Mainstreaming and Partnership strategy under NACP IV

HIV and AIDS being a complex problem, a health response is insufficient. It requires a multi-faceted and multi-sectoral response to address causes and consequences. Therefore central to this logic is Mainstreaming and Partnerships. For the purposes of the AIDS response in India, Mainstreaming and Partnership is defined as:

> ***An integrated, inclusive and multi-sectoral approach that embeds ownership and empowers various stakeholders (Government, Civil Society and Corporate Sector) to respond to the challenge of HIV and AIDS, using their core competence and assets (human, technical, financial) in a co-ordinated manner leading to a comprehensive and effective national response.***

To supplement the above definition, Mainstreaming and Partnership in AIDS addresses direct and indirect aspects of HIV and AIDS within the context of the normal functions of an organization or community. It is a process whereby a sector analyses how HIV and AIDS can impact it now and in the future; how sectoral policies, decisions and actions might prevent the spread of infection and mitigate the impact on long term basis. To respond effectively, it requires exceptional responses that demonstrate timeliness, scale, inclusiveness, partnerships, innovation and responsiveness. Actions need to be incorporated into sectors' normal operations while simultaneously continue seeking innovations and extending new partnerships. Mainstreaming HIV and AIDS is a collective and iterative process of learning, engagement, action, experimentation and reflection. Mainstreaming offers a much needed opportunity to look at HIV from a broader perspective than just the biomedical angle; it offers the opportunity to identify and act upon possible synergies with aspects of broader development agenda.

1. Achievements till date under NACP III – 2007-2011:

Mainstreaming and partnerships was recognized as a key approach in NACP III to facilitate multi-sectoral response engaging a wide range of stakeholders. It was visualized as an opportunity to upscale the dissemination of HIV prevention messages by mainstreaming them in Government offices, Private sector and civil society organisations.

Responding to HIV has been a strategic priority for India, The Prime Minister had on World AIDS Day i.e. 1st December, 2005, stated, "the National AIDS Control Programme must move out of the narrow confines of the health department and become an integral part of all government departments and programmes to create a national response, which alone can help reverse the epidemic".

In continuing with his commitment to the issue, Hon'ble Prime Minister of India addressed the gathering of Parliamentarians, Legislatures, Zila Parishad Chairpersons and Mayors at Vigyan Bhawan on 4th and 5th July ,2011. He reiterated the need for collective action to halt and reverse the epidemic and asked everyone to ensure that people living with HIV do not face any stigma or discrimination.

Given below is a summary of the various achievements under the Mainstreaming and Partnership efforts of the NACP III, on which the current strategy is built:

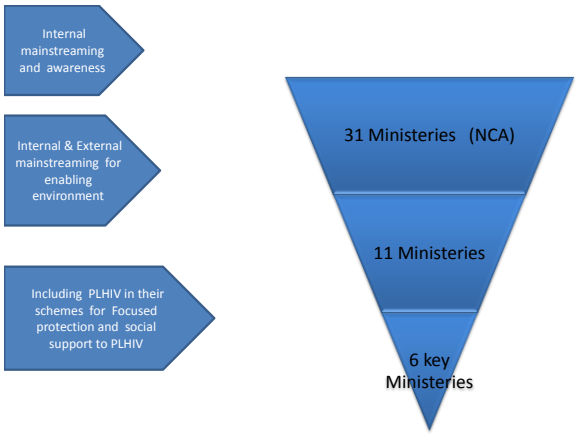
i. Formation of the National Council on AIDS consisting of 31 Ministries. The main functions of the NCA are to generate a National level multi-sectoral response in its fight against AIDS.

ii. Formation of State Council of AIDS in 25 states. This has resulted in a number of states integrating concerns of PLHIV in other developmental schemes like ICDS, NREGS, pension scheme

iii. A number of national and state schemes have been modified or interpreted to the benefit of PLHIV.

iv. Several state governments have initiated special schemes for the PLHIVs. A full listing is in Annex A.

v. Several policy initiatives have led to development and implementation of key supportive policies (and guidelines), to the National AIDS Control Programme – III



- National policy on HIV/AIDS and the World of Work Intervention ensuring non-discriminatory workplace policies and referrals/ linkages to services, has been approved by the Union Cabinet and roll out led by the Ministry of Labour & Employment.
- The operational guidelines for Tribal Action Plan finalized and shared with key stakeholders for roll out of Tribal action plan in 13 states
- Gender guidelines: In order to address the vulnerabilities of women, guidelines and operational plan on "Mainstreaming HIV and AIDS for women's empowerment" was released to facilitate mainstreaming of HIV/ AIDS with women issues under various programmes of the government.
- GIPA policy with guidelines for implementation: Draft GIPA Policy guidelines have been developed in consultation with the various networks and development partners. State level GIPA consultations with district and state level networks of people living with HIV were organized in the month of April - May followed by a national level consultation in August, 09 to finalize the policy.

vi. Strategic partnership with 31 major ministries has resulted in a number of outcomes. Prevention and awareness generation was the focus across all Ministries. With 11 ministries, specific actions were initiated for enabling environment. With six ministries, focus was on social protection; improvement of existing schemes for benefit of PLHIVs and new schemes for PLHIVs (in some states). A detailed ministry wise engagement and key results are summarized in Annex B.

vii. To reduce the stigma & discrimination faced by People Living with HIV (PLHIV), training and sensitization programmes for different grassroots functionaries such as SHG, Anganwadi Workers, ASHA, ANM and members of Panchayati Raj Institutions were conducted across the country. PLHIV representatives were actively involved in these efforts.HIV and AIDS issues were discussed in over 73,000 Gram Sabha meetings. Training and sensitization programmes were also conducted for defense and para-military personnel, institutions attached to M/o Tourism, M/o Urban Affairs.

viii. Two successful phases of the Red Ribbon Express were run in collaboration with the Ministry of Railways. Ministries other than Health, such as Rural Development, Women & Child Development, Panchayati Raj, Education, and Youth Affairs participated in the activities both at the station and outreach level.

ix. Adolescence Education Programme in over 50,000 schools is being implemented in collaboration with M/o Human Resource Development. ICDS guidelines were modified to include CLHIV in Panchayat Mahila Evam Yuva Shakti Abhiyan (PMEYSA) included HIV and AIDS in its agenda. Saras Mela across the country provided market access to products manufactured by people living with HIV.

x. Provision of HIV and AIDS related services in railway hospitals, defense hospitals, ESI hospitals and establishment of ART centers and ICTCs on PPP model are examples of expanding services through mainstreaming.

In addition to the above, there are several on-going Initiatives -engaging with Insurance development regulatory authority to bring PLHIV within the ambit of health and life insurance products, convergence with NRHM, strengthening implementation of workplace policy and addressing the vulnerabilities of Migrants.

2. Challenges and constraints:

Although there is an estimated 2.4 Million PLHIV in India, HIV and AIDS is still not a visible disease, touching lives of citizens in day to day life. The tremendous stigma attached to the disease makes work in this area for partners difficult. The mandate of multi-sectoral response also received a setback after the revision of estimation of number of people living with HIV/AIDS in 2007. While the programme delivery in terms of care and treatment remained same as actual number of PLHIV under the fold of programme remained same, but the change in the estimated numbers of PLHIV reduced the sense of urgency from other sectors.

Mainstreaming HIV is a process that enables different departments to strengthen the way in which they address the causes and consequences of HIV through adapting and improving both their existing work and their workplace practices. It requires an understanding of the impact of HIV in communities, and adapting development and humanitarian programmes to respond effectively. For this there is need to mainstream HIV both within its organisational policies, procedures and practices (internal mainstreaming) and within its programmatic work with beneficiaries (external mainstreaming). However experience indicated that many of the ministries remained limited till internal mainstreaming focusing on sensitisation and training of a proportion of staff.

Some of the challenges and constraints:

a) While a lot of effort has been made, the ownership of line departments to the AIDS response cause has been limited, but for a few ministries. More work is required to build this ownership.

b) The Internal structure of NACO for Mainstreaming and Partnership has been a sub-team working within the IEC team, with funds from external development partners. Although a lot of work was done using this structure, there is a need to place the Mainstreaming and Partnership team strongly within the organizational structure of NACO and clearly link them.

c) Measurement of progress for Mainstreaming and Partnership has been a challenge as data has to largely emanate from partners. This has not been easy as most partners do not consider reporting as a priority and data reported tends to be in different forms.
d) Despite the reach of Faith leaders, there has been of skepticism, probably due to their cautious approach to condom promotion. Stronger dialogue is required between Govt. and FBOs to optimally utilize their important resource especially in Care and treatment and addressing Stigma and discrimination.
e) At the state level work with industry and trade unions could not progress effectively as there were no guidelines or capacities in this area.
f) Human resources have been a serious constraint for NACO and its patterns. Wherever additional human resources have been provided, these have emerged from funding of other development partners (making it an unsustainable funding route) and number of staff minimal.
g) The co-ordination and reporting mechanisms between NACO and partners has not emerged; in the absence of a strong platform, transaction costs have been high for NACO and partners as interactions have been at individual level and time consuming.

Although the above challenges existed, much has been achieved under NACP III and a huge potential that exists under NACP IV for a much improved Mainstreaming and Partnership strategy, based on learning from past.

3. Objectives and strategies:

The objectives of Mainstreaming and partnership under NACP IV are the following:

a) Create an enabling environment through policies, programme and communication
b) Provide key HIV services, using existing and large reach to immediate staff and others in contact
c) Modify policy, programmes and schemes as appropriate to support needs of PLHIV and MARPs
d) Synergies and co-ordinate efforts across different players use optimum resources and maximize impact.

There are six outcomes which the mainstreaming and partnership effort aims at – Reduced stigma, Social Protection for PLHIV & MARPs, reaching the unreached, cost effective interventions, increasing reach and coverage and creating an enabling environment.

- Stigma and discrimination is one of the key issue faced by PLHIV and MARP groups in accessing services and even accessing simple entitlements as citizens. Actions to reduce / eliminate stigma requires multi-sectoral and multi-pronged approach and Mainstreaming and Partnership efforts will be key.
- PLHIV and MARPs group needs for social protection are unique and as key population groups who are marginalized, Mainstreaming and Partnership efforts will aim to provide them with appropriate social protection schemes, by largely modifying existing schemes to make them more PLHIV and MARP friendly.
- There are groups of individuals (e.g. migrant workers) who are at risk of acquiring HIV, who are difficult to reach due to a variety of reasons – their mobility, migration, smaller numbers are

some of the reasons which increase the difficulty of reaching them cost effectively. Mainstreaming and Partnership approach will ensure partners will assist or have programmes within their work which will reach these difficult to reach groups effectively.

- Given the epidemic in India is a concentrated epidemic (largely among MARPs); interventions outside MARPs have lower cost efficiencies. However, it is still important to work with certain risk groups and profiles who are more at risk (e.g. women in difficult circumstances, sea farers, hotel workers, etc.). Mainstreaming and Partnership is an established way in which existing structures for these risk groups can be utilized to mount cost effective responses.
- Reach and coverage of MARPs and people at risk of acquiring HIV is easier in urban areas. However in rural areas, reaching individuals can be expensive, for only kind of infection like HIV. Hence Mainstreaming and Partnership is another way in which larger numbers of spread out individuals can be reached.
- An enabling environment where the legal, policy and living environments are conducive for the PLHIV and MARP groups to access services provided by the NACP is critical. Otherwise uptake of services will be affected.

There are four key constituencies for the NACP on its Mainstreaming and Partnership strategy. They are:

a) Government –Which includes ministries and department (Central, State, District, Block levels), Public Sector units, Urban Local Bodies, Panchayat Raj Institutions, Armed forces, Police and paramilitary, Railway protection force, Judiciary, Parliament/legislature, Statutory authorities/regulatory bodies, Central and State publicly owned universities, labs and special bodies (ICMR, CSIR, DRDO)
b) Civil Society – Not-for-profit organizations, community based organizations and Faith Based Organizations, positive networks, MARP organizations.
c) Corporates - Private sector (large), Small and Medium Enterprises (SMEs), Private Foundations
d) Other parts of Health Department (Other than NACO, with whom NACP has to work closely with and Mainstream)
e) Development Partners - World bank, UNAIDS, UNDP, UNICEF,BMGF, GFTAM

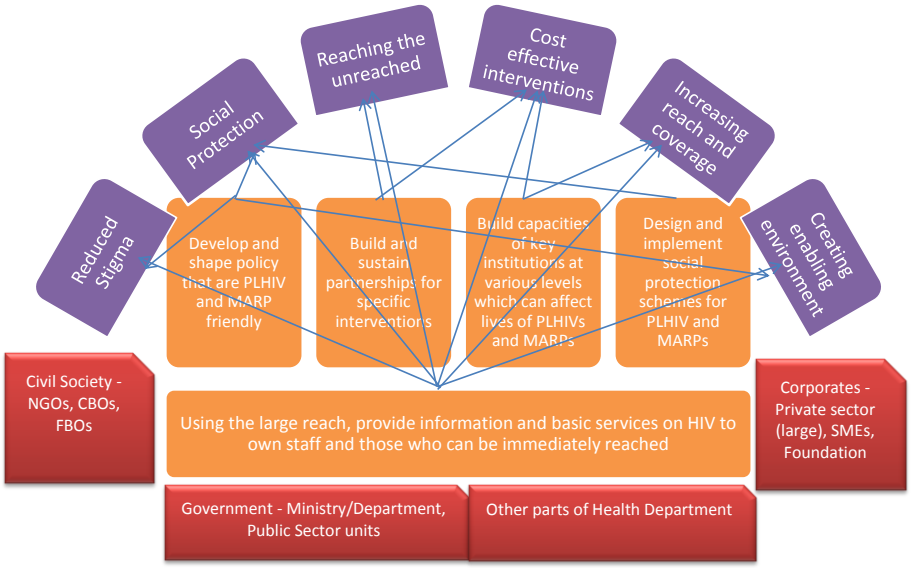
A stock taking exercise was carried out on the achievements, limitations and challenges of working with each of the sector. Also an analysis of core competence of each of the sector (vis a vis AIDS response) was carried out to guide the discussion on the role of each of the above constituencies. See Annex C for detailed analysis.

Based on the need to achieve the above objectives, outcomes and the potential role of the various constituencies, S&P strategies are outlined below:

a) Using the large reach, provide information and basic services on HIV to own staff and those who can be immediately reached
b) Develop, shape and support policy that are PLHIV and MARP friendly
c) Design and implement social protection schemes for PLHIV and MARPs

d) Build capacities of key institutions at various levels which can affect lives of PLHIVs and MARPs

e) Build and sustain partnerships for specific interventions



a) Using the large reach, provide information and basic services on HIV to own staff and those who can be immediately reached

Most of the partners mentioned earlier have substantial reach – Government Department, Public and corporate sector in particular – through their vast number of employees, supply chain employees and the health and extension services they provide. These partners will be encouraged to mainstream HIV messaging to their own staff and those who they come in contact with and in addition will use their existing initiatives and infrastructure to provide HIV services – condom availability, STI treatment, ART, etc. As facility sizes are likely to vary the menu of services are likely to also vary. Wherever a service cannot be provided, they can link up to the nearest Government service.

b) Develop, shape and support policy that are PLHIV and MARP friendly:

Under this strategy, all policies and law that affect PLHIV and MARPs will be mapped, reviewed and issues identified that affect their rights or access to services. To this end much has been done by NACO; but a more systematic effort will be launched to give a boost to this activity. Actions under this strategy will also include support in policy analysis, advocating with various departments on changes required, supporting departments in making the changes and implementation support. The mapping and analysis will be carried out with support of PLHIV and MARP groups and consensus built on actions required.

c) Design and implement social protection schemes for PLHIV and MARPs

There are two types of social protection schemes - those which are exclusive for PLHIV/MARP and other general social protection schemes which need to be modified to benefit more PLHIV and MARPs. Here to NACO has made significant progress and the Phase IV of NACP will build on

the success by strongly supporting the advocacy efforts of PLHIV and MARP groups and in addition tracking benefits flowing to these groups and others. SACS Mainstreaming and Partnership units will be supported by NACO in this so that action at state level can be speeded up.

d) Build capacities of key institutions at various levels which can affect lives of PLHIVs and MARPs

Capacity building and technical support are two key roles for NACO in Mainstreaming and Partnership. To this end, NACO will develop capacity building packages (videos, audio, online and set of trainers, positive speakers) and make them available to all partners. In addition, NACO through its Mainstreaming and Partnership unit, provide need based technical support to the various partners in ensuring that the mainstreaming activities are rolled out successfully, within the natural owners of those processes. Here the support and partnership of capacity building organizations and PLHIV and MARP groups are critical.

e) Build and sustain partnerships for specific interventions:

Specific kinds of partnerships are required with some of the partners – e.g. FBOs, Parliamentarians, advocacy organizations. A clear sub-strategy on working with FBOs needs to be developed and implemented. NACO will identify those partners like FBOs who will require a nuanced strategy to understand their working and develop a join strategy. With these partners, specific strategy and actions will be developed and implemented.

Summary of significant shifts in Mainstreaming and Partnership from NACP III to NACP IV:

- NACP III focused and achieved results to some extent on Mainstreaming, particularly with Government Departments. In NACP IV, more focus will be provided on Civil Society and Corporate sector.
- NACP III focused on PLHIVs as a key partner. In NACP IV, both PLHIV and MARP groups will be the focus for strategy b & c elaborated above.
- NACP IV will have a dedicated internal team focusing on Mainstreaming and Partnership, which is funded as part of the Programme, moving away from resources provided by Development partners.
- M&E will be strengthened significantly so that effectiveness and efficiency of the Mainstreaming and Partnership efforts is monitored at all levels.
- The focus on states was only in a few states in NACP III. In NACP IV, Mainstreaming and Partnership actions will be across the board in all states, particularly those with a higher epidemic.

Based on the above, ways forward has been identified with each stakeholder group. These suggested actions are in Annex D.

4. Monitoring and evaluation

A Quarterly review and planning meeting led by DG NACO with senior representatives (minimum JS/ Director Level) of the Ministries.

For monitoring at the state level, state mainstreaming teams should ensure the regular meeting of state forums like State Council on AIDS, Legislative Forum on AIDS, State Steering Committee

for Workplace Policy, State Health society under NRHM. The progress needs to regularly to feed the quantitative data into SIMS. Qualitative data about state level achievements would need to be NACO/SACS documents, newsletters etc.

Field visits by NACO and SACS officers and developmental partners, DAPCU officers and TI monitoring mechanism will also facilitate monitoring of Mainstreaming activities in the field. State Mainstreaming teams would need to regularly feed the quantitative data into SIMS. Qualitative assessments will be undertaken through independent programme evaluation studies.

Monitoring indicators– To be developed

5. Institutional mechanisms

A set of institutional mechanisms were to be considered to improve the work of Mainstreaming and Partnership. These mechanisms are very critical for this strategy as the success of this strategy largely depends on these:

a) At NACO, a dedicated Mainstreaming and Partnership team, led by a Director-level officer. For mainstreaming with Ministries, a small group of officers to be appointed. These Officers, in a week, will spend 2-3 days in NACO and 2-3 days in the ministries. In addition, staff for coordinating with Corporates and Civil Society specifically will be appointed, with a specific point person at NACO level to co-ordinate action with FBOs.
b) At SACS level, mainstreaming activities will need 2-3 dedicated staff. Their role will include advocacy with State Departments for inclusion of concerns of PLHIV & MARPS within the state specific policies and programmes level and ensuring the awareness and access of PLHIV & MARPS to these schemes. M& E Division at the state level will track the progress and report the same in SIMS
c) At district level DAPCU will coordinate service linkages for PLHIV (with support of District level Networks and Drop in Centers) and MARPS (with support of TI NGOs). The service linkages can be for nutrition, livelihood, social protection schemes, health insurance or grievances pertaining to stigma and discrimination. The DAPCU also need to coordinate with District Health Society. Monitoring can be linked with existing structures of NACO like TI monitoring at district level. M&E person at DAPCU can capture data, and the Program Officer can facilitate this process.
d) Monitoring can be linked with existing structures of NACO like TI monitoring at district level. M&E person at DAPCU can capture data, and the Program Officer can facilitate this process.
e) NACO to help ministries develop their action plan and targets. Each ministry will have targets, regular reporting cycle and easy formats for reporting. Engagement must not be restricted to central level, but needs to translate to state level needed: with SACS and State Departments.
f) District-level and panchayat-level planning needs to integrate HIV. Help should be provided for ground level situational assessment, monitoring, and sharing of information on how schemes can be leveraged
g) Reactivate the Technical Advisory Committees (TACs) for joint accountability, coordination and reporting and meet quarterly. The TACs should have representatives from PLHIV and MARP groups.

h) Strengthen the National Steering Committee for implementing National policy for HIV/AIDS in the World of Work (Has members including NACO, Parliamentary forum on HIV/AIDS, Min of Overseas Indians, Min of Industry). This Committee to be used as a platform for coordinating with other ministries for workplace policy implementation. NACPIV to review implementation through this mechanism.

i) IEC: mass media campaigns exist at district-level and should be leveraged on a continuing basis. The district support teams (5-6) have been created and are functioning well. These district support teams include community representation (district-level networks) and can play a role.

Annex C: Potential roles of each constituency

Government	Civil Society	Corporates
i. **Design policy and programs**	i. Watch dog/monitoring	i. Resource providers
ii. **Lead implementation**	ii. Change in mindset (mass and micro-level), catalytic	ii. Management
iii. **Ensure outcomes (M&E, Quality assurance, Service delivery)**	iii. Stigma reduction	iii. Service delivery (internal and external)
iv. **Regulatory (Making laws, Modifying laws, International treaties, International travel restrictions)**	iv. Community mobilization	iv. Sensitization of capacity building within
v. **Provide resources (Human resources, Infrastructure, Finances)**	v. Advocacy	v. Facilitating linkages to services
vi. **Build partnerships**	vi. Source of information/feedback/dissemination	vi. Interface
vii. **Support PPPP**	vii. Demand generation	vii. Materials
viii. **Joint schemes and programs**	viii. Providing services	viii. Role models/setting standards
ix. **Governance and coordination**	ix. Linking to services	ix. Infrastructure and platforms
x. **Facilitate, complement, supplement - gap fillings**	x. Capacity building	x. New employment, protecting jobs
xi. **Social, economic and legal protection of PLHIV and MARPs, including safeguarding rights**	xi. Non-formal mechanisms for justice	xi. Financial inclusion and insurance
xii. **Research and knowledge building, knowledge sharing**	xii. Potential for direct action	
xiii. **Capacity building**	xiii. Knowledge management, evidence gathering	
	xiv. Resources	

Annex D: Potential ways forward and action with stakeholders:

To chart out a feasible plan of action with each of the key stakeholders , a stakeholder analysis was carried out to highlight the strengths and core competence of each sector as well as the limitations and challenges (vis a vis AIDS response) of working with each of the sector. This forms the basis of guiding for drawing up a suggestive plan of action that can be considered for NACP- IV.

a. Ministries and Government Sector

Mainstreaming with Government sector is essential for ensuring long-term sustainability, as it has the policy making and regulatory mandate, organized and well-defined structure and also the maximum reach among people . The government has the mandate for inclusion and thus can facilitate service delivery and enabling environment for marginalized sections such as PLHIV. The Government also has a regulatory role in making and modifying laws, ensuring compliance to International treaties and responding to international strictures, building partnerships through PPP and inter-sectoral schemes and programmes which can provide social, economic and legal protection to PLHIV and MARPs and safeguard their rights. The availability of infrastructure and trained human resources provides opportunity of influencing large communities through enforcement

Thus the strategic direction required from Government sector is in setting normative standards and policies, broad framework for action, Service delivery protocols (e.g. treatment, C&T, biomedical waste) designing and implementing of social protection programs for rehabilitation and support to the very marginalized (HIV sensitive and HIV specific) for promoting inclusiveness and Rights-based approaches. One of the suggested ways is to create active functional groups and platforms - for coordination, sharing of ideas and updates. It would be helpful in creation of enabling social and legal environment, increased access and uptake of quality services, and better ownership and resource allocation from partnering Ministries.

Suggested activities

Ministry	Proposed tasks in NACP IV
HRD/ Education	a. Ensure that children infected and affected by HIV are not stigmatized and discriminated in the school system and supported to complete their education. b. Integrate HIV/AIDS into curriculum and curricular activities of schools, adult education schemes, distance education and open schooling programmes. c. Integrate HIV/AIDS into curriculum of teacher training institutes , SIET, DIET d. Include HIV/AIDS in the modules and operational guidelines of Sarva Shiksha Abhiyan and Right to Education to include CLHIV as Children under special circumstances. e. Train Mahila Samakhyas to address vulnerabilities of rural women especially infected and affected ones. f. Constitute Red Ribbon clubs in all educational institutions. g. Organise competitive events (quiz, debate, discussions, painting etc.) on issues pertaining to HIV/AIDS to reduce Stigma and discrimination against PLHIV
Home Affairs	a. Include HIV/ AIDS in the training of all police personnel to enhance police sensitivity to minimize stigmatizing treatment of HRGs (Female sex workers, Injectable drug users and MSMs) b. Train policemen to respond to the vulnerabilities of trafficked and migrant women. c. Amend police procedures and jail rules so as to reduce the risk of HIV to HRG and prisoners.

	d. Include provision of counseling and voluntary testing in the health facilities being provided in the prisons . If number of PLHIVs are more some of the prisons may also function as Link ART e. Provide comprehensive HIV/AIDS services relating to prevention, care , support and treatment at heath facilities meant for police personnel and their families
Labour	a. Amend labour laws to make work place policy on HIV mandatory and have the inspection wing verify them. b. Create mandate for all Public sector undertakings to use their health facilities to provide comprehensive HIV/AIDS Services to all the contract and migratory workers c. Provide the package of services including prevention and treatment services in all major ESI and other hospitals. d. Advocate with and facilitate trade unions to manage provision of services to migrant labour and workers in the informal sector and to lead on reducing stigma of infected workers and their families. e. Integrate HIV prevention in all training programmes undertaken in labour department.
Panchayati Raj	a. Train all elected representatives and executive officials by integrating HIV in all training institutions. b. Issue directives to officials of Panchayati Raj Institutions to protect infected persons and affected households from discrimination and protect the inheritance of widows and orphans. c. Revise for income generation and welfare schemes to support HIV infected and affected persons especially widows and orphans. d. Change rules to have assets given to families under joint ownership of husband and wife. e. Issue instructions to Panchayats to include people living with HIV in the income generating programme, nutrition programme and housing schemes etc. on priority basis under special groups. f. Issue guidelines to Panchayats to discuss HIV related issues relevant to the village in Gram Sabhas and other meetings. g. Request Panchayats with their own budget to allocate resources to supplement HIV prevention and control programme. h. Develop guidelines on how Panchayats can take up work with high risk and marginalized populations.
Ministry of Surface Transport	a. Issue directives to all State Authorities to facilitate HIV/AIDS messages on all bus panels / bus shelters b. Support transport associations and truckers unions to manage HIV prevention services at truckers halting points c. Provide HIV prevention messages and condoms/ condom vending machines at halting centers where large numbers of truckers have to wait for more than two hours. d. Plan for network of basic health facilities including counseling and testing for STI/HIV/AIDS , First Aid, ambulatory services for accident trauma at halting points on all National highways and state highways e. Plan for health insurance schemes for truckers, helpers and bus drivers and other related workers
Ministry of Shipping	• To provide stigma free environment and promote greater involvement of PLHIV in all ports areas • Ensure dissemination/ display of IEC material pertaining to HIV/AIDS/STI at ports/ health facilities and outreach activities. • Ensure ICTC/PPTCT/STI and ART services delivery as per NACO technical and operational guidelines/ protocols to port workers as well as community around ports including fishermen, seafarers, truckers, single male migrants and other vulnerable population etc. • Set up designated STI Clinics at ports which have higher number of truckers as per NACO technical and operational guidelines/ protocols • Coordinate and strengthen referral linkages with State AIDS Control

	societies/ DAPCU and implementing partners like targeted interventions TI NGOs/ drop in center/ community care centers and Positive networks • All health posts at Minor ports to provide ICTC/STI services. • All health facilities at major ports to provide ICTC/STI & ART Services as per National guidelines
Ministry of Railways	a. Support running of Red ribbon express project at National and regional level. b. Provide a comprehensive package of prevention and treatment services in all railway hospitals. c. Integrate HIV modules in all training institutions, build in-house capacity and train all personnel on STI/HIV/AIDS d. Install condom vending machines at railway stations. e. Plan for migration information stations at railways station en-route to major migration routes f. Display HIV related audio- visual messages, hoarding, panels in stations, trains. g. Include HIV related messages on tickets and passes h. Provide HIV/AIDS related information and services to contractual/railways dependent economy i. Plan and implement educational and welfare initiative for platform children under CSR
Rural Development	a. Plan for social protection package for HIV infected and affected populations under National social assistance programme b. Issue directives to give preference to HIV infected and affected populations and to make marginalized populations, such as sex workers, eligible for them. Under National Rural Employee Guarantee Scheme on priority basis. c. Issue directives to give preference to HIV infected and affected populations and to make marginalized populations, such as sex workers, eligible for them. under National Rural Livelihood Mission on priority basis d. Disseminate information about directives and amended guidelines of giving preference to PLHIV in welfare, employment and livelihood programmes e. Encourage formation of Mixed self-help groups (Including women living with HIV) which helps in reducing self-stigma among women. f. Expand the mandate of SHGs to enable them to work with high-risk groups in their area and to become facilitators for accessing HIV prevention and treatment services. g. Amend guidelines of welfare and income generating schemes d.
Women and Children	a. Include special focus for children and women living with HIV under National Nutrition policy and guidelines for action b. Create awareness about ICDS guidelines to integrate nutritional support to women and children on ARVs. c. Promote research on impact of nutrition on delaying ART and on positive living d. Train Anganwadi workers to detect and report HIV related discrimination in villages. e. Include HIV/ AIDS in the training and guidelines of Kishori Shakti programme and provide them access to holistic development - life skills, distance education, nutrition and messages on HIV/AIDS prevention. f. Integrate HIV into all departmental training programmes
Youth and Sports	a. Conduct special campaigns/programmes by the NSS on youth health and HIV for rural youth b. Train all NSS Programme Officers and NYK coordinators to and impart skill to them in guiding and mobilizing Red ribbon clubs c. Involve red ribbon clubs in mobilizing community for Voluntary blood

	donation d. Involve rural youth in supporting Link workers in villages to create awareness through folk, theatre e. Reorient Youth Development centers at university/college level youth centers to provide Young People Friendly Information Services.
Tribal Affairs	a. Plan for mapping of vulnerability of tribal population across all Tribal areas and identify the areas which need special focus, beyond current tribal action plan. b. Integrate counseling and testing facilities in all the mobile health facilities going to remote tribal areas. c. Plan for expansion of Tribal action plan beyond A and B category district or primitive tribal groups. d. Integrate HIV into all tribal affairs activities being conducted by the tribal welfare and forest department. e. Provide technical support to ITDAs to analyze the vulnerabilities of specific tribes, especially migrants and in their areas f. Train traditional healers and unqualified doctors with influence in the community on management of STIs and referrals to ICTC centers.
Communication and Information Technology	a. Integrate HIV/AIDS services in the national e governance plan b. Facilitate information dissemination specially among youth c. Include information about nearest HIV/AIDS services in the list of the community service center d. Involve PLHIV and positive networks play an active role in implementation of the CSC Scheme. e. Build capacity of personnel in CSC and state agency on HIV/AIDS f. Include condom promotion and social marketing of condom in the list of tasks under Community service centers

b. Mainstreaming with Corporate and private Sector

In India , the corporate sector has specific advantage owing to large number of employees, widespread geographical presence, efficient management structure, presence of technical, financial and human resources and openness to innovation and research. They are comparatively closer to people and can serve as entry points to unorganized workforce. Corporate sector in India has demonstrated commitment to social causes, ability to address stigma and discrimination and ability to risk taking. Thus it has potential to contribute toward provision of services , building linkages, creating advocacy and interface mechanisms among various stakeholders, promoting innovations and supporting role models.

However, policy adoption should not become an end in itself rather than be integrated in the core policy and the work culture.

Keeping in view the constrains , the suggested activities for corporate sector need to be more clear and defined so that it can contribute to enabling social and legal environment, increased access and uptake of quality services, ownership from private sector and allocation of resources specially for children and women infected and affected by HIV/AIDS. Some of them are

- Linking PLHIV with existing social entitlements and realization of rights,
- Mapping the health infrastructure available with the private sector and linking the health structure available with corporate to the health services being provided by NACO/SACS.
- Explore innovative financial options such as Sponsorship/adoption of WLHIV/CLHIV ,
- Incentivize corporate engagement through celebration of best practices and demonstrate Cluster approach to reach Medium and Small Enterprise.

c. Mainstreaming with Civil society

The terms civil society was defined to include NGOs (trust, society), CBOs – MARPs, PLHIV networks, FBOs and Religious Leaders, Professional Associations, Trade Unions, Political forums, Private not-for-profit foundations, Cooperatives, and other CSO platforms including federations. They have distinct advantage of being closer to communities and harbor cohesiveness of purpose. The possibility of adaptability and flexibility in functioning allows for innovation and need based tailoring of efforts. The faith based organizations, trade unions and media have requisite expertise and Commitment to cause which enhances their reach and potential to influence masses. They have catalytic role in bringing about change in mindset, mobilizing community, generating demand, linking to services, reducing stigma and providing feedback through community based monitoring.

- The engagement mechanism for partnering with CSO need to be sharpened with clear-cut guidelines and institutional mechanism for partnerships.
- They bring in technical expertise and must be seen as partners and not merely as contractors.
- There is scope of having National network of CSOs working on HIV/AIDS like water consortium. At state level and district level also there can be forums
- CSO need to be having self-regulatory mechanism and also follow quality standards and accreditation process.
- CSO need to be involved in implementing workplace policy , within their own structures and other workplace areas within their jurisdiction
- They can be involved in community audit of NACP and share feedback with NACO annually about barriers to uptake of services, capacity build and best practices.
- CSO can be more actively engaged to sensitize and mobilize other NGOs involved in non-health sector, such as livelihood, social justice, empowerment, nutrition and child welfare etc. .
- The terms of engagement with FBO would be clearly defined so that the engagement can be taken up in structures manner in culturally sensitive manner.

d. Mainstreaming with Development partners

The role and contribution of development partners to National AIDS Control Programme has been significant in giving strategic support , expanding services, piloting efforts and presenting innovative models for reaching PLHIV &MARPS. They have the specific advantage of bringing in international experience and the expertise of responding to the changing epidemiology of the infection. Their contribution to NACP IV would need to be more focused in view of the changing scenario with respect to epidemiology and availability of resources. The need for resource optimization demands minimization of duplication and maximation of outputs. Hence the core competence of each partner needs to strategically utilized to its fullest across the country, states and district.

i. UNAIDS

Mobilizing community support for HIV mainstreaming at different level through sensitization of elected representatives, building their capacities on the issue and involving them to support polices and programme related to PLHIV and MARPS

ii. UNDP

Social protection to PLHIV is one of the critical factors which enable PLHIV to live positively and live longer. Social protection is a mix of policies and programmes that meet the needs and uphold the rights of the most vulnerable and the excluded. There is growing evidence that social protection can help reduce a person's vulnerability. It helps individuals, households, and communities to better manage risks and participate actively in all spheres of life. In its comprehensive form, social protection measures include access to nutrition, health care, support for travel and shelter, housing, legal aid, education and so on. Social protection measures become HIV sensitive when they are inclusive of people who are either at risk of HIV infection or susceptible to the consequences of HIV and AIDS. In this regard NACO with the support of UNDP would

- Addressing knowledge gap pertaining to social protection needs of PLHIV/MARPS
- Prepare advocacy tool for preparation of HIV inclusive and HIV Sensitive policies and programme
- Advocacy with stakeholders for HIV inclusive and HIV Sensitive policies and programme
- Supporting monitoring and assessment framework for strengthening evidence regarding efficacy of social protection measures
- Documenting best practices

iii. International Labour Organization

The National Policy on HIV/AIDS and world of work has been approved in October 2009, but its implementation at the field level needs to be taken more vigorously and systematically during NACP-IV, so as to reach large number of migrants and workers in the organized and unorganized sectors.. This would entail taking up following actions on priority

- Formation of comprehensive National plan of action
- Supporting SACS Implementation of Workplace policy for HIV at State Level
- Advocacy with State chambers of commerce
- Consultative meeting with Public and Private Sector companies
- Mapping of health infrastructure available with major PSUs
- Sharing standard operating procedures of NACO with the PSUs for PPP
- Linking the health infrastructure available with PSUs with Services at state /district level
- Suggesting monitoring and assessment framework for regular monitoring of National policy of HIV/AIDS and the world of work.