	U.S. Agency for International Development	GHCS (USAID)	St. John's Medical College	N	\$221,057
3942.09	9164	University of Manitoba	U.S. Agency for International Development	GHCS (USAID)	Swami Vivekananda Youth Movement	N	\$215,440
3942.09	9164	University of Manitoba	U.S. Agency for International Development	GHCS (USAID)	Swasti	N	\$218,916
3942.09	9164	University of Manitoba	U.S. Agency for International Development	GHCS (USAID)	UJWALA Rural Developemt Service Society	N	\$162,516
3942.09	9164	University of Manitoba	U.S. Agency for International Development	GHCS (USAID)	Vimukthi AIDS Tadegattuva Mahila Sangha	N	\$68,923
3949.09	9457	Voluntary Health Services	U.S. Agency for International Development	GHCS (USAID)	To Be Determined	N	\$45,000
3949.09	9457	Voluntary Health Services	U.S. Agency for International Development	GHCS (USAID)	To Be Determined	N	██████████
3949.09	9457	Voluntary Health Services	U.S. Agency for International Development	GHCS (USAID)	To Be Determined	N	██████████
3949.09	9457	Voluntary Health Services	U.S. Agency for International Development	GHCS (USAID)	To Be Determined	N	██████████
3949.09	9457	Voluntary Health Services	U.S. Agency for International Development	GHCS (USAID)	To Be Determined	N	██████████
3949.09	9457	Voluntary Health Services	U.S. Agency for International Development	GHCS (USAID)	To Be Determined	N	██████████
3949.09	9457	Voluntary Health Services	U.S. Agency for International Development	GHCS (USAID)	To Be Determined	N	██████████
3949.09	9457	Voluntary Health Services	U.S. Agency for International Development	GHCS (USAID)	To Be Determined	N	██████████
3949.09	9457	Voluntary Health Services	U.S. Agency for International Development	GHCS (USAID)	To Be Determined	N	██████████
3949.09	9457	Voluntary Health Services	U.S. Agency for International Development	GHCS (USAID)	To Be Determined	N	██████████
3949.09	9457	Voluntary Health Services	U.S. Agency for International Development	GHCS (USAID)	To Be Determined	N	██████████





**Table 3.2: Sub-Partners List**

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
3949.09	9457	Voluntary Health Services	U.S. Agency for International Development	GHCS (USAID)	Empower, Tuticorin	N	\$45,000
3949.09	9457	Voluntary Health Services	U.S. Agency for International Development	GHCS (USAID)	Flame Advertising Company, Ltd.	N	\$61,143
3949.09	9457	Voluntary Health Services	U.S. Agency for International Development	GHCS (USAID)	Geofiny Technology Private Limited	N	\$4,762
3949.09	9457	Voluntary Health Services	U.S. Agency for International Development	GHCS (USAID)	Gramium, Karur	N	\$75,333
3949.09	9457	Voluntary Health Services	U.S. Agency for International Development	GHCS (USAID)	Indian Community Welfare Organisation, Mahabalipuram	N	\$30,333
3949.09	9457	Voluntary Health Services	U.S. Agency for International Development	GHCS (USAID)	Indian Network of Positive People	N	\$35,714
3949.09	9457	Voluntary Health Services	U.S. Agency for International Development	GHCS (USAID)	Kancheepuram District Network of Positive People	N	\$30,333
3949.09	9457	Voluntary Health Services	U.S. Agency for International Development	GHCS (USAID)	League for Education and Development	N	\$30,333
3949.09	9457	Voluntary Health Services	U.S. Agency for International Development	GHCS (USAID)	Madras Social Development Society, Chennai	N	\$45,000
3949.09	9457	Voluntary Health Services	U.S. Agency for International Development	GHCS (USAID)	Mahatma Gandhi Elaignar Narpani Mandram, Namakkal	N	\$30,333
3949.09	9457	Voluntary Health Services	U.S. Agency for International Development	GHCS (USAID)	Media Vision	N	\$61,143
3949.09	9457	Voluntary Health Services	U.S. Agency for International Development	GHCS (USAID)	Net Access India Private Limited	N	\$4,762
3949.09	9457	Voluntary Health Services	U.S. Agency for International Development	GHCS (USAID)	Pache Trust, Madurai	N	\$45,000
3949.09	9457	Voluntary Health Services	U.S. Agency for International Development	GHCS (USAID)	People's Development Initiative, Tiruchirapalli	N	\$42,238
3949.09	9457	Voluntary Health Services	U.S. Agency for International Development	GHCS (USAID)	Perundurai Medical College	N	\$66,234
3949.09	9457	Voluntary Health Services	U.S. Agency for International Development	GHCS (USAID)	Rakshashi Cemantics, Chennai	N	\$61,143
3949.09	9457	Voluntary Health Services	U.S. Agency for International Development	GHCS (USAID)	Rural Education And Development Society, Tiruvannamalai	N	\$45,000
3949.09	9457	Voluntary Health Services	U.S. Agency for International Development	GHCS (USAID)	Sahodaran	N	\$56,905
3949.09	9457	Voluntary Health Services	U.S. Agency for International Development	GHCS (USAID)	Sakshi Automation, Chennai	N	\$23,810
3949.09	9457	Voluntary Health Services	U.S. Agency for International Development	GHCS (USAID)	Scientific Educational Development For Community Organisation, Sattankulam	N	\$45,000
3949.09	9457	Voluntary Health Services	U.S. Agency for International Development	GHCS (USAID)	Shreshta Communications	N	\$61,143
3949.09	9457	Voluntary Health Services	U.S. Agency for International Development	GHCS (USAID)	Social Welfare Association For Men , Chennai	N	\$45,000
3949.09	9457	Voluntary Health Services	U.S. Agency for International Development	GHCS (USAID)	Society For Development, Research & Training, Pondicherry	N	\$45,000
3949.09	9457	Voluntary Health Services	U.S. Agency for International Development	GHCS (USAID)	Society For Education, Village Action & Improvement, Tiruchirapalli	N	\$45,000
3949.09	9457	Voluntary Health Services	U.S. Agency for International Development	GHCS (USAID)	Solidarity and Action Against The HIV Infection in India	N	\$194,262
3949.09	9457	Voluntary Health Services	U.S. Agency for International Development	GHCS (USAID)	South Indian AIDS Action Programme, Chennai	N	\$34,322
3949.09	9457	Voluntary Health Services	U.S. Agency for International Development	GHCS (USAID)	The Carmelite Sisters of St. Theresa, Villupuram	N	\$30,333

**Table 3.2: Sub-Partners List**

<b>Mech ID</b>	<b>System ID</b>	<b>Prime Partner</b>	<b>Agency</b>	<b>Funding Source</b>	<b>Sub-Partner</b>	<b>TBD Funding</b>	<b>Planned Funding</b>
3949.09	9457	Voluntary Health Services	U.S. Agency for International Development	GHCS (USAID)	Village Beneficiaries Education & Development Society, Karaikkal	N	\$45,000

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### Table 3.3: Program Budget Code and Program Narrative Planning Table of Contents

Program Budget Code: 01 - MTCT Prevention: PMTCT

**Total Planned Funding for Program Budget Code: \$725,295**

#### Program Area Narrative:

**Overview:** It is a great challenge to implement Prevention of Mother to Child Transmission (PMTCT) services in a large population in a concentrated epidemic. There has been a large scale-up of the Government of India's (GOI) PMTCT program in the last three years. In the priority states supported by the United States Government (USG), the contributions of the United States programs are to increase demand, uptake and utilization of the services provided through support from the Global Fund, to mobilize the public sector with public-private partnerships, and to directly support a few model programs.

The national seroprevalence of HIV in women in antenatal care in India is estimated to be 0.22% (range 0.03% in Himachal Pradesh to 1.67% in Manipur). Given that there are an estimated 27 million deliveries annually in India, an estimated 85,000 infected women become pregnant and give birth to 25,000 infected babies each year. In 2007, 3.4 million pregnant women (12% of the pregnancies in India) received PMTCT services and 18,449 women tested positive. A goal of the third National AIDS Control Program (NACP-III) is to reach 7.5 million pregnant mothers with PMTCT services, and provide services for 75,600 HIV-positive mothers through 4,955 centers by 2012.

The national program for prevention of mother to child transmission (PMTCT), based on single dose Nevirapine (NVP), began in late 2002 in 11 health care facilities and has grown to 4,245 sites in 2007. The program is known in India as the prevention of Parent to Child Transmission (PPTCT) to avoid stigmatization of the mother. The national implementation plan calls for multi-sectoral activities with other departments, including the Ministry of Health and Family Welfare's Reproductive and Child Health (RCH) program; the Ministry of Women and Child Development; the Indian Council of Medical Research; and the Indian Academy of Pediatrics. The success of the national PPTCT program will depend on the active involvement of all players.

The most important challenges for prevention of mother-to-child transmission (PMTCT) in India are to improve the identification, testing and follow-up of infected pregnant women and their infants. Forty percent of deliveries occur at home and a large number of known infected mothers are lost to follow-up after delivery. Women may be lost to follow-up because of moving to remote districts as part of the cultural norm of delivery at their mother's house. However, only 45% of infected pregnant women and their children received NVP prophylaxis in 2007. Additionally, infant diagnosis is weak with limited facilities for the testing of infants at 6 weeks, then 6 months, as outlined in the national guidelines. PMTCT coverage also depends on the extent of integration with the National Reproductive and Child Health program that provides maternal and child health services at district level and below and integration with the new National Rural Health Mission.

The national strategy is to expand PMTCT services to the community health center (CHC) level in all districts and to extend care and support programs for the mother and her family. Antenatal clinics (ANCs) will remain the primary sites for identifying HIV-infected women in need of PMTCT services. Testing will continue to be an opt-out option. Single dose NVP, which is cheap, effective and programmatically easy to administer in a country of India's size, remains the regimen of choice. NACO is studying the feasibility of introducing new regimens with greater efficacy and lower risk of developing drug resistance and a report is awaited. Under NACP-III, public-private partnerships to facilitate delivery of care and also rapid infant diagnosis using DNA/PCR techniques are being planned to improve coverage and increase the uptake of PMTCT services.

Issues identified in the NACP-III planning process included expanding access to PMTCT-plus, defining a minimum package of services for different levels of care, developing standard operating procedures, strengthening follow up services, intensifying HIV/STI prevention, and facilitating participation of the private sector. NACO has developed policies and national guidelines for a comprehensive care package for HIV-infected mothers, their infants and partners. These include guidelines on increasing access to ART and policies on weaning and breastfeeding. GOI follows the WHO guidelines on infant feeding practices and counselors are trained to follow the AFASS (Acceptable, Feasible, Affordable, Sustainable and Safe) guidelines.

**Coordination and Other Donor Support:** UNICEF is the lead agency and key technical partner for PMTCT and has provided guidelines, training modules and support for monitoring and evaluation, and quality assurance. USG supports a PMTCT officer at NACO and UNICEF supports PMTCT officers in the States. UNICEF and USG are members of the National PMTCT Working Group, which assisted in the development of the national PMTCT guidelines. The Global Fund Rounds 2 and 4 have played a significant role in scaling up the PMTCT program and strengthening health provider capacity. The implementation of NACP-III involves many GOI ministries and agencies: the Ministry of Health and Family Welfare, the Ministry of Women and Child Development and professional bodies like the Indian Council of Medical Research and the Indian Academy of Pediatrics.

**Current USG Support:** USG-funded programs in Tamil Nadu (TN), Karnataka, Maharashtra and Andhra Pradesh (AP) have contributed significantly to raising the demand for and utilization of PMTCT services.

Training to improve referrals and follow up in PMTCT programs has been incorporated in all USG health-provider training

programs in AP and TN. USG is also strengthening referral systems and demand creation to increase uptake. In Karnataka, USG supports supervision teams for Integrated Counseling and Testing Centers (ICTCs) in 14 districts and also supports 5 model PMTCT centers linked to maternity care institutions and MCH services. The package covers service provider training, Quality Improvement (QI), monitoring follow-up, and supervision training. The demand creation component includes motivating male partners of pregnant women to be tested. In Maharashtra, USG supports enhanced outreach to strengthen uptake of PMTCT services at 6 ANC clinics located at Community Health Care Centers.

The second USG strategy is to increase the engagement of the private sector in providing quality PMTCT services. The USG, in partnership with the pharmaceutical industry, supports a private sector program to deliver PMTCT services for 5,000 mother-baby pairs in private nursing homes in AP and TN. In Tamil Nadu, the Perundurai Medical College is a nodal service point for 16 private nursing homes that provide provider-initiated testing and counseling of pregnant women and link them with prophylactic ART services at the PMTCT centers. Stigma remains a significant barrier to providing a full PMTCT service in the private sector, as some institutions will not deliver HIV-infected women, and this must be addressed.

USG FY09 Support: In FY09, USG activities will focus more on providing technical assistance for PMTCT programming and begin to transition away from direct implementation of programs. The priorities are:

1. Strengthen the Capacity of Healthcare Providers through Training and Supervision. USG will use a variety of approaches to support quality service delivery of PMTCT. The USG-supported programs in Karnataka and AP will continue to provide direct support to the SACS for human capacity development to facilitate expanded access and coverage of PMTCT services in the districts. The model developed in AP to strengthen delivery of PMTCT services in primary health care centers through training and ongoing supervision for over 300 private sector nurse-practitioners will be demonstrated at state level with the goal of transitioning this model to other states.

In Karnataka, USG provides technical assistance for developing 5 model PMTCT centers across the state, also with the goal of providing a model of good practice to transition to government in the next 2-3 years. In TN, USG support includes the fellowship training program at the Government Hospital for Thoracic Medicine (GHTM) that will build the capacity of government and private health care providers to provide quality PMTCT services.

2. Building the Capacity of the Private Sector. USG will provide TA to SACS to increase the capacity of the private sector to offer a full spectrum of PMTCT services according to national guidelines. This will include adoption of protocols for treatment and patient management, strengthening follow-up for mother-baby pairs, NVP prophylaxis, maintenance of patient records and reporting and costing guidelines.

USG's work in developing prototypes for private sector engagement in PMTCT (private nursing homes in AP and TN, Perundurai Medical College in TN), will continue, but in partnership with NACO, USG will encourage the development of quality self-sustaining services for PMTCT in the private sector, as a routine service. USG will also continue to mobilize and leverage resources from corporate and business associations for nutritional support for mother and baby, the cost of elective surgeries and ARV drugs (including pediatric doses).

3. Demand Generation and Increased Access to Services: Studies indicate there is very low awareness of the perinatal mode of transmission of HIV in India, contributing to a low demand for testing. The USG will support the GOI link worker system to increase the uptake of PPTCT services. In US priority states, the model PPTCT centers will conduct community mobilization and ensure services are accessible to most at-risk populations without discrimination. Outreach workers will also target men as supportive partners to encourage testing and disclosure, follow-up of mother and child, and support for treatment.

4. Strengthened Linkages with Reproductive Health (RH) Programs: Technical assistance (TA) to the SACS will also focus on developing linkages with other RH programs. USG will provide TA for integrating PMTCT services with RTI/STI, family planning, safe motherhood and TB services. This will be promoted through linkages with other GOI-supported programs, such as the nation-wide STI franchises under the public-private-partnerships of NACO, select employee state insurance coverage hospitals, the National Rural Health Mission and National Urban Health Mission, and the Revised National Tuberculosis Control Program.

**Table 3.3.01: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3969.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> US Centers for Disease Control and Prevention	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GAP	<b>Program Area:</b> Prevention: PMTCT
<b>Budget Code:</b> MTCT	<b>Program Budget Code:</b> 01
<b>Activity ID:</b> 11471.25423.09	<b>Planned Funds:</b> \$58,183
<b>Activity System ID:</b> 25423	
<b>Activity Narrative:</b> \$58,183 in CDC GAP funding is necessary to support a percentage of expenses and activities for one technical staff member in the Hyderabad Consulate. The amount requested includes salaries, fringe, travel proportionate office overhead, desk, operational charges, head tax charges, and ICASS charges.	
<b>New/Continuing Activity:</b> Continuing Activity	

**Continuing Activity: 14460**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14460	11471.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6846	5786.08		\$44,323

**Table 3.3.01: Activities by Funding Mechanism**

**Mechanism ID:** 3950.09

**Mechanism:** N/A

**Prime Partner:** Johns Hopkins University  
Center for Communication Programs

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (USAID)

**Program Area:** Prevention: PMTCT

**Budget Code:** MTCT

**Program Budget Code:** 01

**Activity ID:** 14164.20895.09

**Planned Funds:** \$100,000

**Activity System ID:** 20895

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

**BACKGROUND**

The Maharashtra State AIDS Control Society (MSACS) has rapidly scaled up Integrated Counseling Testing Centers (ICTCs) to over 600 centers in the state. As of yet, little effort has been made to mobilize the community to utilize these services. The overall coverage of pregnant women under the ICTC services in the six districts is low at 38.6%. The National AIDS Control Organization (NACO) has stated the need for community mobilization efforts to increase the utilization of the HIV/AIDS services in the state and recommended that Avert implement the community mobilization activities and JHU provide communication support for demand generation in the six priority districts.

**ACTIVITIES AND EXPECTED RESULTS**

**ACTIVITY 1: Creating Demand for PMTCT Services**

In FY09, JHU will intensify the PMTCT demand generation campaign in Maharashtra and Goa. Based on the lessons learned, JHU will provide technical assistance to NACO for a national level campaign.

**ACTIVITY 2: Involving Men in PMTCT**

No Change

**FY 2008 NARRATIVE**

**SUMMARY**

Prevention of mother to child transmission (PMTCT) is an important prevention strategy of the third phase of the National AIDS Control Program (NACP-3). The Health Communication Partnership/Johns Hopkins University (HCP/JHU) will provide technical assistance (TA) to the state and national program to create demand for PMTCT services. HCP/JHU will assist in the development of campaign materials and support the implementation, monitoring, and evaluation of the campaign.

**BACKGROUND**

HCP/JHU implements a targeted HIV/AIDS communication program in Maharashtra State under the Avert Society project. In the first phase (ended in July 2007), HCP/JHU provided TA to the state in the design, implementation, monitoring and evaluation of behavior change communication activities in HIV/AIDS across a range of issues including advocacy, work place interventions, NGO capacity building, youth, care and treatment and high-risk behavior interventions. Several of these activities and approaches have been adopted by NACO for national level use. In FY08, HCP/JHU will provide technical support to the Maharashtra State AIDS Control Society (MSACS), the Goa State AIDS Control Society (GSACS) and the Avert project in the design, development and operationalization of a state-wide communication program. The aim of the communication program in Phase 2 of the HCP/JHU project (July 2007-June 2011) is to support the state in developing a unified communication response including uniform communication messaging, product development and implementation. The communication program will also support the TA needs of the National AIDS Control Program.

**ACTIVITIES AND EXPECTED RESULTS**

The third phase of the National AIDS Control Program (NACP-3) has accorded high priority to PMTCT. Under NACP-3, existing VCTCs and PPTCT centers are being re-modeled as a hub that integrates all HIV-related services and are renamed Integrated Counseling and Testing Centers (ICTCs). ICTCs are envisaged as a key entry point for both men and women for a range of HIV/AIDS services. In FY08, the Avert project will provide technical support to MSACS and GSACS in strengthening the ICTCs to increase coverage of quality PMTCT services. In FY08, HCP/JHU will provide the communication support to increase the uptake of PMTCT services in the public and private CT centers.

**ACTIVITY 1: Creating Demand for PMTCT Services**

In FY08, HCP/JHU will assist in developing a multimedia campaign strategy that will include working with NGOs, CBOs, ICTC centers and link workers to create a demand for PMTCT services. HCP/JHU will develop prototype materials, including a video that will be based on the stories of mothers who have been able to prevent HIV transmission to their babies. This video will portray the recommended steps that both men and women can take and through positive role modeling will seek to educate and promote the importance of seeking care for PMTCT. This entertainment-education video will be shown in over 700 ICTC centers and at waiting rooms of antenatal clinics. The video will also focus on safe infant feeding practices, immunization and HIV testing of the infant at 18 months, integrated with RCH services. Based on discussions with MSACS, GSACS and NACO, the video will be designed to focus on long-term follow-up of mother and child for opportunistic infections, ARV treatment and adherence for drugs. In addition, technical assistance will be provided to MSACS in developing one TV spot, one radio spot, two posters and give-away materials for NGOs and CBOs. HCP/JHU will also develop specific communication materials targeting medical doctors, nurses, paramedical staff, counselors and hospital attendants to address their attitudes and assist them to provide quality PMTCT services to pregnant HIV positive women. These materials will be distributed to the ICTC team in 700 centers. At the national level, HCP/JHU will provide technical assistance to NACO to replicate the PMTCT materials in 12 languages.

**ACTIVITY 2: Involving Men in PMTCT**

Reducing the risk of mother to child transmission of HIV requires a broader view than simply testing pregnant women, providing short course ARVs and promoting exclusive breastfeeding. Men also need to protect their partners from infection, especially during pregnancy and breastfeeding, by knowing their HIV status and adopting safer sexual practices. The PMTCT communication strategies will thus view both men and women as equal partners. HCP will develop prototype materials that will target men and women and educate men through NGOs and community media activities about the risks of transmission to their wives and babies.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14164

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14164	14164.08	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	6713	3950.08		\$88,000

**Emphasis Areas**

Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.01: Activities by Funding Mechanism**

**Mechanism ID:** 3966.09

**Mechanism:** N/A

**Prime Partner:** Leprosy Relief Association  
India

**USG Agency:** HHS/Centers for Disease  
Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Prevention: PMTCT

**Budget Code:** MTCT

**Program Budget Code:** 01

**Activity ID:** 6216.20902.09

**Planned Funds:** \$30,000

**Activity System ID:** 20902



## Activity Narrative: CONTINUING ACTIVITY - NEW ACTIVITY NARRATIVE

### SUMMARY

USG and LEPRA, through its sub-partner, the Catholic Health Association of India (CHAI), will continue PMTCT activities from the previous year. These activities are part of the broader PHC Enhancement Project. Based out of a Primary Health Center (PHC) hub, activities include: developing linkages with health workers for follow-up of HIV-positive pregnant women; motivating them to seek HIV counseling and testing; following up HIV-positive pregnant women to access PMTCT; linking them to existing PMTCT centers; supervising the delivery of PMTCT services at the PHCs, and continuous training of nurses and community resource persons (CRP) in PMTCT outreach services. Specific target populations for this activity include pregnant women, women in self-help groups, Village Health Committees, and community resource persons. Presently, services are being delivered in the 266 PHCs spread across 10 high-burden (prevalence greater than 1%) districts in the state, covering the PHCs' population of approximately 13 million. In the fourth year of the program, these activities will continue to be implemented primarily by CHAI.

In FY09, the responsibility of supportive supervision and management of the PHC Enhancement Project will be shared between USG partners and the Government of India-appointed District AIDS Prevention and Control Unit (DAPCU). USG funding of the current district teams will cease in FY09. This is part of the sustainability plan for the PHC Enhancement Project, which will be handed over to the government in FY09, with activities taken over by the DAPCU.

### BACKGROUND

LEPRA Society, an NGO based in Hyderabad, in the southern state of Andhra Pradesh (AP), works among sub-populations in select villages across 53 districts in four states of India: AP, Orissa, Bihar and Madhya Pradesh. Current programs include activities in public health and rural development, such as TB interventions, HIV awareness and prevention, care and support to PLHA, malaria, and prevention of blindness. LEPRA's strengths are grassroots-level interventions for rural, vulnerable, and difficult-to-reach sub-populations. LEPRA emphasizes sustainability and cost-effectiveness by building individual and partner agency capabilities. LEPRA Society is a leading partner of the Andhra Pradesh State AIDS Control Society (APSACS) in implementing a large scale HIV counseling and testing program in over 500 health facilities and is also a joint implementing partner of APSACS in other critical state-level HIV interventions.

USG has been working in AP with LEPRA, and its sub partner the Catholic Health Association of India (CHAI), since 2005. CHAI, established in 1943, is India's largest NGO in the health sector with nearly 3,273 member institutions that include large, mid-sized and small hospitals, health centers, and diocesan social services societies. CHAI promotes community health and enables the community, especially the poor and the marginalized, to be collectively responsible for attaining and maintaining their health, demand health as a right, and ensure the availability of quality health care at reasonable cost.

Andhra Pradesh (AP), a state in South India with a population of 80.8 million, has an estimated 500,000 PLHA. Antenatal HIV prevalence is over 1% in 19 of the 23 districts, yet access to HIV services is scarce, especially in the rural areas. Each PHC, the basic health care unit in India, serves a population of 30,000. Given the vast coverage of PHCs, and the urgent need for rural access to testing, care, and treatment services, the integration of HIV/AIDS services into the existing PHC level was urgently needed. APSACS expanded counseling and testing services to the rural PHC level, unlike in other states in India, where the services remain exclusively urban and peri-urban. There is a total of 677 Integrated Counseling and Testing Centers (ICTCs), which offer PPTCT, counseling and testing, and TB/HIV care, support and treatment services at the PHC level. Facility based palliative care is provided on an out-patient basis.

### ACTIVITIES AND EXPECTED RESULTS

Unlike other ICTC testing facilities, the PMTCT services in LEPRA's program are offered by a nurse practitioner (NP), supported by APSACS and trained by USG, in the PHC facilities. The strategy is not only cost efficient, but also facilitates the integration of HIV services into routine PHC services. The nurse practitioners are government staff, not paid for by LEPRA. The USG pays for the system of supervision, whereby one supervisor for every 10-15 NPs visits each center on an average once every 4 weeks to provide on-site supervision, training, and feedback. In FY09, USG-supported PHCs will provide increased access to quality HIV services and enhanced patient follow-up by program-trained nurses. The administration of Nevirapine to mother-baby pairs at these centers is estimated to be more than 80 % with the help of linkages established at PHC.

### ACTIVITY 1: PHC Enhancement Project (PHCEP)

In partnership with the SACS and CHAI, CDC/India funded a pilot model for strengthening services at 20 PHCs in high-burden districts. The strategy provided a nurse to each PHC, who was trained in the delivery of comprehensive HIV/AIDS care and treatment services – ncluding counseling and testing, PMTCT, treatment of opportunistic infections and STIs – as well as in community prevention outreach, home based follow-up care, and referral services. These services provide a continuum of care for PLHA by networking with other existing HIV care, treatment, and support providers. They include counseling and testing for the surrounding communities, demand generation for PMTCT services through outreach, administration of Nevirapine prophylaxis, and referrals for treatment and support through partnerships with local NGOs and CBOs. HIV-positive clients are linked to government centers for CD4 screening and ART, if appropriate.

In addition, state government resources were leveraged to support training activities, the nurses' salaries, and supplies. USG funded the supervision system. The supervision system includes a District Program Manager in 6 of 10 districts and two nurse-supervisors for each district at the sub-districts (all positions funded by USG). Within 12 months in FY07, this model was scaled up from 10 to 266 PHCs, covering 36.2 million people in 10 high-burden districts. Between January and December 2007, 112,483 pregnant clients accessed counseling and testing (CT) services at the program's PHCs, of which 1,120 clients were HIV positive (0.91%). In FY09, it is expected that approximately 100,000 women will access CT for PMTCT and that around 470 women will be given Nevirapine during delivery.

**Activity Narrative:** As part of PMTCT services at the PHCs, there is a focus on safe motherhood, through care for the antenatal, intra-partum and post-natal period for HIV-infected women. Infant-feeding options and related counseling and follow of HIV-exposed infants until 18 months of age, as well as routine immunization are linked to the child survival services at the PHC level.

USG-funded supervisors are trained in comprehensive HIV prevention, care, and treatment with a major focus on supportive supervision, home based care and community level risk mapping. They are the immediate mentors of the Nurse Practitioners. They provide direct supervision of NPs in the field and through the district supervisors connect the NPs with district and state units. In FY09, the nurse supervisors will be trained in mentoring the NPs on replacement feeding and support services, so that NPs can provide antenatal, peri- and postpartum counseling and support to HIV-positive mothers on: infant feeding options and vertical transmission; on-going nutritional and clinical assessment of exposed infants; replacement feeding support, and associated counseling. Linkages between the staff of PHC and TB programs will continue. This will include screening of HIV-infected pregnant mothers for TB as part of PMTCT services.

CHAI, in collaboration with the district health authorities, will also train existing PHC staff in HIV counseling and testing. This includes couple counseling and partner notification and PHC staff are expected to encourage testing for spouses. Nurses will be provided annual refresher training on PMTCT skills. Auxiliary nurse midwives (ANM) and PLHA outreach workers will be expected to follow up with HIV-positive pregnant women during pregnancy and babies of HIV-positive mothers for 18 months after birth.

**ACTIVITY 2: Sustainability Plan for PHCEP, including Supervision, Monitoring and Program Management of District-Level PMTCT Services in AP**

USG will support mainstreaming of PHCEP activities into the routine work of the PHC. This is in line with the National AIDS Control Plan's (NACP-III) strategy to scale up the delivery of HIV/AIDS services at the PHC level. In FY09, an outcome review of the PHCEP program will be carried out. A sustainability plan has been developed in coordination with the Government of India and other major donors to ensure continuation of the PHCEP program through mainstreaming. The District Program Managers will be transitioned to the DAPCU team with responsibility for overall supervision and monitoring of district activities, including PMTCT services. The nurse supervisors will, however, continue to be funded by USG.

**ACTIVITY 3: A Demonstration Project on PMTCT in Orissa**

LEPRA Society will provide technical assistance to the Orissa State AIDS Control Society (OSACS) for a demonstration project in PMTCT in FY08-FY09. This objective of this project is to provide prevention of mother-to-child transmission (PMTCT) services to women in need who have minimal access to services and thus minimize the rate of PMTCT. The providers will advocate institutional deliveries for positive women, administer Nevirapine in institutional and non-institutional deliveries, provide positive mothers with child rearing information, enhance follow-up services, and work towards developing sustainable linkages at the community level.

The TA will focus on training, supportive supervision, and monitoring. In collaboration with OSACS, USG partners will train and place 12 outreach workers, two block supervisors and one project officer in two blocks of Ganjam and Koraput districts. The block supervisor and project officer will monitor activities. The outreach workers will facilitate HIV testing of antenatal mothers at ICTCs: those who are seropositive will be closely followed up until institutional delivery and administration of Nevirapine to the mother-baby pairs. The newborn will also be followed up on by the outreach worker until 18 months of age. LEPRA will disseminate and demonstrate this model to facilitate scaling it up to other high prevalence districts in Orissa state.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14297

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14297	6216.08	HHS/Centers for Disease Control & Prevention	Leprosy Relief Association India	6767	3966.08		\$55,000
10881	6216.07	HHS/Centers for Disease Control & Prevention	Leprosy Relief Association India	5616	3966.07		\$115,000
6216	6216.06	HHS/Centers for Disease Control & Prevention	Leprosy Relief Association India	3966	3966.06		\$65,000

**Emphasis Areas**

Health-related Wraparound Programs

- \* Child Survival Activities
- \* Safe Motherhood
- \* TB

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.01: Activities by Funding Mechanism**

**Mechanism ID:** 3967.09

**Prime Partner:** Share Medici (Networking)

**Funding Source:** GHCS (State)

**Budget Code:** MTCT

**Activity ID:** 11503.20920.09

**Activity System ID:** 20920

**Mechanism:** APAIDSCON

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Program Area:** Prevention: PMTCT

**Program Budget Code:** 01

**Planned Funds:** \$10,000

## Activity Narrative: ACTIVITY UNCHANGED FROM FY2008

### FY 2008 NARRATIVE SUMMARY

The Andhra Pradesh AIDS Consortium (APAIDSCON), a consortium of 15 private medical colleges, plans to continue activities under this program area including: training of medical providers on positive deliveries, managing integrated counseling and testing centers (ICTCs) in each of its 15 member medical colleges, and motivating and following HIV-positive pregnant women to access and use PMTCT services through the use of peer educators/outreach workers. The focus will be on improving the number of HIV-positive pregnant women provided with Nevirapine prophylaxis and delivered in an institutional setting.

### BACKGROUND

In India, over 80% of curative health care is provided in the private sector where facilities range from state of the art to barely adequate. Traditionally medical education has been the preserve of government medical schools; however in the last five years there has been an explosive growth of private medical schools and over the next decade the bulk of newly trained medical graduates will come from the private sector.

In 2005, Science Health Allied Research and Education (SHARE)/MediCiti established APAIDSCON, a consortium of 15 private medical colleges. Recently, as an effort to reach out to the private for-profit health sector, 25 private small to medium size hospitals were added to the consortium. Fundamentally, APAIDSCON was established as a mechanism to strengthen the organizational capacity of its member institutions.

The fact that 15 independent and often competing private medical colleges came together and formed a consortium to address HIV and medical education issues is a noteworthy initial outcome and model for the country. The formation of a consortium has led to more substantive system strengthening, including the successful completion of joint training programs, curriculum sharing, advocacy for government funded HIV testing and counseling centers in all 15 colleges, and a linkage system for subsidized CD4 testing.

The primary aim of the consortium is to ensure that future medical graduates (over 1500 annually) as well as nurses and allied health professionals are well trained to address HIV AIDS. APAIDSCON builds collaborative programs with private entities as well as Government agencies, promotes the implementation of national guidelines and best practices in addressing the HIV AIDS epidemic, and is supporting a comprehensive multi-disciplinary strategy to combat the HIV/AIDS epidemic in the state with the highest estimated burden of HIV in India.

### ACTIVITIES AND EXPECTED RESULTS

FY07 activities for PMTCT will continue with FY08 funding. They will center on monitoring the progress of the PMTCT program in the 15 private medical colleges and 5 nursing homes in the Consortium, through support for staff and ongoing supervision and monitoring. PMTCT activities also include motivating pregnant women to access counseling and testing for HIV with informed consent, using the test results to make decisions about PMTCT, and providing appropriate referrals for follow-up care, treatment, and support, including family planning guidance. The target population is predominantly rural in areas catered to by the respective private medical colleges.

The objective of the PMTCT program is to make these services available to as many pregnant women as possible. In addition to this, the program encourages institutional deliveries, especially for HIV positive women so that prophylaxis with antiretrovirals can be administered to a mother and baby pair and subsequent follow up is ensured.

### ACTIVITY 1: Monitoring and Administration of PMTCT Program Sites

APAIDSCON is in charge of monitoring the progress of the PMTCT program in the 15 Private Medical Colleges and 5 nursing homes (small hospitals). A counselor and a laboratory technician are placed by the Andhra Pradesh State AIDS Control Society (APSACS) in all the institutes to provide the basic PMTCT services. These two personnel will report to the Integrated Counseling and Testing Centers (ICTC) director of the institute. A Field Coordinator and Program Manager are supported by APAIDSCON at state level, who make frequent visits to the institutes to guide the counselors and laboratory technicians in providing services in accordance with the National AIDS Control Organization (NACO) guidelines. The supervisory staff is also responsible for data management of the PMTCT centers at the State level and for sending regular reports to APSACS. The program is expected to cover a population of approximately 38700 antenatal mothers in FY2008.

APAIDSCON serves as a conduit for test kits, delivery kits, laboratory technicians and counselors provided by APSACS in the 15 private medical college hospitals. The funds for these staff and commodities have been leveraged from APSACS and are valued at over \$125,000 per year. This will continue in FY2008.

### ACTIVITY 2: Appointment of Peer Counselors

In FY08, to strengthen the follow up procedure for ANC mothers, 15 peer counselors will be placed in APAIDSCON partner institutes in order to strengthen Ante-Natal Care (ANC), peri-natal prophylaxis in infected mothers and follow up. The peer counselors' work will be field-based and they will report to the ICTC director of each institute. As a result, it is expected that the percentage of pregnant women identified as HIV positive who deliver in an institution and receive single dose Nevirapine (NVP) will increase from under 50% currently to at least 70% by the end of FY08.

### ACTIVITY 3: Demand Generation

Awareness will be created in the regions surrounding the medical institutes and nursing homes (small hospitals) to encourage more and more pregnant women to access the PMTCT services provided at the centers. To achieve this objective Information Education Communication (IEC) material in the form of posters, flip charts, leaflets, and booklets will be supplied to the centers on a regular basis. The institutes will conduct regular outreach activities in the community to make them aware of the facilities available at the

**Activity Narrative:** institute. The outreach activities will include such activities as street plays, puppet shows, and door-to-door campaigns.

**ACTIVITY 4: Training of Medical Providers**

In FY08, APAIDSCON will provide OB/GYN physicians and nurses with advanced clinical training as well refresher sessions to overcome fear and reduce stigma and discrimination. This will encourage them to conduct more positive deliveries and provide NVP to the mother and baby pair. APAIDSCON will continue to explore creative ways to encourage more active participation in the PMTCT program by physicians and hospital management.

In addition, all counselors and laboratory technicians will continue to be trained on the basics of PMTCT services. Quarterly review meetings of the counselors and the laboratory technicians will be organized at the state level. In these review meetings/refresher courses, the skills counselors and the laboratory technicians will be upgraded and they will be kept current with NACO guidelines.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14578

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14578	11503.08	HHS/Centers for Disease Control & Prevention	Share Mediciti (Networking)	6879	3967.08	APAIDSCON	\$10,000

**Emphasis Areas**

Gender

- \* Increasing gender equity in HIV/AIDS programs
- \* Increasing women's access to income and productive resources

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development      \$10,000

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.01: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 3942.09	<b>Mechanism:</b> Samastha
<b>Prime Partner:</b> University of Manitoba	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (USAID)	<b>Program Area:</b> Prevention: PMTCT
<b>Budget Code:</b> MTCT	<b>Program Budget Code:</b> 01
<b>Activity ID:</b> 10934.20937.09	<b>Planned Funds:</b> \$40,084
<b>Activity System ID:</b> 20937	

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

**ACTIVITY 1: Launching Full Service PMTCT Centers**

This activity will continue as planned in COP08, however, the sixth PMTCT site will now be based in Andhra Pradesh, taking the total number of model PMTCT sites in Karnataka to five.

PMTCT sites, now called Integrated Counseling and Testing Centers (ICTC), are set up at various levels, such as primary health centers, taluka health centers and district health centers. In Karnataka there are 561 ICTC, which require quality improvement in standard operating procedures, client-friendly services, work environments, supportive supervision and mentorship. The Samastha program will use the model ICTC sites in Karnataka and Andhra Pradesh as best practice "experiential learning sites" – providing hands-on training – under a public private partnership model with the respective State AIDS Control Societies. The model sites will test innovative tools such as individualized CMIS, development of standard operating procedures and for showcasing a replicable and quality driven model of ICTC. While doing so, these sites will adhere to national guidelines and will demonstrate functional standard operating procedures, regular and significant supportive supervision, application of quality assurance monitoring tools such as COPE© (developed by EngenderHealth), on-site trainings on stigma and discrimination and other necessary inputs. This initiative is in line with the NACP-III and the GFATM7, under which supportive supervision of counselors is envisaged.

In sub-district level PMTCT sites, there is only one counselor, usually a male. In such instances, the Samastha program will provide an additional female counselor to ensure gender equity practices and to encourage MARPs, especially FSWs to utilized CT services.

**ACTIVITY 2: Building Capacity for Quality Service Delivery**

No change

**ACTIVITY 3: Creating Demand for Services**

In previous years, it was assumed that there would be only a few centers that would accept HIV+ pregnant women for delivery. However, all centers recognized through the Yeshaswini Health Insurance Scheme and the National Rural Health Mission are now required to perform deliveries of positive women. Thus, the target for number of positive deliveries at USG-supported sites has been reduced in COP09.

**ACTIVITY 4: Careful Screening for Quality Assurance**

No change

The following new activity is proposed for COP09:

**ACTIVITY 5: Integrating HIV care with the National Rural Health Mission (NRHM)**

The Government of Karnataka launched the Yeshaswini scheme under the NRHM to increase access among rural and urban pregnant women to institutional deliveries in 2008. HIV positive pregnant women are now included in this scheme. Hospital delivery is jointly planned by the medical officer of the Primary Health Center, the Auxiliary Nurse midwife and the HIV positive pregnant women, in the spirit of shared confidentiality. The Government of Karnataka covers the cost of a hospital delivery in recognized private and government centers. The program will use field level community outreach workers, such as Link Workers, to mobilize pregnant women to undergo HIV testing and hospital deliveries and to ensure that those HIV infected receive Nevirapine prophylaxis and follow-up HIV care. The District RCH officer of the state government is responsible for ensuring availability of Nevirapine and delivery kits to the hospital. The former is provided through the KSAPS, whereas the latter is a state initiative under the NRHM. This model of integration between the NACP-III and NRHM is unique within the country.

**FY 2008 NARRATIVE SUMMARY**

The Samastha project will establish six model integrated counseling and testing centers (ICTCs) which are combined Counseling and Testing (CT) and PMTCT centers. These centers will be provided with supportive supervision and role-based training in skills, knowledge, and practice. The centers will be supported by well-planned outreach to ensure that women and their partners play an effective role in their utilization. The remaining PMTCT centers funded through Karnataka State AIDS Prevention Society (KSAPS) will be provided with follow-up capacity-building and supportive supervision for their personnel.

**BACKGROUND**

The University of Manitoba (UM) implements the Samastha project- a comprehensive prevention, care and treatment project implemented in partnership with Population Services International (PSI) and EngenderHealth (EH) in 15 districts in Karnataka and 5 selected coastal districts of Andhra Pradesh. PMTCT is a key prevention strategy under the third phase of India's National AIDS Control Program (NACP -3). Sites for model PMTCT centers will be decided in an evidence-based manner, taking into account the needs of the community. By the end of September 2007, the National Institute of Mental Health and Neuro Sciences (NIMHANS), an accredited national center for counseling, will propose guidelines and implantation plans for establishment of model PMTCT centers and plans during the following year, 2007–2008.

This program activity will be implemented in collaboration with KSAPS, NIMHANS, EH, and PSI to leverage logistics, human resources, capacity-building, outreach communication, supportive supervision and monitoring.

**ACTIVITIES AND EXPECTED RESULTS**

**ACTIVITY 1: Launching Full Service PMTCT Centers**

These six model ICTCs will be established in non-governmental community settings. The PMTCT center will

**Activity Narrative:** be located within or linked to maternity care institutions to ensure HIV+ pregnant women deliver in institutional settings with ARV prophylaxis delivered to the mother and baby. Each center will have two counselors, one medical officer, and one lab technician. The model centers will allow KSAPS to establish sustainable standard operating procedures in a PMTCT setting and offer the full-range of PMTCT services: (1) counseling and testing for pregnant women and their spouse; (2) ARV prophylaxis to prevent MTCT for those who test positive; (3) counseling and support for safe infant feeding practices; (4) family planning counseling and services or referral; (5) sero-discordant couples counseling; (6) and linkage to the nearest IPPCC (Integrated Positive Prevention and Care Centers), CSC (Care and Support centers) and ART centers for ongoing HIV care. Providers, outreach workers, and Link Workers (a cadre of community workers to be established under NACP-3 to link prevention outreach activities with care services) will be linked to PLHA support groups to follow-up on adherence and provide supportive community-level counseling.

Efforts will be made to leverage testing kits, ARVs, consumables and managerial assistance from District Supervisors through KSAPS and/or UNICEF.

**ACTIVITY 2: Building Capacity for Quality Service Delivery**

Personnel from each of the six model PMTCT centers, such as the medical doctor, nurse, lab technician, and counselors (approximately 30 persons in 6 districts) will be provided need/role-based training in necessary skills, knowledge, and practice according to national and international standards. To create a non-threatening environment for the clients, non-PMTCT center staff (approximately 60) in the hospital or care institution will also undergo training in stigma and discrimination, values and attitudes, sexual and reproductive health, and the needs and objectives of PMTCT interventions. These trainings will be directly planned and implemented by the Samastha project.

Apart from the six model centers, PMTCT centers across the state will be provided supportive supervision and mentored through district supervisors and supervision teams.

**ACTIVITY 3: Creating Demand for Services**

A well-defined outreach plan to maximize the number of pregnant women accessing services will be a primary focus. Outreach will be led by Link Workers and other outreach staff, with each center aiming to reach a minimum of 100 pregnant women per year with quality counseling, testing, and test results. Referrals through active promotion of institutional deliveries, especially for women who test HIV-positive, will result in an estimated 60 HIV-positive pregnant women receiving a complete course of ARV prophylaxis in a PMTCT setting

Care providers will be trained in outreach, linkages, and appropriate referral skills to ensure PMTCT programs are an entry-point to other care and support services on the care, prevention and support service continuum. PMTCT personnel will be trained in government and non-governmental services to increase and improve utilization of all available services.

Outreach will also focus on long-term follow-up of mother and child for OI treatment and ART, to ensure adherence to drugs, safe infant feeding practices, immunizations, HIV testing of the infant at 18 months, and integration of RCH services. Involvement of men as partners in care and support will be a priority through community outreach and a counseling approach that facilitates safe disclosure for men and women.

**ACTIVITY 4: Careful Screening for Quality Assurance**

Program activities will be monitored for effective implementation, logistic supply and delivery mechanisms, gender sensitivity, and to ensure that national and international standards are maintained. District supervisors, regional coordinators, and zonal coordinators from the state level supportive supervision teams (SST) system as well as the Samastha project's own regional and zonal managers will monitor these centers.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14166

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14166	10934.08	U.S. Agency for International Development	University of Manitoba	6715	3942.08	Samastha	\$35,360
10934	10934.07	U.S. Agency for International Development	University of Manitoba	5783	5783.07		\$110,000

## Emphasis Areas

Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- \* Safe Motherhood

## Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development      \$16,219

## Public Health Evaluation

## Food and Nutrition: Policy, Tools, and Service Delivery

## Food and Nutrition: Commodities

## Economic Strengthening

## Education

## Water

Estimated amount of funding that is planned for Water      \$500

**Table 3.3.01: Activities by Funding Mechanism**

**Mechanism ID:** 3964.09

**Prime Partner:** MYRADA

**Funding Source:** GHCS (State)

**Budget Code:** MTCT

**Activity ID:** 21393.09

**Activity System ID:** 21393

**Mechanism:** N/A

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Program Area:** Prevention: PMTCT

**Program Budget Code:** 01

**Planned Funds:** \$42,000



## Activity Narrative: NEW ACTIVITY NARRATIVE:

### SUMMARY

In the final year of the program, activities will continue to be carried out by the prime partner MYRADA and its sub-grantees in four districts. The main program in the field is high risk rural prevention, care and support (now adopted as the Link Worker Scheme by the National AIDS Control Organization). This link worker program has several components addressing HIV/AIDS prevention, care and support, one of which is Prevention of Mother-to-Child (PMTCT) activities. The PMTCT activities include motivating pregnant women to seek HIV counseling and testing (CT), providing CT following up with HIV-positive pregnant women to access PMTCT, linking the existing village health committees to the existing PMTCT centers; and training of Community Resource Persons (CRPs) in PMTCT outreach services. Specific target populations for this activity include pregnant women, women in Self Help Groups (SHGs), village health committees, and CRPs. Expected program results are in line with the National AIDS Control Program Phase 3 (NACP-III) plans of the National AIDS Control Organization (NACO), and will contribute to improving the current situation in Karnataka state.

### BACKGROUND

MYRADA, a 40 year old field-based NGO based in Karnataka, India, has been directly working in the focus areas of improving livelihoods of poor and vulnerable women, natural resource management, reproductive child health (RCH) and HIV/AIDS in the state of Karnataka, and neighboring border areas of Tamil Nadu and Andhra Pradesh. In addition, MYRADA provides regular technical assistance to various government and non-projects in India, Central and South Asia, and Africa. All MYRADA's work is built on the underlying principles of sustainability and cost effectiveness through building local people's institutions and capacities, and fostering effective linkages and networking. These principles have also been incorporated into the MYRADA's program with USG since its inception in FY 2006.

In the first 2 years of this program (FY06), MYRADA decided to work in two districts of Northern Karnataka – Belgaum and Gulbarga. This has now changed following a request by NACO, CDC and USAID that only one agency support one district. The MYRADA program will now implement its activities in four districts that have been allocated by the Karnataka State AIDS Prevention Society (KSAPS) to MYRADA.

### ACTIVITIES AND EXPECTED RESULTS

One of the identified areas for implementation in the four districts was PMTCT. Until recently, the uptake of PMTCT services in the state was around 10%. The new National Rural Health Mission (NRHM) in Karnataka has strengthened the program by incorporating referral and follow-up of pregnant women through the existing local health system of Auxiliary Nurse Midwives and Accredited Social Work Activities workers. There is still, however, a need for individual follow up and counseling of HIV-positive pregnant women.

In FY09, the PMTCT activity will be expanded to four districts in Karnataka (Chamrajnagar, Kodagu, Mandya and Bidar), three of which are located in southern Karnataka. In all these areas, MYRADA already has a presence in other development projects. This will enable the team to initiate this program relatively quickly. New components of this activity will be initiated, including follow-up counseling of positive pregnant women, as well as linkages with the Village Health Committee and government PMTCT centers. While the government PMTCT centers will provide the actual PMTCT medical services and drugs, MYRADA will do the community outreach, referrals and follow up. Care has been taken to ensure that the field areas are not being covered under the USG-supported Samastha program in Karnataka to avoid any possible overlap and double counting.

#### ACTIVITY 1: Community Outreach to All Pregnant Women to Avail PMTCT Services

Through a group of CRPs, all pregnant women in the selected areas of four districts will be motivated through one on one and group discussions in their communities to undergo VCT, after which they will be followed up if tested HIV positive. Their partners will also be motivated to support this. The CRPs will also work with Self-Help Groups and the Village Health Committees (VHCs) to link the committees to the existing PMTCT centers and to strengthen VHC support for CT testing for pregnant women and subsequent attendance at PMTCT if the woman is HIV positive. VHC members and community level workers will be trained in the basics of PMTCT.

By FY09, all pregnant women in 400 villages of 4 districts will be motivated to undergo HIV testing and at least 50 % of those testing positive will be followed up on for 18 months after delivery. It is expected that the percentage of pregnant women getting tested in all the four implementation areas will increase significantly, and that the current average PMTCT uptake of around 20% will increase to at least 50%. This will include both women who use the Myrada CT outreach services as well as those who are motivated to use government CT and PMTCT services.

#### ACTIVITY 2: Provision of Counseling and Testing for Pregnant Women

The MYRADA outreach voluntary counseling and testing center (VCTC) will continue to do voluntary counseling and testing (VCT) of all pregnant women. If found positive, follow up will include specific follow-up counseling, ensuring that the women undergo regular antenatal health check ups and referring them for institutional delivery at the PMTCT center and ART workup at the government ART center. These women will be followed up on for 18 months after delivery, during which time the focus will be on infant feeding practices, health of mother and baby and referring the baby for HIV testing at the age of 18 months.

#### ACTIVITY 3: Establishing Linkages between VHC and PMTCT Centers

One of the outcomes of the prevention programs with adult men and women has been the formation of village health committees (VHCs), which are local institutions responsible for HIV and related health activities in each village. One of the VHC responsibilities is to ensure that all pregnant women in their villages make use of PMTCT services. The program staff will set up effective linkages between these committees and the government PMTCT centers so that referral will be effectively implemented. All 100 VHCs formed will be linked to the nearest PMTCT center.

**Activity Narrative:** ACTIVITY 4: Adaptation and Translation of Training Material

Training material on communicating PMTCT messages with pregnant women, already developed by the CDC-supported ITECH project, will be adapted and translated into Kannada and distributed to the community level workers and village health committee members. This will ensure that standard and correct messages are communicated in all areas.

ACTIVITY 5: Training of Outreach and Other Staff

In order for the activities to be carried out, all CRPs and their supervisors will be trained on the basics of PMTCT. The CRPs will also be trained in follow-up counseling, while the VHC members will be trained on the basics of PMTCT and the importance of linkages with the government.

ACTIVITY 6: Long-Term Sustainability

By the end of FY09, it is hoped that MYRADA will establish a good referral system in all its working areas between the local village and the government PMTCT centers, whether through the VHC, Self-Help Groups (SHG), or any other appropriate persons. This will continue through FY10. It will ensure sustainability of the program and a strong link between the communities, the local-community based organizations and the government. Using CRPs from the district positive network will facilitate their own programs in the field, enhance their capacity to do outreach, provide livelihood options to PLHA, and address stigma and discrimination issues in the field through their interactions with the community members and leaders. Active collaboration with other PEPFAR-funded partners such as INP+ and IndiaCLEN will strengthen the overall PMTCT response in the three southern high prevalence states of India.

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Emphasis Areas**

Gender

- \* Addressing male norms and behaviors

Health-related Wraparound Programs

- \* Child Survival Activities
- \* Safe Motherhood

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development      \$30,000

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.01: Activities by Funding Mechanism**

**Mechanism ID:** 3949.09

**Mechanism:** APAC

**Prime Partner:** Voluntary Health Services

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (USAID)

**Program Area:** Prevention: PMTCT

**Budget Code:** MTCT

**Program Budget Code:** 01

**Activity ID:** 10933.21826.09

**Planned Funds:** \$108,328

**Activity System ID:** 21826

## Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The following new activity will be undertaken in FY09:

### ACTIVITY 4: Community Mobilization & Demand Generation Activities

APAC, in consultation with Tamil Nadu State AIDS Control Society (TNSACS), will support a rapid assessment of the existing community mobilization and demand generation activities for PMTCT. Based on the assessment's findings, appropriate communication tools will be developed for use in public and private sector PMTCT centers. The communication tools will focus on: spouse counseling; minimizing risk of HIV transmission during delivery; ARV prophylaxis for HIV-infected mother and newborn; maternal nutrition; safe breast feeding; early infant diagnosis; and linkages with care continuum services.

APAC will also work with the auxiliary nurse mid-wives, anganwadi workers, link workers and NGOs working in reproductive and maternal health programs, to create awareness and demand for PMTCT services. At the district and block headquarter hospitals, the project will support street plays focusing on PMTCT messages. Counselors will be oriented on counseling of sero-discordance and supported disclosure. APAC will also review the existing systems available for HIV infected mother-baby follow-up, and based on need will introduce a mother-child health follow-up card. Through these efforts the project aims to: a) reduce the loss to follow-up cases from 15% to 5%; b) increase infant diagnosis from 70% to 85%; and c) increase the knowledge and skills of PMTCT staff on the full package of PMTCT services.

### FY 2008 NARRATIVE SUMMARY

Prevention of mother-to-child transmission (PMTCT) programs in the state of Tamil Nadu are relatively less developed and are primarily implemented in public sector health care settings. Additionally, there is an overall lack of expertise within the medical community in the area of PMTCT programs. In FY08, the AIDS Prevention and Control (APAC) project will support comprehensive PMTCT initiatives in the private sector through: supporting a network of 19 private hospitals, building the capacity of 300 private physicians working with medical associations, and ensuring linkages of the trained physicians with PLHA networks and other care continuum providers. The project will also build the capacity of the public sector through provision of technical assistance (TA) to the local State AIDS authorities for comprehensive scale up of a quality PMTCT program.

### BACKGROUND

For the past twelve years, with USG support, Voluntary Health Services (VHS) has been implementing the APAC project in the southern state of Tamil Nadu. APAC initially focused primarily on targeted interventions for most-at-risk-populations (MARPs), but has expanded efforts over the last few years to support a more comprehensive approach to HIV/AIDS prevention, care and treatment. Tamil Nadu has been successful in controlling HIV (prevalence among antenatal women has dropped from 1.13% in 2001 to 0.5% in 2005) and the APAC project has significantly contributed to this success. The National AIDS Control Organization (NACO) has recognized the expertise and contributions of the APAC project and has requested APAC to provide technical support to the State AIDS Control Societies (SACS) of Tamil Nadu, Puducherry and Kerala by setting up a Technical Support Unit (TSU) in Tamil Nadu and Kerala, consisting of a core team of consultants/experts co-located with the SACS, with a mandate to assist the SACS in scaling-up programs, improving efficiency and quality. APAC also serves as the vice-chair on the Technical Working Group on Targeted Interventions for the country.

PMTCT services for pregnant women in India are primarily concentrated in the public sector. Despite a high proportion of pregnant women in India accessing antenatal services in the private sector, PMTCT has still not received adequate emphasis from private sector health care providers. The national objective of reducing infections in the newborn can be attained if access to PMTCT services is expanded to private health care settings. Existing data from public sector health care institutions in Tamil Nadu indicate that while there is an increase in the number of pregnant women getting counseled and tested, a large proportion (more than 30%) of HIV-positive pregnant women do not receive ARV prophylaxis due to lack of adequate follow-up. Data pertaining to the private sector is also sparse at best. The APAC project will support activities that encourage the private sector to provide comprehensive PMTCT services, thereby complementing public sector efforts. The APAC project will also coordinate with the SACS and other stakeholders to evolve systems to increase the proportion of HIV positive pregnant women receiving prophylaxis and follow-up care from public health care settings.

### ACTIVITIES AND EXPECTED RESULTS

#### ACTIVITY 1: Increasing Access to Comprehensive PMTCT Services through a Network of Private Hospitals

The APAC project will support 19 private hospitals (16 secondary-level hospitals with provision for institutional deliveries and three tertiary-level hospitals to provide comprehensive PMTCT services) in selected high-prevalence districts in the states of Tamil Nadu and Puducherry. These hospitals will provide PMTCT, TB-HIV co-infection management, and palliative care services including ARVs. Through this initiative, APAC aims to increase the coverage of antenatal women in these high-prevalence districts, motivate private sector health care institutions to get involved in HIV/AIDS management, and establish sustainable models for replication. In each of the private hospitals, the project will support the services of trained counselors who will provide counseling for antenatal, delivery and postnatal care for all pregnant women. Counselors will be part-time. Each counselor will provide services to a minimum of two private hospitals, each having a good client load of antenatal women. The PMTCT package of services will include counseling and testing for pregnant women, ARV prophylaxis for HIV-infected pregnant women and newborns, counseling and support for maternal nutrition, post delivery follow-up for safe infant feeding practices, infant diagnosis and need-based linkages to care and treatment services for the mother, child and family. Counselors will also focus on counseling and motivating the husbands of the antenatal women for HIV testing.

**Activity Narrative:** APAC will train health care providers in private hospitals on: a) provision of comprehensive PMTCT services; b) national PMTCT guidelines and standard operating protocols; c) universal precautions; and d) establishing strong linkages with NGOs, PLHA networks and other care continuum providers. The private hospitals will also provide palliative care services, thus ensuring that HIV-positive pregnant women and their families have access to clinical services under one roof even after delivery. Quality assurance and accreditation of the private hospitals is planned through State AIDS Control Societies and other agencies. Demand generation for PMTCT services will be done through NGOs (both APAC- and SACS-supported), networking with other health care providers, agencies and local communication campaigns. It is estimated that nearly 6000 antenatal mothers will benefit annually through this initiative. This initiative is based on the existing experience of APAC's support to IRT Perundurai Medical College, which is a tertiary care center that has been supported by APAC since FY06.

**ACTIVITY 2: Increase the Pool of Trained Health Care Providers Providing PMTCT Services**  
 In two high-prevalence districts of Tamil Nadu, APAC plans to collaborate with the Federation of Obstetrics and Gynecologists Society of India (FOGSI) to train obstetricians on comprehensive PMTCT services, thereby increasing the pool of trained health care providers in the district. A total of 350 obstetricians will be trained and followed-up. Existing training modules will be reviewed and modified to comply with the national guidelines and protocols. The training curriculum will have a focus on: a) provider initiated counseling and testing; b) counseling HIV- positive pregnant women on continuation of pregnancy and delivery; c) ARV prophylaxis for HIV-infected pregnant women and newborns; d) counseling and support for maternal nutrition and safe infant feeding practices; and e) referral for the continuum of care services. There will be periodic follow-up of trained health care providers and experience-sharing meetings with other doctors in the state. Linkages between the trained health care providers and local NGOs working on HIV programs will be established. FOGSI will be the coordinating agency for training the doctors. Efforts will be begun to mobilize support from leading pharmaceutical companies to sponsor training costs and the cost of providing subsidized drugs to the trained health care providers. This initiative is designed to facilitate sustainable networks between FOGSI, trained doctors, NGOs and pharmaceutical companies.

**ACTIVITY 3: Strengthen Systems in the Public Sector for Comprehensive PMTCT Services through TSU Support**  
 APAC will provide assistance to the SACS through the TSU to scale up the PMTCT programs in Tamil Nadu and Kerala. APAC, in coordination with SACS and other USG partners including CDC, will assess gaps in the delivery of PMTCT services in public sector health care settings through a review of data from public sector PMTCT sites, carry out joint field assessments, and develop a plan to improve systems for delivery of comprehensive PMTCT services in public health care settings. APAC support will also include strengthening the Management Information System at the state level to help better understand the program, identify gaps, and facilitate timely and effective program-related decisions. The TSU will also assist the District AIDS Prevention and Control Units to effectively monitor the quality of field-based PMTCT programs.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14154

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14154	10933.08	U.S. Agency for International Development	Voluntary Health Services	6720	3949.08	APAC	\$148,500
10933	10933.07	U.S. Agency for International Development	Voluntary Health Services	5604	3949.07		\$245,000

## Emphasis Areas

Gender

- \* Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- \* Child Survival Activities
- \* Safe Motherhood

## Human Capacity Development

## Public Health Evaluation

## Food and Nutrition: Policy, Tools, and Service Delivery

## Food and Nutrition: Commodities

## Economic Strengthening

## Education

## Water

**Table 3.3.01: Activities by Funding Mechanism**

**Mechanism ID:** 3962.09

**Prime Partner:** University of Washington

**Funding Source:** GHCS (State)

**Budget Code:** MTCT

**Activity ID:** 11498.21836.09

**Activity System ID:** 21836

**Mechanism:** I-TECH (International Training and Education Center on HIV)

**USG Agency:** HHS/Health Resources Services Administration

**Program Area:** Prevention: PMTCT

**Program Budget Code:** 01

**Planned Funds:** \$30,000

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

**ACTIVITY 1: NACO HIV Specialists and MO Trainings**

Since 2004, GHTM and I-TECH have conducted 40 NACO trainings for over 658 clinicians. In FY08, I-TECH supported capacity development at GHTM, with the long-term goal of GHTM coordinating logistics as well as monitoring and evaluation (M&E) for these trainings. In FY09, a primary goal for I-TECH will be creating training systems models that can be institutionalized at the national level. This is in line with NACP-III priorities to strengthen training systems as a function of capacity building. As the scale up of ART Centers under NACP-III continues, there will be a need for evaluated, effective training and mentoring models.

In FY09, 80 physicians from ART centers will receive training, including a PMTCT overview. A sub-set of MOs will receive an in-depth PMTCT session and OB/GYN-focused field-visit. This will support NACO's efforts to scale up and strengthen the quality of PMTCT services. I-TECH will: a) advocate with NACO to develop a training curriculum for the Link and Community Care Centers' clinical and auxiliary staff; and b) support GHTM in the roll-out of ART Refresher Trainings using the I-TECH-developed and WHO-supported, ART Refresher Training Curriculum (RTC). Forty physicians will be trained using the RTC in FY09.

**ACTIVITY 2: HIV Fellowship Program and ART Treatment Provision**

In FY09, I-TECH will design, improve, systematize, and expand capacity development models for clinical and auxiliary staff at training institutions and Centers of Excellence (COE). This will include the continuation and evaluation of the one-year residential HIV/AIDS Clinical Fellowship Program. Besides the Fellowship training, the Program also provides significant human and technical resources to support adult and pediatric care and treatment services at GHTM, providing 60% of the GHTM physician workforce and direct clinical care to approximately 30,000 PLHA annually.

In FY09, I-TECH will focus on creating a Fellowship Program model for clinical staff that can be expanded and adapted at other national COEs, with a goal to institutionalize this model into the NACO-supported HIV program. I-TECH will explore expansion into a second year and establish partnerships with local universities for accreditation and long-term sustainability. I-TECH will also work on packaging the curriculum and on national-level advocacy to identify suitable sites for replication.

**ACTIVITY 3: Nursing Trainings and Roll Out of ENHANCE TOTs**

In FY09, I-TECH will expand capacity development models for clinical and auxiliary staff at training institutions and Centers of Excellence (COE). This will include ENHANCE (Empowering Nurses to deliver HIV/AIDS Care and Education) Nurse Training. This is a thirteen-module interactive, case-based training for hospital and ART Center nurses focusing on prevention, treatment, and care and support for PLHA. I-TECH has used a TOT model to train close to 500 nurses at GHTM and other partner institutions. ENHANCE training for nurses is especially suited as a complimentary component to a training package for physicians in large training institutions and COEs. I-TECH will identify and collaborate with new partners, including RDT and BelAir, to roll out ENHANCE. IN FY09, 100 nurses will be trained using this curriculum.

ACTIVITIES 4 and 5 rolled into other activities.

**ACTIVITY 6: Clinical Consultation "Warmline"**

I-TECH will provide long-term decision and TA support via distance consultation using our piloted and evaluated clinical consultation telephone "Warmline". During the recent 3-month pilot phase, the "Warmline" averaged 60 calls per month, predominately from ART MOs seeking guidance on HIV treatment issues like peri-natal HIV transmission, ART prophylaxis, drug interactions, patient monitoring, and pediatric HIV diagnosis.

**ACTIVITY 7: Indian Nurse Specialist in HIV/AIDS and ART**

Under GFATM Round 7, NACO is giving high priority to develop the capacity of nurses and other health care providers. In FY09, I-TECH will support the Indian Nurse Specialist in HIV/AIDS and ART (INSHAA) Program, whose primary target population is nurses in decentralized ART Centers and Community Care and Support Centers. According to NACO's operational guidelines, task shifting of nurses' roles and responsibilities can be introduced in these centers.

INSHAA is a four-week intensive training/clinical mentoring program with ongoing on-site mentoring; it includes all six levels of I-TECH's framework for training. INSHAA addresses training gaps and needs of nurses in decentralized ART Centers and Community Care and Support Centers in India in order to task shift nurses roles and responsibilities. A rapid needs assessment and key informant interviews were carried out in Andhra Pradesh (AP) and several collaborative training partners identified. The INSHAA curriculum will be developed by I-TECH.

The training program will be piloted in AP. It will use 15 nurse mentors to train 50 nurses from 24 ART Centers and 95 Community Care and Support Centers to serve as Indian Nurse Specialists in HIV/AIDS and ART. I-TECH will use a TOT and Mentoring of Mentors model to train Indian School of Nursing faculty, I-TECH nursing staff and nurse consultants, and local staff nurses showing leadership potential in order to develop a pool of Indian nurse trainers and clinical mentors. Once the pilot is evaluated and revised, it can be adapted for many similar settings. I-TECH is in a unique position to provide TA to other sites for implementation of INSHAA. INSHAA will ultimately result in enhancing the role and status of nurses and improving the quality of HIV care, treatment and support for PLHA in India.

**FY 2008 NARRATIVE SUMMARY**

Since its inception, I-TECH has recognized the importance of addressing PMTCT in its training activities including counseling, testing, and prevention messages as well as ARV treatment and prophylaxis. As such, I-TECH has incorporated national standards-based comprehensive PMTCT service components in the

**Activity Narrative:** following activities: 1) NACO Medical Officer and HIV Specialist Trainings, 2) Government Hospital of Thoracic Medicine (GHTM)/I-TECH HIV Fellowship Program, 3) nurse trainings for partner and 4) trainings using WHO's Integrated Management of Adult and Adolescent Illnesses (IMAI). New initiatives for FY08 include: 1) 2-3 month nurses training program on HIV 2) implementation of a consultation hotline for HIV clinicians in India. These activities also link to Palliative Care, ARV Services, and Systems Strengthening Program Areas and cover in-service training, task shifting, and local organization capacity building efforts. Primary target populations include nurses and physicians.

#### BACKGROUND

I-TECH is a collaboration between the University of Washington Seattle and the University of California San Francisco. It supports the development of HIV/AIDS treatment, care and support training initiatives in more than a dozen developing countries impacted by the global AIDS pandemic, and incorporates a holistic approach to care for PLHAs. Established in 2003, I-TECH partnered with CDC/GAP to create a Center of Excellence in training, treatment and care services at the Government Hospital of Thoracic Medicine (GHTM), Tambaram, Chennai in Tamil Nadu. GHTM is India's largest TB/HIV care center providing care to 30,000 PLHAs annually and is also a NACO recognized ART and Training Center. Infrastructure at GHTM includes the Training Center, an ART Center, and state-of-the-art laboratory facilities supported by USG funds. GHTM is known for its high quality and stigma free care to PLHAs. I-TECH at GHTM has the capacity, knowledge and experience to execute high impact programs.

#### ACTIVITIES AND EXPECTED RESULTS

##### ACTIVITY 1: (on-going) HIV Specialists and Medical Officers' Trainings

Funding from USG supported the development of an international standard Training Center at GHTM. The GHTM Training Center, also a national Center of Excellence, hosts trainings on behalf of NACO for Medical Officers and HIV Specialists with intensive training coordination support from I-TECH. GHTM is an ideal site for these trainings because of the involvement of the I-TECH Fellowship Faculty as well as the access to complex and varied clinical cases. Since the first NACO training in 2004, GHTM and I-TECH have jointly conducted a total of 22 NACO trainings, serving 450 clinicians. In FY08, it is expected that an additional 100 ART Centers will be established, each requiring Medical Officers to be trained for the centers to be operational.

I-TECH in collaboration with NACO and support from WHO India revised the national HIV Specialists and Medical Officers curricula, which is now being used by all ten regional ART Training Centers for the HIV Specialists and Medical Officers Trainings and will continue to be used to train physicians from all new ART Centers. The Trainings include a general PMTCT overview and for some participants include an in-depth PMTCT session with a field visit to Government Institute of Obstetrics/Gynecology. Continuing these trainings will support NACO in efforts to scale-up and strengthen the quality of PMTCT services. This activity also supports ARV, Palliative Care, and TB/HIV program areas.

##### ACTIVITY 2: (on-going) HIV Fellowship Program

The ongoing GHTM/I-TECH HIV Fellowship Program funded by PEPFAR is an innovative year-long training program preparing junior and mid-level physicians to be leaders in HIV-related care, support, education, and research thereby building long term capacities for India to manage the HIV epidemic in the coming years. Through this USG supported program, Fellows gain critical skills to provide a wide range of high quality HIV/AIDS patient care services including comprehensive PMTCT services such as ARV treatment and prophylaxis, safer delivery practices, and infant-feeding practices for mothers who are HIV-exposed. These skills are gained through a variety of participatory training activities, including daily hands-on clinical training and experiential learning through didactic and case-based sessions. The first cohort of 11 Fellows graduated in November 2006, with 14 more Fellows graduating by November 2007. Recruitment for the third cohort of 18 Fellows for FY08 is currently underway. The Fellowship Program also supports Palliative Care, ARV, TB/HIV, Prevention, Strategic Information as well as System Strengthening.

##### ACTIVITY 3 (on-going): Nursing Trainings Program

I-TECH in collaboration with multiple partners will continue to conduct nursing trainings in high prevalence states such as Andhra Pradesh, Maharashtra, and Tamil Nadu, with the goal of advancing the role of nurses in HIV services. The trainings include PMTCT topics such as testing and prevention messages for women of childbearing age as well as counseling HIV positive pregnant women on the risks of perinatal transmission. I-TECH, working with the Indian Nursing Council (INC), NACO and with support from the Clinton Foundation developed a 14 module nursing training curriculum which once approved by NACO will be used as the national HIV/AIDS nursing curriculum in India. With continued support in FY08, 1000 nurses will be trained, including nurse trainers.

##### ACTIVITY 4 (on-going): WHO's IMAI Trainings

I-TECH's Clinical Team has been trained on WHO's Integrated Management of Adult and Adolescent Illnesses and facilitates trainings using this curriculum for doctors, nurses, and counselors in one high prevalence district in Tamil Nadu. This curriculum covers PMTCT topics with an emphasis on prevention and counseling. In FY08, I-TECH will facilitate scale-up of PMTCT services by expanding these trainings to multi-disciplinary teams through local NGO partnerships and the network mission hospitals in high prevalence areas in India. This scale-up will train an additional 120 nurses and 60 physicians and support the sustainability of high quality PMTCT services throughout India.

##### ACTIVITY 5: (new) HIV Fellowship for Nurses - 2-3 Months Nurses' Training

While there are a limited number of trained doctors able to provide ART in India, there is a vast pool of nurses who are not trained in HIV/AIDS and are therefore underutilized. I-TECH proposes to develop a 2-3 month training program for nurses to address this need to be established in early FY08. This program will develop a pool of advanced trained nurses in HIV/AIDS topics, including PMTCT prevention and counseling. A key component of this program will include advanced training on prevention strategies and methods including the opportunity to pilot prevention interventions through exposure visits to local NGOs. Best practices will be documented with the aim to replicate this program in other similar settings. This activity also supports Palliative Care, TB/HIV, Prevention, and Systems Strengthening Program Areas. It is expected that in FY 2008, I-TECH will conduct two batches of the Nursing Fellowship Program reaching at

**Activity Narrative:** least 30 nurses with the goal to expand in FY09.

**ACTIVITY 6: (new) Clinical Consultation Hotline**

Healthcare providers in India have limited training on HIV/AIDS care and often do not have the resources or time to keep up with cutting-edge clinical updates on HIV/AIDS. Moreover, the best technical information is often not applicable to specific patients with complex medical and social problems in the Indian setting with resource constraints (e.g. lack of advanced medical diagnostic facilities in rural settings where 70% of Indian population lives). To address the need for accurate real-time clinical information on HIV, I-TECH will establish a clinical consultation hotline to provide physicians with easy and timely access to up-to-date HIV clinical information, and individualized India-specific expert case consultation. This hotline will support sustainability in HIV care and services by providing long-term follow-up support to clinicians trained under the NACO ART Training Program. Specifically, this hotline will support application of clinical skills learned in NACO Specialist and Medical Officer Training programs which includes comprehensive PMTCT services. It is expected that clinical technical assistance will be provided through approximately 2000 clinical consultations annually. This program will be implemented by I-TECH with clinical support from GHTM and technical support from the National HIV/AIDS Clinicians' Consultation Center, based at the University of California, San Francisco (UCSF). This activity also supports Palliative Care, TB/HIV, Strategic Information, and Systems Strengthening Program Areas.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 16006

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16006	11498.08	HHS/Health Resources Services Administration	University of Washington	6901	3962.08	I-TECH (International Training and Education Center on HIV)	\$30,000
11498	11498.07	HHS/Centers for Disease Control & Prevention	MYRADA	5617	3964.07		\$15,000

**Emphasis Areas**

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$20,000

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.01: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 6721.09	<b>Mechanism:</b> Connect
<b>Prime Partner:</b> Population Services International	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Prevention: PMTCT
<b>Budget Code:</b> MTCT	<b>Program Budget Code:</b> 01



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**Activity ID:** 14165.21905.09

**Planned Funds:** \$199,895

**Activity System ID:** 21905

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FOR FY09:

**SUMMARY**

In FY08, Connect focused on establishing three additional PMTCT sites in private medical centers. Over 5,000 pregnant women have been counseled and tested and have received their results through six Connect supported sites, with an average HIV positivity rate reported around 3% (greater than the average rates reported from surrounding government and other ante-natal care (ANC) clinics).

In FY09, the Connect Project will focus on transitioning all Connect-supported PMTCT clinics to public-private partnership (PPP) initiatives under National and State AIDS Control (NACO and SACS) programs or relevant private medical sector partners. Connect will act as a catalyst to bring various players in India together to share best practices and lessons learned while engaging the private medical sector for PMTCT services.

ACTIVITIES 1, 2 & 5 from FY08 are being merged into one activity in FY09, entitled 'Engage the Private Medical Sector In and Around Most At Risk Populations to Implement PMTCT'.

In FY09, Connect will intensify its efforts to mobilize the private sector to support PMTCT among those engaged in the most at-risk industrial sectors. Connect will coordinate institutional capacity building efforts so that these institutions are equipped to run PMTCT services on their own. Connect will also strengthen linkages with care and support/ART centers and TB services such as Revised National TB Control Program (RNTCP) to monitor improved treatment outcomes for TB and HIV patients. Connect will also mobilize various industry associations and corporate businesses to visit Connect-supported health facilities and scale up services through PPP in other areas.

**ACTIVITY 3 (FY 08): Involvement of Male Partners in Utilization of PMTCT Services**

The counseling component will now also include prevention counseling for discordant couples, especially HIV positive men with HIV negative pregnant wives, who are likely at very high risk of sero-conversion.

**ACTIVITY 4 (FY 08): Raising Resources for Sustainability of PMTCT - No change**

**ACTIVITY 6 (FY 08): Capacity Building of Local NGOs and the SACS - No change**

The following three activities are new in COP 2009:

**ACTIVITY 7 (New - FY 09): Build Knowledge Base on the Best Practices Under the Private Sector PMTCT Models Implemented in India**

There is a strong need to build the inventory and knowledge base on the various models for engaging the private medical sector in HIV/AIDS prevention and care services. The Connect project will constitute a technical resource group of government, USG partners and other stakeholders to understand the effectiveness of each of the models. The best practices will be documented to serve as a resource guide (including a web-based system) for private sector engagement. The Connect project will conduct national and state level workshops to disseminate the best practices to NACO/SACS/TSU, the private medical sector and donors. The activity is envisaged to support NACO/SACS to strengthen the private sector PMTCT/Integrated Counseling and Testing Center (ICTC) models.

**ACTIVITY 8 (New - FY 09): Transfer Connect-Supported Private Sector PMTCT Sites to NACO to Serve as Learning Sites under NACP-III**

In FY09 the focus will be on transferring the Connect model sites to SACS and NACO to serve as learning sites for private sector engagement, as part of the NACP-III strategies. The Connect project will conduct an evaluation of the six PMTCT sites. The findings of this evaluation and overall lessons learned will be disseminated to NACO/SACS and NGOs through a national symposium and two regional level workshops. The Connect project will facilitate visits by SACS/NACO to demonstrate quality assurance mechanisms and case management approach for monitoring the effectiveness of PMTCT programs. It is envisaged that by the end of FY09, all six Connect supported PMTCT sites will be transferred to NACO.

**ACTIVITY 9 (New - FY09): Mitigating Stigma and Discrimination against PLHA Among the Medical and Paramedical Staff of Private Medical Sector**

In FY09, Connect will mobilize and conduct a stigma reduction program with private medical and paramedical staff. The key activity will be to design an overall training module and implementation plan to break barriers and address myths and misconceptions related to PLHAs. Connect will seek the support of local medical and paramedical professional associations, such as the Indian Medical Association (IMA) and the Federation of Obstetricians and Gynecologists Societies of India (FOGSI), to reach out to private medical and paramedical practitioners.

**FY08 NARRATIVE**

**SUMMARY**

The Connect Project, implemented by Population Services International (PSI), aims to increase private sector engagement in PMTCT through demonstration of pilot private sector service delivery models. In FY08, key activities funded through both GHAI and Child Survival funds will include providing PMTCT services at three private sector hospitals, improving the quality of services, increasing the client flow at PMTCT services through innovative demand creation activities, involving the male partners of pregnant women to support safe disclosure and the involvement of fathers in follow-up, mobilizing local resources to support PMTCT program activities, and building the capacity of private hospitals and NGOs to provide high quality services and linkages with care and treatment for HIV-positive parents. The primary target population is 500 pregnant women and their male partners. Targets under this program area will be achieved by using both GHAI and Child Survival funds to achieve results.

**BACKGROUND**

The Connect project has been implemented by Population Services International (PSI) since October 2006, in partnership with the Federation of Indian Chambers of Commerce and Industry (FICCI), Y.R. Gaitonde

**Activity Narrative:** Centre for AIDS Research and Educations (YRG CARE) and the Karnataka Health Promotion Trust (KHPT). The project aims to increase private sector engagement in HIV/AIDS through workplace interventions and the development of public-private partnerships for a continuum of prevention to care services. The main strategies include mobilizing private companies for workplace interventions, developing private models of service delivery in counseling and testing (CT) and PMTCT, and provision of technical assistance to government on mainstreaming HIV/AIDS in the private sector. The geographical focus is Karnataka, coastal Andhra Pradesh and selected port towns (Mumbai, Vashi, Mangalore, Tuticorin, Chennai and Vizag) in the USG focus states. The International Labor Organization (ILO) provides technical support to the project.

#### ACTIVITIES AND EXPECTED RESULTS

Under the national program in India, PMTCT is referred to as PPTCT or Prevention of Parent to Child Transmission, to mitigate any stigma associated with the mother/woman as a vector of the infection. The PMTCT component under the Connect project is implemented through two model PMTCT sites established within the private sector hospitals in Chennai (Tamil Nadu) and Vizag (Andhra Pradesh). The activities are led by YRGCARE (Y.R. Gaitonde Center for AIDS Research and Education) which is supported and managed by PSI. The focus in FY08 will be on assessing sites in two other high prevalence states to study the feasibility of expanding the model, in addition to further strengthening service delivery, improving its quality and mobilizing resources for PMTCT services.

#### ACTIVITY 1: Demonstrate High-Quality Models of Service Delivery in the Private Sector

Connect project will continue to provide high quality PMTCT services to two centers that started operating in FY07, and will expand to a third site. Starting in October 2007, a mystery client study will be carried out at the PMTCT centers to assess the current levels of adherence to standard quality protocols in accordance with the national guidelines. Based on the gaps identified by the mystery client studies, specific training programs will be designed for the counselors and case management workers at the PMTCT centers. The capacity building plan for FY08 includes training 10 counselors and case management workers in implementing standard quality protocols in accordance with the national guidelines, with an emphasis on quality assurance for PMTCT services and data quality assurance. The activity's aim is that at least 70% of the standard protocols are followed at the PMTCT centers. Quality assurance will include ensuring the complete package of elements of PMTCT is provided, including community mobilization, partner counseling, ARV prophylaxis for the mother-baby pair, counseling on safe disclosure, safe elective surgeries and linkages with the government ARV centers for follow-up for the mother (and positive baby) for ARV and OI treatment. The Connect project will follow the national protocols for promoting exclusive breastfeeding; however it will leverage infant food wherever appropriate as part of an informed choice package.

#### ACTIVITY 2: Demand Creation for PMTCT Services

Demand creation activities will continue at the community level through identification and motivation of pregnant women to access PMTCT services. In FY08, training of private ANC providers will be conducted to increase their knowledge of the national PMTCT program, approved medication regimens, and counseling techniques to motivate them to refer clients for PMTCT services. Regular meetings will be conducted under the aegis of the Indian Medical Association and Federation of Obstetric and Gynecological societies of India to mobilize local private practitioners. Outreach activities by the YRG Care team will reach women through NGOs working with women's groups, women's clubs and women's self help groups. Regular stakeholders' meetings with community influencers will be conducted with NGOs to motivate them to promote demand for PMTCT services. Innovative communication materials in the form of brochures, flip charts, pamphlets, posters and newsletters will be developed to address the benefits of PMTCT. In FY08, around 1800 women will be counseled and tested at the private PMTCT centers, and around 60 mother-baby pairs will receive the complete package of PMTCT services. Testing of other younger children from previous pregnancies will also be encouraged.

#### ACTIVITY 3: Involvement of Male Partners in Utilization of PMTCT Services

In FY08 specific interventions will be conducted in the community to target male partners through the PMTCT intervention. All pregnant women accessing services at the PMTCT centers will be motivated to bring their partners for HIV testing. Partner testing and counseling for safe disclosure will be strongly encouraged as also referral to community-based organizations to mitigate possible negative effects of disclosure and increase community support. Counselors will be trained in motivating women to bring their male partners for HIV CT. Male partners will also be reached to motivate them to access PMTCT services as a couple. Communication material will be developed emphasizing the need for male partner participation in the PMTCT component. Around 100 male partners will be counseled and tested at the PMTCT centers.

#### ACTIVITY 4: Raising Resources for Sustainability of PMTCT.

In FY08, the project will focus on leveraging resources for nutritional support, the cost of elective caesarian section, salary for human resources, and the training and research cost. Local donors like Rotary and the Lions Clubs will be targeted to raise funds for the elective caesarian section for HIV-positive mothers, which are currently subsidized service at the private sector hospitals. Partner hospitals will be motivated to assume the cost of salaries for the human resources dedicated to PMTCT services.

The long-term goal is to demonstrate the success of this model to the National AIDS Control Organization (NACO) and incorporate it under the national program. A public-private partnership Community Advisory Board will be established in each project site. The Community Advisory Board will consist of representatives from local NGOs, SACS, local PLHA networks, partner hospitals and the community. These community advisory boards will provide guidance in overall program implementation and most critically ensure leveraging of resources from different stakeholders in society. The Connect project will aim to increase the engagement of the private sector (through corporate social responsibility) and the NGO/CBO sector to build the long term sustainability.

#### ACTIVITY 5: Referral Linkages for Care and Treatment of HIV Positive Parents

Connect will conduct an assessment of the care and treatment facilities in the three project sites to assess the quality of services at these centers. An intensive network will be mapped out of government and private

**Activity Narrative:** (NGO) service providers to which HIV-positive clients can be referred for care, support and treatment (including ART). Referred clients will be tracked through a card system monitored through field and community outreach. This activity plans to refer 150 HIV positive clients to care and treatment services.

**ACTIVITY 6: Capacity Building of Local NGOs and the SACS**  
 Connect will design and conduct training programs for local NGOs and the State AIDS Control Societies (SACS) to build their institutional capacity to manage and monitor private sector PMTCT models. Operational guidelines and standard operating procedures at the PMTCT centers will be shared with the SACS to assist in strengthening the quality of services in public sector PMTCT centers. The operational guidelines will include the steps to set up a private sector PMTCT model that provides a range of comprehensive services going from community mobilization to follow-up of mother-baby pair with ARV/OI treatment services; a training plan; and monitoring protocols to measure services, client satisfaction and data quality. The training programs will use a mixed methodology that has classroom sessions followed by on-site technical assistance and field visits to the PMTCT center. This activity will aim at training 20 individuals from different NGOs in PMTCT protocols.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14165

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14165	14165.08	U.S. Agency for International Development	Population Services International	6721	6721.08	Connect	\$250,000

**Emphasis Areas**

Gender

- \* Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- \* Family Planning
- \* Safe Motherhood
- \* TB

Workplace Programs

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

Estimated amount of funding that is planned for Water \$2,500

**Table 3.3.01: Activities by Funding Mechanism**

**Mechanism ID:** 3940.09

**Mechanism:** N/A

**Prime Partner:** Avert Society

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (USAID)

**Program Area:** Prevention: PMTCT

**Budget Code:** MTCT

**Program Budget Code:** 01

**Activity ID:** 6114.23880.09

**Planned Funds:** \$1,700

**Activity System ID:** 23880

**Activity Narrative:** NEW ACTIVITY NARRATIVE

#### SUMMARY

The National AIDS Control Plan Phase 3 (NACP-III) has given high priority to the prevention of mother-to-child transmission (PMTCT). Under NACP-III, existing counseling and testing (CT) centers and facilities for PMTCT centers are re-modeled within one hub that integrates all HIV-related services, and renamed as Integrated Counseling and Testing Centers (ICTCs). ICTCs are envisaged as a key entry point for both men and women for a range of HIV/AIDS services. The Maharashtra State AIDS Control Society (MSACS) has scaled up these ICTCs rapidly to over 600 centers in the state.

Although the ICTCs were scaled up, there has been little effort to mobilize the community to utilize these services. In Maharashtra, of the total 665 ICTCs for which data is available, in 55.8% of the ICTCs less than two persons access the services daily, in 32% of ICTCs between 2 to 4 persons access services daily, with four or more accessing services daily in only 12.2% of ICTCs. The National AIDS Control Organization (NACO) stated the need for community mobilization efforts to increase utilization of HIV/AIDS services in the state. Hence it recommended that Avert Society implement community mobilization activities in the 6 priority districts.

In FY09, Avert Society will support six link worker programs to mobilize the community to utilize ICTC services.

#### BACKGROUND

Avert Society is a bilateral program implementing prevention, care, and treatment activities in six high-prevalence districts of Maharashtra State. The population of Maharashtra is 96.9 million and the HIV prevalence is 0.75% (2006). Under the umbrella of the Avert project, the Johns Hopkins University (JHU) and the Hindustan Latex Family Planning Promotion Trust (HLFPPT) have been awarded cooperative agreements to support the state in scaling-up communication and condom social marketing activities. On March 7, 2008, NACO provided new policy guidance to Avert Society that the project should focus on saturating coverage of high-risk populations including migrants, and on implementing community mobilization activities to increase the uptake of CT, PMTCT, care and treatment services in the six high prevalence districts. Additionally, NACO recommended that the Avert project implement workplace interventions in the entire state. The districts supported by Avert Society have changed and include Aurangabad, Nagpur, Sholapur, Jalna, Thane and Mumbai (two zones). Sangli and Satara have been handed over to Bill and Melinda Gates Foundation in the new allocation.

NACO has selected Avert Society as the Technical Support Unit (TSU) in Maharashtra and Goa states to support the scale-up and strengthening of HIV/AIDS programs in accordance with the strategies outlined in the third National AIDS Control Program (NACP-3).

#### ACTIVITIES AND EXPECTED RESULTS

##### ACTIVITY 1: Referrals and Linkages to ICTCs

Maharashtra state data for 2007 showed that only 38.6% of pregnant women were counseled and tested under the PMTCT program in the six Avert priority districts. In addition, only 50% of pregnant women in the six districts (with the exception of Mumbai) had institutional deliveries. Specific strategies need to be designed to provide PMTCT services to pregnant women who undergo home deliveries.

In FY08 and continuing in FY09, Avert Society will support six lead NGOs to implement the nationally approved Link Worker program to mobilize the community to utilize PMTCT services. In each district, 100 villages that are at high-risk will be supported with link workers. There will be a male link worker and a female link worker for every five villages, amounting to 40 link workers in each district. The NGOs will implement various community mobilization activities such as sensitizing community leaders, self-help groups, block level committees and Nehru Yuvak Kendras to create a demand for the services. The NGOs will also form Red Ribbon Clubs (RRC) in the villages to address stigma and discrimination issues and to support the community mobilization efforts.

The NGOs will coordinate with community health workers such as Anganwadi Workers, Village Dais, Village Health nurse and the PHC team to mobilize pregnant women to access the ICTC services. The NGOs will also support 20 ICTCs that are planned to be established at the 24x7 PHCs to improve service coverage in the 6 districts.

Link workers will motivate mothers who are tested positive to undertake hospital delivery. Trained counselors will provide support to mothers for optimal infant feeding, including the promotion of exclusive breastfeeding (associated with lower rates of transmission than mixed feeding), as appropriate. Referrals will be made for comprehensive HIV care including the prevention of opportunistic infections and TB treatment, and HIV-positive mothers will be linked to care and support programs. Linkages will also be established for routine maternal and child health services for mothers and infants in the postnatal period. Post-delivery HIV-positive mothers and infants will be linked up to care and treatment services, including ARV treatment.

In FY08, Avert Society will increase the coverage of pregnant women utilizing ICTC services from 38% to 60%. In FY09, the coverage will be further increased from 60% to 75%.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14096

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14096	6114.08	U.S. Agency for International Development	Avert Society	6709	3940.08		\$160,000
10788	6114.07	U.S. Agency for International Development	Avert Society	5595	3940.07		\$50,000
6114	6114.06	U.S. Agency for International Development	Avert Society	3940	3940.06		\$855

**Table 3.3.01: Activities by Funding Mechanism**

**Mechanism ID:** 3943.09

**Prime Partner:** Population Services International

**Funding Source:** GHCS (USAID)

**Budget Code:** MTCT

**Activity ID:** 10935.23875.09

**Activity System ID:** 23875

**Mechanism:** Connect

**USG Agency:** U.S. Agency for International Development

**Program Area:** Prevention: PMTCT

**Program Budget Code:** 01

**Planned Funds:** \$100,105

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

**SUMMARY**

In FY08, Connect focused on establishing three additional PMTCT sites in private medical centers. Over 5,000 pregnant women have been counseled and tested and have received their results through six Connect supported sites, with an average HIV positivity rate reported around 3% (greater than the average rates reported from surrounding government and other ante-natal care (ANC) clinics).

In FY09, the Connect Project will focus on transitioning all Connect-supported PMTCT clinics to public-private partnership (PPP) initiatives under National and State AIDS Control (NACO and SACS) programs or relevant private medical sector partners. Connect will act as a catalyst to bring various players in India together to share best practices and lessons learned while engaging the private medical sector for PMTCT services.

ACTIVITIES 1, 2 & 5 from FY08 are being merged into one activity in FY09, entitled 'Engage the Private Medical Sector In and Around Most At Risk Populations to Implement PMTCT'.

In FY09, Connect will intensify its efforts to mobilize the private sector to support PMTCT among those engaged in the most at-risk industrial sectors. Connect will coordinate institutional capacity building efforts so that these institutions are equipped to run PMTCT services on their own. Connect will also strengthen linkages with care and support/ART centers and TB services such as Revised National TB Control Program (RNTCP) to monitor improved treatment outcomes for TB and HIV patients. Connect will also mobilize various industry associations and corporate businesses to visit Connect-supported health facilities and scale up services through PPP in other areas.

**ACTIVITY 3: Involvement of Male Partners in Utilization of PMTCT Services**

The counseling component will now also include prevention counseling for discordant couples, especially HIV positive men with HIV negative pregnant wives, who are likely at very high risk of sero-conversion.

**ACTIVITY 4: Raising Resources for Sustainability of PMTCT**

No change

**ACTIVITY 6: Capacity Building of Local NGOs and the SACS**

No change

The following three activities are new in COP 2009:

**ACTIVITY 7: Build Knowledge Base on the Best Practices Under the Private Sector PMTCT Models Implemented in India**

There is a strong need to build the inventory and knowledge base on the various models for engaging the private medical sector in HIV/AIDS prevention and care services. The Connect project will constitute a technical resource group of government, USG partners and other stakeholders to understand the effectiveness of each of the models. The best practices will be documented to serve as a resource guide (including a web-based system) for private sector engagement. The Connect project will conduct national and state level workshops to disseminate the best practices to NACO/SACS/TSU, the private medical sector and donors. The activity is envisaged to support NACO/SACS to strengthen the private sector PMTCT/Integrated Counseling and Testing Center (ICTC) models.

**ACTIVITY 8: Transfer Connect-Supported Private Sector PMTCT Sites to NACO to Serve as Learning Sites under NACP-III**

In FY09 the focus will be on transferring the Connect model sites to SACS and NACO to serve as learning sites for private sector engagement, as part of the NACP-III strategies. The Connect project will conduct an evaluation of the six PMTCT sites. The findings of this evaluation and overall lessons learned will be disseminated to NACO/SACS and NGOs through a national symposium and two regional level workshops. The Connect project will facilitate visits by SACS/NACO to demonstrate quality assurance mechanisms and case management approach for monitoring the effectiveness of PMTCT programs. It is envisaged that by the end of FY09, all six Connect supported PMTCT sites will be transferred to NACO.

**ACTIVITY 9: Mitigating Stigma and Discrimination against PLHA Among the Medical and Paramedical Staff of Private Medical Sector**

In FY09, Connect will mobilize and conduct a stigma reduction program with private medical and paramedical staff. The key activity will be to design an overall training module and implementation plan to break barriers and address myths and misconceptions related to PLHAs. Connect will seek the support of local medical and paramedical professional associations, such as the Indian Medical Association (IMA) and the Federation of Obstetricians and Gynecologists Societies of India (FOGSI), to reach out to private medical and paramedical practitioners.

**FY 2008 NARRATIVE**

**SUMMARY**

The Connect Project, implemented by Population Services International (PSI), aims to increase private sector engagement in PMTCT through demonstration of pilot private sector service delivery models. In FY08, key activities will include providing PMTCT services at three private sector hospitals, improving the quality of services, increasing the client flow at PMTCT services through innovative demand creation activities, involving the male partners of pregnant women to support safe disclosure and the involvement of fathers in follow-up, mobilizing local resources to support PMTCT program activities, and building the capacity of private hospitals and NGOs to provide high quality services and linkages with care and treatment for HIV-positive parents. The primary target population is 500 pregnant women and their male partners. Targets under this program area will be achieved by using both GHAI and Child Survival funds to achieve results.

**BACKGROUND**

**Activity Narrative:** The Connect project has been implemented by Population Services International (PSI) since October 2006, in partnership with the Federation of Indian Chambers of Commerce and Industry (FICCI), Y.R. Gaitonde Centre for AIDS Research and Educations (YRG CARE) and the Karnataka Health Promotion Trust (KHPT). The project aims to increase private sector engagement in HIV/AIDS through workplace interventions and the development of public-private partnerships for a continuum of prevention to care services. The main strategies include mobilizing companies for workplace interventions, developing private models of service delivery in counseling and testing (CT) and PMTCT, and provision of technical assistance to government on mainstreaming HIV/AIDS in the private sector. The geographical focus is Karnataka, coastal Andhra Pradesh and selected port towns (Mumbai, Vashi, Mangalore, Tuticorin, Chennai and Vizag) in the USG focus states. The International Labor Organization (ILO) provides technical support to the project.

#### ACTIVITIES AND EXPECTED RESULTS

Under the national program in India, PMTCT is referred to as PPTCT or Prevention of Parent to Child Transmission, to mitigate any stigma associated with the mother/woman as a vector of the infection. The PMTCT component under the Connect project is implemented through two model PMTCT sites established within the private sector hospitals in Chennai (Tamil Nadu) and Vizag (Andhra Pradesh). The activities are led by YRGCARE (Y.R. Gaitonde Center for AIDS Research and Education) which is supported and managed by PSI. The focus in FY08 will be on assessing sites in two other high prevalence states to study the feasibility of expanding the model, in addition to further strengthening service delivery, improving its quality and mobilizing resources for PMTCT services.

#### ACTIVITY 1: Demonstrate High-Quality Models of Service Delivery in the Private Sector

Connect project will continue to provide high quality PMTCT services to two centers that started operating in FY07, and will expand to a third site. Starting in October 2007, a mystery client study will be carried out at the PMTCT centers to assess the current levels of adherence to standard quality protocols in accordance with the national guidelines. Based on the gaps identified by the mystery client studies, specific training programs will be designed for the counselors and case management workers at the PMTCT centers. The capacity building plan for FY08 includes training 10 counselors and case management workers in implementing standard quality protocols in accordance with the national guidelines, with an emphasis on quality assurance for PMTCT services and data quality assurance. The activity's aim is that at least 70% of the standard protocols are followed at the PMTCT centers. Quality assurance will include ensuring the complete package of elements of PMTCT is provided, including community mobilization, partner counseling, ARV prophylaxis for the mother-baby pair, counseling on safe disclosure, safe elective surgeries and linkages with the government ARV centers for follow-up for the mother (and positive baby) for ARV and OI treatment. The Connect project will follow the national protocols for promoting exclusive breastfeeding; however it will leverage infant food wherever appropriate as part of an informed choice package.

#### ACTIVITY 2: Demand Creation for PMTCT Services

Demand creation activities will continue at the community level through identification and motivation of pregnant women to access PMTCT services. In FY08, training of private ANC providers will be conducted to increase their knowledge of the national PMTCT program, approved medication regimens, and counseling techniques to motivate them to refer clients for PMTCT services. Regular meetings will be conducted under the aegis of the Indian Medical Association and Federation of Obstetric and Gynecological societies of India to mobilize local private practitioners. Outreach activities by the YRG Care team will reach women through NGOs working with women's groups, women's clubs and women's self help groups. Regular stakeholders' meetings with community influencers will be conducted with NGOs to motivate them to promote demand for PMTCT services. Innovative communication materials in the form of brochures, flip charts, pamphlets, posters and newsletters will be developed to address the benefits of PMTCT. In FY08, around 1800 women will be counseled and tested at the private PMTCT centers, and around 150 mother-baby pairs will receive the complete package of PMTCT services. Testing of other younger children from previous pregnancies will also be encouraged.

#### ACTIVITY 3: Involvement of Male Partners in Utilization of PMTCT Services

In FY08 specific interventions will be conducted in the community to target male partners through the PMTCT intervention. All pregnant women accessing services at the PMTCT centers will be motivated to bring their partners for HIV testing. Partner testing and counseling for safe disclosure will be strongly encouraged as also referral to community-based organizations to mitigate possible negative effects of disclosure and increase community support. Counselors will be trained in motivating women to bring their male partners for HIV CT. Male partners will also be reached to motivate them to access PMTCT services as a couple. Communication material will be developed emphasizing the need for male partner participation in the PMTCT component. Around 100 male partners will be counseled and tested at the PMTCT centers.

#### ACTIVITY 4: Raising Resources for Sustainability of PMTCT

In FY08, the project will focus on leveraging resources for nutritional support, the cost of elective caesarian section, salary for human resources, and the training and research cost. Local donors like Rotary and the Lions Clubs will be targeted to raise funds for the elective caesarian section for HIV-positive mothers, which are currently subsidized service at the private sector hospitals. Partner hospitals will be motivated to assume the cost of salaries for the human resources dedicated to PMTCT services.

The long-term goal is to demonstrate the success of this model to the National AIDS Control Organization (NACO) and incorporate it under the national program. A public-private partnership Community Advisory Board will be established in each project site. The Community Advisory Board will consist of representatives from local NGOs, SACS, local PLHA networks, partner hospitals and the community. These community advisory boards will provide guidance in overall program implementation and most critically ensure leveraging of resources from different stakeholders in society. The Connect project will aim to increase the engagement of the private sector (through corporate social responsibility) and the NGO/CBO sector to build the long term sustainability.

#### ACTIVITY 5: Referral Linkages for Care and Treatment of HIV Positive Parents



**Activity Narrative:** Connect will conduct an assessment of the care and treatment facilities in the three project sites to assess the quality of services at these centers. An intensive network will be mapped out of government and private (NGO) service providers to which HIV-positive clients can be referred for care, support and treatment (including ART). Referred clients will be tracked through a card system monitored through field and community outreach. This activity plans to refer 150 HIV positive clients to care and treatment services.

**ACTIVITY 6: Capacity Building of Local NGOs and the SACS**  
 Connect will design and conduct training programs for local NGOs and the State AIDS Control Societies (SACS) to build their institutional capacity to manage and monitor private sector PMTCT models. Operational guidelines and standard operating procedures at the PMTCT centers will be shared with the SACS to assist in strengthening the quality of services in public sector PMTCT centers. The operational guidelines will include the steps to set up a private sector PMTCT model that provides a range of comprehensive services going from community mobilization to follow-up of mother-baby pair with ARV/OI treatment services; a training plan; and monitoring protocols to measure services, client satisfaction and data quality. The training programs will use a mixed methodology that has classroom sessions followed by on-site technical assistance and field visits to the PMTCT center. This activity will aim at training 20 individuals from different NGOs in PMTCT protocols.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14128

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14128	10935.08	U.S. Agency for International Development	Population Services International	6714	3943.08	Connect	\$125,217
10935	10935.07	U.S. Agency for International Development	Population Services International	5600	3943.07		\$300,000

**Emphasis Areas**

Gender

- \* Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- \* Family Planning
- \* Safe Motherhood
- \* TB

Workplace Programs

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.01: Activities by Funding Mechanism**

**Mechanism ID:** 3978.09

**Mechanism:** PHMI

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**Prime Partner:** Share Medicit (Umbrella)

**USG Agency:** HHS/Centers for Disease  
Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Prevention: PMTCT

**Budget Code:** MTCT

**Program Budget Code:** 01

**Activity ID:** 24338.09

**Planned Funds:** \$5,000

**Activity System ID:** 24338

## Activity Narrative: CONTINUING ACTIVITY - NEW ACTIVITY NARRATIVE

### SUMMARY

PHMI will provide ongoing support to the Andhra Pradesh State AIDS Control Society (APSACS) for the management of the Integrated Counseling and Testing Center (ICTC) system, which is a key piece of the prevention of mother to child transmission (PMTCT) program in Andhra Pradesh/India. In AP as well as elsewhere in India, the PMTCT program is relatively new and the public health systems to monitor and follow-up antenatal women are generally weak. Therefore, it is not surprising that a large number of pregnant women who test positive are lost to follow up. In 2006, over 4,000 pregnant women in AP were found to be positive in the government sector (tested at ICTCs). Of these, approximately 42% were documented as having received Nevirapine prophylaxis. This percentage appears to have increased to 60% in select USG focus districts in 2007.

### BACKGROUND

This ongoing support will place a senior ICTC consultant at APSACS. Secondary support will come from two other PHMI-supported APSACS consultants who focus on monitoring and evaluation and trainings. PHMI will also support PMTCT by advocating for new policy initiatives, conducting management and system strengthening training workshops (especially for district staff), and assisting with field-level assessments. Most of the budget to support the APSACS consultants is provided under Policy and Systems Strengthening; however there will be substantial results (particularly indirect results) in this program area as a consequence of the consultants' activities.

### ACTIVITIES AND EXPECTED RESULTS

#### ACTIVITY 1: Strengthening the Quality of PMTCT Services and Supportive Linkages

The ICTC consultant will play a leadership role in establishing stronger linkages between antenatal outreach services and ICTCs where HIV testing is routinely performed. New strategies for reaching antenatal women and promoting routine HIV testing will be developed in FY09. One possible strategy is to send ICTC teams to remote primary health centers or sub-centers on select antenatal service days (perhaps once a month). Another strategy is for APSACS to develop closer relationships with private testing centers to ensure quality testing, counseling, and patient follow up.

The consultant will ensure that newly-released ICTC operational guidelines (developed by NACO) are adopted by the state and are made available in all centers, with a goal of standardizing counseling and testing services. Further the consultant will ensure that the recently created follow-up counseling toolkit is distributed to all centers and counselors are adequately trained in how to use this important teaching aid for those testing positive.

PHMI, mostly through the ICTC consultant, will continue to work on ways to improve the rate of Nevirapine administration to pregnant women identified as HIV positive. Other agencies and APSACS staff are primarily responsible for this important activity. However, PHMI staff and consultants will remain engaged in this issue and provide technical support and inputs as required.

#### ACTIVITY 2: Development of a Positive ANC Tracking Tool

Through another consultant to APSACS, who provides support for data management systems, PHMI will develop a Positive ANC tracking tool to improve Nevirapine administration rates in the State. This will be done initially as a paper-based system of positive ANC line-listing that will track and document all positive mothers from the time of diagnosis till the time of delivery and subsequently follow up the child till s/he is 18 months of age. This will be a very useful tool for counselors, nurses and outreach workers in the field. It can be used to link women to private providers and 24-hour PHCs.

#### ACTIVITY 3: Development of Mother-Baby Card

A mother-baby card, in line with NACP-III guidelines on the District AIDS Control Unit, will be developed and piloted in the state for better follow-up and ease of providers in giving comprehensive services in collaboration with NRHM, RCH.

#### ACTIVITY 4: Support to District-Level Teams

The ICTC Consultant will support the district-level teams and government officials who will, in turn, monitor all HIV CT centers in their respective districts. The ICTC consultant will help develop monthly site visit checklists, reporting formats, training calendars, review meeting agendas, testing targets, and budget requirement, for each district team. The consultant will periodically join district team members in their monitoring visits. He/she may visit the best and worst performing ICTCs in the district to better understand the factors that directly impact program performance and find solutions to problems.

To support APSACS, PHMI will also work with the district teams on ways to improve the rate of Nevirapine administration to pregnant women identified as HIV positive. This may include mentorship to the district teams and other field managers on how to maximize outreach efficiency, track positive antenatal women, encourage positive deliveries by medical staff, provide infant testing and care protocols, and ensure that family planning services are made available post-delivery. PHMI will also support the evaluation and review of PMTCT-related policies and procedures.

**New/Continuing Activity:** New Activity

**Continuing Activity:**

Program Budget Code:

02 - HVAB Sexual Prevention: AB

**Total Planned Funding for Program Budget Code: \$1,476,497**

**Program Area Narrative:**

Overview: India, with an estimated 2.47 million people infected with HIV/AIDS, has the third largest epidemic in the world. Despite the large number of infections, India continues to be a concentrated epidemic with a 0.36% national adult prevalence. Prevalence among most-at-risk populations (MARPs) continues to be high. It is estimated that nearly 5% of female sex workers (FSWs) and 6% of men having sex with men (MSMs) are infected by HIV (NACO report, 2006). HIV prevalence among MARPs in the six high prevalence states is still higher, being almost double the national average for MARPs. The National AIDS Control Organization (NACO) has also prioritized truckers and migrants as bridge populations needing HIV/AIDS interventions: HIV prevalence among long distance truckers is estimated as 2.4%.

In the last two years, NACO has initiated many efforts to streamline HIV/AIDS interventions for MARPs and bridge populations. Significant achievements include: a) development and dissemination of NGO/Community Based Organizations (CBOs) guidelines for interventions among MARPs, b) establishing 16 Technical Support Units (TSUs) to support the State AIDS Control Societies (SACS) for effective roll-out of interventions, c) country-wide mapping of MARPs and migrants, d) introducing a new cadre of link-workers to reach MARPs in rural areas, e) targeting short-stay single male migrants and long-distance truck drivers and working with the relevant ministries to integrate HIV/AIDS into their programs, f) contracting a national condom social marketing (CSM) organization, and g) expanding access to STI treatment by social franchising of STI services through private health care providers.

NACO is also coordinating with the Ministry of Education and Ministry of Women and Child Development to mainstream HIV/AIDS programs for interventions among youth and women. The PEPFAR review team visited India this year and endorsed this as an important strategy for a concentrated epidemic country. The team suggested USG/India shift from supporting direct interventions amongst women and youth, to working closely with the SACS to mainstream these programs. In response, USG has transitioned much of its funding for these groups to the relevant ministries, retaining a small supervisory role to ensure the long-term sustainability of these investments. In 2008, USG also transitioned over 20 NGO projects supporting bridge population interventions.

Coordination and Other Donor Support: USG programs support and complement NACO's interventions for MARPs and bridge populations. At the national level, USG coordinates with NACO, multilateral agencies and other international donors to influence policy, and provide strategic direction and technical assistance. At the state level, USG partners coordinate with the SACS and other developmental agencies to share data and best practices and support joint initiatives.

The USG and the Bill and Melinda Gates Foundation are the two major agencies supporting programs among MARPs and bridge populations. UNICEF, UNDP and GTZ support programs on HIV/AIDS among youth and industrial workers and address human trafficking issues. USG programs continue to leverage millions of dollars for condoms, STI drugs and HIV test kits from the state governments for its programs. USG-supported prime partners have collaborated with private companies to establish STI clinics along national highways. They also coordinate with local ministries to link MARPs with various social and development schemes offered by the state and central government.

Current USG Support: USG programs include field-based interventions and support for policy change. At the policy level, USG was instrumental in developing the national guidelines for NGO/CBOs engaged in MARPs and bridge population interventions. They provide a comprehensive understanding of the process of identifying, contracting, capacity building and monitoring of MARPs and bridge population interventions. USG also provided critical inputs to shaping the national CSM program and finalizing the strategies and organizations for social franchising of STI clinics. The USG team participates in joint implementation reviews organized by NACO that assess and strategize on the performance of states.

In line with NACP-III's priorities, USG's role has changed to a mixture of demonstration projects and building the capacity of the SACS to manage NGO interventions with MARPs, among other programs. This function is carried out by Technical Support Units (TSUs) set up by NACO to provide strategic support, timely roll-out of programs, coordination, and adherence to national guidelines and standards; and develop and monitor state and district annual action plans. USG supports TSUs in six states and thus has a major role in developing strategies and operational plans and streamlining capacity-building initiatives in the state.

In selected districts of Tamil Nadu (TN), Maharashtra and Karnataka, USG supports 80 projects reaching approximately 25% of MARPs, including demonstration models covering the prevention-to-care continuum. This furthers the national and state mandate to saturate coverage of MARPs and bridge populations. USG also supports state-level capacity-building initiatives to enhance the quality of interventions, including mapping MARPs in TN and Karnataka, and migrants in TN. USG also supports mapping of private healthcare providers who can be contracted to deliver STI services. As noted above, in TN and Maharashtra, USG is also working with the SACS to transition several interventions to SACS-supported NGOs and government ministries.

Several USG innovations have been adopted for use nationally or by other projects. In Karnataka, USG has pioneered the concept of reaching rural MARPs through link workers, a model recognized by NACO and used as a learning site for other states. A USG partner in Andhra Pradesh (AP) developed a risk-assessment tool for prioritizing industries for HIV/AIDS programs, which is now being used by other USG projects. In TN and AP, USG prime partners are engaging the private medical sector to provide STI and HIV treatment to MARPs and bridge populations. In Maharashtra, a USG prime partner is taking the lead in migrant

interventions and has been requested by NACO to provide technical support on this approach.

USG programs have also developed communication materials specific to MARPs and bridge populations that have been adapted by SACS and NACO. In TN, NACO has suggested that a USG prime partner pilot the concept of a unique identity card for MARPs (using either biomarkers or smart cards). This is being tried primarily to estimate the number of MARPs accessing different prevention and care services, follow-up MARPs who do not regularly access the services, understand MARPs' mobility patterns, and avoid double-counting.

Many challenges still persist:

a) Coverage of MARPs, particularly MSMs, is way below the goal of 85%. Only 43% of FSWs (estimated at 1.2 million) and 20% of MSMs (estimated at 2.35 million) are reached through interventions. Coverage of MARPs in the southern states is slightly better. However, the changing dynamics of sex work have affected intervention programs. Patterns of client solicitation have changed. More MARPs operate from streets and homes rather than brothels, and are accessed through mobile phones and internet. The legal status of sexwork has also affected interventions. The Government of India has recently amended the Immoral Trafficking (Prevention) Act to penalize clients of sex workers. Similarly Section 377 of the Indian Penal Code continues to consider homosexuality a criminal offence. These laws have been greatly debated and are the subject of intense lobbying by civil society. They contribute to the complexity of designing interventions and messages for MARPs, and the need to work closely with law enforcement agencies and policy makers.

b) The quality of interventions with MARPs and bridge populations and the provision of comprehensive services to them are still issues. The 2006 Behavior Surveillance Survey among MARPs indicates that only 38% of FSWs have correct knowledge of HIV, and 50% of FSWs contracted STIs in the last 12 months. With regard to MSMs, correct knowledge of HIV varies from 16% to 75% across the states and the number of MSMs reporting STIs ranges from 2% to 21%. Timely treatment-seeking behavior and consistent condom use among MARPs are concerns. Current interventions with MARPs primarily focus on condom promotion, although other risk reduction options include reduction of the number of sexual partners and promoting periodic medical check-ups. Similarly, integrating messages on alcohol use and its influence on safe sex, working with children of FSWs to prevent second-generation sex work and offering alternate livelihood options for FSWs are critical in prevention programs but not given the required emphasis.

c) Linkages to counselling and testing (CT), care and support, and treatment services for HIV- infected MARPs and bridge populations are limited. The BSS 2006 reports indicate that less than 40% of female sex workers ever had a HIV test. In the case of MSMs, this varies from 3% to 69% across states. There is little data on the number of MARPs availing care, support and treatment and on the quality of services provided to them. This is critical as MARPs are stigmatized populations and HIV-positive MARPs can be further stigmatized and denied services.

d) Mainstreaming and greater engagement of the community in programs continues to be a challenge. NACO has set an ambitious plan to support 50% of the planned MARP interventions through CBOs. Response from NGOs and CBOs has not been encouraging and needs more attention. Similarly, mainstreaming with the different Ministries and Associations will require considerable handholding for them to own and run the program effectively.

USG FY09 Support: USG will work with the SACS and NACO to address the gaps in interventions and improve the quality and scale of programs. In FY09, USG will give more emphasis to providing technical and strategic support to NACO and the SACS.

1. Support to National and State TSUs: NACO plans to establish a national-level TSU to provide strategic support to NACO officers for the effective roll-out of prevention programs. It will coordinate with state TSUs to ensure that interventions are rolled-out on time, are of high quality, and adhere to national guidelines. USG will support key positions in the national TSU; and will consolidate important lessons learned from USG programs for dissemination and adaptation. USG will also continue to support the six state TSUs. They will work with SACS to address the major gaps and challenges in MARPs and bridge population interventions, evolve appropriate strategies to address these issues; and build the capacity of SACS officers and the District AIDS Prevention Control Units on effective supervision and capacity-building of NGOs and CBOs, including their capacity to implement Targeted Interventions.

2. Technical support for project reviews, policies and guidelines: USG will participate in Joint Implementation Reviews and provide technical and strategic inputs to NACO and SACS to improve prevention and care programs. USG and its prime partners will also participate in policy and procurement meetings and assist NACO and SACS in evolving appropriate policies, guidelines and systems. A USG prime partner is the vice-chair for the national Technical Resource Group on interventions among MARPs and bridge populations which provides strategic oversight to NACO and SACS.

3. Learning sites and documenting best practices: USG will identify potential organizations/projects that have demonstrated high-quality interventions among MARPs and bridge populations and build their capacity to function as learning sites for the state/country. USG will also identify best practices and disseminate these experiences across SACS, TSUs and NACO for wider recognition and adaptability.

4. Human capacity development: There are many gaps in current training programs for sexual prevention and a need to go beyond training to strengthen capacity. Areas such as gender, project management, CBO formation and management, data quality assurance, advocacy, community mobilization, provision of balanced ABC messages, and supply chain management need to be incorporated in a comprehensive approach to sexual prevention. USG will prioritize and support specific training programs to address these gaps.

5. Mainstreaming models: USG will continue to work with the Ministry of Education, the Ministry of Women and Child Development, the Ministry of Surface Transport, and the Ministry of Labor to mainstream the Red Ribbon Club, Self Help Group

and public sector workforce interventions. In FY09, there will be an evaluation of the Women's Self-Help Groups program, and the results can help mainstream the program in other USG focus states.

6. Demonstration programs for MARPs and migrants: In selected high-prevalence districts, USG will continue to support demonstration models of the prevention-to-care continuum. The models will saturate coverage, offer comprehensive services, establish strong linkages and follow-up for MARPs to access CT and care, support and treatment services, and demonstrate the advantage of reaching FSWs and MSM with a composite intervention supported by a single agency. In Maharashtra, USG will support demonstration models for male migrant interventions, strengthened by technical assistance at the national level. The experience of piloting a unique ID for MARPs will also be distributed nationally. The USG will also address underlying structural issues through working with TNSACS to establish a mechanism for dealing with human trafficking issues and supporting the women lawyers' network to protect human rights abuse of MARPs.

7. CSM: USG will support the national CSM program's efforts to increase access to male and female condoms for MARPs and bridge populations, including determining the reasons for inconsistent condom use and modifying programs to address these issues. USG will develop prototypes for CSM communication materials specific to MARPs and bridge populations, and work with social franchising organizations to ensure private health care providers in the intervention areas are supported.

**Table 3.3.02: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3943.09	<b>Mechanism:</b> Connect
<b>Prime Partner:</b> Population Services International	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (USAID)	<b>Program Area:</b> Sexual Prevention: AB
<b>Budget Code:</b> HVAB	<b>Program Budget Code:</b> 02
<b>Activity ID:</b> 6133.23876.09	<b>Planned Funds:</b> \$175,000
<b>Activity System ID:</b> 23876	

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

**SUMMARY**

In FY09, Connect will demonstrate outcomes from HIV transmission prevention interventions such as increased access to condoms, birth spacing products and services, counseling and testing (CT) and PMTCT services, and tuberculosis (TB) treatment. Connect will identify best practice(s) for reaching out to vulnerable women in the workforce with messages on increasing use of condoms and other preventive behaviors. Connect will also target a select group of at-risk workers with messages pertaining to 'being faithful'. Connect will focus on mainstreaming and building the capacity of private and public sector actors to mobilize resources from private industries. Connect will build capacities of government and private partners to understand situations in which public-private partnerships (PPPs) are applicable, demonstrate how to evaluate opportunities and how best to implement these initiatives.

ACTIVITIES 1 & 2 of FY08 are being merged to one activity in FY09, entitled: Demonstrate Increase in Preventive Sexual Behaviors Among At-Risk Workers

The increased emphasis on promoting condom usage and other preventive behavior will continue in FY09. Recent National AIDS Control Organization (NACO) HIV prevalence data suggests significantly lower HIV prevalence in the general population than previously estimated (0.3% vs. 1.0%). The data indicate that the HIV epidemic in India is concentrated to high risk groups (FSW, MSM & IDUs) and clients of sex workers. As well, a recent PSI with Karnataka Health Promotion Trust (KHPT) study identified workers of certain industries (garment, iron-ore mining, sugarcane, construction and fishermen) who are at high risk of HIV in Karnataka. The economic groups will be targeted during interventions. Also, the PEPFAR review (April 2008) recommended significant increases in condom promotion for high risk adult male target groups.

In FY09, Connect will focus on demonstrating and documenting the outcomes from interventions through Behaviour Change Impact Studies (BCIS). The BCIS will measure changes brought about in attitudes and behaviors due to project activities. About 285,000 workers will be reached with 'condoms and other prevention' messages and about 15,000 workers will be reached through 'being faithful' messages. Over 160 outreach workers will be trained on how to use materials and deliver effective messages on condom use and other preventive behaviors. About 50 outreach workers will be trained to deliver messages promoting being faithful.

ACTIVITY 3: Capacity Building of Local NGOs

No Change

ACTIVITY 4 is being modified in FY09 and titled as "Demonstrate at Least One Replicable Model of Reaching Women in the Workforce Vulnerable to HIV/AIDS

In FY09, Connect will continue to target vulnerable women in the garment industry with messages promoting negotiation skills, improved health seeking behavior pertaining to reproductive health and HIV/AIDS and condom use. Connect will document processes undertaken to reach out to these women at their workplaces and residential clusters, and through women's self-help groups, women's clubs and local NGOs working on reproductive health services (such as on birth spacing and maternal mortality). About 10,000 female workers will be reached with condoms and other prevention messages. About 35 outreach workers will continue to be trained on how to use materials and deliver effective messages on condom use and other preventive behaviors.

ACTIVITY 5: Resource Mobilization for Sustainability

No Change

The following new activity will be undertaken in COP09:

ACTIVITY 6: Transition Models of Public Private Partnership (PPP) for Behavior Change Among At-Risk Male and Female Workers, to National and Local Programs

In FY09, Connect will focus on transfer of knowledge and management of PPP models to partners. Lessons learned from the intervention models will be shared widely with NACO/SACS, private sector, professional associations, industry associations (e.g. Federation of Indian Chambers of Commerce and Industry (FICCI) and the Confederation of Indian Industry (CII)) and USG programs. Focus will be on ensuring that activities are responsive and linked to the needs identified in national and state government programs such as NACO, National Rural and Urban Health Mission and the Revised National Tuberculosis Control Program. Efforts will be taken to ensure that successful models will be adopted by and mainstreamed by the private sector, professional associations or national/state programs. Connect will provide technical assistance to identify and map workers at risk for HIV/AIDS and formulate strategies for implementation of HIV/AIDS programs. Connect will develop and disseminate guidelines for implementation of PPP models to reach out to at-risk workers and monitor the benefits of these partnerships and their health impact.

**FY 2008 NARRATIVE**

**SUMMARY**

In FY08, the Connect project activities implemented by Population Services International (PSI) in this program area will focus primarily on formal and informal workers in two industrial sectors, such as plantations and construction. PSI's earlier experience with port workers in the informal sector showed the need based on a behavioral baseline study, to include A and B messages as appropriate prevention strategies for this group. PSI aims to transition out of direct implementation and so Connect will focus on building the capacity of NGOs and partner companies to implement workplace interventions (WPI) to promote appropriate A and B messages and mutual fidelity. In collaboration with NGOs and CBOs, a capacity building plan to build local capacity to implement workplace interventions as well as provide community outreach will be put in place with linkages to counseling and testing (CT) and TB diagnostic services. Documentation, dissemination and resource mobilization will also be important activities in FY08. The completion of an industrial assessment study is expected to provide information on the prioritization of

**Activity Narrative:** the geographical clusters and port towns in order to demonstrate different workplace intervention (WPI) models.

## BACKGROUND

The Connect project has been implemented by Population Services International (PSI) since October 2006, in partnership with the Federation of Indian Chambers of Commerce and Industry (FICCI), Y.R.Gaitonde Centre for AIDS Research and Educations (YRG CARE) and the Karnataka Health Promotion Trust (KHPT). The International Labor Organization (ILO) is providing technical support to the project. The project aims to increase private sector engagement in HIV/AIDS through workplace interventions and the development of public-private partnerships in continuum of prevention to care services. The main strategies include mobilizing companies for workplace interventions, developing private models of service delivery in CT and PMTCT and provision of technical assistance to the government on mainstreaming HIV/AIDS in the private sector. Currently, the geographical focus is Karnataka, coastal Andhra Pradesh and selected port towns (Mumbai, Vashi, Mangalore, Tuticorin, Chennai and Vizag) in the USG focus states.

## ACTIVITIES AND EXPECTED RESULTS

### ACTIVITY 1: Reaching the Organized Workforce

Connect will continue to implement the ILO model at workplaces in selected geographical industrial areas with vulnerable populations, including mobile, formal and informal workers. In FY08, the implementation of this model will be scaled up to reach nearly 10,000 formal workers in industries. Based on the baseline study of sexual behavior in these sectors expected to be completed in FY07, efforts will be made to address behavior change through specific communication tools, peer education and capacity building of key peers. Abstinence and Be Faithful messages will continue to be integrated in the training of trainers and peer educator training modules. Workplace communication materials like posters, leaflets and pamphlets, based on triggers and barriers to adopting abstinence and being faithful will be developed for workers in the industrial sector who are vulnerable to high-risk behaviors. 'Master' trainers and peer educators will be trained to promote A and B messages and to foster social norms that promote risk reduction.

PSI aims to involve partner companies in mobilizing their own resources to implement WPI. Some companies have asked for customized workplace interventions that focus on the overarching health and well being of their workers. The customized package will include life skills trainings, A and B messages, risk assessments for personal health including HIV/AIDS, TB and hypertension and referrals for CT. Efforts will be made to ensure equitable access to gender-appropriate prevention messages and services by women and men. Advocacy programs to address male norms will be included in the customized intervention package. Women workers from the informal sector who are employed as casual labourers and on daily wages are vulnerable to exploitation due to livelihood insecurity and have inadequate or no access to information and health care services. These women will be especially targeted to improve their knowledge and accessibility to services

### ACTIVITY 2: Reaching Informal Workers in At-Risk Industrial Sectors and Ports

An initial assessment showed that certain industries like plantations and mining have a large informal workforce vulnerable to high-risk behaviors. In FY08, Connect will continue to reach these informal workers (or those in other sectors) with a high intensity model that combines targeted behavior change communication with outreach activities. Interpersonal Communicators (IPC) will conduct interactive one-to-one and one-to-group sessions and promote A and B messages. Communication materials like flip charts and interactive games will be developed based on the triggers and barriers among informal workers to adopting A and B. Connect will also use drama shows, street play and magic shows to target informal workers with messages promoting A and B.

PSI will continue to reach high risk informal workers at port towns through IPC and simultaneously mobilize resources from industries and local NGOs to take over the direct implementation of these activities in a gradual manner. Women in the unorganized sector are particularly vulnerable to exploitation and risk for HIV/STI. The communication and outreach activities will specifically work on strategies for women that will promote negotiation and be faithful messages as well as encourage personal risk assessments and quality health seeking behaviors.

### ACTIVITY 3: Capacity Building of Local NGOs.

Connect will continue to experiment and implement various models for workplace interventions with the formal and informal sectors. As part of technical assistance and capacity building to mobilize other sources of funding for prevention activities, NGOs will be identified and trained to implement these models. In addition, capacity building of the Karnataka and Andhra Pradesh State AIDS Control Societies to mainstream HIV/AIDS at the workplaces is planned in FY08 through placement of a Workplace Coordinator in each of these organizations.

### ACTIVITY 4: Documentation and Dissemination

Connect will continue to document the reasons for the success and failure of different models of workplace interventions (WPI), lessons learned and challenges faced. Simple operational guidelines for implementation of WPI models will be developed. Reports and guidelines will be released electronically so that they can be easily and widely disseminated. The information will be disseminated to NGOs, SACS, NACO, USAID, partner companies, employers' associations and other key stakeholders

### ACTIVITY 5: Resource Mobilization from the Private Sector

A key focus area in FY08 will be on raising resources for on the ground communication activities to promote A and B messages among formal and informal workers in port towns and with those most-at-risk in the industrial sector. The Connect team will mobilize resources by targeting: a) large, established companies



**Activity Narrative:** with foundations or other corporate social responsibility (CSR) programs that include HIV/AIDS programming; b) companies whose leadership is particularly enlightened about the issue; and c) groups of companies and government ministries. The Connect team will reach these segments of companies in close collaboration with influential industrial leaders, business associations, the CSR forum, and employers' associations.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14129

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14129	6133.08	U.S. Agency for International Development	Population Services International	6714	3943.08	Connect	\$250,000
10811	6133.07	U.S. Agency for International Development	Population Services International	5600	3943.07		\$225,000
6133	6133.06	U.S. Agency for International Development	Population Services International	3943	3943.06		\$380,000

**Emphasis Areas**

Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- \* Family Planning
- \* Safe Motherhood
- \* TB

Workplace Programs

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.02: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3974.09	<b>Mechanism:</b> DoD
<b>Prime Partner:</b> US Department of Defense	<b>USG Agency:</b> Department of Defense
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Sexual Prevention: AB
<b>Budget Code:</b> HVAB	<b>Program Budget Code:</b> 02

Activity ID: 11520.24629.09

Planned Funds: \$70,000

Activity System ID: 24629

Activity Narrative: CONTINUING ACTIVITY - NEW ACTIVITY NARRATIVE

SUMMARY

The objective of this activity is to support the Armed Forces Medical Service's (AFMS) expanding HIV/AIDS prevention program. This will be achieved by providing support for the production and distribution of IEC materials for the armed forces and support to the Training of Trainers (TOT) program for secondary school children in Ministry of Defense (MOD) schools. These efforts build on past successes of the production and distribution of IEC material for the armed forces and continue support for HIV/AIDS prevention training for MOD secondary school students. Given the high priority that AFMS places on HIV prevention programs, this activity is a priority for the foreseeable future.

BACKGROUND

The Department of Defense (DOD) in collaboration with the US Pacific Command/Center of Excellence (PACOM/COE) has supported the Indian Armed Forces Medical Services (AFMS) since 2004 in building their capacity to provide HIV/AIDS prevention, care and treatment services to military personnel, and their families. The geographical focus covers the capital city New Delhi; Shillong, in the North East where there is a generalized epidemic; and in Mumbai and Pune in the high prevalence State of Maharashtra. As with many militaries worldwide, the Indian Armed Forces personnel are an at-risk population since soldiers are generally young, mobile, separated from their families, and exposed to commercial sex workers. With a troop strength of nearly 1.3 million, troop turnover, and an annual recruitment of 80,000 new recruits and their accompanying family dependents who are new to the military community, it is critical for the AFMS to develop a sustained HIV prevention, care and treatment program which can be accessed by military personnel and their families.

To reach the wider military community with Abstinence and Be Faithful (AB) prevention messages, AFMS plans to extend HIV prevention education to focus on high-risk groups such as new recruits, soldiers in unaccompanied posts, soldiers in areas of conflict and dependent adolescents of active duty soldiers. We expect IEC materials to continue to play a role as AFMS expands the reach of its prevention activities, and continues to extend HIV/AIDS prevention activities to the MOD secondary schools the in coming years.

ACTIVITIES AND EXPECTED RESULTS

This is a continuing activity from FY08 that is being modified as a result of a mid-program review and the pending results of an AFMS knowledge, attitude and practice (KAP) survey. IEC materials will be produced and distributed to support the broader objectives of AFMS's HIV prevention program.

ACTIVITY 1: Production and Distribution of IEC Materials Emphasizing AB Messages

AFMS has trained and will continue to train peer leaders and counselors who facilitate the dissemination of IEC materials in conjunction with counseling and discussion of life skills, including the importance of abstinence and/or fidelity, addressing gender stereotypes, male norms and behaviors, reduction in violence as well as stigma and discrimination. This is an activity that has been specifically requested by AFMS. These materials are expected to reach over 40,000 soldiers through 93 IEC nodes as well as through peer educators and Integrated Counseling and Testing Centers.

AFMS will update the IEC materials based on a curriculum with a proven ability to reach soldiers and their families across India. The program will support the production and distribution of these materials. Additionally, AFMS will cost share to expand the TOT program to secondary school children in MOD schools. The life skills TOT program for secondary school children has been developed by AFMS in consultation with MOD school leaders, the National AIDS Control Organization (NACO) and local non-governmental organizations. The curriculum will be based on principles whose efficiency has been proven.

ACTIVITY 2: TOT Peer Education Workshops

Building on the HIV prevention education component for MOD-operated schools (funded by PEPFAR FY08), AFMS will coordinate and execute TOT workshops designed for adolescents, focusing on life skills, gender stereotypes, and addressing male norms and behaviors to reach a minimum of 500 secondary-school children. In order to reach 500 school children, AFMS will train a minimum of 50 secondary school children to be master peer educators. These 50 master trainers will then train an additional 10 students. This is an activity that has been specifically requested by AFMS.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14677

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14677	11520.08	Department of Defense	Armed Forces Medical Services	6905	3974.08		\$70,000
11520	11520.07	Department of Defense	Armed Forces Medical Services	5795	3974.07		\$30,000

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**Emphasis Areas**

Gender

\* Addressing male norms and behaviors

\* Reducing violence and coercion

Military Populations

**Human Capacity Development****Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.02: Activities by Funding Mechanism****Mechanism ID:** 3940.09**Prime Partner:** Avert Society**Funding Source:** GHCS (USAID)**Budget Code:** HVAB**Activity ID:** 6116.23881.09**Activity System ID:** 23881**Mechanism:** N/A**USG Agency:** U.S. Agency for International  
Development**Program Area:** Sexual Prevention: AB**Program Budget Code:** 02**Planned Funds:** \$445,638

## Activity Narrative: NEW ACTIVITY NARRATIVE

### SUMMARY

Avert Society will implement Abstinence and Be-Faithful (AB) programs among bridge populations such as migrants and industrial workers in the 6 high prevalence districts of Maharashtra State. Additionally, the Technical Support Unit (TSU) of Avert Society will provide technical assistance to Maharashtra State AIDS Control Society (MSACS), Mumbai District AIDS Control Society (MDACS) and the Goa State AIDS Control Society (GSACS) in designing and scaling-up AB programs among migrants and truckers in the high prevalence districts of these two states. Avert Society will adopt a balanced abstinence, be-faithful, and condom promotion approach in implementing the prevention programs among bridge populations. Avert Society will train NGOs to promote abstinence and mutual fidelity and help individuals to understand and personalize the risks of multiple partners and the benefits of mutual fidelity. Avert will also support peer education programs to promote delayed sexual activity among single unmarried high-risk migrants. NGOs and/or peer educators will help individuals know their HIV status and provide linkages with counseling and testing (CT) centers and care and treatment programs. The interventions will target 48,000 single male migrants with an emphasis on AB messages within a more comprehensive ABC approach. As the TSU, Avert Society will provide technical assistance to the three SACS for selecting NGOs, building the capacity of NGO staff and monitoring and evaluating the quality of migrant interventions.

Avert Society will also implement AB programs among workers in the organized and unorganized sectors. Avert Society will provide technical expertise to business organizations and peripheral bodies as well as member companies across a wide range of areas; advocacy, policy development, initiating workplace HIV programs and promoting partnerships with governments and civil society. It will cover 150 industries reaching out to 70,000 male and 29,000 female workers to promote abstinence and mutual fidelity and condom promotion.

Gender concerns will be addressed through various approaches in direct implementation programs and through the technical assistance activities for the SACS.

### BACKGROUND

Avert Society is a bilateral program implementing prevention, care, and treatment activities in six high-prevalence districts of Maharashtra State. The population of Maharashtra is 96.9 million and the HIV prevalence is 0.75% (2006). Under the umbrella of the Avert project, the Johns Hopkins University (JHU) and the Hindustan Latex Family Planning Promotion Trust (HLFPPT) have been awarded cooperative agreements to support the state in scaling-up communication and condom social marketing activities. On March 7, 2008, the National AIDS Control Organization (NACO) provided new policy guidance to Avert Society that the project should focus on saturating coverage of high-risk populations including migrants, and on implementing community mobilization activities to increase the uptake of CT, PMTCT, care and treatment services in the six high prevalence districts. Additionally, NACO recommended that Avert project implement workplace interventions in the entire state. The districts of Avert Society have changed and include Aurangabad, Nagpur, Sholapur, Jalna, Thane and Mumbai (two zones). Sangli and Satara have been handed over to the Bill and Melinda Gates Foundation in the new allocation. NACO selected Avert Society as the Technical Support Unit (TSU) in Maharashtra and Goa states to support the scale-up and strengthening of HIV/AIDS programs in accordance with the strategies outlined in the third National AIDS Control Program (NACP-3).

### ACTIVITIES AND EXPECTED RESULTS

Among the Indian States, Maharashtra registers a large volume of migration, especially in-migration from other states. In Maharashtra State, out of the 96.9 million population, 3.2 million are migrants, with the highest proportion of migrants from Uttar Pradesh (28.5%) followed by Karnataka (14.7%), Madhya Pradesh (8.5%), Gujarat (7.6%), Bihar (7.1%) and Andhra Pradesh (6.0%). Based on criteria developed by the Population Council from a research study, 25% of the male migrants are estimated to be engaging in high-risk behavior. Using this formula, Avert Society has estimated that there are 1.55 million high-risk migrants out of the 6.2 million migrants in the six Avert priority districts. Short-term migration to support livelihood has been observed to be associated with considerable social vulnerability, exhibited most acutely by its link with HIV risk. Hence NACO has accorded a high priority to scaling-up migrant interventions. NACO has recently conducted a mapping of MARP populations including migrants in the state of Maharashtra. Based on this data, Avert Society will concentrate its interventions in high-density migrant zones and reach out to a total of 240,000 migrants annually. Of these 240,000 migrants, 20% will be reached with an emphasis on abstinence and mutual fidelity within a more comprehensive ABC approach.

Maharashtra is a highly industrialized state. The number of industries registered as of 2000 was 29,637 having a workforce of 7.4 million. There is also a huge workforce in the unorganized sector. The number of workers engaged in construction work is estimated to be over 122,000. Avert Society will reach out to 150 industries and a total of 99,000 workers through its work place interventions.

### ACTIVITY 1: Promoting Sexual Abstinence and Fidelity among Migrants

In FY08, Avert Society will conduct a needs assessment study among migrant populations, especially single short-stay male and female migrants who engage in high-risk behavior. Based on the mapping data and the findings of the needs assessment study, Avert Society will support six lead agencies who will manage a network of 24 NGOs to implement intervention programs among migrants. In FY09, Avert Society will continue to support the six institutions and the network of 24 NGOs to reach out to 240,000 single male migrants. Of these 48,000 migrants will be targeted with AB messages. The NGOs will train Volunteer Peer Leaders to conduct interpersonal communication sessions and support community media activities such as street plays and puppet shows to reinforce prevailing cultural norms on abstinence and fidelity including condom promotion. The NGOs will also create a supportive environment for behavior change by sensitizing the contractors and owners of the industries employing migrant laborers. Specifically, advocacy efforts will be carried out to frame policies for providing a safe environment for women migrants. Avert Society will build the capacity of the lead agencies and provide continuous technical support to manage the network of NGOs implementing HIV prevention programs among migrants.

**Activity Narrative:** All prevention programs are designed and will be periodically updated to promote and ensure equitable access to gender-appropriate prevention messages, services and commodities by women and men. It will also incorporate policies and advocacy programs for male and female leaders to address traditional male norms and endorse unbiased gender roles in the society.

**ACTIVITY 2: Promoting Sexual Abstinence and Fidelity in Workplace Interventions**  
PSI has recently conducted a HIV/AIDS vulnerability study among the industries in the organized and unorganized sectors in Karnataka and Andhra Pradesh. In FY08, Avert Society will seek technical assistance from PSI and will conduct a vulnerability study in Maharashtra State to assess the HIV vulnerability and programming needs of the formal and informal sector workforce. This study will help Avert Society to prioritize intervention among the various industrial sectors that are vulnerable to HIV/AIDS. Based on the findings of the study, Avert Society will scale up workplace interventions in the organized and unorganized sectors by partnering with six lead agencies. The lead agencies will manage a network of 150 large and medium industries in the organized sector. Additionally, the lead agencies in 6 districts will partner with an NGO to implement intervention programs in the unorganized sector. Out of 6 lead agencies one will specially work with sugarcane industries in three districts. In FY09, Avert Society will continue to partner with the six lead agencies to strengthen the network of 150 workplace intervention partners and expand the program to reach an additional 200 industries. These 200 companies will develop and implement HIV/AIDS policies and programs and 99,000 male and female workers will be given messages emphasizing abstinence and mutual fidelity within a more comprehensive ABC approach.

Avert Society will build the capacity of the lead agencies and provide continuous technical support to manage the network of industries in the organized sector and NGO partners working among the unorganized sector. Avert Society has developed workplace intervention models on working with large corporate, industrial associations, public sector and unorganized sector. The lead agencies will replicate these models in scaling-up workplace interventions. The workplace intervention activities include sensitization workshops for senior managers, a peer education program, mid media activities, condom promotion, STI services and linkages to counseling and testing and care and treatment services for high-risk workers. The interventions also aim to address issues such as gender equity and stigma and discrimination in the workplace; and to focus on governance, ownership and sustainability of the HIV/AIDS programs.

**ACTIVITY 3: Technical Support to the State for Migrant and Trucker Interventions**  
In FY09, Avert Society will provide technical assistance to MSACS, MDACS and Goa SACS in planning and implementing interventions for migrants and truckers. This will include support to the SACS for selecting NGOs, capacity-building of NGO staff and monitoring and evaluating the quality of interventions. In FY09, Avert Society will focus on monitoring the coverage and strengthening the quality of interventions.

**ACTIVITY 4: Printing and Distribution of BCC Materials**  
In FY09, Avert Society will print an IEC toolkit comprising flipcharts and give-away materials emphasizing mutual fidelity, including partner reduction, and education on the risks of sex with FSW. The IEC tool kit will be distributed to the Avert-supported NGOs implementing migrant interventions. To increase visibility in Avert priority districts, Avert society will undertake mid media activities like street plays and will also paint the walls and hoardings at strategic locations in the districts with AB messages. JHU will provide technical support in developing the IEC tool kit. Training will be conducted for 112 (NGO and lead agency) staff on interpersonal communications skills including skills to use the IEC tool kit for effectively delivering messages on Abstinence and Being Faithful.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14097

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14097	6116.08	U.S. Agency for International Development	Avert Society	6709	3940.08		\$220,000
10789	6116.07	U.S. Agency for International Development	Avert Society	5595	3940.07		\$700,000
6116	6116.06	U.S. Agency for International Development	Avert Society	3940	3940.06		\$183,888

**Emphasis Areas**

Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs

Workplace Programs

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development      \$18,750

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.02: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 3956.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> Project Concern International	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GAP	<b>Program Area:</b> Sexual Prevention: AB
<b>Budget Code:</b> HVAB	<b>Program Budget Code:</b> 02
<b>Activity ID:</b> 6170.21842.09	<b>Planned Funds:</b> \$0
<b>Activity System ID:</b> 21842	

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

CDC's Cooperative Agreement with PCI will end on August 31, 2009. The project will have to be re-competed. It is expected that PCI will continue project activities as described in the FY08 activity narrative until that date. Any changes are indicated below.

**SUMMARY**

The program area will not target youth exclusively, but will promote "HIV/AIDS prevention through abstinence and/or being faithful in the low-income populations at the six locations targeted by the project."

**BACKGROUND**

Change in the extent of population covered (paragraph 3 in this section). In Maharashtra, the population covered will be 420,000. The other states remain the same as in the FY08 activity narrative.

**ACTIVITY 1: Behavior Change Communication**

The activities described in the first two paragraphs will continue.

The activity described in paragraph 3: "The Community Health Workers (CHW) and the Peer Educators (PEs) ... The project is targeting 50,000 persons with this activity" will not be continued.

**ACTIVITY 2: Life Skill Education Sessions for Youth**

This activity will not be continued for the current year.

**ACTIVITY 3: Building a Supportive Environment**

No Changes

**FY 2008 NARRATIVE**

**SUMMARY**

This program area addresses prevention through abstinence and being faithful. Individuals are reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful among the youth in the low-income populations at the six locations targeted by the project.

**BACKGROUND**

Founded in 1961, Project Concern International (PCI) is an international non-governmental and non-profit organization that aims to prevent disease, improve community health and promote sustainable development. PCI/India has worked in HIV/AIDS prevention, care and support, and treatment programming since its inception in 1997 when it was established as a Charitable Society in India. In 2004, PCI initiated the PATHWAY Program, "Comprehensive Community and Home-Based Care and Support for People Living with HIV/AIDS (PLHAs) in India." The five-year program (September 2004-August 2009) was designed to implement integrated community and home-based care (CHBC) and support, and HIV prevention in three sites in the high prevalence states of Maharashtra, Tamil Nadu, and Andhra Pradesh.

Through supplemental funding from CDC in Year 2, this project was expanded to three additional project sites in the northeastern states of India: Manipur (Churachandpur and Imphal) and Nagaland (Dimapur). In Year 3 (September 2006-August 2007), CDC allocated additional resources to continue program activities at the 6 targeted sites and to work with the National AIDS Control Organization (NACO) to improve and upgrade its Strategic Information System (SIS) and train its personnel in the management of SIS and other skill areas in high demand.

In FY08 activities will be directly implemented by PCI in Maharashtra (population covered, 450,000) and Tamil Nadu (360,000). In Andhra Pradesh (600,000) and Northeastern states (642,000) project activities will continue to be implemented through PCI sub-partners, who are local organizations with experience in HIV/AIDS program implementation. The sub-partners are Lodi Multi Purpose Social Service Society, Sneha, Pragathi Seva Samithi in Warangal in Andhra Pradesh state; SASO, Shalom in Manipur, Akimbo Society in Nagaland; Salem Network of Positive People in Salem, Tamil Nadu state, Network of Maharashtra by People Living with HIV/AIDS and Sevadham Trust in Pune in Maharashtra state.

**ACTIVITIES AND EXPECTED RESULTS**

**ACTIVITY 1: Behavior Change Communication**

Changing individual and community behaviors is key to HIV prevention. BCC project will play five different but related roles in the PCI project's HIV/AIDS and STI programming: community dialogue, advocacy with policy makers, provision of information and education, influencing the social response to stigma, and communicating promotional information on services and products. Consistent messages from a variety of legitimate sources will be disseminated in an interactive fashion to affect behavior change. Target audiences will be segmented and BCC campaigns developed for each group.

PATHWAY's prevention approach includes behavior change communication, promoting abstinence, delay in sexual debut, and being faithful to one uninfected partner. Prevention activities are integrated with activities to increase community acceptance of PLHA and reduce stigma. Prevention services are delivered in partnership with NGOs, CBOs, PLHA, and other community leaders, through a variety of channels including mass awareness, one-to-group and group-to-group behavior change activities; information, education and communication (IEC) materials and events; health camps; and mobile clinics. As part of the program, Interactive Behavior Change Communication processes are held with communities in order to develop tailored messages and approaches using a variety of communication channels to support positive behaviors; promote and sustain individual, community, and societal behavior change; and maintain appropriate behaviors. BCC programs will address stigma by involving motivated persons or groups, such as PLHAs, sex workers and men who have sex with men, who can work effectively for change as policy advocates and serve as caregivers and peer educators.

**Activity Narrative:** The Community Health Workers (CHW) and the Peer Educators (PEs) are all PLHA from targeted high-risk low income communities. Most of them are women. They will mobilize out of school youth in the communities through sports clubs, schools and colleges (target 20,000), women's self-help groups (target 20,000), and community recreation centers (target 10,000). The project is targeting 50,000 persons with this activity.

**ACTIVITY 2: Life Skill Education Sessions for Youth**

PCI will link with the government education department to conduct Life Skills education sessions in 15 schools in Pune, Maharashtra for 8th and 9th grade students (12–14 years old). They are at risk as revealed by studies in similar urban areas of the region showing early sexual debut. This activity will be carried out in partnership with a private corporate agency, Zensar Technologies.

**ACTIVITY 3: Building a Supportive Environment**

Sessions on Abstinence and Being Faithful will also be conducted in the target communities, to support and strengthen community norms of fidelity, reaching a targeted 20,000 persons. This activity contributes to Objective 1b of the third National AIDS Control Program: prevention of new infections in the general population.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 16466

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16466	6170.08	HHS/Centers for Disease Control & Prevention	Project Concern International	7443	3956.08		\$50,000
6170	6170.06	HHS/Centers for Disease Control & Prevention	Project Concern International	3956	3956.06		\$64,468

**Emphasis Areas**

**Gender**

- \* Increasing gender equity in HIV/AIDS programs
- \* Increasing women's access to income and productive resources
- \* Increasing women's legal rights
- \* Reducing violence and coercion

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.02: Activities by Funding Mechanism**

**Mechanism ID:** 3949.09

**Prime Partner:** Voluntary Health Services

**Mechanism:** APAC

**USG Agency:** U.S. Agency for International Development



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**Funding Source:** GHCS (USAID)

**Budget Code:** HVAB

**Activity ID:** 10936.21827.09

**Activity System ID:** 21827

**Program Area:** Sexual Prevention: AB

**Program Budget Code:** 02

**Planned Funds:** \$35,728

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The National AIDS Control Organization (NACO) continues to place emphasis on interventions with truckers, migrants and youth populations as they act as a bridge population to the general population. The approach for reaching these groups, however, has changed. NACO has withdrawn support to NGOs engaged in interventions with these groups and is instead working closely with the related government ministries to mainstream HIV/AIDS programs. NACO is also coordinating with the trucking associations to roll-out a national program for truckers through the association. At the state level, the Tamil Nadu State AIDS Control Society (TNSACS) plans to lead coordination efforts with different ministries, departments, and associations to implement HIV/AIDS prevention programs among truckers, migrants and youth populations. This is in-line with the USG policy of increased ownership of HIV/AIDS programs by the state and using USG support for interventions in critical areas / target populations.

**ACTIVITY 1: Community Outreach Services for Bridge Populations and Other Sub-Populations in High-Prevalence Districts**

This activity will not be continued in COP09 as TNSACS plans to support interventions with bridge and vulnerable populations for the entire state.

**ACTIVITY 2: Transitioning Targeted Interventions to the Private Sector and SACS**

The project has developed a clear plan to transition the truckers, migrant and youth intervention programs to TNSACS. The transition plan was developed in consultation with NGOs and SACS. A coordination committee will oversee the transition process and ensure quality services are provided to these target communities. As a result, APAC will not continue to support these activities in COP 09.

**ACTIVITY 3: Technical Assistance to SACS on Targeted Interventions**

APAC, through the Technical Support Units (TSUs) will continue to provide technical assistance to TNSACS, NGOs, associations and different ministries for mainstreaming HIV/AIDS. APAC will also work with TNSACS to develop gender specific policies and tools and to train NGOs and agencies on incorporating gender into their HIV/AIDS initiatives.

**ACTIVITY 4: Demonstration Projects for Mainstreaming HIV/AIDS Programs in Universities**

APAC is working with TNSACS to mainstream HIV/AIDS into the University program, and will not support any direct interventions for university youth in COP09. This shift aligns with the PEPFAR review team's recommendation to focus on MARPs and mainstream programs for low-risk groups.

**ACTIVITY 5: Promoting HIV/AIDS Prevention to Out of School Youth through Social Networks**

The project is working with TNSACS to mainstream HIV/AIDS into existing youth programs, and will not continue support for direct interventions for youth programs in COP09. This shift aligns with the PEPFAR review team's recommendation to focus on MARPs and mainstream programs for low-risk groups.

**ACTIVITY 6: Building the Capacity of NGO Staff and Peer Educators**

This activity will not be continued in COP09, as TNSACS plans to support interventions with bridge and vulnerable populations at the state level. The Technical Support Unit (TSU), in consultation with TNSACS will, however, introduce appropriate modules on Abstinence and Be Faithful in the NGO staff and peer educator training programs.

In COP 09 the following new activity will be supported by the project:

**ACTIVITY 7: Demonstration Project on Short-Stay Migrant Intervention**

In COP09, APAC will support one or two associations (construction sector / other sectors where large numbers of short-stay migrants work) and demonstrate models of mainstreaming HIV/AIDS work. This model project will be located in suburban areas of Chennai to address the migrant population. The project will cover 10,000 migrants in partnership with local corporations / industries and infrastructure development agencies. This project will also serve to demonstrate different best practices. The same will be documented and shared with NGOs involved in interventions among migrants. Peer educators among the migrants will be identified, recruited, and trained so as to more effectively reach migrants. Multi-lingual outreach workers will be recruited for promoting behavior change. IEC materials will be designed / procured in different languages.

**FY 2008 NARRATIVE SUMMARY**

Interventions among bridge & other selected sub-populations continue to be a priority in the third phase of the National AIDS Control Plan. The most recent Behavioral Surveillance Survey conducted in Tamil Nadu indicates that a significant proportion of bridge populations and youth engage in risky sex behaviors. Current interventions primarily focus on condom promotion with limited emphasis on other options. APAC will promote expansion of options by providing comprehensive and gender sensitive information on abstinence, fidelity, partner reduction, condom promotion for groups with established risk behaviors, and promoting value-based lifestyles.

In FY08, APAC will support interventions among bridge and other selected populations through delivering a behavior change communication (BCC) package based on risk assessment of these sub-populations. Important strategies to address these populations will include supporting NGOs and social networks to reach out to the selected target audience, and capacity enhancement of the NGOs to scale up and improve the quality of interventions. APAC will support two model university programs and a limited number of projects with truckers' associations for demonstrating effective mainstreaming strategies. As a Technical Support Unit, APAC will also assist the State AIDS Control Societies of Tamil Nadu and Kerala to strengthen their capacity for project management including evidence-based planning and monitoring, with the aim of scaling up interventions at the state level and quality improvement.

**BACKGROUND**

**Activity Narrative:** VHS has been implementing the APAC project in Tamil Nadu for 12 years. APAC initially targeted most-at-risk-populations, but has expanded efforts over the last few years to support a more comprehensive approach to HIV/AIDS prevention, care and treatment. Tamil Nadu has been successful in controlling HIV and APAC has significantly contributed to this success. The National AIDS Control Organization has recognized the expertise and contributions of the APAC project and has requested APAC to provide technical support to the SACS of Tamil Nadu, Puducherry and Kerala by setting up a Technical Support Unit at Tamil Nadu and Kerala, consisting of a core team of consultants/experts co-located with the SACS, with a mandate to assist the SACS in scaling-up programs, improving efficiency and quality. APAC also serves as the vice-chair for the Technical Working Group on targeted interventions for the country. In a recent development, the Tamil Nadu State AIDS Control Society has taken a decision that it would take the lead to support bridge and vulnerable population interventions for the entire state of Tamil Nadu, and has requested the other stakeholders to saturate coverage of MARPs in their respective districts. As a follow-up of this decision, APAC starting Oct 08, will transition all its bridge and vulnerable population intervention programs in Tamil Nadu and support more NGOs / CBOs to saturate coverage of MARPs. Only one migrant intervention will be supported by the project. Due to this change the overall budget and targets in the Abstinence and Be Faithful program area have been decreased.

#### ACTIVITIES AND EXPECTED RESULTS

##### ACTIVITY 1: Community Outreach Services for Bridge Populations and Other Sub-Populations in High-Prevalence Districts

Eight NGO sub-partners will use peer educators to deliver A and B messages to target populations in selected high-prevalence districts of Tamil Nadu and Puducherry. Peer educators will strategically encourage unmarried young adults to abstain from sex, married adults to remain faithful, and those with established high-risk behavior to use condoms and access VCT services. USG funds will support capacity building of NGO staff and peer educators, increase access to preventive services through community-based peer educator programs, create an enabling environment for behavior change and support advocacy efforts for stigma reduction. Community drop-in-centers will be established by APAC's sub-partners to provide space for the community to share experiences, as well as offer counseling and testing and basic medical support to the target populations. APAC will build the capacity of sub-partners through regular training, exposure visits and monitoring, and will support 1320 peer educators with motivational strategies. This activity aims to reach nearly 69,000 individuals from bridge and other populations with A and B messages. Efforts to reach women (spouses of truckers and migrating women involved in construction, agriculture work) will also be supported through NGO outreach and workers' associations.

##### ACTIVITY 2: Transitioning Targeted Interventions to the Private Sector and SACS

Since 1996, APAC has supported NGOs by building their capacity to manage projects and mobilize resources from other donors. In FY08, APAC will support initiatives to transition 16 NGO sub-partners (involved in interventions with bridge and other selected populations at risk) to SACS and other agencies. APAC will build the capacity of sub-partners to showcase achievements and leverage resources from private companies through tapping corporate social responsibility opportunities. APAC will establish a coordination team to develop mechanisms for transition and follow-up of transitioned projects to ensure continuance of the quality and scale of interventions.

##### ACTIVITY 3: Technical Assistance to SACS on Targeted Interventions

In line with the NACP-III policy, NACO has designated APAC to be the Technical Support Unit to provide ongoing technical assistance to the SACS of Tamil Nadu and Kerala and build capacity for effective interventions among bridge and selected sub-populations. Technical support to SACS will cover a range of areas such as a) strengthening project management systems; b) standardizing training modules consistent with the national guidelines and strengthen the capacity of NGO and CBO training institutions; c) evidence-based planning including periodic mapping, size estimation and need assessment of target populations; d) documentation and dissemination of best practices for learning and replication; e) development of a mainstreaming strategy; and f) periodic evaluation and behavioral impact assessments. APAC and SACS will develop a joint technical support plan and technical assistance will be provided based on the plan. APAC will also build NGO capacity by supporting two demonstration projects (one each for truckers and migrants) as centers of learning.

##### ACTIVITY 4: Demonstration Projects for Mainstreaming HIV/AIDS Programs in Universities

APAC will support two model projects in universities to integrate HIV/AIDS programs for HIV/AIDS prevention education, with an emphasis on abstinence. Volunteer peer educators will be selected and trained to deliver appropriate HIV/AIDS information to the students. The training content will particularly emphasize the vulnerability of women to HIV/AIDS and build their skills in handling risky situations. A few peer educators will be trained as peer counselors to provide counseling to at-risk youth and link them with NGOs and other support agencies. An infotainment troupe will provide HIV information through traditional and modern media. Two youth-friendly centers offering holistic youth services (career guidance, personality development, sexual and premarital counseling, fitness and personal care) will be established in partnership with private companies to serve as a pull factor and help leverage resources from the private sector. APAC will collaborate with the Ministry of Parliamentary Affairs to conduct youth parliaments on HIV/AIDS issues in colleges. District-level competitions will be conducted in various colleges with awards given to the teams. Winners from each district will participate in state-level youth model parliaments. An estimated 5000 college youth will be reached through these model projects. To ensure greater ownership and sustainability, the project will involve the principals and key faculty in designing college-specific interventions and a monitoring strategy, and build the capacity of the faculty in counseling and handling youth-specific issues. The experience of these model projects will be disseminated to NACO, SACS and the Ministry of Youth for replication.

##### ACTIVITY 5: Promoting HIV/AIDS to Out Of School Youth through Social Networks

APAC will support a pilot project in one high-prevalence district to mainstream HIV/AIDS within Nehru Yuva Kendra, a large social network. The project will address out-of-school youth in 25 large slums of Tamil Nadu. NYK will establish Youth Health and Development Clubs in these slums to promote awareness on a

**Activity Narrative:** range of HIV/AIDS and social issues, and link out-of-school youth to various government-aided programs. Through this initiative, over 1250 out-of-school youth will be reached. In each slum, 25 male and female youth will be identified as peer educators and trained on HIV/AIDS prevention messages, life-skills education, and other social and health issues. Efforts will be made to sustain the activities by ensuring coordination with local NGOs, FBOs, the Tamil Nadu slum clearance board, the Women's Development Corporation and other social networks.

**ACTIVITY 6: Build the Capacity of NGO Staff and Peer Educators**

APAC will identify and support strong organizations to build the capacity of NGO staff and peer educators in interventions among selected populations focusing on promoting A and B messages. Risk assessment tools will be developed for outreach workers and peer educators to ascertain the risk behavior of bridge and other populations. NGO staff and peer educators will be provided a series of trainings focusing on issues such as participatory mapping and needs assessment, risk assessment, interpersonal communication, gender, and project management. The project will train 176 NGO staff and 1320 peer educators.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14155

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14155	10936.08	U.S. Agency for International Development	Voluntary Health Services	6720	3949.08	APAC	\$68,200
10936	10936.07	U.S. Agency for International Development	Voluntary Health Services	5604	3949.07		\$821,000

**Emphasis Areas**

Gender

\* Increasing gender equity in HIV/AIDS programs

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.02: Activities by Funding Mechanism**

**Mechanism ID:** 3966.09

**Mechanism:** N/A

**Prime Partner:** Leprosy Relief Association  
India

**USG Agency:** HHS/Centers for Disease  
Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Sexual Prevention: AB

**Budget Code:** HVAB

**Program Budget Code:** 02

**Activity ID:** 21263.09

**Planned Funds:** \$10,000

**Activity System ID:** 21263

## Activity Narrative: NEW ACTIVITY NARRATIVE

### SUMMARY

LEPRA Society, with support from USG and the Andhra Pradesh State AIDS Control Society (APSACS), rolled out a large comprehensive prevention, care, treatment, and support program, the Primary Health Care Enhancement Project (PHCEP) in 2006 through its sub-partner, the Catholic Health Association of India (CHAI). The program's services are delivered through Primary Health Centers (PHCs) across 10 high burden districts in Andhra Pradesh (AP).

HIV prevention activities are being undertaken by nurse-practitioners and nurses at PHC level. There will be a continued focus on sexual prevention activities in the community. More specifically, the USG-supported PHCs will reach out to adolescents and high school children with messages of abstinence. Outreach activities to existing womens' groups such as Self-Help Groups, Development of Woman and Child in Rural Areas (DWCRA) groups, and male fan clubs will also focus on this program area.

In FY09, the supportive supervision and management of the PHC Enhancement Project will be shared between USG partners and the government-appointed District AIDS Prevention and Control Unit (DAPCU). To date, district teams for supervision of the PHC HIV/AIDS activities in the ten high-burden district have been supported by USG funds, which will end in FY09 due to the integration of the project into the national DAPCU structure. This integration forms part of the sustainability plan for the PHC Enhancement Project, which will be handed over to the government as the project enters its fifth year of USG support.

### BACKGROUND

USG has been working in AP with LEPRA, and its sub partner, the Catholic Health Association of India (CHAI), since 2005. CHAI, established in 1943, is India's largest faith based organization in the health sector with nearly 3,273 member institutions that include large, mid-sized and small hospitals, health centers, and diocesan social services societies. CHAI promotes community health and enables the community, especially the poor and the marginalized, to be collectively responsible for attaining and maintaining their health, demand health as a right, and ensure availability of quality health care at reasonable cost.

Andhra Pradesh, a southern state in India with a population of 80.8 million, has an estimated 500,000 PLHIV. Antenatal HIV prevalence is over 1% in 19 of the 23 districts, yet access to HIV services is scarce, especially in the rural areas. APSACS has scaled up counseling and testing (CT) services to the rural primary health center level, unlike other states in India, where the services remain exclusively urban and peri-urban. A total of 266 Integrated Counseling and Testing Centers (ICTCs) offer prevention of mother-to-child transmission, CT, and TB/HIV care, support and treatment services at the PHC level. Each PHC, the basic health care unit in India, serves a population of 30,000. Given the vast coverage of PHCs and the urgent need for rural access to testing, care, and treatment services, the integration of HIV/AIDS services into the PHC system makes services very accessible.

### ACTIVITIES AND EXPECTED RESULTS

Community outreach activities have been undertaken by PHC nurses for about four to eight days per month so far. This will be continued in FY09, with sexual prevention of HIV in rural areas as an important focus area.

#### ACTIVITY 1: AB Education through the Primary Health Center Enhancement Project

The PHCEP will provide adolescent youth and the general community with HIV prevention activities through outreach by the 266 nurses working in the PHCs. Technical support for and supervision of the nurses is through USG-supported Nurse Supervisors. The nurses spend an average of 16 working days per month in the facility and four to eight days in the community. The nurses will use available opportunities to reach youth groups and high-school children at least once a month with abstinence messages. The project targeting youth will promote gender-equity and will also organize school-based programs to address male norms, encouraging them to respect women

The nurses will also work with existing outreach workers and village volunteers to convey messages on mutually being faithful to spouse/partner, especially reaching existing women's groups and fan clubs in the villages. Positive prevention activities and linkages with positive network groups will also be continued. Based on previous outreach activities, it is estimated that the nurses will reach to about 76,608 people as part of sexual prevention activities in FY09, which includes reaching 63,840 with a specific focus on abstinence.

**New/Continuing Activity:** New Activity

**Continuing Activity:**

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**Emphasis Areas**

Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs

**Human Capacity Development****Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.02: Activities by Funding Mechanism****Mechanism ID:** 5785.09**Prime Partner:** Family Health International**Funding Source:** GHCS (USAID)**Budget Code:** HVAB**Activity ID:** 11465.21245.09**Activity System ID:** 21245**Mechanism:** Samarth**USG Agency:** U.S. Agency for International Development**Program Area:** Sexual Prevention: AB**Program Budget Code:** 02**Planned Funds:** \$78,000

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Based on the PEPFAR/India program review recommendations, FHI will reduce its support for AB-related activities. National HIV prevalence data indicates a concentrated epidemic and thus a need for focused efforts on high risk populations. The YWCA demonstration project among adolescent girls will therefore be gradually phased out from Samarth.

FHI will, however, continue to provide limited support to vulnerable children who may need A and B messages as appropriate through demonstration partners SBT and WAG/Chelsea.

**FY08 NARRATIVE SUMMARY**

The Samarth project will continue supporting demonstration programs on AB interventions among most-at-risk children and youth and will use these lessons to provide technical assistance to USG partners. Additionally, it will develop best practices for mainstreaming AB interventions for youth and children into the programs of government ministries.

**BACKGROUND**

The Samarth project has been implemented by Family Health International (FHI) since October 2006. Samarth will directly contribute to implementing quality HIV/AIDS prevention, care and treatment through technical assistance (TA), capacity building and institutional strengthening of government (the National AIDS Control Organization [NACO] and the State AIDS Control Societies [SACS]) and civil society. In addition, the Global Fund's Country Coordinating Mechanism (CCM) Secretariat will be provided with TA to strengthen its leadership and governance. FHI implements the Samarth project in partnership with the Christian Medical Association of India (CMAI, which has over 300 faith-based hospitals as members), the Indian Network of Positive People (INP+), and Solidarity and Action Against the HIV Infection in India (SAATHII, an NGO with a mandate to build capacity of civil society). The Samarth project extends needs-based capacity-building assistance to government and non-government stakeholders as well as to USG partners. Since FY07, Samarth has supported NACO with human and technical assistance in key program areas like counseling and testing (CT), OVC, ARV, strategic information and policy and systems strengthening. Samarth also implements 4 demonstration projects in New Delhi to showcase best practices in Abstinence and Be Faithful (AB) programming, OVC and palliative care for injecting drug users.

**ACTIVITIES AND EXPECTED RESULTS**

This activity is an ongoing project funded under PEPFAR in FY07. With FY08 funding, the project will continue to improve the capacity of its partners in demonstration projects to implement AB programs and will provide TA on AB programs to USG partners.

**ACTIVITY 1: Implementing Abstinence and Be Faithful Programs in Demonstration Projects**  
Samarth will continue supporting four demonstration projects to develop best practices in AB interventions among most-at-risk-children in urban slums, street youth and vulnerable local communities in Delhi. The local communities include traditional sex workers, rag-pickers and the snake-charmers community. Children from these communities are often school drop-outs. The outreach activities include mobilizing children to attend non-formal education, life skills education and skills development to promote livelihood security. These activities will prevent children and youth from engaging in high-risk behaviors.

The demonstration projects will also develop best practices of mainstreaming programs for vulnerable children and youth into the various ministries such as the Ministry of Women and Child Development, Ministry of Youth and Sports and Ministry of Social Justice and Empowerment. Activities include development of guidelines and capacity-building of ministry staff to implement mainstreaming activities. The Life Skills Education Toolkit developed by Samarth using FY07 funds has been approved by NACO for adaptation and replication by the Government of India as part of the national mainstreaming program. About 2400 youth will be reached through the demonstration projects; this includes 300 OVC, aged 10-14, who are currently being reached through the community-based OVC project.

**ACTIVITY 2: Technical Assistance (TA) to USG Partners on AB Programs**  
Samarth will provide TA to USG partners implementing AB programs in integrating AB approach into existing communication strategies, and with BCC materials for youth and mobile populations. TA will also be provided to USG partners to document success stories and lessons learned in AB interventions.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14113

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14113	11465.08	U.S. Agency for International Development	Family Health International	6711	5785.08	Samarth	\$87,600
11465	11465.07	U.S. Agency for International Development	Family Health International	5785	5785.07		\$83,400

**Emphasis Areas**

Gender

\* Increasing gender equity in HIV/AIDS programs

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$35,640

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

Estimated amount of funding that is planned for Economic Strengthening \$13,000

**Education**

Estimated amount of funding that is planned for Education \$13,000

**Water**

**Table 3.3.02: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3958.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> Tamil Nadu AIDS Control Society	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GAP	<b>Program Area:</b> Sexual Prevention: AB
<b>Budget Code:</b> HVAB	<b>Program Budget Code:</b> 02
<b>Activity ID:</b> 20930.09	<b>Planned Funds:</b> \$75,000
<b>Activity System ID:</b> 20930	



## Activity Narrative: CONTINUING ACTIVITY - NEW ACTIVITY NARRATIVE

### SUMMARY

Red Ribbon Club (RRC) is an on-campus and voluntary educational intervention among college youth in Tamil Nadu that started in 2005. It is implemented with the twin objectives of reducing HIV infection among youth by raising their risk perception and preparing youth as peer educators and agents of change. Each RRC is made up of 10-50 college student volunteers motivated to some degree to address HIV and other sexual health issues among their age group and/or community. CDC, in partnership with TNSACS and the state Ministry of Higher Education, supports this program by placing 30 district-level field officers (one per 40 RRCs), 5 regional managers, and one state-level director under TNSACS with technical support coming from CDC. TNSACS, via NACO and state funding, provides seed funds to each RRC to help facilitate HIV prevention and stigma-reduction programs both in the colleges and outside in the nearby communities. CDC support includes curriculum development, training and monitoring and evaluation of RRC activities. In FY09 and FY10, there will be efforts to mainstream these activities with the GOI Department of Higher Education and Department of Youth Affairs.

### BACKGROUND

The Tamil Nadu State HIV/AIDS Control Society (TNSACS) is the implementing body for India's National AIDS Control Organization (NACO) in the southern state of Tamil Nadu, a high HIV-burden state. TNSACS, which is headed by a senior officer from the Indian Administrative Service (IAS), is the state-level authority for HIV-related policy formation, activity and partner coordination, and program implementation, as well as monitoring, reporting, and evaluating on all activities related to the HIV epidemic in the state. In 1991, TNSACS was the first state HIV agency to be formed in the country and has continued to serve as a model for other such agencies around the country.

In 2002, HHS/CDC developed a formal relationship with TNSACS and in 2003 began providing fiscal and technical support. The USG continues to play a strategic role in the operations of TNSACS. The strong historical and technical relationship between TNSACS and the USG has allowed the USG to leverage the entire budget of TNSACS (approximately \$20 million in FY08) effectively. This relationship is also strategic as jointly funded projects are likely to be replicated throughout the country since TNSACS is regarded as the leading state HIV agency in India. The technical support provided to TNSACS by the USG has been one of the successful models of donor support in the country. The extent, form, and specificity of our support was discussed with NACO, which resulted in the creation of the new Technical Support Unit in Tamil Nadu that works directly with the USG advisors based at TNSACS.

### ACTIVITIES AND EXPECTED RESULTS

The Red Ribbon Club (RRC) program is an ideal social support platform for youth to understand the myths and misconceptions about sexual health in the context of HIV and gain skills in decision making for protecting their health. There are Red Ribbon Clubs (RRCs) in 961 colleges in Tamil Nadu State, with a volunteer strength of above 57,660, reaching over 150,000 students in various higher educational institutions (and an undocumented number of out-of-school youth through community programs). RRC volunteers undergo training using the Celebrating Life curriculum, which is a ten hour package that addresses socio-cultural influences and vulnerabilities to HIV particular to both young adult men and women to HIV. In FY08, this program was endorsed by NACO and adopted as a national strategy and adopted in NACP3. In FY09, plans will be developed to mainstream this program within the Ministry of Education so that there is a sustained mechanism to address HIV/AIDS in this vulnerable age group.

#### ACTIVITY 1: Celebrating Life: Curriculum on Sex and Sexuality

The curriculum has been rolled out with urban and rural college youth with supervision by USG-supported RRC Regional Managers and Field Officers. It includes topics on adolescent vulnerability, HIV/AIDS and STI, gender-based issues/vulnerabilities, life skills and sexual rights and responsibilities. Nearly 537 three-hour Primer and 259 ten-hour curricula have been rolled out in 961 colleges from FY06-08 and the program will continue through FY10, with the addition of 100 more RRCs in Law, Agriculture, Medical and Paramedical (pre-service) colleges which were not targeted previously.

NACO has endorsed the Celebrating Life curriculum by including it in the NACP3 Operational Guidelines. USG and TNSACS will provide TA to NACO in the finalization of the guideline by incorporating lessons learned in the field. Additionally, USG and TNSACS will advocate for mainstreaming the RRC Program and curriculum within the Department of Higher Education and Department of Youth Affairs. Regional Managers will help TNSACS train 961 RRC Program officers at district level on the three-hour curriculum and give them an orientation to RRC. Emphasis will also be on identifying trainers from within colleges for training college students and peer educators, in order to create college-based ownership of the program.

By ensuring more trainers are available from within colleges, support provided through field officers will be gradually reduced, which will reflect in the reorganization of the program and the efforts to mainstream it into the GOI throughout FY09 and FY10.

#### ACTIVITY 2: Peer Education Training and Convention

In addition to peer leaders' conventions, RRC Regional managers and RRC Field Officers will focus on strengthening the team of Peer Educators in every RRC. A curriculum will be prepared, piloted, and implemented for training the peer educators to enable them to organize three to six campaigns in their colleges every year. Each peer educator will reach 10 to 30 peers through peer education. The peer educators training will focus on transitioning the program implementation and reporting to the college students.

#### ACTIVITY 3: Networking

In order to increase the reach of the HIV/AIDS program to young adults, TNSACS has started interactive sessions of community people with college youth through RRCs. College youth will interact with: a) PLHA to orient them on stigma and discrimination issues, b) transgenders to understand the issues faced by sexual minorities, and c) IDUs to understand HIV transmission through a non-sexual route. ICTC

**Activity Narrative:** counselors will also visit colleges to encourage counseling and testing.

**ACTIVITY 4: Community Outreach by RRCs**

In FY09 the RRC District Managers and RRC Regional Managers will reach out to 35,000 RRC members with the Celebrating Life Curriculum and to 15,000 Peer Educators on skills training. The Peer Educators will further reach out to 150,000 peers. Peer Educators will also reach out to youth outside the college campus through village awareness campaigns and programs on radio and TV, and street theater performances. Community blood donation drives are another way by which RRC staff will reach out to the community and spread messages of safe blood donation. Collaborations will be made with the National Service Scheme (NSS) so that peer educators (who may also be NSS volunteers) are allowed to conduct sessions on HIV/AIDS. This innovative plan will reach out to more than 100,000 NSS volunteers. This will continue through FY10.

**ACTIVITY 5: Monitoring and Evaluation of RRC Programs**

Program indicators and reporting formats will be further streamlined and efforts to capture the impact made by the peer educators. There will also be a focus on establishing a formal reporting system for colleges for RRC activities (at least on a six monthly basis). Field level staff will be trained to capture these indicators.

USG and TNSACS will continue to advocate for routine HIV risk assessments among 18-23 year olds in school and out of school through surveys like BSS. A formal evaluation of the impact of RRC training on sexual risk perceptions, self efficacy to make informed sexual decisions, and behavior change is planned for FY09.

**ACTIVITY 6: Targeted "Pilot" Programs for High Risk Youth**

Through the peer educators, youth with high-risk behavior will be identified and referred to counselors in order to encourage counseling and testing. This will continue through FY10.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14667

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14667		HHS/Centers for Disease Control & Prevention	Tamil Nadu AIDS Control Society	6902	3958.08		\$100,000

**Emphasis Areas**

Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs
- \* Increasing women's legal rights

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development      \$75,000

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.02: Activities by Funding Mechanism**

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**Mechanism ID:** 3942.09

**Prime Partner:** University of Manitoba

**Funding Source:** GHCS (USAID)

**Budget Code:** HVAB

**Activity ID:** 6128.20938.09

**Activity System ID:** 20938

**Mechanism:** Samastha

**USG Agency:** U.S. Agency for International  
Development

**Program Area:** Sexual Prevention: AB

**Program Budget Code:** 02

**Planned Funds:** \$357,080

## Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Evidence has shown that abstinence-only programs are less relevant in concentrated epidemics. As such, the target for abstinence-only has been completely eliminated in COP09. The budgetary allocation for abstinence / be-faithful has also been significantly reduced due to the reduction in time that the link workers and other field staff will spend on this activity. Since all link workers have been trained in previous years and subsequent supportive supervision obviates the need for further training, the target is only to maintain current levels and train newly recruited link workers as a result of the turnover within the project.

Samastha will also discontinue its work with youth ages 10 – 14 for sexual abstinence messages/programming. The project discovered over the course of its intervention that youth ages 10-14 are not at as great a risk for HIV infection and therefore, the project's time and resources could be more efficiently utilized by increasing emphasis among higher-risk target groups. Therefore, Activity 1 in COP08 will be discontinued.

All other activities described in COP08 will be maintained during COP09, however at reduced levels.

### FY 2008 NARRATIVE SUMMARY

Under the Samastha project, HIV prevention activities in rural Karnataka will target the general population and focus on at-risk youth (including married adults) and school dropouts. The population groups covered under this program area and the specific behavioral objectives are: boys and girls, age 10-14, for sexual abstinence; men and women, age 15-49, for sexual abstinence and fidelity. Epidemiological data shows that HIV prevalence among age 15-24 in Karnataka has consistently been over 1% since 2001, while poverty and unemployment continue to fuel high rates of early marriages and school dropouts in rural Karnataka. These factors make it relevant to focus on at-risk youth and school dropouts. The prevention intervention will include community mobilization using gender sensitive and need-based communication strategies that will stimulate discussion on delaying sexual debut until marriage, delayed age at marriage, and developing skills for practicing abstinence.

### BACKGROUND

The University of Manitoba's (UM) Samastha project is implementing a comprehensive prevention and care and treatment project across 15 districts in Karnataka and 5 coastal districts in Andhra Pradesh. This project began in 2006, is reaching full scale in 2007, and continuing in 2008. In eleven of the 15 districts, local NGOs are sub-contracted and supported with technical assistance from UM and Population Services International (PSI) to implement prevention activities. In the remaining four districts, UM directly implements interventions. The 15 intervention districts were selected in coordination with KSAPS (Karnataka State AIDS Prevention Society), which leads its own HIV prevention, care, support, and treatment activities in Karnataka's remaining 14 districts. The Samastha Project is consistent with the National AIDS Control Organization (NACO) strategic plan and KSAPS's interventions targeting youth and general population, and UM provides strategic and technical support to KSAPS to ensure sharing of best practices.

### ACTIVITIES AND EXPECTED RESULTS

Under this program area, the project aims to reduce transmission of HIV in rural Karnataka. The target group of this activity is boys and girls, men and women in the general population in rural Karnataka.

The project will continue to provide information on abstinence and fidelity to young boys and girls and men and women in 1200 villages across 15 districts. Two hundred and fifty thousand individuals (including 50,000 individuals for abstinence related messages) will be covered during the period. Sexual abstinence and fidelity behavior changes can be difficult to sustain and therefore it is crucial to work with the target population in groups, fostering social and community norms to sustain change. The project will also train Peer Leaders and Stepping Stones Volunteers in the activity area so that community volunteers can carry on HIV prevention messages.

#### ACTIVITY 1: Delaying Sexual Debut among Youth

For boys and girls, the focus will be on school dropouts. Peer leaders selected by the youth groups will be trained to provide information and engage the youth (boys and girls) in discussions related to abstinence from sex, delaying sexual debut until marriage, delayed age at marriage, and developing skills for practicing abstinence. Stepping Stones (SS) provides a tool for behavior change to be used with men and women in groups to emphasize the need to eliminate casual sexual relationships, develop skills to sustain marital fidelity, and endorse community norms to support and promote marital fidelity. This tool has been adapted to the Indian context following successful field-testing which demonstrated significant impact on behavior change among those who had availed the SS training. Adults and older or married youth among the school dropouts who are assessed with at-risk behaviors will be linked with other Samastha project activities, utilizing interpersonal communication to reduce risk through increased condom usage and partner reduction.

#### ACTIVITY 2: Leveraging Local Value Systems to Promote Sexual Abstinence and Fidelity

The Link Worker system, designed under NACP-3, will be supported by Samastha in 14 districts of Karnataka. Link Workers target specific groups in rural areas, including youth in their outreach activities to initiate community mobilization and ensure accessibility and linkage to services. The Samastha project will build the capacity of the Link Workers to address issues related to sexual abstinence and fidelity using methods and messages sensitive to local cultures and values. This activity provides refresher training as well as a forum for Link Workers to share and address challenges in the field. In 2008-09, the project will also invest resources to train Peer Leaders and community volunteers to mobilize the community to take responsibility for behavior change and support sustainability of changed behavior.

**Activity Narrative:** ACTIVITY 3: Gender Sensitive and Need-Based Communications

The project will pursue a fuller understanding of the needs of boys and girls, and men and women through separate forums on the specific needs of each group. Male and female Link Workers will continue to support males and females separately in changing and maintaining HIV preventive behaviors. Tools to address gender issues in the context of HIV, like Stepping Stones, will be continued with all target groups to ensure gender violence is reduced, gender-related vulnerability of men and women is reduced, and gender equity is facilitated. This will encourage boys and men to adopt more accountable and responsible behaviors while empowering girls and women to take decisions to reduce the risk of HIV. Six thousand individuals from the target population will be trained in using Stepping Stones, and encouraged to become behavior change volunteers for the community.

## ACTIVITY 4: Mobilizing Communities to Sustain Behavior Change

Coverage of the general population to increase HIV preventive behaviors and the mobilization of communities to take part in HIV prevention programming is consistent with and supportive to the Third Phase of the National AIDS Control Program (NACP-3, 2007-2012) to reduce HIV in India. The use of Link Workers is specifically outlined in NACP-3 for communication activities among general population and high-risk target groups.

Village Health Committees (VHC) will be formed in 600 villages in the 15 districts. The members include both male and female village leaders, elected representatives, teachers, local health workers, and youth leaders. The role of these committees will be to create a supportive environment for behavior change among the target group. The VHC will publicly support and encourage activities related to prevention and being faithful. This activity will foster long-term sustainability of behaviors promoted by the project.

## ACTIVITY 5: Dissemination of Lessons Learned

The University of Manitoba will work closely with NACO and KSAPS to form a collaborative implementation plan for the Samastha project and KSAPS intervention districts. Experiences, challenges, and best practices will be documented and shared through the learning systems being set up under Samastha.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14135

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14135	6128.08	U.S. Agency for International Development	University of Manitoba	6715	3942.08	Samastha	\$295,360
10818	6128.07	U.S. Agency for International Development	University of Manitoba	5601	3942.07		\$685,000
6128	6128.06	U.S. Agency for International Development	University of Manitoba	3942	3942.06		\$435,000

**Emphasis Areas**

Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development      \$246,665

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.02: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3964.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> MYRADA	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Sexual Prevention: AB
<b>Budget Code:</b> HVAB	<b>Program Budget Code:</b> 02
<b>Activity ID:</b> 11499.20909.09	<b>Planned Funds:</b> \$60,000
<b>Activity System ID:</b> 20909	

## Activity Narrative: CONTINUING ACTIVITY - NEW ACTIVITY NARRATIVE

### SUMMARY

Youth interventions are one of the key focus areas of the third National AIDS Control Program (NACP-III)'s plan for India. Continuing into the third year of the program, MYRADA will target youth, both in colleges and in the community. The program will focus on abstinence, while certain high-risk youth will be addressed separately through other program areas. The program also works with young couples and adults in rural communities to focus on the importance of being faithful. Key target groups for these activities are adolescents and young adults.

### BACKGROUND

MYRADA, a 40-year-old field-based non-governmental organization (NGO) based in Bangalore, Karnataka, India, has been directly working in the areas of empowering poor and vulnerable women, natural resource management, reproductive child health (RCH) and HIV/AIDS in the state of Karnataka, and neighboring border areas of Tamil Nadu and Andhra Pradesh. All MYRADA's work is built on the underlying principles of sustainability and cost effectiveness through building local people's institutions and capacities, and fostering effective linkages and networking. These principles have also been incorporated into the MYRADA USG program.

In the first year of this program (FY06), MYRADA decided to work in two districts of Northern Karnataka – Belgaum and Gulbarga. These are socio-economically backward districts with high HIV prevalence (over 3% in general population) that are located next to two other HIV high prevalence states, Maharashtra and Andhra Pradesh. The initial strategy was to develop community-based models for sustainable HIV prevention activities.

India's epidemic is not generalized. With a prevalence of 0.36% (NFHS and NACO 2007 reports), most of the focus is on prevention. While all youth may not be sexually active, there is an urgent need to address their understanding of vulnerabilities to risky behavior situations, more so in the case of young women. In the UNDP-supported CHARCA project with young women implemented in Bellary, MYRADA learnt that several factors such as early marriage, pre marital sexual abuse, lack of assertiveness skills, local sexual cultural practices and a very low knowledge of the basics of HIV/AIDS transmission dynamics were important issues related to increasing young women's risk to HIV/AIDS. Young men also needed to understand these vulnerabilities in order to develop positive attitudes towards women as well as reduce their own risks. MYRADA decided to work with youth in college settings as a starting point, as it was easy to access the youth on a repeated basis to reinforce prevention and life skills messages. In the second year, the program also targeted out-of-school youth through community based programs.

### ACTIVITIES AND EXPECTED RESULTS

Through USG's program with the Tamil Nadu State AIDS Control Society (TNSACS), MYRADA became familiar with the Red Ribbon Clubs (RRCs) in colleges, and initiated the same concept in 4 taluks of Belgaum and Gulbarga districts. This field program is currently implemented by two subpartners. There are around 160 RRCs functioning, which are seen as local-level institutions that can respond to the needs of peers within and outside the college setting. Each RRC consists of a group of student members who have joined the club on a voluntary basis. They select a core group to manage the regular functions of the club, two of whom are elected as RRC peer leaders. Some of the activities include regular monthly meetings, interactive competitions (painting, quiz, debates, essays) on the themes of youth, vulnerabilities to HIV and care and support; support to Orphans and Vulnerable Children and PLHAs, involvement in public functions, contributing articles to the local press, and conducting awareness programs in local adopted communities.

Together with TNSACS and a resource organization called Insa India, MYRADA developed a two-part curriculum for youth. The first part is a 3-hour curriculum addressing large groups of youth aimed at stimulating their interest in understanding key issues related to adolescence, HIV and related vulnerabilities. The second part is a 10 hour-curriculum that could either be administered as 10 one-hour capsules, or covered in a two-day workshop. This is available to all interested youth and all RRC members. Special faculty have been identified and trained to handle these sessions. In addition, several issues raised through the suggestion boxes in all colleges are discussed every month in the RRC.

MYRADA will continue this activity in Belgaum and Gulbarga and expand to another 140 colleges in other districts. Based on the experience of the first two years, special attention will be given to the high-risk youth in colleges through one to one and group discussions. This activity has to be addressed tactfully in a state that has banned sex education in schools and colleges.

#### ACTIVITY 1: Formation and Strengthening of New Red Ribbon Clubs

Around 160 red ribbon clubs have already been formed in the Belgaum and Gulbarga field areas. This year, the whole district will be approached and an additional 40 clubs will be formed. One hundred new clubs will also be formed in the expanded areas of Chitradurga, Chamrajnagar and Kolar districts, taking the overall total to 300. All clubs will select two peer leaders who will get special training on peer education for HIV prevention.

#### ACTIVITY 2: Life Skills Training for Youth in Colleges and Out-of-School Youth

Using the curriculum already developed for youth, all sub-grantees and field teams will organize and liaise with the Red Ribbon Clubs to conduct regular life-skills training using both the three-hour primer and the 10 hour curriculum. A total of 25,000 youth will be covered in the project year through this curriculum. The field teams in all rural working areas will also continue to conduct regular programs at the village level for out-of-school youth using the same life skills training material, reaching around 15,000 out-of-school youth. The issues of gender-based violence, cultural sexual practices, early marriage and pre marital sex will also be addressed. All young persons getting ready to be married will be encouraged to be voluntarily tested for HIV.

#### ACTIVITY 3: Training of Selected Youth Leaders

**Activity Narrative:** The selected RRC peer leaders will be trained on peer counseling, basic care and support issues, advocacy for youth, reducing stigma and discrimination, and community mobilization. They will also be trained to identify youth with high-risk behaviors and those youth experiencing sexual abuse, and link them to counseling and the other program area dealing with condoms and other prevention. Around 500 peer youth will be trained.

**ACTIVITY 4: Mainstreaming Youth-Based Prevention Programs**

With a view to sustainability, the program team will work with the Department of Education and universities to mainstream the youth curriculum to all colleges. There will be deliberations with the National Social Services (NSS) wing of the Ministry of Youth Affairs to leverage financial and administrative support for mainstreaming this activity. A corresponding USG-supported project is being implemented by the Karnataka Health Prevention Trust (KHPT) and MYRADA will collaborate with KHPT to incorporate the Life Skills Curriculum into their project areas.

**ACTIVITY 5: Providing Technical Support to KSACS**

MYRADA is a highly respected organization in Karnataka and often uses its experiences, technical skills, and reputation to build the capacity of others in the state. MYRADA staff will expand its technical support to the Karnataka State AIDS Control Society (KSACS) in the areas of HIV prevention, gender issues, rural outreach, community mobilization, and communication. A full time consultant placed in KSACS under the guidance of both the KSACS project director and MYRADA will be hired in FY08 to provide KSACS with much needed manpower and expertise. MYRADA staff will continue to be active members of a State Advisory Panel for HIV communication strategies.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14290

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14290	11499.08	HHS/Centers for Disease Control & Prevention	MYRADA	6766	3964.08		\$75,000
11499	11499.07	HHS/Centers for Disease Control & Prevention	MYRADA	5617	3964.07		\$100,000

**Emphasis Areas**

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$50,000

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.02: Activities by Funding Mechanism**

**Mechanism ID:** 3950.09

**Mechanism:** N/A

**Prime Partner:** Johns Hopkins University Center for Communication Programs

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (USAID)

**Program Area:** Sexual Prevention: AB



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**Budget Code:** HVAB

**Program Budget Code:** 02

**Activity ID:** 6586.20896.09

**Planned Funds:** \$100,000

**Activity System ID:** 20896

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

**ACTIVITY 1: Demand Generation for Abstinence and Technical Assistance to the SACS**

In FY09, this activity will be titled "Technical Assistance for Behavior Change Communication Focusing on Youth"

In addition to the FY08 activities, JHU will develop radio programs and a music video to promote messages emphasizing abstinence within a comprehensive ABC approach.

As one third of all new infections are in the age group of 15-24, there is a need to design prevention programs for young people that will address over 99% of the country's uninfected population. The power of a theme song as a rallying point can strike a chord with a young audience and spur it into action. As requested by National AIDS Control Organization (NACO), JHU/CCP will develop a music video for young people across the country. While the main target audience will be youth, the theme song will have an appeal that will cut across age, gender, class and geographical divides. The song will signify the resolve and the grit to 'halt and reverse the epidemic'. It will encourage young people to focus on their dreams and ambitions in life and to protect themselves for their loved ones. The music video will inspire and motivate audiences to adopt positive, responsible behaviors in the context of HIV/AIDS.

This will be disseminated in a phased manner wherein initially it will be shown to young people in and out of school/college from various socio-economic backgrounds in selected cities, preferably, Mumbai and Delhi, followed by a formal launch. It will also be disseminated through web sites popular among youth i.e. YouTube, Google Video, Yahoo Video, Orkut, etc. Partnerships will be forged with mobile phone service providers to offer the song as downloadable music for a caller tune.

In FY09, efforts will be intensified to partner with organizations working with youth for greater dissemination of the music video. Linkages with Red Ribbon Clubs (RRC) will be formed for on-ground activities around promotion and dissemination of music video.

As per NACO's request, JHU/CCP will provide technical assistance to the Maharashtra State AIDS Control Society (MSACS) and the Karnataka State AIDS Control Society (KSACS) to develop content for a radio program addressing youth. Depending upon the success of the program, this activity will be continued in FY10. These programs will promote messages emphasizing abstinence within a more comprehensive ABC approach among young people. Radio Jockeys will be sensitized and trained to give messages on AB to young people. Various on-ground activities, such as partnering with college fests, will be planned in conjunction with the radio program to encourage participation of young people.

**ACTIVITY 2: Technical Assistance to NACO for Communication Campaigns for Bridge and Selected Sub-populations**

No Change

**FY 2008 NARRATIVE SUMMARY**

In FY08, the Health Communication Partnership/Johns Hopkins University (HCP/JHU) will provide technical assistance (TA) to the Avert Society project, the Maharashtra State AIDS Control Society (MSACS), the Goa State AIDS Control Society (GSACS) and the National AIDS Control Organization (NACO) to integrate balanced abstinence, fidelity and condom messages in interventions among youth and bridge populations such as truckers, migrants and workers. Key activities will include developing communication strategies, designing communication campaigns and support for implementations with the aim to create a demand for prevention, care and treatment services in the states of Maharashtra and Goa.

**BACKGROUND**

HCP/JHU implements a targeted HIV/AIDS communication program in Maharashtra State under the Avert Society project. In the first phase (ended in July 2007), HCP/JHU provided technical assistance to the state in the design, implementation, monitoring and evaluation of behavior change communication (BCC) activities in HIV/AIDS across a range of issues including advocacy, work place interventions, NGO capacity building, youth, care and treatment and high-risk behavior interventions. Several of these activities and approaches have been adopted by NACO for national level use.

The aim of the communication program in Phase 2 (July 2007 to June 2011) is to support the state in developing a unified communication response including uniform communication messaging, product development and implementation. The communication program will also support the technical assistance needs of the National AIDS Control Program. In FY08, HCP/JHU will provide technical support to MSACS, GSACS and the Avert project in the design, development and operationalization of a state-wide communication program.

**ACTIVITIES AND EXPECTED RESULTS**

**ACTIVITY 1: Demand Generation for Abstinence and Technical Assistance to the SACS**

Most campaigns in the state primarily focus on promoting condoms as a preventive aid which restricts the choice of safe sexual options to condoms. Promoting messages on abstinence and fidelity expands the choice of safe sexual options and promotes value-based communications. In FY06, HCP/JHU executed a multi-media "I am young but not reckless" campaign targeting youth. This campaign was creatively designed to promote Abstinence messages and an assessment of the campaign reflected high recall value among youth. The campaign was well received by all stakeholders and NACO has adopted this campaign nationally.

In FY08, HCP/JHU will provide TA to MSACS and GSACS in conducting a communication needs

**Activity Narrative:** assessment, and developing strategies and campaigns for Abstinence and Be Faithful (AB) interventions among youth and bridge populations. HCP/JHU will hold two workshops each in Maharashtra and Goa with the State AIDS partners and NGOs to develop the AB communication strategies. In FY08, HCP/JHU will develop two campaigns focusing on AB interventions among bridge populations (migrants, truckers) and youth in the state of Maharashtra. The AB campaigns for migrants and truckers will include two radio spots, four posters, two flyers and two interactive games.

In Maharashtra State, the second phase of the youth campaign will be developed focusing on out-of-school youth in urban and rural areas. IEC materials for interpersonal communication and community media activities will be developed based on the needs of out-of-school youth. The campaign will include an exhibition kit, street play kit, two posters and an interactive game. The IEC materials will be used by an outreach team of 600 peer educators to disseminate the messages on AB interventions. HCP/JHU will assist in conducting a workshop to train NGOs in using the materials. The materials developed in Maharashtra State will be adapted for Goa, where the campaigns will be on a smaller scale as there are only two districts (total population, 1.5 million, plus 1.5 tourist population). The campaign will also focus on establishing linkages with youth-friendly counseling and testing, care and treatment services.

**ACTIVITY 2: Technical Assistance to NACO for Communication Campaigns for Bridge and Selected Sub-populations**

NACO has requested HCP/JHU to provide TA in the design and development of prototypes of quality communication products to address HIV prevention among youth and bridge populations, such as truckers, migrants, workers and women in high-prevalence districts. In FY08, HCP/JHU will support NACO in developing a National Communication Strategy on AB interventions for youth and bridge populations. TA will be provided to NACO in replicating the AB materials in 12 languages. One program officer will be designated to exclusively coordinate with NACO and provide technical assistance. HCP/JHU will also disseminate to NACO and the SACS the best practices of HCP/JHU and other USG partners in prevention and care campaigns, to support learning and replicability.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14120

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14120	6586.08	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	6713	3950.08		\$88,000
10808	6586.07	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	5599	3950.07		\$275,000
6586	6586.06	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	3950	3950.06		\$150,000

## Emphasis Areas

Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs

Workplace Programs

## Human Capacity Development

## Public Health Evaluation

## Food and Nutrition: Policy, Tools, and Service Delivery

## Food and Nutrition: Commodities

## Economic Strengthening

## Education

## Water

**Table 3.3.02: Activities by Funding Mechanism**

**Mechanism ID:** 3969.09

**Mechanism:** N/A

**Prime Partner:** US Centers for Disease Control and Prevention

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GAP

**Program Area:** Sexual Prevention: AB

**Budget Code:** HVAB

**Program Budget Code:** 02

**Activity ID:** 6241.25424.09

**Planned Funds:** \$70,051

**Activity System ID:** 25424

**Activity Narrative:** \$70,051 in CDC GAP funding is necessary to support a percentage of expenses and activities for one technical staff member in the Chennai Consulate. The amount requested includes salaries, fringe, travel proportionate office overhead, desk, operational charges, head tax charges, and ICASS charges.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14461

## Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14461	6241.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6846	5786.08		\$58,955
6241	6241.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3969	3969.06		\$2,120

Program Budget Code: 03 - HVOP Sexual Prevention: Other sexual prevention

**Total Planned Funding for Program Budget Code: \$6,355,101**

**Table 3.3.03: Activities by Funding Mechansim**

**Mechanism ID:** 3969.09 **Mechanism:** N/A  
**Prime Partner:** US Centers for Disease Control and Prevention **USG Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GAP **Program Area:** Sexual Prevention: Other sexual prevention  
**Budget Code:** HVOP **Program Budget Code:** 03  
**Activity ID:** 10947.25425.09 **Planned Funds:** \$137,091  
**Activity System ID:** 25425  
**Activity Narrative:** \$137,091 in CDC GAP funding is necessary to support a percentage of expenses and activities for one technical staff member in the Chennai Consulate. The amount requested includes salaries, fringe, travel proportionate office overhead, desk, operational charges, head tax charges, and ICASS charges.  
**New/Continuing Activity:** Continuing Activity  
**Continuing Activity:** 14462

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14462	10947.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6846	5786.08		\$177,839

**Table 3.3.03: Activities by Funding Mechansim**

**Mechanism ID:** 7728.09 **Mechanism:** N/A  
**Prime Partner:** Hindustan Latex Family Planning Promotion Trust **USG Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (USAID) **Program Area:** Sexual Prevention: Other sexual prevention  
**Budget Code:** HVOP **Program Budget Code:** 03  
**Activity ID:** 5937.20889.09 **Planned Funds:** \$632,000  
**Activity System ID:** 20889

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

ACTIVITY 1: Generic Promotion Campaign  
No Change

ACTIVITY 2: Support to Condom Retailers  
Title changed to "Enhance Access to Condoms"

a) Condom vending machines (CVMs) will be installed in 3,000 high-risk sites identified throughout the state. HLFPPT will continue to support 3,256 CVMs (includes 256 CVMs established with FY07 funds). HLFPPT will identify local business partners for managing the CVMs and develop this activity as a long-term sustainable model for creating condom access in the high-risk areas.

b) Women generally hesitate to buy condoms from traditional and non-traditional outlets run by male shopkeepers. Furthermore, FSWs sometimes have restricted access to the outside world, making it difficult to access condoms of their choice. To address such issues, the "Enhance Access to Condoms" activity will now identify and establish female-centric condom outlets such as: beauty parlors, ladies' tailors, vegetable vendors and door-to-door hawkers of saris and beauty product.

c) Training condom retailers and establishing linkages with NGOs focusing on most-at-risk population (MARP) prevention programs have contributed significantly to condom promotion. Evidence indicates that MARPs purchase condoms at high-risk sites. It is therefore critical to ensure easy access to quality condoms in these sites and the visibility of the condom outlet should be central to any condom program for this population. In FY09, training of new outlets will be carried out using nationally approved curriculum on condom social marketing.

ACTIVITY 3: Condom Call Center  
No Change

ACTIVITY 4: Thicker condoms for MSM Population  
Title change to "Condoms with Extra Lubricant for MSM and Transgender Population"  
National AIDS Control Organization (NACO) has not approved the promotion of thicker condom, after consulting an MSM expert group. The expert group instead recommended the promotion of condoms with lubricant for MSM population.

The Risk Behaviors Assessment Study carried out among MARPs in 2007 indicates that the MSM and transgender populations do use condoms available in the market. However, these condoms were found to have an insufficient amount of lubrication for sexual encounters involving anal sex. Hence, MSMs use saliva, KY Jelly, and oil-based lubricants which are usually unaffordable, difficult to access and store, or altogether harmful.

ACTIVITY 5: Female condom (FC) for the Female Sex Worker Population  
Currently, sixty seven NGOs contracted by SACS, Avert and BMGF cover 70253 FSWs in Maharashtra. A pre-program assessment was conducted among 7 NGOs working with female sex workers (FSW). The pre-program assessment was focused on positioning female condoms as a premium product which empowers the FSW to have protection at all times. FCs was marketed at a highly subsidized price of Rs.5 per piece. This led to use of FCs by the FSW with their temporary husbands with whom the condom use was quite low. The perceived pleasure enhancing factor and the premium perception of FC enabled to negotiate the condom use by FSWs. In the interventions where FC has been introduced the male condom use also had gone up from 79.8% in May 2007 to 82.5% in September 2007 as women started to insist on 100% condom use. In FY08 and continuing in FY09, the FC program will be scaled up in partnership with NACO to cover the entire 81 targeted intervention program among sex workers. It will also be extended to include STI Clinics, ART Centers, ICTC and DIC.

Activities 6, 7 and 8 in COP 08 will be discontinued in COP 09.

**FY 2008 NARRATIVE  
SUMMARY**

HLFPPT will support the Maharashtra State AIDS Control Society (MSACS) and the Goa State AIDS Control Society (GSACS) in implementing the condom social marketing (CSM) program in the two states. The program will be targeted towards Most-at-Risk Populations (MARPs), who are primarily the clients of sex workers, and implemented around high-risk areas. The overarching strategy is to enhance the capacity of State AIDS Control Societies and the National AIDS Control Organization (NACO) in condom programming at the state and national levels. The key technical strategies are to: enhance access to condoms for MARPs through focused distribution initiatives in high-risk areas, enhance demand for condoms among MARPs and promote safe sexual behavior among clients of Female Sex Workers (FSWs) such as truckers, migrants and selected at-risk youth, and pilot initiatives for female condoms for FSWs, innovative marketing techniques and positive prevention.

**BACKGROUND**

HLFPPT is a para-statal organization that has been working at the national level since 1992 to support the Government of India to expand access to condoms for family planning and HIV/AIDS prevention. USG is supporting HLFPT to improve access to high quality condoms for MARPs and their clients. HLFPT works closely with local AIDS authorities, other social marketing organizations and donors to strengthen capacity while avoiding duplication.

The State of Maharashtra continues to have a growing concentrated epidemic driven by heterosexual transmission. The prevalence of HIV infection is high among MARPs with 50.2% among Female Sex

**Activity Narrative:** Workers (FSW), 43% among Transgender, 11.2% among Injecting Drug Users (IDU) and 6% among Men who have Sex with Men (MSM) (data source: State Program Implementation Plan). Out of 35 districts in Maharashtra State, 29 are high prevalence (2006), up from 22 districts in 2005. Hence there is a need to strengthen the ongoing social marketing program and expand consistent use of condoms among the MARPs and bridge populations in Maharashtra state in order to prevent new infections and halt the spread of HIV.

There are currently six CSM organizations working in Maharashtra mainly targeting family planning activities. Notwithstanding this, recent reports indicate that condom sales in the State of Maharashtra have been declining since 2001. In 2001, the condom sale was 73 million pieces and it decreased to 58 million in 2004. The market stagnated until 2005; however, in 2006 condom sales registered an increase. During this period, HLPPT with support from USG implemented the first phase of the CSM campaign in 22 high-prevalence districts.

Under the umbrella of the Avert project, HLPPT has been awarded another four year cooperative agreement to support the state in scaling-up condom social marketing. In FY08, HLPPT will build on the campaign of the previous years and scale up the CSM program while building state and national level capacity. HLPPT's limited support for Goa will be additional to the Maharashtra activities.

#### ACTIVITIES AND EXPECTED RESULTS

##### ACTIVITY 1: Generic Condom Promotion Campaign

In FY08, a generic condom promotion campaign will be implemented in the state of Maharashtra and Goa based on the needs and gaps identified through evaluation of the earlier campaigns. HLPPT will provide technical support to MSACS and GSACS in the design, development and operationalization of a condom campaign. One of the major components of the campaign will be promoting condom use in all non-regular and non-paying sexual acts and promoting safe sexual behavior among high-risk populations.

The condom promotion campaign with 'Bhau' (meaning Elder Brother) as its cultural icon will have a 360-degree approach and will aim to integrate all partners into its implementation. The campaign will use an effective mix of mass and local media in reaching out to the target audience. Local media activities will include street plays, puppet shows, bar centered promotions and cinema theatre events located around high-risk locations.

The campaign will adapt the network concept that has been effectively used in creating behavior change among MARPs. All societies have certain invisible networks that play a dominant role in diffusion of new behavior and products. A model will be developed to identify these informal networks and initiatives will be undertaken to influence these social hubs through outreach and advocacy activities. The campaign will be effectively linked to service delivery through linkages with condom retailers, NGOs and civil society

##### ACTIVITY 2: Support to Condom Retailers

The key interventions to enhance access of condoms to MARPs in Maharashtra will include scaling-up of support activities for condom retailers, including branding of "Red Ribbon Retail Outlets (3R outlets)" based on a commitment to stock condoms with proper labeling and to visual merchandising of condoms. A retail sales tracking software system will be established to track the condom sales of 3R outlets and build supply side efficiency. The project will also establish stockists to supply Government of India (GOI) social marketing brands to the 3R outlets. By the end of FY 08, HLPPT will establish over 7500 3R outlets and 2 million condoms will be sold through them.

A condom retail outlet mapping will be carried out in Goa state. Based on the findings of the study, a condom retailers program will be established and over 400 condom retail outlets will be established. Over 500 condom vending machines will be set up in FY08 in Maharashtra and Goa states and strategically placed at selected high-risk locations. HLPPT will also leverage additional resources from the NACO program to scale up the condom vending machine activities in these states.

##### ACTIVITY 3: Condom Call Center

In FY08, the condom call center set up in FY07 in collaboration with an IT company will be continued. The condom call center will be a single point for addressing all condom-related issues ranging from stock-outs, condom promotion materials and consumer information needs by assisting traders, retailers or consumers facing access problems through a helpline. The Condom Call Centers utility will be broadened with the involvement of all condom manufacturers, social marketing organizations, NGOs and family welfare/AIDS Control agencies.

##### ACTIVITY 4: Thicker Condoms for MSM (Men Having Sex with Men) Population

Based on feasibility studies, HLPPT has developed thicker condoms with additional water-based lubricant for the MSM population. A careful analysis indicated that positioning this product as an MSM condom could result in stigmatization of the condom and consequently low adoption. A new brand has been developed with imagery that is not homo-erotic. NGOs and other CSM organizations through their peer-based network, and selected 3R outlets in Maharashtra and Goa states, will market this brand. Advocacy will be carried out with the GOI to include this brand under the subsidy scheme to enable the MSM population to access the product at subsidized rates.

##### ACTIVITY 5: Female Condoms for the Sex Worker Population

In FY08, HLPPT will support MSACS and GSACS in promoting female condoms among sex workers. NACO will be supplying female condoms to the SACS. HLPPT will provide technical assistance in developing operational guidelines for implementing the female condom program. It will train over 50 NGOs on female condom promotion including providing onsite technical support. HLPPT in collaboration with the Avert project will develop systems to monitor and evaluate the effectiveness of the female condom program.

**Activity Narrative:** ACTIVITY 6: Capacity Building of NGOs implementing Targeted Interventions

HLFPPT in collaboration with the Avert project will develop a capacity building program on condom social marketing for NGOs, addressing MARPs in Maharashtra and Goa States. It will update existing training modules and will contract two training institutions to train over 1000 outreach workers from 200 NGOs in Maharashtra and Goa states. The institutions will also provide onsite technical support to NGOs on condom social marketing.

ACTIVITY 7: Positive Prevention for HIV Positives

With increasing access to treatment through the GOI scale up of services, the need for positive prevention has been well recognized. In FY08, HLPPT will work in partnership with Care and Support NGOs supported by SACS and the Avert project to integrate condom promotion with the positive prevention program in five districts of Maharashtra and 2 districts of Goa. Through the engagement of PLHA networks, condom use will be promoted as a social norm among HIV positive people. Condom promotion will be actively implemented in Counseling and Testing, Anti-Retroviral Treatment and Community Care Centers. An interpersonal and focused behavior change communication program will be developed to promote condom use among the PLHAs.

ACTIVITY 8: Promoting Innovative Marketing Techniques

HLFPPT will collaborate with MSACS and GSACS to partner with 2 social marketing organizations and 3 private condom manufacturers to increase accessibility to condoms in high-risk areas. HLPPT will support innovations in packaging, branding and visual communication for the GOI socially marketed brands. Distribution approaches will be multi-sectoral involving petroleum companies, the National Highway Authority of India and other marketing networks. Community-based peer workers and NGO staff will also be involved in condom marketing through a Multi-Level Marketing (MLM) approach. To foster sustainability, an approach will be piloted wherein other household products needed by the sex workers will also be marketed through the MLM approach.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 17310

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17310	5937.08	U.S. Agency for International Development	Hindustan Latex Family Planning Promotion Trust	7728	7728.08		\$632,000
10802	5937.07	U.S. Agency for International Development	Hindustan Latex Family Planning Promotion Trust	5597	3919.07		\$769,851
5937	5937.06	U.S. Agency for International Development	Hindustan Latex Family Planning Promotion Trust	3919	3919.06		\$475,000



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**Emphasis Areas**

Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs

Workplace Programs

**Human Capacity Development****Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.03: Activities by Funding Mechanism****Mechanism ID:** 3950.09**Mechanism:** N/A**Prime Partner:** Johns Hopkins University  
Center for Communication  
Programs**USG Agency:** U.S. Agency for International  
Development**Funding Source:** GHCS (USAID)**Program Area:** Sexual Prevention: Other  
sexual prevention**Budget Code:** HVOP**Program Budget Code:** 03**Activity ID:** 6587.20897.09**Planned Funds:** \$251,895**Activity System ID:** 20897

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

**ACTIVITY 1: Designing Communication Campaigns for Most-at-Risk-Populations**

In addition to FY08 activities, JHU will develop tools in consultation with Maharashtra State AIDS Control Society (MSACS), Goa SACS and Avert to monitor the dissemination and effective use of various materials. These tools will monitor distribution/flow and utilization of various materials.

In FY09, the communication materials developed in FY08 will be reviewed by the NGOs and community for material fatigue and newer needs. Based on the needs identified, the existing materials will be revised and new materials will be developed. JHU will disseminate the materials at the national level and provide technical assistance to NACO for replication in 16 languages.

The following new activity will be included in FY09:

**ACTIVITY 2: Development and Replication of Materials for Migrant Populations**

Migration within and between states in India has been identified as a major potential risk factor for HIV transmission. In Maharashtra, out of the 96.9 million population, 3.2 million are migrants; the highest proportion of migrants are from Uttar Pradesh (28.5%) followed by Karnataka (14.7%), Madhya Pradesh (8.5%), Gujarat (7.6%), Bihar (7.1%) and Andhra Pradesh (6.0%).

MSACS, Mumbai District AIDS Control Society (MDACS) and Avert are currently scaling-up HIV prevention programs among short-stay migrants in the state. Avert has developed models of migrant intervention and using the lessons learned will scale-up intervention in the 6 districts. Avert Society will also provide technical assistance to MSACS and MDACS in scaling up migrant intervention in their districts. In FY08, JHU will provide technical assistance to design the behavior change communication campaign for short-stay migrants including developing the prototypes of various materials for the different audiences in the migrant intervention program. The funds for replication and distribution will be provided by MSACS, MDACS and Avert.

**FY 2008 NARRATIVE SUMMARY**

The Health Communication Partnership/Johns Hopkins University (HCP/JHU) will provide technical assistance (TA) to USG partners and government agencies at the state and national level involved in implementing HIV/AIDS programs. TA will be provided for developing prototype materials and designing strategic communication interventions to support prevention efforts among most-at-risk populations (MARPs) such as sex workers, men who have sex with men (MSM) and injecting drug users (IDU).

**BACKGROUND**

HCP/JHU implements a targeted HIV/AIDS communication program in Maharashtra State under the Avert Society project. In the first phase (ended in July 2007), HCP/JHU provided technical assistance to the state in the design, implementation, monitoring and evaluation of behavior change communication (BCC) activities in HIV/AIDS across a range of issues including advocacy, work place interventions, NGO capacity building, youth, care and treatment and high-risk behavior interventions. Several of these activities and approaches have been adopted by the National AIDS Control Organization (NACO) for national level use. In FY08, HCP/JHU will provide technical support to the Maharashtra State AIDS Control Society (MSACS), Goa State AIDS Control Society (GSACS) and the Avert project in the design, development and operationalization of a state-wide communication program. The aim of the communication program in Phase 2 (July 2007-June 2011) is to support the state in developing a unified communication response including uniform communication messaging, product development and implementation. The communication program will also support the technical assistance needs of the National AIDS Control Program.

**ACTIVITIES AND EXPECTED RESULTS**

According to the MSACS Program Implementation Plan, there are over 129,000 sex workers in the state of which only 31,600 are reached, 25,000 MSM populations with only 18,200 reached, and over 10,000 IDU with only 2000 reached. The aim of the National AIDS Control Program Phase 3 (NACP-3) is to saturate coverage of MARPs by reaching at least 80% of the estimated numbers. As part of this effort, MSACS, GSACS, and Avert are scaling up targeted interventions to saturate coverage of MARPs in the states of Maharashtra and Goa. Communication activities focused at reducing risk behaviors, increasing condom usage, and motivating MARPs to seek STI treatment and HIV testing have been carried out by NGOs. IEC materials and tools targeting MARPs have been developed by various agencies including HCP/JHU. In FY08, HCP/JHU will review the existing materials and update them based on the gaps and needs of the target audience.

**ACTIVITY 1: Designing Communication Campaigns for Most-at-Risk-Populations**

In FY08, HCP/JHU will hire a panel of consultants to collate and review all the IEC materials on targeted interventions among MARPs. The purpose of this exercise is to identify the gaps and needs for future IEC materials. A workshop will be held with representatives of MSACS, Avert project, the Bill and Melinda Gates Foundation, NGOs and community-based organizations (CBOs) to share the findings of the review and identify materials that need to be updated and the requirements for new materials. Some of the gaps already identified are that the current IEC materials do not emphasize the need for condom use with all partners, and do not address screening for asymptomatic STIs or partner treatment. A major gap is that there are limited BCC materials for MSM and IDU. HCP/JHU will provide TA to MSACS and Avert to develop target-audience-specific communication materials for MARPs. Gender-sensitive prevention services, including testing for sex workers and MSM will be addressed in IEC materials targeting the health care providers and testing centers. All messages and materials will be pre-tested with the community and subject experts for acceptance, cultural appropriateness and technical validity.

**Activity Narrative:** Avert will print the materials and distribute them to over 160 NGOs, CBOs and health care providers for carrying out BCC activities with MARPs. HCP/JHU will provide technical support to MSACS and Avert in developing a training module to train over 8000 peer educators on correct techniques for using materials for interpersonal and community media activities.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14121

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14121	6587.08	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	6713	3950.08		\$143,000
10809	6587.07	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	5599	3950.07		\$220,000
6587	6587.06	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	3950	3950.06		\$200,000

**Emphasis Areas**

Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$250,000

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.03: Activities by Funding Mechansim**

**Mechanism ID:** 3966.09

**Mechanism:** N/A

**Prime Partner:** Leprosy Relief Association  
India

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Sexual Prevention: Other sexual prevention

**Budget Code:** HVOP

**Program Budget Code:** 03

**Activity ID:** 6215.20903.09

**Planned Funds:** \$20,000

**Activity System ID:** 20903

## Activity Narrative: CONTINUING ACTIVITY - NEW ACTIVITY NARRATIVE

### SUMMARY

Most-at-risk populations (MARPs) and bridge populations in Andhra Pradesh (AP) need access to prevention messages on safer sex practices. Strategic interventions must focus on encouraging correct and consistent condom use, reducing the number of partners and reinforcing mutual monogamy in marriage. Other important issues are sexual and gender violence, the need for counseling and testing (CT), and early detection and treatment of sexually transmitted infections (STI). In FY09, these messages will continue to be delivered through two channels: mobile vans visiting villages and outreach by the nurses working in the Primary Health Care Enhancement Project (PHCEP) implemented through the Catholic Health Association of India (CHAI) in ten high-burden districts in AP.

In FY09, the supportive supervision and management of the PHCEP will be shared between USG partners and the government-appointed District AIDS Prevention and Control Unit (DAPCU). To date, district teams for supervision of the Primary Health Care (PHC) HIV/AIDS activities in the ten high-burden district have been supported by USG funds, which will end in FY09 due to the integration of the project into the national DAPCU structure. This integration forms part of the sustainability plan for the PHCEP, which will be handed over to the government as the project enters its fifth year of USG support.

### BACKGROUND

LEPRA Society, an NGO based in Hyderabad, in the southern state of Andhra Pradesh (AP), works among sub-populations in select villages across 53 districts in four states of India: AP, Orissa, Bihar and Madhya Pradesh. Programs include activities in public health and rural development, such as TB interventions, HIV awareness and prevention, care and support to PLHA, malaria, and prevention of blindness. Its strengths are grassroots level interventions for rural, vulnerable, and difficult-to-reach sub-populations. LEPRA emphasizes sustainability and cost-effectiveness by building individual and partner agency capabilities.

AP has a population of nearly 80.8 million, divided in 23 administrative districts. It has an estimated 500,000 people living with HIV/AIDS (PLHA), the largest number in the country. LEPRA is a leading partner of the Andhra Pradesh State AIDS Control Society (APSACS), is implementing an HIV CT program in over 500 health facilities and is also a joint implementing partner of APSACS in other critical state-level HIV interventions. USG has been working in AP with LEPRA, and its sub-partner the Catholic Health Association of India (CHAI), since 2005. LEPRA, with support from USG and APSACS, rolled out a large comprehensive prevention, care, treatment, and support program, the PHCEP, in AP in 2006. These activities are being continued in FY09.

### ACTIVITIES AND EXPECTED RESULTS

The program focuses on providing HIV prevention messages on safer sex practices, including correct and consistent condom use and being faithful. The key target groups include most-at-risk populations (MARPs), including female sex workers (FSWs), and MSMs, and also target mobile populations, truckers, migrant laborers and youth at risk. Messages also address the need for counseling and testing, early detection and treatment of STIs, and condom negotiation skills. The project will deliver these messages via mobile vans and will also mainstream these messages in HIV/AIDS prevention education for the Self-Help Group (SHG) services provided by Indira Kranthi Patham (IKP) to women in rural areas.

**ACTIVITY 1: Mobile Vans for Prevention and Demand Generation for Counseling and Testing (CT)**  
NACP-III supports mobile testing for high risk and remote communities: having cost-efficient Indian models as learning sites will promote implementation of this strategy.

LEPRA supports a mobile van to provide CT services and spread prevention messages in selected high risk and difficult to reach areas, where there is evidence of large numbers of high risk communities. These include such areas as urban and rural markets where sex work is common and areas that employ large numbers of migrant men. The target group is about 5000 men and women.

Staff in the mobile units, which are accessed by MARPs and the community, will promote comprehensive HIV prevention education that includes AB, and awareness regarding correct and consistent condom use. The program offers one-to-one counseling and group education sessions and provides services including treatment for STIs and opportunistic infections, antenatal care, education on HIV via audio-visuals and opportunities for the community to ask questions about health issues. A mobile information, education and communication (MIEC) van goes to the target area ahead of the testing van to generate demand for testing. The MVCT and MIEC vans also serve as mobile condom depots where the community can access free condoms. LEPRA also aims to provide 15 condom outlets for free condoms in strategically planned locations in the communities. Test kits and supplies are leveraged from the Andhra Pradesh State AIDS Control Society (APSACS).

In FY09 LEPRA will continue to provide these services and will document implementation, and disseminate lessons learned to other partners, especially APSACS, to promote scaling-up the program. For sustainability, it is planned that the new condom outlets established will be handed over to the local NGOs and government institutions for ongoing management.

### ACTIVITY 2: Prevention Education by PHC Nurses

As part of the PHCEP project supported by LEPRA and implemented through CHAI, the 226 PHC nurses working in government PHCs will continue to conduct prevention outreach and promotion of condoms. They will focus their efforts in communities where high rates of HIV are documented, based on results from ANC and walk-in testing at the district PHC. The program will also support 266 target condom service outlets at the PHC level, managed by the nurses. Each nurse covers a population of about 30,000. The nurses are government staff, not paid for by LEPRA; however, their work is monitored by Nurse Supervisors supported with USG funding.

Nurses visit villages, conduct outreach education sessions for women in childcare centers and for men in

**Activity Narrative:** community halls, and lead prevention sessions with women's groups (Self-Help Groups and Development of Women and Children in Rural Areas [DWARCA] groups). The activities with these groups will include a focus on the empowerment of women with respect to their sexual health and condom usage with partners/spouses. The overall target population for this outreach is nearly 127,680 rural men and women.

LEPRA Society will also give technical assistance (TA) to IKP to promote the sustainability of the project through training IKP's master trainers on health issues, HIV and reproductive health. The IKP master trainers will in turn train the trainers at the village level.

ACTIVITY 3: Improving Health-Seeking Behavior among At-Risk Populations  
Nurse Practitioners in the PHCEP, mentored by the Nurse Supervisors, are conducting community risk mapping at the village level to gain information about high-risk behaviors. The mapping exercise will help to identify the populations at risk, provide them with information on safe sex, improve health-seeking behavior, and increase referrals to the Integrated Counseling and Testing and STI centers.

The PHCEP system also helps in increasing gender equity in accessing health services, through building the capacity of the female nurse practitioners (NPs) in outreach and provision of HIV services at the PHC level. The NPs are encouraged to track the male partners of those HIV-positive women receiving PMTCT services for couple counseling and testing. Involving women's groups to reach the community also helps to increase awareness of HIV and sexual health among these women, who may otherwise be beyond the reach of the health care providers.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14299

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14299	6215.08	HHS/Centers for Disease Control & Prevention	Leprosy Relief Association India	6767	3966.08		\$125,000
10880	6215.07	HHS/Centers for Disease Control & Prevention	Leprosy Relief Association India	5616	3966.07		\$50,000
6215	6215.06	HHS/Centers for Disease Control & Prevention	Leprosy Relief Association India	3966	3966.06		\$25,000

**Emphasis Areas**

Gender

\* Increasing gender equity in HIV/AIDS programs

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.03: Activities by Funding Mechansim**

**Mechanism ID:** 3964.09

**Mechanism:** N/A

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**Prime Partner:** MYRADA

**USG Agency:** HHS/Centers for Disease  
Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Sexual Prevention: Other  
sexual prevention

**Budget Code:** HVOP

**Program Budget Code:** 03

**Activity ID:** 11500.20910.09

**Planned Funds:** \$86,000

**Activity System ID:** 20910

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The changes are largely in the geographical area. Based on a request from NACO, CDC and USAID that one agency support one district, MYRADA has agreed to withdraw from Belgaum and Gulbarga. The districts finalized for the MYRADA USG program in consultation with KHPT and KSAPS are Chamrajnagar, Bidar, Mandya and Kodagu. All activities planned in the FY08 COP will shift to these districts in FY09.

Since Year 1 of the USG program with MYRADA, these activities have been part of what was called the "Rural Comprehensive Prevention and Care Model." The program has now been renamed the "Link Worker Scheme" to reflect its similarity to the NACO link worker program.

MYRADA will implement this program in 3 phases:

Phase 1 (18 months): Initial selection of high-risk villages, preparing various groups in the community to understand HIV and respond to prevention and care needs, and preparation of the local governance and Village Health Committee (VHC) units to understand HIV and related health issues.

Phase 2 (1 year): Regular refresher training of the community, follow up of high risk groups and capacity building of the local governance and VHC units to take over roles and responsibilities related to HIV, reproductive and child health and other health issues.

Phase 3 (1 year): Handing over responsibilities to the community structures and mentoring them to carry out prevention and care activities.

The link worker program activities encompass several program areas such as PMTCT, TB/HIV, abstinence and being faithful, other sexual prevention, adult care and support and health system strengthening. It covers the adult men, women, youth, pregnant women, high risk groups, PLHAs and OVCs in the village, as well as the VHCs and gram panchayats. Each program area will outline its activities under the link worker program.

**ACTIVITY 1: Training Women in Self Help Groups (SHG)**

In India, the self-help group movement has been a great boon to women's empowerment. Started for purposes of savings and credit management, these have become excellent forums to address women on issues that impact their lives directly. During the year, all self-help groups in the new areas will undergo a three module training using an interactive story through flip charts (Phase 1). Once trained, these women will spread the message to their family and friends on sexual negotiation and communication, recognition of STI symptoms, and HIV testing. Around 100,000 women in the three new districts will go through this Phase 1 training in FY09. For those groups that have already undergone the training, there will be a refresher training program.

**ACTIVITY 2: Working with High-Risk Groups**

Included in the intervention package in selected high-risk villages are specific interventions with high-risk groups such as female sex workers, MSMs and devadasis. The community resource persons (CRPs) will ensure that all those self identified will receive information on HIV and related issues, get an adequate supply of condoms, and have a medical check up regularly to rule out STIs. All sex workers will be referred for voluntary counseling and testing (VCT). Condom outlets will be established in every village.

**ACTIVITY 3: Working with Men in Informal Groups and the Local Workplace**

While women are easy to access in groups, the team will address men in informal groups and in their local workplace settings. This activity was on demand by the community and will serve as a complementary intervention to the women's SHG program as the program will be rolled out in the same areas to reinforce messages to SHG women. The activities start with 3-4 hour focus group meetings followed by one to one discussions and follow up sessions. At the workplace, the men will be addressed in consultation with management staff. Perceived to be most at risk, these groups of adult men are difficult to find outside their villages. This activity will continue as a series of informal discussions covering topics such as basic facts on HIV and STIs, risk perception, prevention and testing services with adult men and will reach 400 villages in FY09.

**ACTIVITY 4: Strengthening the Village Community Structures and Local Governance Units**

This is a key follow up activity that will be taken up in the areas where Phase 1 has been completed (Belgaum and Gulbarga in early FY09, and Chamrajnagar at a later stage). Two hundred gram panchayat (village governing body) areas will be covered. Each committee will undergo a standardized training and then have regular monthly meetings. This activity will be linked with advocating for policies on the formation of these sub committees with the Rural Development and Panchayat Raj Ministry.

**ACTIVITY 5: Capacity Building of Outreach Staff Working with Most at Risk Populations**

Regular field-based training programs will be conducted to train the CRPs and other NGO outreach workers in the districts and neighboring areas in strategic community mobilization and outreach planning for FSWs and MSMs. All these activities are well in line with the national program, and are among the key strategies of NACP-III.

**FY 2008 NARRATIVE**

**SUMMARY**

Many HIV/AIDS programs have focused on at-risk populations in urban areas, although women and men in rural areas are also at risk. Specific groups targeted in this program include adult rural women in Self Help Groups (some of who may be hidden sex workers), adult men (focus on migrants, unorganized work force), "devadasi" women and known sex workers. While the level of risk varies in Karnataka, specific factors such as migration, the devadasi system and hidden sex work in the rural areas are related to risk. The need for messages on safer sex practices including correct and consistent condom use, reduction of multiple partners, mutual monogamy is required in addition to "Be faithful" messages for these groups. Issues

**Activity Narrative:** related to sexuality and gender violence, need for counseling and testing, early detection and treatment of STIs and consistent and correct condom use are also addressed in this area. This activity area is well in line with and a key strategy of the third National AIDS Control Program (NACP-3). It also complements the prevention programs of the Bill and Melinda Gates Foundation, which are limited to urban locations.

#### BACKGROUND

Myrada, a 40-year-old field-based non governmental organization (NGO) based in Bangalore, Karnataka, India, has been directly working in the areas of empowering poor and vulnerable women, natural resource management, reproductive child health (RCH) and HIV/AIDS in the state of Karnataka, and neighboring border areas of Tamil Nadu and Andhra Pradesh. All Myrada's work is built on the underlying principles of sustainability and cost effectiveness through building local people's institutions and capacities, and fostering effective linkages and networking. These principles have been incorporated into the Myrada CDC program.

In the first year of this program (FY06), Myrada decided to work in two districts of Northern Karnataka: Belgaum and Gulbarga. Several reasons led to this decision including the fact that these were districts with high HIV prevalence (over 3% in general population); were socio-economically backward districts and located adjacent to 2 other HIV high prevalence states, Maharashtra and Andhra Pradesh. The initial strategy was to develop community based models for sustainable HIV prevention activities.

Based on experience in HIV prevention, Myrada realized that the strategy used in urban areas of designing targeted interventions with commercial sex workers to reduce HIV transmission would be counterproductive in rural areas. In the first place, most sex workers resident in the rural area only practiced sex work in the nearby towns (an exception may be the devadasi community) and were not known in the village as sex workers. (Devadasi is a system in which an unwanted young girl is "dedicated" to the Goddess Yellamma by handing her over to an older adult male; while he provides for her, she is also "available" to other men invited by him, her parents and the temple authorities. He may also pass her off to another person when he no longer has any use of her. She sometimes ends up becoming a female sex worker (FSW). This practice is particular to Belgaum, Bagalkot and a few northern Karnataka districts, and is now illegal). Identifying the two-three "known" resident sex workers and targeting them in the rural areas would not only be cost-intensive, but could lead to discrimination against her by the general community. Secondly, many rural women suffer from sexually transmitted infections (STI) and the second largest group of HIV-positive persons in India are monogamous rural housewives. The program therefore targets all sexually active women and men to learn the dynamics of HIV transmission, and the importance of safer sex practices.

Myrada has focused on large well-organized populations of adults in high prevalence communities, including women in self help groups and men in the local workplace. By FY07, around 85,000 persons had been reached in the high-risk areas of Belgaum and Gulbarga. Myrada also increased outreach to men outside the organized sector, and to local governance members (gram panchayats) through group discussions and trainings.

Results from the initial programs show success in building local institutions. Women who have been trained are now openly talking about issues related to sexuality and HIV within their neighborhood, actively seeking counseling and testing, and demanding that condom outlets be placed in their villages. The training modules for women include topics related to gender violence, sexual abuse, infidelity, alcoholism. The men, both in workplace settings and in the community groups are very keen to learn more about HIV and where to access treatment for STIs, and wanted condoms to be accessible close to their homes and workplaces. The workplace managements were very supportive and in some cases sponsored STI health and counseling and testing camps within their premises.

As a follow-up mechanism to this outreach program, Myrada identified the concept of the Village Health Committees. This group of representative members from women's groups, gram panchayat, and the local health department are selected by the general community to take up certain responsibilities in the village including: organizing regular awareness programs, setting up and maintaining condom outlets, addressing HIV facilitating co-factors such as alcohol abuse, and providing support and linkages to Most At Risk Populations and PLHAs. Currently 140 village health committees have been formed.

#### ACTIVITIES AND EXPECTED RESULTS

##### ACTIVITY 1: Training Women in Self-Help Groups (SHG)

In India, the self help group movement has been a great boon to women's empowerment. Started for purposes of savings and credit management, the groups have become excellent forums to address women on issues that impact their lives directly. With FY08 funds, all self help groups in the new areas will undergo a three-module training in HIV/AIDS outreach using an interactive story through flip charts. Once trained, these women will spread the message to their family and close friends. Around 100,000 women in the new districts of Chitradurga and Chamrajnagar will go through this Phase 1 training in FY08.

##### ACTIVITY 2: Formation and Strengthening of Sub Health Committees (Phase 2)

This follow-up activity will take place in the areas where Phase 1 has been completed (Belgaum and Gulbarga). Two hundred gram panchayat areas will be covered. Each Sub Health Committee will undergo a standard training and have regular monthly meetings. The activity will be linked with the activity with the Rural Development and Panchayat Raj ministry to influence policy decisions for the formation of these sub committees (see the Policy and Systems Strengthening narrative)

##### ACTIVITY 3: Reaching Men in the Organized and Unorganized Sectors

Existing HIV/AIDS prevention programs in the workplace will continue. Myrada will focus on getting managements to develop a workplace policy, thereby integrating HIV/AIDS prevention and care into their personnel policies. The workplace programs, together with supportive programs such as STI health camps, VCT camps and condom promotion, will reach around 20,000 adult men.

Men in the unorganized sector, who are perceived to be most at risk, are difficult to reach on a regular basis



**Activity Narrative:** outside their villages. Many migrate to other areas in search of work. Myrada will use an "origin and destination" approach to reach this vulnerable population. To reach these adult men in their villages, Myrada will support a series of ongoing group discussions covering topics such as basic facts on HIV and STIs, risk perception, and prevention and testing services. 400 villages will be reached in FY08. In addition, regular field-based training programs will be conducted to train outreach workers from Myrada's sub-partners and staff from selected NGOs working in neighboring Goa (a large number of MARPs migrate from northern Karnataka into Goa) in strategic community mobilization and outreach planning for vulnerable populations, FSW, and men who have sex with men.

ACTIVITY 4: Technical Support to Karnataka State AIDS Prevention Society (KSAPS)  
Myrada is a highly respected organization in Karnataka and often uses its experiences, technical skills, and reputation to build the capacity of others in the state. Myrada staff will expand its technical support to KSAPS in the areas of HIV prevention, gender issues, rural outreach, community mobilization, and communication. A full-time consultant placed in KSAPS under the guidance of both the KSAPS project director and Myrada will be hired in FY08 to provide KSAPS with much needed manpower and expertise in these areas. Myrada staff will continue to be active members of a state advisory panel for HIV communication strategies.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14291

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14291	11500.08	HHS/Centers for Disease Control & Prevention	MYRADA	6766	3964.08		\$105,000
11500	11500.07	HHS/Centers for Disease Control & Prevention	MYRADA	5617	3964.07		\$40,000

**Emphasis Areas**

Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs
- \* Increasing women's access to income and productive resources
- \* Increasing women's legal rights
- \* Reducing violence and coercion

Health-related Wraparound Programs

- \* Child Survival Activities
- \* Safe Motherhood

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development      \$70,000

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

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**Table 3.3.03: Activities by Funding Mechanism**

**Mechanism ID:** 3942.09

**Prime Partner:** University of Manitoba

**Funding Source:** GHCS (USAID)

**Budget Code:** HVOP

**Activity ID:** 6129.20939.09

**Activity System ID:** 20939

**Mechanism:** Samastha

**USG Agency:** U.S. Agency for International Development

**Program Area:** Sexual Prevention: Other sexual prevention

**Program Budget Code:** 03

**Planned Funds:** \$907,028

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The University of Manitoba's (UM) Samastha Program will continue to target Female Sex Workers (FSW) and their clients and other high-risk men and women to reduce the transmission of HIV through the promotion of consistent condom use in selected rural areas of Karnataka. FSWs will be reached through teams of Peer Educators who will implement activities designed to build and strengthen FSWs position when dealing with their male clients, including the creation and maintenance of collective commitments to condom use.

Karnataka has a rural HIV prevalence of over 1% with pockets of generalized HIV infection, especially in northern Karnataka. Additionally, evidence from polling booth surveys (anonymous behavioral surveys on randomly selected general population groups conducted in small groups) have indicated that 12-16% of men in rural areas have concurrent sexual partnerships, including 8% who visited sex workers in the last six months. Prevention activities targeting FSWs and their clients are implemented by local NGOs and Karnataka Health Promotion Trust (KHPT) in nine districts with technical support from UM and PSI.

The project linkages with village health communities, a unit established at the village level to deal with health issues, will be drawn upon to increase sensitization of village communities (including male clients) on reducing the vulnerability of FSWs to HIV. Male clients and vulnerable women will be targeted through link workers, who will deliver messages designed to increase motivation to use condoms, thereby reducing the challenge and burden of condom negotiation by FSWs. Both FSWs and clients will be targeted for increased STI treatment and referrals for testing.

In COP08, the Samastha Program exclusively targeted FSW and their clients in 9 districts under this program area. This year, the program will expand the target group to pockets ( additional 75 villages) of general HIV prevalence in three more northern Karnataka districts to include men and women in the general population who are at risk or vulnerable to HIV, for correct and consistent condom use and to access STI treatment and referrals for testing. The modification ( in terms of the expanded focus) is applicable to all the activities in this program area but is highlighted under Activity 3 as this activity permits the expanded description of this sub-group at elevated risk.

Since most of the field level functionaries would have already received training and continue to receive supportive supervision, only those newly recruited will undergo training during the year.

ACTIVITY 1: Leveling the Imbalance of Power through Gender Equity  
No Change

ACTIVITY 2: Mobilizing Village Communities to Support Gender Equity  
No change

ACTIVITY 3: Facilitating Joint Commitments for Consistent Condom Use  
This activity will now expand to included sub groups at elevated risk in three more districts. Included among men at risk will be regular and occasional clients of female sex workers, those reporting sex with another man or sex with a transgender, men with multiple concurrent sexual partners, those identified to have symptoms of STI, rural men who migrate or are mobile casual laborers, and those known to be accessing larger numbers of condoms from male link workers. The number of condom outlets is reduced, as the funding for the rural social marketing of condoms by PSI will cease in the previous year.

Included among women at risk and vulnerable to HIV will be female sex workers, widows in rural settings, women with symptoms of STI, spouses or partners of at-risk men listed above, including alcoholics, and those subjected to violence in the domestic setting.

These at-risk individuals will be met through one-to-one communication through link and outreach workers. Additionally, smaller groups of married and unmarried men and women will be taken through sessions derived from the "Stepping Stones" module.

ACTIVITY 4: Reducing Vulnerability to HIV Infection through STI Treatment  
No change

**FY 2008 NARRATIVE  
SUMMARY**

The University of Manitoba's (UM) Samastha project will target female sex workers (FSW) and their clients to reduce the transmission of HIV through the promotion of correct and consistent condom use in selected rural areas of nine districts in Karnataka. Samastha seeks to catalyze widespread social change within rural-based FSW populations by normalizing condom negotiation and use between FSW and their clients. Involving the greater village community through village health committees will help sustain the impact of these activities. Condom use promotion and negotiation will be addressed by two approaches: by teams of peer educators targeting FSW to build and strengthen their ability to negotiate condom use with male clients, and by outreach workers targeting male clients with messages to increase motivation to use condoms. Both FSW and clients will also be targeted for increasing sexually transmitted infection (STI) treatment. In FY08, Samastha will initiate interventions with other MARPs like men having sex with men (MSM), which will be informed by studies which are underway in FY07 to determine the MSM populations in rural areas.

**BACKGROUND**

The Samastha project has been funded by PEPFAR to implement a comprehensive HIV prevention program in rural Karnataka, and a care and treatment program across Karnataka and selected coastal districts in neighboring Andhra Pradesh. The prevention component has targeted FSW in selected rural areas in Karnataka since 2006, has reached full scale in 2007, and will scale up activities to include

**Activity Narrative:** interventions targeting rural clients in 2008. Prevention activities targeting FSW and their clients are implemented by local NGOs sub-contracted using PEPFAR funds in 11 of the 15 Samastha districts, with technical support from UM and Population Services International (PSI). UM directly implements interventions targeting urban and rural FSWs in the four remaining districts with financial support from the Bill and Melinda Gates Foundation. UM's 15 intervention districts were selected in coordination with KSAPS (Karnataka State AIDS Prevention Society), which leads its own HIV prevention, care, support and treatment activities in Karnataka's remaining 14 districts.

The Samastha project is consistent with the third phase of the National AIDS Control Program (NACP-3, 2007-2012) and KSAPS's interventions targeting FSW. UM provides strategic and technical support to KSAPS to ensure sharing of best practices.

#### ACTIVITIES AND EXPECTED RESULTS

The guiding principle under this program area is to strengthen the ability of each FSW to protect herself from HIV infection through the promotion of gender equity. The Samastha project aims to catalyze widespread social change by normalizing condom negotiation and use between 9,000 FSW and their clients, while involving the greater village community to reduce human rights abuses and sustain the impact of these activities well beyond the life of the project. UM will implement four separate activities in this program area, as described below:

##### ACTIVITY 1: Leveling the Imbalance of Power through Gender Equity

The first activity is to reduce the risk of HIV transmission to FSW by building and maintaining collective commitments for consistent condom use. The program will deliver messages designed to increase safer sex, build the capacity of FSW to negotiate condom use with clients, and mobilize them to reject clients who refuse to use condoms. By creating an environment in which there is strong social pressure among FSW for consistent condom use, FSW can negotiate condom use from a position of power as the client must agree or forgo sex.

##### ACTIVITY 2: Mobilizing Village Communities to Support Gender Equity

The second activity will reduce the vulnerability of FSW by linking them with social entitlements and providing them with skills to empower themselves. Social entitlements provided by the Government of Karnataka to individuals living below the poverty line include ration cards, hostel accommodations for their children, and other housing facilities. Increasing FSW access to these social entitlements will reduce the desperate financial circumstances they face which often prompt them to agree to unsafe sex in exchange for higher fees from clients.

Village communities are often highly involved in decision-making around FSW practice, including the age of the sex worker, location and migration patterns. In many situations, FSW do not have the authority to determine their migration or work patterns. The project will support the sex workers to engage in a dialogue with the broader community. This would entail holding community meetings for educating the community about the issues that FSW face. By bringing the plight of FSW out into the open, the communities will be less likely to engage in trafficking, or other such human rights abuses, and come forward to protect them. Addressing these structural issues will reduce obstacles to health seeking and enhance health seeking behavior by FSW.

##### ACTIVITY 3: Facilitating Joint Commitments for Consistent Condom Use

In addition to working directly with sex workers, the Samastha project will promote consistent condom use by clients of sex workers, with both FSW as well as their regular partners. This will be carried out primarily in villages with large concentrations of FSW. Decreasing resistance to condom use by clients will reduce the burden and challenge of condom negotiation by FSW. By making condom use a joint decision, the number of instances in which a sex worker may experience duress to forgo condom usage is reduced, thereby decreasing risk of HIV infection.

##### ACTIVITY 4: Reducing Vulnerability to HIV Infection through STI Treatment

FSW and clients will be targeted to seek medical treatment for STI and referred to local counseling and testing (CT) centers. Peer educators will reach out to FSWs, while Link Workers will target clients. STI treatment camps will be implemented directly by Samastha's subcontracted NGOs, or referrals made to local STI specialists trained under the Samastha project to ensure convenient and timely access to treatment. The project will also leverage STI treatment facilities made possible under a grant by the Bill and Melinda Gates Foundation to UM. Effective treatment of STI will reduce the risk and vulnerability of FSW to HIV infection. The project will aim to increase accessibility of CT services with a focus on counseling for safe disclosure, as well as partner counseling and testing. The project will also leverage HIV-related services for FSW through other care components under the Samastha project, including referrals and linkages to palliative care, TB treatment, and HIV prevention.

Saturation coverage of FSWs to reduce their risk and vulnerability to HIV transmission is consistent with and supportive to NACO's NACP-3 strategic plan to reduce HIV in India. The scaling up of the project's sex work intervention to include clients of FSW is also consistent with NACO's NACP-3 strategic plan. The use of Link Workers is specifically outlined in NACP-3 for communication activities among general population and most-at-risk target groups. As discussed, coverage will be expanded to include MSM population through interventions designed to increase condom usage as well as STI treatment and referral.

The University of Manitoba will work closely with NACO and KSAPS to form a collaborative implementation plan for the Samastha project and KSAPS intervention districts. Experiences, challenges, and best practices will be documented and shared jointly through the learning systems established under Samastha, ensuring a measurable impact on risk behavior and vulnerability among FSW across the state of Karnataka.

**New/Continuing Activity:** Continuing Activity

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14136	6129.08	U.S. Agency for International Development	University of Manitoba	6715	3942.08	Samastha	\$780,000
10819	6129.07	U.S. Agency for International Development	University of Manitoba	5601	3942.07		\$990,000
6129	6129.06	U.S. Agency for International Development	University of Manitoba	3942	3942.06		\$1,305,000

**Emphasis Areas**

Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs
- \* Increasing women's access to income and productive resources
- \* Increasing women's legal rights
- \* Reducing violence and coercion

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development      \$246,665

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.03: Activities by Funding Mechanism**

**Mechanism ID:** 3958.09

**Mechanism:** N/A

**Prime Partner:** Tamil Nadu AIDS Control Society

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GAP

**Program Area:** Sexual Prevention: Other sexual prevention

**Budget Code:** HVOP

**Program Budget Code:** 03

**Activity ID:** 20931.09

**Planned Funds:** \$10,000

**Activity System ID:** 20931

## Activity Narrative: CONTINUING ACTIVITY - NEW ACTIVITY NARRATIVE

### SUMMARY

The Tamil Nadu State AIDS Control Society (TNSACS) will continue to support an innovative program that reaches an estimated 5.2 million women through women's self-help groups (SHG), working in partnership with the Tamil Nadu Women's Development Corporation. The potential of SHG to address health issues is great, but previously has not been used as a channel for education and behavior change. The USG will continue to provide guidance for this training program, delivered by the government, which reaches women with comprehensive SHG messages, including the development of sexual negotiation and communication skills, and where to seek services for HIV counseling and testing and STI treatment.

### BACKGROUND

The Tamil Nadu State HIV/AIDS Control Society (TNSACS) is the implementing body for India's National AIDS Control Organization (NACO) in the southern state of Tamil Nadu, a high HIV-burden state. TNSACS, which is headed by a senior officer from the Indian Administrative Service (IAS), is the state-level authority for HIV-related policy formation, activity and partner coordination, program implementation, as well as monitoring, reporting, and evaluating on all activities related to the HIV epidemic in the state. In 1991, TNSACS was the first state HIV agency to be formed in the country and has continued to serve as a model for other such agencies around the country.

In 2002, USG developed a formal relationship with TNSACS and in 2003 began providing fiscal and technical support. The USG continues to play a strategic role in the operations of TNSACS despite contributing only 3% of the TNSACS budget. The strong historical and technical relationship between TNSACS and the USG has allowed the USG to leverage the entire budget of TNSACS (approximately \$20 million in FY08) effectively. This relationship is also strategic as jointly funded projects are likely to be replicated throughout the country as TNSACS is regarded as the leading state HIV agency in India. The technical support provided to TNSACS by the USG has been one of the successful models of donor support for the country. The extent, form, and specificity of our support was discussed with NACO, which resulted in the creation of the new Technical Support Unit in Tamil Nadu that works directly with the USG advisors based at TNSACS.

Self Help Groups (SHGs) have promoted microfinance by rural women for the past twenty years in India. In the state of Tamil Nadu, population 62 million, and where an estimated 150,000 PLHA live, there is a voluntary SHG membership of 5.2 million women. SHGs are village-level groups of women aged 18 to 60 years formally organized for economic and social empowerment. Each group has a membership between 12 and 20, and elects its own leader for administration, representation, advocacy and capacity building called an 'animator'. The government-owned Tamil Nadu Women's Development Corporation (TNWDC) coordinates the functioning of all SHGs.

SHG groups meet regularly to discuss fiscal and social issues. This process has had a significant impact on gender equality issues in Tamil Nadu, with the SHG movement helping women to become financially independent and socially and politically organized. The potential of SHGs to influence health issues has not been focused upon, but logically makes sense based on the fact that health outcomes are heavily influenced by social and gender issues. HIV and reproductive health are obvious examples of this.

### ACTIVITIES AND EXPECTED RESULTS

TNSACS, USG, and TNWDC developed a strategy to reach women in SHG to educate them and mobilize them on sexual and reproductive health, with an emphasis on HIV. Beginning in FY06, the collaborative team tapped into the existing government SHG network, and initiated a training process, including use of pictorial flip books, guided discussions, problem-solving techniques, games, and "homework." Women thus develop skills to address their sexual health concerns and seek services related to HIV/AIDS and STI. The main objectives of the intervention are to: develop sexual negotiation and communication skills in women; increase their knowledge about HIV/AIDS and STI; equip them with information on how and where to seek care, support, and testing for HIV/AIDS and STI; and promote and increase their intention to be change agents in the community.

CDC staff and consultants developed the training material, including its overall messages, storyline, and delivery style. USG funds were used to pilot test the curriculum/materials, print the training materials (50,000 flipbooks), hire the project manager, and conduct a documentation process. TNSACS provided resources for training, logistics, and monitoring. The multi-layered training program includes 4 stages; selection and training of master trainers, selection and training of Panchayat-level trainers, training of individual SHG animators, and training of SHG members. In the first phase more than 700,000 women were reached at a cost of less than \$1 per woman. USG leveraged \$520,000 from the government for this intervention.

To further support the SHG intervention in FY08, TNSACS initiated an external, formal evaluation and recent baseline results indicate that 30-40% of SHG women believe that STIs are passed through modes other than sexual contact. Additionally, about 8% of women reported STI symptoms in the past 90 days, and of 30% of the respondent who reported perceiving themselves at risk for HIV, almost 15% reported themselves at high or medium risk. Anecdotal reports suggest that many SHGs are taking the training seriously and are mobilizing the community to respond to sexual rights and gender issues. Male counterparts in these communities are now asking to be trained as well, and this complementary intervention will be initiated in FY09. More objectively, preliminary analyses of TNSACS HIV testing data show a greater than expected increase in HIV testing over the past 6 months in the districts where this massive program has been completed compared to non-SHG intervention districts.

USG will continue to support this innovative program for the above cited reasons. The recently National Health and Family Survey (NHFS) data of 2007 found that HIV prevalence in Tamil Nadu (the only state that showed this) was 1.5 times higher in women than men for unclear reasons. This suggests that women are a vulnerable population group in Tamil Nadu and must be reached and empowered in effective, holistic, and

**Activity Narrative:** cost-efficient ways. In FY08, this program was adopted into the NACP-III guidelines and was sanctioned dedicated funds so that this vulnerable population has a sustained mechanism to address HIV/AIDS, allowing USG funds in support of this program to be greatly reduced.

**ACTIVITY 1: Consultant to Manage the SHG Prevention Intervention**

This activity will continue from FY08 and the consultant will continue to manage, monitor and supervise the SHG Prevention Intervention in coordination with the Tamil Nadu Corporation for Development of Women (TNCDW). Additionally, this year the SHG consultant will manage the supply and technical revision of training materials. In the next fiscal year, the consultant will play an active role in monitoring the progress and relevance of the contracted impact evaluation of the program (TNSACS funded). In the next phase of the trainings, the consultant will coordinate the four tiered Training of Trainers in 3 high prevalence districts: Dindigul, Salem and Krishnagiri.

Additionally, in FY09 the consultant will ensure that that three key community outreach activities will occur in FY09-FY10. These activities are critical in sustaining the program at community level and include the observance of World AIDS Day; addressing Stigma and Discrimination against those affected/infected with HIV on Women's Day; and supporting health-seeking behavior (for Integrated Counseling and Testing, VCT, ART, STI) as a community. It is expected that these activities will reach out to 482,000 women in 3 districts.

**ACTIVITY 2: Support for the Implementation and Expansion of SHG Program**

In FY08, USG and TNSACS successfully mainstreamed the SHG program and leveraged funds from NACO for the continuation of the program. As a result, USG funds will no longer be required for this activity and funding was reduced in this program area. However, USG will continue to support TNSACS in tailoring the training curriculum to the needs of SHG women, based on the recent baseline results of the SHG evaluation. Additionally, with FY09 funds TNSACS plans for advocacy activities and by FY10, the consultant will have developed a sustainability plan involving the relevant government agency, TNCDW, to support the program from its own budget. The justification for expansion of HIV prevention programs through SHGs has been further supported by recent data from a baseline study contracted by TNSACS (with non-USG funds) that suggest that women in SHGs are, indeed, highly vulnerable to STI and HIV. At least one workshop will be organized across the four high-prevalence southern states for disseminating models of HIV prevention within the context of SHGs.

**ACTIVITY 3: Training Program for Men**

As written in FY08, a complementary training program for men (the male community members of the SHG women) will be conducted in FY09 in the same districts as the women's SHG program. This will be a pilot activity which will be carried out with TNSACS funding. The trainings address male norms and behaviors in the context of HIV. The SHG consultant will take the lead in preparing the complementary modular training program.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14668

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14668		HHS/Centers for Disease Control & Prevention	Tamil Nadu AIDS Control Society	6902	3958.08		\$40,000

## Emphasis Areas

Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs
- \* Reducing violence and coercion

## Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development      \$10,000

## Public Health Evaluation

## Food and Nutrition: Policy, Tools, and Service Delivery

## Food and Nutrition: Commodities

## Economic Strengthening

## Education

## Water

**Table 3.3.03: Activities by Funding Mechanism**

**Mechanism ID:** 5785.09

**Prime Partner:** Family Health International

**Funding Source:** GHCS (USAID)

**Budget Code:** HVOP

**Activity ID:** 10937.21246.09

**Activity System ID:** 21246

**Mechanism:** Samarth

**USG Agency:** U.S. Agency for International Development

**Program Area:** Sexual Prevention: Other sexual prevention

**Program Budget Code:** 03

**Planned Funds:** \$13,000



**Activity Narrative:** ACTIVITY UNCHANGED FROM FY2008

**SUMMARY**

Under this program area the Samarth project, implemented by Family Health International (FHI) will support demonstration projects in Delhi to reach out to injecting drug users(IDU), most-at-risk children, street youth and local vulnerable communities with messages on safe sex including abstinence, increasing condom use and promoting STI treatment. Samarth will also provide technical assistance (TA) to USG partners in designing positive prevention programs in the four focus states.

**BACKGROUND**

The Samarth project has been implemented by Family Health International (FHI) since October 2006. Samarth will directly contribute to implementing quality HIV/AIDS prevention, care and treatment through TA, capacity building and institutional strengthening of government (the National AIDS Control Organization [NACO] and the State AIDS Control Societies [SACS]), and civil society. In addition, the Global Fund will be provided TA to strengthen the leadership and governance of its India Country Coordinating Mechanism (CCM) Secretariat. FHI implements Samarth in partnership with the Christian Medical Association of India (CMAI, which has over 300 faith-based hospitals as members), the Indian Network of Positive People (INP+), and Solidarity and Action Against the HIV Infection in India (SAATHII, an NGO with a mandate to build capacity of civil society). Samarth extends needs-based capacity building assistance to government and non-government stakeholders as well as to USG partners. Since FY07, Samarth has supported NACO with human and technical support in key program areas like counseling and testing (CT), OVC, ARV, strategic information and policy and systems strengthening. Samarth also implements four demonstration projects in New Delhi to showcase best practices in Abstinence and Be Faithful programs, OVC and palliative care for IDU.

**ACTIVITIES AND EXPECTED RESULTS:**

With FY08 funding, FHI will continue to improve the capacity of the four demonstration partners to implement HIV prevention programs for most-at-risk populations (MARPs) including PLHAs with a focus on safe sex practices.

**ACTIVITY 1: Support to Demonstration Projects on Prevention in Delhi.**

The Samarth project will continue to support four demonstration projects in Delhi to promote safe sex including condom use among IDU, most-at-risk children, street youth and local vulnerable communities in Delhi. The local communities include traditional sex workers, rag-pickers and the snake-charmers community. These populations will be targeted through outreach activities such as interpersonal communication, counseling, street plays and exhibitions. Most-at-risk children in the age group of 14-17 years will be particularly targeted for linkages with activities promoting AB messages and strategies for delaying sexual debut. Some in this target group are sexually active and will be specifically reached through peer educators and counseled for consistent and correct condom use, partner reduction and motivated for testing.

**ACTIVITY 2: Technical Assistance (TA) on Positive Prevention for USG Partners**

Samarth through its partner the Indian Network of Positive People (INP+) will provide TA to the state and district PLHA networks to reinforce prevention education and to develop risk-reduction strategies for PLHA and their partners. INP+ will conduct training on positive prevention and share training materials and information on lessons learned with state and district-level PLHA networks. Additionally, advocacy with SACS will be carried out to promote integrating positive prevention into the existing training curricula for healthcare professionals and counselors.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14114

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14114	10937.08	U.S. Agency for International Development	Family Health International	6711	5785.08	Samarth	\$43,800
10937	10937.07	U.S. Agency for International Development	Family Health International	5785	5785.07		\$85,000

**Emphasis Areas**

Gender

\* Increasing gender equity in HIV/AIDS programs

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$17,820

**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education**

Estimated amount of funding that is planned for Education \$8,000

**Water****Table 3.3.03: Activities by Funding Mechanism****Mechanism ID:** 3965.09**Mechanism:** N/A**Prime Partner:** Children in Need Institute**USG Agency:** HHS/Centers for Disease Control & Prevention**Funding Source:** GHCS (State)**Program Area:** Sexual Prevention: Other sexual prevention**Budget Code:** HVOP**Program Budget Code:** 03**Activity ID:** 6211.21274.09**Planned Funds:** \$65,000**Activity System ID:** 21274

## Activity Narrative: CONTINUING ACTIVITY - NEW ACTIVITY NARRATIVE

### SUMMARY

The Child In Need Institute (CINI)'s Making AIDS Services Stronger by Organizational Outreach through (MASBOOT) Project will continue to strengthen the targeted interventions amongst high-risk populations of female sex workers (FSW) and their clients to decrease the risk of HIV transmission in three districts of Jharkand. The population group covered under this program area is men and women aged 15-50 and the specific behavioral objective is increased correct and consistent condom usage. The program will be implemented in 12 hot spots at three sites: Hazaribagh, for FSW along the National Highway; Dhanbad, FSW around the mining industry; and Ranchi, FSW in an urban setting. It will improve availability and access to condoms and promote the use of condoms by FSWs and their clients. FSW will be reached through teams of Peer Educators implementing activities designed to build their negotiating position with clients. Male clients will be targeted through outreach workers, who will deliver messages designed to increase motivation to use condoms. Both FSWs and their clients will be targeted for increased STI recognition and treatment and to increase their access to and use of counseling and testing services. Targeting both FSWs and their clients together reduces the challenge and burden of condom negotiation for FSWs.

### BACKGROUND

Child In Need Institute (CINI), a leading Indian NGO founded in Kolkata in 1974, has been working to achieve sustainable development among poor communities living in the city of Kolkata and surrounding areas. Through its field programs, training and research, CINI's focus has always been on the health of women and children, child nutrition and development, adolescent issues, and mainstreaming street children through education. In 1998 CINI was recognized as a National Mother NGO, under the Reproductive and Child Health (RCH) program by the Ministry of Health and Family Welfare, Government of India. CINI also has an office in Ranchi, the capital of the state of Jharkand, where the MASBOOT project has been funded by PEPFAR since 2005 to conduct capacity building trainings among NGOs. Through these activities, CINI has gained a long-standing reputation as a nodal NGO providing HIV/AIDS related trainings to a wide range of groups and individuals, including community workers, private doctors, and government officials. In the last year CINI has set up three model projects that target interventions amongst FSWs and their clients. CINI Jharkand has frequently provided technical expertise to the Jharkand State AIDS Control Society (JSACS) over the past several years and is recognized as a key HIV/AIDS NGO in the state.

Despite CINI's and others' efforts, Jharkhand's public health systems and health care infrastructure remain poor, even by Indian standards. This, combined with out-migration of young people to urban centers, a hidden sex industry that is unlikely to hear national HIV messages and condom promotion campaigns, the presence of heavy industries that employ large numbers of young men and women, and a large tribal population supposedly with high rates of multi-partner sex makes Jharkhand a vulnerable state for HIV spread.

In a low prevalence setting like Jharkand (0.03%, NACO sentinel surveillance report, 2006), counseling and testing is focused on most at risk populations (MARPs). With this in mind, MASBOOT started the interventions with MARPs at the three intervention sites in FY08. JSACS began operationalizing the targeted interventions (TIs) in the state and a Technical Support Unit (TSU) is being set up to guide the process. The model sites are being used both by the SACs and TSUs as models of implementation and to show how to strengthen the other TIs supported by JSACS.

While working in the three sites, CINI and its partners ensured access to condoms and worked on changing behavior of clients and sex workers regarding use of condoms for safe sex. In FY08 CINI and its partners ensured adequate supply and availability of both free and social marketing condoms and strengthened communication through a peer educator/outreach worker model to ensure willingness to use condoms. Lessons learned from this project will be documented and shared with JSACS. The new strategy is consistent with NACO's strategic plan and JSACS unmet needs in targeting MARPs.

### ACTIVITIES AND EXPECTED RESULTS

#### ACTIVITY 1: Training and Support for NGO Targeted Interventions

CINI will continue to train and financially support three NGOs to develop TIs with MARPs in the state. This will include strengthening peer educators and understanding client behavior. A special emphasis will be given in this initiative to addressing male norms. In FY09, CINI expects to reach 1,000 persons in the three sites. Trained NGOs will reach 10,000 additional persons (upstream result) through activities resulting from CINI training.

Two hundred and fifty peer educators and outreach workers will be trained by CINI to deliver messages designed to increase motivation to use condoms. They will be trained on risk perception, perception of benefits, access, consistent and correct usage, and negotiation skills.

#### ACTIVITY 2: Strengthening Interpersonal Communication for Condom Use

Peer educators at the three TI sites and have been trained on interpersonal communication (IPC). They will be mentored and the outcomes and processes documented. These learning are in the Materials developed, included field manuals, training manuals, and Information, Education, and Communication (IEC) materials will be shared with JSACS and its partners.

#### ACTIVITY 3: Conducting a Behavioral Surveillance Survey (BSS) of MARPs

Understanding client behavior within the local context is crucial for any communication strategy. CINI will conduct a Behavior Surveillance Survey (BSS) of MARPs and other at-risk populations at least once every three years. Support for this will come from JSACS or the Technical Support Unit for Jharkhand (management of this is yet to be determined). The USG role will be to advocate for the BSS, provide technical inputs, and disseminate the results to key stakeholders.

#### ACTIVITY 4: Facilitating a Communication Strategy for FSWs for the State

**Activity Narrative:** CINI's experience in the field will be leveraged to develop a communication strategy for targeting FSWs in Jharkhand. The process will be carried out in partnership with other local partners and SACS, with the majority of the funding provided by the JSACS communication budget.

ACTIVITY 5: Ensuring Condom Availability and Accessibility in the Twelve Hotspots  
 The results of the CINI mapping exercise in FY08 show that there is a need for condoms but no availability or access, especially at sites where sex takes place. FSWs cannot usually afford condoms. CINI will work with JSACS and other social marketers to ensure a logistic and sustainable supply of condoms. This model will be documented and shared with JSACS for replication in other TI sites.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14455

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14455	6211.08	HHS/Centers for Disease Control & Prevention	Children in Need Institute	6845	3965.08		\$65,000
10861	6211.07	HHS/Centers for Disease Control & Prevention	Children in Need Institute	5611	3965.07		\$10,000
6211	6211.06	HHS/Centers for Disease Control & Prevention	Children in Need Institute	3965	3965.06		\$10,000

**Emphasis Areas**

Gender

- \* Addressing male norms and behaviors
- \* Reducing violence and coercion

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.03: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3949.09	<b>Mechanism:</b> APAC
<b>Prime Partner:</b> Voluntary Health Services	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (USAID)	<b>Program Area:</b> Sexual Prevention: Other sexual prevention
<b>Budget Code:</b> HVOP	<b>Program Budget Code:</b> 03
<b>Activity ID:</b> 6150.21828.09	<b>Planned Funds:</b> \$1,540,000
<b>Activity System ID:</b> 21828	

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Tamil Nadu (TN) has the largest number (140) of NGOs and CBOs working in HIV/AIDS prevention programs among MARPs, bridge and vulnerable populations in the country. Nearly 76% of the estimated 81,000 female sex workers (FSWs) in TN and 80% of the estimated 48,500 men having sex with men (MSMs) are covered through the joint efforts of Tamil Nadu State AIDS Control Society (TNSACS), USG and The Bill & Melinda Gates Foundation programs. The concentrated efforts of all agencies engaged in HIV/AIDS programs have helped in controlling the epidemic in the state and the adult prevalence has dropped from 1.13 percent in 2001 to 0.38 percent in 2006. Trends indicate that prevalence among FSWs (3.6%) and MSMs (5.6%) are also on the decline and are lower than the national average of 4.9% and 6.4% respectively.

Many challenges still persist in sexual prevention programs. Less than 50% of FSWs have correct knowledge on HIV and 30% report suffering from STIs in the last 12 months (NACO 2006 BSS). There are concerns about a lack of timely treatment-seeking behaviour and consistent condom use. Nearly 60% of sex workers have never had an HIV test and only 60% report having been reached by an HIV/AIDS intervention program. 5% of sex workers consume alcohol during sex and a high proportion report injecting drugs in the last 12 months.

Current programs are not structured to meet the needs of specific sub-groups of MSMs, based on identities and sexual behaviour patterns. MSMs, in particular transgenders, face a high level of stigma and violence. Furthermore, interventions among MARPs have not addressed structural issues and have been primarily limited to urban settings.

All activities planned in COP 08 will be continued in COP 09 except for Activity 3.

In addition, the following new activities are planned in COP 09:

**ACTIVITY 7: Interventions with Non-Brothel and Non-Street Based Sex Workers**

The dynamics of sex work is changing rapidly across the country; sex workers now operate from diverse settings including homes, parlors, vans, etc. Anecdotal information indicates that women in certain professions, such as the film industry, operate as part time sex workers. Information on sex workers in these unique settings is very limited. Due to this lack of information, NACO and SACS have asked APAC to study the changing dynamics of sex work and to implement a pilot project for interventions among non-brothel, non-street based sex workers. The pilot project will be implemented in one district after assessing the estimated population size, needs, and opportunities for intervention. The assessment findings and experience of interventions will be shared with NACO, SACS and other NGOs for necessary policy and programmatic changes.

**ACTIVITY 8: Comprehensive Services to MARPs**

Most interventions currently focus only HIV/AIDS messages and services. APAC MARP interventions, however, strive to support comprehensive needs of MARPs and will: a) ensure active participation of the target community in the development, implementation and monitoring of project activities; b) increase access to male and female condoms and promote consistent use of condoms with all partners; c) promote periodic medical check-ups for STIs; d) promote counseling and testing (CT) and increase access to CT services; e) establish appropriate linkages of HIV-infected MARPs with care, support and treatment service providers and regular follow-up to ensure quality of services; f) integrate gender and violence reduction strategies in programs; g) establish linkages with social welfare services for MARPs and their families (particularly to prevent second-generation sex work); h) provide vocational training and pilot community – health financing options.

APAC, in coordination with TNSACS, will establish appropriate policies and mechanisms for addressing sexual abuse, violence and legal issues of MARPs. The project will train NGO staff to address broader concerns including dealing with trafficked sex workers. A state-level Watchdog Committee on Sexual Abuse, Violence and Human Rights will be formed.

**ACTIVITY 9: Transition Program Management to Community Based Organizations (CBOs)**

The third phase of the National AIDS Control Program (NACP-III) places greater emphasis on CBO managed programs and a target has been fixed where by 50 percent of targeted interventions projects will be managed by CBOs by 2012. As part of APAC's transition plan, the project will train core groups of community members on community mobilization, project management, advocacy and leadership initiatives. An expert team of consultants and NGOs will be formed to guide the process of transitioning and to support the community members in complex and challenging areas. Task shifting will also be introduced in a phased manner. Peer counselors will be identified and trained in each intervention. The transition process will be documented and disseminated to NGOs, CBOs, SACS and NACO.

**FY 2008 NARRATIVE**

**SUMMARY**

Mapping studies estimate there are 80,000 female sex workers and 35,000 men who have sex with men in Tamil Nadu. Sex work in Tamil Nadu is not brothel-based, but rather street and home-based. Currently the AIDS Prevention and Control project, through Voluntary Health Services, the Tamil Nadu State AIDS Control Society, and the Bill and Melinda Gates Foundation are the three major agencies involved in targeted interventions among Most At-Risk Populations reaching 60-70% of FSW. However, coverage of MSM and injecting drug users continues to be low.

In FY08, the APAC project implemented by VHS in Tamil Nadu, will support a variety of behavior change interventions addressing MARPs implemented through a network of 16 NGOs and civil society. The interventions will include: behavior change communication through community outreach, increasing access to condoms, building capacity of NGO staff and retailers on social marketing of condoms, linking MARPs and their partners to counseling and testing and STI services, and promoting risk reduction strategies

**Activity Narrative:** among IDU. The APAC project will also provide technical assistance to the State AIDS Control Societies in Tamil Nadu and Kerala to enhance their capacity and systems for effective interventions with MARPs.

#### BACKGROUND

For the past twelve years, with USG support, VHS has been implementing the APAC project in the southern state of Tamil Nadu. APAC initially focused on targeted interventions for MARPs, but has expanded its efforts over the last few years to support a more comprehensive approach to HIV/AIDS prevention, care and treatment. Tamil Nadu has been successful in controlling HIV and the APAC project has significantly contributed to this success. The National AIDS Control Organization has recognized the expertise and contributions of the APAC project and has requested APAC to provide technical support to the SACS of Tamil Nadu, Puducherry and Kerala by setting up a Technical Support Unit at Tamil Nadu and Kerala, consisting of a core team of consultants/experts co-located with the SACS, with a mandate to assist the SACS in scaling-up programs, and improving efficiency and quality. APAC also serves as the vice-chair on the national Technical Working Group on Targeted Interventions.

The third phase of the National AIDS Control Program aims to halt and reverse the epidemic. A key strategy to achieve this objective is to saturate coverage of MARPs including FSW, MSM, and IDU by tripling the number of targeted interventions amongst MARPs from 700 to 2100, and engaging community-based organizations more intensively. Estimates indicate that there are 1.2 million FSW, 2.3 million MSM, and 220,000 IDU in the country and nearly 10% of these MARPs are estimated to be HIV infected. Recent studies also indicate that sex work is no longer confined to urban areas but has spread to rural areas, making interventions with MARPs more complex and challenging.

In a recent development, the Tamil Nadu State AIDS Control Society has taken a decision that it would take the lead to support bridge and vulnerable population interventions for the entire state of Tamil Nadu, and has requested the other stakeholders to saturate coverage of MARPs in their respective districts. As a follow-up of this decision, APAC starting Oct 08, will transition all its bridge and vulnerable population intervention programs in Tamil Nadu and support more NGOs/CBOs to saturate coverage of MARPs. Only one migrant intervention will be supported by the project.

#### ACTIVITIES AND EXPECTED RESULTS

##### ACTIVITY 1: Community Outreach for Most-at-Risk Populations in Selected High-Prevalence Districts

The APAC project will support 16 sub-partners to implement comprehensive HIV/AIDS interventions with MARPs in selected high-prevalence districts of Tamil Nadu and Puducherry. The project will make additional efforts to improve coverage of MSM by increasing the number of interventions. NGO staff will impart behavior change messages to MARPs through interpersonal communication, and will promote consistent condom use, and encourage periodic STI check-ups and HIV testing. Sub-partners will identify community-preferred health care providers for STI treatment, refer MARPs for periodic STI check-ups and follow up for treatment adherence. Periodic NGO and Health Care Provider meetings will be organized for coordination and sharing of information. In FY06, the Gates Foundation supported the establishment of STI clinics in APAC-supported NGO sites. During FY08, APAC will continue to leverage support from the Gates Foundation for STI treatment for MARPs. Community drop-in-centers will be established by sub-partners to provide space for the community to share experiences as well as to offer user friendly counseling and testing and basic medical services to MARPs. APAC sub-partners will establish linkages with the Link Workers to reach-out to MARPs and bridge populations in rural areas.

MARPs infected with HIV will be linked to a continuum of care services and followed-up for ART adherence. APAC's sub-partners will coordinate with APAC-supported and other care and support NGOs to ensure that family members of PLHAs are trained to provide home care and to ensure a good quality of life for PLHAs. USG funds will support: capacity building of NGO staff and peer educators, increased access to preventive services through community-based peer education programs, creation of an enabling environment for behavior change and advocacy with stakeholders. APAC will build the capacity of its sub-partners through regular training, exposure visits and monitoring. The project will support 960 peer educators and adopt motivational strategies for their continued involvement in the program. Through this activity, the project plans to reach 20,000 MARPs and 46,000 high-risk individuals from bridge and other selected risk populations.

##### ACTIVITY 2: Increasing Access to Condoms by MARPs in Selected High-Prevalence Districts

APAC will support leading condom manufacturers to strengthen condom distribution networks and promote condoms in NGO intervention areas in the high-prevalence districts. This will be achieved through promoting condom sales through non-traditional outlets and by increasing demand. The project will support linkages between NGOs and condom manufacturers to service outlets in intervention areas thereby ensuring increased access and expanding product range to MARPs and bridge populations. This initiative will also ensure sustainability of services and greater coordination between condom manufacturers and NGOs in condom social marketing. Successful interventions between APAC and condom manufacturers in the past have resulted in tripling of commercial condom sales in Tamil Nadu from 17 million in 1996 to 54 million in 2006. Innovative marketing initiatives by NGOs to enhance condom distribution to MARPs will be explored. Condoms for free distribution and demonstration will be leveraged from the Government of India. Retail audit reports will be used to assess trends in the condom market, and for reporting to USG and other agencies.

##### ACTIVITY 3: Assessments of Condom Use among MARPs and Sero-Discordant Couples

Behavioral Surveys indicate the nearly 36% of FSW and 40% MSM report inconsistent condom use, citing objections due to reduced pleasure. APAC will support pilot initiatives to market lubricants among MSM and female condoms among FSW while assessing the impact on consistent condom use. An assessment of condom use patterns among sero-discordant couples, including motivating factors and constraints, will be also undertaken by APAC.

##### ACTIVITY 4: Build Capacity of NGOs and Retailers for Condom Social Marketing

In FY08, a capacity-building agency will be contracted by the project, as in the past year, to train 400 NGO staff on the concepts and the processes of condom social marketing and train 500 potential retailers in marketing techniques.

**Activity Narrative:** ACTIVITY 5: Technical Support to SACS to Strengthen State-Wide Interventions with MARPs  
 In line with the NACP-3 policy, NACO has designated APAC to be the Technical Support Unit to provide continuous technical assistance to the SACS of Tamil Nadu and Kerala and build capacity for effective targeted interventions. Technical support to SACS will cover a range of areas such as: a) strengthening project management systems for targeted interventions; b) standardizing training modules and strengthening the capacity of training institutions involved in training NGOs and CBOs; c) evidence-based planning, including periodic mapping, size estimation and needs assessment of target populations; d) documentation and dissemination of best practices for learning and replication; e) developing a mainstreaming strategy; and f) periodic evaluation and behavioral impact assessments. APAC and SACS will develop a joint technical support plan and specific areas of technical assistance will be determined. APAC will also support three demonstration projects as learning sites (one each for FSW, MSM and IDU) to build the capacity of NGO staff.

ACTIVITY 6: Build Capacity of NGO Staff in Enhancing the Quality of Interventions  
 The APAC project will identify and support training institutes to build the capacity of NGO staff and peer educators on targeted interventions. The areas of training, conforming to national standards, will include a) participatory mapping and needs assessment; b) risk assessment; c) interpersonal communication; d) gender; e) condom social marketing; f) CBO formation and management; g) project management; and g) reporting and management information systems. The project will train 128 NGO staff and 960 peer educators.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14156

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14156	6150.08	U.S. Agency for International Development	Voluntary Health Services	6720	3949.08	APAC	\$2,158,800
10826	6150.07	U.S. Agency for International Development	Voluntary Health Services	5604	3949.07		\$1,029,000
6150	6150.06	U.S. Agency for International Development	Voluntary Health Services	3949	3949.06		\$1,306,560

## Emphasis Areas

### Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs
- \* Increasing women's access to income and productive resources
- \* Increasing women's legal rights
- \* Reducing violence and coercion

## Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development      \$96,548

## Public Health Evaluation

## Food and Nutrition: Policy, Tools, and Service Delivery

## Food and Nutrition: Commodities

## Economic Strengthening

## Education

## Water

**Table 3.3.03: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3956.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> Project Concern International	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GAP	<b>Program Area:</b> Sexual Prevention: Other sexual prevention
<b>Budget Code:</b> HVOP	<b>Program Budget Code:</b> 03
<b>Activity ID:</b> 6172.21843.09	<b>Planned Funds:</b> \$0
<b>Activity System ID:</b> 21843	



**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

CDC's Cooperative Agreement with PCI will end on August 31, 2009. The project will have to be re-competed. It is expected that PCI will continue project activities as described in the FY08 activity narrative until that date. Changes are indicated below:

**SUMMARY**

The description remains the same. The target changes: In FY09, 13,950 persons will be reached through this intervention.

**BACKGROUND**

Change in the extent of population covered (paragraph 3 in this section). In Maharashtra, the population covered will be 420,000. The other states remain the same as in the FY08 activity narrative.

All activities in COP08 will be continued until August 31, 2009, except for Activity 3, "Linkages with Social Marketing Organizations."

**FY 2008 NARRATIVE**

**SUMMARY**

This program area targets high-risk populations in the PCI target sites, through behavior change communication and condom promotion activities. These activities aim to increase perception of risk and, promote correct and consistent condom use to support a reduction in risk behaviors. The activities contribute to the third National AIDS Control Plan's objective to prevent new infections in high-risk groups. In FY08 26,000 persons will be reached through this intervention.

**BACKGROUND**

Founded in 1961, Project Concern International (PCI) is an international non-governmental and non-profit organization that aims to prevent disease, improve community health and promote sustainable development. PCI/India has worked in HIV/AIDS prevention, care and support, and treatment programming since its inception in 1997 when it was established as a Charitable Society in India. In 2004, PCI initiated the PATHWAY project, "Comprehensive Community and Home-Based Care and Support for People Living with HIV/AIDS (PLWHA) in India." The five-year project (September 2004-August 2009) was designed to implement integrated community and home-based care (CHBC) and support, and HIV prevention in three sites in the high prevalence states of Maharashtra, Tamil Nadu, and Andhra Pradesh.

Through supplemental funding from CDC in Year 2, this project was expanded to three additional project sites in the northeastern states of India: Manipur (Churachandpur and Imphal) and Nagaland (Dimapur). In Year 3 (September 2006-August 2007), CDC allocated additional resources to continue program activities at the 6 targeted sites, and to work with the National AIDS Control Organization (NACO) to improve and upgrade its Strategic Information System (SIS) and train its personnel in SIS management and other skill areas in high demand.

In FY08 activities will be directly implemented by PCI in Maharashtra (population covered, 450,000) and Tamil Nadu (360,000). In Andhra Pradesh (600,000) and the Northeastern states (642,000) activities will be implemented through PCI sub-partners, who are local organizations with experience in HIV/AIDS program implementation. The sub-partners are Lodi Multi Purpose Social Service Society, Sneha, Pragathi Seva Samithi in Warangal, Andhra Pradesh; SASO, Shalom in Manipur; Akimbo Society in Nagaland; Salem Network of Positive People in Salem, Tamil Nadu; Network of Maharashtra People Living with HIV/AIDS and Sevadham Trust in Pune, Maharashtra.

**ACTIVITIES AND EXPECTED RESULTS**

**ACTIVITY 1: Behavior Change Communication (BCC) and Peer Education**

The objectives of the BCC approach are to: increase risk perception and reduce risky behavior; generate demand for information and services related to STI and HIV prevention and care; promote community dialogue at all levels on factors contributing to the epidemic and explore possible local solutions; and change social norms around risk behavior and condom use. Interactive approaches and life planning skills will be applied to enable behavior change. Key messages will be repeated by using multiple channels, including face-to-face communication, such as counseling and peer education, to address deeply rooted behaviors; mass media to reach a broad audience and introduce new behaviors; and edutainment approaches to engage youth. Youth at risk will also be addressed through interactions with parents or other role models. The BCC program will link with policy and advocacy activities at the community level.

Peer educators will be trained and supported by health workers to identify high risk groups and conduct interpersonal communication (IPC) to deliver BCC messages related to: using a condom every time you have sex, correct condom use, condom storage, and where to get condoms and health services. PE's also make STI and VCT referrals, and promote and distribute condoms.

**ACTIVITY 2: Promoting Condom Use for Most-at-Risk Populations (MARPs)**

Condoms from the local District Health Office (DHO) or Reproductive Child Health (RCH) Department will be accessed and made available to high risk groups in the project area, including sex workers, men at risk, and PLHA. In addition to STI clinics, condom promotion and distribution will be implemented through a system of outlets, such as tea shops, petty shops, hotels and workplace establishments. Barber shops, public toilets, private practitioners' clinics, CBO and individual depot holders' homes will also continue to be used as conduits for BCC activities and condom promotion. Placement of these outlets will be prioritized for locations that show a high density of sexual networks and/or social interactions. A peer approach to condom use demonstration and distribution will be used. Depot holders will be linked to the health office to enable them to directly access condoms and promote sustainability of the initiative. The condom depot holders will be further sensitized about STI and HIV/AIDS, and provided with IEC materials to distribute to customers who frequent their establishments. Women depot holders will be identified and enrolled to enable access to

**Activity Narrative:** male condoms by women for their partners and ensure availability and access as the first step towards condom negotiation

**ACTIVITY 3: Linkages with Social Marketing Organizations**

PCI and its partners will also explore collaborative opportunities to work with other organizations that currently implement social marketing activities, to ensure that affordable condoms are made available to the target group. This will include developing linkages between retailers and these organizations for training to help reduce stigma associated with selling or buying condoms and thus motivate retailers to sell condoms. Retailers will also be trained to deliver STI/HIV prevention messages, distribute IEC materials, conduct BCC activities and refer customers to other preventive services, including STI clinics.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 16467

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16467	6172.08	HHS/Centers for Disease Control & Prevention	Project Concern International	7443	3956.08		\$50,000
6172	6172.06	HHS/Centers for Disease Control & Prevention	Project Concern International	3956	3956.06		\$16,117

**Emphasis Areas**

Gender

- \* Increasing gender equity in HIV/AIDS programs
- \* Increasing women's access to income and productive resources
- \* Increasing women's legal rights
- \* Reducing violence and coercion

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.03: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3940.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> Avert Society	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (USAID)	<b>Program Area:</b> Sexual Prevention: Other sexual prevention
<b>Budget Code:</b> HVOP	<b>Program Budget Code:</b> 03
<b>Activity ID:</b> 6117.23882.09	<b>Planned Funds:</b> \$1,913,087



## Activity Narrative: NEW ACTIVITY NARRATIVE

### SUMMARY

Avert Society will implement prevention programs among most-at-risk populations (MARPs) such as female sex workers (FSW), men having sex with men (MSM), Intravenous Drug Users (IDUs) and high-risk migrants in six districts of Maharashtra State. The sexual prevention activities will complement the activities in the AB program. Additionally, the Technical Support Unit (TSU) of Avert Society will provide technical assistance to Maharashtra State AIDS Control Society (MSACS), Mumbai District AIDS Control Society (MDACS) and the Goa State AIDS Control Society (GSACS) in designing and scaling-up targeted intervention programs among MARPs including bridge populations. The USG-funded Hindustan Latex Family Planning Promotion Trust (HLFPPT) will support the Avert Society and the SACS in increasing access to high quality condoms by expanding the condom social marketing program in the state. The Johns Hopkins University/Health Communication Partnership (JHU/HCP) will provide technical support to the SACS in designing and implementing communication programs for MARPs. Linkages will be established with counseling and testing and care and treatment services.

### BACKGROUND

Avert Society is a bilateral program implementing prevention, care, and treatment activities in six high-prevalence districts of Maharashtra State. The population of Maharashtra is 96.9 million and the HIV prevalence is 0.75% (2006). Under the umbrella of the Avert project, the Johns Hopkins University (JHU) and the Hindustan Latex Family Planning Promotion Trust (HLFPPT) have been awarded cooperative agreements to support the state in scaling-up communication and condom social marketing activities. On March 7, 2008, the National AIDS Control Organization (NACO) provided new policy guidance to Avert Society that the project should focus on saturating coverage of high-risk populations including migrants and on implementing community mobilization activities to increase the uptake of counseling and testing (CT), prevention of mother-to-child transmission, care and treatment services in the six high prevalence districts. Additionally, NACO recommended that the Avert project implement workplace interventions in the entire state. The districts of Avert Society have changed and include Aurangabad, Nagpur, Sholapur, Jalna, Thane and Mumbai (two zones). Sangli and Satara have been handed over to the Bill and Melinda Gates Foundation in the new allocation.

NACO has selected Avert Society as the Technical Support Unit (TSU) in Maharashtra and Goa states to support the scale-up and strengthening of HIV/AIDS programs in accordance with the strategies outlined in the third National AIDS Control Program (NACP-3).

### ACTIVITIES AND EXPECTED RESULTS

As per NACO estimates, there are over 26,300 sex workers of which 10,574 are reached in the six Avert priority districts and there are 19,088 MSM of which 11,089 are reached in the same districts. In FY08, Avert Society will support 28 NGOs and CBOs to implement targeted intervention programs among FSW (18 projects), MSM (9 projects) and injecting drug users (1 project) to saturate the coverage of MARPs. Additionally, it will provide technical assistance to the SACS to scale-up targeted intervention programs to saturate the coverage of MARPs in 13 MSACS priority districts including Mumbai and two districts in Goa. Avert Society will also develop strategies to address discrimination against FSW, MSM and IDU populations in accessing preventive and health services such as STI treatment and counseling and testing.

#### ACTIVITY 1: Promoting Condoms and Other Prevention among FSWs, MSMs and IDUs

In FY09, Avert Society will continue to support 28 targeted intervention programs to ensure consistent condom usage in over 90% of the MARPs and to ensure that over 80% of STI treatment is provided by qualified health care providers. Additionally, Avert Society will develop appropriate systems for establishing linkages with CT services to ensure that over 80% of the MARPs are counseled and tested and receive results. MARPs will be reached by outreach workers and peer educators to promote correct and consistent use of condoms and other prevention methods for protection against HIV infection. The activities include interpersonal communication, condom demonstrations, community media events, distribution of IEC material and STI counseling and referral services. Avert Society will collaborate with HLFPPT to scale up a female condom social marketing program among sex workers (see details in the HLFPPT narrative). In FY09, Avert Society will provide prevention services to 26,300 sex workers, 10574 MSM and 300 IDUs.

#### ACTIVITY 2: Promoting Condoms and Other Prevention Programs among Migrants

In FY08, Avert Society is supporting 6 lead agencies who will manage a network of 24 NGOs to implement targeted intervention programs to promote consistent condom usage among high risk migrants. In FY09, Avert Society will continue to support the six institutions and the network of 24 NGOs to reach out to 240,000 single male migrants and ensure that over 80% of those engaging in high-risk behavior use condoms consistently and over 50% are counseled and tested. The NGOs will train Volunteer Peer Leaders in migrant intervention programs to conduct interpersonal communication sessions and support community media activities such as street plays and puppet shows to reinforce prevailing cultural norms on abstinence and fidelity and to promote consistent use of condoms. The NGOs will also create a supportive environment for behavior change by sensitizing the contractors and owners of the industries employing migrant laborers. Specifically, advocacy efforts will be carried out to frame policies for providing a safe environment for women migrants. Avert Society will also provide counseling and testing services to the migrant populations by supporting six mobile CT programs. Avert Society will build the capacity of the lead agencies and provide continuous technical support to manage the network of NGOs implementing HIV prevention programs among migrants.

All prevention programs are designed and will be periodically updated to promote and ensure equitable access to gender-appropriate prevention messages, services and commodities by women and men. It will also incorporate policies, practice and procedural level advocacy programs for male and female leaders to address traditional male norms and endorse unbiased gender roles in the society.

#### ACTIVITY 3: Promoting Condoms and Other Prevention Programs in Workplace Interventions

In FY08, Avert Society will scale up workplace intervention in the organized and unorganized sectors by partnering with six lead agencies. Specifically, Avert Society will give high priority to promoting consistent

**Activity Narrative:** condom use in the unorganized sector as the workers are more vulnerable to HIV/AIDS than workers in the organized sector. In FY09, Avert Society will continue to strengthen the condom promotion activities in workplace intervention programs, by partnering with the six lead agencies and the network of 150 workplace intervention partners and expand the program to reach an additional 200 industries. These 200 companies will develop and implement HIV/AIDS policies and programs and 99,000 male and female workers will be educated in consistent and correct use of condoms as part of a comprehensive ABC prevention approach.

Avert Society will build the capacity of the lead agencies and provide continuous technical support to manage the network of industries in the organized sector and NGO partners working among the unorganized sector. Avert Society has developed workplace intervention models on working with large corporate, industrial associations, the public sector and the unorganized sector. The lead agencies will replicate these models in scaling-up workplace interventions. The workplace intervention activities include sensitization workshops for senior managers, a peer education program, mid media activities, condom promotion, STI services and linkages to integrated counseling and testing centers and care and treatment services. The interventions also aim to address issues such as gender equity and stigma and discrimination in workplace; and focus on governance, ownership and sustainability of the HIV/AIDS programs.

Hence, through different activities a total of 318,100 individuals will be reached through community outreach that promotes HIV/AIDS prevention through behavior change that emphasizes correct and consistent use of condoms.

**ACTIVITY 4: Technical Support to MSACS and GSACS on Targeted Interventions**

In FY08, the Technical Support Unit of Avert Society will provide technical assistance to MSACS, MDACS and GSACS in planning and implementing interventions for 104 NGOs targeting MARPS (65 NGOs), migrants (28 NGOs) and truckers (12 NGOs). This will include support to the SACS for selecting NGOs, capacity-building of NGO staff and monitoring and evaluating the quality of interventions. In FY09, Avert Society will focus on monitoring the coverage and strengthening the quality of interventions.

The TSU will also provide technical assistance in integrating gender concerns into prevention programs for MARPs based on the lessons learned from the direct implementation programs in the Avert priority districts.

**ACTIVITY 5: Printing and Distribution of Behavior Change Communication Materials**

In FY08, Avert Society with technical assistance from JHU will develop an IEC tool kit and materials on condom promotion. Training will be conducted for 140 (NGO and lead agency) staff on interpersonal communications skills including skills to use the IEC tool kit for effectively delivering messages on condom promotion. In FY09, Avert Society will continue to support the IEC materials needs of the NGOs implementing targeted intervention programs among MARPs. For visibility in the Avert priority districts, Avert society will undertake mid media activities like street plays and will also paint the walls and hoardings at strategic locations in high-risk areas of the districts on condom promotion.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14098

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14098	6117.08	U.S. Agency for International Development	Avert Society	6709	3940.08		\$1,204,900
10790	6117.07	U.S. Agency for International Development	Avert Society	5595	3940.07		\$1,000,000
6117	6117.06	U.S. Agency for International Development	Avert Society	3940	3940.06		\$280,978

## Emphasis Areas

Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs

Workplace Programs

## Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development      \$121,250

## Public Health Evaluation

## Food and Nutrition: Policy, Tools, and Service Delivery

## Food and Nutrition: Commodities

## Economic Strengthening

## Education

## Water

**Table 3.3.03: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3974.09	<b>Mechanism:</b> DoD
<b>Prime Partner:</b> US Department of Defense	<b>USG Agency:</b> Department of Defense
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Sexual Prevention: Other sexual prevention
<b>Budget Code:</b> HVOP	<b>Program Budget Code:</b> 03
<b>Activity ID:</b> 6248.24630.09	<b>Planned Funds:</b> \$65,000
<b>Activity System ID:</b> 24630	

## Activity Narrative: CONTINUING ACTIVITY - NEW ACTIVITY NARRATIVE

### SUMMARY

The objective of this continuing activity is to create a core group of Master Peer Leader Educators whose work spreads HIV/AIDS education within the Indian Armed Forces (IAF) and throughout soldiers' native communities as well. Peer leader education activities extend beyond improved knowledge and awareness to focus on changing norms of male behavior, reducing sexual violence and coercion and decreasing stigmatization and discrimination. This is accomplished through Training of Trainers (TOT) workshops, which will build on the success of workshops held over previous years. These workshops are an essential part of the Armed Forces Medical Service's (AFMS) HIV/AIDS prevention program and the DOD partnership with AFMS, and it is expected that HIV/AIDS peer leader education will continue for the foreseeable future. In addition, this activity is linked with the continued procurement of condoms by DOD.

### BACKGROUND

The Department of Defense (DOD) in collaboration with the US Pacific Command/Center of Excellence (PACOM/COE) has supported the Indian Armed Forces Medical Services (AFMS) since 2004 in building their capacity to provide HIV/AIDS prevention, care and treatment services to military personnel, and their families. The geographical focus covers the capital city New Delhi; Shillong, in the North East, where there is a generalized epidemic; and Mumbai and Pune in the high prevalence State of Maharashtra. As with many militaries worldwide, the Indian Armed Forces personnel are an at-risk population since soldiers are generally young, mobile, separated from their families, and exposed to commercial sex workers. With a troop strength of nearly 1.3 million, troop turnover, and an annual recruitment of 80,000 new recruits and their accompanying family dependents who are new to the military community, it is critical for the AFMS to develop a sustained HIV prevention, care and treatment program which can be accessed by military personnel and their families. This includes developing and sustaining a large and widespread cadre of peer leaders to bring prevention education to high-risk populations within the military.

DOD has supported AFMS since 2004 in building its human capacity to provide HIV/AIDS prevention, care and treatment services. A major component of this effort has been support for TOT workshops in peer leader education. The main objectives of increasing support for TOT workshops and Master Peer Educators are to increase coverage, develop capacity and ensure sustainability of the prevention program. Prevention is the mainstay and 'backbone' of AFMS' war on HIV/AIDS transmission and is identified as a top priority for the AFMS as well as for the USG PEPFAR team.

### ACTIVITIES AND EXPECTED RESULTS

HVOP builds the human resources capacity of AFMS through peer leader education workshops and ensures the availability of condoms.

#### ACTIVITY 1: Training of Trainer (TOT) Workshops

The AFMS will execute five TOT workshops that will train over 300 Master Peer Leader Educators. Each Master Peer Educator will then train an additional 10 peer educators for a total of 3,000 peer educators. This learning will 'cascade' down through the peer leaders reaching at least 30,000 soldiers, dependents, and civilians. The modules and IEC materials for peer leader education trainings are military specific, based on successful materials with proven efficiency and that conform to national guidelines. To support and ensure proper implementation of workshops, AFMS conducts pre and post-workshop knowledge assessments. Workshop participants will be provided with IEC materials to use and distribute when they return to their respective postings and speak on HIV/AIDS. It is expected that these workshops will reach the desired amount of people. Follow-up reviews will inform whether the desired effect of reaching beyond the peer leaders and their peers has been achieved.

Past workshops have included skits performed by local NGOs that demonstrate the roles and responsibilities of peer leaders, visits to local hospitals and clinics, testimonials of People living with HIV and AIDS (PLWHA) to reduce stigmatization and discrimination, practice sessions where peer educators practice being peer leaders, and question and answer sessions where soldiers are given real life choices and decisions facing soldiers and their dependents. Workshops also use videos and media to reinforce key messages and behavioral change objectives.

The workshops are designed to have an impact far beyond their immediate participants. First, those trained as Master Peer Leader Educators are specifically assigned to train 10 others when they return to their bases and these 10 each train another 10. Additionally, HIV/AIDS prevention activities have an all-India impact as soldiers come from all areas of India and are instructed to take Behavioral Change Communication (BCC) messages back to their local communities and villages.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14678

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14678	6248.08	Department of Defense	Armed Forces Medical Services	6905	3974.08		\$60,000
11510	6248.07	Department of Defense	Armed Forces Medical Services	5795	3974.07		\$135,000
6248	6248.06	Department of Defense	Armed Forces Medical Services	3974	3974.06		\$125,000

**Emphasis Areas**

Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs
- \* Reducing violence and coercion

Military Populations

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.03: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3943.09	<b>Mechanism:</b> Connect
<b>Prime Partner:</b> Population Services International	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (USAID)	<b>Program Area:</b> Sexual Prevention: Other sexual prevention
<b>Budget Code:</b> HVOP	<b>Program Budget Code:</b> 03
<b>Activity ID:</b> 6134.23877.09	<b>Planned Funds:</b> \$675,000
<b>Activity System ID:</b> 23877	



**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

**SUMMARY**

In FY09, Connect will demonstrate outcomes from HIV transmission prevention interventions such as increased access to condoms, birth spacing products and services, counseling and testing (CT) and PMTCT services, and tuberculosis (TB) treatment. Connect will identify best practice(s) for reaching out to vulnerable women in the workforce with messages on increasing use of condoms and other preventive behaviors. Connect will also target a select group of at-risk workers with messages pertaining to 'being faithful'. Connect will focus on mainstreaming and building the capacity of private and public sector actors to mobilize resources from private industries. Connect will build capacities of government and private partners to understand situations in which public-private partnerships (PPPs) are applicable, demonstrate how to evaluate opportunities and how best to implement these initiatives.

ACTIVITIES 1 & 2 of FY08 are being merged to one activity in FY09, entitled: Demonstrate Increase in Preventive Sexual Behaviors Among At-Risk Workers

The increased emphasis on promoting condom usage and other preventive behavior will continue in FY09. Recent National AIDS Control Organization (NACO) HIV prevalence data suggests significantly lower HIV prevalence in the general population than previously estimated (0.3% vs. 1.0%). The data indicate that the HIV epidemic in India is concentrated to high risk groups (FSW, MSM & IDUs) and clients of sex workers. As well, a recent PSI with Karnataka Health Promotion Trust (KHPT) study identified workers of certain industries (garment, iron-ore mining, sugarcane, construction and fishermen) who are at high risk of HIV in Karnataka. The economic groups will be targeted during interventions. Also, the PEPFAR review (April 2008) recommended significant increases in condom promotion for high risk adult male target groups.

In FY09, Connect will focus on demonstrating and documenting the outcomes from interventions through Behaviour Change Impact Studies (BCIS). The BCIS will measure changes brought about in attitudes and behaviors due to project activities. About 285,000 workers will be reached with 'condoms and other prevention' messages and about 15,000 workers will be reached through 'being faithful' messages. Over 160 outreach workers will be trained on how to use materials and deliver effective messages on condom use and other preventive behaviors. About 50 outreach workers will be trained to deliver messages promoting being faithful.

ACTIVITY 3: Capacity Building of Local NGOs

No Change

ACTIVITY 4 is being modified in FY09 and titled as "Demonstrate at Least One Replicable Model of Reaching Women in the Workforce Vulnerable to HIV/AIDS

In FY09, Connect will continue to target vulnerable women in the garment industry with messages promoting negotiation skills, improved health seeking behavior pertaining to reproductive health and HIV/AIDS and condom use. Connect will document processes undertaken to reach out to these women at their workplaces and residential clusters, and through women's self-help groups, women's clubs and local NGOs working on reproductive health services (such as on birth spacing and maternal mortality). About 10,000 female workers will be reached with condoms and other prevention messages. About 35 outreach workers will continue to be trained on how to use materials and deliver effective messages on condom use and other preventive behaviors.

ACTIVITY 5: Resource Mobilization for Sustainability

No Change

The following new activity will be undertaken in COP09:

ACTIVITY 6: Transition Models of Public Private Partnership (PPP) for Behavior Change Among At-Risk Male and Female Workers, to National and Local Programs

In FY09, Connect will focus on transfer of knowledge and management of PPP models to partners. Lessons learned from the intervention models will be shared widely with NACO/SACS, private sector, professional associations, industry associations (e.g. Federation of Indian Chambers of Commerce and Industry (FICCI) and the Confederation of Indian Industry (CII)) and USG programs. Focus will be on ensuring that activities are responsive and linked to the needs identified in national and state government programs such as NACO, National Rural and Urban Health Mission and the Revised National Tuberculosis Control Program. Efforts will be taken to ensure that successful models will be adopted by and mainstreamed by the private sector, professional associations or national/state programs. Connect will provide technical assistance to identify and map workers at risk for HIV/AIDS and formulate strategies for implementation of HIV/AIDS programs. Connect will develop and disseminate guidelines for implementation of PPP models to reach out to at-risk workers and monitor the benefits of these partnerships and their health impact.

**FY 2008 NARRATIVE**

**SUMMARY**

The Connect project, implemented by Population Services International (PSI) will continue to reach formal and informal workers in industries in sectors and geographical clusters including port towns through different interventions. Depending on the perceived risk and behaviors of the workforce, communication messages will focus on consistent condom usage, prompt treatment and referral for STI and utilization of CT services. A large section of the workforce in sectors like plantation, construction and mining comprises casual and daily wage workers who are basically seasonal short-stay migrants. In FY08, Connect will work with populations vulnerable to high-risk behavior among these workforces through prevention interventions. Those at risk will be provided skills to motivate consistent condom usage. Peer educators and outreach activities will promote information about and increased use of services. In the port towns, Connect will target female sex workers (FSW) to build and strengthen their ability to negotiate condom use with male clients and facilitate treatment of STI. Connect will actively seek to mobilize corporate resources, with the aim of

**Activity Narrative:** reducing its direct involvement in the implementation of these interventions and transitioning them to NGO/CBOs. Connect will also increase its technical assistance to the local SACS on reaching out to workforce populations with prevention messages and on demand creation for various HIV services, especially counseling and testing (CT).

## BACKGROUND

The Connect Project has been implemented by PSI since October 2006, in partnership with the Federation of Indian Chambers of Commerce and Industry (FICCI), Y.R. Gaitonde Centre for AIDS Research and Educations (YRG CARE) and the Karnataka Health Promotion Trust (KHPT). The International Labor Organization (ILO) provides technical support to the project.

Connect aims to increase private sector engagement in HIV/AIDS through workplace interventions and development of public-private partnerships in a continuum of prevention to care services. The main strategies include mobilizing companies for workplace interventions, developing private models of service delivery in CT and PMTCT and provision of technical assistance to government on mainstreaming HIV/AIDS in the private sector. Currently, the geographical focus is Karnataka, which is a high prevalence state with all 29 districts classified as high burden districts; coastal Andhra Pradesh, the state with the highest HIV infections in the country; and selected port towns (Mumbai, Vashi, Mangalore, Tuticorin, Chennai and Vizag) in the USG focus states.

## ACTIVITIES AND EXPECTED RESULTS

The project will leverage HIV-related services for the target populations through other PSI projects that promote social marketing of condoms, voluntary CT and STI treatment and, with the comprehensive Samastha project, referrals and linkages to palliative care, TB treatment, and HIV prevention. The third phase of the National AIDS Control Program (NACP-3) identifies short-stay migrants as a bridge population that needs to be reached to reduce HIV in India. Thus the strategy of targeting the workforce, especially those employed as daily wage workers in the informal sector is consistent with the national HIV prevention strategy. Coverage will be expanded to include the FSW population around port towns through interventions designed to increase condom usage as well as STI treatment and referrals. Close to 80,000 workers will be reached with condoms and prevention messages through these activities.

**ACTIVITY 1: Address High Risk Behaviors to Reduce Vulnerability of Workers and Sex Workers**  
In FY08, Connect will continue to reach workers in the formal and informal sector through workplace interventions. Interpersonal communications will reach out to the target groups with messages on consistent and correct condom use and prompt treatment of STI. In geographical locations which have industries that have a workforce that is vulnerable to HIV, such as the construction and mining sectors, in particular those in the informal sector, efforts will be made to identify persons with high-risk behaviors, using risk assessment tools and focus group discussions to ascertain risk behaviors. FSW in the vicinity of the workplace and around the port towns where PSI implements prevention programs will also be reached. Connect will leverage the USG-supported Samastha project, which works with FSW in industrial districts of rural areas like Bellary in Karnataka, to target sex workers with prevention messages and other care components including referrals and linkages to palliative care, and TB treatment. The project will also leverage STI treatment facilities made possible under a grant by the Bill and Melinda Gates Foundation to UM. Effective treatment of STI will reduce the risk and vulnerability of FSW to HIV infection. The project will aim to increase accessibility of VCT services with focus on counseling for safe disclosure, as well as partner counseling and testing.

### ACTIVITY 2: Increase Access to Condoms

Connect will continue to promote condom outlets in the port locations in the USG focus states and at various points of service including CT centers, PMTCT centers and STI treatment centers. Peer educators, who will be trained at the various workplace interventions using the ILO model, will be encouraged to distribute condoms at the workplace. Condom demonstrations using penis models and innovative activities to promote condom usage will be held to improve visibility and debunk myths related to condom use.

### ACTIVITY 3: Capacity Building of Local NGOs and State AIDS Control Societies (SACS).

The Connect project will continue to implement models of workplace interventions and to engage the private sectors in mobilizing resources. In FY08, NGOs will be identified and trained to implement these models as a strategy for long-term transition and sustainability. The capacity- building plan will include training NGO staff and interpersonal communicators on improving awareness on condom usage and tailoring messages related to condom use across various target populations in the organized and unorganized sectors. The curriculum will include identifying risk behaviors, assessing self efficacy and promoting risk reduction. The training will include skills in using street theatre and other innovative games to demonstrate safer sex practices and increase motivation for safer behaviors. PSI will place a Workplace Coordinator at the SACS in Karnataka and Andhra Pradesh to build the capacity of the SACS to plan and implement workplace interventions. The Coordinator will leverage the targeted interventions with FSW, STI services and linkages with care and treatment from the SACS.

### ACTIVITY 4: Reaching Vulnerable Women in the Work-force

In FY08, Connect will continue to target vulnerable women working as informal workers in port towns and industrial sectors with messages on condom use and utilization of CT services through interpersonal communicators (IPC). IPC will use different gender-specific themes like negotiation skills, barriers to health-seeking behavior and condom use in communication materials like games, flipcharts and story boards to promote these messages. Women working as formal workers in vulnerable industries like mining and construction sectors will be reached through a workplace model that utilizes a cascading approach of training Master Trainers or Peers who in turn train and reach other peers in the industry. Through this model, 10,000 women will be reached through messages pertaining to condom use and utilization of CT services. Linkages and partnerships will be developed with women's clubs, women's self help groups and local NGOs working with women to promote negotiation skills, improved health seeking behaviors for STI

**Activity Narrative:** treatment, utilization of CT and correct condom use.

**ACTIVITY 5: Resource Mobilization for Sustainability**

The Connect project aims to increase resources from the private sector in addressing HIV/AIDS at the workplace. In FY08, Connect will mobilize resources from industries that have been assessed for increased risk and vulnerability for HIV/ AIDS, including the informal sector, which is associated with seasonal migration, limited access to information and services. Industries will be motivated to commit resources for workplace programs and to reach out to larger vulnerable communities at risk through corporate social responsibility approaches. Connect will also provide technical assistance to the SACS to address improved condom and other preventive methods including treatment of STI, through promotion of social marketing of condoms and social franchising of STI services.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14130

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14130	6134.08	U.S. Agency for International Development	Population Services International	6714	3943.08	Connect	\$773,082
10812	6134.07	U.S. Agency for International Development	Population Services International	5600	3943.07		\$225,000
6134	6134.06	U.S. Agency for International Development	Population Services International	3943	3943.06		\$380,000

**Emphasis Areas**

Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- \* Family Planning
- \* Safe Motherhood
- \* TB

Workplace Programs

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.03: Activities by Funding Mechanism**

**Mechanism ID:** 3974.09

**Mechanism:** DoD

**Prime Partner:** US Department of Defense

**USG Agency:** Department of Defense

**Funding Source:** GHCS (State)

**Program Area:** Sexual Prevention: Other sexual prevention

**Budget Code:** HVOP

**Program Budget Code:** 03

**Activity ID:** 15079.24635.09

**Planned Funds:** \$40,000

**Activity System ID:** 24635

**Activity Narrative:** CONTINUING ACTIVITY - NEW ACTIVITY NARRATIVE

**SUMMARY**

PACOM/COE, with the support of the Office of Defense Cooperation (ODC) will facilitate the procurement of condoms to augment the other AFMS prevention activities. Condom supplies will be given to the AFMS for distribution, especially to military facilities in high prevalence areas. The activity is linked with the peer leader education activities, the counseling and testing activities, and the adult care and treatment programs and with the training workshops.

**BACKGROUND**

The Department of Defense (DOD) in collaboration with the US Pacific Command/Center of Excellence (PACOM/COE) has supported the Indian Armed Forces Medical Services (AFMS) since 2004 in building their capacity to provide HIV/AIDS prevention, care and treatment services to military personnel, and their families. The geographical focus covers the capital city New Delhi; Shillong, in the North East, where there is a generalized epidemic; and Mumbai and Pune in the high prevalence State of Maharashtra. As with many militaries worldwide, the Indian Armed Forces personnel are an at-risk population since soldiers are generally young, mobile, separated from their families, and exposed to commercial sex workers. With a troop strength of nearly 1.3 million, troop turnover, and an annual recruitment of 80,000 new recruits and their accompanying family dependents who are new to the military community, it is critical for the AFMS to develop a sustained HIV prevention, care and treatment program which can be accessed by military personnel and their families. This includes developing and sustaining a large and widespread cadre of peer leaders to bring prevention education to high-risk populations within the military.

**ACTIVITIES AND EXPECTED RESULTS**

HVOP builds the human resources capacity of AFMS through peer leader education workshops and ensures the availability of condoms.

**ACTIVITY 1: Condom Procurement**

Through its continued commitment to HIV prevention, the AFMS supports appropriate, correct, and consistent condom use to promote HIV prevention. PACOM/COE, with the support of the Office of Defense Cooperation (ODC) will facilitate the procurement of condoms to augment the other AFMS prevention activities. Condoms will be procured and distributed to military facilities and/or units. Condom supplies will be given to the AFMS for distribution, especially to military facilities in high prevalence areas. At least 25 facilities and/or military units will receive condoms.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 15079

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15079	15079.08	Department of Defense	US Department of Defence/Pacific Command	7033	3976.08		\$60,000

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**Emphasis Areas**

Military Populations

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

Program Budget Code: 04 - HMBL Biomedical Prevention: Blood Safety

**Total Planned Funding for Program Budget Code: \$0**

## Program Area Narrative:

### Introduction

The PEPFAR/India program is not working in the areas of Blood Safety or Male Circumcision. Blood Safety is addressed by the national program under phase three of the National HIV/AIDS Control Program (NACP-III). Male circumcision is not part of the national program; it would not be appropriate for USG to address this issue in India.

### Injection Safety

Overview: India, with its large health care system, generates a significant amount of bio-medical waste each year. The Government of India (GOI) estimates that 800 million injections take place in health care facilities each year in India and up to 2.0 kg of waste is generated per day per in-patient bed, some of which is infectious. More than 70% of patients visiting a primary health care provider receive at least one injection at that visit. Bio-medical waste generated during diagnosis, treatment and immunization processes in healthcare establishments includes sharps, human tissue or body parts and other infectious materials, which have the potential to transmit various infectious agents (such as HIV and Hepatitis).

Healthcare workers (HCWs) are at particular risk of disease transmission via bio-medical waste due to their repeated exposure to this potentially infectious material. In addition, medical waste that is improperly segregated and disposed of can contaminate non-infectious waste and thereby transmit disease to waste-disposal personnel and others that may come in contact with it (such as ragpickers). There are very limited data on the amount of infections that occur via bio-medical waste through unsafe injection practices in India, where an estimated 20% of all syringes are from recycled sources. In most developing countries such transmission has accounted for an increase in health care costs, morbidity and deaths every year. With the increasing availability of care for PLHA in India through HIV counseling and testing centers, community care centers, and ART and link-ART centers, biomedical waste management and infection control measures need to be practiced by HCWs, especially those involved in patient testing and treatment activities.

NACO and SACS have recognized the urgent need to address the issue of injection safety in all health care services. NACP-III specifically recognizes the risks associated with Biomedical Prevention/Injection Safety and highlights workplace safety issues including biomedical waste management and infection control measures to be practiced by healthcare workers. The GOI is working to collect evidence of infections associated with medical injections, and is actively attempting to promote safe injection practices and policies.

Coordination and Other Donor Support: The World Health Organization (WHO) and the USAID-funded project BASICS, in cooperation with the Safe Injection Global Network (SIGN), have developed a rapid assessment and response guide to assess the extent of safe and unsafe injection practices and to identify key problem areas. This tool allows practitioners to quickly assess the frequency and safety of injections through a sample survey of people who prescribe and administer injections to patients. The National HIV/AIDS Control Organization (NACO) and the State AIDS Control Societies (SACS) will work in coordination with the Directorates of Medical Education, Public Health, and Medical Services to train HCWs providing services to PLHAs.

USG FY09 Support: This is the first year in which USG will fund specific activities in this program area. The USG will support the GOI in the prevention of HIV (and other infectious agents) transmission via bio-medical materials and waste. This will include the implementation and operation of the GOI's Bio-Medical Waste Rules (2006) that were developed to provide health facilities with clear and practical guidelines for the appropriate handling and disposal of bio-medical waste.

Based on these guidelines, the USG will support implementing partners to build the capacity of health care workers to properly handle and dispose of bio-medical waste. To achieve this, the USG has developed a training curriculum for nurses and other HCWs who play an important role in waste management and disposal at health facilities (such as clinicians and disposal staff). Relevant topics in the curriculum include: policy development, appropriate segregation and disposal of medical waste (including infectious equipment), universal precautions, and developing standard operating procedures related to infection safety in the work-place. The training curriculum has been piloted at a large, tertiary care facility in South India and will be expanded to additional facilities this year through a 'training of trainers' model. To date, over 80 HCWs have been trained. In FY09, the USG will seek to collaborate with appropriate GOI partners (the Directorate of Medical Education, State AIDS Control Societies, NACO) for the roll-out of this training to other facilities, including ART and other HIV care and treatment centers and to ensure the sustainability of this approach.

### Injecting and Non-injecting Drug Users (IDU and NIDU)

Overview: India with an estimated 2.47 million people living with HIV has the third largest epidemic globally, next only to South Africa and Nigeria. Despite the large number of infections, India continues to be a concentrated HIV epidemic with a 0.36% national adult prevalence. HIV prevalence among men is higher (0.43%) than in women (0.29%). National averages mask the large regional variations in HIV prevalence. The HIV burden continues to be skewed towards six high-prevalence states that account for nearly 65% of the total infections in the country. Almost a third of the 600 districts in the country report an over 1% HIV rate among antenatal clinic (ANC) attendees and in five percent of districts the ANC prevalence exceeds 3%.

Most-at-risk populations (MARPs), inevitably have higher seroprevalence rates. HIV prevalence among Injecting Drug Users (IDUs) is the highest at 6.9%. The National AIDS Control Organization (NACO) estimates that there are 220,000 IDUs in the country. The presence of IDUs is no longer limited to the North-East region and many large towns in India report having IDU populations. It is estimated that nearly 40% of IDUs in the country are covered through current interventions. The IDU

interventions in the country primarily focus on HIV/AIDS awareness, condom promotion, needle/syringe exchange, abscess management, and behavior change communication messages.

In the last two years, NACO has supported many new initiatives to address IDU populations. Significant among them are: a) setting up a NACO regional office in Assam to cater to the needs of IDUs and People Living with HIV/AIDS (PLHA) in the North East, b) supporting a country-wide mapping of IDUs and c) developing guidelines for IDU interventions (as part of high-risk group guidelines). Also in a recent and major development, the Government of India has approved oral substitution therapy (OST) for injecting drug users and plans to provide Buprenorphine to more than 10,000 by March 2009 and to an additional 30,000 IDUs by 2012. The introduction of Buprenorphine is a major policy change and can have significant impact on the quality of life of IDUs and on controlling the spread of HIV among them.

Coordination and Other Donor Support: NACO and SACS are the lead players in HIV/AIDS interventions among IDUs. The Ministry of Social Justice and Empowerment (MSJE) also works with IDUs and supports 200 NGO-managed Counselling, De-addiction and Rehabilitation Centers. NACO supports the counselors in these MSJE-supported centers. The United Nations Office of Drugs and Crime also supports assessments on drug use. The Bill and Melinda Gates Foundation and Australian Aid are also engaged in supporting interventions among IDUs. USG engagement in IDU programs is limited and is confined primarily to Tamil Nadu.

Current USG Support: Compared to other programs and agencies, USG's engagement in IDU programs is very limited. In Tamil Nadu, USG prime partners support NGOs and CBOs for interventions among IDUs. The programs create HIV/AIDS awareness, promote condom use, treat STI patients, create demand for counseling and testing services and refer HIV-positive IDUs to care, support and treatment services. Safe needles and syringes are being sourced from the government and other agencies. More than 240 IDUs have been reached through USG programs in the last year.

In Tamil Nadu, Puducherry and Kerala, USG prime partners are also engaged in mapping and assessing IDU needs. This will provide vital information to the states for planning the required number of IDU interventions and modifying programs to suit the needs of the target community. USG-supported Technical Support Units also provide critical inputs to the SCS in identifying and building the capacity of NGO and CBO partners for IDU interventions. In Tamil Nadu a panel of consultants/experts has been formed to provide technical and programmatic inputs to partners involved in IDU interventions.

There are many challenges in the IDU intervention programs which need to be addressed as a priority. Saturating coverage of IDUs, advocacy with law enforcement for an enabling environment, and addressing the regular partners and spouses of IDUs to reduce HIV transmission and vulnerability to HIV are some of the major issues. The possibility that other types of drug users will shift to injecting drug use is high but has not been addressed so far.

USG FY09 Support: USG-supported TSUs will continue to provide technical assistance to the SACS for: saturating coverage of IDUs, quality assurance of IDU programs; coordination with MSJE for de-addiction programs, and strengthening the supply chain management system. Greater emphasis will be given to reaching out to the sexual partners of IDUs and to promote safe sexual practices.

In Tamil Nadu, USG will identify one NGO/CBO and build its capacity to provide comprehensive services to IDUs and to function as a learning site on IDU interventions. In selected high-prevalence districts of Tamil Nadu, where the number of IDUs is small and does not warrant a full-time NGO/CBO program, the USG partner will demonstrate a composite intervention model, whereby the capacity of the agency engaged in MARPs interventions will be built to identify and reach IDUs with core services and link them to other prevention and care programs. USG will also support SACS in documenting and disseminating experience and challenges in rolling-out the OST program among IDUs.

Program Budget Code: 05 - HMIN Biomedical Prevention: Injection Safety

**Total Planned Funding for Program Budget Code: \$10,000**

**Table 3.3.05: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3962.09	<b>Mechanism:</b> I-TECH (International Training and Education Center on HIV)
<b>Prime Partner:</b> University of Washington	<b>USG Agency:</b> HHS/Health Resources Services Administration
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Biomedical Prevention: Injection Safety
<b>Budget Code:</b> HMIN	<b>Program Budget Code:</b> 05
<b>Activity ID:</b> 22304.09	<b>Planned Funds:</b> \$10,000
<b>Activity System ID:</b> 22304	

## Activity Narrative: NEW ACTIVITY NARRATIVE

### SUMMARY

The International Training and Education Center on HIV (I-TECH)'s overarching philosophy has been to create systems, infrastructure, and resources to scale up and support a network of health care institutions, the National AIDS Control Organization and its recognized Training Centers across the nation to support the rapid scale-up of national and state-level HIV/AIDS services in India. Significant training and mentoring support on clinical and non-clinical topics are required for HIV Specialists, Medical Officers, Nurses, and Counselors to support this scale-up of services at these centers. I-TECH's strategy for institutional support combines training in HIV/AIDS, on-going mentoring, and a well-developed system for monitoring and evaluation and quality assurance. I-TECH uses databases to facilitate data collection and reporting and has the capacity to store and analyze data at the country level. I-TECH's areas of emphasis also include local organization capacity building, in-service training, and task shifting. Primary target populations include NACO, ART Training Center Logistics Coordinators, Nurses, Counselors, and Doctors.

### BACKGROUND

I-TECH is a collaboration between the University of Washington Seattle and the University of California San Francisco. It supports the development of HIV/AIDS treatment, care and support training initiatives in more than a dozen developing countries impacted by the global AIDS epidemic and incorporates a holistic approach to care for PLHAs. Established in 2003, I-TECH partnered with CDC/GAP to create a Center of Excellence in training, treatment and care services at the Government Hospital of Thoracic Medicine (GHTM), Tambaram, Chennai in Tamil Nadu. GHTM is India's largest TB/HIV care center providing care to 30,000 PLHAs annually and is also a NACO recognized ART and Training Center. Infrastructure at GHTM includes the Training Center, an ART Center, and state-of-the-art laboratory facilities supported by USG funds. GHTM is known for its high quality and stigma-free care for PLHAs.

### ACTIVITIES AND EXPECTED RESULTS

#### ACTIVITY 1: NACO HIV Specialists and MO Trainings

Since 2004, GHTM and I-TECH have conducted a total of 40 NACO trainings, serving over 658 clinicians. In FY09 80 Physicians from various ART centers will be trained. The topics include: appropriate disposal of medical waste (including infection equipment), universal precautions, and developing standard operating procedures related to infection safety in the medial workplace. I-TECH's will continue to develop the capacity of GHTM to manage these trainings, to ensure sustainability.

In 2009, I-TECH will continue its systems strengthening efforts by a) advocating with NACO to develop training curriculum for the Link and Community Care Centers' clinical and auxiliary staff and b) supporting GHTM in the roll-out of ART Refresher Trainings using the I-TECH developed, and WHO supported, ART Refresher Training curriculum. It is expected that 40 physicians will be trained using the Refresher Training Curriculum in FY09.

#### ACTIVITY 2: HIV Fellowship Program

In 2009, I-TECH will continue and evaluate the one-year residential HIV/AIDS Clinical Fellowship Program. The one-year curriculum includes specific training and practice in safe-injection practices, universal precautions, infectious waste disposal, and post-HIV exposure prophylaxis. The Fellowship Program also provides significant human and technical resources to support adult and paediatric treatment and care services at GHTM by providing 60% of the GHTM physician workforce and direct clinical care to approximately 30,000 PLHA annually.

In 2009, I-TECH will focus on creating a Fellowship Program model for clinical staff capacity development which can be expanded and adapted at other COE sites coming on line at a national level, with a long-term goal of institutionalizing this model into the national training program.

#### ACTIVITY 3: Nurses Infection Control Education (NICE) Nurses Training

The National AIDS Control Organization's third Strategy and Implementation Plan (NACP-III) highlights workplace safety issues, including biomedical waste management and infection control measures, to be practiced by healthcare workers involved in testing and treatment activities. The NICE training package will comprehensively address this strategic plan. Given that infection control is largely the nurse's domain, nurses can play a significant role in strengthening hospital infection control systems.

In 2009, I-TECH will disseminate an infection control training program for nurses called Nurses Infection Control Education (NICE) to national institutions. The aim of NICE is to use nurses to facilitate the training of other nurses and ancillary personnel in best infection control practices. A parallel aim is to empower them to advocate for changes in their workplace that will ensure increased safety through implementing a system of universal precaution for medical equipment and waste and developing policies on this issue.

In the first stage of NICE, 115 nurses will be trained in five batches. I-TECH will also provide technical assistance to three training institutions using a Training of Trainers (TOT) model for sustainability. At least six nurse leaders from each institution (18 total) will receive TOT training to use the NICE package to train at least 50 staff nurses in each partner institution (150 total).

**New/Continuing Activity:** New Activity

**Continuing Activity:**



Program Budget Code: 06 - IDUP Biomedical Prevention: Injecting and non-Injecting Drug Use

Total Planned Funding for Program Budget Code: \$153,076

Table 3.3.06: Activities by Funding Mechanism

<b>Mechanism ID:</b> 5785.09	<b>Mechanism:</b> Samarth
<b>Prime Partner:</b> Family Health International	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (USAID)	<b>Program Area:</b> Biomedical Prevention: Injecting and non-Injecting Drug Use
<b>Budget Code:</b> IDUP	<b>Program Budget Code:</b> 06
<b>Activity ID:</b> 22276.09	<b>Planned Funds:</b> \$0
<b>Activity System ID:</b> 22276	
<b>Activity Narrative:</b> NEW ACTIVITY NARRATIVE	

**SUMMARY**

Under this program area the Samarth project, implemented by Family Health International (FHI) will support four demonstration projects in Delhi. One of these projects targets injecting drug users (IDU) with messages on safe sex, increasing condom use, promoting STI treatment, and positive prevention. This continues the work undertaken for IDUs described in the Condoms and Other Prevention program area in the FY08 COP.

**BACKGROUND**

The Samarth project has been implemented by Family Health International (FHI) since October 2006. Samarth will directly contribute to implementing quality HIV/AIDS prevention, care and treatment through TA, capacity building and institutional strengthening of government (the National AIDS Control Organization [NACO] and the State AIDS Control Societies [SACS]), and civil society. In addition, the Global Fund will be provided TA to strengthen the leadership and governance of its India Country Coordinating Mechanism (CCM) Secretariat. FHI implements Samarth in partnership with the Christian Medical Association of India (CMAI, which has over 300 faith-based hospitals as members), the Indian Network of Positive People (INP+), and Solidarity and Action Against the HIV Infection in India (SAATHII), an NGO with a mandate to build capacity of civil society). Samarth extends needs-based capacity building assistance to government and non-government stakeholders as well as to USG partners. Since FY07, Samarth has supported NACO with human and technical support in key program areas like counseling and testing (CT), OVC, ARV, strategic information and policy and systems strengthening. Samarth also implements four demonstration projects in New Delhi to showcase best practices in Abstinence and Be Faithful programs, OVC and palliative care for IDU.

**ACTIVITIES AND EXPECTED RESULTS**

FHI will continue to improve the capacity of the demonstration partner to implement HIV prevention programs for IDU populations including PLHAs with a focus on safe sex practices.

**ACTIVITY 1: Support to Demonstration Projects on Prevention in Delhi**

The Samarth project will continue will support the demonstration project in Delhi to promote safe sex including condom use among IDU. The IDU population will be targeted through outreach activities such as interpersonal communication, counseling, and positive prevention. PLHAs in the IDU population will be linked with the Indian Network of Positive People (INP+) to reinforce prevention education and to develop risk-reduction strategies. INP+ will conduct training on positive prevention and share training materials and information on lessons learned with state and district-level PLHA networks. Additionally, advocacy with SACS will be carried out to promote integrating positive prevention into the existing training curricula for healthcare professionals and counselors.

**New/Continuing Activity:** New Activity

**Continuing Activity:**

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**Emphasis Areas**

Gender

- \* Increasing gender equity in HIV/AIDS programs

**Human Capacity Development****Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.06: Activities by Funding Mechanism****Mechanism ID:** 3949.09**Prime Partner:** Voluntary Health Services**Funding Source:** GHCS (USAID)**Budget Code:** IDUP**Activity ID:** 24031.09**Activity System ID:** 24031**Mechanism:** APAC**USG Agency:** U.S. Agency for International Development**Program Area:** Biomedical Prevention:  
Injecting and non-Injecting  
Drug Use**Program Budget Code:** 06**Planned Funds:** \$153,076

**Activity Narrative: NEW ACTIVITY NARRATIVE**

**SUMMARY**

Injecting Drug Use is no longer limited to the north-east of India. Many towns in the country have now reported the presence of Injecting Drug Users (IDUs). Coverage of IDUs has been minimal with only 44% of the estimated IDUs (0.22 million) reached through interventions. A major development in the recent past is the approval by the Government of India (GOI) to introduce oral substitution therapy for IDUs. GOI plans to provide Buprenorphine to more than 10,000 IDUs by March 2009 and to an additional 30,000 IDUs by 2012.

Current interventions among IDUs primarily focus on HIV/AIDS awareness, condom distribution, STI treatment, needle exchange, abscess management and counseling. Greater emphasis must be placed on the promotion of CT services among IDUs; reaching IDUs with multi-partners for consistent condom use ; periodic STI check-ups; referrals for medication assisted treatment programs; linkages with care and support programs for HIV infected IDUs; advocacy with law enforcement agencies; and counseling family members of IDUs.

Tamil Nadu has an estimate of 8,000 injecting drug users. There are currently only five IDU programs (proposed six partners) covering 50 percent of the estimated IDUs. The National Behavioral Surveillance Survey (BSS) (2006) indicated that less than 33% of IDUs have undergone HIV testing. The HIV Sentinel Surveillance (HSS) (2006) also reveals that the HIV prevalence among IDUs in Tamil Nadu is the highest in the country. There is therefore a definite need to scale-up IDU interventions providing comprehensive and quality services.

**ACTIVITY 1: Learning Site for Interventions Among IDUs**

APAC will identify one NGO/CBO and build its capacity to function as a nodal agency for the state to train other NGOs/CBOs on interventions among IDUs. The learning site will reach a large number of IDUs, offer comprehensive services (including the provision of medication assisted treatment), advocate with law enforcement agencies and policy makers, and demonstrate strong linkages with care and other social development programs. The learning site will also convene a national annual meeting of NGOs/CBOs implementing IDU programs and disseminate experience and concerns to NACO, SACS and TSUs.

**ACTIVITY 2: Saturate Coverage of IDUs in Intervention Districts (linked to Act.1 of OP08)**

APAC is engaged in the provision of prevention to care continuum programs in seven high prevalence districts of Tamil Nadu. In these districts, the project plans to build the capacity of existing NGO/CBO implementing interventions with female sex workers and MSMs, to identify and reach-out to IDUs with comprehensive services. A special training on this will be provided by the project to the NGOs/CBOs. This is a new approach and can be a model for places where the IDU population is small and spread-out.

**ACTIVITY 3: Technical Support to SACS**

APAC's Technical Support Units (TSUs) will support SACS to scale-up IDU interventions based on the mapping data collected by the APAC project. The TSUs will also work for a faster roll-out of the medication assisted treatment to IDUs in the state and to develop a package of comprehensive services in IDU programs.

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Emphasis Areas**

Gender

\* Addressing male norms and behaviors

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

Program Budget Code: 07 - CIRC Biomedical Prevention: Male Circumcision

**Total Planned Funding for Program Budget Code: \$0**

Program Budget Code: 08 - HBHC Care: Adult Care and Support

**Total Planned Funding for Program Budget Code: \$3,205,158**

### **Program Area Narrative:**

Overview: The burden of HIV/AIDS on the health system in India remains a major challenge, though the estimated number of persons living with HIV/AIDS (PLHAs) was recently revised down to 2.47 million. Compared to many developing countries, India has a large, vibrant health sector with an estimated 200,000 licensed physicians and a larger number of unlicensed medical practitioners. However, major systems issues persist, including poor infrastructure, continuing stigma among medical practitioners, limited medical education on HIV/AIDS, and a lack of government regulation of private sector services.

The use of care and treatment services by PLHAs has been reported to be low. Women PLHAs face special challenges in accessing services, as they often are constrained from leaving their villages to seek treatment by the responsibilities of managing their families, and in many cases, caring for a sick husband. There is limited data on the use of care and treatment services by the marginalized, most-at-risk populations (MARPs) most affected by the epidemic. NGO experience reveals that the proportion of these groups using HIV/AIDS services is less than 5%.

Over the past five years, the National AIDS Control Organization (NACO) has dramatically scaled up care and treatment programs especially in the higher-prevalence states, with support from the Global Fund. Under the third National AIDS Control Plan (NACP-III), 10-20 bedded NGO/FBO-run inpatient care facilities, called community care centers (CCCs) were established in over 100 districts. Several functioned primarily as end-of-life care centers and were not linked to counseling and testing (CT) or antiretroviral therapy (ART) services. After a recent review, 30% of centers were discontinued because of lack of quality in provision of services and poor accessibility and linkages to CT and ART centers. The CCC concept has been redesigned to provide more comprehensive services, including pre-ART outpatient care, management of opportunistic infections (OIs) including TB, inpatient services, maintenance of stable ART patients, and psychosocial support and prevention for PLHA. NACO will open 250 centers over the next two years and this number may expand to 500 centers by 2012.

Developing systems to provide ART to a significant fraction of those who require it is daunting, given the continuing levels of stigma against HIV in the medical community and the functional limits of India's public health manpower and infrastructure. Yet significant strides have been made over the four-year history of the ART program: drug procurement systems have improved, M&E indicators have been standardized, and operational and technical guidelines published. From 8 centers in 2004 the number has increased to 174 centers in 2008 (the goal is to set up 250 by 2012). Similarly, the number of patients receiving ART has increased from 24,400 in 2005 to 146,600 in 2008 (the goal is to treat 300,000 adult by 2012). NACO estimates that another 35,000 seek ART services from the private sector. The current cost for first-line ART is \$155 per year per patient. Over 71% of patients put on treatment are alive.

With plans to reach 300,000 by 2012, alternative strategies besides GOI-funded free ART must be developed and scaled up. In India, the private sector accounts for 87% of the total health expenditure and hence plays a significant role in meeting the demand for care and treatment services. Despite the size and complexity of the private sector, the services it offers and its general structure are poorly understood. Public health experts are concerned by the potential for the unregulated private sector providing ART in India, which could lead to increased drug resistance. Although NACO had initially restricted support for ART to the public sector, it is now supporting 10 private sector ART programs under Global Fund Round 6.

While the number of ART patients has been constantly increasing over the years, 40% of HIV-positive CT patients still do not reach the ART centers. The reasons are lack of demand generation efforts commensurate to expansion; poor accessibility due to distance and inadequate referral systems. In order to reduce barriers and improve accessibility to ART services, NACO has rolled out Link ART Centers at sub-district hospitals and plans to establish 250 centers by 2009. NACO has also initiated efforts to improve access to care and treatment for MARPs such as accompanied referral to ART centers and monthly reporting of the number of MARPs treated.

NACO has also stepped up national monitoring efforts in order to reduce the drop-out rates at ART centers. Of the registered patients for ART, 83% are on treatment, 7.5% are lost to follow up, 6% have died and 3.5% are defaulters. Yet another concern is adherence to treatment. In a qualitative study examining adherence in India, patients currently not taking ART identified the high cost of travel to ART center including food, family commitments, and having more than one person in the household infected with HIV as barriers. The Link ART Centers were established to reduce the barriers to treatment.

The extent of treatment failure/drug resistance is estimated at 2.8% per year but may be higher in the private sector. Currently, viral load testing is not part of the ART monitoring system and is not widely available, limiting the ability to accurately identify

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PLHAs failing first-line therapy. NACO understands this problem and will establish 10 centers throughout the country to address drug resistance. NACO has started second-line ART in two sites and plans to expand to eight more sites.

Although the present emphasis on ART access and adherence is crucial, appropriate and timely prophylaxis of opportunistic infections must also be a part of HIV clinical management. NACO is currently piloting cotrimoxazole prophylaxis in one state to understand the implementation mechanism and based on the findings will scale up to the entire country.

**Coordination and Other Donor Support:** The Government of India (GOI) and several donors support the care and treatment programs in India: the ART program is supported by the World Bank, Global Fund, and the World Health Organization; the Global Fund (Round 6) supports the CCCs in several states and community-based care is supported by HIV/AIDS Alliance in two states. USG programs coordinate with the government and donor supported HIV/AIDS care and support services, including private sector services, to ensure each patient can access the services he/she needs and minimize duplication.

**Current USG Activities:** USG partners have played a key role in developing NACP-III's care and treatment strategy, including chairing the Care and Treatment Technical Working Groups at national and state levels and helping NACO to develop overall quality standards and clinical care guidelines. USG has developed various models of care in community, public and private hospital settings. Great emphasis has been placed on supporting patients throughout their illness by linking clinical facilities with community support. This concept has been incorporated into NACP-III.

In Tamil Nadu (TN), USG has pioneered care and treatment services in public and private health care institutions. At the Government Hospital for Thoracic Medicine (GHTM) in TN, USG has established an ART outpatient center, state-of-the-art laboratory, training center, computerized patient information system, counseling center for couples and families, staff trainings and leadership development, and a hands-on fellowship in HIV/AIDS clinical medicine and leadership for 14 young physicians per year. This effort has led to GHTM being labeled a Center of Excellence in HIV by NACO. The USG is also supporting IRT Perundurai Hospital, a large tertiary health care institution, to expand care and treatment services through a network of 50 secondary-level private hospitals in a district.

NACO has nominated USG as the lead for public-private-sector partnership (PPP) programs in HIV/AIDS prevention, care and treatment. In this role, USG has developed the draft national PPP policy and operational guidelines. The PPP policy will be launched by the Prime Minister of India at the National AIDS Council meeting in late 2008. Following this meeting, USG will assist NACO in scaling up PPP programs in the area of care and treatment.

A critical gap identified by NACO is a lack of demand for the care and treatment services provided by CCCs and ART centers. Hence, NACO recommended that the Avert project in Maharashtra develop a demonstration program on community mobilization to increase the uptake of services in six districts and assist the State AIDS Control Society (SACS) and the national program in scaling-up lessons learned through this effort. USG will support six programs that use link workers to increase access to care and treatment and provide home-based care and support. The link workers will develop systems to improve access to services by establishing linkages between ICTCs and care and treatment centers. The link workers will also facilitate access to user friendly services for MARPs.

In FY08, USG provided care and support for over 100,000 individuals at 211 service outlets at the tertiary, secondary, and community levels. More than 16,500 PLHAs were reached in USG-funded home and community care projects. A key strength of the USG program has been the active involvement of PLHAs in the program. In Maharashtra, the USG program has successfully demonstrated expanded and improved access to care by supporting nine networks of positive people reaching to sub-district and village level.

USG support has also focused on providing ART-related technical support to NACO as well as to the SACS in high-prevalence states. USG is not purchasing ART drugs due to our limited budget. Key USG ART-related technical support activities include: 1) Representation on the national ART Technical Working Group. 2) USG staff and technical support to SACS. 3) USG led the development and implementation of a 4-day and 12-day national ART training curriculum.

**FY09 Support:**

1. Develop and scale up private (for-profit) models for HIV care services: USG's goal is to increase the level of engagement and quality of HIV services among private sector physicians and hospitals.

a) USG, as the lead for the PPP program on HIV/AIDS, will guide the expansion of the national PPP activities in care and treatment. USG will assist NACO in developing PPP plans and in the selection of an institution to manage the network of private partners. USG will also assist in developing a PPP advocacy package, capacity building, and M&E of care and treatment PPP programs.

b) At the state level, USG will strengthen the APAIDSCON consortium of 15 private medical colleges in Andhra Pradesh (AP) and the collaboration with 19 private medical hospitals by the AIDS Prevention and Control (APAC) project in TN to expand access to and strengthen the quality of private sector care and treatment services. Similarly, the model center of training for the private sector at Perunderai Medical College in TN will be further strengthened. These will serve as models for scaling-up private sector involvement.

2. Support and strengthen NACO-funded CCCs: Under NACP-III, these centers will be scaled up and will play a more significant role in meeting the overall care and support needs of PLHAs. NACO has developed operational guidelines to ensure comprehensiveness of CCC services, including standardization, staff training, and monitoring. In the six states where USG is supporting Technical Support Units (TSUs), technical assistance (TA) will be provided to the SACS in identifying training institutions, developing training curricula and supporting them to build the capacity of over 130 CCCs including monitoring the

quality of training programs.

3. Link PLHAs in the community to services: USG has historically supported strong community and home-based care programs. Direct support for home and community care will be reduced in FY09 in response to the need under NACP-III for USG to build sustainable institutional care capacities. Under NACP-III, NACO will focus on establishing link workers in high-prevalence communities who will assist and empower PLHAs to seek care and treatment services. USG will play a key role in developing and implementing this link worker scheme in priority districts. In Maharashtra, USG will support link worker programs in six districts that will mobilize PLHAs to access care and treatment services through networking with the government Integrated Counseling and Testing Centers (ITCTs), PLHA networks and prevention programs for MARPs. Based on lessons learned, USG will provide TA at the state level in Maharashtra and Goa and at the District level in Mumbai to implement community mobilization programs to increase the uptake of care and treatment services. Additionally, the Avert project will share best practices in community mobilization with NACO and USG partners and provide technical support for implementation.

4. USG will play a critical role in improving access for MARPs to care and treatment services: USG will enhance the capacity of NGOs in the focus states to establish effective referral linkages with ICTCs, care and support and ART services. TSUs in USG focus states will assist the SACS in developing referral systems and monitoring the utilization of care and treatment services by MARPs.

5. USG will continue to support GOI's ART program through TA, capacity building, and addressing selected critical issues in service delivery. These include ensuring quality ART in the private sector and strengthening linkage of vulnerable populations to ART services. USG will contribute to revisions/additions to the national ART curriculum as requested by NACO. USG will plan training programs and workshops on ART operational and technical challenges, including second-line therapy policies and guidelines. USG will help the GOI to develop an accreditation process for publicly-funded ART to improve quality and standardization of services. The USG-developed fellowship in clinical medicine and leadership will expand to 18 fellows per year and may be replicated in one other institution.

6. USG will address gender concerns in the delivery of care and treatment services: Women PLHA experience a high degree of stigma and discrimination which may involve forced estrangement from their marital homes, physical and psychological abuse, loss of property rights, and custody of their child. In order to address these concerns, USG will support innovative outreach and community support strategies for women PLHA to offer them physical, psychological and economic protection and support.

**Table 3.3.08: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 3974.09	<b>Mechanism:</b> DoD
<b>Prime Partner:</b> US Department of Defense	<b>USG Agency:</b> Department of Defense
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Care: Adult Care and Support
<b>Budget Code:</b> HBHC	<b>Program Budget Code:</b> 08
<b>Activity ID:</b> 11521.24631.09	<b>Planned Funds:</b> \$32,500
<b>Activity System ID:</b> 24631	

**Activity Narrative:** CONTINUING ACTIVITY - NEW ACTIVITY NARRATIVE

**SUMMARY**

Activities under Adult Care focus on strengthening the human resource capacity of the Indian Armed Forces Medical Services (AFMS) to provide a high quality of health care and support to HIV-positive soldiers and to ensure that the AFMS has the critical medical supplies available while providing care and treatment services. These activities are a continuing collaboration between the US Department of Defense (DOD) and the AFMS to improve the human capacity to address HIV care and treatment at military medical facilities and ensuring the availability of key medical supplies. The US Pacific Command (PACOM)/Center for Excellence (COE) in collaboration with the US Embassy, Office of Defense Cooperation (ODC), New Delhi will continue to work closely with the Indian AFMS to improve and enhance the skills of healthcare providers, (including doctors) to manage, care, treat, and monitor HIV patients who are on antiretroviral treatment (ARV). In consultation with the AFMS, the ODC will procure the medical supplies.

**BACKGROUND**

The US DOD in collaboration with the US PACOM/COE has supported the Indian AFMS since 2004 to build the Indian military capacity to provide HIV/AIDS prevention, care and treatment services to military personnel and their families, with a geographical focus that covers the capital city, New Delhi; Shillong, in the North East where there is a generalized AIDS epidemic; and in Mumbai and Pune. Both Mumbai and Pune are located in the state of Maharashtra, known for its high prevalence of HIV/AIDS. The Indian Armed Forces inducts 80,000 new recruits annually. As with many militaries worldwide, the Indian Armed Forces personnel are an at-risk population since soldiers are generally young, mobile, separated from their families, and exposed to commercial sex workers. With troop strength of nearly 1.3 million, troop turnover, and annual recruitment of 80,000 new recruits and their accompanying family dependents, new to the military community, it is critical for the AFMS to develop a sustained, comprehensive HIV prevention program that includes a care and treatment component.

**ACTIVITIES AND EXPECTED RESULTS**

The goal of the training workshops in treatment, care and support is to build the human resource capacity of military medical officers, nurses, and paramilitary medical personnel so that they are better able to care for and treat HIV-positive military staff and their families. Past HIV care and treatment workshops focused on topics that included medical adherence, post diagnosis counseling and psychological support.

**ACTIVITY 1: HIV/AIDS Treatment and Care Workshop for Healthcare Providers**

AFMS will continue to develop, refine, and implement the HIV care and treatment trainings. Two training workshops will be executed. These four-day workshops will focus on recent trends in prevention and treatment strategies for HIV patients in the civilian and military sectors. As in previous training, workshops program will include sessions on "Antiretroviral Therapy Case Studies," "Monitoring Antiretroviral Therapy: Practices and Problems," "Emerging Toxicity Syndromes in HIV in HIV Infection," "Recent Concepts in Drug Resistance and Strategies to Maximize Drug Compliance." Building on past workshops, with FY09 funds, AFMS plans to carry out similar workshops for healthcare providers who did not attend the previous two workshops. At least 60 military medical providers will be trained.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14679

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14679	11521.08	Department of Defense	Armed Forces Medical Services	6905	3974.08		\$30,000
11521	11521.07	Department of Defense	Armed Forces Medical Services	5795	3974.07		\$55,000

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**Emphasis Areas**

Military Populations

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.08: Activities by Funding Mechanism**

**Mechanism ID:** 3940.09

**Prime Partner:** Avert Society

**Funding Source:** GHCS (USAID)

**Budget Code:** HBHC

**Activity ID:** 6118.23883.09

**Activity System ID:** 23883

**Mechanism:** N/A

**USG Agency:** U.S. Agency for International Development

**Program Area:** Care: Adult Care and Support

**Program Budget Code:** 08

**Planned Funds:** \$467,494



## Activity Narrative: NEW ACTIVITY NARRATIVE

### SUMMARY

In Maharashtra State, there are over one million HIV infected persons who need care and treatment services. The Maharashtra Government has scaled-up the Integrated Counseling and Testing Centers (ICTC), Community Care Centers (CCC) and ART services in the state. Currently there are 681 ICTCs, 27 ART centers and 26 CCCs, and plans to further upscale to 14 new CCCs, 15 new ART centers and 30 Link ART centers (LAC).

The utilization of care and support and ART services by people living with HIV/AIDS has been reported to be low. Additionally, it poses special challenges to women PLHAs in accessing services, as they cannot leave their village to seek treatment because of having to care for a sick husband and manage the family. Successful efforts have been made to reduce the extent of loss to follow-up of ART cases in the state, which is now 6%. There is little data on the extent to which MARPs are using testing and care and treatment services, although NGO experience indicates that the proportion of these groups utilizing HIV/AIDS services is less than 5%.

The National AIDS Control Organization (NACO) and the Maharashtra State AIDS Control Society (MSACS) have stated the need for community mobilization efforts to increase the utilization of the HIV/AIDS services in the state. Hence, NACO recommended that Avert Society implement community mobilization activities in its six priority districts.

### BACKGROUND

Avert Society is a bilateral program implementing prevention, care, and treatment activities in six high-prevalence districts of Maharashtra State. The population of Maharashtra is 96.9 million and the HIV prevalence is 0.75% (2006). Under the umbrella of the Avert project, the Johns Hopkins University (JHU) and the Hindustan Latex Family Planning Promotion Trust (HLFPPT) have been awarded cooperative agreements to support the state in scaling-up communication and condom social marketing activities. On March 7, 2008, NACO provided new policy guidance to Avert Society that the project should focus on saturating coverage of high-risk populations including migrants, and on implementing community mobilization activities to increase the uptake of counseling and testing, prevention of mother-to-child transmission, and care and treatment services in the six high prevalence districts. Additionally, NACO recommended that the Avert project implement workplace interventions in the entire state. The districts of Avert Society have changed and include Aurangabad, Nagpur, Sholapur, Jalna, Thane and Mumbai (two zones). Sangli and Satara have been handed over to the Bill and Melinda Gates Foundation in the new allocation.

NACO has selected Avert Society as the Technical Support Unit (TSU) in Maharashtra and Goa states to support the scale-up and strengthening of HIV/AIDS programs in accordance with the strategies outlined in the third National AIDS Control Program (NACP-3).

### ACTIVITIES AND EXPECTED RESULTS

Avert Society through its programs will address barriers to ensure equitable access to palliative care services by men and women, and by MARPs. The outreach team will mobilize community support to eliminate the barriers women face in accessing care, and encourage greater responsibility and participation by men to reduce the disproportionate burden of care falling on women. Avert Society will leverage support from other resources, including UNICEF, CDC, and the Clinton Foundation, for strategic inputs on planning of care and support programs and ensuring quality of interventions.

#### ACTIVITY 1: Community Mobilization through Link Worker Scheme

In FY08, Avert Society will support six lead NGOs to implement the Link Worker program to mobilize the community to utilize care and treatment services. Additionally, the link workers will provide follow-up care and support including home-based care for PLHAs. The Link Worker program will be implemented in accordance with national guidelines in the six Avert districts.

Approximately 100 high-risk villages in each district will be supported with link workers. There will be a male link worker and a female link worker for every five villages - that is approximately 40 link workers for each district. The link workers will develop systems to improve access to services by establishing linkages between ICTCs and care and treatment centers. Additionally, they will work with community-based structures such as women's self help groups, youth clubs and community leaders to reduce stigma and discrimination against PLHAs.

The home-based care provided by link workers will include nutrition education, hygiene education, counseling for positive prevention, adherence to ARV treatment, and linkages to socio-economic support services.

In FY09, Avert Society will continue to support and strengthen the six lead NGOs to increase the uptake of care and treatment services, and provide follow-up and home based care and support.

#### ACTIVITY 2: Ensuring a Safe and Conducive Atmosphere for PLHAs to Network and Seek Care and Reducing Stigma and Discrimination

In FY08, Avert Society will support 6 drop-in centers (DICs) to serve as safe spaces for HIV-positive persons and family members to support each other. The DICs will provide medical services, psychosocial support, hygiene and nutrition education, and accompanied referrals to higher levels of care, TB and ARV treatment. Additionally, follow-up of PLHAs who have dropped out of treatment and/or for TB and ART adherence, will be carried out. The centers will take a family-centric approach in dealing with nutrition, social, and health issues. All services will be managed by the networks of positive people.

The DICs will motivate and refer family members for HIV testing. The DICs will also facilitate linkages to faith-based organizations and government welfare programs to access social support services. They will establish systems to network with integrated counseling and testing centers (ICTCs), RNTCP, ART centers, and social support programs.

**Activity Narrative:** In FY09, Avert Society will continue to support six drop-in-centers to provide quality care and treatment services to 13,775 PLHIV. Avert Society will seek technical assistance and use the tools developed by CDC in implementing positive prevention programs for 100 discordant couples.

ACTIVITY 3: Technical Support to MSACS, MDACS and Goa SACS on Community Mobilization for Care and Treatment

In FY09, based on the lessons learned in the six districts, Avert Society will provide technical support to the link workers programs of the MSACS, MDACS and Goa SACS to implement similar programs to mobilize PLHAs to seek care and treatment services in various facilities such as community care centers, sub-district and district hospitals. This TA will be based on Avert's experience in Activities 1 and 2 above.

ACTIVITY 4: Printing and Distribution of Care, Support and Treatment Materials

In FY09, Avert Society will print and distribute materials such as flipcharts and give-away materials to aid the link workers in community mobilization. JHU will provide technical assistance in developing the prototypes and will train the NGOs in use of the materials.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14099

#### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14099	6118.08	U.S. Agency for International Development	Avert Society	6709	3940.08		\$700,000
10791	6118.07	U.S. Agency for International Development	Avert Society	5595	3940.07		\$1,000,000
6118	6118.06	U.S. Agency for International Development	Avert Society	3940	3940.06		\$755,496

#### Emphasis Areas

Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs
- \* Increasing women's access to income and productive resources

Workplace Programs

#### Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$107,000

#### Public Health Evaluation

#### Food and Nutrition: Policy, Tools, and Service Delivery

#### Food and Nutrition: Commodities

#### Economic Strengthening

#### Education

#### Water

**Table 3.3.08: Activities by Funding Mechanism**

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**Mechanism ID:** 3956.09

**Mechanism:** N/A

**Prime Partner:** Project Concern International

**USG Agency:** HHS/Centers for Disease  
Control & Prevention

**Funding Source:** GAP

**Program Area:** Care: Adult Care and Support

**Budget Code:** HBHC

**Program Budget Code:** 08

**Activity ID:** 10932.21844.09

**Planned Funds:** \$0

**Activity System ID:** 21844

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

CDC's Cooperative Agreement with PCI will end on August 31, 2009. The project will have to be re-competed. It is expected that PCI will continue project activities as described in the FY08 activity narrative until that date. Changes are indicated below:

**BACKGROUND**

Change in the extent of population covered (paragraph 3 in this section). In Maharashtra, the population covered will be 420,000. The other states remain the same as in the FY08 activity narrative.

**ACTIVITIES AND EXPECTED RESULTS**

Change in the number targeted. In FY09, the activities will target 6,501 PLHAs to receive comprehensive palliative care services.

Activities 1, 3, 4 and 5 in COP08 will continue unchanged in COP09. The following change is proposed for Activity 2.

**ACTIVITY 2: Referral and Follow up for Anti-Retroviral Therapy (ART)**

Change in the number being tracked. "... In FY09, PCI is currently tracking 1,883 PLHAs to ensure regular WHO staging, CD4 monitoring where possible and adherence to ART..."

**FY 2008 NARRATIVE**

**SUMMARY**

The PATHWAY project defines HIV-related palliative care as patient and family-centered care that optimizes the quality of life of adults and children living with HIV through the active anticipation, prevention, and treatment of pain, symptoms and suffering from the onset of HIV diagnosis through death. Palliative care includes and goes beyond the medical management of infections and other complications of HIV/AIDS to comprehensively address symptoms and suffering throughout the continuum of illness, with the understanding that quality of life involves clinical, psychological, spiritual, and supportive care. The means by which this is achieved will vary according to stage of illness. This program area focuses on the broad spectrum of services provided as to reach the goal of PATHWAY: enhanced quality of life of PLHA.

**BACKGROUND**

Founded in 1961, Project Concern International (PCI) is an international non-governmental and non-profit organization that aims to prevent disease, improve community health and promote sustainable development. PCI/India has worked in HIV/AIDS prevention, care and support, and treatment programming since its inception in 1997 when it was established as a Charitable Society in India. In 2004, PCI initiated the PATHWAY Program, "Comprehensive Community and Home-Based Care and Support for People Living with HIV/AIDS (PLWHA) in India." The five-year program (September 2004-August 2009) was designed to implement integrated community and home-based care (CHBC) and support, and HIV prevention in three sites in the high prevalence states of Maharashtra, Tamil Nadu, and Andhra Pradesh.

Through supplemental funding from CDC in Year 2, this project was expanded to three additional project sites in the Northeastern states of India: Manipur (Churachandpur and Imphal) and Nagaland (Dimapur). In Year 3 (September 2006-August 2007), CDC allocated additional resources, to continue program activities at the six targeted sites, and to work with the National AIDS Control Organization (NACO) to improve and upgrade its Strategic Information System (SIS) and train its personnel in the management of SIS and other skill areas in high demand.

In FY08 the activities will be directly implemented by PCI in Maharashtra (population covered, 450,000) and Tamil Nadu (360,000), whereas in Andhra Pradesh (600,000) and the Northeastern states (642,000) activities will be implemented through PCI sub-partners, who are local organizations with experience in HIV/AIDS program implementation. The sub-partners are Lodi Multi Purpose Social Service Society, Sneha, and Pragathi Seva Samithi in Warangal, Andhra Pradesh; SASO, and Shalom in Manipur; Akimbo Society in Nagaland; the Salem Network of Positive People in Salem, Tamil Nadu; and the Network of Maharashtra People Living with HIV/AIDS and Sevadham Trust in Pune, Maharashtra.

**ACTIVITIES AND EXPECTED RESULTS**

The activities will target 5,500 PLHAs who will receive comprehensive palliative care services. They will contribute to the third National AIDS Control Program's objective of providing expanded care, support and treatment services to a larger number of People Living with HIV/AIDS (PLHA).

**ACTIVITY 1: Support for Clinical Care Services**

Medical treatment will be continued in all PCI's target locations, serving PLHAs and individuals in need of care from the targets communities. To avoid stigmatization, services will be open to all community members in need, and will not be presented as exclusively targeting those with HIV/AIDS. Palliative and curative treatment will be provided for: a) opportunistic infections; b) concurrent infections, including STIs, reproductive tract infections, and other infections not directly related to HIV/AIDS. Treatment of PLHAs and community members will also be provided through trained home-care providers, mobile clinic, and referrals as appropriate. The mobile vans are staffed by a doctor and nurse. They provide all the health services delivered at the on-site clinics except for anti-retrovirals (ARV). The vans visit each community on a fixed schedule, frequency and duration.

**ACTIVITY 2: Referral and Follow up for Anti-Retroviral Therapy (ART)**

Through linkages with the Government of India (GOI)'s ART centers, PCI assists all PLHAs to enroll for screening to determine their eligibility for ART. PATHWAY is currently tracking 1,160 PLHAs to ensure regular WHO staging, CD4 monitoring where possible and adherence to ART. At Salem General Hospital, a USG-supported counselor is available. Adherence monitoring and treatment literacy are monitored through a network of the PATHWAY project's home-based care team, peer educators, and family members.

**Activity Narrative:** The number of PLHAs referred and tracked will increase in FY08 as stronger linkages are built with GOI centers and with the Clinton Foundation's program to provide pediatric ART. The Clinton Foundation provides nutrition and transportation to link those children in the PCI program who have AIDS with GOI ART services.

**ACTIVITY 3: Home-Based Care**

Home visits are an important link for continuum of care for PLHA. The medical team of a doctor and a nurse will make home visits for medical reasons if a client is unable to come to the mobile clinic. Home visits will also be made to develop rapport with family members, involve them in home-based care and understand the client's home environment. Program doctors, counselors, social workers, community health workers and, perhaps most importantly, HIV-positive peer educators, will visit the PLHA home and provide training and counsel to family members on myths and misconceptions about HIV/AIDS, and how to care for and treat their infected family member(s). The project will continue to provide education on self care and family care through its field staff – counselors, community health workers, and peer educators. This includes information on safe drinking water, safe handling of food and hygiene behaviors, and training in the use Oral Rehydration Solution (ORS).

**ACTIVITY 4: Strengthen and Expand Palliative Care Linkages**

The home-based care community health workers serve as the basic link between the mobile clinic and community-based organizations (CBOs), local health care providers, Municipal Corporation health services and other social sector workers. A formal referral system has been established to enable PLHA and family members to move fluidly through the levels of medical and other care (nutrition, livelihood enhancement, and others) provided by the various agents involved in the program. Government and private health care providers involved in the referral system have been sensitized to the needs of PLHA and their families. An extensive referral network of health and basic service organizations has been established to meet PLHA needs that are beyond the scope of the PATHWAY project.

**ACTIVITY 5: Community Empowerment and Training**

Community empowerment begins with participation of the community stakeholders such as local medical practitioners, local leaders, community PLHA peer educators, and CBOs. Gradually, these groups and their membership have become part of the planning and implementation process of the PATHWAY project. To further enhance the process of empowerment and ownership of the project by community stakeholders in FY08, PCI will implement the following initiatives: a) Private practitioners in the communities will be selected and doctors from the government sector will be involved in the provision of treatment for opportunistic infections to PLHA. Nominal fees will be charged to PLHA for these services. The process will be facilitated by the PATHWAY medical team to ensure that no PLHA in the targeted communities goes untreated. b) Training and a drug supply will be provided to those doctors who are selected to fulfill these functions. c) Peer educators are responsible for two to three communities for PLHA follow up and the provision of home-based care services. They are already involved in peer counseling and ongoing counseling to PLHA and will be given advanced training in pre and post-test counseling.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 16468

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16468	10932.08	HHS/Centers for Disease Control & Prevention	Project Concern International	7443	3956.08		\$325,000

## Emphasis Areas

### Gender

- \* Increasing gender equity in HIV/AIDS programs
- \* Increasing women's access to income and productive resources
- \* Increasing women's legal rights
- \* Reducing violence and coercion

## Human Capacity Development

## Public Health Evaluation

## Food and Nutrition: Policy, Tools, and Service Delivery

## Food and Nutrition: Commodities

## Economic Strengthening

## Education

## Water

**Table 3.3.08: Activities by Funding Mechanism**

**Mechanism ID:** 3962.09

**Prime Partner:** University of Washington

**Funding Source:** GHCS (State)

**Budget Code:** HBHC

**Activity ID:** 21837.09

**Activity System ID:** 21837

**Mechanism:** I-TECH (International Training and Education Center on HIV)

**USG Agency:** HHS/Health Resources Services Administration

**Program Area:** Care: Adult Care and Support

**Program Budget Code:** 08

**Planned Funds:** \$265,000

## Activity Narrative: CONTINUING ACTIVITY - NEW ACTIVITY NARRATIVE

### SUMMARY

The National AIDS Control Organization (NACO) estimates that 2.5 million people in India are living with HIV; the need for care and support for these PLHA is an acute problem in India. To address this, the International Training and Education Center on HIV (I-TECH) aims to train clinicians on key aspects of palliative care, including counseling and testing (CT) for patients and family members, on-going follow-up counseling focusing on living positively, TB screening and referral, opportunistic infection (OI) prophylaxis treatment and referral, and counseling on nutrition and psychosocial support to improve the quality of life for PLHA. I-TECH will support USG-funded activities such as: 1) HIV Specialists and Medical Officers (MOs) trainings, 2) HIV Fellowship Program for physicians, 3) Nurses' Trainings Programs, 4) Clinical Mentorship Program, 5) Clinical Consultation Hotline, 6) HIV Fellowship Program for Nurses, and 7) Training of Trainers on Follow-Up Counseling Toolkit. The target populations are physicians, nurses, medical and nursing students, counselors, and dieticians.

### BACKGROUND

I-TECH is a collaboration between the University of Washington Seattle and the University of California San Francisco. It supports the development of HIV/AIDS treatment, care and training initiatives in more than a dozen developing countries impacted by the global AIDS epidemic, and incorporates a holistic approach to care for PLHAs. Established in 2003, I-TECH partnered with CDC/GAP to create a Center of Excellence in training, treatment and care services at the Government Hospital of Thoracic Medicine (GHTM), Tambaram, Chennai in Tamil Nadu. GHTM is India's largest TB/HIV care center providing care to 30,000 PLHAs annually and is also a NACO recognized ART and Training Center, known for its high quality stigma-free care for PLHAs. Infrastructure at GHTM includes the Training Center, an ART Center, and a state-of-the-art laboratory facilities supported by USG funds.

### ACTIVITIES AND EXPECTED RESULTS

#### ACTIVITY 1: HIV Specialists and MOs Trainings

Funding from USG supports the development of an international standard Training Center at GHTM. The GHTM Training Center, also a national Center of Excellence, hosts trainings on behalf of NACO for MOs and HIV Specialists with intensive training coordination support from I-TECH.

Since 2004, GHTM and I-TECH have jointly conducted a total of 40 NACO trainings, serving over 658 clinicians. In FY09, I-TECH will create training systems to serve as adaptable models that can be institutionalized at the national level. A long-term goal of the program is for GHTM to be independently responsible for coordinating logistics and monitoring and evaluation in order to support the sustainability of the program.

As the scale up of ART centers under NACP-III continues, there will be a need to utilize evaluated, effective training and mentoring models. In FY09, 80 physicians from various ART centers will be trained on OI diagnosis and management, patient monitoring, drug interaction, and infection control. I-TECH will also continue systems strengthening by: 1) advocating with NACO to develop training curriculum for the Link and Community Care Centers' clinical and auxiliary staff, and 2) supporting GHTM in the roll-out of ART Refresher Trainings using the I-TECH developed ART Refresher Training curriculum. In FY09, it is expected that 40 physicians will be trained using this curriculum.

#### ACTIVITY 2: HIV Fellowship Program

The ongoing GHTM/I-TECH HIV Fellowship Program funded by the USG is an innovative year-long USG supported, training program preparing junior and mid-level physicians to be leaders in HIV-related care, support, education, and research in India. Fellows gain skills to provide a wide range of high quality HIV/AIDS patient care services through a variety of participatory training activities, including daily hands-on clinical training, and experiential learning through didactic and case-based sessions. Four months into the Fellowship Program, Fellows manage pre-ART patients, screen and refer patients for TB therapy, and manage common OIs. The Fellowship Program provides significant human and technical resources to support adult and pediatric treatment and care services at GHTM by providing 60% of the GHTM physician workforce and direct clinical care to approximately 30,000 PLHAs annually. In FY09 the Fellows will provide direct HIV treatment services (i.e. ART initiation and follow-up monitoring) to an estimated 6,200 adults at GHTM.

In FY09, I-TECH will design, improve, systematize, and expand capacity development models for clinical and auxiliary staff at training institutions and Centers of Excellence (COE). This will include the continuation and evaluation of the one-year residential HIV/AIDS Clinical Fellowship Program. I-TECH will also focus on creating a Fellowship Program model for clinical staff capacity development that can be adapted at other COE sites, with a long-term goal of institutionalizing the Fellowship in the national HIV/AIDS program. This will include possible expansion into a second year and establishing partnerships with local universities for accreditation and to ensure the long-term sustainability of the program.

#### ACTIVITY 3: Nursing Trainings Program

I-TECH in collaboration with multiple partners like Rural Development Trust, Bel-Air Hospital, GHTM, Clinton Foundation, Christian Medical Association of India (CMAI), and Catholic Health Association of India (CHAI) will continue to conduct nursing trainings in high prevalence states such as Andhra Pradesh, Maharashtra, and Tamil Nadu. The goal is to advance the role of nurses in diagnosis of HIV and clinical staging, clinical management of OIs, counseling and testing, nutrition and treatment adherence counseling. I-TECH's ENHANCE (Empowering Nurses to deliver HIV/AIDS Care and Education) Nurse Training is a comprehensive 13-module interactive, case-based training for hospital and ART Center nurses focusing on prevention, treatment, care and support for PLHA. The course was developed by I-TECH in collaboration with NACO, Indian Nursing Council, and Clinton Foundation in 2007. This Training of Trainers (TOT) model has been used by I-TECH to train nearly 500 nurses at GHTM and other partner institutions. I-TECH will continue to identify and collaborate with new partners to roll out ENHANCE. In FY09, 100 nurses will be trained at RDT and BelAir using this curriculum.

**Activity Narrative:** ACTIVITY 4: Clinical Mentorship for Community Care Centers (CCCs) and Link ART Centers  
Under the National AIDS Control Program Phase 3 (NACP-III), 350 government CCCs will be set up to provide HIV care and support. Clinical staff at the CCCs will require training as well as on-site clinical mentoring to enhance the quality of care to PLHAs. I-TECH will work with two new partners and TNSACs to support this training in accordance with NACO guidelines

In Tamil Nadu, I-TECH, through its partnership with WHO, Solidarity and Action Against the HIV Infection in India, and TNSACS, has also provided training and clinical mentoring for doctors and nurses at ART Centers in ART service delivery, particularly in the management of treatment failure and initiating second-line regimens and TB/HIV co-infection. In FY09, it is expected that I-TECH will reach 60 HIV clinicians for clinical mentoring on comprehensive care services for PLHAs. I-TECH will work with regional partners to identify a pool of 15 mentors who will be trained using the I-TECH Clinical Mentoring Toolkit. I-TECH will advocate with GOI to scale up a national pool of mentors to support the national HIV program.

**ACTIVITY 5: Clinical Consultation Warmline**  
Healthcare providers in India have limited HIV specific training and lack resources on HIV/AIDS care, but confront complex questions about HIV treatment and care during their clinical practice. To address the need for accurate and real time clinical information on HIV, I-TECH will provide technical support via distance consultation using the piloted and evaluated clinical consultation telephone "Warmline" The Warmline gives physicians easy and timely access to up-to-date HIV clinical information, and individualized expert case consultation. The program is implemented by I-TECH with clinical support from GHM and technical support from the National HIV/AIDS Clinicians' Consultation Center, based at the University of California, San Francisco (UCSF). Data from the Warmline will enable periodic knowledge, attitudes, and practices assessments of clinicians trained under the NACO program.

During the recent 3-month pilot phase, the Warmline averaged 60 calls per month, predominately from ART MOs seeking guidance on HIV treatment issues such as OI management, drug interactions, and patient monitoring. Best practices will be documented carefully with the goal of replication at similar settings.

**ACTIVITY 6: HIV Fellowship for Nurses**  
While the number of trained doctors able to provide ART in India is limited, a vast pool of nurses is available. Unfortunately, many of them do not have adequate training on HIV/AIDS, and are under utilized. In order to increase access to HIV/AIDS services, NACO is giving high priority to develop the capacity of available nurses and other health care providers. In FY09, I-TECH will implement the Indian Nurse Specialist in HIV/AIDS and ART (INSHAA) Program, whose primary target population is nurses in decentralized ART Centers and CCCs. INSHAA is a four-week intensive training/clinical mentoring program with ongoing on-site mentoring; it includes all six levels of I-TECH's framework for training.

INSHAA addresses training gaps and needs of nurses in decentralized ART Centers and Community Care and Support Centers in India in order to task shift nurses roles and responsibilities. The program will be piloted in Andhra Pradesh (AP). It will use 15 nurse mentors to train 50 nurses from 24 ART Centers and 95 CCCs to serve as Indian Nurse Specialists in HIV/AIDS and ART (INSHAA). I-TECH will develop a Training of Trainers and Mentoring of Mentors model to train Indian School of Nursing faculty, I-TECH nursing staff and nurse consultants, and local staff nurses, resulting in a pool of Indian nurse trainers and clinical mentors. Once the pilot is evaluated and revised, it can be adapted to many similar settings, for which I-TECH is in a unique position to provide TA. INSHAA will ultimately result in enhancing the role and status of nurses and improving the quality of HIV care, treatment and support for PLHA in India.

**ACTIVITY 7: Training of Trainers for Follow-up Counseling Toolkit**  
Counselors are often the first point of contact with the health care system and play a critical role in linking PLHA to critical services. The complex physical, psychological and social vulnerabilities associated with being a PLHA necessitate the integration of follow-up counseling into the existing counseling infrastructure. In 2008, I-TECH developed the Follow up Counseling Toolkit Training 5-day curriculum and 7-day TOT curriculum. The standardized counseling materials focus on advanced issues such as behavior change, and improved quality of life (including TB screening and treatment adherence in PLHA). ITECH will continue to provide capacity building and technical support for the roll out and implementation of the training via the TOT model in AP. In addition, ITECH will train 25 master trainers in Tamil Nadu using the 7-day TOT curriculum and will provide technical support to the master trainers in Tamil Nadu.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14659

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14659		HHS/Health Resources Services Administration	University of Washington	6901	3962.08	I-TECH (International Training and Education Center on HIV)	\$300,000



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**Emphasis Areas**

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development      \$228,370

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.08: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3958.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> Tamil Nadu AIDS Control Society	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GAP	<b>Program Area:</b> Care: Adult Care and Support
<b>Budget Code:</b> HBHC	<b>Program Budget Code:</b> 08
<b>Activity ID:</b> 21903.09	<b>Planned Funds:</b> \$10,000
<b>Activity System ID:</b> 21903	

## Activity Narrative: NEW ACTIVITY NARRATIVE

### SUMMARY

The recently revised National AIDS Control Organization (NACO) estimates that 2.5 million people in India are living with HIV; meeting the demand for care and support for these PLHA is a growing concern in India. To address this issue, TNSACS aims to train Health Care Providers on key aspects of Positive Prevention, specifically training on the Follow-up Counseling toolkit. The complex physical, psychological and social vulnerabilities associated with being a PLHA necessitate the integration of other key health care providers into the counseling infrastructure. This training will be complementary to other PLHA-services-related trainings conducted by TNSACS (including advanced counseling training on Positive Prevention for all counselors in the state (at the Integrated Counseling and Testing Centers, the ART Centers and the Community Care Centers (CCCs), TB screening and referral, OI prophylaxis treatment and referral, and counseling on nutrition and psychosocial support). This program area will support on-going USG-funded activities listed under the Counseling and Testing, ART, Prevention of Mother-to-Child Transmission, TB/HIV, and Health Systems Strengthening.

### BACKGROUND

The Tamil Nadu State HIV/AIDS Control Society (TNSACS) is the implementing body for India's National AIDS Control Organization (NACO) in the southern state of Tamil Nadu, a high HIV-burden state. TNSACS, which is headed by a senior officer from the Indian Administrative Service (IAS), is the state-level authority for HIV-related policy formation, activity and partner coordination, program implementation, as well as monitoring, reporting, and evaluating on all activities related to the HIV epidemic in the state. In 1991, TNSACS was the first state HIV agency to be formed in the country and has continued to serve as a model for other such agencies around the country.

In 2002, HHS/CDC developed a formal relationship with TNSACS and in 2003 began providing fiscal and technical support. The USG continues to play a strategic role in the operations of TNSACS despite contributing only 3% of the TNSACS budget. The strong historical and technical relationship between TNSACS and the USG has allowed the USG to leverage the entire budget of TNSACS (approximately \$20 million in FY08) effectively. This relationship is also strategic as jointly funded projects are likely to be replicated throughout the country since TNSACS is regarded as the leading state HIV agency in India. The technical support provided to TNSACS by the USG has been one of the successful models of donor support for the country. The extent, form, and specificity of our support was discussed with NACO, which resulted in the creation of the new Technical Support Unit in Tamil Nadu that works directly with the USG advisors based at TNSACS.

### ACTIVITIES AND EXPECTED RESULTS

#### ACTIVITY 1: Health Care Provider Training on Prevention with Positives/Follow-up Counseling

Although counselors are often the first point of contact with the health care system and play a pivotal role in linking PLHA to critical services, other health care staff, such as nurses, physicians, and dieticians, play an important role in the health of a PLHA. TNSACS plans to train about 300 ART center, Link ART center and CCC staff on the usage of the Prevention with Positives Follow-up Counseling Toolkit, prepared by the Indian Clinical Epidemiology Network (IndiaCLEN) with financial and technical support from USG. The toolkit has a standardized curriculum (prepared with USG support to ITECH in FY08) that covers advanced issues of living with HIV/AIDS—including adherence, disclosure, safer sex, care, prevention, and mental health issues. This training will last for two days and will provide an orientation on the significance of and need for Positive Prevention from an epidemiological, biological, and social perspective.

By orienting a cadre of health care providers who have repeated and regular contact with PLHA, USG will create a top-down (knowledge and referral by health care providers to counselors) and bottom-up (demand from PLHA to counselor) environment that is supportive for counselors to use the Follow-up Counseling Toolkit with PLHA and link them to care. Complementary to the currently available HIV counseling materials, these tools provide practical guidance for counselors to use during client sessions, to which PLHA will be referred by the other health care staff. However, to maximize the potential of this phase of counseling, a more comprehensive infrastructure will be developed for counselors. These activities are highlighted in the Counseling and Testing narrative.

**New/Continuing Activity:** New Activity

**Continuing Activity:**

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**Emphasis Areas**

Gender

\* Increasing gender equity in HIV/AIDS programs

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$10,000

**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.08: Activities by Funding Mechanism****Mechanism ID:** 3949.09**Prime Partner:** Voluntary Health Services**Funding Source:** GHCS (USAID)**Budget Code:** HBHC**Activity ID:** 6151.21829.09**Activity System ID:** 21829**Mechanism:** APAC**USG Agency:** U.S. Agency for International Development**Program Area:** Care: Adult Care and Support**Program Budget Code:** 08**Planned Funds:** \$550,966

## Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Based on the latest (2006) HIV prevalence rate among adult population (0.38%) it is estimated that there are 100,000 People Living with HIV/AIDS (PLHAs) in Tamil Nadu. Of this, 96% are adults (Males – 49,000 and Females 51,000) and 4% are children below 15 years. Due to the rapid scale-up of care, support and treatment centers, the state now has 27 Adult Community Care Centres, 5 Pediatric Community Care Centres, 27 ART centres and 7 PLHA drop-in-centres.

However there are still many challenges remain. Nearly 30% of the estimated PLHAs are yet to be identified and even among those identified, only a small proportion are in regular contact with the care and treatment centers. Other challenges include: a) continued stigma and discrimination of PLHAs in education, workplace and health care settings; b) limited engagement of the private medical sector to provide care, support and treatment services to PLHAs; c) discriminatory treatment practices by private health care providers; d) quality of care provided at public and private health care centers, e) adherence to ART; f) stock-out situations of OI drugs and supply chain management, and g) limited focus on positive prevention.

The APAC project currently supports 10 NGOs for implementing Home Based Care (HBC) Projects in selected high-prevalence districts of Tamil Nadu. The project also supports the Institute of Road Transport Perundurai Medical College Hospital for provision of secondary and tertiary care to PLHAs. Together these projects have been able to reach out to 7,000 Adult PLHAs in the last two years.

All activities in COP 08 will be continued in COP 09. In addition, the following new activities are planned:

### ACTIVITY 5: Expanding Access to Adult Care, Support and Treatment Services Beyond the District Headquarters

Most of the care, support and treatment services are located at district headquarter hospitals. The Tamil Nadu State AIDS Control Society (TNSACS) plans to expand these and to provide care, support and treatment at the primary health center level located at the sub-block level catering to 30,000 people. TNSACS has requested APAC to undertake a facility and need assessment of the primary health centres and to develop a district plan for saturation of services. APAC will also be engaged in building the capacity of the health care providers in the primary health centers. APAC will monitor their progress and disseminate this experience with other districts in the state and at the national level.

ACTIVITY 6: Model Project to Demonstrate Convergence of HIV/AIDS Activities at the District Level  
In two high-prevalence districts of Tamil Nadu, APAC and TNSACS will jointly implement a model project to demonstrate convergence of HIV/AIDS activities. Most HIV/AIDS activities (prevention and care) currently implemented in the district operate on their own and there is limited coordination between these programs. A team of expert consultants will be located in the pilot districts and will coordinate with the District AIDS Prevention and Control Units (DAPCUs) and the different agencies implementing HIV/AIDS programs (prevention, care) to: a) identify gaps and overlaps; b) establish optimal targets for each program area (PMTCT, Adult care, Pediatric care, ART, TB-HIV co-infection management etc.); c) refine strategies and specific roles and responsibilities for the different agencies for achieving the targets; and d) establish mechanisms for coordination, stock-taking and grievance redressal. The team will also support DAPCUs in mainstreaming activities within the district rural health mission programs, women child development programs, etc. to leverage their infrastructure and increase their ownership of and engagement in HIV/AIDS programs. Community mobilization and demand generation for different HIV/AIDS care and support services will also be supported by APAC in these selected districts.

## FY 2008 NARRATIVE SUMMARY

Palliative care services for people living with HIV/AIDS (PLHA) are primarily provided through the public health care system. Many private health care institutions do not treat PLHA due to inadequate knowledge, stigma, and lack of infrastructure. In FY08, the AIDS Prevention and Control (APAC) project will support 18 home-based care projects in selected high-prevalence districts to provide palliative care services to 6000 PLHAs and their family members. The project will also support a network of 19 private health care institutions in these high-prevalence districts to provide facility-based clinical care and psychosocial support to PLHAs. The project will train private physicians on palliative care, link them up with NGOs and PLHA networks and follow up these physicians periodically. As the Technical Support Unit, APAC will build the capacity of the State AIDS Control Societies (SACS) in the states of Tamil Nadu and Kerala to increase demand for palliative care services, implement national guidelines and deliver comprehensive palliative care services to PLHAs.

## BACKGROUND

For the past twelve years, with USG support, Voluntary Health Services (VHS) has been implementing the APAC project in the southern state of Tamil Nadu. APAC, which initially focused on targeted interventions for most-at-risk-populations (MARPs), has expanded its efforts over the last few years to support a more comprehensive approach to HIV/AIDS prevention, care and treatment. Tamil Nadu has been successful in controlling HIV (prevalence among antenatal women has dropped from 1.13% in 2001 to 0.5% in 2005) and the APAC project has significantly contributed to this success. The National AIDS Control Organization (NACO) has recognized the expertise and contributions of the APAC project and has requested APAC to provide technical support to the State AIDS Control Societies (SACS) of Tamil Nadu, Puducherry and Kerala by setting up a Technical Support Unit at Tamil Nadu and Kerala, consisting of a core team of consultants/experts co-located with the SACS, with a mandate to assist the SACS in scaling-up programs, improving efficiency and quality. APAC also serves as the vice-chair of the national Technical Working Group on Targeted Interventions.

The recent findings of the third National Family Health Survey estimated there are 170,000 to 200,000

**Activity Narrative:** PLHAs in the states of Tamil Nadu and Kerala. Palliative care services supported by the SACS include community care centers and PLHA drop-in-centers. Less than 40% of the estimated PLHAs are currently registered with the SACS and receive palliative care services. Major gaps include the limited awareness of the palliative care service providers, and the quality and comprehensiveness of the services.

Provision of palliative care services will be an ongoing activity funded by APAC. In FY06, APAC supported five NGOs to deliver home-based care, providing 6,000 PLHAs with clinical care and psychosocial support. Of the 6,000 PLHAs reached by the project, 10% were treated for TB and 10% are on ART. In FY06, the project also supported a private medical college in a high-prevalence district, Perundurai, for diagnosis, monitoring and institutional care of PLHA, resulting in 3,000 PLHAs getting clinical services.

#### ACTIVITIES AND EXPECTED RESULTS

**ACTIVITY 1: Improving Access to Home and Community Care for PLHAs and their Family Members**  
APAC will support 18 NGOs to provide home and community care to people living with HIV in selected high-prevalence districts of Tamil Nadu and Puducherry. The NGO staff (which includes outreach workers and nurses) will sensitize community leaders, and coordinate with Government of India Link Workers and PLHA networks to create demand for a continuum of care services in public and private health care settings. At the community level, the NGO staff will be involved in strengthening HIV/AIDS awareness among community leaders, advocacy with community leaders concerning stigma and discrimination affecting PLHA, and mobilizing community support for PLHA and their family members. The NGO team will visit PLHA homes at regular intervals to: a) counsel PLHA and family members on health monitoring and periodic medical check-ups; b) identify opportunistic infections (OI) and assist with possible management at home; c) train and follow-up PLHA and their family members on self-care, care-giving, positive living, and treatment adherence for DOTS and ARV; d) refer for medical and non-medical needs to secondary and tertiary level institutions; and e) provide end of life care. The home and community based care NGOs will also network with other agencies involved in issues such as nutritional care and legal aid, to provide wrap-around services. All these services will also be provided by the NGOs and PLHA networks at selected project supported drop-in-centers. Through this initiative, 6000 PLHA will be able to get quality palliative care services at different locations and 1200 PLHAs will be treated for TB infection through public and private sector hospitals.

**ACTIVITY 2: Increasing Access to Palliative Care for PLHAs through Facility-Based Private Sector Support**  
To increase access to care, and model the involvement of private physicians, APAC will train and support a network of 100 private physicians in selected high-prevalence districts to provide medical care to PLHA. The physicians will be trained in HIV/AIDS management including management of OI and counseling, and linked to NGOs and other care continuum providers in the district. APAC will support the physicians by providing basic infrastructure (for ensuring confidential counseling and treatment), and nominal remuneration for maintenance of quality standards at their clinic and for reporting to APAC. The experiences of these physicians will be shared with physicians' associations, SACS and other stakeholders for learning and replication.

APAC will also support a network of 16 private hospitals for secondary care and three private hospitals for tertiary care. In these hospitals, APAC will support a part-time counselor and train related health care providers. The trained counselors will counsel antenatal women, TB patients attending the hospital and PLHAs. Linkages will be established between these private hospitals, NGOs and other care continuum service providers. In FY06, APAC's support to IRT Perundurai Medical College resulted in increased coverage of PLHA. The approaches adopted by APAC include: a) supporting medical camps to promote health care services including HIV/AIDS services; b) strong networking with private physicians, NGOs, and PLHA networks to refer PLHA for treatment; c) training health care providers based on national guidelines for quality of health care; d) supporting the cost of counselors for antenatal women, TB patients and PLHA; e) strengthening management information systems; and f) subsidizing the cost of clinical diagnosis and treatment for needy PLHAs. In FY08, using a similar approach, APAC will support two more private hospitals for tertiary care services, but it will be on a smaller scale in terms of coverage of PLHA and range of services. Through this initiative, over 5,000 PLHA will be provided with palliative care services and 1000 PLHAs will be treated for TB infection from the project supported private sector hospitals. About 9,500 registered TB patients will receive HIV counseling and testing under this initiative.

**ACTIVITY 3: Building the Capacity of Private Sector Health Care Providers in Palliative Care**  
APAC will support one state-of-the-art training institute to build the capacity of private physicians on HIV/AIDS palliative care, thereby expanding the pool of qualified and trained health care providers. An estimated 300 physicians will be trained by the project, focusing on building the knowledge and skill of health care providers. Due focus will be given to gender-based inequities and special needs for women on palliative care. The trained doctors will be periodically monitored by APAC consultants and through a system of self-assessment checklists/toolkits. The training of private health care providers complements the SACS' initiative on providing quality clinical care for PLHA. Partnerships will be established with private pharmaceuticals for the supply of basic medicines at subsidized rates. Similarly local philanthropists, advocates and village volunteers will be coordinated to mobilize resources to support the nutritional, livelihood and legal needs of PLHA.

**ACTIVITY 4: Technical Support to SACS**  
APAC will provide technical support to SACS to strengthen their systems on palliative care as part of APAC's role as the Technical Support Unit for the states of TN and Kerala. Technical assistance will include training the SACS team on palliative care policies and guidelines, technical updates through national and international consultants, exposure visits, monitoring of community care centers, and technical assistance to training institutes (those involved in training NGOs) and public health care institutes (involved in training on HIV/AIDS care and treatment).

**New/Continuing Activity:** Continuing Activity

**Continuing Activity: 14157**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14157	6151.08	U.S. Agency for International Development	Voluntary Health Services	6720	3949.08	APAC	\$970,000
10827	6151.07	U.S. Agency for International Development	Voluntary Health Services	5604	3949.07		\$682,000
6151	6151.06	U.S. Agency for International Development	Voluntary Health Services	3949	3949.06		\$739,950

**Emphasis Areas**

Gender

- \* Increasing gender equity in HIV/AIDS programs
- \* Increasing women's legal rights

Health-related Wraparound Programs

- \* Child Survival Activities
- \* Family Planning
- \* Malaria (PMI)
- \* Safe Motherhood
- \* TB

Workplace Programs

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development      \$283,020

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.08: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3965.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> Children in Need Institute	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Care: Adult Care and Support
<b>Budget Code:</b> HBHC	<b>Program Budget Code:</b> 08
<b>Activity ID:</b> 6212.21275.09	<b>Planned Funds:</b> \$15,000



## Activity Narrative: CONTINUING ACTIVITY - NEW ACTIVITY NARRATIVE

### SUMMARY

CINI's Making AIDS Services Stronger by Organizational Outreach through Training (MASBOOT) Project will focus on Prevention with Positives as a key component in three districts of Jharkand. The lack of services for People Living with HIV/AIDS (PLHA) in the state has prompted CINI to focus on providing psycho-social and prevention support to PLHA at drop-in centers through structured follow-up counseling (beyond the post-test counseling session). This will be targeted at training 30 staff at community care centers/drop-in centers/government ART centers on services such as peer counseling, promoting prevention for positives messages, linking PLHA to local health service institutions for treatment and care, and training PLHA in skills to lead a productive life. The new strategy is consistent with NACO's strategic plan and JSACS' unmet needs in supporting PLHA.

### BACKGROUND

Child In Need Institute (CINI), a leading Indian NGO founded in Kolkata in 1974, has been working to achieve sustainable development among poor communities living in the city of Kolkata and surrounding areas. Through its field programs, training and research, CINI's focus has always been on the health of women and children, child nutrition and development, adolescent issues, and mainstreaming street children through education. In 1998 CINI was recognized as a National Mother NGO, under the Reproductive and Child Health (RCH) program by the Ministry of Health and Family Welfare, Government of India. CINI also has an office in Ranchi, the capital of the state of Jharkand, where the MASBOOT Project has been funded by PEPFAR since 2005 to conduct capacity building trainings among NGOs. Through these activities, CINI has gained a long standing reputation as a nodal NGO providing HIV/AIDS related trainings to a wide range of groups and individuals, including community workers, private doctors, and government officials. CINI Jharkand has frequently provided technical expertise to Jharkand State AIDS Control Society (JSACS) over the past several years.

In a low prevalence setting like Jharkand (0.03%, NACO sentinel surveillance report, 2006), the need to focus on prevention with PLHA is essential in halting the spread of the virus and ensuring healthier lives for PLHA. Additionally, health systems infrastructure and access to care is weak. In FY08 MASBOOT engaged with both INP+ and JNP+ to strengthen the capacity of the network in the state. With JSACS, CINI and its partners developed a workplan to ensure greater participation of PLHA. CINI will continue the implementation of Prevention with Positives in FY09, and will subcontract to local NGOs to implement the program with technical support from USG. The four districts in which CINI will work were chosen because they are highest prevalence in the state.

### ACTIVITIES AND EXPECTED RESULTS

Current counseling programs primarily focus on HIV prevention for those at risk. While this component is important, equally important is helping clients with the array of issues that emerge in the weeks and months after post-test counseling and notification of results. The complex physical, psychological and social vulnerabilities associated with being a PLHA, necessitate the integration of follow-up counseling into the existing counseling and support infrastructure. However, to maximize the potential of this phase of counseling, a more comprehensive training infrastructure will need to be developed by CINI.

#### ACTIVITY 1: Strengthening the JNP+ to Run Drop-in Centers in Three Districts

Drop-in centers are important hubs for positives to meet and interact; they are hubs for information and assistance. Through its partners, CINI has been able to facilitate three such drop-in centers in the block headquarters of Hazaribagh. JSACS has plans to establish a number of similar drop-in centers through the network of positive people. CINI and its partners will build the capacity of the Jharkand Network of Positive People (JNP+) to develop a proposal for this activity and to manage a drop-in center at a minimum of three sites. CINI will also train and build the capacity and leadership skills of JNP+ to successfully manage drop-in centers and develop standard operating systems.

#### ACTIVITY 2: Follow-up Counseling in the State

CINI will play a key role in advocating the inclusion of follow-up counseling in all palliative care packages for JSACS. This will include advocacy to include the follow-up counseling toolkit developed by CDC and IndiaCLEN in the guidance and procedures for the State counseling and testing centers, ART centers, and Community Care Centers.

The purpose of the toolkit is to meet the needs of counsellors/support providers by focusing on the long-term issues of living with HIV/AIDS, beyond adherence to antiretroviral therapy (ART). The toolkit complements NACO's HIV counseling materials, providing practical, hands-on tools and guidance for counselors to use during sessions with clients. It has six modules, one for each theme identified during formative assessments as central to follow-up counselling: Facts You Need to Know about HIV, Safer Sex, Telling Your Partner, Disclosure, Stigma and Discrimination, and Mental Health. The toolkit will be adapted and translated into Hindi and distributed to the peer support/peer educators in Community Care Centers in the state. CINI will print 50 of these toolkits. As a result of these efforts, at least 75% of HIV care and support centers in the state, whether in the government, private, or NGO sector, will be using the toolkit by the end of FY09.

#### ACTIVITY 3: Training in Follow-up Counseling and Care

CINI will train 30 PLHA peer counselors from the Jharkand Network of Positive People (JNP+)'s staff from local Community Care Centers, "Palliative Peers" from its partner NGOs and staff at DOTS centers at the district level to provide follow-up counseling at appropriate sites. Staff in the ART centers and at large industry clinics serving PLHAs will also be trained.

Two to three master trainers will be identified and receive intensive training on the Prevention for Positives toolkit at the Government Hospital for Thoracic Medicine, Chennai, where USG supports the Indian Network of Positive Persons (INP+) in its training on these modules. These master trainers will in turn be responsible for conducting the training and mentoring required in the state And exposure visits also been



**Activity Narrative:** done. Two to three master trainers will also be identified to receive intensive training on various aspect of management training. Exposure visit to Indian Network of Positive Persons (INP+) will be part of the training.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14457

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14457	6212.08	HHS/Centers for Disease Control & Prevention	Children in Need Institute	6845	3965.08		\$15,000
10862	6212.07	HHS/Centers for Disease Control & Prevention	Children in Need Institute	5611	3965.07		\$40,000
6212	6212.06	HHS/Centers for Disease Control & Prevention	Children in Need Institute	3965	3965.06		\$40,000

**Table 3.3.08: Activities by Funding Mechansim**

**Mechanism ID:** 5785.09

**Prime Partner:** Family Health International

**Funding Source:** GHCS (USAID)

**Budget Code:** HBHC

**Activity ID:** 11467.21247.09

**Activity System ID:** 21247

**Mechanism:** Samarth

**USG Agency:** U.S. Agency for International Development

**Program Area:** Care: Adult Care and Support

**Program Budget Code:** 08

**Planned Funds:** \$66,000

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

**UPDATE**

During FY08, FHI partnered with the Christian Medical Association of India (CMAI) and Indian Network of People Living with HIV/AIDS (INP+) to scale-up quality palliative care through facility- and home-based care. The CMAI learning sites matured to function as training centers on select HIV/AIDS care and support areas. CMAI conducted trainings for the health care workers of Community Care Centers (CCCs) in collaboration with the Institute of Palliative Medicine, Medical College Calicut.

In FY09, activities 2 and 3 will continue as in FY08. The following modifications are proposed for activity 1.

**ACTIVITY 1: TA to National AIDS Control Society (NACO), State AIDS Control Society (SACS) and USG Partners on Palliative Care Services**

In FY07, Samarth conducted a review of the four CMAI learning sites to identify the core areas of strength and weaknesses. Based on this review, the Catherine Booth Hospital will be phased out from SAMARTH Project while the other learning sites in Andhra Pradesh, Karnataka and Maharashtra will continue to provide training and mentoring support to other health care facilities on specific HIV/AIDS care and support service areas. The support for training of health care providers on palliative care will be extended to Uttar Pradesh and Uttarakhand. CMAI will ensure increased HIV/AIDS care and support service coverage for girls and women, including pregnant women, with HIV at the three learning sites. The training program will also continue to emphasize women's access to care and use of gender-disaggregated data for improved provision of services.

**FY 2008 NARRATIVE SUMMARY**

In FY08, the Samarth project will provide technical assistance (TA) to the National AIDS Control Organization (NACO), the State AIDS Control Societies (SACS) and USG partners in developing strategies on the continuum of care, including guidelines for implementation. Hands-on training of health care providers will be carried out in the four USG focus states on the minimum package of palliative care as defined by USG/India

**BACKGROUND**

The Samarth project has been implemented by Family Health International (FHI) since October 2006. The project will directly contribute to implementing quality HIV/AIDS prevention, care and treatment through TA, capacity building and institutional strengthening of government (NACO, the SACS), and civil society. In addition, the Global Fund will be provided specific TA to strengthen the leadership and governance of its India Country Coordinating Mechanism (CCM) Secretariat. FHI implements Samarth in partnership with the Christian Medical Association of India (CMAI, which has over 300 faith-based hospitals as members), the Indian Network of Positive People (INP+), and Solidarity and Action Against the HIV Infection in India (SAATHII, an NGO with a mandate to build capacity of civil society). Samarth extends needs-based capacity building assistance to government and non-government stakeholders as well as to USG partners. Since FY07, Samarth has provided NACO with human and technical support in key program areas like counseling and testing (CT), OVC, ARV, strategic information and policy and systems strengthening. Samarth also implements four demonstration projects in New Delhi to showcase best practices in Abstinence and Be Faithful programs, OVC and palliative care for injecting drug users (IDU).

**ACTIVITIES AND EXPECTED RESULTS**

This activity continues a Samarth intervention funded under PEPFAR in FY07. With FY08 funding Samarth will continue to partner with CMAI to use CMAI's learning sites to improve the capacity of USG partners to scale-up quality facility and home-based palliative care. FHI will also continue to provide TA to strengthen national/state HIV palliative care programs.

**ACTIVITY 1: TA to NACO, SACS and USG Partners on Palliative Care Services**

Samarth will provide TA to NACO, SACS and USG partners in developing strategies and operational plans for implementing the continuum of care services for PLHA and their families. USG/India has defined the palliative care package which includes activities on clinical/medical, psychological, and spiritual care, and socioeconomic and legal support. Samarth will also provide TA to develop common minimum quality standards, checklists, and a training curriculum for HIV palliative care services. Samarth will identify a team of consultants with expertise in palliative care to work with the palliative care specialists of NACO, SACS and USG partners in supporting the TA needs.

SAATHII, a sub-partner of the Samarth project, will document the best practices on palliative care services including the network model of integrating prevention, care and treatment services and will disseminate this information to NACO, SACS and USG partners.

**ACTIVITY 2: Support Demonstration Center on Palliative Care for IDU**

Samarth will support a residential care home for providing palliative care to IDU and PLHA. Services will include in-patient and out-patient facilities for treatment of opportunistic infections, counseling and referral services for ARV treatment. TB diagnosis and treatment will be provided to HIV-positive people through the TB-DOTS center co-located on the premises. The best practices in palliative care for IDU will be documented and disseminated to government agencies and USG partners.

**ACTIVITY 3: On-site Training in Palliative Care for Health Care Providers and Caregivers**

In FY06, four faith-based hospitals were developed by CMAI, a sub-partner of Samarth, as learning sites for HIV palliative care, in the USG focus states of Andhra Pradesh, Karnataka, Maharashtra and Tamil Nadu. In FY08, these sites will provide onsite training to health care providers and the caregivers in four USG states in providing quality palliative care, based on the minimum package defined by USG/India. The health care

**Activity Narrative:** providers (HCP) will include medical officers, nurses and palliative care outreach workers. A “caregiver” is defined as a family member of the HIV-positive person. CMAI will update the existing training modules on palliative care to ensure that quality training is provided to the HCP. The training will cover topics in clinical care such as prevention and treatment for opportunistic infections, ART referrals and adherence; psychological care such as counseling, support for disclosure and bereavement care; nutritional care such as dietary counseling and food supplementation; and social support. The training institutions will conduct follow-up training periodically based on needs.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14115

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14115	11467.08	U.S. Agency for International Development	Family Health International	6711	5785.08	Samarth	\$131,400
11467	11467.07	U.S. Agency for International Development	Family Health International	5785	5785.07		\$79,805

**Emphasis Areas**

Gender

- \* Increasing gender equity in HIV/AIDS programs
- \* Increasing women's access to income and productive resources

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$31,720

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

Estimated amount of funding that is planned for Water \$23,140

**Table 3.3.08: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3942.09	<b>Mechanism:</b> Samastha
<b>Prime Partner:</b> University of Manitoba	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (USAID)	<b>Program Area:</b> Care: Adult Care and Support
<b>Budget Code:</b> HBHC	<b>Program Budget Code:</b> 08
<b>Activity ID:</b> 6131.20940.09	<b>Planned Funds:</b> \$1,467,331
<b>Activity System ID:</b> 20940	

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The project provides quality HIV care services in twelve districts in Karnataka and five coastal districts of Andhra Pradesh through Care and Support Centers (CSC), now referred to as Community Care Centers, and Integrated Positive Prevention and Care Centers (IPPCC), now referred to as IPPC-DIC (drop-in centers) that are linked with government supported services and community outreach. The palliative care services include management of opportunistic infections, TB diagnosis and treatment, ART adherence, nutrition education and supplementation, referral for family planning, positive prevention, linkages to social support services and Home Based Care (HBC) among a host of other services. The activities are targeted to reach adults and children living with HIV/AIDS, with a focus on using a family-centric approach. Special efforts will be made to reach out to children and women. Training will focus on doctors, nurses, counselors and others, and will include family members for home-based care.

In addition to PEPFAR funds, the activities are financially and technically supported through the Karnataka Health Promotion Trust (KHPT). EngenderHealth provides technical support, strategic inputs for planning and quality improvement. St. John's Medical College is responsible for the capacity building of care providers in partnership with Snehadan, Swami Vivekananda Youth Movement and the National Institute of Mental Health and Neurosciences. KHPT regional staff in Karnataka and LEPRASociety in Andhra Pradesh coordinate all activities at the district level.

**ACTIVITY 1: Providing Quality HIV Clinical Care and Support through Care and Support Centers**  
With the introduction of the GFATM-6 project in Karnataka, Samastha direct support to community care centers (CCC) has decreased substantially. Under the GFATM-6 project, 37 new CCC will be established in Karnataka before January 2009. The Samastha project will provide technical assistance to the CCC through practical training, clinical mentorship and continuing education, and creation of experiential learning sites, including the institution of a six-month residential HIV fellowship for doctors. Samastha will also provide technical assistance to implement an individualized MIS system in all centers.

Samastha's support to CCC will continue in geographic locations of high HIV prevalence that do not fit the GFATM-6 criteria of proximity to ART centers and for population groups currently not focused on under the same (orphaned children).

Samastha will continue to implement innovative models of care and support programs, such as the model of a combined CCC/ART center within the same institution and public private partnerships leveraging space, facilities and supplies from government with personnel and technical assistance from Samastha.

In 2009, seven centers will be supported as experiential learning sites – best practice locations that provide the opportunity for hands-on experience. Three sites are supported in high-prevalence geographic locations in Karnataka and 2 PPP models in partnership with government of Karnataka.

**ACTIVITY 2: Ensuring a Safe and Conducive Atmosphere for PLHAs to Network and Find Care**  
In FY09, support for this activity will be leveraged from KSAPS and other donors.

**ACTIVITY 3: Extending HIV Care and Support to the Door Step**  
No Change

**ACTIVITY 4: Linkages and Referrals**  
No Change

**ACTIVITY 5: Ensure Quality through Capacity Building, Supportive Supervision and Mentoring**  
This activity is being modified by adding a new component of training under capacity building: This is a residential six-month fellowship in HIV that will prepare doctors for ART and CCC services and is expected to begin in 2008 and will continue in the 2009. A similar residential training is planned for qualified nurses and counselors in experiential learning sites for a period of 6 months.

The following new activity will be undertaken in FY09:

**ACTIVITY 6: Integrate HIV Care into Existing Targeted Interventions**

Starting in FY09, Samastha will introduce several initiatives to integrate HIV services into existing interventions. For one, Samastha will promote the formation of support groups for HIV positive FSW and MSM-Transgender (MSM-T) through community based organizations. The skills of counselors within these programs will be enhanced to provide counseling, including ART adherence, nutrition education, pain relief and psychosocial support.

HIV positive peer educators who are open about their status will be recruited to link HIV positive FSW to ART and other care services.

Doctors providing services to these populations will be trained on basic HIV management, including ART provision, with the goal of making these targeted intervention clinics link ART centers in partnership with the government.

With funding from either the Gates-supported Avahan project or the Karnataka State AIDS Prevention Society (KSAPS), Samastha will integrate ICTC for sex workers and MSM-T into existing STI clinics, using NACO's PPP model. These will be set up within clinics that have already initiated syphilis screening. Linkages with Revised National Tuberculosis Control Program (RNTCP) will strengthen care initiatives by encouraging provider-initiated counseling and testing for those found positive for TB.

Alternative livelihood options will be explored in partnership with CBOs for those who opt out of sex work. Support will be leveraged from government and other schemes for destitute, single and widowed women.

These activities are in line with NACP-III and contribute to a wrap around along with the GFATM 6 and

**Activity Narrative:** GFATM 4 projects. The targets for adult care are increased from 12,000 to 15,000. All care staff will receive refresher training during the year.

#### FY 2008 NARRATIVE SUMMARY

Activities under this program area are a continuation of initiatives under the Samastha project that commenced in 2006 and continues in 2008. The project aims to provide quality HIV palliative care services in fifteen districts in Karnataka and five coastal districts of Andhra Pradesh through: a) 16 Care and Support Centers (CSC), 12 in Karnataka and 4 in Andhra Pradesh, b) 20 Integrated Positive Prevention and Care Centers (IPPCC), 19 in Karnataka and 1 in Andhra Pradesh, linked with government supported services and c) community outreach. The palliative care services include management of Opportunistic Infections (OI), TB diagnosis and treatment (see Activity Narrative HIV/TB Care for details), ART adherence, nutrition education and supplementation, counseling for family planning, positive prevention, linkages to social support services and home-based care (HBC). Activities will reach adults and children living with HIV/AIDS, with a focus on using a family-centric approach. Special efforts will be made to reach out to children and women. Linkages and referrals will be made across districts. Training will focus on doctors, nurses, counselors and others, and will include family members for HBC.

#### BACKGROUND

The University of Manitoba (UM) implements Samastha, a comprehensive prevention, care and treatment project through a consortium led by its implementing partner, the Karnataka Health Promotion Trust (KHPT). The partners include EngenderHealth (EH), which provides technical support and strategic inputs for planning and quality improvement; St. John's Medical College (SJMC), responsible for the capacity-building of care providers; the National Institute of Mental Health and Neuro Sciences (NIMHANS), a premier medical institution accredited as a national counseling training center; and a host of local NGO partners, including Snehadaan, Swami Vivekananda Youth Movement, and LEPRAs. KHPT coordinates all activities at the district level in Karnataka, while the LEPRAs coordinate activities in Andhra Pradesh.

The Samastha project supports 12 CSCs in Karnataka, nine of which are located within Catholic Mission institutions run by Snehadaan, a faith-based organization. The other three CSCs are run by Swami Vivekananda Youth Movement in Mysore, KHPT in Bagalkot and SJMC in Bangalore. In FY07, KHPT provided technical assistance to the Bangalore-based Kidwai Institute of Medical Sciences to establish a CSC. If approved by NACO, the Samastha project will provide TA to build the capacity of this center. The Karnataka Network of Positive People (KNP+) is the lead coordinating agency for managing the Integrated Positive Prevention and Care Centers (IPPCC) as drop-in centers for PLHA with support counseling facilities and special services, such as access to legal entitlements and addressing stigma and discrimination. Nineteen such centers will be supported by the Samastha project in Karnataka, primarily through capacity-building of positive networks and support of counseling services.

In coastal Andhra Pradesh, the LEPRAs Society will coordinate implementation of four CSCs by the Catholic Health Association of Andhra Pradesh (CHAAP), while the IPPCC will be implemented by RASI, a community-based NGO in Guntur District within the Telugu Network of Positive People (TNP+).

By the end of the project, these services will have been transitioned to implementing partners in a sustainable manner. Starting in 2008, consultations will begin with these organizations to develop sustainability plans for the last 2 years of the project.

#### ACTIVITIES AND EXPECTED RESULTS

At least 15,000 individuals will receive HIV-related palliative care through Activities 1-3 below, including 3000 who will receive treatment for TB disease, and the individualized monitoring and information system will capture this information to eliminate duplication in reporting.

**ACTIVITY 1: Providing Quality HIV Clinical Care and Support through Care and Support Centers**  
Services provided in the CSCs include: outpatient and inpatient medical care including diagnosis, treatment and prophylaxis for OI, psychological support, training of family members and others to provide home-based care, ART adherence counseling and side effects management, counseling and services for sexual and reproductive health, and referrals to other medical and social support services. Some CSCs provide or are linked to short-term or extended-stay services for destitute women and OVC. CSCs will have linkages with KSAPS/APSACS run ART clinics at government medical colleges and district hospitals, and the RNTCP Program. CSCs will also integrate and mainstream HIV care into existing medical services while avoiding perceptions that the center is meant only for HIV/AIDS care. This will contribute to the sustainability of services after the project period. In 2008, 16 CSCs will continue to provide services (12 in Karnataka and 4 in coastal Andhra Pradesh).

**ACTIVITY 2: Ensuring a Safe and Conducive Atmosphere for PLHAs to Network and Find Care**  
Twenty IPPCCs will be supported to serve as safe spaces for positive persons and family members. Within these centers, counseling is provided on ART, sexual and reproductive health, positive prevention, and psychosocial support. Outpatient clinical and medical services are provided on an itinerant basis within the IPPCCs and government sub-district hospitals. Follow-up of PLHA who dropped out or lost contact for follow-up TB treatment or ART will be a priority. IPPCCs take on a family-centric approach in dealing with nutrition, social and health issues. Within select IPPCCs, an OVC coordinator oversees capacity-building activities for children living with or affected by HIV (see OVC Activity Narrative for details). All services are managed by networks of positive people with support from KHPT, EH and SJMC.

Starting in 2007 and continuing in 2008, KHPT will transfer management responsibility of IPPCCs to

**Activity Narrative:** PLWHA networks in those areas where they are run by the NGOs. Twenty IPPCCs will be functional by the end of FY08 (18 in Karnataka and 2 in Coastal AP).

**ACTIVITY 3: Extending HIV Care and Support to the Door Step**

The third component of service delivery is community outreach through NGO Link Workers and outreach workers based at IPPCCs and CSCs. Link Workers and their supervisors will educate, mobilize, and accompany community members to seek HIV services and follow up cases requiring HBC, ART adherence, TB treatment, and HIV positive pregnant women. This team will be responsible for OVC outreach activities in their respective areas, coordinating with outreach staff of CSCs and IPPCCs. Family members will be trained on home-based care.

**ACTIVITY 4: Linkages and Referrals**

Linkages and referrals will be made to address needs of PLHA. This includes linkages for ART in government-recognized centers, PPTCT, VCTC, Revised National TB Control Program (RNTCP), Family Planning, and other public health programs. At the community level, lead NGOs will use Link Workers to reach out to people, mobilize them for services including OVC intervention and home-based care, sensitize the community on HIV/AIDS stigma and discrimination, provide referral, and follow up with other linkages in the area.

**ACTIVITY 5: Ensure Quality through Capacity Building, Supportive Supervision and Mentoring**

The Samastha project will undertake capacity-building activities with Care and Support Center staff to sustain quality of services and to ensure client satisfaction. SJMC and its sub-contracted agencies, Snehadan and Swami Vivekananda Youth Movement Training will lead the training component. EH will provide technical support in quality improvement, training, and capacity building. The health care team will be provided with continuing education through printed materials and a web-based learning system. Regional managers of KHPT and the clinical staff of SJMC will mentor care providers. The CSC staff will continue to implement and apply COPE© tools (quality improvement tool) to ensure quality of services among all staff, from the top manager to housekeeping staff. Once trained, the staff of each service delivery point will be able to use this tool to assess site performance and client satisfaction, as well as identify solutions for most issues. All staff, whether involved with HIV care or not, will receive sensitization and training on stigma and discrimination.

In 2008, the Samastha project will train at least 190 staff to provide quality HIV palliative care.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14137

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14137	6131.08	U.S. Agency for International Development	University of Manitoba	6715	3942.08	Samastha	\$2,071,160
10821	6131.07	U.S. Agency for International Development	University of Manitoba	5601	3942.07		\$1,010,000
6131	6131.06	U.S. Agency for International Development	University of Manitoba	3942	3942.06		\$580,000

## Emphasis Areas

### Gender

- \* Increasing gender equity in HIV/AIDS programs
- \* Increasing women's access to income and productive resources
- \* Increasing women's legal rights
- \* Reducing violence and coercion

## Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$99,674

## Public Health Evaluation

### Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$870

### Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$31,755

## Economic Strengthening

## Education

## Water

**Table 3.3.08: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3964.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> MYRADA	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Care: Adult Care and Support
<b>Budget Code:</b> HBHC	<b>Program Budget Code:</b> 08
<b>Activity ID:</b> 6207.20911.09	<b>Planned Funds:</b> \$102,000
<b>Activity System ID:</b> 20911	

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The geographical area has changed. Based on a request from NACO that one agency support one district, MYRADA agreed to withdraw from Belgaum and Gulbarga. The four districts that MYRADA will now target are Chamrajnagar, Bidar, Mandya and Kodagu. All activities planned in the FY08 COP will shift to these districts. The activities are part of NACO's Link Worker Scheme (see the "Other Sexual Prevention" narrative for details). In addition, the program will work with district, state and national level positive networks to improve the quality of adult care and support programs through a sub-partner that is yet to be decided (potentially INP+).

**ACTIVITY 1: Basic Community-Based Palliative Care**

This will be implemented through the Link Worker Scheme by a team of PLHA community resource persons (CRPs) in the four selected districts. The CRPs will identify and register PLHA into the program. Regular palliative care will include: regular medical check up, home-based care, family counseling, Positive Prevention/follow-up counseling, nutrition support, referral for OI management, CD4 testing and ART work up, ART follow up, and linkages to livelihood and other social schemes. In FY09, it is expected that around 400 persons will receive palliative care.

**ACTIVITY 2: Training of Caregivers and Community Volunteers on Home Based Care**

Around 100 persons from the four districts will be trained in the basics of home-based care and nutrition supplementation. Both male and female caregivers will be trained.

**ACTIVITY 3: Sensitization of Community Leaders to Reduce Stigma and Discrimination**

With the existing stigma, it is difficult for PLHA to disclose their status. Unless the community and the health-care system are willing to accept their status, PLHAs will not come forward to access services. In all 400 villages, orientation programs will be held with community leaders regarding stigma and discrimination.

**ACTIVITY 4: Translation and Training of Positive Prevention/Follow-up Counseling Toolkit**

Counselors and Peer Educators are often the first point of contact with the health-care system and play a pivotal role in linking PLHA to critical care and support services. MYRADA plans to conduct training in the four districts on using the Prevention with Positives Follow-up Counseling Toolkit, prepared by the Indian Clinical Epidemiology Network with USG financial and technical support. The toolkit has a standardized curriculum (prepared with USG support to ITECH in FY08) that covers advanced issues of living with HIV/AIDS, including stigma and discrimination, disclosure, safer sex, care, prevention, and mental health issues. Training lasts 3-5 days and focuses on providing skills and tools to counselors on issues specific to PLHA. The modules will be translated into Kannada. MYRADA will encourage KSAPS and other agencies to include these modules as part of their care and support package of services.

**ACTIVITY 5: Capacity Building of District Network Staff**

Special training programs will be held for staff of the district positive networks on palliative care programming, and how to plan and manage such a program. This will include training on Positive Prevention/Follow-up Counseling using the toolkit.

The following activities, previously funded by USG through direct funding to INP+, will be undertaken by MYRADA through a sub-partner (potentially INP+).

**ACTIVITY 6: Strengthening the INP+ Family Counseling Centers (FCC) at the Government Hospital for Thoracic Medicine (GHTM), Chennai and Government Chest Hospital, Hyderabad**

INP+ started its first FCC in 2004 to provide on-going psychosocial counseling to PLHA visiting GHTM - the largest HIV Care Center in India. Symbolically, this has helped PLHA and INP+ advocate for a more holistic approach to care and treatment and more specialized PLHA support since GHTM is seen as a model government HIV care center.

The INP+ counselors at GHTM provide partner counseling, individual bedside counseling and group counseling on various issues facing PLHA. Special effort is placed on Prevention for Positives messages. This activity has helped PLHA in areas such as reducing stigma and discrimination, exercising women's legal rights as widows and availing inheritance for children. Group counseling on self-care, home care, nutrition and positive living is part of the process. INP+ started a similar facility in Hyderabad attached to the Government Chest Hospital in Andhra Pradesh (AP). About 30,000 PLHA and their family members will be reached through this activity.

MYRADA, in partnership with a positive network (potentially INP+), will further streamline the processes and strengthen FCC services. It will also provide TA on documenting the process and effectiveness of the counseling tool kit.

**ACTIVITY 7: Strengthening the Life Focus Center (LFC) (Drop-in Center) at GHTM**

The LFC began in 2004 as an extension of the FCC at GHTM. This drop-in center provides psychosocial support, one-on-one peer counseling, and training for PLHA on topics such as income generation (economic strengthening) and nutrition (food security). The center has a library, a computer and a place for relaxation for PLHA coming from far to access services at the hospital. The center encourages PLHA to obtain accurate information and connects them to district PLHA networks and service providers. More than 5,000 PLHA will be reached through this center with FY09 funds. MYRADA will work closely with the positive network to strengthen the LFC concept.

**ACTIVITY 8: Positive Speakers Program**

MYRADA, in partnership with a positive network (potentially INP+), will train about 100 PLHA in the states of Karnataka, Tamil Nadu and AP using the Positive Speaker Program which focuses on general prevention and positive prevention messages to PLHA. The trained PLHA speakers will develop a state and district plan for active involvement in prevention and stigma reduction activities in their communities. They will also advocate for increased gender equity and will address legal rights of PLHA.



**Activity Narrative:** ACTIVITY 9: Strengthening District Level Networks (DLNs)

The core of INP+ structure and support comes from district and state level networks of positive people. MYRADA will focus on strengthening these organizational units as both advocacy and service units. DLNs receive support from the Global Fund to provide ART support services, hire outreach workers to track ART defaulters, assist positive pregnant women with safe delivery and treatment, and establish drop-in counseling and support centers. DLNs are also tasked to provide effective linkages between PLHA and care providers, including services for TB treatment.

MYRADA will focus on strategies to strengthen these services managed by DLNs (as an example of leveraging). Training in human resource management, monitoring and evaluation, HIV care and treatment packages, and ART operational guidelines will be organized jointly by MYRADA and a positive network.

**FY 2008 NARRATIVE SUMMARY**

This program area will continue to address palliative care from a community perspective: that is, what the community can provide and access, and how to link with existing services for long term sustainability. The focus will be on training, providing nutrition support and encouraging the community leaders to respond proactively to care and support of their positive community members. All identified PLHAs the targeted areas of Belgaum and Gulbarga districts will be followed up. This includes community-level follow-up for 18 months after delivery of mother-baby pairs to support the PMTCT services provided by the Government of India (GOI).

**BACKGROUND**

Myrada, a 40 year old field based non governmental organization (NGO) based in Bangalore, India, has been directly working in the focus areas of empowering poor and vulnerable women, natural resource management, reproductive child health (RCH) and HIV/AIDS in the state of Karnataka, and neighboring border areas of Tamil Nadu and Andhra Pradesh. All Myrada's work is built on the underlying principles of sustainability and cost effectiveness through building local people's institutions and capacities, and fostering effective linkages and networking. These principles have also been incorporated into the Myrada CDC program.

In the first year of this program (FY06), Myrada decided to work in two districts of Northern Karnataka: Belgaum and Gulbarga. Several reasons led to this decision including the fact that these were districts with high HIV prevalence (over 3% in general population); were socio-economically backward districts and located adjacent to 2 other HIV high prevalence states, Maharashtra and Andhra Pradesh. The initial strategy was to develop community based models for sustainable HIV prevention activities.

**ACTIVITIES AND EXPECTED RESULTS**

Palliative care involves all aspects of care and support of People Living with HIV/AIDS (PLHA) outside of ART or TB medication. Several facets of palliative care have however been neglected due to a combination of factors. While health care providers tend to equate care to medical treatment, PLHA have no clear idea of the other components of care, and therefore cannot demand these services. In addition, most district PLHA networks focus on advocacy issues and the importance of "positive speaking". Very few have been convinced that they need to look after their own as much or even more than focusing on advocacy issues. They have typically expected others to "provide" them the services.

Myrada initiated the palliative care program due to the felt needs of PLHA in Myrada's focus areas. While some PLHA were affiliated to the district positive network, none of them were aware that there were components of care besides ART. So far around 205 PLHA have been identified in the working areas of Belgaum and Gulbarga. All of them are followed up on a monthly basis and receive regular counseling, home based care, nutrition advice and referrals for medical check up and ART work up. Those who are on ART are followed up in the field.

This year there will be a focus on ensuring that women get equal access to care and support services. The local Self Help Groups will be encouraged to support their PLHA members through livelihood options, food security, ensuring education of their children and the like. Village sub health committees (representative members from women's groups, gram panchayat, and the local health department who are selected by the general community to take up certain responsibilities in the village) will also propagate zero tolerance messages towards discrimination and violence against infected women, handle property rights issues and other HIV-related issues.

This program is being implemented in collaboration with the local district positive networks. This will continue until Myrada is confident that these PLHA clients can be transferred to the USAID- supported Samastha project.

**ACTIVITY 1: Provision and Training in Basic Community-Based Palliative Care**

This will be implemented through the district PLHA network by a team of PLHA community resource persons (CRPs). These CRPs will identify and register all PLHA into the program. Regular palliative care will include the following elements: regular medical check up, home based care, family counseling, nutrition support, referral for opportunistic infection (OI) management, CD4 testing and ART work up, ART follow up, and linkages to livelihoods and other social schemes. In the project year, it is expected that around 200 persons in Belgaum, Chitradurga and Kolar districts will be receiving palliative care. In the other two districts, PLHA will be linked to the USAID-supported Samastha project care program. Around 100 persons, both male and female caregivers, will be trained in the basics of home-based care and nutritional supplementation.

**ACTIVITY 2: Follow-up and Care Post-Delivery**

While the GOI PMTCT Centers will provide PMTCT services and drugs, Myrada will provide referrals and

**Activity Narrative:** will follow-up mother-baby pairs at the community level for 18 months after delivery. Community resource persons trained by Myrada will conduct follow-up visits, focusing on infant feeding practices, the health of the mother and baby, and referring the baby for HIV testing at 18 months. It is expected that at least 30% of those pregnant women tested positive under Myrada's CT intervention will be followed up for the 18 month period.

**ACTIVITY 3: Sensitization of Community Leaders to Reduce Stigma and Discrimination**

In all 400 villages, sensitization programs will be held with community leaders regarding stigma and discrimination. This is an important component of palliative care. With the existing stigma, it is difficult for PLHA to be "open" about their status. Unless they are willing to accept their status, they do not come forward to access any other services. Community leaders can play an important role in influencing access to services, community norms and the attitudes of health providers.

**ACTIVITY 4: Translation and Adaptation of Follow-up Counseling Toolkit**

This newly developed toolkit consisting of flip books and trigger videos has had a positive impact in getting PLHAs to understand issues related to acceptance, need for regular care and support, stigma and discrimination, and the importance of healthy positive living. The modules will be translated into Kannada and used in care and support settings. Myrada will encourage KSAPS and other agencies to include these modules as part of their care and support package of services.

**ACTIVITY 5: Capacity Building of PLHA District Network Staff**

Special training programs will be held for the staff of the district positive networks on palliative care programming, and how to plan and manage such a program in their network area. Included in the package will be trainings on follow-up counseling using the USG-developed toolkit.

**ACTIVITY 6: Building Linkages with Other Program Activities and Service Providers**

The community based care program is implemented in the same areas where the prevention outreach and outreach counseling and testing programs are being implemented. Active linkages are already present in the field area in Belgaum and Gulbarga using the CRPs and the newly established village health committees that focus on HIV/AIDS. These mechanisms will be used to identify clients and strengthen linkages among clients and services. .

Both the palliative care program area and OVC area will be managed by the district PLHA network with extensive support from the Myrada team. It is hope that this support will enable them to strengthen their capacities to sustain the services to their members over time. All medical services will continue to be provided through the government program.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14292

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14292	6207.08	HHS/Centers for Disease Control & Prevention	MYRADA	6766	3964.08		\$20,000
10889	6207.07	HHS/Centers for Disease Control & Prevention	MYRADA	5617	3964.07		\$100,000
6207	6207.06	HHS/Centers for Disease Control & Prevention	MYRADA	3964	3964.06		\$150,000

## Emphasis Areas

### Gender

- \* Increasing gender equity in HIV/AIDS programs
- \* Increasing women's access to income and productive resources
- \* Increasing women's legal rights

### Health-related Wraparound Programs

- \* TB

## Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$80,000

## Public Health Evaluation

## Food and Nutrition: Policy, Tools, and Service Delivery

## Food and Nutrition: Commodities

## Economic Strengthening

## Education

## Water

**Table 3.3.08: Activities by Funding Mechanism**

**Mechanism ID:** 3967.09

**Prime Partner:** Share Medici (Networking)

**Funding Source:** GHCS (State)

**Budget Code:** HBHC

**Activity ID:** 6226.20921.09

**Activity System ID:** 20921

**Mechanism:** APAIDSCON

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Program Area:** Care: Adult Care and Support

**Program Budget Code:** 08

**Planned Funds:** \$75,000

## Activity Narrative: ACTIVITY UNCHANGED FROM FY2008

### FY08 NARRATIVE SUMMARY

The Andhra Pradesh AIDS Consortium (APAIDSCON) will continue to strengthen palliative care services within the consortium and beyond by conducting advanced clinical trainings, supporting the development of one-two centers of excellence, establishing a low cost central pharmacy, developing partnerships with community care centers, hiring peer educators/counselors, and strengthening HIV-focused medical education systems.

### BACKGROUND

In India, over 80% of curative health care is provided in the private sector where facilities range from state of the art to barely adequate. Traditionally medical education has been the preserve of government medical schools; however in the last five years there has been an explosive growth of private medical schools and over the next decade the bulk of newly trained medical graduates will come from the private sector.

In 2005, Science Health Allied Research and Education (SHARE)/MediCiti established APAIDSCON, a consortium of 15 private medical colleges. Recently, as an effort to reach out to the private for-profit health sector, 25 private small to medium size hospitals were added to the consortium. Fundamentally, APAIDSCON was established to strengthen the organizational capacity of its member institutions.

The fact that 15 independent and often competing private medical colleges came together and formed a consortium to address HIV and medical education issues is a noteworthy initial outcome. The formation of a consortium has led to more substantive system strengthening, including the successful completion of joint training programs, curriculum sharing, advocacy for government funded HIV testing and counseling centers in all 15 colleges, and a linkage system for subsidized CD4 testing.

The primary aim of the consortium is to ensure that future medical graduates (over 1,500 annually) as well as nurses and allied health professionals are trained to address HIV/AIDS. APAIDSCON builds collaborative programs with private entities as well as government agencies, promotes the implementation of national guidelines and best practices and supports a comprehensive multi-disciplinary strategy to combat the HIV/AIDS epidemic.

### ACTIVITIES AND EXPECTED RESULTS

#### ACTIVITY 1: Training in Care

With FY08 funding, APAIDSCON will provide high-quality HIV palliative-care training to its health-care staff and to the community at large. In India, there is thought to be a high variability in the quality and practices of HIV care. APAIDSCON has developed two-day palliative-care curricula training specific to medical officers, nurses, medical students, and house-keeping staff, that will equip participants with basic HIV care knowledge and skills in accordance with national and international standards. Over 70% of medical and nursing faculty and over 50% of housekeeping staff have been trained to date; the remaining staff will be trained with FY08 funding.

APAIDSCON believes in intensive, hands-on training for medical personnel if the goal is to provide quality HIV care services. Post training follow-up and refresher workshops are important. APAIDSCON has developed and pilot tested a five-day hands-on training program based on this principle. The training, which includes skills-based instruction (case-studies, bedside teaching, mentored clinical care opportunities), teaches best practices for the prevention and treatment of opportunistic infections (OIs) associated with HIV/AIDS. Other topics include: HIV staging, routine clinical monitoring and management of HIV/AIDS complications, symptom diagnosis and relief, and psycho-social support, including organization of basic necessities such as nutrition, financial assistance, legal aid, mental health services, and bereavement support for family members. Special emphasis is placed on the cross training of these care providers on ART screening and management.

With FY08 funding, APAIDSCON will continue to conduct these hands-on trainings for 15-20 physicians at least quarterly. A Level 2 training program will be developed for those caring for People Living with HIV/AIDS (PLHA) who need additional skills-based training. Level 1 and Level 2 trainings are designed to reach members of consortium institutions in order to build their skills. However, some physicians from NGOs and government who are providing HIV care and support services will also participate. All physicians trained by APAIDSCON who are part of the consortium will receive quarterly follow-up visits (mentorship visits) to ensure that acquired care and treatment skills are incorporated into practice.

#### ACTIVITY 2: Development of HIV Care and Training Centers

In FY08, APAIDSCON will devote time and resources to developing one or two HIV care and training centers. In collaboration with the Andhra Pradesh State AIDS Control Society (APSACS), APAIDSCON and CDC will likely focus on building an existing government HIV/ART center into a NACO center of excellence, by providing technical inputs, staffing support, and training expertise while leveraging NACO/APSACS resources to develop infrastructure, better operational systems, and a more functional and updated laboratory. A specific center (Government Chest Hospital, Hyderabad) has been identified and relationships between this hospital, APSACS, CDC, and APAIDSCON have grown.

A second HIV care and training center may be developed in one of the 15 medical colleges. A full assessment of the capacities, interest, and needs of the better performing medical colleges to develop such a center will be completed in FY08. Based on this assessment, a cost-feasible investment in strengthening one medical college as a referral center and training center for the consortium will be considered.

#### ACTIVITY 3: Increase Access to HIV Care and Treatment in the Private Sector

To increase access to HIV care and treatment in the private healthcare sector, APAIDSCON will collaborate with APSACS to establish a central pharmacy for APAIDSCON facilities and partners. The objective will be

**Activity Narrative:** to provide high-quality, low-cost medicines (via high-volume purchasing) to PLHAs accessing services at APAIDSCON and partner facilities. With FY08 funding, APAIDSCON will support a pharmacy coordinator and appropriate space for the procurement, storage, and distribution of medicines for HIV/AIDS care (cotrimoxazole, TB treatment regimens) and treatment (ARVs).

**ACTIVITY 4: Expand Care and Treatment Services**

In FY08, APAIDSCON will continue to expand its care and treatment services. To date, mainstreaming of HIV services into young, developing medical college institutions has been more difficult than expected. Resistance remains high due to HIV-related stigma, poor technical skills to manage HIV, limited ability to generate net income from HIV services, and poor access to affordable medication, especially ARVs. APAIDSCON will continue to address these fundamental issues. At the same time, alternative strategies that do not require these medical college hospitals to provide comprehensive services to huge number of PLHAs will be implemented.

In FY08, APAIDSCON will develop closer relationships and linkages to NACO-funded community care centers and ART centers. APAIDSCON will support their local HIV community care centers by requiring faculty and students to rotate through these centers and provide specialty consultations. APAIDSCON will also create ways for consortium member institutions to provide laboratory and radiological support services to these centers. This process will also help create better linkages between institutions and will help develop the technical capacities of the community care centers.

**ACTIVITY 5: Strengthen Follow-Up**

In FY08, to strengthen the follow up procedure for those who test positive, 15 peer counselors will be placed in the partnering institutes. The job of the peer counselors will be to provide follow-up counseling support to any PLHA seeking services in the institution. Both the peer counselors and the testing center counselor will be provided with the CDC follow up counseling toolkit and taught how to use it as a teaching aid. This will help ensure and standardize PLHA support services such as mental health counseling, prevention for positives, partner notification, and dealing with stigma and discrimination. As a result of this effort, the percentage of PLHAs who notify their partner of their status and return to the institution for follow up counseling services will substantially increase by the end of FY08.

**ACTIVITY 6: Strengthen Training Approaches**

APAIDSCON has developed a HIV curriculum for medical students that is being implemented in many of the 15 private medical colleges as an elective. In FY08, this curriculum will be strengthened based on feedback from students and faculty. APAIDSCON and CDC will work to mainstream this as a required module in all 15 consortium medical colleges and advocate for it to be included as a statewide module or elective in all medical colleges.

APAIDSCON will also work to ensure that 4th and 5th year medical students and advanced year nursing students have an opportunity to care for PLHAs on the wards or in the clinics as part of their clinical experience. To do this, access to PLHAs and faculty bedside teaching skills related to HIV must be improved. This will be accomplished by either increasing the number of PLHAs being cared for in the medical college hospital or making it easier for students to visit HIV care centers in the community. APAIDSCON will also set up an elective for students to work at a tertiary HIV care and training center. In FY08, APAIDSCON hopes to send 200 students (nursing and medical) to such centers.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14580

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14580	6226.08	HHS/Centers for Disease Control & Prevention	Share Mediciti (Networking)	6879	3967.08	APAIDSCON	\$50,000
6226	6226.06	HHS/Centers for Disease Control & Prevention	Share Mediciti (Networking)	3967	3967.06		\$100,000

**Emphasis Areas**

Health-related Wraparound Programs

\* TB

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$75,000

**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.08: Activities by Funding Mechanism****Mechanism ID:** 3966.09**Mechanism:** N/A**Prime Partner:** Leprosy Relief Association  
India**USG Agency:** HHS/Centers for Disease  
Control & Prevention**Funding Source:** GHCS (State)**Program Area:** Care: Adult Care and Support**Budget Code:** HBHC**Program Budget Code:** 08**Activity ID:** 6219.20904.09**Planned Funds:** \$25,000**Activity System ID:** 20904

## Activity Narrative: CONTINUING ACTIVITY - NEW ACTIVITY NARRATIVE

### SUMMARY

LEPRA Society, with support from USG and the Andhra Pradesh State AIDS Control Society (APSACS), rolled out a large comprehensive prevention, care, treatment, and support program in 2006 delivered through Primary Health Centers (PHCs) across 10 high burden districts in Andhra Pradesh (AP). These activities are being continued in FY09. Services will include: opportunistic infections (OI) prophylaxis; counseling on nutrition and hygiene; demand generation for care and support through follow up counseling modules; positive prevention, including discordant couple counseling; referral of people living with HIV/AIDS (PLHA) for TB testing; DOTS treatment and linkages with existing services in government and NGO settings. The palliative care program focus is on training for pain and symptom management, increasing demand generation for access to services, and facilitating linkages. The target group includes those infected and affected by HIV and community members of the districts in which there are USG-supported PHCs.

In FY09, the supportive supervision and management of the PHC Enhancement Project will be shared between USG partners and the government-appointed District AIDS Prevention and Control Unit (DAPCU). To date, district teams for supervision of the PHC HIV/AIDS activities in the ten high-burden district have been supported by USG funds, which will end in FY09 due to the integration of the project into the national DAPCU structure. This integration forms part of the sustainability plan for the PHC Enhancement Project, which will be handed over to the government as the project enters its fifth year of USG support.

### BACKGROUND

USG has been working in AP with LEPRA, and its sub-partner Catholic Health Association of India (CHAI), since 2005. CHAI, established in 1943, is India's largest faith based organization in the health sector with nearly 3,273 member institutions that include large, mid-sized and small hospitals, health centers, and diocesan social services societies. CHAI promotes community health and enables the community, especially the poor and the marginalized, to be collectively responsible for attaining and maintaining their health, demand health as a right, and ensure availability of quality health care at reasonable cost.

Andhra Pradesh, a southern state in India with a population of 80.8 million, has an estimated 500,000 PLHA. Antenatal HIV prevalence is over 1% in 19 of the 23 districts, yet access to HIV services is scarce, especially in the rural areas. APSACS has scaled up counseling and testing services to the rural primary health center level, unlike other states in India, where the services remain exclusively urban and peri-urban. A total of 266 Integrated Counseling and Testing Centers (ICTCs) offer PPTCT, counseling and testing (CT), and TB/HIV care, support and treatment services at the PHC level. Each PHC, the basic health care unit in India, serves a population of 30,000. Given the vast coverage of PHCs, and the urgent need for rural access to testing, care, and treatment services, the integration of HIV/AIDS services into the existing PHC level makes services very accessible.

### ACTIVITIES AND EXPECTED RESULTS

A major impetus for placing a nurse at a PHC was to address the unmet needs for palliative care of PLHA at the community level. The nurse practitioners (NPs), along with Nurse Supervisors (NS) and outreach workers (ORWs), mobilize men and women in the community for testing and counseling. Additionally, the nurses provide comprehensive HIV prevention, care, and treatment services for PLHA through basic nursing care, clinical staging and referrals, including cross-referrals for TB/HIV. Support from local NGOs and care and support centers is leveraged for services, such as nutrition and in-patient treatment. In FY09, the NPs will offer psychosocial support and improve palliative care services for 1,275 PLHA.

#### ACTIVITY 1: Primary Health Center Enhancement Project (PHCEP)

Two hundred and twenty six PHC nurses, appointed to government PHCs by CHAI and APSACS and paid for by the government, will continue to provide palliative care services to PLHA at the community level. Nurses have been placed in the communities where the HIV burden is the greatest or in districts where high-risk behavior is most prevalent. Each nurse covers a population of about 30,000. Nurses visit villages and conduct outreach education sessions for PLHA and their families. The activities of the nurse are monitored by Nurse Supervisors supported by USG funding and by the Medical Officer of the PHCs, who also participate in the provision of palliative care services to PLHA.

Community and home-based activities are an integral part of the PHC Enhancement Project. At the PHC, PLHA are provided medical care, including syndromic management for STIs, treatment for other opportunistic infections, psychosocial support, and referral services for ART, TB screening, and CD4 count tests. The services provide a continuum of care for PLHA by networking with other existing HIV care, treatment, and support providers. HIV-positive clients are linked to government centers for CD4 screening and ART, if appropriate. NPs, with active support from Nurse Supervisors, make follow-up visits to PLHA homes to provide medical and psychological support. Outreach workers and staff nurses also help refer PLHA to additional services. Mainstreaming referrals into the regular functions of the PHC staff will ensure sustainable HIV service networks.

Advocacy by LEPRA and its sub-partner CHAI at both state and district levels will ensure drug availability at the PHC level for opportunistic infection prophylaxis.

#### ACTIVITY 2: Training of PHC Staff and Nurse Practitioners

The PHCEP works closely with the HIV-TB division of APSACS to train field staff on HIV-TB coordination and cross referrals. Activities such as TB-HIV cross-referrals, screening and DOTS referral for TB-HIV co-infection, ART, and reporting as per the Revised National TB Control Program guidelines will continue to be done at PHC level. The NPs are trained to track cross-referrals and complete treatment of all those diagnosed with TB at the PHC. They are supervised and given technical support through the USG funded nurse supervisors, who work at the district level.

The project aims at ensuring gender equity in access to palliative care services by focusing on PLHAs and

**Activity Narrative:** their infected/affected spouses. Screening for TB amongst family members, partner screening for STI and treatment will be integral part of these services.

In FY09, all 266 Nurse practitioners will undergo training on follow-up counseling techniques, STI management and pain management. The capacity of PHC Medical Officers to deliver care to HIV-positives will also be strengthened.

Sustainability for the delivery of quality services will be achieved through mainstreaming these activities into the routine work of the PHC through integration with the National Rural Health Mission. Linkages between staff of the PHC and the TB program (TB supervisors) are also important to ensure sustainability of the activities.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14300

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14300	6219.08	HHS/Centers for Disease Control & Prevention	Leprosy Relief Association India	6767	3966.08		\$50,000
10884	6219.07	HHS/Centers for Disease Control & Prevention	Leprosy Relief Association India	5616	3966.07		\$125,000
6219	6219.06	HHS/Centers for Disease Control & Prevention	Leprosy Relief Association India	3966	3966.06		\$125,000

**Emphasis Areas**

Gender

\* Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

\* TB

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.08: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 5976.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> Indian Network of Positive People	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GAP	<b>Program Area:</b> Care: Adult Care and Support
<b>Budget Code:</b> HBHC	<b>Program Budget Code:</b> 08



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**Activity ID:** 6193.20892.09

**Planned Funds:** \$0

**Activity System ID:** 20892

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

CDC's Cooperative Agreement with INP+ ended on March 31, 2008 and there are no plans to renew it. With the current funding INP+ will be able to carry on the programs until June 2009. The activities in this program area mentioned in the FY08 COP activity narrative are expected to be absorbed by other CDC partners and continued in future. INP+ may become a sub-partner to another CDC prime partner.

**FY 2008 NARRATIVE SUMMARY**

In the fourth year of collaboration with CDC's Global AIDS Program, INP+ continues its efforts to provide psychosocial support services such as peer counseling, promoting prevention for positives messages, linking People Living with HIV/AIDS (PLHA) to local health service institutions for treatment and care, and training PLHA in skills to lead a productive life. These services are provided through Family Counseling Centers, Drop-in Centers and through training programs at various locations. By empowering PLHA through the establishment of district networks of positive people, accountability within the government and private health sector is being strengthened, leading to higher quality care and treatment services. The area of operation is focused in the southern Indian states of Tamil Nadu, Karnataka and Andhra Pradesh.

**BACKGROUND**

The Indian Network for People living with HIV/AIDS (INP+), which started in 1997, is a leading advocacy organization of PLHA in India. It has more than 60,000 PLHA as members through its 120 affiliated district level networks (DLNs). The organization works toward improving the quality of life of PLHA through 1) establishing independent state and district level groups; 2) improving grassroots level care and support services; and 3) leading advocacy activities locally and nationally. National AIDS Control Organization (NACO) has recognized INP+ as a strong partner. INP+ is a co-chair of the Country Coordinating Mechanism of the Global Fund for AIDS, Tuberculosis and Malaria (GFATM).

In India, PLHA are not getting adequate information about HIV/AIDS, access to care and treatment services and support from other PLHA in the locality. HIV/AIDS is still viewed with stigma by health care workers, local political leaders and government officers. INP+ works toward helping PLHA to find solutions to all these problems to improve their quality of life.

**ACTIVITIES AND EXPECTED RESULTS**

**ACTIVITY 1: Family Counseling Center (FCC)**

To provide on-going psychosocial counseling to PLHA visiting the Government Hospital of Thoracic Medicine (GHTM), Tambaram (Chennai, Tamil Nadu) the largest HIV Care Center in India, INP+ started its first Family Counseling Center (FCC) in 2004. Symbolically, this has helped PLHAs and INP+ advocate for a more holistic approach to care and treatment and more specialized PLHA support since GHTM is seen as a model government HIV care center in India.

The INP+ counselors at GHTM currently provide partner counseling, individual bed side counseling and group counseling on various issues facing PLHA. Special effort is placed on "prevention for positive" messages. This activity has helped PLHA in various issues such as reducing stigma and discrimination, exercising women's legal rights as widows and availing inheritance for children from their deceased parents. Group counseling on self-care, home care, nutrition and positive living is part of the counseling process.

CDC started a similar facility in Hyderabad, Andhra Pradesh attached to the Government Chest Hospital. This activity is currently integrated into the CT Center at the hospital. In FY08, CDC will assess whether it is better to keep this as an integrated activity with standard pre-post testing counseling or separate it both physically and operationally from standard CT.

In FY 2008, INP+ plans to introduce a standard of counseling care protocol at the FCC and a standardized monitoring tool for PLHA counseling. INP+ plans to reach 30,000 PLHA and their family members through this activity. Once successfully implemented, this will be expanded to other HIV care centers in Tamil Nadu and India.

**ACTIVITY 2: Follow-up Counseling Training**

The FCC experience indicated the need for equipping counselors with teaching aids that would assist them during PLHA counseling. The result is a 'Toolkit on Follow-up Counseling' created jointly by the Indian Clinical Epidemiological Network (IndiaCLEN) and CDC experts. The toolkit, which is now being used by the GHTM counselors, has tools to deal with stigma, mental health, partner disclosure, disclosure to other people, safer sex and on general basics of HIV for PLHA to lead a productive life. There are flip charts and trigger tapes which the counselor can use appropriately when the client seeks help with any of these problems. INP+ support the training of PLHA master trainers, who will in turn train peer counselors at the district level.

In FY 2008, INP+ will train 300 peer counselors in Follow-up Counseling at their drop-in centers and district support groups in Tamil Nadu and Andhra Pradesh. This focus on standardizing counseling support beyond the post test session for those who test positive is new in India. INP+ will play a key role in advocating for its inclusion in all palliative care packages and for NACO to make it part of all its counseling and testing centers as well as its care and support centers and ART centers.

**ACTIVITY 3: Life Focus Center (Drop-in Center)**

Life Focus Center (LFC) was initiated in 2004 as an extension of the Family Counseling Center at GHTM, Tambaram (Chennai). Essentially this center acts as a drop-in center primarily for providing psychosocial support, one-on-one peer counseling, and to train PLHA on topics such as income generation (economic strengthening) and nutrition (food security). The center also has facilities like a library, a computer and a place for relaxation for PLHA coming from far away to access services at the hospital. The center

**Activity Narrative:** encourages PLHA to gain correct information and connects them to district PLHA networks and service providers. In FY 2008, we plan to provide services to 7,200 PLHA through this center.

**ACTIVITY 4: Positive Speakers Program**

This is a new initiative of INP+ for FY 2008. We will train 200 PLHA in the southern states of Tamil Nadu and Andhra Pradesh with a special focus on general prevention messages as well as positive prevention messages to PLHA. The trained PLHA speakers will chalk out a state and national plan for active involvement in prevention activities in their communities. This activity will reduce stigma and promote prevention. It will also advocate for gender equality as well as legal rights issues.

**ACTIVITY 5: Strengthening District Level Networks (DLNs)**

The mainstay of INP+ structure and support comes from district and state level networks of positive people. USG funding is focused on strengthening these organizational units as both advocacy and service units. DLNs receive funds under GFATM to provide ART support services, hire outreach workers to track down ART defaulters, assist positive pregnant women find a safe place to deliver and receive treatment, and establish drop-in counseling and support centers. DLNs are also tasked to provide effective linkages between PLHAs and care providers, including services for TB treatment.

In FY08, USG will focus on ways to strengthen these services to be provided or managed by DLNs (as an example of leveraging). Training in human resource management, monitoring and evaluation, HIV care and treatment packages, and ART operational guidelines will be organized by INP+ using USG support.

**ACTIVITY 6: Support for Potential Accreditation Scheme**

DLN and state level networks also have a tremendous role to play in advocating for improved care and treatment services in their districts and states. In FY08, INP+ will more actively involve itself in effort to improve and regulate care providers and institutions. It will actively participate in accreditation guideline development and promote accreditation as a way to empower PLHAs to make smart and meaningful health care choices. As part of a potential accreditation system, INP+ will work with NACO and others to ensure that all externally funded and NACO-funded care centers follow established care guideline (standard minimal package of services, clinical guidelines, etc.) and are evaluated on this annually.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14473

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14473	6193.08	HHS/Centers for Disease Control & Prevention	Indian Network of Positive People	6848	5976.08		\$68,000
10877	6193.07	HHS/Centers for Disease Control & Prevention	Indian Network of Positive People	5976	5976.07		\$50,000
6193	6193.06	HHS/Centers for Disease Control & Prevention	Indian Network of Positive People	3960	3960.06		\$50,000

**Table 3.3.08: Activities by Funding Mechansim**

**Mechanism ID:** 3969.09

**Mechanism:** N/A

**Prime Partner:** US Centers for Disease Control and Prevention

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GAP

**Program Area:** Care: Adult Care and Support

**Budget Code:** HBHC

**Program Budget Code:** 08

**Activity ID:** 10949.25427.09

**Planned Funds:** \$128,867

**Activity System ID:** 25427

**Activity Narrative:** \$128,867 in CDC GAP funding is necessary to support a percentage of expenses and activities for two technical staff members – one in the Chennai Consulate and one in the Hyderabad Consulate. The amount requested includes salaries, fringe, travel proportionate office overhead, desk, operational charges, head tax charges, and ICASS charges.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14463



**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The Samastha project will continue to provide quality Anti-Retroviral Therapy (ART) services at three sites in Karnataka and one site in Andhra Pradesh under the PPP model of National AIDS Control Organization (NACO). PEPFAR funds will be used to provide partial support to these existing and any additional NACO-approved sites in the form of personnel, capacity building, mentorship in clinical management of HIV infection (including ART), and ART adherence counseling. These centers will have linkages with supportive services offered by other centers including the Integrated Positive Prevention and Care Drop-in Centers and Community Care Centers.

**BACKGROUND**

Starting in early 2007 and continuing through 2009, the Samastha project will provide partial support to four ART centers with financial support from PEPFAR. In Karnataka, St John's Medical College and Hospital - Bangalore, Kempegowda Institute of Medical Sciences - Bangalore and SVYM, Sargur - Mysore have been recognized as ART centers by NACO. PEPFAR's contribution will complement NACO's ART program to this centre by providing support for personnel at the center. The Assisi Hospital at Pedana in Krishna District of Andhra Pradesh supported by Samastha as a community care centre will continue to offer ART services through private funding.

**ACTIVITIES AND EXPECTED RESULTS**

**ACTIVITY 1: Providing Human Resources at ART Centers**

With the increase in the number of sites, the numbers of people provided ARV services will double from the previous year.

**ACTIVITY 2: Improving the Quality of Service Delivery at ART Centers**

Activities described in this section in the previous year continue. In 2009, refresher training for 5 staff from each of the centers will be conducted using PEPFAR funds. Training will also be offered to government ART center staff. Funds for this training will be leveraged from state funds. Another new activity is a residential six-month fellowship in HIV that will prepare doctors for ART and CCC services. This will begin in 2008 and will continue in the 2009. A similar residential training is planned for qualified nurses and counselors in experiential learning sites. The duration of this course has not yet been determined.

**FY 2008 NARRATIVE SUMMARY**

Compared with other high prevalence states, Karnataka has reported limited progress in terms of provision of ARV services. To enhance the scale-up of ARV services as envisaged under the Karnataka State AIDS Control Society (KSAPS), the Samastha project will through its care and treatment component, provide quality Anti-Retroviral Therapy (ART) services at three sites in Karnataka and one site in Andhra Pradesh. Two of these Samastha supported centers in Karnataka are under consideration by the National AIDS Control Organization (NACO) for direct central support as ART centers; should they be approved, Samastha will limit its role to provision of technical support and supportive supervision. Currently, Samastha provides support in the form of personnel, capacity building, and mentorship in clinical management of HIV infection (including ART), and ART adherence counseling. These centers will have linkages with supportive services offered by IPPCCs, Care and Support Centers (CSC) both within and outside the project. ART drugs are not supported by PEPFAR funds.

**BACKGROUND**

The Samastha project is a comprehensive prevention, care and treatment project, implemented by the University of Manitoba (UOM) in partnership with the Karnataka Health Promotion Trust (KHPT), Population Services International (PSI) and EngenderHealth (EH), reaching 15 districts in Karnataka and 5 coastal districts of Andhra Pradesh). Karnataka is one of the high prevalence states in India with the second largest number of positive people on ARV.

**ACTIVITIES AND EXPECTED RESULTS**

Starting in early 2008 and continuing through 2009, the Samastha project will provide partial support to four ART centers with financial support from PEPFAR and the aim of transitioning management completely to the government. Under the leadership of UM, in Karnataka, the Kempegowda Institute of Medical Sciences, Bangalore has been recognized as a designated ART center by NACO. PEPFAR's contribution will complement NACO's ART program to this center by providing support for personnel at the center. In addition, the Assisi Hospital at Pedana in Krishna District of Andhra Pradesh, supported by Samastha, will continue to offer ART services. Other CSC sites will seek NACO support for ART, with Engender Health providing overall technical support in capacity building and quality improvement.

**ACTIVITY 1: Providing Human Resources at ART Centers**

In 2007, the National AIDS Control Organization (NACO) included NGOs and Private Medical Colleges in its ART program in order to increase access to services by PLHA. This initiative only provides funding for ART, and sites are expected to identify funding from other sources for personnel and other expenses. One site (mentioned above) has been approved by NACO as a designated ART center, and PEPFAR funds will be used to support the following personnel: doctors, counselor, lab technician, pharmacist, nurse, and a data manager. Another site in Andhra Pradesh is offering ART services through non-government sources. These sites are expected to register and start ART for at least 200 PLHA between 2006 and 2008.

Based on current experiences by SACS at the government ART centers, attrition rates average approximately 20% per year, with reasons including discontinuation of ART due to side effects, death, lost to follow-up and those who may have restarted ART after discontinuing. The project will attempt to ensure

**Activity Narrative:** that at least 80% continue ART at end of each year. Based on this target, it is expected that at least 160 PLWHAs from the two sites will be on ART at the end of 2009. These figures will go up substantially if NACO approves the two ART centers mentioned above.

The sites will be provided ongoing technical support and supervision by EngenderHealth and KHPT. Engender Health will train the site staff to use COPE© Quality Improvement tools to ensure high quality ART services at the site. Once oriented and trained the staff of the service delivery point will be able to use this quality improvement tool to assess the performance of the site and client satisfaction, and identify solutions for most issues. All site staff, starting from the top manager to the housekeeping staff will be involved in this exercise. Technical support will include “on site whole site” training and sensitization of all staff (whether involved with HIV care or not) on stigma and discrimination and infection prevention practices. These activities will contribute to the sustainability of quality services after the project period.

**ACTIVITY 2: Improving the Quality of Service Delivery at ART Centers**

In 2008, 20 staff from the project-supported ART centers, will be trained to deliver ART according to national standards. The curriculum for training on ART will be in accordance with NACO and WHO guidelines. Training on ART for doctors, nurses, counselor and HIV-positive peer educators will be conducted based on job responsibilities at the ART site.

To keep the pace with the fast changing technology of HIV/AIDS, Continuing Medical Education (CME) activities will be made available in the form of fact sheets and online courses. St. John’s Medical College will be primarily responsible for this activity. Furthermore, the staff at the ART centers will be mentored at their work sites by the Medical Regional Managers of KHPT and the Supportive Supervisory Team (for counselors). EngenderHealth will provide guidance and technical support for both activities.

Program activities require that Samastha work and collaborate with NACO/SACS. Training for government ART center staff will also be conducted with financial support from PEPFAR. Continued support and partnership with the state government combined with specific efforts to obtain funding for the activities currently supported by PEPFAR will allow the sites to continue to function after the project period.

These outcomes will contribute to PEPFAR goals by increasing access to quality ART services, thus contributing to an improved quality of life for PLHA. In the process of achieving these targets, the project will complement NACO’s plans under the National AIDS Control Program Phase Three to scale up and increase access to ART.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14141

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14141	10941.08	U.S. Agency for International Development	University of Manitoba	6715	3942.08	Samastha	\$169,000
10941	10941.07	U.S. Agency for International Development	University of Manitoba	5601	3942.07		\$275,000

**Emphasis Areas**

Gender

\* Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

\* TB

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$12,774

**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery**

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$130

**Food and Nutrition: Commodities**

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$4,745

**Economic Strengthening****Education****Water****Table 3.3.09: Activities by Funding Mechanism****Mechanism ID:** 3967.09**Mechanism:** APAIDSCON**Prime Partner:** Share Medici (Networking)**USG Agency:** HHS/Centers for Disease Control & Prevention**Funding Source:** GHCS (State)**Program Area:** Treatment: Adult Treatment**Budget Code:** HTXS**Program Budget Code:** 09**Activity ID:** 6225.20924.09**Planned Funds:** \$10,000**Activity System ID:** 20924

## Activity Narrative: ACTIVITY UNCHANGED FROM FY2008

### FY08 NARRATIVE SUMMARY

The Andhra Pradesh AIDS Consortium (APAIDSCON) of 15 private medical colleges have tertiary care and treatment hospitals offering general and specialized medical and surgical services. APAIDSCON envisages engaging these hospitals in offering both inpatient and out patient care, support and ART treatment services to People Living with HIV/AIDS (PLHA) both as direct ART facilities as well as developing linkages with the existing government sector ART services. APAIDSCON will also develop private sector models of ART treatment services in partnership with NACO and APSACS.

### BACKGROUND

In India, over 80% of curative health care is provided in the private sector where facilities range from state of the art to barely adequate. Traditionally medical education has been the preserve of government medical schools; however in the last five years there has been an explosive growth of private medical schools and over the next decade the bulk of newly trained medical graduates will come from the private sector.

In 2005, Science Health Allied Research and Education (SHARE)/MediCiti established a consortium of 15 private medical colleges named the Andhra Pradesh AIDS Consortium (APAIDSCON). Recently, as an effort to reach out to the private for-profit health sector, 25 private small to medium size hospitals were added to the consortium. Fundamentally, APAIDSCON was established as a mechanism to strengthen the organizational capacity of its member institutions.

The fact that 15 independent and often competing private medical colleges came together and formed a consortium to address HIV and medical education issues is a noteworthy initial outcome and model for the country. The formation of a consortium has led to more substantive system strengthening, including the successful completion of joint training programs, curriculum sharing, advocacy for government funded HIV testing and counseling centers in all 15 colleges, and a linkage system for subsidized CD4 testing.

The primary aim of the consortium is to ensure that future medical graduates (over 1,500 annually) as well as nurses and allied health professionals are well trained to address HIV AIDS. APAIDSCON builds collaborative programs with private entities as well as Government agencies, promotes the implementation of national guidelines and best practices in addressing the HIV AIDS epidemic, and is supporting a comprehensive multi-disciplinary strategy to combat the HIV/AIDS epidemic in the state with the highest estimated burden of HIV in India.

### ACTIVITIES AND EXPECTED RESULTS

#### ACTIVITY 1: Training in ART

In FY 08, APAIDSCON plans to utilize its position within the private health care sector as well as its relationship with the public health-care system to provide high-quality ART training to its health-care staff and to the community at large. In India, there is thought to be a high variability in the quality and practices towards ART management. APAIDSCON has developed two-day curricula training specific to medical officers, nurses, medical students, and house-keeping staff, that will equip participants with basic HIV care and treatment knowledge and skills as per national and international standards. To date, over 70% of medical and nursing faculty have been trained and over 50% of housekeeping staff have been trained. In FY08, the remaining medical and nursing faculty and housekeeping staff will be trained.

APAIDSCON fundamentally believes in the value of more intensive, hands-on training for medical personnel if the goal is for these trainees to provide quality HIV care services, including ART management. Post training follow-up and refresher workshops are equally important. APAIDSCON has developed and pilot tested a 5 day hands-on training programs based on this principle. The training, which includes skills-based (i.e. case-studies, bedside teaching, clinical care opportunities) instruction from HIV/AIDS technical experts from around the world, teaches best practices for the management of HIV, with a focus on ART. Specific topic areas include: routine clinical monitoring and management of ART and its complications, diagnosis and treating of immune reconstitution syndrome, diagnosis and management of ART drug failure, and how to assess and encourage medication adherence.

In FY08, APAIDSCON will continue to conduct these hands-on trainings for 15-20 physicians at least quarterly. A level 2 training program will be developed for those caring for PLHAs who require and want additional skills-based training. Level 1 and level 2 trainings are designed to reach consortium members in order to build their skills and capacities. However, some select physicians from NGOs and government who are providing HIV care and support services will be allowed to participate. All physicians trained by APAIDSCON who are part of their consortium will receive quarterly follow-up visits (mentorship visits) to ensure that acquired care and treatment skills are retained and incorporated into practice.

#### ACTIVITY 2: Development of Training Centers

In FY08, APAIDSCON will devote substantial time and resources into developing 1-2 HIV/ART care and training centers. In collaboration with the Andhra Pradesh State AIDS Control Society (APSACS), APAIDSCON and CDC will likely focus on building an existing government HIV/ART center into a NACO center of excellence, by providing technical inputs, staffing support, and training expertise while leveraging NACO/APSACS resources to develop infrastructure, better operational systems, and a more functional and updated laboratory. A specific center (Government CHEST Hospital, Hyderabad) has already been identified and relationships between this hospital, APSACS, CDC, and APAIDSCON have grown.

A second HIV care and training center may be developed in one of the existing 15 medical colleges. A full assessment of the capacities, interests, and needs of the better performing medical colleges to develop such a center will be completed in FY08. Based on this assessment, a cost-feasible investment in strengthening one medical college as a referral center and training center for the consortium will be considered. APAIDSCON and USG would work with NACO to provide free ART to this non-governmental



**Activity Narrative:** medical college as part of this strategy.

**ACTIVITY 3: Development of Central Pharmacy and Low-Cost ART Package**

APAIDSCON will collaborate with APSACS to establish a central pharmacy for APAIDSCON facilities and partners. The objective will be to provide high-quality, low-cost medicines (via high-volume purchasing) to PLHAs accessing services at APAIDSCON and partner facilities. In FY08, APAIDSCON will support a pharmacy coordinator and appropriate space for this pharmacy for the procurement, storage, and distribution of medicines for HIV/AIDS care (e.g. co-trimoxazole, TB treatment regimens) and treatment (ARVs).

As a related strategy, APAIDSCON will attempt to develop a low cost monthly ART package and market it to PLHAs who cannot or do not want to receive ART through the government system. Private sector physicians trained by APAIDSCON would be eligible to take part in this system. Patients would be offered a package of standard ART services include first line drugs, periodic CD4 testing, basic labs, counseling support, nutrition support, and physician fees for a standard monthly fee. The fee would have to be significantly cheaper than the current market price for these services, which may be possible with bulk drug purchases and a centralized subsidized lab service as exists in APAIDSCON. If successful, this could serve as an important model for the state and India.

**ACTIVITY 4: Expanding Treatment Services**

In FY08, APAIDSCON will continue to find ways to expand its care and treatment services. To date, mainstreaming of HIV services into young, developing medical college institutions has been more difficult than expected. Resistance remains high due to HIV-related stigma, poor technical skills to manage HIV, limited ability to generate net income from HIV services, and poor access to affordable medication, especially ARVs. APAIDSCON will continue to address these fundamental issues. At the same time, alternative strategies that do not require these medical college hospitals to provide huge number of PLHAs comprehensive services will be implemented.

Consequently, in FY08, APAIDSCON will develop closer relationships and linkages to NACO-funded community care centers and ART centers. APAIDSCON will support their local HIV community care center by requiring faculty and students to rotate through these centers and provide specialty consultations. APAIDSCON will also create ways for consortium member institutions to provide laboratory and radiological support services to these centers. This process will also help create better linkages between institutions and will help develop the technical capacities of the community care centers as ART link centers (ART down referral centers under NACP3).

**ACTIVITY 5: Increase Hands-On Training in ART**

APAIDSCON will increase the clinical exposure of 4th and 5th year medical students and advanced year nursing students, to caring for PLHAs on the wards or in clinics, including experience of ARV diagnosis and treatment. To do this, faculty bedside teaching skills related to HIV and access to PLHAs will have to be improved. This will accomplished by either increasing the number of PLHAs being cared for in the medical college hospital or making it easier for students to visit HIV ART centers in the nearby community. APAIDSCON will also set up an elective for students to work at a tertiary HIV care and training center. In FY08, APAIDSCON hopes to send over 200 nursing and medical students to such centers for more in depth HIV teaching and sensitization.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14583

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14583	6225.08	HHS/Centers for Disease Control & Prevention	Share Mediciti (Networking)	6879	3967.08	APAIDSCON	\$25,000
6225	6225.06	HHS/Centers for Disease Control & Prevention	Share Mediciti (Networking)	3967	3967.06		\$50,000

**Emphasis Areas**

Workplace Programs

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.09: Activities by Funding Mechanism**

**Mechanism ID:** 3958.09

**Prime Partner:** Tamil Nadu AIDS Control Society

**Funding Source:** GAP

**Budget Code:** HTXS

**Activity ID:** 20933.09

**Activity System ID:** 20933

**Mechanism:** N/A

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Program Area:** Treatment: Adult Treatment

**Program Budget Code:** 09

**Planned Funds:** \$20,000

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

**ACTIVITY 1: Addition to ART Consultants to TNSACS**

TNSACS plans to increase the ART services by expanding its network of ART centers to 35 and creating 68 Link ART centers, which will help in decentralizing the ART services further. During this expansion, TNSACS will be required to ensure the quality of care delivered through these centers and also ensure that proper linkages are maintained with Integrated Counseling and Testing Centers, Community Care Centers and District AIDS Prevention and Control Unit staff.

USG will provide technical expertise to monitor and supervise the ART program. It will also actively support skills building – both technical and managerial – of the staff involved, through a needs-based approach on a regular basis. Additionally, it will build the skills of the program staff to analyze their data more effectively to provide better quality care and support services to the patients.

**FY 2008 NARRATIVE**

**SUMMARY**

To assist this program, HHS/CDC will support the placement of an ART technical office within the Tamil Nadu State AIDS Control Society (TNSACS), and two other consultants to support ART. These officers will be responsible for guiding the implementation of the State's ART program in 26 ART centers, to achieve TNSACS' target of 14,400 new clients for ART in FY08. The consultants will also be responsible for training and monitoring and evaluation for the State's ART program.

**BACKGROUND**

The Tamil Nadu State HIV/AIDS Control Society (TNSACS) is the implementing body for India's National AIDS Control Organization (NACO) in the southern state of Tamil Nadu, a high HIV-burden state. TNSACS, which is headed by a senior officer from the Indian Administrative Service (IAS), is the state-level authority for HIV-related policy formation, activity and partner coordination, program implementation, as well as monitoring, reporting, and evaluating on all activities related to the HIV epidemic in the state. In 1991, TNSACS was the first state HIV agency to be formed in the country and has continued to serve as a model for other such agencies around the country.

In 2002, HHS/CDC developed a formal relationship with TNSACS and in 2003 began providing fiscal and technical support. The USG continues to play a strategic role in the operations of TNSACS despite contributing 3% of the TNSACS budget. The strong historical and technical relationship between TNSACS and the USG has allowed the USG to leverage the entire budget of TNSACS (\$16 million in FY07) effectively. This relationship is also strategic as jointly funded projects are likely to be replicated throughout the country as TNSACS is regarded as the leading state HIV agency in India. The technical support provided to TNSACS by the USG has been one of the successful models of donor support for the country. The extent, form, and specificity of USG support is now being discussed with NACO in relation to the creation of the new Technical Support Unit in Tamil Nadu (also to be supported by the USG) and how that will interact with the USG advisors currently in TNSACS.

**ACTIVITIES AND EXPECTED RESULTS**

**ACTIVITY 1: ART Consultants to TNSACS**

In FY08, HHS/CDC, in collaboration with TNSACS, will support the placement of one full time ART consultant and two other consultants supporting ART as part of their broader job responsibilities in TNSACS. These consultants, who will be located within TNSACS' main office or their southern regional office, will support the expansion and monitoring of the Tamil Nadu ART program. The strategic plan, developed by TNSACS and the National HIV/AIDS Control Organization (NACO), calls for establishing 26 ART centers in FY08 (from 19 in FY07). Currently, there are 22,000 patients receiving ART treatment in TNSACS facilities. TNSACS has a target to newly initiate 14,400 clients on ART in FY08.

These HHS/CDC-supported consultants will be responsible for developing and implementing training for ART health-care personnel, program monitoring and evaluation, and partner coordination (with the Global Fund, WHO, NGOs) at the state level.

In collaboration with NACO and USG partners (such as PHMI, I-TECH), TNSACS will also be responsible for piloting innovative system-level improvements such as accreditation systems, down referral systems, and public-private partnerships and documenting their feasibility and effectiveness in Tamil Nadu.

HHS/CDC believes that placing ART technical officers within TNSACS is a strategically appropriate activity which will result in improved efficiency and efficacy as the ART program expands rapidly.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14671

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14671		HHS/Centers for Disease Control & Prevention	Tamil Nadu AIDS Control Society	6902	3958.08		\$20,000

**Emphasis Areas**

Health-related Wraparound Programs

\* TB

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$20,000

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.09: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 5785.09	<b>Mechanism:</b> Samarth
<b>Prime Partner:</b> Family Health International	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (USAID)	<b>Program Area:</b> Treatment: Adult Treatment
<b>Budget Code:</b> HTXS	<b>Program Budget Code:</b> 09
<b>Activity ID:</b> 6597.21251.09	<b>Planned Funds:</b> \$0
<b>Activity System ID:</b> 21251	

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

**UPDATE**

During FY08, FHI partnered with the Christian Medical Association of India (CMAI) and Indian Network of People Living with HIV/AIDS (INP+) to scale-up quality palliative care through facility- and home-based care. The CMAI learning sites matured to function as training centers on select HIV/AIDS care and support areas. CMAI conducted trainings for the health care workers of Community Care Centers (CCCs) in collaboration with the Institute of Palliative Medicine, Medical College Calicut.

In FY09, activities 2 and 3 will continue as in FY08. The following modifications are proposed for activity 1.

**ACTIVITY 1: TA to National AIDS Control Society (NACO), State AIDS Control Society (SACS) and USG Partners on Palliative Care Services**

In FY07, Samarth conducted a review of the four CMAI learning sites to identify the core areas of strength and weaknesses. Based on this review, the Catherine Booth Hospital will be phased out from SAMARTH Project while the other learning sites in Andhra Pradesh, Karnataka and Maharashtra will continue to provide training and mentoring support to other health care facilities on specific HIV/AIDS care and support service areas. The support for training of health care providers on palliative care will be extended to Uttar Pradesh and Uttarakhand. CMAI will ensure increased HIV/AIDS care and support service coverage for girls and women, including pregnant women, with HIV at the three learning sites. The training program will also continue to emphasize women's access to care and use of gender-disaggregated data for improved provision of services.

**FY 2008 NARRATIVE SUMMARY**

The focus of this activity is on strengthening the quality of ARV programs in public and private sectors through trainings and local organization capacity building. Technical assistance (TA) will also be provided to develop strategies for scaling up pediatric ARV treatment services. Training on ARV services will be carried out for health care providers in USG focus states. The target population for technical assistance includes the National AIDS Control Organization (NACO), USG partners and health care providers (HCP) in the private sector.

**BACKGROUND**

The Samarth project has been implemented by Family Health International (FHI) since October 2006. Samarth will directly contribute to implementing quality HIV/AIDS prevention, care and treatment through TA, capacity building and institutional strengthening of government [NACO and the State AIDS Control Societies (SACS)], and civil society. In addition, the Global Fund will be provided specific TA to strengthen the leadership and governance of the GFATM India Country Coordinating Mechanism (CCM) Secretariat. FHI implements this project in partnership with the Christian Medical Association of India (CMAI, which has over 300 faith-based hospitals as members), the Indian Network of Positive People (INP+), and Solidarity and Action Against the HIV Infection in India (SAATHII, an NGO with a mandate to build capacity of civil society). Samarth extends needs-based capacity building assistance to government and non-government stakeholders as well as to USG partners. Since FY07, Samarth has supported NACO with human and technical support in key program areas like counseling and testing (CT), OVC, ARV, strategic information, and policy and systems strengthening. Samarth also implements four demonstration projects in New Delhi to showcase best practices in Abstinence and Be Faithful programming, OVC and palliative care for injecting drug users.

**ACTIVITIES AND EXPECTED RESULTS**

This activity continues the Samarth intervention funded under PEPFAR in FY07. With FY08 funding, Samarth in partnership with the Christian Medical Association of India (CMAI) and the Indian Network for People Living with HIV/AIDS (INP+) will enhance the capacity of NACO, USG partners and HCP to improve the coverage and quality of ART services for people living with HIV/AIDS (PLHA).

**ACTIVITY 1: TA to NACO on ARV Services**

Samarth and its sub-partner CMAI will collaborate with the World Health Organization, CDC, the Indian Medical Association (IMA) and the Clinton Foundation to provide TA to NACO. The team will review and update the existing national operational guidelines and standards on HIV/AIDS. These include guidelines on ARV and opportunistic infection (OI) management, including second-line treatment, ARV treatment for IDU with hepatitis B/C co-infection and pediatric ARV. This will involve field-testing the ARV operational guidelines and providing periodic feedback. TA will also be provided to NACO on the strategies to increase access to ARV services for girls and women including pregnant women who are HIV-positive. INP+ through its state networks will document the availability and accessibility of ARV drugs in USG priority states and prepare a status report for NACO.

**ACTIVITY 2: TA to USG Partners on Pediatric ARV services**

Samarth will provide technical support to USG partners in developing strategies for establishing linkages between the orphans and vulnerable children (OVC) programs and the ART centers for pediatric treatment and care. Specifically, TA will be provided on establishing referral mechanisms including follow-up for adherence.

**ACTIVITY 3: Training of Health Care Providers (HCP) in the Private Sector on ARV**

Samarth and its sub-partner CMAI will collaborate with the Clinton Foundation to assist USG partners in developing capacity building plans for training HCP on ARV treatment. The curriculum will be based on the national ART guidelines. Hands-on experience in ARV treatment will be provided in response to the expressed need of HCP.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14247

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14247	6597.08	U.S. Agency for International Development	Family Health International	6711	5785.08	Samarth	\$21,900
10799	6597.07	U.S. Agency for International Development	Family Health International	5596	3944.07		\$79,200
6597	6597.06	U.S. Agency for International Development	Family Health International	3944	3944.06		\$115,000

**Emphasis Areas**

Gender

- \* Increasing gender equity in HIV/AIDS programs
- \* Increasing women's access to income and productive resources

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$3,920

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

Estimated amount of funding that is planned for Water \$2,860

**Table 3.3.09: Activities by Funding Mechanism**

**Mechanism ID:** 3949.09

**Prime Partner:** Voluntary Health Services

**Funding Source:** GHCS (USAID)

**Budget Code:** HTXS

**Activity ID:** 6154.21832.09

**Activity System ID:** 21832

**Mechanism:** APAC

**USG Agency:** U.S. Agency for International Development

**Program Area:** Treatment: Adult Treatment

**Program Budget Code:** 09

**Planned Funds:** \$188,058

**Activity Narrative:** CONTINUING ACTIVITY - NEW NARRATIVE

**SUMMARY**

Since the role-out of NACP-III in 2006, the National AIDS Control Organization has taken serious efforts to increase access to ARV services nationally, and in particular, in the six high-prevalence states. These services are however limited to public health care settings and there are several areas which need strengthening such as: quality assurance, follow-up, supply chain management and monitoring and evaluation. The APAC project through the Technical Support Units will support the State AIDS Control Societies (SACS) of Tamil Nadu and Kerala to increase demand for ARV services and address these issues. The APAC project will also improve access to ARV services by focusing its efforts on the private medical sector through its support to the network of private hospitals and physicians.

**BACKGROUND**

Tamil Nadu has an estimated 100,000-150,000 people infected by HIV/AIDS and of this nearly 25,000 individuals are currently on ART. The state has scaled-up access to ART and 29 of the 30 districts in Tamil Nadu now have a government-run ART center. ART drug adherence in the state is above the national standard, however, private sector involvement in ART services can be described as sparse at best. In COP 09 the APAC project plans to support the following activities:

**ACTIVITIES AND EXPECTED RESULTS**

**ACTIVITY 1: Provision of Comprehensive HIV/AIDS Treatment through Private Medical Institutions**  
APAC will support the Institute of Road Transport (IRT), Perundurai Medical College for comprehensive clinical management of PLHA focusing on ARV therapy. This institute will be supported for HIV-related disease and response monitoring (such as CD4 testing, liver function, and lipid profiles), counseling for ART initiation and adherence. ARV drugs will be available at the hospital at subsidized rates and patients will be required to pay for the drugs. For those unable to afford them, patients will be referred to the Government of India's ART centers for drugs but monitoring of drug response, adherence, and follow up will be done by the institute. An estimated 750 new PLHAs will be provided services through the hospital. The project will build the capacity of the center through infrastructure strengthening, laboratory support, quality assurance, systems strengthening and onsite supervision by consultants. The project will subsidize the cost of diagnostics for a limited number of PLHAs who are unable to afford this service.

**ACTIVITY 2: Capacity Building of Private Health Care Providers on ARV Services**  
The APAC project will support IRT Perundurai Medical College to train 120 physicians on ARV services. Training will be based on nationally approved guidelines. These trainings will provide the physicians with hands-on experience of HIV disease management and will be conducted at the IRT campus. The project will coordinate with SACS to ensure services of the trained private physicians are utilized. The project will also establish mechanisms for periodic follow-up and experience sharing among the trained physicians. The project will place greater emphasis on the identification of HIV infected MARPs and, once identified, to link them with public and private health care providers for HIV treatment.

**ACTIVITY 3: Technical Assistance to SACS for Strengthening ARV Services**  
Technical support will be provided to SACS to strengthen and operationalize standard operating procedures, increase demand for ARV services, improve supply chain management and strengthen management information systems. The project will also support the SACS to develop prototype materials, which aim to create demand for ARV services with an emphasis on drug adherence, nutrition and other critical aspects of ARV services.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14163

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14163	6154.08	U.S. Agency for International Development	Voluntary Health Services	6720	3949.08	APAC	\$34,100
10829	6154.07	U.S. Agency for International Development	Voluntary Health Services	5782	5782.07		\$196,000
6154	6154.06	U.S. Agency for International Development	Voluntary Health Services	3949	3949.06		\$194,300

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**Emphasis Areas**

Health-related Wraparound Programs

\* Safe Motherhood

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development      \$96,602

**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water**

**Table 3.3.09: Activities by Funding Mechanism**

**Mechanism ID:** 3962.09

**Prime Partner:** University of Washington

**Funding Source:** GHCS (State)

**Budget Code:** HTXS

**Activity ID:** 21839.09

**Activity System ID:** 21839

**Mechanism:** I-TECH (International Training and Education Center on HIV)

**USG Agency:** HHS/Health Resources Services Administration

**Program Area:** Treatment: Adult Treatment

**Program Budget Code:** 09

**Planned Funds:** \$375,000



## Activity Narrative: CONTINUING ACTIVITY - NEW ACTIVITY NARRATIVE

### SUMMARY

The International Training and Education Center on HIV (I-TECH)'s program in ARV Services provides comprehensive patient-centered training, mentoring, and clinical consultation on HIV care and treatment through the following activities: 1) National AIDS Control Organization (NACO) Medical Officer (MO) and HIV Specialist Trainings; 2) Government Hospital of Thoracic Medicine (GHTM)/I-TECH HIV Fellowship Program; 3) nurse trainings for partner organizations; 4) implementation of a consultation hotline for HIV clinicians in India; (5) 2-3 months' nurses training program on HIV; 6) FBO/NGO partnerships for ART trainings and clinical mentoring; (7) partnership with Tamil Nadu State AIDS Control Society (TNSACS) for clinical mentoring of clinicians to support ART scale-up in Tamil Nadu (TN). The specific target populations are physicians and nurses.

### BACKGROUND

I-TECH is a collaboration between the University of Washington Seattle and the University of California San Francisco. It supports the development of HIV/AIDS treatment, care and support training initiatives in developing countries impacted by the global AIDS pandemic, and incorporates a holistic approach to care for PLHAs. Established in 2003, I-TECH partnered with CDC/GAP to create a Center of Excellence in training, treatment and care services at the Government Hospital of Thoracic Medicine (GHTM), Tambaram, Chennai in Tamil Nadu. GHTM is India's largest TB/HIV care center known for its high quality stigma-free care to 30,000 PLHAs annually. It is a NACO recognized ART and Training Center. The infrastructure at GHTM includes the Training Center, an ART Center, and state-of-the-art laboratory facilities supported by USG funds.

### ACTIVITIES AND EXPECTED RESULTS

Note that Activity 6 in FY08: HIV Fellowship for Nurses, has been deleted and replaced with Activity 8 in FY09: Indian Nurse Specialist in HIV/AIDS and ART

#### ACTIVITY 1: HIV Specialists and MOs Trainings

The GHTM Training Center, a national Center of Excellence, hosts trainings on behalf of NACO for MOs and HIV Specialists. Since 2004, GHTM and I-TECH have jointly conducted a total of 40 NACO trainings, serving over 658 clinicians. The rapid scale-up of India's ART initiative under the National AIDS Control Plan Phase III (NACP 3), required Medical Officers to be trained for the centers to become operational. The ten regional ART Training Centers will be given staff (Logistics Coordinators) and funding to facilitate this ongoing training. I-TECH's role will expand to support a few of these ten regional Training Centers and Logistics Coordinators with hands-on mentoring on coordinating and conducting a high quality national training. In collaboration with NACO and with support from WHO India, I-TECH revised the national HIV Specialists and Medical Officers curricula, which is now being used by all ten regional ART Training Centers. Trainings include didactic sessions and skill-based bedside teaching on HIV diagnosis, management of common opportunistic infections in India, ART and palliative care. As the scale up of ART centers under NACP-III continues, there will be a need to use evaluated, effective training and mentoring models. In FY09, 80 physicians from various ART centers will be trained to provide high-quality ART services. In FY09, I-TECH will continue its systems strengthening efforts by: a) advocating with NACO to develop training curriculum for the Link and CCCs' clinical and auxiliary staff and b) supporting GHTM in the roll-out of ART Refresher Trainings using the I-TECH developed, and WHO supported, ART Refresher Training curriculum. It is expected that 40 physicians will be trained using the Refresher Training Curriculum in FY09. A further goal for I-TECH will be creating training systems to serve as adaptable models that can be institutionalized at the national level. In addition, I-TECH's continuing support and capacity development at GHTM ensures the future sustainability of the ART trainings.

#### ACTIVITY 2: HIV Fellowship Program and ART Treatment Provision

The GHTM/I-TECH HIV Fellowship Program funded by USG is an innovative year-long training program that aims to prepare junior and mid-level physicians to be leaders in HIV-related care and support, program management, education, and research in India. Fellows gain skills by caring for a wide range of HIV/AIDS patients as well as through a variety of participatory training activities, including daily hands-on clinical training, experiential learning, didactic and case-based sessions, mentoring by local and international experts and faculty, management and leadership skills development, and clinical or community health project opportunities. The Fellowship Program provides significant human and technical resources to support adult and pediatric treatment and care services at GHTM by providing 60% of the GHTM physician workforce and direct clinical care to approximately 30,000 PLHAs annually.

In FY09, I-TECH will design, improve, systematize, and expand capacity development models for clinical and auxiliary staff at training institutions and Centers of Excellence (COE). This will include the continuation and evaluation of the one-year residential HIV/AIDS Clinical Fellowship Program. I-TECH will also focus on creating a Fellowship Program model for clinical staff capacity development that can be expanded and adapted at other COE sites, with a long-term goal of institutionalizing the Fellowship in the national HIV/AIDS program. This will include possible expansion into a second year and establishing partnerships with local universities for accreditation and to ensure the long-term sustainability of the program.

#### ACTIVITY 3: Nurse Trainings

I-TECH in collaboration with multiple partners will continue to conduct nurse trainings in three high prevalence states, using I-TECH curricula, and focusing on advancing the role of nurses in diagnosis of HIV and clinical staging, clinical management of OIs, and of patients receiving ART, including treatment adherence support. These trainings consist of didactic sessions and hands-on clinical mentoring sessions.

I-TECH's ENHANCE (Empowering Nurses to deliver HIV/AIDS Care and Education) Nurse Training is a comprehensive 13-module interactive, case-based training for hospital and ART Center nurses focusing on prevention, treatment, care and support for PLHA. The course was developed by I-TECH in collaboration with NACO, the Indian Nursing Council, and Clinton Foundation in 2007. The Training of Trainers (TOT) model has been used by I-TECH to train nearly 500 nurses at GHTM and other partner institutions. I-TECH

**Activity Narrative:** will continue to identify and collaborate with new partners to roll out ENHANCE through this adaptable TOT model, which enhances sustainability. In FY09, 100 nurses will be trained at RDT and BelAir using this curriculum.

**ACTIVITY 4: Clinical Mentoring for Community Care Centers and Link ART Centers**  
I-TECH, through its partnership with WHO, Solidarity and Action Against the HIV Infection in India, and TNSACS, has provided training and clinical mentoring for doctors and nurses in Tamil Nadu ART Centers, in ART service delivery, particularly in the management of treatment failure and initiating second-line regimens and TB/HIV co-infection. The Government of India's third National AIDS Control Plan also envisages a more direct role for CCCs in the ART program by making them peripheral drug distribution centers designated as "Link ART centers" that will ensure more accessible and convenient services to PLHAs, better adherence and also contain the increasing loads in the existing ART centers. Enhanced training will allow these centers to reach more patients with appropriate ARV initiation and follow-up, as well as address treatment failure, and ultimately to train other doctors in their region.

In FY09, it is expected that I-TECH will reach 60 HIV clinicians for clinical mentoring on comprehensive care services for PLHAs. I-TECH will work with regional partners to identify a pool of 15 mentors who will be trained using the three-module I-TECH Clinical Mentoring Toolkit. I-TECH will also engage in advocacy efforts at that national level to scale up a national pool of mentors for support of GOI's national HIV program.

**ACTIVITY 5: Clinical Consultation "Warmline"**  
Healthcare providers in India have limited training on HIV/AIDS care and confront many complex questions during their day-to-day clinical practice, ideally requiring the latest data on HIV treatment. Often, however, they do not have the resources or time to keep up with clinical updates. Moreover, the best technical information may not be applicable to specific patients with complex medical and social problems in the Indian setting. I-TECH will provide long-term decision and TA support via distance consultation using our piloted and evaluated clinical consultation telephone "Warmline." The service will provide physicians with easy and timely access to up-to-date HIV clinical information, and individualized India specific expert case consultation. It will be implemented by I-TECH with clinical support from GHTM and technical support from the National HIV/AIDS Clinicians' Consultation Center, based at the University of California, San Francisco (UCSF).

During the recent 3-month pilot phase, the Warmline averaged 60 calls per month, predominately from ART Medical Officers seeking guidance on HIV treatment issues such as ART, drug interactions, patient monitoring, and adverse events due to HIV treatment. Best practices from the implementation of the Warmline will be documented carefully with the goal of replication in similar settings.

**ACTIVITY 6: HIV/AIDS Fellowship for Nurses:** deleted and replaced with Activity 8 (see below).

**ACTIVITY 7: Training of Trainer (TOT) for Follow-Up Counseling Toolkit:** In 2008, I-TECH developed the Follow up Counseling Toolkit Training 5-day curriculum and 7-day TOT curriculum. The standardized counseling materials focus on advanced issues in care, support and treatment for adults and children with HIV/AIDS such as: behavior change, and improved quality of life (including TB screening and treatment adherence in PLHA). I-TECH will continue to provide capacity building and technical support for the roll out and implementation of the training via the TOT model in Andhra Pradesh. In addition, I-TECH will train 25 master trainers in Tamil Nadu using the 7-day TOT curriculum and will provide technical support to the master trainers.

**ACTIVITY 8: Indian Nurse Specialists in HIV/AIDS and ART**  
In order to increase the accessibility of the HIV/AIDS services (NACP III) under GFATM Round 7, NACO is giving high priority to develop the capacity of available nurses and other health care providers. In FY09, I-TECH will work to design, systematize, and expand capacity development models for clinical and auxiliary staff at training institutions and Centers of Excellence (COE). This will include the Indian Nurse Specialist in HIV/AIDS and ART (INSHAA) Program, whose primary target population is nurses in decentralized ART Centers and CCCs where, according to NACOs operational guidelines, task shifting of nurses' roles and responsibilities can be introduced.

INSHAA is a four-week intensive training/clinical mentoring program with ongoing on-site mentoring after training; it includes all six levels of I-TECH's framework for training. The INSHAA curriculum will be developed by I-TECH using many existing materials and experiences. INSHAA addresses the training gaps and needs of nurses in decentralized ART Centers and CCCs in order to task shift nurses' roles and responsibilities. The program will be piloted in Andhra Pradesh. It will use 15 nurse mentors to train 50 nurses from 24 ART Centers and 95 CCCs to serve as Indian Nurse Specialists in HIV/AIDS and ART (INSHAA). I-TECH will develop a Training of Trainers (TOT) curriculum and a Mentoring of Mentors model to train Indian School of Nursing faculty, I-TECH nursing staff and nurse consultants, and local staff nurses, resulting in a pool of Indian nurse trainers and clinical mentors. Once the pilot is evaluated and revised, it can be adapted to many similar settings in India, for which I-TECH is in a unique position to provide TA. INSHAA will ultimately result in enhancing the role and status of nurses and improving the quality of HIV care, treatment and support for PLHA in India.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14662

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14662		HHS/Health Resources Services Administration	University of Washington	6901	3962.08	I-TECH (International Training and Education Center on HIV)	\$400,000

**Emphasis Areas**

Health-related Wraparound Programs

\* TB

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$328,630

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.09: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3974.09	<b>Mechanism:</b> DoD
<b>Prime Partner:</b> US Department of Defense	<b>USG Agency:</b> Department of Defense
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Treatment: Adult Treatment
<b>Budget Code:</b> HTXS	<b>Program Budget Code:</b> 09
<b>Activity ID:</b> 15078.24637.09	<b>Planned Funds:</b> \$35,000
<b>Activity System ID:</b> 24637	

**Activity Narrative:** CONTINUING ACTIVITY - NEW ACTIVITY NARRATIVE

**SUMMARY**

Activities under Adult Treatment focus on strengthening the human resource capacity of the Indian Armed Forces Medical Services (AFMS) to provide a high quality of treatment to HIV-positive soldiers and to ensure that the AFMS has the critical medical supplies available while providing treatment and care services. These activities are a continuing collaboration between the US Department of Defense (DOD) and the AFMS to improve the human capacity to address HIV care and treatment at military medical facilities and ensuring the availability of key medical supplies. The US Pacific Command (PACOM)/Center for Excellence (COE) in collaboration with the US Embassy, Office of Defense Cooperation (ODC), New Delhi will continue to work closely with the Indian AFMS to improve and enhance the skills of healthcare providers, including doctors, to manage, care, treat, and monitor HIV patients who are on antiretroviral treatment (ARV). In consultation with the AFMS, the ODC will procure the medical supplies.

**BACKGROUND**

US DOD in collaboration with the US PACOM/COE has supported the Indian AFMS since 2004 to build the Indian military capacity to provide HIV/AIDS prevention, care and treatment services to military personnel and their families, with a geographical focus that covers the capital city, New Delhi; Shillong, in the North East where there is a generalized AIDS epidemic; and in Mumbai and Pune. Both Mumbai and Pune are located in the state of Maharashtra, known for its high prevalence of HIV/AIDS. The Indian Armed Forces inducts 80,000 new recruits annually. As with many militaries worldwide, the Indian Armed Forces personnel are an at-risk population since soldiers are generally young, mobile, separated from their families, and exposed to commercial sex workers. With troop strength of nearly 1.3 million, troop turnover, and annual recruitment of 80,000 new recruits and their accompanying family dependents, new to the military community, it is critical for the AFMS to develop a sustained, comprehensive HIV prevention program that includes a treatment and care component.

**ACTIVITIES AND EXPECTED RESULTS**

This activity area supports the training workshops in treatment, care and support that will be carried out by the AFMS. The purpose is to build the human resource capacity of military medical officers, nurses, and paramilitary medical personnel so that they are better able to care for and treat HIV-positive military staff and their families. The workshops are described in the related AFMS activity narratives. This activity focuses on the provision of supplies to support care and treatment by AFMS.

**ACTIVITY 1: Procurement of Disposable Medical Supplies for AFMS Medical Facilities**

In consultation and coordination with the AFMS, the ODC will facilitate the procurement of disposable medical supplies, including CD4 and Opportunistic Infection kits so providers will have critical medical supplies for patient treatment and care. Once procured, the medical supplies will be given to the AFMS to distribute to military medical facilities. AFMS will report on the military medical facilities that benefit from the supplies and on usage. Funds will also support technical support and travel as required. At least four military medical facilities will benefit from these supplies.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 15078

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15078	15078.08	Department of Defense	US Department of Defence/Pacific Command	7033	3976.08		\$80,000

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**Emphasis Areas**

Military Populations

**Human Capacity Development****Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.09: Activities by Funding Mechanism****Mechanism ID:** 3974.09**Prime Partner:** US Department of Defense**Funding Source:** GHCS (State)**Budget Code:** HTXS**Activity ID:** 11522.24633.09**Activity System ID:** 24633**Mechanism:** DoD**USG Agency:** Department of Defense**Program Area:** Treatment: Adult Treatment**Program Budget Code:** 09**Planned Funds:** \$32,500

**Activity Narrative:** CONTINUING ACTIVITY - NEW ACTIVITY NARRATIVE

**SUMMARY**

Activities under Adult Treatment focus on strengthening the human resource capacity of the Indian Armed Forces Medical Services (AFMS) to provide a high quality of health care and support to HIV-positive soldiers and to ensure that the AFMS has the critical medical supplies available while providing care and treatment services. These activities are a continuing collaboration between the US Department of Defense (DOD) and the AFMS to improve the human capacity to address HIV care and treatment at military medical facilities and ensuring the availability of key medical supplies. The US Pacific Command (PACOM)/Center for Excellence (COE) in collaboration with the US Embassy, Office of Defense Cooperation (ODC), New Delhi will continue to work closely with the Indian AFMS to improve and enhance the skills of healthcare providers, (including doctors) to manage, care, treat, and monitor HIV patients who are on antiretroviral treatment (ARV). In consultation with the AFMS, the ODC will procure the medical supplies.

**BACKGROUND**

The US DOD in collaboration with the US PACOM/COE has supported the Indian AFMS since 2004 to build the Indian military capacity to provide HIV/AIDS prevention, care and treatment services to military personnel and their families, with a geographical focus that covers the capital city, New Delhi; Shillong, in the North East where there is a generalized AIDS epidemic; and in Mumbai and Pune. Both Mumbai and Pune are located in the state of Maharashtra, known for its high prevalence of HIV/AIDS. The Indian Armed Forces inducts 80,000 new recruits annually. As with many militaries worldwide, the Indian Armed Forces personnel are an at-risk population since soldiers are generally young, mobile, separated from their families, and exposed to commercial sex workers. With troop strength of nearly 1.3 million, troop turnover, and annual recruitment of 80,000 new recruits and their accompanying family dependents, new to the military community, it is critical for the AFMS to develop a sustained, comprehensive HIV prevention program that includes a care and treatment component.

**ACTIVITIES AND EXPECTED RESULTS**

The goal of the training workshops in treatment, care and support is to build the human resource capacity of military medical officers, nurses, and paramilitary medical personnel so that they are better able to care for and treat HIV-positive military staff and their families. Past HIV care and treatment workshops focused on topics that included medical adherence, post diagnosis counseling and psychological support.

**ACTIVITY 1: HIV/AIDS Treatment and Care Workshop for Healthcare Providers**

AFMS will continue to develop, refine, and implement the HIV care and treatment trainings. Two training workshops will be executed. These four-day workshops will focus on recent trends in prevention and treatment strategies for HIV patients in the civilian and military sectors. As in previous training, workshops program will include sessions on "Antiretroviral Therapy Case Studies," "Monitoring Antiretroviral Therapy: Practices and Problems," "Emerging Toxicity Syndromes in HIV in HIV Infection," "Recent Concepts in Drug Resistance and Strategies to Maximize Drug Compliance." Building on past workshops, with FY09 funds, AFMS plans to carry out similar workshops for healthcare providers who did not attend the previous two workshops. At least 60 military medical providers will be trained.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14681

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14681	11522.08	Department of Defense	Armed Forces Medical Services	6905	3974.08		\$30,000
11522	11522.07	Department of Defense	Armed Forces Medical Services	5795	3974.07		\$55,000

## Emphasis Areas

Military Populations

## Human Capacity Development

## Public Health Evaluation

## Food and Nutrition: Policy, Tools, and Service Delivery

## Food and Nutrition: Commodities

## Economic Strengthening

## Education

## Water

Program Budget Code: 10 - PDCS Care: Pediatric Care and Support

**Total Planned Funding for Program Budget Code: \$291,290**

### Program Area Narrative:

Overview: It is estimated that nearly four percent (94,000) of the total 2.47 million people living with HIV in India are children (National AIDS Control Organization [NACO], 2007) with around 24,000 children (25%) requiring anti-retroviral therapy (ART). As of June 2008, 32,000 children living with HIV/AIDS (CLHA) have been registered at the 158 ART centers across the country with current coverage of children on ART at 40% (9,545 children). A total of 40,000 CLHA are planned to be covered by the end of the third phase of the National AIDS Control Program (NACP-III) in March 2012.

HIV infection follows a more aggressive course among infants and children than among adults, with 30% dying by age one and 50% by two years of age without access to life-saving drugs, including ART and preventive interventions such as cotrimoxazole (Lancet, 2004). Most deaths in children can be avoided through early diagnosis of HIV and timely provision of effective care and treatment for common childhood illnesses and opportunistic infections, and provision of ART. It is estimated that in India about 32,000 infants are infected every year through mother-to-child transmission. With India accounting for 35% of the developing world's low birth-weight babies and 40 % of child malnutrition, it is essential to reach, identify and diagnose any child who is exposed to HIV/AIDS. Additionally, there is a need to protect the child from infection and, if found infected, provide treatment with any nutritional supplement that may be required.

Children infected and affected by HIV/AIDS are often forced to drop out of school to care for sick parents or to join the workforce to earn for their families. Depending on the economic condition of the family, the children may end up being part of the large number of children from marginalized communities in India such as street children, children of sex workers, ragpickers, and children using substances. These are vulnerable children and adolescents at risk of contracting HIV. This situation requires a systemic change that will make it possible to respond to the needs of these children from the time of conception to the age of 18. In India, the state of 'orphanhood' is only recognized when the child loses both parents. However, among the majority of the population (which is 70% rural), the extended family system persists and those children who lose their parent/s eventually get absorbed into these family units. Most of the children who end up in alternative care systems like institutions or adoption are children who may have infected parents (dead or alive) but have been abandoned due to stigma attached to the cause of birth, chronic disease or the lack of capacity of the parents/caretakers to take care of their children.

NACP-III proposes to reach out to the maximum number of infected children to ensure that the ones eligible for ART are provided with pediatric AIDS services. Specific strategies and guidelines have been developed to address the three areas related to children and AIDS: prevention of mother-to-child transmission (PMTCT), provision of pediatric AIDS treatment, and prevention of infection among adolescents.

A Pediatric ART Initiative was launched in November 2006, supported by the Clinton Foundation. The Foundation also supports NACO in improving access to diagnostic services and viral load testing for the national expansion to second-line ART. In addition to revamping the computerized MIS at the ART Centers, the Clinton Foundation is also supporting NACO to implement a computerized patient record system for pediatric cases registered at the ART centers (the system has now been extended to adult cases). Pending government approval, NACO has now allocated a budget of \$1.2 million to integrate nutrition as a part of care and support under NACP-III for CLHA on ART. Seven ART centers have been upgraded as regional Pediatric Centers of Excellence that will provide comprehensive specialized services to CLHA. These centers are also expected to be nodal points for research in pediatric care.

The most important challenge to India's pediatric care and treatment program is the poor follow-up of pregnant women under the PMTCT program which has hindered early infant diagnosis and subsequent initiation of ART for infants who test positive. In a recent study, 10% of those provided PMTCT services reported their infants were not administered any medicine after delivery, indicating poor follow-up after initial prophylaxis for the mother (Population Council, 2007). Lack of PCR testing facilities, especially in high-burden districts has also been a critical limiting factor to carrying out early infant diagnosis that would have increased the coverage of CLHA on ART. Adherence to pediatric ART and follow-up with CLHA caretakers for treatment and adherence education is also a challenge.

Coordination and Other Donor Support: UNICEF and the Clinton Foundation are the lead agencies and key technical partners for NACO in the implementation of pediatric care and treatment respectively. USG, Save the Children, FHI, CARE and India HIV/AIDS Alliance are the other donors supporting pediatric care programs in India. USG-funded programs in Tamil Nadu, Karnataka, Maharashtra and Andhra Pradesh (AP) have contributed significantly to identification, referrals and follow-up of pediatric care and treatment cases.

In AP, the state government has merged two private foundation partnerships to form a five-year, \$14 million public-private partnership called the Balasahyoga Project to provide community and facility-based services including food security for children infected and affected with HIV/AIDS in 23 districts. The key players in this consortium are the Children's Investment Fund Foundation (CIFF), the Elton John AIDS Foundation, FHI, CARE, the Clinton Foundation, India HIV/AIDS Alliance and the Global Fund Round 6 funds.

As part of the National Task Force for Children Affected by HIV/AIDS, USG reviews programs and policies on OVC, including pediatric care and support issues. The Lawyers Collective has been involved in reviewing HIV/AIDS legislation related to children. USG is currently collaborating with the Lawyers Collective (tasked with drafting the country's first HIV/AIDS Bill) to incorporate in the Bill the policy and guidance on children and HIV/AIDS that was approved by NACO.

Current USG Support: The USG-supported pediatric care and treatment portfolio has been a modest program with a focus on supporting referrals and linkages with pediatric ART centers. Facilities offering adult care and treatment such as the community care centers (CCC) and the PMTCT programs as well as testing centers that offer family testing serve as the main entry points for identification of children in need of pediatric care and treatment services. USG programs reach the following target 'child' populations through the pediatric care and treatment programs: OVC, children of MARPs, and children of registered adult PLHA attending care and treatment services through CCC/Integrated Positive Prevention and Care Centers/District level networks. In USG priority states, USG supports link workers and peer counselors who facilitate outreach activities for identification, early diagnosis, referral and follow-up of children living with HIV/AIDS on ART. These programs support linkages with the OVC and community and home-based care programs. In Tamil Nadu, USG supports clinical trainings for health care providers specializing in pediatric care and treatment, including laboratory support for infant diagnosis.

USG FY09 Funds Support: In FY09, USG support for pediatric care and treatment will continue to be modest and move towards TA-related activities such as human capacity development of health care providers. USG support in direct interventions will be limited to ensuring referral and linkages with the pediatric ART centers and leveraging support from Clinton Foundation for pediatric ART and from the Government of India for transport and nutritional assistance for the larger USG-supported OVC programs, which include children on ART.

**Table 3.3.10: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3949.09	<b>Mechanism:</b> APAC
<b>Prime Partner:</b> Voluntary Health Services	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (USAID)	<b>Program Area:</b> Care: Pediatric Care and Support
<b>Budget Code:</b> PDCS	<b>Program Budget Code:</b> 10
<b>Activity ID:</b> 24034.09	<b>Planned Funds:</b> \$38,896
<b>Activity System ID:</b> 24034	



## Activity Narrative: CONTINUING ACTIVITY – NEW NARRATIVE

### BACKGROUND

Voluntary Health Services (VHS) has been implementing the AIDS Prevention and Control (APAC) project in the southern state of Tamil Nadu for 12 years. APAC initially targeted most-at-risk-populations (MARPs), but has expanded efforts over the last few years to support a more comprehensive approach to HIV/AIDS prevention, care and treatment. Tamilnadu has been successful in controlling HIV (prevalence among antenatal women has dropped from 1.13% in 2001 to 0.38% in 2007) and APAC has significantly contributed to this success. NACO has recognized the expertise and contributions of the APAC project and has requested APAC to provide technical support to the SACS of Tamilnadu, Puducherry and Kerala by setting up a Technical Support Unit (TSU) in each state, consisting of a core team of consultants/experts co-located with the SACS, with a mandate to assist the SACS in scaling-up programs, improving efficiency and quality. APAC also serves as the vice-chair for the Technical Working Group on targeted interventions for the country.

Based on the existing HIV prevalence rate, it is estimated that there are 100,000 to 150,000 PLHAs in Tamil Nadu. Of this 96% are adults (Males – 49,000 and Females 51,000) and 4% are children below 15 years. In the last two years the state has significantly scaled-up the number of centers providing care, support and treatment. There are now 27 Adult Community Care Centres, 5 Pediatric Community Care Centres, 27 ART centres and 7 PLHA drop-in-centres. Despite the increase in the number of centers providing care, support and treatment, many challenges continue in this area. Nearly 30% of the estimated PLHAs are yet to be identified as of Sept 2007 and even amongst them a very small proportion are in regular contact with the agencies involved in provision of care, support and treatment. Other major challenges include: stigma and discrimination; limited engagement of the Private Medical Sector, discriminatory treatment practices by private health care providers; quality of care; adherence; supply chain management; and a limited focus on positive prevention.

In the last few years considerable work has been done with regard to pediatric care. Of the estimated 6,000 infected children, nearly 5,000 children have been identified by Clinton Foundation through a special drive for Pediatric ARV. In addition, in all pediatric wards at the district headquarters hospital, the Clinton Foundation has placed two outreach workers for identifying children with symptoms of HIV and for referral to CT and care continuum services. 750 children have benefited through this initiative to date. The UK-based Children Investment Fund Foundation has supported child counselors in three ART centres and also supplies micro and macro nutrients to infected children.

The gaps identified in the current programs include: lack of demand generation activities, limited follow-up of children born to HIV positive mothers, and lack of monitoring. Some of the main problems are transportation costs, Pediatricians lack skills in proper treatment and psycho-social support of children with HIV, Counselors are not trained in Pediatric counseling, and there is a lack of community-based models on Care and support for children. In schools there is still stigma. Nutrition and psychosocial needs must be addressed. Outreach plans need to be further strengthened to ensure continuous adherence of ART. There is a need for developing a systematic training plan for care givers.

The APAC project currently supports ten NGOs for implementing Home Based Care (HBC) Projects in selected districts of Tamilnadu. The project also supports the Indian Road Transport Perundurai Medical College Hospital for provision of secondary and tertiary care to PLHAs. Together these projects have been able to reach out to 7,000 PLHAs in the last two years. (88% being adults and 12% children below 15)

### ACTIVITIES AND EXPECTED RESULTS

#### ACTIVITY 1: Improve Access to Home and Community Care for Children with HIV

The APAC project will support prevention to care continuum in selected high prevalence districts. In these districts the project will support NGOs for provision of home-based care and support services to PLHAs. The project will train the NGO staff on the issues of pediatric care and support and take a proactive role to identify children infected with HIV/AIDS care and support services. Individual pediatric records will also be maintained to ensure the provision of quality services and regular follow-up.

#### ACTIVITY 2: Increasing Access to Palliative Care for HIV-Infected Children Through Facility-Based Private Sector Support

In selected high-prevalence districts, the APAC project plans to support a network of 19 private hospitals and 50 physicians to provide care, support and treatment services. This would increase the access to quality care and support services. The private hospitals and physicians will be trained specifically on pediatric counseling and provision of care and support. The hospitals and physicians will also be linked with other non-health service providers to cater to the needs of pediatric PLHAs.

#### ACTIVITY 3: Technical Support through SACS

The Technical Support Units in Tamil Nadu and Kerala will update the SACS team on the issues and success stories in provision of care and support services to PLHAs. They will also work with SACS to develop appropriate strategies to address the issues.

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Emphasis Areas**

Health-related Wraparound Programs

\* Child Survival Activities

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.10: Activities by Funding Mechanism**

**Mechanism ID:** 3942.09

**Prime Partner:** University of Manitoba

**Funding Source:** GHCS (USAID)

**Budget Code:** PDCS

**Activity ID:** 24060.09

**Activity System ID:** 24060

**Mechanism:** Samastha

**USG Agency:** U.S. Agency for International Development

**Program Area:** Care: Pediatric Care and Support

**Program Budget Code:** 10

**Planned Funds:** \$195,394

## Activity Narrative: NEW ACTIVITY NARRATIVE

### SUMMARY

The University of Manitoba's (UM)/Karnataka Health Promotion Trust (KHPT) Samastha Program will implement a Pediatric Care and Support intervention based primarily within institutions, to ensure that children have access to the six core intervention components namely: food/nutrition, shelter and care, protection, health care, psychosocial support, and education. The activities include supporting facility-based care for children, building capacity of caregivers to protect and care for the children, ensuring access to essential medical, immunization and nutrition services, providing support for legal and social entitlements and mobilizing community support and government participation and monitoring and providing support to the intervention with a focus on improving and maintaining quality. There is clear understanding that institutional care is a transitory phase for many children and every effort will be made to reintegrate these children into homes, families and society at large.

### BACKGROUND

This activity is a continuation of initiatives under Samastha that began in 2006 and continues through 2009, but were then described in part under the OVC narrative and in part under the palliative care narrative. The target group here is therefore a subset of the children covered under OVC. The activities are financially and technically supported through the KHPT. EngenderHealth provides technical support, strategic inputs for planning and quality improvement. St. John's Medical College, with partners including Snehasadan and Swami Vivekananda Youth Movement, is responsible for capacity building for care providers. KHPT regional staff in Karnataka and LEPRAsociety in Andhra Pradesh lead coordination of all activities at the district level.

Within Karnataka, Sneha Charitable Trust coordinates three pediatric care and support centers in South Karnataka (Snehadaan and Infant Jesus Home in Bangalore and Snehasadan in Mangalore). There will be two community-run institutional care centers in North Karnataka (one in Bagalkot and one in Bijapur), and one pediatric care and support center (St Joseph's Hospital, East Godavari) in coastal AP. In seven other adult-care centers, pediatric care is integrated into the overall care provided. These centers are Snehadaan in Bangalore, SVYM in Mysore, BIRDS-Heal in Gulbarga, Arunodhaya in Bagalkot, Snehadaan PPP model in Kolar. Kempegowda Institute of Medical Sciences and St John's Medical College are supported for both Adult Treatment and Adult Care and Support, but will integrate pediatric care and treatment within these initiatives.

### ACTIVITIES AND EXPECTED RESULTS

#### ACTIVITY 1: Improving Access to Quality Services for Orphans and Vulnerable Children

The six core components required to address the basic needs of OVC are: food/nutrition, shelter and care, protection, health care, psychosocial support, and education. At least 150 OVC will be reached through these centers, all of who will receive primary direct services.

To ensure access to nutritional needs the following activities will be undertaken: nutritional assessments, growth and development monitoring, nutrition education and counseling, nutritional training of the caregivers, medical interventions to reduce malnutrition, developing and leveraging nutritional support at the local and state and national level.

Field workers will provide awareness and promote adoption of orphaned children among village communities. Linkages with government services like ICTC, ART, TB DOTS, immunization, etc., will continually be focused upon. All children living with HIV will be periodically assessed for eligibility for ART and those who need ART will receive it through linkages with government and private ART centers.

Psychosocial counseling and support to children and their caregivers will be provided primarily in the centers and in schools. Efforts are being made to have an open school curriculum for children in a few of the centers. In other centers, the project staff will support infected and affected children to access the local schools. This will include sensitizing school administration and advocating with district education departments as well as leveraging essential support for educational materials and school bags and uniform. There will be activities to access vocational training facilities for older children and parents that do not have employable skills.

#### ACTIVITY 2: Improving the Quality of OVC Services

Capacity building activities will improve skills of three target groups: staff of the project/implementing partners, caregivers and community staff of centers, and members of the community. CCC staff members will be trained in nutrition assessment, child rights issues, Home Based Care, age specific counseling services and child-centered communication skills. The clinical staff at Community Care Centers will be trained in clinical management of pediatric HIV and ART adherence counseling for children.

Life-skills education will be conducted for groups of children in the same age group. The program will conduct LSE for at least one group of children in each of the supported CCC for pediatric care and support.

#### ACTIVITY 3: Monitoring and Evaluation for Quality Assurance

Activities will be monitored through the MIS, qualitative reports, on site visits and interaction at the service delivery facilities. Linkages with other centers and the community will be monitored by regional managers.

The activities are in line with NACP-III strategy.

**New/Continuing Activity:** New Activity

**Continuing Activity:**

## Emphasis Areas

Gender

- \* Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- \* Child Survival Activities

## Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$32,076

## Public Health Evaluation

## Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$1,000

## Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$68,438

## Economic Strengthening

## Education

## Water

**Table 3.3.10: Activities by Funding Mechanism**

**Mechanism ID:** 3962.09

**Prime Partner:** University of Washington

**Funding Source:** GHCS (State)

**Budget Code:** PDCS

**Activity ID:** 22307.09

**Activity System ID:** 22307

**Mechanism:** I-TECH (International Training and Education Center on HIV)

**USG Agency:** HHS/Health Resources Services Administration

**Program Area:** Care: Pediatric Care and Support

**Program Budget Code:** 10

**Planned Funds:** \$25,000

## Activity Narrative: NEW ACTIVITY NARRATIVE

Note that the FY08 Activity 3: Nursing Training Programs and Activity 6: HIV Fellowship for Nurses have been combined in a new FY09 Activity 8 (see below), with new elements.

### SUMMARY

The recently revised National AIDS Control Organization (NACO) estimates that 2.5 million people in India are living with HIV; the need for care and support for these PLHA is an acute problem in India. To address this, the International Training and Education Center on HIV (I-TECH) aims to train clinicians on key aspects of palliative care for both adults and children, including counseling and testing for patients and family members, on-going follow-up counseling focusing on living positively, TB screening and referral, OI prophylaxis treatment and referral, and counseling on nutrition and psychosocial support to improve the quality of life for PLHA. This program area will support USG-funded activities such as: 1) HIV Specialists and Medical Officers (MOs) trainings, 2) HIV Fellowship Program for physicians, 3) Nurses' Trainings Programs; 4) Clinical Mentorship Program, 5) Clinical Consultation Hotline, 6) HIV Fellowship Program for Nurses, and 7) Training of Trainers on Follow-Up Counseling Toolkit. The target populations are physicians, nurses, medical and nursing students, counselors, and dieticians.

### BACKGROUND

I-TECH is a collaboration between the University of Washington Seattle and the University of California San Francisco. It supports the development of HIV/AIDS treatment, care and training initiatives in more than a dozen developing countries impacted by the global AIDS epidemic, and incorporates a holistic approach to care for PLHAs. Established in 2003, I-TECH partnered with CDC/GAP to create a Center of Excellence in training, treatment and care services at the Government Hospital of Thoracic Medicine (GHTM), Tambaram, Chennai in Tamil Nadu. GHTM is India's largest TB/HIV care center providing care to 30,000 PLHAs annually and is also a NACO recognized ART and Training Center, known for its high quality and stigma-free care for PLHAs. Infrastructure at GHTM includes the Training Center, an ART Center, and state-of-the-art laboratory facilities supported by USG funds.

### ACTIVITIES AND EXPECTED RESULTS

#### ACTIVITY 1: HIV Specialists and MOs Trainings

USG funding supports an international standard Training Center at GHTM. The GHTM Training Center, also a national Center of Excellence, hosts trainings on behalf of NACO for MOs and HIV Specialists with intensive training coordination support from I-TECH. GHTM is an ideal site for these trainings because of its access to complex and varied clinical cases requiring a wide variety of services.

Since 2004, GHTM and I-TECH have jointly conducted a total of 40 NACO trainings, serving over 658 clinicians. In FY09, I-TECH will create training systems to serve as adaptable models that can be institutionalized at the national level. A long-term goal of the project is for GHTM to be independently responsible for coordinating logistics and monitoring and evaluation in order to support the sustainability of the program.

As the scale up of ART Centers under NACP-III continues, there will be a need to utilize evaluated, effective training and mentoring models. In FY09, 80 physicians from various ART centers will be trained using the I-TECH curriculum, which includes a pediatric module to build the capacity of ART MOs to provide high-quality pediatric HIV/AIDS care and treatment. I-TECH will also continue systems strengthening by: 1) advocating with NACO to develop a training curriculum for the Link and Community Care Centers' clinical and auxiliary staff, and b) supporting GHTM in the roll-out of ART Refresher Trainings using the I-TECH developed, and WHO supported, ART Refresher Training Curriculum. It is expected that 40 physicians will be trained using the Refresher Training Curriculum in FY09.

#### ACTIVITY 2: HIV Fellowship Program

The ongoing GHTM/I-TECH HIV Fellowship Program funded by the USG is an innovative year-long USG supported, training program preparing junior and mid-level physicians to be leaders in HIV-related care, support, education, and research in India. Fellows gain skills to provide a wide range of high-quality HIV/AIDS patient care services through a variety of participatory training activities, including daily hands-on clinical training, and experiential learning through didactic and case-based sessions. Four months into the Fellowship Program, Fellows manage pre-ART patients, screen and refer patients for TB therapy, manage common OIs, and more. The Fellowship Program provides significant human and technical resources to support adult and pediatric care and treatment services at GHTM by providing 60% of the GHTM physician workforce and direct clinical care to approximately 30,000 PLHA annually (10% of which are children under 15 years old). In FY09 it is expected that the Fellows will provide direct HIV treatment services to 400 HIV infected children seeking care at GHTM.

In FY09, I-TECH will design, improve, systematize, and expand capacity development models for clinical and auxiliary staff at training institutions and Centers of Excellence (COE). This will include the continuation and evaluation of the one-year residential HIV/AIDS Clinical Fellowship Program. I-TECH will also focus on creating a Fellowship Program model for clinical staff capacity development, which can be expanded and adapted at other COE sites, with a long-term goal of institutionalizing the Fellowship in the national HIV/AIDS program. This will include possible expansion into a second year and establishing partnerships with local universities for accreditation and to ensure the long-term sustainability of the program.

#### ACTIVITY 3: Nurse Training Programs: now included under Activity 8

ACTIVITY 4: Clinical Mentorship for Community Care Centers (CCCs) and Link ART Centers  
Under the third phase of the National AIDS Control Program (NACP-III), 350 government CCCs will be established to provide HIV care and support. Clinical staff at the CCCs will require training as well as on-site clinical mentoring to enhance the quality of comprehensive care to PLHAs. I-TECH will work with two new partners and TNSACs to support this training.

In Tamil Nadu, I-TECH, through its partnership with WHO, Solidarity and Action Against the HIV Infection in

**Activity Narrative:** India, and TNSACS, has provided training and clinical mentoring at the ART Centers for doctors and nurses in ART service delivery, particularly in the management of treatment failure and initiating second-line regimens and TB/HIV co-infection. In FY09, it is expected that I-TECH will reach 60 HIV clinicians for clinical mentoring on comprehensive care services for PLHAs, including pediatrics. I-TECH will work with regional partners to identify a pool of 15 mentors who will be trained using the three-module I-TECH Clinical Mentoring Toolkit. I-TECH will also advocate with NACO to scale up a national pool of mentors to support the national HIV program.

**ACTIVITY 5: Clinical Consultation Warmline**

Healthcare providers in India have limited HIV specific training and lack resources on HIV/AIDS care, but confront complex questions about HIV treatment and care during their clinical practice. To address the need for accurate and real time clinical information on HIV, I-TECH will provide technical support via distance consultation using the piloted and evaluated clinical consultation telephone "Warmline" The Warmline gives physicians easy and timely access to up-to-date HIV clinical information, and individualized expert case consultation. The program is implemented by I-TECH with clinical support from GHTM and technical support from the National HIV/AIDS Clinicians' Consultation Center, based at the University of California, San Francisco (UCSF). Data from the Warmline will enable periodic knowledge, attitudes, and practices assessments of clinicians trained under the NACO program.

The hotline will support application of clinical skills learned in NACO Specialist and Medical Officer Training programs and will enable periodic knowledge, attitudes, and practices assessments of clinicians trained under the NACO program. Best practices from the implementation of this hotline will be documented carefully with the goal of replication at similar settings. During the recent 3-month pilot phase, the "Warmline" averaged 60 calls per month, predominately from ART Medical Officers seeking guidance on pediatric issues such as treatment formulations, HIV diagnosis, and prevention.

**ACTIVITY 6: HIV Fellowship for Nurses: now included under Activity 8**

**ACTIVITY 7: Training of Trainers for Follow-up Counseling Toolkit**

Counselors are often the first point of contact with the health care system and play a critical role in linking PLHA to critical services. The complex physical, psychological and social vulnerabilities associated with being a PLHA necessitate the integration of follow-up counseling into the existing counseling infrastructure. In 2008, I-TECH developed the Follow up Counseling Toolkit Training 5-day curriculum and 7-day TOT curriculum. The standardized counseling materials focus on advanced issues such as behavior change, and improved quality of life (including TB screening and treatment adherence in PLHA). I-TECH will continue to provide capacity building and technical support for the roll out and implementation of the training via the TOT model in AP. In addition, I-TECH will train 25 master trainers in Tamil Nadu using the 7-day TOT curriculum and will provide technical support to the master trainers in Tamil Nadu.

**ACTIVITY 8: Indian Nurse Specialist in HIV/AIDS and ART (INSHAA) Program**

In order to increase the accessibility of the HIV/AIDS services (NACP-III) under GFATM Round 7, NACO is giving high priority to develop capacity of available nurses and other health care providers. Since the traditional curriculum of nursing training does not have specific focus on care and treatment component for HIV, NACO plans to strengthen the competence of nurses. In 2009, I-TECH will work to design, systematize, and expand capacity development models for clinical and auxiliary staff at training institutions and Centers of Excellence. This will include the Indian Nurse Specialist in HIV/AIDS and ART (INSHAA) Program, whose primary target population is nurses in decentralized ART Centers and CCCs, where according to NACO's operational guidelines, task shifting of nurses roles and responsibilities can take hold.

INSHAA is a four-week intensive training/clinical mentoring program with ongoing on-site mentoring after training. The program includes all six levels of I-TECH's framework for training. The INSHAA curriculum will be developed by I-TECH using many existing materials and experiences. The program will be piloted in Andhra Pradesh (AP). It will use 15 nurse mentors to train 50 nurses from 24 ART Centers and 95 CCCs to serve as Indian Nurse Specialists in HIV/AIDS and ART (INSHAA). I-TECH will develop a Training of Trainers and Mentoring of Mentors model to train Indian School of Nursing faculty, I-TECH nursing staff and nurse consultants, and local staff nurses, resulting in a pool of Indian nurse trainers and clinical mentors. Once the pilot is evaluated and revised, it can be adapted to many similar settings, for which I-TECH is in a unique position to provide TA. INSHAA will ultimately result in enhancing the role and status of nurses and improving the quality of HIV care, treatment and support for PLHA in India.

**New/Continuing Activity:** New Activity

**Continuing Activity:**

<b>Emphasis Areas</b>
<b>Human Capacity Development</b>
Estimated amount of funding that is planned for Human Capacity Development      \$20,500
<b>Public Health Evaluation</b>
<b>Food and Nutrition: Policy, Tools, and Service Delivery</b>
<b>Food and Nutrition: Commodities</b>
<b>Economic Strengthening</b>
<b>Education</b>
<b>Water</b>

**Table 3.3.10: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 5785.09	<b>Mechanism:</b> Samarth
<b>Prime Partner:</b> Family Health International	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (USAID)	<b>Program Area:</b> Care: Pediatric Care and Support
<b>Budget Code:</b> PDCS	<b>Program Budget Code:</b> 10
<b>Activity ID:</b> 22310.09	<b>Planned Funds:</b> \$7,000
<b>Activity System ID:</b> 22310	

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

**UPDATE**

During FY08, FHI sub-partner Christian Medical Association of India (CMAI) conducted training programs for various stakeholders, including health care providers in the private medical sector (missionary hospital settings). CMAI provided TA on pediatric treatment and supported development of strong HIV care and treatment services within their member hospitals, with special focus on four hospitals (one in each of the USG priority states of Maharashtra, Karnataka, Tamil Nadu and Andhra Pradesh). They provided support to scale-up quality care for adults and pediatrics through facility- and home-based care. These CMAI learning sites have matured to function as training centers on select HIV/AIDS care and support areas. The Samarth project's pediatric care and treatment services reach infected children in 3 faith-based hospitals operated by CMAI as well as infected children from the Delhi-based Chelsea project.

Pediatric treatment is a continuing activity from FY08. In the previous COP it was classified under the palliative care narrative, which included services for adults and children. In FY09, the following modifications are proposed (all other activities remain the same):

**ACTIVITY 2: Support Demonstration Center on Palliative Care for IDU**  
Will not be continued under Pediatric Care and Support (adult population focus)

**ACTIVITY 3: On-site Training in HIV/AIDS Palliative Care for Health Care Providers and Caregivers**  
The on-site training for pediatric care and support will be decreased from four to three sites for FY09. In FY07, Samarth conducted a review of the four CMAI learning sites to identify the core areas of strength and weaknesses. Based on this review, the Catherine Booth Hospital will be phased out from SAMARTH Project while the other learning sites in Andhra Pradesh, Karnataka and Maharashtra will continue to provide training and mentoring support to other health care facilities on specific HIV/AIDS care and support areas.

**FY 2008 PALLIATIVE CARE NARRATIVE SUMMARY**

In FY08, the Samarth project will provide technical assistance (TA) to the National AIDS Control Organization (NACO), the State AIDS Control Societies (SACS) and USG partners in developing strategies on the continuum of care, including guidelines for implementation. Hands-on training of health care providers will be carried out in the four USG focus states on the minimum package of palliative care as defined by USG/India

**BACKGROUND**

The Samarth project has been implemented by Family Health International (FHI) since October 2006. The project will directly contribute to implementing quality HIV/AIDS prevention, care and treatment through TA, capacity building and institutional strengthening of government (NACO, the SACS), and civil society. In addition, the Global Fund will be provided specific TA to strengthen the leadership and governance of its India Country Coordinating Mechanism (CCM) Secretariat. FHI implements Samarth in partnership with the Christian Medical Association of India (CMAI, which has over 300 faith-based hospitals as members), the Indian Network of Positive People (INP+), and Solidarity and Action Against the HIV Infection in India (SAATHII, an NGO with a mandate to build capacity of civil society). Samarth extends needs-based capacity building assistance to government and non-government stakeholders as well as to USG partners. Since FY07, Samarth has provided NACO with human and technical support in key program areas like counseling and testing (CT), OVC, ARV, strategic information and policy and systems strengthening. Samarth also implements four demonstration projects in New Delhi to showcase best practices in Abstinence and Be Faithful programs, OVC and palliative care for injecting drug users (IDU).

**ACTIVITIES AND EXPECTED RESULTS**

This activity continues a Samarth intervention funded under PEPFAR in FY07. With FY08 funding Samarth will continue to partner with CMAI to use CMAI's learning sites to improve the capacity of USG partners to scale-up quality facility and home-based palliative care. FHI will also continue to provide TA to strengthen national/state HIV palliative care programs.

**ACTIVITY 1: TA to NACO, SACS and USG Partners on Palliative Care Services**  
Samarth will provide TA to NACO, SACS and USG partners in developing strategies and operational plans for implementing the continuum of care services for PLHA and their families. USG/India has defined the palliative care package which includes activities on clinical/medical, psychological, and spiritual care, and socioeconomic and legal support. Samarth will also provide TA to develop common minimum quality standards, checklists, and a training curriculum for HIV palliative care services. Samarth will identify a team of consultants with expertise in palliative care to work with the palliative care specialists of NACO, SACS and USG partners in supporting the TA needs.

SAATHII, a sub-partner of the Samarth project, will document the best practices on palliative care services including the network model of integrating prevention, care and treatment services and will disseminate this information to NACO, SACS and USG partners.

**ACTIVITY 2: Support Demonstration Center on Palliative Care for IDU**  
Samarth will support a residential care home for providing palliative care to IDU and PLHA. Services will include in-patient and out-patient facilities for treatment of opportunistic infections, counseling and referral services for ARV treatment. TB diagnosis and treatment will be provided to HIV-positive people through the TB-DOTS center co-located on the premises. The best practices in palliative care for IDU will be documented and disseminated to government agencies and USG partners.



**Activity Narrative:** ACTIVITY 3: On-site Training in Palliative Care for Health Care Providers and Caregivers  
 In FY06, four faith-based hospitals were developed by CMAI, a sub-partner of Samarth, as learning sites for HIV palliative care, in the USG focus states of Andhra Pradesh, Karnataka, Maharashtra and Tamil Nadu. In FY08, these sites will provide onsite training to health care providers and the caregivers in four USG states in providing quality palliative care, based on the minimum package defined by USG/India. The health care providers (HCP) will include medical officers, nurses and palliative care outreach workers. A "caregiver" is defined as a family member of the HIV-positive person. CMAI will update the existing training modules on palliative care to ensure that quality training is provided to the HCP. The training will cover topics in clinical care such as prevention and treatment for opportunistic infections, ART referrals and adherence; psychological care such as counseling, support for disclosure and bereavement care; nutritional care such as dietary counseling and food supplementation; and social support. The training institutions will conduct follow-up training periodically based on needs.

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Emphasis Areas**

Gender

- \* Increasing gender equity in HIV/AIDS programs

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development      \$7,484

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.10: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 3967.09	<b>Mechanism:</b> APAIDSCON
<b>Prime Partner:</b> Share Mediciti (Networking)	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Care: Pediatric Care and Support
<b>Budget Code:</b> PDCS	<b>Program Budget Code:</b> 10
<b>Activity ID:</b> 21485.09	<b>Planned Funds:</b> \$25,000
<b>Activity System ID:</b> 21485	

## Activity Narrative: NEW ACTIVITY NARRATIVE:

### SUMMARY

SHARE India has established an innovative "consortium" structure, the Andhra Pradesh AIDS Consortium (APAIDSCON) to reach out to private medical colleges in Andhra Pradesh (AP). This consortium will continue to be strengthened in FY09 and in doing so, will be able to participate in a number of important system strengthening activities and policy initiatives across the state. The consortium's aim is to ensure that future medical graduates are well trained to address HIV/AIDS, including training in palliative care for both adults and children.

### BACKGROUND

In India most health care (~80%) is provided in the private sector where facilities range from state of the art to barely adequate. Traditionally medical education has been the preserve of Government Medical Schools; however in the last five years there has been an explosive growth of private medical schools and over the next decade the bulk of newly trained medical graduates will come from the private sector.

In 2005, Science Health Allied Research and Education (SHARE)/MediCiti established a consortium of 15 Private Medical Colleges named the Andhra Pradesh AIDS Consortium (APAIDSCON). Recently, as an effort to reach out to the private for-profit health sector, 25 private small to medium size hospitals were added to the consortium. By establishing APAIDSCON, SHARE/MediCiti has developed and promoted a comprehensive multi-disciplinary strategy to combat the HIV/AIDS epidemic in the state with the highest estimated burden of HIV in India.

The primary aim of the consortium is to ensure that future medical graduates (over 1500 annually) as well as nurses and allied health professionals are well trained to address HIV / AIDS. APAIDSCON builds collaborative programs with private entities as well as government agencies to enhance access to counseling, testing and care for HIV-infected individuals and implement effective programs. APAIDSCON promotes the implementation of national guidelines and best practices in addressing the HIV AIDS epidemic.

Fundamentally, APAIDSCON was established as a mechanism to strengthen the organizational capacity of its member institutions. The fact that 15 independent and often competing private medical colleges came together and formed a consortium to address HIV and medical education issues is a noteworthy initial outcome and model for the country. Of course, the formation of a consortium has led to more substantive system strengthening, including the successful completion of joint training programs, curriculum sharing, advocacy for government- funded HIV testing and counseling centers in all 15 colleges, and a linkage system for subsidized CD4 testing.

To strengthen the services and linkages of the consortium members with the public health system, APAIDSCON has appointed peer counselors. The peer counselors are themselves HIV positive and our experience shows that they are well accepted in the community/society. They play a major role in follow up of HIV positive mothers.

### ACTIVITIES AND EXPECTED RESULTS

Palliative care is a holistic approach that begins with the diagnosis of HIV infection and continues throughout the course of this chronic condition. Palliative care is complementary to antiretroviral therapy (ART) and becomes increasingly important as the disease progresses. The need for palliative care services, and the types of services needed, changes due to the progressive and fluctuating nature of HIV disease and the evolving needs of the individual and the family.

Paediatric care is an essential component in the HIV epidemic. It starts with PMTCT: reaching an HIV-positive mother with ARV prophylaxis is the first step towards paediatric care. Children born to an HIV-positive mother then need to be followed up by the peer counselors to ensure that the children get support in their first few years of life. These children are monitored for the infection through regular follow up to ensure testing and management of the infection in the public sector at regular intervals.

#### ACTIVITY 1: Follow Up and Referral Mechanisms for Medical Services

Many pregnant women are diagnosed HIV seropositive during the third trimester, or late in pregnancy or during labour. This reduces the likelihood that they have visited an Integrated Counseling and Testing Center (ICTC), which means the women lack knowledge about the available health facilities for child diagnosis and about referral systems.

APAIDSCON has appointed peer counselors who are PLHIV working with the partner institutes (PIs) in the Consortium and the ICTCs to link the PIs to various public programs. Peer counselors play a major role in referral and follow up of the PLHIV from the PIs to various public sector medical-service institutions. APAIDSCON through the peer counselors will establish a mechanism to follow up all children born to HIV-positive mothers in order to link these children to infant HIV diagnostic facilities in the public sector. Early identification of HIV- seropositive status will also facilitate substitution for prolonged breast feeding.

The peer counselors will follow up all HIV-positive mothers delivered within their intervention area. They will conduct regular home visits to monitor the children's health and well being and link them with the medical college or a nearby healthcare institution for any health problems. They will also link children as needed with the NACO- run ART centers for timely cotrimoxazole prophylaxis and diagnosis of opportunistic infections, and will follow up children living with HIV (CLHIV) who are linked to the ART center to monitor adherence.

Various other organizations provide services to HIV-positive children, such as nutrition, family counseling, and child support. The peer counselors will identify the institutions providing these non-medical services in their locality and link the pediatric patients/children of HIV-mothers for various non-medical services like nutrition, counseling, and education.

#### ACTIVITY 2: Building the Capacity of Medical Personnel

In AP the NACO-run ART centers provide ART to eligible CLHIV at all centers but there is only one referral





**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

**UPDATE**

During FY08, FHI sub-partner Christian Medical Association of India (CMAI) conducted training programs for various stakeholders, including health care providers in the private medical sector (missionary hospital settings). CMAI provided TA on pediatric treatment and supported development of strong HIV care and treatment services within their member hospitals, with special focus on four hospitals (one in each of the USG priority states of Maharashtra, Karnataka, Tamil Nadu and Andhra Pradesh). They provided support to scale-up quality care for adults and pediatrics through facility- and home-based care. These CMAI learning sites have matured to function as training centers on select HIV/AIDS care and support areas. The Samarth project's pediatric care and treatment services reach infected children in 3 faith-based hospitals operated by CMAI as well as infected children from the Delhi-based Chelsea project.

Pediatric treatment is a continuing activity from FY08. In the previous COP it was classified under the palliative care narrative, which included services for adults and children. In FY09, the following modifications are proposed (all other activities remain the same):

**ACTIVITY 1: TA to NACO, SACS and USG Partners on Palliative Care Services**

The pediatric ART treatment services are currently provided through the Clinton Foundation; this arrangement with the Government of India is expected to end in 2009. Samarth will provide TA to the national level GOI to strengthen logistics and inventory management to build institutional capacity for the imminent supply chain management of pediatric ART.

**ACTIVITY 3: On-site Training in Palliative Care for Health Care Providers and Caregivers**

The on-site training for pediatric treatment will be decreased from four to three sites for FY09. In FY07, Samarth conducted a review of the four CMAI learning sites to identify the core areas of strength and weaknesses. Based on this review, the Catherine Booth Hospital will be phased out from SAMARTH Project while the other learning sites in Andhra Pradesh, Karnataka and Maharashtra will continue to provide training and mentoring support to other health care facilities on specific HIV/AIDS treatment areas.

The following new activity will be undertaken in FY 2009:

**ACTIVITY 4 (new - FY09): Support to NGOs for Identification of Pediatric Cases for ART**

Samarth will build the capacity of the demonstration project in New Delhi to improve identification of infected children among the rural slums and communities in Delhi where the project is operating.

**FY 2008 PALLIATIVE CARE NARRATIVE SUMMARY**

In FY08, the Samarth project will provide technical assistance (TA) to the National AIDS Control Organization (NACO), the State AIDS Control Societies (SACS) and USG partners in developing strategies on the continuum of care, including guidelines for implementation. Hands-on training of health care providers will be carried out in the four USG focus states on the minimum package of palliative care as defined by USG/India

**BACKGROUND**

The Samarth project has been implemented by Family Health International (FHI) since October 2006. The project will directly contribute to implementing quality HIV/AIDS prevention, care and treatment through TA, capacity building and institutional strengthening of government (NACO, the SACS), and civil society. In addition, the Global Fund will be provided specific TA to strengthen the leadership and governance of its India Country Coordinating Mechanism (CCM) Secretariat. FHI implements Samarth in partnership with the Christian Medical Association of India (CMAI, which has over 300 faith-based hospitals as members), the Indian Network of Positive People (INP+), and Solidarity and Action Against the HIV Infection in India (SAATHII, an NGO with a mandate to build capacity of civil society). Samarth extends needs-based capacity building assistance to government and non-government stakeholders as well as to USG partners. Since FY07, Samarth has provided NACO with human and technical support in key program areas like counseling and testing (CT), OVC, ARV, strategic information and policy and systems strengthening. Samarth also implements four demonstration projects in New Delhi to showcase best practices in Abstinence and Be Faithful programs, OVC and palliative care for injecting drug users (IDU).

**ACTIVITIES AND EXPECTED RESULTS**

This activity continues a Samarth intervention funded under PEPFAR in FY07. With FY08 funding Samarth will continue to partner with CMAI to use CMAI's learning sites to improve the capacity of USG partners to scale-up quality facility and home-based palliative care. FHI will also continue to provide TA to strengthen national/state HIV palliative care programs.

**ACTIVITY 1: TA to NACO, SACS and USG Partners on Palliative Care Services**

Samarth will provide TA to NACO, SACS and USG partners in developing strategies and operational plans for implementing the continuum of care services for PLHA and their families. USG/India has defined the palliative care package which includes activities on clinical/medical, psychological, and spiritual care, and socioeconomic and legal support. Samarth will also provide TA to develop common minimum quality standards, checklists, and a training curriculum for HIV palliative care services. Samarth will identify a team of consultants with expertise in palliative care to work with the palliative care specialists of NACO, SACS and USG partners in supporting the TA needs.

SAATHII, a sub-partner of the Samarth project, will document the best practices on palliative care services including the network model of integrating prevention, care and treatment services and will disseminate this information to NACO, SACS and USG partners.

**Activity Narrative:** ACTIVITY 2: Support Demonstration Center on Palliative Care for IDU  
 Samarth will support a residential care home for providing palliative care to IDU and PLHA. Services will include in-patient and out-patient facilities for treatment of opportunistic infections, counseling and referral services for ARV treatment. TB diagnosis and treatment will be provided to HIV-positive people through the TB-DOTS center co-located on the premises. The best practices in palliative care for IDU will be documented and disseminated to government agencies and USG partners.

ACTIVITY 3: On-site Training in Palliative Care for Health Care Providers and Caregivers  
 In FY06, four faith-based hospitals were developed by CMAI, a sub-partner of Samarth, as learning sites for HIV palliative care, in the USG focus states of Andhra Pradesh, Karnataka, Maharashtra and Tamil Nadu. In FY08, these sites will provide onsite training to health care providers and the caregivers in four USG states in providing quality palliative care, based on the minimum package defined by USG/India. The health care providers (HCP) will include medical officers, nurses and palliative care outreach workers. A "caregiver" is defined as a family member of the HIV-positive person. CMAI will update the existing training modules on palliative care to ensure that quality training is provided to the HCP. The training will cover topics in clinical care such as prevention and treatment for opportunistic infections, ART referrals and adherence; psychological care such as counseling, support for disclosure and bereavement care; nutritional care such as dietary counseling and food supplementation; and social support. The training institutions will conduct follow-up training periodically based on needs.

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Emphasis Areas**

Gender

- \* Increasing gender equity in HIV/AIDS programs

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development      \$10,336

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.11: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3962.09	<b>Mechanism:</b> I-TECH (International Training and Education Center on HIV)
<b>Prime Partner:</b> University of Washington	<b>USG Agency:</b> HHS/Health Resources Services Administration
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Treatment: Pediatric Treatment
<b>Budget Code:</b> PDTX	<b>Program Budget Code:</b> 11
<b>Activity ID:</b> 22308.09	<b>Planned Funds:</b> \$25,000
<b>Activity System ID:</b> 22308	

## Activity Narrative: NEW ACTIVITY NARRATIVE

### SUMMARY

The International Training and Education Center on HIV (I-TECH)'s program in ARV Services provides comprehensive patient-centered training, mentoring, and clinical consultation on HIV care and treatment through the following activities: 1) National AIDS Control Organization (NACO) Medical Officer (MO) and HIV Specialist Trainings, 2) Government Hospital of Thoracic Medicine (GHTM)/I-TECH HIV Fellowship Program, 3) nurse trainings for partner organizations, 4) implementation of a consultation hotline for HIV clinicians in India; (2) 2-3 months nurses training program on HIV, 5) FBO/NGO partnerships for ART trainings and clinical mentoring; 6) partnership with Tamil Nadu State AIDS Control Society (TNSACS) for clinical mentoring of clinicians to support ART scale-up in Tamil Nadu (TN). The specific target populations are physicians and nurses.

### BACKGROUND

I-TECH is a collaboration between the University of Washington Seattle and the University of California San Francisco. It supports the development of HIV/AIDS treatment, care and support training initiatives in developing countries impacted by the global AIDS pandemic, and incorporates a holistic approach to care for PLHAs. Established in 2003, I-TECH partnered with CDC/GAP to create a Center of Excellence in training, treatment and care services at the Government Hospital of Thoracic Medicine (GHTM), Tambaram, Chennai in Tamil Nadu. GHTM is India's largest TB/HIV care center known for its high quality stigma-free care to 30,000 PLHAs annually. It is a NACO recognized ART and Training Center. The infrastructure at GHTM includes the Training Center, an ART Center, and state-of-the-art laboratory facilities supported by USG funds.

### ACTIVITIES AND EXPECTED RESULTS

Activities 3: Nursing Training and 6: HIV Fellowship for Nurses from the FY08 COP have now been combined into a new Activity 7 (listed below): Indian Nurse Specialist in HIV/AIDS and ART (INSHAA) Program

#### ACTIVITY 1: HIV Specialists and Medical Officers (MOs) Trainings

The GHTM Training Center, also a national Center of Excellence, hosts trainings on behalf of NACO for MOs and HIV Specialists. Since 2004, GHTM and I-TECH have jointly conducted a total of 40 NACO trainings, serving over 658 clinicians. I-TECH's role has been one of capacity development, with the long-term goal of GHTM independently coordinating logistics as well as the monitoring and evaluation activities of the NACO trainings to support program sustainability. In FY09, a primary goal for I-TECH is creating training systems to serve as adaptable models that can be institutionalized at the national level.

As the scale up of ART Centers under NACP-III continues, there will be a need to utilize evaluated, effective training and mentoring models. In FY09, 80 physicians from various ART centers will be trained using the I-TECH curriculum, which includes a pediatric module to build the capacity of ART MOs to provide high-quality pediatric HIV/AIDS care and treatment. In FY09, I-TECH will continue its systems strengthening efforts by: 1) advocating with NACO to develop training curriculum for the Link and Community Care Centers' clinical and auxiliary staff, and 2) supporting GHTM in the roll-out of ART Refresher Trainings using the I-TECH developed, and WHO supported, ART Refresher Training Curriculum. It is expected that 40 physicians will be trained using the Refresher Training Curriculum in FY09.

#### ACTIVITY 2: HIV Fellowship Program and ART Treatment Provision

The GHTM/I-TECH HIV Fellowship Program, which is supported by USG, is an innovative year-long training program that aims to prepare junior and mid-level physicians to be leaders in HIV-related care and support, program management, education, and research in India. Fellows gain necessary skills by caring for a wide range of HIV/AIDS patients as well as through a variety of participatory training activities, including daily hands-on clinical training, experiential learning, didactic and case-based sessions, mentoring by local and international experts and faculty, management and leadership skills development, and clinical or community health project opportunities. The Fellowship Program provides significant human and technical resources to support adult and paediatric care and treatment services at GHTM by providing 60% of the GHTM physician workforce and direct clinical care to approximately 30,000 PLHA annually (10% of which are children under 15 years old). In FY09 it is expected that the Fellows will provide direct HIV treatment services to 400 HIV infected children seeking care at GHTM.

In FY09, I-TECH will design, improve, systematize, and expand capacity development models for clinical and auxiliary staff at training institutions and Centers of Excellence (COE). This will include the continuation and evaluation of the one-year residential HIV/AIDS Clinical Fellowship Program. I-TECH will also focus on creating a Fellowship Program model for clinical staff capacity development, which can be adapted at other COE sites, with a long-term goal of institutionalizing the Fellowship in the national HIV/AIDS program. This will include possible expansion into a second year and establishing partnerships with local universities for accreditation and to ensure the long-term sustainability of the program.

#### ACTIVITY 3: Nurse Trainings: now included under Activity 7

#### ACTIVITY 4: Clinical Mentoring for Community Care Centers (CCCs) and Link ART Centers

The Government of India's third National AIDS Control Plan (NACP-III) envisages a more direct role for CCCs in the ART program by making them peripheral drug distribution centers, designated as "Link ART centers", that will ensure more accessible and convenient services to PLHAs, better adherence and contain the increasing loads in the existing ART centers.

In Tamil Nadu ART Centers, I-TECH, through its partnership with WHO, Solidarity and Action Against the HIV Infection in India, and TNSACS, has provided training and clinical mentoring for doctors and nurses in ART service delivery, particularly in the management of treatment failure and initiating second-line regimens and TB/HIV co-infection. In FY09, it is expected that I-TECH will reach 60 HIV clinicians for clinical mentoring on comprehensive care services for PLHAs, including pediatrics. I-TECH will work with regional

**Activity Narrative:** partners to identify a pool of 15 mentors who will be trained using the 3-module I-TECH Clinical Mentoring Toolkit. I-TECH will also engage in advocacy efforts to scale up a national pool of mentors to support the national HIV program.

**ACTIVITY 5: Clinical Consultation “Warmline”**

Healthcare providers in India have limited training on HIV/AIDS care but confront many complex questions during their clinical practice. Clinicians in India often do not have the resources or time to keep up with clinical updates. Moreover, the best technical information may not be applicable to specific patients with complex medical and social problems in the Indian setting. I-TECH will provide long-term decision and TA support via distance consultation using our piloted and evaluated clinical consultation telephone “Warmline”. The program is implemented by I-TECH with clinical support from GHTM and technical support from the National HIV/AIDS Clinicians’ Consultation Center, based at the University of California, San Francisco (UCSF).

The Warmline will support the application of clinical skills learned in the NACO Specialist and MO Training programs and will enable periodic assessments of clinicians trained under the NACO program. . During the recent 3-month pilot phase, the “Warmline” averaged 60 calls per month, predominately from ART Medical Officers seeking guidance on pediatric issues such as treatment formulations, HIV diagnosis, and prevention. Best practices from the implementation of the warmline will be documented carefully with the goal of replication in similar settings.

**ACTIVITY 6: HIV Fellowship for Nurses: now included under Activity 7**

**ACTIVITY 7: Indian Nurse Specialist in HIV/AIDS and ART (INSHAA) Program**

In order to increase the accessibility of the HIV/AIDS services (NACP-III) under GFATM Round 7, NACO is giving high priority to develop capacity of available nurses and other health care providers. Since the traditional curriculum of nursing training does not have specific focus on care and treatment component for HIV, NACO plans to strengthen the competence of nurses. In 2009, I-TECH will work to design, systematize, and expand capacity development models for clinical and auxiliary staff at training institutions and Centers of Excellence. This will include the Indian Nurse Specialist in HIV/AIDS and ART (INSHAA) Program, whose primary target population is nurses in decentralized ART Centers and CCCs in India, where according to NACO’s operational guidelines, task shifting of nurses roles and responsibilities can take hold.

INSHAA is a four-week intensive training/clinical mentoring program with ongoing on-site mentoring after training that addresses the training gaps and needs of nurses in decentralized ART Centers and CCCs. The program includes all six levels of I-TECH’s framework for training, including addressing paediatric care and treatment. The INSHAA curriculum will be developed by I-TECH using many existing materials and experiences. The program will be piloted in Andhra Pradesh (AP). It will use 15 nurse mentors to train 50 nurses from 24 ART Centers and 95 CCCs to serve as Indian Nurse Specialists in HIV/AIDS and ART. I-TECH will develop a Training of Trainers and Mentoring of Mentors model will be used to train Indian School of Nursing faculty, I-TECH nursing staff and nurse consultants, and local staff nurses, resulting in a pool of Indian nurse trainers and clinical mentors. Once the pilot is evaluated and revised, it can be adapted to many similar settings, for which I-TECH is in a unique position to provide TA. INSHAA will ultimately result in enhancing the role and status of nurses and improving the quality of HIV care, treatment and support for PLHA in India.

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Emphasis Areas**

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development      \$20,500

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**



**Total Planned Funding for Program Budget Code: \$455,608**

**Program Area Narrative:**

Overview: India has the highest TB burden of any country of the world, with 22% of the world's TB cases, but has a well designed and implemented program for diagnosing and treating TB. The Directly Observed Treatment Short Course Chemotherapy (DOTS) strategy was developed in India. The Government of India's (GOI) Revised National TB Control Program (RNTCP) has a network of about 12,000 microscopy centers and 120,000 DOTS centers and providers throughout India. Based on HIV sentinel surveillance data, the estimated burden of HIV-TB co-infection is 0.9 million cases and between 1-13% of TB patients are co-infected with HIV depending on the setting.

The GOI began provider-initiated HIV testing of TB patients in April 2007 on a pilot basis in two districts: encouraging results have led to a major policy change on testing and paved the way for scaling up this initiative. Until very recently, TB providers actively resisted the referral of patients from HIV programs to TB clinics for DOTS because of concerns about the impact of stigma and discrimination on TB programs and the lack of services for HIV in TB clinics. Referral and follow up is further complicated by the lack of TB testing in settings for HIV care. HIV services are provided mostly at the district level (each district has approximately 2 million population) and TB services at the sub-district level. Cotrimoxazole for preventive treatment of patients co-infected with HIV and TB has been added as a pilot initiative in DOT centers in three districts of Andhra Pradesh (AP), where there is a system for sharing information between the HIV and TB programs under a joint agreement for "shared confidentiality." In this principle of 'shared confidentiality' the HIV status of the individual is shared with the TB DOTS center after obtaining explicit approval from patient for the purposes of providing CP and monitoring for TB.

Treatment regimens that combine TB and ARV drugs are complex and potentially hazardous. Efavirenz is part of the first-line treatment of HIV /AIDS and accounts for about 15% of all ART drugs purchased. The cost of Efavirenz in the private sector is often prohibitive and many People Living with HIV/AIDS (PLHAs) do not receive the recommended treatment or are taking two drug regimens. The national government does not currently support isoniazid TB prophylaxis for PLHAs but there are ongoing clinical trials to evaluate its effectiveness at the Tuberculosis Research Center of the Indian Council for Medical Research in Chennai.

Coordination and Other Donor Support: A Joint GOI TB/HIV Working Group was established in 2001 to enhance the coordination between the TB and HIV programs. Guidelines and cross training for managing TB and HIV co-infections have been developed and national curricula now include modules on HIV-TB. Also, USG-funded, WHO-supported TB consultants are placed in all states of India and have been instrumental in strengthening HIV-TB coordination at district, state and national levels.

The advantages of co-locating TB and HIV programs to improve treatment of both infections prompted the GOI to seek funding from Global Fund Round Three to co-locate 329 TB microscopy centers with counseling and testing centers in high prevalence districts. GOI is scaling up this important initiative in 200 high burden districts all over the country. Provider-initiated HIV counseling and testing ('opt out'), especially for patients with TB, is a priority in the third National AIDS Control Program (NACP-III).

Current USG Support: TB-HIV services depend on effective linkage between the National AIDS Control Program (NACP) and RNTCP. The USG has fostered this linkage through technical and resource support at all levels, especially at the national level and in the high-prevalence states of Tamil Nadu, Andhra Pradesh, Maharashtra, Manipur and Nagaland. USG staff provide technical assistance to the GOI for these activities via WHO.

USG provided technical assistance in the revision of the curriculum for TB-HIV providers to improve treatment in both national programs. USG supports a WHO technical advisor to provide critical policy and technical inputs on TB-HIV issues at the national level. This advisor works closely with the GOI on policy development and program implementation, especially in the areas of TB/HIV surveillance, provider-initiated counseling and testing, and TB/HIV coordination.

By the end of FY08, 5,166 PLHAs had been diagnosed and put on TB treatment through 353 USG-supported outlets. The USG also supported the training of over 500 health care providers on TB-HIV at different levels in six states in India. USG provides direct support to the Government Hospital for Thoracic Medicine, Tambaram (GHTM), one of the largest TB and HIV care centers in India. A DOTS center was opened at GHTM in June 2006, to which PLHAs receiving treatment and care at GHTM can be referred for TB testing, diagnosis and treatment. A tracking system has been established to monitor referrals from GHTM to other states. This is very important over 40% of new patients coming to GHTM are from the neighboring states of Andhra Pradesh, Karnataka, Kerala and Maharashtra.

In remote rural areas mobile counseling and testing vans are being used for follow up of DOTS treatment for co-infected persons. Counselors from various USG-supported projects are donating their time and expertise to government DOTS centers for smooth referrals and counseling of TB-HIV patients. USG is also developing the capacities of a wide range of health providers in HIV programs, including counselors, peer educators, HIV-positive network persons and men who have sex with men, to be DOTS providers

USG FY09 Support: During FY09 there will be further consolidation of HIV-TB collaborative services and scale up of successful model programs.

Support at national level:

- Members of the USG/India staff have considerable technical expertise in HIV-TB and technical officers will continue to provide support to strengthen linkages between the TB and HIV programs in the USG focus states. The USG will continue to support the WHO technical advisor
- USG technical support will also be provided to assist the RNTCP in the development of national TB infection control guidelines, integrate principles of TB-HIV coordination into training programs and develop a realistic action plan with timelines for implementation.

Support at state and district level:

- Four more USG-supported Community Care Centers (CCCs) (three in Karnataka and one in coastal AP) will be proposed as Designated Microscopy Centers (DMCs) under the public-private partnership scheme of the national TB program for improving access to TB diagnosis and treatment of PLHAs.
- USG will also advocate for and facilitate district level TB-HIV Coordination Committees, to improve linkages between Integrated Counseling and Testing Centers and DMCs in USG focus states of AP, Tamilnadu, Karnataka and Maharashtra
- In Tamil Nadu, staff from 20 private hospitals will be engaged in treating TB-HIV patients and the counselors in these facilities will refer patients between the two programs for HIV and TB testing.
- In Karnataka and AP, USG programs will strengthen linkages for TB referral and treatment at the workplace programs in the private sector by collaborating with the Employee State Insurance Corporation (a parastatal organization providing health services), and with empanelled hospitals. In Andhra Pradesh, USG will support the development of workplace policies for TB-infected and HIV-positive employees and the reduction of stigma and discrimination.

Support at programmatic level:

- In FY09, all USG-supported HIV/AIDS care and treatment programs will implement systems to screen for TB and refer patients for DOTS treatment. Community and home-based care programs will consolidate linkages with local RNTCP clinics and, wherever feasible, become DOTS providers. The drop-in centers in the care and support projects for PLHAs in Pune and Salem, are already acting as DOTS centers in the community. The DOTS program at GHTM will be enhanced and monitored and the lessons learned about program integration will be shared nationally.

Overall, combined USG programs plan to provide TB-HIV care and support services to more than 6,400 patients in FY09 and 7,000 in FY10 and train over 1,800 health care workers in FY09 and 1,900 in FY10 in the provision of integrated services.

**Table 3.3.12: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3949.09	<b>Mechanism:</b> APAC
<b>Prime Partner:</b> Voluntary Health Services	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (USAID)	<b>Program Area:</b> Care: TB/HIV
<b>Budget Code:</b> HVTB	<b>Program Budget Code:</b> 12
<b>Activity ID:</b> 24033.09	<b>Planned Funds:</b> \$171,908
<b>Activity System ID:</b> 24033	

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The TB/HIV activities undertaken by APAC in FY08 will continue, as mentioned in the FY08 Palliative Care narrative (below). In addition to these activities, APAC will support the following two new activities in FY09.

**ACTIVITY 5: Capacity Building of Lab Technicians at TB Centers**

Training will be provided to Counseling and Testing staff and TB clinic lab technicians on HIV/TB coordination through a nodal agency. Onsite mentorship will be provided on a regular basis to all TB clinics, thereby strengthening the coordination between HIV/AIDS and TB programs. It is expected that 1,000 lab technicians will be reached through this initiative.

**ACTIVITY 6: Capacity Building of Nurses to Deliver Quality Care on TB**

40 nurses from APAC NGOs will be trained in a) identifying TB cases and assist with possible management; b) networking with DOTS center/provider c) adherence to Anti Tuberculosis Treatment.

**FY08 NARRATIVE**

**SUMMARY**

Palliative care services for people living with HIV/AIDS (PLHA) are primarily provided through the public health care system. Many private health care institutions do not treat PLHA due to inadequate knowledge, stigma, and lack of infrastructure. In FY08, the AIDS Prevention and Control (APAC) project will support 18 home-based care projects in selected high-prevalence districts to provide palliative care services to 6000 PLHAs and their family members. The project will also support a network of 19 private health care institutions in these high-prevalence districts to provide facility-based clinical care and psychosocial support to PLHAs. The project will train private physicians on palliative care, link them up with NGOs and PLHA networks and follow up these physicians periodically. As the Technical Support Unit, APAC will build the capacity of the State AIDS Control Societies (SACS) in the states of Tamil Nadu and Kerala to increase demand for palliative care services, implement national guidelines and deliver comprehensive palliative care services to PLHAs.

**BACKGROUND**

For the past twelve years, with USG support, Voluntary Health Services (VHS) has been implementing the APAC project in the southern state of Tamil Nadu. APAC, which initially focused on targeted interventions for most-at-risk-populations (MARPs), has expanded its efforts over the last few years to support a more comprehensive approach to HIV/AIDS prevention, care and treatment. Tamil Nadu has been successful in controlling HIV (prevalence among antenatal women has dropped from 1.13% in 2001 to 0.5% in 2005) and the APAC project has significantly contributed to this success. The National AIDS Control Organization (NACO) has recognized the expertise and contributions of the APAC project and has requested APAC to provide technical support to the State AIDS Control Societies (SACS) of Tamil Nadu, Puducherry and Kerala by setting up a Technical Support Unit at Tamil Nadu and Kerala, consisting of a core team of consultants/experts co-located with the SACS, with a mandate to assist the SACS in scaling-up programs, improving efficiency and quality. APAC also serves as the vice-chair of the national Technical Working Group on Targeted Interventions.

The recent findings of the third National Family Health Survey estimated there are 170,000 to 200,000 PLHAs in the states of Tamil Nadu and Kerala. Palliative care services supported by the SACS include community care centers and PLHA drop-in-centers. Less than 40% of the estimated PLHAs are currently registered with the SACS and receive palliative care services. Major gaps include the limited awareness of the palliative care service providers, and the quality and comprehensiveness of the services.

Provision of palliative care services will be an ongoing activity funded by APAC. In FY06, APAC supported five NGOs to deliver home-based care, providing 6,000 PLHAs with clinical care and psychosocial support. Of the 6,000 PLHAs reached by the project, 10% were treated for TB and 10% are on ART. In FY06, the project also supported a private medical college in a high-prevalence district, Perundurai, for diagnosis, monitoring and institutional care of PLHA, resulting in 3,000 PLHAs getting clinical services.

**ACTIVITIES AND EXPECTED RESULTS**

**ACTIVITY 1: Improving Access to Home and Community Care for PLHAs and their Family Members**

APAC will support 18 NGOs to provide home and community care to people living with HIV in selected high-prevalence districts of Tamil Nadu and Puducherry. The NGO staff (which includes outreach workers and nurses) will sensitize community leaders, and coordinate with Government of India Link Workers and PLHA networks to create demand for a continuum of care services in public and private health care settings. At the community level, the NGO staff will be involved in strengthening HIV/AIDS awareness among community leaders, advocacy with community leaders concerning stigma and discrimination affecting PLHA, and mobilizing community support for PLHA and their family members. The NGO team will visit PLHA homes at regular intervals to: a) counsel PLHA and family members on health monitoring and periodic medical check-ups; b) identify opportunistic infections (OI) and assist with possible management at home; c) train and follow-up PLHA and their family members on self-care, care-giving, positive living, and treatment adherence for DOTS and ARV; d) refer for medical and non-medical needs to secondary and tertiary level institutions; and e) provide end of life care. The home and community based care NGOs will also network with other agencies involved in issues such as nutritional care and legal aid, to provide wrap-around services. All these services will also be provided by the NGOs and PLHA networks at selected project supported drop-in-centers. Through this initiative, 6000 PLHA will be able to get quality palliative care services at different locations and 1200 PLHAs will be treated for TB infection through public and private sector hospitals.

**ACTIVITY 2: Increasing Access to Palliative Care for PLHAs through Facility-Based Private Sector Support**  
To increase access to care, and model the involvement of private physicians, APAC will train and support a network of 100 private physicians in selected high-prevalence districts to provide medical care to PLHA.

**Activity Narrative:** The physicians will be trained in HIV/AIDS management including management of OI and counseling, and linked to NGOs and other care continuum providers in the district. APAC will support the physicians by providing basic infrastructure (for ensuring confidential counseling and treatment), and nominal remuneration for maintenance of quality standards at their clinic and for reporting to APAC. The experiences of these physicians will be shared with physicians' associations, SACS and other stakeholders for learning and replication.

APAC will also support a network of 16 private hospitals for secondary care and three private hospitals for tertiary care. In these hospitals, APAC will support a part-time counselor and train related health care providers. The trained counselors will counsel antenatal women, TB patients attending the hospital and PLHAs. Linkages will be established between these private hospitals, NGOs and other care continuum service providers. In FY06, APAC's support to IRT Perundurai Medical College resulted in increased coverage of PLHA. The approaches adopted by APAC include: a) supporting medical camps to promote health care services including HIV/AIDS services; b) strong networking with private physicians, NGOs, and PLHA networks to refer PLHA for treatment; c) training health care providers based on national guidelines for quality of health care; d) supporting the cost of counselors for antenatal women, TB patients and PLHA; e) strengthening management information systems; and f) subsidizing the cost of clinical diagnosis and treatment for needy PLHAs. In FY08, using a similar approach, APAC will support two more private hospitals for tertiary care services, but it will be on a smaller scale in terms of coverage of PLHA and range of services. Through this initiative, over 5,000 PLHA will be provided with palliative care services and 1000 PLHAs will be treated for TB infection from the project supported private sector hospitals. About 9,500 registered TB patients will receive HIV counseling and testing under this initiative.

**ACTIVITY 3: Building the Capacity of Private Sector Health Care Providers in Palliative Care**  
 APAC will support one state-of-the-art training institute to build the capacity of private physicians on HIV/AIDS palliative care, thereby expanding the pool of qualified and trained health care providers. An estimated 300 physicians will be trained by the project, focusing on building the knowledge and skill of health care providers. Due focus will be given to gender-based inequities and special needs for women on palliative care. The trained doctors will be periodically monitored by APAC consultants and through a system of self-assessment checklists/toolkits. The training of private health care providers complements the SACS' initiative on providing quality clinical care for PLHA. Partnerships will be established with private pharmaceuticals for the supply of basic medicines at subsidized rates. Similarly local philanthropists, advocates and village volunteers will be coordinated to mobilize resources to support the nutritional, livelihood and legal needs of PLHA.

**ACTIVITY 4: Technical Support to SACS**  
 APAC will provide technical support to SACS to strengthen their systems on palliative care as part of APAC's role as the Technical Support Unit for the states of TN and Kerala. Technical assistance will include training the SACS team on palliative care policies and guidelines, technical updates through national and international consultants, exposure visits, monitoring of community care centers, and technical assistance to training institutes (those involved in training NGOs) and public health care institutes (involved in training on HIV/AIDS care and treatment).

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Emphasis Areas**

Health-related Wraparound Programs

\* TB

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.12: Activities by Funding Mechanism**

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**Mechanism ID:** 3962.09

**Prime Partner:** University of Washington

**Funding Source:** GHCS (State)

**Budget Code:** HVTB

**Activity ID:** 21838.09

**Activity System ID:** 21838

**Mechanism:** I-TECH (International Training and Education Center on HIV)

**USG Agency:** HHS/Health Resources Services Administration

**Program Area:** Care: TB/HIV

**Program Budget Code:** 12

**Planned Funds:** \$150,000

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

**ACTIVITY 1: NACO HIV Specialists and MO Trainings**

Since 2004, GHTM and I-TECH have jointly conducted a total of 40 NACO trainings, serving over 658 clinicians. In FY09, 80 Physicians from various ART centers will be trained on topics such as early identification of signs and symptoms of TB, management of TB/HIV co-infection, and the latest advances in TB therapy (including 2nd line treatment and MDR/XDR-TB management). I-TECH's capacity development at GHTM ensures future sustainability of the trainings and supports NACO's efforts to scale up and strengthen the quality of TB/HIV services.

**ACTIVITY 2: Nurse Trainings**

I-TECH's ENHANCE (Empowering Nurses to deliver HIV/AIDS Care and Education) Nurse Training is a 13-module interactive, case based training for hospital and ART Center nurses focusing on prevention, treatment, care and support for PLHA and TB/HIV topics (infection control, screening, diagnosis, and treatment of TB in PLHA). The course was developed by I-TECH in collaboration with NACO, Indian Nursing Council, and Clinton Foundation and has been used by I-TECH to train nearly 500 nurses at GHTM and partner institutions. I-TECH will roll out ENHANCE and will train 100 nurses at RDT and BelAir using this curriculum

**ACTIVITY 3: HIV Fellowship Program**

In FY 2009 the HIV Fellows will provide direct TB/HIV services, including TB screening, diagnosis and treatment to an estimated 1800 PLHA at GHTM. I-TECH will also create a Fellowship Program model for clinical staff capacity development that can be expanded and adapted at other COE sites, with a long-term goal of institutionalizing it in the national program.

**ACTIVITY 4: not continued**

**ACTIVITY 5: Clinical Consultation "Warmline"**

I-TECH will provide long-term decision and TA support via distance consultation using our piloted and evaluated clinical consultation telephone "Warmline." During the recent 3-month pilot phase, the "Warmline" averaged 60 calls per month, predominately from ART Medical Officers seeking guidance on diagnosis and treatment (specifically TB and HIV treatment interactions) of TB in PLHA.

**ACTIVITY 6: Clinical Mentoring**

I-TECH, in partnership with WHO and TNSACS, provides training and clinical mentoring for doctors and nurses in ART service delivery, including TB/HIV co-infection. In FY09, I-TECH will reach 60 HIV clinicians for clinical mentoring on comprehensive care services for PLHA. I-TECH will work with regional partners to identify a pool of 15 mentors who will be trained using the 3-module I-TECH Clinical Mentoring Toolkit. I-TECH will also engage in advocacy efforts at that national level to scale up a national pool of mentors.

**ACTIVITY 7: ToT for Follow-Up (FU) Counseling Toolkit**

In 2008, I-TECH developed the Follow up Counselling Toolkit Training 5-day curriculum and 7-day Training of Trainer (ToT) curriculum. The toolkit focuses on advanced counseling issues, including TB screening and treatment adherence in PLHA. I-TECH will provide technical support for the roll out this training in Andhra Pradesh, and will train and provide technical support to 25 Master Trainers in Tamil Nadu.

**ACTIVITY 8: Indian Nurse Specialist in HIV/AIDS and ART**

In FY09, I-TECH will support the development of the Indian Nurse Specialist in HIV/AIDS and ART (INSHAA) Program, whose primary target population is nurses in decentralized ART Centers and Community Care Centers (CCCs). INSHAA is a four-week intensive training/clinical mentoring program that addresses the training gaps and needs of nurses in decentralized ART Centers and CCCs in order to task shift nurses roles and responsibilities. The curriculum will be developed by I-TECH and will include TB/HIV co-infection treatment and care. The training program will be piloted in Andhra Pradesh, using 15 nurse mentors to train 50 nurses from 24 ART Centers and 95 CCCs as Indian Nurse Specialists in HIV/AIDS and ART. The pilot will use a TOT and Mentoring of Mentors model to train Indian School of Nursing faculty, I-TECH nursing staff and nurse consultants, and local staff nurses to create a pool of nurse trainers and clinical mentors. Once the pilot is evaluated and revised, it can be adapted in many similar settings in India. INSHAA will ultimately result in enhancing the role and status of nurses and improving the quality of HIV care, treatment and support for PLHA in India.

**FY 2008 NARRATIVE**

**SUMMARY**

Tuberculosis (TB) is a serious public health problem in India with an estimated 40% of the population infected with Mycobacterium tuberculosis. Over 1 million cases of TB disease are reported annually, accounting for nearly one third of the global TB burden. In India, as in other high TB and HIV settings, there is considerable overlap of the TB and HIV epidemics. Active TB disease is the most common opportunistic infection in HIV-infected individuals. Amongst reported AIDS cases, 55-60% had TB. Controlling this dual epidemic remains a major challenge for the country, and requires capacity building among health care workers. Thus the International Training and Education Center on HIV (I-TECH) has highlighted TB-HIV co-infection in all its training programs. Early recognition of signs and symptoms of TB followed by diagnosis and prompt treatment in PLHA are key components of the TB/HIV curricula for on-going programs such as: (1) HIV Specialists and Medical Officers Trainings, (2) Nurses Trainings, and (3) HIV Fellowship Program. New initiatives for FY08 which will also address TB-HIV include: (1) 2-3 month nurse trainings, (2) Consultation hotline for HIV clinicians, and (3) Clinical mentoring at government and non-government community care centers. The activities discussed below also support Palliative Care and ARV Services. Specific target populations include physicians and nurses.

## Activity Narrative: BACKGROUND

I-TECH is a collaboration between the University of Washington Seattle and the University of California San Francisco. It supports the development of HIV/AIDS treatment, care and support training initiatives in more than a dozen developing countries impacted by the global AIDS pandemic, and incorporates a holistic approach to care for PLHAs. Established in 2003, I-TECH partnered with CDC/GAP to create a Center of Excellence in training, treatment and care services at the Government Hospital of Thoracic Medicine (GHTM), Tambaram, Chennai in Tamil Nadu. GHTM is India's largest TB/HIV care center providing care to 30,000 PLHAs annually and is also a NACO recognized ART and Training Center. GHTM provides a unique opportunity to explore TB/HIV co-infection due to the high volume of cases diagnosed each year. Clinicians can observe a range of complicated cases, as well as various diagnostic and treatment approaches. Infrastructure at GHTM includes the Training Center, an ART Center, and state-of-the-art laboratory facilities supported by USG funds. GHTM is known for its high quality and stigma free care to PLHAs. I-TECH at GHTM has the capacity, knowledge and experience to execute high impact programs.

### ACTIVITIES AND EXPECTED RESULTS

#### ACTIVITY 1: HIV Specialists and Medical Officers' Trainings

Early identification of signs and symptoms of TB, management of TB/HIV co-infection, and the latest advances in TB therapy and ART will continue to be key components of sessions on TB/HIV and bed-side clinical case discussions for the NACO-sponsored HIV Specialists and Medical Officers trainings conducted at GHTM supported by I-TECH. This activity will reach 250 physicians in FY08.

#### ACTIVITY 2: Nurse Trainings

I-TECH in collaboration with multiple partners including GHTM, Rural Development Trust, FBOs, and the Clinton Foundation will continue to conduct nurse training activities with a focus on advancing the role of nurses in early diagnosis of TB, referral for HIV and TB diagnosis and treatment, providing treatment adherence support for TB/HIV patients, and clinical staging for co-infected patients. These trainings consist of didactic and hands-on clinical mentoring sessions. In FY08, I-TECH will continue to conduct nursing trainings in high prevalence states such as: Andhra Pradesh; Maharashtra; Karur district in Tamil Nadu; and two new partner FBO/NGO sites using the WHO Integrated Management of Adult and Adolescent Illnesses (IMAI) and I-TECH curricula. I-TECH in collaboration with the Indian Nursing Council (INC), NACO and support from the Clinton Foundation developed a 14 module nursing training curriculum which once approved by NACO will be used as the national nursing curriculum in India. This curriculum includes specific modules dedicated to addressing the diagnosis and treatment of TB in HIV-infected persons and the clinical and programmatic issues of TB/HIV. In FY08, the Clinton Foundation will support I-TECH to train Master Trainers to support this national initiative, which will train 10,000 nurses in India: with USG support I-TECH, will train 1000 nurses with this curriculum in FY08.

#### ACTIVITY 3: HIV Fellowship Program

The GHTM/I-TECH HIV Fellowship Program funded by USG is an innovative year-long training program that aims to prepare junior and mid-level physicians to be leaders in HIV-related care and support, education, and research in India. Fellows gain necessary skills to provide a wide range of high quality HIV/AIDS patient care services including management of TB/HIV co-infection through a variety of participatory training activities, including: daily hands-on clinical training; experiential learning; didactic and case-based sessions; mentoring by local and international experts and faculty; management and leadership skills development; and clinical or community health project opportunities. Fellows undergo rigorous training on the complexities of TB/HIV co-infection in out-patient and in-patient wards. Being at GHTM the Fellows are exposed to a myriad of complex TB/HIV cases. The first cohort of 11 Fellows graduated in November 2006, with 14 more graduating by November 2007. Recruitment for the third cohort of 18 Fellows for FY08 is currently underway.

This USG supported Fellowship Program significantly supports treatment and care services at GHTM by providing 50% of the GHTM physician workforce and direct clinical care to approximately 6,000 PLHAs annually. Fellows manage over 2000 TB/HIV patients annually including complex multiple drug resistant TB cases.

HIV counselling and testing is routinely offered to TB patients at GHTM; in 2006, 3003 (94% of all TB cases) were tested for HIV with 202 (6.7% of those tested) testing HIV-positive. In FY08 I-TECH clinical fellows will provide human resource support for HIV counselling and testing to TB patients diagnosed at GHTM. In FY08 it is expected that 4000 TB patients will be provided with HIV counselling and testing and be provided with the results through this support and that over 2,000 HIV/TB patients will be treated by GHTM fellows directly supported by USG funds. TB/HIV patients will be referred to either GHTM (see above described activities) or appropriate facility for care and treatment.

#### ACTIVITY 4: HIV Fellowship for Nurses (2-3 Months Training)

While there are a limited number of trained doctors able to provide ART in India, there is a vast pool of nurses who are not trained in HIV/AIDS and ART, and therefore, a significant human resource is underutilized. In FY08, I-TECH will develop a 2-3 month training program for nurses to address this need. This program will create a pool of advanced trained nurses in HIV/AIDS care with expertise in early identification of TB and management of TB/HIV co-infected patients. I-TECH's experience of managing long-term HIV Fellowship Program for physicians will facilitate establishing this program early on in FY '08. Best practices will be documented with the aim to replicate this program in other similar settings. This activity also supports Palliative Care, TB/HIV, PMTCT, and Systems Strengthening Program Areas. It is expected that in FY08, I-TECH will conduct two batches of the Nursing Fellowship Program reaching at least 30 nurses with the goal to expand coverage in FY09.

**Activity Narrative:** ACTIVITY 5: Clinical Consultation Hotline

Healthcare providers in India have limited training on HIV/AIDS care and confront many complex questions ideally requiring the latest data on HIV treatment. Clinicians in India often do not have the resources or time to keep up with cutting-edge clinical updates. Moreover, the best technical information is often not applicable to specific patients with complex medical and social problems in the Indian setting. To address the need for accurate clinical information on HIV in real time, I-TECH proposes establishing a clinical consultation hotline to provide physicians with easy and timely access to up-to-date HIV clinical information, and individualized, India specific expert case consultation. This hotline will be unique in India. This program will be implemented by I-TECH with clinical support from GHM and technical support from the National HIV/AIDS Clinicians' Consultation Center, based at the University of California, San Francisco (UCSF). Best practices from the implementation of this hotline will be documented carefully with the goal of replicating this hotline at similar settings. This activity also supports Palliative Care, ARV, PMTCT, and Systems Strengthening Program Areas. Clinical technical assistance will be provided through about 2000 clinical consultations annually of which 40% are expected to be related to TB/HIV co-infection.

ACTIVITY 6: Clinical Mentoring

To enhance the TB/HIV services of other hospitals, especially management of TB/HIV co-infection, in FY08, I-TECH will work with two new FBO/NGO partners: Catholic Hospital Association of India and the Catholic Medical Mission Board and their affiliated hospitals. I-TECH will also support the TNSACS Community Care Centers in FY08 for clinical mentoring of TB/HIV. I-TECH's primary responsibility will be on-site and telephonic mentoring of doctors and nurses on complexities of TB/HIV co-infection. In FY 2008, it is expected that I-TECH will reach 100 HIV clinicians for clinical mentoring on ARV services, treatment failure and second line regimens. This partnership also supports Palliative Care, TB/HIV, Systems Strengthening, and PMTCT Program Areas.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14660

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14660		HHS/Health Resources Services Administration	University of Washington	6901	3962.08	I-TECH (International Training and Education Center on HIV)	\$150,000

**Emphasis Areas**

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$130,000

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.12: Activities by Funding Mechanism**

**Mechanism ID:** 3956.09

**Mechanism:** N/A

**Prime Partner:** Project Concern International

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GAP

**Program Area:** Care: TB/HIV



**Budget Code:** HVTB

**Program Budget Code:** 12

**Activity ID:** 16472.21845.09

**Planned Funds:** \$0

**Activity System ID:** 21845

**Activity Narrative:** NEW ACTIVITY NARRATIVE

**SUMMARY**

CDC's Cooperative Agreement with PCI will end on August 31, 2009. The project will have to be re-competed. It is expected that PCI will continue project activities until that date.

PCI's PATHWAY project defines HIV-related palliative care as patient and family-centered care that optimizes the quality of life of adults and children living with HIV through the active anticipation, prevention, and treatment of pain, symptoms and suffering from the onset of HIV diagnosis through death. Palliative care includes and goes beyond the medical management of infections and other complications of HIV/AIDS to comprehensively address symptoms and suffering throughout the continuum of illness, with the understanding that quality of life involves clinical, psychological, spiritual, and supportive care. The means by which this is achieved will vary according to stage of illness. As a component of the Palliative Care program, PCI has developed links with the Revised National TB Control Program (RNTCP) to ensure that Directly Observed Treatment Short Course (DOTS) is provided at PCI project centers.

**BACKGROUND**

Founded in 1961, Project Concern International (PCI) is an international non-governmental and non-profit organization that aims to prevent disease, improve community health and promote sustainable development. PCI/India has worked in HIV/AIDS prevention, care and support, and treatment programming since its inception in 1997 when it was established as a Charitable Society in India. In 2004, PCI initiated the PATHWAY Program, "Comprehensive Community and Home-Based Care and Support for People Living with HIV/AIDS (PLWHA) in India." The five-year program (September 2004-August 2009) was designed to implement integrated community and home-based care (CHBC) and support, and HIV prevention in three sites in the high prevalence states of Maharashtra, Tamil Nadu, and Andhra Pradesh.

Through supplemental funding from CDC in Year 2, this project was expanded to three additional project sites in the Northeastern states of India: Manipur (Churachandpur and Imphal) and Nagaland (Dimapur). In Year 3 (September 2006-August 2007), CDC allocated additional resources, to continue program activities at the six targeted sites, and to work with the National AIDS Control Organization (NACO) to improve and upgrade its Strategic Information System (SIS) and train its personnel in the management of SIS and other skill areas in high demand.

In FY08 the activities will be directly implemented by PCI in Maharashtra (population covered, 420,000) and Tamil Nadu (360,000), whereas in Andhra Pradesh (600,000) and the Northeastern states (642,000) activities will be implemented through PCI sub-partners, who are local organizations with experience in HIV/AIDS program implementation. The sub-partners are Lodi Multi Purpose Social Service Society, and Pragathi Seva Samithi in Warangal, Andhra Pradesh; SASO, and Shalom in Manipur; Akimbo Society in Nagaland; the Salem Network of Positive People in Salem, Tamil Nadu; and the Network of Maharashtra People Living with HIV/AIDS and Sevadham Trust in Pune, Maharashtra.

**ACTIVITIES AND EXPECTED RESULTS**

The activities under this component will target 200 PLHA with TB co-infection, who will receive comprehensive support for TB treatment and care.

**ACTIVITY 1: DOTS Treatment at PCI Drop-in-Centers (DICs)**

In close coordination with the Revised National Tuberculosis Control Program (RNTCP), PATHWAY DICs in Pune, Salem and Warangal will provide directly observed therapy short course (DOTS) to PLHAs diagnosed with TB. Outreach workers in the PATHWAY program will encourage all contacted TB patients to undergo counseling and testing at regular intervals.

**ACTIVITY 2: Strengthen the Referral System for Diagnosis and Treatment of TB**

The PATHWAY program in Northeast areas such as Imphal, Churachandpur and Dimapur will establish strong linkages with the Government of India (GOI)'s DOT centers. Specific TB-HIV co-infection activities will include clinical screening of PLHA, and referring suspected TB patients from among both PLHA and the general community to RNTCP centers for diagnosis. The number of PLHAs referred and tracked will increase as stronger linkages are built with RNTCP centers. Pathway health workers will also monitor strong adherence of DOTS in all these areas for complete treatment of these cases.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 16472

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16472	16472.08	HHS/Centers for Disease Control & Prevention	Project Concern International	7443	3956.08		\$25,000

**Table 3.3.12: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3958.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> Tamil Nadu AIDS Control Society	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GAP	<b>Program Area:</b> Care: TB/HIV
<b>Budget Code:</b> HVTB	<b>Program Budget Code:</b> 12
<b>Activity ID:</b> 21904.09	<b>Planned Funds:</b> \$14,000
<b>Activity System ID:</b> 21904	

## Activity Narrative: NEW ACTIVITY NARRATIVE

### SUMMARY

The Tamil Nadu State HIV/AIDS Control Society (TNSACS) works in collaboration with the Revised National Tuberculosis Control Program (RNTCP) to provide quality TB/HIV care for co-infected persons. There are 760 Integrated Counseling and Testing Centers (ICTCs) located in government Primary Health Centers (PHCs), taluk and district hospitals, each staffed by a laboratory technician and counselor. ICTCs work with the Designated Microscopy Centers (DMCs) for TB within the hospital premises. In some places DMCs are adjacent to the ICTC to ensure patients are screened for TB and vice versa. The referral of patients between the two centers is facilitated by an outreach worker.

ART centers are located in either the district general hospital or the medical college of the district. Screening for TB is done at the DMC within the hospital and all PLHA are referred for TB screening as part of the ART workup and during follow-up if they have chest symptoms. With the rapid scale-up of the ART centers and the increasing number of persons accessing these services, the system needs increased capacity to meet the needs of additional co-infected patients. Coordination at the field is adequate but systems need to be improved to ensure all information is used to improve care and support to PLHAs. USG will support activities in human capacity development and strengthening of the existing systems by identifying gaps, improving linkages and collaboration, and establishing an information system.

### BACKGROUND

TNSACS is the implementing body for India's National AIDS Control Organization (NACO) in Tamil Nadu, a high HIV-burden state. TNSACS, which is headed by a senior officer from the Indian Administrative Service (IAS), is the state-level authority for HIV-related policy formation, activity and partner coordination, program implementation, as well as monitoring, reporting, and evaluating on all activities related to the HIV epidemic in the state. In 1991, TNSACS was the first state HIV agency to be formed in the country and has continued to serve as a model for other such agencies around the country.

In 2002, USG developed a formal relationship with TNSACS and in 2003 began providing fiscal and technical support. The USG continues to play a strategic role in the operations of TNSACS, contributing only 3% of the TNSACS budget. The strong historical and technical relationship between TNSACS and the USG has allowed the USG to leverage the entire budget of TNSACS (approximately \$20 million in FY08) effectively. This relationship is also strategic as jointly funded projects in Tamil Nadu are often models that are later replicated throughout the country. The technical support provided to TNSACS by USG has been one of the successful models of donor TA in the country. The extent, form, and specificity of our support was discussed with NACO, which resulted in the creation of the new Technical Support Unit in Tamil Nadu that works directly with the USG advisors based at TNSACS.

### ACTIVITIES AND EXPECTED RESULTS

#### ACTIVITY 1: Needs Assessment of Health Care Providers and TB/HIV Patients

Focused discussions will be held with health care providers of both the government and private sector through workshops to identify training and program implementation needs. While both the RNTCP and ICTCs function to optimal capacity independently, there is an opportunity to improve and streamline the coordination of the two to ensure adequate linkage for PLHA with TB. At least two workshops will be conducted with all stakeholders to discuss better convergence between TB and HIV activities.

Whether the needs of TB/HIV patients are met will be explored informally in view of the rapid increase in health care facilities and services. The findings will enable USG to support TNSACS to improve access to health services and monitor the quality of the expanded services.

#### ACTIVITY 2: Capacity Building in TB/HIV in Collaboration with RNTCP

TNSACS, in collaboration with RNTCP, provides TB/HIV training to its health care staff. A two day modular training for medical officers and one day training for laboratory technicians and counselors at ICTCs, and nurses and pharmacists at PHCs and government hospitals includes sessions on TB/HIV co-infection and management. These programs are ongoing due to the rapid turnover of medical officers, laboratory technicians and counselors in the public health system for which technical assistance is provided. At least two six-hour orientation programs covering basic TB/HIV knowledge and skills in care according to the national standards will be conducted for health personnel in the private sector. Technical assistance will be provided for dissemination workshops to update field staff on ongoing programmatic and technical issues and changes. These activities will be transitioned to the Technical Support Unit (TSU) of TNSACS.

#### ACTIVITY 3: Strengthen Linkages between ICTC, ART Centers and the RNTCP

##### Designated Microscopy Centers (DMC), DOT centers

Patients with TB/HIV co-infection receive ART from the ART center located at the district level once every month and anti-TB treatment (ATT) from a DOT provider/DOT center close to their homes on an alternate day basis. Linkage between the ART center and the DOT center is essential to ensure that all persons with TB/HIV co-infection receive ART and ATT and are monitored to adherence of both treatment regimens. The program will train staff at both centers and establish a system whereby both treatments are monitored and follow-up is ensured. Feedback of patients on DOTS at a local site and an ART center will be made possible only through well-functioning linkages between the two systems which will be supported by USG in FY09.

The General Hospital for Thoracic Medicine (GHTM), Tambaram, in Tamil Nadu has been recognized as a site for implementation of the DOTS PLUS program of RNTCP. This requires that in-patient care of all TB-diagnosed patients includes MDR TB and second line treatment regimens. Well functioning mechanisms are needed to ensure TB/HIV co-infected patients on second line regimens are closely followed up and monitored.

#### ACTIVITY 4: Establish a Model TB/HIV Referral and Feedback System

**Activity Narrative:** GHTM provides HIV diagnosis and care for patients coming from all districts in Tamil Nadu and from the neighboring state of Andhra Pradesh (AP). While 65% of all patients diagnosed with HIV at GHTM are from Tamil Nadu, less than 10% live in the vicinity and thus have to be referred for TB treatment to a local DOT center. Patients are also referred to district ART centers, but many continue to receive ART from GHTM for a variety of reasons, including familiarity and quality of care. Many pre-ART patients visit GHTM for follow-up advice and services. Many of such patients from AP are now being referred back to their state for both ATT and ART, as new ART centers are established.

The TB/HIV Information System (THIS) at GHTM will be strengthened to monitor districts in Tamil Nadu to ensure all patients detected are referred to ATT at the appropriate DOT center, and that referral to ART centers are regular (including feedback on adherence monitoring and follow-up of those on pre-ART and ART at GHTM). The system will also monitor referrals made to Andhra Pradesh, in partnership with the Andhra Pradesh State AIDS Control Society (APSACS).

**ACTIVITY 5: Strengthen and Improve State Level TB/HIV Information System**

The TNSACS database is a computerized record system that provides information on patients registered at the ICTCs and ART centers in the state. Data are routinely collected in the field and compiled and reported monthly by the counselors. Referrals between RNTCP and ICTC for TB/HIV co-infection are also captured and reported by THIS. USG will provide technical assistance to TNSACS M&E staff in using the THIS data for making program-related policy and implementation decisions.

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Emphasis Areas**

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development      \$14,000

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.12: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 5785.09	<b>Mechanism:</b> Samarth
<b>Prime Partner:</b> Family Health International	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (USAID)	<b>Program Area:</b> Care: TB/HIV
<b>Budget Code:</b> HVTB	<b>Program Budget Code:</b> 12
<b>Activity ID:</b> 11468.21248.09	<b>Planned Funds:</b> \$0
<b>Activity System ID:</b> 21248	

**Activity Narrative:** ACTIVITY UNCHANGED FROM FY2008

FY08 NARRATIVE  
SUMMARY

The focus of this activity is training health care providers on HIV/TB treatment and care services, specifically related to cross-referrals for TB/HIV. This activity will take place in the USG focus states at the four learning sites on palliative care developed by the Samarth project in FY06.

BACKGROUND

The Samarth project has been implemented by Family Health International (FHI) since October 2006. Samarth will directly contribute to implementing quality HIV/AIDS prevention, care and treatment through technical assistance(TA), capacity building and institutional strengthening of government (the National AIDS Control Organization [NACO] and the State AIDS Control Societies [SACS]), and civil society. In addition, the Global Fund will be provided specific TA to strengthen the leadership and governance of its India Country Coordinating Mechanism (CCM) Secretariat. FHI implements this project in partnership with the Christian Medical Association of India (CMAI, which has over 300 faith-based hospitals as members), the Indian Network of Positive People (INP+), and Solidarity and Action Against the HIV Infection in India (SAATHII, an NGO with a mandate to build capacity of civil society). Samarth extends needs-based capacity building assistance to government and non-government stakeholders as well as to USG partners. Since FY07, Samarth has supported NACO with human and technical support in key program areas like counseling and testing (CT), OVC, ARV, strategic information and policy and systems strengthening. Samarth also implements four demonstration projects in New Delhi to showcase best practices in Abstinence and Be Faithful programs, OVC and palliative care for injecting drug users (IDU).

ACTIVITIES AND EXPECTED RESULTS

ACTIVITY 1: Training of Health Care Providers on TB/HIV

In FY06, four faith-based hospitals were developed as learning sites for HIV palliative care in the USG priority states of Andhra Pradesh, Karnataka, Maharashtra and Tamil Nadu. In FY08, these sites will provide onsite training to health care providers and caregivers in four USG states on providing TB diagnostic and treatment services to HIV-positive people and HIV services to TB patients. The curriculum will be developed based on national guidelines on HIV/TB programs.

ACTIVITY 2: HIV/TB Services in Demonstration Projects in Delhi

In FY08, Samarth will continue to provide TB treatment and/or referral services to HIV infected IDU and children in the demonstration programs. The staff of the demonstration programs will be trained on active TB case finding and screening PLHA for signs and symptoms of TB, referral for diagnosis, and initiation and completion of DOTS. The project staff will provide adherence counseling to the TB clients during home and clinic follow-up visits and work closely with the DOTS center to ensure completion of the course of anti-tubercular treatment.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14116

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14116	11468.08	U.S. Agency for International Development	Family Health International	6711	5785.08	Samarth	\$21,900
11468	11468.07	U.S. Agency for International Development	Family Health International	5785	5785.07		\$39,000

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**Emphasis Areas**

Gender

- \* Increasing gender equity in HIV/AIDS programs

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development      \$17,820

**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.12: Activities by Funding Mechanism****Mechanism ID:** 3964.09**Prime Partner:** MYRADA**Funding Source:** GHCS (State)**Budget Code:** HVTB**Activity ID:** 21398.09**Activity System ID:** 21398**Mechanism:** N/A**USG Agency:** HHS/Centers for Disease Control & Prevention**Program Area:** Care: TB/HIV**Program Budget Code:** 12**Planned Funds:** \$20,000

**Activity Narrative: NEW ACTIVITY NARRATIVE:**

**SUMMARY**

TB/HIV co-infection is the most common form of opportunistic infection seen in India. The National AIDS Control Plan – Phase III (NACP-III) encourages TB/HIV cross referrals and follow up. Both the National AIDS Control Program (NACO) and the Revised National TB Control Program (RNTCP) have made it mandatory for all those detected as sputum AFB positive to get a HIV test referral, and vice versa. NGOs are actively involved in identifying, referring and following up cases. The actual testing occurs in government facilities.

**BACKGROUND**

MYRADA, a 40-year-old field-based NGO based in Bangalore, Karnataka, India, has been working directly in the areas of empowering poor and vulnerable women, natural resource management, reproductive child health (RCH) and HIV/AIDS in the state of Karnataka, and neighboring border areas of Tamil Nadu and Andhra Pradesh. All MYRADA's work is built on the underlying principles of sustainability and cost effectiveness through building local people's institutions and capacities, and fostering effective linkages and networking. These principles have also been incorporated into the MYRADA USG program.

In the first year of this program (FY06), MYRADA decided to work in two districts of Northern Karnataka – Belgaum and Gulbarga. However, after a special request from NACO for one district to be supported by one agency, MYRADA will withdraw from Belgaum and Gulbarga and focus on Chamrajnagar, Mandya, Bidar and Kodagu districts.

In the earlier years, the program did not actively work in the TB/HIV program area, although there were referrals for testing. In FY09, as a result of the Link Worker Scheme model (an adaptation of Myrada's FY07-08 Rural Prevention Program) now being endorsed by NACO, referral and follow up of TB/HIV co-infected cases will now be included in the MYRADA program. MYRADA plans to work closely with the positive networks at national, state and district level and this will include some TB/HIV co-infection activities.

**Activity 1: Referral of "TB Suspect" Cases for Sputum Testing**

This will be done through the link worker program in select high-risk villages of the four districts (Chamrajnagar, Kodagu, Bidar and Mandya) and through the positive network programs in Tamil Nadu and Andhra Pradesh. The field teams of counselors and community resource persons (CRPs) will actively refer all persons who are "suspect TB cases" (cough with sputum for three weeks or more with or without hemoptysis, evening rise in fever, night sweats) to the nearest sputum testing center of the government.

**Activity 2: Referral and Follow-Up of All HIV Positive Cases for Sputum Testing and Sputum AFB Positive Cases for HIV Testing**

Similarly, all PLHAs identified in the selected villages and in the working area of the positive networks will be referred and followed up to have a sputum AFB test. In all areas this test will be conducted by the government-designated microscopy centers. CRPs will also refer all confirmed TB cases for HIV testing. The HIV testing will be done either at the government ICTCs or by Myrada's program outreach VCT teams. All those found to be diagnosed with TB will be followed up actively, including referral to DOTS. All those co-infected with HIV will be followed up in the adult care and support program component.

A total of around 400 PLHA will be actively followed up. All of them will be referred for sputum testing. Around 50-75 TB positive cases will be followed up and started on DOTS.

**Activity 3: Training of Field Staff on TB/HIV Basics**

All the CRPs and counselors of the positive networks will be trained on the basics of TB/HIV co-infection.

**New/Continuing Activity:** New Activity

**Continuing Activity:**

<b>Emphasis Areas</b>
Health-related Wraparound Programs
* TB
<b>Human Capacity Development</b>
Estimated amount of funding that is planned for Human Capacity Development      \$15,000
<b>Public Health Evaluation</b>
<b>Food and Nutrition: Policy, Tools, and Service Delivery</b>
<b>Food and Nutrition: Commodities</b>
<b>Economic Strengthening</b>
<b>Education</b>
<b>Water</b>

**Table 3.3.12: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 3969.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> US Centers for Disease Control and Prevention	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GAP	<b>Program Area:</b> Care: TB/HIV
<b>Budget Code:</b> HVTB	<b>Program Budget Code:</b> 12
<b>Activity ID:</b> 11470.25431.09	<b>Planned Funds:</b> \$74,700
<b>Activity System ID:</b> 25431	
<b>Activity Narrative:</b> \$74,700 in CDC GAP funding is necessary to support a percentage of expenses and activities for one technical staff member in the Delhi office. The amount requested includes salaries, fringe, travel proportionate office overhead, desk, operational charges, head tax charges, and ICASS charges.	
<b>New/Continuing Activity:</b> Continuing Activity	
<b>Continuing Activity:</b> 14464	

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14464	11470.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6846	5786.08		\$107,423

**Table 3.3.12: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 3966.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> Leprosy Relief Association India	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Care: TB/HIV
<b>Budget Code:</b> HVTB	<b>Program Budget Code:</b> 12



Activity System ID: 20905

Activity Narrative: CONTINUING ACTIVITY - NEW ACTIVITY NARRATIVE

**SUMMARY**

LEPRA Society, with support from USG and the Andhra Pradesh State AIDS Control Society (APSACS), rolled out a large comprehensive prevention, care, treatment, and support program, the Primary Health Care Enhancement Project (PHCEP), in 2006 through its sub-partner, the Catholic Health Association of India (CHAI), delivered through Primary Health Centers (PHCs) across 10 high burden districts in Andhra Pradesh (AP). HIV care and support services, including TB/HIV services are provided with help of nurses who are posted in the PHCs. These activities will be continued in FY09 as the services are planned to be mainstreamed into HIV-related services in the state.

Activities such as clinical screening, referral for sputum examinations, and follow-up and referrals of DOTS treatment are done by the nurse practitioner (NP) based at the PHC. The target group includes those infected and affected by HIV and community members of the districts in which there are USG-supported PHCs. USG will continue to strengthening the linkages between the National TB Program and HIV services by increasing the number of cross-referrals. The focus of palliative care efforts is on training of the PHC staff, screening and treatment for TB, and facilitating linkages for TB/HIV co-infection in PLHAs.

In FY09, the supportive supervision and management of the PHCEP will be shared between USG partners and the government-appointed District AIDS Prevention and Control Unit (DAPCU). To date, district teams for supervision of the PHC HIV/AIDS activities in the ten high-burden district have been supported by USG funds, which will end in FY09 due to the integration of the project into the national DAPCU structure. This integration forms part of the sustainability plan for the PHC Enhancement Project, which will be handed over to the government as the project enters its fifth year of USG support.

**BACKGROUND**

USG has been working in AP with LEPRA, and its sub-partner CHAI, since 2005. CHAI, established in 1943, is India's largest faith-based organization in the health sector with nearly 3,273 member institutions that include large, mid-sized and small hospitals, health centers, and diocesan social services societies. CHAI promotes community health and enables the community, especially the poor and the marginalized, to be collectively responsible for attaining and maintaining their health, demand health as a right, and ensure availability of quality health care at reasonable cost.

Andhra Pradesh, a southern state in India with a population of 80.8 million, has an estimated 500,000 PLHA. Antenatal HIV prevalence is over 1% in 19 of the 23 districts, yet access to HIV services is scarce, especially in the rural areas. APSACS has scaled up counseling and testing (CT) services to the rural primary health center level, unlike other states in India, where the services remain exclusively urban and peri-urban. A total of 266 Integrated Counseling and Testing Centers (ICTCs) offer PPTCT, CT, and TB/HIV care, support and treatment services at the PHC level. Each PHC, the basic health care unit in India, serves a population of 30,000. Given the vast coverage of PHCs and the urgent need for rural access to testing, care, and treatment services, the integration of HIV/AIDS services into the existing PHC level makes services very accessible.

**ACTIVITIES AND EXPECTED RESULTS**

The PHCEP works closely with the State TB Control Society, combining efforts to track all cross-referrals and complete treatment of all patients diagnosed with tuberculosis. The PHCs also function as DOTS centers and TB diagnosis and treatment facilities are present and operational in all PHCs. Establishment of sustainable linkages between HIV and TB services are an important activity carried out by the nurses. TB is a major cause of morbidity and mortality among PLHA so the integration of these services is vital.

**ACTIVITY 1: Primary Health Center Enhancement Project**

In FY09, there will be a stronger focus on making TB/HIV cross-referral services a routine part of PHC processes under the PHCEP. Existing data in AP shows that there continues to be loss of TB cases after referral, resulting in difficulty in follow-up. The project will strengthen referrals of clients from ICTCs to TB centers, as well as the provision of counseling and testing services for all TB patients referred from TB centers. TB/HIV specific counseling will also be strengthened. Focus areas will include tracking all referred cases to diagnostic facilities for TB and establishing an efficient reporting system. This will be done by facilitating greater coordination between the nurse and the district TB program staff, which will be ensured through monthly review meetings and supervision by USG's district-level nurse supervisors and the DAPCU.

Screening for TB among family members, partner screening for STI and treatment will be integral part of these services. It is estimated that the nurses will reach about 521 clients with TB/HIV co-infection for treatment.

PHCEP nurses will be given refresher training on TB/HIV reporting during the review meetings organized by APSACS and the DAPCUs. These activities will be monitored through the USG-funded supervision system.

**New/Continuing Activity:** Continuing Activity**Continuing Activity:** 16415

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16415	16415.08	HHS/Centers for Disease Control & Prevention	Leprosy Relief Association India	6767	3966.08		\$25,000

**Emphasis Areas**

Health-related Wraparound Programs

\* TB

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.12: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3967.09	<b>Mechanism:</b> APAIDSCON
<b>Prime Partner:</b> Share Medici (Networking)	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Care: TB/HIV
<b>Budget Code:</b> HVTB	<b>Program Budget Code:</b> 12
<b>Activity ID:</b> 11502.20922.09	<b>Planned Funds:</b> \$5,000
<b>Activity System ID:</b> 20922	

## Activity Narrative: ACTIVITY UNCHANGED FROM FY2008

### SUMMARY

The Andhra Pradesh AIDS Consortium (APAIDSCON) will continue to strengthen TB-HIV services within the consortium and beyond by conducting advanced clinical trainings, supporting the development of one to two centers of excellence, establishing a low cost central pharmacy and developing partnerships with community care centers. Linkages between TB services and HIV testing and treatment will be mainstreamed within the care delivery system for each partnering institution in FY08. Many of these TB activities are also described under the Palliative Care program area.

### BACKGROUND

In India, over 80% of curative health care is provided in the private sector where facilities range from state of the art to barely adequate. Traditionally medical education has been the preserve of government medical schools; however in the last five years there has been an explosive growth of private medical schools and over the next decade the bulk of newly trained medical graduates will come from the private sector.

In 2005, Science Health Allied Research and Education (SHARE)/MediCiti established APAIDSCON, a consortium of 15 private medical colleges. Recently, as an effort to reach out to the private for-profit health sector, 25 private small to medium size hospitals were added to the consortium. Many of these hospitals are designated as microscopy centers under the Revised National TB Control Program (RNTCP). Fundamentally, APAIDSCON was established as a mechanism to strengthen the organizational capacity of its member institutions.

The fact that 15 independent and often competing private medical colleges came together and formed a consortium to address HIV and medical education issues is a noteworthy initial outcome and model for the country. The formation of a consortium has led to more substantive system strengthening, including the successful completion of joint training programs, curriculum sharing, advocacy for government funded HIV testing and counseling centers in all 15 colleges, and a linkage system for subsidized CD4 testing.

The primary aim of the consortium is to ensure that future medical graduates (over 1,500 annually) as well as nurses and allied health professionals are well trained to address HIV AIDS. APAIDSCON builds collaborative programs with private entities as well as government agencies, promotes the implementation of national guidelines and best practices in addressing the HIV/AIDS epidemic, and is supporting a comprehensive multi-disciplinary strategy to combat the HIV/AIDS epidemic in the state with the highest estimated burden of HIV in India.

### ACTIVITIES AND EXPECTED RESULTS

#### ACTIVITY 1: Training in TB/HIV

In FY08, APAIDSCON plans to use its position within the private health care sector as well as its relationship with the public health care system to provide high-quality TB-HIV training to its health care staff and to the community at large. In India, there is thought to be a high variability in the quality and practice of HIV care. APAIDSCON has developed a two-day curricula training specific to medical officers, nurses, medical students, and housekeeping staff, that will equip participants with basic TB-HIV care, knowledge and skills in accordance with national and international standards. To date, over 70% of medical and nursing faculty have been trained. With FY08 funding, the remaining medical and nursing faculty will be trained.

APAIDSCON believes in the value of more intensive, hands-on training for medical personnel if the goal is for these trainees to provide quality HIV care services. Post training follow-up and refresher workshops are equally important. APAIDSCON has developed and pilot tested a five-day hands-on training programs based on this principle. The training, which includes skills-based (case-studies, bedside teaching rounds) instruction from HIV/AIDS technical experts from around the world, teaches best practices for the prevention and treatment of opportunistic infections (OIs) associated with HIV/AIDS, with a special focus on TB-HIV co-infection. Trainees are informed on the clinical, epidemiologic, and programmatic overlap of the TB and HIV/AIDS epidemics (TB/HIV). Standard practices for regular screening, diagnosing, and treating TB among HIV-infected patients are taught. Special emphasis is also placed on the referral and screening of TB/HIV patients for ART care.

In FY08, APAIDSCON will continue to conduct these hands-on trainings for 15-20 physicians at least quarterly. A Level 2 training program will be developed for those caring for People Living with HIV/AIDS (PLHA) who require and want additional skills-based training. Level 1 and Level 2 trainings are designed to reach consortium members in order to build their skills and capacities. However, some select physicians from NGOs and government who are providing HIV care and support services will be allowed to participate. All physicians trained by APAIDSCON who are part of their consortium will receive quarterly follow-up visits (mentorship visits) to ensure that acquired care and treatment skills are retained and incorporated into practice. All personnel will also come from centers that have been approved by the RNTCP to provide TB treatment as per national guidelines (that is, using DOTS).

#### ACTIVITY 2: Development of Training Centers

In FY08, APAIDSCON will devote substantial time and resources into developing one-two HIV care and training centers. In collaboration with the Andhra Pradesh State AIDS Control Society (APSACS), APAIDSCON and CDC will likely focus on building an existing government HIV/ART center into a NACO center of excellence, by providing technical inputs, staffing support, and training expertise while leveraging NACO/APSACS resources to develop infrastructure, better operational systems, and a more functional and updated laboratory. A specific center (the government Chest Hospital in Hyderabad) has already been identified and relationships between this hospital, APSACS, CDC, and APAIDSCON have grown. The Chest Hospital currently provides extensive TB management. Its faculty is chest physicians with expertise in TB and to some degree TB-HIV.

**Activity Narrative:** A second HIV care and training center may be developed in one of the existing 15 medical colleges, following a full assessment. This center will also include an extensive program and training in TB management.

**ACTIVITY 3: Establishment of Central Pharmacy**

APAIDSCON will collaborate with APSACS to establish a central pharmacy for APAIDSCON facilities and partners. The objective of this central pharmacy will be to provide high-quality, low-cost medicines (via high-volume purchasing) to PLHAs accessing services at APAIDSCON and partner facilities. In FY08, APAIDSCON will support a pharmacy coordinator and appropriate space for this pharmacy for the procurement, storage, and distribution of medicines for HIV/AIDS care (cotrimoxazole, TB treatment regimens) and treatment (ARVs).

**ACTIVITY 4: Expanding Care and Treatment Services**

In FY08, APAIDSCON will continue to find ways to expand its care and treatment services. To date, mainstreaming of HIV services into young, developing medical college institutions has been more difficult than expected. Resistance remains high due to HIV-related stigma, poor technical skills to manage HIV, limited ability to generate net income from HIV services, and poor access to affordable medication, especially ARVs. APAIDSCON will continue to address these fundamental issues. At the same time, alternative strategies that do not require these medical college hospitals to provide a huge number of PLHAs comprehensive services will be implemented.

In FY08, APAIDSCON will develop closer relationships and linkages to NACO-funded community care centers and ART centers. APAIDSCON will support local HIV community care centers by requiring faculty and students to rotate through these centers and provide specialty consultations. APAIDSCON will also create ways for consortium member institutions to provide laboratory and radiological support services to these centers, with a special focus on TB diagnostic services. This process will also help create better linkages between institutions and will help develop the technical capacities of the community care centers.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14581

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14581	11502.08	HHS/Centers for Disease Control & Prevention	Share Mediciti (Networking)	6879	3967.08	APAIDSCON	\$5,000

**Emphasis Areas**

Health-related Wraparound Programs

\* TB

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$5,000

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

Program Budget Code: 13 - HKID Care: OVC

**Total Planned Funding for Program Budget Code: \$1,425,338**

### **Program Area Narrative:**

Overview: There is limited data on the number of HIV-infected children in India and it is estimated that about 94,000 children are living with HIV/AIDS (Technical Estimation Group, NACO, 2007). Similarly there is a paucity of information on orphans (defined as a child under age 18 who has lost one or both parents) infected or affected by HIV. Based on the 2007 revised estimate of the number of HIV-infected adults (2.47 million), there may be anywhere between 6-8 million Indian children with an HIV-positive father, mother or both (estimate presented by UNICEF at the release of the National Policy on Children and AIDS, 2007).

Responsibility for providing services for orphans and vulnerable children (OVC) rests with several government agencies: the National AIDS Control Organization (NACO), the Ministry of Health and Family Welfare (MHFW); the Ministry of Women and Child Development (MWCD) and its new flagship \$476 million project, the Integrated Child Protection Scheme (ICPS). Children impacted by HIV/AIDS are the responsibility of District child protection units of the ICPS, which address legal rights and entitlements and deal with cases of discrimination or abuse of children arising from any cause. Other stakeholders are the Ministry of Social Justice and Empowerment and the Ministry of Human Resource Development and the Lawyers Collective.

OVC are not a priority under India's third AIDS Control Plan (NACP-III), with 'affected children' (as they are referred to in the NACP-III document) being addressed only in the context of the provision of pediatric care and treatment if they are infected, or infant diagnosis through the PMTCT program. Most OVC programs have been implemented through USG support or by faith-based and non-governmental organizations through private funding. Coordination between the various government nodal agencies for different functions related to the holistic development of children is also inadequate.

As a key member of the National Task Force Committee on Children Affected by HIV/AIDS, USG advocates for policy and guidelines for OVC. Collaboration with UNICEF has successfully resulted in the launch of a national policy framework for children and AIDS, followed by USG-supported development of national guidelines. The national guidelines for implementing OVC programs outline steps for ensuring access to care, support, treatment, and protection services for children affected by HIV/AIDS and define the minimum package of services for such children. These are: health/medical care, psychosocial support, nutrition support, education support, and special services such as social protection, economic strengthening, legal support and shelter/alternative care. The national definition of children infected and affected by HIV/AIDS and the package of proposed services is consistent with the PEPFAR policies on OVC.

Leveraging and Coordination: Many players provide support for OVC in India. These include UNICEF, Save the Children, the Clinton Foundation, the HIV/AIDS Alliance, the Children's Investment Fund Foundation (CIFF), the Elton John AIDS Foundation, FHI, CARE, the Lawyers' Collective and the Global Fund Round 6 funds. The large number of players makes possible leveraging by USG for services beyond medical care such as education, psychosocial care and food security. Through the national-level Mainstreaming Task Force, USG has actively promoted the coordination at the district level of health, nutrition and education services for all children, including OVC. The Task Force promotes the mainstreaming of HIV/AIDS activities across 31 priority Ministries, including the Ministries of Human Resource Development (Education) and Rural Development. USG is the only non-UN member of this Task Force, which includes UNIFEM, UNDP and UNICEF, along with NACO.

USG-supported OVC programs also leverage with schools to enroll children in OVC programs and with district health services that provide care and ART treatment, and promote families' access to the Government of India's food subsidy programs. USG's activities with women's self-help groups support family income by facilitating access to vocational training, an AIDS widows' pension scheme, and loans for income generation. Other examples of leveraging are linkages with faith-based organizations such as Catholic Relief Services, which sponsors livelihood support for OVC, and pharmacists' associations that provide drugs for OI treatment to the USG OVC programs.

Current USG Support: USG was one of the first donors to initiate OVC programs in India. Under the IMPACT project, Family Health International established 34 programs reaching around 50,000 vulnerable children in Tamil Nadu, Maharashtra, Andhra Pradesh (AP) and Delhi and firmly built the foundation for a robust OVC program. These have since been taken over by the AIDS Prevention and Control Project (APAC), the Avert Society Project and the Enhance Projects funded by USG. Over the last six years, USG has invested in programs for care and support; stigma reduction; community training; prevention education; socio-economic support; family strengthening and foster care for children affected by HIV/AIDS and vulnerable children in India. USG also developed a tool kit with guidelines on caring for children, life skills education and counseling protocols for children vulnerable to, affected by, and living with HIV/AIDS. In Karnataka and five coastal districts of AP, USG programs work with PLHA networks to link OVC programs with PMTCT, ART and care and support services. Priorities are providing services for children of most-at-risk populations (MARPs) and HIV-infected single mothers. Programs for single mothers include linking women to self-help groups, legal assistance for widows' and children's rights, and facilitating birth registrations.'

USG FY09 Support: USG will continue to support a modest OVC program. Activities will focus on technical assistance at state and national levels, and limited direct interventions, as follows:

1. Strengthen SACS, DAPCU capacity to implement OVC programs: There is limited understanding of the guiding principles for OVC programs and of the elements that comprise a complete package of services for an affected child. Following the 2007 release of the National Policy on Children and AIDS, the national operational guidelines are being strengthened to include case

studies and best practices. The focus of USG activities in USG priority states will be on capacity building for operationalization of the OVC guidelines, specifically building the capacity of the SACS and the new district AIDS Prevention and Control Units (DAPCUs), to plan, manage and monitor OVC programs. Training will also be carried out for SACS-supported local organizations to strengthen the depth and quality of OVC programs.

2. Direct implementation of selected OVC programs: USG will continue to support selected OVC interventions in the four focus states that ensure children receive a complete package of OVC services. Key issues that will be addressed are:

- Minimizing stigma and discrimination- USG will build the capacity of NGOs, CBOs and communities to respond to HIV/AIDS and reduce stigma and discrimination against OVC, including advocacy with district education departments and sensitizing school administrations. In Karnataka and Andhra Pradesh, education for the Village Health Committees to avoid stigma and discrimination for OVC will continue.
- Family and community-based approaches- In Karnataka, Maharashtra and AP, close to 7,000 OVC will be reached through USG directly supported care and support facilities. Over 4,000 OVC will be provided primary direct services and linked to GOI services for ART, immunization, and pre-school play centers. Community-based care to promote a family-centered approach will continue to be the first priority, however technical assistance to build the capacity of a faith-based network which implements the USG supported community care centers (CCC) will also be undertaken to ensure adequate care. A special focus on girl children to ensure they are socially protected from vulnerable situations like trafficking will be undertaken through follow-up by link workers, a cadre of outreach workers for linkages with community-care programs. Community leaders will be involved in increasing awareness of child rights and linking with government schemes to provide a basket of services.
- Building the capacity of local organizations- Capacity-building in selected districts ( categorized as A districts based on high-prevalence) will include training in planning OVC programs, exposure to state-of-the-art programs and training in data monitoring systems. The OVC demonstration project in Delhi will serve as a learning site for comprehensive HIV services.

3. Increase identification of OVC: The main entry points to identify OVC are integrated counseling and testing centers (ICTC), community care centers and drop-in centers, and positive networks. USG programs will use both NGO outreach and linkages with direct service points to identify OVC to increase their access to services. In rural Karnataka, for example, 600 USG-supported link workers across 1,300 villages, who provide outreach to most-at-risk and vulnerable populations, are also expected to reach an estimated 3,000 OVC, who can be linked with services. USG will also support the Karnataka Network of Positive People (KNP+) in coordinating and managing 18 integrated prevention and care/drop-in centers for positives (established under Global Fund Round 6) which is another entry point for identifying OVC. Similarly, in Maharashtra, USG will work with drop-in centers in 6 districts managed by the district level networks to intensify the identification and coverage of OVC.

4. Promote linkages and coordination with GOI and NGOs: USG OVC programs will coordinate with GOI clinical services, DAPCUs, and positive networks to ensure a full and unduplicated package of services. USG will also promote links with community-level staff in GOI's integrated health programs: the National Rural Health Mission (NRHM)'s ASHA workers, NACO's link workers, and MWCD's anganwadi workers and Child Protection Officers, to ensure optimal utilization of their services, including medical care, nutritional supplementation, child protection and education. In the NGO sector, USG programs will coordinate with the Clinton Foundation, CARE, CRS and the HIV/AIDS Alliance for services in nutrition, food and livelihood security. Prevention programs, life skills education and focus on AB messages will also be a part of the OVC package of services.

5. Mainstream OVC issues in governance systems: At the national level, USG will collaborate with the Lawyers Collective (a consortium of lawyers, legal academicians, legal activists and women's rights activists committed to using the law to effect policy and judicial reforms based on the human rights framework), to review the draft HIV/AIDS Legislation Bill to ensure that it incorporates the issues set out in the national policy and operational guidelines on OVC (developed with USG support). Additionally, USG programs will continue to advocate with community systems, such as local self government (panchayati raj) and the Village Health Committees, to mainstream OVC issues, such as equal access to education and health, into the processes of local government departments. As noted above, as a member of the Mainstreaming Task Force, USG will also advocate to mainstream HIV/AIDS programming related to children in the plans and activities of relevant Ministries.

**Table 3.3.13: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3964.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> MYRADA	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Care: OVC
<b>Budget Code:</b> HKID	<b>Program Budget Code:</b> 13
<b>Activity ID:</b> 16417.20912.09	<b>Planned Funds:</b> \$12,000
<b>Activity System ID:</b> 20912	

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The geographical area has changed. Based on a request from NACO that one agency support one district, MYRADA has agreed to withdraw from Belgaum and Gulbarga. The districts finalized for the MYRADA US-supported program in consultation with the Karnataka Health Promotion Trust and the Karnataka State AIDS Prevention Society are Chamrajnagar, Bidar, Mandya and Kodagu. All activities planned in the FY08 COP will now be shifted to these districts.

FY 2008 NARRATIVE

SUMMARY

Published estimates of the number of HIV-infected children in India vary from 50,000 to 300,000 and there may be 2-10 million children in India with an HIV-positive parent. The National AIDS Control Program has only recently taken cognizance of children as People Living with HIV/AIDS (PLHAs) and, in collaboration with international agencies such as the Clinton Foundation, infected children are now getting pediatric ART. However, other aspects of care and support for OVC, such as nutrition, education and counseling have not been systematically addressed by either the HIV-positive networks or the government. This intervention will address comprehensive care and support for OVCs through a community-based approach. This is not a stand-alone activity and is a natural follow up to the prevention outreach program.

BACKGROUND

Myrada, a 40 year old field based non governmental organization (NGO) based in Bangalore, India, has been directly working in the focus areas of empowering poor and vulnerable women, natural resource management, reproductive child health (RCH) and HIV/AIDS in the state of Karnataka, and neighboring border areas of Tamil Nadu and Andhra Pradesh. In addition, Myrada provides regular technical assistance to various government and non government projects in India, Central and South Asia, and Africa. All Myrada's work is built on the underlying principles of sustainability and cost effectiveness through building local people's institutions and capacities, and fostering effective linkages and networking. These principles have also been incorporated into the Myrada CDC program.

In the first year of this program (FY 2006), Myrada decided to work in two districts of Northern Karnataka: Belgaum and Gulbarga. Several reasons led to these decisions including the fact that these were districts with high HIV prevalence (over 3% in general population); were socio-economically backward districts and located adjacent to two other HIV high-prevalence states, Maharashtra and Andhra Pradesh. The initial strategy was to develop community-based models for sustainable HIV prevention activities.

The past two years have taught us that focusing only on prevention in high prevalence districts is not enough. In the course of the program, several OVCs were identified. Since there were no interventions in place, Myrada initiated a community-based OVC program in Belgaum and Gulbarga, working with the district-level positive networks as sub grantees. The six components of primary care mandated by WHO and the Government of India (GOI) for OVC have been introduced, including testing for HIV, CD4 testing for those found HIV positive, regular medical check ups, referrals for minor illnesses, nutrition support, support for education and family counseling. In addition, the teams have been working with the village health committees and other leaders to advocate for a reduction in stigma and discrimination towards these children and their families. Special focus has been on ensuring that both boys and girls get equal access to care and support. The children are identified through the community based palliative care program and the voluntary counseling and testing program.

Now that USAID is working in Karnataka with care and support as a major focus area, Myrada will explore the possibility of transferring the 970 identified OVCs to the USAID program. Until then, the program will continue services for this group of children.

ACTIVITIES AND EXPECTED RESULTS

ACTIVITY 1: Basic Care and Support for Registered OVCs

All identified orphans/vulnerable children of PLHA families will be registered with the Myrada program, and encouraged to undergo HIV testing to determine their individual status. All registered OVCs will receive the WHO/GOI six components of care regularly. OVC are also tracked for all six OGAC categories of OVC services, with Myrada directly providing four of the six OGAC components. It is expected that around 300 OVCs in the implementation area will receive the total package of community-based care and support. The others will receive certain components and will be linked to the USAID-supported Samastha project by FY08 for the total package.

ACTIVITY 2: Regular Referrals for CD4 Testing and OI Management

All registered children will be sent for CD4 screening to determine whether or not they require ART. Those found eligible will be referred to the pediatric ART centre. A few doctors trained to provide OI care will be identified to provide regular medical check ups and treatment of OIs for these children. All these children will also be followed up to see that they receive routine immunizations and vitamin supplements.

ACTIVITY 3: Families Livelihood Options and Social Entitlements

Many families are already socio-economically vulnerable following the illness/death of an adult member. It is important to address this issue to help families identify their needs so that the remaining family members can cope with their debt issues and future expenses. Women in the families will be linked to existing self help groups, while all efforts will be made to link family members to available social entitlement schemes of the government.

ACTIVITY 4: Training Family Care Givers

At least one adult family member will be specifically trained on how to manage the child at home, and how to make a balanced diet plan for their children. This will include how to provide home-based care and

**Activity Narrative:** nutritious foods, as well as to know when to refer for medical care.  
**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 16417

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16417	16417.08	HHS/Centers for Disease Control & Prevention	MYRADA	6766	3964.08		\$10,000

**Emphasis Areas**

Gender

\* Increasing women's access to income and productive resources

Health-related Wraparound Programs

\* Child Survival Activities

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$5,000

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.13: Activities by Funding Mechanism**

**Mechanism ID:** 3950.09

**Mechanism:** N/A

**Prime Partner:** Johns Hopkins University  
Center for Communication  
Programs

**USG Agency:** U.S. Agency for International  
Development

**Funding Source:** GHCS (USAID)

**Program Area:** Care: OVC

**Budget Code:** HKID

**Program Budget Code:** 13

**Activity ID:** 6627.20898.09

**Planned Funds:** \$100,000

**Activity System ID:** 20898



**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

ACTIVITY 1: Technical Support Develop Communication Materials for OVC programs  
In addition to the FY08 activities, the following changes have been made.

In FY09, JHU/CCP will develop a "Talking Book" – a book with colorful illustrations and audio for children infected with HIV. The "Talking Book" will be developed primarily for children and their care givers. It will help caregivers understand and relate to the psycho-social needs of children infected by HIV and will provide children and their caregivers with basic HIV-related information, including nutrition, possible side effects of ART and the importance of adherence. The content of this book will be developed by conducting in-depth discussions with OVC experts and interactive workshops with children and their caregivers. This will help to bring out the main issues that infected children face in their day-to-day lives. Inputs for the book will also come through consultative meetings with NACO, SACS, and NGOs working with children, child counselors and pediatricians. The book will mainly focus on needs of infected children between the ages of 4 and 10.

A monitoring and evaluation plan will designed and carried out to understand the reach of the "Talking Book." The research will include qualitative feedback from children and their caregivers as well as from NGO/CBO staff. Service statistics of NGOs/CBOs will be tracked to measure reach of the "Talking Book." Efforts will also be made to intensify the dissemination of this book to other SACS through NACO.

FY 2008 NARRATIVE  
SUMMARY

The Health Communication Partnership/Johns Hopkins University (HCP/JHU) will provide technical assistance (TA) to USG partners, state and national level government agencies involved in HIV/AIDS programs to design communication strategies for interventions with orphans and vulnerable children (OVC). HCP/JHU will also develop prototypes of communication materials on OVC that could be adopted by USG partners and other agencies

BACKGROUND

HCP/JHU implements a targeted HIV/AIDS communication program in Maharashtra State under the Avert Society project. In the first phase (ended in July 2007), HCP/JHU provided technical assistance to the state in the design, implementation, monitoring and evaluation of behavior change communication activities in HIV/AIDS across a range of issues including advocacy, work place interventions, NGO capacity building, youth, care and treatment and high-risk behavior interventions. Several of these activities and approaches have been adopted by NACO for national level use. In FY08, HCP/JHU will provide technical support to MSACS, GSACS and Avert in the design, development and operationalization of a state-wide communication program. The aim of the communication program in Phase-2 of the HCP/JHU project (July 2007-June 2011) is to support the state in developing a unified communication response including uniform communication messaging, product development and implementation. The communication program will also support the TA needs of the National AIDS Control Program.

ACTIVITIES AND EXPECTED RESULTS

ACTIVITY 1: Technical Support to Develop Communication Materials for OVC Programs  
HCP/JHU will provide TA to the National AIDS Control Organization (NACO), Maharashtra State AIDS Control Society (MSACS), Goa State AIDS Control Society (GSACS) and USG partners to develop communication strategies and prototype materials to support OVC programs. HCP/JHU will also collaborate with Family Health International (FHI) to conduct a communication needs assessment for OVC programs in USG focus states. In FY08 HCP/JHU will focus on developing specific communication aids for health care providers, mothers, and caregivers on the provision of basic health care and nutritional support for OVC in home and institutional settings. Additionally, HCP/JHU will design communication activities to address stigma and discrimination against OVC at the community level and by schools.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14123

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14123	6627.08	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	6713	3950.08		\$33,000
10785	6627.07	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	5599	3950.07		\$33,000
6627	6627.06	U.S. Agency for International Development	Avert Society	4134	4134.06		\$300,000

**Emphasis Areas**

Gender

\* Increasing gender equity in HIV/AIDS programs

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.13: Activities by Funding Mechanism**

**Mechanism ID:** 5785.09

**Prime Partner:** Family Health International

**Funding Source:** GHCS (USAID)

**Budget Code:** HKID

**Activity ID:** 10944.21249.09

**Activity System ID:** 21249

**Mechanism:** Samarth

**USG Agency:** U.S. Agency for International Development

**Program Area:** Care: OVC

**Program Budget Code:** 13

**Planned Funds:** \$302,000

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

**UPDATE**

In FY08, FHI, along with the National OVC Task Force, finalized, printed, and disseminated the national operational guidelines for children affected by HIV/AIDS. FHI initiated the process of operationalisation of the guidelines through its three learning sites – one in Andhra Pradesh, Delhi (Women's Action Group (WAG)/Chelsea) and Tamil Nadu. WAG/Chelsea continued to implement the OVC program providing services directly and through linkages with emphasis on greater coverage of girls.

In FY09, Activities 1 and 3 will continue as in FY08. The following modifications are suggested for Activity 2.

**ACTIVITY 2: TA to National AIDS Control Organization (NACO), State AIDS Control Societies (SACS) and USG Partners in OVC Programming**

FHI will facilitate the process of setting up coordination committees and mechanisms with different stakeholders like SACS, District AIDS Prevention and Control Units (DAPCUs), ministries, departments, non-governmental organizations (NGOs), civil society and private sector. The three sites working on OVC will start functioning as learning sites and will provide training and mentoring support for scaling-up and replication. In the three districts with learning sites, an OVC Trust will be set up to provide financial support for health and educational needs that are not fulfilled through referral services. In the implementation of national operational guidelines for OVC, linkages will be established with government and private sectors to ensure adolescent girls and their mothers have access to income and productive resources.

**FY08 NARRATIVE SUMMARY**

The focus of this activity is to provide technical assistance (TA) to the National AIDS Control Organization (NACO), State AIDS Control Societies (SACS) and USG partners in developing and expanding quality orphans and vulnerable children (OVC) programs in the public and private sectors. Specifically, TA will be provided to operationalize OVC strategies including developing capacity-building plans for NGOs. The Samarth project will continue to support demonstration programs on OVC to serve as learning sites and transfer best practices.

**BACKGROUND**

The Samarth project has been implemented by Family Health International (FHI) since October 2006. Samarth will directly contribute to implementing quality HIV/AIDS prevention, care and treatment through TA, capacity building and institutional strengthening of government (NACO, the SACS), and civil society. In addition, the Global Fund will be provided specific TA to strengthen the leadership and governance of its India Country Coordinating Mechanism (CCM) Secretariat. FHI implements the Samarth project in partnership with the Christian Medical Association of India (CMAI, which has over 300 faith-based hospitals as members), the Indian Network of Positive People (INP+), and Solidarity and Action Against the HIV Infection in India (SAATHII, an NGO with a mandate to build capacity of civil society). Samarth extends needs-based capacity building assistance to government and non-government stakeholders as well as to USG partners. Since FY07, Samarth has supported NACO with human and technical support in key program areas like counseling and testing (CT), OVC, ARV, strategic information and policy and systems strengthening. Samarth also implements four demonstration projects in New Delhi to showcase best practices in Abstinence and Be faithful programs, OVC and alliative care for injecting drug users (IDU).

**ACTIVITIES AND EXPECTED RESULTS**

FHI as a member of the National Task Force Committee for children affected by HIV/AIDS assisted NACO and the Ministry of Women and Child Development, Government of India, in developing national policies on addressing OVC issues in India. In FY07, the Samarth project provided TA to NACO for developing the national operational guidelines on OVC.

**ACTIVITY 1: Support to OVC Demonstration Program**

With FY08 funds, Samarth project will continue to support a demonstration program on OVC in Delhi. The capacity of NGO staff working on OVC programs will be built in participatory training skills in order to transfer the best practices of the OVC program to the SACS and NGOs in USG focus states. The demonstration center will provide onsite experiential training and mentoring support to NGOs, SACS and USG partners in caring for OVC through life skills education (LSE), counseling, medical care, nutritional support and non-formal education. The demonstration site has an exemplary way of tracking uniquely identifiable OVC children through individual tracking sheets across the six PEPFAR core OVC intervention areas. This monitoring tool will be shared with other USG partners and SACS to assist in ensuring a comprehensive range of services and referrals for the child.

**ACTIVITY 2: TA to NACO, SACS and USG Partners in OVC Programming**

In FY07, TA was provided to NACO in developing the national operational guidelines for programs with children infected and affected by HIV/AIDS. In FY08, Samarth will provide technical support to NACO, SACS, and USG partners to use the national guidelines to scale up OVC programs in India. Technical support will be provided through theme-based workshops, trainings, site visits and sharing of tools and guidelines. Areas of technical support will include child counseling and behavior change communication, with an emphasis on AB prevention messages, child participation, LSE, community mobilization for care and support, and establishing linkages for medical, psychosocial, and economic support. Toolkits and guidelines developed by Samarth on LSE, child-counseling and child detoxification will be shared with NACO, SACS and USG partners.

SAATHII, a sub-partner of the Samarth project, will document the lessons learned and best practices of the

**Activity Narrative:** USG-supported OVC programs and disseminate this information through publications and workshops for SACS and non-government partners.

ACTIVITY 3: Wrap-around Support for OVC Programs  
 In FY08, Samarth will develop guidelines for leveraging services such as nutrition, education and household economic strengthening for children infected and affected by HIV/AIDS from government, and private and non-governmental agencies. TA will be provided to NACO, SACS and USG partners on operationalizing such wrap-around services for OVC.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14245

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14245	10944.08	U.S. Agency for International Development	Family Health International	6711	5785.08	Samarth	\$175,200
10944	10944.07	U.S. Agency for International Development	Family Health International	5596	3944.07		\$198,000

**Emphasis Areas**

Gender

- \* Increasing gender equity in HIV/AIDS programs
- \* Increasing women's access to income and productive resources
- \* Increasing women's legal rights

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$160,380

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$10,000

**Food and Nutrition: Commodities**

**Economic Strengthening**

Estimated amount of funding that is planned for Economic Strengthening \$10,000

**Education**

Estimated amount of funding that is planned for Education \$30,000

**Water**

Estimated amount of funding that is planned for Water \$20,000

**Table 3.3.13: Activities by Funding Mechanism**

**Mechanism ID:** 3942.09

**Mechanism:** Samastha

**Prime Partner:** University of Manitoba

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (USAID)

**Program Area:** Care: OVC

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**Budget Code:** HKID

**Program Budget Code:** 13

**Activity ID:** 10943.20941.09

**Planned Funds:** \$395,478

**Activity System ID:** 20941

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

**CHANGES TO ACTIVITIES AND EXPECTED RESULTS**

The Orphans and Vulnerable Children (OVC) intervention is primarily community-based and ensures that children have access to the six core intervention components namely; food/nutrition, shelter and care, protection, health care, psychosocial support, and education. The activities include building capacity of immediate, extended and foster families to protect and care for their children, ensuring access to essential medical, immunization and nutrition services, providing support for legal and social entitlements and mobilizing community support and government participation. The primary targets are children orphaned and/or affected by HIV and AIDS, family members and caregivers.

**BACKGROUND**

This activity is a continuation of initiatives under PEPFAR-funded Samastha project that began in 2006 and continues through 2009. The overall coordination of activities is through the Karnataka Health Promotion Trust (KHPT). EngenderHealth provides technical support and strategic inputs for planning and quality improvement whereas St. John's Medical College is responsible for the capacity building of care providers in partnership with others; including Sneha Charitable Trust and Swami Vivekananda Youth Movement. Coordination of all activities at the district level is led by KHPT regional staff in Karnataka and LEPRASOCIETY in Andhra Pradesh.

KHPT leverages significant support for this component from other resources including the Clinton Foundation, UNICEF, Deshpande Foundation, local contributions, and government schemes.

**ACTIVITY 1: Improving Access to Quality Services for Orphans and Vulnerable Children**

In FY08, this activity was actively jointly undertaken by leveraging services from the Clinton Foundation, especially for nutrition and transport. However, the Clinton Foundation support will cease in June 2009. Hence, other donors/government programs will need to be considered for leveraging this support as USG funds will not be used for this component.

The scale up of ART centers has ensured wider availability of pediatric ART and periodical assessments of eligibility of children living with HIV for ART will be a priority, as will be ensuring ART adherence for those on ART.

**ACTIVITY 2: Improving the Quality of OVC Services**

The capacity building activities will aim to improve skills of three target groups: staff of the project/implementing partners, caregivers and community. NGO staff managing and employing Link Workers, outreach workers of Integrated Positive Prevention and Care –Drop in Centers (IPPC-DIC) and within Community Care Centers will be trained in nutrition assessment, child rights issues, ART adherence for children, home based care, age specific counseling services and child centric communication skills. The clinical staff at Community Care Centers and IPPC-DIC will continue to be trained in clinical management of pediatric HIV and ART for children.

Two hundred and twenty caregivers will be trained to provide for and monitor the child's nutritional needs and how to access social entitlement in case of need, as well as on child rights issues. The caregivers will also be trained in the area of Home Based Care, use of Home Care Kits, and ART adherence. If the caregivers are HIV infected and sick and require ART or other health care services, the project staff will make this a priority and ensure access to such services, enabling parents and caregivers to provide better care for their children. Vocational training will be leveraged from other sources to cater to the needs of parents who require financial support. The link workers, community volunteers, and child peer educators will also receive training in core areas to assist in addressing the needs of OVC.

Link workers from the implementing NGOs/CBOs will sensitize village health committees to the topic of child rights issues and encourage them to frame guidelines to protect the OVC in their communities.

The training will be done through a TOT (Training of Trainers) cascade. EngenderHealth's adaptation of existing material in the area of child and family counseling pertaining to OVC issues will be used along with existing EngenderHealth material on HBC.

**ACTIVITY 3: Monitoring and Evaluation for Quality Assurance**

KHPT leverages support for its community based interventions from resources including: local staff and private contributions, local donors, local panchayats and other foundations. Efforts are continuously made to link to government schemes for nutrition, education and other basic services.

The activities are in line with the National Guidelines for the Protection, Care and Support for children living with or affected by HIV and AIDS (2007).

**FY 2008 NARRATIVE SUMMARY**

Under Samastha, the OVC intervention is primarily community-based to ensure children have access to the six core intervention components: food/nutrition, shelter and care, protection, health care, psychosocial support, and education. Activities include building the capacity of immediate, extended and foster families to protect and care for children; ensuring access to essential medical, immunization and nutrition services; providing support for legal and social entitlements; and mobilizing community support and government participation. The primary targets are children orphaned and/or affected by HIV/AIDS, family members and caregivers.

**BACKGROUND**

**Activity Narrative:** The Samastha project is a comprehensive prevention, care and treatment project implemented by the University of Manitoba (UM) through the Karnataka Health Promotion Trust (KHPT), in partnership with Population Services International (PSI) and EngenderHealth (EH). Samastha is implemented in 15 districts in Karnataka and 5 coastal districts in Andhra Pradesh (AP). Samastha collaborates closely with St. John's Medical College and various NGOs, including Snehasadan and the Swami Vivekananda Youth Movement, for capacity building of care providers to implement the OVC project. Coordination of district-level activities is led by KHPT regional staff in Karnataka and the LEPRO society in Andhra Pradesh. This activity is a continuation of PEPFAR-funded Samastha initiatives commenced in 2006 and continuing through 2007.

#### ACTIVITIES AND EXPECTED RESULTS

OVC care is integrated into the overall palliative care provided by the 16 Care and Support Centers (CSCs) and the family continues to be the unit of care for OVC identified through the centers. The Integrated Positive Prevention and Care Centers (IPPCC), run by positive networks in collaboration with the Karnataka Network of Positive People (KNP+) and the Telugu Network of Positive people (TNP+), serve as additional support units for OVC and affected families to access services including entitlements and food and livelihood security. The Samastha project supports two CSCs in Karnataka (in Bangalore and Mangalore) and one care and support center in Andhra Pradesh (in Pedana), which provide institutional care to abandoned infected and affected children without family support. KHPT leverages support from other sources including the Clinton Foundation, UNICEF, government schemes and others.

#### ACTIVITY 1: Improving Access to Quality Services for Orphans and Vulnerable Children

The six core components to address the basic needs of OVC are: food/nutrition, shelter and care, protection, health care, psychosocial support, and education. At least 3,000 OVC will be reached with these activities, out of which 1,200 will access primary direct services and 1,800 supplemental direct services.

OVC will be provided comprehensive medical care through IPPCCs and CSCs as well as through linkages with government services like Voluntary Counseling and Testing Centers (VCTC), (Anti-Retroviral Therapy (ART), Tuberculosis Directly-Observed Therapy Short-course (TB DOTS), immunization, etc. In FY08, the project will continue with the established linkages with Clinton HIV/AIDS Initiative for leveraging pediatric ARV.

To ensure access to nutritional needs the following activities will be undertaken: nutrition assessments and growth and development monitoring, nutrition education and counseling, nutrition training of the caregivers, medical interventions to reduce malnutrition, developing and leveraging nutrition support at the local and state and national level.

Shelter and care needs will be provided through identification of potential caregivers for each child and support and training of immediate, extended or foster family to care for the children even before the loss of their parents. The project will also identify private and state-run homes that provide residential care for OVC. Field workers will also increase awareness and motivation of families within the community to adopt orphaned children from the community. If required, the child will have access to temporary shelter and project-supported care until a permanent solution is found. The project will coordinate closely with the new government-sponsored Integrated Child Protection Scheme (ICPS), which aims to expand the framework of child rights to explicitly include OVC as 'children under special circumstances' and ensure every child has equal access to education, health services, shelter and protection, including addressing sexual exploitation and abuse.

Psychosocial counseling and support to children and caregivers will be provided primarily at home, school, and through IPPCCs and CSCs. This includes counseling on bereavement, disclosure of child's HIV status to parents, and related issues. The project staff will support school-aged OVC to ensure access to local schools. This will include sensitizing school administration and advocacy activities targeting district education departments. There will be activities to provide access to vocational training facilities for older children and parents.

Approximately 900 villages will be covered by the 600 Link Workers (a new cadre of community-based workers linking prevention and care services to key populations as outlined in the National AIDS Control Program, Phase Three. One male and one female Link Worker will be present in every 2-5 villages, each with an estimated five OVC under their care. Communities and their leaders will be sensitized to the needs and rights of the children as well as made aware of Link Worker activities.

#### ACTIVITY 2: Improving the Quality of OVC Services

Capacity-building activities will aim to improve the skills of three target groups: staff of the project/implementing partners, caregivers, and communities. NGO staff managing the Link Workers, as well as IPPCC and CSC outreach workers, will be trained in nutrition assessment, child rights issues, home-based care, age-specific counseling services, and child-centered communication skills. The clinical staff at CSCs will be trained in clinical management of pediatric HIV/AIDS and ART adherence counseling for children.

Five-hundred caregivers will be trained to provide and monitor children's nutritional needs, child rights issues, and access to social entitlements. Caregivers will also be trained in the area of home-based care of these children, use of home care kits, and ART adherence. If caregivers are HIV-positive and require health care, including ART, the project staff will provide access to services. Vocational training will be leveraged from other sources to cater to the needs of parents who require financial support.

Community leaders will be trained in child rights issues and encouraged to develop guidelines to protect OVC in their community. This will be implemented by Link Workers, with support from district and sub-district supervisors from KHPT. Link Workers, community volunteers, and child peer educators will also receive training in core areas to assist in addressing the needs of OVC.

**Activity Narrative:** Training will be conducted through a Training of Trainers (TOT) cascade. EH will adapt and utilize existing material on child and family counseling in OVC issues as well as material on home-based care. Two TOTs are planned (20 trainees each) for district supervisors, IPPCC counselors, OVC coordinators, and CSC outreach workers. Of the original 40, at least 30 will conduct training for an average of 15 people, reaching out to nearly 500 Link Workers, community volunteers, and child peer educators.

ACTIVITY 3: Monitoring and Evaluation for Quality Assurance  
 Activities will be monitored through the State Management Information System, qualitative reports, site visits and interaction at service delivery facilities; and at the field-level by regional managers, using checklists specified in the national operational guidelines for OVC.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14139

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14139	10943.08	U.S. Agency for International Development	University of Manitoba	6715	3942.08	Samastha	\$335,400
10943	10943.07	U.S. Agency for International Development	University of Manitoba	5601	3942.07		\$550,000

**Emphasis Areas**

Health-related Wraparound Programs

\* Child Survival Activities

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$16,219

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$7,500

**Food and Nutrition: Commodities**

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$37,500

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.13: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3940.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> Avert Society	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (USAID)	<b>Program Area:</b> Care: OVC
<b>Budget Code:</b> HKID	<b>Program Budget Code:</b> 13
<b>Activity ID:</b> 19370.23884.09	<b>Planned Funds:</b> \$446,900



**Activity System ID:** 23884

**Activity Narrative:** NEW ACTIVITY NARRATIVE

#### SUMMARY

The Orphans and Vulnerable Children (OVC) intervention is primarily community-based and ensures that children have access to the core intervention components: Care, Family and Community Responses, Education, Child Protection, Stigmatization, Psycho-social Support, Health Care, Food Security and Nutrition, Promoting Children's Participation, Community Mobilization and Mainstreaming Gender.

The activities include building the capacity of immediate, extended and foster families to protect and care for their children, ensuring access to essential medical, immunization and nutrition services, providing support for legal and social entitlements and mobilizing community support and government participation. The primary targets are children orphaned and/or affected by HIV and AIDS, family members, and caregivers.

#### BACKGROUND

Avert Society is a bilateral program implementing prevention, care, and treatment activities in six high-prevalence districts of Maharashtra State. The population of Maharashtra is 96.9 million and the HIV prevalence is 0.75% (2006). Under the umbrella of the Avert project, the Johns Hopkins University (JHU) and the Hindustan Latex Family Planning Promotion Trust (HLFPPT) have been awarded cooperative agreements to support the state in scaling-up communication and condom social marketing activities. On March 7, 2008, the National AIDS Control Organization (NACO) provided new policy guidance to Avert Society that the project should focus on saturating coverage of high-risk populations including migrants, and on implementing community mobilization activities to increase the uptake of counseling and testing, prevention of mother-to-child transmission, and care and treatment services in the six high prevalence districts. Additionally, NACO recommended that the Avert project implement workplace interventions in the entire state. The districts of Avert Society have changed and include Aurangabad, Nagpur, Sholapur, Jalna, Thane and Mumbai (two zones). Sangli and Satara have been handed over to the Bill and Melinda Gates Foundation in the new allocation. NACO has selected Avert Society as the Technical Support Unit (TSU) in Maharashtra and Goa states to support the scale-up and strengthening of HIV/AIDS programs in accordance with the strategies outlined in the third National AIDS Control Program (NACP-III).

#### ACTIVITIES AND EXPECTED RESULTS

Avert will provide direct support to two OVC programs to demonstrate best practices in OVC interventions and will provide OVC support through six PLHA Networks (Drop In Centers) and six MARP interventions for children of sex workers. Avert will design strategies to address the vulnerabilities of orphaned and vulnerable children especially girls by ensuring adequate coverage of services for girls, particularly school enrolment and community support for shelter and care for orphaned children.

#### ACTIVITY 1: Improving Access to Quality Services for OVC

In FY08, and continuing in FY09, Avert Society will continue to support its two existing OVC projects: one program is located in a large brothel site and primarily reaches children of sex workers with OVC services. The program also aims to prevent children of sex workers from entering into the sex trade. Through the second program, HIV infected and affected children receive shelter and care, nutrition, school education and life skills education/vocational training, protection, health care and psychosocial support.

Avert will scale-up the community based OVC program across the six districts by integrating the OVC component into the six drop-in-centers (DICs) implemented by PLHA Networks and six projects working with sex workers. A total of 5239 children who are vulnerable, infected and affected will be reached. Avert will train the staff on OVC strategies to provide a minimum quality and standard of care for children infected, affected, and vulnerable to HIV/AIDS in the PEPFAR core areas. Under this program, linkages will be established with educational institutions, child survival programs, orphanages, and other social support programs to leverage resources and maximize the effectiveness of the programs.

#### ACTIVITY 2: Improving the Quality of OVC Services

The Avert Society will carry out a range of trainings to address the different skills required by the range of personnel who are needed to deliver a holistic OVC program. Avert will train medical officers and counselors on providing pediatric care and support including treatment for pediatric opportunistic infections (OI), ARV management, and adherence counseling. The training will cover ethical guidelines for counseling children and child consent, and disclosing HIV status to children.

OVC project staff will also be trained in standards for OVC interventions, following national and international guidelines. Training for caregivers of infected and affected children will cover the provision of home-based care, including nutrition, health, and hygiene. A total of 120 caregivers will be trained in FY09 from the six Avert districts. Life-skills teachers will be trained in identifying behavioral problems in children, nutritional guidance, health and hygiene.

#### ACTIVITY 3: Printing and Distribution of Behavior Change Communication Materials

In FY09, Avert Society will replicate IEC materials for children orphaned and/or affected by HIV and AIDS, family members, and caregivers. The materials will be on six core intervention components e.g. food/nutrition, shelter and care, protection, health care, psychosocial support, and education.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 19370

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19370	19370.08	U.S. Agency for International Development	Avert Society	6709	3940.08		\$65,000

**Emphasis Areas**

Gender

\* Increasing gender equity in HIV/AIDS programs

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$22,250

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.13: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 3949.09	<b>Mechanism:</b> APAC
<b>Prime Partner:</b> Voluntary Health Services	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (USAID)	<b>Program Area:</b> Care: OVC
<b>Budget Code:</b> HKID	<b>Program Budget Code:</b> 13
<b>Activity ID:</b> 6155.21830.09	<b>Planned Funds:</b> \$168,960
<b>Activity System ID:</b> 21830	

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

**SUMMARY**

APAC has been supporting Orphan and Vulnerable Children (OVC) initiatives over the last three years, with more than 800 OVCs reached through the project-supported home and facility based programs. The response from the state government to OVC programs is encouraging: pediatric ART has been made available in all government medical hospitals. The State has also planned to form a separate HIV/AIDS OVC Trust to meet the health and socio-economic needs of OVCs. The concept of the OVC Trust was initiated by APAC and has been taken over by the State, thereby ensuring sustainability and greater ownership. There are still many challenges, however. Data on the number of HIV-infected and affected children are not available to plan comprehensive programs. Issues pertaining to stigma and discrimination in schools and access to quality education and job-oriented training are yet to be addressed more effectively.

**ACTIVITIES AND EXPECTED RESULTS**

All activities in COP 08 except for Activity 3 will be continued in COP 09. APAC will not undertake Activity 3 (Developing a Community Based Model Project for OVC) because the state plans to roll-out the Trust for Children Affected by AIDS (TFCAA). APAC will, however, support the Trust in the following new activity:

**ACTIVITY 5: Support to the Trust for Children Affected by AIDS (TFCAA)**

The Tamil Nadu State AIDS Control Society (TNSACS) has initiated an OVC Trust with a vision to support all infected and affected children in the state by addressing their basic needs. The Trust will be chaired by the project director of TNSACS and will include both government officials and major funding partners as advisory members. The state government will support the Trust with Rs Five crores (\$1.25 million) to address the basic needs of OVCs in areas such as education, clinical care, nutrition and economic strengthening of families. The Trust will also seek support and involvement from the private sector. APAC will support TNSACS in developing relevant strategy and operational guidelines for effective roll-out of the trust activities. APAC will also assist in: estimating the OVC population in the state; conducting a needs assessment; mobilizing private sector resources for the Trust; monitoring the implementation of the OVC Trust activities; and in the documentation and dissemination of lessons learnt and best practices to policy makers and implementers at state and national level. The Trust will reach 5,000 children within the first two years of the project.

The Trust also seeks to give equal attention to girl children by motivating their parents/ guardians to send their girl children to school by providing school fees and other educational materials to help girls complete at least secondary level of education. The support from the government will ensure that the Trust will function beyond the life of the project period of SACS or any funding agency and thereby ensuring continuous and uninterrupted support to needy children.

**FY 2008 NARRATIVE**

**SUMMARY**

In the second phase of the National AIDS plan, there was minimal emphasis on the issue of OVCs. During the same period, the USG took the lead in developing models of OVC programming. In the current, third phase of the National AIDS Control Program (NACP-3), there is now an emphasis on supporting activities on orphans and vulnerable children (OVC) who are infected or affected by HIV/AIDS. Much of the guidance in this new area for national policy has been provided by USG. In FY08, the AIDS Prevention and Control (APAC) project will provide comprehensive home-based OVC services to over 1000 children. It will support two demonstration projects on OVC, one being a faith-based initiative and the other led by the NGO community. The project will also provide technical assistance to build the capacity of State AIDS Control Societies (SACS) to promote OVC programs in the state.

**BACKGROUND**

For the past twelve years, with USG support, Voluntary Health Services (VHS) has been implementing the APAC project in the southern state of Tamil Nadu. APAC, which initially focused on targeted interventions for most-at-risk-populations (MARPs), has expanded its efforts over the last few years to support a more comprehensive approach to HIV/AIDS prevention, care and treatment. Tamil Nadu has been successful in controlling HIV (prevalence among antenatal women has dropped from 1.13% in 2001 to 0.5% in 2005) and the APAC project has significantly contributed to this success. The National AIDS Control Organization (NACO) has recognized the expertise and contributions of the APAC project and has requested APAC to provide technical support to the State AIDS Control Societies (SACS) of Tamil Nadu, Puducherry and Kerala by setting up a Technical Support Unit at Tamil Nadu and Kerala, consisting of a core team of consultants/experts co-located with the SACS, with a mandate to assist the SACS in scaling-up programs, and improving efficiency and quality. APAC also serves as the vice-chair of the national Technical Working Group on Targeted Interventions.

In general, little importance was given to the issue of OVC in the second phase of the National AIDS Plan. Consequently, except for support from USG and a handful of other agencies, there were minimal activities addressing OVC, both nationally and in Tamil Nadu. It is recognized that limited information is available on OVC, however, broad estimates suggest there are 3500 HIV- infected children in Tamil Nadu. In FY06, APAC supported six NGOs to provide primary and secondary services to OVCs, reaching 400 HIV infected and 2000 affected children with OVC services. Of the total of 2000 infected and affected children, 1000 children were provided support for education, 10 for shelter and 100 for other support services.

**ACTIVITIES AND EXPECTED RESULTS**

**ACTIVITY 1: Provision of OVC Services through Home Based Care Projects**

The project will continue to provide comprehensive OVC services to over 1000 children, in their homes,

**Activity Narrative:** through existing and proposed home-based care projects providing palliative care services. USG funds are used to provide medical/clinical care to the children who are also regularly monitored in all six of the core PEPFAR OVC areas. Other needs of the children such as education, nutrition, and child protection are fulfilled by leveraging resources through linkages or local fund generation. This home-based care OVC project utilizes the medical care team of the palliative care intervention to provide clinical services to the children, thus saving resources and promoting synergy for the program.

**ACTIVITY 2: Develop a NGO-Managed Model OVC Project**

APAC will support one sub-partner with long experience of working with OVC to become a model project on OVC. This program will reach 500 HIV/AIDS infected and affected children. The activities will include life skills education training for children, provision of medical, nutritional and educational aid, linkages with CT services, and strengthened referral linkages with government, corporates and other stake holders to leverage resources. The project will become a learning site and a training center to build the capacity of the State and will provide support to the APAC project in its role as the manager of the State's Technical Support Unit.

**ACTIVITY 3: Developing a Community Based Model Project for OVC**

The APAC project will support one Faith-Based Organization (FBO) as a model community based project to provide care for OVC. In this project, faith leaders will take the lead in planning and providing support for the OVC program. The faith leaders will assist in undertaking stigma reduction activities, and will facilitate support for wrap-around activities such as nutrition support, provide admissions for OVCs to schools managed by the FBOs, and promote adoption and foster care. The OVC programs will primarily focus on health, education and nutrition, and will reach 200 OVC. The APAC project will provide assistance to the FBO for system strengthening, quality of programming including counseling for children, and monitoring and evaluation.

**ACTIVITY 4: Technical Support to SACS**

SACS has limited experience in supporting OVC projects and needs a considerable amount of capacity building. Since there is an increased emphasis on this activity in the national plan, APAC, as part of its role as manager of the State Technical Support Unit, will build the capacity of SACS staff and their NGO partners on the national OVC policy, guidelines and OVC programming and expose them to some of the important OVC projects in the state and country.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14158

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14158	6155.08	U.S. Agency for International Development	Voluntary Health Services	6720	3949.08	APAC	\$297,000
10830	6155.07	U.S. Agency for International Development	Voluntary Health Services	5604	3949.07		\$146,000
6155	6155.06	U.S. Agency for International Development	Voluntary Health Services	3949	3949.06		\$233,390

## Emphasis Areas

### Gender

- \* Increasing gender equity in HIV/AIDS programs
- \* Reducing violence and coercion

### Health-related Wraparound Programs

- \* Child Survival Activities

## Human Capacity Development

## Public Health Evaluation

## Food and Nutrition: Policy, Tools, and Service Delivery

## Food and Nutrition: Commodities

## Economic Strengthening

## Education

## Water

Program Budget Code: 14 - HVCT Prevention: Counseling and Testing

**Total Planned Funding for Program Budget Code: \$1,655,939**

### Program Area Narrative:

Overview: Though HIV counseling and testing (CT) services are available throughout the country, only 25-30% of those who are HIV positive are aware of their status (National AIDS Control Organization [NACO] report, 2008). The continued low uptake of HIV counseling and testing has limited the scale-up of HIV care and treatment for the estimated 2.47 million infected persons. Increasing the number of people, especially most-at-risk populations (MARPs), who know their HIV status is key to expanding access to HIV prevention, care and treatment. According to the National Behavioral Surveillance Survey study (2006), only 14.4 % of sex workers have been tested for HIV. Similarly, only 17.9% of the clients of the brothel-based and 12.7 % of non-brothel based sex workers have been tested.

Uptake of client-initiated HIV CT has been limited by low coverage of services, fear of stigma and discrimination, and the perception by many people, including those in high prevalence areas, that they are not at risk. Other challenges to expanding CT services are the highly variable patient load, lack of referral services and inadequate systems to monitor counseling quality. NACO is starting to address these issues. Rapid test kits have been supplied to CT centers to facilitate same-day results. A national HIV testing quality assurance system is in place. NACO has developed a trainer's manual and guidelines for CT in collaboration with WHO and USG.

Under the National AIDS Control Program phase three (NACP-3), existing CT services and PMTCT centers are being remodeled to serve as a hub that integrates all HIV-related services, called Integrated Counseling and Testing Centers (ICTCs). ICTCs are envisaged to be the key entry point for both men and women for a range of HIV/AIDS services. NACO has rapidly scaled up ICTC services across the country. Currently, there are 4,567 ICTCs and the number of people tested has taken a quantum leap from 4.3 million in 2006 to 7.6 million in 2007 (surpassing the national target of 7 million). As part of the integration plan with the National Rural Health Mission (NRHM), CT services are now being expanded to over 2000 24-hour Primary Health Centers (PHCs), the lowest unit of care in the Indian administrative system. In collaboration with NRHM, a nurse and laboratory technician are being trained in these PHCs to reach the rural underserved high-risk populations. NACO is also promoting public-private-partnerships (PPP) to expand the reach of CT services. Over 100 PPPs have been established in private/non-profit hospitals (to be expanded to over 860 in FY08).

Pediatric CT has not received attention nationally despite the need to diagnose early and provide care and treatment to children. Similarly, there has been limited attention to family-centered and couple-centred CT. USG supports a family and couple-centred approach at the General Hospital for Thoracic Medicine in Tamil Nadu and the Government Chest Hospital in Andhra Pradesh but this approach needs to be expanded.

NACO is investing intense resources in strengthening the capacity of SACS to improve the quality of CT programs. NACO has identified 40 centers of excellence to deliver quality training. In 2008, over 4290 counselors were trained with a 12-day induction training module. Similarly, 3282 out of 4462 laboratory technicians have taken a five-day induction training in NACO-identified State reference laboratories. The quality of the testing program is improving, as shown by a continuing decline in the drop-out rate between pre-test, test and post test counseling.

To ensure quality of HIV testing an External Quality Assessment Scheme (EQAS) is implemented in most states in which all ICTCs participate. A quality assessment of the national reference laboratories was carried out in July 2008 by USG; findings from this study will guide NACO in further strengthening the quality of HIV testing.

A major concern identified by NACO is that high-risk populations are not accessing public-sector CT services. One possible reason for the low utilization of CT services is assumed to be the discriminatory attitude of health workers towards FSW and MSM. NACO is developing systems for referral linkages between NGOs implementing prevention programs and the ICTCs to increase coverage of CT services for MARPs. ICTCs conduct a sensitization program every year for their staff on issues such as stigma and discrimination against MARPs and people living with HIV/AIDS (PLHA). From January to March 2008, over 14,000 male referrals to CT centers from MARP prevention programs were tested throughout the country and the positivity rate was 14.3%. This high reported rate underscores the importance of scaling up CT services among MARPs and establishing linkages for care and treatment to those tested positive.

In most settings, instituting routine provider-initiated counseling and testing (PICT) can prevent missed opportunities to diagnose and counsel individuals attending health facilities and facilitate access to HIV-related services. In a concentrated epidemic such as India's, a high priority is provider-initiated CT in STI clinics, health clinics for high-risk populations, TB clinics and ANC centers. In line with WHO guidance, NACO has introduced PICT in TB, STI and ANC clinics in over 200 high prevalence districts. WHO and UNAIDS have issued new guidance on PICT in health facilities as a means to significantly increase access to prevention, care and treatment services. In India, however, a high level of routine HIV testing is also requested by private practitioners and hospitals with referrals to laboratories where quality assurance is non-existent. This is a cause of concern, and NACO is planning to establish regulatory measures to control non-priority testing.

According to available reports, 40% of those tested positive at the ICTC centers do not reach ART centers. NACO is addressing this issue by strengthening the linkages between ICTCs and ART centers through establishment of a patient feedback system.

**Coordination and Other Donor Support:** The entire funding for CT programs in India comes from the Global Fund (Rounds 2, 3, and 6). USG supports a national program officer on CT who assists the national program in curriculum development and organizing trainings for ICTC counselors. Additionally, the technical support units in the USG priority states support the SACS in conducting ICTC team training programs.

**Current USG Support:** USG is playing an important role in creating and expanding a variety of CT approaches tailored to different populations. The USG provides direct support to 263 facilities delivering CT services in Tamil Nadu (TN), Maharashtra, Karnataka and Andhra Pradesh (AP). This includes private sector services, services for MARPs and placement of nurses trained in HIV CT in community-based primary health care centers (PHC).

The USG-supported APAC project, in collaboration with the Tamil Nadu State AIDS Control Society (TNSACS), is increasing access to user-friendly CT services for MARPs. As part of this effort, the counselor and the lab technician from the government ICTC visit the APAC intervention site once a week to provide CT services to MARPs. Mobile CT, first used to reach rural villages in TN, has been adapted and scaled up by TNSACS and currently there are 20 mobile CT teams covering all 22 high prevalence districts. Based on the successful experience of TN, mobile CT is now being adapted nationally to expand CT services to high-risk rural populations. At the Government Hospital for Thoracic Medicine (GHTM) in TN and the Chest Hospital in Hyderabad in AP, USG supports the Indian Network of Positive People to manage Family Counseling Centers at GHTM. This model contributed to national recognition of the importance of post-test and follow-up counseling in positive prevention for PLHAs. PLHA involvement has now been scaled up in the ART centers supported by the Global Fund in high prevalence states.

Other models work with the private sector, which overall has not been involved in the provision of CT services. USG has partnered with 19 private medical hospitals in TN and 15 private medical colleges in AP to expand access to and strengthen the quality of private sector CT services. The USG-supported Christian Health Association of India (CHAI) program has successfully demonstrated the expansion of CT services through partnership with the PHC program in the high prevalence districts of AP. The program strategy included placement of a nurse (initially funded by CHAI) and capacity building of the PHC team in providing user friendly CT services to high-risk individuals. Ongoing supervision by CHAI is an important component of the model. NACO has adopted this model in scaling-up CT services through integration with the NRHM program in the 24-hour PHCs.

A critical gap is low demand for services at the 4,567 ICTCs resulting in low service uptake. Hence, NACO recommended that the Avert project in Maharashtra State develop a demonstration program on community mobilization to increase the uptake of ICTC services in six districts and assist the state and national programs in scaling-up lessons learned through this effort. In FY08, USG will support six programs that will utilize link workers to increase access to CT services. The link workers will work with community-based structures such as Self Help Groups (SHGs), youth clubs and community leaders to mobilize high-risk individuals in villages to test; motivate partners of PLHA, including positive pregnant women, to test; and facilitate access to user-friendly services for MARPs.

**USG FY09 Support:** USG will provide technical support to SACS in USG-supported focus states in establishing systems to achieve significant coverage of CT services down to the sub-district level. This will support NACO's plans to expand CT reach through approaches that include: scaling up PICT services, reaching the high-risk rural population, strengthening linkages with

the TB program and prevention programs; and expanding CT services through PPPs. NACO also aims to ensure the quality of HIV testing, including availability of quality test kits, and support demand generation for CT services.

1. USG will provide technical assistance (TA) to NACO and SACS to standardize the quality and consistency of counseling services, develop and/or adapt technical standard operating procedures and a quality assurance/quality improvement framework, and train CT staff.

(a) USG will provide TA to NACO to strengthen the national counseling curricula, including training in post-test counseling, confidentiality, and family counseling.

(b) In Tamil Nadu (TN), USG is demonstrating a quality improvement model of the government ICTC program through onsite capacity building and supportive supervision. NACO plans to learn from this model and scale it up nationally to improve the quality and uptake of ICTC services. In Maharashtra, the USG-supported Technical Support Unit (TSU) will provide TA to the SACS in planning and conducting training for 600 ICTC staff. In AP, based on the lessons learned from the primary health care CT program, USG will assist the national program in scaling-up CT services through the 24 hour PHCs and integrating with the NRHM including developing operational guidelines for implementation. In Karnataka, USG will establish six model CT centers which will serve as learning sites for the 565 ICTCs supported by SACS.

(c) USG will provide TA to SACS in its focus states to develop plans for different approaches to increase coverage and quality of CT services. This will include hiring experts to help SACS design PICT models; strengthening supply chain logistics; enhancing systems to ensure quality counseling; and developing model CT centers as learning sites for the SACS. To increase uptake of CT services by MARPS, in TN, TNSACS will conduct weekly clinics for MARPS for 30 USG-supported prevention programs. In Maharashtra, the TSU will assist the SACS to develop referral linkages for MARPS with NGOs implementing prevention programs to increase CT uptake.

2. USG will continue to develop and promote the expansion of private-sector models for quality CT. In the six states where USG is supporting the TSU, TA will be provided to the SACS in expanding the PPP program to scale-up CT services. The TSUs will support planning, selection of preferred private providers, capacity building and monitoring the quality of services. USG will also strengthen the collaboration with 19 private medical hospitals in TN and 15 private medical colleges in AP to expand access to and strengthen the quality of private sector CT services.

3. USG will expand community mobilization and targeted demand generation for CT services in the focus states and nationally. In FY09, the Avert will provide TA to the SACS in Maharashtra and Goa to implement community mobilization programs to increase CT uptake and will share best practices with NACO and USG partners.

4. USG will provide technical support to SACS on positive prevention and follow-up counseling: In FY09 USG will provide TA to the SACS in the focus states in training counselors of ICTCs and ART centers on positive prevention strategies. The TN SACS plans to train over 780 counselors across the state on use of the Prevention with Positives Follow up Counseling Tool Kit (prepared by a USG partner). The toolkit has a standardized curriculum that covers advanced issues of living with HIV/AIDS, including stigma and discrimination, disclosure, mental health safer sex, care and prevention. A complementary training is also planned for health care providers.

5. USG will address gender concerns in CT: USG partners will develop and implement community outreach strategies to address stigma and discrimination against women who test positive. This includes working with positive networks and SHGs to tackle problems faced by positive women such as forced estrangement from their marital homes, physical and psychological abuse, loss of property rights and custody of their child.

**Table 3.3.14: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3949.09	<b>Mechanism:</b> APAC
<b>Prime Partner:</b> Voluntary Health Services	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (USAID)	<b>Program Area:</b> Prevention: Counseling and Testing
<b>Budget Code:</b> HVCT	<b>Program Budget Code:</b> 14
<b>Activity ID:</b> 6153.21831.09	<b>Planned Funds:</b> \$110,044
<b>Activity System ID:</b> 21831	

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

**SUMMARY**

National estimates indicate that less than 10% of people living with HIV know their status. Even among MARPs the percentage reported having been counseled and tested is low. Only 38% of female sex workers reported of ever having had an HIV test. Among MSMs, the proportion reporting of ever having had an HIV test ranges from three to 69 percent among the different states.

Tamil Nadu has a good infrastructure for Counseling and Testing services. The State has 780 Integrated and Counseling and Testing Centres (ICTC) (with the majority located in government hospitals), and more than 2 million individuals are being tested annually. These include antenatal women and their spouse, TB patients and STI patients.

In COP 09, only activities 3 & 5 in COP 08 will be continued.

**ACTIVITY 1: Improving Access to CT Services for Most-at-Risk and Bridge Populations**

This activity will not continued as NACO has suggested the project to utilize the government counseling and testing centres. The project and the Tamil Nadu State AIDS Control Society have already worked out a plan by which a team of ICTC staff (one counselor and lab technician) will visit the project supported MARP intervention sites on a weekly basis (on a fixed day) for provision of CT services. This ensures sustainability and greater utilization of the Govt. ICTCs. The experiences will be documented and shared with NACO and other State AIDS Control Societies.

**ACTIVITY 2: Improving Access to CT in Rural Areas in Selected High-Prevalence Districts**

This activity is being dropped since TNSACS has adopted the concept of mobile CT services from APAC, and plans to scale it for the entire state. APAC will provide technical assistance to TNSACS for effective roll-out of the mobile CT services.

**ACTIVITY 3: Capacity Building of Counselors and Lab Technicians**

Will continue as in COP 08.

**ACTIVITY 4: Facility Assessment of Public and Private Sector CT Centers**

This activity will not be undertaken as this is not a recurring activity and is planned only twice in the next five years.

The following change is planned for activity 5:

**ACTIVITY 5: Technical Assistance to the State AIDS Control Societies**

This activity will now have an expanded role. Based on a request from the Tamil Nadu State AIDS Control Society (TNSACS) the project will support a consortium of agencies to provide technical assistance and improve the quality of CT services in the state. These agencies will: a) provide onsite support to the government ICTCs for quality assurance and adherence to national protocols; b) establish systems within TNSACS for collation, analysis and timely feedback of monthly reports from ICTCs; c) strengthen cross referral linkages between ICTCs and prevention, care, support and treatment partners in public and private care settings; d) assess and grade ICTC; and e) document and disseminate best practices among ICTCs at the state and national level.

**FY 2008 NARRATIVE**

**SUMMARY**

National estimates indicate that less than 10% of people living with HIV know their status. Most-at-risk-populations (MARPs) and bridge populations do not access public sector counseling and testing centers due to inconvenient timing, distance and lack of privacy. The AIDS Prevention and Control (APAC) project will support activities to increase access to counseling and testing services for MARPs, bridge and other selected sub-populations at risk through a network of NGO-based and private-hospital-based counseling and testing (CT) centers. The project will increase access to CT services in rural areas of high-prevalence districts through innovative approaches such as mobile CT. The project will encourage CT services in the private sector and build the capacity of counselors and lab technicians to provide quality CT services in accordance with the national guidelines. As the Technical Support Unit for the states of Tamil Nadu and Kerala, APAC will also support an assessment of public sector CT centers to improve quality and client friendly services, explore accreditation of private CT centers and strengthen systems for CT.

**BACKGROUND**

For the past twelve years, with USG support, Voluntary Health Services (VHS) has been implementing the APAC project in the southern state of Tamil Nadu. APAC, which initially focused on targeted interventions for MARPs, has expanded its efforts over the last few years to support a more comprehensive approach to HIV/AIDS prevention, care and treatment. Tamil Nadu has been successful in controlling HIV prevalence (prevalence among antenatal women has dropped from 1.13% in 2001 to 0.5% in 2005) and the APAC project has significantly contributed to this success. The National AIDS Control Organization (NACO) has recognized the expertise and contributions of the APAC project and has requested APAC to provide technical support to the State AIDS Control Societies (SACS) of Tamil Nadu, Puducherry and Kerala by setting up a Technical Support Unit at Tamil Nadu and Kerala, consisting of a core team of consultants/experts co-located with the SACS, with a mandate to assist the SACS in scaling-up programs, improving efficiency and quality. APAC also serves as the vice-chair on the national Technical Working Group on Targeted Interventions.

Counseling and Testing (CT) is an integral part of the prevention, care and treatment initiatives of APAC. In FY06, APAC supported NGOs to establish user-friendly CT centers that are easily accessible to MARPs and bridge populations. APAC also supported district-level communication campaigns on the theme of "Know your Status" and introduced mobile CT units to reach rural areas and inaccessible urban areas in selected high-prevalence districts. The evaluation of the campaigns confirmed that the initiative increased



**Activity Narrative:** access to CT. Over 24,000 individuals were provided CT services over a period of two months. Based on a request from the Tamil Nadu State AIDS Control Society (TNSACS), APAC conducted the first state-wide assessment of public and private sector CT centers. The findings include: lack of adequate infrastructure, the sub-optimal quality of counseling, issues of confidentiality, and weak referral linkages and follow-up. The activities proposed by APAC in FY08 are based on this assessment and will continue to support the national and state priority of increasing access to CT services for MARPs, bridge and other selected at-risk populations.

In a recent development, National AIDS Control Organization (NACO) and Tamil Nadu State AIDS Control Society (TANSACS) have taken a decision that the project should withdraw its support to 25 NGOs implementing CT services in the targeted intervention programs as the CT services to the MARPs will now be offered by the government run ICTCs in these districts. However, the project will continue to support the 19 private hospitals for the CT services.

#### ACTIVITIES AND EXPECTED RESULTS

##### ACTIVITY 1: Improving Access to CT Services for Most-at-Risk and Bridge Populations

In FY08, APAC will continue support to 16 NGO based CT centers in selected high-prevalence districts that will primarily cater to MARPs and bridge populations. In addition, in these high prevalence districts APAC will also support the establishment of CT centers at 19 private hospitals to enable MARPs, bridge populations, pregnant women, TB patients, and the general public who choose to use private facilities for health care, to access CT services. NGOs supported by APAC for prevention activities will promote these services and create demand for CT through interpersonal communication and mid-media activities. The 19 private hospitals will also provide PMTCT, TB/HIV management and palliative care services including ARVs. Linkages for palliative care will be established with care and treatment NGOs, networks of people living with HIV/AIDS, and private and public sector hospitals. Through this initiative, APAC expects to counsel and test 32,000 individuals. The HIV test kits for NGO-run CT centers will be leveraged from TNSACS.

##### ACTIVITY 2: Improving Access to CT in Rural Areas in Selected High-Prevalence Districts

In selected high-prevalence districts, APAC will support mobile CT units to extend services to rural areas which have limited access to CT services. The project will establish linkages with the Government Primary Health Centers, Link Workers (two Link Workers to be appointed under NACP 3 for every village having 5000 population in High-Prevalence Districts) to promote access to CT services. This activity is based on learning from APAC's previous experience of supporting mobile units and will be implemented in coordination with other USG partners and TNSACS. APAC will also develop operational guidelines for the mobile units and quality control mechanism will be an inherent part of the protocol. APAC will assess the impact of the mobile CT units for addressing gaps, cost effectiveness, quality of services, follow-up, and linkages to care and treatment. Through this initiative, 4000 individuals will be counseled and tested. The entire process will be documented and the findings disseminated to SACS, NACO and other agencies for learning and replication.

##### ACTIVITY 3: Capacity Building of Counselors and Lab Technicians

APAC will support one state-of-art training institute to provide training to counselors on CT, consistent with the national guidelines. This institute will also undertake field assessments to assess the quality of services provided at NGO run centers, private hospital based centers and will also provide onsite training to counselors. The counselors will go through periodic refresher trainings for improving quality of service provision. Examples of the training components for counselors and lab technicians include: risk assessment, pre/post test counseling, universal precautions and waste management. Apart from these topics, the counselors will be trained to counsel on handling specific situations such as counseling unmarried individuals who test positive, counseling discordant couples, antenatal women and their spouse, MARPs, infected children, drug adherence, and positive prevention. The training institute will support the development of reporting formats, counseling case sheets and other Quality control and Monitoring documents.

A regional experience sharing workshop will be organized by the APAC project for the counselors representing different agencies from all the southern states of India. The three-day program, with an estimated presence of 250 Counselors, will provide an opportunity for the counselors to share their experience, learnings and challenges. APAC will also support one training institute to train lab technicians on CT services. The training curriculum will include testing procedures, confidentiality and ethics, universal precautions, waste management, and Quality assurance. APAC will also explore the feasibility of collaborating with the Directorate of Medical Education in Tamil Nadu to include a special training on HIV/AIDS testing to the budding lab technicians passing out from public and private paramedical institutions.

##### ACTIVITY 4: Facility Assessment of Public and Private Sector CT Centers

In FY 08, APAC will support another assessment of CT centers in public and private settings. This will include areas such as facility assessment, quality of service provision, and follow up. The findings of the assessment will be disseminated to stakeholders and policy makers.

##### ACTIVITY 5: Technical Assistance to the State AIDS Control Societies

The third phase of the National AIDS Control Program has planned for counseling and testing 21 million individuals in the next five years. As part of its role as the TSU for the state of Tamil Nadu and Kerala, the APAC project will provide Technical Assistance to the SACS to improve quality of counseling and demand generation in line with the findings of the CT assessment study carried out by the project. The project will assist the SACS in strengthening counseling protocols, possible accreditation of private CT centers and linkages after testing. The project will work closely with the SACS to develop specific information materials such as counseling aids for sero-discordant couples, positive children, and MARPs.

**New/Continuing Activity:** Continuing Activity

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14159	6153.08	U.S. Agency for International Development	Voluntary Health Services	6720	3949.08	APAC	\$325,500
10828	6153.07	U.S. Agency for International Development	Voluntary Health Services	5604	3949.07		\$588,000
6153	6153.06	U.S. Agency for International Development	Voluntary Health Services	3949	3949.06		\$707,650

**Emphasis Areas**

Gender

\* Addressing male norms and behaviors

Health-related Wraparound Programs

\* TB

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.14: Activities by Funding Mechanism**

**Mechanism ID:** 3956.09

**Mechanism:** N/A

**Prime Partner:** Project Concern International

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GAP

**Program Area:** Prevention: Counseling and Testing

**Budget Code:** HVCT

**Program Budget Code:** 14

**Activity ID:** 6173.21846.09

**Planned Funds:** \$0

**Activity System ID:** 21846

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

CDC's Cooperative Agreement with PCI will end on August 31, 2009. The project will have to be re-competed. It is expected that PCI will continue project activities as described in the FY08 activity narrative until that date. Any changes are indicated below.

**SUMMARY**

The description remains the same. The target changes: in FY09, an estimated 2,720 persons will be supported to received CT services.

**BACKGROUND**

Change in the extent of population covered (paragraph 3 in this section). In Maharashtra, the population covered will be 420,000. The other states remain the same as in the FY08 activity narrative.

**ACTIVITIES AND EXPECTED RESULTS**

The FY08 narrative for ACTIVITY 1 has been replaced by the description below. ACTIVITY 2 remains the same as in the FY08 narrative.

**ACTIVITY 1: Providing Counseling and Testing Services.**

Transition to Government Primary Health Care: PATHWAY+ mobile clinics will be scaled down and the palliative care provided in the PATHWAY+ drop-in centers will be mainstreamed into local government primary health centers by the end of Year 5. PATHWAY+ has already initiated the referral of PLWHA to the local primary health center for specialty health check-ups and this will become standardized by all sites in Year 5.

Direct services will be provided by the PATHWAY project through its mobile clinic, staffed by the home-based care team and at PATHWAY's community-based centers. VCT services include provision of pre-test, post-test and follow-up counseling, drawing of blood samples by paramedic staff, coordination with the Government of India supported National AIDS Research Institute (NARI) for testing of blood in Pune (NARI provides this service free of cost and it is a more sustainable option) and referral linkages with the GOI's Integrated Counseling and Testing Centers. Outside Pune, PCI uses rapid tests, with quality control through cross-checking of samples in government facilities. In FY08, it is estimated that 2,720 persons will access VCT. The contents and approach of counseling will be adapted to the needs of clients and is different for individuals, couples (concordant and discordant sero-status), families, men, women and children. The project will train counselors and provide ongoing support and supervision

All existing mobile clinics will become half-day clinics operated in each cluster once every 15 days. The static clinic / drop-in center will remain open when the mobile clinics are not in operation.

**FY 2008 NARRATIVE**

**SUMMARY**

The PCI project provides pre-test, post-test and follow-up counseling through its mobile clinic and home-based care team, with follow-up counseling at PCI-supported community centers. The PCI medical team is responsible for drawing blood and links with the National AIDS Research Institute for blood tests. FY08 funds will support an estimated 4,400 persons to receive CT services.

**BACKGROUND**

Founded in 1961, Project Concern International (PCI) is an international non-governmental and non-profit organization that aims to prevent disease, improve community health and promote sustainable development. PCI/India has worked in HIV/AIDS prevention, care and support, and treatment programming since its inception in 1997 when it was established as a Charitable Society in India. In 2004, PCI initiated the PATHWAY Program, "Comprehensive Community and Home-Based Care and Support for People Living with HIV/AIDS (PLHAs) in India." The five-year program (September 2004-August 2009) was designed to implement integrated community and home-based care (CHBC) and support, and HIV prevention in three sites in the high prevalence states of Maharashtra, Tamil Nadu, and Andhra Pradesh.

Through supplemental funding from CDC in Year 2, this project was expanded to three additional project sites in the northeastern states of India: Manipur (Churachandpur and Imphal) and Nagaland (Dimapur). In Year 3 (September 2006-August 2007), CDC allocated additional resources to continue program activities at the 6 targeted sites and to work with the National AIDS Control Organization (NACO) to improve and upgrade its Strategic Information System (SIS) and train its personnel in SIS management and other skill areas in high demand.

In FY08 activities will be directly implemented by PCI in Maharashtra (population covered, 450,000) and Tamil Nadu (360,000). In Andhra Pradesh (600,000) and Northeastern states (642,000) project activities will continue to be implemented through PCI sub-partners, who are local organizations with experience in HIV/AIDS program implementation. The sub-partners are Lodi Multi Purpose Social Service Society, Sneha, Pragathi Seva Samithi in Warangal in Andhra Pradesh; SASO, Shalom in Manipur; Akimbo Society in Nagaland; Salem Network of Positive People in Salem, Tamil Nadu; Network of Maharashtra by People Living with HIV/AIDS and Sevadham Trust in Pune, Maharashtra.

**ACTIVITIES AND EXPECTED RESULTS**

Counseling and testing (CT) for HIV/AIDS will be provided through the mobile clinic and the multi-purpose community-based centers.

**ACTIVITY 1: Providing Counseling and Testing Services.**

Direct services will be provided by the PATHWAY project through its mobile clinic, staffed by the home-based care team and at PATHWAY's community-based centers. VCT services include provision of pre-test, post-test and follow-up counseling, drawing of blood samples by paramedic staff, coordination with the

**Activity Narrative:** Government of India supported National AIDS Research Institute (NARI) for testing of blood in Pune (NARI provides this service free of cost and it is a more sustainable option) and referral linkages with the GOI's Integrated Counseling and Testing Centers. Outside Pune, PCI uses rapid tests, with quality control through cross-checking of samples in government facilities. In FY08, it is estimated that 3,500 persons will access VCT. The contents and approach of counseling will be adapted to the needs of clients and is different for individuals, couples (concordant and discordant sero-status), families, men, women and children. The project will train counselors and provide ongoing support and supervision.

The Home Based Care team is comprised of a doctor, nurse, counselor, and social worker, and is supported by the community health workers and peer educators. The front-line of home-visit support is the peer educator, with medical staff, counseling staff, and others called in as needed. Professional counselors, social workers, CHWs, and PEs conduct follow-up counseling at all PATHWAY-supported community centers.

**ACTIVITY 2: Increasing Demand for CT**

The project's community-based approach creates an environment in which community members are motivated and supported to find out their status, access health care and other support services, and link up with other HIV positive people. Demand for CT will also be generated through public awareness campaigns, sensitization of key stakeholders, strengthening outreach activities, improving the quality of service, client centered and client friendly approaches, improving access to care and forming referral linkages.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 16469

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16469	6173.08	HHS/Centers for Disease Control & Prevention	Project Concern International	7443	3956.08		\$50,000
6173	6173.06	HHS/Centers for Disease Control & Prevention	Project Concern International	3956	3956.06		\$81,700

**Table 3.3.14: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3940.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> Avert Society	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (USAID)	<b>Program Area:</b> Prevention: Counseling and Testing
<b>Budget Code:</b> HVCT	<b>Program Budget Code:</b> 14
<b>Activity ID:</b> 6120.23885.09	<b>Planned Funds:</b> \$259,708
<b>Activity System ID:</b> 23885	

## Activity Narrative: NEW ACTIVITY NARRATIVE

### SUMMARY

Under the National AIDS Control Program Phase III (NACP-III), existing counseling and testing (CT) centers and facilities for the prevention of mother-to-child-transmission (PMTCT) centers are re-modeled within one hub that integrates all HIV-related services, and renamed as Integrated Counseling and Testing Centers (ICTCs). ICTCs are envisaged as a key entry point for both men and women for a range of HIV/AIDS services. The Maharashtra State AIDS Control Society (MSACS) has scaled up these ICTCs rapidly to over 600 centers in the state.

Although the ICTCs were scaled up, little effort has been made to mobilize the community to utilize these services. Of the estimated high-risk population in six districts only 27% have been counseled and tested. There is little data on the number of MARPs utilizing the ICTC services. The NGO experience indicates that the proportion of these groups using HIV/AIDS services is less than 5%.

The National AIDS Control Organization (NACO) stated the need for community mobilization efforts to increase utilization of the HIV/AIDS services in the state. Hence, it recommended that Avert Society implement community mobilization activities in the six priority districts.

In FY09, Avert Society will support six link worker programs to mobilize the community to utilize the ICTC services. Additionally, six mobile ICTCs will be supported to provide CT services to high-risk migrants in Avert priority districts.

### BACKGROUND

Avert Society is a bilateral program implementing prevention, care, and treatment activities in six high-prevalence districts of Maharashtra State. The population of Maharashtra is 96.9 million and the HIV prevalence is 0.75% (2006). Under the umbrella of the Avert project, the Johns Hopkins University (JHU) and the Hindustan Latex Family Planning Promotion Trust (HLFPPT) have been awarded cooperative agreements to support the state in scaling-up communication and condom social marketing activities. On March 7, 2008, NACO provided new policy guidance to the Avert Society that the project should focus on saturating coverage of high-risk populations including migrants, and on implementing community mobilization activities to increase the uptake of CT, PMTCT, care and treatment services in the six high prevalence districts. Additionally, NACO recommended that the Avert project implement workplace interventions in the entire state. The districts of Avert Society have changed and include Aurangabad, Nagpur, Sholapur, Jalna, Thane and Mumbai (two zones). Sangli and Satara have been handed over to the Bill and Melinda Gates Foundation in the new allocation.

NACO has selected Avert Society as the Technical Support Unit (TSU) in Maharashtra and Goa states to support the scale-up and strengthening of HIV/AIDS programs in accordance with the strategies in NACP-III.

### ACTIVITIES AND EXPECTED RESULTS

The aim of this activity is to increase the coverage of CT services by reaching out to MARPs and difficult to reach populations like migrants. It is estimated that more than 70% of HIV-infected people do not know their status. Expansion of ICTC services will help individuals to learn their HIV status, and consequently it is assumed this will increase referrals to HIV prevention, care, and treatment services.

**ACTIVITY 1: Community Mobilization to Increase Uptake of CT Services through Link Worker Program**  
In FY08 and continuing in FY09, the Avert Society will support six lead NGOs to implement the Link Worker program to mobilize the community to utilize counseling and testing services. In each district, 100 villages that are at high-risk will be supported with link workers. There will be a male link worker and a female link worker for every five villages – that is approximately 40 link workers in each district. The NGOs will implement various community mobilization activities such as sensitizing community leaders, self-help groups, block level committees and Nehru Yuvak Kendras to create a demand for the services. The NGO will also form Red Ribbon Clubs (RRC) in the villages to address stigma and discrimination issues and to support the community mobilization efforts.

The NGOs will also coordinate with targeted intervention NGOs to facilitate linkages with ICTC services. Referrals will be made for comprehensive HIV care including the prevention of opportunistic infections and TB treatment, and HIV-positive people will be linked to care and support programs including ARV treatment services.

In FY08, through community mobilization efforts, the link workers will ensure that over 80 % of the MARPs will get counseled and tested. Similarly, the program will ensure the uptake of ICTC services by high-risk individuals in the general population, with the goal of increasing this uptake from the current 20% to 40%; in FY09, the coverage will be increased from 40% to 60%.

### ACTIVITY 2: Expanding Access to Counseling and Testing Services to Migrant Populations

In FY08, the Avert Society will support six mobile ICTC programs to provide CT services to migrant populations in the Avert priority districts. The mobile ICTCs will be implemented by four lead agencies implementing migrant interventions in the districts of Nagpur, Aurangabad, Jalna, Solapur, Thane and Mumbai (Zone 5 and 6). The mobile ICTCs will network with 24 NGOs implementing targeted intervention programs among high-risk migrants to provide CT services at the migrant sites. The components of the Mobile ICTC clinics will include STI screening and treatment (it is estimated that 5% of the migrant population have STI infections), CT and referrals for ART and care and support services. The staff of the Mobile ICTC clinic will include part-time medical officers (2), Nurse/Counselor (2), Laboratory Technician (1) and Driver/Attendant (1). Rapid test kits supplied by SACS will be used for HIV testing. The mobile clinics will provide good quality pre-test counseling; safe and confidential environment and post-test counseling will be assured and monitored. Reporting formats will be developed in accordance with NACO and PEPFAR guidelines. In FY09, Avert Society will continue to support six mobile CT vans and 12,000 out of 240,000 migrants will be counseled and tested. Migrants tested positive for HIV will be linked to the care and

**Activity Narrative:** treatment services.

**ACTIVITY 3: Technical Support to MSACS, MDACS and Goa SACS on Community Mobilization**  
 In FY08, the TSUs will assist MSACS, MDACS and Goa SACS to establish 126 public-private-partnerships (PPP) programs on counseling and testing in 33 districts. Under the PPP program, the private sector will provide the infrastructure and staff and the SACS will provide the test kits and technical assistance. In FY09, the TSU will provide technical assistance to SACS to strengthen and scale-up the PPP programs.

Additionally, in FY09, based on the lessons learned in the Avert priority districts, the Avert Society will provide technical support to MSACS, MDACS and Goa SACS in implementing community mobilization programs, to increase the uptake of HIV/AIDS services in the rest of the state.

**ACTIVITY 4: Printing and Distribution of Materials**

In FY09, the Avert Society will undertake on-the-ground communication activities to increase the uptake of ICTC services. JHU will provide technical assistance in developing campaign materials to support the community mobilization efforts to increase access to CT services. IEC materials on CT for MARPs, migrants and general population will be developed and printed. Avert Society will also undertake mid-media activities like street plays and will paint the walls and hoardings at strategic locations in the districts with messages on accessing ICTC services.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14101

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14101	6120.08	U.S. Agency for International Development	Avert Society	6709	3940.08		\$400,000
10793	6120.07	U.S. Agency for International Development	Avert Society	5595	3940.07		\$500,000
6120	6120.06	U.S. Agency for International Development	Avert Society	3940	3940.06		\$10,404

**Emphasis Areas**

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$31,875

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.14: Activities by Funding Mechansim**

**Mechanism ID:** 3974.09

**Mechanism:** DoD

**Prime Partner:** US Department of Defense

**USG Agency:** Department of Defense

**Funding Source:** GHCS (State)

**Program Area:** Prevention: Counseling and Testing

**Budget Code:** HVCT

**Program Budget Code:** 14

**Activity ID:** 15071.24636.09

**Planned Funds:** \$30,000

**Activity System ID:** 24636

**Activity Narrative:** CONTINUING ACTIVITY - NEW ACTIVITY NARRATIVE

**SUMMARY**

DOD will continue to support VCT training for HIV counselors, including procurement of HIV test kits and other disposal medical supplies. This will provide supplies to support a new VCT activity in the FY09 COP: funding will be provided to the Armed Forces Medical Service (AFMS) to assist in maintaining and expanding its Integrated Counseling and Testing Centers (ICTCs). Support for the ICTCs will bridge the budget gap until AFMS can fully finance these centers in FY 2013; support will help to offset the costs of limited expansion of the ICTCs to key military service hospitals.

**BACKGROUND**

The Department of Defense (DOD) in collaboration with the US Pacific Command/Center of Excellence (PACOM/COE) has supported the Indian Armed Forces Medical Services (AFMS) since 2004 in building their capacity to provide HIV/AIDS prevention, care and treatment services to military personnel, and their families. The geographical focus covers the capital city New Delhi; Shillong, in the North East, where there is a generalized epidemic; and Mumbai and Pune in the high prevalence State of Maharashtra. As with many militaries worldwide, the Indian Armed Forces personnel are an at-risk population since soldiers are generally young, mobile, separated from their families, and exposed to commercial sex workers. With a troop strength of nearly 1.3 million, troop turnover, and an annual recruitment of 80,000 new recruits and their accompanying family dependents who are new to the military community, it is critical for the AFMS to develop a sustained HIV prevention, care and treatment program which can be accessed by military personnel and their families.

**ACTIVITIES AND EXPECTED RESULTS**

AFMS has conducted several successful counseling workshops, supported by PEPFAR in FY06, FY07, and FY08. Over 185 military personnel and civilian staff serving the military community have been trained. As military staff is mobile and routinely reassigned, continued training is required to build the skills of new personnel, and in some cases to refresh the knowledge base of others. Working in collaboration with US Pacific Command (PACOM)/Center for Excellence in Disaster Management and Humanitarian Assistance (COE) and in consultation with the AFMS, the US Embassy/Office of Defense Cooperation (ODC) in New Delhi has procured tests kits and other medical supplies in previous years with PEPFAR funds. These activities remain an important part of the military to military partnership in the VCT arena and will continue in FY09.

Support of AFMS' ICTCs is a new activity. Programming in this area reflects a significant change in the DOD component of PEPFAR COP FY09. The additional money requested for FY09 will be used to further develop the human resource capacity of AFMS by training and supporting staff at existing and additional ICTCS. We expect that the 20 existing centers will remain open at full operating capacity and at least 10 new centers will be opened. We expect AFMS to gradually increase its share of funding until it eventually retakes full control by FY 2013.

This increase has been proposed in consultation with AFMS and reflects growth in the program and a plan to eventually transition the program to full ownership by AFMS by FY 2013. In FY09, \$220,000 of PEPFAR funds will support training and the ICTCs; \$30,000 will be used for the procurement of test kits and other disposable medical supplies. In FY 2010, DOD will propose decreasing the HVCT program area by \$50,000 a year until AFMS has full budgetary ownership of its ICTCs in FY 2013. This transition is necessary because MOD's budgeting process has not been responsive enough to respond to this shortfall in the short term. AFMS is confident that the MOD budgeting process will respond according to the new schedule. ICTCs are such a central part of the shared goals of AFMS and PEPFAR that it is essential to keep them developing according to existing plans despite this temporary setback.

**ACTIVITY 1: Procurement of Test Kits and Supplies**

Working with COE and in consultation with AFMS, ODC will coordinate the procurement of rapid test kits and medical supplies; AFMS will receive the medical supplies and distribute throughout the military health care system. At least, eight military facilities will receive test kits and supplies.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 15071

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15071	15071.08	Department of Defense	US Department of Defence/Pacific Command	7033	3976.08		\$30,000

**Emphasis Areas**

Military Populations

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.14: Activities by Funding Mechanism**

**Mechanism ID:** 3943.09

**Prime Partner:** Population Services International

**Funding Source:** GHCS (USAID)

**Budget Code:** HVCT

**Activity ID:** 6135.23878.09

**Activity System ID:** 23878

**Mechanism:** Connect

**USG Agency:** U.S. Agency for International Development

**Program Area:** Prevention: Counseling and Testing

**Program Budget Code:** 14

**Planned Funds:** \$260,000



**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

**SUMMARY**

In FY08, Connect provided high quality counseling and testing (CT) services through 10 CT centers, targeting at most-at-risk populations (MARPs) and bridge populations, namely truckers, migrant workers, and male clients of sex workers. About 15,000 individuals are expected to be counseled and tested in FY09. The current average HIV positivity rate – higher than 10% – recorded at the 10 Connect-operated CT clinics indicates that the services are successfully targeting high risk groups.

In FY09, the major focus of Connect will be on transitioning all project-supported CT clinics to the National and State AIDS Control (NACO/SACS) programs or relevant private medical sector partners. This transition will strengthen the national effort to target high risk floating/mobile populations who are difficult to target and often unlikely to seek ICTC services within static hospital set-up due to accessibility issues.

**ACTIVITY 1: Providing High Quality CT Services**

No Change

**ACTIVITY 2: Reaching Out to Women and Couples**

Connect will continue to reach out to at-risk women who are either sex workers or wives of men indulging into high risk behavior like MSM, IDU and sex with commercial sex workers. These women have poor access to health services as a result of lower priority given to their health and their lack of decision-making powers within the family. Also, women usually have poor mobility, which inhibits access to information and services. NFHS-III data suggests that only three percent of women in India have ever been tested for HIV. NFHS-III recommended comprehensive prevention programs for women to increase access to knowledge, information and prevention services.

**ACTIVITIES 3 & 4 are being merged in to one activity in FY09 entitled “Strengthen Linkages with Care and Treatment Services for HIV/AIDS in Project Locations”**

In FY09, Connect will continue to assist NACO and SACS to develop and strengthen linkages between CT clinics and care and treatment services. In FY07, CT clinics supported by Connect introduced Peer Support Counseling by an HIV positive counselor. Connect will advocate NACO and SACS to strengthen and replicate the “HIV positive Peer Support” strategy in FY09. Connect will also assist SACS and NACO to develop and strengthen linkages between CT clinics and Revised National Tuberculosis Control Program (RNTCP) services in all project locations. Connect, with support from the RNTCP, will establish DOTS centers in at least five CT sites in targeted project areas.

**ACTIVITY 5: Mobilizing Local Resources for Sustainability of Services**

No change

The following new activities will be undertaken in COP09:

**ACTIVITY 6: Assist SACS and Local Bodies to Implement High Quality and Innovative Models of CT/ICTC Services for At-Risk Workers in Project Locations**

In FY09, Connect will assist SACS and other partners in implementing CT services through mobile clinics and integrate with PMTCT, STI services and condom promotion activities. Connect will share tools that list the conditions for PPP collaboration with NGO and corporate stakeholders, e.g. design of delivery models, cost sharing mechanisms, reaching out to women at risk, compliance with protocols related to treatment and patient management, referrals, maintenance of patient records and reporting, matters related to fees and reimbursements, etc. In FY09, Connect will strengthen the service delivery and demand creation for at least five existing ICTC clinics in the project locations targeting at risk industries in USG priority states.

**ACTIVITY 7: Advocate with NACO & SACS for Transitioning CT Clinics to Government Supported ICTC Centers**

Connect will conduct an evaluation of the CT/ICTC clinics through independent agencies to measure overall quality of care. The lessons learned identified through this study will be disseminated at a national level and a regional level workshop. It is expected that 60% of the cost of all the CT clinics will be supported by NACO/SACS in the form of HIV test kits, maintenance support for counselors and laboratory technicians, external quality and proficiency testing support through NACO reference sites, and the inclusion of the counselors at the Connect clinics in NACO’s annual training programs. It is expected that in FY10, about 80% of the costs of the CT clinics will be supported by the SACS and private entities, with USG funding the remaining 20%.

**FY 2008 NARRATIVE**

**SUMMARY**

In FY08, the Connect project, implemented by Population Services International (PSI), will continue to provide high quality services through nine counseling and testing (CT) clinics, reaching out to women and couples, ensuring greater involvement of people living with HIV/AIDS (PLHA) and mobilizing local resources. The main emphasis areas of these activities will be training, services with approaches to ensure high quality, resource mobilization from the private sector for sustainability and increased private sector engagement in HIV/AIDS. CT clinics will continue to target high-risk individuals in the 18-34 age group.

**BACKGROUND**

The Connect Project has been implemented by Population Services International (PSI) since October 2006, in partnership with the Federation of Indian Chambers of Commerce and Industry (FICCI), Y.R. Gaitonde Centre for AIDS Research and Educations (YRG CARE) and the Karnataka Health Promotion Trust (KHPT). The project aims to increase private sector engagement in HIV/AIDS through workplace interventions and the development of public-private partnerships for the continuum of prevention to care services. The main strategies include mobilizing companies for workplace interventions, developing private

**Activity Narrative:** models of service delivery in CT and PMTCT and provision of technical assistance to government on mainstreaming HIV/AIDS in the private sector. Currently, the geographical focus is Karnataka, coastal Andhra Pradesh and selected port towns (Mumbai, Vashi, Mangalore, Tuticorin, Chennai and Vizag) in the USG focus states. The International Labor Organization (ILO) is providing technical support to the project. The Connect project continues to operate nine Saadhan clinics established under the USAID-supported Operation Lighthouse project and aims to continue supporting them by mobilizing resources from the private sector.

Low quality of counseling services, inadequate trained personnel including counselors, weak Management Information Systems (MIS) and poor accessibility of CT services by MARPs have been some of the challenges in the public sector CT centers. Under the third phase of the National AIDS Control Plan (NACP-3), over 4900 integrated counseling and testing centers (ICTC) will be established in the country as part of the scale-up of HIV services. In addition, the national program is looking at private sector involvement in service delivery to expand coverage. The Connect project will provide counseling and testing services through five static and four mobile CT centers in the USG focus states. These centers provide high-quality pre and post test counseling, confidential high quality HIV testing, STI treatment and referrals to HIV/AIDS care and support organizations. Connect will increase mobilization of resources from the public-private sectors for high quality services including CT services.

#### ACTIVITIES AND EXPECTED RESULTS

##### ACTIVITY 1: Providing High Quality CT Services

Connect will continue to provide high-quality CT services at nine CT centers. Mystery client studies to assess the level of adherence to standard quality protocols will help determine the capacity building plan for strengthening the quality of services at all clinics. The training will be aimed at building the capacity of counselors to provide quality services including quality control and quality assurance for HIV testing and counseling in accordance with the national protocols. This includes following standard operating procedures in key areas like inventory management, testing protocols, counseling and disclosure, infection control, record keeping and analysis of data for improving service delivery. In FY08, it is expected that at least 85% of standard protocols will be followed at all CT clinics. About 8,000 high risk individuals will receive high quality CT services.

##### ACTIVITY 2: Reaching Out to Women and Couples

The Connect project has provided CT services to women and couples since October 2006. In FY08, these activities will be further strengthened through engagement of male partners. Individual male clients accessing CT services will also be motivated to refer their partners for HIV counseling and testing and safe disclosure. Trained counselors and laboratory technicians from Connect-supported CT centers will expand coverage of services to women at the intervention sites of NGOs working with vulnerable women's groups, women's clubs and women's self-help groups. Interpersonal communicators will conduct interactive one-to-one and one-to-group sessions with women and couples with the objectives of motivating them to access CT services, debunking myths on testing and assuring confidentiality as part of the high quality services. New communication materials like games, flipcharts; pamphlets for targeting women and couples will be designed to motivate them to access CT services. Women in particular will be counseled to address safe disclosure and motivate their partners to be tested. Supportive counseling will address the potential negative consequences of testing like abandonment. Community-based supportive counseling will also be leveraged through USG-supported prevention, care and treatment programs in the USG focus states.

##### ACTIVITY 3: Ensuring Greater Involvement of PLHA in CT Services

Linkages were established in October 2006 with the local HIV Positive networks in Karnataka and Andhra Pradesh and the national level network, the Indian Network for Positive People (INP+) to ensure the greater involvement of people living with HIV/AIDS (PLHA). Sub activities include: a) recruitment of an HIV-positive peer counselor at PSI-operated CT centers to counsel all HIV- positive clients after the post-test counseling to reinforce positive living, facilitate case management and facilitate the access of PLHAs to care and treatment facilities; b) facilitate the strategy of 'Services under one roof' at all seven CT center to make all medical services available to PLHA at one site ('under one roof') free of cost on a particular day.

PSI will continue to act as a catalyst to mobilize the available resources (health care providers, counselors, nutrition support, leveraging services from charity) to provide important medical services to PLHA once a month. The positive networks, partner companies and NGOs will be mobilized to motivate HIV-positive clients to use these services. Medicines for opportunistic infections will be leveraged from the pharmaceutical companies; the snacks and food for the PLHA will be leveraged from the local hotel industries. In FY08, about 500 PLHA will receive services through this innovative approach to improve access.

##### ACTIVITY 4: Increase Use of HIV/AIDS Care and Treatment Services

Case management and post test clubs were initiated in FY06 to increase referrals for care and treatment services. These activities will continue in FY08. About 1000 positive clients will be referred for care and treatment services and will be tracked using cards and follow-up through outreach. In addition, new activities will be initiated in FY08 to ensure effective referrals of all positive clients from CT clinics. This includes training and capacity building of partner NGOs for tracking cases and follow-up; providing quality care and support services from health care providers, and training in case management approach for the government and private TB services to ensure effective referrals for TB services. Twenty medical and paramedical staff from different organizations implementing care and treatment projects will be trained under this initiative. About 150 positive clients are expected to be referred for TB services.

##### ACTIVITY 5: Mobilizing Local Resources for Sustainability of Services

The Connect project will mobilize resources by targeting large, established companies that have foundations or other corporate social responsibility (CSR) initiatives which include HIV/AIDS programming, companies whose leadership is particularly enlightened about the issue of HIV/AIDS, and groups of business associations, the government and civil society organizations. These groups will be encouraged

**Activity Narrative:** and empowered to pool resources and design or support prevention to care activities. In addition, initiatives can be customized of an initiative to meet an organization's needs. In mid 2007, one of the mobile CT clinics in Vashi was supported by a partnership with the private sector tyre company, Apollo Tyres. Apollo provides STI treatment services at the CT clinic with support for a specialized STI medical provider, three outreach workers and the supply of STI drugs. In FY08, the Connect project will continue to offer companies a ready platform to fulfill their CSR responsibilities with a menu of 'on ground' initiatives. The test kits for CT clinics will be leveraged from the local State AIDS Control Society (SACS) or from the manufacturers.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14131

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14131	6135.08	U.S. Agency for International Development	Population Services International	6714	3943.08	Connect	\$483,122
10813	6135.07	U.S. Agency for International Development	Population Services International	5600	3943.07		\$270,000
6135	6135.06	U.S. Agency for International Development	Population Services International	3943	3943.06		\$445,000

**Emphasis Areas**

Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- \* Family Planning
- \* Safe Motherhood
- \* TB

Workplace Programs

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.14: Activities by Funding Mechansim**

**Mechanism ID:** 3974.09

**Mechanism:** DoD

**Prime Partner:** US Department of Defense

**USG Agency:** Department of Defense

**Funding Source:** GHCS (State)

**Program Area:** Prevention: Counseling and Testing

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**Budget Code:** HVCT

**Activity ID:** 6249.24632.09

**Activity System ID:** 24632

**Program Budget Code:** 14

**Planned Funds:** \$220,000

## Activity Narrative: CONTINUING ACTIVITY - NEW ACTIVITY NARRATIVE

### SUMMARY

DOD will continue to support VCT training for HIV counselors and procurement of HIV test kits and other disposal medical supplies. The COP FY09 will also support a new VCT activity: funding will be provided to the Armed Forces Medical Service (AFMS) to assist in maintaining and expanding its Integrated Counseling and Testing Centers (ICTCs). Support for the ICTCs will bridge the budget gap until AFMS can fully finance these centers in FY 2013; support will help to offset the costs of limited expansion of the ICTCs to key military service hospitals.

### BACKGROUND

The Department of Defense (DOD) in collaboration with the US Pacific Command/Center of Excellence (PACOM/COE) has supported the Indian Armed Forces Medical Services (AFMS) since 2004 in building their capacity to provide HIV/AIDS prevention, care and treatment services to military personnel, and their families. The geographical focus covers the capital city New Delhi; Shillong, in the North East, where there is a generalized epidemic; and Mumbai and Pune in the high prevalence State of Maharashtra. As with many militaries worldwide, the Indian Armed Forces personnel are an at-risk population since soldiers are generally young, mobile, separated from their families, and exposed to commercial sex workers. With a troop strength of nearly 1.3 million, troop turnover, and an annual recruitment of 80,000 new recruits and their accompanying family dependents who are new to the military community, it is critical for the AFMS to develop a sustained HIV prevention, care and treatment program which can be accessed by military personnel and their families.

### ACTIVITIES AND EXPECTED RESULTS

AFMS has conducted several successful counseling workshops, supported by PEPFAR in FY06, FY07, and FY08. Over 185 military personnel and civilian staff serving the military community have been trained. As military staff is mobile and routinely reassigned, continued training is required to build the skills of new personnel, and in some cases to refresh the knowledge base of others. Working in collaboration with US Pacific Command (PACOM)/Center for Excellence in Disaster Management and Humanitarian Assistance (COE) and in consultation with the AFMS, the US Embassy/Office of Defense Cooperation (ODC) in New Delhi has procured tests kits and other medical supplies in previous years with PEPFAR funds. These activities remain an important part of the military to military partnership in the VCT arena and will continue in FY09.

Support of AFMS' ICTCs is a new activity. Programming in this area reflects a significant change in the DOD component of PEPFAR COP FY09. The additional money requested for FY09 will be used to further develop the human resource capacity of AFMS by training and supporting staff at existing and additional ICTCS. We expect that the 20 existing centers will remain open at full operating capacity and at least 10 new centers will be opened. We expect AFMS to gradually increase its share of funding until it eventually retakes full control by FY 2013.

This increase has been proposed in consultation with AFMS and reflects growth in the program and a plan to eventually transition the program to full ownership by AFMS by FY 2013. In FY09, \$220,000 of PEPFAR funds will support training and the ICTCs; \$30,000 will be used for the procurement of test kits and other disposable medical supplies. In FY 2010, DOD will propose decreasing the HVCT program area by \$50,000 a year until AFMS has full budgetary ownership of its ICTCs in FY 2013. This transition is necessary because MOD's budgeting process has not been responsive enough to respond to this shortfall in the short term. AFMS is confident that the MOD budgeting process will respond according to the new schedule. ICTCs are such a central part of the shared goals of AFMS and PEPFAR that it is essential to keep them developing according to existing plans despite this temporary setback.

### ACTIVITY 1: Counseling and Testing In-Service Workshop

AFMS will execute one counseling and testing in-service workshop. As note, military staff is mobile and routinely reassigned, and continued training is required to build the skills of new personnel, and to refresh the knowledge base of others. At least 45 counselors, serving the military community will receive this training.

### ACTIVITY 2: Support for Salaries of ICTC Staff

DOD will cost share the salaries of ICTC staff with AFMS, through ODC/DOD support to AFMS as a prime partner. Twenty existing ICTCs will be supported and at least 10 more ICTCs will be opened with cost-shared resources.

The request to support the ICTCS is due to a major shift in National AIDS Control Organization (NACO) funding. NACO previously funded the salaries and training of the AFMS' ICTC staff., however, as part of its drive to mainstream HIV/AIDS program activities within relevant ministries, AFMS no longer receives NACO funds to carry out HIV/AIDS prevention, care, and treatment activities. Consequently, no staff support is provided for the AFMS's ICTCs. The AFMS identified support for the existing ICTCs and the planned expansion of these centers as a priority for developing and maintaining a successful military HIV/AIDS prevention program. Therefore, the DOD PEPFAR program proposes providing significant support to the AFMS to help offset the costs the ICTCs for a limited time. This will allow the ICTCs to continue to provide services at full capacity, as the AFMS develops a plan to fully fund them and initiates a limited expansion of these centers within key military hospitals.

While AFMS will still cover some of the costs of the ICTCs, the increased support is essential in sustaining the present level of service and ability to provide essential HIV testing, counseling and care. Without increasing support, ICTCs will face an uncertain fate, which will significantly setback AFMS' HIV/AIDS program as a whole. ICTCs are often the first step in determining HIV status, receiving and distributing IEC and BCC materials to service members and, as required, linking into AFMS' care and treatment activities. Support and eventual expansion of ICTCs to the military service hospitals will broaden access to voluntary counseling and testing (VCT) while also increasing demand for and awareness of HIV/AIDS prevention.

**Activity Narrative:** These activities contribute to PEPFAR goals by improving access to and quality of VCT services in order to identify HIV-positive persons, increasing the number of health care workers trained in the provision of Parent Mother to Child Transmission (PMTCT) services, increasing the number of service outlets providing HIV-related care and support, increasing the number of individuals who receive counseling and testing for HIV, increasing the number of individuals trained in counseling and testing, and strengthening the overall health system of the Indian Armed Forces.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14680

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14680	6249.08	Department of Defense	Armed Forces Medical Services	6905	3974.08		\$30,000
11511	6249.07	Department of Defense	Armed Forces Medical Services	5795	3974.07		\$80,000
6249	6249.06	Department of Defense	Armed Forces Medical Services	3974	3974.06		\$60,000

**Emphasis Areas**

Military Populations

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.14: Activities by Funding Mechanism**

**Mechanism ID:** 3942.09

**Mechanism:** Samastha

**Prime Partner:** University of Manitoba

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (USAID)

**Program Area:** Prevention: Counseling and Testing

**Budget Code:** HVCT

**Program Budget Code:** 14

**Activity ID:** 6130.20942.09

**Planned Funds:** \$33,596

**Activity System ID:** 20942

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The University of Manitoba's (UM)/Karnataka Health Promotion Trust (KHPT) Samastha Program will strengthen six existing Integrated Counseling and Testing Centers (ICTC) – five in Karnataka and one in coastal AP. At present, Karnataka has 561 functioning ICTC supported by the State Government and a target of an additional 100 ICTC to be established under Public Private Partnerships (PPPs). Therefore, establishing ICTC experiential learning sites to improve quality is critical. These centers provide on-the-job training for new counselors. Supportive supervision and mentorship to these sites will be more intensive and frequent, and personnel will be provided with refresher and role-specific trainings. The centers will also be sites to develop standard operating procedures and protocols.

The program's implementing partner, the National Institute of Mental Health & Neuro Sciences (NIMHANS) will develop guidelines for establishing model ICTC and standard operating procedures protocols for all ICTC, in consultation with NACO and other national and state level capacity building partners.

**ACTIVITIES AND EXPECTED RESULTS**

**ACTIVITY 1: Expanding Access to Counseling and Testing Services**

These centers will be established in existing ICTC settings, which are already staffed by a counselor, a medical officer and a lab technician. As an experiential learning site, an additional counselor will be supported to ensure the availability of both a male and female counselor and the time to train and mentor new counselors recently recruited by the state.

Establishment of model counseling and testing sites will strengthen ICTCs and their personnel. It will provide opportunities to test innovative tools such as individualized CMIS, development of standard operating procedures for showcasing a replicable and quality driven model of ICTC functioning, and development and testing of new procedures and ideas.

While doing so, these sites will adhere to national guidelines and will demonstrate functional standard operating procedures, regular and significant supportive supervision, application of quality assurance monitoring tools such as COPE, onsite trainings on stigma and discrimination and other necessary inputs.

The HIV test kits, consumables and managerial assistance from District Supervisors will be leveraged through Karnataka State AIDS Prevention Society (KSAPS).

**ACTIVITY 2: Improving the Quality of Counseling and Testing Services**

In the coming year, under GFATM-7, it is expected that NACO will be directly implementing Supportive Supervision Teams (SST) for mentorship of counselors. NIMHANS is expected to play a technical role at the national level and Bangalore University will be the nodal agency for the SST in Karnataka. Additionally, Gulbarga University, Roshini Nilaya and Samraksha have been recognized by NACO as training institutes for counselors. Samastha project will work with these institutions to plan, coordinate and monitor capacity building efforts as a support to KSAPS. Thirty counselors will be trained to implement ICTC services using PEPFAR funds. These are counselors of community care centers and targeted intervention projects who will be responsible for running ICTC under PPP model with KSAPS.

**ACTIVITY 3: Linkages and Demand Creation for Counseling and Testing Services**

No Change

**ACTIVITY 4: Careful Screening for Quality Assurance**

No Change

The following new activity will be undertaken in FY09:

**ACTIVITY 5: Integration and Support to Government**

Samastha project will establish ICTC under NACO's Public Private Partnership model in all CCC and TI projects supported by KHPT under the Samastha or Sankalp/Corridors projects that have a counselor, laboratory technician and functioning lab within or intricately linked to the project sites. These ICTC will cater to spouse and family members of known PLHA and MARP, including female sex workers and MSM-Transgender. Test kits, consumables, registers and PEP drugs will be leveraged from KSAPS. The activity will support KSAPS target of establishing 100 ICTC under public private partnership.

**FY 2008 NARRATIVE SUMMARY**

Since Karnataka has 565 functioning counseling and testing (CT) centers, establishment of CT learning sites becomes critical. Hence six new model ICTCs (Integrated Counseling and Testing Centres) are planned under the Samastha project, which will function as combined CT and PMTCT centers, in accordance with guidelines under the Third Phase of India's National AIDS Control Program (NACP-3). As a replicable model for government scale-up, these new ICTCs will be established in community settings and within the private or public sector, and also double-up as on-the-job training centers for new recruits. Counseling quality will be ensured through onsite supportive supervision visits and periodic regional meetings. Supportive supervision will be provided through the project and personnel will be provided with role-specific and refresher trainings. The Karnataka State AIDS Control Society (KSAPS) will undergo institutional capacity building to scale up, manage, and monitor the 500 plus CT centers in the state. The National Institute of Mental Health and Neuro Sciences (NIMHANS) will offer technical assistance through proposed guidelines and implementation plans for establishment of model ICTCs.

**BACKGROUND**

The Samastha project is a comprehensive prevention, care and treatment project that covers 15 districts

**Activity Narrative:** across Karnataka and 5 coastal districts of Andhra Pradesh. It has been implemented since 2006 by the University of Manitoba (UM) in partnership with Population Services International (PSI) and EngenderHealth (EH), with plans to scale up in 2007 and be fully operational across districts in 2008. The activities under CT will be implemented through the combined efforts of KSAPS, NIMHANS, EH, and PSI, each with comparative advantages in leveraging logistics, human resources, capacity building, supportive supervision, monitoring, outreach, and communication.

**ACTIVITIES AND EXPECTED RESULTS**

**ACTIVITY 1: Expanding Access to Counseling and Testing Services**

The six new model ICTCs will preferably be established in non-governmental and community settings. They will have two counselors (one male and one female), one medical officer, and one laboratory technician. These centers will provide KSAPS with replicable ICTC models for sustainable, standard operating procedures. The centers will: (1) increase focus on most-at-risk populations (female sex workers, men who have sex with men, and their clients), (2) provide TB patients and voluntary walk-ins with counseling and testing (pre and post) services following effective outreach and referral; (3) provide effective and appropriate referral and linkages to IPPCC (Integrated Positive Prevention and Care Centers) or CSC (care and support centers) to ensure continuum of prevention and care; (4) provide well-trained providers capable of addressing the medical and health needs of the community; (4) provide linked outreach to the community so that ICTCs become an entry point to prevention and care; (5) provide quality counseling services to both those who test negative and those who test positive; (6) provide follow-up and appropriate referrals.

Efforts will be made to leverage testing kits, consumables, and managerial assistance from district supervisors through KSAPS and/or UNICEF.

**ACTIVITY 2: Improving the Quality of Counseling and Testing Services**

Supportive supervision, exposure visits, periodic site visits by experts, regional review meetings, and trainings are included in capacity-building efforts to improve the quality of counseling services at these centers. Medical doctors, lab technicians, and counselors (approximately 30 persons) will be trained to national and international standards, with refresher courses based on emerging needs from counselors.

In order to sensitize non-ICTC staff, approximately 60 employees in the hospital setting will undergo trainings in the areas of stigma and discrimination, values and attitudes related to HIV/AIDS, sexual health and reproductive counseling, counseling to couples to remain sero-discordant, and needs and objectives of CT interventions.

Apart from the six model ICTCs, other ICTCs across the state will be provided supportive supervision and mentored by district supervisors and the supportive supervision team (SST) system - a cadre of 15 district level supervision teams supported by the Samastha project which strengthen KSAPS in monitoring and quality assurance of HIV services in the state.

**ACTIVITY 3: Linkages and Demand Creation for Counseling and Testing Services**

The program will establish working linkages between the CT centers and the TB Control Program (RNTCP), ART, and STI services. A well-defined outreach plan will be designed allowing counselors to coordinate activities with implementing partners.

Link workers and outreach staff will generate demand in the target community. Each center will aim to reach 300 individuals (especially most-at-risk populations) annually to provide clients with counseling and testing. Additional outreach efforts and demand generation will bring in approximately 60 clients with TB per center for counseling and testing.

**ACTIVITY 4: Careful Screening for Quality Assurance**

To ensure quality, periodic review meetings at regional and state levels will be conducted. Centers will be monitored by district supervisors, regional coordinators, zonal coordinators from the SST system as well as Project Samastha's own regional and zonal managers. Monitoring will ensure effective logistic supply and delivery mechanisms are in place, linkages and referrals (to and from) are working, and activities are appropriately gender sensitive and in accordance with national and international standards.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14140

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14140	6130.08	U.S. Agency for International Development	University of Manitoba	6715	3942.08	Samastha	\$29,640
10820	6130.07	U.S. Agency for International Development	University of Manitoba	5601	3942.07		\$550,000
6130	6130.06	U.S. Agency for International Development	University of Manitoba	3942	3942.06		\$290,000



## Emphasis Areas

Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs

## Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development      \$16,220

## Public Health Evaluation

## Food and Nutrition: Policy, Tools, and Service Delivery

## Food and Nutrition: Commodities

## Economic Strengthening

## Education

## Water

**Table 3.3.14: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3978.09	<b>Mechanism:</b> PHMI
<b>Prime Partner:</b> Share Medici (Umbrella)	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Prevention: Counseling and Testing
<b>Budget Code:</b> HVCT	<b>Program Budget Code:</b> 14
<b>Activity ID:</b> 11505.20927.09	<b>Planned Funds:</b> \$20,000
<b>Activity System ID:</b> 20927	

## Activity Narrative: CONTINUING ACTIVITY - NEW ACTIVITY NARRATIVE

### SUMMARY

Andhra Pradesh State AIDS Control Society (APSACS), the state's nodal agency for HIV control, has scaled up counseling and testing (CT) services to both rural and urban populations, unlike in other states where the services are primarily urban and peri-urban. The 677 integrated counseling and testing centers (ICTCs) offer PMTCT services, CT services and TB-HIV linkages. APSACS also encourages provider initiated testing by closely linking outpatient clinics and inpatient wards to the ICTC, usually located within the same building. APSACS has started initiatives to scale up ICTC services in 24 hour primary health centers, including working with private sector ICTC as a public-private partnership model. In accordance with NACP-III, efforts have been made by APSACS to decentralize the management process to district level. Activities are carried out to support expansion of comprehensive CT services through placement of qualified manpower to support the state CT program.

The Public Health Management Institute (PHMI) will provide ongoing support to APSACS for the management of the ICTC Program. This support will continue to focus on the placement of a senior ICTC consultant at APSACS. Secondary support will come from two other PHMI-supported APSACS consultants who focus on Monitoring and Evaluation (M&E) and training. PHMI will also support counseling and testing by advocating for new policy initiatives, conducting management and systems strengthening, training workshops (especially for district staff), and assisting with field-level training needs assessments.

### BACKGROUND

Mediciti SHARE India (SHARE India) is a not-for-profit organization that works in rural communities outside Hyderabad, Andhra Pradesh, reaching out to about 300,000 rural residents with services including maternal and child health, immunization, population control, cancer detection and treatment, HIV/AIDS and nutrition programs. Implementation is coordinated through the SHARE India medical college and hospital located nearby. SHARE India is also recognized as a research foundation by the Department of Science and Technology, Government of India.

In 2006, with support from USG, SHARE India established PHMI as a technical assistance and training organization. PHMI's main objective is to build human resource capacity and strengthen systems for the public health infrastructure of Andhra Pradesh (AP). This is achieved by developing innovative quality improvement mechanisms such as accreditation systems and on-the-job training programs. While the current technical focus is on HIV, in the longer term PHMI envisions a broader role encompassing additional public health priority areas in AP.

The ICTC concept was developed in 2005 by the Tamil Nadu State AIDS Control Society (TNSACS) with USG support during a period of rapid scale up of testing services by Tamil Nadu. APSACS went through a similar scale up and re-structuring process in 2006 and early 2007, with the help of CDC and its partners, LEPR, CHAI, and PHMI. These APSACS-funded ICTCs are performing over 1.5 million tests per year, of which 600,000 are among antenatal women with a positivity rate of 1.25 to 2.5%, and 900,000 are among walk-in clients and non-antenatal patients (provider-initiated) with a positivity rate of 8-14%. NACO has set a target of ~2.5 million tests for FY08-09 for Andhra Pradesh, of which 1.5 million tests are to be performed on non-antenatal populations. This does not include the large number of tests being done in the private sector (except those few testing sites funded by APSACS such as the APAIDSCON network of private medical colleges) since those numbers are not reported to APSACS currently.

Almost all ICTCs are located in government medical care facilities (medical colleges, district and sub-district hospitals, primary health centers) and are therefore designed to link clients to support services, facility-based palliative care, and ART screening and treatment. The location also encourages provider-initiated testing by closely linking outpatient clinics and inpatient wards to the ICTC, which is usually located within the same building.

### ACTIVITIES AND EXPECTED RESULTS

The state's CT systems are currently managed directly by the USG/PHMI-funded ICTC consultant under the guidance of the APSACS Project Director and Associate Project Director. The ICTC management systems have evolved over the past 2-3 years. APSACS has recently placed district-level counseling supervisors in all 23 districts. USG-supported district management teams (placed in the 10 highest prevalence districts eight months ago) are providing management support to the ICTCs as an important part of their job responsibilities. Decentralization of the management to the district level has strengthened the system by streamlining reporting, quality field supervision, regular review meetings and on-the-job trainings. In FY09, PHMI will continue to provide support to APSACS for the management of the ICTC Program through the placement of a senior state-level ICTC consultant.

### ACTIVITY 1: Management of the AP State ICTC System

The APSACS-based consultant will continue to play a leadership role in managing the ICTC system and develop strategies to continuously improve the program structure. This includes: a) strengthening training programs for counselors, laboratory technicians, and nurse practitioners; b) ensuring annual refresher trainings are conducted for all field staff; c) improving the supervision skills and procedures for district-level counseling supervisors and district project managers; d) strengthening supply chain management systems for HIV test kits; e) using the web-based monitoring system to analyze data and provide ongoing, timely feedback to district teams and individual ICTCs; f) creating better human resource management systems including annual performance reviews for all ICTC staff and g) taking steps to mainstream ICTCs into the general health care delivery system at the district level.

The consultant will also ensure that newly released ICTC operational guidelines (developed by NACO) are adopted by the state and are made available at all centers, with a goal of standardizing counseling and testing services. Further the consultant will ensure that the recently created follow-up counseling toolkit is distributed to all centers and that counselors are adequately trained in correct use of this important teaching aid for those testing positive.

**Activity Narrative:** ACTIVITY 2: Establishing Stronger Linkages between Care Providers and ICTCs

The consultant will play a leadership role in establishing stronger linkages between care providers and ICTCs, with a continued focus on strong referral systems for patients with active TB or STI. He/she will also strengthen the referral linkages between ICTCs and community care centers, positive networks, ART centers, and other PLHA services available in the district. A system to monitor and evaluate these referral linkages will be developed and pilot tested in FY 09.

ACTIVITY 3: District Level Monitoring and Supervision

District level officers will be supported by the PHMI consultant, who will monitor services at all ICTCs to provide supervision, technical input and feedback. District level counseling review meetings will be organized monthly by the district managers in consultation with the consultant.

ACTIVITY 4: Promoting Routine External Quality Assurance

PHMI, mostly through the work of the state-level consultant with oversight from USG, will ensure that external quality assurance of laboratory HIV testing, as required by NACO guidelines, is routinely conducted at all ICTCs. The consultant will provide feedback to APSACS on identified and recommend corrective actions for specific ICTCs in the state.

ACTIVITY 5: Expand HIV Counseling and Testing to High-Risk Populations

PHMI, mostly through the work of the state-level consultant with oversight from USG, will support the expansion of HIV CT to additional at-risk and high-risk populations (select migrant laborers, commercial sex-workers and clients, and prison inmates). The consultant will guide the expansion and implementation, which will be carried out through mobile testing facilities, in line with the NACP-III strategy. These high-risk populations have traditionally had limited access to HIV CT services specific to their unique needs (such as extended hours of operation, staff trained to meet their specific needs). PHMI will partner with LEPR (another USG partner) in this effort since LEPR is currently conducting a demonstration project for the state on mobile testing. The consultant will provide oversight to the expansion of HIV counseling and testing into primary health centers supported by National Rural Health Mission (NRHM) and private sector nursing homes, hospital, and industrial hospitals.

ACTIVITY 6: Integration and Sustainability

The PHMI CT program and consultant will look for opportunities to link CT services with public-private partnerships and mainstreamed into other services. State-level planning for scale-up of services in the private sector is complete. The consultant will also further the goal of integration of CT services with the National Rural Health System (NRHM), which started with the training of 95 Primary Health Centers that are part of NRHM. The ICTC consultant has played a vital role in strengthening the quality of services through training and supportive supervision.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14590

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14590	11505.08	HHS/Centers for Disease Control & Prevention	Share Mediciti (Umbrella)	6880	3978.08	PHMI	\$15,000
11505	11505.07	HHS/Centers for Disease Control & Prevention	Share Mediciti (Umbrella)	5622	3978.07		\$25,000

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**Emphasis Areas**

Gender

- \* Increasing gender equity in HIV/AIDS programs

**Human Capacity Development****Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.14: Activities by Funding Mechanism****Mechanism ID:** 5785.09**Prime Partner:** Family Health International**Funding Source:** GHCS (USAID)**Budget Code:** HVCT**Activity ID:** 10939.21250.09**Activity System ID:** 21250**Mechanism:** Samarth**USG Agency:** U.S. Agency for International Development**Program Area:** Prevention: Counseling and Testing**Program Budget Code:** 14**Planned Funds:** \$6,500

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

**UPDATE**

In FY08, a national consultation was held to identify the gaps in the existing pediatric counseling imparted through the Integrated Counseling and Testing Centers (ICTC), Community Care Centers (CCC), Antiretroviral Therapy (ART) centers and by non-governmental organizations (NGOs). Based on the consultation, a comprehensive training module for pediatric counseling was developed in close coordination with the National AIDS Control Organization (NACO), UNICEF, Clinton Foundation, major NGOs and other key stakeholders. The training module provides specific guidance to counselors on dealing with female HIV/AIDS affected children.

In FY09, Activity 2 and 3 will continue as in FY08. The following modifications are suggested for Activity 1.

**ACTIVITY 1: TA to NACO and State AIDS Control Societies (SACS) on Quality Counseling and Testing Services**

In FY09, FHI will continue with all the sub-activities mentioned in COP 08 under this activity. In addition, Training of Trainers (TOTs) will be conducted in the USG priority states based on the comprehensive training module for pediatric counseling developed during FY08.

**FY08 NARRATIVE SUMMARY**

The focus of this activity is to provide technical assistance (TA) in operationalizing the guidelines on quality standards in counseling and testing (CT) at the national and state level. TA will also be provided to USG agencies in developing and operationalizing strategies for various CT models in the private sector.

**BACKGROUND**

The Samarth project has been implemented by Family Health International (FHI) since October 2006. Samarth will directly contribute to implementing quality HIV/AIDS prevention, care and treatment through TA, capacity building and institutional strengthening of government (the National AIDS Control Organization [NACO] and the State AIDS Control Societies [SACS]), and civil society. In addition, the Global Fund will be provided TA to strengthen the leadership and governance of its India Country Coordinating Mechanism (CCM) Secretariat. FHI implements the Samarth project in partnership with the Christian Medical Association of India (CMAI, which has over 300 faith-based hospitals as members), the Indian Network of Positive People (INP+), and Solidarity and Action against the HIV Infection in India (SAATHII, an NGO with a mandate to build capacity of civil society). Samarth extends needs-based capacity building assistance to government and non-government stakeholders as well as to USG partners. Since FY07, Samarth has supported NACO with human and technical support in key program areas like CT, OVC, ARV, strategic information and policy and systems strengthening. Samarth also implements four demonstration projects in New Delhi to showcase best practices in Abstinence and Be Faithful programs, OVC and palliative care for intravenous drug users. .

**ACTIVITIES AND EXPECTED RESULTS**

This activity continues the Samarth intervention funded in FY07. With FY08 funding FHI will continue to partner with the Christian Medical Association of India (CMAI) and Solidarity and Action against the HIV Infection in India (SAATHII), to improve the capacity of NACO, SACS, USG partners and local organizations in the provision of quality CT services and improved coverage of most-at-risk populations (MARPs).

**ACTIVITY 1: TA to NACO and SACS on Quality CT Services**

TA will be provided to NACO and SACS to standardize the quality and consistency of counseling services and to strengthen the national counseling curricula, including training in post-test counseling, confidentiality, and family counseling. TA will also be provided to NACO and SACS in developing strategies for improving coverage of MARPs, development and/or adaptation of technical standard operating procedures (SOPs) and development of a quality assurance (QA)/quality improvement (QI) framework. In addition, Samarth will assist NACO in developing and implementing the guidelines on provider-initiated counseling and testing services.

**ACTIVITY 2: TA to USG partners on Quality Counseling and Testing**

TA will be provided to USG partners to develop strategies for expanding different models of CT in the private sector, including stand-alone centers, mobile and community-based services, and laboratory-based services. These will be implemented by NGOs, private hospitals, laboratories and CBOs. Samarth will also provide TA to USG partners in developing common minimum quality standards, checklists, and training curricula for CT services in the private sector.

SAATHII, a sub-partner of the Samarth project, will document the best practices of the various models of CT including integrated CT programs for MARPs, CT services in private hospitals and clinic settings and mobile CT services. With regard to CT services for women, efforts will be made to document gender-specific issues such as counseling for safe disclosure, addressing fears of abandonment and the community-based supportive mechanisms to address these issues.

**ACTIVITY 3: Wrap-around Support for CT Programs**

In FY08, Samarth project will continue to support the four demonstration projects to implement CT activities for the most-at-risk children, youth and MARPs in the local communities. The demonstration projects will provide CT services to the target population by leveraging additional funds from private donors for purchase of rapid HIV kits for testing, costs for conducting HIV testing camps and the provision of counseling services (pre-test, post-test and follow-up). Samarth will also leverage test kits and human resources from the Delhi SACS.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14246

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14246	10939.08	U.S. Agency for International Development	Family Health International	6711	5785.08	Samarth	\$21,900
10939	10939.07	U.S. Agency for International Development	Family Health International	5596	3944.07		\$108,800

**Emphasis Areas**

Gender

\* Increasing gender equity in HIV/AIDS programs

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$4,455

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.14: Activities by Funding Mechanism**

**Mechanism ID:** 3958.09

**Prime Partner:** Tamil Nadu AIDS Control Society

**Funding Source:** GAP

**Budget Code:** HVCT

**Activity ID:** 20932.09

**Activity System ID:** 20932

**Mechanism:** N/A

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Program Area:** Prevention: Counseling and Testing

**Program Budget Code:** 14

**Planned Funds:** \$15,000

## Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

### SUMMARY

The recently revised National AIDS Control Organization (NACO) estimates that 2.5 million people in India are living with HIV; meeting the demand for care and support for these PLHA is a growing concern in India. To address this issue, TNSACS aims to train Counselors (ICTC, VCT, ART) on the Follow-up Counseling toolkit. The complex physical, psychological and social vulnerabilities associated with being a PLHA necessitate the integration of other Positive Prevention into the counseling infrastructure. This training will be complementary to other PLHA-services related trainings conducted by TNSACS (trainings include advanced counseling training on Positive Prevention for Health Care Providers in the state (ICTC, ART, CCC staff), TB screening and referral, OI prophylaxis treatment and referral, and counseling on nutrition and psychosocial support). This program area will support on-going USG-funded activities under HBCS, CT, PMTCT, TB/HIV, and HSS.

**ACTIVITY 1: Counselor Training on Prevention with Positives (PwP)/Follow-up Counseling**  
Counselors are often the first point of contact with the health care system and play a pivotal role in linking PLHA to critical care and support services. Since counselors sit at this important intersection of PLHA care and prevention of secondary infections, TNSACS plans to train approximately 780 counselors across the state on the usage of the Prevention with Positives Follow up Counseling Toolkit, prepared by the Indian Clinical Epidemiology Network (IndiaCLEN) with financial and technical support of USG with FY07 funds. The toolkit has a standardized curriculum (prepared with USG support to ITECH in FY08) that covers advanced issues of living with HIV/AIDS—including stigma and discrimination, disclosure, safer sex, care, prevention, and mental health issues. This training will be a 3-5 day training providing skills and tools on issues specific to PLHA. The significance of Positive Prevention from an epidemiological, biological, and social perspective is the underlying theme complementary to a training planned for health care providers (described in the BHCS narratives).

Since ART and CCC counselors will have more frequent and consistent interaction with PLHA clients, the training may be extended for 2 additional days for this group. The follow-up counseling tools complement the currently available HIV counseling materials and provide practical guidance to counselors for use during client sessions. To maximize the potential of this phase of counseling, a more comprehensive network of linkage will be supported for counselors. These activities are highlighted in the Adult Care and Support narratives. By focusing on counselors, USG will create a top-down (knowledge and referral by health care providers to counselors) and bottom-up (demand from PLHA to counselor) environment supportive for counselors to use the Follow-up Counseling Toolkit with PLHA and better link them to care.

### ACTIVITY 2: Technical Workshops for Counselors and Peer Educators

Technical workshops for counselors will enhance the counseling system in Tamil Nadu. TNSACS proposes twice yearly technical workshops for all counselors to provide an information sharing platform for commonly asked questions. Currently in the state, districts hold monthly meetings for all counselors that are administrative in focus. The agenda for the technical workshops will include skills building (refresher) and discussion of advanced counseling cases using case study methodology. In order for Positive Prevention concepts to be absorbed and seen by counselors as an effective strategy in reducing the burden of HIV, advanced counseling issues will be both trained (as in Activity 1) and further analyzed, as outlined above.

## FY 2008 NARRATIVE

### SUMMARY

CDC will continue to support the appointment of a full-time consultant to manage the Integrated Counseling and Testing Centers (ICTCs) of the Tamil Nadu State AIDS Control Society (TNSACS). The consultant's responsibilities cover ensuring that all ICTCs deliver high-quality services in accordance with national guidelines. This includes monitoring and external quality assurance. In FY08, the consultant will provide overall supervision for training for nurses, laboratory technicians and health care workers in the private sector and ensure that all ICTC staff have received refresher training. The consultant will also oversee the expansion of services for high-risk populations. The results under this program area are the indirect results of persons reached through systems strengthening for the State program.

### BACKGROUND

The Tamil Nadu State HIV/AIDS Control Society (TNSACS) is the implementing body for India's National AIDS Control Organization (NACO) in the southern state of Tamil Nadu, a high HIV-burden state. TNSACS, which is headed by a senior officer from the Indian Administrative Service (IAS), is the state-level authority for HIV-related policy formation, activity and partner coordination, program implementation, as well as monitoring, reporting, and evaluating on all activities related to the HIV epidemic in the state. In 1991, TNSACS was the first state HIV agency to be formed in the country and has continued to serve as a model for other such agencies around the country.

In 2002, HHS/CDC developed a formal relationship with TNSACS and in 2003 began providing fiscal and technical support. The USG continues to play a strategic role in the operations of TNSACS despite contributing 3% of the TNSACS HIV budget. The strong historical and technical relationship between TNSACS and the USG has allowed the USG to leverage the entire budget of TNSACS (\$16 million in FY '07) effectively. This relationship is also strategic as jointly funded projects are likely to be replicated throughout the country as TNSACS is regarded as the leading state HIV agency in India. The technical support provided to TNSACS by the USG has been one of the successful models of donor support for the country. The extent, form, and specificity of our support is now being discussed with NACO in relation to the creation of the new Technical Support Unit in Tamil Nadu (also to be supported by USG) and how that will interact with the USG advisors currently in TNSACS.

### ACTIVITIES AND EXPECTED RESULTS

The state currently has 718 functioning counseling and testing (CT) centers. TNSACS will expand

**Activity Narrative:** counseling and testing sites and numbers during FY08 by mainstreaming CT at the existing 24 hour government primary health care units. TNSACS will expand CT to 780 more centers during this year and plans to conduct 885,000 tests during the year. NACO has set a target of 1.6 million tests (including PMTCT) for Tamil Nadu for FY08-09.

**ACTIVITY 1: Standardization of CT in TNSACS Centers**

The consultant will facilitate the adoption of national guidelines by the state and ensure they are available in all centers for standardization of CT. Further the consultant will ensure follow-up counseling modules are made available to all centers and that all staff in the new CT centers are trained in FY08. He will ensure refresher training is organized for all staff from the existing centers and will coordinate with the SACS district level program units for monitoring the centers and for supply of materials.

**ACTIVITY 2: Training for Laboratory Technicians, Nurses and Private Sector Staff**

In FY08, TNSACS will coordinate the training of 780 laboratory technicians from the expanded facilities in testing and train 780 nurses in HIV CT using the counseling module prepared by NACO. The nursing staff will undergo a two week course and technicians will have a one week course in testing and quality assurance. The course will be organized in batches of 25 with a target to have all staff in the new centers complete the course. TNSACS will also coordinate and implement the training of 200 private sector health care workers in HIV CT. The training for counselors will include: basic counseling, testing guidelines, rapid HIV testing techniques, recording, reporting and the use of follow up counseling modules developed by HHS/CDC. The laboratory technician's course will cover testing, quality assurance, recording, reporting and logistics. The existing 1500 (800 counselors and 700 technicians) staff will undergo technical skills refresher courses during FY08. In FY08, HIV counseling and testing will be provided to an estimated 885,000 non-ANC clients in Tamil Nadu. This is an indirect result from systems strengthening.

**ACTIVITY 3: Monitoring and Supervision**

District level officers appointed by TNSACS and coordinated by the HHS/CDC-supported consultant will monitor all HIV counseling and testing centers. The officer will visit the centers based on need to provide supervision and technical input and feedback. District level counseling review meetings will be organized every month by district project managers in the presence of the Joint Director of Health to discuss issues and solve field problems. Each center will enter their performance data through the web-based monitoring system and the data will be analyzed at TNSACS and at the district level for management decisions.

**ACTIVITY 4: External Quality Assurance**

TNSACS, with CDC, will ensure external quality assurance (EQUAS) practice as required by NACO is complied with by all centers by linking these new centers with the regional reference centers that are linked to 14 medical colleges in the state. The reference centers will be responsible for training, updating and mentoring the staff of the new centers in EQUAS

**ACTIVITY 5: Expansion of CT to High-Risk Populations**

TNSACS, in collaboration with CDC, will support the expansion of HIV CT to high-risk populations (migrant laborers, commercial sex-workers and clients, prison inmates). The consultant will guide the expansion which will focus on mobile testing facilities as called for in the recently released strategy of the third phase of the National AIDS Control Plan. These high-risk populations have traditionally had limited access to HIV counseling and testing services designed to meet their unique needs, for example with extended hours of operation, and staff trained to meet the needs of high-risk clients.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14670

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14670		HHS/Centers for Disease Control & Prevention	Tamil Nadu AIDS Control Society	6902	3958.08		\$15,000



## Emphasis Areas

Gender

- \* Increasing gender equity in HIV/AIDS programs
- \* Increasing women's legal rights

## Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development      \$15,000

## Public Health Evaluation

## Food and Nutrition: Policy, Tools, and Service Delivery

## Food and Nutrition: Commodities

## Economic Strengthening

## Education

## Water

**Table 3.3.14: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3965.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> Children in Need Institute	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Prevention: Counseling and Testing
<b>Budget Code:</b> HVCT	<b>Program Budget Code:</b> 14
<b>Activity ID:</b> 16368.21276.09	<b>Planned Funds:</b> \$40,000
<b>Activity System ID:</b> 21276	

## Activity Narrative: CONTINUING ACTIVITY - NEW ACTIVITY NARRATIVE

### SUMMARY

CINI's Making AIDS Services Stronger by Organizational Outreach through Training (MASBOOT) Project will target counseling and testing (CT) in the high-risk populations of truckers, female sex workers (FSW), and migrant mine workers to decrease the risk of HIV transmission in four districts of Jharkand. The population groups covered under this program area are men and women aged 18-50 and the specific behavioral objectives are increased knowledge of status and linkage to care. CINI will provide direct support to demonstration CT sites for most-at-risk populations (MARPS) and leverage Jharkand State AIDS Control Society (JSACS) support to expand high-quality services across the state. CINI will also increase awareness of and demand for CT among FSW and clients.

### BACKGROUND

The Child In Need Institute (CINI), a leading Indian non-governmental organization founded in Kolkata in 1974, has been working to achieve sustainable development among poor communities living in the city of Kolkata and surrounding areas. Through its field programs, training and research, CINI's focus has always been on health of women and children, child nutrition and development, adolescent issues, and mainstreaming street children through education. In 1998 CINI was recognized as a National Mother NGO, under the Reproductive and Child Health (RCH) program by the Ministry of Health and Family Welfare, Government of India. CINI also has an office in Ranchi, the capital of the state of Jharkand, where the MASBOOT Project has been funded by PEPFAR since 2005 to conduct capacity building trainings among NGOs. Through these activities, CINI has gained a long standing reputation as a nodal NGO providing HIV/AIDS related trainings to a wide range of groups and individuals, including community workers, private doctors, and government officials. CINI Jharkand has frequently provided technically expertise to JSACS over the past several years and is recognized as a key HIV/AIDS NGO in the state.

Despite CINI's and others' efforts, Jharkhand's public health systems and health care infrastructure remain poor, even by Indian standards. This combined with out-migration of young people to urban centers, a hidden sex industry that is unlikely to hear national HIV messages and condom promotion campaigns, the presence of heavy industries that employ large numbers of young men and women, and a large tribal population supposedly with high rates of multi-partner sex makes Jharkhand a vulnerable state for HIV spread.

With this in mind, MASBOOT has placed a consultant at JSACS to look at expanding the counseling and testing services in the state. MASBOOT also began working on targeted interventions with most-at-risk populations (MARPs) with FY08 funds and will strengthen these activities with FY09 funds. The program will be work with the FSW to ensure their accessibility to counseling and testing services.

### ACTIVITIES AND EXPECTED RESULTS

In the past, CINI has conducted capacity building of NGOs directly. CINI, in its CT targeted efforts, will subcontract to local NGOs to implement this new component of TIs with technical support from USG. Along with aggressive prevention messages, it is equally important to provide complementary CT services to those at risk. The three districts in which CINI will work were chosen because they are the highest prevalence in the state. The new strategy is consistent with NACO's strategic plan and JSACS' unmet needs for testing of MARPs.

Currently, there are 44 Integrated Counseling and Testing Centers (ICTCs), two ART centers and one Community Care Center (CCC) in the state. There are 26 blood banks, four private laboratories and four PMTCT centers doing HIV testing. Twenty two more PMTCT centers are expected to be established under the National AIDS Control Plan, Phase 3 (NACP-III). About 60% of the NACO-documented 1,137 PLHA in the state (a highly debated number), require ART, suggesting a delayed diagnosis of HIV. MASBOOT, as part of its new aggressive prevention strategy in the state, plans to test a combined total of 10,000 truckers and FSW over one year in order to identify and link PLHA to care, and ascertain more accurate prevalence rates in these high-risk groups.

#### ACTIVITY 1: Systems Support to JSACS to Expand CT

CINI will provide technical support to JSACS in expanding CT across the state, in accordance with the NACP-III plan. Specifically, CINI will provide TA to JSACS to ensure that trained counselors follow NACO CT guidelines consistently, that referrals from TIs (those supported by CINI and others) are being received, and that referrals are being made to care and support networks.

#### ACTIVITY 2: Direct Support for CT Centers for MARPs

Through partner NGOs, CINI will help establish two to four cost-efficient CT centers in the trucker hot spots identified in a planned mapping exercise. Test kits will be provided by JSACS. Due to budget constraints, CINI will leverage funds from JSACS and others to scale up these CTs to all hot spots in Jharkhand. This directly supports NACP-III's plan to focus testing and counseling efforts among high-risk groups. All clients found to be positive will be offered follow-up counseling and support and provided with linkages to care and treatment services in their district or region.

#### ACTIVITY 3: Collaboration with Industry to Support CT Sites

Through a sub-partner, CINI will provide supervisory support for three CT sites in three industrial areas where there are large numbers of coal, bauxite, and other workers. CT sites, established in conjunction with local industry management, will support CINI's new thrust of working with at-risk populations, as most of these men are migrant workers. CINI will collect formative data on baseline prevalence amongst these potential bridge populations.

#### ACTIVITY 4: Demand Creation for CT

CINI will provide direct TA to a sub-partner in creating demand for the newly established CTs. Demand creation will be done through using existing IEC materials, peer educators, and outreach workers. If needed, some demand generation materials may be created specific to the populations and locations.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 16368

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16368	16368.08	HHS/Centers for Disease Control & Prevention	Children in Need Institute	6845	3965.08		\$40,000

**Table 3.3.14: Activities by Funding Mechanism**

**Mechanism ID:** 3950.09

**Mechanism:** N/A

**Prime Partner:** Johns Hopkins University  
Center for Communication  
Programs

**USG Agency:** U.S. Agency for International  
Development

**Funding Source:** GHCS (USAID)

**Program Area:** Prevention: Counseling and  
Testing

**Budget Code:** HVCT

**Program Budget Code:** 14

**Activity ID:** 10938.20899.09

**Planned Funds:** \$250,000

**Activity System ID:** 20899

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

ACTIVITY 1: Increasing Demand for CT Services for MARPs and the General Population  
In FY 09, JHU will continue to intensify the Integrated Counseling Testing Centers (ICTCs) demand generation campaign in Maharashtra and Goa. Based on the lessons learned, JHU will provide technical assistance to National AIDS Control Organization (NACO) for a national level campaign.

Additionally, JHU will disseminate the evaluation report of the end-line survey and develop/modify the ICTC demand generation campaign and communication material as per the state requirement, to increase the uptake of services.

**FY 2008 NARRATIVE SUMMARY**

The Maharashtra State AIDS Control Society (MSACS) has scaled-up Integrated Counseling and Testing Centers (ICTCs) rapidly to over 700 centers in the state. However, these efforts were not matched by creating demand for these services, including improving the quality of the services provided through these centers. The Health Communication Partnership/Johns Hopkins University (HCP/JHU) will provide technical assistance (TA) to MSACS, the Goa State AIDS Control Society (GSACS), the Avert Society project and the National AIDS Control Organization (NACO) to design a demand generation campaign for counseling and testing (CT) services in the public and private sectors, focusing on accessibility and quality.

**BACKGROUND**

HCP/JHU implements a targeted HIV/AIDS communication program in Maharashtra State under the Avert project. In the first phase (ended in July 2007), HCP/JHU provided TA to the state in the design, implementation, monitoring and evaluation of behavior change communication (BCC) activities in HIV/AIDS across a range of issues including advocacy, work place interventions, NGO capacity building, youth, care and treatment and high-risk behavior interventions. Several of these activities and approaches have been adopted by NACO for national level use. In FY08, HCP/JHU will provide technical support to MSACS, GSACS and Avert in the design, development and operationalization of a state-wide communication program. The aim of the communication program in Phase 2 of the HCP/JHU project (July 2007-June 2011) is to support the state in developing a unified communication response including uniform communication messaging, product development and implementation. The communication program will also support the TA needs of the third phase of the National AIDS Control Program (NACP-3).

**ACTIVITIES AND EXPECTED RESULTS**

It is estimated that more than 90% of HIV-infected people do not know their status. Under NACP-3, existing VCTCs and PPTCT centers are being re-modeled as a hub that integrates all HIV related services and are renamed Integrated Counseling and Testing Centers (ICTC). ICTCs are envisaged as a key entry point for both men and women for a range of HIV/AIDS services. The aim of expanding ICTC services to over 700 centers was to help individuals learn their HIV status, and seek HIV prevention and care and treatment services. The Avert project has planned to scale up CT services in the private sector including supporting NGOs to provide user-friendly testing services to most at-risk populations (MARPs). In FY08, HCP/JHU will provide communication support to increase the uptake in public and private CT centers.

ACTIVITY 1: Increasing Demand for CT Services for MARPs and the General Population  
There have been few communication campaigns or IEC materials in the state of Maharashtra targeting MARPs, bridge populations (truckers and migrants) and youth to know their HIV status through seeking HIV CT services. Even at the national level, the materials on counseling and testing are scant. In recent years CT services have been rapidly scaled-up, however the effort to increase demand and improve the quality of services is sub-optimal. In FY08, HCP/JHU will assist MSACS, GSACS and the Avert project in designing demand generation campaigns focusing on the availability of quality CT services, the benefits of early testing and linkages to care and treatment services.

HCP/JHU will hold consultative meetings with MSACS, GSACS, Avert project, NGOs and the public and private CT centers to design the CT campaign. HCP/JHU will provide technical assistance in designing an integrated multi-media campaign comprised of two TV spots, two radio spots, an exhibition and street-play kit for community media activities, four posters, a flip chart, give-away materials for NGOs and a counseling booklet and referral guide for the CT centers. The IEC materials will cater to 700 public sector CT centers, nine private centers and over 150 NGOs implementing prevention programs among MARPs.

HCP/JHU will develop an interactive training video accompanied by a facilitators guide for training of trainers (TOT) who will conduct training for counselors at CT centers. HCP/JHU will provide technical assistance to NACO to replicate the CT materials in 12 languages.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14124

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14124	10938.08	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	6713	3950.08		\$132,000
10938	10938.07	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	5599	3950.07		\$55,000

**Emphasis Areas**

Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.14: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3966.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> Leprosy Relief Association India	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Prevention: Counseling and Testing
<b>Budget Code:</b> HVCT	<b>Program Budget Code:</b> 14
<b>Activity ID:</b> 6217.20906.09	<b>Planned Funds:</b> \$234,000
<b>Activity System ID:</b> 20906	

## Activity Narrative: CONTINUING ACTIVITY - NEW ACTIVITY NARRATIVE

### SUMMARY

Leprosy Relief Association (LEPRA) is a nodal NGO providing technical assistance and support to the Government of Andhra Pradesh AIDS Control Society (APSACS) in the area of counseling and testing (CT). Through the Primary Health Care Enhancement Project (PHCEP), USG supports the state in a scaled up CT initiative in 266 Primary Health Centers (PHCs) spread across 10 high-burden districts, covering approximately 13 million persons. A mobile CT van provides services for areas with high concentrations of vulnerable groups (migrants, clients of sex workers, truckers at halt points, industries, and tribal communities). Additionally, LEPRA will roll out a Prevention with Positives intervention, with a focus on follow-up counseling, to support care and treatment services for PLHA.

In FY09, the supportive supervision and management of the PHC Enhancement Project will be shared between USG partners and the government-appointed District AIDS Prevention and Control Unit (DAPCU). To date, district teams for supervision of the PHC HIV/AIDS activities in the ten high-burden district have been supported by USG funds, which will end in FY09 due to the integration of the project into the national DAPCU structure. This integration forms part of the sustainability plan for the PHC Enhancement Project, which will be handed over to the government as the project enters its fifth year of USG support.

### BACKGROUND

LEPRA, an NGO based in Hyderabad, in the southern state of Andhra Pradesh (AP), works with sub-populations in selected villages across 53 districts in 4 states of India: AP, Orissa, Bihar and Madhya Pradesh. Programs include activities in public health and rural development, such as TB interventions, HIV prevention, care and support to PLHA, malaria, and prevention of blindness. Its strengths are grassroots level interventions for rural, vulnerable, and difficult-to-reach sub-populations. LEPRA emphasizes sustainability and cost-effectiveness by building individual and partner agency capabilities. LEPRA is a leading partner of APSACS in implementing a large scale HIV CT program in over 500 health facilities and also partners with APSACS in other state level HIV interventions.

USG has been working in AP with LEPRA and its sub-partner the Catholic Health Association of India (CHAI) since 2005. CHAI, established in 1943, is India's largest faith-based organization in the health sector with nearly 3,273 member institutions that include large, mid-sized and small hospitals, health centers, and diocesan social services societies. CHAI promotes community health and enables the community, especially the poor and the marginalized, to be collectively responsible for attaining and maintaining their health, demand health as a right, and ensure availability of quality health care at reasonable cost.

### ACTIVITIES AND EXPECTED RESULTS

With a population of 80.8 million, AP has an estimated 500,000 PLHA. Antenatal HIV prevalence is over 1% in 19 of the 23 districts, yet access to HIV services is scarce, especially in the rural areas. APSACS has scaled up CT services to the rural primary health center level. A total of 677 Integrated Counseling and Testing Centers (ICTCs) offer PPTCT, CT, and TB/HIV care, support and treatment services, of which 266 are located at the PHC level. Each PHC, the most basic health care unit in India, serves a population of 30,000. Given the vast coverage of PHCs, the integration of HIV/AIDS services into the existing PHC level makes services very accessible.

#### ACTIVITY 1: PHC Enhancement Project (PHCEP)

The PHCEP supports supervision and training in HIV/AIDS services for a nurse for each PHC in the project. The comprehensive training includes CT, PMTCT, OI and STI treatment, community prevention outreach, home based follow-up care, and referral services. The target population is mostly from the rural community, including high-risk men and women, referrals within the PHC or by local health practitioners, persons suspected of TB, and families of PLHA. The nurses are government staff, not paid for by LEPRA. USG pays for the a system of supervision, whereby one supervisor for every 10-15 NPs visits each center, on average once every four weeks, to provide on-site supervision, training, and feedback.

Each PHC offers CT services, reaching out to the surrounding communities, demand generation for CT through outreach, pre- and post-test counseling, and referrals for PMTCT, OI and STI treatment as needed. HIV-positive clients counseled for positive prevention and linked to government centers for CD4 screening and ART, as appropriate. HIV testing is carried out at the PHCs using GOI protocols. From January-December 2007, 168,215 clients received counseling and were tested for HIV, of which 12,755, were diagnosed HIV-positive. In FY09, it is estimated that about 143,959 client will be screened for HIV and counseled at the 266 centers. A community risk mapping process will be completed to improve HIV testing referral in CT settings.

#### ACTIVITY 2: Training and On-Site Supervision for PHC Staff

IN FY09, USG, in collaboration with district health authorities, will provide follow-up training for technicians and outreach staff of the PHCs on HIV counseling and testing. Hands-on refresher training for the 266 nurses at the PHCs will address both the counseling skills and processes and the quality of counseling. The training will also address encouraging the testing of spouses, couple counseling and partners notification. This will support sustainability of the quality of services in these high-burden districts as the project is transitioned to management by the DAPCUs. The Nurse Supervisors and the nurses will also be trained on capturing gender-disaggregated information about HIV testing and counseling, as well as on health-seeking behavior and gender-related risk mapping.

Field visits will be used to improve the skills of Nurse Supervisors and nurses. The Nurse Supervisors are trained and will be further capacitated in supportive supervision and quality control mechanisms. Quality assurance mechanisms and supply chain systems for CT and other elements of the PHCEP program will be monitored and strengthened through technical advisory support and advocacy with government counterparts. In FY 09 the Supervisors, with support from the newly appointed DAPCU team at the district level, will mentor the NPs on issues like cross referral from CT for TB and STI, and loss to follow up.

**Activity Narrative:** ACTIVITY 3: Mobile Voluntary Counseling and Testing Van (MVCT) in AP

Under the National AIDS Control Program Phase 3 (NACP-III), mobile CT will be scaled up to reach high-risk and remote communities. Implementation can be facilitated by using cost-efficient Indian models as learning sites. In FY09, LEPRAs will continue to provide CT services through its mobile CT van, and will document implementation and disseminate lessons learned to help scale-up of this approach.

The goal of the MVCT is to reach MARPs, truckers, tribal populations and migrant populations at construction sites and the population at the remote location of East Godavari where no VCTC services are available. The MVCT consists of a medical officer and a trained lab technician/ counselor (male). The MVCT has flexible working hours to reach the service areas and provides syndromic treatment for STIs, OI treatment, and antenatal care, in addition to HIV individual and group counseling and testing. A mobile communication van visits the area in advance to generate demand. The van also screens audio-visuals on HIV, and staff answers questions from the community. Two Link Workers have been recruited to provide PLHAs with psychosocial support, family counseling and need-based referrals to service centers, such as ICTCs, ART, Care Treatment and Support centers. In FY09, the MVCT will provide CT to nearly 6,500 people..

Since 2006 the van has operated in 3 divisions of East Godavari District, including remote tribal areas, with a population coverage of nearly 250,000. The project has developed networks and linkages with the Government, private and NGO sectors. HIV test kits, registers and reporting formats, and medication to treat STI and OI are contributed by APSACS, while LEPRAs support the human resources.

The project is now being scaled up. The MVCT concept, operation and performance have been shared among various NGOs and APSACS for promotion, support and utilization of its services. After observing the performance of the MVCT in the East Godavari, APSACS in collaboration with District Collector, Hyderabad and Automotive Manufactures has rolled out similar MVCT in Hyderabad Urban and is about to scale up to five more MVCTs for high-burden districts in AP. LEPRAs will give TA to APSACS for this roll out and will share the data reporting formats that were developed for use on the MVCTs.

In FY09, LEPRAs will expand mobile CT to at least one more district with USG support and is likely to leverage government funds to expand this concept to 4 more districts in the next two years. Discussions have also begun with the Andhra Pradesh State Aids Control Society (APSACS) about APSACS funding to meet the running costs of the MVCT, specifically vehicle maintenance and MVCT staff.

**ACTIVITY 4: Training in Follow-Up Counseling**

LEPRAs will continue a Positive Prevention program in FY09, in line with NACP-III's strategic approach. Current counseling programs primarily focus on the prevention of HIV for those at risk. LEPRAs will integrate follow-up counseling into the existing counseling structure, to address the array of advanced physical, psychological and social issues and vulnerabilities that clients present during follow-up counseling sessions after immediate post-test counseling and thereby improve the quality of life of PLHAs. The program will use a six-module toolkit developed by CDC and IndiaCLEN. The toolkit complements NACO counseling materials and focuses on the long-term issues of living with HIV/AIDS beyond adherence to antiretroviral therapy (ART).

In FY08, LEPRAs funded training in follow-up counseling for 700 district-level counselors and PHC nurses and will continue to monitor this activity in FY09. LEPRAs will also train members of the Telugu Network of Positive People (TNP+) and counselors from its partner NGOs to provide follow-up counseling. In FY09, nearly 200 counselors at ART and Community Care Centers will also be trained by LEPRAs. As this is the final year of the project, the monitoring and further training will then be taken over by APSACS.

**ACTIVITY 5: Mobile Voluntary Counseling and Testing (MVCT) in Orissa**

Orissa is a Northeastern coastal state with a poorly developed health infrastructure and low health indicators. Five of its 30 districts are classified as high prevalence. LEPRAs were requested to provide technical assistance to strengthen ICTC services in the state of Orissa, including strengthening the MIS system.

In FY09, LEPRAs will start MVCT services to serve two blocks in Ganjam, the district with the highest HIV prevalence of in the state of Orissa. The project will use the MVCT to reach high-risk and remote communities with CT, STI syndromic case management, and referral services for PLHAs. Running costs for the vehicle and staff in FY09 will be met by LEPRAs. The Orissa State AIDS Control Society (OSACS) will provide HIV kits, laboratory consumables, registers, reporting formats and IEC material, though the daily and monthly reporting formats developed by LEPRAs for the MVCT will be shared with OSACS. In FY09, the MVCT is expected to provide CT services to 3,500 people.

Depending on operational feasibility, MVCT services will be expanded to Koraput district. Beyond the project period, LEPRAs will transition the MVCT to OSACS.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14301

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14301	6217.08	HHS/Centers for Disease Control & Prevention	Leprosy Relief Association India	6767	3966.08		\$100,000
10882	6217.07	HHS/Centers for Disease Control & Prevention	Leprosy Relief Association India	5616	3966.07		\$130,000
6217	6217.06	HHS/Centers for Disease Control & Prevention	Leprosy Relief Association India	3966	3966.06		\$130,000

**Emphasis Areas**

Health-related Wraparound Programs

\* TB

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$10,000

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.14: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3964.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> MYRADA	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Prevention: Counseling and Testing
<b>Budget Code:</b> HVCT	<b>Program Budget Code:</b> 14
<b>Activity ID:</b> 6206.20913.09	<b>Planned Funds:</b> \$30,000
<b>Activity System ID:</b> 20913	



**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The geographical area has changed. Based on a request from NACO that one agency support one district, MYRADA has agreed to withdraw from Belgaum and Gulbarga. The districts finalized for the MYRADA program in consultation with the Karnataka Health Promotion Trust and the Karnataka State AIDS Prevention Society are Chamrajnagar, Bidar, Mandya and Kodagu. All activities planned in the FY08 COP will shift to these districts.

FY 2008 NARRATIVE

SUMMARY

The purpose of this activity is to make counseling and testing (CT) easily accessible to the rural remote communities. Started in June 2006, this activity will continue in Belgaum and Gulbarga districts and expand to 3 other areas in Chamrajnagar, Chitradurga and Kolar districts. The activity sends outreach CT teams to remote rural government primary health centers to conduct CT of at-risk community members, including Most at Risk Populations (MARPs), Sexually Transmitted Infections (STI) patients, TB patients, and pregnant women. In FY08 there will be a strong emphasis on motivating pregnant women to access CT, links with PMTCT Centers and follow-up after delivery.

BACKGROUND

Myrada, a 40 year old field based non governmental organization (NGO) based in Bangalore, Karnataka, India, has been directly working in the focus areas of empowering poor and vulnerable women, natural resource management, reproductive child health (RCH) and HIV/AIDS in the state of Karnataka, and neighboring border areas of Tamil Nadu and Andhra Pradesh. All Myrada's work is built on the underlying principles of sustainability and cost effectiveness through building local people's institutions and capacities, and fostering effective linkages and networking. These principles have been incorporated into the Myrada CDC program.

In the first year of this program (FY06), Myrada decided to work in two districts of Northern Karnataka: Belgaum and Gulbarga. Several reasons led to these decisions including the fact that these were districts with high HIV prevalence (over 3% in general population); were socio-economically backward districts and located adjacent to 2 other HIV high prevalence states, Maharashtra and Andhra Pradesh. The initial strategy was to develop community-based models for sustainable HIV prevention activities.

When this program was initiated in June 2006, only 30% of around 75 Government of India (GOI) Counseling and Testing Centers (CTCs) were functional. Therefore Myrada used two approaches: a static clinic-based CTC and outreach CT through sub-grantee partners in two high HIV- prevalence districts of northern Karnataka: Belgaum and Gulbarga. Demand for testing is generated during the outreach prevention programs in the neighboring rural communities and workplace sites. The outreach CT team consists of a counselor and lab technician who travel by local public transport to a remote government primary health centre (PHC) on a fixed schedule twice a month. A HIV-positive person was included in the team as a peer counselor. His/ her role is to assist in post-test follow-up counseling and offer peer-based counseling options. From last year's experience, this model has strengthened the link to care and support for those who were detected positive. The teams also respond to invitations to conduct programs at workplaces and large villages where the local governance teams (gram panchayats) provide space and the local communities organize the people.

The outreach CT teams have been well received in the PHCs. Over 9000 persons were tested and received their test results in a span of 9 months. Out of the 9,000 tested, the positive rate has been around 3.9%. Each team has tested around 2,000 persons. The approach is cost effective since it is integrated into the GOI's PHC system, and is replicable and sustainable. The average cost per team is around \$4,500 per year (excluding the costs of the first-line testing kits). Testing kits have been and will continue to be leveraged from Karnataka State AIDS Prevention Society (KSAPS).

Another interesting feature is that the majority tested were rural women (68%). This is an encouraging statistic for health-seeking behavior and gender equity and may be the result of the intensive sexual health interventions for self-help group women conducted by Myrada in these communities.

ACTIVITIES AND EXPECTED RESULTS

ACTIVITY 1: Counseling and Testing through Mobile Teams

In FY08, since KSAPS has recently expanded their testing centers to over 500 across the state, Myrada will end the static CT model. Using seven mobile teams, outreach CT will continue in Belgaum, Gulbarga, and expand to Chamrajnagar, Kolar and Chitradurga districts. Counseling and testing will follow NACO guidelines. It is planned to reach 10,000 at-risk persons in remote government PHCs, workplace sites, and community hot spots (the purpose of supporting testing at the PHCs is the goal of mainstreaming CT into the regular functions of the PHC, for sustainability). Clients for the mobile CT will include adult men and women from high risk villages, patients referred at the PHC, persons with TB, families of identified PLHAs, and those referred by local health practitioners.

ACTIVITY 2: Community Outreach to Pregnant Women and Demand Creation for CT Services

Myrada will train community resources persons (CRPs) in the five target districts to expand their outreach to pregnant women to motivate them to access CT services. Approaches will included one-to-one and groups discussions in their communities. The CRPs will also work with Self-Help Groups and the Village Health Committees (VHCs) to link the committees to the existing PMTCT centers and to strengthen VHC support for CT testing for pregnant women and subsequent attendance at PMTCT if the woman is HIV positive. VHC members and community level workers will be trained in the basics of PMTCT. It is expected that through this activity and that the current average PMTCT uptake of around 4% in these areas will increase to at least 50% if not more. By FY2008, the goal is that all pregnant women in 700 villages of 5 districts will

**Activity Narrative:** be motivated to undergo HIV testing and at least 50 % of those tested positive will be followed up till 18 months after delivery.

**ACTIVITY 3: Linking Positive Persons to Care and Support**

All those identified as positive by the CT team will receive follow-up counseling and be linked to care and support services available in the district. These include basic opportunistic infection management, nutrition support, counseling services and referral to ART centers for CD4 testing and HIV staging. In the Belgaum, Chitradurga and Kolar areas, community based palliative care (details in the Palliative Care narrative) will be provided through community resource persons (CRP), while in the other two districts, the teams will link with the USAID-supported Integrated Positive Prevention and Care Centers (IPPCC) set up in these districts.

**ACTIVITY 4: Translation and Adaptation of Follow-up Counseling Toolkit**

This newly developed toolkit consisting of flip books and trigger videos has had a positive impact in getting people living with HIV/AIDS to understand issues related to acceptance, need for regular care and support, stigma and discrimination, and the importance of healthy positive living. The modules will be translated into Kannada and used by the program CT teams. Myrada will encourage KSAPS and other agencies to include these modules as part of their counseling services

**ACTIVITY 5: Training of Counselors and Technicians**

By the end of FY08, all counselors and technicians will have undergone refresher training in CT skills, as well as training in follow up counseling. Myrada, in collaboration with district health authorities, will also train existing technicians and outreach staff in the PHCs visited by the outreach team in CT, so PHCs can take on this function routinely.

**ACTIVITY 6: Expanding the Outreach Testing Model**

Under the National AIDS Control Program Phase 3 (NACP-3), mobile testing in high risk and remote communities will be promoted and scaled up by State AIDS Control Societies with funding from NACO. First, cost-efficient Indian models for mobile testing need to be piloted and documented. Myrada will document the processes, cost effectiveness and experiences of the outreach testing module and share it with other partners in the State, including KSAPS, as a basis for scaling up this approach. This model will also be used in Gulbarga and Bellary districts under the USAID-supported Samastha project to which Myrada is a sub partner.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14293

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14293	6206.08	HHS/Centers for Disease Control & Prevention	MYRADA	6766	3964.08		\$100,000
10888	6206.07	HHS/Centers for Disease Control & Prevention	MYRADA	5617	3964.07		\$100,000
6206	6206.06	HHS/Centers for Disease Control & Prevention	MYRADA	3964	3964.06		\$54,000

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**Emphasis Areas**

Gender

- \* Increasing gender equity in HIV/AIDS programs

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development      \$20,000

**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.14: Activities by Funding Mechanism****Mechanism ID:** 3967.09**Prime Partner:** Share Medici (Networking)**Funding Source:** GHCS (State)**Budget Code:** HVCT**Activity ID:** 6224.20923.09**Activity System ID:** 20923**Mechanism:** APAIDSCON**USG Agency:** HHS/Centers for Disease Control & Prevention**Program Area:** Prevention: Counseling and Testing**Program Budget Code:** 14**Planned Funds:** \$10,000

## Activity Narrative: ACTIVITY UNCHANGED FROM FY2008

### FY08 NARRATIVE SUMMARY

APAIDSCON manages and supervises quality delivery of services in integrated counseling and testing centers (ICTCs) in each of its 15 member medical colleges. The funds for these centers have been leveraged from APSACS and are valued at over \$125,000 per year. APAIDSCON focuses on provider-initiated testing within the hospital setting. Streamlining the process of testing among at-risk patients is a key FY08 activity.

As per NACO guidelines, counseling will remain an important part of the testing process. The focus of the counseling sessions is on risk assessment, risk reduction, partner notification and testing, and linkages to care, treatment, and support. Couple HIV Counseling and Testing (CHCT) and follow-up counseling of PLHAs are important services provided by these ICTCs. These activities will continue in FY2008.

### BACKGROUND

In India the majority of health care (~80%) is provided in the private sector where facilities range from state of the art to barely adequate. Traditionally medical education has been the preserve of Government Medical Schools; however in the last five years there has been an explosive growth of private medical schools and over the next decade the bulk of newly trained medical graduates will come from the private sector.

In 2005, Science Health Allied Research and Education (SHARE)/MediCiti established a consortium of 15 Private Medical Colleges named Andhra Pradesh AIDS Consortium (APAIDSCON). Recently, as an effort to reach out to the private for-profit health sector, 25 private small to medium size hospitals were added to the consortium. Fundamentally, APAIDSCON was established as a mechanism to strengthen the organizational capacity of its member institutions.

The fact that 15 independent and often competing private medical colleges came together and formed a consortium to address HIV and medical education issues is a noteworthy initial outcome and model for the country. The formation of a consortium has led to more substantive system strengthening, including the successful completion of joint training programs, curriculum sharing, advocacy for government funded HIV testing and counseling centers in all 15 colleges, and a linkage system for subsidized CD4 testing.

The primary aim of the consortium is to ensure that future medical graduates (over 1500 annually) as well as nurses and allied health professionals are well trained to address HIV AIDS. APAIDSCON builds collaborative programs with private entities as well as Government agencies, promotes the implementation of national guidelines and best practices in addressing the HIV AIDS epidemic, and is supporting a comprehensive multi-disciplinary strategy to combat the HIV/AIDS epidemic in the state with the highest estimated burden of HIV in India.

### ACTIVITIES AND EXPECTED RESULTS

#### ACTIVITY 1: Support for Direct CT Services

APAIDSCON is in charge of monitoring the progress of the CT program in the 15 Private Medical Colleges. A counselor and a laboratory technician are placed in all the institutes to provide the basic CT services. These two personnel report to the Integrated Counseling and Testing Centers (ICTC) director of the institute. A Field Coordinator and Program Manager are supported at state level and make frequent visits to the institutes to guide the counselors and laboratory technicians in providing services in accordance with National AIDS Control Organization (NACO) guidelines. These consultants are also responsible for data management of the CT centers at the State level and for sending regular reports to Andhra Pradesh State AIDS Control Society (APSACS). The program is expected to cover a population of approximately 54,000 with FY08 funding.

APAIDSCON serves as a conduit for test kits, delivery kits, laboratory technicians and counselors provided by Andhra Pradesh AIDS Control Society (APSACS) in the 15 private medical college hospitals. The funds for this have been leveraged from APSACS and are valued at over \$125,000 per year. This will continue in FY08. As TB services are provided at these hospitals under the same roof, clients are cross-referred between the CT and TB services.

#### ACTIVITY 2: Appointment of Peer Counselors

In FY08, to strengthen follow up procedures for those who test positive, 15 peer counselors will be placed in the partner institutes. The job of the peer counselors will be to provide follow-up counseling support to any PLHA seeking services in the institution. They will report to the ICTC director of the institute. As a result, the percentage of PLHAs who notify their partner of their status and return to the institution for follow up counseling services is expected to increase substantially by the end of FY08.

#### ACTIVITY 3: Demand Generation

To achieve this objective Information Education Communication (IEC) material in the form of posters, leaflets, and booklets will be supplied to the centers on a regular basis. In addition, the institutes will conduct regular outreach activities to make the community aware of the facilities available at the institute. The outreach activities will include street plays, puppet shows, and door-to-door campaign. In FY08, APAIDSCON will provide technical assistance and funding to individual medical colleges (specifically, the community and social medicine departments) to manage this activity.

#### ACTIVITY 4: Training of Counseling and Testing Staff

In addition, all counselors and laboratory technicians will continue to be trained on the basics of CT services. Quarterly review meetings of the counselors and the laboratory technicians will be organized at the state level. In these review meetings/refresher courses, the skills of counselors and the laboratory technicians will be upgraded, and they will be kept abreast of NACO guidelines.

**New/Continuing Activity:** Continuing Activity

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14582	6224.08	HHS/Centers for Disease Control & Prevention	Share Medicit (Networking)	6879	3967.08	APAIDSCON	\$10,000
6224	6224.06	HHS/Centers for Disease Control & Prevention	Share Medicit (Networking)	3967	3967.06		\$75,000

**Emphasis Areas**

Gender

- \* Increasing gender equity in HIV/AIDS programs
- \* Increasing women's access to income and productive resources

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.14: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 3969.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> US Centers for Disease Control and Prevention	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GAP	<b>Program Area:</b> Prevention: Counseling and Testing
<b>Budget Code:</b> HVCT	<b>Program Budget Code:</b> 14
<b>Activity ID:</b> 10948.25432.09	<b>Planned Funds:</b> \$137,091
<b>Activity System ID:</b> 25432	
<b>Activity Narrative:</b> \$137,091 in CDC GAP funding is necessary to support a percentage of expenses and activities for one technical staff member in the Chennai Consulate. The amount requested includes salaries, fringe, travel proportionate office overhead, desk, operational charges, head tax charges, and ICASS charges.	
<b>New/Continuing Activity:</b> Continuing Activity	
<b>Continuing Activity:</b> 14465	

### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14465	10948.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6846	5786.08		\$115,979

Program Budget Code: 15 - HTXD ARV Drugs

**Total Planned Funding for Program Budget Code: \$0**

Program Budget Code: 16 - HLAB Laboratory Infrastructure

**Total Planned Funding for Program Budget Code: \$688,698**

### Program Area Narrative:

Overview: India has no single government oversight authority for regulating laboratories, yet has an abundance of clinical laboratories with uneven distribution, quality and systems linkages. There are high-performing laboratories in the private sector (for profit), and some in government research institutions and a few premier medical colleges. There are also widespread specimen collection systems in the private sector focused on urban India. Unfortunately, most People Living with HIV/AIDS (PLHA) do not have access to these high-quality laboratory services due to geographic and cost constraints.

Internal and external quality assurance (QA) programs are weak or non-existent in most clinical laboratories, proficiency testing (PT) is not documented, and routine equipment maintenance is often neglected. Documentation of standard operating procedures (SOPs) and tests is uniformly suboptimal as is preventive maintenance. There is a national Internal Quality Assurance System (IQAS) for HIV testing supported by 13 National Reference Laboratories (NRLs) but none of the NRLs are accredited by the National Accreditation Board for Laboratories. Some of the NRLs produce panels for PT and the External Quality Assurance System (EQAS) of other NRLs in the country but the techniques are not standardized. At the national level, and beyond the NRLs, most laboratories are not accredited and are unable to adequately monitor quality control for counseling and testing (CT) sites as that program is scaled up. EQAS for CD4 testing in government laboratories has been established but private laboratories are not required nor encouraged to participate. Laboratory test data is entered manually at most Integrated Counseling and Testing Centers (ICTCs) and at other laboratories but is not systematically collected, reported, analyzed and used.

Beyond this general situation, the Government of India (GOI) has made some strides in HIV-related laboratory capacity over the past three years since the national ART roll out began. FACS Caliber and FACS Count CD4 machines have been purchased by the National AIDS Control Organization (NACO) through the Clinton Foundation and placed in an increasing number of government institutions. Significant national policy changes related to CD4 testing and instituted this past year now encourage baseline CD4 testing of all identified PLHAs cost-free at the NACO-sanctioned ART centers. The previous policy charged patients between \$6-12 and was retracted due to PLHA advocacy efforts and the realization by HIV leaders in India (including USG field staff and partners) that this significantly restricted access to care and treatment.

Despite these important steps, many challenges remain. Providing baseline and follow-up CD4 testing to a significant fraction of the 2.3 million estimated PLHAs in India is a logistical and financial challenge. An estimated 350,000 CD4 tests were done in the public sector over the past 12 months. This is insufficient to meet current demands, leading to long waiting lists for CD4 testing. Under the third National AIDS Control Program (NACP-III), over 125 CD4 machines will be in place by 2009 with a capacity to perform over one million tests per year. To make this a reality, the underutilization of many existing CD4 machines will need to be addressed. This systemic issue is related to the government's restrictions on operating hours, lack of workforce productivity incentives, and administrative/logistical issues (such as supply chain management, staffing/HR, and equipment maintenance). The GOI's reluctance to outsource CD4 testing to high-quality corporate or university laboratories is another unresolved issue.

Under NACP-III, laboratory services will be strengthened by expanding infant PCR testing beyond the 7 current centers and expanding HIV resistance testing in 5 reference laboratories. Viral load testing is being piloted in a small number of ART centers and reference laboratories. For opportunistic infection (OI) diagnosis, the challenges are: no immediate plans to upgrade tuberculosis/bacterial culture systems, and non-performance of India ink staining, latex antigen testing, or fungal cultures for Cryptococcus. Serologic testing for hepatitis B and C is inconsistent, as is laboratory testing for common STIs.

India has considerable microbiologic and general laboratory expertise though it is fragmented. There is a huge need in India to develop a holistic, quality system of laboratories that are networked, have SOPs and viable and useful information management

systems. While this cross-cutting need appears to be beyond the scope of NACO and NACP-III alone, NACO has recognized the need to improve laboratory services and address quality and has initiated steps to assess, strengthen and accredit public sector laboratories with USG assistance. A remaining challenge for USG is to have NACO work with other Ministry of Health programs and external partners to build broader laboratory capacity and quality systems in a meaningful and sustainable way.

**Coordination and Other Donor Support:** The Clinton Foundation has, as noted above, supported NACO in the purchase of FACS Caliber and FACS Count CD4 machines. The USG is, however the only major donor to provide ongoing technical assistance in this area through the new TA program started in 2008 by CDC. As also noted, it will be important to foster collaboration between NACO and other partners in the Ministry of Health and the private sector.

**Current USG Support:** At NACO's request, USG, in collaboration with the World Health Organization (WHO), led an independent assessment in July 2008 of the 13 National Reference Laboratories (NRLs) across India to provide an unbiased report of the current quality of HIV testing and to provide recommendations linked to observed deficits for further strengthening these laboratories. NRLs were assessed in eight broad "Quality Systems Elements": documentation/records, personnel, training, internal/external quality assessments, occurrence management for lab errors, equipment, procurement/inventory, safety and laboratory infrastructure, and customer services. Only two NRLs were practicing the recommended HIV testing procedures. The complete report was shared with NACO and the Secretary of Health, who, following the recommendations, called a meeting of all NRLs in September. The meeting produced a plan of action to bring all NRLs to acceptable international quality standards. USG will provide technical assistance (laboratory experts, trainings, inspections) according to this plan.

In addition, USG has provided valuable technical advice and assistance to NACO and the Clinton Foundation on CD4 testing scale up and quality assurance systems. An HIV Rapid Test Toolkit developed by WHO and CDC has been incorporated into various in-country training programs and curricula for laboratory technicians.

The USG supported state-of-the-art laboratory at the Government Hospital for Thoracic Medicine at Tambaram (GHTM), Chennai was opened in late 2004 and has been directed by a USG-hired microbiologist since early 2005. GHTM has been recognized as one of the leading laboratories in India providing HIV services. In 2008, it is expected to perform approximately 1.2 million tests including 26,000 CD4 tests and 150,000 Acid Fast Bacilli (AFB) smears. Bacterial and fungal cultures are now performed routinely as are basic chemistries and hematology tests for the approximately 26,000 PLHAs cared for annually at GHTM. Since 2006, a substantial portion of the recurring costs for reagents has been transferred to the Tamil Nadu state budget, increasing the likelihood for sustainability of the project.

USG has recently begun developing laboratory accreditation processes in the private/NGO sector in two states. One pilot, developed in collaboration with the Tamil Nadu State AIDS Control Society (TNSACS), involves training local for-profit labs performing high volume HIV testing in proper testing, counseling, and quality control techniques with subsequent bi-annual inspections and reviews. In return, laboratories are certified by TNSACS and are eligible to receive a free supply of HIV test kits if they agree to perform HIV testing for \$1.25, approximately 50-70% less than most private laboratories currently charge.

USG also provides technical and financial support to a network of 15 private medical colleges in Andhra Pradesh to scale up their HIV care and educational services. An important piece of this intervention is providing a mechanism for all colleges to have access to HIV-related laboratory tests at a reasonable price. For example, a CD4 machine has been established in one central medical college hospital with a model specimen distribution system so that PLHAs seeking care in any of the 15 institutions can get a low-cost CD4 test performed routinely and conveniently.

The USG has also supported upgrading the laboratory capacity of the Armed Forces Medical Services (AFMS). Provision of CD4 equipment, laboratory reagents and HIV test kits by USG to the AFMS has strengthened their HIV services, including the services of five newly-established "immunodeficiency centers" for Indian military personnel and their families.

**USG FY09 Support:** The HIV-related laboratory needs in India are great. Significant resource constraints dictate a limited but focused role of the USG to provide technical staff support in laboratory sciences and policies to NACO. USG will continue to collaborate with, and leverage other laboratory partners' resources to efficiently support critical areas under NACP-III to improve laboratory quality assurance/control practices, engage the private and military sectors, expand quality access to essential HIV-related laboratory tests such as HIV serology and CD4 testing and advocate for standardized testing procedures.

USG will continue to provide technical support to states and NACO with a focus on quality assurance systems, CD4 testing scale up, and public-private collaborations. In Andhra Pradesh, USG consultants and staff are working with APSACS on strengthening quality assurance systems in the over 700 government HIV testing centers and on laboratory training to diagnose commonly occurring OIs. Similar laboratory support will be provided in Tamil Nadu and Maharashtra where USG will establish state-wide technical support units. As part of a broader USG initiative to support India's ART roll out, USG will provide more intensive technical assistance for expanding CD4 testing nationally and piloting strategies to increase CD4 testing efficiencies, including outsourcing of some testing to reputable private laboratories.

In FY09, USG will also provide more direct technical assistance to NACO. One such project involves building the capacity of the National AIDS Research Institute (NARI) to conduct batch testing of all NACO-procured HIV test kits. Currently, only the first batch is tested which is problematic since millions of HIV test kits are procured and distributed in many subsequent batches each year. Another proposal will help strengthen hazardous waste disposal at the National Institute of Biologics, Delhi.

As described under current support, USG will continue to develop strategies and materials for building a quality laboratory system starting with laboratory accreditation. Lessons from current assessments will be used to expand these accreditation strategies, define training needs to fill the gap areas and develop and strengthen an electronic laboratory information management system. The evidence thus generated will be used to refine the National Laboratory Guidelines by NACO in FY09.

**Table 3.3.16: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3974.09	<b>Mechanism:</b> DoD
<b>Prime Partner:</b> US Department of Defense	<b>USG Agency:</b> Department of Defense
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Laboratory Infrastructure
<b>Budget Code:</b> HLAB	<b>Program Budget Code:</b> 16
<b>Activity ID:</b> 15072.24638.09	<b>Planned Funds:</b> \$40,000
<b>Activity System ID:</b> 24638	



## Activity Narrative: CONTINUING ACTIVITY - NEW ACTIVITY NARRATIVE

### SUMMARY

The objective of this program area is to support the Armed Forces Medical Service (AFMS) in maintaining a comprehensive HIV laboratory capability within its health care system. This will be accomplished through the purchase of disposable laboratory supplies such as reagents and maintenance/service support for previously purchased equipment. This will build upon previous success in helping AFMS establish its current level of laboratory capabilities. The program will strive to transfer equipment titles to AFMS and seek alternative support to ensure laboratory maintenance and laboratory supplies.

### BACKGROUND

The Department of Defense (DOD) in collaboration with the US Pacific Command/ Center of Excellence (PACOM/COE) has supported the Indian Armed Forces Medical Services (AFMS) since 2004 in building their capacity to provide HIV/AIDS prevention, care and treatment services to military personnel, and their families. The geographical focus covers the capital city New Delhi; Shillong, in the North East where there is a generalized epidemic; and in Mumbai and Pune in the high prevalence State of Maharashtra. As with many militaries worldwide, the Indian Armed Forces personnel are an at-risk population since soldiers are generally young, mobile, separated from their families, and exposed to commercial sex workers. With troop strength of nearly 1.3 million, troop turnover, and annual recruitment of 80,000 new recruits and their accompanying family dependents, new to the military community, it is critical for the AFMS to develop a sustained HIV prevention, care and treatment program which can be accessed by military personnel and their families.

DOD has been working to improve the AFMS laboratory infrastructure since FY04 when the DOD HIV/AIDS Prevention Program (DHAPP) funded the initial military-military HIV/AIDS program in India. The recent visioning exercise, as well as the priority areas that AFMS has identified for DOD, resulted in a decision to decrease the amount of lab equipment purchased while still providing funds for the short-term procurement of kits and consumables and maintenance of the equipment. Funding in previous years has allowed the DOD PEPFAR program in India, through the purchase of equipment, to assist AFMS in establishing and improving a comprehensive HIV laboratory capacity within its health care delivery system. The number of military laboratories with the capacity to support diagnostic testing and clinical monitoring of HIV/AIDS has increased to over 10 different sites. DOD support has allowed for procurement of critical HIV lab equipment and disposable supplies and, in doing so, both filled the gaps in AFMS's program while also building a successful military-to-military partnership.

### ACTIVITIES AND EXPECTED RESULTS

The procurement of much needed laboratory equipment and consumables for use in AFMS facilities has continued for several years. This activity has evolved and matured to the point where new equipment is no longer a priority, but maintaining existing equipment is a present challenge because DOD still holds the titles to the laboratory equipment. This prevents AFMS from handling the maintenance itself. (The USG hand-receipt laboratory equipment is housed at AFMS laboratories and is used by AFMS staff in support of HIV/AIDS prevention.)

The biggest challenge this program faces is transferring the titles of previously purchased laboratory equipment to AFMS. There are a number of bureaucratic obstacles to this on both the US and Indian sides. Steps are being taken to remove these obstacles, but until this is done stopgap measures will be required to keep the equipment functioning. Nonetheless, we do anticipate overcoming these obstacles within the next two years for all procured equipment and transitioning this program to full AFMS control, while continuing to fill the gap in needed kits and consumables from PEPFAR funds.

#### ACTIVITY 1: Procurement

Working in consultation with the AFMS, the ODC will procure items such as FACS Count Reagent Kits and other disposable supplies required for continued equipment operation.

#### ACTIVITY 2: Laboratory Equipment Maintenance

It is expected that this activity will keep all previously purchased equipment operating at full capacity to allow AFMS to maintain the effectiveness of its HIV testing operation.

The long-term goal is to transfer the titles of all equipment to AFMS, but until that time it is crucial that the equipment is maintained and serviced so that the labs remain fully operable. In working to transfer ownership, DOD seeks to ensure that all equipment is in working order. Working in consultation with the AFMS, the ODC will procure laboratory equipment maintenance service contracts that will extend the life of previously procured equipment.

AFMS cannot repair or maintain equipment that it does not own due to MOD constraints. Of the requested \$40,000, \$10,000 will cover the cost of maintenance and \$30,000 will go to short-term procurement.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 15072

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15072	15072.08	Department of Defense	US Department of Defence/Pacific Command	7033	3976.08		\$130,000

**Emphasis Areas**

Military Populations

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.16: Activities by Funding Mechanism**

**Mechanism ID:** 10705.09

**Mechanism:** TBD Task Order

**Prime Partner:** To Be Determined

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GAP

**Program Area:** Laboratory Infrastructure

**Budget Code:** HLAB

**Program Budget Code:** 16

**Activity ID:** 25173.09

**Planned Funds:** ██████████

**Activity System ID:** 25173

**Activity Narrative:** NEW ACTIVITY NARRATIVE

**BACKGROUND**

The National AIDS Control Program, Phase Three (NACP-III), launched in July 2007, is an ambitious plan to cover the whole of India with very specific targets to scale up HIV/AIDS services in the public sector. To assist in achieving the proposed targets, the National AIDS Control Organization is forming a National Technical Support Unit (NTSU) to provide technical assistance in operationalizing NACP-III. On request from the national government, CDC/GAP will procure the services of a country-level expert to be the team leader for the NTSU.

**ACTIVITIES**

In consultation with the CDC/GAP India director, the contractor will provide technical support to NACO. This includes providing TA to the Director General of NACO and input to the activities and programs being implemented by NACO's technical and other program managers at the national, state and district levels.

After consultation with the national government, key areas have been identified in which the incumbent can provide leadership. These include the development of quality systems for laboratories.

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Table 3.3.16: Activities by Funding Mechanism**

**Mechanism ID:** 10704.09 **Mechanism:** N/A  
**Prime Partner:** To Be Determined **USG Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State) **Program Area:** Laboratory Infrastructure  
**Budget Code:** HLAB **Program Budget Code:** 16  
**Activity ID:** 25170.09 **Planned Funds:** ██████████  
**Activity System ID:** 25170  
**Activity Narrative:** NEW ACTIVITY NARRATIVE

**BACKGROUND**

The National AIDS Control Program Phase-III (NACP-III) started in 2007 and will continue until 2012. Most of the budgetary requirements have been planned and are being implemented in a phased manner. However, if the proposed targets of NACP-III are to be met, technical assistance (TA) to the National AIDS Control Organization (NACO) will be needed. This is the key area of expertise of the combined USG PEPFAR program. Recognizing USG's expertise in this area, many requests from the national and state governments have been received by the USG team for assistance. Prioritizing these requests, CDC will provide on-going support in its areas of technical expertise and has demonstrated successful models that can be replicated at state and national levels.

**ACTIVITIES AND EXPECTED RESULTS**

The geographic focus for these collaborative activities will be the states of Tamil Nadu, Andhra Pradesh, North-East and any other mutually identified and emerging priority geographical areas

**ACTIVITY 1: Laboratory Strengthening**

Laboratory testing plays a key role in managing an HIV/AIDS control program across the whole spectrum of this infection/disease (prevention, care and treatment). Thus it is essential to have reliable and valid laboratory tests available to support various phases of the program. CDC will focus on strengthening the quality of HIV testing in all NACO-designated laboratories for this purpose, and in coordination with NACO, SACS, and other partners. Activities will include:

1. Assessment and strengthening of national reference laboratories
2. Support to NACO's Laboratory Services Working Group
3. Provide support for External Quality Assessment System (EQAS)
4. Specific training in laboratory services
5. Support for documentation and the Logistics Management Information System (LMIS)

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Table 3.3.16: Activities by Funding Mechanism**

**Mechanism ID:** 3969.09 **Mechanism:** N/A  
**Prime Partner:** US Centers for Disease Control and Prevention **USG Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GAP **Program Area:** Laboratory Infrastructure  
**Budget Code:** HLAB **Program Budget Code:** 16  
**Activity ID:** 25434.09 **Planned Funds:** \$173,698  
**Activity System ID:** 25434  
**Activity Narrative:** \$173,698 in CDC GAP funding is necessary to support a percentage of expenses and activities for one TBD technical staff member. The amount requested includes salaries, fringe, travel proportionate office overhead, desk, operational charges, head tax charges, and ICASS charges.

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Table 3.3.16: Activities by Funding Mechanism**

**Mechanism ID:** 3967.09

**Prime Partner:** Share Medici (Networking)

**Funding Source:** GHCS (State)

**Budget Code:** HLAB

**Activity ID:** 6227.20925.09

**Activity System ID:** 20925

**Mechanism:** APAIDSCON

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Program Area:** Laboratory Infrastructure

**Program Budget Code:** 16

**Planned Funds:** \$75,000

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

**ACTIVITY 1: Certification for Private Laboratories (title changed in FY09)**

In FY09, APAIDSCON will continue its effort to develop a HIV-focused laboratory accreditation process for private sector laboratories. The initial target audience will continue to be small, for-profit laboratories that conduct a large number of HIV tests with little existing quality assurance systems. Small unregulated labs may be motivated to participate in a training, monitoring, and accreditation system in order to build up consumer confidence in their services, expand their consumer base, and gain credibility in the local medical community. APAIDSCON will focus on improving HIV testing quality first. In FY09, APAIDSCON will likely expand the accreditation process to include other common microbiologic tests such as acid fast TB staining, malaria smears, and bacterial/fungal cultures. HIV-related tests such as CD4 testing, viral load testing, and cryptococcal India ink testing may also be added for higher level private laboratories in future years.

As part of the accreditation process, APAIDSCON and its collaborators will develop basic standards of HIV testing (based on NACO guidelines), an accreditation checklist, and procedures to assess HIV laboratory practices periodically. This will involve the creation of inspection teams and the use of an external quality assurance system (EQAS).

In FY09, this will be piloted in at least 30 laboratories in one state and revised based on the experience and feedback from key stakeholders. A second level accreditation involving a number of common microbiologic tests besides HIV testing may be developed and pilot tested with FY09 funding.

Both Level One and Level Two accreditation are major undertakings and will be developed in collaboration with the USG technical team, other USG partners, technical consultants, NACO/SACS, and other national/international laboratory institutions. Additional funding will be required and sought to complete this activity. A laboratory accreditation system is required to standardize HIV/TB/Malaria testing procedures, empower consumers, and address the reality that laboratory services in India remain highly unregulated.

**ACTIVITY 2: Building Laboratory Capacity within the APAIDSCON Network (title changed in FY09)**

APAIDSCON will build laboratory capacity within its network of private medical colleges, APAIDSCON will train the microbiologists and lab managers on the diagnosis of opportunistic infections. This is to strengthen the capacity of the lab personnel to practice HIV diagnostic services within the medical colleges to facilitate care and treatment to PLHIV.

**FY 2008 NARRATIVE**

**SUMMARY**

SHARE India through the Andhra Pradesh AIDS Consortium (APAIDSCON) will continue to support the delivery of HIV/AIDS diagnosis and management services through a networked approach in which advanced HIV-related tests will be performed at one institution but made available to the entire consortium via a rapid specimen distribution system. This system is already in place for CD4 testing as described below. In FY 08–09, viral load testing and opportunistic infection diagnostics may be added. A system to expose students and post-graduates interested in microbiology and pathology to HIV-related tests and pathogens will also be a focus.

**BACKGROUND**

In India the majority of health care (~80%) is provided in the private sector where facilities range from state of the art to barely adequate. Traditionally medical education has been the preserve of Government Medical Schools; however in the last five years there has been an explosive growth of private medical schools and over the next decade the bulk of newly trained medical graduates will come from the private sector.

In 2005, Science Health Allied Research and Education (SHARE)/MediCiti established a consortium of 15 Private Medical Colleges named Andhra Pradesh AIDS Consortium (APAIDSCON). Recently, as an effort to reach out to the private for-profit health sector, 25 private small to medium size hospitals were added to the consortium. Fundamentally, APAIDSCON was established as a mechanism to strengthen the organizational capacity of its member institutions.

The fact that 15 independent and often competing private medical colleges came together and formed a consortium to address HIV and medical education issues is a noteworthy initial outcome and model for the country. The formation of a consortium has led to more substantive system strengthening, including the successful completion of joint training programs, curriculum sharing, advocacy for government funded HIV testing and counseling centers in all 15 colleges, and a linkage system for subsidized CD4 testing.

The primary aim of the consortium is to ensure that future medical graduates (over 1500 annually) as well as nurses and allied health professionals are well trained to address HIV AIDS. APAIDSCON builds collaborative programs with private entities as well as Government agencies, promotes the implementation of national guidelines and best practices in addressing the HIV AIDS epidemic, and is supporting a comprehensive multi-disciplinary strategy to combat the HIV/AIDS epidemic in the state with the highest estimated burden of HIV in India.

**ACTIVITIES AND EXPECTED RESULTS**

**Activity 1: CD4 Testing Reference Laboratory**

One of the prime objectives of APAIDSCON leadership was to provide the consortium members the facility of performing CD4 test at an affordable rate for their patients. The CD4 test is a basic minimum test that is required by an attending physician to provide optimum care for the patient infected by HIV. However, the current market cost (\$20-35 per test) is prohibitively expensive and well beyond the reach of most patients. APAIDSCON, by providing CD4 counts at a subsidized rate of Rs 200/- per test (\$5 per test), has made it possible for an expanded number of patients to get tested and seek appropriate treatment. The lower price is attainable because: 1) the CD4 flow cytometry was provided free of cost; 2) reagent costs have been

**Activity Narrative:** brought down due to bulk purchase and negotiations with suppliers; 3) lab directorship is subsidized by USG funds; 4) specimen collection systems are provided free of charge by partner institutions and overnight delivery services are provided at no charge by a leading mail service company; 5) profits have been removed; and 6) USG provides a subsidy of approximately \$4 per test to bring the cost down to \$5 per test. The subsidized CD4 count testing is offered to patients who are registered with any of APAIDSCON's 15 partner medical colleges. The newly added small and mid-sized hospitals will also be given access to this CD4 testing system but possibly at a slightly higher charge per test, since their HIV clients may have greater purchasing power than the average medical college client.

Generally all samples are analyzed within few hours of receipt and no later than 24 hours. A robust system for the timely reporting of results to both the patient's care institution and APAIDSCON has been developed. To ensure the quality and reliability of the CD4 tests APAIDSCON had to create a system to collect and transport samples for CD4 testing to the central lab without deterioration of the sample due to the high summer temperatures in India. A special transport bag was designed for this purpose. SHARE/MediciCiti, APAIDSCON's prime partner, has also collaborated with Gati Ltd to arrange the logistics of clinical specimen transport from various partnering institutes to the central laboratory and has obtained grant funding from Gati Ltd to provide free transport of the clinical specimens.

In FY08, these activities will continue, as a cost-efficient model for high quality laboratory testing in India. It is expected that approximately 2000 CD4 tests will be conducted in FY08. Efforts to showcase this system to medical college leaders, government officials, and NGO directors in Andhra Pradesh and neighboring states will be a USG priority, especially with the CD4 testing needs in India likely to increase dramatically in the next few years.

**ACTIVITY 2: Viral Load Testing**

APAIDSCON is planning to acquire the capability to perform viral load testing for HIV and offer a service similar to the CD4 reference laboratory to partnering institutes of the consortium. It is anticipated that approximately 200 tests will be performed in Year 3? PCR equipment will not be purchased using USG funds. USG funds will be used to pay staff to obtain equipment and supplies, develop protocols and quality control systems, and leverage funds from private and government sources to make this affordable to most persons with HIV. USG funds may be used to subsidize the patient cost of viral load testing but only if deemed strategically necessary and an efficient use of the funds.

**ACTIVITY 3: Opportunistic Pathogens**

APAIDSCON plans to implement a system of providing reference laboratory services for the diagnosis of opportunistic and unusual pathogens causing infections in individuals with HIV / AIDS. USG support will be used to train a select number of microbiologists, pathologists, and technicians on the laboratory identification of specific pathogens and conditions commonly found in HIV patients. USG funds may also be used to develop a specimen transportation and reporting system and for salary support to specific staff in this reference laboratory. USG funds may also be used to provide essential reasonably priced reagents (i.e., serologies, antigen testing kits) and equipment.

As part of the strategy to build laboratory capacity within this network of private medical colleges, APAIDSCON will support the development of a module to teach medical students the laboratory and pathology aspects of HIV medicine. Students will have the opportunity to spend time in this reference laboratory. This will be especially important as some of these medical colleges develop post-graduate training programs (equivalent to residency programs in the US) in microbiology and pathology.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14585

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14585	6227.08	HHS/Centers for Disease Control & Prevention	Share MediciCiti (Networking)	6879	3967.08	APAIDSCON	\$219,000
10906	6227.07	HHS/Centers for Disease Control & Prevention	Share MediciCiti (Networking)	5621	3967.07		\$1,000
6227	6227.06	HHS/Centers for Disease Control & Prevention	Share MediciCiti (Networking)	3967	3967.06		\$25,000

**Emphasis Areas**

Health-related Wraparound Programs

\* TB

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development      \$50,000

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.16: Activities by Funding Mechanism**

**Mechanism ID:** 3958.09

**Prime Partner:** Tamil Nadu AIDS Control Society

**Funding Source:** GAP

**Budget Code:** HLAB

**Activity ID:** 20934.09

**Activity System ID:** 20934

**Mechanism:** N/A

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Program Area:** Laboratory Infrastructure

**Program Budget Code:** 16

**Planned Funds:** \$50,000

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

**ACTIVITIES AND EXPECTED RESULTS**

While USG support to the Government Hospital of Thoracic Medicine, Tambaram (GHTM) laboratory continues, it is important to note that the total number of tests performed at the GHTM laboratory will continue to come down or remain constant (normally one would expect the test load to increase as patients on treatment will require regular monitoring), as the hospital is expected to make efforts to transfer patients to the ART centers nearer to their residence (including new ones being established both in Tamil Nadu and Andhra Pradesh).

**ACTIVITY 1: Support for GHTM Laboratory Services**

USG, in collaboration with TNSACS, has supported the development and operation of state of the art laboratory services at GHTM since 2001. In FY08, a new Lab Manager was appointed to oversee this laboratory.

In FY09, the Lab Manager will update all Standards of Practice in the lab and help prepare a Quality Assurance manual. He will also plan and implement basic and refresher trainings of the lab staff, update their position descriptions and conduct their annual performance assessments. He will develop teaching/demonstration tools for training on key lab tests. He will play a crucial role in strengthening the diagnosis of opportunistic infections like cryptococcus meningitis by using newer diagnostics, for which funds will be leveraged through non-PEPFAR related projects. He will also prepare the lab for earning International Accreditation like NABL (National Accreditation Board for Testing and Calibration Laboratories). This will ensure that the lab meets international QA standards. These activities will continue through FY10.

To create greater ownership by TNSACS of the activities in GHTM Lab, lab consumables previously procured through USG support will now be fully funded from the Government of India (GOI) budget. In FY09 and FY10, efforts will be made to leverage funds from the GOI to support the annual maintenance of the USG procured equipment. This is reflected in reduced funding for laboratory infrastructure in the COP09 budget.

**ACTIVITY 2: Establishing Capacity for TB Diagnostic Culture at GHTM**

GHTM is now considered by the National TB Program (RNTCP) as a pilot site for the evaluation and demonstration of the HAIN'S test for the diagnosis of MDR TB. As a result, GHTM will receive equipment and lab consumables for the study period of two years. Therefore, financial assistance from USG for TB diagnostic culture will be greatly reduced, which is reflected in reduced funding in FY09 under this program activity. Evidence will be generated from the pilot study for incorporating it as routine test in the state run laboratory - thereby leveraging funds from the state government for conducting and sustaining these tests.

**ACTIVITY 3: Development of Laboratory Accreditation Processes**

These will be developed for private sector labs that participate in the state's HIV/AIDS program. An accreditation plan will be developed and used to advocate for a mandatory accreditation policy for all private laboratories participating in the national HIV/AIDS program. This will continue through FY10.

The USG supported Lab Manager, with the support of the National Reference Laboratories, will help in enhancing the capacity of the State Reference Laboratories and ICTCs on proficiency testing and on an External Quality Assessment System (EQAS) for HIV testing and monitoring. This will also help in preparing the state owned labs for the accreditation process.

**FY 2008 NARRATIVE**

**SUMMARY**

Since 2004 HHS/CDC, in collaboration with the Tamil Nadu AIDS Control Society (TNSACS), has supported the development and operations of state of the art laboratory services at the Government Hospital of Thoracic Medicine, Tambaram (GHTM). In FY08, this will include support for a senior laboratory manager to oversee laboratory services and five laboratory technicians. USG will also expand GHTM's laboratory capacity to include TB/HIV diagnostic culture. A third activity will be to support a consultant within TNSACS to expand an accreditation process for laboratories in Tamil Nadu state, particularly targeted at the private and NGO sectors.

**BACKGROUND**

The Tamil Nadu State AIDS Control Society (TNSACS) is the implementing body for India's National AIDS Control Organization (NACO) in the southern state of Tamil Nadu, a high HIV-burden state. TNSACS, which is headed by a senior officer from the Indian Administrative Service (IAS), is the state-level authority for HIV-related policy formation, activity and partner coordination, program implementation, as well as monitoring, reporting, and evaluating on all activities related to the HIV epidemic in the state. In 1991, TNSACS was the first state HIV agency to be formed in the country and has continued to serve as a model for other such agencies around the country.

In 2002, CDC developed a formal relationship with TNSACS and in 2003 began providing fiscal and technical support. The USG continues to play a strategic role in the operations of TNSACS despite contributing 3% of the TNSACS budget. The strong historical and technical relationship between TNSACS and the USG has allowed the USG to leverage the entire budget of TNSACS (\$16 million in FY07) effectively. This relationship is also strategic as jointly funded projects are likely to be replicated throughout the country as TNSACS is regarded as the leading state HIV agency in India. The technical support provided to TNSACS by the USG has been one of the successful models of donor support for the country. The extent, form, and specificity of our support is now being discussed with NACO in relation to the creation of the new Technical Support Unit in Tamil Nadu (also to be supported by USG) and how that will interact with the USG advisors currently in TNSACS.



**Activity Narrative: ACTIVITIES AND EXPECTED RESULTS**

**ACTIVITY 1: Support for GHTM Laboratory Services**

Since 2004 USG/CDC, in collaboration with TNSACS, has supported the development and operations of state of the art laboratory services at the Government Hospital of Thoracic Medicine, Tambaram (GHTM). The support is particularly strategic as GHTM is the largest HIV care and treatment center in India, currently caring for over 30,000 HIV-infected patients annually, 6600 of whom are receiving ART. GHTM, with CDC support has developed into a national HIV training center of excellence. Each year, GHTM performs 25,000 HIV tests, 20,000 CD4 tests, and 150,000 AFB smears to diagnose TB, as well as basic chemistries and hematology tests for HIV-infected patients. Previous HHS/CDC support has included procurement of diagnostic equipment, reagents, renovating laboratory space, regular technical assistance, and the placement of laboratory technicians. As a result, GHTM is recognized as one of the most comprehensive and high quality laboratory in India.

In FY08, CDC, in collaboration with TNSACS, will support a senior laboratory manager to oversee laboratory services at GHTM. This laboratory manager will be responsible for quality assurance/quality control (QA/QC) of GHTM lab services, ensuring timely generation of test results, record keeping and reporting, expanding services, and lab staff management. This senior manager will also assist developing a QA/QC training program for private sector laboratories involved in HIV diagnosis, care, and treatment. S/He will report directly to TNSACS with direct technical assistance from HHS/CDC.

HHS/CDC will also support TNSACS in the placement of five laboratory technicians to assist with the high volume of lab tests at GHTM. To ensure sustainability, TNSACS will assume an increasing proportion of lab costs at GHTM (i.e. reagents) in FY08 with an agreement to assume total costs (i.e. personnel) in subsequent years.

**ACTIVITY 2: Establishing Capacity for TB Diagnostic Culture at GHTM**

In FY08, CDC, in collaboration with TNSACS, will support the implementation of TB diagnostic culture capacity at GHTM. As stated previously, GHTM cares for over 30,000 HIV-infected patients each year with TB being their most common cause of morbidity and mortality. GHTM, which was established originally as a TB sanatorium, is a certified TB DOTS treatment center, diagnosing and/or treating over 63,000 cases of TB among HIV-infected clients from 2002 to 2006. The availability of TB culture will allow GHTM to provide a more rapid and accurate diagnosis of smear AFB negative and extra-pulmonary TB, which are common among HIV-infective patients with TB disease. The availability of TB diagnostic culture capacity will also allow for diagnoses of treatment-resistant forms of TB. HHS/CDC and TNSACS will procure the TB culture equipment with TNSACS assuming the annual costs of the reagents and maintenance.

**ACTIVITY 3: Development of Laboratory Accreditation Processes**

USG has recently begun developing laboratory accreditation processes in the private/NGO sector in Tamil Nadu. The objective of this process is to ensure high quality and accurate HIV laboratory services in the private sector. Private facilities receiving this accreditation will be eligible to receive HIV diagnostic and treatment support from the Government of India at a reduced price which will be passed on the patient. Initial findings from this program have been promising with 25 private, high-volume HIV testing centers enrolling themselves in late FY07.

In FY08, HHS/CDC will support a consultant within TNSACS to develop and expand this accreditation system in Tamil Nadu. Specific activities of this consultant will include developing a transparent and standardized HIV lab accreditation and certification system, private laboratory assessments, program monitoring and evaluation, and training TNSACS staff to expand this program.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14672

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14672		HHS/Centers for Disease Control & Prevention	Tamil Nadu AIDS Control Society	6902	3958.08		\$60,000



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from all development partners including USG, will take a leading role in addressing the recommendations from the consultation.

India revised its HIV prevalence estimates last year using the results from the National Family Health Survey 3 (NFHS-3). This survey, conducted with USG support, included HIV biologic and behavioral indicators for the general population. This was further complemented by an Integrated Biological and Behavioral Survey (IBBS) of female sex workers, MSM and long distance truck drivers funded by the Bill and Melinda Gates Foundation (BMGF) for their focus districts. Triangulation of this data resulted in a revised national HIV-prevalence estimate, from 0.91% to 0.36%, with the estimated number of HIV-positive people revised from 5.2 million to 2.47 million. USG played an important role by providing technical expertise in analysis and interpretation of the new data.

**Challenges:** Some underlying challenges still remain. Data is still largely public-sector oriented, since data from the majority of the private sector still do not flow into the CMIS. There is a shortage of staff and infrastructure for managing SIMUs at state level. While the completeness and accuracy of CMIS is improving, utilization of generated data remains low and the capacity to utilize SI varies across states and is largely lacking. The Joint Implementation Review of the national program (conducted every 6 months, with the World Bank, DFID, USG, BMGF and other donors participating) pointed out the need to have more inclusive reporting units, and the need for the Global Fund, BMGF and bilateral programs to feed into the national CMIS. Data quality was also an issue in both reviews.

**Other Donor Support:** The GFATM, World Bank, DFID, BMGF and Clinton Foundation are some of the major contributors to the \$2.5 billion NACP III. USG contributes 6% of the total value of the plan. Provision of technical assistance (TA) to the government is however, largely limited to BMGF and the USG. BMGF and USG have jointly supported many SI staff at the national and state level and undertaken capacity-building efforts. The two organizations may also support the planned National Technical Support Unit (NTSU). The NTSU will have an SI officer, responsible for working with the national SIMU to coordinate SI on HIV/AIDS nation-wide. The Clinton Foundation has developed a pediatric care and treatment reporting system and the national government is looking at its integration into the CMIS. As noted above, the USG was a key partner in leveraging donor support and providing TA for NFHS-3, the first population-based HIV prevalence survey in India.

**Current USG Support:** USG has been identified as a technical resource for the national government in spearheading its SI initiatives. The USG is rapidly gaining credibility for building capacity at all levels in strengthening data collection, M&E, and management information systems. USG was a major contributor to the surveillance consultation of April 2008 and provided many suggestions to strengthen the surveillance systems. USG was a lead participant in the National M&E Working Group to develop national level program indicators and significantly contributed to developing the operational manual for strategic information management, for use by multi-level SI units. USG has provided intensive TA and resources to develop the management information system (MIS) at the General Hospital for Thoracic Medicine, Tamil Nadu. Many USG partners train and build the capacity of SACS M&E staff, either through consultant support or directly. USG has organized training in triangulation, data analysis and use for state M&E officers and epidemiologists.

At the state level, USG has helped the Tamil Nadu State AIDS Control Society (TNSACS) to form a state-level M&E Working Group that allowed major donors to agree to a common set of indicators for joint tracking. USG has also helped initiate Geographic Information System mapping in TN and in FY09 will convene a similar GIS Working Group in Maharashtra for collating and presenting data in user-friendly form. USG also carried out extensive mapping of private health care facilities and providers in TN and continues to provide day to day support for testing new initiatives and program ideas.

At the PEPFAR/India level, several activities were undertaken in 2008 to strengthen evidence-based planning and M&E. 1) A training on SI was organized for all PEPFAR partners who came together for the first time to discuss indicators, the reporting framework, performance management plans and problematic indicators. There are varying capacities among partners and partnerships have been forged among them to help them tap into existing resources and expertise. 2) The PEPFAR team conducted a structured, field-based program review, which made recommendations to improve implementation and performance. In FY09, the PEPFAR/India Technical Working Groups will work towards completing these deliverables. The Department of Defense separately undertook a visioning exercise and plans to take action on recommendations. 3) USG/India also conducted a portfolio review of its current prime partners, especially those poised to receive 2009 funding. SI areas identified for further action were: gauging SI needs for different states and working with national and state governments to respond to clear and present gaps, encouraging scientific exchanges among partners and other developmental partners, data analysis of demonstration projects, measuring the impact of media campaigns, disseminating good and better practices, carrying out a DQA of partners, and the need for M&E strengthening plans for partners.

**USG FY 09 Support:**

**Capacity building at National Level:** USG will carry out a strategic planning exercise with NACO, conducting a needs assessment and developing a plan for specific activities and timelines. The areas for potential TA are: 1) follow-up on triangulation workshops held in FY08 for data triangulation, analysis and use for state M&E officers and epidemiologists; 2) support to the national M&E Working Group to operationalize the recommendations, including improving data quality; 3) M&E support for developing a laboratory-specific results framework; 4) short-term TA on HIV prevalence estimates and projections and trend analysis; 5) TA for sentinel surveillance through improvements in sampling methods and analysis; 6) feasibility assessment for a biological and behavioral surveillance in place of the national BSS; and 7) assistance in incidence analysis. USG will also support the national TSU to strengthen their capacity to provide technical support to the state level TSUs, which will have dedicated SI personnel.

USG will continue to be involved in strengthening the Global Fund CCM Secretariat's M&E capacity, and provide support for the agreement to use the national monitoring system to report Global Fund results. USG will also continue to explore partnership opportunities with the National Institute of Health's US-India Bilateral Collaboration Research Partnership, which commits significant extramural funds for HIV/AIDS research in India.

Capacity Building for SACS and DAPCUs: USG will assist the SACS to collect, analyze, interpret and use surveillance and programmatic information by supporting training in M&E of the SACS staff, the DAPCU and other district level staff, and the staff of the six USG-supported TSUs, who will be mentored to take a guiding role in M&E for those states. USG plans to identify the decision-makers and data handlers at the district level and enhance their capacities to use data effectively in planning, implementing, monitoring, and evaluating health programs. USG partners will provide TA in establishing MIS capacities as per NACO guidelines in the states of Karnataka and Maharashtra under Community Care Centers supported under Global Fund Round 6.

USG will continue to provide crucial provisional staff support at the national and state level, including epidemiologists, M&E officers, and program officers

Strengthening state-level reporting: USG has been recognized as a leading expert in the areas of Health MIS and Human Resource Information Systems. In Maharashtra, Tamil Nadu, Andhra Pradesh and Karnataka, many USG partners are helping to strengthen or establish a system of decentralized, district level data management and use. In Karnataka, USG has piloted a web-based MIS at district level that directly links field information with the CMIS. USG will also explore strengthening SI systems in the North-Eastern states where SI capacity is lacking. In some focus states USG is helping to convene a state-level M&E group that will regulate harmonized reporting from all partners

Evidence-based planning: Data quality assessments will be conducted for local and state-level partners. Detailed training reviews are planned to improve training and mentoring methodologies. USG partners will also convene meetings to facilitate exchange of innovative methodologies and best practices. A USG partner will assist NACO and SACS to collect data for prioritizing industrial sectors that have at-risk workers. Another partner will provide TA to establish standard data collection methods and capacity building plans for implementing PMTCT with private sector partners. Insurance plans for PLHAs, funded by USG, will be evaluated to study the feasibility of extending this to all PLHAs in the country. USG plans to work with positive networks to strengthen their reporting and data management.

Program assessments: USG plans to support formative assessments and qualitative research at the project/partner level to assess outcomes and guide future programming. Assessments of the private sector PMTCT models, the link workers scheme recently piloted by USG and adopted by NACO, the factors influencing the vulnerability of children to HIV, the free and social marketing program in Maharashtra and Goa, and factors affecting health-seeking behavior among high-risk groups will be conducted. The integrated Behavior Change Communication (BCC) program focused on increasing condom usage in high-risk areas and the female condom program will be evaluated, while a partner will carry out operations research on Condom Lubricant Quality.

Strengthening PEPFAR M&E systems: Alignment with national systems: To support the Three Ones, USG will explore harmonizing the PEPFAR program-level indicators and results framework with the NACO dashboard indicators to minimize duplication of efforts. PEPFAR partners: USG will train its partners and sub-partners in the collection, collation, management and reporting of field-level data and will conduct a data quality assessment of partners' data systems to validate protocols for data reporting. Recommendations from the assessment will be implemented to strengthen partner data quality and reporting systems. In-house staff: USG will strengthen the skills of new and current SI staff and in-country professionals on the three SI pillars (M&E, surveillance, and HMIS), through training and technical assistance from other PEPFAR countries.

**Table 3.3.17: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3958.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> Tamil Nadu AIDS Control Society	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GAP	<b>Program Area:</b> Strategic Information
<b>Budget Code:</b> HVSI	<b>Program Budget Code:</b> 17
<b>Activity ID:</b> 20935.09	<b>Planned Funds:</b> \$110,200
<b>Activity System ID:</b> 20935	

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

**ACTIVITIES AND EXPECTED RESULTS**

USG will continue to support a Strategic Information (SI)/Monitoring and Evaluation (M&E) officer within TNSACS to oversee and coordinate timely and high quality data collection, analysis, and reporting. USG will also provide assistance to the TB/HIV Information System (T/HIS) at the General Hospital of Thoracic Medicine, Tambaram (GHTM).

**ACTIVITY 1: Strengthening TNSACS Management Information System (MIS)**

While USG will continue to support an M&E Consultant who manages the MIS in TNSACS, efforts will be more focused on building the capacity of the newly functional/recruited program divisional staff in TNSACS so that they can monitor data collection and analysis and provide timely feedback to the field staff. The M&E consultant will also continue to build the capacity of the 112 NGOs working in prevention and care programs funded by TNSACS. The consultant will carry out refresher training on SI for the relevant staff (approximately 1100) at Integrated Counseling and Testing Centers, ART centers, Community Care Centers, blood banks, and NGOs. The consultant will further build the capacity of the newly recruited regular M&E staff so that they can assume some of his responsibilities by FY10.

Additionally, the USG will provide support to the consultant in further refining the annual sentinel surveillance process in Tamil Nadu and will help in addressing more at-risk populations. This activity will continue through FY10. There will be a greater focus on the analysis of existing data to create a scientific body of evidence to assist in program planning.

**ACTIVITY 2: Capacity Building for District AIDS Prevention and Control Units (DAPCUs)**

As the DAPCUs are established, USG will provide technical assistance to build the SI capacity of these teams in collaboration with TNSACS and APAC. Additionally, USG will work closely with TNSACS to build the SI capacity of the District Health Officers, who will be required to oversee the HIV/AIDS programs in their districts.

**ACTIVITY 3: Support to GHTM, Tambaram**

While some of the recurring infrastructural support costs in maintaining the TB/HIV Information System (T/HIS) will be taken over by the hospital, USG will continue to support the basic operation of T/HIS by placing data-entry and supervisory personnel at GHTM in FY09. However, USG/TNSACS will initiate a mainstreaming plan with the Director of Medical Education and the District Collector of Kancheepuram (two other state government bodies) in order to transfer these costs to the government in FY10. USG technical focus will remain on the analysis of existing data to create a scientific body of evidence to assist in program planning.

**FY 2008 NARRATIVE**

**SUMMARY**

USG will support the placement of a Strategic Information (SI)/Monitoring and Evaluation (M&E) officer within the Tamil Nadu State AIDS Control Society (TNSACS) to oversee and coordinate timely and high quality data collection, data analysis, and data reporting. The consultant will be responsible for oversight of the state Management Information System (MIS) and for supervising the state surveillance system. USG will also support capacity-building for the District AIDS Prevention and Control Units (DAPCUs), including training in SI/M&E. Assistance will also continue to support the TB/HIV Information System at the General Hospital for Thoracic Medicine, Tambaram, Chennai (GHTM).

**BACKGROUND**

The Tamil Nadu State AIDS Control Society (TNSACS) is the implementing body for India's National AIDS Control Organization (NACO) in the southern state of Tamil Nadu, a high HIV-burden state. TNSACS, which is headed by a senior officer from the Indian Administrative Service (IAS), is the state-level authority for HIV-related policy formation, activity and partner coordination, program implementation, as well as monitoring, reporting, and evaluating on all activities related to the HIV epidemic in the state. In 1991, TNSACS was the first state HIV agency to be formed in the country and has continued to serve as a model for other such agencies around the country.

In 2002, HHS/CDC developed a formal relationship with TNSACS and in 2003 began providing fiscal and technical support. The USG continues to play a strategic role in the operations of TNSACS despite contributing 3% of the TNSACS budget. The strong historical and technical relationship between TNSACS and the USG has allowed the USG to leverage the entire budget of TNSACS (\$16 million in FY '07) effectively. This relationship is also strategic as jointly funded projects are likely to be replicated throughout the country as TNSACS is regarded as the leading state HIV agency in India. The technical support provided to TNSACS by the USG has been one of the successful models of donor support for the country. The extent, form, and specificity of our support is now being discussed with NACO in relation to the creation of the new Technical Support Unit in Tamil Nadu (also to be supported by USG) and how that will interact with the USG advisors currently in TNSACS.

**ACTIVITIES AND EXPECTED RESULTS**

**ACTIVITY 1: Strengthening TNSACS Management Information System (MIS)**

In FY08, CDC will support TNSACS' management information system (MIS). This web-based MIS regularly collects standardized data from 1187 government and non-government supported sites. These include blood banks, HIV care and support centers, STD treatment centers, PMTCT clinics, integrated HIV counseling and testing centers (ICTCs), and targeted intervention (TI) sites. CDC will support the placement of a SI/M&E officer within TNSACS to oversee and coordinate timely and high quality data collection, data analysis, and data reporting. These data, via the MIS, are then reported to the National AIDS Control Organization (NACO). CDC will also provide technical support to this officer and considers

**Activity Narrative:** the placement of this officer a strategic activity to leverage support for larger activities that will be supported by TNSACS itself.

This state-level consultant will continue to be responsible for managing the annual sentinel surveillance process in Tamil Nadu, including the analysis of the data and writing of a state surveillance report published each year. In FY08, this consultant will advocate for ways to strengthen the sentinel surveillance system especially the component that addresses most at-risk populations.

**ACTIVITY 2: Capacity Building for District AIDS Prevention and Control Units (DAPCUs)**

Funding and technical support will be provided to support capacity building of the DAPCUs, units that are to be funded under Phase 3 of the National AIDS Control Program (NACP-3). The objective of capacitating the DAPCUs is to decentralize program implementation and management down to the district level (population: 2-2.5 million per district). Currently, Tamil Nadu has recruited and trained DAPCU staff at one level, the District Program Managers (DPMs). As the DAPCU concept materializes, an additional 1-4 staff will be hired under the DPM. DPMs have been placed in all 30 districts to supervise and strengthen HIV prevention, care, and treatment services in those districts. Specific activities of the DAPCU will include; 1) ICTC supervision; 2) field-level staff training and mentoring; 3) technical support to district government officials in charge of health and social programming; 4) establishment of linkage systems between prevention programs, ICTCs, and the ART center; 5) coordination of all district level partners and activities; 6) technical inputs into communication and condom social marketing campaigns; and 7) monitoring and evaluation of all district-level HIV services.

CDC will play a technical role in training DAPCU staff on basic public health principles, field management skills, HIV prevention strategies, HIV care and treatment operational guidelines, and monitoring and evaluation skills. The exact training calendar will be determined in collaboration with TNSACS, APAC (as the technical support unit for Tamil Nadu), and other technical agencies working in Tamil Nadu. This activity will be undertaken with a USG partner, Public Health Management Institute (PHMI), located in Hyderabad, Andhra Pradesh.

**ACTIVITY 3: Support to the Government Hospital for Thoracic Medicine, Tambaram (GHTM)**

In FY08 CDC, in collaboration with TNSACS, will provide technical, human, and financial support to the TB/HIV Information System (T/HIS) at the Government Hospital for Thoracic Medicine, Tambaram (GHTM), India's largest HIV care hospital. T/HIS is a comprehensive electronic database that holds longitudinal patient records of over 370,000 (10 million patient interactions) patients at GHTM. The development and implementation of T/HIS has been supported by CDC and TNSACS for the past five years (software development, hardware (computers, printers, local area network), and personnel).

In FY08, CDC and TNSACS, will support basic maintenance of T/HIS by placing data-entry and supervisory personnel at GHTM. These personnel will be responsible for entering accurate patient data into T/HIS, network administration, and timely reporting to GHTM, and to TNSACS. Support will also be provided for hardware upgrades, paper for patient records, network connectivity, and basic system upkeep (cleaning, uninterrupted power). Technical support will be provided by CDC in the areas of data quality assurance and data analysis. CDC will continue to strive for increased local (that is, GHTM and TNSACS) operational control and support of T/HIS by decreasing overall financial support in FY08 relative to FY07.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14673

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14673		HHS/Centers for Disease Control & Prevention	Tamil Nadu AIDS Control Society	6902	3958.08		\$90,000

**Emphasis Areas**

Health-related Wraparound Programs

\* TB

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development      \$105,000

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.17: Activities by Funding Mechanism**

**Mechanism ID:** 3978.09

**Prime Partner:** Share Medici (Umbrella)

**Funding Source:** GHCS (State)

**Budget Code:** HVSI

**Activity ID:** 10121.20928.09

**Activity System ID:** 20928

**Mechanism:** PHMI

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Program Area:** Strategic Information

**Program Budget Code:** 17

**Planned Funds:** \$150,000

## Activity Narrative: CONTINUING ACTIVITY - NEW ACTIVITY NARRATIVE

### SUMMARY

The important objectives of program activities are to: 1) partner with the Andhra Pradesh State AIDS Control Society (APSACS) to provide technical assistance (TA) through placing a Surveillance/Monitoring and Evaluation (M&E) consultant for the state's HIV interventions at APSACS. The consultant will build organizational capacity to effectively monitor and evaluate programs, conduct program reviews, collect and analyze program data for informed planning, and strengthen program evaluation tools; 2) take the lead on behalf of APSACS in developing and conducting skills-based trainings for the staff of District AIDS Prevention and Control Units (DAPCUs) established as part of the decentralization of HIV/AIDS management under the third National AIDS Control Plan (NACP-III). This is expected to build the state's capacity in improved data generation, collection, collation, analysis and dissemination; and 3) initiate a human resource information systems strengthening process designed to foster better understanding of the current health workforce picture in the state of Andhra Pradesh. This will assist decision makers to effectively plan for recruitment and training.

### BACKGROUND

Medicity SHARE India (SHARE India) is a not-for-profit organization working in rural communities outside Hyderabad, Andhra Pradesh, reaching out to about 300,000 rural residents with services including maternal and child health, immunization, population control, cancer detection and treatment, HIV/AIDS and nutrition programs. Implementation is coordinated through the SHARE India medical college and hospital located nearby. SHARE India is also recognized as a research foundation by the Department of Science and Technology, Government of India.

In 2006, through a cooperative agreement with CDC, SHARE India established the Public Health Management Institute (PHMI) as a technical assistance and training organization. PHMI's main objective is to build human resource capacity and strengthen systems for the public health infrastructure of Andhra Pradesh (AP) state. This is achieved by developing innovative quality improvement mechanisms such as accreditation systems and on-the-job training programs. While the current technical focus is on HIV, in the longer term PHMI envisions a broader role encompassing additional public health priority areas in AP.

### ACTIVITIES AND EXPECTED RESULTS

Strategic Information (SI) support is a component of PHMI's efforts to strengthen HIV programs in the state of Andhra Pradesh. The SI activities are oriented towards strengthening the government information system by supporting technical manpower, conducting a review of existing health systems for better training, manpower and logistics planning, dissemination of scientific information, building capacity of the state and district-level staff on information management, and assisting local government and non-government agencies in building their capacity in data management and systems. Consultants are placed in APSACS, reporting to the APSACS Project Director and mentored by USG and PHMI staff.

The activities have been modified from those in the FY08 COP. The modifications include deletion of three activities (recorded under the PHMI FY08 COP narrative for use of GHAI funds for SI): Activity 1: Support for a Patient Information System, specifically support for the T/HIS system at the Government Hospital of Thoracic Medicine in Tambaram, Chennai; Activity 2: Capacity Development for SI through the Public Health Field Leaders Fellowship; and Activity 3: Dissemination of HIV-Related Information of Strategic Importance through workshops. Three new activities have been added: a) Data for Decision Making (DDM), a structured long-term training program for district level decision makers; b) Human Resource Information Systems Strengthening; and c) Review of Public Health Trainings and Implemented Programs. As this is a new activity narrative that combines the GHAI and GAP narratives from FY08, note that all activities have been renumbered.

#### ACTIVITY 1: Partnership with Government to Provide Technical Assistance

This is an ongoing activity providing TA to local and state government HIV agencies. PHMI has provided three full-time technical experts to APSACS to support HIV activities. The consultants are in the areas of Surveillance/Monitoring and Evaluation, management of Integrated Counseling and Testing Centers (ICTCT), and training. Their role in FY09-FY10 will be to provide technical and managerial support to the state's HIV/AIDS interventions and program officers, under the APSACS Project Director and mentored by USG and PHMI staff. They are responsible for strengthening systems in their specific areas of expertise: building organizational capacity to effectively monitor and evaluate programs; creating minimum standards for all training programs; establishing procedures for routine program reviews; advocating and developing better systems of program supervision, field evaluations, supplies and equipments maintenance; and developing tools and processes for collecting, consolidating and analyzing data at the state and district level.

Specific SI activities for these consultants include: 1) building interest in evidence-based program planning among APSACS staff and district leaders; 2) reviewing counseling and testing (CT) data with APSACS staff, relevant NGOs, and district government staff; 3) integrating TB/HIV, ART, and sexually transmitted infection (STI) program data into the ICTC-web-based management information system (WMIS) and linking NACO and APSACS web-based data; 4) helping APSACS expand the web-based reporting system beyond the current pilot districts to all the 23 districts; 5) developing evaluation tools for select APSACS-funded training programs; 6) strengthening ongoing sentinel surveillance in antenatal clinics, STI clinics, TB centers, and among high risk populations; 7) disseminating and explaining sentinel surveillance and the National Health and Family Survey (NHFS) findings to Andhra Pradesh to opinion leaders and program managers.

#### ACTIVITY 2: Training of District AIDS Prevention and Control Units (DAPCUs) Staff

Under NACP-III, DAPCUs are being formed in all districts in the high-prevalence states with the objective of decentralizing program implementation and management to the district (population: 2-2.5 million). Specific activities of the DAPCUs will include: 1) ICTC supervision; 2) field-level staff training and mentoring; 3) technical support to district government officials in charge of health and social programming; 4) establishment of links between prevention programs, ICTCs, and ART centers; 5) coordination of all district



**Activity Narrative:** level partners and activities; 6) technical input to communication and condom social marketing campaigns; and 7) monitoring and evaluation of all district level HIV services.

Recruiting and training DAPCU staff is a tremendous challenge and opportunity. USG and its partners are experienced in district-level capacity building. USG supported the establishment of district HIV management teams in 10 districts in AP after which USG and its partners conducted skills-based trainings for them. PHMI has been USG/CDC's lead partner in DAPCU trainings and will partner with other USG agencies to implement this activity.

In FY09, PHMI will support training of DAPCU staff on basic public health principles, field management skills, HIV prevention strategies, HIV care and treatment operational guidelines, and monitoring and evaluation skills. A strong focus will be on building the DAPCU staff capacity to use local data for decision-making and to provide timely feedback to field staff on their monthly monitoring reports. The exact training calendar will be determined in collaboration with each State AIDS Control Society, each technical support unit, and other technical agencies.

**ACTIVITY 3: Training of District Level Managers on "Data for Decision Making"**  
PHMI initiated a Data for Decision Making (DDM) training program in early FY08. Built on past USG experience, this new activity will strengthen systems at district level. This will support the planned decentralization of decision making and management to district level by the National AIDS Control Origination (NACO) and the National Rural Health Mission (NRHM). Using FY09 funds, PHMI will continue to improve the quality of the DDM training program curriculum and structure.

PHMI will identify the decision makers and data handlers at the district level and enhance their capacities to use data effectively in planning, implementing, monitoring, and evaluating health programs in AP state. Using target audience analysis, PHMI will identify the different cadre of officials at district level, who are involved in the process of using data for decision making, including those who make decisions, analyze data and collect data. A decision maker can make sound decisions only if they are supported by valid and relevant data.

This is an on the job-training program that minimizes the time a participant spends away from his/her job and produces tangible results to improve existing programs and conditions. The project consists of six core areas (surveillance; M&E; data collection; data analysis and interpretation; data presentation; decision making). Each theme area has a basic and an advanced course. The basic course provides conceptual knowledge and understanding of the subject. The advanced course gives additional hands-on training and practical experience. Once the target audience matrix is developed, a needs review of the target group is conducted. The capabilities of the selected target group are then measured to determine trainee needs and to define the course structure and training methods.

Initially, there will be approximately 25 trainees per course. Each course will be conducted in six contact workshops. Background reading material will be sent in advance to develop conceptual clarity on the subject to be addressed and aid in completing the home assignments. The quality of the reading material will be monitored. Collection of homework, homework review and feedback will be done between the workshops. The course will have lecture sessions and class room-based group exercises. The duration and nature of the sessions will be influenced by the needs review. In FY09, 25 fellows and 25 staff will be trained in DDM through short term trainings.

**ACTIVITY 4: Human Resource Information Systems (HRIS)**  
PHMI and other USG partners conduct regular training programs to build human capacity to fight the HIV/AIDS epidemic. However, it is difficult to ensure that the right health care providers are receiving the right training because the HR needs of the work force are not being monitored. A strong HRIS will allow program leaders and managers to quickly assess key training gaps and redundancies.

The HRIS strengthening process is designed to foster better understanding of the current health workforce picture in the state of Andhra Pradesh. This will prepare decision makers to effectively plan for recruitment, training and retention and replacement of health professionals. This system will supplement the current process of collecting collated data by gathering healthcare workforce data (e.g. demographics, basic qualification, years of experience, training type and dates) from all staff working in HIV and linking it to the job description of the person and the training needs.

Proposed systems improvements are based on a thorough technical assessment and consider low-cost solutions that can rapidly but significantly enhance existing systems and processes in collaboration with the state government and the local NGOs. This initiative will improve and expand existing systems rather than replace what is already working at present. Where there is a paper-based system, an electronic register can be implemented. Where an electronic register is already in place, a simple database can be built. Where there is a simple database, that database can be progressively strengthened or expanded to meet the needs of the state.

**ACTIVITY 5: Review of Public Health Trainings and Implemented Programs**  
PHMI will provide technical assistance in review of Public Health Trainings and of implemented programs by facilitating/participating such reviews for programs funded by USG or GOI.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14593

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14593	10121.08	HHS/Centers for Disease Control & Prevention	Share Mediciti (Umbrella)	6880	3978.08	PHMI	\$100,296
10931	10121.07	HHS/Centers for Disease Control & Prevention	Share Mediciti (Umbrella)	5622	3978.07		\$300,000
10121	10121.06	HHS/Centers for Disease Control & Prevention	Share Mediciti (Umbrella)	5399	5399.06		\$300,000

**Emphasis Areas**

Gender

\* Increasing gender equity in HIV/AIDS programs

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$150,000

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.17: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3942.09	<b>Mechanism:</b> Samastha
<b>Prime Partner:</b> University of Manitoba	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (USAID)	<b>Program Area:</b> Strategic Information
<b>Budget Code:</b> HVSI	<b>Program Budget Code:</b> 17
<b>Activity ID:</b> 6132.20944.09	<b>Planned Funds:</b> \$303,332
<b>Activity System ID:</b> 20944	

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The University of Manitoba's (UM) Samastha Program will consolidate its Computerized Management Information System (CMIS), build the capacity of program sub-partners to analyze and use CMIS data for their program review and planning, and continue the collection of data for routine program outcome monitoring. This program activity includes support to the Karnataka state program in strategic information and annual program review and reflections. District MIS Officers, District Program Coordinators (DPC), Link Workers (LW) and Peer Outreach Workers (POW) under implementing NGOs, doctors and counselors in Integrated Positive Prevention and Care-Drop In Centers (IPPC-DICs) and Community Care Centers (CCCs) will be involved in this activity. The monitoring and evaluation personnel from Karnataka State AIDS Prevention Society (KSAPS), Karnataka State Technical Support Unit (TSU), APSACS, and AP District Program Management Team will also be involved.

**BACKGROUND**

The Strategic Information activities under Samastha include: 1) consolidation and refinement of the comprehensive district Computerized Management Information System at all levels for program review and planning, 2) collecting periodic data on selected behavioral outcomes in target populations, 3) supporting the State AIDS Prevention Society for establishing "One State-level monitoring and evaluation" platform and 4) ensuring quality of data at all levels.

All activities in COP08 will continue in COP09, except for the following changes:

**ACTIVITY 8: Measuring the Reach and Effect of Communications on Target Audiences**

PSI's subcontract under the Samastha program will be completed at the end of FY09, and the Communication Output Tracking Surveys (OTS) implemented by PSI will no longer be conducted.

The following new activity will be undertaken in COP09:

**ACTIVITY 11: Technical Support in Computerized Management Information System (CMIS) to GFATM Round-6 in Karnataka and Maharashtra**

The purpose of this activity is to provide TA in establishing an individualized CMIS and continuous support in MIS in the States of Karnataka and Maharashtra under GFATM Round-6. Under this activity, CMIS will be set up in all GFATM-supported CCCs for tracking individuals in the program and generating the monthly progress report, as per the NACO guidelines. In addition, technical support will be provided for the analysis of CMIS data for identifying program coverage gaps. All technical and program staff will be trained to use the CMIS and generate web-based reports. In addition to this, technical assistance will be given in periodic data quality audit.

**FY 2008 NARRATIVE SUMMARY**

An important objective of program activities in 2008-09 is to consolidate the existing Samastha Computerized Management Information System (CMIS), build the capacity of program partners in analysis and utilization of CMIS data for their program review and planning, and collect data for the routine program outcome monitoring. Program activities also include support to the state program in strategic information and mid-term program review and reflections. The district MIS officers, district program coordinators, Link Workers under the implementing NGO, as well as the peer outreach workers, doctors and counselors at the Integrated Positive Prevention Care centres (IPPC) managed by the PLHA networks and the Care and Support Centres (CSC) will be involved in this activity. The monitoring and evaluation personnel from the Karnataka State AIDS Control Society (KSAPS), Karnataka State Technical Support Unit (TSU), Andhra Pradesh State AIDS Control and Prevention Society (APSACS), and AP District Program Management Team will be key stakeholders in this exercise as part of long-term institutional capacity-building.

**BACKGROUND**

The Samastha project is a comprehensive prevention, care and treatment project implemented by the University of Manitoba (UM) in 15 districts in Karnataka and 5 coastal districts of Andhra Pradesh (AP) through a consortium led by the Karnataka Health Promotion Trust (KHPT) in partnership with Population Services International (PSI), EngenderHealth (EH) and NGO partners.

**ACTIVITIES AND EXPECTED RESULTS:**

SI activities under Samastha include: (1) establishing a comprehensive district Computerized Management Information System at all levels for program review and planning (2) collecting periodic data on expected behavioral outcomes in target populations, (3) supporting the State AIDS Prevention Society for establishing "One agreed state-level monitoring and evaluation" as outlined in the third phase of the National AIDS Control organization (NACP-3)and; (4) ensuring quality of data at all levels. Eleven activities are planned.

**ACTIVITY 1: Monitoring Program Coverage and Quality Assurance**

This is an ongoing activity. District-wide monthly, quarterly and annual reports as well as additional analysis of CMIS data are reviewed periodically by Samastha program staff to give feedback to the Implementing Partners (IPs) on program coverage and gaps therein. Efforts to strengthen the quality of data collected at various program levels will be continued. These include data quality checklists and systems for regular data review with sub-partners.

**ACTIVITY 2: Examining Program Status and Progress**

This is an ongoing activity, involving three types of review meetings: monthly review meetings, half-yearly review meetings, and thematic meetings. Each implementing subpartner (IP) will have monthly review meetings organized with them, KHPT will organize program review meetings with all the implementing partners (IPs) twice a year, and special meetings will be organized with the IPs from time to time, each

**Activity Narrative:** focusing on separate themes related to the project.

**ACTIVITY 3: Observing Implementation in the Field**

This is an ongoing activity, wherein personnel at different program management levels visit project sites. The Regional Managers (RM) visit the district program at least once a month, the MIS Officers visits at least once in two months and the Samastha Monitoring and Evaluation (M&E) Manager visits at least once in a quarter to review the data quality and to support record keeping. Periodic field visits by the senior project managers will be organized to understand and provide support to the IPs on field strategies, extent, and quality of coverage.

**ACTIVITY 4: High Quality Analysis of Program Information**

The purpose of the training is to build the capacity of district MIS officers in techniques for analysis of CMIS and other available data for the district, to understand levels, differentials and trends in program coverage and service delivery, and to identify gaps therein. The training is expected to improve skills in analysis and utilization of information for program planning and review. After this training, the District MIS officers will carry out periodic district data analysis and share results and interpretations with program staff. This is a new activity. A total of 25 MIS officers from 20 organizations will be trained.

**ACTIVITY 5: Improving Implementers' Abilities to Make Evidence-Based Decisions**

This training will develop the skills of program staff to understand and utilize information on levels, differentials, and trends in program coverage for program review and planning at various levels. This is a new activity.

This training program will be carried out in two phases; RMs from the Samastha project will be trained who in turn will train district implementing staff in the second phase. In the second phase, one training program in each of the 15 project districts in Karnataka and one in Coastal AP will be conducted. All program staff of the IPs will be involved in this training. In Karnataka, 600 Link Workers (a cadre of outreach community workers planned under NACP-3 to link prevention outreach activities with HIV related services) and 240 other program staff will be trained in 24 batches. In Coastal AP, one training workshop will be organized to cover all doctors and counselors from six partner agencies.

This training is expected to enhance the capacity of the Link Workers and supervisors to use analyses prepared by district MIS officers, to appreciate and identify gaps in program and service coverage, and plan for effective implementation of the program. In terms of care and support service delivery, training will facilitate improvements in the treatment and services provided to the PLHA in the district.

**ACTIVITY 6: Evaluating Program Impact on Risk Behavior**

The second round of Polling Booth Surveys (PBSs) will be carried out to study change in sexual behavior in the general population as well as among female sex workers (FSW). PBS is a simple evaluation mechanism to provide confidential self-administered assessments of behavior change. The sample population is guided through a set of structured questionnaires for behavior change, for which they 'poll' answers on the spot using a polling booth, assuring self-administration and confidentiality. In the general population, the PBS will be done among six demographic groups (unmarried males 15-24, unmarried females 15-24, married males 15-24, married males 25-44, married females 15-24, and married females 25-44) in 900 villages where the project is implemented. There will be two segments of villages selected: a group of 100 selected villages where the PBS will be done every year and another group of 100 villages randomly selected in every round of the PBS. In every selected village, there will be about 12 PBS sessions, and there will be about ten individuals in each PBS session. Hence, a total of 2,400 PBS sessions will be conducted covering about 24,000 individuals.

Among the FSWs, there will be a minimum of ten polling booth sessions per district, with ten participants in each group.

**ACTIVITY 7: Monitoring Improvements in the Quality of Life of PLHAs**

This is an ongoing activity. The second round of recruitment of PLHAs for this assessment and the third and fourth rounds of data collection from the PLHAs recruited in the first and second phase will be carried out in FY08. The purpose of the study is to assess the impact of the program on PLHA's quality of life, in terms of such components as physical, social and psychological well being, access to and effectiveness of services provided, and experience of stigma and discrimination. 200 PLHA subjects will be included in this year's assessment.

**ACTIVITY 8: Measuring the Reach and Effect of Communications on Target Audiences**

This is an ongoing activity. As a part of the periodic communication need assessments, information on selected expected behavioral outcomes will be collected at regular intervals through sample surveys, in collaboration with PSI.

**ACTIVITY 9: Analysis and Interpretation of Program Achievements**

This is a new activity, and replaces the annual reflection exercise carried out by UM. The purpose of this review/reflection is to assess in detail the achievements of various program components with reference to project goals and objectives. The implementing partners, KHPT/UM and external consultants, and the community will carry out this review jointly.

**ACTIVITY 10: Exchanging Lessons Learned with Program Stakeholders**

This is a new activity wherein the experiences of planning and implementing a rural HIV/AIDS prevention, care and support program will be documented and disseminated to a wider audience including NACO, KSAPS, APSACS, other national and international agencies involved in HIV/AIDS prevention, care and support programs, academicians and community-based organization. The method of dissemination includes seminars, publication of manuals and reports, presentations in national and international conferences as well as publications in peer-reviewed scientific journals.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14142

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14142	6132.08	U.S. Agency for International Development	University of Manitoba	6715	3942.08	Samastha	\$299,520
10822	6132.07	U.S. Agency for International Development	University of Manitoba	5601	3942.07		\$275,000
6132	6132.06	U.S. Agency for International Development	University of Manitoba	3942	3942.06		\$290,000

**Emphasis Areas**

Gender

\* Increasing gender equity in HIV/AIDS programs

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development      \$1,751

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.17: Activities by Funding Mechanism**

**Mechanism ID:** 3964.09

**Prime Partner:** MYRADA

**Funding Source:** GHCS (State)

**Budget Code:** HVSI

**Activity ID:** 21404.09

**Activity System ID:** 21404

**Mechanism:** N/A

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Program Area:** Strategic Information

**Program Budget Code:** 17

**Planned Funds:** \$71,000

## Activity Narrative: NEW ACTIVITY NARRATIVE:

### SUMMARY

In the final year of the MYRADA program, activities will continue to be carried out by the prime partner MYRADA and its sub grantees in four districts. The program focuses on delivery of HIV/AIDS prevention, care and support services to high-risk rural communities (now recognized by the National AIDS Control Organization (NACO) in its Link Worker Scheme). This link worker program has several components, including PMTCT activities, prevention with adults, youth and high-risk groups and primary level care and support. All these activities require strong monitoring and supervision. Complex qualitative data is collected while implementing the program which has to be analyzed to guide the program effectively.

In addition, MYRADA will be working closely with a positive network (potentially the Indian Network of Positive People [INP+] whose District Documentation and Reporting Program in Andhra Pradesh is complementary to the District AIDS Prevention and Control Unit (DAPCU) system for district and state monitoring services in the state. MYRADA will also focus on strengthening PLHA skills in understanding and using data for planning and advocacy.

### BACKGROUND

MYRADA, a 40 year old NGO based in Karnataka, India, has been working directly in the focus areas of improving livelihoods of poor and vulnerable women, natural resource management, reproductive and child health (RCH) and HIV/AIDS in the state of Karnataka, and neighboring border areas of Tamil Nadu and Andhra Pradesh. In addition, MYRADA provides regular technical assistance to various government and non-government projects in India, Central and South Asia, and Africa. All MYRADA's work is built on the underlying principles of sustainability and cost effectiveness through building local people's institutions and capacities, and fostering effective linkages and networking. These principles have also been incorporated into the MYRADA USG-supported program since its inception in FY06.

In the first two years of the USG program, MYRADA decided to work in two districts of Northern Karnataka – Belgaum and Gulbarga. Recently, that geographical area has changed. Based on a request from NACO that one agency support one district, MYRADA has agreed to withdraw from Belgaum and Gulbarga. The four districts finalized for the MYRADA USG program, agreed in consultation with the Karnataka Health Promotion Trust and the Karnataka State AIDS Prevention Society (KSAPS), are Chamrajnagar, Bidar, Mandya and Kodagu. All activities planned in the FY08 will shift to these districts. MYRADA will also work closely through a positive network and provide technical and strategic support for the organization.

### ACTIVITIES AND EXPECTED RESULTS

The activities mentioned below were previously integrated into other program areas. Starting with the FY09 COP, they will be listed separately under the Strategic Information program area.

#### ACTIVITY 1: Strengthening Field-Based Monitoring Systems in Program Districts for All Program Components

Although a field-based monitoring system is already in place, MYRADA will strengthen this systems to align with all PEPFAR requirements. These include the village diary kept by the Community Resources Persons (CPRs), supervisors' checklists and forms, monthly formats, and other reporting procedures. The central team will review each reporting mechanism thoroughly to weed out information that is not utilized and thus allow the program staff to invest more time in field activities. Feedback based on this review will be given to staff for improved programming.

#### ACTIVITY 2: Conducting Regular Monitoring Reviews of Programs and Staff Performances in All Program Districts

The central MYRADA team visits the field regularly and a general review is carried out quarterly at both the field level and the central office. These reviews help to identify gaps in knowledge and implementation and focus on key areas for improvement. Quarterly reports are generated from the field reports and submitted to the USG office.

#### ACTIVITY 3: Train Staff in Data Collection and Management

All coordinators and supervisory staff in the four districts will undergo training to understand the importance of data collection and analysis, and using the data for planning. A standardized curriculum will be prepared in line with the data collection and monitoring systems of NACO.

#### ACTIVITY 4: Train Staff on Using Data for Decision Making

Besides the MYRADA teams, a special officer will assist the government District AIDS Prevention and Control Units in all four districts to analyze and use their data for decision making. USG will provide significant technical assistance for this activity.

#### ACTIVITY 5: Use of a Computerized Management Information System (MIS)

MYRADA has developed software to capture and analyze data for high risk group interventions managed by the community itself. MYRADA will work with high-risk group community-based organizations (such as sex worker organizations and PLHA) to set up program-monitoring MIS systems in their institutions. This activity will cut across the state and other neighboring states.

#### ACTIVITY 6: District Documentation and Reporting Program

This activity complements the data gathering mechanism of the Andhra Pradesh State AIDS Control Program. The Andhra Pradesh (AP) state-level PLHA network (TLN+), with the support of the AP District Level Networks and technical guidance from INP+ and USG, started a District Documentation and Reporting Program in July 2007. In this activity, a District Reporting Associate (DRA), who is a qualified (high-school pass) PLHA assists the District Program Manager of a DAPCU. The DRA makes systematic visits to hospitals, NGOs and other service delivery outlets, meets PLHA, collects data on services provided to PLHA (besides ART), identifies the issues and gaps in service delivery, and passes this information to the respective DPM and the District Monitoring and Evaluation (M&E) Officer. This activity has

**Activity Narrative:** strengthened advocacy with the AP State AIDS Control Society by state and district level PLHA on critical issues. It is being implemented in nine districts in AP.

**ACTIVITY 7: Improve the Capacity of Positive Networks to Monitor and Evaluate Their Programs**  
Positive networks have advocated for a greater role in implementing care and support programs and have been given that responsibility in recent years. Examples include the USG-funded family counseling centers and drop-in centers and Global Fund/NACO-funded ART peer-support services and outreach workers schemes. However, the ability of the positive networks to monitor their own work and evaluate its impact is minimal. MYRADA, in partnership with a positive network (potentially INP+) and with support from USG, will implement a strategy to address this weakness. Concepts like monthly reporting, target setting, performance-based budgeting, and formal evaluations of key intervention models will be strengthened – especially at the state and district level – for the field-based centers to use effectively.

**ACTIVITY 8: Training of Positive Network Staff and Qualified PLHAs in Strategic Information**  
While it is important that PLHA are involved in policy-level discussions at the national, state and district levels, it is also important to invest in training PLHA in data collection and analysis. This will give them an opportunity to study the epidemic from different angles and to express their opinions with the support of evidence. Hence, MYRADA will train identified PLHA in the basic aspects of strategic information gathering and data analyzing methods.

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Emphasis Areas**

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development      \$50,000

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.17: Activities by Funding Mechanism**

**Mechanism ID:** 3967.09

**Mechanism:** APAIDSCON

**Prime Partner:** Share Medici (Networking)

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Strategic Information

**Budget Code:** HVSI

**Program Budget Code:** 17

**Activity ID:** 21491.09

**Planned Funds:** \$30,000

**Activity System ID:** 21491

## Activity Narrative: NEW ACTIVITY NARRATIVE:

### SUMMARY

SHARE India has established an innovative "consortium" structure, the Andhra Pradesh AIDS Consortium (APAIDSCON) to reach out to private medical colleges in Andhra Pradesh (AP). This consortium will continue to be strengthened in FY09 and in doing so, will be able to participate in a number of important system strengthening activities and policy initiatives across the state. The consortium also works with the partnering private medical college institutions to build human resource capacity for managing private sector engagement in health programs, particularly HIV/AIDS programs, at the state level in AP. This includes setting up effective Monitoring and Evaluation systems and Management Information Systems.

### BACKGROUND

In India the majority of health care (~80%) is provided in the private sector where facilities range from state of the art to barely adequate. Traditionally medical education has been the preserve of Government medical schools, however in the last five years there has been an explosive growth of private medical schools and over the next decade the bulk of newly trained medical graduates will come from the private sector.

In 2005, Science Health Allied Research and Education (SHARE)/MediCiti established a consortium of 15 Private Medical Colleges named the Andhra Pradesh AIDS Consortium (APAIDSCON). Recently, as an effort to reach out to the private for-profit health sector, 25 private small to medium size hospitals were added to the consortium. By establishing APAIDSCON, SHARE/MediCiti has developed and promoted a comprehensive multi-disciplinary strategy to combat the HIV/AIDS epidemic in the state with the highest estimated burden of HIV in India.

The primary aim of the consortium is to ensure that future medical graduates (over 1500 annually) as well as nurses and allied health professionals are well trained to address HIV/AIDS. APAIDSCON builds collaborative programs with private entities as well as Government agencies to enhance access to counseling, testing and care for HIV infected individuals and implement effective programs to reduce mother to child transmission of HIV. APAIDSCON promotes the implementation of national guidelines and best practices in addressing the HIV AIDS epidemic.

Fundamentally, APAIDSCON was established as a mechanism to strengthen the organizational capacity of its member institutions. The fact that 15 independent and often competing private medical colleges came together and formed a consortium to address HIV and medical education issues is a noteworthy initial outcome and model for the country. Forming a consortium has also led to more substantive system strengthening, including the successful completion of joint training programs, curriculum sharing, advocacy for government funded HIV testing and counseling centers in all 15 colleges, and a linkage system for subsidized CD4 testing. The process of jointly applying for USG funding, developing consortium guidelines and annual workplans, establishing monitoring and evaluation systems, and conducting review meetings has been an additional capacity-building experience for the original 15 member institutions.

### ACTIVITIES AND EXPECTED RESULTS

#### ACTIVITY 1: Data Management Capacity Support to Integrated Counseling and Testing Center (ICTC) Staff

The APAIDSCON partner institutes are spread over 12 districts in AP. Under the Public Private Partnership initiative of the Andhra Pradesh State AIDS Control Society (APSACS), 15 Partner Institutes (PIs) have been sanctioned to run ICTCs. A counselor and laboratory technician have been placed and appointed in the institutes by APSACS to provide the ICTC services. These personnel will continue to be in place at the counseling and testing (CT) and PMTCT centers.

Data management support to run the CT and PMTCT services will be provided to the institutes. From April 2007 onwards these counselors and laboratory technicians have been placed under the direct supervision of APAIDSCON by APSACS. This is a partnership with the state government to provide support to the partnering institutes on behalf of APSACS. This arrangement will help the state-level team in the following ways:

- Guide the counselors and laboratory technicians in providing services in line with NACO guidelines
- Collect PMTCT and VCTC data from the partnering institutes every month. The data is analyzed and feedback provided to the partners and APSACS.
- Monitor the working of the counselors every quarter by organizing review meetings in consultation with APSACS.
- Conducting regular refresher trainings for the counselors and laboratory technicians.

As a part of routine monitoring of the ICTC, a Computerized Management Information System (CMIS) format has been designed by NACO/APSACS. APAIDSCON will take up the role of supportive supervision for the ICTC personnel to ensure data management in the prescribed national CMIS formats. The counselors and lab technicians will be trained and mentored to send regular monthly reports to APSACS. APAIDSCON will also analyze the monthly reports to provide regular feedback to the partnering institution and APSACS.

Regular review meetings are being held under the guidance of APSACS; mentoring and support will be provided to the counselors and lab technicians to present the data in an effective manner. APSACS also conducts regular partners' meetings which are attended by the representatives of CDC and APAIDSCON where the ICTC data from all the PIs is discussed with the purpose of improving the interventions.

#### ACTIVITY 2: Data Management Capacity Support to Community Care Center (CCC) Staff

Under the APSACS Public Private Partnership initiative, some of the PIs have been sanctioned to establish Community Care Centers (CCCs). These centers are set up in accordance with the national guidelines (including recommended staff and personnel) to give services to PLHIV. The CCCs are 10-bedded centers providing non-ART care and treatment to PLHIV. A project coordinator is appointed to coordinate and



**Activity Narrative:** manage the manpower and services of the center.

As a part of the initiative monthly reporting has to be completed in line with the national guidelines. A specific format (CMIS) has been designed by NACO/APSACS. The training and supportive supervision required for fulfilling this requirement of data management and reporting will be taken up by APAIDSCON. Mentoring and support will be provided to the project coordinator to present the data in an effective manner. The monthly reports will be analyzed by APAIDSCON to provide regular feedback on the CCC's functioning and performance to the CCC and APSACS.

Regular review meetings are being held under the guidance of APSACS. APSACS also conducts regular partners meetings which are attended by the representatives of CDC and APAIDSCON, in which data from all CCCs at the PIs is presented and discussed in order to improve the interventions.

**ACTIVITY 3: Data management and SI Systems Strengthening of the PIs**

The PIs of the consortium conduct regular activities including outreach, care, treatment and trainings. The nodal officer of the PI, who is a member of the Steering Committee (SCM) has to submit a report monthly on the activities conducted in the PI. Various templates and reporting formats have been designed for use by the SCM; training and supportive supervision through on-site mentoring of the SCM for this regular reporting will be carried out.

The data generated through these reports will be used for various implementation improvements. All SCM from various PIs meet once a quarter at APAIDSCON to review the overall program. During these meeting data from each PI will be presented, as a platform for the SCM to share experiences and use this shared learning to better the program. These reviews also give an opportunity for the less well-performing PIs to learn from others.

**ACTIVITY 4: Data Management of the Training Programs**

APAIDSCON undertakes various training programs to increase the clinical capacities of the PIs. The programs are targeted at clinicians and healthcare professionals in different departments. The three programs conducted are (i) Advanced Clinical hands-on training for physicians, pediatricians, dermatologists, and chest physicians; (ii) OBGYN training for doctors from the Department of Obstetrics and Gynecology; and (iii) Microbiologist training for microbiologists and lab managers.

The training programs are evaluated based on pre and post tests. It is also planned to conduct a long-term evaluation and outcome assessment. These evaluations will inform the program on areas where improvement is needed and will also provide continuous input and review from the health-care professionals on their training needs. APAIDSCON staff managing the training programs will be trained on the methodologies of training evaluation and assessment. They will also be trained on training outcome assessment techniques and processes.

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Emphasis Areas**

Health-related Wraparound Programs

\* TB

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development      \$30,000

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.17: Activities by Funding Mechansim**

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**Mechanism ID:** 5785.09

**Prime Partner:** Family Health International

**Funding Source:** GHCS (USAID)

**Budget Code:** HVSI

**Activity ID:** 14248.21252.09

**Activity System ID:** 21252

**Mechanism:** Samarth

**USG Agency:** U.S. Agency for International  
Development

**Program Area:** Strategic Information

**Program Budget Code:** 17

**Planned Funds:** \$827,500

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

**UPDATE**

In FY08, FHI provided support to Government of India for strengthening the HIV surveillance system. Technical Assistance (TA) was also provided to National AIDS Control Organization (NACO) and State AIDS Control Societies (SACS) through support of technical officers, including epidemiologists. FHI, in collaboration with UNAIDS, CDC and WHO supported NACO in setting up a Strategic Information Management System (SIMS) and expanding the system to include data from other strategic information sources like Surveillance and National Family Health Survey (NFHS) along with Management Information System (MIS).

In FY 09, Activities 2, 3 and 4 will continue as in FY08. The following modifications are proposed for Activity 1.

**ACTIVITY 1: TA to NACO and SACS on Improving Monitoring and Evaluation (M&E), and the National HIV Surveillance System**

In FY09, FHI will provide need-based TA to strengthen the capacity of and support to epidemiologists and strategic information staff at NACO, SACS and District AIDS Prevention and Control Units (DAPCUs) in the roll-out and proper functioning of SIMS at the National, State and District levels. FHI will continue to play an active role in the functioning of the M&E working group, consisting of bilateral and international organizations. Technical assistance will be provided to Maharashtra and Mumbai AIDS Control Societies in synergy with Technical Support Unit (TSU) on strengthening state sentinel surveillance system. Support will be continued to Uttar Pradesh State AIDS Control Societies (UPSACS) and TSU in planning interventions among high-risk groups and migrants based on the mapping data. FHI and its partners will continue to collect gender-disaggregated service delivery data and use it to provide appropriate and high quality services to women and children. The disaggregated data will be utilized by FHI for designing and providing TA to NACO, SACS and USG partners. The strategy to use this data for appropriate HIV/AIDS programs and policies will be an important component within the program area for FHI/SAMARTH.

**FY08 NARRATIVE SUMMARY**

The strategic information (SI) program area will focus on providing technical assistance (TA) at national, state, and district levels to strengthen data collection, analysis, and use of data for program planning. Specifically, the Samarth project will provide TA in analyzing and disseminating HIV/AIDS behavioral and biological surveillance and monitoring information; developing and disseminating best practices to improve program efficiency and effectiveness; planning/evaluating national prevention, care and treatment efforts; and supporting human capacity development through trainings. The target population includes the National AIDS Control Organization (NACO), State AIDS Control Societies (SACS) and USG partners. Targets under this program area will be achieved by using both GHAI and Child Survival funds to achieve results.

**BACKGROUND**

The Samarth project has been implemented by Family Health International (FHI) since October 2006. Samarth will directly contribute to implementing quality HIV/AIDS prevention, care and treatment through TA, capacity building and institutional strengthening of government (NACO, the SACS) and civil society. In addition, the Global Fund will be provided specific TA to strengthen the leadership and governance of its India Country Coordinating Mechanism (CCM) Secretariat. FHI implements Samarth in partnership with the Christian Medical Association of India (CMAI, which has over 300 faith-based hospitals as members), the Indian Network of Positive People (INP+), and Solidarity and Action Against the HIV Infection in India (SAATHII, an NGO with a mandate to build capacity of civil society). Samarth extends needs-based capacity building assistance to government and non-government stakeholders as well as to USG partners. Since FY07, Samarth has supported NACO with human and technical support in key program areas like counseling and testing (CT), OVC, ARV, SI and policy and systems strengthening. Samarth also implements four demonstration projects in New Delhi to showcase best practices in Abstinence and Be Faithful programs, OVC and palliative care for injecting drug users.

**ACTIVITIES AND EXPECTED RESULTS**

Strategic Information is an ongoing focus program area under the Samarth project, supported with PEPFAR funds. NACO has requested Samarth to provide ongoing mentorship to epidemiologists at the national and state level on HIV/AIDS surveillance, data quality and use of monitoring data for programming.

**ACTIVITY 1: TA to NACO and SACS on Improving Monitoring and Evaluation (M&E) and the National HIV Surveillance System**

Samarth will support 14 epidemiologists to provide ongoing support to NACO and SACS in strengthening M&E and HIV surveillance systems. The specific roles of the epidemiologists include strengthening state HIV surveillance system, program data collection (prevention, palliative care, CT, PMTCT and ART) monitoring and supervision of data quality, analyzing data from the computerized management information system (CMIS) and supporting SACS to analyze and use data to plan interventions in their states.

**ACTIVITY 2: TA to USG Partners on PEPFAR MIS and Reporting**

In FY08, the Samarth project will conduct workshops and provide ongoing TA to all USG partners on integrating PEPFAR indicators into their existing reporting systems and collecting and reporting gender-disaggregated information on key indicators. TA will also be provided to USG partners for ensuring data quality and data accuracy through sharing best practices in data collection and management developed by FHI.

**ACTIVITY 3: TA to USG Partners on Behavioral Surveillance Surveys (BSS) and Integrated Biological and**

**Activity Narrative:** Behavioral Assessments (IBBA)

Samarth will provide ongoing technical assistance to USG partners in planning and implementing BSS and IBBA surveys. Samarth project is a member of the technical working groups (TWG) for these surveys conducted by USG partners. As a TWG member, Samarth will contribute to designing the sample protocols including those for sampling, data collection tools and analysis.

**ACTIVITY 4: TA on Documentation and Dissemination of Best Practices**

SAATHII, a sub-partner of the Samarth project, will document and disseminate the best practices of USG-supported programs including successful models of private-public partnership, and case studies of industry champions and of people living with HIV/AIDS. These will be disseminated through the Samarth project website and print media. SAATHII will conduct workshops on documentation and dissemination of best practices for SACS and USG partners. SAATHII will provide TA to develop a one-stop online resource center on the gender dimensions of HIV/AIDS.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14248

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14248	14248.08	U.S. Agency for International Development	Family Health International	6711	5785.08	Samarth	\$538,905

**Emphasis Areas**

Gender

\* Increasing gender equity in HIV/AIDS programs

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$196,020

**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water**

**Table 3.3.17: Activities by Funding Mechanism**

**Mechanism ID:** 5976.09

**Mechanism:** N/A

**Prime Partner:** Indian Network of Positive People

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GAP

**Program Area:** Strategic Information

**Budget Code:** HVSI

**Program Budget Code:** 17

**Activity ID:** 16404.20893.09

**Planned Funds:** \$0

**Activity System ID:** 20893

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

CDC's Cooperative Agreement with INP+ ended on March 31, 2008 and there are no plans to renew it. With the current funding INP+ will be able to carry on the programs until June 2009. The activities in this program area mentioned in the FY08 COP activity narrative are expected to be absorbed by other CDC partners and continued in future. INP+ may become a sub-partner to another CDC prime partner.

**FY 2008 NARRATIVE SUMMARY**

The program will support an innovative approach to using People Living with HIV/AIDS (PLHA) to complement the District AIDS Prevention and Control Unit (DAPCU)'s system for district and state monitoring services in the State of Andhra Pradesh. A District Reporting Associate (DRA) from the PLHA networks will meet regularly with the District Program Manager to provide systematized information on the use of services. In addition, PLHA skills in understanding and using data for planning and advocacy will be strengthened through training.

**BACKGROUND**

The Indian Network for People living with HIV/AIDS (INP+), which started in 1997, is a leading advocacy organization of PLHA in India. It has more than 60,000 PLHA as members through its 120 affiliated district level networks (DLNs). INP+ has its headquarters in Chennai, Tamil Nadu and has a coordinating office in Delhi. The organization works toward improving the quality of life of PLHA through: 1) establishing independent state and district level groups; 2) improving grassroots level services by linking with government and private service providers; and 3) strengthening advocacy activities locally and nationally. National AIDS Control Organization (NACO) has recognized INP+ as a strong partner in their policy level discussions. INP+ is a co-chair of the Country Coordinating Mechanism of the Global Fund for AIDS, Tuberculosis and Malaria (GFATM).

CDC, Global AIDS Program (GAP) has partnered with INP+ under a Cooperative Agreement since 2004.

**ACTIVITIES AND EXPECTED RESULTS**

Under the third phase of the National AIDS Control Program (NACP-3), there is a strong emphasis on district level data collection and decentralized management through the District AIDS Prevention and Control Units (DAPCU). In Tamil Nadu and Andhra Pradesh, the SACS have already placed District Program Managers (DPM) to monitor HIV Prevention and care activities. It is in this context that INP+ initiated its District Documentation and Reporting Program in the state of Andhra Pradesh as a model.

Until recently the national or state HIV control programs did not see PLHA networks as a valuable mechanism for collecting information on the quality of care, service delivery and prevention efforts by government-sponsored and other NGOs. Second, there is no mechanism at present at the district-level to document the quality of the services provided by various NGOs in the state and provide feedback to those care providers. By helping in gathering strategic information, PLHA will complement the ability of the local government (district-level) to collect data, map out service delivery areas, and gather information on the number of people reached by specific activities systematically. This will strengthen the MIS systems of the Andhra Pradesh State AIDS Control Society (APSACS).

**ACTIVITY 1: District Documentation and Reporting Program.**

This activity is seen complementing the data gathering mechanism of the national State AIDS Control Program. The Andhra Pradesh State PLHA network (TLN+), with the support of the Andhra Pradesh District Level Networks (DLN) and technical guidance from INP+ and CDC, launched the District Documentation and Reporting Program in July 2007.

In this activity, a District Reporting Associate (DRA), who is a qualified (high school pass) PLHA assists the District Program Manager (DPM) of DAPCU. The DRA makes systematic visits to hospitals, to NGOs and other service delivery outlets, meets PLHA, collects data on services provided to PLHA (besides ART), identifies the issues and gaps in service delivery, and passes this information to the respective DPM and the District Monitoring and Evaluation (M&E) Officer. Previously, the district authorities in the six districts where DRA are working had limited access to any of these service outlets, and then only to government service centers. A direct output of this activity will be to strengthen advocacy with the SACS by State and District level PLHA as burning issues will be backed by evidence. This will give greater recognition to the voice of PLHA

The expected outcome is that this model will be replicated in other districts where there are high numbers of PLHA. In FY 2008, the DRA program will be strengthened by working with the district M&E officer to implement systems and mechanisms for data collection. In FY 2008 INP+ plans to scale up this service to six more districts, thus operating in 12 districts in AP.

**ACTIVITY 2: Training of INP+ Staff and Qualified PLHAs in Strategic Information**

While it is important that PLHA are involved in policy-level discussions at the national, state and district levels, it is also important to invest in training PLHA in data collection and analysis. This will give them an opportunity to study the epidemic from different angles and to express their considered opinions supported by evidence. Hence, in FY08, INP+ plans to train 60 qualified PLHA in the basic aspects of strategic information gathering and data analyzing methods.

**ACTIVITY 3: Improve the Capacity of Positive Networks to Monitor and Evaluate Their Programs.** Positive networks have advocated for a greater role in implementing care and support programs and have been given that responsibility in recent years. Examples include USG funded family counseling centers and drop in centers and GFATM/NACO funded ART peer support services and outreach workers schemes. However, the ability of the positive networks to monitor their own work and evaluate its impact is minimal.

**Activity Narrative:** In FY08, INP+ with mentorship and support from CDC and USAID will develop and implement a strategy to address this weakness related to monitoring and evaluation. Concepts like monthly reporting, target setting, performance based budgeting, and formal evaluations of key intervention models will be strengthened, especially at the state and district level.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 16404

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16404	16404.08	HHS/Centers for Disease Control & Prevention	Indian Network of Positive People	6848	5976.08		\$34,000

**Table 3.3.17: Activities by Funding Mechanism**

**Mechanism ID:** 7728.09

**Mechanism:** N/A

**Prime Partner:** Hindustan Latex Family Planning Promotion Trust

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (USAID)

**Program Area:** Strategic Information

**Budget Code:** HVSI

**Program Budget Code:** 17

**Activity ID:** 5939.20890.09

**Planned Funds:** \$72,000

**Activity System ID:** 20890

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Activities 1 through 4 in COP08 will continue with no changes in COP09. The following new activities will be undertaken with FY09 funds:

**ACTIVITY 5: Concurrent Assessment of Generic Condom Promotion Campaign**  
HLFPPT is implementing a generic condom promotion campaign. By the end of 2009 a concurrent assessment will be conducted to study the reach and effectiveness of the campaign. The findings of the assessment study will be incorporated into the next level of campaign activities.

**ACTIVITY 6: Focused Qualitative Studies**  
In 2007, HLFPPPT conducted Risk Behavior Assessment Studies focused on thematic groups: clients of sex workers, MSM and transgender, PLHA and IDUs. Based on these research studies, HLFPPPT developed focused behavior change communication strategies in consultation with the communities; these strategies are being implemented through community participation on a pilot basis.

An evaluation of the effectiveness of the BCC strategies and ongoing activities, concepts and methodologies of the concurrent assessment will be developed and conducted. Based on the findings, appropriate changes in the BCC strategies and activities will be incorporated. The BCC campaigns will be subsequently scaled up to cover the entire prevention program among MARPs at the state and national level.

**FY 2008 NARRATIVE SUMMARY**

HLFPPT will support the Maharashtra State AIDS Control Society (MSACS) and the Goa State AIDS Control Society (GSACS) to carry out several formative assessments to support evidence-based condom social marketing (CSM) programs. These assessments will be aimed at efficient program planning and implementation.

**BACKGROUND**

HLFPPT is a para-statal organization that has been working at the national level since 1992 to support the Government of India to expand access to condoms for family planning and HIV/AIDS prevention. USG is supporting HLFPPPT to improve access to high quality condoms for MARPs and their clients. HLFPPPT works closely with local AIDS authorities, other social marketing organizations and donors to strengthen capacity while avoiding duplication.

The State of Maharashtra continues to have a growing concentrated epidemic driven by heterosexual transmission. The prevalence of HIV infection is high among MARPs with 50.2% among Female Sex Workers (FSW), 43% among Transgender, 11.2% among Injecting Drug Users (IDU) and 6% among Men who have Sex with Men (MSM) (data source: State Program Implementation Plan). Out of 35 districts in Maharashtra State, 29 are high prevalence (2006), up from 22 districts in 2005. Hence, there is a need to strengthen the ongoing social marketing program and expand consistent use of condoms among MARPs and bridge populations in Maharashtra state in order to prevent new infections and halt the spread of HIV.

There are currently six CSM organizations working in Maharashtra mainly targeting family planning activities. Notwithstanding this, recent reports indicate that condom sales in the State of Maharashtra have been declining since 2001. In 2001, condom sales were 73 million pieces; this decreased to 58 million in 2004. The market stagnated until 2005; however, in 2006 condom sales registered an increase. During this period, HLFPPPT with support from USG implemented the first phase of the CSM campaign in 22 high-prevalence districts.

Under the umbrella of the Avert project, HLFPPPT has been awarded another four year co-operative agreement to support the state in scaling up the efforts on condom social marketing. In FY08, HLFPPPT will build on the campaigns of previous years and scale up the condom social marketing programs while building the capacity of the state and the national level program. HLFPPPT's limited support for Goa will be additional to the Maharashtra activities.

**ACTIVITY AND EXPECTED RESULTS**

There is a paucity of quality data to support evidence-based programming for CSM in both the states of Maharashtra and Goa. It is critical to support the SACS in conducting formative assessments to expand and strengthen the CSM programs.

**ACTIVITY 1: Mapping of Condom Retail Outlets in Maharashtra and Goa States**  
The purpose of this activity is to gather information to enhance access to condoms for Most-at-Risk Populations through focused distribution initiatives in high-risk areas in the state. The landscape and locations of non-traditional condom outlets is constantly changing. Hence, a fresh mapping of non-traditional condom outlets will be conducted to understand the latest scenario and to identify new outlets. A research agency will be engaged to undertake the mapping with support from the program field staff and partner NGOs and social marketing organizations.

HLFPPT will provide technical support to GSACS in developing the scope of work, selection of the agency and monitoring the implementation of the mapping study in the state. Additionally, HLFPPPT will provide technical support in utilizing the data for program planning. The non-traditional outlets will be involved in the condom promotion program.

**ACTIVITY 2: Assessment of the Free Condoms Program in Maharashtra and Goa States**

**Activity Narrative:** HLPFPT will provide technical support to the SACS in developing the scope of work for conducting assessments of condom wastage and of the free condoms programs. It will assist SACS in selecting the agency and monitoring the assessment including using the findings for program planning.

**ACTIVITY 3: Retail Condom Sales Tracking**

HLPFPT will operationalize a retail sales tracking software that will ensure that the non- traditional condom outlet sales are regularly tracked. Based on the data collected on sales trends, promotional efforts will be designed to ensure supply side efficiencies. HLPFPT will also provide technical support to MSACS and GSACS in developing a retail condom tracking system and monitor the condom sales for the outlets established.

**ACTIVITY 4: Assessment of Condom Quality**

HLLFPPT will support MSACS and GSACS in designing and implementing a condom quality assessment study. HLPFPT will collect samples of condoms from retail outlets in high-risk areas and from NGOs distributing condoms. They will be sent for testing to confirm their quality as per the Schedule R specifications stipulated by Indian Drug Control Authorities. The findings will be shared with the local authorities and corrective actions will be planned and monitored.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 17311

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17311	5939.08	U.S. Agency for International Development	Hindustan Latex Family Planning Promotion Trust	7728	7728.08		\$72,000
10803	5939.07	U.S. Agency for International Development	Hindustan Latex Family Planning Promotion Trust	5597	3919.07		\$41,840
5939	5939.06	U.S. Agency for International Development	Hindustan Latex Family Planning Promotion Trust	3919	3919.06		\$25,000

**Emphasis Areas**

Gender

\* Addressing male norms and behaviors

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.17: Activities by Funding Mechansim**

**Mechanism ID:** 10704.09

**Mechanism:** N/A

**Prime Partner:** To Be Determined

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Strategic Information



**Budget Code:** HVSI

**Program Budget Code:** 17

**Activity ID:** 25171.09

**Planned Funds:** ██████████

**Activity System ID:** 25171

**Activity Narrative:** NEW ACTIVITY NARRATIVE

**BACKGROUND**

The National AIDS Control Program Phase-III (NACP-III) started in 2007 and will continue until 2012. Most of the budgetary requirements have been planned and are being implemented in a phased manner. However, if the proposed targets of NACP-III are to be met, technical assistance (TA) will be needed by the National AIDS Control Organization (NACO). This is the key area of expertise of the combined USG PEPFAR program. Recognizing USG's expertise in this area, many requests from the national and state governments have been received by the USG team for assistance in this area. Prioritizing these requests, CDC will provide on-going support in its areas of technical expertise and has demonstrated successful models that can be replicated nationally or at state level.

**ACTIVITIES AND EXPECTED RESULTS**

The geographic focus for these collaborative activities will be the states of Tamil Nadu, Andhra Pradesh, North-East and any other mutually identified and emerging priority geographical areas.

**ACTIVITY 1: Strategic Information Management and Planning**

This activity will respond to requests to assist with training, planning, and analysis for surveillance, Monitoring and Evaluation (M&E) and data quality assurance. Specific requests for TA that have been identified include:

1. Provide TA for needs assessment, working with the NACO SI Officer
2. Follow up on triangulation workshops held for NACO in 2008
3. Support to NACO M&E Working Group
4. Provide TA on estimation modeling
5. Provide TA for sentinel surveillance

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Table 3.3.17: Activities by Funding Mechanism**

**Mechanism ID:** 3974.09

**Mechanism:** DoD

**Prime Partner:** US Department of Defense

**USG Agency:** Department of Defense

**Funding Source:** GHCS (State)

**Program Area:** Strategic Information

**Budget Code:** HVSI

**Program Budget Code:** 17

**Activity ID:** 25169.09

**Planned Funds:** \$16,800

**Activity System ID:** 25169

## Activity Narrative: NEW ACTIVITY NARRATIVE: CONTINUING ACTIVITY

### SUMMARY

The objectives of this activity are to monitor and assess the effectiveness of the ongoing military HIV/AIDS prevention program, identify areas requiring additional support and greater attention by the Armed Forces Medical Service (AFMS) to improve its data collection and analysis capabilities. Support will be provided for the development, design, and implementation of a further mid-program review. A first mid-program review is currently underway, and its results will inform and guide the development and implementation of this second review, which will be implemented in 2011. Although this is not an annual request, it is anticipated that there will be additional efforts to collect and analyze data regarding the overall DOD PEPFAR India program to ensure that program activities are achieving expected results.

### BACKGROUND

The Department of Defense (DOD) in collaboration with the US Pacific Command/ Center of Excellence (PACOM/COE ) has supported the Indian Armed Forces Medical Services (AFMS) since 2004 in building their capacity to provide HIV/AIDS prevention, care and treatment services to military personnel, and their families. The geographical focus covers the capital city New Delhi; Shillong, in the North East where there is a generalized epidemic; and in Mumbai and Pune in the high prevalence State of Maharashtra. As with many militaries worldwide, the Indian Armed Forces personnel are an at-risk population since soldiers are generally young, mobile, separated from their families, and exposed to commercial sex workers. With troop strength of nearly 1.3 million, troop turnover, and annual recruitment of 80,000 new recruits and their accompanying family dependents, new to the military community, it is critical for the AFMS to develop a sustained HIV prevention, care and treatment program which can be accessed by military personnel and their families.

### ACTIVITIES AND EXPECTED RESULTS

This activity will allow for a further mid-program review by funding a KAP survey to be implemented in 2011, similar to the one being conducted in late 2008. The results of this review will allow DOD and AFMS to assess the effectiveness of specific DOD PEPFAR/India program activities and help guide future programming. This activity builds upon and further develops AFMS's capacities to monitor, evaluate, and manage information, as well as perform situational analysis and evidence-based planning. These capacities improve health system management, and strengthen information systems and AFMS's overall monitoring and evaluation.

#### ACTIVITY 1: AFMS Behavioral Survey

In coordination with ODC and PACOM/COE, AFMS will conduct a behavioral survey aimed at developing the ability to follow health status, knowledge, attitude and practices (KAP). This will be similar to the survey implemented in August 2008, at the time of the review of the PEPFAR program with AFMS. While this will be an approved COP FY09 activity, the KAP survey will be executed in 2011.

One challenge that this activity faces is the sensitivity of the survey findings. The Indian Armed Forces are not eager to share information concerning their readiness and other related issues for security reasons. This challenge can be overcome through maintaining the strong, trusting relationship with key leaders at AFMS that the ODC and PACOM /COE currently have. Obtaining agreement on how survey data will be released and used prior to survey review will be facilitated by the ODC and PACOM/COE. While these surveys are not an annual request, it is anticipated that they or similar reviews will be used again at some point in the future.

#### ACTIVITY 2: Monitoring and Reporting

PACOM/COE and ODC will monitor and report on the implementation of the military component of the PEPFAR program. Some information will be taken from response to the KAP survey which will ask survey participants about IEC materials reach, utilization, comprehension, and peer education sessions. Monitoring and reporting on technical assistance will also be carried out.

Three results are expected from the Strategic Information program component. First, it will help measure the impact of various prevention, care and treatment interventions conducted over the past three years. Second, it will identify areas needing additional support. Finally, it will contribute to the sustainability of the program by further increasing awareness of and commitment to the importance of regular data collection, monitoring, reporting, and evidence-based planning.

Emphasis Areas: Military populations

**New/Continuing Activity:** New Activity

**Continuing Activity:**

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**Emphasis Areas**

Military Populations

**Human Capacity Development****Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.17: Activities by Funding Mechanism****Mechanism ID:** 3966.09**Prime Partner:** Leprosy Relief Association  
India**Funding Source:** GHCS (State)**Budget Code:** HVSI**Activity ID:** 6221.20907.09**Activity System ID:** 20907**Mechanism:** N/A**USG Agency:** HHS/Centers for Disease  
Control & Prevention**Program Area:** Strategic Information**Program Budget Code:** 17**Planned Funds:** \$5,000

## Activity Narrative: CONTINUING ACTIVITY - NEW ACTIVITY NARRATIVE

### SUMMARY

LEPRA, with support from USG and the Andhra Pradesh State AIDS Control Society (APSACS), provides strategic information (SI) technical assistance and support at the state and district level for program planning, management, and implementation. A key area of USG support is the strengthening a system of decentralized, district-level data management, and facilitating its use for strategic decision making.

The southern state of Andhra Pradesh (AP) has a population of nearly 78 million, divided in 23 administrative districts. It has an estimated 500,000 PLHA, the largest number in the country. LEPRA, with support from USG and APSACS, rolled out a large comprehensive prevention, care, treatment, and support program, the Primary Health Care Enhancement Project (PHCEP) in AP in 2006. These activities will continue through FY09 and will benefit from the SI activities.

In FY09, the supportive supervision and management of the PHC Enhancement Project will be shared between USG partners and the government-appointed District AIDS Prevention and Control Unit (DAPCU). To date, district teams for supervision of the PHC HIV/AIDS activities in the ten high-burden district have been supported by USG funds, which will end in FY09 due to the integration of the project into the national DAPCU structure. This integration forms part of the sustainability plan for the PHC Enhancement Project, which will be handed over to the government as the project enters its fifth year of USG support.

### BACKGROUND

LEPRA Society, an NGO based in Hyderabad, AP, works among sub-populations in select villages across 53 districts in four states of India: AP, Orissa, Bihar and Madhya Pradesh, covering a total population of 12 million. Current programs include activities in public health and rural development, such as TB interventions, HIV awareness and prevention, care and support to PLHA, malaria, and prevention of blindness. Its strengths are grassroots level interventions for rural, vulnerable, and difficult-to-reach sub-populations. LEPRA emphasizes sustainability and cost-effectiveness by building individual and partner agency capabilities. LEPRA Society is a leading partner of the Government of Andhra Pradesh, APSACS, in implementing a large scale HIV counseling and testing program in over 500 health facilities and is also a joint implementing partner of APSACS in other critical state level HIV interventions.

USG has been working in AP with LEPRA, and its sub partner Catholic Health Association of India (CHAI), since 2005. CHAI, established in 1943, is India's largest NGO in the health sector with nearly 3,273 member institutions that include large, mid-sized and small hospitals, health centers, and diocesan social services societies. CHAI promotes community health and enables the community, especially the poor and the marginalized, to be collectively responsible for attaining and maintaining their health, demand health as a right, and ensure availability of quality health care at reasonable cost.

### ACTIVITIES AND EXPECTED RESULTS

Under the National AIDS Control Program Phase III (NACP-III), there is a strong emphasis on district level program planning, implementation, and review through new District AIDS Prevention and Control Units (DAPCUs). With PEPFAR funds, LEPRA developed the District Program Management (DPM) concept to demonstrate a decentralized model of district level program and data management in the state. The intention is for the DPM model to work in synergy with NACP-III's DAPVU management model as the national plan moves into its implementation phase.

APSACS has already put in place DPMs and Monitoring and Evaluation Officers to monitor all HIV program interventions at the district level. The DAPCUs will be set up by NACO in 2009, so USG support for the DPM initiative will end by the end of 2008. The responsibilities covered by the DPM will then be shared between the Nurse Supervisors and the new DAPCU team. CHAI and LEPRA Society will transfer technical and managerial training and capacity building from the DPM teams to the DAPCUs in the six intervention districts as needed.

#### ACTIVITY 1: Data Management and SI Systems Strengthening of the State Integrated Counseling and Testing Center (ICTC) Program

With continuing USG support, routine data from the Primary Health Centers (PHC) related to counseling, HIV testing, PMTCT, and outreach activity are consolidated at district level and analyzed locally to support evidence-based program planning and decision making. This program is supported in ten high-burden districts through Nurse Supervisors supported and trained by USG. The PHC nurses, who maintain the data, are funded by the state government. USG provides skills-based and technical trainings on a regular basis.

ICTC data from the USG-enhanced PHCs under the PHCEP program is of strategic significance as evidence to inform program strategy and implementation. These facilities, located in rural community settings, are possibly more accurate surrogate markers of HIV prevalence in the rural general population than the HIV sentinel surveillance data that comes from urban and peri-urban facilities during a limited three-month period each year. Nurse Supervisors, M&E officers, and DAPCU teams will be trained in internal data management and information generation at the PHC and district level. The plans for the program differ from the expansion of support to DPMs described in the FY08 County Operational Plan, which have been discontinued as the DPMs will be disbanded and replaced by DAPCUs.

#### ACTIVITY 2: Data Management Capacity Support to Field Staff

LEPRA trains USG-supported field staff in the districts on internal program review and monitoring forms. The information collected informs USG programs about existing and emerging high-risk communities within districts, CT-seeking behaviors, VCT needs and testing volumes, and supports routine reviews. The supervisors were trained in FY07 (Community Risk mapping). Refresher training for supervisors will continue until FY09. An internal program review at the PHC and sub-district level will also be carried out in FY09.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14305

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14305	6221.08	HHS/Centers for Disease Control & Prevention	Leprosy Relief Association India	6767	3966.08		\$100,000
10886	6221.07	HHS/Centers for Disease Control & Prevention	Leprosy Relief Association India	5616	3966.07		\$50,000
6221	6221.06	HHS/Centers for Disease Control & Prevention	Leprosy Relief Association India	3966	3966.06		\$50,000

**Emphasis Areas**

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$1,000

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.17: Activities by Funding Mechansim**

**Mechanism ID:** 3969.09

**Mechanism:** N/A

**Prime Partner:** US Centers for Disease Control and Prevention

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GAP

**Program Area:** Strategic Information

**Budget Code:** HVSI

**Program Budget Code:** 17

**Activity ID:** 25436.09

**Planned Funds:** \$134,526

**Activity System ID:** 25436

**Activity Narrative:** \$134,526 in CDC GAP funding is necessary to support a percentage of expenses and activities for one technical staff member in the Chennai Consulate. The amount requested includes salaries, fringe, travel proportionate office overhead, desk, operational charges, head tax charges, and ICASS charges.

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Table 3.3.17: Activities by Funding Mechansim**

**Mechanism ID:** 3943.09

**Mechanism:** Connect

**Prime Partner:** Population Services International

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (USAID)

**Program Area:** Strategic Information

**Budget Code:** HVSI

**Program Budget Code:** 17

**Activity ID:** 24156.09

**Planned Funds:** \$270,000

**Activity System ID:** 24156

**Activity Narrative:** NEW ACTIVITY NARRATIVE

#### SUMMARY

In FY08, the Connect Project focused on implementing six models of Public Private Partnerships (PPP) for increasing access of prevention of mother to child transmission (PMTCT) services for at-risk populations. Connect also worked along with Andhra Pradesh State AIDS Control Society (APSACS) to prioritize industrial sectors in coastal Andhra Pradesh, which are at risk for HIV/AIDS and TB.

In FY09, the Connect project, led by Population Services International and in partnership with National AIDS Control Organization (NACO) and State AIDS Control Societies (SACS), will work in high prevalence states to collect and analyze data that will inform the determination of industrial sectors at risk for HIV and TB. The project will also focus on the development of tools and models for assessing services and evaluating outcomes of PMTCT services implemented through PPPs with private medical hospitals.

#### ACTIVITIES AND EXPECTED RESULTS

##### ACTIVITY 1: Support NACO and SACS to Collect Data for Prioritizing At-Risk Industrial Sector Workers in High Prevalence States in India

To better understand which industries/sectors are most at risk for HIV/AIDS and TB, and to what degree, Connect will conduct state wide studies in USG priority states in FY09. Connect will support NACO and SACS to contract nationally accredited research agencies through tendering and RFP to undertake the study. The terms of reference would include estimating the risk, size and profile of formal and informal workers in industries, assessing the level of access to information and services either through the company or through networked services, assessing the feasibility of HIV/AIDS workplace intervention across the industrial sectors and identifying existing interventions for workers and gaps in the identified industrial sectors. The study methodologies would include analysis of secondary data, rapid assessment surveys, stakeholders' meetings and key informant interviews, using both qualitative and quantitative techniques. At least 20 individuals from NACO/SACS and accredited research agencies will be trained on different aspects of conducting studies, such as study design, implementation, monitoring, analysis, reporting and presentation of findings.

##### ACTIVITY 2: Build Knowledge Base on the Best Practices Under the Private Sector PMTCT Models Implemented in India

There are various models for engaging private medical sector to provide HIV/AIDS prevention and care services in India (implemented through other foundations and NGOs). A strong need exists to build the inventory and knowledge base on best practices for engaging private medical sector in India. Connect will constitute a technical resource group of GOI, USG partners and other stakeholders to undertake facility surveys, assess capacity building initiatives, and evaluate monitoring tools and HMIS systems to understand the effectiveness of each of the models. The best practices will be documented to serve as a resource guide (including a web-based resource guide) for private sector engagement.

##### ACTIVITY 3: Technical Assistance to SACS and NACO for Establishment of Standard Data Collection Methods and Capacity Building Plans for Implementing PMTCT with Private Sector Partners

The Connect Project will support NACO/SACS to establish tools and contracts that list the conditions for PPP collaboration, e.g. compliance with protocols related to treatment and patient management, referrals, maintenance of patient records and reporting, matters related to fees and reimbursements, and implementing and monitoring demand creation activities.

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Emphasis Areas**

Gender

- \* Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- \* Family Planning
- \* Safe Motherhood
- \* TB

Workplace Programs

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.17: Activities by Funding Mechanism**

**Mechanism ID:** 5786.09

**Prime Partner:** US Centers for Disease Control and Prevention

**Funding Source:** GHCS (State)

**Budget Code:** HVSI

**Activity ID:** 10951.24378.09

**Activity System ID:** 24378

**Mechanism:** N/A

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Program Area:** Strategic Information

**Program Budget Code:** 17

**Planned Funds:** \$160,368

**Activity Narrative:** NEW ACTIVITY NARRATIVE

**BACKGROUND**

Staff for the HHS/CDC Program is funded through the Global AIDS Program (GAP). The program has three offices: in Delhi, Chennai, and Hyderabad. It is led by a USDH CDC Country Director and a Deputy Director for Operations based in New Delhi. The Delhi office has one FSN medical officer; one locally contracted technical consultant, the PEPFAR SI officer (not funded by GAP), two FSN support staff and one driver. In Chennai, Tamil Nadu, two USDH positions (one epidemiologist- and one behavioral scientist) based at the US Consulate provide technical support to CDC programs in south India, supported by two FSN technical officers (medical and scientific), one laboratory scientist (to be filled), one FSN support staff and one driver. In Hyderabad, Andhra Pradesh (AP), there are two FSN technical officers (medical and scientific), who are co-located with the AP State AIDS Control Society.

CDC's core strength is in providing technical assistance and capacity development activities. CDC requires staff with administrative and technical experience, often with a medical background and strong expertise in training. Core strengths include a focus on surveillance, M&E, lab strengthening and evidence based strategic planning for HIV/AIDS activities. CDC provides technical consultants and support to NACO, the SACS, and input in several technical areas, including ART rollout, CT, PMTCT, laboratory, care, M&E protocols, national guidelines and training curricula. In the field, CDC is directly involved in providing technical assistance to partners to improve laboratory and surveillance systems and implement integrated prevention, care and treatment programs at the state and district level.

**ACTIVITY**

- Funding for the PEPFAR Strategic Information Officer (SI Officer) is through GHCS funds (as is the case for the PEPFAR Coordinator and Program Management Assistant). This position is currently based in the CDC office in Delhi: it is hoped that in the future the PEPFAR unit can be co-located. The SI Officer has primary responsibility for development and review of the collection and analysis of data related to the overall PEPFAR program; specifically, she is responsible for the Annual Progress Report, in-house quarterly reports and working with partners to develop, harmonize across agencies and justify interagency targets for the Country Operational Plan. She is also responsible for training partners in data collection, disaggregation, and quality control.

- The total funding for this position is \$160,368, of which \$79,529 covers salary and travel and \$80,839 is allocated for administrative costs (ICASS: \$17,796; Other Costs: \$63,043).

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14468

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14468	10951.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6846	5786.08		\$175,701
10951	10951.07	HHS/Centers for Disease Control & Prevention	HHS/CDC	5786	5786.07		\$8,855

**Table 3.3.17: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 3950.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> Johns Hopkins University Center for Communication Programs	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (USAID)	<b>Program Area:</b> Strategic Information
<b>Budget Code:</b> HVSI	<b>Program Budget Code:</b> 17
<b>Activity ID:</b> 6158.24547.09	<b>Planned Funds:</b> \$100,000
<b>Activity System ID:</b> 24547	



**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In FY08 and continuing in FY09, research and monitoring will be integrated into program design and implementation. For example, JHU/CCP will pre-test prototype materials to ensure they appeal to the intended audiences and also provide cues to action. JHU/CCP has global expertise in developing tools for monitoring and evaluation (M&E) of communication activities. The FY08 activities are modified in following ways.

**ACTIVITY 1: Designing an Evaluation Methodology and Monitoring Tools to Assess the Effectiveness of Communication Activities**

In FY09, CCP will assist the Maharashtra State AIDS Control Society (MSACS), Goa SACS (GSACS), and the Avert project to evaluate the communication campaigns/activities. JHU/CCP will assist the agencies in designing an evaluation methodology, including sampling and interview tools, to assess the effectiveness of the materials, messages and media-mix in terms of behavioral objectives and project-wide indicators. JHU/CCP will also provide TA for developing the evaluation protocol, selecting the agencies, implementing the evaluation and using evaluation data for program planning.

**ACTIVITY 2: Monitoring and Evaluation of the Media Advocacy Initiative**

In FY08, and continuing in FY09, the media advocacy efforts will be monitored and evaluated in order to: a) assess changes in awareness about HIV/AIDS among media professionals, b) map quantity and quality of HIV/AIDS reporting pre- and post-media advocacy workshops, and c) understand obstacles in HIV/AIDS reporting.

Pre- and post-workshop media mapping exercises will be conducted to examine quantity and quality of HIV/AIDS reporting. All the media professionals who attend the workshop will be requested to submit their published writings before and after the workshop on issues directly related to HIV/AIDS or any other critical and sensitive issues related to health.

A content analysis of media outputs from among the various channels represented at the media advocacy workshops will be undertaken. This will allow for an examination of the changes in the levels and quality of reporting on HIV/AIDS related issues that can be directly attributed to the workshops.

**FY 2008 NARRATIVE SUMMARY**

The Health Communication Partnership/Johns Hopkins University (HCP/JHU) will provide technical assistance (TA) to the Maharashtra State AIDS Control Society (MSACS), the Goa State AIDS Control Society (GSACS), the National AIDS Control Organization (NACO) and USG partners for developing formative research, and monitoring and impact evaluation as needed to cut across all stages of design and implementation of the communication program. HCP/JHU will provide expertise in evidence-based programming, ensuring the application of state-of-the-art individual behavior change and social change perspectives as well as robust methodological analyses.

**BACKGROUND**

HCP/JHU implements a targeted HIV/AIDS communication program in Maharashtra State under the Avert Society project. In the first phase (ended in July 2007), HCP/JHU provided TA to the state in the design, implementation, monitoring and evaluation of behavior change communication (BCC) activities in HIV/AIDS across a range of issues including advocacy, work place interventions, NGO capacity building, youth, care and treatment and high-risk behavior interventions. Several of these activities and approaches have been adopted by NACO for national level use. In FY08, HCP/JHU will provide technical support to MSACS, GSACS and Avert project in the design, development and operationalization of a state-wide communication program. The aim of the communication program in Phase 2 of the HCP/JHU project (July 2007-June 2011) is to support the state in developing a unified communication response including uniform communication messaging, product development and implementation. The communication program will also support the TA needs of the National AIDS Control Program.

**ACTIVITIES AND EXPECTED RESULTS**

In FY07 and continuing in FY08, research and monitoring will be integrated into program design and implementation. For example, while developing prototype materials, HCP/JHU will pretest these materials to ensure that they appeal to the intended audiences and also provide cues to action. HCP/JHU has global expertise in developing tools for monitoring and evaluation (M&E) of communication activities. The roll-out plan for the interventions will include sets of tools for both monitoring and evaluation and in FY 08, HCP/JHU will use its expertise in this area to develop tools for the India program.

**ACTIVITY 1: Designing an Evaluation Methodology and Monitoring Tools to Assess the Effectiveness of Communication Activities**

In FY08, HCP/JHU will assist MSACS, GSACS, and the Avert project to evaluate the communication campaigns on ARV treatment, PMTCT and counseling and testing services. HCP/JHU will assist the agencies to design an evaluation methodology, including sampling and interview tools, to assess the effectiveness of the materials, messages and media-mix in terms of behavioral objectives and project-wide indicators. HCP/JHU will also provide TA for developing the evaluation protocol, selecting the agencies, implementing the evaluation and using evaluation data for program planning.

In addition, HCP/JHU will develop tools for process and behavioral change monitoring. Monitoring tools will include simple, user-friendly forms that partners can use to determine the extent to which interventions are being implemented according to plan, deviations if any, and effects this might have on the overall project.

**Activity Narrative:** Monitoring tools will be developed to examine the extent to which the use of the communication materials impacts various intermediate factors (such as improved knowledge, positive attitudes, and interpersonal communication) and at the same time facilitates behavior change. These tools will help the projects collect strategic information and plan for improvements in project activities.

An innovative methodology that will be explored for monitoring entails using specific elements in the projects or materials themselves to facilitate monitoring the communication activities. For example, youth participation will be a key component in the development of the youth materials. The information generated from the activities in which the youth participate can also serve as a source of monitoring data, such as ensuring that stories of change captured at youth meetings as qualitative monitoring data.

**ACTIVITY 2: Monitoring and Evaluation of the Media Advocacy Initiative**  
 In FY08, HCP/JHU will periodically monitor HIV/AIDS reporting in the print and electronic media. The activities will include: 1) follow-up meetings with journalists to assess changes in their attitudes in reporting; 2) conducting content analysis of reporting across media; and 3) assessing levels of coordination between NGOs, CBOs and the journalists for effective reporting. Based on the findings, HCP/JHU will develop strategies to improve the quality, sensitivity, and coverage of a wide-range of HIV/AIDS activities and issues, including those related to gender concerns.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14353

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14353	6158.08	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	6713	3950.08		\$88,000
10806	6158.07	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	5599	3950.07		\$77,000
6158	6158.06	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	3950	3950.06		\$75,000

**Emphasis Areas**

Gender

\* Increasing gender equity in HIV/AIDS programs

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.17: Activities by Funding Mechanism**

**Mechanism ID:** 3940.09

**Mechanism:** N/A

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**Prime Partner:** Avert Society

**USG Agency:** U.S. Agency for International  
Development

**Funding Source:** GHCS (USAID)

**Program Area:** Strategic Information

**Budget Code:** HVSI

**Program Budget Code:** 17

**Activity ID:** 6122.23886.09

**Planned Funds:** \$423,586

**Activity System ID:** 23886

## Activity Narrative: NEW ACTIVITY NARRATIVE

### SUMMARY

In FY09, Avert project as the Technical Support Unit (TSU) of Maharashtra State will support the Strategic Information Management Unit (SIMU) of the Maharashtra State AIDS Control Society (MSACS), Mumbai District AIDS Control Society (MDACS) and the Goa State AIDS Control Society (Goa SACS) in collecting, analyzing, reporting and using the information for program review and planning. Avert Society will also assist the three SACS in monitoring NGO activities of prevention, care and treatment programs. Besides, it will support the three SACS in conducting evidence based studies such as behavioral surveillance surveys, mapping of high-risk groups, program evaluations and operational research.

### BACKGROUND

Avert Society is a bilateral program implementing prevention, care, and treatment activities in six high-prevalence districts of Maharashtra State. The population of Maharashtra is 96.9 million and the HIV prevalence is 0.75% (2006). Under the umbrella of the Avert project, the Johns Hopkins University (JHU) and the Hindustan Latex Family Planning Promotion Trust (HLFPPT) have been awarded cooperative agreements to support the state in scaling-up communication and condom social marketing activities. On March 7, 2008, the National AIDS Control Organization (NACO) provided new policy guidance to Avert Society that the project should focus on saturating coverage of high-risk populations including migrants, and on implementing community mobilization activities to increase the uptake of counseling and testing, prevention of mother-to-child transmission, and care and treatment services in the six high prevalence districts. Additionally, NACO recommended that the Avert project implement workplace interventions in the entire state. The districts of Avert Society have changed and include Aurangabad, Nagpur, Sholapur, Jalna, Thane and Mumbai (two zones). Sangli and Satara have been handed over to Bill and Melinda Gates Foundation in the new allocation.

NACO has selected Avert Society as the Technical Support Unit (TSU) in Maharashtra and Goa states to support the scale-up and strengthening of HIV/AIDS programs in accordance with the strategies outlined in the third National AIDS Control Program (NACP-III).

### ACTIVITIES AND EXPECTED RESULTS

Strategic information is embedded into NACP-III as a key strategy for program monitoring and evaluation. In phase two of NACP, NACO established a computerized management information system (CMIS) which provides information on all the components of NACP for program monitoring. However, there are gaps in the CMIS, specifically in the areas of reporting, quality of data and skills for analyzing, interpretation and using information for program planning. Under NACP-III a strategic information management unit (SIMU) has been established at the national and the state level to strengthen the strategic information component. The TSU will help MSACS in establishing and strengthening the Strategic Information Management Unit (SIMU) as envisaged in NACP-III.

#### ACTIVITY 1: State level Behavioral Surveillance Survey (BSS)

In FY09 with support from MSACS, Avert Society will support a state level BSS study among MARPs and vulnerable populations like truckers, youth, workers and migrants. It is also proposed to carry out a comprehensive qualitative study to identify the problems MARPs face in accessing preventive services including counseling and testing. The findings of the study will help understand the gaps in interventions and guide the state in strengthening HIV/AIDS programming.

#### ACTIVITY 2: A Costing Study of the Link Workers Scheme

The link workers scheme will be implemented in FY08 in six priority districts of Avert Society. In FY09 it will complete a year and the output of the program in the form of community mobilization is expected to become visible. A study will be carried out on costing aspects of the program and plans developed for a later cost-effectiveness study.

**ACTIVITY 3: Assessing the Feasibility of Providing Health Insurance to PLHAs and Developing a Model**  
PLHAs are in high need of financial security for their health needs, because of their vulnerability to illness and the weak financial and social support available to them. It has been difficult for PLHAs to obtain insurance. Insurance is based on the principle of risk: the insurable event cannot be anticipated with accuracy, hence to ensure the financial viability of the insurance scheme the risk has to be spread and rated appropriately. In case of PLHAs, however, it is believed that the event of illness/hospitalization can be predicted and the risk cannot be spread at an acceptable level as the costs of treatment for PLHAs are expected to be higher.

Various countries have nevertheless designed insurance schemes for PLHAs and recently PSI has initiated a scheme in Karnataka. Avert proposes to undertake a study to assess the feasibility of providing health insurance to PLHAs. This will involve primary data collection from PLHAs about their ability and willingness to pay, besides collecting information from the health care providers. A model will be developed based on the findings of the study in consultation with experts to help other interested agencies develop similar schemes for PLHAs.

#### ACTIVITY 4: Assessing Health-Seeking Behavior among High-Risk Groups

BSS and IBBA capture various dimensions of the HIV/AIDS program, particularly in terms of the effectiveness of prevention program strategies. However, there have been no studies undertaken to assess health-seeking behavior among high-risk groups. This study will cover a representative sample from all the MARPs in six Avert priority districts to understand their preferred sources of health services and the reasons for their choice. The study will throw light on crucial issues such as availability, accessibility, affordability of services, and provider attitudes, including gender sensitivity/insensitivity, and gender equity in accessing services. The findings will provide valuable input for strengthening program components, referrals and sensitizing other departments for mainstreaming.

#### ACTIVITY 5: Identifying and Assessing the Vulnerability of Children to HIV

**Activity Narrative:** The issue of orphans and vulnerable children is highly complex. A formative study will be carried out to explore various factors that contribute to their vulnerability to HIV/AIDS, and assess the extent of correlation between these factors and their extent of vulnerability. The purpose is to assist in developing effective strategies to reduce the children's risk of HIV.

**ACTIVITY 6: Geographical Information System (GIS)**

In FY08, the Avert Society will develop a GIS to collate and present data pertaining to six Avert priority districts in user-friendly form. The GIS will be made available on the Avert website for wider dissemination. The consolidated information will be displayed as the front page with links down to the sub-district level. The software will be updated in FY09 to incorporate additional features and provide more information to users.

**ACTIVITY 7: Technical Support to Strengthen Data Management and Analysis**

A major concern identified by NACO is the lack of adequate capacity in data management, analysis and using data for decision making. One of the core functions of the TSU is to strengthen the strategic information systems of the SACS. In FY08, the TSU will contract technical experts in bio-statistics and epidemiology from the Christian Medical College to build a strong technical team in Maharashtra State to carry out data management, analysis and interpretation. In FY09, the technical support from these experts will be continued to further strengthen data management systems up to district and sub-district level. A technical team developed by these experts will carry out data analysis at state, district and sub-district levels. The team will also be trained to carry out data triangulation and trend analysis.

**ACTIVITY 8: Experience Sharing and Review Meetings (ESRM)**

Experience Sharing and Review Meetings will be carried out by themes (2 ESRMs among MARPs, 1 each among migrants, WPI, link workers, OVC, PLHIV and capacity building training institutions) once in six months. The meetings will be attended by nearly 325 participants (i.e. five individuals from each of the 53 lead agencies and NGOs and 10 individuals from each of the six lead agencies for link workers) from 59 partners. Both qualitative and quantitative data will be shared by all the participating NGOs including best practices, success stories and innovative measures to handle problems. The sharing of such experiences will help NGOs learn from each other, besides motivating them to adopt innovative and effective strategies. This will also aid in scaling up interventions.

**ACTIVITY 9: Participatory Site Visits (PSV)**

PSV is an important monitoring and evaluation tool of Avert Society and is conducted once in six months. PSV will be conducted for 50 partners by an external consultant; who will assess and carry out on-site capacity building, meet NGO staff, beneficiaries of the program, conduct a data quality assessment (DQA) of the records and provide onsite capacity building.

**ACTIVITY 10: Technical Support for MSACS, MDACS and Goa SACS on Monitoring and Evaluation**

The TSU is mandated to carry out monitoring and evaluation activities of targeted intervention (TI) programs supported by the SACS in Maharashtra and Goa States. In FY09, The TSU will provide technical assistance to conduct PSVs for 104 TI NGOs twice in a year. Similarly, the TSU will also provide technical assistance to the SACS in conducting the ESRMs once in six months.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14103

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14103	6122.08	U.S. Agency for International Development	Avert Society	6709	3940.08		\$400,000
10795	6122.07	U.S. Agency for International Development	Avert Society	5595	3940.07		\$400,000
6122	6122.06	U.S. Agency for International Development	Avert Society	3940	3940.06		\$168,436

## Emphasis Areas

Gender

\* Increasing gender equity in HIV/AIDS programs

Workplace Programs

## Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development      \$27,500

## Public Health Evaluation

## Food and Nutrition: Policy, Tools, and Service Delivery

## Food and Nutrition: Commodities

## Economic Strengthening

## Education

## Water

**Table 3.3.17: Activities by Funding Mechanism**

**Mechanism ID:** 3962.09

**Prime Partner:** University of Washington

**Funding Source:** GHCS (State)

**Budget Code:** HVSI

**Activity ID:** 21840.09

**Activity System ID:** 21840

**Mechanism:** I-TECH (International Training and Education Center on HIV)

**USG Agency:** HHS/Health Resources Services Administration

**Program Area:** Strategic Information

**Program Budget Code:** 17

**Planned Funds:** \$190,000

**Activity Narrative:** Update: \$90,000 has been added to contact a national advisor on "Developing Centers of Excellence" (COE) through I-TECH (International Training and Education Centers on HIV). CDC, with I-TECH support, helped MOH to develop GHTM, Tamil Nadu, inot the first COE in India. There are an additional 12 institutions identified by NACO for developing into COEs by 2012. The contractor/advisor will lead this process with support from I-TECH, CDC and otherse and in close collaboration with NACO's Director of Care, Treatment and Support activities.

#### ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

##### ACTIVITY 1: TB/HIV Information System (T/HIS)

I-TECH, in collaboration with the State of Tamil Nadu and Government of India will support the electronic longitudinal medical records system at the Government Hospital of Thoracic Medicine (GHTM) Tambaram, Tamil Nadu. The objective of this system is to improve the efficiency and effectiveness of care provided to these patients and to routinely provide high-quality program level data to the facility, State, and National HIV/AIDS Control Organizations; data which are both complex and rarely available in India. This computerized record system also provides longitudinal patient data to more efficiently provide information on follow-up patient care and outcomes. Data that is routinely collected as part of patient care is collected and maintained in an electronic medical record system where it can be accessed by appropriate health care staff for patient-level care, programmatic level advocacy, policy development and dissemination of findings through mediums such as technical conferences and peer-reviewed journals.

I-TECH supports the Strategic Information services at GHTM by contracting with an epidemiologist to oversee the technical and operational management of the T/HIS at GHTM. This contractor will also collaborate with I-TECH and GHTM to ensure increased and appropriate utilization of this patient database at the hospital by key stakeholders (GHTM clinical staff, I-TECH clinical fellows). In 2009, 40 GHTM and I-TECH staff and other stakeholders will be trained on the use of the system. The objective of the training is to increase use of the system to improve patient care and decision-making as well as analyzing, interpreting, and dissemination of patient and population data from the system.

##### ACTIVITY 2: NACO HIV Specialists and Medical Officers' and Other Trainings

In FY09, ITECH will collaborate with NACO, TNSACS and other technical partners to ensure appropriate basic program and impact evaluation of the NACO ART medical officer training and ART refresher training. Using a cross-sectional assessment model, ITECH will assess at the point of service the quality of care being provided by medical officers who have attended various NACO/ITECH HIV trainings. The objectives of these assessments will be to: describe the quality of care provided to HIV-AIDS patients attending health care facilities known to provide such care and assess training needs and the capacity of medical officers to provide HIV-AIDS care post-training.

##### ACTIVITY 3: IATN Website

This activity will now be funded by the National AIDS Control Organization and WHO

##### ACTIVITY 4: Clinical Consultation Warmline

Optimizing I-TECH's training framework, which facilitates the transfer of learning from classroom to jobsite, I-TECH will provide long-term decision support, guidance, and program monitoring and evaluation on an as-needed basis through distance consultation using our piloted and evaluated clinical consultation Warmline. The Warmline gives physicians easy and timely access to up-to-date HIV clinical information, and individualized expert case consultation. Data from the Warmline will enable periodic knowledge, attitudes, and practice assessments of clinicians trained under the NACO program.

#### FY 2008 NARRATIVE

##### SUMMARY

The International Training and Education Center on HIV (I-TECH) aims to monitor and evaluate its trainings, training tools and training Management Information Systems (MIS) databases while building local capacity in the area of public health evaluation. I-TECH will continue to support USG funded TB/HIV Information System (T/HIS) database for system-strengthening data output to improve patient care at GHTM. I-TECH will also pilot a database to support a national clinical consultation hotline, and support the continued development of a partially PEPFAR funded national training MIS which will link all 10 National AIDS Control Organization (NACO) Training Centers. This MIS will be a clearing house for all NACO training related information including data collection, analyses, and evaluation reports. I-TECH's goal is to ensure that NACO takes on the long-term maintenance and support of the training MIS to ensure sustainability of this project. The primary target populations include physicians, administrators, State AIDS Control Societies (SACS), and NACO.

##### BACKGROUND

I-TECH is a collaboration between the University of Washington Seattle and the University of California San Francisco. It supports the development of HIV/AIDS treatment, care and support training initiatives in more than a dozen developing countries impacted by the global AIDS pandemic, and incorporates a holistic approach to care for PLHAs. Established in 2003, I-TECH partnered with HHS/CDC to create a Center of Excellence in training, treatment and care services at the Government Hospital of Thoracic Medicine (GHTM), Tambaram, Chennai in Tamil Nadu. GHTM is India's largest TB/HIV care center providing care to 30,000 PLHAs annually and is also a NACO recognized ART and Training Centre. Infrastructure at GHTM includes the Training Centre, an ART Centre, and state-of-the-art Laboratory facilities supported by USG funds. GHTM is known for its high quality and stigma free care to PLHAs. I-TECH at GHTM has the capacity, knowledge and experience to execute high impact programs.

**Activity Narrative:** Since 2004, I-TECH has utilized JHPIEGO's Training Information Monitoring System (TIMS), a Microsoft Access database application used to track and monitor trainings, to complement its monitoring and evaluation activities. I-TECH plans to replace TIMS with an improved web-enabled training database in FY08.

#### ACTIVITIES AND EXPECTED RESULTS

##### ACTIVITY 1: TB/HIV Information System (T/HIS)

I-TECH supports the Strategic Information services at GHTM by contracting with an epidemiologist to oversee the management of the T/HIS at GHTM. I-TECH collaborates with GHTM to ensure increased and appropriate utilization of this patient database at the hospital. A key expected result of this activity is the dissemination of data and findings from patient records. A presentation at the Kigali-based PEPFAR Conference (June 2007) highlighted the ART scale-up experience of GHTM using patient data records. Utilization of the system by providers to document, track, and improve patient care over the time is another goal of this SI support. In FY08, it is expected that 50% of the GHTM physician workforce will be trained to use the database.

##### ACTIVITY 2: NACO HIV Specialists and Medical Officers' and Other Trainings

All training programs conducted by I-TECH, such as the NACO Specialists and Medical Officer Trainings and Nursing trainings are evaluated with tools such as pre/post test questionnaires, daily evaluations and overall course evaluations to assess reactions to the training, and changes in participants' skills, knowledge and attitudes. In addition, I-TECH plans to assess longer term impacts of the training through follow-up three- and six-month surveys conducted with training participants. A separate follow up schedule for the Training of Trainers participants will also be implemented. Templates for data entry and analysis are created and adapted accordingly. These evaluation activities facilitate continuous quality improvement and enhancement of our training activities to facilitate high quality clinical care. It is expected that in FY08 long term evaluation will be conducted for all NACO trainings reaching at least 100 physicians.

##### ACTIVITY 3: India AIDS Training Network (IATN) Database

USG is partially funding the IATN website project which will link all 10 NACO ART Training Centers in India and will have a database/intranet component which will compile HIV training MIS reports. In the future this website will be a platform for online CME courses for HIV clinicians in India. This project is described in greater detail under the Policy and Systems Strengthening program area. This project will support NACO's public health evaluation needs to develop effective training strategies under the National AIDS Control Program Phase III (NACP 3) for HIV clinicians, nurses, and counselors. It is expected that all 10 Logistics Coordinator hired under the NACP 3 for the 10 Regional Training Centers will be trained by I-TECH on the use of this database by FY08.

##### ACTIVITY 4: Clinical Consultation Hotline

Healthcare providers in India have limited training on HIV/AIDS care and confront many complex questions which require the latest data on HIV treatment. Clinicians in India do not have the resources or time to keep up with cutting-edge clinical updates. Moreover, the best technical information is often not applicable to specific patients with complex medical and social problems in the Indian setting.

To address the need for accurate real time clinical information on HIV, I-TECH proposes establishing a clinical consultation hotline to provide physicians with easy and timely access to up-to-date HIV clinical information, and individualized India specific expert case consultation. This hotline will be unique in India. A database will be developed to support clinicians manning the hotline to record calls and track trends in HIV clinical care. We can analyse gaps in knowledge, assessment of attitudes and practices of clinicians towards providing stigma free HIV care. Long-term follow-up support to clinicians trained under the NACO ART Training Program can then be provided.

The clinical consultation hotline and supporting database ensure transfer of learning from didactic to skills-based to clinical consultation and long-term decision support all of which are I-TECH's guiding principles for trainings. This program will be implemented by I-TECH with clinical support from GHTM and technical support from the National HIV/AIDS Clinicians' Consultation Center, based at the University of California, San Francisco (UCSF). Specifically, this hotline will support application of clinical skills learned in NACO Specialist and Medical Officer Training programs and will enable public health evaluations through periodic knowledge, attitudes, and practices assessments of clinicians trained under the NACO program. Best practices from the implementation of this hotline will be documented carefully with the goal of replicating this hotline at other similar settings. This activity also supports Palliative Care, TB/HIV, PMTCT, and Systems Strengthening Program Areas. It is expected that clinical technical assistance will be provided through approximately 2000 clinical consultations annually.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14664



**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14664		HHS/Health Resources Services Administration	University of Washington	6901	3962.08	I-TECH (International Training and Education Center on HIV)	\$100,000

**Emphasis Areas**

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$87,000

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.17: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3956.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> Project Concern International	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GAP	<b>Program Area:</b> Strategic Information
<b>Budget Code:</b> HVSI	<b>Program Budget Code:</b> 17
<b>Activity ID:</b> 6589.21847.09	<b>Planned Funds:</b> \$0
<b>Activity System ID:</b> 21847	

**Activity Narrative: NEW ACTIVITY NARRATIVE**

**SUMMARY**

CDC's Cooperative Agreement with PCI will end on August 31, 2009. The project will have to be re-competed. It is expected that PCI will continue project activities as described below until that date.

Strategic Information Strengthening has been a strong component of PATHWAY's program from the start. Data on PLHA activities, referrals, and clinical and psychosocial use of services are available from to demonstrate the reach and range of the PATHWAY project. PCI will also continue to assist NACO and the SACS in developing stronger epidemiological and Monitoring and Evaluation (M&E) systems supporting and mentoring staff seconded to those organizations.

**BACKGROUND**

Founded in 1961, Project Concern International (PCI) is an international non-governmental and non-profit organization that aims to prevent disease, improve community health and promote sustainable development. PCI/India has worked in HIV/AIDS prevention, care and support, and treatment programming since its inception in 1997 when it was established as a Charitable Society in India. In 2004, PCI initiated the PATHWAY Program, "Comprehensive Community and Home-Based Care and Support for People Living with HIV/AIDS (PLHAs) in India." The five-year program (September 2004-August 2009) was designed to implement integrated community and home-based care (CHBC) and support, and HIV prevention in three sites in the high prevalence states of Maharashtra, Tamil Nadu, and Andhra Pradesh.

Through supplemental funding from CDC in Year 2, this project was expanded to three additional project sites in the northeastern states of India: Manipur (Churachandpur and Imphal) and Nagaland (Dimapur). In Year 3 (September 2006-August 2007), CDC allocated additional resources to continue program activities at the 6 targeted sites and to work with the National AIDS Control Organization (NACO) to improve and upgrade its Strategic Information System (SIS) and train its personnel in SIS management and other skill areas in high demand.

In FY08 activities will be directly implemented by PCI in Maharashtra (population covered, 420,000) and Tamil Nadu (360,000). In Andhra Pradesh (600,000) and Northeastern states (642,000) project activities will continue to be implemented through PCI sub-partners, who are local organizations with experience in HIV/AIDS program implementation. The sub-partners are Lodi Multi Purpose Social Service Society, Pragathi Seva Samithi in Warangal in Andhra Pradesh; SASO, Shalom in Manipur; Akimbo Society in Nagaland; Salem Network of Positive People in Salem, Tamil Nadu; Network of Maharashtra by People Living with HIV/AIDS and Sevadham Trust in Pune, Maharashtra.

**ACTIVITIES AND EXPECTED RESULTS**

This activity contributes to the National AIDS Control Program Phase 3's (NACP-III) objective to strengthen the nationwide Strategic Information Management System.

**ACTIVITY 1: Strengthen Strategic Information in the National AIDS Control Organization (NACO) and the SACS**

**Strengthen the National AIDS Control Organization**

The goal of NACP-III (which began in 2007) is to halt and reverse the epidemic in India over the next five years by integrating programs for prevention and care, support and treatment.

In May 2007, in close coordination and with guidance from CDC/India, PCI signed a one-year contract to provide technical assistance for institutional strengthening of NACO. The technical assistance focuses on strengthening effective management and implementation of NACP-III, and improving NACO's role and function vis-à-vis its counterpart State AIDS Control Societies (SACS). Through HHS/CDC support, PCI will continue to support staff at the national and state level, including epidemiologists, M&E officers, and program officers. PCI will also provide close supervisory and mentorship support to these consultants. This contract has been renewed for the current year (i.e. Apr 2008 – March 09). PCI along with FHI will provide a mentorship role for these M & E officers and epidemiologists.

**ACTIVITY 2: Support for Experience Sharing and Data Dissemination**

In the current year, PCI will be working closely with NACO/SACS and FHI to support one or more experience sharing workshops for the state and national level epidemiologists and M& E officers. This will facilitate better reporting practices by all reporting units throughout India.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 16470

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16470	6589.08	HHS/Centers for Disease Control & Prevention	Project Concern International	7443	3956.08		\$100,000
6589	6589.06	HHS/Centers for Disease Control & Prevention	Project Concern International	3956	3956.06		\$16,835

**Table 3.3.17: Activities by Funding Mechanism**

**Mechanism ID:** 3949.09

**Prime Partner:** Voluntary Health Services

**Funding Source:** GHCS (USAID)

**Budget Code:** HVSI

**Activity ID:** 6156.21833.09

**Activity System ID:** 21833

**Mechanism:** APAC

**USG Agency:** U.S. Agency for International  
Development

**Program Area:** Strategic Information

**Program Budget Code:** 17

**Planned Funds:** \$425,436

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Except for Activity 2, all activities planned in COP 08 will be continued in COP 09. The reason for not supporting Activity 2 is because BSS is planned once every alternate year and will not be undertaken in COP 09.

In COP 09, the prime partner will also support the following new activity:

**ACTIVITY 4: Establishment of the Strategic Information and Support Unit (SISU)**  
The Tamil Nadu State AIDS Control Society (TNSACS) has requested APAC to provide technical support for: a) data mining of past records; b) introduction of data quality assurance at the reporting unit level; c) collating data of different donors to ensure the Three Ones Principle; and d) build capacity of SACS officials and in the District AIDS Prevention and Control Units (DAPCUs) on data analysis for evidence based programming and influencing policy change. This is a recent development and APAC has already initiated work on this area. The unit will also collect gender specific information (mostly sex disaggregated data), private sector, linkages and offer strategic information support to TNSACS and other stakeholders in the state.

**FY 2008 NARRATIVE SUMMARY**

The National AIDS Control Organization (NACO) has emphasized the need for evidence-based interventions. The AIDS Prevention and Control (APAC) project has extensive expertise in this area. In FY08 APAC will continue to support initiatives to build the capacity of its NGO partners on Management Information Systems (MIS) and strategic information, and will conduct behavioral and facility assessments. As the Technical Support Unit (TSU) for the states of Tamil Nadu, Puducherry, and Kerala, APAC will strengthen the MIS of the State AIDS Control Societies (SACS) and the District AIDS Prevention and Control Units (DAPCUs) to collect, analyze and effectively use field data for program planning and monitoring.

**BACKGROUND**

For the past twelve years, with USG support, Voluntary Health Services (VHS) has been implementing the APAC project in the southern state of Tamil Nadu. APAC, which initially focused on targeted interventions for most-at-risk-populations (MARPs), has expanded its efforts over the last few years to support a more comprehensive approach to HIV/AIDS prevention, care and treatment. Tamil Nadu has been successful in controlling HIV (prevalence among antenatal women has dropped from 1.13% in 2001 to 0.5% in 2005) and the APAC project has significantly contributed to this success. The National AIDS Control Organization (NACO) has recognized the expertise and contributions of the APAC project and has requested APAC to provide technical support to the SACS of Tamil Nadu, Puducherry and Kerala by setting up a Technical Support Unit in Tamil Nadu and Kerala, consisting of a core team of consultants/experts co-located with the SACS, with a mandate to assist the SACS in scaling-up programs, improving efficiency and quality. APAC also serves as the vice-chair of the national Technical Working Group on Targeted Interventions.

APAC has extensive experience in establishing systems and conducting assessments that provide strategic information that helps to guide evidence-based planning for the state of Tamil Nadu and the APAC project. In its twelve years of experience, APAC has conducted a large number of assessments and studies, examples of which include: a) eleven rounds of behavioral surveillance surveys (BSS); b) two rounds of STI prevalence studies; c) two rounds of health care provider assessments; d) condom quality assessments; e) assessment of public and private sector VCT centers; and f) mapping of MARPs. Most of these assessments have been used by SACS and NACO for program planning and decision making. APAC supports the SACS in implementing the UNAIDS "Three Ones Principle" of a unified monitoring and evaluation (M&E) framework and has played a significant role in the implementation of one M&E system in Tamil Nadu. APAC has trained SACS officials from other states on strategic information and many of its systems and procedures have been adopted by SACS and NACO.

**ACTIVITIES AND EXPECTED RESULTS**

**ACTIVITY 1: Capacity Building of NGOs on Data Quality Assurance**

In FY08, the APAC project will continue to support efforts to build the capacity of sub-partners on MIS, develop data quality assurance protocols and checklists, and share/disseminate project information to SACS and other stakeholders as part of its commitment to the "Three Ones Principle". The project will continue to adopt existing approaches such as participatory site visits, experience-sharing meetings, and cluster-level meetings to get more detailed information on field activities and to enhance the quality of information and interventions. Training on data analysis and data use will be provided to NGO staff.

APAC will also continue to support the state's Geographic Information System (GIS), which was developed using F06 funds, to collect and update information pertaining to health and more specifically HIV/AIDS. The GIS will help APAC and other policy makers in the state to make better decisions based on evidence.

**ACTIVITY 2: Behavioral Surveillance and Other Assessments**

APAC will support another round of state level BSS to understand the behavior of MARPs and other selected populations in the states of Tamil Nadu and Puducherry. In addition, the project will support assessments such as mapping MARPs, district health facility resource mapping and other assessments that will provide data to support the project and the state in planning evidence-based interventions.

**ACTIVITY 3: Technical Assistance to the State on Strategic Information**

APAC will build the SACS' capacity to carry out data quality assurance at the field level and strengthen institutions that are involved in training NGOs and other agencies on MIS. As a TSU, APAC will strengthen the MIS of the SACS and DAPCUs for greater coordination of data collation, analysis and use. The project will strengthen the Strategic Information and Management Unit located within SACS to be able to analyze

**Activity Narrative:** data more effectively and make program-related decisions. Need-based assessments that help with state-level planning by assessing the impact of interventions will also be supported. APAC will share examples of best practices (such as multi-faceted monitoring strategies) in Strategic Information (SI) and monitoring and evaluation (M&E) with the SACS. APAC also will play a critical role in promoting the implementation of "Three Ones" Principles by all partners in the states, through establishing donor coordination committees for SI/M&E.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14161

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14161	6156.08	U.S. Agency for International Development	Voluntary Health Services	6720	3949.08	APAC	\$396,000
10831	6156.07	U.S. Agency for International Development	Voluntary Health Services	5604	3949.07		\$392,000
6156	6156.06	U.S. Agency for International Development	Voluntary Health Services	3949	3949.06		\$794,000

**Emphasis Areas**

Gender

\* Addressing male norms and behaviors

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

Program Budget Code: 18 - OHSS Health Systems Strengthening

**Total Planned Funding for Program Budget Code: \$6,835,866**

**Program Area Narrative:**

Overview: The ambitious roll-out of the third phase of the National AIDS Control Program (NACP-III) launched in early July 2007, has increased the demand for USG assistance in India in several technical and cross-cutting areas including health systems strengthening (HSS). The USG team makes important contributions to strengthening health systems in India by placing advisors at the national and state level in key technical areas and participating with other donors in program development.

One of the goals of NACP-III is to decentralize HIV/AIDS management and control to the district level. This will be done through the establishment of District AIDS Control Units (DAPCUs) that will provide managerial and financial oversight of the HIV/AIDS programs. The State AIDS Control Societies (SACS) will continue to lead the planning, coordination and monitoring of activities in the states but the DAPCUs will be the nodal agencies for coordinating activities. The goal of NACP-III is that the DAPCUs will, by 2012, be absorbed into the National Rural Health Mission (NRHM), established in 2007 with similar goals to decentralize and

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integrate all health programs at the district level. Strengthening the DAPCUs will therefore contribute to stronger overall health systems at the district level.

The National AIDS Control Organization (NACO) is overhauling its management and financial systems and has appointed a Joint Secretary and Finance Director to oversee administration and fiduciary management. It has also developed and released procurement and financial guidelines on its website and will soon be hiring a fulltime procurement specialist. USG is supporting NACO in strengthening management and financial systems at the state and district level. However, responding to ad hoc requests from NACO for support has been challenging. What is needed is a clear needs assessment and implementation plan for future USG support.

**Coordination and Other Donor Activities:** The World Bank, DFID, USG and other donors reviewed and endorsed NACP-III in 2006. The World Bank and DFID also take the lead in the annual Joint Implementation Reviews of NACP-III, in which USG participates. UNICEF continues to support PMTCT policy development, and provides advice to the Ministry of Education for in-school HIV/AIDS programs and to the Department of Women and Child Development for OVC policies and programs. UNDP is the lead agency for mainstreaming programs, with USG emerging as its key partner for mainstreaming HIV/AIDS with the private sector. UNIFEM is the nodal agency to mainstream gender across various sectors and the World Food Program (WFP) provides policy level support for nutrition and HIV/AIDS.

USG is a member of the India Country Coordinating Mechanism (CCM) of the Global Fund, several national Technical Working Groups, the Technical Panel for the Bill and Melinda Gates Foundation, and the Technical Panel for the Clinton Foundation's training program for private sector providers and public sector nurses. USG is a key member of the NACO-led Steering Committee of donor partners, a forum for multilateral and bilateral partners, as well as of the State Project Steering Committees in the four priority USG states. USG represents the bilateral donors on the India-CCM of the Global Fund and, in partnership with GTZ, the European Commission and other bilateral donors such as DFID, supports the functioning and capacity-building of the India CCM Secretariat, specifically including technical assistance for staffing, proposal development, and meetings for the private sector.

**Current USG Support:** Technical Support Units (TSU) are a new entity under NACP-III established to give technical support to the SACS. The TSUs provide technical assistance (TA) to the SACS for managing grants to non-governmental (NGO) and community-based organizations (CBOs) to implement programs. TA is given in critical areas such as program management, targeted interventions, capacity building, mainstreaming and public-private partnerships. USG was asked to establish TSUs in Tamil Nadu, Maharashtra, Goa, Kerala, Puducherry, Uttar Pradesh and Uttarakhand, where USG has a history of program support. This is the highest number of TSUs supported by any donor. In Andhra Pradesh and Karnataka, USG contributes by providing assistance for district action plans, policies and guidelines.

USG continues to play an active role in the roll-out of NACP-III in its capacity as a member of the Donor Steering Committee as well as through various national-level Technical Working Groups. Examples from FY08 include USG membership in the national committees that facilitated the award of a nation-wide franchise to expand STI services, and the implementation and monitoring across 13 states of the link-worker scheme piloted by USG. Additionally, USG's work in piloting task shifting through the nurse-practitioner model at Primary Health Centers in Andhra Pradesh (AP) has facilitated the scale up of Integrated Counseling and Testing Centers (ICTCs) in the State. USG has also supported the development of state and district-level plans in select states and districts as part of the decentralization process. In AP, USG supports District Program Managers (DPMs) in 10 districts; these positions will be absorbed into the future DAPCUs.

Policy and advocacy activities include development of a national policy guiding the role of private sector in HIV/AIDS services under NACP-III. USG was also responsible for the country's first group insurance scheme from the private sector for positive persons, which was launched by the Director-General of NACO, and is now being considered for adoption by various state governments and at the national level. USG continues to advocate for a stronger focus on OVC in national and state programs, enhanced support for the Greater Involvement of People with AIDS (GIPA), strengthening monitoring and evaluation (M&E) and data systems, and ensuring that the special needs of women and vulnerable populations are adequately addressed.

USG also provides TA for the implementation of protocols and operational guidelines. USG worked in close association with UNICEF to mainstream HIV/AIDS activities for infected and affected OVC into activities of the Ministry of Women and Child Development (MWCD). This was informed by the Policy on Children and HIV/AIDS released jointly by NACO, MWCD and UNICEF in May 2007, for which USG provided substantial technical support. Additionally, in close association with UNDP, USG facilitated the compilation of an assessment of public-private-partnerships in HIV/AIDS for NACO. The assessment will help in determining the current scope and depth of private sector engagement in HIV/AIDS prevention, care and treatment services, including workplace programs.

At the technical level, USG supports NACP-III by funding 40 key personnel at NACO in the following areas: CT, PMTCT, ART, care and support services, surveillance and M&E. In addition, the USG provides funding for staff (epidemiologists and M&E officers) in several states to strengthen the national strategic information system. USG also supports technical specialists at state level in such areas as workplace interventions, TB-HIV coordination, ART, and behavior change communication. Additional TA support to NACO in technical areas included designing the methodology for mapping high-risk groups. Other contributions include development of the state communication strategy for the Karnataka State AIDS Control Society and design of the communication plan for the nation-wide Red Ribbon Express project, a 12-compartment train that has been traversing India over the past 10 months.

**USG FY09 Focus:** In response to NACP-III's emphasis on repositioning donor support for systems strengthening, in FY09 USG will speed up a transition from direct support for field-level implementation to providing more technical and management assistance at higher levels to NACO and the SACS. At the India PEPFAR Program Review debrief, the Government of India

articulated the need for a USG role in key areas such as health systems strengthening, management of STI franchising, supply chain management and human capacity development. There will be a focus on the following:

1. Systems strengthening and building human and technical capacity

i) At national level: USG plans to support the national Technical Support Unit, a new entity intended to build capacity and strengthen systems of NACO's \$2.5 billion NACP-III. USG will support the Team Leader and three key personnel in Human Capacity Development, M&E and Strategic Program Management. The USG program will also continue to participate in Technical Working Groups, taking the lead in several areas, including working with the private sector. USG will continue collaboration with the Lawyers Collective to facilitate the inclusion in the Draft HIV/AIDS Legislative Bill of the recommendations of the policy guidance on children and HIV/AIDS. USG will continue to provide leadership for in-service human capacity development programs for professionals including government and NGO personnel through the USG-supported field leadership training program.

ii) At state level: USG will continue to support the TSUs in Tamil Nadu, Maharashtra, Goa, Kerala, Uttar Pradesh and Uttarakhand, which will focus on TA for human capacity development and district level integration activities. USG will also provide technical assistance to SACS in the four USG priority states, particularly in prevention interventions with MARPs, counseling and testing, Strategic Information (SI), OVC and health systems strengthening.

iii) Building capacity at sub-state level to strengthen a decentralized response: USG will provide technical support to build the management and technical capacity of DAPCUs with a focus on program management, coordination and SI.

iv) NGO and civil society level: USG will continue to build the institutional capacity of local NGOs and CBOs, including faith-based organizations, in program and financial management as well as in establishing M&E systems, including routine Data Quality Assessment. USG will also support the TSUs to build capacity of the SACS' implementing partners to deliver high-quality prevention and care programs.

2. Mainstreaming programs: USG will continue to support mainstreaming activities through partnerships with government ministries such as the Ministries of Women and Child Development, Human Resource Development, Rural Development, Youth and Sports, Social Justice and Welfare, and the National Rural Health Mission to integrate HIV/AIDS issues in their systems at the national and state level. These activities will complement the support from the lead donor agencies in those areas. As part of the Mainstreaming Taskforce, USG will assist efforts to mainstream GIPA as well as gender in priority ministries under NACP-III.

3. Strengthening PLHA networks: USG will continue to strengthen PLHA networks and support implementation of the GIPA Plan (developed in 2007 with USG support). The plan proposes to increase the role of positive persons at the state and district level in strategic planning, implementation and monitoring, including advocacy to address stigma and discrimination. USG will support TA to SACS in the USG priority states to incorporate GIPA in state plans, appoint State GIPA Advisors, develop a toolkit for positive prevention and support national and state level trainings for GIPA. Following the recommendation of the PEPFAR program review, USG support to the Indian Network of Positive People (INP+) will be reviewed to align with PEPFAR priorities as well as with those of NACP-III in terms of strategic institutional capacity building.

4. CCM Secretariat: Enhancing the effectiveness of the India Global Fund CCM Secretariat, which has limited resources and staffing, will continue to be a priority. USG is ready to support strengthened M&E capability for the Secretariat (such as an M&E officer and/or TA) to consolidate the M&E frameworks of all Global Fund Rounds currently underway, however final agreement on the specific components of USG support is still under discussion with NACO. In addition, USG will continue to support the human capacity development of CCM members from civil society. USG will also assist in the development of future high quality proposals for TB and HIV/AIDS to the Global Fund.

5. Strengthening private sector systems: As a lead donor for mainstreaming activities in the private sector, USG will facilitate and support NACO in the implementation of the national PPP policy and guidelines. USG provided TA in developing the policy guidance and in developing operational guidelines for a PPP Trust that will manage all PPP activities under NACP-III. The Trust will have a menu of options for private sector engagement in key areas of care, support and treatment. USG will also continue to support models of private sector partnerships that provide cost-effective prevention and treatment services for workers in the organized and unorganized sectors, linked to government services and through the private medical colleges that offer these services. USG will also facilitate scaling-up the first group insurance scheme in the private sector for HIV-positive persons. In FY09, USG will also provide technical assistance for the strategic scale-up of female condoms across India.

Specific Benchmarks/Outcomes:

1. National TSU supported at NACO
2. Development of district action plans in selected districts from USG priority states.
3. Staff specialists provided to support Global Fund CCM.
4. Development of National Policy and Operational plan to mainstream private sector engagement through PPP under NACP-3
5. Communication strategic plan developed for KN SACS.
6. Operational plan for Indian Network of Positive People (INP+) to implement GIPA strategy in USG priority states.
7. National symposium with public and private insurance sector for long-term engagement of sustainable health insurance for positive people.

Annex: PPP document

**Table 3.3.18: Activities by Funding Mechanism**

**Mechanism ID:** 3949.09

**Mechanism:** APAC

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**Prime Partner:** Voluntary Health Services

**USG Agency:** U.S. Agency for International  
Development

**Funding Source:** GHCS (USAID)

**Program Area:** Health Systems Strengthening

**Budget Code:** OHSS

**Program Budget Code:** 18

**Activity ID:** 6157.21834.09

**Planned Funds:** \$908,600

**Activity System ID:** 21834



## Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008

### FY 2008 NARRATIVE SUMMARY

The third phase of the National AIDS Control Program (NACP-3) has underscored the need for system strengthening and developing appropriate policies/guidelines to facilitate the scale up of high quality HIV/AIDS activities. Several new policies and systems have been developed, such as the policy for orphans and vulnerable children (OVC), the ART policy, and policies related to decentralized program management. Other operational guidelines such as guidelines for NGOs on targeted interventions, guidelines for TSUs are in the process of being finalized with USG playing an important role. National implementation of NACP-3 is a major challenge for the GOI and will require extensive strengthening of infrastructure, management systems and staff skills at all levels. In FY08, the AIDS Prevention and Control (APAC) project will support system strengthening and policy change initiatives, primarily at the State level, but also at the national level through technical assistance and demonstrating best practices. As the Technical Support Unit (TSU) for the states of Tamil Nadu and Kerala, APAC will play a critical role in strengthening state systems at various levels in the public and private sector. In the public sector, the project will support the State AIDS Control Societies (SACS) and District AIDS Prevention and Control Units (DAPCUs) to strengthen existing program management systems and develop new systems as required. APAC will support specific initiatives with faith-based organizations, the Lawyers' Collective, PLHA networks and political leadership to influence policy change. APAC will also work with a number of associations in the private sector to develop/strengthen their systems to integrate HIV/AIDS activities into their ongoing programs.

With the establishment of Technical Support Unit under the project, the reach will increase for institutional capacity building and community mobilization in the three states - Tamil Nadu, Puducherry and Kerala.

### BACKGROUND

For the past twelve years, with USG support, Voluntary Health Services (VHS) has been implementing the APAC project in the southern state of Tamil Nadu. APAC, which initially focused on targeted interventions for most-at-risk-populations (MARPs), has expanded its efforts over the last few years to support a more comprehensive approach to HIV/AIDS prevention, care and treatment. Tamil Nadu has been successful in controlling HIV (prevalence among antenatal women has dropped from 1.13% in 2001 to 0.5% in 2005) and the APAC project has significantly contributed to this success. The National AIDS Control Organization (NACO) has recognized the expertise and contributions of the APAC project and has requested APAC to provide technical support to the State AIDS Control Societies (SACS) of Tamil Nadu, Puducherry and Kerala by setting up a Technical Support Unit in Tamil Nadu and Kerala, consisting of a core team of consultants/experts co-located with the SACS, with a mandate to assist the SACS in scaling-up programs, improving efficiency and quality. APAC also serves as the vice-chair of the national Technical Working Group on Targeted Interventions.

APAC in its twelve years of experience has played a significant role in influencing decision-makers to support policy change. It has worked with the state government, the Confederation of Indian Industries (CII), faith-based organizations and physicians' associations to bring about policy change and strengthen the organizational systems of these institutions. In FY08, APAC will continue to support these initiatives and expand to work with newer groups on system strengthening, mainstreaming and promoting policy change.

### ACTIVITIES AND EXPECTED RESULTS

#### ACTIVITY 1: Systems Strengthening of State-Level Public and Private Sector Agencies

The APAC project has been identified by NACO as the TSU for the SACS of Tamil Nadu, Puducherry and Kerala. The primary objective of the TSU is to strengthen State systems to manage HIV/AIDS and build the capacity of SACS in various areas. As the TSU, APAC will support a unit of 6-8 consultants/advisors, co-located with the SACS in Tamil Nadu and Kerala. The team will assist the SACS in identifying and organizing the technical expertise available in the state to strengthen the State's to respond to a well designed, evidence-based technical assistance (TA) plan. Areas for TA from the TSU include strategic planning, project management (including the selection, management and monitoring of NGOs), monitoring and evaluation, capacity building, training, human resource planning and management, increased private sector engagement, and mainstreaming. The TSU will also assist the SACS in developing systems to support planning and implementation of HIV/AIDS activities implemented by the new DAPCUs., who will play a critical role in coordinating and monitoring district-level HIV/AIDS activities.

The TSU will also assist in system development and building the capacity of other agencies such as industry associations, associations of trucking companies, and physicians' associations to develop and implement workplace policies and increase their engagement in HIV/AIDS activities.

#### ACTIVITY 2: Supporting Faith-Based Organizations to Develop and Implement HIV/AIDS Policies

APAC has initiated advocacy programs among the 17 dioceses of the Tamil Nadu Bishops' Council (TNBC) and provided training for bishops and religious sisters in implementing the HIV/AIDS policy developed by Catholic Bishops' Conference of India (with USG assistance). In FY08, the project will continue its support to TNBC to strengthen the implementation of their HIV/AIDS policy in their educational, health and religious institutions. In FY08, APAC will support Hindu and Muslim religious institutions to develop and implement HIV/AIDS policies that support HIV/AIDS programs. In high-prevalence districts, committed religious leaders will be identified and their capacity built to promote HIV/AIDS prevention messages and support for individuals infected and affected by HIV/AIDS. APAC will also support one regional experience-sharing workshop for showcasing and cross-learning about faith/spiritual initiatives.

#### ACTIVITY 3: Promoting the Rights of Women PLHA through Capacity Building and Systems Strengthening of Legal Support Institutions

Women are more vulnerable to HIV/AIDS, exploitation, and in many cases their legal rights have been compromised. Instances of women PLHA being denied property and basic rights have been reported across the country. In the high-prevalence districts of Tamil Nadu, the APAC project will support a women's

**Activity Narrative:** lawyers' collective to advocate for and support the rights of women (particularly of marginalized, infected and affected women). In these districts, through the lawyers collective, a panel of women lawyers will be trained and supported to take up issues related to the rights of women PLHA. Linkages between NGOs, CBOs, PLHA networks, and the women's lawyers' collective will also be established.

**ACTIVITY 4: Systems Strengthening of District PLHA Networks**

In FY06, APAC supported the Indian Network of Positive People (INP+) to build the systems and capacity of district PLHA networks. SACS and other agencies have also supported PLHA networks to strengthen their governance and management and technical capacity. In FY08, APAC will support an initiative to assess the existing gaps in the capacity of PLHA networks. Based on the findings, the project will support one strong PLHA network to build the systems and capacity of other district networks in areas such as project management, monitoring and evaluation, human resource planning, and financial management. The project will also support the PLHA network to advocate with government and other stakeholders to develop PLHA-friendly policies.

**ACTIVITY 5: Training and Advocacy with Legislative Assembly Members**

In FY08, APAC will support a public sector institution to work with Legislative Assembly members to educate them on HIV/AIDS issues and on the need to develop/amend policies that will facilitate the implementation of robust, evidence-based HIV/AIDS programs and the protection of PLHA rights.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14162

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14162	6157.08	U.S. Agency for International Development	Voluntary Health Services	6720	3949.08	APAC	\$481,900
10832	6157.07	U.S. Agency for International Development	Voluntary Health Services	5604	3949.07		\$245,000
6157	6157.06	U.S. Agency for International Development	Voluntary Health Services	3949	3949.06		\$260,700

**Emphasis Areas**

Gender

- \* Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- \* Malaria (PMI)

- \* TB

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development      \$128,047

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.18: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 4116.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> National Alliance of State and Territorial AIDS Directors	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GAP	<b>Program Area:</b> Health Systems Strengthening
<b>Budget Code:</b> OHSS	<b>Program Budget Code:</b> 18
<b>Activity ID:</b> 6592.21835.09	<b>Planned Funds:</b> \$0
<b>Activity System ID:</b> 21835	

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The CDC-NASTAD Cooperative Agreement ended on March 31, 2008 and will not be renewed. With the current funding, NASTAD will be able to carry out activities until August 2009.

Activity 1 in the FY08 COP: "Respond to Requests from NACO on Operational Guidelines and Policy Initiatives" did not occur due to changes in plans at the national and state-level following the development of the third National AIDS Control Plan (NACP-III).

**FY 2008 NARRATIVE SUMMARY**

The aims of the project are to respond to specific technical assistance requests from: 1) NACO for consultation on the implementation and national operational guidelines and activities; 2) CDC India, the Andhra Pradesh State AIDS Control Society (APSACS), and the Public Health Management Institute (PHMI) in the development of a Public Health Field Leadership Fellowship (PHFLF) program; and 3) State AIDS Control Societies and others for specific technical expertise as and when required.

**BACKGROUND**

The National Alliance of State and Territorial AIDS Directors (NASTAD) is a membership organization consisting of U.S. state health department AIDS program directors. NASTAD proposes to bring the significant public health management and international HIV/AIDS field experience of its members to bear in support of Indian public health and HIV/AIDS institutions and their staff, in particular the National AIDS Control Organization (NACO), and State AIDS Control Societies (SACS). The PHFLF program is an ongoing activity coordinated, and supported by USG/India, PHMI, and APSACS. NASTAD's technical assistance to the program will be a new activity in FY08.

**ACTIVITY 1: Respond to Requests from NACO on Operational Guidelines and Policy Initiatives**  
In India, NACO is in the process of developing operational guidelines for the implementation of key national policy initiatives outlined in Phase three of the National AIDS Control Plan (NACP-3), its most recent strategic plan. NASTAD will work in collaboration with CDC/GAP India and NACO to provide technical advice and support in the implementation of guidelines and activities and the operationalization of national policy. NASTAD will identify consultants experienced in local and national policy in the U.S. and globally to assess existing systems, examine Indian guidelines and policies, and collaborate with NACO to address gaps and provide technical assistance needs at a national level.

**ACTIVITY 2: Public Health Field Leadership Fellowship Program (PHFLF)**  
Expanding programs in response to the new and aggressive national strategy, the third National AIDS Control Program (NACP-3), higher expectations from field staff, and a constantly evolving epidemic highlight the dearth of public health managers in the field of public health and HIV/AIDS in India. A strategically concerted effort is required to boost human capacity in programmatic and management areas. As a part of the commitment to build local in-country capacities, CDC India, with its partner, PHMI, and the Government of Andhra Pradesh, has developed the PHFLF to support and train mid-career professionals to take on leadership roles for the management of HIV programs at the state and district levels. The fellowship program uses an innovative combination of training, mentorship, and field work to build skills, commitment and experience of qualified applicants

NASTAD will support this project by 1) providing technical advice to CDC/GAP and PHMI on the structure and format of the PHFLF; 2) identifying existing public health management training activities and curricula in the U.S. that have been shown to be effective in the field; 3) developing content of specific PHFLF training modules where existing curricula do not exist; 4) delivering training to PHFLF fellow and/or provide on-site constructive critical assessment and feedback on training; 5) assisting in the design and implementation of methods to monitor and evaluate the PHFLF.

**ACTIVITY 3: NACP-3 Operational Support at State/District Level**  
As NACP-3 is rolled out, NACO and the State AIDS Control Societies (SACS) will face a variety of challenges and barriers to successful implementation. With NASTAD's wealth of experience at the state and national levels in the U.S. and globally, NASTAD will provide technical assistance in selected critical programmatic areas. These areas may include the development of quality assurance systems; strengthening logistical supply chain management systems; programme planning and monitoring; advocacy for and development of notifiable disease registries with the inclusion of HIV/AIDS surveillance, at district and state levels, collaborating with local institutions and sharing best practices in HIV/AIDS control activities. In addition, NASTAD may be asked to provide resource persons or trainers for specialized training programs for technical officers within SACS or NACO.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14478

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14478	6592.08	HHS/Centers for Disease Control & Prevention	National Alliance of State and Territorial AIDS Directors	6849	4116.08		\$50,000
10892	6592.07	HHS/Centers for Disease Control & Prevention	National Alliance of State and Territorial AIDS Directors	5618	4116.07		\$50,000
6592	6592.06	HHS/Centers for Disease Control & Prevention	National Alliance of State and Territorial AIDS Directors	4116	4116.06		\$50,000

**Table 3.3.18: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 3956.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> Project Concern International	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GAP	<b>Program Area:</b> Health Systems Strengthening
<b>Budget Code:</b> OHSS	<b>Program Budget Code:</b> 18
<b>Activity ID:</b> 6178.21848.09	<b>Planned Funds:</b> \$0
<b>Activity System ID:</b> 21848	

## Activity Narrative: NEW ACTIVITY NARRATIVE

### SUMMARY

CDC's Cooperative Agreement with PCI will end on August 31, 2009. The project will have to be re-competed. It is expected that PCI will continue project activities as described below until that date.

Activities in this program area focus on technical assistance (TA) for HIV-related policy development and HIV-related institutional capacity building. Project Concern International (PCI) will support consultants to the National AIDS Control Organization (NACO) to assist with capacity building at the district and community level, and will build the capacity of local organizations.

### BACKGROUND

Founded in 1961, Project Concern International (PCI) is an international non-governmental and non-profit organization that aims to prevent disease, improve community health and promote sustainable development. PCI/India has worked in HIV/AIDS prevention, care and support, and treatment programming since its inception in 1997 when it was established as a Charitable Society in India. In 2004, PCI initiated the PATHWAY Program, "Comprehensive Community and Home-Based Care and Support for People Living with HIV/AIDS (PLHAs) in India." The five-year program (September 2004-August 2009) was designed to implement integrated community and home-based care (CHBC) and support, and HIV prevention in three sites in the high prevalence states of Maharashtra, Tamil Nadu, and Andhra Pradesh.

Through supplemental funding from CDC in Year 2, this project was expanded to three additional project sites in the northeastern states of India: Manipur (Churachandpur and Imphal) and Nagaland (Dimapur). In Year 3 (September 2006-August 2007), CDC allocated additional resources to continue program activities at the 6 targeted sites and to work with the National AIDS Control Organization (NACO) to improve and upgrade its Strategic Information System (SIS) and train its personnel in SIS management and other skill areas in high demand.

In FY08 activities will be directly implemented by PCI in Maharashtra (population covered, 420,000) and Tamil Nadu (360,000). In Andhra Pradesh (600,000) and Northeastern states (642,000) project activities will continue to be implemented through PCI sub-partners, who are local organizations with experience in HIV/AIDS program implementation. The sub-partners are Lodi Multi Purpose Social Service Society, Pragathi Seva Samithi in Warangal in Andhra Pradesh; SASO, Shalom in Manipur; Akimbo Society in Nagaland; Salem Network of Positive People in Salem, Tamil Nadu; Network of Maharashtra by People Living with HIV/AIDS and Sevadham Trust in Pune, Maharashtra.

### ACTIVITIES AND EXPECTED RESULTS

This activity contributes to the National AIDS Control Program Phase 3 (NACP-III)'s objective of strengthening infrastructure, health systems and human resources in prevention, care and support, and treatment programs at the district, state and national level.

#### ACTIVITY 1: Consultant Support to NACO for Program Management and Training

The PATHWAY program continues to evolve as a builder of organizational capacity and provider of technical assistance and training. As noted under the Strategic Information narrative, PCI is supporting several consultants to NACO in various program areas, including epidemiologists, monitoring and evaluation officers, and program officers. PCI will also continue to assist with capacity-building at the district and community level for a wide array of government, NGO and private sector players in HIV/AIDS prevention, care and support. For example, several of PCI's trainers, who are working as field managers and officers for the program in the Northeast and the South, are frequently called on to conduct training programs for the State AIDS Control Societies (SACS), municipal government, and local NGOs.

#### ACTIVITY 2: Building the Technical Capacity of Local Organizations

As the PATHWAY+ program gains increasing recognition for its expertise in providing CHBC services, PCI will transition their role from a direct implementing agency to a technical assistance agency. A key component of this new identity will be the development of a PCI-sponsored, national CHBC training and resource center. Many elements of the CHBC training and resource center are already in place. In FY09, the PATHWAY program will continue build linkages and provide training opportunities in home-based care and support for the SACS and the District AIDS Prevention and Control Units (the new district-level HIV/AIDS management bodies, under NACP-3).

#### ACTIVITY 3: On-Site Learning (Transition to Role as National CHBC Training and Resource Center)

In Year 5, Pune and Salem will continue to serve as Immersion Learning Sites. In this role, PATHWAY+ program staff train staff from local government and non-government agencies in the implementation of CHBC programming, using pilot-tested training modules. An integral component of this training is field visits to existing programs for hands-on learning and information sharing at the service delivery level. Pune and Salem will retain management of PATHWAY+ programs in select communities as demonstration programs, which will house the field visits. Training modules on diverse topics such as home-based care, basic HIV information, STI prevention, and sexuality were pilot tested, revised, and rolled out in Years 3 and 4. PCI will continue to develop new topics for training modules in Year 5.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 16471

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16471	6178.08	HHS/Centers for Disease Control & Prevention	Project Concern International	7443	3956.08		\$100,000
6178	6178.06	HHS/Centers for Disease Control & Prevention	Project Concern International	3956	3956.06		\$36,895

**Emphasis Areas**

Gender

- \* Increasing gender equity in HIV/AIDS programs
- \* Increasing women's access to income and productive resources
- \* Increasing women's legal rights
- \* Reducing violence and coercion

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.18: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3962.09	<b>Mechanism:</b> I-TECH (International Training and Education Center on HIV)
<b>Prime Partner:</b> University of Washington	<b>USG Agency:</b> HHS/Health Resources Services Administration
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Health Systems Strengthening
<b>Budget Code:</b> OHSS	<b>Program Budget Code:</b> 18
<b>Activity ID:</b> 21841.09	<b>Planned Funds:</b> \$120,000
<b>Activity System ID:</b> 21841	

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

ACTIVITY 1: HIV/AIDS Care Pocket Guide - Not continued in 2009

ACTIVITY 2: Training MIS Website – Continued as described in 2009

ACTIVITY 3: Nurse Trainings (ENHANCE)

To continue the FY08 activity, in FY09, I-TECH will work to design, systematize, and expand capacity development models for clinical and auxiliary staff at training institutions and Centers of Excellence (COE). I-TECH's Empowering Nurses to deliver HIV/AIDS Care and Education (ENHANCE) Nurse Training is a comprehensive 13-module interactive, case-based training for hospital and ART Center nurses focusing on prevention, treatment, care and support for PLHA. The course was developed by I-TECH in collaboration with NACO, the Indian Nursing Council, and the Clinton Foundation in 2007. The Training of Trainers (TOT) model has been used by I-TECH to train nearly 500 nurses at GHTM and other partner institutions and partners are using curriculum to train many more. I-TECH will continue to support GHTM Nurse Trainers in identifying other areas of nurse and ancillary staff training needs. In addition, the curriculum will be packaged and rolled out to partners, including Bel-Air and RDT, potentially resulting in the training of one hundred additional nurses in FY09.

ACTIVITY 4: Non-Clinical Trainings/Capacity Building Trainings

In FY09, I-TECH will work to design, systematize, and expand capacity development models for clinical and auxiliary staff at training institutions and Centers of Excellence. This will include the development of Capacity Building Trainings.

In FY08, I-TECH designed and piloted a series of short workshops on curriculum development to support systems strengthening activities for its partners. These workshops will address topics such as Facilitation Skills, the ADDIE model for Curriculum Development, Training Program Development and Implementation, Monitoring and Evaluation of Training Programs (including I-TECH's use of Kirkpatrick's Four Levels of Training Evaluation). In FY09, I-TECH will finalize and package the workshops, which will be extensively promoted to partner organizations in India. I-TECH will develop a fixed training calendar to implement these workshops throughout the year. Concurrently, a pool of trainers/coordinators will be hired to implement the training workshops.

ACTIVITY 5: Infection Control and Clinical Society Meetings (Systems Strengthening at GHTM)

In FY09, a primary goal for I-TECH will be creating training and support systems which will serve as easily adaptable models that can be institutionalized at the national level of GOI-supported HIV programs. I-TECH's history of supporting health systems strengthening activities such as the regular Clinical Society Meetings and Infection Control assessments and trainings at GHTM places I-TECH in the unique position of being able to develop training standards, support systems, programs and resources that can be quickly adapted to assist other COE and training institutions at the national level. This is directly in line with NACPIII priorities of strengthening training systems as a function of capacity building.

I-TECH will continue to strengthen systems at GHTM by serving in an advisory role in the organization and support of Hospital Infection Control Committee Meetings (HICC), weekly Clinical Society Meetings (CSMs), and monthly Nursing Clinical Society Meetings (NCSMs). I-TECH will continue to support GHTM Nurse Trainers in identifying other areas of nurse and ancillary staff training needs. By continuing its role in these activities, I-TECH will be in a unique position to develop protocols and guidance for capacity building and strengthening of systems within training institutions and Centers of Excellence that are grounded in years of direct experience. I-TECH will be scaling up resources in order to best assess effectiveness of interventions, determine best practices, lessons learned and challenges in order to optimize effective protocols and guidance.

## FY 2008 NARRATIVE

### SUMMARY

The International Training and Education Center on HIV (I-TECH)'s overarching philosophy has been to create systems, infrastructure, and resources to scale up and support a network of health care institutions, the National AIDS Control Organization and its recognized Training Centers across the nation to support the rapid scale-up of national and state-level HIV/AIDS services in India. Significant training and mentoring support on clinical and non-clinical topics are required for HIV Specialists, Medical Officers, Nurses, and Counselors to support this scale-up of services at these centers. I-TECH's strategy for institutional support combines training in HIV/AIDS, on-going mentoring, and a well-developed system for monitoring and evaluation and quality assurance. I-TECH uses databases to facilitate data collection and reporting and has the capacity to store and analyze data at the country level. I-TECH's the areas of emphasis also include local organization capacity building, in-service training, and task shifting. Primary target populations include NACO, ART Training Center Logistics Coordinators, Nurses, Counselors, and Doctors.

### BACKGROUND

I-TECH is a collaboration between the University of Washington Seattle and the University of California San Francisco. It supports the development of HIV/AIDS treatment, care and support training initiatives in more than a dozen developing countries impacted by the global AIDS epidemic, and incorporates a holistic approach to care for PLHAs. Established in 2003, I-TECH partnered with CDC/GAP to create a Center of Excellence in training, treatment and care services at the Government Hospital of Thoracic Medicine (GHTM), Tambaram, Chennai in Tamil Nadu. GHTM is India's largest TB/HIV care center providing care to 30,000 PLHAs annually and is also a NACO recognized ART and Training Center. Infrastructure at GHTM includes the Training Center, an ART Center, and state-of-the-art Laboratory facilities supported by USG



**Activity Narrative:** funds. GHTM is known for its high quality and stigma free care to PLHAs.

**ACTIVITIES AND EXPECTED RESULTS**

**ACTIVITY 1: The Standard Procedures of HIV/AIDS Care Pocket Guide**

This brief guide was developed to provide technical support to those involved in the care of HIV-infected patients. It is geared specifically to government hospitals in India and integrates guidelines from NACO and the World Health Organization (WHO). I-TECH revised the Standards of HIV Care Pocket Guide for physician (a user-friendly reference guide on HIV treatment) to include the updated NACO Guidelines. I-TECH will continue to provide this resource to new ART Centers to help support overall system strengthening for new ART Centers. This resource will be also be used by national training centers, medical colleges, and other training organizations. This pocket-sized booklet focuses on practical information about antiretroviral therapy and prophylaxis and treatment of common opportunistic infections in both adults and children.

**ACTIVITY 2: Training MIS Website**

With partial PEPFAR funding, I-TECH is developing an umbrella Training MIS website which will link all the NACO Training Centers. The primary goals of this website are: link all NACO Training Centers; act as a clearing house for HIV/AIDS training resources; and reduce administrative time and cost burden by streamlining collection of participant registration information and data on pre-and post-test evaluations. A key purpose of the Training MIS will be to provide evaluation reports on the impact of trainings and the need for additional Continued Medical Education (CME), planned by the GOI to be mandatory from 2008. This can be offered on-line as self-study modules in the second phase of the development of this website. This website will be linked to the NACO website with overall maintenance and support provided by NACO in a phased manner to ensure sustainability of this project.

**ACTIVITY 3: 2-3 Month Training for Nurses**

I-TECH plans on expanding its partnership base to work with the Christian Medical Association of India, an organization of 20 faith-based private hospitals and the Catholic Hospital Association of India, which comprises 47 nursing schools, which train the majority of India's nurses. In response to requests from these schools, I-TECH, assist them to develop two-three month pre-service and in-service training for nurses on HIV/AIDS. I-TECH will also assist develop nursing curricula. These additional activities will address task shifting and also strengthen clinical and administrative systems at partner sites.

**ACTIVITY 4: Non-Clinical Trainings**

Non-clinical trainings focusing on curriculum development, training skills, public health evaluation methods have been requested by many of I-TECH's partners. I-TECH will develop a series of short workshops on these topics to support systems strengthening activities for its partners. These trainings will support task shifting and retention.

**ACTIVITY 5: Infection Control and Clinical Society Meetings**

I-TECH will also strengthen health systems in regard to infection control. It will continue to organize Hospital Infection Control Committee (HICC) meetings in collaboration with GHTM to discuss issues surrounding the hospital's infection control measures. Topics addressed during the meeting include tracking of vaccinated GHTM staff against Hepatitis B, regular infection control rounds with an infection control checklist, personal protective equipment, and biomedical waste management. Additionally, I-TECH will support the GHTM Nurse Trainers to roll out an Infection Control curriculum with practical training in the wards for nurses. Monthly nursing and weekly doctors' clinical society meetings (CSMs) are conducted at GHTM with I-TECH's support. These CSMs provide a forum for clinical case discussions, hospital systems strengthening needs, and support enhancement of clinical skills of doctors and nurses.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14665

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14665		HHS/Health Resources Services Administration	University of Washington	6901	3962.08	I-TECH (International Training and Education Center on HIV)	\$120,000

<b>Emphasis Areas</b>
<b>Human Capacity Development</b>
Estimated amount of funding that is planned for Human Capacity Development      \$103,000
<b>Public Health Evaluation</b>
<b>Food and Nutrition: Policy, Tools, and Service Delivery</b>
<b>Food and Nutrition: Commodities</b>
<b>Economic Strengthening</b>
<b>Education</b>
<b>Water</b>

**Table 3.3.18: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 6721.09	<b>Mechanism:</b> Connect
<b>Prime Partner:</b> Population Services International	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Health Systems Strengthening
<b>Budget Code:</b> OHSS	<b>Program Budget Code:</b> 18
<b>Activity ID:</b> 19131.21906.09	<b>Planned Funds:</b> \$247,000
<b>Activity System ID:</b> 21906	

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FOR FY09:

**SUMMARY**

In FY08, the Connect Project worked on building institutional capacity of State AIDS Control Societies (SACS), employers' organizations, labor unions, and private and public companies to develop policies and programs on HIV/AIDS and TB in Karnataka and Andhra Pradesh. In FY09, Connect and its sub-partners will review and document various public-private partnership (PPP) models. The main goal will be to transfer the lessons and provide technical assistance to public and private partners to scale up these innovative models. Connect will advocate organizations to absorb the positions currently funded by Connect. Further, Connect will work with these organizations to develop a plan ensuring the continued mentorship of the staff.

**ACTIVITY 1 (FY08):** Technical Assistance to NACO and SACS to Build the Private Sector Response to HIV/AIDS

In FY09, Connect will support SACS to implement a 'Most-at-Risk' Industry Assessment study in high prevalence states. Connect will review PPP models that reach vulnerable populations and will support NACO through a national Technical Support Unit (TSU) to replicate such models in other parts of country. Connect will also initiate capacity building of partner NGOs, NACO and SACS to enable them to leverage resources (financial and in-kind) from corporate India for HIV/AIDS and TB programs.

**ACTIVITY 2, 3, 4 (FY08):** No Change

**ACTIVITY 5 (FY08):** Mainstream HIV/AIDS and TB Programs into Public Sector Companies

In FY09, Connect will provide technical assistance to Federation of Indian Chambers of Commerce and Industry (FICCI) and NACO/TSU/SACS to implement mainstreaming activities rather than work directly with the organizations identified.

**ACTIVITY 6 (FY08):** Reduction of Stigma and Discrimination at Workplaces

In FY09, in addition to activities for reducing stigma and discrimination at workplace, Connect will target health care personnel at hospitals and nursing homes to enable friendly services to PLHA at PMTCT and CT clinics.

The following new activities will be undertaken in COP09:

**ACTIVITY 7 (new - FY09):** Expansion of Insurance Coverage for PLHA with Technical Assistance to NACO/SACS, PLHA Networks and Insurance Sector

In FY07 and FY08, Connect facilitated the release of the first group insurance policy for PLHA. It also facilitated a National Symposium to advocate with the insurance sector for PLHA-friendly insurance policies. In FY09 Connect, in partnerships with the SACS, USG partners, NGOs and PLHA networks, will look to expand the insurance cover for PLHAs to other states. Connect will support NACO to organize a Technical Resource Group that will facilitate advocacy workshops with PLHA networks, private and public sector insurance companies, and employers' organization (such as FICCI, Confederation of Indian Industry (CII), The Associated Chambers of Commerce and Industry of India (ASSOCHAM)), and UN agencies. Efforts will focus on removing HIV from the list of excluded pre-existing diseases for various group health insurance products. Efforts will be made to extend insurance coverage of HIV positive women, including widows. Another focus area will be integrating HIV coverage into the existing Below Poverty Line (BPL) government insurance schemes, such as Rashtriya Swasthya Bima Yojana (supported by Ministry of Labor).

**ACTIVITY 8 (FY09):** Demonstrate Increased Utilization and Improved Quality of Care within Health Services Leveraged through PPP for At-Risk Industrial Sector Workers

In FY09, Connect will evaluate health sector partnerships models in both the public (such as Employees' State Insurance Corporation (ESIC)) and private sectors on the parameters of reach and access to at-risk workers and also on improved quality of care for delivering HIV-related services. The project will strengthen linkages with birth spacing products and services and treatment for STIs and TB. Connect will advocate with NACO/SACS, Revised National Tuberculosis Control Program (RNTCP), industry associations and corporations to recognize Connect-supported health facilities as model PPP demonstration sites.

**ACTIVITY 9 (FY09):** Develop and Disseminate 'GEMSTONES' on Public Private Partnerships in HIV/AIDS Prevention and Control Services

In FY09 Connect will conduct site visits, review literature and organize workshops with industry and professional associations at the district, state and national level to unearth and document best practices of PPP in HIV/AIDS and TB. These models of excellence, entitled 'GEMSTONES,' will be further studied and findings disseminated through national and regional level events by NACO, RNTCP, FICCI and other partners. For wider circulation of lessons learned, the project will also publish articles and case studies in national and international journals and publications.

**FY08 NARRATIVE**

This is a continuing activity, for which PSI received \$300,000 in GHAI in FY 2007. Early funding is needed to continue expanding partnerships for interventions with the private sector in all program areas and avoid any loss of momentum in the third quarter of FY 2008. This will also enable us to be responsive to the national program's request that we build capacity in the private sector.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 19131

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19131	19131.08	U.S. Agency for International Development	Population Services International	6721	6721.08	Connect	\$250,000

**Emphasis Areas**

Gender

- \* Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- \* Family Planning
- \* Safe Motherhood
- \* TB

Workplace Programs

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

Estimated amount of funding that is planned for Water \$0

**Table 3.3.18: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 9623.09	<b>Mechanism:</b> Samarth
<b>Prime Partner:</b> Family Health International	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Health Systems Strengthening
<b>Budget Code:</b> OHSS	<b>Program Budget Code:</b> 18
<b>Activity ID:</b> 22306.09	<b>Planned Funds:</b> \$252,000
<b>Activity System ID:</b> 22306	

**Activity Narrative:** NOTE: THIS ACTIVITY WAS FULLY FUNDED BY GHCS-USAID FUNDS IN COP 08. IN COP 09 IT IS SPLIT FUNDED BETWEEN GHCS-USAID and GHCS-STATE. THE ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

#### UPDATE

In FY08, the FHI-led Samarth project focused on providing Technical Assistance (TA) at the national, state, and district levels to improve the effectiveness of the response of government and civil society for evidence-based HIV policy and programs in India through human capacity development and strengthening of capacity of local organizations. Additionally, support was provided to Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) County Coordinating Mechanism (CCM) to strengthen the Secretariat in India by facilitating the enhanced role of private sector and wider civil society participation and support for proposal development. In FY09, technical and program officers which are supported at National AIDS Control Organization (NACO) since FY07 will be trained as part of an approved mentoring plan as a long-term strategy to build institutional capacity at NACO.

In FY09, Activities 1 through 4 will be modified in the following ways, while Activities 5 and 6 will continue as in FY08.

#### ACTIVITY 1: TA to NACO, State AIDS Control Society (SACS) and USG Partners for Program and Institutional Strengthening

FHI will scale-up the support for institutional strengthening of NACO including both short and long-term TA support. The short-term support will cover activities like assessment of systems and programs, development and/or strengthening of need-based protocols and guidelines, publications, organizing national conference and activities related to human resource development. The long-term support will include continued personnel support for the program and technical officers in NACO and their capacity building in project management, monitoring and evaluation, research, quality improvement in care, support and treatment, capacity building and institutional strengthening. Support will also be provided for National Technical Support Unit (NTSU) for program and technical support personnel. In partnership with the WHO, Samarth will pilot the Quality Assurance/Quality Improvement (QA/QI) systems for HIV/AIDS care in two public hospital settings based on the experiences from its demonstration projects. As part of the national Orphans and Vulnerable Children (OVC) task force, Samarth has led the development of the national OVC guidelines in FY07 and will conduct a national workshop and two regional workshops to operationalize the standard protocols with an emphasis on child counseling for HIV testing, disclosure and support. The project will support the institutional capacity development of the Indian Network of People Living with HIV/AIDS (INP+) to facilitate the formation of a Greater Involvement of People Living with HIV/AIDS (GIPA) Task Force with members from NACO and select UN, donor, national and international agencies to coordinate implementation of GIPA. INP+ will increase participation of women living with HIV/AIDS (WLHA) into the existing networks, play active role in influencing policy to address issues of Women Living with HIV/AIDS (WLHA) and for increasing their access to services. INP+ has created a National Women's Forum (NWF) and state level women's forums which will be leveraged in different aspects of the technical support. This will include strategies and activities towards implementation of GIPA at National, State and District level. WLHA will also participate through providing positive testimonies to influence HIV/AIDS policies and programs to become more gender sensitive. CMAI, based on the experience of implementation of work-place policy in the hospital learning sites, will provide TA to USG partners, other CMAI hospitals and private health care institution. Samarth will continue to support the Technical Support Units (TSU) in Uttar Pradesh (UP) and Uttarakhand which provide the required TA to SACS for implementing the NACP-3 at the state and district levels.

#### ACTIVITY 2: TA for Mainstreaming and Institutional Strengthening of Government of India Ministries and the GFATM CCM

Samarth will enhance support for HIV/AIDS mainstreaming activities in coordination with NACO and UNDP through establishment of an HIV/AIDS Cell in Ministry of Women and Child Development (MWCD) and inclusion of PLHA as a target group for accessing Ministry of Social Justice and Empowerment (MSJE) schemes. The project will support the India CCM for personnel, proposal development, strengthening monitoring and evaluation and enhancing civil society participation in GFATM program. INP+ will ensure greater involvement of WLHA for HIV mainstreaming and for TA to GFATM CCM secretariat.

#### ACTIVITY 3: Institutional strengthening of SACS and District AIDS Prevention and Control Units (DAPCUs).

As requested by NACO, Samarth will adopt 5 'A' category districts in UP to demonstrate an integrated comprehensive response to HIV/AIDS at the district level in close collaboration with other district health systems. Efforts will be made to identify and resolve challenges in implementation of Program Implementation Plans and increased utilization of budgets. FHI along with its TA partners will facilitate cross-learning from other SACS, particularly USG-supported SACS in Andhra Pradesh, Karnataka and Tamil Nadu. Need-based support will also be provided for generating evidence for programming, district-level planning and sensitizing private health care providers.

#### ACTIVITY 4: Capacity Building of NGOs by Demonstration Project Partners

The three demonstration projects will continue to provide on-site experiential training and mentoring to local non-governmental organizations (NGOs) and community-based organizations (CBOs) on national and PEPFAR priority program areas.

#### FY08 NARRATIVE SUMMARY

This activity will enhance the capacity of National AIDS Control Organization (NACO), State AIDS Control Societies (SACS) and USG partners in program and technical skills in the areas of prevention of mother to child transmission (PMTCT), counseling and testing (CT), antiretroviral treatment and monitoring and evaluation. The Samarth project will also provide technical assistance to strengthen the functioning of India's Country Coordinating Mechanism (CCM) for the Global Fund for TB, AIDS and Malaria, mainstreaming HIV/AIDS programs in government ministries and implementing the principles of Greater

**Activity Narrative:** Involvement of People Living with HIV/AIDS (GIPA). In addition, consultants will be provided to the SACS and District AIDS Prevention and Control Units (DAPCUs) to assist in the HIV/AIDS planning, implementation and monitoring and evaluation activities of the state.

## BACKGROUND

The Samarth project has been implemented by Family Health International (FHI) since October 2006. Samarth will directly contribute to implementing quality HIV/AIDS prevention, care and treatment through technical assistance (TA), capacity building and institutional strengthening of government (NACO and the SACS), and civil society. In addition, the Global Fund will be provided specific TA to strengthen the leadership and governance of the CCM Secretariat. FHI implements this project in partnership with the Christian Medical Association of India (CMAI, which has over 300 faith-based hospitals as members), the Indian Network of Positive People (INP+), and Solidarity and Action Against the HIV Infection in India (SAATHII, an NGO with a mandate to build the capacity of civil society). Samarth extends needs-based capacity building assistance to government and non-government stakeholders as well as to USG partners. Since FY07, Samarth has provided human and technical support to NACO in key program areas like CT, OVC, ARV, SI and policy and systems strengthening. Samarth also implements four demonstration projects in New Delhi to showcase best practices in AB, OVC and Palliative care for injecting drug users (IDU).

## ACTIVITIES AND EXPECTED RESULTS

Policy and system strengthening is an ongoing core initiative under Samarth project. This will be the major focus of the FY08 program and will directly contribute to the implementation of the third phase of the National AIDS Control Program (NACP-3) and the USG HIV/AIDS strategy for India. With FY08 funding FHI will continue to partner with INP+, CMAI, and SAATHII to provide TA to NACO, SACS, DAPCU and USG partners in technical and program areas.

**ACTIVITY 1: TA to NACO, SACS and USG Partners for Program and Institutional Strengthening**  
As part of USG's support to NACO, Samarth will build the capacity of 30 senior program managers of NACO engaged in PMTCT, ARV, CT and monitoring and evaluation activities. Specifically, the program management skills and technical knowledge of these staff will be developed by arranging or sponsoring them to attend appropriate training programs, including conferences and workshops. Samarth will also provide continuous mentoring support through a team of consultants.

INP+, a major sub-partner to Samarth, will continue to provide TA to NACO, SACS and USG partners to strengthen the operationalization of GIPA strategies at the national, state, and district levels by sharing tools and mentoring the staff. In addition, with support from SAATHII, another sub-partner of Samarth, best practices for integrating gender into HIV prevention, care and treatment programs for sex workers that are implemented by the Samastha project (a USG partner) will be documented and disseminated through publication of reports and workshops.

**ACTIVITY 2: TA for Mainstreaming and Institutional Strengthening of Government of India Ministries and the Global Fund CCM**

Samarth will provide TA to key government ministries such as the Ministries of Women and Child Development, Health and Family Welfare, Social Justice and Empowerment and Youth Affairs and Sports to mainstream HIV/AIDS into their programs. These activities include advocacy workshops with government officials, development of HIV/AIDS mainstreaming guidelines, and support for implementation and monitoring and evaluation (M&E) of the mainstreaming activities.

Samarth will provide TA for strengthening the functioning of the Global Fund CCM Secretariat through placement of a staff member as a financial and program management advisor, to ensure transparency and wider representation for Global Fund proposals; development of quality proposals to mobilize additional funding; improved program management and development of an integrated M&E system. INP+, as Vice Chair of the Global Fund CCM in India, will work with the CCM to ensure greater participation of civil society and PLHA, especially women, in the CCM.

**ACTIVITY 3: Institutional Strengthening of SACS and the DAPCUs**

This activity will focus on providing needs-based capacity-building assistance to SACS and the DAPCUs for program planning, implementation, monitoring and evaluation and sustainability. As part of USG's technical support to the national program, Samarth will lead a team of consultants in the USG focus states to develop and finalize the State Implementation Plans under NACP-3. Consultants will also be placed at SACS to provide ongoing technical support for strengthening administrative, program and financial management systems and developing strategies and operational plans for scaling-up HIV prevention, care and treatment activities.

TA will also be provided on establishing procurement systems to access commodity needs, ensure adequate drug supply, procure and purchase supplies, drugs and equipments. With support from SAATHII, TA will be provided on gender mainstreaming through documentation and dissemination of tools and best practices at the state and district level.

In FY07, FHI played a key role in the development of terms of reference for Technical Support Units that are to be established for providing TA to the SACS. With FY07 funds, Samarth will support the establishment of the TSU in the states of Uttar Pradesh and the adjoining Uttarakhand State. Using FY08 funds, ongoing technical support will be provided for the TSU to plan and implement technical assistance and capacity-building programs for the Uttar Pradesh and Uttarakhand State AIDS societies.

**ACTIVITY 4: Capacity Building of NGOs by Demonstration Project Partners**

The Samarth project will build the capacity of the four demonstration partners implementing model programs on street children, OVC and palliative care in Delhi, in training skills including planning and implementing experiential learning programs. These partners will provide onsite experiential training and

**Activity Narrative:** mentoring to NGOs identified by SACS and USG partners.

ACTIVITY 5: Capacity Building of PLHA Networks in Policy Development  
 INP+ will continue to develop the leadership skills of PLHA members as champions for advocacy on GIPA, treatment, stigma and discrimination, and positive prevention. PLHAs, will be trained to actively participate in policy development. Case studies highlighting positive and inspiring experiences of PLHA will be documented and disseminated.

ACTIVITY 6: Training of Health Care Providers to Address HIV/AIDS Stigma and Discrimination  
 CMAI, a sub-partner of Samarth, will train private health care providers on stigma and discrimination issues related to HIV/AIDS. Specifically, providers will be trained to provide quality HIV management services, and respect patients' rights to confidentiality and the need for obtaining informed consent before HIV testing. CMAI will update the existing training modules on stigma and discrimination and tailor them to the needs of the health care providers. CMAI will carry out follow-up exercises by conducting focus group discussions with the health care providers to assess the effectiveness of the training program. Based on their needs, CMAI will conduct refresher training programs on stigma and discrimination related to HIV/AIDS issues.

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Emphasis Areas**

Gender

- \* Increasing gender equity in HIV/AIDS programs
- \* Increasing women's access to income and productive resources
- \* Increasing women's legal rights

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development      \$243,778

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery      \$2,850

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.18: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 3940.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> Avert Society	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (USAID)	<b>Program Area:</b> Health Systems Strengthening
<b>Budget Code:</b> OHSS	<b>Program Budget Code:</b> 18
<b>Activity ID:</b> 6123.23887.09	<b>Planned Funds:</b> \$141,887
<b>Activity System ID:</b> 23887	

## Activity Narrative: NEW ACTIVITY NARRATIVE

### SUMMARY

Avert Society will provide technical assistance through six lead agencies in developing HIV policies and programs with workplace intervention partners.

### BACKGROUND

Avert Society is a bilateral program implementing prevention, care, and treatment activities in six high-prevalence districts of Maharashtra State. The population of Maharashtra is 96.9 million and the HIV prevalence is 0.75% (2006). Under the umbrella of the Avert project, the Johns Hopkins University (JHU) and the Hindustan Latex Family Planning Promotion Trust (HLFPPT) have been awarded cooperative agreements to support the state in scaling-up communication and condom social marketing activities. On March 7, 2008, the National AIDS Control Organization (NACO) provided new policy guidance to Avert Society that the project should focus on saturating coverage of high-risk populations including migrants, and on implementing community mobilization activities to increase the uptake of counseling and testing, prevention of mother-to-children transmission, and care and treatment services in the six high prevalence districts. Additionally, NACO recommended that the Avert project implement workplace interventions in the entire state. The districts of Avert Society have changed and include Aurangabad, Nagpur, Sholapur, Jalna, Thane and Mumbai (two zones). Sangli and Satara have been handed over to Bill and Melinda Gates Foundation in the new allocation.

NACO has selected Avert Society as the Technical Support Unit (TSU) in Maharashtra and Goa states to support the scale-up and strengthening of HIV/AIDS programs in accordance with the strategies outlined in the third National AIDS Control Program (NACP-III).

### ACTIVITIES AND EXPECTED RESULTS

**ACTIVITY 1: Providing Technical Assistance for Developing HIV/ AIDS Workplace Policies and Programs**  
In FY08, Avert Society will scale up workplace intervention in the organized and informal sectors by partnering with six lead agencies. The lead agencies will manage a network of 150 large and medium industries in the organized sector. Additionally, the lead agencies in six districts will partner with an NGO to implement intervention programs in the informal sector. In FY09, Avert Society will continue to partner with the 6 lead agencies to strengthen the network of 150 workplace intervention partners and expand the program to reach an additional 100 industries. Program components include addressing issues of male norms and gender equity.

Avert Society will build the capacity of the lead agencies and provide continuous technical support to manage the network of industries in the organized sector and NGO partners working among the unorganized sector. In FY09, nearly 100 companies will develop and implement HIV/AIDS policies and programs.

### ACTIVITY 2: Support to PLHA Networks to Address Stigma and Discrimination

In FY08, Avert Society will support PLHA networks in six Avert priority districts to address stigma and discrimination in health settings, workplace and in the community. The network forms pressure groups at the district level and, with the involvement of key stakeholders, addresses issues of stigma and discrimination faced by PLHAs at their homes, health setting and workplaces. Avert Society will train four individuals from six districts (24 individuals) as master trainers who in turn will train 120 individuals. They will form the PLHA advocate and pressure groups. In FY09, Avert Society will continue to support the six PLHA networks to scale-up programs to address stigma and discrimination issues.

### ACTIVITY 3: Community Mobilization

Avert Society will collaborate with MYRADA, a CDC partner with extensive community mobilization experience, in strengthening the six lead NGOs in implementing community mobilization programs to increase the uptake of HIV/AIDS services.

### ACTIVITY 4: Technical Assistance to MSACS, MDACS and Goa SACS

In FY08 and continuing in FY09, the technical support unit will provide ongoing support to the three SACS in strategic planning and program development, strengthening targeted Interventions, capacity building, public private partnership and mainstreaming.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14104



### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14104	6123.08	U.S. Agency for International Development	Avert Society	6709	3940.08		\$480,000
10796	6123.07	U.S. Agency for International Development	Avert Society	5595	3940.07		\$400,000
6123	6123.06	U.S. Agency for International Development	Avert Society	3940	3940.06		\$13,882

### Emphasis Areas

Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs

Workplace Programs

### Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development      \$32,250

### Public Health Evaluation

### Food and Nutrition: Policy, Tools, and Service Delivery

### Food and Nutrition: Commodities

### Economic Strengthening

### Education

### Water

**Table 3.3.18: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3943.09	<b>Mechanism:</b> Connect
<b>Prime Partner:</b> Population Services International	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (USAID)	<b>Program Area:</b> Health Systems Strengthening
<b>Budget Code:</b> OHSS	<b>Program Budget Code:</b> 18
<b>Activity ID:</b> 6137.23879.09	<b>Planned Funds:</b> \$773,000
<b>Activity System ID:</b> 23879	

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

**SUMMARY**

In FY08, the Connect Project worked on building institutional capacity of State AIDS Control Societies (SACS), employers' organizations, labor unions, and private and public companies to develop policies and programs on HIV/AIDS and TB in Karnataka and Andhra Pradesh. In FY09, Connect and its sub-partners will review and document various public-private partnership (PPP) models. The main goal will be to transfer the lessons and provide technical assistance to public and private partners to scale up these innovative models. Connect will advocate organizations to absorb the positions currently funded by Connect. Further, Connect will work with these organizations to develop a plan ensuring the continued mentorship of the staff.

**ACTIVITY 1: Technical Assistance to NACO and SACS to Build the Private Sector Response to HIV/AIDS**  
In FY09, Connect will support SACS to implement a 'Most-at-Risk' Industry Assessment study in high prevalence states. Connect will review PPP models that reach vulnerable populations and will support NACO through a national Technical Support Unit (TSU) to replicate such models in other parts of country. Connect will also initiate capacity building of partner NGOs, NACO and SACS to enable them to leverage resources (financial and in-kind) from corporate India for HIV/AIDS and TB programs.

**ACTIVITY 2, 3, 4:**

No Change

**ACTIVITY 5: Mainstream HIV/AIDS and TB Programs into Public Sector Companies**

In FY09, Connect will provide technical assistance to Federation of Indian Chambers of Commerce and Industry (FICCI) and NACO/TSU/SACS to implement mainstreaming activities rather than work directly with the organizations identified.

**ACTIVITY 6: Reduction of Stigma and Discrimination at Workplaces**

In FY09, in addition to activities for reducing stigma and discrimination at workplace, Connect will target health care personnel at hospitals and nursing homes to enable friendly services to PLHA at PMTCT and CT clinics.

The following new activities will be undertaken in COP09:

**ACTIVITY 7: Expansion of Insurance Coverage for PLHA with Technical Assistance to NACO/SACS, PLHA Networks and Insurance Sector**

In FY07 and FY08, Connect facilitated the release of the first group insurance policy for PLHA. It also facilitated a National Symposium to advocate with the insurance sector for PLHA-friendly insurance policies. In FY09 Connect, in partnerships with the SACS, USG partners, NGOs and PLHA networks, will look to expand the insurance cover for PLHAs to other states. Connect will support NACO to organize a Technical Resource Group that will facilitate advocacy workshops with PLHA networks, private and public sector insurance companies, and employers' organization (such as FICCI, Confederation of Indian Industry (CII), The Associated Chambers of Commerce and Industry of India (ASSOCHAM)), and UN agencies. Efforts will focus on removing HIV from the list of excluded pre-existing diseases for various group health insurance products. Efforts will be made to extend insurance coverage of HIV positive women, including widows. Another focus area will be integrating HIV coverage into the existing Below Poverty Line (BPL) government insurance schemes, such as Rashtriya Swasthya Bima Yojana (supported by Ministry of Labor).

**ACTIVITY 8: Demonstrate Increased Utilization and Improved Quality of Care within Health Services Leveraged through PPP for At-Risk Industrial Sector Workers**

In FY09, Connect will evaluate health sector partnerships models in both the public (such as Employees' State Insurance Corporation (ESIC)) and private sectors on the parameters of reach and access to at-risk workers and also on improved quality of care for delivering HIV-related services. The project will strengthen linkages with birth spacing products and services and treatment for STIs and TB. Connect will advocate with NACO/SACS, Revised National Tuberculosis Control Program (RNTCP), industry associations and corporations to recognize Connect-supported health facilities as model PPP demonstration sites.

**ACTIVITY 9: Develop and Disseminate 'GEMSTONES' on Public Private Partnerships in HIV/AIDS Prevention and Control Services**

In FY09 Connect will conduct site visits, review literature and organize workshops with industry and professional associations at the district, state and national level to unearth and document best practices of PPP in HIV/AIDS and TB. These models of excellence, entitled 'GEMSTONES,' will be further studied and findings disseminated through national and regional level events by NACO, RNTCP, FICCI and other partners. For wider circulation of lessons learned, the project will also publish articles and case studies in national and international journals and publications.

**FY 2008 NARRATIVE**

**SUMMARY**

In FY08, the Connect project, implemented by Population Services International (PSI) will aim at sustained capacity building of institutions and stakeholders, like the State AIDS Control Societies (SACS) in Karnataka and Andhra Pradesh, employers' organizations, labor unions, and private and public sector companies, in developing policy and programs on HIV/AIDS and TB. The program will mobilize increased involvement of the corporate sector in HIV/AIDS programs. Activities will also include supporting the local SACS and the National AIDS Control Organization (NACO) in policy development, institutional capacity building for implementing workplace programs, proposal development, financial management, human resource management and documentation.

**BACKGROUND**

The Connect project has been implemented by PSI since October 2006, in partnership with the Federation of Indian Chambers of Commerce and Industry (FICCI), Y.R. Gaitonde Centre for AIDS Research and

**Activity Narrative:** Educations (YRG CARE) and the Karnataka Health Promotion Trust (KHPT). The ILO provides technical support to the project. Connect aims to increase private sector engagement in HIV/AIDS through workplace interventions and the development of public-private partnerships for the continuum of prevention to care services. The main strategies include mobilizing companies for workplace interventions, developing private models of service delivery in counseling and testing (CT) and PMTCT and technical assistance to the government on mainstreaming HIV/AIDS in the private sector. The geographical focus is Karnataka, coastal Andhra Pradesh and selected port towns (Mumbai, Vashi, Mangalore, Tuticorin, Chennai and Vizag) in the USG focus states.

The third National AIDS Control Plan (NACP-3) outlines a strategy to leverage the strengths of the private sector to become an active partner in the national response. Potential areas for private sector participation include activities to support vulnerable and infected populations, mobile CT, behavior change communication through outreach, and other innovations such as smart cards for ARV adherence. Private sector engagement at the district level and innovative demand-side financing mechanisms like vouchers for HIV services have been identified as key activities. In August 2007, NACO invited Connect to provide technical assistance (TA) for better understanding of models that Connect is developing in the private sector and to identify areas that can be replicated by the government.

#### ACTIVITIES AND EXPECTED RESULTS

**ACTIVITY 1: Technical Assistance to NACO and the SAS to Build the Private Sector Response to HIV/AIDS**  
Connect will continue to build the capacity of the SACS to design and implement workplace intervention (WPI) models. The project will support a Workplace Coordinator at the SACS in Karnataka and Andhra Pradesh to plan and implement various WPI models for mainstreaming HIV/AIDS in various sectors (government, private sector and civil society) as envisaged under NACP-3. Connect aims to transition the models developed to SACS so the SACS can continue implementation in existing companies and enroll new ones. At the national level, operational guidelines for implementing workplace interventions and engagement of the private sector through corporate social responsibility initiatives will be developed in response to corporate and state needs. Models developed through the project will be documented and disseminated for the benefit of other SACS, NGOs and USG partners in Maharashtra, Tamil Nadu, Karnataka and Andhra Pradesh.

#### ACTIVITY 2: Institutional Capacity Building of Employers' Organizations

In FY08 the formal partnerships/collaborations established with employers' organizations like the Karnataka Employers Association, will continue to facilitate the implementation of WPI in Karnataka, especially around the industrial areas of Peenya in Bangalore and Bellary district in northern Karnataka (which has an HIV prevalence rate of over 1%). Through this collaboration, senior management of member organizations will be directly engaged through a series of capacity building initiatives to: a) motivate businesses to get involved in HIV/AIDS; and b) provide technical assistance to employers' organizations to formulate and issue policy guidelines to member organizations. Employers' organizations will be encouraged to include messages on HIV/AIDS and TB in their regular communications with member companies. By FY08, the capacity of at least five employers' organizations will be built in motivating companies to design and implement HIV/AIDS and TB workplace programs and policies.

#### ACTIVITY 3: Partnership with Labor Unions to Reach Informal Workers

Partnerships established with labor unions in FY07 will expand through engagement with labor unions at the district level in Karnataka and coastal Andhra Pradesh. Unions will be provided training on HIV/AIDS and TB using the training material produced by Connect, adapted from materials developed by the ILO and other agencies. In August 2007, five national trade unions released a Joint Policy statement based on the ILO's "Code of Practice and the World of Work" that urged all affiliates and members to recognize HIV/AIDS as a workplace issue and give it the highest priority. The ILO will provide technical support to Connect to implement two pilot projects that will reach 1000 informal workers. The capacity of labor unions to develop future proposals to seek small grants from SACS will be developed.

#### ACTIVITY 4: Strengthening Capacity of Private Companies for HIV/AIDS Programs

##### a) Developing Workplace HIV/AIDS and TB Policies in Private Companies

In FY08 the project will continue to enroll private sector companies to support WPI. Connect's strategy is to ensure that private sector companies contribute to their workplace programs. TA will be provided to partner companies to help them form committees on HIV/AIDS and TB. Attempts will also be made to integrate HIV/AIDS and TB in existing committees on other health/social issues. Using the ILO's cascade model to reach the workforce across all management tiers, Connect will train master trainers and peer trainers within the companies, so that HIV/AIDS programs are internalized; and mentor the master trainers in training peer educators. Over 120 trainers from 60 companies will be trained in HIV/AIDS and TB to create awareness amongst co-workers and families. Partner companies will be supported to develop workplace HIV/AIDS and TB policy. The project will establish linkages with already existing HIV/AIDS community services such as CT and STI clinics. Connect will assist companies to develop monitoring and evaluation systems to monitor and track the progress of WPI programs.

##### b) Mobilizing Resources from the Private Sector for Service Delivery

Connect will mobilize resources by targeting large, established companies with foundations or other corporate social responsibility (CSR) initiatives that include HIV/AIDS programming, companies whose leadership is particularly enlightened about HIV/AIDS and groups of business associations, government and civil society organizations to encourage them to pool resources and design or support prevention to care activities. Initiatives will be customized to meet an organization's needs. In mid-2007, one of the mobile CT clinics in Vashi in Maharashtra was partially supported by a partnership with the private sector tyre company, Apollo Tyres, to provide STI treatment services. In FY08, Connect will offer companies a ready platform to fulfill their CSR responsibilities with a menu of 'on ground' initiatives. Test kits for CT clinics will be leveraged from the local SACS or directly from the manufacturers.

#### ACTIVITY 5: Mainstream HIV/AIDS and TB Programs into Public Sector Companies

Connect will work with the state departments of Health, Labor, and Transport and establish relationships

**Activity Narrative:** with other key state government departments to reach out to large public sector enterprises. Sensitization programs will be organized for senior management of public sector companies. Connect will assist in building institutional mechanisms to develop and monitor HIV/AIDS activities in those departments. With the involvement of senior management, trainings will be conducted for the public sector workers on HIV/AIDS and TB. Policy development guidelines will be made available and assistance provided to draft policy statements. The project will develop and implement at least five WPI in public sector enterprises across Karnataka and coastal Andhra Pradesh in FY08.

**ACTIVITY 6: Reduction of Stigma and Discrimination at Workplaces**

Connect works in the formal and informal sector as with populations vulnerable to exploitation that have poor access to information and services. Connect will include initiatives to address women in the workforce especially in the unorganized sector. Activities will sensitize their employers, overcome barriers to testing and maintain confidentiality will be introduced. Information on empowerment and entitlements will be provided to HIV-positive women employees. The project will leverage involvement of PLHA from other USG-supported programs in Karnataka and Andhra Pradesh to expand the Greater Involvement of People Living with AIDS (GIPA) in the workplace intervention activities, such as in Project Advisory Committees, workplace training programs, and in mobilizing corporate through events at state and district levels. Specific trainings will be organized to train members of positive networks in Karnataka and Andhra Pradesh for advocacy at the workplace. Stigma and discrimination at the workplace is a barrier for testing and disclosure. Interpersonal communication through peer education will specifically address these issues as part of demand generation for CT and improved access to care and treatment services.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14134

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14134	6137.08	U.S. Agency for International Development	Population Services International	6714	3943.08	Connect	\$710,474
10815	6137.07	U.S. Agency for International Development	Population Services International	5600	3943.07		\$330,000
6137	6137.06	U.S. Agency for International Development	Population Services International	3943	3943.06		\$635,000

## Emphasis Areas

Gender

- \* Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- \* Family Planning

- \* Safe Motherhood

- \* TB

Workplace Programs

## Human Capacity Development

## Public Health Evaluation

## Food and Nutrition: Policy, Tools, and Service Delivery

## Food and Nutrition: Commodities

## Economic Strengthening

## Education

## Water

Estimated amount of funding that is planned for Water \$1,500

**Table 3.3.18: Activities by Funding Mechanism**

**Mechanism ID:** 3924.09

**Mechanism:** N/A

**Prime Partner:** International Labor Organization

**USG Agency:** Department of Labor

**Funding Source:** GHCS (State)

**Program Area:** Health Systems Strengthening

**Budget Code:** OHSS

**Program Budget Code:** 18

**Activity ID:** 6606.24634.09

**Planned Funds:** \$200,000

**Activity System ID:** 24634

**Activity Narrative:** CONTINUING ACTIVITY - NEW ACTIVITY NARRATIVE

**SUMMARY**

The International Labor Organization's (ILO) sub-regional office in Delhi will partner with the USG HIV/AIDS workplace program to provide technical assistance (TA) in the development of workplace policies and programs, advocacy, and sharing of lessons learned. TA will be provided to the National AIDS Control Organization (NACO), the Ministry of Labor (MOL), the State AIDS Control Societies (SACS) and USG partners.

**BACKGROUND**

The ILO's office in Delhi, in consultation with government, employers' and workers' organizations, NACO, and organizations of People Living with AIDS (PLHA) developed a three-phased project, "Prevention of HIV/AIDS in the World of Work." Phase I of the project (January 2003-December 2005) and Phase II (June 2005-September 2008) were supported by grants totaling \$2 million from the US Department of Labor (USDOL). In addition the ILO received \$300,000 from UNAIDS under the Program Acceleration Fund (PAF). The overall goal of the program is to contribute to the prevention of HIV/AIDS in the workplace, to enhance workplace protection and to reduce adverse consequences on social, labor, and economic development.

USG/PEPFAR started partnership with the ILO in the FY06 Country Operational Plan (COP). The grants are administered through the US Department of Labor. USG/India requested ILO's technical assistance in the workplace/private sector components of the USG program in order to harmonize partnership, reduce duplication, and benefit from ILO's experience to strengthen USG-supported workplace programs in the states of Tamil Nadu, Maharashtra, Karnataka, and Andhra Pradesh. The activities listed below will be achieved with the combined resources of the USDOL and the PEPFAR grants.

**ACTIVITIES AND EXPECTED RESULTS**

**ACTIVITY 1: Technical Assistance to NACO, Ministry of Labor (MOL), SACS and USG Partners for Development/Implementation of HIV/AIDS Workplace Policies**

In FY09, ILO will provide TA to NACO and the MOL to develop HIV/AIDS workplace policies and programs. This will include assisting the MOL in finalizing and launching the National Policy on HIV/AIDS in the World of Work and using appropriate strategies to involve the Education department of MOL in sensitizing and training human resource managers from public sector organizations. The ILO will support short-term consultants to assist in developing operational guidelines, and will hold meetings and discussions to share global experience in integrating HIV/AIDS workplace initiatives into ministry programs.

The ILO will provide TA to eight SACS and eight TSUs in high-prevalence states. In FY09, the ILO will continue to provide TA to other USG partners involved in workplace initiatives. This support will include conducting periodic experience-sharing workshops and visits by ILO consultants to selected projects to improve the quality of interventions and strengthen scale-up.

**ACTIVITY 2: Model HIV/AIDS Workplace Projects for Demonstration and Learning**

In FY09, the ILO will support three employers' organizations, five labor organizations, 15 corporate groups, and ten public-sector enterprises to implement HIV/AIDS workplace policies and programs. These projects will function as demonstration and learning centers for the SACS and agencies involved in HIV/AIDS workplace initiatives. ILO will also train 50 master trainers in corporate partners.

**ACTIVITY 3: TA to USG Partners**

The ILO will assist the CONNECT project in forming Project Advisory Committees, in building the capacity of the SACS in Karnataka and AP, and in supporting advocacy meetings with business associations (FICCI, KCCI, KEA, and FKCCI) to reach to their member companies to establish and implement workplace policies. ILO will also invite CONNECT to participate in the UN Thematic Group on Health Insurance and HIV.

ILO will also train the workplace coordinator of the Avert Society, assist in developing a research agenda for Avert pertaining to workplace programs, and provide advocacy and TA for work with large corporates and industrial associations in the State of Maharashtra.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14685

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14685	6606.08	Department of Labor	International Labor Organization	6906	3924.08		\$200,000
11509	6606.07	Department of Labor	International Labor Organization	5794	3924.07		\$250,000
6606	6606.06	U.S. Agency for International Development	International Labor Organization	3924	3924.06		\$80,000

**Emphasis Areas**

Workplace Programs

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.18: Activities by Funding Mechanism**

**Mechanism ID:** 3966.09

**Prime Partner:** Leprosy Relief Association  
India

**Funding Source:** GHCS (State)

**Budget Code:** OHSS

**Activity ID:** 6222.20908.09

**Activity System ID:** 20908

**Mechanism:** N/A

**USG Agency:** HHS/Centers for Disease  
Control & Prevention

**Program Area:** Health Systems Strengthening

**Program Budget Code:** 18

**Planned Funds:** \$280,489

## Activity Narrative: CONTINUING ACTIVITY - NEW ACTIVITY NARRATIVE

### SUMMARY

LEPRA, with support from USG and the Andhra Pradesh State AIDS Control Society (APSACS), provides systems strengthening support at the state and district level for program planning, management, and implementation. A key area of USG support has been strengthening the capacities of the district-level program management team to support management of HIV/AIDS, in accordance with the third phase of the National AIDS Control Plan (NACP-III). With the integration of national programs and support for district teams now available through the National Rural Health Mission, LEPRA's focus for health system strengthening is now on building the capacity of the nurses in the Primary Health Care Enhancement Project (PHCEP), the Government ART centres and the Community Care Centres through a specialised training and mentoring program. The PHCEP will continue its efforts to strengthen care and treatment services at the PHC level.

When the district level management tier is discontinued (at the end of 2008), the PHCEP Nurse Supervisors will need managerial skills and skills of delegation to enable the nurse-practitioners at PHC level to manage multiple tasks efficiently. The nurse supervisors and district teams need to be trained in basic management, such as supply chain management, time management, stress management, interpersonal skill building, and understanding group dynamics. In addition, a new activity to strengthen the public health system by capacity-building of nurses is proposed.

In FY09, the supportive supervision and management of the PHC Enhancement Project will be shared between USG partners and the government-appointed District AIDS Prevention and Control Unit (DAPCU). To date, district teams for supervision of the PHC HIV/AIDS activities in the ten high-burden district have been supported by USG funds, which will end in FY09 due to the integration of the project into the national DAPCU structure. This integration forms part of the sustainability plan for the PHC Enhancement Project, which will be handed over to the government as the project enters its fifth year of USG support. Major activities will include: identifying an owner agency and completing the handover of the PHCEP to this agency; completing dissemination and advocacy workshops at the national, state and district levels; and sensitization workshops/field visits for the PHC doctor, DAPCUs and field staff.

### BACKGROUND

USG has been working in AP with LEPRA, and its sub partner the Catholic Health Association of India (CHAI), since 2005. CHAI, established in 1943, is India's largest faith-based organization in the health sector with nearly 3,273 member institutions that include large, mid-sized and small hospitals, health centers, and diocesan social services societies. CHAI promotes community health and enables the community, especially the poor and the marginalized, to be collectively responsible for attaining and maintaining their health, demand health as a right, and ensure availability of quality health care at reasonable cost.

With a population of 80.8 million, AP has an estimated 500,000 PLHA. Antenatal HIV prevalence is over 1% in 19 of the 23 districts, yet access to HIV services is scarce, especially in the rural areas. APSACS has scaled up CT services to the rural primary health center level. A total of 677 Integrated Counseling and Testing Centers (ICTCs) offer PPTCT, CT, and TB/HIV care, support and treatment services, of which 266 are located at the PHC level. Each PHC, the most basic health care unit in India, serves a population of 30,000. Given the vast coverage of PHCs, the integration of HIV/AIDS services into the existing PHC level makes services very accessible.

### ACTIVITIES AND EXPECTED RESULTS

Under NACP-III, there is a strong emphasis on scaling up care, support and treatment services. Skilled medical, nursing and para-medical staff are required to provide quality services and ensure optimal utilization of services by the PLHA.

In FY09, the USG will continue funding the management and supervision support of the PHCEP program to ensure sustainability of the capacities built at the PHC level in the 10 high-burden districts. LEPRA will also work with the DAPCUs to leverage other partners to join in supporting Indian Nurse Specialists in HIV/AIDS and supporting ART (INSHAA) curriculum development and training. In FY09 50 nurses will be trained. This activity is in addition to supervisor training for the PHCEP district nurse supervisors.

#### ACTIVITY 1: Systems Strengthening of HIV/AIDS Service Delivery at the Primary Health Care Level in Andhra Pradesh

Since 2005, the PHCEP, supported by USG and APSACS, has worked to build the capacity of PHC nurses to delivery quality HIV/AIDS services. In FY07, this model was scaled up from 10 to 266 PHCs, covering 36.2 million people, in 10 high-burden districts.

The strategy provided a nurse for each PHC, who was trained in comprehensive HIV/AIDS care and treatment, including VCT, PMTCT, OI and STI treatment, community prevention outreach, home based follow-up care, and referral services. The project targets the rural community, including high-risk men and women, referrals within the PHC or by local health practitioners, persons suspected of TB, and families of PLHA. The nurses are government staff, not paid for by LEPRA.

The PHCEP provides comprehensive supportive supervision, including joint participation with the government authorities in district level reviews. Nurse Supervisors, supported in 10 districts with PEPFAR funds, monitor the work of the PHC nurses and mentor them on technical and administrative issues to ensure quality in service delivery. Additionally, Nurse Supervisors help build referral links with public, private, and NGO sector hospitals for services not available in the PHC. In collaboration with the district, the supervision team also works to strengthen supply chain systems, improve referrals and follow up, and standardize supervisory monitoring protocols. Specific activities under the PHCEP are also described in the relevant technical activity narratives.

The management and leadership skills of the Nurse Supervisors and the senior management team will be



**Activity Narrative:** strengthened by training activities for this cadre of staff. Refresher training for the PHC nurse, medical officers and other staff in technical areas will continue, including training on national guidelines on infection control and bio-waste management. Linkages with other programs, such as the Revised National TB Control Program, and follow-up of pregnant, post-natal mothers and HIV-exposed infants will also continue to be important in order to strengthen the long-term sustainability of high-quality HIV/AIDS services at the PHC level.

**ACTIVITY 2: Training for Indian Nurse Specialists on HIV/AIDS and ART (INSHAA)**  
Nurses are usually the first contact point for the community and individual patients with care providers. In AP nurses are placed at various levels to provide HIV/AIDS services, including Community Care Centers (CCC), ART centers and Primary Health Centers. There is a huge need for trained nurses at these levels. USG will support human capacity development in AP in FY09, in which 50 nurses from ART centers, CCC and nursing schools will be trained on specialized care of PLHA and ART. The four-week training program will be followed by on-site mentoring of the nurses for a year, and will include the management of HIV/TB co-infection, treatment of OIs in women, and for antenatal and post-natal HIV-positive women. By working with nurses already posted in government settings, such as clinics, nursing schools, and colleges, the USG, with LEPRAS Society and CHAI, is working to ensure the sustainability of the HIV/AIDS program.

The training will sensitize nurses on gender issues and measures that need to be adopted to ensure gender equity within health settings. The nurses will gain an understanding of the legal rights of women that will in turn enable service providers to provide women increased access to services

As a result of these capacity-building measures, it is expected that the quality of services provided by the nurses, as envisaged in NACP-III, will improve and an increased number of adult and pediatric patients will access health facilities with minimal loss to follow-up. Existing public and private institutions will be partners in the program by providing clinical sites for training and technical resource.

**ACTIVITY 3: Providing Technical Assistance in Mainstreaming HIV/AIDS Prevention**  
LEPRA will collaborate with APSACS to mainstream HIV/AIDS prevention activities into the Self-Help Group services provided through the Indira Kranthi Padham (IKP) in partnership with the Society for Eradication of Rural Poverty (SERP) in Andhra Pradesh. Women's Federations will be leveraged to build a sustainable approach for the intervention. In FY09, LEPRA Society will provide TA to IKP planning and supervision to IKP's Master Trainers in six districts. The TA is focused on ensuring quality for the program. This activity will serve as the model for mainstreaming HIV/AIDS prevention activities to other districts in AP. A dissemination and sensitization workshop will be organized by USG and other partners to share the mainstreaming lessons and challenges

**ACTIVITY 4: System Strengthening of State ICTC and PMTCT in Orissa**  
In FY09 LEPRA Society will provide TA to the Orissa State AIDS Control Society (OSACS) to strengthen the ICTC program by supporting one Monitoring and Evaluation Consultant, one ICTC consultant at the state level (OSACS) and 4 zonal coordinators. Training on ICTC and monitoring and evaluation (M&E) procedures will be provided to all concerned ICTC program staff at the state, district and sub-district level (including to an M&E consultant, ICTC Consultant, the zonal coordinators, 25 counselors and 25 Medical Officers). Training on mainstreaming HIV/AIDS services will also be provided to the state level Mission Shakthi (Women's Federation) resource team to increase access to counseling and testing services.

To strengthen PMTCT services in the state, LEPRA will also support a demonstration project on PMTCT that will be monitored and disseminated to enable scale-up to other districts (see the LEPRA PMTCT narrative).

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14306

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14306	6222.08	HHS/Centers for Disease Control & Prevention	Leprosy Relief Association India	6767	3966.08		\$202,489
10954	6222.07	HHS/Centers for Disease Control & Prevention	Leprosy Relief Association India	5616	3966.07		\$90,000
6222	6222.06	HHS/Centers for Disease Control & Prevention	Leprosy Relief Association India	3966	3966.06		\$65,000

## Emphasis Areas

Gender

- \* Increasing gender equity in HIV/AIDS programs
- \* Increasing women's legal rights

Health-related Wraparound Programs

- \* Safe Motherhood
- \* TB

## Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development      \$120,000

## Public Health Evaluation

## Food and Nutrition: Policy, Tools, and Service Delivery

## Food and Nutrition: Commodities

## Economic Strengthening

## Education

## Water

**Table 3.3.18: Activities by Funding Mechanism**

**Mechanism ID:** 3950.09

**Prime Partner:** Johns Hopkins University  
Center for Communication  
Programs

**Funding Source:** GHCS (USAID)

**Budget Code:** OHSS

**Activity ID:** 6159.20901.09

**Activity System ID:** 20901

**Mechanism:** N/A

**USG Agency:** U.S. Agency for International  
Development

**Program Area:** Health Systems Strengthening

**Program Budget Code:** 18

**Planned Funds:** \$100,000

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

ACTIVITY 1: Building Leadership in Strategic Communication to Facilitate Policy Change  
No Change

ACTIVITY 2: Building the Capacity of Journalists for Responsive Reporting on HIV/AIDS  
Title has been changed to: "Media Sensitization/Capacity Building for Electronic and Print News Media"

National AIDS Control Organization (NACO) has requested JHU to partner with the Thompson Foundation to conduct Media Briefings. The objective of the briefings is to build the capacity of producers, reporters, editors, radio jockeys (RJs), and other content creators from Doordarshan (DD - National TV), All India Radio (AIR), Private FM, Cable and Satellite channels and Print media, on HIV/AIDS programming and reporting. This would include about 10 TV, Print, and Radio briefings across the country covering major DD and AIR stations. The objectives of media briefings are to: provide participants with correct HIV/AIDS medical and social information which will help them to write scripts and produce shows that not only cover the complex issues around HIV/AIDS, but to do so in a creative manner; sensitize participants on the issues of HIV/AIDS reporting and equip them with skills to develop effective program content in these topic areas; build capacity of NACO and State AIDS Control Society's (SACS) IEC departments to enable them to work with media in developing and integrating effective communication on HIV/AIDS.

JHU will partner with NACO and implement the media briefing program. JHU will carry out three workshops with the media groups and in FY09, seven workshops will be implemented. The effectiveness of media briefings will be evaluated using appropriate methodologies.

The following new activities will be included in FY09:

ACTIVITY 3: Development and Monitoring of Implementation of District Communication Plans  
Under the National AIDS Control Program III (NACP-III), HIV programs are planned to be integrated in the National Rural Health Mission (NRHM) framework for optimization of resources and to ensure sustainability of interventions. In order to operationalize this vision, District AIDS Prevention Control Units (DAPCUs) are being established in all the states. The Maharashtra State AIDS Control Society (MSACS) has developed district level plans for implementing prevention, care and treatment services.

In FY 08, JHU will assist MSACS, Mumbai District AIDS Control Society (MDACS), Goa State AIDS Control Society (Goa SACS) and Avert Society in developing district level communication plans. JHU will identify opportunities to integrate the HIV/AIDS communication activities with the NRHM communication plan. JHU in collaboration with the SACS and Avert will develop communication plans for 35 districts in Maharashtra and 2 districts in Goa.

JHU will also provide technical support in the implementation and monitoring the outputs planned.

In FY09, JHU will continue to assist MSACS, MDACS, Goa SACS and Avert Society in reviewing and developing the plans for the year based on the communication needs identified.

ACTIVITY 4: Technical Support to Develop Advocacy Package for Mainstreaming HIV/AIDS Programs in 9 Ministries and Government Departments  
Mainstreaming HIV/AIDS programs in government ministries and the private sector is a core prevention strategy of NACP-III. As part of this vision, MSACS has planned to mainstream HIV/AIDS programs in nine ministries and MDACS in ten municipal corporation departments in Mumbai. The ministries include Home, Public Health, Social Justice, Women & Child Development, Family Welfare, Tourism, Youth Affairs, Rural Development and Industries & Mines. The Avert Technical Support Unit (TSU) will assist MSACS and MDACS in developing the mainstreaming plan including advocacy, sensitization of ministries and implementation of activities.

JHU will assist the Avert TSU in developing the advocacy package and IEC materials for the various ministries. Additionally, JHU will provide technical support in developing and implementing HIV/AIDS communication activities in the ministries.

**FY08 NARRATIVE  
SUMMARY**

Communication systems strengthening are a central component of the Health Communication Partnership/Johns Hopkins University's (HCP/JHU) HIV/AIDS project aimed at building national and state capacity in communication programming. This will include building leadership at the national and state level on strategic communication planning through a series of workshops, needs-based on-site support and relevant tools on strategic planning. HCP/JHU will develop a panel of regional/national journalists on responsive HIV/AIDS reporting in the electronic and print media.

**BACKGROUND**

HCP/JHU implements a targeted HIV/AIDS communication program in Maharashtra State under the Avert Society project. In the first phase (ended in July 2007), HCP/JHU provided technical assistance to the state in the design, implementation, monitoring and evaluation of behavior change communication activities in HIV/AIDS across a range of issues including advocacy, work place interventions, NGO capacity building, youth, care and treatment and high-risk behavior interventions. Several of these activities and approaches have been adopted by NACO for national level use. In FY08, HCP/JHU will provide technical support to MSACS, GSACS and the Avert project in the design, development and operationalization of a state-wide communication program. The aim of the communication program in Phase-2 of the HCP/JHU project (July 2007-June 2011) is to support the state in developing a unified communication response including uniform

**Activity Narrative:** communication messaging, product development and implementation. The communication program will also support the technical assistance (TA) needs of the National AIDS Control Program.

**ACTIVITIES AND EXPECTED RESULTS**

**ACTIVITY 1: Building Leadership in Strategic Communication to Facilitate Policy Change**  
 In FY08, HCP/JHU will conduct two workshops to train 30 communication officers of NACO, MSACS, GSACS, the Avert project and USG partners in the focus states on leadership in strategic communications. HCP/JHU will provide ongoing technical support to these communication officers on strategic communication planning and on policy issues at the national and state levels. The communication officers will collaborate with the technical officers of their agencies on targeted interventions, care and support, counseling and testing, PMTCT and ARV treatment to effectively integrate strategic communication activities in program components. HCP/JHU will assist NACO to develop policies on HIV/AIDS Helplines including streamlining functioning to provide quality services. HCP/JHU will build the monitoring and evaluation systems of NACO and the SACS including developing indicators and tools to monitor the effectiveness of communication activities.

**ACTIVITY 2: Building the Capacity of Journalists for Responsive Reporting on HIV/AIDS**  
 HCP/JHU will identify and train a panel of 15 national and 15 regional journalists from Maharashtra State on HIV/AIDS policies and responsive reporting. The trained journalists will advocate with their agencies to increase reporting on HIV/AIDS policies and success stories of prevention, care and treatment programs. These journalists will be encouraged to train their peers on HIV/AIDS policies and effective reporting and will be linked to NGOs, SACS and District AIDS Prevention Control Units. HCP/JHU will monitor the effectiveness of the reporting carried out by these trained journalists.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14354

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14354	6159.08	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	6713	3950.08		\$154,000
10807	6159.07	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	5599	3950.07		\$110,000
6159	6159.06	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	3950	3950.06		\$225,000

**Emphasis Areas**

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$100,000

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.18: Activities by Funding Mechansim**

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**Mechanism ID:** 3964.09

**Prime Partner:** MYRADA

**Funding Source:** GHCS (State)

**Budget Code:** OHSS

**Activity ID:** 6209.20914.09

**Activity System ID:** 20914

**Mechanism:** N/A

**USG Agency:** HHS/Centers for Disease  
Control & Prevention

**Program Area:** Health Systems Strengthening

**Program Budget Code:** 18

**Planned Funds:** \$157,000

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

**BACKGROUND**

Based on a request from NACO that one agency support one district, MYRADA has agreed to withdraw from Belgaur and Gulbarga. The four districts finalized for the MYRADA USG program, in consultation with the Karnataka Health Promotion Trust and the Karnataka State AIDS Prevention Society, are Chamrajnagar, Bidar, Mandya and Kodagu. All activities planned in the FY08 COP will be shifted to these districts. In addition to the five FY08 activities, MYRADA will focus on providing technical support to a sub-partner positive network (potentially INP+). Through this, MYRADA will provide on-site management and technical support to District and State level PLHA networks to develop them as both advocacy and service units.

**ACTIVITY 6: Technical Support to a Positive Network (partner TBD)**

A key area that MYRADA will focus on is technical support to a positive network (potentially INP+). PLHA network organizations are independently registered groups at the state and district levels in India. These networks receive financial support from various national and international governments and other agencies. MYRADA will focus on training PLHA organizations affiliated to INP+, on management, monitoring and evaluation and reporting systems. The activity will be within the states of Tamil Nadu, Karnataka and Andhra Pradesh.

Institutional system strengthening helps PLHA groups to conceptualize innovative programs and promote sustainability plans. It also strengthens the skills of PLHA to enhance program management. MYRADA, in potential collaboration with INP+, will provide on-site management and technical support to District and State level PLHA networks which will help to strengthen their information and other management systems, including the registration and legalities required for a locally registering an organization. Staff will be trained in at least 40 taluk and district level networks in M&E, book keeping and regular office procedures.

Providing clinical services is a part of the service delivery systems of the PLHA network. A consultant will be hired to visit the networks and impart basic clinical knowledge to the network leaders, who in turn will motivate members to access proper clinical services at the local services.

Additional potential collaboration between MYRADA and INP+ will focus on strengthening District Local Networks (DLNs) as both advocacy and service units. DLNs currently receive funds under the Global Fund for AIDS, Tuberculosis and Malaria to provide ART support services, hire outreach workers to track down ART defaulters, assist positive pregnant women in accessing safe delivery and treatment, and establish drop-in counseling and support centers. DLNs are also tasked to provide effective linkages between PLHAs and care providers, including services for TB treatment. DLNs will be provided with training in human resource management, monitoring and evaluation, and HIV care and treatment packages.

**FY 2008 NARRATIVE**

**SUMMARY**

In order to improve access to HIV/AIDS prevention and care services, there is a critical need to strengthen health systems at all levels, to introduce innovative field models that are cost effective and sustainable and to influence policies to adopt successful models. Myrada will support the Karnataka State AIDS Prevention Society (KSAPS) for systems strengthening, and will also strengthen the response of the local governance to community needs for HIV prevention, care and support.

**BACKGROUND**

Myrada, a 40 year old field based non governmental organization (NGO) based in Bangalore, India, has been working in the areas of empowerment for poor and vulnerable women, natural resource management, reproductive child health (RCH) and HIV/AIDS mostly in the state of Karnataka. All Myrada's work is built on the underlying principles of sustainability and cost effectiveness through building local people's institutions and capacities, and fostering effective linkages and networking. These principles have been incorporated into the Myrada CDC program, which has developed several models of effective interventions that can be replicated and scaled up.

Myrada has developed an excellent working relationship with KSAPS. Myrada has supported various KSAPS programs as well as implementing targeted intervention, and community mobilization programs with KSAPS support and is a member of the KSAPS Technical Resource Group for Communications. At the local level, Myrada has strengthened the capacity of local institutions to create long-term village structures to facilitate follow up for behavior change communication programs and create strong linkages between prevention, testing, and care. As a result, village health committees that work with gram panchayats (local governance units) have been piloted in over 100 villages.

**ACTIVITIES AND EXPECTED RESULTS:**

**ACTIVITY 1: Technical Support to KSAPS**

In collaboration with KSAPS and CDC, the program will focus on providing technical assistance to strengthen the operations management and monitoring and evaluation systems of KSAPS. This will be done at all three levels: state, district and field. Activities will include placing full-time consultants in KSAPS, organizing capacity-building programs and developing operational guidelines. Myrada will continue to support the IEC program component of KSAPS. At the field level, active support will be given to the local Integrated Counseling and Testing Centers (ICTCs); at the district level Myrada will provide technical support to the district support team and nodal office. This program will directly support at least two district management teams in Chitradurga and Chamrajnagar districts, as models for the state to build upon.

**ACTIVITY 2: Working with Rural Development and Panchayat Raj Institutions**

At the village level, Myrada has worked to support the development of village health committees and

**Activity Narrative:** conducted trainings for gram panchayat (local sub-division organizations) members. These community members and local leaders have agreed to support a subcommittee at the gram panchayat level dedicated to address the health needs of their constituency including HIV/AIDS. This subcommittee would have representation from the local health department and one or two representatives from each village. The subcommittee will be merged with the village health committee to ensure that there are regular meetings and that the subcommittee is accountable to the local administration. Also, linkages to social entitlements and services will be enhanced through the direct involvement of the local administration responsible for these areas.

Myrada will continue to engage Panchayat Raj institutions (which manage the decentralized governance system of India) and develop their capacity to address major public health and social issues such as HIV. Myrada will offer technical assistance in the formation and training of these institutions on HIV/AIDS. This plan will be further discussed with Panchayat Raj institutions with regard to expanding it to all districts in the State.

**ACTIVITY 3: Supporting KSAPS in Mainstreaming**

Through its active linkage with the department of Women and Child Development in the state, Myrada has worked with KSAPS to develop a program to train representatives of the women's Self-Help Groups (SHG) in Karnataka through a combination of a satellite-based and field-based interactive approach. Myrada will continue to advocate for statewide expansion of mainstreaming HIV/AIDS education into SHGs, which reach large numbers of rural women, and will provide technical assistance in how to accomplish this. Other mainstreaming approaches will include efforts to expand the youth Red Ribbon Club (RRC) initiative (see the AB narrative) through the Department of Higher Education and Ministry of Youth Affairs; and working with the USAID-supported Connect project to support workplace interventions. This technical support will be expanded to other geographical areas where Myrada works in order to encourage mainstreaming of HIV prevention issues in other sectors such as natural resource management and rural development activities.

**ACTIVITY 4: Training in Strengthening Referral Systems and Procedures.**

The team strongly believes that all HIV/AIDS-related services need to be integrated into the government health system down to the grassroots level. Therefore, technical assistance will be given to strengthen referral and tracking systems within local government health systems as well as to develop strong networks between the government, NGOs and community-level institutions. Technical support will be provided to all subgrantee partners to foster this linkage.

**ACTIVITY 5: Technical Support to USG Partners and Other Agencies/NGOs.**

Myrada will provide USG partners and other agencies training and guidance in human resource management, community mobilization, monitoring and evaluation, linkages and referral systems, and resource mapping. Specific focus will be on providing such support to the NGOs funded by the Avert Society in southern Maharashtra and the CDC-funded NGOs in AP and Jharkhand.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14296

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14296	6209.08	HHS/Centers for Disease Control & Prevention	MYRADA	6766	3964.08		\$120,000
10891	6209.07	HHS/Centers for Disease Control & Prevention	MYRADA	5617	3964.07		\$135,000
6209	6209.06	HHS/Centers for Disease Control & Prevention	MYRADA	3964	3964.06		\$135,000

<b>Emphasis Areas</b>
<b>Human Capacity Development</b>
Estimated amount of funding that is planned for Human Capacity Development      \$110,000
<b>Public Health Evaluation</b>
<b>Food and Nutrition: Policy, Tools, and Service Delivery</b>
<b>Food and Nutrition: Commodities</b>
<b>Economic Strengthening</b>
<b>Education</b>
<b>Water</b>

**Table 3.3.18: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 10704.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> To Be Determined	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Health Systems Strengthening
<b>Budget Code:</b> OHSS	<b>Program Budget Code:</b> 18
<b>Activity ID:</b> 25172.09	<b>Planned Funds:</b> ██████████
<b>Activity System ID:</b> 25172	
<b>Activity Narrative:</b> NEW ACTIVITY NARRATIVE	

**BACKGROUND**

The National AIDS Control Program Phase-III (NACP-III) started in 2007 and will continue until 2012. Most of the budgetary requirements have been planned and are being implemented in a phased manner. However, if the proposed targets of NACP-III are to be met, technical assistance (TA) will be needed to the National AIDS Control Organization (NACO). This is the key area of expertise of the combined USG PEPFAR program. Recognizing USG's expertise in this area, many requests from the national and state governments have been received by the USG team for assistance in this area. Prioritizing these requests, CDC will provide on-going support in its areas of technical expertise and has demonstrated successful models that can be replicated at national or state level.

**ACTIVITIES AND EXPECTED RESULTS**

The geographic focus for these collaborative activities will be the states of Tamil Nadu, Andhra Pradesh, North-East and any other mutually identified and emerging priority geographical areas.

**ACTIVITY 1: Human Capacity Development (HCD)**

- NACO has requested support in Human Capacity Development in the following areas:
1. Support NACO/SACS the planning, implementation and evaluation of all NACO trainings, thus strengthening the quality of all NACO-sponsored trainings
  2. Provide technical assistance for strategic planning at the national, state, and district levels to support the rollout of HIV/AIDS services and activities
  3. Training for nurses in HIV/AIDS
  4. Streamline and strengthen ongoing Human Capacity Development activities at the national, state, and district levels.

**ACTIVITY 2: Transition Support to Community and Home Based Care (CHBC) and Support Program**

1. Provide technical assistance to the CHBC program at six locations in five states
2. TA for project documentation and the development and dissemination of operational manuals
3. TA support to community-based organizations to scale up a Home-Based Care program.

**New/Continuing Activity:** New Activity

**Continuing Activity:**



**Table 3.3.18: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 10705.09	<b>Mechanism:</b> TBD Task Order
<b>Prime Partner:</b> To Be Determined	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GAP	<b>Program Area:</b> Health Systems Strengthening
<b>Budget Code:</b> OHSS	<b>Program Budget Code:</b> 18
<b>Activity ID:</b> 25174.09	<b>Planned Funds:</b> ██████████
<b>Activity System ID:</b> 25174	
<b>Activity Narrative:</b> NEW ACTIVITY NARRATIVE	

**BACKGROUND**  
 The National AIDS Control Program, Phase Three (NACP-III), launched in July 2007, is an ambitious plan to cover the whole of India with very specific targets to scale up HIV/AIDS services in the public sector. To assist in achieving the proposed targets, the National AIDS Control Organization is forming a National Technical Support Unit (NTSU) to provide technical assistance in operationalizing NACP-III. On request from the national government, CDC/GAP will procure the services of a country-level expert to be the team leader for the NTSU.

**ACTIVITIES**  
 In consultation with the CDC/GAP India director, the contractor will provide technical support to NACO. This includes providing TA to the Director General of NACO and input to the activities and programs being implemented by NACO's technical and other program managers at the national, state and district levels.

After consultation with the national government, key areas have been identified in which the incumbent can provide leadership in the development of quality systems for strengthening the implementation of NACP-III. These areas are as follows:

1. Assist the NACO leadership in implementing the NACP-III plan in collaboration with partners including the World Bank, DFID, GFATM, USAID, and CDC;
2. Work closely with NACO staff and strengthen implementation of ongoing HIV/AIDS program activities;
3. Strengthen key partnerships with donors, the private sector, public sector groups and multi-sectoral partners;
4. Support NACO in their strategies, identifying needs and critical areas for HIV/AIDS program development;
5. Provide technical and program advice to strengthen the state level response to HIV/AIDS in 35 states and union territories for NACP-III;
6. Collaborate with state level program managers, NGO networks, networks of HIV positive people, NACO program and scientific working groups, and other partners and stakeholders in advancing the NACP-III agenda;
7. Facilitate coordination between NACO and partner agencies and USG.

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Table 3.3.18: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 7728.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> Hindustan Latex Family Planning Promotion Trust	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (USAID)	<b>Program Area:</b> Health Systems Strengthening
<b>Budget Code:</b> OHSS	<b>Program Budget Code:</b> 18
<b>Activity ID:</b> 10945.20891.09	<b>Planned Funds:</b> \$96,000
<b>Activity System ID:</b> 20891	

**Activity Narrative:** ACTIVITY UNCHANGED FROM FY 2008

FY 2008 NARRATIVE  
SUMMARY

HLFPPT will provide technical assistance to the Maharashtra State AIDS Prevention and Control Society (MSACS), Goa State AIDS Prevention and Control Society (GSACS) and District AIDS Prevention and Control Unit (DAPCUs) in developing and operationalizing the Condom Social Marketing (CSM) plans. This assistance will involve several priority areas focusing on strengthening various systems, including logistic and inventory management of free condoms and promotion of female condoms. HLPPT will also provide technical support to the National AIDS Control Organization in developing national guidelines on various components of the CSM program.

BACKGROUND

HLFPPT is a parastatal organization that has been working at the national level since 1992 to support the Government of India to expand access to condoms for family planning and HIV/AIDS prevention. USG is supporting HLPPT to improve access to high quality condoms for MARPs and their clients. HLPPT works closely with local AIDS authorities, other social marketing organizations and donors to strengthen capacity while avoiding duplication.

The State of Maharashtra continues to have a growing concentrated epidemic driven by heterosexual transmission. The prevalence of HIV infection is high among MARPs with 50.2% among Female Sex Workers (FSW), 43% among Transgender, 11.2% among Injecting Drug Users (IDU) and 6% among Men who have Sex with Men (MSM) (data source: State Program Implementation Plan). Out of 35 districts in Maharashtra State, 29 are high prevalence (2006), up from 22 districts in 2005. Hence there is a need to strengthen the ongoing social marketing program and expand the consistent use of condoms among MARPs and bridge populations in Maharashtra state in order to prevent new infections and halt the spread of HIV.

There are currently six condom social marketing organizations working in Maharashtra mainly targeting family planning activities. Notwithstanding this, recent reports indicate that condom sales in Maharashtra have been declining since 2001. In 2001, condom sales were 73 million pieces, which decreased to 58 million in 2004. The market stagnated until 2005; in 2006, however, condom sales registered an increase. It was during this period that HLPPT, with support from USG, implemented the first phase of the CSM campaign in 22 high-prevalence districts.

Under the umbrella of the Avert project, HLPPT has been awarded another four year cooperative agreement to support the state in scaling up the efforts on condom social marketing. In FY08, HLPPT will build on the campaigns of previous years and scale up the condom social marketing programs while building the capacity of the state and the national level program. HLPPT's limited support for Goa will be additional to the Maharashtra activities.

ACTIVITIES AND EXPECTED RESULTS

SACS needs to form strong, ongoing partnerships with social marketing organizations and commercial manufacturers to increase condom sales for HIV prevention as well as family planning. The present capacity of the SACS to scale up and manage CSM programs is not adequate. Hence, it is critical to provide technical support to SACS in strengthening systems to plan, implement and monitor condom social marketing programs.

ACTIVITY 1: Technical Assistance to MSACS and GSACS

In FY08, HLPPT will provide technical assistance to the SACS and DAPCUs in developing condom social marketing plans including operational guidelines and establishing systems to implement and monitor CSM programs. HLPPT will provide technical assistance in developing demand projections for the supply of free condoms, monitoring condom wastage, logistics and inventory management and retail sales tracking. Technical support will be provided to SACS in developing systems and processes for generic condom promotion, expanding condom retail outlets including training retailers, partnership with social marketing organizations, and assessing condom quality. HLPPT will also provide ongoing technical support to the SACS in establishing the various systems for planning, implementation and monitoring of the female condom and of the condom program for MSM.

ACTIVITY 2: Technical Assistance at the National Level

HLFPPT will provide technical assistance in developing operational guidelines at the national level on various components of the CSM program including the promotion of female condoms and special condoms for the MSM population. HLPPT will also provide ongoing technical assistance on specific activities such as the generic condom promotion program, condom retailers' training, partnership with social marketing organizations and condom manufacturers, condom quality testing and monitoring condom sales.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 17312

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17312	10945.08	U.S. Agency for International Development	Hindustan Latex Family Planning Promotion Trust	7728	7728.08		\$96,000
10945	10945.07	U.S. Agency for International Development	Hindustan Latex Family Planning Promotion Trust	5597	3919.07		\$25,104

**Emphasis Areas**

Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.18: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 5976.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> Indian Network of Positive People	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GAP	<b>Program Area:</b> Health Systems Strengthening
<b>Budget Code:</b> OHSS	<b>Program Budget Code:</b> 18
<b>Activity ID:</b> 12600.20894.09	<b>Planned Funds:</b> \$0
<b>Activity System ID:</b> 20894	

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

CDC's Cooperative Agreement with INP+ ended on March 31, 2008 and there are no plans to renew it. With the current funding INP+ will be able to carry on the programs until June 2009. The activities in this program area mentioned in the FY08 COP activity narrative are expected to be absorbed by other CDC partners and continued in future. INP+ may become a sub-partner to another CDC prime partner.

**FY 2008 NARRATIVE SUMMARY**

The program, which will be running at its fourth year in FY08, aims at strengthening People Living with HIV/AIDS (PLHA) network organizations, which are independently registered groups at the state and district levels in India. These networks are currently receiving (or may receive in the future) financial support from various national and international governments and other agencies. This activity focuses on training PLHA organizations affiliated to INP+, on management, monitoring and evaluation and reporting systems. The activity will be within the states of Tamil Nadu, Karnataka and Andhra Pradesh

Institutional system strengthening helps PLHA groups to conceptualize innovative programs and promote sustainability plans. It also strengthens the skill of PLHA to manage their programs better.

**BACKGROUND**

The Indian Network for People Living with HIV/AIDS (INP+), which started in 1997, is a leading advocacy organization of PLHA in India. It has more than 60,000 PLHA as members through its 120 affiliated district level networks (DLNs). INP+ has its headquarters in Chennai, Tamil Nadu and has a coordinating office in Delhi. The organization works towards improving the quality of life of PLHA through 1) establishing independent state and district level groups; 2) improving grassroots level services by linking with government and private service providers; and 3) strengthening advocacy activities locally and nationally. The National AIDS Control Organization (NACO) has recognized INP+ as a strong partner in their policy level discussions. INP+ is a co-chair of the Country Coordinating Mechanism of the Global Fund for AIDS, Tuberculosis and Malaria (GFATM).

CDC's Global AIDS Program (GAP) has partnered with INP+ under a Cooperative Agreement since 2004. It is well known that the INP+ as an organization originated from the health status of its members who do not necessarily have the managerial capacity to run programs. On the other hand, involving PLHA groups in prevention and care programs has become mandatory for funding agencies who have adopted the UNAIDS concept of the Greater Involvement of People with AIDS (GIPA). This activity will help PLHA to be more equipped to run their organization by learning leadership and management techniques.

**ACTIVITIES AND EXPECTED RESULTS:**

Activity 1 has been in operation since the inception of the program. Activity 2 is a leadership and management training (Healthy Plan-It) that encourages PLHA to take a responsible role in the building of an institution. It teaches consensus decision making and participatory management. It was first introduced in Tamil Nadu in 2004. This was later extended to Andhra Pradesh.

**ACTIVITY 1: On-site Management and Technical Support to District and State-Level Networks**

In this activity INP+ will develop monitoring systems in the states. The Monitoring and Evaluation (M&E) department of INP+ conducts visits to the state and district-level INP+ networks to strengthen their information and other management systems, including the registration and legal procedures required for a locally registered organization. During the current year INP+ has used the services of a clinical consultant who visits the networks to impart basic clinical knowledge to the network leaders, who in turn motivate members to access proper clinical services at the local services. As an institution, providing clinical services has become a part of the service delivery systems of the PLHA network.

In FY 2008, INP+ plans to assist the formation of 50 subdivisional/taluk-level and district-level networks in the states of Andhra Pradesh and Tamil Nadu. It also plans to train the staff of 50 taluk and district level networks in M&E, book keeping and regular office procedures.

**ACTIVITY 2: Leadership and Management Training Program (Healthy Plan-It)**

"Healthy Plan-It" is a series of management programs conducted for the board members of district level networks for strengthening their leadership and management skills. This training helps the leaders to prioritize an issue, plan, and act on various issues. This activity has many features that give hope and confidence to PLHA. It has been proved very effective through its participatory approach, brainstorming, community-based decision making, and training in advocacy, proposal writing and evaluation. In 2004 CDC sent one INP+ manager to Atlanta to undergo a six-week course on Management for International Public Health (MIPH). This training has trickled down to benefit a large number of PLHA in India.

Each trained PLHA is expected to roll out the same program at their local level and train a minimum of five more leaders in their network (multi-level training). Six months after the training there is a follow up meeting when every participant shares his or her experience in implementing the lessons learned at the Healthy Plan-it training.

So far INP+ has trained 200 leaders in the three southern states of India, Andhra Pradesh, Karnataka and Tamil Nadu. In FY 2008 this training will be extended to 200 more PLHA in all the three states.

**ACTIVITY 3: Strengthening District Level Network (DLN) Services**

The mainstay of INP+ structure and support comes from district and state level networks of positive people. USG funding is focused on strengthening these organizational units as both advocacy and service units. DLNs currently receive funds under the Global Fund for AIDS, Tuberculosis and Malaria to provide ART support services, hire outreach workers to track down ART defaulters, assist positive pregnant women to find a safe place to deliver and receive treatment, and establish drop-in counseling and support centers.

**Activity Narrative:** DLNs are also tasked to provide effective linkages between PLHAs and care providers, including services for TB treatment.

In FY08, USG will focus on ways to strengthen these services to be provided or managed by DLNs (as an example of leveraging). Training in human resource management, monitoring and evaluation, HIV care and treatment packages, and ART operational guidelines will be organized by INP+ using USG support and mentorship.

**ACTIVITY 4: Enhanced DLN Advocacy for Quality Care and Treatment**

DLN and state level networks also have a tremendous role to play in advocating for improved care and treatment services in their districts and states. In FY08, INP+ will more actively involve itself in the effort to improve and regulate care providers and institutions. It will actively participate in accreditation guideline development and promote accreditation as a way to empower PLHAs to make smart and meaningful health care choices. As part of a potential accreditation system, INP+ will work with NACO and others to ensure that all externally funded and NACO-funded care centers follow established care guidelines (such as a standard minimal package of services, and clinical guidelines) and are evaluated on this annually.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14476

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14476	12600.08	HHS/Centers for Disease Control & Prevention	Indian Network of Positive People	6848	5976.08		\$68,000

**Table 3.3.18: Activities by Funding Mechansim**

**Mechanism ID:** 3969.09

**Mechanism:** N/A

**Prime Partner:** US Centers for Disease Control and Prevention

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GAP

**Program Area:** Health Systems Strengthening

**Budget Code:** OHSS

**Program Budget Code:** 18

**Activity ID:** 10952.25437.09

**Planned Funds:** \$603,264

**Activity System ID:** 25437

**Activity Narrative:** \$603,264 in CDC GAP funding is necessary to support a percentage of expenses and activities for seven technical staff in the three GAP India offices. This covers three staff members in Delhi, three in Chennai, and one in Hyderabad. The amount requested includes salaries, fringe, travel proportionate office overhead, desk, operational charges, head tax charges, and ICASS charges for technical staff.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14469

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14469	10952.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6846	5786.08		\$210,908

**Table 3.3.18: Activities by Funding Mechansim**

**Mechanism ID:** 5785.09

**Mechanism:** Samarth

**Prime Partner:** Family Health International

**USG Agency:** U.S. Agency for International Development

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**Funding Source:** GHCS (USAID)

**Budget Code:** OHSS

**Activity ID:** 6139.21253.09

**Activity System ID:** 21253

**Program Area:** Health Systems Strengthening

**Program Budget Code:** 18

**Planned Funds:** \$1,074,000

**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

**UPDATE**

In FY08, the FHI-led Samarth project focused on providing Technical Assistance (TA) at the national, state, and district levels to improve the effectiveness of the response of government and civil society for evidence-based HIV policy and programs in India through human capacity development and strengthening of capacity of local organizations. Additionally, support was provided to Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) County Coordinating Mechanism (CCM) to strengthen the Secretariat in India by facilitating the enhanced role of private sector and wider civil society participation and support for proposal development. In FY09, technical and program officers which are supported at National AIDS Control Organization (NACO) since FY07 will be trained as part of an approved mentoring plan as a long-term strategy to build institutional capacity at NACO.

In FY09, Activities 1 through 4 will be modified in the following ways, while Activities 5 and 6 will continue as in FY08.

**ACTIVITY 1: TA to NACO, State AIDS Control Society (SACS) and USG Partners for Program and Institutional Strengthening**

FHI will scale-up the support for institutional strengthening of NACO including both short and long-term TA support. The short-term support will cover activities like assessment of systems and programs, development and/or strengthening of need-based protocols and guidelines, publications, organizing national conference and activities related to human resource development. The long-term support will include continued personnel support for the program and technical officers in NACO and their capacity building in project management, monitoring and evaluation, research, quality improvement in care, support and treatment, capacity building and institutional strengthening. Support will also be provided for National Technical Support Unit (NTSU) for program and technical support personnel. In partnership with the WHO, Samarth will pilot the Quality Assurance/Quality Improvement (QA/QI) systems for HIV/AIDS care in two public hospital settings based on the experiences from its demonstration projects. As part of the national Orphans and Vulnerable Children (OVC) task force, Samarth has led the development of the national OVC guidelines in FY07 and will conduct a national workshop and two regional workshops to operationalize the standard protocols with an emphasis on child counseling for HIV testing, disclosure and support. The project will support the institutional capacity development of the Indian Network of People Living with HIV/AIDS (INP+) to facilitate the formation of a Greater Involvement of People Living with HIV/AIDS (GIPA) Task Force with members from NACO and select UN, donor, national and international agencies to coordinate implementation of GIPA. INP+ will increase participation of women living with HIV/AIDS (WLHA) into the existing networks, play active role in influencing policy to address issues of Women Living with HIV/AIDS (WLHA) and for increasing their access to services. INP+ has created a National Women's Forum (NWF) and state level women's forums which will be leveraged in different aspects of the technical support. This will include strategies and activities towards implementation of GIPA at National, State and District level. WLHA will also participate through providing positive testimonies to influence HIV/AIDS policies and programs to become more gender sensitive. CMAI, based on the experience of implementation of work-place policy in the hospital learning sites, will provide TA to USG partners, other CMAI hospitals and private health care institution. Samarth will continue to support the Technical Support Units (TSU) in Uttar Pradesh (UP) and Uttarakhand which provide the required TA to SACS for implementing the NACP-3 at the state and district levels.

**ACTIVITY 2: TA for Mainstreaming and Institutional Strengthening of Government of India Ministries and the GFATM CCM**

Samarth will enhance support for HIV/AIDS mainstreaming activities in coordination with NACO and UNDP through establishment of an HIV/AIDS Cell in Ministry of Women and Child Development (MWCD) and inclusion of PLHA as a target group for accessing Ministry of Social Justice and Empowerment (MSJE) schemes. The project will support the India CCM for personnel, proposal development, strengthening monitoring and evaluation and enhancing civil society participation in GFATM program. INP+ will ensure greater involvement of WLHA for HIV mainstreaming and for TA to GFATM CCM secretariat.

**ACTIVITY 3: Institutional strengthening of SACS and District AIDS Prevention and Control Units (DAPCUs)**

As requested by NACO, Samarth will adopt 5 'A' category districts in UP to demonstrate an integrated comprehensive response to HIV/AIDS at the district level in close collaboration with other district health systems. Efforts will be made to identify and resolve challenges in implementation of Program Implementation Plans and increased utilization of budgets. FHI along with its TA partners will facilitate cross-learning from other SACS, particularly USG-supported SACS in Andhra Pradesh, Karnataka and Tamil Nadu. Need-based support will also be provided for generating evidence for programming, district-level planning and sensitizing private health care providers.

**ACTIVITY 4: Capacity Building of NGOs by Demonstration Project Partners**

The three demonstration projects will continue to provide on-site experiential training and mentoring to local non-governmental organizations (NGOs) and community-based organizations (CBOs) on national and PEPFAR priority program areas.

**FY08 NARRATIVE SUMMARY**

This activity will enhance the capacity of National AIDS Control Organization (NACO), State AIDS Control Societies (SACS) and USG partners in program and technical skills in the areas of prevention of mother to child transmission (PMTCT), counseling and testing (CT), antiretroviral treatment and monitoring and evaluation. The Samarth project will also provide technical assistance to strengthen the functioning of India's Country Coordinating Mechanism (CCM) for the Global Fund for TB, AIDS and Malaria, mainstreaming HIV/AIDS programs in government ministries and implementing the principles of Greater Involvement of People Living with HIV/AIDS (GIPA). In addition, consultants will be provided to the SACS

**Activity Narrative:** and District AIDS Prevention and Control Units (DAPCUs) to assist in the HIV/AIDS planning, implementation and monitoring and evaluation activities of the state.

## BACKGROUND

The Samarth project has been implemented by Family Health International (FHI) since October 2006. Samarth will directly contribute to implementing quality HIV/AIDS prevention, care and treatment through technical assistance (TA), capacity building and institutional strengthening of government (NACO and the SACS), and civil society. In addition, the Global Fund will be provided specific TA to strengthen the leadership and governance of the CCM Secretariat. FHI implements this project in partnership with the Christian Medical Association of India (CMAI, which has over 300 faith-based hospitals as members), the Indian Network of Positive People (INP+), and Solidarity and Action Against the HIV Infection in India (SAATHII, an NGO with a mandate to build the capacity of civil society). Samarth extends needs-based capacity building assistance to government and non-government stakeholders as well as to USG partners. Since FY07, Samarth has provided human and technical support to NACO in key program areas like CT, OVC, ARV, SI and policy and systems strengthening. Samarth also implements four demonstration projects in New Delhi to showcase best practices in AB, OVC and Palliative care for injecting drug users (IDU).

## ACTIVITIES AND EXPECTED RESULTS

Policy and system strengthening is an ongoing core initiative under Samarth project. This will be the major focus of the FY08 program and will directly contribute to the implementation of the third phase of the National AIDS Control Program (NACP-3) and the USG HIV/AIDS strategy for India. With FY08 funding FHI will continue to partner with INP+, CMAI, and SAATHII to provide TA to NACO, SACS, DAPCU and USG partners in technical and program areas.

**ACTIVITY 1: TA to NACO, SACS and USG Partners for Program and Institutional Strengthening**  
As part of USG's support to NACO, Samarth will build the capacity of 30 senior program managers of NACO engaged in PMTCT, ARV, CT and monitoring and evaluation activities. Specifically, the program management skills and technical knowledge of these staff will be developed by arranging or sponsoring them to attend appropriate training programs, including conferences and workshops. Samarth will also provide continuous mentoring support through a team of consultants.

INP+, a major sub-partner to Samarth, will continue to provide TA to NACO, SACS and USG partners to strengthen the operationalization of GIPA strategies at the national, state, and district levels by sharing tools and mentoring the staff. In addition, with support from SAATHII, another sub-partner of Samarth, best practices for integrating gender into HIV prevention, care and treatment programs for sex workers that are implemented by the Samastha project (a USG partner) will be documented and disseminated through publication of reports and workshops..

**ACTIVITY 2: TA for Mainstreaming and Institutional Strengthening of Government of India Ministries and the Global Fund CCM**

Samarth will provide TA to key government ministries such as the Ministries of Women and Child Development, Health and Family Welfare, Social Justice and Empowerment and Youth Affairs and Sports to mainstream HIV/AIDS into their programs. These activities include advocacy workshops with government officials, development of HIV/AIDS mainstreaming guidelines, and support for implementation and monitoring and evaluation (M&E) of the mainstreaming activities.

Samarth will provide TA for strengthening the functioning of the Global Fund CCM Secretariat through placement of a staff member as a financial and program management advisor, to ensure transparency and wider representation for Global Fund proposals; development of quality proposals to mobilize additional funding; improved program management and development of an integrated M&E system. INP+, as Vice Chair of the Global Fund CCM in India, will work with the CCM to ensure greater participation of civil society and PLHA, especially women, in the CCM.

**ACTIVITY 3: Institutional Strengthening of SACS and the DAPCUs**

This activity will focus on providing needs-based capacity-building assistance to SACS and the DAPCUs for program planning, implementation, monitoring and evaluation and sustainability. As part of USG's technical support to the national program, Samarth will lead a team of consultants in the USG focus states to develop and finalize the State Implementation Plans under NACP-3. Consultants will also be placed at SACS to provide ongoing technical support for strengthening administrative, program and financial management systems and developing strategies and operational plans for scaling-up HIV prevention, care and treatment activities.

TA will also be provided on establishing procurement systems to access commodity needs, ensure adequate drug supply, procure and purchase supplies, drugs and equipments. With support from SAATHII, TA will be provided on gender mainstreaming through documentation and dissemination of tools and best practices at the state and district level.

In FY07, FHI played a key role in the development of terms of reference for Technical Support Units that are to be established for providing TA to the SACS. With FY07 funds, Samarth will support the establishment of the TSU in the states of Uttar Pradesh and the adjoining Uttarakhand State. Using FY08 funds, ongoing technical support will be provided for the TSU to plan and implement technical assistance and capacity-building programs for the Uttar Pradesh and Uttarakhand State AIDS societies.

**ACTIVITY 4: Capacity Building of NGOs by Demonstration Project Partners**

The Samarth project will build the capacity of the four demonstration partners implementing model programs on street children, OVC and palliative care in Delhi, in training skills including planning and implementing experiential learning programs. These partners will provide onsite experiential training and mentoring to NGOs identified by SACS and USG partners.



**Activity Narrative:** ACTIVITY 5: Capacity Building of PLHA Networks in Policy Development  
 INP+ will continue to develop the leadership skills of PLHA members as champions for advocacy on GIPA, treatment, stigma and discrimination, and positive prevention. PLHAs, will be trained to actively participate in policy development. Case studies highlighting positive and inspiring experiences of PLHA will be documented and disseminated.

ACTIVITY 6: Training of Health Care Providers to Address HIV/AIDS Stigma and Discrimination  
 CMAI, a sub-partner of Samarth, will train private health care providers on stigma and discrimination issues related to HIV/AIDS. Specifically, providers will be trained to provide quality HIV management services, and respect patients' rights to confidentiality and the need for obtaining informed consent before HIV testing. CMAI will update the existing training modules on stigma and discrimination and tailor them to the needs of the health care providers. CMAI will carry out follow-up exercises by conducting focus group discussions with the health care providers to assess the effectiveness of the training program. Based on their needs, CMAI will conduct refresher training programs on stigma and discrimination related to HIV/AIDS issues.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14249

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14249	6139.08	U.S. Agency for International Development	Family Health International	6711	5785.08	Samarth	\$985,500
10798	6139.07	U.S. Agency for International Development	Family Health International	5596	3944.07		\$393,000
6139	6139.06	U.S. Agency for International Development	Family Health International	3944	3944.06		\$546,000

**Emphasis Areas**

Gender

- \* Increasing gender equity in HIV/AIDS programs
- \* Increasing women's access to income and productive resources
- \* Increasing women's legal rights

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$1,039,262

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$12,150

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.18: Activities by Funding Mechanism**

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**Mechanism ID:** 3965.09

**Prime Partner:** Children in Need Institute

**Funding Source:** GHCS (State)

**Budget Code:** OHSS

**Activity ID:** 11469.21277.09

**Activity System ID:** 21277

**Mechanism:** N/A

**USG Agency:** HHS/Centers for Disease  
Control & Prevention

**Program Area:** Health Systems Strengthening

**Program Budget Code:** 18

**Planned Funds:** \$30,000

## Activity Narrative: CONTINUING ACTIVITY - NEW ACTIVITY NARRATIVE

### SUMMARY

A significant new thrust area of CINI's Making AIDS Services Stronger by Organizational Outreach through Training (MASBOOT) project is to provide technical assistance for HIV related policy development to the state government, NGOs and CBOs (including networks for PLHA). CINI plans to provide institutional capacity building to the Jharkand State AIDS Control Society (JSACS) through placing a highly skilled technical expert in the SACS. This consultant will fill the policy and system needs of the SACS, help create and enable the development of HIV programs, mainstream HIV programming with large development initiatives, galvanize political and popular support for HIV policies and programs at the State and district level, and build the capacity of government and non-governmental organizations to participate in and lead policy development.

### BACKGROUND

Child In Need Institute (CINI), a leading Indian non-governmental organization founded in Kolkata in 1974, has been working to achieve sustainable development among poor communities living in the city of Kolkata and surrounding areas. Through its field programs, training and research, CINI's focus has always been on health of women and children, child nutrition and development, adolescent issues, and mainstreaming street children through education. In 1998 CINI was recognized as a National Mother NGO, under the Reproductive and Child Health (RCH) program by the Ministry of Health and Family Welfare, Government of India. CINI also has an office in Ranchi, the capital of the state of Jharkand, where the MASBOOT Project has been funded by PEPFAR since 2005 to conduct capacity building trainings among NGOs. Through these activities, CINI has gained a long standing reputation as a nodal NGO providing HIV/AIDS related trainings to a wide range of groups and individuals, including community workers, private doctors, and government officials. CINI Jharkand has frequently provided technical expertise to JSACS over the past several years and is seen as the key HIV/AIDS NGO in the state.

MASBOOT will continue its role in providing formal capacity-building for JSACS in FY09. There were no consultants to JSACS until July 2008, when CINI funded an ICTC consultant, who will be mentored by CDC, CINI, and JSACS. JSACS suffers from weak leadership, poor managerial commitment, and a variety of other systems issues. Eighty percent of the JSACS budget went unspent from April 2007 to March 2008. Additionally, health systems infrastructure and access to care is weak. In a low prevalence setting like Jharkand (0.03%, NACO sentinel surveillance report, 2006), sustainable, supportive policies are essential to maximize the resources being invested in curbing the HIV epidemic in the state.

In the past, CINI has conducted capacity building of NGOs directly. CINI has played a major role in preparing the state Project Implementation Plan for the National AIDS Control Program, Phase 3 (NACP-III). The organization also played an important role in the formation of a state-level network for PLHA. The new strategy is consistent with NACO's strategic plan and JSACS' unmet needs for support in program development and management systems.

### ACTIVITIES AND EXPECTED RESULTS

#### ACTIVITY 1: Strengthening the State Technical Planning for HIV/AIDS

A consultant will be placed in JSACS to assist the SACS with all NACP-III activities. This consultant will work in close collaboration with the proposed Technical Support Unit (TSU) for the states of Bihar and Jharkhand. Some of these activities may include: resource mapping of health facilities, SWOT analysis of the SACS and other stakeholders, managerial and log frame input, and technical input to SACS to design appropriate programs in accordance with the State's Project Implementation Plan for NACP-III. Additionally, a workshop will be conducted with stakeholders to sensitize NGOs on the different program areas of NACP-III, and to provide a platform for the identification of potential gaps in its smooth implementation. The consultant will also assist in establishing strategies and structures for regular networking and linkages with all stakeholders statewide; one area of interest will be to include gender equity and address male norms as a cross cutting measure.

#### ACTIVITY 2: Strengthen PLHA Networks

Under the guidance of the national India Network of Positive People (INP+), the consultant, with support from CINI and USG, will form and strengthen at least four existing networks at district level across the state. This will be facilitated through workshops wherein a common platform will be provided for delineating issues and needs for PLHA, advocacy, and establishing linkages for comprehensive care and treatment.

#### ACTIVITY 3: Develop an Information System for HIV Test Reporting

Jharkand has lacked a proper integrated information system to track the accurate number of PLHA, resulting in a large number of unreported cases. This "tip of the iceberg" type of reporting has led to a huge gap in the number and type of services available. The consultant will help SACS in carrying out a system analysis and develop a basic information system for routine HIV test reporting (with efforts to include private sector testing data). The consultant will also strengthen surveillance efforts in ante-natal populations and most at-risk populations.

#### ACTIVITY 4: Mapping of Most-at-Risk Populations (MARPs)

Mapping of MARPs is an essential component of HIV prevention efforts and has been a key initial activity in southern India, where targeted intervention programs have been most successful. CINI will collaborate with NACO and JSACS to ensure that a comprehensive, highly professional mapping exercise be done across Jharkhand's urban centers. In addition, mapping will be conducted in 12 hot spot areas along a truck route. These truck routes will capture truckers, coal and bauxite mine industrial workers, and female sex workers (FSW). Mapping will provide CINI with information on where (within Jharkhand or in other states) and with whom (FSW, MSM) high-risk behavior occurs and the fraction of truckers engaged in high-risk behaviors.

These mapping exercises will significantly strengthen the state response to HIV and help JSACS and others to develop clear statewide priorities related to HIV prevention and care. It will also help instill the concept of

**Activity Narrative:** "evidence-based programming" within JSACS and the NGO community.

**ACTIVITY 5: Exchange Visits for Capacity Building**

One to two site visits will be conducted by CINI and its sub partner staff to assess current model targeted interventions of USG partners in Tamil Nadu and Maharashtra. Follow-up mentorship by USG staff and consultants will strengthen CINI and its partner agencies' expertise in reaching most at-risk populations. CINI will provide technical support to JSACS and NGOs to implement TI programs across the state in accordance with the findings of the mapping exercises.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14459

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14459	11469.08	HHS/Centers for Disease Control & Prevention	Children in Need Institute	6845	3965.08		\$30,000
11469	11469.07	HHS/Centers for Disease Control & Prevention	Children in Need Institute	5611	3965.07		\$25,000

**Table 3.3.18: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3942.09	<b>Mechanism:</b> Samastha
<b>Prime Partner:</b> University of Manitoba	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (USAID)	<b>Program Area:</b> Health Systems Strengthening
<b>Budget Code:</b> OHSS	<b>Program Budget Code:</b> 18
<b>Activity ID:</b> 10887.20945.09	<b>Planned Funds:</b> \$1,212,626
<b>Activity System ID:</b> 20945	

## Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008

### FY 2008 NARRATIVE SUMMARY

A significant thrust of the Samastha project is the provision of technical assistance for HIV-related policy development for state government, primarily the Karnataka State AIDS Control Society (KSAPS) and the partner NGOs/CBOs (including PLHA and sex worker networks). Technical assistance is aimed at improving the enabling environment for HIV programs, mainstreaming HIV programming into large development initiatives, galvanizing political and popular support for HIV policies and programs at state and district level, and capacity-building of government and non-governmental organizations to participate in and lead policy development. Capacity building and strengthening of social structures includes training at various levels from field-based outreach to government personnel at KSAPS.

### BACKGROUND

The Samastha project is a comprehensive prevention, care and treatment project that covers 15 districts across Karnataka and 5 coastal districts of Andhra Pradesh. Implemented by the University of Manitoba (UM) since 2006, the Samastha project will be scaled up in 2007 and operational across 15 districts by 2008. The Samastha project will provide technical assistance to the state programs in Karnataka and Andhra Pradesh to enhance their capacity to manage scaled-up programs as envisaged under the Third Plan of the National AIDS Control Program (NACP-3) and ensure the quality of interventions. Samastha will work with civil society to build institutions and programs to deliver HIV prevention and care services.

### ACTIVITIES AND EXPECTED RESULTS:

By 2008, decentralization of HIV programming to the district level as part of NACP-3 and the setup of district HIV societies and program implementation units will be completed. Village-based structures for mainstreaming, such as Village Health Committees (VHC) under the National Rural Health Mission (NRHM), will be established in most of the villages in the state. At the state level, the State Council for AIDS, headed by the Chief Minister with members from elected representatives, civil society (including women's self-help groups and positive networks), donors and NGOs, will focus on mainstreaming HIV/AIDS activities in government policy. Samastha will work with structures at state, district and village-level to help build the capacity of members for an enhanced and sustainable response to HIV/AIDS.

#### ACTIVITY 1: Technical Assistance for HIV-related Policy Development

Samastha will provide technical assistance to the state government and in particular to KSAPS through several initiatives. Effective mechanisms will be developed to work with the State AIDS Council and other government stakeholders to mainstream HIV/AIDS treatment while increasing access by HIV-affected and vulnerable populations to supportive social services, such as education, nutrition, and housing.

Samastha will work towards enhancing the capacity of the District AIDS Prevention and Control Units (DAPCUs) set up under NACP-3, as well as their capacity to design and monitor evidence-based HIV/AIDS programs. To meet programming challenges, including planning, monitoring, implementation, and mainstreaming of HIV programs into other development programs, district health and family welfare officers and other local health officials will be trained. The Samastha project will support bi-annual meetings of the Legislator's Forum, a committee comprised of elected representatives, in the development of favorable policy initiatives for affected and vulnerable populations, focusing on women.

Samastha will support fifteen Supportive Supervision Teams (SST) for ongoing technical assistance to various levels of health care providers such as counselors at the integrated counseling and testing centers (ICTCs), and doctors in OI management and ARV treatment across the 15 project districts. A peer-support system will be developed wherein trained counselors will mentor and support their peers. A computerized Management Information System (MIS) and Linked MIS (LMIS) system will be developed to ensure the flow of data to KSAPS, management of supplies and an inventory of kits and consumables.

Developing learning systems for NGOs to share experiences is another priority. The large number of civil society organizations (CSOs) provides fertile ground for the establishment of systems to share lessons learned and best practices. This will be achieved through online collaboration, forums, and other methods of knowledge sharing and dissemination. Formal training will be conducted to meet demand from the NGOs and CBOs.

#### ACTIVITY 2: Technical Assistance for Institutional Capacity Building

Samastha works through NGO partners and CBOs of positive people and sex workers to deliver prevention and care services. Capacity-building of Samastha NGO and CBO partners, as well as partners of KSAPS, will begin in 2006. The learning systems set up under the project will ensure cross-learning between partners. NGOs will be trained in the first two years on financial management, management of drugs and commodities, and linkages with supportive services for the community. In 2008, they will be provided with support for monitoring in these areas.

Samastha has a specific mandate to build the capacity of CBOs of HIV-positive people. In the first year of the project, a detailed assessment of the capacity of positive network members was completed. It helped inform the capacity building plan for the Karnataka Network of Positive People (KNP+) and its district networks to manage the functioning of integrated positive prevention care centers (IPPCCs) in 9 districts. In the remaining districts, NGOs will manage the IPPCCs. The IPPCCs are HIV service delivery centers planned under the third phase of the National AIDS Control Plan (NACP-3) which are managed by PLHA networks and have out-patient facilities, drop-in centers and vocational centers to support PLHA.

In 2008, it is expected that the management of all IPPCC networks will be transitioned to the local chapters of the district level networks affiliated to KNP+. CBOs will receive support for financial and human resource

**Activity Narrative:** management, expanding their membership base, and leadership and management of drugs and commodities. Training will be provided in networking and advocacy with other stakeholders to promote access to supportive services. Positive speakers will be trained to represent their communities in various fora, including district HIV/AIDS societies along with capacity-building of networks to manage projects and leverage other resources. The capacity-building of positive networks will be done in collaboration with CDC using existing protocols and manuals developed under Global Fund Round 4. The care and support centers (CSCs) under Samastha will be run by a network of hospitals operated primarily by faith-based organizations (FBOs), which will be provided refresher and supportive supervision training on technical issues related to HIV/AIDS.

Two learning sites, one for comprehensive care and support, and one for OVC , will be ready by 2008-09. NACP-3 envisages linking CSCs with ART centers, especially for ART adherence support. In 2008, these centers will be linked with the ART centers established by the government.

**ACTIVITY 3: Reduction of Stigma and Discrimination**

Samastha will continue to reduce stigma in health care settings and community settings to ensure affected and vulnerable populations are not discriminated against, and are able to access services. One hundred health care providers will be trained using the modules developed by EngenderHealth. Regional managers of KHPT will undergo TOT and will train the entire staff of the CSCs to reduce stigma and discrimination in this health care setting.

Village Health Committees (VHCs) will be a focal point to work on reduction of stigma and discrimination in community settings. VHCs will be comprised of local leaders, opinion makers, and village-level government functionaries. Samastha will facilitate the activation of existing VHCs under the National Rural Health Mission (NRHM), or set up VHCs if they do not exist. By 2008, one-third of the villages under Samastha will have active VHCs, and at least two members from each VHC will be trained to work on stigma and discrimination reduction. Samastha will enhance the capacity of functionaries in the (VHC) to advocate for HIV related issues

**ACTIVITY 4: Training and Systems Strengthening for Grass-Roots Link Workers**

Under NACP-3, the NACO will support a new cadre of Link Workers, who will identify villages for community mobilization in HIV prevention and care, targeting youth, female sex workers (FSWs), PLHA, OVC, widows, men with STIs, and people with TB. Initially, Samastha will directly support salaries and travel costs for Link Workers in 14 districts of Karnataka to ensure a strong foundation for this system. Grass roots level workers will continue to be trained in FY08 to equip them to be effective frontline workers. In FY08, the program will focus on training new field staff at the rate of 20 per district, resulting in 240 field staff trained.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14143

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14143	10887.08	U.S. Agency for International Development	University of Manitoba	6715	3942.08	Samastha	\$1,184,560
10887	10887.07	U.S. Agency for International Development	University of Manitoba	5601	3942.07		\$400,000

## Emphasis Areas

Gender

- \* Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- \* Child Survival Activities
- \* Family Planning
- \* Safe Motherhood
- \* TB

## Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$524,363

## Public Health Evaluation

## Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$1,250

## Food and Nutrition: Commodities

## Economic Strengthening

## Education

## Water

**Table 3.3.18: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3978.09	<b>Mechanism:</b> PHMI
<b>Prime Partner:</b> Share Medici (Umbrella)	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Health Systems Strengthening
<b>Budget Code:</b> OHSS	<b>Program Budget Code:</b> 18
<b>Activity ID:</b> 10116.20929.09	<b>Planned Funds:</b> \$346,000
<b>Activity System ID:</b> 20929	

## Activity Narrative: CONTINUING ACTIVITY - NEW ACTIVITY NARRATIVE

### SUMMARY

The Public Health Management Institute (PHMI) was established in 2006 as a means of developing human resource capacity and systems strengthening within the public health infrastructure of Andhra Pradesh (AP). The current focus is on developing structured curricula, trainings, mentoring and providing long-term learning opportunities for the public health workforce, primarily in the area of HIV/AIDS. The main activities are: in-service training of state level public health managers, district level managers (DLM), District AIDS Prevention and Control Units (DAPCUs), and other public health personnel (short-term trainings), providing on-line learning opportunities through virtual learning systems, and opportunities to work in collaboration with other institutions (South-to-South collaboration). Additional activities include conducting networking and short-term trainings highlighting activities in the Southern states, providing technical assistance to mainstream HIV activities into National Rural Health Mission (NRHM) services, and providing technical assistance as needed to the APSACS Technical Support Unit (TSU).

### BACKGROUND

Mediciti SHARE India (SHARE India) is a not-for-profit organization working in rural communities outside Hyderabad, Andhra Pradesh, reaching about 300,000 rural residents with services including maternal and child health, immunization, population control, cancer detection and treatment, HIV/AIDS and nutrition programs. Implementation is coordinated through the SHARE India medical college and hospital located nearby. SHARE India is also recognized as a research foundation by the Department of Science and Technology, Government of India.

In 2006, through a cooperative agreement with CDC, SHARE India established the Public Health Management Institute (PHMI) as a technical assistance and training organization. PHMI's main objectives are to build human resource capacity and strengthen systems for the public health infrastructure of Andhra Pradesh state (AP). This is achieved by developing innovative quality improvement mechanisms such as accreditation systems and on the job training programs. While the current technical focus is on HIV, in the longer term PHMI envisions a broader role encompassing additional public health priority areas in AP.

### ACTIVITIES AND EXPECTED RESULTS

The activities have been modified from those in the FY08 COP. Modifications include deletion of three activities listed in FY08: Activity 4, HIV Laboratory Accreditation Program; Activity 5, Clinical Accreditation Program; and Activity 6, AP HIV Consortium. Activity 1: Human Resource Capacity Development through Public Health Field Leaders Fellowship has been modified. There are six new activities, listed below.

**ACTIVITY 1: Human Resource Capacity Development through Public Health Field Leaders Fellowship**  
The Public Health Field Leaders Fellowship Program (PHFLFP) began in early FY07. It is a one year on-the-job training program for approximately 25 mid-career NGO and government personnel responsible for developing or managing HIV related field interventions. It addresses the need for on-the-job public health trainings for mid-career professionals with limited options for formal courses. The curriculum consists of six weeks of group contact sessions combined with distance learning modules and field mentorship provided by PHMI. Significant attention is given to project management skills development, science-based intervention design, and evidence-based planning. FY08 funds will be used to refine the curriculum, conduct a needs assessment of the fellows and conduct audience analysis to restructure the fellowship. With FY09 funds, PHMI will continue the fellowship and collaborate with local institutions to improve the quality of the curriculum and structure. It also may expand its support of the fellowship to more than one batch per year.

### ACTIVITY 2: Partnership with AP Government to Provide Technical Support

This is an ongoing activity providing 3 full-time technical experts to APSACS to support statewide HIV activities. The consultants support surveillance/monitoring and evaluation, integrated counseling and testing, and training. They are placed under the APSACS Project Director and mentored by USG/CDC and PHMI staff. In FY09, the consultants will provide technical support to the State HIV/AIDS interventions and program officers, many of whom have limited experience. They are responsible for strengthening systems in their specific areas of expertise: building organizational capacity to effectively monitor and evaluate programs; creating minimum standards for all training programs; establishing procedures for routine program reviews; advocating and developing better systems of program supervision, field evaluations, supplies and equipments maintenance; and developing tools and processes for collecting, consolidating and analyzing data at the state and district level.

PHMI will work closely with the future AP Technical Support Unit (TSU) for HIV programming (to be identified and funded by the Bill and Melinda Gates Foundation). Since Gates Foundation programs focus on high risk prevention only, USG support via PHMI and others will continue to play an essential role in building HIV prevention and care systems in the state under this new TSU system. As an additional example, PHMI will coordinate inter-state learning exposure visits for SACS staff/officers.

### ACTIVITY 3: Support to NACO

PHMI will work closely with NACO to strengthen the ART delivery systems throughout India. This will include appointing 2 full -NACO ART consultants, 5 Regional technical consultants at the SACS level, periodic international consultants and in-country contractors to work on specific ART-related deliverables. Direct TA will also be provided by CDC/India and CDC/Atlanta. This program will be used by NACO to establish an ART center accreditation system, a down referral system, and an improved human resource management system. The ART support package will also be used to assist NACO to establish 10 ART centers of excellence in care, training, and operational research and to create models for private sector involvement in ART delivery.

FY08 ACTIVITIES 4, 5, and 6 have been deleted

### ACTIVITY 7: Training and TA Support to DAPCUs

Under NACP-III, DAPCUs will be formed in all districts in the high-prevalence states. The objective of



**Activity Narrative:** building DAPCU capacity is to ensure high-quality performance as program implementation and management is decentralized to the district level. DAPCU activities will include: 1) ICTC supervision; 2) field-level staff training and mentoring; 3) technical support to district government officials in charge of health and social programming; 4) establishment of linkage systems among prevention programs, ICTCs, and the ART center; 5) coordination of district level partners and activities; 6) technical inputs into communication and condom social marketing campaigns; and 7) M&E of all district-level HIV services.

Recruiting and training DAPCU staff is a tremendous challenge and opportunity. USG and its partners are experienced in district-level capacity building. USG supported the establishment of district HIV management teams in 10 districts in AP and conducted skills-based trainings for them. PHMI has been identified as a lead partner in DAPCU trainings and capacity building, working closely with the TSU, SACS, and other USG partners and local agencies.

In FY09, PHMI will support training of DAPCU staff on basic public health principles, field management skills, HIV prevention strategies, HIV care and treatment operational guidelines, and monitoring and evaluation skills. A strong focus will be on building the DAPCU staff capacity to use local data for decision-making and to provide timely feedback to field staff on their monthly monitoring reports. PHMI will seek inputs from other USG partners in designing and conducting DAPCU trainings. The training curriculum and calendar will be determined in collaboration with APSACS, TSU, and other technical agencies.

**ACTIVITY 8: District Level Managers' Training on Data for Decision Making**  
PHMI initiated the Data for Decision Making (DDM) training program in early FY08 to support systems strengthening at district level. The DDM training will increase the capacities of district level managers, data users, and program officials to use program data scientifically and effectively in planning, implementing, monitoring, and evaluating HIV and health programs in the state of Andhra Pradesh.

This is a on the job-training program consisting of six core areas (surveillance; M&E; data interpretation, collection and reporting; analysis and Interpretation; presentation skills and decision making). Each theme area has a basic and an advanced course. Target audience analysis will identify the cadres of officials at district level (public and private), who are involved in decision making process. The capabilities of the target groups will be reviewed to help define the course structure and training methods. In FY09 25 fellows and 25 staff will be trained in DDM.

The course modules will be developed by PHMI staff in collaboration with technical support from CDC GAP-India and each course will be given in 5-6 workshops.

**ACTIVITY 9: Strengthening Local Government Institutions**  
A technical consultant will be placed in the National Rural Health Mission (NRHM) to work with APSACS. The focus areas for the consultant are: collaborate with APSACS, DAPCUs, RCH, RNTCP and other health programs on HIV issues at the state and district levels, generate awareness of HIV services, generate awareness of HIV/STD linkages, increase access to condoms, generate awareness about safe blood, generate referrals for pregnant women for PMTCT services, and address access issues for routine opportunistic infections.

**ACTIVITY 10: Technical Support to the State Level Supply Chain System**  
Providing TA to improve and sustain an effective supply chain system for HIV services is an activity that started at the request of APSACS. The goal is to develop an efficient decentralized supply chain and logistics system that can ensure a continuous and uninterrupted supply of commodities. Strong procurement and logistics management from manufacturer to center is thus essential.

The system in use is an on-call/fax/indent system that is random and reactive in nature, with multiplicity in calling for requests, multiple points of control and confusion in the system. Call charges are not reimbursed; counselors personally deliver kits to the centers from headquarters. The proposed pull-system would enhance APSACS's performance in the systematic supply of logistics. PHMI will undertake a review of the current health sector logistics systems in the state and partner with local logistics management institutes to look for alternate solutions.

**ACTIVITY 11: Technical Workshops**  
In general, HIV information related to programs and policy is not available to state, district and field staff. In FY09, PHMI will organize workshops to disseminate timely and important HIV-related reports and operational research findings from India and especially from AP. The workshops will be run in collaboration with APSACS and other key agencies and institutions in AP.

PHMI will conduct periodic workshops for stakeholders to share, analyze, and process operational research findings, surveillance reports, and scientific studies. This will provide a forum for sharing experiences, new findings from the field, and operational/ technical guidelines. PHMI will advocate with State level policy makers and program implementers for more and better use of quality strategic information in AP.

**ACTIVITY 12: Virtual Platform for Information**  
Creation of a virtual platform for information and knowledge sharing encourages faculties and trainees to work collaboratively and learn from each other. The PHFLFP program demonstrated the value of creating a virtual resource library to build relationship between and among faculty and trainees and provide a platform for collaboration, exchange, and capacity-building. Developing a virtual platform will provide a lower-cost option to assist the PHMI faculty to reach trainees, since the faculty is geographically dispersed. A web-based learning program using UNESCO-recommended free software will be developed and will be managed by a point person from PHMI. All training material will be posted on the web for the trainees. Assignments, submissions, and a discussion forum can also be supported through the virtual platform.

**ACTIVITY 10: Twinning/South-to-South Collaboration**  
South-to-South partnerships and peer relationships can create an effective framework for building sustainable institutional and human-resource capacity through the open exchange of knowledge,

**Activity Narrative:** information, and professional experience. PHMI will assist state and national level public health workforces to learn from international field experience – preferably with USG partners in the South – in the areas of HIV prevention, care, strategic information and systems strengthening components. PHMI will assist health officers and partners to reflect on their own work, share best practices with others and help replicate successful models. PHMI will promote faculties' and students' exchange programs between India and other global South countries and will encourage public health experts to go for study tours, meetings, conferences, and short-term trainings. It is expected that 4 Indian experts and 4 from Southern countries would be supported for exchange visits.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14594

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14594	10116.08	HHS/Centers for Disease Control & Prevention	Share Mediciti (Umbrella)	6880	3978.08	PHMI	\$250,000
10909	10116.07	HHS/Centers for Disease Control & Prevention	Share Mediciti (Umbrella)	5622	3978.07		\$45,000
10116	10116.06	HHS/Centers for Disease Control & Prevention	Share Mediciti (Umbrella)	3978	3978.06		\$45,000

**Emphasis Areas**

Gender

\* Increasing gender equity in HIV/AIDS programs

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development      \$346,000

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.18: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 3967.09	<b>Mechanism:</b> APAIDSCON
<b>Prime Partner:</b> Share Mediciti (Networking)	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Health Systems Strengthening
<b>Budget Code:</b> OHSS	<b>Program Budget Code:</b> 18
<b>Activity ID:</b> 16431.20926.09	<b>Planned Funds:</b> \$109,000
<b>Activity System ID:</b> 20926	

## Activity Narrative: CONTINUING ACTIVITY: NEW ACTIVITY NARRATIVE:

### SUMMARY

SHARE India has established an innovative consortium structure, the Andhra Pradesh AIDS Consortium (APAIDSCON) to reach out to private medical colleges in Andhra Pradesh (AP). This consortium will continue to be strengthened in FY09 and in doing so, will be able to participate in a number of important system strengthening activities and policy initiatives across the state. The consortium's aim is to ensure that future medical graduates are well trained to address HIV/AIDS. The consortium also works with the partnering private medical college institutes to build human resource capacity for managing private sector engagement in health programs, particularly HIV/AIDS programs, at the state level in AP.

### BACKGROUND

In 2005, Science Health Allied Research and Education (SHARE)/MediCiti established a consortium of 15 Private Medical Colleges named the Andhra Pradesh AIDS Consortium (APAIDSCON). By establishing APAIDSCON, SHARE has developed and promoted a comprehensive multi-disciplinary strategy to combat the HIV/AIDS epidemic in the state with the highest estimated burden of HIV in India. The primary aim of the consortium is to ensure that future medical graduates (over 1500 annually) as well as nurses and allied health professionals are well trained to address HIV/AIDS. APAIDSCON builds collaborative programs with private entities as well as Government agencies to enhance access to counseling, testing and care for HIV infected individuals. APAIDSCON promotes the implementation of national guidelines and best practices in addressing the HIV/AIDS epidemic.

Fundamentally, APAIDSCON was established as a mechanism to strengthen the organizational capacity of its member institutions. The fact that 15 independent and often competing private medical colleges came together and formed a consortium to address HIV and medical education issues is a noteworthy initial outcome and model for the country. Of course, the formation of a consortium has led to more substantive system strengthening, including the successful completion of joint training programs, curriculum sharing, advocacy for government funded HIV testing and counseling centers in all 15 colleges, and a linkage system for subsidized CD4 testing.

### ACTIVITIES AND EXPECTED RESULTS

#### ACTIVITY 1: Strengthening the Health Care Consortium Concept

In FY09, APAIDSCON will continue to strengthen the concept of a health care consortium, which is relatively new and underutilized in India. Consortium by-laws will be updated and strengthened to give the consortium more authority in allocating budget, hiring staff, and monitoring progress. The role of the consortium is evolving as individual member institutions and their representatives become more familiar with this novel consortium concept and gain more trust and confidence in this mechanism for enacting change. The consortium's steering committee will continue to meet quarterly. Mechanisms will be created to build representation of the newly joined small and mid-sized private hospitals on the steering committee and to allow them some decision-making responsibilities.

#### ACTIVITY 2: Establishing an HIV Core Committee at Partnering Institutes

In FY09, APAIDSCON will ensure that each of the medical college member institutes will establish a HIV core committee made up of the head of all clinical departments, a representative from management, and a representative from the housekeeping staff. This core committee will meet at least four times a year to review progress on HIV-related services and address staffing and system issues. Each core committee will also select their representative to the APAIDSCON steering committee and review his/her performance annually. The core committee will be expected to advocate for more comprehensive and higher quality HIV services in the institution and will be leaders in efforts to train medical and nursing students in HIV clinical care. Newly joined mid-sized hospitals will also be encouraged to establish core committees made up of clinicians, nurses, management, and housekeeping staff.

#### ACTIVITY 3: Production of "Awakenings" Newsletter

In FY09, APAIDSCON will continue to produce a quarterly newsletter, Awakenings, as a tool to share information on consortium activities and provide HIV medical updates to all members and others in the medical community. This will be part of a broader objective of reaching out to local community physicians to sensitize them in HIV care and treatment needs and develop testing and referral linkages.

#### ACTIVITY 4: Seed Funding to Member Institutions

In FY09, APAIDSCON will develop and initiate mechanisms to provide seed funding to member institutions to develop or strengthen prevention, testing, and/or care initiatives in their institutions or in the nearby community. This will encourage member institutions to take more ownership of the program. This will also build the capacities of individual institutional faculty members by teaching them to write proposals, create a work plan and budget, and manage a new public health activity.

#### ACTIVITY 5: Advocacy for Including HIV in the Medical School Curriculum

In FY09, APAIDSCON will continue to advocate for greater emphasis on HIV within the medical school curriculum both at a national/state level and at an individual institutional level. APAIDSCON will focus on the concept that HIV must be taught as a pre-clinical topic within microbiology, pathology, immunology, pharmacology, as well as an essential component of the clinical rotations in years 4 and 5. APAIDSCON has developed a HIV curriculum for medical students that will be implemented in the private medical colleges as an elective. In FY09, this curriculum will be strengthened based on feedback from students and faculty. APAIDSCON and CDC will work to mainstream this as a required module in all consortium medical colleges and advocate for it to be included as a statewide module or elective in all medical colleges.

APAIDSCON will work towards developing the capacity of the interns towards management of PLHIV. APAIDSCON will ensure that 4th and 5th year medical students and advanced year nursing students have an opportunity to care for PLHAs on the wards or in the clinics as part of their clinical experience. To do this, faculty bedside teaching skills related to HIV will have to be improved. Access to PLHAs must also be

**Activity Narrative:** improved. This will be accomplished by either increasing the number of PLHAs being cared for in the medical college hospital or by making it easier for students to visit HIV care centers in the nearby community. APAIDSCON will also set up an elective for students to work at a tertiary HIV care and training center. In FY09, APAIDSCON hopes to send 200 students (nursing and medical) to such centers for more in depth HIV teaching and sensitization.

**ACTIVITY 6: Strengthening Community Demand**

In FY09, APAIDSCON will continue to strengthen the consortium to provide health care to PLHIV and to supplement this with activities to generate demand in the local community about the services available to PLHIV in their respective institutes. To achieve this the consortium members will conduct community-level demand generation for the HIV services through outreach activities, and through the community medicine department and other allied departments. The Red Ribbon Clubs established in the medical colleges will also play a role in generating awareness and demand for the HIV services being provided at the institutes.

**ACTIVITY 7: Strengthening the Capacity of Consortium Members to Deliver HIV/AIDS Services**

In FY09, APAIDSCON will continue to strengthen the consortium's capacity to carry out HIV-related activities, supplemented by an emphasis on strengthening consortium members' capacity on blood safety and safe injection issues. APAIDSCON will conduct training programs for consortium members on the rationale use of blood transfusion, safe injection usage and blood safety protocols. APAIDSCON will also provide assistance to the consortium members in establishing safe blood banking and blood transfusion practices.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 16431

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16431	16431.08	HHS/Centers for Disease Control & Prevention	Share Mediciti (Networking)	6879	3967.08	APAIDSCON	\$15,000

**Emphasis Areas**

Health-related Wraparound Programs

\* TB

**Human Capacity Development**

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

**Table 3.3.18: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3958.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> Tamil Nadu AIDS Control Society	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GAP	<b>Program Area:</b> Health Systems Strengthening
<b>Budget Code:</b> OHSS	<b>Program Budget Code:</b> 18
<b>Activity ID:</b> 20936.09	<b>Planned Funds:</b> \$35,000



**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

**ACTIVITIES AND EXPECTED RESULTS**

Due to the technical and financial support provided by USG for technical consultants in TNSACS, TNSACS has been able to demonstrate and document successful program management and implementation, which has led to the leveraging of national-level funds by TNSACS to directly fund and regularize in the State program the activities/support activities (partially or fully). This has benefited the mainstreaming of programs like the SHG prevention intervention, monitoring for Integrated Counseling and Testing (ICT) and Prevention of Mother-to-Child Transmission programs, Red Ribbon Club, RRC programs, and M&E.

The following activities proposed in COP08 have been taken over by TNSACS using non-USG funds: (1) Coordination and Strengthening of Counseling and Testing Activities, (3) State-Wide Capacity Building and Training for Health Care Personnel, (4) Public Health Training for District Collectors, and (6) Consortium of HIV/AIDS Stakeholders. As a result, USG has been able to use the funds for newer, more vital activities in TNSACS as is seen by the reduced budgets in this program area for COP09.

Activities 2, 5, and 7 in the FY08 COP have been modified as shown below:

**ACTIVITY 2: Capacity Building for District AIDS Prevention and Control Units (DAPCUs)**

As mentioned in the SI program area, USG will continue to provide technical support to TNSACS and TSU for capacity building of the DAPCUs. TNSACS with technical support from USG, will conduct workshops to develop skills of District Health Officials for understanding HIV/AIDS and monitoring the programs, which will soon be their responsibility.

**ACTIVITY 5: State-to-State Information-Sharing Workshops**

USG in collaboration with TNSACS will invite all HIV/AIDS implementers in India's high prevalence southern states for a "Best Practices Workshop" which will collectively help in learning evidence-based practices, and promote replication in other areas. At least two such workshops will be organized every year to disseminate the knowledge. This will provide opportunity to develop skills for good scientific writing and documentation, and epidemiological and public health skills.

**ACTIVITY 7: Laboratory Accreditation Processes**

This activity's title has been changed to, "Capacity Building of Laboratory, Including Accreditation Processes."

USG will not only support the development of accreditation process for private sector laboratories that participate in the state's HIV/AIDS program but will also build capacity to streamline the accreditation process.

USG and TNSACS, in collaboration with the GHTM Lab Manager and National Reference Laboratories (NRLs) in the state, will help in enhancing the capacity of the State Reference Laboratories (SRLs) and the Integrated Counseling and Testing Centers in the state on proficiency testing and on the External Quality Assessment System (EQAS) for HIV testing and monitoring. This will also help in preparing the state owned labs for the accreditation process.

**FY 2008 NARRATIVE**

**SUMMARY**

Twelve USG-funded consultants are placed within various program areas of the Tamil Nadu State AIDS Control Society (TNSACS) to provide strategic and technical leadership. These positions will continue to be supported in FY08. Specific activities will include coordination and strengthening the state counseling and testing program, developing laboratory accreditation processes for the private/NGO sector, capacity building for the District AIDS Prevention and Control Units and for health care personnel; supporting inter-state information exchange, and an in-state stakeholders' consortium.

**BACKGROUND**

TNSACS is the implementing body for India's National AIDS Control Organization (NACO) in the southern state of Tamil Nadu, a high HIV-burden state. TNSACS, which is headed by a senior officer from the Indian Administrative Service (IAS), is the state-level authority for HIV-related policy formation, activity and partner coordination, program implementation, as well as monitoring, reporting, and evaluating on all activities related to the HIV epidemic in the state. In 1991, TNSACS was the first state HIV agency to be formed in the country and has continued to serve as a model for other such agencies.

In 2002, HHS/CDC developed a formal relationship with TNSACS and in 2003 began providing fiscal and technical support. The USG continues to play a strategic role in the operations of TNSACS despite contributing 3% of the TNSACS budget. The strong historical and technical relationship between TNSACS and the USG has allowed the USG to leverage the entire budget of TNSACS (\$16 million in FY07) effectively. This relationship is also strategic as jointly funded projects are likely to be replicated throughout the country. The technical support provided to TNSACS by the USG has been one of the successful models of donor support for the country. The extent, form, and specificity of our support is now being discussed with NACO in relation to the creation of the new Technical Support Unit in Tamil Nadu (also to be supported by USG) and how that will interact with the USG advisors currently in TNSACS.

**ACTIVITIES AND EXPECTED RESULTS**

Consultants funded by HHS/CDC are placed in various program areas of TNSACS to provide strategic and technical leadership. To date, HHS/CDC has provided 12 consultants to TNSACS who work under the guidance of the TNSACS Project Director (PD). These positions will continue to be supported in FY08 as they fulfill a key system strengthening need at TNSACS through state-level supervision, policy and guideline development, program monitoring and evaluation, and strategic planning. They will receive mentoring from

**Activity Narrative:** HHS/CDC staff. It is expected that TNSACS will assume responsibility for these consultants in subsequent years.

**ACTIVITY 1: Coordination and Strengthening of Counseling and Testing Activities**

TNSACS has established 718 integrated counseling and testing centers (ICTC) in Primary Health Centers (PHC), select district headquarters hospitals, and medical colleges to facilitate the 'integration' of HIV counseling and testing (CT) services, with the objective of increasing CT accessibility for those clients most in need of CT. The centers have been provided with trained counselors, test kits, and laboratory technicians. TNSACS, as the state HIV coordinating body, has the responsibility to ensure appropriate HIV CT practice, standardized data recording and reporting, human capacity development of ICTC staff, and program monitoring and evaluation. HHS/CDC will support the placement of an ICTC technical officer within TNSACS to coordinate and strengthen these ICTC activities in the state. Additional activities that will be supported by this officer include establishing an appraisal system that ensures optimal placement of ICTCs, expanding provider-initiated HIV CT services into other health-care settings (TB, ANC, STI, in-patient centers), improving the ICTC supply chain management system, and strengthening the state ICTC quality assurance/control system.

**ACTIVITY 2: Capacity Building for District AIDS Prevention and Control Units (DAPCUs)**

Funding and technical support will be provided to support the capacity building of DAPCUs. The objective of capacitating the DAPCUs is to decentralize program implementation and management down to the district level (population: 2-2.5 million per district). Currently, Tamil Nadu has recruited and trained DAPCU staff at one level, the District Program Managers (DPMs). As the DAPCU concept materializes, an additional 1-4 staff will be hired under the DPM. DPMs have been placed in all 30 districts to supervise and strengthen HIV prevention, care, and treatment services in those districts. Specific activities of the DAPCU will include: 1) ICTC supervision; 2) field-level staff training and mentoring; 3) technical support to district government officials in charge of health and social programming; 4) establishment of linkage systems between prevention programs, ICTCs, and ART center; 5) coordination of all district level partners and activities; 6) technical inputs into communication and condom social marketing campaigns; and 7) monitoring and evaluation of all district level HIV services.

HHS/CDC will play a technical role in training DAPCU staff on basic public health principles, field management skills, HIV prevention strategies, HIV care and treatment operational guidelines, and monitoring and evaluation skills. The exact training calendar will be determined in collaboration with TNSACS, APAC (as the technical support unit for Tamil Nadu), and other technical agencies working in Tamil Nadu. This activity will be undertaken with a USG partner, Public Health Management Institute (PHMI), located in Hyderabad, Andhra Pradesh.

**ACTIVITY 3: State-Wide Capacity Building and Training for Health Care Personnel**

HHS/CDC will support a consultant within TNSACS to strategically support and coordinate capacity building for the different levels of the health system involved in HIV/AIDS services. The consultant will coordinate with medical college and government hospitals and will be responsible for developing public private partnerships. In FY08, this consultant will focus on providing technical support to TNSACS-supported ART centers and community care and support centers in the southern region of Tamil Nadu. This consultant will work on creating stronger linkages between testing centers, NGO-run care and support centers, and ART centers placed in government institutions. The consultant will also mentor the 7 DPMs in the region. A regional training center is being proposed by TNSACS and the Tamil Nadu Health Minister, and if funded will be developed with assistance from this consultant and HHS/CDC.

**ACTIVITY 4: Public Health Training for District Collectors**

HHS/CDC has recently received approval from the senior administrative officer of the Government of Tamil Nadu to conduct a one-day HIV and public health training for all District Collectors, who are the highest ranking government administrative officials in the district and future state level administrative leaders. District Collectors oversee all health, development, and social programs in their designated district. The goal of this training program will be to equip these District Collectors with strong program management and data-driven decision making skills. The USG, in collaboration with TNSACS, recognizes the importance of providing these officers with strong HIV program management skills and will support the training of a new batch of district collectors in FY08 as a strategic system strengthening activity. USG plans to make this training a routine activity across the four high prevalence southern states.

**ACTIVITY 5: State-to-State Information-Sharing Workshops**

To facilitate information sharing and collaboration with other state HIV/AIDS Societies (SACs) in FY08, HHS/CDC will support TNSACS to organize state-to-state sharing workshops for the southern states (Andhra Pradesh, Karnataka, Kerala, Goa and Pondicherry). Other agencies implementing USG state-level programs will be invited to share their experiences and to identify best practices and strategies to addressing HIV/AIDS in their respective states. TNSACS is the ideal SACs to coordinate such workshops due to their experience and history of success.

**ACTIVITY 6: Consortium of HIV/AIDS Stakeholders**

In FY08, USG will support TNSACS to establish and lead a consortium of HIV/AIDS stakeholders. There is an acute need to coordinate the growing number of HIV/AIDS agencies and stakeholders in Tamil Nadu in order to minimize duplication of activities and geographic coverage and to develop standard materials (trainings, IEC, recording and reporting) among these partners. TNSACS will coordinate regular meetings for these partners and will establish standard operating procedures.

**ACTIVITY 7: Laboratory Accreditation Processes**

USG has recently begun developing laboratory accreditation processes in the private/NGO sector in Tamil Nadu. The objective of this process is to ensure high quality and accurate HIV laboratory services in the private sector. Private facilities receive this accreditation will be eligible to receive HIV diagnostic and treatment support from the GOI at a reduced price which will be passed on the patient (i.e. customer). Initial findings from this program have been promising with 25 private, high volume HIV testing centers enrolling

**Activity Narrative:** themselves in late FY '07. In FY '08, HHS/CDC will support a consultant within TNSACS to develop and expand this accreditation system in Tamil Nadu. Specific activities of this consultant will include developing a transparent and standardized HIV lab accreditation and certification system, private laboratory assessments, program monitoring and evaluation, and training TNSACS staff to expand this program.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14674

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14674		HHS/Centers for Disease Control & Prevention	Tamil Nadu AIDS Control Society	6902	3958.08		\$69,000

**Emphasis Areas**

**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$35,000

**Public Health Evaluation**

**Food and Nutrition: Policy, Tools, and Service Delivery**

**Food and Nutrition: Commodities**

**Economic Strengthening**

**Education**

**Water**

Program Budget Code: 19 - HVMS Management and Staffing

**Total Planned Funding for Program Budget Code: \$2,803,178**

**Program Area Narrative:**

Overview: HIV/AIDS is a priority for the US Mission's health portfolio in India, with the highest budget of any health issue. The US Ambassador, who leads the President's Emergency Plan for AIDS Relief (PEPFAR) program in India, has delegated day-to-day leadership to the DCM, who holds quarterly meetings with the agency technical heads and the PEPFAR Coordinator to review policy and technical issues. A second Embassy-level Committee promotes collaboration and coordination among USG programs working in HIV, including USG Consulates, USAID, HHS/CDC, the Office of Defense Cooperation (ODC) and other offices of the Department of State. This committee meets twice a year to exchange information and plan for joint activities such as World AIDS Day.

The interagency PEPFAR team includes agency technical heads, program managers and key support staff from USAID, CDC, ODC, and a representative from the Department of State's Political Unit, representing DOL. USAID and ODC in-country staff are based in Delhi and CDC staff in Delhi, Chennai, and Hyderabad. Day-to-day PEPFAR management is provided by the PEPFAR Coordinator, the Strategic Information (SI) Advisor and the Program Management Assistant (PMA), appointed in August 2008. The Coordinator holds weekly DVC meetings with the full staff team to discuss programmatic, technical, and management issues. The Coordinator and the PMA are hired through USAID; the SI Advisor through CDC.

In the past year, the team revised the arrangement for Technical Working Groups. A Steering Committee was set up, comprising the PEPFAR Coordinator and agency heads and deputies. The role of the Steering Committee is to guide overall planning and staffing issues. The proposed State and Technical Working Groups had not been as active as expected, partly because their functions were expected to be fulfilled through different mechanisms, such as joint interagency technical meetings. At the State



level, agencies developed collaborative working arrangements that differed by State. In Tamil Nadu and Maharashtra, both USAID and CDC are members of the State AIDS Control Society (SACS) Governing Board. In Karnataka and Andhra Pradesh, the agencies maintain strong relationships with the SACS and have strengthened interagency communication over the past year.

The team has revised the composition of PEPFAR Technical Working Groups (TWGs), which now consist of TWGs on (1) Prevention; (2) Care, Treatment and Laboratory Services; (3) Health Systems Strengthening; (4) Strategic Information; (5) Gender; and (6) Communication. TWGs have been charged to identify priority issues and set a schedule for in-person or virtual meetings. Partners have been identified to serve on the committees. With more staff support for the PEPFAR Unit we expect to strengthen the Staffing for Results approach by using the TWGs to focus on quality and policy issues related to technical program areas.

The USG is represented by USAID on the Donor Steering Committee of the National AIDS Control Organization (NACO), a committee of donors contributing over \$10 million per annum to the national program. Reporting meetings with the Director General of NACO (DG/NACO) are not yet on a regular schedule, but are arranged to respond to need, such as the meeting to discuss the concept paper for the Technical Partnership Compact. It is hoped that we can establish a regular schedule for these meetings, as to date most meetings are with individual agencies to discuss specific technical questions. USG has broad representation on many NACO Technical Working Groups including those on Mainstreaming/Public-Private Partnerships, Monitoring and Evaluation, Care and Support, Communication, and Condom Social Marketing. USG has one of two donor representatives on the Global Fund Country Coordinating Mechanism (CCM); the PEPFAR Coordinator serves as alternate. The USG term has one more year to run.

**Best Practices and Challenges in Interagency Coordination:**

Staffing for Results in India has several major objectives: 1) strengthen joint interagency planning based on a sound knowledge of interagency programs; 2) harmonize relevant program elements (training, communication, technical assistance to the Government of India [GOI]); and 3) minimize duplication of effort. These objectives contribute to our overall goal of effective support for the GOI's third National AIDS Control Program (NACP-III).

In the past year, the agencies, particularly USAID and CDC, have made significant progress in strengthening administrative structures and mechanisms to strengthen joint planning in technical areas. Forming a Steering Committee of interagency heads has been an effective means of discussing budget and staffing issues and defusing potential conflicts before topics are raised with the full PEPFAR team. The regular weekly meeting of the full team has strengthened joint planning and exchange. We are also fortunate that all three agencies were co-located in the Embassy compound, and that USAID/PHN and CDC now occupy office space on the same floor. We strongly recommend co-location as a best practice in fostering the interagency process.

We have seen results this year, in terms of stronger planning. In early 2008, PEPFAR/India had a mid-term program visioning exercise and review of the USAID and CDC program, led by a USG team from Washington and Indian consultants. A similar visioning exercise and review was carried out in July for the DOD program by a team from OGAC, PACOM, and the NHRC in San Diego. There was a Portfolio Review in August. These meetings resulted in jointly agreed program changes, the most important being faster transitioning to GOI of programs for the general population, refocusing workplace programs to target higher risk industries and minimizing duplication of efforts. The two agencies continue to minimize duplication of efforts through regular coordination meetings at state level. We are now also seeing solid examples of the use of cross-agency expertise: CDC has called on a USAID partner to develop a joint plan to strengthen positive prevention; a joint mentorship program, for NACO, initiated by FHI, will call on both CDC and USAID to provide guidance in their areas of technical expertise. Joint site visits and meetings have taken place, but implementing these activities is difficult because of time pressures and other impediments.

As a team we also face challenges. A major challenge is that we are short-staffed for managing both a large, complex program and the PEPFAR reporting requirements. The need to have a fully staffed PEPFAR unit is important, but difficult to put into practice when overall staffing is tight – which can lead to conflicts and role confusion for support staff. Annual visits by the PEPFAR unit to train groups of grantees in PEPFAR processes are a best practice that has been valuable, but because of staff shortages and heavy workloads we have minimized these visits. GHCS funding can be difficult to program, given competing priorities among the different agencies and the lack of objective criteria on which to assess the value of very different programs.

Larger challenges relate to the position of non-focus countries. Because our funding is limited in relation to other donors, we have less visibility with the GOI, and therefore need to be extremely responsive to GOI requests for technical assistance. This can impact our ability to maintain a consistent strategic approach. For example, in response to GOI requests and to the shift in our strategy (under PEPFAR), we are shifting from direct implementation to technical assistance; however, we have been asked to continue substantial direct implementation in Karnataka, where the program is still relatively new. Long-term strategic and financial planning is a challenge in these circumstances, when refusal of specific requests could harm the USG's credibility.

A further issue – and one that we are addressing together – is the difference in organizational cultures, particularly in regards to the budgetary and audit processes. Data from USAID contracts procured in country is difficult to compare with centrally funded procurement for CDC. The political environment in India also affects programming. For USG/India overall, there are more pressing diplomatic and bilateral priorities than HIV/AIDS, which, combined with the relatively low level of USG funding compared to major donors such as DFID and the World Bank, could lessen USG's ability to influence HIV/AIDS policy. Our solution is to promote USG's technical strengths to GOI, for example through USG's assistance in upgrading the National Reference Laboratory System and in leading the development of the national strategy for Public-Private Partnerships in HIV/AIDS.

In terms of strategic issues, in response to NACP-III's priorities, the USG role will continue to move from direct implementation to more emphasis on technical assistance, though this will vary by State. USG supports six of the Technical Support Units, new organizations set up by NACO to build the capacity of the SACS to manage the expanded HIV/AIDS targeted interventions and service in the States. In USG focus states where CDC supports technical consultants to the SACS and USAID supports the TSU,

we will monitor agency roles to ensure there is no overlap.

A further challenge is to develop exit plans for the funding we provide for NACO and SACS staff. Agencies will also give particular attention to developing a joint plan for providing technical assistance to NACO at the district level. In addition, USG's ability to provide high-quality TA has led to the new challenge of prioritizing NACO's frequent requests for TA, since given our budget resources, the USG/India program cannot respond to all of them. Internally, major areas that still need strengthening are PEPFAR documentation, interagency communication, particularly creating and maintaining a PEPFAR/India website, and production of materials on the PEPFAR/India program. These activities are part of the SOW of the new PEPFAR PMA.

**Management and Staffing Pattern by Agency:**

USAID: Budget \$1,404,000; staff salaries and travel: \$1,088,500; administrative costs: \$315,500 (IT and ICASS: \$197,000; other: \$118,500)

- The Mission Director and Deputy Director take the lead in communication with the Ambassador on the HIV/AIDS program and provide guidance and approval for USAID's HIV/AIDS activities. The Director of the Office of Population, Health and Nutrition (PHN) and in her absence her Deputy provide overall supervision, leadership for relations with NACO, and representation on the Donor Steering Committee, the CCM, and the Technical Panel of the Gates Foundation.
- The Chief, HIV/AIDS Division (Foreign Service National, [FSN]) provides leadership and management support to USAID's HIV/AIDS program. He is supported by three FSN project management specialists, who are Cognizant Technical Officers (CTOs) with technical and management oversight of prime partners, and by two project management specialists (FSNs) one to work on the private sector and technical assistance programs (PSI and FHI) and one as a Technical Advisor on Care and Support. The PEPFAR team also draws on technical expertise from USAID/PHN staff members in both the HIV/TB and Health Systems Strengthening divisions.
- The Division is supported by a program management assistant and a secretary, both FSNs. Two communication specialists in the Program Support Office (one Personal Services Contractor (PSC) and one FSN) support promotion and press activities related to HIV/AIDS. Two FSN Financial Analysts in the Regional Financial Management Office support financial management requirements and one FSN acquisition assistant in the Regional Office of Acquisition and Assistance supports contracting requirements. Support is also given by an FSN staff member in the Program Support Office.
- USAID provides national leadership on Targeted Interventions, IEC, condom social marketing, care and support, and private sector programs. USAID also manages six Technical Support Units at state level to build the capacity of the SACS. USAID staff provides technical assistance in program management, capacity building, and technical areas in HIV prevention and care.

PEPFAR HHS/CDC: Budget (for M&S staff only): \$903,678; salaries and travel: \$479,653; administrative costs: \$424,025 (ITSO, CSCS and ICASS: \$231,506; other: \$192,519)

- The HHS/CDC Global AIDS Program (GAP) is led by a USDH CDC Country Director and a Deputy Director for Operations based in New Delhi (the latter position is currently vacant). They are supported by a Finance Specialist, a secretary and a driver, all Locally Employed Staff (LES). The M&S budget for HHS/CDC also supports three staff in Chennai who spend significant time on overall management and staffing: a USDH epidemiologist (50% time); an administrative assistant (70%) and a driver (100%), both LES. CDC technical staff are budgeted under the related program areas.
- CDC's core strength is in providing technical assistance and capacity development activities. CDC requires staff with administrative and technical experience, often with a medical background and strong expertise in training. Core strengths include a focus on surveillance, M & E, lab strengthening and evidence based strategic planning for HIV/AIDS activities. CDC provides technical consultants and support to NACO, the SACS, and input in several technical areas, including ART rollout, CT, PMTCT, laboratory, care, M&E protocols, national guidelines and training curricula. In the field, CDC is directly involved in providing technical assistance to partners to improve laboratory and surveillance systems and implement integrated prevention, care and treatment programs at the state and district level.

DOD: Budget: \$45,500

- Commodity procurement, overall program guidance and technical input is provided by the Center of Excellence in Disaster Management and Humanitarian Assistance (COE), Hawaii, under a contract from the US Pacific Area Command (PACOM).
- The ODC in New Delhi handles liaison with the Armed Forces Medical Services. The program is supervised by the Deputy Director, ODC. There is a PMA for the PEPFAR program (currently vacant) and a long-term FSN officer also maintains liaison with AFMS.
- Because the PEPFAR-funded staff position is part-time, there are no ICASS/Overhead costs.

DOL: No staff cost

- Day to day linkages on PEPFAR activities with the prime partner are carried out by the PEPFAR Coordinator, with input from the Labor and Political Advisor, Department of State, and the U.S. Department of Labor.

**Table 3.3.19: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 3973.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> US Agency for International Development	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (USAID)	<b>Program Area:</b> Management and Staffing
<b>Budget Code:</b> HVMS	<b>Program Budget Code:</b> 19
<b>Activity ID:</b> 6240.20946.09	<b>Planned Funds:</b> \$971,000

**Activity System ID:** 20946

**Activity Narrative:** NEW ACTIVITY NARRATIVE

**BACKGROUND**

HIV/AIDS is a priority for the US Mission in India, with two Embassy-level committees addressing HIV/AIDS issues. Under the leadership of the US Ambassador, the Deputy Chief of Mission (DCM) chairs the US Mission's HIV/AIDS Coordination Committee. The committee promotes collaboration and coordination among USG programs working in HIV, including USG Consulates, USAID, HHS/CDC, the Office of Defense Cooperation and other offices of the Department of State. The Ambassador has delegated the leadership of the President's Emergency Plan for AIDS Relief (PEPFAR) team in India to the DCM, who holds quarterly meetings with the agency technical heads and the PEPFAR Coordinator to review policy and technical issues.

The interagency PEPFAR team is comprised of agency technical heads, program managers and key support staff from USAID, CDC, ODC, and a representative from the Department of State's Political Unit for DOL. The Coordinator holds weekly DVC meetings for these staff, based in Delhi, Chennai, and Hyderabad, to discuss programmatic, technical, and management issues. The team has recently set up State Technical Working Groups, bringing together USG agency representatives to ensure a harmonized program in USG focus states and unified communication with the State AIDS Control Societies (SACS) and the USG Consuls General. Two Technical Working Groups (TWGs) on Prevention and on Treatment, Care and Support, are being established; Scopes of Work, Operating Procedures for core and partner members and identification of partner members will be finalized shortly. Day-to-day PEPFAR management is provided by the PEPFAR Coordinator, and the Strategic Information (SI) Officer. A Program Management Assistant will be appointed shortly.

**ACTIVITY**

The Mission Director and Deputy Director take the lead in communication with the Ambassador on the HIV/AIDS program and provide guidance and approval for USAID's HIV/AIDS activities. The Director of the Office of Population, Health and Nutrition (PHN) and in his absence his Deputy provides overall supervision, leadership for relations with the National AIDS Control Organization (NACO), and representation on the NACO Donor Steering Committee, the Country Coordination Mechanism of the Global Fund, and the Technical Panel of the Gates Foundation.

The Chief, HIV/AIDS Division (Foreign Service National, [FSN]) provides leadership and management support to USAID's HIV/AIDS program. He is supported by three FSN project management specialists, who are Cognizant Technical Officers (CTOs) with technical and management oversight of prime partners. Two project management specialists (FSNs) will be hired in FY08, one a new position as CTO managing the private sector and technical assistance programs (PSI and FHI). This position requires program management and technical skills in HIV/AIDS in line with USAID's core competencies. The other position is a Technical Advisor on Care and Support (replacement position). The Division is supported by a program management assistant and a secretary, both FSN positions. Two communication specialists in the Program Office, one Personal Services Contract (PSC) and one FSN, support promotion and press activities for HIV/AIDS and one FSN acquisition assistant in the Regional Contracts Office supports contracting requirements. The US PSC position for HIV/TB will be appointed in FY 2009 as this function is currently being carried out by a staff person seconded to WHO with USAID TB funds.

USAID provides national leadership on Targeted Interventions, IEC, condom social marketing, community-based care and support, and private sector programs. USAID's staff skills focus on HIV prevention and care programs, on capacity building from the state to local levels, and on the provision of technical assistance in program management and technical areas.

The total funding is \$850,000, of which \$193,000 is for administrative costs (IT and ICASS: \$185,000; Other Costs: \$88,000).

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14148

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14148	6240.08	U.S. Agency for International Development	US Agency for International Development	6717	3973.08		\$770,000
11441	6240.07	U.S. Agency for International Development	US Agency for International Development	5780	3973.07		\$644,000
6240	6240.06	U.S. Agency for International Development	US Agency for International Development	3973	3973.06		\$266,000

**Table 3.3.19: Activities by Funding Mechanism**

**Mechanism ID:** 3972.09 **Mechanism:** N/A  
**Prime Partner:** US Agency for International Development **USG Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State) **Program Area:** Management and Staffing  
**Budget Code:** HVMS **Program Budget Code:** 19  
**Activity ID:** 6239.20947.09 **Planned Funds:** \$883,000  
**Activity System ID:** 20947  
**Activity Narrative:** NEW ACTIVITY NARRATIVE

**BACKGROUND**

HIV/AIDS is a priority for the US Mission in India. The Ambassador has delegated the leadership of the President's Emergency Plan for AIDS Relief (PEPFAR) team in India to the DCM, who holds quarterly meetings with the agency technical heads and the PEPFAR Coordinator to review policy and technical issues. The interagency PEPFAR team is comprised of agency technical heads, program managers and key support staff from USAID, CDC, ODC, and a representative from the Department of State's Political Unit for DOL.

The Coordinator holds weekly DVC meetings for these staff, based in Delhi, Chennai, and Hyderabad, to discuss programmatic, technical, and management issues. The team has recently set up State Technical Working Groups, bringing together USG agency representatives to ensure a harmonized program in USG focus states and unified communication with the State AIDS Control Societies (SACS) and the USG Consuls General. Two Technical Working Groups (TWGs) on Prevention and on Treatment, Care and Support, are being established; scopes of work and operating procedures will be finalized shortly. Day-to-day PEPFAR management is provided by the PEPFAR Coordinator, and the Strategic Information (SI) Officer. A Program Management Assistant will be appointed shortly.

**ACTIVITY**

GHAI funds support two positions to manage PEPFAR: the PEPFAR Coordinator and a Program Management Assistant. The Coordinator is an FSL, who reports to the head of the Office of Population and Health, but is charged with informing, liaising, and assuring appropriate approvals from all US Government agency heads as required for PEPFAR. She sits in the USAID/PHN office. The Coordinator is responsible for managing and timely delivery of PEPFAR plans and reports, representing PEPFAR to the Government of India and coordination with Public Affairs and other USG offices with HIV/AIDS activities (such as the Consulates). She ensures that the Deputy Chief of Mission is regularly informed on issues related to PEPFAR.

The Program Management Assistant is expected to be in place by the end of 2007. S/he will be responsible for assisting with all aspects of preparing PEPFAR reports and plans. A major responsibility for this position will be documentation and communication, especially maintaining a PEPFAR/India website and ensuring that best practices and success stories are documented. This position reports to the PEPFAR Coordinator.

The total budget amount is \$320,000, of which \$80,000 is for administrative costs (IT, ICASS, and Other).

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14149

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14149	6239.08	U.S. Agency for International Development	US Agency for International Development	6718	3972.08		\$385,000
10823	6239.07	U.S. Agency for International Development	US Agency for International Development	5602	3972.07		\$280,000
6239	6239.06	U.S. Agency for International Development	US Agency for International Development	3972	3972.06		\$524,000

**Table 3.3.19: Activities by Funding Mechansim**

**Mechanism ID:** 3969.09 **Mechanism:** N/A  
**Prime Partner:** US Centers for Disease Control and Prevention **USG Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GAP **Program Area:** Management and Staffing  
**Budget Code:** HVMS **Program Budget Code:** 19  
**Activity ID:** 6243.20948.09 **Planned Funds:** \$903,678

**Activity System ID:** 20948

**Activity Narrative:** The HHS/CDC Global AIDS Program (GAP) is led by a USDH CDC Country Director and a Deputy Director for Operations based in New Delhi. This office has one FSN medical officer; one locally contracted technical consultant, the PEPFAR SI officer, two FSN support staff and one driver. In Chennai, Tamil Nadu, two USDH positions (one epidemiologist- and one behavioral scientist) based at the US Consulate provide technical support to CDC programs in south India, supported by two FSN technical officers (medical and scientific), one laboratory scientist (to be filled), one FSN support staff and one driver. In Hyderabad, Andhra Pradesh (AP), there are two FSN technical officers (medical and scientific), who are co-located with the AP State AIDS Control Society.

CDC's core strength is in providing technical assistance and capacity development activities. CDC requires staff with administrative and technical experience, often with a medical background and strong expertise in training. Core strengths include a focus on surveillance, M&E, lab strengthening and evidence based strategic planning for HIV/AIDS activities. CDC provides technical consultants and support to NACO, the SACS, and input in several technical areas, including ART rollout, CT, PMTCT, laboratory, care, M&E protocols, national guidelines and training curricula. In the field, CDC is directly involved in providing technical assistance to partners to improve laboratory and surveillance systems and implement integrated prevention, care and treatment programs at the state and district level.

CDC estimates the FY09 ICASS costs for sixteen employees will be approximately \$51,840 for a full range of ICASS services, including basic package, management, health services, security, residential, procurement, shipping, property, travel, mail, financial and HR. The Capital Security Cost Sharing (Head Tax) is projected to be \$119,909. The annual ITSO IT support tax is projected to be \$59,757 for FY09.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 14471

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14471	6243.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6847	3969.08		\$1,171,096
10866	6243.07	HHS/Centers for Disease Control & Prevention	HHS/CDC	5612	3969.07		\$1,052,038
6243	6243.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3969	3969.06		\$1,085,700

**Table 3.3.19: Activities by Funding Mechansim**

**Mechanism ID:** 3974.09 **Mechanism:** DoD  
**Prime Partner:** US Department of Defense **USG Agency:** Department of Defense  
**Funding Source:** GHCS (State) **Program Area:** Management and Staffing  
**Budget Code:** HVMS **Program Budget Code:** 19  
**Activity ID:** 6258.24640.09 **Planned Funds:** \$45,500

**Activity System ID:** 24640

**Activity Narrative:** CONTINUING ACTIVITY - NEW ACTIVITY NARRATIVE

**SUMMARY**

The objective of this activity is to provide the resources necessary for the successful management and oversight of the DOD PEPFAR India program. This activity provides managerial, administrative, and technical support to the DOD PEPFAR program in India through a part-time program manager working out of US Pacific Command (USPACOM) as well as a part-time in-country Program Management Assistant (PMA).

**BACKGROUND**

The USPACOM HIV/AIDS Strategy builds upon and leverages its established working relationships with military partners and civilian experts and its access to technical expertise in the field to prevent the transmission of HIV in the Asia Pacific/South East Asia/ South Asia region. Through its facilitation and training experience, PACOM aims to catalyze regional cooperation and collaboration that will afford military coalition partners the ability to address HIV/AIDS within their respective militaries and their countries, and, where possible, within their border and internal security forces and other uniformed services. In India, this translates to a strategy that supports and augments the Indian military's evolving comprehensive HIV/AIDS prevention program by building and improving human resources and laboratory capacity to mitigate HIV/AIDS within the Indian military. PACOM's executive agent for HIV/AIDS is the Center for Excellence in Disaster Management and Humanitarian Assistance (COE). In India, COE works in coordination and consultation with the Office of Defense Cooperation (ODC), US Embassy/New Delhi to implement a direct military-to-military HIV/AIDS prevention program with the Indian Armed Forces Medical Service (AFMS).

**ACTIVITIES AND EXPECTED RESULTS**

This activity provides funding for the following:

- Program Manager: This position is located at the PACOM/COE headquarters in Honolulu, Hawaii, the home of the US Pacific Command, and provides overall program management, guidance, and technical support, as well as coordinates and prepares documents, such as Letters of Agreement, reports of training activities, and annual reporting requirements, as well coordinates commodity procurement as required.
- Program Management Assistant (PMA): This position is located in the ODC /New Delhi Embassy and ensures execution of DOD activities under the PEPFAR program, including coordination and facilitation of commodity procurement at Post, monitoring of activities and assisting in preparing reporting requirements and other program documents. The PMA assists the ODC Chief and Deputy Chief in PEPFAR country team coordination as needed. The PMA attends PEPFAR Country Team meetings and represents the DOD in these meetings when the ODC uniformed staff is not present. The PMA also liaises with AFMS.
- Office equipment, supplies and travel, including ICASS costs as required.

It is anticipated that the management and staffing requirements for the DOD PEPFAR program will remain unchanged for the foreseeable future.

USPACOM, through a part-time program manager at COE, will provide overall program management, guidance and technical assistance. The program manager develops and coordinates necessary documents to ensure participation of all DOD parties as well as works with the COE Budget office and ODC to monitor and track funds. A part-time, in-country PMA works directly with the ODC to provide on the ground program management, liaise with AFMS, facilitate and coordinate commodity procurement, and ensure overall execution of DOD activities under the PEPFAR program as well as tracking, monitoring and following-up of activities. Funding also supports office equipment, supplies and travel, including ICASS costs. It is expected that this activity will allow the DOD PEPFAR program to have the human and material resources necessary for the successful management, planning, and monitoring of all program activities, including preparing and meeting reporting requirements.

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 15070

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15070	6258.08	Department of Defense	US Department of Defence/Pacific Command	7033	3976.08		\$77,300
11519	6258.07	Department of Defense	US Department of Defence/Pacific Command	5796	3976.07		\$80,000
6258	6258.06	Department of Defense	US Department of Defence/Pacific Command	3976	3976.06		\$69,000

**Table 5: Planned Data Collection**

<b>Is an AIDS indicator Survey(AIS) planned for fiscal year 2009?</b>	<b>Yes</b>	<b>X</b>	<b>No</b>
If yes, Will HIV testing be included?	Yes		No
When will preliminary data be available?			
<b>Is an Demographic and Health Survey(DHS) planned for fiscal year 2009?</b>	<b>Yes</b>	<b>X</b>	<b>No</b>
If yes, Will HIV testing be included?	Yes		No
When will preliminary data be available?			
<b>Is a Health Facility Survey planned for fiscal year 2009?</b>	<b>Yes</b>	<b>X</b>	<b>No</b>
When will preliminary data be available?			
<b>Is an Anc Surveillance Study planned for fiscal year 2009?</b>	<b>X</b>	<b>Yes</b>	<b>No</b>
If yes, approximately how many service delivery sites will it cover?	Yes		No
When will preliminary data be available?			6/1/2009
<b>Is an analysis or updating of information about the health care workforce or the workforce requirements corresponding to EP goals for your country planned for fiscal year 2009?</b>	<b>Yes</b>	<b>X</b>	<b>No</b>

**Other Significant Data Collection Activities**

**Name:** State-Level Behavioral Surveillance Survey (BSS) in Maharashtra

**Brief Description of the data collection activity:**

In FY09 with support from the Maharashtra State AIDS Control Society (MSACS), the Avert Society will support a state level BSS study among MARPS and vulnerable populations like truckers, youth, workers and migrants. It is also proposed to carry out a comprehensive qualitative study to identify the problems MARPs face in accessing preventive services including counseling and testing. The findings of the study will help understand the gaps in interventions and guide the state in strengthening the HIV/AIDS efforts.

**Preliminary Data Available:**

7/1/2009

**Name:** BSS Wave XIII in Tamil Nadu and Puducherry

**Brief Description of the data collection activity:**

The AIDS Prevention and Prevention (APAC) project, in collaboration with the Tamil Nadu State AIDS Control Society will carry out a Behavioral Surveillance Survey (BSS) among high-risk - female sex workers (FSW), men who have sex with men (MSM) and intravenous drug users (IDU) - and vulnerable populations (truckers, industrial workers, migrants and youth) in urban and rural areas of Tamil Nadu and Puducherry. APAC will support this round of state level BSS to understand the behavior of MARPs and other selected populations in the states of Tamil Nadu and Puducherry.

**Preliminary Data Available:**

7/1/2009

## Supporting Documents

File Name	Content Type	Date Uploaded	Description	Supporting Doc. Type	Uploaded By
India_COP 09_Functional Staffing Chart.doc	application/msword	11/2/2008	Functional Staffing Chart	Staffing Analysis	KBarker
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India_COP 09_USAID Staff Profiles.doc	application/msword	11/2/2008	USAID Staff Profiles	Other	KBarker
INDIA_COP 2009_Global Fund Supplemental Form.doc	application/msword	11/4/2008		Global Fund Supplemental	KBarker
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India_COP 09_Management and Staffing Budget Table_INDIA.xls	application/vnd.ms-excel	11/4/2008		Management and Staffing Budget Table	KBarker
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India_COP 09_PPP_OGAC and PEPFAR-India Definitions.doc	application/msword	11/2/2008	This document describes PEPFAR/India's work in Public Private Partnerships beyond and complementary to the OGAC definition of PPPs.	Other	KBarker
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India_COP 09_Agency Management Charts.doc	application/msword	11/12/2008	Agency Management Charts	Staffing Analysis	KBarker
India_COP 09_Care and Treatment Budgetary Requirements Justification.doc	application/msword	11/13/2008	Care and Treatment	Budgetary Requirement Justifications	KBarker
Ambassador Letter_India_COP 2009.pdf	application/pdf	11/14/2008		Ambassador Letter	KBarker
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India Table_1_ShowUploadedFile.xls	application/vnd.ms-excel	11/18/2008		Summary Targets and Explanation of Target Calculations	AConforto
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