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2008

India

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Table 1: Overview

Executive Summary

File Name	Content Type	Date Uploaded	Description	Uploaded By
Congressional Notification FY08 COP.doc	application/msword	9/30/2007		JHayman

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.

[X] Yes [ ] No

Description:

The Government of India (GOI) is now implementing the third phase of the National AIDS Control Program (NACP-3), 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.

In FY 2008, the US Government's (USG) HIV/AIDS program in India will provide strong support to the National AIDS Control Organization (NACO), the State AIDS Societies (SACS) and the new District AIDS Control and Prevention Units to scale-up HIV/AIDS services. We will place a strong emphasis on capacity building and systems strengthening at the State and District level. NACP-3 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 2008, USG/India will contribute to the national response through:
•Interventions with most at-risk populations, focusing on sex workers, men who have sex with men, and intravenous drug users; and programs for vulnerable groups, such as migrants, truckers, out-of-school youth, and workplace populations;
•Expanding a network model to support the continuum of care for PLHAs, including strengthening laboratory services and supporting the adoption by the states of holistic programs to reach affected children, and continuing to partner with and build the capacity of the private sector for care and support;
•Supporting the roll-out and decentralization of HIV/AIDS public sector services; and
•Building national and state skills in surveillance, monitoring and evaluation.

In mid-2007, NACO introduced a new management system, whereby the States will directly fund most interventions with targeted populations. Donors will provide technical input to assure high-quality interventions through various mechanisms: funding Technical Support Units (TSUs), supporting technical staff at NACO or the SACS, and some direct technical interventions. The TSUs will be established for States, or grouped States. The Scope of Work of the TSUs is being finalized, but it will include the selection and training of implementing NGOs, and planning, supervising and monitoring program implementation.

The USG was asked to assume responsibility for three TSUs: Tamil Nadu, with Puducherry and Kerala; Maharashtra, with Goa; and Uttar Pradesh (UP) with Uttaranchal. APAC will assume TSU responsibility in TN, and the Avert Society will do so in Maharashtra. USG will contract out for the UP TSU. In both Maharashtra and Tamil Nadu, the model has been modified in recognition of USG's established history in managing NGO interventions. The GOI has asked APAC and Avert to transfer several directly funded interventions to the SACS in a phased manner, retaining some interventions as demonstration sites. This process has already started and will continue with FY 2008 funds.

The GOI also requested increased technical input from USG for an expanded surveillance system, through funding and training 37 positions to work on epidemiology for NACO and the SACS. In the North-East, where HHS/CDC has had a small program in care and support, the USG will transition to a stronger focus on technical assistance, with the possibility of appointing a technical advisor for care and support to the GOI's Regional Office for the North East.

The technical areas in our five year strategy are unchanged, as is our commitment to long-term sustainability of the HIV/AIDS program in India. However, our strategic emphasis is now even more strongly focused on the transfer of technical expertise and management skills to indigenous organizations.

Ambassador Letter

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Table_1_ShowUploadedFile[1].pdf	application/pdf	10/1/2007		JHayman

Country Contacts

Contact Type	First Name	Last Name	Title	Email
PEPFAR Coordinator	Janet	Hayman	Emergency Plan Coordinator	jhayman@usaid.gov

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HHS/OS In-Country Contact	Altaf	Lal	Health Attache, NIH	lala@state.gov
HHS/NIH In-Country Contact	Altaf	Lal	Health Attache, NIH	lala@state.gov

Global Fund

What is the planned funding for Global Fund Technical Assistance in FY 2008?	$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, 2008

Prevention	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2008	USG Upstream (Indirect) Target End FY2008	USG Total Target End FY2008
End of Plan Goal				
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	0	115,510	1,112,430	1,227,940
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	460	3,895	4,355

Care (1)	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2008	USG Upstream (Indirect) Target End FY2008	USG Total Target End FY2008
		81,920	55,000	136,920
End of Plan Goal				
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	0	77,785	54,500	132,285
***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	3,620	6,000	9,620
8.1 - Number of OVC served by OVC programs	0	4,135	500	4,635
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	0	275,000	1,314,530	1,589,530

Treatment	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2008	USG Upstream (Indirect) Target End FY2008	USG Total Target End FY2008
		10,640	47,650	58,290
End of Plan Goal				
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	0	10,640	47,650	58,290

Human Resources for Health	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2008	USG Upstream (Indirect) Target End FY2008	USG Total Target End FY2008
End of Plan Goal	0			

2.2 Targets for Reporting Period Ending September 30, 2009

Prevention	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
End of Plan Goal				
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	0	144,510	1,528,520	1,673,030
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	905	6,640	7,545

Care (1)	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
Care (1)		109,720	128,000	237,720
End of Plan Goal				
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	0	102,685	127,500	230,185
***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	4,265	9,000	13,265
8.1 - Number of OVC served by OVC programs	0	7,035	500	7,535
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	0	339,790	1,999,010	2,338,800

Treatment	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
Treatment		13,700	78,410	92,110
End of Plan Goal				
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	0	13,700	78,410	92,110

Human Resources for Health	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
End of Plan Goal	0			

(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: 3974.08
System ID: 6905
Planned Funding($): $220,000
Procurement/Assistance Instrument: Grant
Agency: Department of Defense
Funding Source: GHCS (State)
Prime Partner: Armed Forces Medical Services
New Partner: No

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5781.08
System ID: 6708
Planned Funding($): $135,000
Procurement/Assistance Instrument: Grant
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Avert Society
New Partner: No

Sub-Partner: N/A
Planned Funding: $28,628
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HKID - OVC

Sub-Partner: N/A
Planned Funding: $24,966
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HKID - OVC

Sub-Partner: N/A
Planned Funding: $24,966
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HKID - OVC

Sub-Partner: Vanchit Vikas
Planned Funding: $36,978
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Committed Communities Development Trust
Planned Funding: $36,978
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: HKID - OVC

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 3940.08
System ID: 6709
Planned Funding($): $3,709,900
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: $78,203
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention, HKID - OVC

Sub-Partner: The Humsafar Trust, Mumbai
Planned Funding: $37,440
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: Mook Nayak Swayamsevi Sanstha, Sangli
Planned Funding: $46,226
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: Bel Air Hospital, Satara
Planned Funding: $78,229
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support

Sub-Partner: Nirmala Niketan College of Social Work
Planned Funding: $54,080
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Sub-Partner: Family Planning Association of India, Mumbai
Planned Funding: $10,704
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Sub-Partner: Young Mens Christian Association, India
Planned Funding: $54,379

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Sub-Partner: Society For Health & Environmental Development, Mumbai
Planned Funding: $2,347
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Sub-Partner: Nirmaya Arogya Dham, Solapur
Planned Funding: $28,157
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention, HKID - OVC

Sub-Partner: Sankalp Rehabilitation Trust
Planned Funding: $26,810
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Rajarambapu Dnyan Prabodhini
Planned Funding: $18,489
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Salvation Army
Planned Funding: $18,489
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: UDAAN
Planned Funding: $63,338
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HKID - OVC

Sub-Partner: Network of Kolhapur by People Living with HIV/AIDS
Planned Funding: $16,640
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Aacharya Vinoba Bhave
Planned Funding: $36,978
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HVCT - Counseling and Testing

Table 3.1: Funding Mechanisms and Source

Sub-Partner: N/A
Planned Funding: $66,560
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVSI - Strategic Information

Sub-Partner: N/A
Planned Funding: $143,142
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVSI - Strategic Information

Sub-Partner: N/A
Planned Funding: $11,024
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVSI - Strategic Information

Sub-Partner: N/A
Planned Funding: $33,289
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVSI - Strategic Information

Sub-Partner: Verala Development Society, Sangli
Planned Funding: $12,305
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVSI - Strategic Information

Sub-Partner: Community AIDS & Sponsorship Programme, Mumbai
Planned Funding: $5,183
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVSI - Strategic Information

Sub-Partner: Nirman
Planned Funding: $19,906
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVSI - Strategic Information

Sub-Partner: N/A
Planned Funding: $41,611
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVSI - Strategic Information

Sub-Partner: India Market Research Bureau
Planned Funding: $114,400
Funding is TO BE DETERMINED: No
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: HVSI - Strategic Information

Sub-Partner: The Ambekar Institute for Labour Studies
Planned Funding: $20,629
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVSI - Strategic Information

Sub-Partner: Niramaya Health Foundation
Planned Funding: $8,798
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HTXS - ARV Services

Sub-Partner: Gabriel India Limited
Planned Funding: $9,601
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVCT - Counseling and Testing

Sub-Partner: Thane Belapur Industries Association
Planned Funding: $14,347
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVCT - Counseling and Testing

Sub-Partner: Hindustan Organic Chemicals Limited Hospital
Planned Funding: $7,286
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVCT - Counseling and Testing

Sub-Partner: Hindalco Industries Limited
Planned Funding: $12,105
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVCT - Counseling and Testing

Sub-Partner: Kulkarni Charitable Trust
Planned Funding: $15,870
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVCT - Counseling and Testing

Sub-Partner: Krishna Charitable Trust
Planned Funding: $14,976
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVCT - Counseling and Testing

Sub-Partner: Ambuja Cement Foundation
Planned Funding: $3,399

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVCT - Counseling and Testing

Sub-Partner: Network of Satara by People Living with HIV/AIDS
Planned Funding: $16,606
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Guruprasad Trust
Planned Funding: $29,989
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Prerana Samajik Sanstha
Planned Funding: $28,981
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Jeevansathi Aashadeep
Planned Funding: $16,606
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: N/A
Planned Funding: $32,249
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: N/A
Planned Funding: $32,249
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: N/A
Planned Funding: $32,249
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: N/A
Planned Funding: $92,352
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Datta Meghe Institute of Medical Sciences
Planned Funding: $45,160
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Sub-Partner: N/A
Planned Funding: $216,416
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Sub-Partner: N/A
Planned Funding: $129,033
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: N/A
Planned Funding: $157,828
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Sub-Partner: N/A
Planned Funding: $10,443
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Sub-Partner: N/A
Planned Funding: $10,443
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Sub-Partner: N/A
Planned Funding: $10,443
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Sub-Partner: N/A
Planned Funding: $10,443
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Sub-Partner: N/A
Planned Funding: $10,443
Funding is TO BE DETERMINED: No
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Sub-Partner: Vasai Region AIDS Control society, Vasai
Planned Funding: $16,705
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Sub-Partner: N/A
Planned Funding: $16,644
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Sub-Partner: N/A
Planned Funding: $16,644
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Sub-Partner: N/A
Planned Funding: $16,644
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: MTCT - PMTCT

Sub-Partner: N/A
Planned Funding: $16,644
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: MTCT - PMTCT

Sub-Partner: Aamhich Aamache Sanstha
Planned Funding: $37,550
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Manav Vikas Bahuuddeshiya Sanstha
Planned Funding: $20,800
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: P.K. Chopra and Company Chartered Accountants
Planned Funding: $2,773
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: N/A
Planned Funding: $16,644

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: N/A
Planned Funding: $24,966
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Sub-Partner: N/A
Planned Funding: $24,966
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Sub-Partner: N/A
Planned Funding: $24,966
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Sub-Partner: N/A
Planned Funding: $24,966
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3965.08
System ID: 6845
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: $5,800
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVOP - Condoms and Other Prevention, HVCT - Counseling and Testing

Sub-Partner: Gramin Prodyogik Vikas Sansthan
Planned Funding: $5,800
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVOP - Condoms and Other Prevention, HVCT - Counseling and Testing

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Ram Krishna Sharda Mission
Planned Funding: $5,900
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVOP - Condoms and Other Prevention, HVCT - Counseling and Testing

Mechanism Name: Samarth

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 3944.08
System ID: 6710
Planned Funding($): $111,895
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: Samarth

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5785.08
System ID: 6711
Planned Funding($): $2,028,105
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 Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Christian Medical Association of India
Planned Funding: $91,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HTXS - ARV Services, HVSI - Strategic Information, OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Indian Network of Positive People
Planned Funding: $54,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HVSI - Strategic Information, OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Salaam Balak Trust

Table 3.1: Funding Mechanisms and Source

Planned Funding: $41,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Women's Action Group, Chelsea
Planned Funding: $41,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC, OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Young Women's Christian Association of India
Planned Funding: $41,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVSI - Strategic Information

Sub-Partner: Solidarity and Action Against The HIV Infection in India
Planned Funding: $97,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVSI - Strategic Information, OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: National AIDS Control Organization
Planned Funding: $750,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVCT - Counseling and Testing, HTXS - ARV Services, HVSI - Strategic Information, OHPS - Other/Policy Analysis and Sys Strengthening

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7728.08
System ID: 7728
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: N/A
Planned Funding: $17,778
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVSI - Strategic Information

Sub-Partner: N/A

Table 3.1: Funding Mechanisms and Source

Planned Funding: $26,667
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: N/A
Planned Funding: $170,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: N/A
Planned Funding: $44,444
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: N/A
Planned Funding: $11,111
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: N/A
Planned Funding: $15,556
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVSI - Strategic Information

Sub-Partner: N/A
Planned Funding: $11,111
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: N/A
Planned Funding: $4,444
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVSI - Strategic Information

Sub-Partner: N/A
Planned Funding: $22,222
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: N/A
Planned Funding: $5,556
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVOP - Condoms and Other Prevention

Table 3.1: Funding Mechanisms and Source

Sub-Partner: N/A
Planned Funding: $4,444
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: N/A
Planned Funding: $11,111
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: OHPS - Other/Policy Analysis and Sys Strengthening

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5976.08
System ID: 6848
Planned Funding($): $170,000
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

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
06-HBHC	6193.08	$28,333 in CDC base funding is necessary to support continuing activities in FY08. The budget period for this cooperative agreement begins 4/1/08.	$28,333	$68,000

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3924.08
System ID: 6906
Planned Funding($): $200,000
Procurement/Assistance Instrument: Grant
Agency: Department of Labor
Funding Source: GHCS (State)
Prime Partner: International Labor Organization
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 3950.08
System ID: 6713
Planned Funding($): $1,100,000
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

Sub-Partner: N/A
Planned Funding: $208,200
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC, HVCT - Counseling and Testing, HTXS - ARV Services

Sub-Partner: N/A
Planned Funding: $104,100
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC, HVCT - Counseling and Testing, HTXS - ARV Services

Sub-Partner: N/A
Planned Funding: $34,700
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC, HVCT - Counseling and Testing, HTXS - ARV Services

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3966.08
System ID: 6767
Planned Funding($): $657,489
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: $350,000
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: MTCT - PMTCT, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HVSI - Strategic Information, OHPS - Other/Policy Analysis and Sys Strengthening

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3964.08
System ID: 6766
Planned Funding($): $430,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: MYRADA
New Partner: No

Sub-Partner: St. Luke Health Centre
Planned Funding: $11,538
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HVCT - Counseling and Testing

Sub-Partner: Mahile Abhivrudhi mathu Samrakshane Samsthe
Planned Funding: $40,091
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Sub-Partner: Karnataka State AIDS Prevention Society
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: OHPS - Other/Policy Analysis and Sys Strengthening

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4116.08
System ID: 6849
Planned Funding($): $50,000
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

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
14-OHPS	6592.08	$8,333 in CDC base funding is necessary to support continuing activities in FY08. The budget period for this cooperative agreement begins 4/1/08.	$8,333	$50,000

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Connect

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 3943.08
System ID: 6714
Planned Funding($): $2,341,895
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 Area Programs: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: N/A
Planned Funding: $49,032
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Sub-Partner: Y.R. Gaitonde Center for AIDS Research & Education
Planned Funding: $550,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT

Sub-Partner: Karnataka Employers Association
Planned Funding: $60,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: OHPS - Other/Policy Analysis and Sys Strengthening

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Connect

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6721.08
System ID: 6721
Planned Funding($): $500,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Population Services International
New Partner: No

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
01-MTCT	14165.08	Early fundingof $250,000 is requested to strengthen and expand the existing program to include a third PMTCT center in the private sector, to carry out training for private sector doctors in PMTCT service delivery, strengthen safe feeding practices in all centers, and expand links for all PSI-supported PMTCT centers to Reproductive Health and Family Planning programs. These activities are scheduled to take place in the third and fourth quarters of FY 2008.	$250,000	$250,000
14-OHPS	19131.08	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.	$250,000	$250,000

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3956.08
System ID: 7443
Planned Funding($): $700,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: Project Concern International
New Partner: No

Sub-Partner: Sevadham
Planned Funding: $5,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Network of Maharashtra by People Living with HIV/AIDS
Planned Funding: $5,000
Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Salem Network of Positive People
Planned Funding: $3,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Pragati Seva Samiti
Planned Funding: $17,500
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Indian Social Service
Planned Funding: $17,500
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Sneha
Planned Funding: $17,500
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Society for HIV/AIDS Lifeline Operation in Manipur
Planned Funding: $25,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HVSI - Strategic Information, OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Social Awareness Service Organization
Planned Funding: $25,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Akimbo Society
Planned Funding: $22,000
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, OHPS - Other/Policy Analysis and Sys Strengthening

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 10703.08
System ID: 10703
Planned Funding($): $250,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Project Concern International
New Partner: No

Mechanism Name: Project Concern International

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 10554.08
System ID: 10554
Planned Funding($): $0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central GHCS (State)
Prime Partner: Project Concern International
New Partner: No

Mechanism Name: APAIDSCON

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3967.08
System ID: 6879
Planned Funding($): $349,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: Share Mediciti (Networking)
New Partner: No

Mechanism Name: PHMI

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3978.08
System ID: 6880
Planned Funding($): $400,296
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Share Mediciti (Umbrella)
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: PHMI

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7428.08
System ID: 7428
Planned Funding($): $150,704
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: Share Mediciti (Umbrella)
New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3958.08
System ID: 6902
Planned Funding($): $409,200
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

Sub-Partner: N/A
Planned Funding: $40,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HTXS - ARV Services, OHPS - Other/Policy Analysis and Sys Strengthening

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
12-HLAB		$40,000 in CDC base funding is necessary to support continuing activities in FY08. The budget period for this cooperative agreement begins 4/1/08.	$40,000	$60,000
02-HVAB		$28,199 in CDC base funding is necessary to support continuing activities in FY08. The budget period for this cooperative agreement begins 4/1/08.	$28,199	$100,000

Mechanism Name: Samastha

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 3942.08
System ID: 6715
Planned Funding($): $5,200,000
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: $329,853

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC, HVSI - Strategic Information, OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Belgaum Integrated Rural Development Society
Planned Funding: $189,666
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC, HVSI - Strategic Information, OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Karnataka Health Promotion Trust
Planned Funding: $935,728
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC, HTXS - ARV Services, HVSI - Strategic Information, OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Swami Vivekananda Youth Movement
Planned Funding: $243,734
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC, HTXS - ARV Services, HVSI - Strategic Information, OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: St. John's Medical College
Planned Funding: $188,405
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC, HVSI - Strategic Information, OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Snehadaan Care and Support Counseling Centre
Planned Funding: $673,983
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HKID - OVC, HTXS - ARV Services, HVSI - Strategic Information, OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Leprosy Relief Association India
Planned Funding: $318,323
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HKID - OVC, HTXS - ARV Services, HVSI - Strategic Information, OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Karnataka Network of Positive People
Planned Funding: $243,900
Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC, HVSI - Strategic Information, OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Engender Health
Planned Funding: $227,677
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HKID - OVC, HTXS - ARV Services, OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Swasti
Planned Funding: $225,372
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC, HVSI - Strategic Information, OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: National Institute of Mental Health and Neuro Sciences
Planned Funding: $57,203
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVCT - Counseling and Testing, OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Population Services International
Planned Funding: $418,137
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC, HVSI - Strategic Information, OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: N/A
Planned Funding: $92,771
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC, HVSI - Strategic Information, OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: N/A
Planned Funding: $13,916
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVOP - Condoms and Other Prevention, HVSI - Strategic Information, OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: N/A
Planned Funding: $13,916
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVOP - Condoms and Other Prevention, HVSI - Strategic Information, OHPS - Other/Policy Analysis and Sys Strengthening

Table 3.1: Funding Mechanisms and Source

Sub-Partner: N/A
Planned Funding: $74,217
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HBHC - Basic Health Care and Support, HKID - OVC, HVSI - Strategic Information, OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: N/A
Planned Funding: $37,108
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HBHC - Basic Health Care and Support, HKID - OVC, HVSI - Strategic Information, OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: N/A
Planned Funding: $37,108
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HBHC - Basic Health Care and Support, HKID - OVC, HVSI - Strategic Information, OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: N/A
Planned Funding: $61,847
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HBHC - Basic Health Care and Support, HKID - OVC, HVSI - Strategic Information, OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: N/A
Planned Funding: $37,108
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HBHC - Basic Health Care and Support, HKID - OVC, HVSI - Strategic Information, OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Citizen's Alliance for Rural Development & Training Society
Planned Funding: $78,856
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC, HVSI - Strategic Information, OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Bhoruka Charitable Trust
Planned Funding: $92,771
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC, HVSI - Strategic Information, OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: UJWALA Rural Developemt Service Society
Planned Funding: $47,932
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC, HVSI - Strategic Information, OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Vimukthi AIDS Tadegattuva Mahila Sangha
Planned Funding: $79,530
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention, HVSI - Strategic Information, OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Darbar AIDS Tadegattuva Mahila Sangha
Planned Funding: $72,155
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention, HVSI - Strategic Information, OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Kempegowda Institute of Medical Sciences
Planned Funding: $41,232
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HKID - OVC, HTXS - ARV Services, HVSI - Strategic Information

Sub-Partner: Centre For Advocacy & Research
Planned Funding: $88,401
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: OHPS - Other/Policy Analysis and Sys Strengthening

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

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3962.08
System ID: 6901
Planned Funding($): $1,100,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)
Prime Partner: University of Washington
New Partner: No

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
13-HVSI		$100,000 in GHAI funding is necessary to support continuing activities in Strategic Information.	$100,000	$100,000
06-HBHC		$83,332 in CDC base funding is necessary to support continuing activities in FY08. The budget period for this cooperative agreement begins 4/1/08.	$83,332	$300,000
11-HTXS		$250,000 in GHAI funding is necessary to support continuing activities in FY08. The budget period for this cooperative agreement begins 4/1/08.	$250,000	$400,000

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3973.08
System ID: 6717
Planned Funding($): $770,000
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: 3972.08
System ID: 6718
Planned Funding($): $385,000
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: 5786.08
System ID: 6846
Planned Funding($): $1,053,020
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

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
07-HVTB	11470.08	$62,663 in GHAI funding is necessary to fund technical staff salaries, fringe, travel, proportionate office overhead, desk and operational charges to support continuing activities in FY08. Staff work in CDC's local offices in Chennai, Hyderabad, and New Delhi and are responsible for input and management of technical programs.	$62,663	$107,423
01-MTCT	11471.08	$25,855 in GHAI funding is necessary to fund technical staff salaries, fringe, travel, proportionate office overhead, desk and operational charges to support continuing activities in FY08. Staff work in CDC's local offices in Chennai, Hyderabad, and New Delhi and are responsible for input and management of technical programs.	$25,855	$44,323
02-HVAB	6241.08	$34,390 in GHAI funding is necessary to fund technical staff salaries, fringe, travel, proportionate office overhead, desk and operational charges to support continuing activities in FY08. Staff work in CDC's local offices in Chennai, Hyderabad, and New Delhi and are responsible for input and management of technical programs.	$34,390	$58,955
05-HVOP	10947.08	$103,739 in GHAI funding is necessary to fund technical staff salaries, fringe, travel, proportionate office overhead, desk and operational charges to support continuing activities in FY08. Staff work in CDC's local offices in Chennai, Hyderabad, and New Delhi and are responsible for input and management of technical programs.	$103,739	$177,839
06-HBHC	10949.08	$36,085 in GHAI funding is necessary to fund technical staff salaries, fringe, travel, proportionate office overhead, desk and operational charges to support continuing activities in FY08. Staff work in CDC's local offices in Chennai, Hyderabad, and New Delhi and are responsible for input and management of technical programs.	$36,085	$61,860
09-HVCT	10948.08	$67,654 in GHAI funding is necessary to fund technical staff salaries, fringe, travel, proportionate office overhead, desk and operational charges to support continuing activities in FY08. Staff work in CDC's local offices in Chennai, Hyderabad, and New Delhi and are responsible for input and management of technical programs.	$67,654	$115,979

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
11-HTXS	6242.08	$98,362 in GHAI funding is necessary to fund technical staff salaries, fringe, travel, proportionate office overhead, desk and operational charges to support continuing activities in FY08. Staff work in CDC's local offices in Chennai, Hyderabad, and New Delhi and are responsible for input and management of technical programs.	$98,362	$81,131
13-HVSI	10951.08	$102,492 in GHAI funding is necessary to fund technical staff salaries, fringe, travel, proportionate office overhead, desk and operational charges to support continuing activities in FY08. Staff work in CDC's local offices in Chennai, Hyderabad, and New Delhi and are responsible for input and management of technical programs.	$102,492	$175,701
14-OHPS	10952.08	$64,696 in GHAI funding is necessary to fund technical staff salaries, fringe, travel, proportionate office overhead, desk and operational charges to support continuing activities in FY08. Staff work in CDC's local offices in Chennai, Hyderabad, and New Delhi and are responsible for input and management of technical programs.	$64,696	$210,908

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3969.08
System ID: 6847
Planned Funding($): $1,171,096
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

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
15-HVMS	6243.08	$1,152,498 in CDC base funding is necessary to support seven months of continuing expenses necessary to operate three GAP India offices (New Delhi, Chennai, and Hyderabad). Expenses for nine staff are funded with Base funds including one contractor. The amount requested includes 1) salaries, fringe, office overhead, procurement, printing, supplies, rent, related expenses; 2) $130,020 for head tax charges for office/non-techncial staff (per PEPFAR guidelines); 3) $55,824 in head tax charges for the Health Attache as required by OGHA; and 4) $159,390 ICASS charges for office overhead/non-technical staff charges.	$1,152,498	$1,171,096

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3976.08
System ID: 7033
Planned Funding($): $407,300
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: APAC

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 3949.08
System ID: 6720
Planned Funding($): $4,880,000
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: $33,068
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Bharatiya Adim Jati Sevak Sangh, Pondicherry
Planned Funding: $46,657
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Sub-Partner: Christian Medical College
Planned Funding: $43,322
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing

Sub-Partner: Community Health Education Society, Chennai
Planned Funding: $33,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Geofiny Technology Private Limited
Planned Funding: $9,525
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVSI - Strategic Information

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Mahatma Gandhi Elaignar Narpani Mandram, Namakkal
Planned Funding: $33,068
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Pache Trust, Madurai
Planned Funding: $67,532
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Sub-Partner: RUSS Foundation, Madurai
Planned Funding: $14,307
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Sahodaran
Planned Funding: $58,840
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: Society For Development, Research & Training, Pondicherry
Planned Funding: $59,337
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: Society For Serving Humanity, Dindigul
Planned Funding: $14,307
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Village Beneficiaries Education & Development Society, Karaikkal
Planned Funding: $67,535
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Sub-Partner: Perundurai Medical College Hospital
Planned Funding: $59,524
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HBHC - Basic Health Care and Support, HVCT - Counseling and Testing, HTXS - ARV Services

Sub-Partner: N/A
Planned Funding: $60,000
Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: N/A
Planned Funding: $60,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: N/A
Planned Funding: $60,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: N/A
Planned Funding: $60,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: N/A
Planned Funding: $60,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: N/A
Planned Funding: $60,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: N/A
Planned Funding: $60,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: N/A
Planned Funding: $60,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: N/A
Planned Funding: $60,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: N/A

Table 3.1: Funding Mechanisms and Source

Planned Funding: $60,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: N/A
Planned Funding: $60,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: N/A
Planned Funding: $60,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: N/A
Planned Funding: $60,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: N/A
Planned Funding: $60,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: N/A
Planned Funding: $30,333
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Sub-Partner: N/A
Planned Funding: $47,620
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Sub-Partner: N/A
Planned Funding: $60,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Sub-Partner: N/A
Planned Funding: $60,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Table 3.1: Funding Mechanisms and Source

Sub-Partner: N/A
Planned Funding: $142,857
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Sub-Partner: N/A
Planned Funding: $23,810
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Sub-Partner: N/A
Planned Funding: $47,619
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HVCT - Counseling and Testing

Sub-Partner: N/A
Planned Funding: $40,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HVCT - Counseling and Testing

Sub-Partner: N/A
Planned Funding: $30,952
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HVCT - Counseling and Testing

Sub-Partner: N/A
Planned Funding: $35,714
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HVCT - Counseling and Testing

Sub-Partner: N/A
Planned Funding: $47,619
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HVCT - Counseling and Testing

Sub-Partner: N/A
Planned Funding: $59,524
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HVCT - Counseling and Testing

Sub-Partner: N/A
Planned Funding: $14,285
Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HVCT - Counseling and Testing

Sub-Partner: N/A
Planned Funding: $20,833
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HVCT - Counseling and Testing

Sub-Partner: N/A
Planned Funding: $11,905
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HVCT - Counseling and Testing

Sub-Partner: N/A
Planned Funding: $11,905
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HVCT - Counseling and Testing

Sub-Partner: N/A
Planned Funding: $30,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HVCT - Counseling and Testing

Sub-Partner: N/A
Planned Funding: $47,619
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Anbalayam, Tiruchirapalli
Planned Funding: $69,940
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: MTCT - PMTCT, HBHC - Basic Health Care and Support, HVCT - Counseling and Testing

Sub-Partner: Association For Rural Mass India, Villuppuram
Planned Funding: $83,756
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: MTCT - PMTCT, HBHC - Basic Health Care and Support, HVCT - Counseling and Testing, HTXS - ARV Services

Sub-Partner: Centre for Human Resource and Rural Development Program
Planned Funding: $65,279
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: MTCT - PMTCT, HBHC - Basic Health Care and Support, HVCT - Counseling and Testing, HTXS - ARV Services

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Centre For Social Reconstruction, Nagercoil
Planned Funding: $69,940
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: MTCT - PMTCT, HVCT - Counseling and Testing

Sub-Partner: Chennai Micro Print (P) Ltd., Chennai
Planned Funding: $61,143
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HTXS - ARV Services

Sub-Partner: Community Action For Social Transformation, Tirunelveli
Planned Funding: $63,659
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVSI - Strategic Information, OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Empower, Tuticorin
Planned Funding: $65,294
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: Flame Advertising Company, Ltd.
Planned Funding: $61,143
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVSI - Strategic Information

Sub-Partner: Gramium, Karur
Planned Funding: $99,970
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC, HVCT - Counseling and Testing, HTXS - ARV Services, HVSI - Strategic Information, OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Indian Community Welfare Organisation, Mahabalipuram
Planned Funding: $33,925
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC, HVCT - Counseling and Testing, HTXS - ARV Services, HVSI - Strategic Information, OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Kancheepuram District Network of Positive People
Planned Funding: $33,068
Funding is TO BE DETERMINED: No
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC, HVCT - Counseling and Testing, HTXS - ARV Services, HVSI - Strategic Information, OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: League for Education and Development
Planned Funding: $33,068
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC, HVCT - Counseling and Testing, HTXS - ARV Services, HVSI - Strategic Information, OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Madras Social Development Society, Chennai
Planned Funding: $64,803
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC, HVCT - Counseling and Testing, HTXS - ARV Services, HVSI - Strategic Information, OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Media Vision
Planned Funding: $61,143
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVCT - Counseling and Testing

Sub-Partner: Net Access India Private Limited
Planned Funding: $8,100
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVCT - Counseling and Testing

Sub-Partner: People's Development Initiative, Tiruchirapalli
Planned Funding: $33,068
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Sub-Partner: Rakshashi Cemantics, Chennai
Planned Funding: $61,143
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Rural Education And Development Society, Tiruvannamalai
Planned Funding: $55,742
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Solidarity and Action Against The HIV Infection in India
Planned Funding: $238,095

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Sakshi Automation, Chennai
Planned Funding: $54,762
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Indian Network of Positive People
Planned Funding: $23,810
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Federation of Obstetrics and Gynecologist Society of India
Planned Funding: $23,809
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: MTCT - PMTCT

Sub-Partner: Scientific Educational Development For Community Organisation, Sattankulam
Planned Funding: $65,279
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: South Indian AIDS Action Programme, Chennai
Planned Funding: $34,322
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVCT - Counseling and Testing

Sub-Partner: Social Welfare Association For Men , Chennai
Planned Funding: $41,672
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: Society For Education, Village Action & Improvement, Tiruchirapalli
Planned Funding: $65,279
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: Shreshta Communications
Planned Funding: $61,143
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC

Table 3.1: Funding Mechanisms and Source

Sub-Partner:	The Carmelite Sisters of St. Theresa, Villupuram
Planned Funding:	$33,968
Funding is TO BE DETERMINED:	No
New Partner:	Yes
Associated Area Programs:	HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
3940.08	6709	Avert Society	U.S. Agency for International Development	GHCS (USAID)	Aacharya Vinoba Bhave	N	$36,978
3940.08	6709	Avert Society	U.S. Agency for International Development	GHCS (USAID)	Aamhich Aamache Sanstha	N	$37,550
3940.08	6709	Avert Society	U.S. Agency for International Development	GHCS (USAID)	Ambuja Cement Foundation	N	$3,399
3940.08	6709	Avert Society	U.S. Agency for International Development	GHCS (USAID)	Bel Air Hospital, Satara	N	$78,229
3940.08	6709	Avert Society	U.S. Agency for International Development	GHCS (USAID)	Community AIDS & Sponsorship Programme, Mumbai	N	$5,183
3940.08	6709	Avert Society	U.S. Agency for International Development	GHCS (USAID)	Datta Meghe Institute of Medical Sciences	N	$45,160
3940.08	6709	Avert Society	U.S. Agency for International Development	GHCS (USAID)	Family Planning Association of India, Mumbai	N	$10,704
3940.08	6709	Avert Society	U.S. Agency for International Development	GHCS (USAID)	Gabriel India Limited	N	$9,601
3940.08	6709	Avert Society	U.S. Agency for International Development	GHCS (USAID)	Guruprasad Trust	N	$29,989
3940.08	6709	Avert Society	U.S. Agency for International Development	GHCS (USAID)	Hindalco Industries Limited	N	$12,105
3940.08	6709	Avert Society	U.S. Agency for International Development	GHCS (USAID)	Hindustan Organic Chemicals Limited Hospital	N	$7,286
3940.08	6709	Avert Society	U.S. Agency for International Development	GHCS (USAID)	India Market Research Bureau	N	$114,400
3940.08	6709	Avert Society	U.S. Agency for International Development	GHCS (USAID)	Jeevansathi Aashadeep	N	$16,606
3940.08	6709	Avert Society	U.S. Agency for International Development	GHCS (USAID)	Krishna Charitable Trust	N	$14,976
3940.08	6709	Avert Society	U.S. Agency for International Development	GHCS (USAID)	Kulkarni Charitable Trust	N	$15,870
3940.08	6709	Avert Society	U.S. Agency for International Development	GHCS (USAID)	Manav Vikas Bahuuddeshiya Sanstha	N	$20,800
3940.08	6709	Avert Society	U.S. Agency for International Development	GHCS (USAID)	Marathwada Gramin Vikas Sanstha, Vaijapur	N	$78,203
3940.08	6709	Avert Society	U.S. Agency for International Development	GHCS (USAID)	Mook Nayak Swayamsevi Sanstha, Sangli	N	$46,226
3940.08	6709	Avert Society	U.S. Agency for International Development	GHCS (USAID)	Network of Kolhapur by People Living with HIV/AIDS	N	$16,640
3940.08	6709	Avert Society	U.S. Agency for International Development	GHCS (USAID)	Network of Satara by People Living with HIV/AIDS	N	$16,606
3940.08	6709	Avert Society	U.S. Agency for International Development	GHCS (USAID)	Niramaya Health Foundation	N	$8,798
3940.08	6709	Avert Society	U.S. Agency for International Development	GHCS (USAID)	Nirmala Niketan College of Social Work	N	$54,080
3940.08	6709	Avert Society	U.S. Agency for International Development	GHCS (USAID)	Nirman	N	$19,906
3940.08	6709	Avert Society	U.S. Agency for International Development	GHCS (USAID)	Nirmaya Arogya Dham, Solapur	N	$28,157
3940.08	6709	Avert Society	U.S. Agency for International Development	GHCS (USAID)	P.K. Chopra and Company Chartered Accountants	N	$2,773
3940.08	6709	Avert Society	U.S. Agency for International Development	GHCS (USAID)	Prerana Samajik Sanstha	N	$28,981
3940.08	6709	Avert Society	U.S. Agency for International Development	GHCS (USAID)	Rajarambapu Dnyan Prabodhini	N	$18,489
3940.08	6709	Avert Society	U.S. Agency for International Development	GHCS (USAID)	Salvation Army	N	$18,489
3940.08	6709	Avert Society	U.S. Agency for International Development	GHCS (USAID)	Sankalp Rehabilitation Trust	N	$26,810

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
3940.08	6709	Avert Society	U.S. Agency for International Development	GHCS (USAID)	Society For Health & Environmental Development, Mumbai	N	$2,347
3940.08	6709	Avert Society	U.S. Agency for International Development	GHCS (USAID)	Thane Belapur Industries Association	N	$14,347
3940.08	6709	Avert Society	U.S. Agency for International Development	GHCS (USAID)	The Ambekar Institute for Labour Studies	N	$20,629
3940.08	6709	Avert Society	U.S. Agency for International Development	GHCS (USAID)	The Humsafar Trust, Mumbai	N	$37,440
3940.08	6709	Avert Society	U.S. Agency for International Development	GHCS (USAID)	UDAAN	N	$63,338
3940.08	6709	Avert Society	U.S. Agency for International Development	GHCS (USAID)	Vasai Region AIDS Control society, Vasai	N	$16,705
3940.08	6709	Avert Society	U.S. Agency for International Development	GHCS (USAID)	Verala Development Society, Sangli	N	$12,305
3940.08	6709	Avert Society	U.S. Agency for International Development	GHCS (USAID)	Young Mens Christian Association, India	N	$54,379
5781.08	6708	Avert Society	U.S. Agency for International Development	GHCS (State)	Committed Communities Development Trust	N	$36,978
5781.08	6708	Avert Society	U.S. Agency for International Development	GHCS (State)	Vanchit Vikas	N	$36,978
3965.08	6845	Children in Need Institute	HHS/Centers for Disease Control & Prevention	GHCS (State)	Gramin Prodyogik Vikas Sansthan	N	$5,800
3965.08	6845	Children in Need Institute	HHS/Centers for Disease Control & Prevention	GHCS (State)	Ram Krishna Sharda Mission	N	$5,900
3965.08	6845	Children in Need Institute	HHS/Centers for Disease Control & Prevention	GHCS (State)	Srijan Foundation, Ranchi	N	$5,800
5785.08	6711	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Christian Medical Association of India	N	$91,000
5785.08	6711	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Indian Network of Positive People	N	$54,000
5785.08	6711	Family Health International	U.S. Agency for International Development	GHCS (USAID)	National AIDS Control Organization	N	$750,000
5785.08	6711	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Sahara Michael’s Care Home	N	$41,000
5785.08	6711	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Salaam Balak Trust	N	$41,000
5785.08	6711	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Solidarity and Action Against The HIV Infection in India	N	$97,000
5785.08	6711	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Women's Action Group, Chelsea	N	$41,000
5785.08	6711	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Young Women’s Christian Association of India	N	$41,000
3966.08	6767	Leprosy Relief Association India	HHS/Centers for Disease Control & Prevention	GHCS (State)	Catholic Health Association of India	N	$350,000
3964.08	6766	MYRADA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Karnataka State AIDS Prevention Society	N	$0
3964.08	6766	MYRADA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Mahile Abhivrudhi mathu Samrakshane Samsthe	N	$40,091
3964.08	6766	MYRADA	HHS/Centers for Disease Control & Prevention	GHCS (State)	St. Luke Health Centre	N	$11,538
3943.08	6714	Population Services International	U.S. Agency for International Development	GHCS (USAID)	Federation of Indian Chambers of Commerce and Industry	N	$61,414
3943.08	6714	Population Services International	U.S. Agency for International Development	GHCS (USAID)	Karnataka Employers Association	N	$60,000
3943.08	6714	Population Services International	U.S. Agency for International Development	GHCS (USAID)	Y.R. Gaitonde Center for AIDS Research & Education	N	$550,000
3956.08	7443	Project Concern International	HHS/Centers for Disease Control & Prevention	GAP	Akimbo Society	N	$22,000
3956.08	7443	Project Concern International	HHS/Centers for Disease Control & Prevention	GAP	Indian Social Service	N	$17,500

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
3956.08	7443	Project Concern International	HHS/Centers for Disease Control & Prevention	GAP	Network of Maharashtra by People Living with HIV/AIDS	N	$5,000
3956.08	7443	Project Concern International	HHS/Centers for Disease Control & Prevention	GAP	Pragati Seva Samiti	N	$17,500
3956.08	7443	Project Concern International	HHS/Centers for Disease Control & Prevention	GAP	Salem Network of Positive People	N	$3,000
3956.08	7443	Project Concern International	HHS/Centers for Disease Control & Prevention	GAP	Sevadham	N	$5,000
3956.08	7443	Project Concern International	HHS/Centers for Disease Control & Prevention	GAP	Sneha	N	$17,500
3956.08	7443	Project Concern International	HHS/Centers for Disease Control & Prevention	GAP	Social Awareness Service Organization	N	$25,000
3956.08	7443	Project Concern International	HHS/Centers for Disease Control & Prevention	GAP	Society for HIV/AIDS Lifeline Operation in Manipur	N	$25,000
3942.08	6715	University of Manitoba	U.S. Agency for International Development	GHCS (USAID)	Belgaum Integrated Rural Development Society	N	$189,666
3942.08	6715	University of Manitoba	U.S. Agency for International Development	GHCS (USAID)	Bhoruka Charitable Trust	N	$92,771
3942.08	6715	University of Manitoba	U.S. Agency for International Development	GHCS (USAID)	Centre For Advocacy & Research	N	$88,401
3942.08	6715	University of Manitoba	U.S. Agency for International Development	GHCS (USAID)	Citizen's Alliance for Rural Development & Training Society	N	$78,856
3942.08	6715	University of Manitoba	U.S. Agency for International Development	GHCS (USAID)	Darbar AIDS Tadegattuva Mahila Sangha	N	$72,155
3942.08	6715	University of Manitoba	U.S. Agency for International Development	GHCS (USAID)	Engender Health	N	$227,677
3942.08	6715	University of Manitoba	U.S. Agency for International Development	GHCS (USAID)	Karnataka Health Promotion Trust	N	$935,728
3942.08	6715	University of Manitoba	U.S. Agency for International Development	GHCS (USAID)	Karnataka Network of Positive People	N	$243,900
3942.08	6715	University of Manitoba	U.S. Agency for International Development	GHCS (USAID)	Kempegowda Institute of Medical Sciences	N	$41,232
3942.08	6715	University of Manitoba	U.S. Agency for International Development	GHCS (USAID)	Leprosy Relief Association India	N	$318,323
3942.08	6715	University of Manitoba	U.S. Agency for International Development	GHCS (USAID)	MYRADA	N	$329,853
3942.08	6715	University of Manitoba	U.S. Agency for International Development	GHCS (USAID)	National Institute of Mental Health and Neuro Sciences	N	$57,203
3942.08	6715	University of Manitoba	U.S. Agency for International Development	GHCS (USAID)	Population Services International	N	$418,137
3942.08	6715	University of Manitoba	U.S. Agency for International Development	GHCS (USAID)	Snehadaan Care and Support Counseling Centre	N	$673,983
3942.08	6715	University of Manitoba	U.S. Agency for International Development	GHCS (USAID)	St. John's Medical College	N	$188,405
3942.08	6715	University of Manitoba	U.S. Agency for International Development	GHCS (USAID)	Swami Vivekananda Youth Movement	N	$243,734
3942.08	6715	University of Manitoba	U.S. Agency for International Development	GHCS (USAID)	Swasti	N	$225,372
3942.08	6715	University of Manitoba	U.S. Agency for International Development	GHCS (USAID)	UJWALA Rural Developemt Service Society	N	$47,932
3942.08	6715	University of Manitoba	U.S. Agency for International Development	GHCS (USAID)	Vimukthi AIDS Tadegattuva Mahila Sangha	N	$79,530
3949.08	6720	Voluntary Health Services	U.S. Agency for International Development	GHCS (USAID)	Anbalayam, Tiruchirapalli	N	$69,940
3949.08	6720	Voluntary Health Services	U.S. Agency for International Development	GHCS (USAID)	Association For Rural Mass India, Villuppuram	N	$83,756
3949.08	6720	Voluntary Health Services	U.S. Agency for International Development	GHCS (USAID)	Bethesda Hospital, Ambur	N	$33,068
3949.08	6720	Voluntary Health Services	U.S. Agency for International Development	GHCS (USAID)	Bharatiya Adim Jati Sevak Sangh, Pondicherry	N	$46,657
3949.08	6720	Voluntary Health Services	U.S. Agency for International Development	GHCS (USAID)	Centre for Human Resource and Rural Development Program	N	$65,279

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
3949.08	6720	Voluntary Health Services	U.S. Agency for International Development	GHCS (USAID)	Centre For Social Reconstruction, Nagercoil	N	$69,940
3949.08	6720	Voluntary Health Services	U.S. Agency for International Development	GHCS (USAID)	Chennai Micro Print (P) Ltd., Chennai	N	$61,143
3949.08	6720	Voluntary Health Services	U.S. Agency for International Development	GHCS (USAID)	Christian Medical College	N	$43,322
3949.08	6720	Voluntary Health Services	U.S. Agency for International Development	GHCS (USAID)	Community Action For Social Transformation, Tirunelveli	N	$63,659
3949.08	6720	Voluntary Health Services	U.S. Agency for International Development	GHCS (USAID)	Community Health Education Society, Chennai	N	$33,000
3949.08	6720	Voluntary Health Services	U.S. Agency for International Development	GHCS (USAID)	Empower, Tuticorin	N	$65,294
3949.08	6720	Voluntary Health Services	U.S. Agency for International Development	GHCS (USAID)	Federation of Obstetrics and Gynecologist Society of India	N	$23,809
3949.08	6720	Voluntary Health Services	U.S. Agency for International Development	GHCS (USAID)	Flame Advertising Company, Ltd.	N	$61,143
3949.08	6720	Voluntary Health Services	U.S. Agency for International Development	GHCS (USAID)	Geofiny Technology Private Limited	N	$9,525
3949.08	6720	Voluntary Health Services	U.S. Agency for International Development	GHCS (USAID)	Gramium, Karur	N	$99,970
3949.08	6720	Voluntary Health Services	U.S. Agency for International Development	GHCS (USAID)	Indian Community Welfare Organisation, Mahabalipuram	N	$33,925
3949.08	6720	Voluntary Health Services	U.S. Agency for International Development	GHCS (USAID)	Indian Network of Positive People	N	$23,810
3949.08	6720	Voluntary Health Services	U.S. Agency for International Development	GHCS (USAID)	Kancheepuram District Network of Positive People	N	$33,068
3949.08	6720	Voluntary Health Services	U.S. Agency for International Development	GHCS (USAID)	League for Education and Development	N	$33,068
3949.08	6720	Voluntary Health Services	U.S. Agency for International Development	GHCS (USAID)	Madras Social Development Society, Chennai	N	$64,803
3949.08	6720	Voluntary Health Services	U.S. Agency for International Development	GHCS (USAID)	Mahatma Gandhi Elaignar Narpani Mandram, Namakkal	N	$33,068
3949.08	6720	Voluntary Health Services	U.S. Agency for International Development	GHCS (USAID)	Media Vision	N	$61,143
3949.08	6720	Voluntary Health Services	U.S. Agency for International Development	GHCS (USAID)	Net Access India Private Limited	N	$8,100
3949.08	6720	Voluntary Health Services	U.S. Agency for International Development	GHCS (USAID)	Pache Trust, Madurai	N	$67,532
3949.08	6720	Voluntary Health Services	U.S. Agency for International Development	GHCS (USAID)	People's Development Initiative, Tiruchirapalli	N	$33,068
3949.08	6720	Voluntary Health Services	U.S. Agency for International Development	GHCS (USAID)	Perundurai Medical College Hospital	N	$59,524
3949.08	6720	Voluntary Health Services	U.S. Agency for International Development	GHCS (USAID)	Rakshashi Cemantics, Chennai	N	$61,143
3949.08	6720	Voluntary Health Services	U.S. Agency for International Development	GHCS (USAID)	Rural Education And Development Society, Tiruvannamalai	N	$55,742
3949.08	6720	Voluntary Health Services	U.S. Agency for International Development	GHCS (USAID)	RUSS Foundation, Madurai	N	$14,307
3949.08	6720	Voluntary Health Services	U.S. Agency for International Development	GHCS (USAID)	Sahodaran	N	$58,840
3949.08	6720	Voluntary Health Services	U.S. Agency for International Development	GHCS (USAID)	Sakshi Automation, Chennai	N	$54,762
3949.08	6720	Voluntary Health Services	U.S. Agency for International Development	GHCS (USAID)	Scientific Educational Development For Community Organisation, Sattankulam	N	$65,279
3949.08	6720	Voluntary Health Services	U.S. Agency for International Development	GHCS (USAID)	Shreshta Communications	N	$61,143
3949.08	6720	Voluntary Health Services	U.S. Agency for International Development	GHCS (USAID)	Social Welfare Association For Men , Chennai	N	$41,672

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
3949.08	6720	Voluntary Health Services	U.S. Agency for International Development	GHCS (USAID)	Society For Development, Research & Training, Pondicherry	N	$59,337
3949.08	6720	Voluntary Health Services	U.S. Agency for International Development	GHCS (USAID)	Society For Education, Village Action & Improvement, Tiruchirapalli	N	$65,279
3949.08	6720	Voluntary Health Services	U.S. Agency for International Development	GHCS (USAID)	Society For Serving Humanity, Dindigul	N	$14,307
3949.08	6720	Voluntary Health Services	U.S. Agency for International Development	GHCS (USAID)	Solidarity and Action Against The HIV Infection in India	N	$238,095
3949.08	6720	Voluntary Health Services	U.S. Agency for International Development	GHCS (USAID)	South Indian AIDS Action Programme, Chennai	N	$34,322
3949.08	6720	Voluntary Health Services	U.S. Agency for International Development	GHCS (USAID)	The Carmelite Sisters of St. Theresa, Villupuram	N	$33,968
3949.08	6720	Voluntary Health Services	U.S. Agency for International Development	GHCS (USAID)	Village Beneficiaries Education & Development Society, Karaikkal	N	$67,535

Table 3.3: Program Planning Table of Contents

MTCT - PMTCT

Program Area:	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT
Program Area Code:	01

Total Planned Funding for Program Area: $966,600

Estimated PEPFAR contribution in dollars	$0
Estimated local PPP contribution in dollars	$0
Estimated PEPFAR dollars spent on food	$0
Estimation of other dollars leveraged in FY 2008 for food	$0

Program Area Context:

Overview: In India, there are an estimated 27 million deliveries per year. Based on a HIV prevalence of 0.22% among women, an estimated 59,400 women with HIV-infection become pregnant annually, resulting in an estimated 19,800 infected babies. Perinatal transmission accounts for 3.45% of the total AIDS cases. By the end of 2006 only 9% (2.45 million, up from 4% in 2004) of pregnant mothers received counseling and testing services. There has been a dramatic decrease in the number of positive pregnant women who receive ARV prophylaxis; though trends in this number over the last three years have improved significantly in Andhra Pradesh (AP) and Tamil Nadu (TN), where USG-funded programs exist. The most important challenge to India's parent to child transmission program (PPTCT, as the program is called in India to avoid stigmatization of the mother) is to improve the identification, testing and follow up of pregnant women and their infants who need care. A large number of infected mothers are lost to follow-up after delivery; most deliveries occur at home (an estimated 40% are home deliveries, with another 30% in the public and 30% in the private sector) and few women are aware of their status. The percentage of institutional deliveries in high prevalence states ranges from 12% (Nagaland) to 69% (AP).

The national program for PPTCT began in late 2002 using single dose Nevirapine, now available nationwide. In 2003, India received a Global Fund Round 2 grant of $100 m. to expand national service coverage and quality. The number of health care facilities offering PPTCT services has increased from 11 in 2003 to 2433 in 2006. NACP-3's goal is to reach 7.5 million pregnant mothers with PPTCT services, and cover 75,600 positive mothers through 4,955 centers (502 stand-alone PPTCT sites and 4,453 integrated counseling and testing centers) by 2012. The Government of India (GOI) strategy is to scale up PPTCT services to reach the community health center (CHC) level in all districts, and through public-private partnerships, and to extend care and support for the mother and her family. Antenatal care will remain the main entry point for PPTCT. Testing will continue to be an opt-out option. A study is currently underway to determine the feasibility of introducing a new revised PPTCT regimen with much lower risk of developing drug resistance. The results will assist NACP-3 in revising the prophylactic antiretroviral regimen for HIV positive mothers and their infants.

As recommended by a Joint Technical Mission of donors in 2006, NACO has developed national guidelines and policies for a comprehensive care package for HIV-infected mothers, their infants and partners, including increasing access to ART, and policies on weaning and breast-feeding. The GOI follows the WHO recommendations on infant feeding practices. PPTCT issues identified in the NACP-3 planning process included expanding access to PPTCT-plus, defining a minimum package of services for different levels of care, developing standard operating procedures, strengthening follow-up services for HIV-positive mothers and their children, intensifying HIV/STI preventive interventions, and facilitating participation of the private sector.

PPTCT coverage also depends on the extent and quality of integration with the National Reproductive and Child Health (RCH) program that provides all maternal and child health services for mothers and children at district level and below. Identifying HIV-positive pregnant women and a weak outreach system continue to be barriers to providing HIV prevention and treatment services to eligible HIV-positive pregnant women. Studies indicate that HIV-positive women who are receiving services in an ANC setting have unmet needs for sexual and reproductive health care and treatment services. In a recent study, 10% of those provided PPTCT services reported their infants were not administered any medicine after delivery, indicating poor follow-up after the prophylaxis treatment.

Current USG Support: In the past year, the PPTCT program has been strengthened in AP and TN with referrals and follow up for PMTCT included in all USG health-provider training programs. In Maharashtra, USG-funded networked services contribute to PPTCT coverage through ANC clinics at six CHC centers. As part of a comprehensive HIV/AIDS program in 14 districts of Karnataka, USG funding supports the local State AIDS Control Society (SACS) with 14 supportive supervision teams for the 194 PPTCT centers and also supports 6 model PPTCT centers linked to maternity care institutions and MCH services. This institutional strengthening package covers service provider training, introducing Quality Improvement (QI) and follow-up program monitoring, technical assistance, and supervision training. Demand creation for improved access to PPTCT services includes

community mobilization targeting male partners of pregnant women to motivate them for testing and counseling for disclosure and treatment.

The second USG strategy is to develop prototypes for broader private sector engagement. The private sector engagement in the PPTCT sector has been suboptimal. The USG is supporting private sector engagement in delivery of PPTCT services, covering a planned 3500 mother-baby pairs in private nursing homes in AP and TN, in partnership with private sector funding from the pharmaceutical industry. In Tamil Nadu, the Perundurai Medical College is a nodal service point for 16 private nursing homes that encourages provider-initiated testing and counseling of pregnant women, and links them with prophylactic ART services at the PPTCT centers. In FY07, USG support to increase private sector response to HIV/AIDS helped mobilize and leverage resources from corporate and business associations for cost of elective surgeries and ARV drugs (including pediatric doses) and infant formula if advised, worth $30,000.

Leveraging and coordination: A multi-sectoral approach to ensure quality PPTCT, working with other departments of the Ministry of Health and Family Welfare like the Reproductive and Child Health (RCH) program, the Ministry of Women and Child Development, and the Indian Council of Medical Research; and professional bodies like the Indian Academy of Pediatrics, is part of the NACP-3 implementation framework. UNICEF, the lead agency and key technical partner for the National AIDS Control Organization (NACO) in the implementation of the PPTCT program, has provided guidelines, training modules and support for monitoring and evaluation, and quality assurance. UNICEF supports PPTCT officers in the SACS. UNICEF and USG are members of the National PPTCT Working Group. The Global Fund Rounds 2 and 4 played a significant role in scaling up the PPTCT program and strengthening health provider capacity. USG-funded programs in TN and AP have contributed significantly to raising the demand for and utilization of PPTCT services.

USG FY08 Support: USG activities in PPTCT will continue to have a targeted role in terms of technical involvement and geographical coverage. Priorities are:

1. Demonstration PPTCT models in the private sector: USG will continue to support models of delivery of PPTCT services in the private sector. The models represent typical settings in India that are entry points for institutional deliveries in the private sector: a maternity nursing home that offers specialized maternity services including delivery and post natal care, and a one-stop polyclinic with medical consulting and service delivery facilities across various specialties including gynecology, obstetrics and pediatric care. An additional site will be determined following a feasibility and site assessment report. The range of PPTCT services available at these centers will include counseling and testing for pregnant women and their spouses, ARV prophylaxis, counseling for safe infant feeding practices, family planning counseling services or referral; counseling for serodiscordant couples; and linkages with the ART centers for ongoing HIV care. In FY08, USG will continue to mobilize and leverage resources from corporate and business associations for nutritional support for mother and baby, cost of elective surgeries and ARV drugs (including pediatric doses).

2. Strengthening capacity of health care providers through supervision and training: The USG-supported comprehensive programs in Karnataka and AP will continue to provide direct support to the Karnataka State AIDS Prevention Society (KSAPS) and the Andhra Pradesh SACS (APSACS) in the districts. The project trains a cadre of over 300 private sector nurse-practitioners to strengthen the quality of services. The providers are attached to public primary health care centers and provided with ongoing supervision. In Karnataka, USG support will also focus on supportive supervision for the 192 state PPTCT centers in the state, as part of the support to state scale-up of PPTCT services in 14 districts. USG support for PPTCT in TN includes the Fellowship training program at Government Hospital for Thoracic Medicine (GHTM), covering five medical institutions, 100 block-level doctors, and 3000 health-care providers that will build capacity of PPTCT services delivered in 17 private sector hospitals and 3 tertiary care centers. The USG-assisted Technical Support Unit (TSU) in TN will facilitate a review and evaluation of all PPTCT centers.

3. Demand generation: Studies indicate there is very low awareness of the perinatal mode of transmission of HIV. Capacity building of the NGO sector for demand creation and support for a well-defined outreach plan for the GOI link worker system will be a key USG contribution to uptake of PPTCT services. In US priority states, the model PPTCT centers will include community mobilization. Outreach will target men as supportive partners to facilitate voluntary testing and disclosure, follow-up of mother and child, and support for treatment.

Program Area Downstream Targets:

1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	325
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	144510
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	905
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	2675

Custom Targets:

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 3940.08 **Mechanism:** N/A

Prime Partner: Avert Society

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Activity ID: 6114.08

Planned Funds: $160,000

Activity System ID: 14096

Activity Narrative: SUMMARY

The National AIDS Control Plan Phase 3 (NACP-3) has given high priority to the prevention of mother-to-child transmission (PMTCT). Under NACP-3, existing counseling and testing (CT) and PMTCT centers are being remodeled as a hub that integrates all HIV-related services, renamed Integrated Counseling and Testing Centers (ICTC). ICTCs are envisaged as a key entry point for both men and women for HIV/AIDS services. In FY08, the Avert project will provide technical support to Maharashtra State AIDS Control Society (MSACS) and the Goa State AIDS Control Society (GSACS) to expand the coverage of quality PMTCT services provided in the ICTCs. Avert project provide ongoing technical support, including contracting a training institution to train ICTC staff. Avert will also fund two model PMTCT centers in the private sector, and promote the expansion of private sector services.

BACKGROUND

The Avert Society project is a bilateral program implementing prevention, care, and treatment activities in high-burden districts of Maharashtra State. The population of Maharashtra is over 96.8 million and the HIV prevalence is 0.75% (sentinel surveillance, State of Maharashtra, 2006). Avert currently supports over 70 NGOs to implement prevention, care, and treatment programs in selected high-burden districts of Maharashtra State. Under the umbrella of the Avert project, the Health Communication Partnership/Johns Hopkins University (HCP/JSU) and the Hindustan Latex Family Planning Promotion Trust (HLFPPT) have been awarded cooperative grants to support the state in scaling up the efforts on communication (HCP/JHU) and condom social marketing (HLFPPT).

The National AIDS Control Organization (NACO) has asked the Avert project to assume responsibility for the Technical Support Unit (TSU) to support the State AIDS Control Societies (SACS) in Maharashtra and Goa to scale up HIV/AIDS prevention, care, and treatment programs in accordance with the third National AIDS Control Program INACP-3). It is envisioned that Avert will also provide direct implementation support to fill critical gaps in prevention services and/or demonstrate best practice models for specific populations.

ACTIVITIES AND EXPECTED RESULTS

This activity will strengthen the ICTC program of MSACS and GSACS through ongoing technical support and capacity-building of ICTC staff. Avert will demonstrate best practices by establishing PMTCT models in the private sector. Provision or referral for partner testing will be offered to all clients at antenatal clinics (ANC) or at post-delivery irrespective of HIV test results. CDC will assist the Avert project in providing technical support to the SACS for improving the efficiency and quality of PMTCT services including training of ICTC staff and developing model programs.

Avert will develop strategies to address barriers to women’s access to PMTCT services. These include minimizing wage loss for working women by facilitating testing facilities on ANC days at the community-based primary health centers. Community men and women leaders will be sensitized and engaged to provide a supportive environment for women to access PMTCT services.

ACTIVITY 1: Capacity-Building of SACS to Provide Quality PMTCT Services
Avert will build the capacity of the SACS to ensure that a high proportion of pregnant women are tested for HIV and most of those testing positive are provided with PMTCT services. Provider- initiated opt-out HIV CT at sub-district hospitals and primary health centers with same day rapid test results will be promoted to reach the largest number of pregnant women. Avert will provide ongoing technical support to the SACS and field ICTC centers on the supply chain management of PMTCT test kits and ARV prophylaxis drugs, counseling quality, minimizing losses to follow-up, and care and treatment services, including ARV treatment during pregnancy and post-delivery.

With FY08 funds, Avert will contract a training institution to train around 1400 staff from 200 ICTC centers of MSACS and two model centers, in accordance with the national and international PMTCT protocols and guidelines. The curriculum will focus on quality PMCT services, client satisfaction, supply chain management of test kits and ARV prophylactic drugs, follow-up of the mother-baby pair after delivery, and testing and confirmation of the baby’s status at 18 months of age. ICTC staff will also be trained in establishing linkages and networking with ART treatment centers, community care centers, PLHA drop-in centers, home-based care service providers and TB-DOTS centers for providing care and treatment services.

ACTIVITY 2: Developing Model PMTCT Centers in the Private Sector
Avert will develop two model PMTCT programs in the private sector to provide safe, confidential, cost-effective and accurate counseling and testing facilities that will reach 2000 pregnant women. These centers will be located in private maternity care institutions/nursing homes. The sub-partner will fund the infrastructure (space for outpatients, counseling, gynecological examination tables, a delivery room, and a laboratory) and the ARV prophylactic drugs (in accordance with national guidelines). The cost of delivery and ARV prophylaxis will be borne by the client as in line with a cost recovery model for public-private partnership. Avert will fund staff salaries, build staff capacity and monitor the program. The mother-baby pair will be followed up with ongoing breast feeding and early weaning counseling and at 18 months the child will be tested to confirm his or her sero-status.

The aim of setting up these model centers is to expand PMTCT services in the private sector. The model will be promoted by disseminating the lessons learned to the various forums of private healthcare institutions. Efforts will be made to leverage ARVs, consumables, and managerial assistance from District Supervisors through MSACS and/or UNICEF and CDC.

ACTIVITY 3: Referrals and Linkages to ICTCs
Avert will strengthen referrals and linkages to ICTCs and maternal and child health services as required to receive the full range of PMTCT- related services. Avert will ensure the provision of free prophylactic ARV for HIV-positive ANC mothers at government ICTC centers and outreach workers will follow-up these women through home visits. Outreach 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

Activity Narrative: appropriate. Referrals will be made for comprehensive HIV care including the prevention of opportunistic infections and TB treatment, and HIV-positive mother 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 mother and infants will be linked up to care and treatment services, including ARV treatment.

ACTIVITY 4: Demand Generation for PMTCT Services
With FY08 funds, Avert will provide technical support to MSACS and GSACS to train NGOs implementing prevention, care and support programs at the community level to develop referral linkages with ICTCs and to motivate pregnant women to access PMTCT services.

ACTIVITY 5: Quality Assurance and Monitoring and Evaluation (M&E)
With FY08 funds, Avert will provide technical support to the SACS to establish a robust M&E system including a Management Information System to assess the effectiveness of PMTCT service delivery. Program activities will be monitored for effective logistic supply and delivery mechanisms, gender sensitivity, and the maintenance of national and international standards. Avert will collaborate with the government's District AIDS Prevention and Control Units' M&E teams in assessing the effectiveness and improving the quality of ICTC services.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10788

Related Activity: 14164, 14098, 14121, 14099, 14122, 14094, 14123, 14101, 14124, 14102, 14125, 14103, 14104

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23880	6114.23880.09	U.S. Agency for International Development	Avert Society	10306	3940.09		$42,090
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14164	14164.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$88,000
14121	6587.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$143,000
14098	6117.08	6709	3940.08		Avert Society	$1,204,900
14099	6118.08	6709	3940.08		Avert Society	$700,000
14122	6588.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$187,000
14123	6627.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$33,000
14094	11444.08	6708	5781.08		Avert Society	$135,000
14124	10938.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$132,000
14101	6120.08	6709	3940.08		Avert Society	$400,000
14102	6121.08	6709	3940.08		Avert Society	$80,000
14125	10940.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$187,000
14103	6122.08	6709	3940.08		Avert Society	$400,000
14104	6123.08	6709	3940.08		Avert Society	$480,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	2	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	2,000	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	20	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	1,418	False

Target Populations

Other

Pregnant women

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID:	3950.08	**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 of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT	**Program Area Code:**	01
Activity ID:	14164.08	**Planned Funds:**	$88,000
Activity System ID:	14164		

Activity 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.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 14096, 14097, 14120, 14098, 14121, 14099, 14122, 14101, 14124, 14102, 14125, 14103, 14353, 14104, 14354

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14096	6114.08	6709	3940.08		Avert Society	$160,000
14097	6116.08	6709	3940.08		Avert Society	$220,000
14120	6586.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$88,000
14121	6587.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$143,000
14098	6117.08	6709	3940.08		Avert Society	$1,204,900
14099	6118.08	6709	3940.08		Avert Society	$700,000
14122	6588.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$187,000
14124	10938.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$132,000
14101	6120.08	6709	3940.08		Avert Society	$400,000
14102	6121.08	6709	3940.08		Avert Society	$80,000
14125	10940.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$187,000
14353	6158.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$88,000
14103	6122.08	6709	3940.08		Avert Society	$400,000
14104	6123.08	6709	3940.08		Avert Society	$480,000
14354	6159.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$154,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	N/A	True
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	N/A	True
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	N/A	True
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	N/A	True

Target Populations

Other

Pregnant women

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 6721.08

Mechanism: Connect

Prime Partner: Population Services International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Activity ID: 14165.08

Planned Funds: $250,000

Activity System ID: 14165

Activity 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 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 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

Activity Narrative: (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 (NGO) service providers to which HIV-positive clients can be referred for care, support and treatment (ncluding 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.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 14128, 14131

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14128	10935.08	6714	3943.08	Connect	Population Services International	$125,217
14131	6135.08	6714	3943.08	Connect	Population Services International	$483,122

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	3	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	1,800	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	60	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	20	False

Target Populations

Other

Pregnant women

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 3943.08

Mechanism: Connect

Prime Partner: Population Services International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Activity ID: 10935.08

Planned Funds: $125,217

Activity System ID: 14128

Activity 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

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

Activity Narrative: (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 (NGO) service providers to which HIV-positive clients can be referred for care, support and treatment (ncluding 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10935

Related Activity: 14165, 14131

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23875	10935.23875.09	U.S. Agency for International Development	Population Services International	10305	3943.09	Connect	$260,105
10935	10935.07	U.S. Agency for International Development	Population Services International	5600	3943.07		$300,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14165	14165.08	6721	6721.08	Connect	Population Services International	$250,000
14131	6135.08	6714	3943.08	Connect	Population Services International	$483,122

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Target Populations

Other

Pregnant women

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID:	3949.08	**Mechanism:**	APAC
Prime Partner:	Voluntary Health Services	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (USAID)	**Program Area:**	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT	**Program Area Code:**	01
Activity ID:	10933.08	**Planned Funds:**	$148,500
Activity System ID:	14154		

Activity 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.

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 though 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

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10933

Related Activity: 14666, 14156, 14668, 14157, 14159, 14670, 14163, 14671, 14161, 14673, 14162, 14674

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21826	10933.21826.09	U.S. Agency for International Development	Voluntary Health Services	9457	3949.09	APAC	$108,328
10933	10933.07	U.S. Agency for International Development	Voluntary Health Services	5604	3949.07		$245,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14666		6902	3958.08		Tamil Nadu AIDS Control Society	$15,200
14668		6902	3958.08		Tamil Nadu AIDS Control Society	$40,000
14156	6150.08	6720	3949.08	APAC	Voluntary Health Services	$2,158,800
14157	6151.08	6720	3949.08	APAC	Voluntary Health Services	$970,000
14159	6153.08	6720	3949.08	APAC	Voluntary Health Services	$325,500
14670		6902	3958.08		Tamil Nadu AIDS Control Society	$15,000
14671		6902	3958.08		Tamil Nadu AIDS Control Society	$20,000
14163	6154.08	6720	3949.08	APAC	Voluntary Health Services	$34,100
14673		6902	3958.08		Tamil Nadu AIDS Control Society	$90,000
14161	6156.08	6720	3949.08	APAC	Voluntary Health Services	$396,000
14162	6157.08	6720	3949.08	APAC	Voluntary Health Services	$481,900
14674		6902	3958.08		Tamil Nadu AIDS Control Society	$69,000

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID:	3966.08	**Mechanism:**	N/A
Prime Partner:	Leprosy Relief Association India	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT	**Program Area Code:**	01
Activity ID:	6216.08	**Planned Funds:**	$55,000
Activity System ID:	14297		

Activity Narrative: SUMMARY

USG and LEPRA, through its sub-partner, Catholic Health Association of India (CHAI), will continue PMTCT activities from the previous year. Activities, based out of a PHC hub, 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 (SHGs), Village Health Committees, and community resource persons. Presently, services are being delivered in the 266 Primary Health Centers (PHCs) spread across 10 high burden (prevalence greater than 1%) districts in the state, covering all PHCs population of approximately 13 million. In the fourth year of the program, these activities will continue to primarily be implemented by CHAI.

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, 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 PLWHA, 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 State AIDS Control Society 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 faith based organization in the health sector with nearly 3,226 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 (AP), a state in South India with a population of 80.8 million, has an estimated 500,000 PLWHA. 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 primary health care clinic (PHC), the most 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 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. There is a total of 677 Integrated Counseling and Testing Centers (ICTCs), which offer PPTCT, CT, 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

Furthering the need for effective PMTCT programming in the state is the government's ambitious promise of zero HIV-positive babies delivered in 2007, also known as the "0 by 7" campaign, for which USG has stressed data-driven and evidence based technical assistance to APSACS. 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 within routine PHC services. The nurse practitioners are government staff, not paid for by LEPRA. The USG pays for the a system of supervision, whereby one supervisor for every 10 NPs visits each center, on average once every two weeks, to provide on-site supervision, training, and feedback.

AP state's PMTCT program suffers a high loss to follow-up for many positive pregnant women before delivery. From January and December 2006, 46.9% of 6,028 HIV- positive ANC clients received NVP from the state's PMTCT services due to low patient confidence in the PHC level services, poor record keeping and linkages between service levels, and limited capacity to follow-up patients after testing. USG plans to address these issues in USG-supported PHCs in FY08 through increased access to quality HIV services at the PHC level and enhanced patient follow-up by program trained nurses.

ACTIVITY 1: PHC Enhancement Model

CDC/India, in partnership with the SACS and CHAI, piloted a model of 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, including VCT, PMTCT, OI & STI treatment, 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 (NVP) 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 for supporting trainings, nurse salaries, and supplies. 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 July and December 2006, 38,889 clients accessed counseling and testing services made available at the program PHCs. Of 20,311 ANC clients, 186 tested positive (0.9%).

USG, in collaboration with district health authorities, will train the existing technicians and outreach staff of the PHCs on HIV counseling and testing. Nurses are provided refresher training on PMTCT skills twice

Activity Narrative: yearly. This will facilitate the mainstreaming of the activity into the routine work of the PHC, a key strategy of the Government of India's recently released five-year National AIDS Control Plan (NACP-3). Integration with existing government program staff, such as auxiliary nurse midwives (ANM) and PLHA outreach workers, for the follow up of positive pregnant women, and babies of positive mothers up to 18 months after birth, are also specific program activities. Nurses also encourage testing of spouses and are trained in couple counseling and partner notification at the PHCs.

The number provided PPTCT services in FY08 will be 95,441 and the number of positive women administered Nevirapine during delivery will be 400.

Activity 2: Supervision, Monitoring and Program Management of District-Level PMTCT Services

To monitor PMTCT services provided by the trained nurses in the PHCs, LEPRA has trained, financially supported, and provided consistent TA to 6 District Program Managers (DPMs). These program managers supervise and mentor USG and APSACS field staff, including the nurses, in the field. DPMs are trained in comprehensive HIV prevention, care, and treatment—with a special emphasis on monitoring data registers from the PHC to ensure PMTCT services provided are meeting quality standards and targets. This district support structure is similar to the District AIDS Prevention and Control Units, planned under NACP-3.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10881

Related Activity: 14299, 14300, 14301, 14304, 14305, 14306

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20902	6216.20902.09	HHS/Centers for Disease Control & Prevention	Leprosy Relief Association India	9158	3966.09		$30,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14299	6215.08	6767	3966.08		Leprosy Relief Association India	$125,000
14300	6219.08	6767	3966.08		Leprosy Relief Association India	$50,000
14301	6217.08	6767	3966.08		Leprosy Relief Association India	$100,000
14304	12599.08	6767	3966.08		Leprosy Relief Association India	$0
14305	6221.08	6767	3966.08		Leprosy Relief Association India	$100,000
14306	6222.08	6767	3966.08		Leprosy Relief Association India	$202,489

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

* Task-shifting

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

* Child Survival Activities

* Family Planning

* Safe Motherhood

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	266	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	95,411	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	400	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	296	False

Target Populations

General population

Ages 15-24

Women

Adults (25 and over)

Women

Other

Pregnant women

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID:	3942.08	**Mechanism:**	Samastha
Prime Partner:	University of Manitoba	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (USAID)	**Program Area:**	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT	**Program Area Code:**	01
Activity ID:	10934.08	**Planned Funds:**	$35,360
Activity System ID:	14166		

Activity 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 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 3: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10934

Related Activity: 14136, 14137, 14139, 14140, 14141

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20937	10934.20937.09	U.S. Agency for International Development	University of Manitoba	9164	3942.09	Samastha	$40,084
10934	10934.07	U.S. Agency for International Development	University of Manitoba	5783	5783.07		$110,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14136	6129.08	6715	3942.08	Samastha	University of Manitoba	$780,000
14137	6131.08	6715	3942.08	Samastha	University of Manitoba	$2,071,160
14139	10943.08	6715	3942.08	Samastha	University of Manitoba	$335,400
14140	6130.08	6715	3942.08	Samastha	University of Manitoba	$29,640
14141	10941.08	6715	3942.08	Samastha	University of Manitoba	$169,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Wraparound Programs (Health-related)

* Family Planning

Wraparound Programs (Other)

* Economic Strengthening

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	6	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	600	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	60	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	30	False

Target Populations

Other

Pregnant women

People Living with HIV / AIDS

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 3962.08

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

Prime Partner: University of Washington

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Activity ID: 11498.08

Planned Funds: $30,000

Activity System ID: 16006

Activity Narrative: SUMMARY:

Since its inception, the International Training and Education Center on HIV (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 following activities: (1) National AIDS Control Organization (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 FY 2008 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 William J. 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 FY 2008, 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 FY 2008, 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 Narrative: 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 counselling. 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 least 30 nurses with the goal to expand in FY 2009.

ACTIVITY 6: (new) Clinical Consultation Hotline

Healthcare providers in India have limited training on HIV/AIDS care and confront many complex questions in their routine day-to-day clinical practice, 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 with resource constraints that include e.g. availability of advanced medical diagnostic facilities in rural settings that constitute almost 70% of the Indian population. 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 and India relevant expert case consultation. This hotline will serve to 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11498

Related Activity: 14666, 14673, 14664, 14665, 14674

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21836	11498.21836.09	HHS/Health Resources Services Administration	University of Washington	9459	3962.09	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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14666		6902	3958.08		Tamil Nadu AIDS Control Society	$15,200
14673		6902	3958.08		Tamil Nadu AIDS Control Society	$90,000
14664		6901	3962.08	I-TECH (International Training and Education Center on HIV)	University of Washington	$100,000
14665		6901	3962.08	I-TECH (International Training and Education Center on HIV)	University of Washington	$120,000
14674		6902	3958.08		Tamil Nadu AIDS Control Society	$69,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	N/A	True
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	N/A	True
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	N/A	True
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	422	False

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 5786.08

Mechanism: N/A

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Activity ID: 11471.08

Planned Funds: $44,323

Activity System ID: 14460

Activity Narrative: $44,323 in CDC GHAI funding is necessary to support expenses and activities for technical staff in the three GAP India offices (New Delhi, Chennai, and Hyderabad). A total of seven staff in these offices is funded with GHAI funds. The amount requested includes salaries, fringe, travel proportionate office overhead, desk, operational charges, head tax charges, and ICASS charges for technical staff.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11471

Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25423	11471.25423.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	9167	3969.09		$58,183
11471	11471.07	HHS/Centers for Disease Control & Prevention	HHS/CDC	5786	5786.07		$10,000

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 3967.08

Mechanism: APAIDSCON

Prime Partner: Share Mediciti (Networking)

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Activity ID: 11503.08

Planned Funds: $10,000

Activity System ID: 14578

Activity 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 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

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11503

Related Activity: 14580, 14582, 14583, 14585, 16431

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20920	11503.20920.09	HHS/Centers for Disease Control & Prevention	Share Mediciti (Networking)	9161	3967.09	APAIDSCON	$10,000
11503	11503.07	HHS/Centers for Disease Control & Prevention	Share Mediciti (Networking)	5621	3967.07		$10,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14580	6226.08	6879	3967.08	APAIDSCON	Share Mediciti (Networking)	$50,000
14582	6224.08	6879	3967.08	APAIDSCON	Share Mediciti (Networking)	$10,000
14583	6225.08	6879	3967.08	APAIDSCON	Share Mediciti (Networking)	$25,000
14585	6227.08	6879	3967.08	APAIDSCON	Share Mediciti (Networking)	$219,000
16431	16431.08	6879	3967.08	APAIDSCON	Share Mediciti (Networking)	$15,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

* Task-shifting

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

* Family Planning

* Safe Motherhood

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	30	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	38,700	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	344	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	140	False

Target Populations

Other

Pregnant women

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 3978.08

Mechanism: PHMI

Prime Partner: Share Mediciti (Umbrella)

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Activity ID: 6223.08

Planned Funds: $5,000

Activity System ID: 14587

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. This support will focus on the placement of a senior ICTC consultant. 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. 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.

BACKGROUND

Mediciti SHARE India is a not-for-profit organization working in rural communities outside Hyderabad, Andhra Pradesh specifically reaching out to about 300,000 rural populations with services including maternal and child health, immunization, population control, cancer detection, HIV/AIDS and nutrition, coordinated through their medical college and hospital. 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 PEPFAR/CDC, SHARE India established the Public Health Management Institute (PHMI) as a technical assistance and training organization. PHMI's objective is to provide human resource capacity building and systems strengthening within the public health infrastructure of Andhra Pradesh (AP). Its focus is on developing innovative quality improvement mechanisms such as accreditation systems and on the job training programs. Its technical focus is on HIV but PHMI envisions a broader role in building public health systems in AP.

Andhra Pradesh State AIDS Control Society (APSACS), the state's nodal agency for HIV control, has scaled up counseling and testing (CT) services and prevention to mother to child transmission (PMTCT) services to both rural and urban populations (unlike other states where these services are primarily urban and peri-urban). These services are offered under one roof in 677 Integrated Counseling and Testing centers (ICTCs) in the State. Almost all ICTCs are located in government medical care facilities (medical colleges, district and sub-district hospitals, primary health centers) and therefore are designed to link clients to support services, facility based palliative care, and ART screening and treatment. The system also encourages provider- initiated testing by closing linking outpatient clinics and inpatient wards to the ICTC, usually located in the same building.

ICTCs were conceptualized in 2005 by Tamil Nadu State AIDS Control Society (TNSACS) with the support of CDC consultants and staff during the state's rapid scale up of testing services. APSACS went through a similar scale-up and re-structuring process in 2006 and early 2007, with the help of LEPRA, CHAI, PHMI, and CDC staff. Counseling and testing (CT) centers in Andhra Pradesh increased from 121 in 2004 to 677 today. APSACS-funded ICTCs currently perform over 1.5 million tests per year, of which 600,000 are for antenatal women (positivity rate, 1.25%-2.5%) and 900,000 are for 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 million tests are for antenatal women. This does not include the large number of tests in the private sector (except the few sites funded by APSACS such as the APAIDSCON network of private medical colleges) since those numbers are not reported to APSACS.

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. This improvement appears to be due to a concerted effort by APSACS to more aggressively counsel and follow pregnant women found to be HIV positive. A statewide "Zero by 07" campaign may also be helping to mobilize communities, NGO outreach teams, and the medical sector to ensure Nevirapine prophylaxis and institutional deliveries.

ACTIVITIES AND EXPECTED RESULTS

The State's 677 ICTCs are currently managed directly by the CDC/PHMI-funded ICTC consultant under the guidance of the APSACS project director. Systems to manage ICTCs have evolved over the past two-three 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) also provide management support to the ICTCs as an part of their job responsibilities. These efforts to decentralize the management process have been a great help to the system.

In FY08, PHMI will provide ongoing support to APSACS for the management of the Integrated Counseling and Testing Center (ICTC) program, including PMTCT services. This support will continue to focus on the placement of a senior state-level ICTC consultant.

ACTIVITY 1: Consultant's Management of PMTCT

The consultant will continue to play a leadership role in managing the entire ICTC system and create strategies to continuously improve the structure of the program. This includes: a) strengthening training programs for counselors, lab technicians, and nurse practitioners; b) ensuring that refresher trainings are conducted annually for all field staff; c) improving the supervision skills and procedures for district level counseling supervisors and district project managers; d) strengthening supply chain 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 medical system.

Tthe 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

Activity Narrative: those testing positive.

ACTIVITY 2: Strengthened Linkages between ANC and ICTC Services
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. 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 is for APSACS to develop closer relationships with private testing centers to ensure quality testing, counseling, and patient follow up.

PHMI, through the ICTC consultant, will continue to remain engaged in the work to improve the rate of Nevirapine administration to pregnant women identified as HIV-positive and will provide technical support and input to other agencies as requested.

ACTIVITY 3: 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.

ACTIVITY 4: Development of Positive ANC Tracking Tool
The PHMI-supported consultant to APSCACS on data management systems will develop a Positive ANC tracking tool to improve Nevirapine administration rates in the State. Initially, this will be 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. It will be a useful field tool for the counselors, nurses and outreach workers.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10908

Related Activity: 14590, 16433, 14593

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10908	6223.07	HHS/Centers for Disease Control & Prevention	Share Mediciti (Umbrella)	5622	3978.07		$50,000
6223	6223.06	HHS/Centers for Disease Control & Prevention	Share Mediciti (Umbrella)	3978	3978.06		$50,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14590	11505.08	6880	3978.08	PHMI	Share Mediciti (Umbrella)	$15,000
16433	16433.08	7428	7428.08	PHMI	Share Mediciti (Umbrella)	$0
14593	10121.08	6880	3978.08	PHMI	Share Mediciti (Umbrella)	$100,296

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

* Child Survival Activities

* Family Planning

* Safe Motherhood

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	N/A	True
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	N/A	True
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	N/A	True
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	N/A	True

Target Populations

General population

Ages 15-24

Women

Adults (25 and over)

Women

Other

Pregnant women

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 3958.08

Mechanism: N/A

Prime Partner: Tamil Nadu AIDS Control Society

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Activity ID:

Planned Funds: $15,200

Activity System ID: 14666

Activity Narrative: SUMMARY
To assist this program, HHS/CDC will support the placement of a prevention of parent to child transmission (PPTCT, as PMTCT is referred to in India) technical officer within the Tamil Nadu State AIDS Control Society (TNSACS). This officer will be responsible for improving the linkage from Tamil Nadu's 718 ANC centers to ICTC services to achieve the goal that all ANC women, and their partner, are tested for HIV (715,000 targeted in FY08). Specific activities for this office include oversight for the implementation of the program, including monitoring and evaluation and quality assurance, improving linkages and follow-up, and expanding services into the private sector.

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 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.

ACTIVITIES AND EXPECTED RESULTS

TNSACS has established 718 integrated counseling and testing centers (ICTC) which are co-located with ante-natal care services. In 2007, a reported 600,000 ANC attendees were tested for HIV in Tamil Nadu. To assist this program, HHS/CDC will support the placement of a prevention of parent to child transmission (PPTCT) technical officer within TNSACS. This officer will be responsible for improving the linkage from Tamil Nadu's 718 ANC centers to ICTC services to achieve the goal that all ANC women, and their partner, are tested for HIV (715,000 targeted in FY08). Currently, there are 718 PPTCT centers in Tamil Nadu that provide ART prophylaxis to HIV-infected pregnant women (and their children). TNSACS plans to establish 780 additional PPTCT centers in FY08. In FY08, these centers will provide HIV counseling and testing to 715,000 ANC clients, resulting in 2646 HIV-infected pregnant women receiving PPTCT services as per GOI guidelines.

Specific activities that this state-level officer will undertake in FY08 include: developing and implementing standard operating practices for the PPTCT program, monitoring and evaluating program performance based on standardized indicators, assessment visits to program sites, improving linkage and follow-up of HIV-infected ANC clients to HIV treatment services, expanding high-quality PPTCT services into the private sector, and partner coordination. HHS/CDC will provide direct technical support to this officer. All results will be indirect and reflect systems strengthening for State PPTCT services.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11507

Related Activity: 16006, 14154, 14156, 14670, 14674

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11507	11507.07	HHS/Centers for Disease Control & Prevention	Tamil Nadu AIDS Control Society	5624	3958.07		$30,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16006	11498.08	6901	3962.08	I-TECH (International Training and Education Center on HIV)	University of Washington	$30,000
14154	10933.08	6720	3949.08	APAC	Voluntary Health Services	$148,500
14156	6150.08	6720	3949.08	APAC	Voluntary Health Services	$2,158,800
14670		6902	3958.08		Tamil Nadu AIDS Control Society	$15,000
14674		6902	3958.08		Tamil Nadu AIDS Control Society	$69,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

* Reducing violence and coercion

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

* Child Survival Activities

* Family Planning

* Safe Motherhood

* TB

Food Support

Public Private Partnership

Target Populations

General population

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

Discordant Couples

People Living with HIV / AIDS

HVAB - Abstinence/Be Faithful

Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02

Total Planned Funding for Program Area: $1,378,115

Estimated PEPFAR contribution in dollars	$0
Estimated local PPP contribution in dollars	$0

Program Area Context:

Overview: Although India has 2.47 million people living with HIV, 3rd largest number globally, the 2005-06 National Family Health Survey (NFHS-3) confirms that India has a highly concentrated HIV epidemic. Nationally, HIV prevalence is 0.36% for the age group 15-49. Prevalence is higher in urban than in rural areas. Overall, 1.6 men are infected for every infected woman; Tamil Nadu is the only state where more women are infected. For both men and women, HIV prevalence peaks in the 30-34 age group and is low among youth.

National averages mask large geographic variations in HIV prevalence. The highest prevalence states are the northeast state of Manipur (1.13%), Andhra Pradesh (AP) (0.97%), Karnataka (0.69%) and Maharashtra (0.62%) (NFHS-3). District-level HIV rates among antenatal clinic (ANC) attendees also vary greatly. In 2006, these rates exceeded 1% in 200 of 650 districts across India; in 29 districts, ANC prevalence exceeded 3%.

Commercial sex is the main driver of HIV transmission in India, except in the Northeast, where injecting drug use (IDU) is the primary mode of transmission. Male-to-male sex also contributes to the epidemic, although the magnitude of its role is unclear. Mother-to-child transmission accounts for a small share of new infections. In general, new infections among populations perceived to be at lower risk occur through bridge populations who engage in high-risk behavior and infect their marital partners. This includes men who are clients of sex workers (CSW), have migratory occupations (e.g.) truckers, as well as IDUs and men who have sex with men (MSM). In 2004, 22% of HIV cases in India were estimated to be housewives with a single life-time partner. Factory workers, migrants, and out-of-school and slum youth also engage in casual or commercial sex and appear to be at increased risk. Better data on HIV prevalence and risk in different potential bridge populations is required and remains a limitation of interventions and strategies.

Tamil Nadu, formerly considered a higher prevalence state, is an important success story in HIV prevention. Interventions targeting CSWs and bridge populations, especially truckers, supported largely by USG, contributed to an increase in condom use and reduced HIV rates in the general population; ANC prevalence has declined from 1.13% in 1996 to 0.05% (Tamil Nadu State AIDS Control Society) in 2006. The proportion of truckers who patronize sex workers also declined, from 38% in 1996 to 21% in 2005.

The Third National AIDS Control Program (NACP-3), launched in July 2007 by the National AIDS Control Organization (NACO), accords highest priority to prevention, with the primary focus on most-at-risk populations. NACP-3 also identifies bridge populations, especially truckers, migrants and at-risk youth, as important prevention priorities. Under NACP-3, NACO is calling on donors to shift from direct funding of interventions to capacity building of State AIDS Control Societies (SACS), in both prevention and other areas.
Current USG Support: Current USG prevention efforts focus on several large, higher prevalence states. The primary emphasis is on most at-risk populations, with complementary interventions for key bridge populations, especially men who put themselves and their wives at risk. The USG approach builds on Indian cultural norms and tailors messages to specific audiences (e.g., mutual monogamy for married couples, abstinence for unmarried young adults). AB messages are provided within a comprehensive ABC approach that includes education about consistent and correct condom use for persons engaging in risky behavior. Many AB partners receive complementary Condoms/Other Prevention funding.

The USG has long supported prevention activities through the Avert Society in Maharashtra and the AIDS Prevention and Control (APAC) program in Tamil Nadu. Avert and APAC are together reaching over 600,000 truckers and working with over 800 industries to support AB-focused prevention education. The USG has also supported development of a communication tool kit for use in workforce interventions, including two films for workers and management that are being used throughout India. APAC and Avert have trained peer educators in 300 slums to encourage married men and out-of-school youth to avoid and/or reduce high-risk behavior. USG is partnering with the Tamil Nadu government to mainstream sex education programs in over 1000 colleges. More recently, USG has expanded support for prevention activities in Karnataka and Andhra Pradesh.

Leveraging and Coordination: The USG approach to prevention has significant buy-in from the national and state governments. USG staff participate in key national Technical Resource Groups in behavior change communication and youth that help guide national prevention policies and programs for vulnerable populations throughout the country. NACO has explicitly incorporated lessons learned from USG-funded programs for migrants and truckers into NACP-3 prevention strategies. NACO has also requested that USG partners serve as technical support units (TSUs) in Tamil Nadu, Maharashtra, Uttar Pradesh, Kerala, and Goa, positioning the USG to influence the entire HIV prevention effort in these states.

Technical input and materials developed by USG partners are being replicated in USG focus states and nationally. The life skills curriculum developed by USG for college students is being considered for mainstreaming by the Ministry of Higher Education. NACO is adapting the workplace tool kit and a USG-supported youth media campaign and tool kit focusing on AB messages for national scale up. The amount leveraged through technical support to NACO for prevention activities emphasizing mutual monogamy and abstinence is over $2 million. USG also leverages resources from the Department of Women and Child Development by integrating prevention education into women's self-help groups in higher prevalence districts in several states. In addition, the USG leverages corporate resources: industries partnering with Avert contribute 30-50% of funds for HIV/AIDS workplace interventions. The USG coordinates at the national level and in USG focus states with other donors working in prevention, especially the Bill and Melinda Gates Foundation (BMGF).

USG FY08 Support: The USG will adopt a multi-pronged approach to AB-focused prevention.

1. Through assistance to TSUs, the USG will build the capacity of SACS to scale up evidence-based, best practice AB-focused prevention interventions for key bridge populations. USG partners who serve as TSUs will draw on established best practices to assist the SACS in developing plans for scale up and with systems for monitoring and evaluation, and NGO selection and capacity building for high quality AB prevention education. Strategies to better identify and reach at-risk populations, will be part of the TSU mandate.

2. The USG will initiate a phased transition to shift many existing APAC and Avert prevention partners, serving key bridge populations, to direct financial support from the SACS. As part of the transition process, the USG will refocus direct support to intensify comprehensive outreach to truckers, migrants, industrial workers and at-risk youth in higher prevalence districts of USG focus states. Direct support for implementation will primarily fill critical gaps in prevention services and/or demonstrate best practice models for specific populations.

3. Increasingly, the USG will support technical assistance and capacity building to mobilize other sources of funding for prevention activities. USG partners will further expand efforts to mobilize corporate responsibility for the costs of workplace programs. In Maharashtra, Avert will engage the transport industry and trucking associations in mainstreaming behavior change interventions for truckers.

4. USG will assist states in mapping migration dynamics (emphasizing source-destination approaches) and developing prevention models for short-term migrants such as construction workers.

5. USG will develop prototypes for a major communication and outreach initiative to encourage responsible male sexual behavior, including mobilizing communities to promote male norms that are consistent with traditional values and protection of their wives and families.

6. In higher prevalence districts in Tamil Nadu, Karnataka, and AP, USG will continue to integrate prevention education into women's self-help groups, which provide an opportunity to leverage government resources to mainstream HIV prevention, in line with NACP-3 priorities, with minimal USG inputs. Materials and strategies to reach the husbands of SHG women and other rural men are being developed and are expected to synergistically impact community social norms regarding faithfulness and sexual risk.

7. USG will support a variety of interventions for older youth and young adults in focus states. These include: technical assistance to scale up youth prevention programs in all universities; support for youth peer education and "Red Ribbon Clubs" to improve sexual decision-making skills among students; and building the capacity of the Department of Youth and the Nehru Yuvak Kendra (national youth organization) to mainstream HIV prevention education.

8. To ensure quality prevention education, USG partners will contract with and build the capacity of "nodal" institutions to train outreach workers and peer educators. The emphasis will be on evidence-based, best practice approaches that address dose, intensity, coverage and quality assurance. The USG will support development of standardized training modules and curricula that tailor AB messages to specific audiences.

9. USG partners will continue to integrate AB with condoms and other prevention, and will also strengthen referral linkages between prevention and HIV counseling and testing, care and treatment programs.

Program Area Downstream Targets:

2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	1074200
*** 2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	378125
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	32475

Custom Targets:

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID:	3958.08	**Mechanism:**	N/A
Prime Partner:	Tamil Nadu AIDS Control Society	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GAP	**Program Area:**	Abstinence and Be Faithful Programs
Budget Code:	HVAB	**Program Area Code:**	02
Activity ID:		**Planned Funds:**	$100,000
Activity System ID:	14667		

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, support 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.

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 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 the USG) and how that will interact with the USG advisors currently in TNSACS.

ACTIVITIES AND EXPECTED RESULTS

The RRC program began in 2005. Currently, there are 874 RRCs with a volunteer strength of above 50,000, who reach out to over 700,000 students in various higher educational institutions and an untold number of out-of-school youth through community programs. RRCs serve as an ideal social support platform for youth to understand the myths and misconceptions about sexual health and make the right choices at the right time. Although conceptually sound, operationalizing the program so quickly and widely has been a challenge. Over the past 6 months, standardization of program activities and monitoring has been the focus of CDC, TNSACS, and educational leaders' efforts. With this, the debate to include RRC as part of the mainstream curriculum has been initiated at the university and ministerial level. This cost-efficient institutional capacity building intervention is being replicated in various states especially Andhra Pradesh and Karnataka and has the full support of NACO.

In FY08, it is planned to add 250 more RRCs by extending the program to degree-level, community, agricultural colleges which were not targeted previously.

ACTIVITY 1: Celebrating Life: Curriculum on Sex and Sexuality:
A curriculum on sex and sexuality encompassing the issues of HIV/AIDS, STI, vulnerabilities to HIV and life skills to overcome the vulnerabilities was developed by CDC and its partners in FY07. The curriculum, targeted at college youth, will be introduced throughout Tamil Nadu this academic year. The curriculum has two components. The first is designed to be used in large groups as a 3-hour primer and the second by small groups as ten 1-hour skill building modules. The curriculum has been pilot tested with both urban and rural college youth, with many finding it engaging, informative, and practical. A formal evaluation of the impact of the curriculum on sexual risk perceptions, self efficacy to make informed sexual decisions, and behavior is being planned. TNSACS will be implementing the primer in at least 1250 RRCs and the ten modules in 1250 institutions in FY08. The number of institutions/students covered will be gradually increased with the goal of reaching out to all institutional youth by the end of FY09. CDC and TNSACS will focus on efforts to mainstream the curriculum within the education system at the university, state, and national levels.

ACTIVITY 2: Peer Education Convention
The Red Ribbon Club Program aims to create a pool of peer educators with the objective of creating in-house agents of change. Peer to peer strategies are especially important in an environment where sex is not openly discussed, yet the need for information, advice, and support is great. 1200 peer educators will be trained in FY08 through intensive district-level trainings/conventions of 3-5 days duration. This year a minimum of eight such trainings will be conducted in high prevalence districts, based on our experiences conducting similar trainings in the past two years. An effort to provide ongoing support and refresher trainings to these peer-educators via the TNSACS/CDC field officers and regional managers will be developed in FY08.

ACTIVITY 3: Networking
Networking with like-minded institutions will help us reach out to the youth population effectively. The National AIDS Control Plan, Phase Three (NACP-3) plans to work closely with district-level positive networks and initiate programs with positive speakers in colleges. It is also planned to network with established student bodies through their volunteer programs to reach out to institutional youth more effectively.

ACTIVITY 4: Community Outreach by RRCs
One of the advantages of the RRC design is that out of school youth in the nearby communities can also be reached through this "army of volunteers". To date, RRCs have been very creative in how they reach out to their peers beyond the college campus. Street theater performances on HIV and sex rights, newspaper and

Activity Narrative: radio stories, group discussions within existing youth clubs are some of the ways RRCs are reaching others. In FY08, HHS/CDC and TNSACS will directly reach 150,000 community members via the RRC program to promote HIV/AIDS prevention through abstinence and be faithful messages. This program will also indirectly result in an additional 1,800,000 community members indirectly exposed to abstinence and be faithful community outreach by the RRC membership. Community blood drives are another way in which RRC is serving the community and preventing HIV infections. In FY08, TNSACS and CDC will work to standardize and evaluate these approaches.

ACTIVITY 5: Monitoring and Evaluation of RRC Programs
For this massive RRC effort to be successful and sustainable, a rigorous monitoring system down to the RRC level must be strengthened. Program indicators and reporting formats have been developed. In FY08, field staff will be trained in this, targets will be established, and performance reviews will be largely based on the degree to which accurate data is being collected and these targets have been reached. Equally important, HHS/CDC in collaboration with TNSACS will continue to advocate for better and more periodic HIV risk assessments among 18-23 year old in school and out of school.

ACTIVITY 6: Targeted “Pilot” Programs for High Risk Youth
To date, it has been difficult to identify and target the sub-population of college youth engaged in high risk behaviors. Youth in India are generally not comfortable discussing their personal sexual behaviors with others, including their peers. RRCs, peer educators, sexuality curriculum are all helping to change this. As youth open up, opportunities to develop more targeted interventions for high risk youth will emerge. In FY08, TNSACS plans to develop a more substantial strategy to address this issue and pilot test at least one intervention aimed at a high risk subpopulation such as men having sex with men (MSMs) and/or clients of commercial sex workers (CSWs), populations that have traditionally been neglected and stigmatized in India.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10914

Related Activity: 14162, 14290

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10914	6183.07	HHS/Centers for Disease Control & Prevention	Tamil Nadu AIDS Control Society	5624	3958.07		$110,000
6183	6183.06	HHS/Centers for Disease Control & Prevention	Tamil Nadu AIDS Control Society	3958	3958.06		$105,600

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14290	11499.08	6766	3964.08		MYRADA	$75,000
14162	6157.08	6720	3949.08	APAC	Voluntary Health Services	$481,900

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Increasing women's legal rights
* Reducing violence and coercion

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Other)

* Education

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	150,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	150,000	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	28,700	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Special populations

Most at risk populations

Street youth

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 3974.08

Mechanism: N/A

Prime Partner: Armed Forces Medical Services

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 11520.08

Planned Funds: $70,000

Activity System ID: 14677

Activity Narrative: SUMMARY

This activity is a continuing collaboration between US Pacific Command (PACOM)/ Center for Excellence (COE) and the Indian Armed Forces Medical Service (AFMS) to support prevention intervention through abstinence and be faithful messages for military personnel, particularly new recruits and those in high HIV prevalence postings. Promotion of abstinence or mutual faithfulness will be emphasized in the IEC materials as a critical and effective means to reduce risk of HIV transmission. With FY08 funds, increased production and distribution of IEC materials will allow the extension of AFMS' HIV/AIDS education campaign to reach new recruits. To reach the entire military community, the AFMS plans to extend prevention education with the focus on AB to the children enrolled in schools operated by the Ministry of Defense and the Army Welfare Education Society. Since many Indian Armed Forces spouses are teachers in the defense school system, the AFMS can draw from this pool for the school program. This new activity within the Prevention A/B category will allow the AFMS to develop and initiate HIV prevention education that reaches at least 400 defense school students.

BACKGROUND
The U.S. 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, with a geographical focus that 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. 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. Prevention education has been extended to military spouses so that they can be peer leaders for other spouses in FY 06. In addition to the new recruits, the AFMS views military posted with families, especially those with adolescent children and youth, as an at-risk, yet highly reachable population through the defense school system. In FY07, prevention activities included production of IEC materials emphasizing abstinence and faithfulness which were distributed to the military IEC nodes. The AB messages include those that address male norms and behavior of this young and sexually active group.

ACTIVITIES AND EXPECTED RESULTS

ACTIVITY 1: Production and Distribution of IEC Materials
Materials emphasizing AB messages are expected to reach over 40,000 soldiers. The Armed Forces Military Services (AFMS) centers have trained peer leaders and counselors who facilitate the dissemination of the IEC materials in conjunction with counseling and discussion of life skills, including dealing with peer pressure, safer sex techniques and the importance of abstinence and/or fidelity.

ACTIVITY 2: Strengthening the HIV Prevention Program for Secondary School Children in Ministry of Defense Schools
The AFMS will fund an initial implementation of a school–based HIV prevention education program in a few of the secondary schools operated by the Ministry of Defense. This technical assistance will include curriculum development, to adapt materials to the military school curriculum, training of teachers, development of a peer education program and a transition plan to hand this model over to the school administration over a specific time period. The Ministry of Defense's HIV/AIDS school program is expected to reach over 400 school children.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11520

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24629	11520.24629.09	Department of Defense	Armed Forces Medical Services	10516	3974.09		$70,000
11520	11520.07	Department of Defense	Armed Forces Medical Services	5795	3974.07		$30,000

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Reducing violence and coercion

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	40,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	1,200	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	N/A	True

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Military Populations

Other

Teachers

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID:	3967.08	**Mechanism:**	APAIDSCON
Prime Partner:	Share Mediciti (Networking)	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GAP	**Program Area:**	Abstinence and Be Faithful Programs
Budget Code:	HVAB	**Program Area Code:**	02
Activity ID:	11504.08	**Planned Funds:**	$15,000
Activity System ID:	14579		

Activity Narrative: SUMMARY

Red Ribbon clubs (RRC) are an on-campus, voluntary educational intervention among college youth. This approach is implemented with the twin objectives of reducing HIV infection among youth by raising their risk perception and preparing youth to be peer educators and agents of change. APAIDSCON and its partnering institutes through their respective Social and Preventive Medicine (SPM) departments have formed Red Ribbon clubs. A staff at the SPM department in these colleges acts as the prime trainer of student peer educators and acts as a coordinator RRC activities. APADISCON till date has promoted RRC in 12 of the 15 private medical colleges where in student volunteers are motivated to address HIV and other sexual health issues among their age group of students and youth in community.

RRC are provided with seed funds to conduct out reach activities in the community adopted by the medical colleges .The outreach activities are aimed at HIV prevention education and stigma-reduction programs both in the college campus and outside in the communities. The educational campaigns organized by students encourage community members to utilize counseling and testing services offered at the medical colleges. In FY08, RRC activities will become more standardized including the introduction of a sexuality curriculum, peer educator training convention, and monitoring system.

BACKGROUND

In India, 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 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

The first RRC supported by APAIDSCON was formed in 2006. Currently, there are 12 RRC with a volunteer strength of above 300, who reach out to over 6000 students and youth in various higher educational institutions and in the local community. RRC serve as an ideal social support platform for youth to understand the myths and misconceptions about sexual health and make the right choices at the right time.

In FY08, it is planned to add three more RRC among medical students and 15 amongst nursing students and include outreach to communities adopted by these institutions. These RRC will directly reach 750 medical/nursing students in FY08 to promote HIV/AIDS prevention through abstinence and be faithful messages.

ACTIVITY 1: Celebrating Life: Curriculum on Sex and Sexuality

A curriculum on sex and sexuality targeted at youth encompassing the issue of HIV/AIDS, STI, vulnerabilities to HIV and life skills to overcome those vulnerabilities was developed by CDC and its partners in FY07. The staff trainer in the SPM department will be trained to use the curriculum and module to train peer educators. The curriculum will be introduced in FY08 (this academic year). It has two components: the first is designed to be used in large groups as a three-hour primer, the second is for small groups and has ten one-hour skill-building modules. The curriculum has been pilot tested with both urban and rural college youth, with many finding it engaging, informative, and practical. A formal evaluation of the impact of the curriculum on sexual risk perceptions, self-efficacy to make informed sexual decisions, and behavior is being planned.

APAIDSCON will implement the primer and the ten modules in all RRCs and expects all “active” RRC members to complete this curriculum in FY08 (approximately 450 students). The number of students/youth covered will be gradually increased with the goal of reaching out to all medical college and nursing students by the end of FY09. In collaboration with Nandamuri Taraka Ramarao Medical University, CDC and APAIDSCON will focus on efforts to mainstream the curriculum within the medical education system at a university level.

ACTIVITY 2: Peer Education Convention

The Red Ribbon Club program aims to create a pool of peer educators with the objective of creating in-house agents of change. Peer to peer strategies are especially important in an environment where sex is not openly discussed, yet the need for information, advice, and support is great. 10 peer educators will be identified and trained in each medical college institution (combined nursing students and medical students). A training convention for about 100 peer leaders will be held in FY08 and repeated annually.

ACTIVITY 3: Networking

Networking with other medical and non-medical institutions will help us reach out to the youth population effectively and spread the concept of Red Ribbon Clubs. RRC will work closely with district-level positive networks and initiate programs with positive speakers. It is also planned to network with established student bodies like student unions to reach out to institutional youth more effectively.

Activity Narrative: ACTIVITY 4: Community Outreach by RRC
One of the advantages of the RRC design is that out of school youth in the nearby communities can also be reached through this “army of volunteers”. In FY08, APAIDSCON and CDC will work to expand and document these community-level activities.

ACTIVITY 5: Monitoring and Evaluation (M&E) of RRC Programs
For the RRC effort to be successful and sustainable, a rigorous monitoring system down to the RRC level must be strengthened. Program indicators and reporting formats have been developed. In FY08, all SPM department coordinators in medical colleges will be trained in M&E, targets will be established, and performance reviews will be largely based on the degree to which accurate data is being collected and targets have been reached. As important, HHS/CDC in collaboration with APAIDSCON will continue to advocate for better and more periodic HIV risk assessments among 18-23 year olds in colleges and for out-of-school youth in the community.

ACTIVITY 6: Targeted “Pilot” Programs for High Risk Youth
To date, it has been difficult to identify and target the sub-population of college youth engaged in high-risk behaviors. Youth in India are generally not comfortable discussing their personal sexual behaviors with others, including their peers. RRC, peer educators, and the sexuality curriculum are all helping to change this. As youth open up, opportunities to develop more targeted interventions for high-risk youth will emerge.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11504

Related Activity: 16431

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11504	11504.07	HHS/Centers for Disease Control & Prevention	Share Mediciti (Networking)	5621	3967.07		$10,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16431	16431.08	6879	3967.08	APAIDSCON	Share Mediciti (Networking)	$15,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Other)

* Education

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	6,710	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	5,000	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	100	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 5786.08

Mechanism: N/A

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 6241.08

Planned Funds: $58,955

Activity System ID: 14461

Activity Narrative: $58,955 in CDC GHAI funding is necessary to support expenses and activities for technical staff in the three GAP India offices (New Delhi, Chennai, and Hyderabad). A total of seven staff in these offices is funded with GHAI funds. The amount requested includes salaries, fringe, travel proportionate office overhead, desk, operational charges, head tax charges, and ICASS charges for technical staff.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10864

Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25424	6241.25424.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	9167	3969.09		$70,051
10864	6241.07	HHS/Centers for Disease Control & Prevention	HHS/CDC	5786	5786.07		$104,975
6241	6241.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3969	3969.06		$2,120

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 3964.08

Mechanism: N/A

Prime Partner: MYRADA

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 11499.08

Planned Funds: $75,000

Activity System ID: 14290

Activity Narrative: SUMMARY

Youth interventions are one of the key focus areas of the third National AIDS Control Program (NACP-3) plan for India. Continuing into the third year of the program, Myrada will continue to 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 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 2 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 youth not in school through community based programs.

ACTIVITIES AND EXPECTED RESULTS

Through CDC's program with 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 has developed a 2 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 2 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 2 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 2 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 3 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. In the corresponding USAID- supported project being implemented by Karnataka Health Prevention Trust (KHPT), 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 our 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11499

Related Activity: 14667, 14135, 16417, 14674

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20909	11499.20909.09	HHS/Centers for Disease Control & Prevention	MYRADA	9159	3964.09		$60,000
11499	11499.07	HHS/Centers for Disease Control & Prevention	MYRADA	5617	3964.07		$100,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14135	6128.08	6715	3942.08	Samastha	University of Manitoba	$295,360
14667		6902	3958.08		Tamil Nadu AIDS Control Society	$100,000
16417	16417.08	6766	3964.08		MYRADA	$10,000
14674		6902	3958.08		Tamil Nadu AIDS Control Society	$69,000

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Reducing violence and coercion

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

* Task-shifting

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	40,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	10,000	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	200	False

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 3956.08 **Mechanism:** N/A

Prime Partner: Project Concern International

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 6170.08

Planned Funds: $50,000

Activity System ID: 16466

Activity 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 Andra Pradesh state; SASO, Shalom in Manipur, Akimbo Society in Nagaland; Salem Network of Positive People in Salem,Tamil Nadu state, Network of Maharastra 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.

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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10893

Related Activity: 16469

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21842	6170.21842.09	HHS/Centers for Disease Control & Prevention	Project Concern International	9460	3956.09		$0
10893	6170.07	HHS/Centers for Disease Control & Prevention	Project Concern International	5619	3956.07		$64,468
6170	6170.06	HHS/Centers for Disease Control & Prevention	Project Concern International	3956	3956.06		$64,468

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16469	6173.08	7443	3956.08		Project Concern International	$50,000

Emphasis Areas

Human Capacity Development

* Task-shifting

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	50,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	15,000	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	300	False

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Women

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID:	3949.08	**Mechanism:**	APAC
Prime Partner:	Voluntary Health Services	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (USAID)	**Program Area:**	Abstinence and Be Faithful Programs
Budget Code:	HVAB	**Program Area Code:**	02
Activity ID:	10936.08	**Planned Funds:**	$68,200
Activity System ID:	14155		

Activity 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: 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-3 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.

Activity Narrative: 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 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10936

Related Activity: 14156

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21827	10936.21827.09	U.S. Agency for International Development	Voluntary Health Services	9457	3949.09	APAC	$35,728
10936	10936.07	U.S. Agency for International Development	Voluntary Health Services	5604	3949.07		$821,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14156	6150.08	6720	3949.08	APAC	Voluntary Health Services	$2,158,800

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	112,380	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	N/A	True

Mechanism ID:	3943.08	**Mechanism:**	Connect
Prime Partner:	Population Services International	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (USAID)	**Program Area:**	Abstinence and Be Faithful Programs
Budget Code:	HVAB	**Program Area Code:**	02
Activity ID:	6133.08	**Planned Funds:**	$250,000
Activity System ID:	14129		

Activity 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 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

Activity Narrative: 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 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10811

Related Activity: 14134

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23876	6133.23876.09	U.S. Agency for International Development	Population Services International	10305	3943.09	Connect	$135,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14134	6137.08	6714	3943.08	Connect	Population Services International	$710,474

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	80,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	N/A	True

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 3950.08

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: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 6586.08

Planned Funds: $88,000

Activity System ID: 14120

Activity 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 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 replicablity.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10808

Related Activity: 14164, 14096, 14097, 14098, 14121, 14101, 14124, 14103, 14353, 14104, 14354

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20896	6586.20896.09	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	9157	3950.09		$100,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14164	14164.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$88,000
14096	6114.08	6709	3940.08		Avert Society	$160,000
14097	6116.08	6709	3940.08		Avert Society	$220,000
14098	6117.08	6709	3940.08		Avert Society	$1,204,900
14121	6587.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$143,000
14124	10938.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$132,000
14101	6120.08	6709	3940.08		Avert Society	$400,000
14103	6122.08	6709	3940.08		Avert Society	$400,000
14353	6158.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$88,000
14354	6159.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$154,000
14104	6123.08	6709	3940.08		Avert Society	$480,000

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	N/A	True
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	250	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 3942.08

Mechanism: Samastha

Prime Partner: University of Manitoba

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 6128.08

Planned Funds: $295,360

Activity System ID: 14135

Activity 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 14districts. 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 Karanataka. 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 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.

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10818

Related Activity: 14139

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20938	6128.20938.09	U.S. Agency for International Development	University of Manitoba	9164	3942.09	Samastha	$357,080
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14139	10943.08	6715	3942.08	Samastha	University of Manitoba	$335,400

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	150,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	50,000	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	600	False

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Special populations

Most at risk populations

Street youth

Other

Teachers

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID:	5785.08	**Mechanism:**	Samarth
Prime Partner:	Family Health International	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (USAID)	**Program Area:**	Abstinence and Be Faithful Programs
Budget Code:	HVAB	**Program Area Code:**	02
Activity ID:	11465.08	**Planned Funds:**	$87,600
Activity System ID:	14113		

Activity 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11465

Related Activity: 14114, 14245

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21245	11465.21245.09	U.S. Agency for International Development	Family Health International	9246	5785.09	Samarth	$78,000
11465	11465.07	U.S. Agency for International Development	Family Health International	5785	5785.07		$83,400

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14114	10937.08	6711	5785.08	Samarth	Family Health International	$43,800
14245	10944.08	6711	5785.08	Samarth	Family Health International	$175,200

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	2,100	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	2,100	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	40	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Special populations

Most at risk populations

Street youth

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 3940.08

Mechanism: N/A

Prime Partner: Avert Society

USG Agency: U.S. Agency for International Development

Funding Source:	GHCS (USAID)	**Program Area:**	Abstinence and Be Faithful Programs
Budget Code:	HVAB	**Program Area Code:**	02
Activity ID:	6116.08	**Planned Funds:**	$220,000
Activity System ID:	14097		

Activity Narrative: SUMMARY

The Avert project will support the Maharashtra State AIDS Control Society (MSACS) and the Goa State AIDS Control Society (GSACS) to implement a balanced abstinence, be faithful, and condom promotion program targeting mobile populations (truckers and migrants), high-risk youth, and adults in the high-burden districts of Maharashtra. Avert 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 high-risk youth. 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 cover 270,900 individuals, including 77,490 for abstinence related messages only. As a TSU, Avert project will provide technical assistance to the SACS for selecting NGOs, building the capacity of NGO staff and monitoring and evaluating the quality of interventions.

BACKGROUND

Avert is a bilateral program implementing prevention, care, and treatment activities in high-burden districts of Maharashtra State. The population of Maharashtra is over 96.8 million and the HIV prevalence is 0.75% (sentinel surveillance, State of Maharashtra, 2006). Under the umbrella of the Avert project, the Johns Hopkins University Health Communication Partnership (JHU/HCP) and the Hindustan Latex Family Planning Promotion Trust (HLFPPT) have been awarded cooperative grants to scale-up communication (HCP) and condom social marketing (HLFPPT). The National AIDS Control Organization (NACO) has recently requested Avert to take up a new role as manager of the Technical Support Unit (TSU) in Maharashta and Goa states to support the scale-up of HIV/AIDS programs in accordance with the strategy outlined in the third National AIDS Control Program (NACP-3), 2007-2012. In this role, Avert will support the state AIDS control societies (SACS) to scale up evidence-based prevention, care, and treatment programs. Avert will provide direct implementation support to fill critical gaps in prevention services and/or demonstrate best practice models for specific populations.

ACTIVITIES AND EXPECTED RESULTS

Prevention programs will be designed to ensure equitable access to gender-appropriate prevention messages and services by girls and boys and women and men. Specifically, girls and boys selected as peer educators will be trained to form Red Ribbon Clubs to promote abstinence and be faithful messages. Advocacy programs will be carried out for community male and female leaders to address male norms in the society.

ACTIVITY 1: Delaying Sexual Debut among Youth

In FY08, four youth projects will be directly implemented by Avert project, reaching an estimated 72,000 youth. Avert will continue to directly support two existing interventions on youth: the Centre for Youth Development and Activities (CYDA) and Nehru Yuva Kendra, (NYK) a community youth organization. CYDA is presently implementing AB interventions using trained peer educators to reach students in 30 colleges in three high-burden districts: Solapur, Satara, and Sangli. Peer educators have established Red Ribbon Clubs in the 30 colleges and organized discussions, debates and competitions focusing on delaying sexual debut and risk reduction. In FY08, CYDA will continue interventions among college students and will expand to reach rural and slum youth in the three high-burden districts. Avert will also continue to support NYK to implement AB interventions among rural and slum youth in one high burden district, with a youth population of 138,000.

NYK will implement interventions among rural and slum youth in two new high-burden districts. The program will emphasize abstinence, reduction of casual sexual relationship, and endorse community morals. Life skills education will be given to both boys and girls to help them make better choices. Linkages to youth-friendly services for STI treatment and counseling and testing will be developed. Youth will be reached through volunteers, peers educators (PEs) and by formation of village-level Red Ribbon Clubs among boys and girls. Peer educators will be trained by master trainers through peer training modules that teach the PEs how to provide information and engage the youth in discussions related to abstinence from sex, delaying sexual debut until marriage, delayed age of marriage, and developing skills for practicing abstinence. The peer educators will use the youth toolkit developed by JHU/HCP to facilitate discussions on AB.

ACTIVITY 2: Promoting Sexual Abstinence and Fidelity among Migrants

Avert will reaching 58,400 short-term migrants through six interventions. In FY08, the project will support three NGO interventions among construction workers, loom workers and textile workers. NGOs have trained PEs to provide information on abstinence and mutual fidelity to these groups. PEs will 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. The NGOs will also create a supportive environment for behavior change by sensitizing the contractors and owners of these industries. Specifically, advocacy efforts will be carried out to frame policies for providing a safe environment for women migrants. Avert will provide additional support and build the capacity of these NGOs to provide training so the projects can serve as demonstration programs.

Avert will also support a demonstration program on source-destination migrants (Tamil Nadu-Mumbai) and two new interventions in Karnataka-Mumbai and Uttar Pradesh-Mumbai. In a source-destination program, outreach teams provide and link prevention education and referrals to other HIV services in both the migrant source and destination locations. Additionally, Avert will conduct a mapping study to assess the dynamics of short-term migrants in Maharashtra State. Based on this assessment, Avert will provide technical support in planning and implementing interventions using various approaches among short-term migrants. Based on the lessons learned from the demonstration programs, Avert project will develop a strategy for intervention among short term migrants and will provide technical assistance to MSACS in operationalizing. The program for short-term migrants is consistent with the NACP-3 strategic plan, and Avert project will provide useful lessons in guiding the national strategies for interventions among short-term migrants.

ACTIVITY 3: Promoting Sexual Abstinence and Fidelity in Workplace Interventions

In FY08, Avert will contract three large institutions to implement workplace intervention programs, and will support NGOs in these districts to implement interventions for unorganized workers. The International Labor Organization (ILO) will provide technical support to Avert in scaling up workplace programs in these districts. The program will sensitize senior managers, mid-level managers, and trade unions to support risk avoidance and risk reduction behaviors among the workers. Master trainers and peer educators will be identified using the ILO strategy and each company will develop and implement an HIV/AIDS workplace policy. In the informal sector, NGOs will train peer educators to conduct interpersonal communication sessions, street plays, and puppet shows promoting abstinence and fidelity among the workers. Avert will partner with 50 companies to implement these activities.

ACTIVITY 4: Promoting Sexual Abstinence and Fidelity among Truckers

With FY08 funds, Avert will develop the existing two interventions among truckers into demonstration

Activity Narrative: programs, reaching an estimated 25,000 truckers with AB messages.. Avert will provide additional support and build the capacity of two NGOs on a variety of training skills for transferring their knowledge of intervention approaches to the NGOs supported by MSACS and GSACS.
Avert will provide technical assistance to MSACS and GSACS in planning and implementing interventions for truckers and their sexual partners along the national highways. This will include support to the SACS for selecting NGOs, capacity-building of NGO staff and monitoring and evaluating the quality of interventions. NGOs will train peer educators to promote abstinence and fidelity messages through interpersonal communications, street plays, exhibitions and puppet shows at truck halt points. NGOs will facilitate access to STI treatment, condom skills building and supplies, counseling and testing, and care and treatment services to the target community.
ACTIVITY 5: Ensuring Quality of Services through Capacity Building
Avert project will contract eight training institutions to develop a program for NGOs to strengthen the quality of HIV behavior change interventions. The curriculum will cover basic facts on HIV/AIDS, peer education, counseling and communication skills, interpersonal communication skills, and will include module on AB interventions. Avert will contract two institutions each for peer education, counseling, basic facts on HIV/AIDS, and communication skills. The training curriculum will be designed based on national and international guidelines and a capacity-building needs assessment. Training modules will be reviewed and updated. Two hundred sixteen NGO staff and 720 peer educators will be trained.
ACTIVITY 6: Printing and Distribution of BCC Materials
In FY08, Avert will print and distribute Information, Education and Communication toolkits comprising flipcharts, and give-away materials on abstinence and fidelity to its directly-supported NGOs. HCP/JHU will provide technical support in developing the prototypes of the tool kit and materials on AB, and will provide technical support to train the NGOs on the use of materials.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10789

Related Activity: 14120, 14098, 14114, 14094, 14123, 14101, 14124

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23881	6116.23881.09	U.S. Agency for International Development	Avert Society	10306	3940.09		$431,732
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14120	6586.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$88,000
14114	10937.08	6711	5785.08	Samarth	Family Health International	$43,800
14098	6117.08	6709	3940.08		Avert Society	$1,204,900
14094	11444.08	6708	5781.08		Avert Society	$135,000
14123	6627.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$33,000
14124	10938.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$132,000
14101	6120.08	6709	3940.08		Avert Society	$400,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Local Organization Capacity Building

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	187,850	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	77,490	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	756	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Other

Business Community

Religious Leaders

HVOP - Condoms and Other Prevention

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Total Planned Funding for Program Area: $6,418,421

Amount of total Other Prevention funding which is used to work with IDUs	$59,623
Estimated PEPFAR contribution in dollars	$78,578
Estimated local PPP contribution in dollars	$417,778

Program Area Context:

Overview: India continues to have a concentrated HIV epidemic, driven primarily (86%) by heterosexual transmission. With less than 1% of the population infected, interventions among most-at-risk-populations (MARP) are critical to control the epidemic. The National AIDS Control Organization (NACO) estimates the size of MARP as 1.2 million FSW, 2.35 million MSM, and 220,000 IDU. The average HIV prevalence among MARP is almost 10%, among female sex workers (FSW) 8.4%, men having sex with men (MSM) 10.2%, and injecting drug users (IDU) 8.7%. In some USG focus states, prevalence among FSW is as high as 50%.

These estimates need to be taken with caution because of low and skewed sampling. In 2006, there were only 27 sentinel surveillance sites for MSM, less than one per state. For IDU, there are only 42 sites, and 131 sites for FSW. It is also likely that MARPs reached through NGO and CBO interventions (and therefore more likely to have adopted safe sexual practices) are covered in the sentinel surveillance sites.

At present, coverage of MARP by targeted interventions (TIs) is sub-optimal. Nationally, 44% FSW, 11% MSM and 46% IDU have been reached, but there are many states (particularly in North India) that have not scaled-up interventions where coverage of MARP is negligible. The changing dynamics of commercial sex work also has important implications. There has been a shift in recent years from predominantly brothel-based sex work to street and home-based sex work. Recent mapping data indicates that sex work is no longer restricted to big towns and urban areas but has spread to smaller towns and rural villages.

Bridge populations such as truckers and migrants who are highly vulnerable to STI/HIV continue to be a priority for interventions. HIV prevalence among long-distance truck drivers is estimated at 11%-16%. In Tamil Nadu (TN), the Behavioral Surveillance Survey (BSS) indicates 35% of truckers and migrants have had sex with non-regular partners and condom use is inconsistent (30% truckers and 65% migrants). Out-of-school youth also need attention. Nearly 26% of slum youth in TN report involvement in casual sex with 10% of them reporting sex with sex workers and inconsistent condom use.

TI among MARPs and bridge populations are therefore critical to control the spread of HIV/AIDS. The National AIDS Control Program's third phase (NACP-3) emphasizes saturating coverage of MARPs and bridge populations as a prime strategy. It has an ambitious plan to cover 85% of MARPs in the next 3 years, by tripling the number of targeted interventions from the present 700 to 2100. NACP-3 also plans for greater community involvement and proposes to support 50% of interventions through community-based organizations (CBOs).

Major shifts in NACP-3's approach are: from state to district as the primary unit for planning and implementing HIV activities; categorization of districts by risk; adopting different approaches to reach MARP, vulnerable and general populations; linking TIs with the continuum of care; mainstreaming HIV/AIDS; structural interventions to address vulnerability issues of MARP; and a greater emphasis on TI projects managed by CBOs. This requires extensive capacity building for NGOs, CBOs, district administrations and health authorities. NACO recognizes this need and plans to establish Technical Support Units (TSU) to build the capacity of State AIDS Control Societies (SACS) to achieve the NACP-3 objectives and priorities. NACO has identified APAC and Avert (USG partners) projects to provide technical support for the states of Tamil Nadu, Puducherry, Kerala, Maharashtra and Goa.

Increasing access to condoms and controlling STIs are two main elements in TIs. NACP-3 has ambitious plans to overcome stigma associated with condoms and address barriers to condom use. NACO will support Hindustan Latex Limited (a USG partner) to develop and implement a national condom social marketing plan aimed at increasing access to and sale of condoms. STI services will be expanded by integrating them with reproductive health programs. NACO will also encourage regular STI check-ups for MARP, and will identify, train and franchise private healthcare providers to provide quality services, paid through a voucher system.

Current USG Support: USG programs include field-based interventions and support at state and national levels for policy change. In response to NACO's request, USG developed the national guidelines for TIs. This guideline provides SACS, NGOs and CBOs with a comprehensive understanding of the process of identifying, contracting, capacity building and monitoring TI projects. USG also supported the first national M&E workshop for MARP TIs which brought together policymakers and M&E experts from different agencies to finalize core indicators and reporting needs of TI projects.

USG supports 80 TI projects covering nearly 260,000 (30,000 MARPs and 230,000 bridge populations) in USG focus states. 5,000 MARP peer educators have been trained to deliver program services to their peers. USG programs also support state-level capacity building initiatives to enhance the quality of TIs, including support for mapping MARPs in Tamil Nadu, Maharashtra and Karnataka. In TN, 18 MSM networks came together to form a coalition and led the MSM-mapping in the state. This assessment

helped in estimating the size of the MSM population, mapping cruising sites, profiling MSM including social networks and in a greater understanding of their risk behavior. The rural mapping of MARPs in Karnataka is being adopted by NACO for use in other states.

USG programs coordinate with the private sector to increase access to condoms. Over 5000 retailers have been trained and motivated to promote and sell condoms. In TN, USG support to private sector condom manufacturers has increased condom sales from 17 million (1996) to 54 million (2006). An innovative concept, “communication on wheels”, ensures awareness of and access to condoms for MARP in rural areas. In Maharashtra, over 200 condom vending machines have been setup in locations convenient to MARPs. A feasibility study among MARPs has contributed to a plan for condom manufacturers to market extra thick condoms.

Peer educators and NGO staff educate MARPS on asymptomatic STIs and the need for regular health check-ups. USG programs have trained nearly 3000 healthcare providers on syndromic management of STIs and linked them to local NGOs and PLWHA networks. A STI healthcare provider facility assessment was conducted in TN. The findings indicate gaps in diagnosis and treatment and a need to train health care providers on provider initiated counseling, condom advice and partner notification to STI.

Coordination and Leveraging: USG programs support and complement NACO’s TI programs. At the national level, USG coordinates with NACO, multilateral agencies and other international donors to influence policies, provide strategic direction and technical assistance. At state level, USG partners coordinate with the State AIDS Control Societies (SACS) and other developmental agencies to avoid overlaps, share data and best practices, and support joint initiatives. At the field level, USG partners work closely with district authorities and health officials to address issues of healthcare for MARP. USG programs have leveraged STI drugs and condoms from national and state governments. Complementary programming resulted in the establishment of BMGF STI clinics in USG intervention sites. USG NGO partners have also leveraged space and infrastructure support from government and the private sector.

USG FY08 Support: USG support for FY08 will be based on past USG experience and needs of SACS and NACO. USG will continue to support NACO for evolving strategies and developing policies pertaining to TIs, condoms and STI management. USG-supported APAC and Avert projects will provide technical support to SACS, district administration and build their capacity for scaling-up TIs and establish systems for effective management of the projects. Support will also be provided to map locations, estimate size of MARP, conduct periodic behavioral and facility assessments and build the capacity of NGOs to support CBO-managed interventions.

In selected districts, USG will support TIs among MARP and bridge populations in both urban and rural settings, reaching 300,000 individuals and contributing to the national plans to saturate coverage of MARP and bridge populations. These projects will demonstrate strong linkages with counseling and testing, PMTCT and other care continuum services. Linkages will also be established with relevant associated departments and ministries for supporting the social entitlements of MARP. In selected districts, the women lawyers’ network will be supported for protecting the rights of HIV positive and vulnerable women. USG will also support programs to educate clients of FSW on the increased vulnerability of women and the need for correct and consistent condom use with all partners.

USG will support SACS to establish a condom social marketing plan. Support will be provided to social marketing organizations to increase access to and sale of condoms
NGOs will be trained in social marketing techniques including motivating retailers to promote condoms and to build the skills of MARP in negotiating condom use with both regular and non-regular partners. An assessment of condom wastage will be carried out and effective supply chain management systems introduced. Educational aids and communication campaigns will be developed to create demand and address myths confronting condom use particularly with regular partners.

Private healthcare providers, preferred by the community and having an increased STI patient load, will be trained to provide quality STI services and for provider-initiated HIV C&T. USG will also support SACS to establish a good supply chain management.

Program Area Downstream Targets:

5.1 Number of targeted condom service outlets	23835
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	1010690
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	77550

Custom Targets:

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID:	3940.08	**Mechanism:**	N/A
Prime Partner:	Avert Society	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (USAID)	**Program Area:**	Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 6117.08

Planned Funds: $1,204,900

Activity System ID: 14098

Activity Narrative: SUMMARY

The Avert Society project will provide technical support to the Maharashtra State AIDS Control Society (MSACS) and the Goa State AIDS Control Society (GSACS) to scale-up and implement quality targeted intervention programs among most-at-risk populations (MARP). Avert will also develop model programs on targeted interventions among female sex workers (FSW) and men having sex with men (MSM) to serve as demonstration sites for capacity building of NGOs supported by MSACS and GSACS. The USG-funded Hindustan Latex Family Planning Promotion Trust (HLFPPT) will support the SACS in increasing access to high quality condoms by expanding the condom social marketing program in 29 high-burden districts and in high-risk locations in six moderate prevalence districts in the State of Maharashtra and in two districts of Goa State (see the HLFPPT narrative). The Health Communication Partnership/Johns Hopkins University (HCP/JSU) 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

The Avert project is a bilateral program implementing prevention, care and treatment activities in high burden districts of Maharashtra State. The population of Maharashtra is over 96.8 million and the HIV prevalence is 0.75% (sentinel surveillance, State of Maharashtra, 2006). Avert currently supports over 70 NGOs to implement prevention, care, and treatment programs. Targeted interventions among FSW and MSM are implemented by local NGOs and CBOs sub-contracted by Avert.

Under the umbrella of the Avert project, HCP/JHU and HLFPPT have been awarded cooperative grants by USG to support the state in scaling up the efforts on communication (HCP/JHU) and condom social marketing (HLFPPT). The National AIDS Control Organization (NACO) has recently suggested that Avert could assume responsibility for the Technical Support Unit (TSU) in Maharashtra and Goa states to support the scale-up of the states' HIV/AIDS prevention, care, and treatment programs in accordance with the priorities of the third phase of the National AIDS Control Program (NACP-3). Avert project will also provide direct implementation support to fill critical gaps in prevention services and/or demonstrate best practice models for specific populations.

According to the MSACS Program Implementation Plan, there are over 129,000 sex workers in the state, of which only 31,600 are reached; there are 25,000 MSM, with only 18,200 reached; and over 10,000 IDUs, with only 2,000 reached. The aim of NACP-3 is to saturate the coverage of MARPs by reaching at least 80% of the estimated numbers. The behavioral surveillance survey conducted by Avert has shown that a significant proportion of truckers and youth are engaging in high-risk behaviors. In FY08, Avert will provide technical assistance to the SACS in planning and implementing programs for MARPs and develop model programs to serve as demonstration sites for NGOs.

ACTIVITIES AND EXPECTED RESULTS

With FY08 funds, Avert will not focus on direct implementation of targeted intervention programs for MARPs but will emphasize strengthening MSACS and GSACS to scale-up and provide quality preventive services to these populations (FSW, MSM and IDU). Avert will continue to provide direct support for interventions among bridge populations, including high-risk youth, and to develop demonstration programs to transfer best practices. Avert 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: Technical Support to MSACS and GSACS on Targeted Interventions

In FY 2008, as part of the TSU, Avert will support MSACS and GSACS in mapping MARPs in the two states. Based on this mapping information, Avert will assist the SACS in developing and implementing a plan to scale-up targeted interventions for MARPs. Avert will also provide technical assistance (TA) to MSACS and GSACS in the planning and implementation of prevention programs targeting high-risk truckers, migrants, workers, and youth.

Specifically, Avert will provide technical support to the SACS in NGO management including the selection and capacity building of NGOs on core skills for implementing targeted interventions, and monitoring and evaluation (M&E) to improve intervention quality. As there will be over 200 NGOs, a team of consultants will be set up in each SACS to assist in M&E and provide ongoing technical support to the NGOs. Avert will also coordinate the technical support activities of the USG-supported HCP/JHU communication program and the HLFPPT condom social marketing program. The TSU will also provide technical assistance in integrating gender concerns into prevention programs for MARPs, based on the lessons learned from the gender integration pilot programs conducted in FY06.

MARPs will be reached by peer educators supported by NGOs to promote correct and consistent condom use, referrals for STI treatment, and counseling and testing services. In FY08, Avert will build the capacity of MSACS to reach 32,295 sex workers, 6337 MSM and 2000 IDU.

ACTIVITY 2: Developing Model MARP Projects

In FY08, Avert will support four model projects, two on FSW and two on MSM. One FSW model will be for brothel-based and one for non-brothel-based sex workers. For MSM, one project will be in Mumbai and one in Sangli. Both projects will be run by community-based organizations. FSWs, their clients and the MSM population 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. Additionally, linkages will be established with counseling and testing and care and treatment programs.

These model projects will serve as demonstration sites to share best practices and provide hands-on-training to NGOs supported by MSACS and GSACS. The intervention will provide training and infrastructure support to the model projects and will build the capacity of staff on curriculum planning and

Activity Narrative: participatory training methods. The model projects will reach out to 4000 sex workers and 4800 MSM.

ACTIVITY 3: Programs for Mobile Populations, High Risk Youth and Adults in the General Population

The Behavioral Surveillance Survey conducted by Avert project in Maharashtra State in 2006 reported that 39% of unmarried male slum youth (20-24), 18% of the male college youth and 11% of female college youth are sexually active. The study also reported that 50% of truckers have sex with commercial partners. Based on this evidence, it is critical to promote consistent and correct condom use while simultaneously emphasizing a return to abstinence and mutual fidelity.

With FY08 funds, Avert will provide direct support to 15 NGOs to implement balanced ABC programs among truckers (two interventions), migrants (six interventions), youth (four interventions) and three large interventions in the workplace. Trained peer educators and outreach workers will conduct interpersonal communication sessions and support community media activities to promote correct and consistent use of condoms along with Abstinence and Be Faithful messages. Additionally, linkages will be established with counseling and testing and care and treatment programs.

ACTIVITY 4: Capacity-Building of NGOs and CBOs for MARP Interventions

With FY08 funds, Avert will contract training institutions to train those NGOs supported by MSACS, GSACS and the Avert project in basic facts on HIV/AIDS, and peer education, counseling and communication skills (including interpersonal and group communication methodology). Standard training modules on targeted interventions for MARPs are available, and will be updated. Avert will contract two training institutions for peer education, two for counseling, two for training on basic facts in HIV/AIDS, and two for communication skills. The training curriculum will be designed based on national and international guidelines. Over 500 NGO staff and 600 peer educators, implementing targeted interventions, will be trained.

ACTIVITY 5: Printing and Distribution of Behavior Change Communication Materials
In FY08, the Avert project will print and distribute to outreach staff an Information, Education and Communication toolkit comprising flipcharts and give-away materials focusing on correct and consistent condom use, including abstinence and fidelity messages. HCP/JHU will provide technical support to develop the prototypes of the IEC tool kit and materials for most-at-risk and bridge populations. HCP/JHU will also provide technical support to train the NGOs on the use of materials.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10790

Related Activity: 14097, 14120, 14121, 17310, 14099, 14122, 14101, 14124, 14102, 14125, 14104, 17312

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23882	6117.23882.09	U.S. Agency for International Development	Avert Society	10306	3940.09		$1,863,035
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14120	6586.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$88,000
14097	6116.08	6709	3940.08		Avert Society	$220,000
14121	6587.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$143,000
17310	5937.08	7728	7728.08		Hindustan Latex Family Planning Promotion Trust	$632,000
14122	6588.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$187,000
14099	6118.08	6709	3940.08		Avert Society	$700,000
14101	6120.08	6709	3940.08		Avert Society	$400,000
14124	10938.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$132,000
14125	10940.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$187,000
14102	6121.08	6709	3940.08		Avert Society	$80,000
14104	6123.08	6709	3940.08		Avert Society	$480,000
17312	10945.08	7728	7728.08		Hindustan Latex Family Planning Promotion Trust	$96,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Local Organization Capacity Building

Workplace Programs

Food Support

Public Private Partnership

Estimated PEPFAR contribution in dollars	$27,778
Estimated local PPP contribution in dollars	$17,778

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	525	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	329,450	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	1,130	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Injecting drug users

Most at risk populations

Men who have sex with men

Most at risk populations

Street youth

Most at risk populations

Persons in Prostitution

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID:	5785.08	**Mechanism:**	Samarth
Prime Partner:	Family Health International	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (USAID)	**Program Area:**	Condoms and Other Prevention Activities
Budget Code:	HVOP	**Program Area Code:**	05
Activity ID:	10937.08	**Planned Funds:**	$43,800
Activity System ID:	14114		

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10937

Related Activity: 14113, 14248

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21246	10937.21246.09	U.S. Agency for International Development	Family Health International	9246	5785.09	Samarth	$26,000
10937	10937.07	U.S. Agency for International Development	Family Health International	5785	5785.07		$85,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14113	11465.08	6711	5785.08	Samarth	Family Health International	$87,600
14248	14248.08	6711	5785.08	Samarth	Family Health International	$538,905

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	150	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	40	False

Target Populations

Special populations

Most at risk populations

Injecting drug users

Most at risk populations

Street youth

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 3942.08

Mechanism: Samastha

Prime Partner: University of Manitoba

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 6129.08

Planned Funds: $780,000

Activity System ID: 14136

Activity 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 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

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10819

Related Activity: 14166, 14137, 14140

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20939	6129.20939.09	U.S. Agency for International Development	University of Manitoba	9164	3942.09	Samastha	$907,028
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14166	10934.08	6715	3942.08	Samastha	University of Manitoba	$35,360
14137	6131.08	6715	3942.08	Samastha	University of Manitoba	$2,071,160
14140	6130.08	6715	3942.08	Samastha	University of Manitoba	$29,640

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing women's legal rights
* Reducing violence and coercion

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	1,300	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	12,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	100	False

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Injecting drug users

Most at risk populations

Men who have sex with men

Most at risk populations

Persons in Prostitution

Other

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 3950.08

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: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 6587.08

Planned Funds: $143,000

Activity System ID: 14121

Activity 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.

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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10809

Related Activity: 14164, 14096, 14098, 14101, 14124, 14103, 14353

Continunued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20897	6587.20897.09	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	9157	3950.09		$251,895
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14096	6114.08	6709	3940.08		Avert Society	$160,000
14164	14164.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$88,000
14098	6117.08	6709	3940.08		Avert Society	$1,204,900
14101	6120.08	6709	3940.08		Avert Society	$400,000
14124	10938.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$132,000
14353	6158.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$88,000
14103	6122.08	6709	3940.08		Avert Society	$400,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	250	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True

Target Populations

Special populations

Most at risk populations

Injecting drug users

Most at risk populations

Men who have sex with men

Most at risk populations

Street youth

Most at risk populations

Persons in Prostitution

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 3943.08

Mechanism: Connect

Prime Partner: Population Services International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 6134.08

Planned Funds: $773,082

Activity System ID: 14130

Activity 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 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 Narrative:

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 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, whih 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10812

Related Activity: 14134

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23877	6134.23877.09	U.S. Agency for International Development	Population Services International	10305	3943.09	Connect	$675,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14134	6137.08	6714	3943.08	Connect	Population Services International	$710,474

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	120,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 3949.08

Mechanism: APAC

Prime Partner: Voluntary Health Services

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 6150.08

Planned Funds: $2,158,800

Activity System ID: 14156

Activity 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 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 manufactures 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

Activity Narrative: staff on the concepts and the processes of condom social marketing and train 500 potential retailers in marketing techniques.
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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10826

Related Activity: 14154, 14155, 14156, 14157, 14158, 14159, 14163, 14673, 14162, 14674

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21828	6150.21828.09	U.S. Agency for International Development	Voluntary Health Services	9457	3949.09	APAC	$1,540,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14154	10933.08	6720	3949.08	APAC	Voluntary Health Services	$148,500
14155	10936.08	6720	3949.08	APAC	Voluntary Health Services	$68,200
14157	6151.08	6720	3949.08	APAC	Voluntary Health Services	$970,000
14158	6155.08	6720	3949.08	APAC	Voluntary Health Services	$297,000
14159	6153.08	6720	3949.08	APAC	Voluntary Health Services	$325,500
14163	6154.08	6720	3949.08	APAC	Voluntary Health Services	$34,100
14673		6902	3958.08		Tamil Nadu AIDS Control Society	$90,000
14674		6902	3958.08		Tamil Nadu AIDS Control Society	$69,000
14162	6157.08	6720	3949.08	APAC	Voluntary Health Services	$481,900

Emphasis Areas

Gender

* Addressing male norms and behaviors

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Estimated PEPFAR contribution in dollars	$50,800
Estimated local PPP contribution in dollars	$400,000

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	12,000	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	98,110	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	1,088	False

Target Populations

Special populations

Most at risk populations

Men who have sex with men

Most at risk populations

Persons in Prostitution

Other

Discordant Couples

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 3966.08

Mechanism: N/A

Prime Partner: Leprosy Relief Association India

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 6215.08

Planned Funds: $125,000

Activity System ID: 14299

Activity Narrative: SUMMARY

Among most-at-risk populations (MARPs) and bridge populations in Andhra Pradesh, the need for prevention messages on safer sex practices is still great. Strategic interventions must focus on encouraging correct and consistent condom use, reducing the number of partners and reinforcing mutual monogamy in marriage. Also important are issues related to sexuality and gender violence, need for counseling and testing, and early detection and treatment of sexually transmitted infections (STI).

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, covering a population of 12 million. 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 78 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), in implementing an 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. LEPRA, with support from USG and APSACS, rolled out a large comprehensive prevention, care, treatment, and support program in AP in 2006. These activities are being continued in FY08.

ACTIVITIES AND EXPECTED RESULTS

ACTIVITY 1: Training Women in Self Help Groups (SHG) on Sexual Health Communication and Negotiation

Self Help Groups (SHGs) have promoted micro finance by rural women, aged 18-60, for the past 20 years in India. In AP, there is a voluntary SHG membership of over a million women, many of whom are at a high risk of acquiring HIV due to high risk behaviors of their spouses. Factors fueling the epidemic include a limited role in sexual decision making by women and an extreme societal reluctance to discuss issues related to sex and sexuality. It is therefore essential that women be well informed about sexual health and develop sufficient self-efficacy in communication and negotiation with their partners.

USG continues this project from FY07, when LEPRA tapped into an existing government SHG network, and initiated a training process that included the use of pictorial flip books, guided discussions, problem solving techniques, games, and “homeworks.” Women thus develop skills to address their sexual health concerns and seek services related to HIV/AIDS and STIs. The objectives of the intervention are to: develop sexual negotiation and communication skills in women; increase their knowledge about HIV/AIDS and STIs; equip them with information on how and where to seek care, support, and testing for HIV/AIDS and STIs; and promote their intention to be change agents in the community.

The SHG training was implemented in three high prevalence (>1%) districts in AP with support from USG trained nurses in primary health centers (PHCs). LEPRA, through its sub grantee, CHAI, leveraged Government of India funds (Global Fund Round 2) to support nurses in 266 PHCs to implement a comprehensive care and support package in 10 districts. These nurses do outreach work two days every week, including training SHG women and Community Resource Persons (CRP) on HIV/AIDS. In the first phase, more than 40,000 women from three districts in AP were trained.

Since the nurses’ tasks have shifted, LEPRA, in collaboration with the AP District Rural Development Agency will now train Community Resource Persons (CRPs) to train SHG women in villages. Training materials were developed by CDC staff, in collaboration with TNSACS (see TNSACS C&OP Activity Narrative). Using this pre-tested module, LEPRA staff will train 45 mandal (sub-district) Resource Persons (MRP) who will train 225 CRPs. CRPs at the village level will then train 200 women from each village, with an overall plan to reach at least 15 villages this year covering 135,000 women. LEPRA will also use an alternative approach to train 52 MRPs who will then train 30 “Health Activists”, who are paid by the State to promote health activities at the village level. Each Health Activist will train 200 women in SHGs, who will ultimately train a total of 312,000 women in 9,000 SHGs this year.

Approaching HIV prevention with a tiered, training methodology and engaging community mobilization through village-level women’s organizations appears to be feasible, effective, and cost-efficient for HIV prevention. In FY08, Lepra plans to add a complementary, village-level HIV action plan aimed at mobilizing community leaders. This will maximize program benefits by underscoring community ownership in issues surrounding HIV, such as the care of PLHA in the village.

ACTIVITY 2: Prevention among Men

This activity is aimed at sensitizing men on sexual issues in the context of HIV/AIDS. In AP, a majority of existing C&OP programs are targeted at women, as they are more accessible through organized groups like SHGs. The men’s intervention will focus on the same sub-district units and villages in two districts, Nellore and Nizamabad, where the SHG intervention is ongoing. LEPRA will target the husbands of women in SHGs, and other rural men, to reinforce existing social norms on faithfulness and highlight risks associated with multi-partner sex.

LEPRA will train men using a simple module (currently being developed) on issues related to STI and HIV/AIDS. This activity responds to the need for gender-based interventions expressed in the third National AIDS Control Plan (NACP-3). LEPRA will collaborate with the State Poverty Elimination Ministry to gain additional access to mens’ groups. The program plans to reach 100,000 married men in FY08.

ACTIVITY 3: Mobile Vans for Prevention and Demand Generation for Counseling and Testing (CT)

NACP-3 supports mobile testing in high risk and remote communities. Implementation of this strategy will be

Activity Narrative: facilitated by having cost-efficient Indian models as learning sites. LEPRA supports a mobile van to provide CT services, and spread prevention messages in select high risk and difficult to reach areas. In these areas, there is evidence of large numbers of high risk communities, such as urban and rural markets where sex work is common and areas that employ large numbers of migrant men).LEPRA leverages test kits and supplies from APSACS. LEPRA will continue to provide CT and C&OP services through its mobile VCT van, document implementation, and disseminate lessons learned. Sharing these experiences with other state partners, especially APSACS, will help further scale up.

The program offers one-to-one counseling and group education sessions and provides services ranging from syndromic treatment for STIs, OI treatment, and antenatal care, screening audio-visuals on HIV and answering questions from the community. Additionally, a mobile communication van goes to the target area prior to the testing van to generate demand for testing. The target group covered for education and testing services is about 10,000 men and women. LEPRA will expand this concept to at least one more district with CDC support. Harivillu, the mobile VCTC van and Godavari, the mobile IEC van, plan to visit 20 locations in 2 districts that are in need of HIV/AIDS services. LEPRA is likely to leverage funds from the government to expand this concept to 4 more districts in AP over the next two years.

ACTIVITY 4: Prevention among Migrant Construction Labor

Hyderabad, the AP capital, has a very large construction industry as a result of the booming software sector. The industry attracts thousands of migrants from rural AP and the states of Orissa, Madhya Pradesh, Bihar, and Uttar Pradesh. This intervention will facilitate and provide comprehensive prevention and care services for STI and HIV/AIDS among migrant construction workers, known to engage in high risk sexual behavior, in selected construction sites of Hyderabad. Currently, even basic healthcare provision is limited for the target group. The target population for outreach is 10,000 labourers, both men and women, in 8 construction sites. LEPRA will provide information through resource centres and peer education strategies and will establish service linkages with local government facilities for STI treatment and CT. LEPRA staff will develop a monitoring system to assess referral efficacy.

ACTIVITY 5: Prevention Education by PHC Nurses

266 PHC nurses, appointed to government PHCs by CHAI and APSACS, will continue to conduct prevention outreach and promotion of condoms with FY08 funds, focusing their prevention efforts in communities where high rates of HIV are documented (based on results from ANC and walk-in testing at the district PHC). Nurses have been placed in the communities where HIV burden is the greatest in the state or in districts where high-risk behavior is most prevalent. Each nurse covers a population of about 30,000. Nurses visit villages, conduct outreach education sessions for women in childcare centers and for village men in community halls, and lead the prevention sessions with SHG groups. The nurses are government staff, not paid for by Lepra. However, their work is monitored by Nurse Supervisors and District Project Managers, both supported with USG funding. The target population for outreach is nearly 100,000 rural men and women.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10880

Related Activity: 14297, 14300, 14301

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20903	6215.20903.09	HHS/Centers for Disease Control & Prevention	Leprosy Relief Association India	9158	3966.09		$20,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14297	6216.08	6767	3966.08		Leprosy Relief Association India	$55,000
14300	6219.08	6767	3966.08		Leprosy Relief Association India	$50,000
14301	6217.08	6767	3966.08		Leprosy Relief Association India	$100,000

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

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Wraparound Programs (Health-related)

* Family Planning
* Safe Motherhood

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	268	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	337,362	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	1,276	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Men who have sex with men

Most at risk populations

Street youth

Most at risk populations

Persons in Prostitution

Other

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID:	3956.08	**Mechanism:**	N/A
Prime Partner:	Project Concern International	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GAP	**Program Area:**	Condoms and Other Prevention Activities
Budget Code:	HVOP	**Program Area Code:**	05
Activity ID:	6172.08	**Planned Funds:**	$50,000
Activity System ID:	16467		

Activity 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. PEs 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 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10894

Related Activity: 16469

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21843	6172.21843.09	HHS/Centers for Disease Control & Prevention	Project Concern International	9460	3956.09		$0
10894	6172.07	HHS/Centers for Disease Control & Prevention	Project Concern International	5619	3956.07		$16,117
6172	6172.06	HHS/Centers for Disease Control & Prevention	Project Concern International	3956	3956.06		$16,117

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16469	6173.08	7443	3956.08		Project Concern International	$50,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Task-shifting

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	150	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	50,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	500	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Persons in Prostitution

Other

People Living with HIV / AIDS

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID:	3976.08	**Mechanism:**	N/A
Prime Partner:	US Department of Defence/Pacific Command	**USG Agency:**	Department of Defense
Funding Source:	GHCS (State)	**Program Area:**	Condoms and Other Prevention Activities
Budget Code:	HVOP	**Program Area Code:**	05
Activity ID:	15079.08	**Planned Funds:**	$60,000
Activity System ID:	15079		

Activity Narrative: SUMMARY

This activity focuses on supporting the Indian Armed Forces Medical Service (AFMS) HIV/AIDS prevention activities. This is a continuing collaboration between US Pacific Command (PACOM)/ Center for Excellence (COE) and AFMS to support prevention interventions for the members of the uniformed services and their spouses. Peer education activities will extend beyond improved knowledge or awareness of HIV to promote condom use and facilitate distribution of condoms at military facilities and units. The capacity building through a planned peer education curriculum includes providing individuals with motivation and skills to adopt safer sex behaviors in the context of youth, high mobility, family separation and easy access to commercial sex.

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, with a geographical focus that 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 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 cadre of peer leaders for new recruits and their families. The AFMS supports prevention programs that facilitate appropriate, correct, and consistent condom use to promote HIV prevention. The prevention program supports capacity building of personnel to strengthen condom use and as well as facilitate procurement processes especially to military facilities and units in the high prevalence areas to augment the other AFMS prevention activities.

ACTIVITIES AND EXPECTED RESULTS

ACTIVITY 1: Build Capacity of the AFMS through a Peer Education Program
The AFMS will be supported to conduct two Peer Leader workshops through a cascading Training of Trainers (TOT) approach. Prospective peer leaders are identified and selected from various military units across the project locations. A total of 160 peer leaders will be trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful. This learning will 'cascade' down through the peer leaders to reach at least 8,000 new recruits and other soldiers, as well as family members stationed at the unit. Military spouses will be reached through the military wives' welfare associations and through the medical services provided at the various command hospital units.

The modules and IEC materials for peer education training will conform to the national training guidelines and be adapted from current USG-supported programs. The curriculum for the peer education workshops in FY07 was developed with support from PEPFAR. Training and educational materials include behavior change tools that address gender through discussing male norms and behaviors that lead to risk for HIV infections. This includes addressing gender stereotypes in the military setting and complementary use of administrative discourses for zero-tolerance towards gender-based violence within units.

ACTIVITY 2: Facilitate Condom Procurement for the AFMS HIV Prevention Program
The HIV prevention program will include a condom procurement component to support 30 facilities and/or military units to receive condoms for distribution. The condom component will also include distribution at medical health facilities where STI treatment is provided.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Gender

* Addressing male norms and behaviors

* Increasing women's access to income and productive resources

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	30	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	160	False

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Military Populations

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 3964.08

Mechanism: N/A

Prime Partner: MYRADA

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 11500.08

Planned Funds: $105,000

Activity System ID: 14291

Activity 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 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

Activity Narrative: 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 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 6: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11500

Related Activity: 14290, 14293, 14296

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20910	11500.20910.09	HHS/Centers for Disease Control & Prevention	MYRADA	9159	3964.09		$86,000
11500	11500.07	HHS/Centers for Disease Control & Prevention	MYRADA	5617	3964.07		$40,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14290	11499.08	6766	3964.08		MYRADA	$75,000
14293	6206.08	6766	3964.08		MYRADA	$100,000
14296	6209.08	6766	3964.08		MYRADA	$120,000

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Increasing women's legal rights
* Reducing violence and coercion

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting
* Retention strategy

Local Organization Capacity Building

Wraparound Programs (Health-related)

* Child Survival Activities
* Family Planning
* Safe Motherhood
* TB

Wraparound Programs (Other)

* Economic Strengthening
* Education

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	300	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	150,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	50	False

Target Populations

General population

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Discordant Couples

People Living with HIV / AIDS

Religious Leaders

Teachers

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID:	7728.08	**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:**	Condoms and Other Prevention Activities
Budget Code:	HVOP	**Program Area Code:**	05
Activity ID:	5937.08	**Planned Funds:**	$632,000
Activity System ID:	17310		

Activity 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 HLFPPT to improve access to high quality condoms for MARPs and their clients. HLFPPT 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 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, HLFPPT with support from USG implemented the first phase of the CSM campaign in 22 high-prevalence districts.

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

Activity Narrative: 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, HLFPPT 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, HLFPPT will support MSACS and GSACS in promoting female condoms among sex workers. NACO will be supplying female condoms to the SACS. HLFPPT 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. HLFPPT in collaboration with the Avert project will develop systems to monitor and evaluate the effectiveness of the female condom program.

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, HLFPPT 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. HLFPPT 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10802

Related Activity: 14098, 14103, 17311, 14104, 17312

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20889	5937.20889.09	U.S. Agency for International Development	Hindustan Latex Family Planning Promotion Trust	9155	7728.09		$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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14098	6117.08	6709	3940.08		Avert Society	$1,204,900
14103	6122.08	6709	3940.08		Avert Society	$400,000
17311	5939.08	7728	7728.08		Hindustan Latex Family Planning Promotion Trust	$72,000
17312	10945.08	7728	7728.08		Hindustan Latex Family Planning Promotion Trust	$96,000
14104	6123.08	6709	3940.08		Avert Society	$480,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	9,256	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	2,000	False

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Injecting drug users

Most at risk populations

Men who have sex with men

Most at risk populations

Street youth

Most at risk populations

Persons in Prostitution

Other

People Living with HIV / AIDS

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 5786.08

Mechanism: N/A

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 10947.08

Planned Funds: $177,839

Activity System ID: 14462

Activity Narrative: $177,839 in CDC GHAI funding is necessary to support expenses and activities for technical staff in the three GAP India offices (New Delhi, Chennai, and Hyderabad). A total of seven staff in these offices is funded with GHAI funds. The amount requested includes salaries, fringe, travel proportionate office overhead, desk, operational charges, head tax charges, and ICASS charges for technical staff.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10947

Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25425	10947.25425.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	9167	3969.09		$137,091
10947	10947.07	HHS/Centers for Disease Control & Prevention	HHS/CDC	5786	5786.07		$20,000

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID:	3965.08	**Mechanism:**	N/A
Prime Partner:	Children in Need Institute	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Condoms and Other Prevention Activities
Budget Code:	HVOP	**Program Area Code:**	05
Activity ID:	6211.08	**Planned Funds:**	$65,000
Activity System ID:	14455		

Activity Narrative: SUMMARY

CINI's Making AIDS Services Stronger by Organizational Outreach through Training (MASBOOT) Project will target high-risk populations of truckers and female sex workers (FSW) to decrease the risk of HIV transmission in four districts of Jharkand—where there are no Targeted Interventions (TIs) in place currently. The population groups covered under this program area and the specific behavioral objectives are: men and women aged 18-50 for increased correct and consistent condom usage. FSW will be reached through teams of Peer Educators implementing activities designed to build and strengthen their position with their male clients. Male clients will be targeted through outreach workers, who will deliver messages designed to increase motivation to use condoms, thereby reducing the challenge and burden of condom negotiation for FSW. Both FSW and their clients will be targeted for increased STI recognition and treatment. The program plans to focus on 12 hotspots, to be confirmed through a mapping exercise.

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 (Jharkand State AIDS Control Society) over the past several years and is recognized as a key HIV/AIDS NGO in the state. Despite CINI's and other's efforts, Jharkhand's public health systems and health care infrastructure remains 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 will begin new implementation in targeted interventions with most at risk populations (MARPs) with FY07 funds and will strengthen these activities with FY08 funds. There are currently a limited number of TIs in the state, and JSACS has currently discontinued all of its funded TIs until further assessments are conducted. Mapping of MARPs is outdated and weak. The technical capacity of existing NGOs to reach these populations effectively also appears weak. In a low prevalence setting like Jharkand (0.03%, NACO sentinel surveillance report, 2006), the need to focus on prevention and counseling and testing with MARPs is great.

In the past, CINI has conducted capacity building of NGOs directly. Shifting focus, while still utilizing its partnerships with varied NGOs in the state, CINI will sub-contract to local NGOs to implement the newly planned TIs with technical support from USG. The four districts in which CINI will work were chosen because existing data suggests that they have the highest HIV prevalence in the state and the greatest HIV prevention needs. The new strategy is consistent with NACO's strategic plan and JSACS unmet needs in targeting MARPs.

ACTIVITIES AND EXPECTED RESULTS

ACTIVITY 1; Mapping 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 in India. Early in FY08, 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 FSW. Mapping will provide CINI with information on where (within Jharkhand or in other states) and with whom (FSW, MSM, etc.) high risk behavior occurs and the fraction of truckers engaged in high risk behaviors

ACTIVITY 2: Exposure Visits and Technical Support for Targeted Interventions

One to two site visits will be conducted by CINI, and its sub partner staff, to assess current model TIs 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 MARPs. CINI will in turn provide technical support to JSACS and NGOs to implement TI programs across the state in line with the findings of the mapping exercises.

ACTIVITY 3: Training and Support for NGO Targeted Interventions

Starting in FY08, CINI will train and financially support at least four NGOs to develop TIs with MARPs in the state. This will include exposure visits, review of mapping data, training of existing peer educators and outreach workers in correct and consistent condom usage, monitoring of condom outlets, counseling and testing, and referrals to care and treatment. A special emphasis will be given in this initiative to addressing male norms, especially with truckers. In FY08, we expect to reach 600 persons in six hotspots. In additional the trained NGOs will reach 10,000 persons as an upstream target, through activities resulting from CINI training.

250 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. Due to limited funding, these outreach workers will mostly be hired by JSACS or other NGOs and will focus their condom promotion work in higher risk communities, including industry sites, urban slums, and transportation hubs..

ACTIVITY 5: Condom Access and Distribution

CINI's sub partner will establish 6 condom outlets for each of the 12 hotspots in the four districts. An estimated over 100,000 condoms will be distributed to target of 9,500 truckers and 500 FSW. An assessment will be done of the availability of condoms, and targets for condom distribution will be revised accordingly. Condoms will be leveraged from JSACS.

Activity Narrative: ACTIVITY 6: Monitoring and Evaluation (M&E) System
In FY08, CINI and outside consultants will provide technical support to JSACS and NGOs in developing a robust monitoring and evaluation system for HIV prevention efforts. This will include conducting a behavioral surveillance survey (BSS) of MARPs and other at-risk populations at least once every three years. Due to funding limits, support for this will mostly come from JSACS or the technical support unit for Jharkhand (yet to be determined). USG role will be to advocate for this, provide technical inputs, provide some funding if required, and help with disseminating the results to key stakeholders.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10861

Related Activity: 14457, 16368, 14459

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21274	6211.21274.09	HHS/Centers for Disease Control & Prevention	Children in Need Institute	9254	3965.09		$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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14457	6212.08	6845	3965.08		Children in Need Institute	$15,000
16368	16368.08	6845	3965.08		Children in Need Institute	$40,000
14459	11469.08	6845	3965.08		Children in Need Institute	$30,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	6	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	600	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	250	False

Target Populations

Special populations

Most at risk populations

Men who have sex with men

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 3974.08

Mechanism: N/A

Prime Partner: Armed Forces Medical Services

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 6248.08

Planned Funds: $60,000

Activity System ID: 14678

Activity Narrative: SUMMARY

This activity focuses on supporting the Indian Armed Forces Medical Service (AFMS) HIV/AIDS prevention activities. This is a continuing collaboration between US Pacific Command (PACOM)/Center for Excellence (COE) and AFMS to support prevention interventions for the members of the uniformed services and their spouses. Peer education activities will extend beyond improved knowledge or awareness of HIV to promote condom use and facilitate distribution of condoms at military facilities and units. The capacity building through a planned peer education curriculum includes providing individuals with motivation and skills to adopt safer sex behaviors in the context of youth, high mobility, family separation and easy access to commercial sex.

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, with a geographical focus that 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 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 cadre of peer leaders for new recruits and their families. The AFMS supports prevention programs that facilitate appropriate, correct, and consistent condom use to promote HIV prevention. The prevention program supports capacity building of personnel to strengthen condom use and as well as facilitate procurement processes especially to military facilities and units in the high prevalence areas to augment the other AFMS prevention activities.

ACTIVITIES AND EXPECTED RESULTS

ACTIVITY 1: Build Capacity of the AFMS through a Peer Education Program

The AFMS will be supported to conduct two Peer Leader workshops through a cascading Training of Trainers (TOT) approach. Prospective peer leaders are identified and selected from various military units across the project locations. A total of 160 peer leaders will be trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful. This learning will ‘cascade’ down through the peer leaders to reach at least 8,000 new recruits and other soldiers, as well as family members stationed at the unit. Military spouses will be reached through the military wives’ welfare associations and through the medical services provided at the various command hospital units.

The modules and IEC materials for peer education training will conform to the national training guidelines and be adapted from current USG-supported programs. The curriculum for the peer education workshops in FY07 was developed with support from PEPFAR. Training and educational materials include behavior change tools that address gender through discussing male norms and behaviors that lead to risk for HIV infections. This includes addressing gender stereotypes in the military setting and complementary use of administrative discourses for zero-tolerance towards gender-based violence within units.

ACTIVITY 2: Facilitate Condom Procurement for the AFMS HIV Prevention Program

The HIV prevention program will include a condom procurement component to support 30 facilities and/or military units to receive condoms for distribution. The condom component will also include distribution at medical health facilities where STI treatment is provided.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11510

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24630	6248.24630.09	Department of Defense	Armed Forces Medical Services	10516	3974.09		$65,000
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		$60,000

Emphasis Areas

Gender

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

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	30	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	160	False

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Military Populations

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 3958.08

Mechanism: N/A

Prime Partner: Tamil Nadu AIDS Control Society

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID:

Planned Funds: $40,000

Activity System ID: 14668

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 has not previously 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, 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 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.

Self Help Groups (SHGs) have promoted micro finance 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 their finances 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 more independent and socially and politically more 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 influences by social and gender issues. HIV and reproductive health are obvious examples of this.

With this in mind, TNSACS, HHS/CDC, 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; 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 women. CDC leveraged $520,000 from the government for this intervention.

Feedback on the program has been excellent, as many women state that this type of training is long overdue. 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. 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. TNSACS has planned an external, formal evaluation of this activity to be conducted in FY08.

USG will continue to support this innovative program for the above cited reasons. The recently released National Health and Family Survey (NHFS) data found that HIV prevalence in Tamil Nadu only 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 cost-efficient ways.

ACTIVITIES AND EXPECTED RESULTS

ACTIVITY 1: Consultant to Manage the SHG Prevention Intervention

HHS/CDC has supported the recruitment of a consultant to manage the SHG prevention intervention. In FY08, this consultant will continue to work with the government agencies that coordinate SHGs in the state.

Activity Narrative: He will organize review meetings, recruit master trainers and manage materials production and distribution across the state. He will manage the state funded evaluation of the program. The consultant will get mentoring and technical support from HHS/CDC staff.

ACTIVITY 2: Support for the Implementation and Expansion of SHG Program

In FY08, TNSACS, with HHS/CDC support, will continue to implement and expand the four-stage SHG human capacity development program to 7 additional high prevalence districts in Tamil Nadu. The previously successful multi-layered Train-the-Trainer strategy will be employed again; 1) selection and training of 30 master trainers who 2) train 456 Panchayat-level trainers who; 3) train over 70,000 individual SHG animators who 4) train approximately 850,000 SHG members. The training will be coordinated by NGOs and monitored by a Block Level HIV Training Monitor. SHG women will receive the same interactive, story-based training as previously developed and conducted. More emphasis will be placed on developing a village action plan during the third training session.

The program will be monitored at the state, district, and village level. State level monitoring will be carried out by TNSACS, Tamil Nadu Women's Development Corporation and HHS/CDC. District level monitoring will be carried out by District Co-coordinators and the Project implementation unit of Tamil Nadu Women's Development Corporation. The village level monitoring will be carried out by the Block Level HIV training monitor. TNSACS has planned an external, formal evaluation of this activity to be conducted in FY08.

Over 95% of the funding for this program will come from leveraged resources (NACO, Tamil Nadu Government, Children's Investment Fund Foundation). However, HHS/CDC will continue to have strong influence over both the design and implementation of the program due to our familiarity with both the training process and the message content.

ACTIVITY 3: Training Program for Men

In FY08, TNSACS, with HHS/CDC financial and technical support, will develop a complementary modular training program for men residing in the villages reached by the SHG intervention. This program will focus on gender issues, sexual rights issues, faithfulness, partner reduction, and condom promotion. An interactive, story-based design, similar to the SHG flipbook design, will be used. The new training material will be pilot tested and roll out in at least 2 districts in FY08/09.

ACTIVITY 4: Outreach Role for SHG Members

In FY08, TNSACS, with HHS/CDC financial and technical support, will identify specific ways that the trained SHG workforce can be utilized in the state's HIV program. As part of their training, SHG women are expected to pass on relevant HIV messages to their family members, spouses, and neighbors. They are also expected to develop as a group some form of village action plan to prevent HIV, reduce stigma and discrimination, and increase demand for testing. TNSACS is proposing to use some of the most highly motivated and empowered women to monitor outreach programs and government HIV care services. They may also be used to promote and distribute condoms in their communities as a micro-finance enterprise. TNSACS will share ideas and experiences related to the post-training use of SHG women with other USG partners working on this issue (Myrada, Lepra).

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10913

Related Activity: 14156, 14159, 14673, 14162

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10913	6181.07	HHS/Centers for Disease Control & Prevention	Tamil Nadu AIDS Control Society	5624	3958.07		$20,000
6181	6181.06	HHS/Centers for Disease Control & Prevention	Tamil Nadu AIDS Control Society	3958	3958.06		$3,700

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14156	6150.08	6720	3949.08	APAC	Voluntary Health Services	$2,158,800
14159	6153.08	6720	3949.08	APAC	Voluntary Health Services	$325,500
14673		6902	3958.08		Tamil Nadu AIDS Control Society	$90,000
14162	6157.08	6720	3949.08	APAC	Voluntary Health Services	$481,900

Emphasis Areas

Gender

* Addressing male norms and behaviors

* Increasing gender equity in HIV/AIDS programs

* Increasing women's legal rights

* Reducing violence and coercion

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

* Child Survival Activities

* Family Planning

* Safe Motherhood

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	70,930	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	70,930	False

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

People Living with HIV / AIDS

HBHC - Basic Health Care and Support

Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06

Total Planned Funding for Program Area: $5,066,909

Estimated PEPFAR contribution in dollars	$0
Estimated local PPP contribution in dollars	$0
Estimated PEPFAR dollars spent on food	$641,555
Estimation of other dollars leveraged in FY 2008 for food	$66,000

Program Area Context:

Overview: Though the estimated number of persons living with HIV (PLWHA) in India was revised to 2.47 million, the load on the health system remains a major challenge. Compared to many developing countries, India has a large and 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, brain drain, continuing stigma among medical practitioners, limited medical education on HIV/AIDS, and a lack of government regulation of services in the private sector.

In the past 5 years, the National AIDS Control Organization (NACO) established 10-20 bedded NGO/FBO-run inpatient care facilities, called community care centers (CCCs), in over 100 districts. Several functioned primarily as end of life care centers. After a recent review, 30% of centers were discontinued. Several hospitals provide basic HIV care services in the medical outpatient department, but only a few admit HIV patients to their wards. HIV care services at secondary hospitals and primary health centers (PHCs) are minimal. A bright spot is the establishment of over 100 NACO-funded ART centers in tertiary government institutions that serve large numbers of PLWHA both on ART (100,000) and pre-ART (more than 50,000).

Under India's National AIDS Control Program Phase 3 (NACP-3), care and support services will be dramatically expanded, especially in the higher-prevalence states supported by the Global Fund. The CCC concept has been redesigned to provide more comprehensive services, including testing and counseling, pre-ART outpatient care, opportunistic infection (OI) treatment including TB, inpatient services, maintenance of stable ART patients, psychosocial support and prevention for positives. NACO will open 250 centers in the next one-two years, which may expand to 500 centers by 2011.

Current USG Activities: USG partners have played a key role in developing NACP-3'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. The Government Hospital for Thoracic Medicine (GHTM) in Tamil Nadu provides care for over 30,000 PLWHA per year and ART for over 6,000 to date. 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 clinical medicine and leadership for 14 young physicians per

year. This effort has led to GHTM being labeled as a center of excellence in HIV by NACO with a plan to adapt this model in at least 10 other institutions throughout India.

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-3. In FY07, USG provided care and support for 100,000 individuals at 211 service outlets at the tertiary, secondary, and community levels. More than 16,500 PLWHA were reached in USG-funded home and community care projects in key urban and rural areas. Reaching most at-risk populations (MARPs), widows, and children was prioritized. Components of the palliative care package include family counseling and testing, TB screening and referral, OI treatment and prophylaxis, nutrition and safe water counseling, mental health support, and prevention for positives. A key strength of the USG program has been the active involvement of PLWHA in the program.

Leveraging and Coordination: USG programs coordinate with a range of public and private sector services to ensure each patient can access the services he/she needs. For example, some USG-supported care projects are co-located with GOI DOTS centers for TB, where positive patients can access TB treatment. Effective referral linkages for hospital care, end-of-life care, PMTCT, income generation, children's education, OVC services, nutrition support, and legal services have been established. At the State level, USG has agreed with other donors, such as HIV/AIDS Alliance, Children's Investment Fund (CIF), on geographical demarcation to minimize duplication of services.

FY08 Support: 1. Develop/enhance NACO centers of excellence: Based on USG's experience in establishing GHTM as a premier HIV care, training, and operational research institute in India, USG has offered technical assistance to NACO in developing 10 additional "centers of excellence". NACO earmarked at least $250,000 for each of these centers in FY08 but requires technical assistance from USG in creating infrastructure blueprints, hiring technical staff including HIV clinical experts and organizing quality training programs.

2. Develop/enhance training centers for community and facility-based care providers in non-governmental sectors in the four USG focus states: With USG guidance and support, these centers will expand their capacity to train physicians, nurses, counselors, and outreach workers in HIV care and support, with a focus on practical skill building. These centers will provide a high-quality package of services to PLWHA and their families, as outlined in the PEPFAR guidance and in NACO guidelines. Periodic mentorship from experts will improve the skills of the center's trainers.

3. Develop and scale up private (for-profit) models for HIV care services: USG's goal is to increase the level of engagement and the quality of HIV services among private sector physicians and hospitals. USG supports a consortium of private medical colleges in Andhra Pradesh (AP). Additionally, a model center of training for the private sector at Perunderai medical college in TN will be further strengthened. These will serve as models for strengthening private sector involvement.

4. Support and strengthen NACO-funded CCCs: Under NACP-3, these centers will be scaled up and play a more significant role in providing the overall care and support needs of PLWHA in India. Currently, the quality and comprehensiveness of their services remains inconsistent due to lack of investment in standardization of services, staff training, and monitoring. In FY08, USG will commit significant resources to these areas through the Technical Support Units (TSUs). A 2-3 month course to train existing FBO/NGO nurses as rural HIV practitioners will be established. USG will partner with NACO and other government agencies to develop and pilot a clinical accreditation system for HIV care centers. USG will continue to provide direct support to a limited number of care centers in order to establish them as model centers for the state and share implementation experiences at country level.

5. Strengthen HIV care and support leadership at the national, state, and district levels: USG will place HIV care experts in TSUs, State AIDS Control Societies (SACS), and NACO. Training programs on basic minimal package of PLWHA services, accreditation concepts, and care and support service delivery strategies will be organized for state and district officials. District teams, funded and trained by USG, will play a key role in monitoring care services and strengthening referral linkages. USG will continue to develop and institutionalize care documents (standards of care) and tools (follow-up counseling toolkit, quality of care assessment tool, and video training vignettes). 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. Strengthen public sector medical institutions: USG will assist NACO and the states in building the capacity of government clinics and hospitals to provide quality comprehensive care and support services. USG will expand training of doctors and nurses in HIV palliative care, STI management, and testing and counseling. USG will work with GHTM for closer disease monitoring of its 30,000 PLWHA, including CD4 testing, and link them to follow-up services closer to home. In Maharashtra, USG will implement a comprehensive prevention, testing, and care model in one district which will include a strong emphasis on strengthening services in government care (and testing) centers.

7. Link PLWHA in the community to services: USG has historically had strong community and home-based care programs. Direct support for home and community care will be reduced in FY08 in response to the need under NACP-3 for USG to build sustainable institutional care capacities. Under NACP-3, community services will focus on establishing link workers in high prevalence communities who will assist and empower PLWHA to seek care and support services. USG will play a key role in developing and implementing this link worker scheme in priority districts. USG will continue to support PLWHA-run "drop in" centers which provide counseling and link PLWHA to care and treatment services. USG prevention and testing programs will link most at-risk populations (MARPs) to appropriate care and treatment facilities. Some will pilot PLWHA support services designed specifically for MARPs.

8. Demand generation activities: USG, in partnership with states and NACO, will develop a communication campaign designed to inform PLWHA of the availability of care and treatment services in their districts. Empowering PLWHA to demand and seek out high quality care and treatment services is more complicated but will also be piloted in FY08 using the newly developed follow-up counseling toolkit. As accreditation systems develop, efforts to educate PLWHA on the importance of seeking care from accredited sites will help empower the PLWHA community and will become a USG priority.

Program Area Downstream Targets:

6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	440
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	93215
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	4855

Custom Targets:

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 3974.08

Mechanism: N/A

Prime Partner: Armed Forces Medical Services

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 11521.08

Planned Funds: $30,000

Activity System ID: 14679

Activity Narrative: SUMMARY

The focus of this activity is to develop the human resource capacity of the Indian Armed Forces Medical Services (AFMS) to provide a high quality of health care to HIV-positive soldiers. This is a continuing collaboration between the US Pacific Command (PACOM)/Center for Excellence (COE) and the AFMS to develop the human capacity to address aspects of care and treatment at military medical facilities and among family members supporting HIV-positive soldiers. The overall objective is to improve the quality of health care provided to HIV patients in clinics and in homes. FY08 funds will support palliative care training workshops for military medical personnel that include the nurses and paramedical workforce.

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, with a geographical focus that 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. 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 response for HIV prevention, care and treatment. With FY07 funds and technical support from PACOM/COE, the AFMS developed and executed a three-day workshop focusing on palliative care. The workshop focused on various aspects of care and treatment, including medical adherence, post diagnosis counseling and psychological support. In addition to military healthcare providers, family members play a role in support of PLHA and were able to benefit from this workshop as well.

ACTIVITIES AND EXPECTED RESULTS

ACTIVITY 1: Capacity Building in Management of Palliative Care for HIV-Positive Soldiers
The AFMS will be supported to conduct a demonstration workshop on palliative care for medical care givers. Funds will support technical support and travel as required to bring in at least 45 healthcare providers from the various military units with health care facilities currently offering ARV services and opportunistic infection (OI) treatment facilities. The curriculum for the training will be based on a similar workshop conducted with FY06 funds and will be augmented with skills building, IEC and job aids from other USG-supported programs like CDC, APAC and Avert programs which conduct such programs on a regular basis.

Care givers in families of HIV+ soldiers are also being considered as a potential target for associated trainings, which will be less clinical and offer more home-based palliative care guidelines. These participants will be selected based on existing experiences and needs. In addition, technical assistance for conducting a training needs assessment to identify the specific needs for members of families and care givers will be planned.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11521

Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24631	11521.24631.09	Department of Defense	Armed Forces Medical Services	10516	3974.09		$32,500
11521	11521.07	Department of Defense	Armed Forces Medical Services	5795	3974.07		$55,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	N/A	True
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	N/A	True
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	45	False

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 3962.08

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

Prime Partner: University of Washington

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID:

Planned Funds: $300,000

Activity System ID: 14659

Activity Narrative: 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, 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 on-going USG-funded activities such as the (1) HIV Specialists and Medical Officers trainings, (2) HIV Fellowship Program for physicians, (3) Nurses' Trainings Programs; as well as new initiatives in FY08 (4) Clinical Mentorship Program, (5) Clinical Consultation Hotline, (6) HIV Fellowship Program for Nurses, and (7) Training of Trainers on Follow-Up Counseling Toolkit. These activities also link to ARV Services, PMTCT, TB/HIV, and Policy and System Strengthening. 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. 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. I-TECH at GHTM has the capacity, knowledge and experience to execute high impact programs.

ACTIVITY 1: HIV Specialists and Medical Officers 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 Medical Officers 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 the first NACO training in 2004, GHTM and I-TECH have jointly conducted a total of 22 NACO trainings, serving 450 clinicians. In collaboration with WHO India, I-TECH revised curricula now being used by all 10 ART Training Centers. In FY '08, it is expected that an additional 100 ART Centers will be established. There is urgent need for additional training of Medical Officers and HIV Specialists before the new ART centers become operational.

It is expected that the doctors trained will provide care and support to at least 18,000 patients annually. The continuation of this activity also supports ARV, PMTCT, and TB/HIV program areas.

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 first cohort of 11 Fellows graduated in November 2006: 14 more will graduate by November 2007. Recruitment for the third cohort of 18 Fellows for FY08 is currently underway. 30,000 HIV-infected patients seek care at GHTM annually, with 6800 getting ART. The Fellows supports these services by providing direct clinical care to PLHAs.

In FY08 it is expected that the Fellows will provide direct care to over 9,000 PLHAs at GHTM.

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 in collaboration with the Indian Nursing Council (INC), NACO and support from the William J. Clinton Foundation developed a 14 module nursing training curriculum. Once approved by NACO it will be used as the national HIV/AIDS nursing curriculum in India. In FY08, the William J. Clinton Foundation will support I-TECH to train Master Trainers to support this national initiative to train 10,000 nurses in India.

In FY08 is expected that with PEPFAR support 1000 nurses will be trained including nurse trainers.

ACTIVITY 4: Clinical Mentorship for Community Care Centers and Link ART Centers

Under the third phase of the National AIDS Control Program (NACP-3), 350 government Community Care Centers (CCC) will be established to provide HIV care and support. Clinical staff at these 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 training of health care providers. Enhanced training will assist these centers to reach more PLHA requiring comprehensive services as per NACO treatment guidelines. This partnership also supports ARV, TB/HIV, Systems Strengthening, and PMTCT Program Areas.

In FY 2008, I-TECH expects to reach 100 HIV clinicians for clinical mentoring on comprehensive care services for PLHAs.

Activity Narrative:

ACTIVITY 5: Clinical Consultation Hotline

Healthcare providers in India have limited HIV specific training and therefore lack resources on HIV/AIDS care, but confront many complex questions about the latest in HIV treatment and care during their day-to-day clinical practice. To address the need for accurate and real time clinical information on HIV, I-TECH proposes establishing a Clinical Consultation Hotline to provide physicians easy and timely access to up-to-date HIV clinical information, and individualized expert case consultation. 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). 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. This activity also supports ARV, TB/HIV, PMTCT, and Systems Strengthening Program Areas as well.

ACTIVITY 6 (New): 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. I-TECH will develop a 2-3 month training program for nurses to address this need, and to create a pool of advanced trained nurses in HIV/AIDS care. I-TECH's experience of managing a year-long HIV Fellowship Program for physicians will enable quick establishment of this program building on documented I-TECH best practices. The aim is to replicate this program in other similar settings. This activity also supports ARV, TB/HIV, PMTCT, and Systems Strengthening Program Areas.

In FY 2008, I-TECH expects to conduct two batches of the Nursing Fellowship Program reaching 30 nurses with the goal to expand in FY 2009.

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. The Follow up Counseling Toolkit, prepared by the Indian Clinical Epidemiology Network (IndiaCLEN) with financial and technical support of HHS/CDC, leverages the potential value of counselors in linking PLHAs to palliative care by training the counselors in patient screening and referral to such services. Complementary to the currently available HIV counseling materials, these tools provide practical guidance for counselors to use during client sessions. However, to maximize the potential of this phase of counseling, a more comprehensive infrastructure needs to be developed, including formal training on the advanced counseling issues addressed in the Follow-up Counseling Toolkit. I-TECH India will train and observe counselors at GHTM in the use of the Toolkit. Based on this evaluation, I- TECH will develop a Training of Trainers curriculum including facilitator's guide to train a core group of master trainers.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10923

Related Activity: 16006, 14666, 14668, 14660, 14670, 14671, 14662, 14672, 14673, 14664, 14665, 14674

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10923	6201.07	HHS/Health Resources Services Administration	University of Washington	5626	3962.07		$450,000
6201	6201.06	HHS/Health Resources Services Administration	University of Washington	3962	3962.06		$650,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16006	11498.08	6901	3962.08	I-TECH (International Training and Education Center on HIV)	University of Washington	$30,000
14666		6902	3958.08		Tamil Nadu AIDS Control Society	$15,200
14668		6902	3958.08		Tamil Nadu AIDS Control Society	$40,000
14660		6901	3962.08	I-TECH (International Training and Education Center on HIV)	University of Washington	$150,000
14670		6902	3958.08		Tamil Nadu AIDS Control Society	$15,000
14671		6902	3958.08		Tamil Nadu AIDS Control Society	$20,000
14662		6901	3962.08	I-TECH (International Training and Education Center on HIV)	University of Washington	$400,000
14672		6902	3958.08		Tamil Nadu AIDS Control Society	$60,000
14673		6902	3958.08		Tamil Nadu AIDS Control Society	$90,000
14664		6901	3962.08	I-TECH (International Training and Education Center on HIV)	University of Washington	$100,000
14665		6901	3962.08	I-TECH (International Training and Education Center on HIV)	University of Washington	$120,000
14674		6902	3958.08		Tamil Nadu AIDS Control Society	$69,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

* Retention strategy

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	1	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	7,594	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	608	False

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 10703.08

Mechanism: N/A

Prime Partner: Project Concern International

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 21152.08

Planned Funds: $87,489

Activity System ID: 21152

Activity Narrative: In their last year of funding, PCI will also document and transition the pallative care-basic activities for people living with HIV/AIDS.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 3965.08

Mechanism: N/A

Prime Partner: Children in Need Institute

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 6212.08 **Planned Funds:** $15,000

Activity System ID: 14457

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 four 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 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 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 (Jharkand State AIDS Control Society) 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. MASBOOT will begin new implementation of Prevention with Positives in FY08. There is currently no such strategy in the state. Additionally, health systems infrastructure and access to care is weak. CINI will subcontract to local NGOs to implement the newly planned Prevention with Positives 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 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 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 CT 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 FY08.

ACTIVITY 2: Training in Follow-up Counseling and Care
CINI will train 30 PLHA peer counselors from the Jharkhand 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 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10862

Related Activity: 14455, 16368, 14459

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21275	6212.21275.09	HHS/Centers for Disease Control & Prevention	Children in Need Institute	9254	3965.09		$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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14455	6211.08	6845	3965.08		Children in Need Institute	$65,000
16368	16368.08	6845	3965.08		Children in Need Institute	$40,000
14459	11469.08	6845	3965.08		Children in Need Institute	$30,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	N/A	True
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	N/A	True
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	30	False

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID:	5976.08	**Mechanism:**	N/A
Prime Partner:	Indian Network of Positive People	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GAP	**Program Area:**	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC	**Program Area Code:**	06
Activity ID:	6193.08	**Planned Funds:**	$68,000
Activity System ID:	14473		

Activity 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 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.

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10877

Related Activity: 14666, 14136, 16467, 14098, 14668, 14157, 14300, 14292, 14099, 16468, 14122, 14137, 14115, 14116, 16472, 16415, 14158, 14094, 14245, 14139, 14140, 14246, 14131, 16469, 14101, 14159, 14670, 14671, 16404, 14143, 14476, 14674

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20892	6193.20892.09	HHS/Centers for Disease Control & Prevention	Indian Network of Positive People	9156	5976.09		$0
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14666		6902	3958.08		Tamil Nadu AIDS Control Society	$15,200
14668		6902	3958.08		Tamil Nadu AIDS Control Society	$40,000
16467	6172.08	7443	3956.08		Project Concern International	$50,000
14136	6129.08	6715	3942.08	Samastha	University of Manitoba	$780,000
14098	6117.08	6709	3940.08		Avert Society	$1,204,900
14099	6118.08	6709	3940.08		Avert Society	$700,000
14137	6131.08	6715	3942.08	Samastha	University of Manitoba	$2,071,160
16468	10932.08	7443	3956.08		Project Concern International	$325,000
14122	6588.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$187,000
14115	11467.08	6711	5785.08	Samarth	Family Health International	$131,400
14300	6219.08	6767	3966.08		Leprosy Relief Association India	$50,000
14292	6207.08	6766	3964.08		MYRADA	$20,000
14157	6151.08	6720	3949.08	APAC	Voluntary Health Services	$970,000
16415	16415.08	6767	3966.08		Leprosy Relief Association India	$25,000
14116	11468.08	6711	5785.08	Samarth	Family Health International	$21,900
16472	16472.08	7443	3956.08		Project Concern International	$25,000
14245	10944.08	6711	5785.08	Samarth	Family Health International	$175,200
14139	10943.08	6715	3942.08	Samastha	University of Manitoba	$335,400
14094	11444.08	6708	5781.08		Avert Society	$135,000
14158	6155.08	6720	3949.08	APAC	Voluntary Health Services	$297,000
14159	6153.08	6720	3949.08	APAC	Voluntary Health Services	$325,500
14670		6902	3958.08		Tamil Nadu AIDS Control Society	$15,000
14131	6135.08	6714	3943.08	Connect	Population Services International	$483,122
14140	6130.08	6715	3942.08	Samastha	University of Manitoba	$29,640
14101	6120.08	6709	3940.08		Avert Society	$400,000
14246	10939.08	6711	5785.08	Samarth	Family Health International	$21,900
16469	6173.08	7443	3956.08		Project Concern International	$50,000
14671		6902	3958.08		Tamil Nadu AIDS Control Society	$20,000
16404	16404.08	6848	5976.08		Indian Network of Positive People	$34,000
14674		6902	3958.08		Tamil Nadu AIDS Control Society	$69,000
14476	12600.08	6848	5976.08		Indian Network of Positive People	$68,000
14143	10887.08	6715	3942.08	Samastha	University of Manitoba	$1,184,560

Emphasis Areas

Gender

* Increasing women's legal rights

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Wraparound Programs (Health-related)

* TB

Wraparound Programs (Other)

* Economic Strengthening

* Food Security

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	2	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	30,000	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	500	False

Target Populations

Other

Pregnant women

People Living with HIV / AIDS

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 3967.08

Mechanism: APAIDSCON

Prime Partner: Share Mediciti (Networking)

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 6226.08

Planned Funds: $50,000

Activity System ID: 14580

Activity 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 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

Activity Narrative: 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 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10905

Related Activity: 14581, 14582, 14583, 14585, 16431

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20921	6226.20921.09	HHS/Centers for Disease Control & Prevention	Share Mediciti (Networking)	9161	3967.09	APAIDSCON	$75,000
10905	6226.07	HHS/Centers for Disease Control & Prevention	Share Mediciti (Networking)	5621	3967.07		$20,000
6226	6226.06	HHS/Centers for Disease Control & Prevention	Share Mediciti (Networking)	3967	3967.06		$100,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14581	11502.08	6879	3967.08	APAIDSCON	Share Mediciti (Networking)	$5,000
14582	6224.08	6879	3967.08	APAIDSCON	Share Mediciti (Networking)	$10,000
14583	6225.08	6879	3967.08	APAIDSCON	Share Mediciti (Networking)	$25,000
14585	6227.08	6879	3967.08	APAIDSCON	Share Mediciti (Networking)	$219,000
16431	16431.08	6879	3967.08	APAIDSCON	Share Mediciti (Networking)	$15,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	35	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	7,680	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	135	False

Target Populations

Other

People Living with HIV / AIDS

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 5786.08 **Mechanism:** N/A

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 10949.08

Planned Funds: $61,860

Activity System ID: 14463

Activity Narrative: $61,860 in CDC GHAI funding is necessary to support expenses and activities for technical staff in the three GAP India offices (New Delhi, Chennai, and Hyderabad). A total of seven staff in these offices is funded with GHAI funds. The amount requested includes salaries, fringe, travel proportionate office overhead, desk, operational charges, head tax charges, and ICASS charges for technical staff.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10949

Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25427	10949.25427.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	9167	3969.09		$128,867

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 3964.08

Mechanism: N/A

Prime Partner: MYRADA

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 6207.08

Planned Funds: $20,000

Activity System ID: 14292

Activity 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 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 5: 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 Narrative:

ACTIVITY 6: 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 7: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10889

Related Activity: 14290, 14291, 14473, 14137, 16417, 14293, 14296

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20911	6207.20911.09	HHS/Centers for Disease Control & Prevention	MYRADA	9159	3964.09		$102,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14290	11499.08	6766	3964.08		MYRADA	$75,000
14291	11500.08	6766	3964.08		MYRADA	$105,000
14137	6131.08	6715	3942.08	Samastha	University of Manitoba	$2,071,160
14473	6193.08	6848	5976.08		Indian Network of Positive People	$68,000
16417	16417.08	6766	3964.08		MYRADA	$10,000
14293	6206.08	6766	3964.08		MYRADA	$100,000
14296	6209.08	6766	3964.08		MYRADA	$120,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs
* Increasing women's legal rights
* Reducing violence and coercion

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

Local Organization Capacity Building

Wraparound Programs (Health-related)

* Family Planning
* TB

Wraparound Programs (Other)

* Economic Strengthening
* Education

Food Support

Estimated PEPFAR dollars spent on food	$2,000
Estimation of other dollars leveraged in FY 2008 for food	$1,000

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	2	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	400	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	25	False

Target Populations

Other

Discordant Couples

People Living with HIV / AIDS

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 3956.08 **Mechanism:** N/A

Prime Partner:	Project Concern International	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GAP	**Program Area:**	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC	**Program Area Code:**	06
Activity ID:	10932.08	**Planned Funds:**	$325,000
Activity System ID:	16468		

Activity 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 Maharastra 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 expended 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. 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 Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10932

Related Activity: 16469, 16470, 16471

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21844	10932.21844.09	HHS/Centers for Disease Control & Prevention	Project Concern International	9460	3956.09		$0
10932	10932.07	HHS/Centers for Disease Control & Prevention	Project Concern International	5619	3956.07		$432,995

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16469	6173.08	7443	3956.08		Project Concern International	$50,000
16470	6589.08	7443	3956.08		Project Concern International	$100,000
16471	6178.08	7443	3956.08		Project Concern International	$100,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Task-shifting

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Other)

* Economic Strengthening
* Education
* Food Security

Food Support

Estimated PEPFAR dollars spent on food	$5,000
Estimation of other dollars leveraged in FY 2008 for food	$5,000

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	40	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	5,300	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	2,000	False

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID:	3966.08	**Mechanism:**	N/A
Prime Partner:	Leprosy Relief Association India	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC	**Program Area Code:**	06
Activity ID:	6219.08	**Planned Funds:**	$50,000
Activity System ID:	14300		

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 across 10 high burden districts in Andhra Pradesh (AP). These activities are being continued in FY08. 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 PLHA for TB testing; DOTS treatment and linkages with existing services in government and NGO settings. The focus of palliative care efforts is on training, demand generation, 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.

BACKGROUND

LEPRA Society, an NGO based in Hyderabad, AP, works among sub-populations in selected villages across 53 districts in four states of India: AP, Orissa, Bihar and Madhya Pradesh, covering 12 million persons. 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 is a leading partner of 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 faith based organization in the health sector with nearly 3,226 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 677 Integrated Counseling and Testing Centers (ICTCs) offer PPTCT, CT, and TB/HIV care, support and treatment services 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, 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 referrals, including cross-referrals for TB/HIV. Support from local NGOs is leveraged for services, such as nutrition, shelter, and treatment.

ACTIVITY 1- Primary Health Center Enhancement Project

266 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, focusing their prevention efforts particularly in communities where high rates of HIV are being documented (based on results from ANC and walk-in testing at the nearest district PHC). 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 and District Program teams, both supported by USG funding (see Activity Narrative for SI). The target population for outreach is nearly 100,000 rural men and women in the select districts.

Community and home-based activities are an integral part of the PHC Enhancement Project. NPs, with active support from Nurse Supervisors, make follow up visits to PLHA homes to provide medical, and psychological support. At the PHC, PLHA are provided medical care-- including syndromic management for sexually transmitted infections, treatment for other opportunistic infections, psychosocial support, and referral services for ART, TB screening, and CD4 counting. In FY08, there will be a stronger focus on routinizing select services into the PHC facility. Focusing on palliative care at the PHC level, including community and home-based activities, will enable sustainability by mainstreaming such referrals into the regular functions of the PHC.

The palliative care services supported by USG will be managed by LEPRA field staff, district teams, and NPs--with extensive support from LEPRA partner NGOs and APSACS. Through routine facility surveys and monitoring of supply chain management, the district team will also ensure drug availability at the PHC level for opportunistic infection prophylaxis.

ACTIVITY 2: Training of Counselors and Technicians

The PHC Enhancement Project works closely with the HIV-TB division of APSACS to train field staff on HIV -TB coordination and cross referrals. The NPs are trained by USG to track cross-referrals and complete treatment of all diagnosed with TB at the PHC, with support of the PHC staff.

In FY08, all existing government counselors and technicians will undergo refresher trainings in counseling and testing skills, including a focus on palliative care. These trainings will be supported by USG, through

Activity Narrative: the district program teams. LEPRA and DPMs, in collaboration with district health authorities, will also train existing technicians and outreach staff of the PHCs on palliative care treatment and linkages to provide the full spectrum of care. This will help mainstream the activity into the routine of the PHC.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10884

Related Activity: 14297, 14299, 16415, 14301, 14304

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20904	6219.20904.09	HHS/Centers for Disease Control & Prevention	Leprosy Relief Association India	9158	3966.09		$25,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14297	6216.08	6767	3966.08		Leprosy Relief Association India	$55,000
14299	6215.08	6767	3966.08		Leprosy Relief Association India	$125,000
16415	16415.08	6767	3966.08		Leprosy Relief Association India	$25,000
14301	6217.08	6767	3966.08		Leprosy Relief Association India	$100,000
14304	12599.08	6767	3966.08		Leprosy Relief Association India	$0

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

* Task-shifting

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	268	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	2,044	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	296	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Men who have sex with men

Most at risk populations

Street youth

Most at risk populations

Persons in Prostitution

Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID:	3949.08	**Mechanism:**	APAC
Prime Partner:	Voluntary Health Services	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (USAID)	**Program Area:**	Palliative Care: Basic Health Care and Support

Budget Code:	HBHC	**Program Area Code:**	06
Activity ID:	6151.08	**Planned Funds:**	$970,000
Activity System ID:	14157		

Activity 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. Though 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

Activity Narrative: 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).

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10827

Related Activity: 14154, 14666, 14473, 14158, 14159, 14670, 14163, 14671, 14161, 14673, 14162, 14674

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21829	6151.21829.09	U.S. Agency for International Development	Voluntary Health Services	9457	3949.09	APAC	$550,966
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14154	10933.08	6720	3949.08	APAC	Voluntary Health Services	$148,500
14666		6902	3958.08		Tamil Nadu AIDS Control Society	$15,200
14473	6193.08	6848	5976.08		Indian Network of Positive People	$68,000
14158	6155.08	6720	3949.08	APAC	Voluntary Health Services	$297,000
14159	6153.08	6720	3949.08	APAC	Voluntary Health Services	$325,500
14670		6902	3958.08		Tamil Nadu AIDS Control Society	$15,000
14671		6902	3958.08		Tamil Nadu AIDS Control Society	$20,000
14163	6154.08	6720	3949.08	APAC	Voluntary Health Services	$34,100
14673		6902	3958.08		Tamil Nadu AIDS Control Society	$90,000
14161	6156.08	6720	3949.08	APAC	Voluntary Health Services	$396,000
14162	6157.08	6720	3949.08	APAC	Voluntary Health Services	$481,900
14674		6902	3958.08		Tamil Nadu AIDS Control Society	$69,000

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	37	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	8,800	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	400	False

Target Populations

Other

People Living with HIV / AIDS

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 3950.08

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: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 6588.08

Planned Funds: $187,000

Activity System ID: 14122

Activity Narrative: SUMMARY

In FY08, the Health Communication Partnership/Johns Hopkins University (HCP/JHU) will provide technical support to the Maharashtra State AIDS Control Society (MSACS), the Goa State AIDS Control Society (GSACS), the Avert Society project and NACO in the design, development, implementation and dissemination of a state-wide communication program to create demand for palliative care services. HCP/JHU will support communication initiatives to improve palliative care services provided by NGOs, PLHA networks, and public and private sector health care institutions supported by MSACS, GSACS and the Avert project. In addition, HCP/JHU will provide communication support to the network model implemented jointly by the USAID-supported Avert project and CDC in collaboration with the Government of Maharashtra in Sangli district.

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 technical assistance (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 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

HCP/JHU will work closely with the Avert project, MSACS and GSACS to develop prototype communication materials for improving access to palliative care and will assist in training the NGOs and the health care providers in using the materials effectively. HCP/JHU will also assist in exploring opportunities with appropriate partners including the Indian Medical Association and others to reach health care providers with more comprehensive training in quality counseling practices.

ACTIVITY 1: Improving Access to Palliative Care Services

In FY06, HCP/JHU developed a care and support campaign focusing on living positively for people living with HIV/AIDS (PLHA) and addressing stigma and discrimination in the community, schools and the workplace. In FY08, HCP/JHU will assist MSACS, GSACS and the Avert project to scale up communication activities on palliative care. First, HCP/JHU will assist these agencies in developing palliative care communication strategies for public and private sector institutions, including NGOs. The strategy will be developed through a consultative process by holding workshops with the palliative care officers of MSACS, GSACS and Avert project, NGOs, PLHA networks and experts in communication. HCP/JHU will also develop IEC materials on caring for PLHA in home and institutional care settings. This will include a booklet on managing opportunistic infections by health care providers tailored to the needs of the doctors and nurses, a palliative care counseling manual and a guide on healthy life style. These materials will be used by six home-based care NGOs, 22 drop-in-centers (managed by PLHA networks) and 40 institution-based care facilities. In addition, doctors and nurses from over 700 government sub-district health centers providing opportunistic infection (OI) services will use the IEC tools in treating and caring for patients. HCP/JHU will also develop an IEC kit for sensitizing community leaders, village elders and self help groups to address the discrimination women face in the community owing to HIV/AIDS. HCP/JHU will share these materials with NACO and, based on the needs of other states, the materials will be replicated in at least 12 languages.

ACTIVITY 2: Communication Support for the Sangli Network Model

HCP/JHU will provide TA in developing communication interventions to support a pilot network model in Sangli district that will provide integrated prevention, care and treatment services to PLHA. The model envisages expanding high quality prevention, care and treatment services by establishing formal linkages between services at facilities and in community or home-based care programs. The networked model will also link prevention programs among most-at-risk populations to counseling and testing, care and support and ARV treatment services. A workshop will be conducted with the staff of the Sangli ART center, integrated counseling and testing centers, NGOs, PLHA networks and private health care providers in Sangli district to determine the communication needs for the network model. HCP/JHU will develop a range of communication materials to support the needs of six prevention NGOs, three palliative care NGOs, one PLHA network, eight counseling and testing centers, 50 private health care institutions and one ART center who are partners in the network model.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10810

Related Activity: 14164, 14096, 14099, 14094, 14123, 14101, 14124, 14102, 14125, 14103, 14353, 14104, 14354

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10810	6588.07	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	5599	3950.07		$275,000
6588	6588.06	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	3950	3950.06		$363,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14164	14164.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$88,000
14096	6114.08	6709	3940.08		Avert Society	$160,000
14099	6118.08	6709	3940.08		Avert Society	$700,000
14123	6627.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$33,000
14094	11444.08	6708	5781.08		Avert Society	$135,000
14124	10938.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$132,000
14101	6120.08	6709	3940.08		Avert Society	$400,000
14102	6121.08	6709	3940.08		Avert Society	$80,000
14125	10940.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$187,000
14103	6122.08	6709	3940.08		Avert Society	$400,000
14353	6158.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$88,000
14354	6159.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$154,000
14104	6123.08	6709	3940.08		Avert Society	$480,000

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	N/A	True
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	N/A	True
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	N/A	True

Target Populations

Other

People Living with HIV / AIDS

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 3942.08

Mechanism: Samastha

Prime Partner: University of Manitoba

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 6131.08

Planned Funds: $2,071,160

Activity System ID: 14137

Activity 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 LEPRA . KHPT coordinates all activities at the district level in Karnataka, while the LEPRA society coordinates activities in Andhra Pradesh.

The Samastha project supports 12 CSCs In Karnataka, nine of which are located within Catholic Mission institutions run by Snehdaan, 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 LEPRA 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 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

Activity Narrative: 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, Snehadaan 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10821

Related Activity: 14166, 14140, 14141, 14143

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20940	6131.20940.09	U.S. Agency for International Development	University of Manitoba	9164	3942.09	Samastha	$1,467,331
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14166	10934.08	6715	3942.08	Samastha	University of Manitoba	$35,360
14140	6130.08	6715	3942.08	Samastha	University of Manitoba	$29,640
14141	10941.08	6715	3942.08	Samastha	University of Manitoba	$169,000
14143	10887.08	6715	3942.08	Samastha	University of Manitoba	$1,184,560

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Health-related)

* TB

Food Support

Estimated PEPFAR dollars spent on food	$594,000
Estimation of other dollars leveraged in FY 2008 for food	$60,000

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	36	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	12,000	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	190	False

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID:	5785.08	**Mechanism:**	Samarth
Prime Partner:	Family Health International	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (USAID)	**Program Area:**	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC	**Program Area Code:**	06
Activity ID:	11467.08	**Planned Funds:**	$131,400
Activity System ID:	14115		

Activity 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 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11467

Related Activity: 14116, 14245, 14246, 14111, 14249

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21247	11467.21247.09	U.S. Agency for International Development	Family Health International	9246	5785.09	Samarth	$104,000
11467	11467.07	U.S. Agency for International Development	Family Health International	5785	5785.07		$79,805

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14116	11468.08	6711	5785.08	Samarth	Family Health International	$21,900
14245	10944.08	6711	5785.08	Samarth	Family Health International	$175,200
14246	10939.08	6711	5785.08	Samarth	Family Health International	$21,900
14111	6138.08	6710	3944.08	Samarth	Family Health International	$111,895
14249	6139.08	6711	5785.08	Samarth	Family Health International	$985,500

Emphasis Areas

Local Organization Capacity Building

Wraparound Programs (Health-related)

* TB

Food Support

Estimated PEPFAR dollars spent on food $5,000

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	5	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	1,400	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	100	False

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Injecting drug users

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID:	3940.08	**Mechanism:**	N/A
Prime Partner:	Avert Society	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (USAID)	**Program Area:**	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC	**Program Area Code:**	06
Activity ID:	6118.08	**Planned Funds:**	$700,000
Activity System ID:	14099		

Activity Narrative: SUMMARY

The Avert Society's project aims to bridge critical gaps in Maharashtra State by providing quality HIV palliative care services in nine districts through community care and support centers (CCC), drop-in-centers also known as integrated positive prevention and care centers (IPPC) and home-based care linked with government health services and community outreach. The palliative care services include management of opportunistic infections (OIs) through outpatient and inpatient services, counseling, TB diagnosis and referral to DOTS, and linkages to ARV services. The home-based care program provides nutrition education, hygiene education, counseling for positive prevention, adherence to ARV treatment, and linkages to socio-economic support services.

These activities will be targeted to adults, women, and children living with HIV/AIDS, with a focus on a family-centered approach. Special efforts will be made to reach out to children and women. Training will focus on doctors, nurses, counselors, outreach workers, family members and caregivers of PLHAs through home-based care. Avert will implement a networked program in Sangli district integrating prevention, care, and treatment services. Avert will also provide technical support to Maharashtra State AIDS Prevention and Control Society (MSACS) and Goa State AIDS Prevention and Control Society (GSACS) in expanding and improving palliative care services in the state.

BACKGROUND

The Avert Society project is a bilateral program implementing prevention, care, and treatment activities in high-burden districts of Maharashtra State. The population of Maharashtra State is over 96.8 million and the HIV prevalence is 0.75% (sentinel surveillance, State of Maharashtra, 2006). Avert currently supports over 70 NGOs to implement prevention, care, and treatment programs in selected high burden districts of Maharashtra State. Under the umbrella of the Avert project, the Health Communication Partnership/Johns Hopkins University (HCP/JSU) and the Hindustan Latex Family Planning Promotion Trust (HLFPPT) have been awarded cooperative grants to support the state in scaling up the efforts on communication (HCP/JHU) and condom social marketing (HLFPPT).

The National AIDS Control Organization (NACO) has asked the Avert project to assume responsibility for the Technical Support Unit (TSU) to support the State AIDS Control Societies (SACS) in Maharashtra and Goa to scale up HIV/AIDS prevention, care, and treatment programs in accordance with the third National AIDS Control Program INACP-3). It is envisioned that Avert will also provide direct implementation support to fill critical gaps in prevention services and/or demonstrate best practice models for specific populations.

In Maharashtra State, palliative care interventions are carried out by MSACS and the Avert project. Together they support 37 care interventions in the state (MSACS, 17 and Avert, 20), which is not enough to provide coverage to over 600,000 PLHAs (an estimated number of PLHA based on 0.75% prevalence [National Family Health Survey, 2006]). MSACS and Avert will scale-up palliative care intervention to meet the growing needs of the state.

ACTIVITIES AND EXPECTED RESULTS

Avert's palliative care program started with PEPFAR funding in 2006. In FY08, Avert will directly support 16 palliative care interventions to reach over 18,000 PLHAs. Avert will also provide technical assistance to MSACS and GSACS to expand quality palliative care services.
Avert's program will address barriers to ensure equitable access to palliative care services by men and women and 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.

ACTIVITY 1: Providing Quality Palliative Care Services through CCCs

Avert will complement the efforts of MSACS by bridging the gaps in palliative care services in nine high-burden districts. With FY08 funds, Avert will continue the support started in 2006 to seven CCCs and will support a new CCC in Sangli district. Services provided at the CCCs include out-patient and in-patient services for opportunistic infection (OI) management, psychosocial support, training of caregivers, ART adherence, management of side effects, counseling for sexual and reproductive health and referrals to ART and TB-DOTS services. The CCC will have linkages with ART centers and the Revised National TB Control Program in the districts. The CCCs will integrate HIV care into existing medical services, safeguarding against perceptions that the center is meant only for HIV/AIDS care, and ensuring that HIV care is mainstreamed. This will contribute to the sustainability of services after the project period. Avert will support the costs for staff, rent, nutritional support, supplies, and logistics to implement the program.

ACTIVITY 2: Ensuring a Safe and Conducive Atmosphere for PLHAs to Network and Seek Care

Currently nine drop-in centers (DICs) also known as integrated positive prevention and care centers (IPPCC) serve as safe spaces for HIV-positive persons and family members to support each other. Within these centers, counseling on ART, sexual and reproductive health, positive prevention, and psychosocial support are provided. Additionally, follow-up of PLHAs, who dropped out or for TB and ART adherence, will be carried out. The centers take a family-centric approach in dealing with nutrition, social, and health issues. All services are managed by networks of positive people with support from the Avert project, MSACS and the Network of Maharashtra Positive People.

Starting in FY 2006 and continuing in FY 2007, Avert project began transitioning six out of nine DICs to MSACS. With FY08 funds, Avert will develop the three remaining DICs into demonstration programs to serve as learning sites for new interventions supported by MSACS.

ACTIVITY 3: Home-Based Care
The third component in service delivery is community outreach through home-based care services. With FY08 funds, Avert will continue the two home-based care programs initiated in FY06 and will initiate three new interventions. The home-based care program will provide medical services, psychosocial support, hygiene and nutrition education, and accompanied referrals to higher levels of care, TB and ARV treatment.

Activity Narrative: The home-based care team will motivate and refer family members for HIV testing. The team will also facilitate linkages to faith-based organizations and government welfare programs to access social support services. The home-based care program will establish systems to network with integrated counseling and testing centers (ICTCs), RNTCP, ART centers, and social support programs.

ACTIVITY 4: Sangli Networked Model of Prevention, Care, and Treatment

The Sangli networked model initiated in FY06 will continue in FY08. The networked model is jointly implemented by the Avert project and CDC in collaboration with MSACS. The model envisages expanding high quality prevention, care, and treatment services by establishing formal linkages between services at facilities and in the community or with a home-based care program. The networked model will also link prevention programs among most at-risk populations (MARPs) to counseling and testing, care and support, and ARV treatment services. There will be systematic referrals of patients and families from one location to another. The Sangli networked model will be coordinated by the District AIDS Prevention and Control Unit (DAPCU). The DAPCU will develop and monitor the systems for integration of services. CDC will provide technical assistance to strengthen the quality of ART services.

ACTIVITY 5: Technical Support to SACS to Provide Quality Palliative Care Services

With FY08 funds, Avert will provide technical support to MSACS and GSACS in expanding and strengthening palliative care services to PLHAs in Maharashtra and Goa States. Specifically, technical assistance will be provided in the selection of community care and support centers, capacity-building of palliative care staff and monitoring the quality of services. The Avert project will develop operational guidelines for establishing linkages between the CCC and counseling and testing centers and ART services.

Avert will contract two training institutions to build the capacity of the staff of CCC, HBC, and DIC to provide quality palliative care services to PLHAs, their spouse (infected/affected), family (affected) and children (infected and affected). The staff of prevention, care, and treatment programs in the Sangli networked model program will also be trained. The multidisciplinary care teams will be trained based on the guidelines and the strategies of CCC, HBC, and DIC. Medical officers will be trained on the management of OIs and on ARV treatment and nutritional care for PLWHAs. The nursing staff will be trained in universal precautions, post-exposure prophylaxis and palliative nursing care services. The counselors will be trained in quality counseling services including adherence counseling, nutrition counseling, behavior change counseling for concordant and discordant couple, partner notification and testing, and positive living. Outreach workers will be trained in providing home-based care, adherence to OI and ARV treatment, hygiene and nutritional care, training of caregivers, and addressing stigma and discrimination, including gender issues. The project coordinators and the documentation officers will be trained in project management, advocacy with stakeholders, developing referrals and linkages, Management Information Systems, finance and human resource management. A total of 528 individuals from the programs supported by MSACS, GSACS, and Avert will be trained in providing quality palliative care services.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10791

Related Activity: 14164, 14096, 14097, 14098, 14122, 14094, 14123, 14101, 14124, 14102, 14125, 14103, 14353, 14104, 14354

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23883	6118.23883.09	U.S. Agency for International Development	Avert Society	10306	3940.09		$570,760
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14164	14164.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$88,000
14096	6114.08	6709	3940.08		Avert Society	$160,000
14097	6116.08	6709	3940.08		Avert Society	$220,000
14098	6117.08	6709	3940.08		Avert Society	$1,204,900
14122	6588.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$187,000
14123	6627.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$33,000
14094	11444.08	6708	5781.08		Avert Society	$135,000
14124	10938.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$132,000
14101	6120.08	6709	3940.08		Avert Society	$400,000
14102	6121.08	6709	3940.08		Avert Society	$80,000
14125	10940.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$187,000
14353	6158.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$88,000
14103	6122.08	6709	3940.08		Avert Society	$400,000
14104	6123.08	6709	3940.08		Avert Society	$480,000
14354	6159.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$154,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Local Organization Capacity Building

Wraparound Programs (Health-related)

* TB

Wraparound Programs (Other)

* Economic Strengthening

Food Support

Estimated PEPFAR dollars spent on food $35,555

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	14	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	18,000	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	528	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Men who have sex with men

Most at risk populations

Street youth

Most at risk populations

Persons in Prostitution

Other

People Living with HIV / AIDS

HVTB - Palliative Care: TB/HIV

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Total Planned Funding for Program Area: $334,323

Estimated PEPFAR contribution in dollars	$0
Estimated local PPP contribution in dollars	$0
Estimated PEPFAR dollars spent on food	$0
Estimation of other dollars leveraged in FY 2008 for food	$0

Program Area Context:

Overview: India is the country with the burden of TB globally accounting for nearly one-fifth of the global incidence. The country has a well designed and implemented program for diagnosing and treating TB with the Directly Observed Treatment – Short Course Chemotherapy (DOTS) strategy through a network of about 12,000 Microscopy Centers and 120,000 DOT centers and providers throughout India. The Government of India (GOI) is in the process of revising the estimated TB-HIV co-infection burden in the light of the current sentinel surveillance estimates for HIV. The estimated figures will be close to one million. National statistics report that 0.8% to 28% of TB patients are HIV-infected depending on the setting. HIV surveillance of TB sites has been expanded from a successful pilot in two districts to 18 high-burden districts in eight states of India

Provider-initiated HIV testing of TB patients started from April 2007 on a pilot basis in two districts in Tamil Nadu and Karnataka. The pilots are scheduled to be reviewed in September 2007. 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 patients seeking HIV care far from their home villages but getting the TB services closer to their homes, since HIV services are available mostly at the district level (each district has approximately 2 million population) while TB services are available at sub-district level. Cotrimoxazole prophylaxis has also started as a pilot initiative through the DOTS centers in three districts of Andhra Pradesh using the principle of ‘shared confidentiality’.

Resources were received from the Global Fund Round 3 grant to co-locate 329 TB microscopy units with counseling and testing centers in high prevalence districts. By the third year, 300 had been co-located. The others are expected to be co-located by the end of this year.

Concurrent treatment with TB and ARV drug regimens is complex and challenging.
Efavirenz is included in the first line treatment of the national program and accounts for about 15% of all ART drugs purchased. In the private sector the cost of Efavirenz in ARV regimens 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 TB prophylaxis for PLHA but there are ongoing clinical trials for evaluating its effectiveness at the Tuberculosis Research Center of the Indian Council for Medical Research in Chennai.

Increasing provider-initiated counseling and testing, especially for patients with TB, is a priority in the third National AIDS Control Program (NACP-III). The National HIV-TB Coordination Committee is addressing issues related to convergence, drug resistance, cross referrals and infection control.

Current USG Support: TB-HIV services depend on effective linkage between the National AIDS Control Program (NACP) and the Revised National TB Control Program (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. The USG is a part of the National TB-HIV Coordination Committee and Working Group responsible for the development of national policies and guidelines for the implementation of the national TB-HIV action plan.

By the end of FY07, it is estimated that 9000 patients will have been diagnosed and put on TB treatment through 195 USG-supported outlets. The USG will also have supported the training of 3900 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. With the support of the national TB program, a DOTS center was opened at GHTM in June 2006, and has resulted in 9300 HIV patients, including 2790 women, being placed on TB treatment in accordance with national TB guidelines. A tracking system has been established to monitor referrals from GHTM to other states. This is very important as more than 45% of the new patients coming to GHTM are from the neighboring states of Andhra Pradesh, Karnataka, Kerala and Maharashtra.

USG is also trying out different models of HIV-TB collaboration in several USG focus states. In the remote 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 was part of the review team for the revision of the curriculum for TB-HIV providers to ensure consistency with both national programs. USG supports a TB consultant on the staff of the national TB program (through WHO), to provide critical policy and technical inputs on TB-HIV issues at the national level. The USG is 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.

Leveraging and Coordination: A Joint GOI TB/HIV Working Group was established in 2001 to address the challenges of coordination between the TB and HIV programs. Effective coordination is urgently needed with HIV treatment becoming more widely integrated with TB therapy. Prevention of TB transmission within settings of HIV care needs to be better addressed. TB/HIV

guidelines have been developed and cross-training programs established for TB and HIV health care providers; national curricula now include modules on TB/HIV. WHO-supported TB/HIV consultants, who help to facilitate collaboration and linkages between the two programs, have been placed in 14 states including the six high prevalence states (Tamil Nadu, Maharashtra, Andhra Pradesh, Karnataka, Nagaland, and Manipur). USG is also working with other bilateral donors such as the Canadian International Development Agency (supporting WHO HIV/TB consultants) and the Department for International Development, UK to facilitate TB-HIV activities in these states. The collaboration has had very good results in Andhra Pradesh, which is contributing to about 40% of the cross referrals from TB to HIV and vice versa for India at present.

USG's FY08 Support: FY08 COP is a crucial year to implement the HIV-TB collaborative services and to share the different models that have shown results.

1. In FY08, all USG-supported HIV/AIDS care and treatment programs will implement national referral systems to screen for and track TB referrals and DOTS treatment. Community and home-based care programs will consolidate linkages with local RNTCP clinics and, wherever feasible, become DOTS providers. In the care and support projects for PLHAs in Pune and Salem, the drop-in centers are already doubling up 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 5,270 patients and train over 1,255 health care workers in provision of integrated services.

2. The USG India team has considerable technical expertise in TB/HIV on staff; 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 a WHO technical advisor to liaise between the national TB and HIV programs. This advisor works closely with the Government of India on policy development and program implementation, especially in the areas of TB/HIV surveillance, provider-initiated counseling and testing, and TB/HIV coordination.

3. Technical support will also be provided to NACO to assist in the development of national TB infection control guidelines, integrate principles of TB/HIV coordination into training programs and develop a feasible implementation plan.

Program Area Downstream Targets:

7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	320
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	4265
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	905
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	9450

Custom Targets:

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID:	5785.08	**Mechanism:**	Samarth
Prime Partner:	Family Health International	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (USAID)	**Program Area:**	Palliative Care: TB/HIV
Budget Code:	HVTB	**Program Area Code:**	07
Activity ID:	11468.08	**Planned Funds:**	$21,900
Activity System ID:	14116		

Activity 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11468

Related Activity: 14115, 14245, 14246, 14247, 14111, 14248, 14249

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21248	11468.21248.09	U.S. Agency for International Development	Family Health International	9246	5785.09	Samarth	$26,000
11468	11468.07	U.S. Agency for International Development	Family Health International	5785	5785.07		$39,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14115	11467.08	6711	5785.08	Samarth	Family Health International	$131,400
14245	10944.08	6711	5785.08	Samarth	Family Health International	$175,200
14246	10939.08	6711	5785.08	Samarth	Family Health International	$21,900
14247	6597.08	6711	5785.08	Samarth	Family Health International	$21,900
14248	14248.08	6711	5785.08	Samarth	Family Health International	$538,905
14111	6138.08	6710	3944.08	Samarth	Family Health International	$111,895
14249	6139.08	6711	5785.08	Samarth	Family Health International	$985,500

Emphasis Areas

Local Organization Capacity Building

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	5	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	180	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	40	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	N/A	True

Target Populations

Other

People Living with HIV / AIDS

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 3956.08

Mechanism: N/A

Prime Partner: Project Concern International

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 16472.08

Planned Funds: $25,000

Activity System ID: 16472

Activity Narrative: SUMMARY
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) treatment 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 (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 Andra Pradesh; SASO, Shalom in Manipur; Akimbo Society in Nagaland; Salem Network of Positive People in Salem, Tamil Nadu; Network of Maharastra by People Living with HIV/AIDS and Sevadham Trust in Pune, Maharashtra.

ACTIVITIES AND EXPECTED RESULTS

ACTIVITY: DOTS Provision for HIV/TB Co-Infected in Collaboration with RNTCP
The project has developed links with the Revised National TB Control Program. All PLHAs are screened for TB. PATHWAY staff are trained to recognize symptoms of possible TB and to refer patients to the RNTCP's TB center. Once diagnosed, patients receive six/nine months of medications, which are brought to the PATHWAY community center where the drugs are administered through directly observed treatment (DOT). If the patient is bedridden, the peer educators give them the medications in their home. In addition, all TB patients identified in the communities are provided with DOTS through this partnership with the government national TB program, and all are counseled and offered HIV testing. The number of HIV/TB co-infected persons identified and treated in FY07 was 436.

In FY08, the project will further strengthen screening and cross-referral mechanisms to the TB program and document the progress of co-infected cases. The project has also identified government schemes that are available in the areas in which they operate and will link beneficiaries with some of the resources offered by them.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 16469

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16469	6173.08	7443	3956.08		Project Concern International	$50,000

Emphasis Areas

Human Capacity Development

* Task-shifting

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	15	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	200	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	50	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	500	False

Target Populations

Other

People Living with HIV / AIDS

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 3966.08

Mechanism: N/A

Prime Partner: Leprosy Relief Association India

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 16415.08

Planned Funds: $25,000

Activity System ID: 16415

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 across 10 high burden districts in Andhra Pradesh (AP). These activities are being continued in FY08. 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 focus of palliative care efforts is on training, demand generation, 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. USG will continue to strengthening the linkages between the National TB program and HIV services by increasing the number of cross-referrals. Activities such as clinical screening, referral for sputum examinations, and follow up and referrals of DOTS treatment are done by the USG-supported Nurse Practitioner (NP) based at the Primary Health Center.

BACKGROUND
LEPRA Society, an NGO based in Hyderabad, AP, works among sub-populations in selected villages across 53 districts in four states of India: AP, Orissa, Bihar and Madhya Pradesh, covering 12 million persons. 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 is a leading partner of 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 faith based organization in the health sector with nearly 3,226 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 677 Integrated Counseling and Testing Centers (ICTCs) offer PPTCT, CT, and TB/HIV care, support and treatment services 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, 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 the placement of 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 referrals. Support from local NGOs is leveraged for services, such as nutrition, shelter, and treatment. While the government pays for the salaries of the nurses, USG supports the salaries of the Nurse Supervisors and of the District Program Managers.

The PHC Enhancement Project 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 project continues to work to improve the TB/HIV services delivered at PHCs by referring clients from ICTCs to TB centers (and vice versa), as well as through providing counseling and testing services for all TB patients referred from TB centers. In all PHCs, TB diagnosis and treatment facilities are present and operational.

ACTIVITY 1- Primary Health Center Enhancement Project
266 PHC nurses, appointed to government PHCs by CHAI and APSACS, will continue to provide palliative care services to PLHA at the community level, focusing their prevention efforts particularly in communities where high rates of HIV are being documented (based on results from ANC and walk-in testing at the nearest district PHC). 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 and District Program teams, both supported by USG funding (see Activity Narrative for SI). The target population for outreach is nearly 100,000 rural men and women in the select districts. Focusing on TB cross-referrals at the PHC level will enable sustainability by mainstreaming such referrals into the regular functions of the PHC.

Community and home-based activities are an integral part of the PHC Enhancement Project. NPs, with active support from Nurse Supervisors, make follow up visits to PLHA homes to provide medical, and psychological support. At the PHC, PLHA are provided medical care-- including syndromic management for sexually transmitted infections, treatment for other opportunistic infections, psychosocial support, and referral services for ART, TB screening, and CD4 counting. In FY08, there will be a stronger focus on routinizing select services into the PHC facility—such as tracking of all referred cases to diagnostic facilities for TB and establishing an efficient reporting system for TB patients who present at USG-supported PHCs.

Presently, HIV-TB cross referral services are being delivered in all 266 PHCs. TB is a major cause of morbidity and mortality among PLHA so the integration of these services is vital, and as a result, the Nurse Practitioner plays a key role in both. Existing data in AP shows that there is large loss of TB cases after

Activity Narrative: referral, resulting in difficulty in follow-up. In FY08, the project will work to improve the TB-HIV services delivered at USG-supported PHCs by referring clients from ICTC to TB centers. Also, USG will strengthen the provision of counseling and testing services for all TB patients referred from TB centers, tracking of 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 Project Management teams.

The palliative care services supported by USG will be managed by LEPRA field staff, district teams, and NPs--with extensive support from LEPRA partner NGOs and APSACS. Through routine facility surveys and monitoring of supply chain management, the district team will also ensure drug availability at the PHC level for opportunistic infection prophylaxis.

ACTIVITY 2: Training of Counselors and Technicians
The PHC Enhancement Project works closely with the HIV-TB division of APSACS to train field staff on HIV -TB coordination and cross referrals. The NPs are trained by USG to track cross-referrals and complete treatment of all diagnosed with TB at the PHC, with support of the PHC staff.

In FY08, all existing government counselors and technicians will undergo refresher trainings in counseling and testing skills, with specific focus on TB-HIV. These trainings will be supported by USG, through the district program teams. LEPRA and DPMs, in collaboration with district health authorities, will also train existing technicians and outreach staff of the PHCs on increasing the number of appropriate HIV/TB cross referrals. This will help mainstream the activity into the routine of the PHC.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 14300, 14301, 14304

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14300	6219.08	6767	3966.08		Leprosy Relief Association India	$50,000
14301	6217.08	6767	3966.08		Leprosy Relief Association India	$100,000
14304	12599.08	6767	3966.08		Leprosy Relief Association India	$0

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	266	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	247	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	296	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	3,151	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Men who have sex with men

Most at risk populations

Street youth

Most at risk populations

Persons in Prostitution

Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 5786.08

Mechanism: N/A

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 11470.08

Planned Funds: $107,423

Activity System ID: 14464

Activity Narrative: $107,423 in CDC GHAI funding is necessary to support expenses and activities for technical staff in the three GAP India offices (New Delhi, Chennai, and Hyderabad). A total of seven staff in these offices is funded with GHAI funds. The amount requested includes salaries, fringe, travel proportionate office overhead, desk, operational charges, head tax charges, and ICASS charges for technical staff.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11470

Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25431	11470.25431.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	9167	3969.09		$74,700
11470	11470.07	HHS/Centers for Disease Control & Prevention	HHS/CDC	5786	5786.07		$40,500

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 3967.08

Mechanism: APAIDSCON

Prime Partner: Share Mediciti (Networking)

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 11502.08

Planned Funds: $5,000

Activity System ID: 14581

Activity Narrative: 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.

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

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11502

Related Activity: 14580, 14582, 14583, 14585, 16431

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20922	11502.20922.09	HHS/Centers for Disease Control & Prevention	Share Mediciti (Networking)	9161	3967.09	APAIDSCON	$5,000
11502	11502.07	HHS/Centers for Disease Control & Prevention	Share Mediciti (Networking)	5621	3967.07		$0

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14580	6226.08	6879	3967.08	APAIDSCON	Share Mediciti (Networking)	$50,000
14582	6224.08	6879	3967.08	APAIDSCON	Share Mediciti (Networking)	$10,000
14583	6225.08	6879	3967.08	APAIDSCON	Share Mediciti (Networking)	$25,000
14585	6227.08	6879	3967.08	APAIDSCON	Share Mediciti (Networking)	$219,000
16431	16431.08	6879	3967.08	APAIDSCON	Share Mediciti (Networking)	$15,000

Emphasis Areas

Human Capacity Development

*   Training

***   Pre-Service Training

***   In-Service Training

*   Task-shifting

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

*   TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	35	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	1,110	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	135	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	1,800	False

Target Populations

Other

People Living with HIV / AIDS

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 3962.08

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

Prime Partner: University of Washington

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID:

Planned Funds: $150,000

Activity System ID: 14660

Activity 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.

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 Narrative:

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 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 GHTM 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11508

Related Activity: 14659, 14670, 14672, 14664, 14665, 14674

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11508	11508.07	HHS/Health Resources Services Administration	University of Washington	5626	3962.07		$50,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14659		6901	3962.08	I-TECH (International Training and Education Center on HIV)	University of Washington	$300,000
14670		6902	3958.08		Tamil Nadu AIDS Control Society	$15,000
14672		6902	3958.08		Tamil Nadu AIDS Control Society	$60,000
14664		6901	3962.08	I-TECH (International Training and Education Center on HIV)	University of Washington	$100,000
14665		6901	3962.08	I-TECH (International Training and Education Center on HIV)	University of Washington	$120,000
14674		6902	3958.08		Tamil Nadu AIDS Control Society	$69,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

* Retention strategy

Local Organization Capacity Building

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	1	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	2,531	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	383	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	4,000	False

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

HKID - OVC

Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08

Total Planned Funding for Program Area: $1,050,600

Estimated PEPFAR contribution in dollars	$0
Estimated local PPP contribution in dollars	$0
Estimated PEPFAR dollars spent on food	$4,900
Estimation of other dollars leveraged in FY 2008 for food	$70,500

Program Area Context:

Overview: There is limited data on the number of HIV infected children in India and the published estimates vary between 50,000 – 300,000 HIV positives. Similarly there is a paucity of information on orphans (i.e. 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 OVC rests with several government agencies: NACO, the Ministry of Health and Family Welfare (MHFW); the Ministry of Women and Child Development (MWCD) and its 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.

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 children affected by HIV/AIDS. These are: health/medical care, psychosocial support, nutrition support and 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. The USG is represented on the National Task Force Committee on Children Affected by HIV/AIDS which reviews programs, policies and guidelines for OVC and provides technical assistance for program implementation.

Current USG Support: Over the last five 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.

Family Health International established 30 programs reaching over 35,000 OVC in Tamil Nadu, Maharashtra, Andhra Pradesh (AP) and Delhi. 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. In Karnataka and 5 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 (MARP) 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.'

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.

USG-supported OVC programs provide leverage with schools to enroll children in OVC programs and 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 facilitate access to vocational training, an AIDS widows' pension scheme, and loans for income generation. Other examples are leverage opportunities 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.

USG FY08 Support: USG will 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 OVC guiding principles 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 and the operational guidelines, a focus of USG activities in USG priority states will be capacity building 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 support selected OVC interventions in the four focus states that ensure children receive a complete package of OVC services. 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. Capacity-building in the selected districts 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. Community leaders will be involved in increasing awareness of child rights and linking with government schemes to provide a basket of services. In Karnataka, Maharashtra and AP, 4,400 OVC will be reached through USG directly supported care and support facilities. 2,600 OVC will be provided primary direct services and linked to GOI services for ART, immunization, and pre-school play centers.

3. Increase identification of OVC: The integrated counseling and testing centers (ICTC), community care centers, as well as positive networks are entry points for OVC. USG programs will support both NGO outreach and linkages with direct service points to identify OVC for access to services. For example, in Karnataka, 600 USG-supported link workers across 1,300 villages in rural Karnataka, whose role is to provide outreach to most-at-risk and vulnerable populations, are also expected to reach an estimated 1,800 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 2, as another entry point for identifying 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: USG programs will advocate with community systems, such as local self government (panchayati raj) and the village health committees, to mainstream OVC issues (equal access to education and health) into the relevant departments. In Karnataka, USG will promote stronger OVC programming through advocacy with the state Legislatures' Forum to promote policy initiatives for HIV-affected populations (including OVC). USG also supports the meetings of the State AIDS Council, responsible for coordinating HIV/AIDS and social services, and will advocate to include OVC issues in their agenda.

Program Area Downstream Targets:

8.1 Number of OVC served by OVC programs	7035
*** 8.1.A Primary Direct	4055
*** 8.1.B Supplemental Direct	2980
8.2 Number of providers/caregivers trained in caring for OVC	735

Custom Targets:

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 3940.08

Mechanism: N/A

Prime Partner: Avert Society

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 19370.08

Planned Funds: $65,000

Activity System ID: 19370

Activity Narrative: N/A

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 3964.08

Mechanism: N/A

Prime Partner: MYRADA

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 16417.08

Planned Funds: $10,000

Activity System ID: 16417

Activity 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. OBC 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 nutritious foods, as well as to know when to refer for medical care.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 14290, 14291, 14292, 14293

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14290	11499.08	6766	3964.08		MYRADA	$75,000
14291	11500.08	6766	3964.08		MYRADA	$105,000
14292	6207.08	6766	3964.08		MYRADA	$20,000
14293	6206.08	6766	3964.08		MYRADA	$100,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

* Reducing violence and coercion

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

Local Organization Capacity Building

Wraparound Programs (Health-related)

* Child Survival Activities

* TB

Wraparound Programs (Other)

* Economic Strengthening

* Education

* Food Security

Food Support

Estimated PEPFAR dollars spent on food	$2,500
Estimation of other dollars leveraged in FY 2008 for food	$1,000

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	300	False
8.1.A Primary Direct	200	False
8.1.B Supplemental Direct	100	False
8.2 Number of providers/caregivers trained in caring for OVC	25	False

Target Populations

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID:	3942.08	**Mechanism:**	Samastha
Prime Partner:	University of Manitoba	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (USAID)	**Program Area:**	Orphans and Vulnerable Children
Budget Code:	HKID	**Program Area Code:**	08
Activity ID:	10943.08	**Planned Funds:**	$335,400
Activity System ID:	14139		

Activity 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

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 LEPRA 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

Activity Narrative: 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.

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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10943

Related Activity: 14166, 14135, 14137, 14141

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20941	10943.20941.09	U.S. Agency for International Development	University of Manitoba	9164	3942.09	Samastha	$395,478
10943	10943.07	U.S. Agency for International Development	University of Manitoba	5601	3942.07		$550,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14166	10934.08	6715	3942.08	Samastha	University of Manitoba	$35,360
14135	6128.08	6715	3942.08	Samastha	University of Manitoba	$295,360
14137	6131.08	6715	3942.08	Samastha	University of Manitoba	$2,071,160
14141	10941.08	6715	3942.08	Samastha	University of Manitoba	$169,000

Emphasis Areas

Gender

* Increasing women's legal rights

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Other)

* Education

* Food Security

Food Support

Estimation of other dollars leveraged in FY 2008 for food	$60,000

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	3,000	False
8.1.A Primary Direct	1,200	False
8.1.B Supplemental Direct	1,800	False
8.2 Number of providers/caregivers trained in caring for OVC	500	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Other

Orphans and vulnerable children

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID:	3950.08	**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:**	Orphans and Vulnerable Children
Budget Code:	HKID	**Program Area Code:**	08
Activity ID:	6627.08	**Planned Funds:**	$33,000
Activity System ID:	14123		

Activity 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10785

Related Activity: 14097, 14120, 14099, 14122, 14103, 14353, 14104, 14354

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20898	6627.20898.09	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	9157	3950.09		$100,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14120	6586.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$88,000
14097	6116.08	6709	3940.08		Avert Society	$220,000
14099	6118.08	6709	3940.08		Avert Society	$700,000
14122	6588.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$187,000
14353	6158.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$88,000
14103	6122.08	6709	3940.08		Avert Society	$400,000
14104	6123.08	6709	3940.08		Avert Society	$480,000
14354	6159.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$154,000

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	N/A	True
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	N/A	True

Target Populations

Other

Orphans and vulnerable children

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 3949.08 **Mechanism:** APAC

Prime Partner: Voluntary Health Services

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 6155.08

Planned Funds: $297,000

Activity System ID: 14158

Activity 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, 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10830

Related Activity: 14155, 14667, 14157, 14163, 14671, 14161, 14673, 14162, 14674

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21830	6155.21830.09	U.S. Agency for International Development	Voluntary Health Services	9457	3949.09	APAC	$168,960
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14155	10936.08	6720	3949.08	APAC	Voluntary Health Services	$68,200
14667		6902	3958.08		Tamil Nadu AIDS Control Society	$100,000
14157	6151.08	6720	3949.08	APAC	Voluntary Health Services	$970,000
14671		6902	3958.08		Tamil Nadu AIDS Control Society	$20,000
14163	6154.08	6720	3949.08	APAC	Voluntary Health Services	$34,100
14673		6902	3958.08		Tamil Nadu AIDS Control Society	$90,000
14161	6156.08	6720	3949.08	APAC	Voluntary Health Services	$396,000
14162	6157.08	6720	3949.08	APAC	Voluntary Health Services	$481,900
14674		6902	3958.08		Tamil Nadu AIDS Control Society	$69,000

Emphasis Areas

Food Support

Estimated PEPFAR dollars spent on food	$0
Estimation of other dollars leveraged in FY 2008 for food	$7,500

Public Private Partnership

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 5785.08

Mechanism: Samarth

Prime Partner: Family Health International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 10944.08

Planned Funds: $175,200

Activity System ID: 14245

Activity 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 3: 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 USG-supported OVC programs and disseminate this information through publications and workshops for SACS and non-government partners.

ACTIVITY 4: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10944

Related Activity: 14113, 14246, 14247, 14111, 14248, 14249

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21249	10944.21249.09	U.S. Agency for International Development	Family Health International	9246	5785.09	Samarth	$286,000
10944	10944.07	U.S. Agency for International Development	Family Health International	5596	3944.07		$198,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14113	11465.08	6711	5785.08	Samarth	Family Health International	$87,600
14246	10939.08	6711	5785.08	Samarth	Family Health International	$21,900
14247	6597.08	6711	5785.08	Samarth	Family Health International	$21,900
14248	14248.08	6711	5785.08	Samarth	Family Health International	$538,905
14111	6138.08	6710	3944.08	Samarth	Family Health International	$111,895
14249	6139.08	6711	5785.08	Samarth	Family Health International	$985,500

Emphasis Areas

Local Organization Capacity Building

Wraparound Programs (Other)

* Education
* Food Security

Food Support

Estimated PEPFAR dollars spent on food	$2,400
Estimation of other dollars leveraged in FY 2008 for food	$2,000

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	300	False
8.1.A Primary Direct	300	False
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	170	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Other

Orphans and vulnerable children

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID:	5781.08	**Mechanism:**	N/A
Prime Partner:	Avert Society	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Orphans and Vulnerable Children
Budget Code:	HKID	**Program Area Code:**	08
Activity ID:	11444.08	**Planned Funds:**	$135,000
Activity System ID:	14094		

Activity Narrative: SUMMARY

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 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

The Avert Society project is a bilateral program implementing prevention, care, and treatment activities in high burden districts of Maharashtra State. The population of Maharashtra is over 96.8 million and the HIV prevalence is 0.75% (sentinel surveillance, State of Maharashtra, 2006). Avert currently supports over 70 NGOs to implement prevention, care, and treatment programs in selected high burden districts of Maharashtra State. Under the umbrella of the Avert project, the Health Communication Partnership/Johns Hopkins University (HCP/JSU) and the Hindustan Latex Family Planning Promotion Trust (HLFPPT) have been awarded cooperative grants to support the state in scaling up the efforts on communication (HCP/JHU) and condom social marketing (HLFPPT).

The National AIDS Control Organization (NACO) has asked the Avert project to assume responsibility for the Technical Support Unit (TSU) to support the State AIDS Control Societies (SACS) in Maharashtra and Goa to scale up HIV/AIDS prevention, care, and treatment programs in accordance with the third National AIDS Control Program INACP-3). It is envisioned that Avert will also provide direct implementation support to fill critical gaps in prevention services and/or demonstrate best practice models for specific populations.

The OVC activity is a continuation of initiatives under PEPFAR funds that began in 2006. These activities are financially and technically supported through the Avert project. Avert will leverage support from other resources, including UNICEF, CDC, and the Clinton Foundation, for strategic inputs for planning, additional technical support and quality improvement.

ACTIVITIES AND EXPECTED RESULTS

Avert will provide direct support to demonstrate best practices in OVC interventions and will provide technical support to the SACS in scaling up OVC interventions according to the needs in the states. Avert will design strategies to address the vulnerabilities of orphaned and vulnerable girls by ensuring adequate coverage of services for girls, particularly school enrollment and community support for shelter and care for orphaned girls.

ACTIVITY 1: Improving Access to Quality Services for OVC
With FY08 funds, Avert will continue to support two existing projects and identify two new OVC programs in Sangli and Nagpur districts, reaching approximately 1450 OVC. 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 sex trade.

Avert will train the program staff in all the OVC projects to provide a minimum quality and standard of care for children infected, affected ,and vulnerable to HIV/AIDS in the six PEPFAR core areas. Under this program, children will receive shelter and care, nutrition, school education and life skills education/vocational training, protection, health care and psychosocial support. Avert will develop one of the three OVC sites into a demonstration program to serve as a learning site for new OVC programs supported by Avert and MSACS. 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: Technical Assistance to MSACS and GSACS on OVC Programs

Currently, the SACS are not implementing OVC programs. Recently, the USG-funded Samarth program, implemented by Family Health International (FHI), provided technical assistanceto develop national operational guidelines for OVC programs that can be used by the States to implement OVC programs, in line with the new policy under the National AIDS AIDS Control Plan Phase 3. With FY08 funds, Avert, in collaboration with FHI, will provide technical support to MSACS and GSACS in planning, implementing, and monitoring OVC programs in the state.
This will including assisting the SACS to monitor the quality of interventions through reviewing monthly activity reports, site visits, and reviewing facility-based and community-based services.

ACTIVITY 3: Improving the Quality of OVC Services

The Avert project 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 quality treatment for pediatric opportunistic infections (OI), ARV management, and adherence counseling. The training will cover ethical guidelines for counseling children and child consent, and declaring 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. Life-skills teachers and house mothers of residential OVC services and shelter accommodation will be trained in identifying behavioral problems in children, nutritional guidance and follow-up, health, and hygiene.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11444

Related Activity: 14164, 14096, 14097, 14120, 14099, 14122, 14123, 14101, 14102, 14103, 14104

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11444	11444.07	U.S. Agency for International Development	Avert Society	5781	5781.07		$200,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14164	14164.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$88,000
14096	6114.08	6709	3940.08		Avert Society	$160,000
14097	6116.08	6709	3940.08		Avert Society	$220,000
14120	6586.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$88,000
14122	6588.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$187,000
14099	6118.08	6709	3940.08		Avert Society	$700,000
14123	6627.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$33,000
14101	6120.08	6709	3940.08		Avert Society	$400,000
14102	6121.08	6709	3940.08		Avert Society	$80,000
14103	6122.08	6709	3940.08		Avert Society	$400,000
14104	6123.08	6709	3940.08		Avert Society	$480,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Local Organization Capacity Building

Wraparound Programs (Health-related)

* Child Survival Activities

Wraparound Programs (Other)

* Education
* Food Security

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	1,654	False
8.1.A Primary Direct	1,654	False
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	N/A	True

Target Populations

Other

Orphans and vulnerable children

HVCT - Counseling and Testing

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Total Planned Funding for Program Area: $1,898,141

Estimated PEPFAR contribution in dollars	$0
Estimated local PPP contribution in dollars	$0

Program Area Context:

Overview: In India, it is estimated that only 5-7% of HIV positive people are aware of their status. Uptake of counseling and testing (CT) services is poor. Increasing the use of CT services is challenging because a large proportion of the population still has a poor perception of risk and lacks information about available services. Other challenges to expanding CT services are the highly variable patient load, lack of referral services and inadequate systems to monitor counseling quality. The National AIDS Control Organization (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.

The major focus of the National AIDS Control Program's strategy under Phase 3 (NACP-3) will continue to be prevention since more than 99% of the population is HIV negative. NACP-3 seeks to implement the principle of a continuum of care supporting a range of care, support and treatment services such as psycho-social support, management of opportunistic infections, including control of TB in PLHA, anti-retroviral treatment (ART), positive prevention and impact mitigation. CT is a key entry point for access to these services.

With support from a grant under Global Fund Round 3, NACO has rapidly scaled up CT services from 1,476 centers in 2005 to 4,995 in 2007. Under NACP-3, existing CT services and PPTCT centers are being re-modeled as a hub that integrates all HIV-related services, 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. However, HIV testing has remained low with a marginal increase from 1.1 million to 1.6 million from 2005 to 2006. Under NACP-3, a target of testing over 15 million people has been planned for 2008, with 22 million tested by 2012. The concern is the weak capacity of State AIDS Control Societies (SACS) to implement NACP-3 plans. Most importantly, the plans for demand generation and quality assurance do not match the rapid scale up of CT services envisaged. Another concern is that high-risk populations are not accessing the public sector CT services. Uptake of client-initiated HIV counseling and testing has been limited by low coverage of services, fear of stigma and discrimination, and the perception by

many people even in higher prevalence areas that they are not at risk. A further concern is that a high level of routine HIV testing is being requested by private practitioners and hospitals and referred to laboratories where quality assurance is non-existent. The quality of private lab HIV testing also needs to be improved.

As of 2006, the number of persons receiving client-initiated testing (920,400) was higher than for provider-initiated CT (743,200). In a concentrated epidemic such as India's, however, a high priority is to carry out provider-initiated CT in STI clinics, health clinics for high-risk populations, TB clinics and ANC centers. WHO and UNAIDS have issued new guidance on PICT in health facilities, with a view to significantly increasing access to prevention, care and treatment services. NACO supports this policy and has included PICT as one among several initiatives to scale up CT services.

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, Maharashtra and Andhra Pradesh (AP). This includes private sector services, services for most-at-risk populations (MARPs) and placement of nurses trained in HIV CT in community-based primary health care centers. The USG-supported APAC project is one of the few projects in the country that has increased access to user-friendly CT services for MARPs by supporting over 30 CT centers in locations close to high-risk communities. NACP-3 has adopted this approach in order to scale up counseling and testing services to MARPs. Mobile CT, first used to reach rural villages in one district in Tamil Nadu; has since been expanded to two more districts and is being scaled up by Tamil Nadu SACS (TNSACS). Under NACP-3, mobile CT is included as an approach to expand CT services to rural populations and underserved areas. Overall, the private sector has not been involved in the provision of CT services: APAC has set up CT centers in 7 private hospitals and will look for ways to expand private sector support for CT.

USG will provide technical support to SACS in USG focus states in establishing integrated CT systems. A USG-supported consultant in TNSACS developed the concept of integrated CT services. USG is supporting a model at GHTM that contributed to the recognition at national level that counseling extends beyond the initial HIV test. In this approach, USG supports the Indian Network of Positive People to manage Family Counseling Centers in GHTM in Tamil Nadu, and at the Chest Hospital in Hyderabad, AP. PLHA involvement has now been scaled up in ART Centers supported by the Global Fund in high prevalence states. In Maharashtra, the USG has supported an integrated service model: the Salvation Army program and a program for men who have sex with men (MSM) implemented by Humsafar Trust link CT centers with prevention services, ART and home-based care. This practice will be scaled up to all CT centers in Maharashtra.

USG FY08 Support: NACO has established 4,995 integrated CT centers in the country reaching down to the sub-district level. It plans to expand this reach using a variety of approaches such as scaling up PICT services throughout the country, expanding CT services to primary health and sub-center levels, strengthening linkages with the TB program and targeted interventions and strengthening the client-initiated CT centers. Most importantly, it aims to ensure availability of quality test kits and support demand generation for CT services. USG will provide technical support to SACS in establishing systems at all levels, including the sub-district level for achieving significant coverage of CT services.

1. USG will provide technical assistance to NACO 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 support training of ICTC staff in the focus states through training institutions and engage nationally in designing curriculum and training modules. USG will provide technical assistance to NACO to strengthen the national counseling curricula, including training in post-test counseling, confidentiality, and family counseling. In Maharashtra, USG will provide technical support to the SACS in planning and conducting training for 200 ICTCs. In AP, USG will train the link workers in the villages to mobilize the high-risk population to access CT services. In Karnataka, USG will establish 6 model CT centers which will serve as learning sites for the 565 ICTC centers established by the SACS.

b) As a parallel strategy, USG will provide technical assistance to SACS in the focus states to develop plans for different approaches to increase coverage and quality of CT services, including services to at-risk populations. This will include hiring experts to help SACS design PICT models, strengthen supply chain logistics, and strengthen systems to ensure quality counseling; and developing model CT centers to serve as learning sites for the SACS. For example, in Tamil Nadu, USG in partnership with TNSACS (who will provide test kits) will support 28 CT centers for high-risk populations in 8 districts. In Tamil Nadu and AP, USG is developing model mobile CT centers to serve the unreached areas which will be replicated by the SACS. USG will expand the family counseling program at Tambaram Hospital implemented by the Indian Network of Positive People (INP+) reaching 10,000 people with a range of counseling services.

2. USG will develop models in the private sector for providing quality CT services and promote the expansion of these models. In India, over 80% of the population access curative health care services from the private sector. USG will partner with 19 private medical hospitals in Tamil Nadu and 15 private medical colleges in AP to expand access and strengthen the quality of private sector services. In Maharashtra, USG will support model provider-initiated CT programs in the private sector in 7 districts. A needs assessment will be carried out to design these programs, and standard operating guidelines developed. USG will advocate with NACO to develop policies and support the accreditation of private laboratories. In support of this initiative, USG will pilot an accreditation program for private laboratories in Maharashtra. USG will also assist NACO to develop accreditation protocols and operational guidelines.

3. USG will support targeted demand generation program for CT services in the focus states. HCP/JHU will develop the prototypes for this campaign using interpersonal communication, community media and mass media channels. Additionally, HCP/JHU will provide technical support to NACO in adapting these prototypes nationally.

4. USG will develop operational guidelines in the USG focus states for establishing linkages between ICTC, TB Control Program, STD services, and prevention and care and treatment programs including ART services. Joint planning meetings and experience sharing for ICTCs, and NGOs implementing prevention, care and treatment programs will be held every six months.

Program Area Downstream Targets:

9.1 Number of service outlets providing counseling and testing according to national and international standards	395
9.3 Number of individuals trained in counseling and testing according to national and international standards	2820
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	339790

Custom Targets:

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 3976.08

Mechanism: N/A

Prime Partner: US Department of Defence/Pacific Command

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 15071.08

Planned Funds: $30,000

Activity System ID: 15071

Activity Narrative: SUMMARY

This is a continuation of the program activities from the previous year. The DOD/PACOM/COE partnership will focuses on developing the human resource capacity of the Armed Forces Medical Services (AFMS) in HIV/AIDS counseling and testing (CT). The program will also facilitate procurement of rapid test kits to be utilized in eight military facilities across the geographical locations to augment the counseling activities. The focus will be on building the long-term capacity of the AFMS in providing its own funds to support a cadre of trained counselors through workshops, refresher trainings and exposure visits, as under the third National AIDS Control Plan there is no funding from the National AIDS Control Organization (NACO) for supporting civilian counselors in AFMS services.

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 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 sustained long term services for HIV prevention that are accessible to military personnel. With FY06 funds, AFMS developed a three-day workshop on HIV/AIDS counseling and testing that helped the AFMS to build human capacity on counseling and testing as per national guidelines. With FY07 funds, as a follow-up for long term counseling activities, the AFMS supported an additional training session that included key military officers attending the RTC Counseling Workshop in Bangkok.

ACTIVITIES AND EXPECTED RESULTS

ACTIVITY 1: Capacity Building of AFMS in Provision of Quality CT Services.
This activity will support a workshop in counseling and testing, using materials developed previously and previously trained counselors as workshop trainers and facilitators. The AFMS needs to develop it own cadre of military counselors. Many of the counselors working in the military clinics are currently contract civilian counselors supported by NACO. However, NACO will no longer fund these civilian counselors. The AFMS does not have funds to retain the civilian counselors and needs to develop it own cadre of military HIV counselors. Through the AFMS-supported training, at least 45 counselors already serving the military community will receive training in counseling and testing for HIV/AIDS . Expanding the number of military HIV counselors will strengthen the military clinics and referral network and allow more military personnel to know their HIV status. Supportive supervision for on-going monitoring and follow-up counseling of positive persons will also be a key activity.

ACTIVITY 2: Facilitating Procurement of Rapid Test Kits
To augment the above counseling and testing activities and promote voluntary testing, at least eight military facilities will receive test kits to encourage at-risk personnel to know their status. Technical assistance in the form of standard operating procedures and protocols to build institutional capacity in providing high quality testing services will be provided. Quality assurance models will also be introduced to maintain the standards and assess the performance of the units using the kits.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Construction/Renovation

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Target Populations

Special populations

Most at risk populations

Military Populations

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID:	5785.08	**Mechanism:**	Samarth
Prime Partner:	Family Health International	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (USAID)	**Program Area:**	Counseling and Testing
Budget Code:	HVCT	**Program Area Code:**	09
Activity ID:	10939.08	**Planned Funds:**	$21,900
Activity System ID:	14246		

Activity 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10939

Related Activity: 14249

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21250	10939.21250.09	U.S. Agency for International Development	Family Health International	9246	5785.09	Samarth	$6,500
10939	10939.07	U.S. Agency for International Development	Family Health International	5596	3944.07		$108,800

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14249	6139.08	6711	5785.08	Samarth	Family Health International	$985,500

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	N/A	True
9.3 Number of individuals trained in counseling and testing according to national and international standards	N/A	True
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	N/A	True

Target Populations

Special populations

Most at risk populations

Injecting drug users

Most at risk populations

Street youth

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 3956.08 **Mechanism:** N/A

Prime Partner: Project Concern International

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 6173.08

Planned Funds: $50,000

Activity System ID: 16469

Activity 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 Andra Pradesh; SASO, Shalom in Manipur; Akimbo Society in Nagaland; Salem Network of Positive People in Salem, Tamil Nadu; Network of Maharastra 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 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10895

Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21846	6173.21846.09	HHS/Centers for Disease Control & Prevention	Project Concern International	9460	3956.09		$0
10895	6173.07	HHS/Centers for Disease Control & Prevention	Project Concern International	5619	3956.07		$81,700
6173	6173.06	HHS/Centers for Disease Control & Prevention	Project Concern International	3956	3956.06		$81,700

Emphasis Areas

Human Capacity Development

* Task-shifting

Local Organization Capacity Building

Food Support

Public Private Partnership

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 3949.08

Mechanism: APAC

Prime Partner: Voluntary Health Services

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 6153.08

Planned Funds: $325,500

Activity System ID: 14159

Activity 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 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,

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10828

Related Activity: 14154, 14666, 14156, 14668, 14157, 14670, 14163, 14671, 14161, 14673, 14162, 14674

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21831	6153.21831.09	U.S. Agency for International Development	Voluntary Health Services	9457	3949.09	APAC	$110,044
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14154	10933.08	6720	3949.08	APAC	Voluntary Health Services	$148,500
14666		6902	3958.08		Tamil Nadu AIDS Control Society	$15,200
14668		6902	3958.08		Tamil Nadu AIDS Control Society	$40,000
14156	6150.08	6720	3949.08	APAC	Voluntary Health Services	$2,158,800
14157	6151.08	6720	3949.08	APAC	Voluntary Health Services	$970,000
14670		6902	3958.08		Tamil Nadu AIDS Control Society	$15,000
14671		6902	3958.08		Tamil Nadu AIDS Control Society	$20,000
14163	6154.08	6720	3949.08	APAC	Voluntary Health Services	$34,100
14673		6902	3958.08		Tamil Nadu AIDS Control Society	$90,000
14161	6156.08	6720	3949.08	APAC	Voluntary Health Services	$396,000
14162	6157.08	6720	3949.08	APAC	Voluntary Health Services	$481,900
14674		6902	3958.08		Tamil Nadu AIDS Control Society	$69,000

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	37	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	74	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	32,100	False

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Injecting drug users

Most at risk populations

Men who have sex with men

Most at risk populations

Persons in Prostitution

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID:	3966.08	**Mechanism:**	N/A
Prime Partner:	Leprosy Relief Association India	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Counseling and Testing
Budget Code:	HVCT	**Program Area Code:**	09
Activity ID:	6217.08	**Planned Funds:**	$100,000
Activity System ID:	14301		

Activity Narrative: SUMMARY

The Leprosy Relief Association (LEPRA) is a nodal NGO providing technical assistance and support to the Government of Andhra Pradesh's AIDS Control Society (APSACS) in the area of counseling and testing (CT). USG supports the state in a scaled up CT initiative in 266 Primary Health Centers (PHCs) spread across 10 high burden (prevalence greater than 1%) 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.

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, covering 12 million persons. 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 3,226 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 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

ACTIVITY 1: Primary Health Center Project

CDC/India, in partnership with APSACS and CHAI, piloted a model of strengthening services at 20 PHCs in 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 (for example, to the local branch of the Indian Network of Positives or to government ART centers). The target population for this activity 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. However their work is regularly monitored on site by Nurse Supervisors funded by USG.

The services provide a continuum of care for PLHA by networking with other existing HIV care, treatment, and support providers. PHC services include CT for the surrounding communities, demand generation for CT services through outreach, administration of Nevirapine (NVP) 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.

As noted, government resources were leveraged to support trainings, nurse salaries, and supplies. 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 July and December 2006, 38,889 clients accessed CT services at the program PHCs. Of 20,311 ANC clients, 186 tested positive (0.9%). All clients receive comprehensive HIV services from the program PHCs.

ACTIVITY 2: Training for PHC Staff

USG, in collaboration with district health authorities, will train the existing technicians and outreach staff of the PHCs on HIV counseling and testing. Nurses are provided refresher training on PMTCT skills twice yearly. This will facilitate the mainstreaming of the activity into the routine work of the PHC,which is a key strategy of the Government of India's recently released five-year HIV National AIDS Control Plan (NACP-3). Integration with existing government program staff, such as auxiliary nurse midwives (ANM) and PLHA outreach workers, for the follow up of positive pregnant women and babies of positive mothers up to 18 months after birth, is also a specific program activity. Nurses also encourage testing of spouses and are trained in couple counseling and partner notification at the PHCs.

In FY08, the program will provide hands on, in-service training to the nurses at the 266 PHCs, which includes the quality and quantity aspects of counseling.. Monthly refresher trainings on basic and follow up counseling are also planned using the modules piloted by CDC and INDIACLEN. By the end of FY08, approximately 300 counselors and technicians at PHC level will have received refresher training. In collaboration with district health authorities, the project will also train existing government technicians and outreach staff of the PHCs to offer community based counseling services. This will help mainstream the activity into the PHC routine.

ACTIVITY 3: On-site Supervision

Cross-field visits will be used to improve the skills of Nurse Supervisors and nurses. Quality assurance mechanisms and supply chain systems will be monitored and enhanced through technical advisory support and advocacy with government counterparts. The Nurse Supervisors will be trained in supportive supervision and quality control mechanisms. A client risk assessment training and questionnaire will be employed to make HIV testing referral a more targeted and standard operating procedure in CT settings; the tool will also be available to the community to help increase CT self-referrals. The program will also strengthen TB-HIV cross-referrals to ensure early diagnosis of TB among PLHA and encourage HIV testing

Activity Narrative: among TB patients.

In FY08, direct supervision will be carried out by six USG supported District Program Managers (DPMs), who will supervise and mentor USG and APSACS field staff, including PHC nurses. LEPRA will train the DPMs in HIV/AIDS comprehensive services, with a special emphasis on field data monitoring.

ACTIVITY 4: Mobile CT Van
Under the National AIDS Control Program Phase 3 (NACP-3), mobile testing in high risk and remote communities will be scaled up. Implementation will be facilitated by using cost-efficient Indian models as learning sites. LEPRA will continue to provide CT services through its Mobile CT Van, document implementation and disseminate lessons learned to help further scale-up.

LEPRA supports a mobile van to provide CT and prevention messages in selected high-risk and difficult to reach areas, such as urban and rural markets where sex work is common and areas that employ large numbers of migrant men. LEPRA leverages test kits and supplies from APSACS. A mobile communication van visits the area in advance to generate demand. The program offers individual and group counseling, testing, and services including treatment for STIs, OIs, and antenatal care. The van also screens audio-visuals on HIV, and staff answers questions from the community. The program offers one-to-one counseling and group education sessions. About 10,000 men and women will be targeted for education and CT. LEPRA 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.

ACTIVITY 5: Roll-out of Follow-up Counseling Toolkit
LEPRA will begin a new Prevention with Positives program in FY08, in accordance with NACP-3's new strategic approach. Current counseling programs primarily focus on the prevention of HIV for those at risk. LEPRA will also 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, by integrating follow-up counseling into the existing counseling structure. The purpose of the toolkit, developed by CDC and IndiaCLEN, is to meet the needs of counselors/support providers, by focusing on the long-term issues of living with HIV/AIDS, beyond adherence to antiretroviral therapy (ART). The six-module toolkit complements the existing NACO counseling materials.

LEPRA will support the training of 700 district-level counselors and PHC nurses to deliver the Follow-Up Counseling modules. Additionally, LEPRA will train members of the Telugu Network of Positive People (TNP+) and counselors from its partner NGOs to provide follow-up counseling at appropriate sites. Staff at ART centers and PHCs will also be trained. With FY07 funds, the existing Follow-up Counseling Toolkit will be adapted and translated into Telugu. With FY08 funds, training and distribution will be rolled out state wide. LEPRA is also planning to print 1000 toolkits in FY08.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10882

Related Activity: 14297, 14299, 14300, 16415, 14304

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20906	6217.20906.09	HHS/Centers for Disease Control & Prevention	Leprosy Relief Association India	9158	3966.09		$234,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14297	6216.08	6767	3966.08		Leprosy Relief Association India	$55,000
14299	6215.08	6767	3966.08		Leprosy Relief Association India	$125,000
14300	6219.08	6767	3966.08		Leprosy Relief Association India	$50,000
16415	16415.08	6767	3966.08		Leprosy Relief Association India	$25,000
14304	12599.08	6767	3966.08		Leprosy Relief Association India	$0

Emphasis Areas

Human Capacity Development

*   Training

***   Pre-Service Training

***   In-Service Training

*   Task-shifting

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	268	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	300	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	197,890	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Men who have sex with men

Most at risk populations

Street youth

Most at risk populations

Persons in Prostitution

Other

Discordant Couples

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 3950.08

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: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 10938.08

Planned Funds: $132,000

Activity System ID: 14124

Activity 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10938

Related Activity: 14164, 14096, 14097, 14120, 14098, 14121, 14099, 14122, 14101, 14102, 14125, 14104, 14354

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20899	10938.20899.09	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	9157	3950.09		$250,000
10938	10938.07	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	5599	3950.07		$55,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14164	14164.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$88,000
14096	6114.08	6709	3940.08		Avert Society	$160,000
14097	6116.08	6709	3940.08		Avert Society	$220,000
14120	6586.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$88,000
14121	6587.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$143,000
14098	6117.08	6709	3940.08		Avert Society	$1,204,900
14099	6118.08	6709	3940.08		Avert Society	$700,000
14122	6588.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$187,000
14101	6120.08	6709	3940.08		Avert Society	$400,000
14102	6121.08	6709	3940.08		Avert Society	$80,000
14125	10940.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$187,000
14104	6123.08	6709	3940.08		Avert Society	$480,000
14354	6159.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$154,000

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	N/A	True
9.3 Number of individuals trained in counseling and testing according to national and international standards	N/A	True
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	N/A	True

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Injecting drug users

Most at risk populations

Men who have sex with men

Most at risk populations

Street youth

Most at risk populations

Persons in Prostitution

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 3943.08

Mechanism: Connect

Prime Partner: Population Services International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 6135.08

Planned Funds: $483,122

Activity System ID: 14131

Activity 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 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 Narrative: 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 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10813

Related Activity: 14165, 14128, 14134

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23878	6135.23878.09	U.S. Agency for International Development	Population Services International	10305	3943.09	Connect	$459,000
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		$380,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14128	10935.08	6714	3943.08	Connect	Population Services International	$125,217
14165	14165.08	6721	6721.08	Connect	Population Services International	$250,000
14134	6137.08	6714	3943.08	Connect	Population Services International	$710,474

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	7	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	30	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	8,000	False

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID:	3942.08	**Mechanism:**	Samastha
Prime Partner:	University of Manitoba	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (USAID)	**Program Area:**	Counseling and Testing
Budget Code:	HVCT	**Program Area Code:**	09
Activity ID:	6130.08	**Planned Funds:**	$29,640
Activity System ID:	14140		

Activity 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 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10820

Related Activity: 14166, 14136, 14137, 14141, 14143

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20942	6130.20942.09	U.S. Agency for International Development	University of Manitoba	9164	3942.09	Samastha	$33,596
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14166	10934.08	6715	3942.08	Samastha	University of Manitoba	$35,360
14136	6129.08	6715	3942.08	Samastha	University of Manitoba	$780,000
14137	6131.08	6715	3942.08	Samastha	University of Manitoba	$2,071,160
14141	10941.08	6715	3942.08	Samastha	University of Manitoba	$169,000
14143	10887.08	6715	3942.08	Samastha	University of Manitoba	$1,184,560

Emphasis Areas

Human Capacity Development

*   Training

***   In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	6	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	30	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	1,800	False

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Injecting drug users

Most at risk populations

Street youth

Most at risk populations

Persons in Prostitution

Other

Pregnant women

People Living with HIV / AIDS

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID:	3940.08	**Mechanism:**	N/A
Prime Partner:	Avert Society	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (USAID)	**Program Area:**	Counseling and Testing
Budget Code:	HVCT	**Program Area Code:**	09
Activity ID:	6120.08	**Planned Funds:**	$400,000
Activity System ID:	14101		

Activity Narrative: SUMMARY

Under the National AIDS Control Program Phase 3 (NACP-3), existing counseling and testing (CT) centers and facilities for the prevention of mother to child transmission centers are being re-modeled within one hub that integrates all HIV-related services, and 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. The Maharashtra State AIDS Control Society (MSACS) has scaled up these ICTCs rapidly to over 700 centers in the state. However, this has not been matched by efforts to create a demand for these services, including improving their quality.

In FY08, the Avert Society project will provide technical support to MSACS and the Goa State AIDS Control Society (GSACS) to strengthen the ICTC. Avert will provide ongoing technical support including training of ICTC staff to streamline systems to support quality CT services. Avert will contract one training institution to train the staff of 200 ICTC centers supported by MSACS. Avert will also provide direct support for strengthening and promoting the expansion of CT services in the private sector. In order to increase the access of most-at-risk populations (MARPs) to CT services, two user-friendly CT centers that are sensitive to MARPs will be supported by Avert.

BACKGROUND

The Avert Society project is a bilateral program implementing prevention, care, and treatment activities in high-burden districts of Maharashtra State. The population of Maharashtra State is over 96.8 million and the HIV prevalence is 0.75% (sentinel surveillance, State of Maharashtra, 2006). Avert currently supports over 70 NGOs to implement prevention, care, and treatment programs in selected high burden districts of Maharashtra State. Under the umbrella of the Avert project, the Health Communication Partnership/Johns Hopkins University (HCP/JSU) and the Hindustan Latex Family Planning Promotion Trust (HLFPPT) have been awarded cooperative grants to support the state in scaling up the efforts on communication (HCP/JHU) and condom social marketing (HLFPPT).

The National AIDS Control Organization (NACO) has asked the Avert project to assume responsibility for the Technical Support Unit (TSU) to support the State AIDS Control Societies (SACS) in Maharashtra and Goa to scale up HIV/AIDS prevention, care, and treatment programs in accordance with the third National AIDS Control Program INACP-3). It is envisioned that Avert will also provide direct implementation support to fill critical gaps in prevention services and/or demonstrate best practice models for specific populations.

ACTIVITIES AND EXPECTED RESULTS

The aim of this activity is to increase the coverage of CT services by strengthening the ICTC program of MSACS and GSACS. It is estimated that more than 90% of HIV-infected people do not know their status. Expansion of ICTC services will help individuals to learn their HIV status, and consequently in referrals to HIV prevention, care, and treatment services. Avert, in collaboration with CDC, will provide support through ongoing technical assistance to the SACS, capacity-building of ICTC staff, and the development of model programs. Avert will also demonstrate best practices by establishing CT models in the private sector and for MARPs. Provision or referral for partner testing will be offered to all clients at the ICTCs irrespective of HIV test results.

NGOs in the intervention areas have observed that when husbands have tested HIV-positive they blame their wives, and when the husband dies the women and their children are abandoned by the family. Program approaches will address the unique needs of women and acknowledge the potential for violence and abandonment and other negative outcomes women may also face in disclosing their own HIV-positive status. Avert will plan programs to sensitize male and female community leaders to address these concerns and protect women from discrimination.

ACTIVITY 1: Capacity-Building of SACS to Provide Quality CT Services

Avert will build the capacity of the SACS to increase coverage for different at-risk populations and strengthen the quality of CT services. Technical assistance will be provided to SACS to establish working linkages with the Revised National TB Control Program (RNTCP) and STI services. There will be a specific focus on strengthening the supply chain management and counseling quality which are currently weak areas of the SACS program.

With FY08 funds, Avert will contract a training institution to train the staff of 200 ICTC centers of MSACS, adapting the training manual and curriculum from the national guidelines. Counselors will be trained in pre- and post-test counseling; technicians in testing methods and quality assurance; and the outreach team in community mobilization, promoting access to CT services, and addressing stigma and discrimination. ICTC staff will also be trained to provide user-friendly services to CSW, MSM, IDU, and youth and establishing linkages and networking with ART treatment centers, community care centers, PLHA drop-in centers and TB-Directly Observed Treatment – Short Course centers.. Approximately 1845 personnel will be trained in C&T.

ACTIVITY 2: Expanding Access to CT Services in the Private Sector

This activity will provide comprehensive CT services (both through stand alone and integrated facilities) in the private sector. With FY08 funds, Avert will demonstrate best practices by supporting the integration of CT services into three targeted intervention programs for MARPs. Avert project will also support CT centers in six private hospitals/laboratories and one model integrated CT and care support services program, and will promote the expansion of CT services in the private sector. The focus will be on pre-test counseling, providing a safe, confidential, cost effective and accurate testing facility (staff, kits, laboratory), and post-test counseling. In the private sector CT intervention, the sub-partner will provide space for an out-patient department, and counseling and laboratory services. The cost of the test kits will be borne by the client, in accordance with the cost recovery model of public-private partnership. Avert will fund staff salaries, build the capacity of staff, and monitor the program.

ACTIVITY 3: Demand Generation for CT Services

Activity Narrative:

With FY08 funds, Avert will provide technical support to MSACS and GSACS to develop a plan and provide training for NGOs and CBOs implementing HIV prevention, care and support programs to mobilize the community in order to increase demand for both CT and PMTCT.

ACTIVITY 4: Quality Assurance for CT

With FY08 funds, Avert will provide technical support to the SACS in establishing a robust monitoring and evaluation (M&E) system, including a Management Information System, to assess the effectiveness of CT service delivery. Program activities will be monitored for effective logistic supply and delivery mechanisms, gender sensitivity, and to ensure that national and international standards are maintained. Avert will collaborate with the government District AIDS Prevention and Control Units' M&E team in assessing the effectiveness and improving the quality of ICTC services.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10793

Related Activity: 14164, 14096, 14097, 14120, 14098, 14121, 14099, 14122

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23885	6120.23885.09	U.S. Agency for International Development	Avert Society	10306	3940.09		$337,653
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14164	14164.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$88,000
14096	6114.08	6709	3940.08		Avert Society	$160,000
14097	6116.08	6709	3940.08		Avert Society	$220,000
14120	6586.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$88,000
14121	6587.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$143,000
14098	6117.08	6709	3940.08		Avert Society	$1,204,900
14099	6118.08	6709	3940.08		Avert Society	$700,000
14122	6588.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$187,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	5	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	1,845	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	6,000	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Injecting drug users

Most at risk populations

Men who have sex with men

Most at risk populations

Street youth

Most at risk populations

Persons in Prostitution

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID:	3964.08	**Mechanism:**	N/A
Prime Partner:	MYRADA	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Counseling and Testing
Budget Code:	HVCT	**Program Area Code:**	09
Activity ID:	6206.08	**Planned Funds:**	$100,000
Activity System ID:	14293		

Activity 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 be motivated to undergo HIV testing and at least 50 % of those tested postive will be followed up till 18 months after delivery.

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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

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10888

Related Activity: 14290, 14291, 14292, 14296

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20913	6206.20913.09	HHS/Centers for Disease Control & Prevention	MYRADA	9159	3964.09		$30,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14290	11499.08	6766	3964.08		MYRADA	$75,000
14291	11500.08	6766	3964.08		MYRADA	$105,000
14292	6207.08	6766	3964.08		MYRADA	$20,000
14296	6209.08	6766	3964.08		MYRADA	$120,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	35	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	15	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	10,000	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Men who have sex with men

Most at risk populations

Street youth

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Pregnant women

Discordant Couples

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 3965.08

Mechanism: N/A

Prime Partner: Children in Need Institute

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 16368.08

Planned Funds: $40,000

Activity System ID: 16368

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 and the specific behavioral objectives are: men and women aged 18-50 for increased knowledge of status and linkage to care. CINI will provide direct support to demonstration CT sites for MARPS and leverage JSACS support to expand high quality services across the State. CINI will also increase awareness of and demand for CT among FSW and truckers.

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 technically expertise to JSACS (Jharkand State AIDS Control Society) over the past several years and is recognized as a key HIV/AIDS NGO in the state.

Despite CINI's and other's 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 will begin new implementation in targeted interventions with most at risk populations (MARPs) with FY07 funds and will strengthen these activities with FY08 funds. There are currently a limited number of targeted interventions (TIs) in the state, and JSACS has currently discontinued all of its funded TIs until further assessments are conducted. Mapping of most at-risk populations (MARPs) is outdated and weak. The technical capacity of existing NGOs to reach these populations effectively also appears weak. In a low prevalence setting like Jharkand (0.03%, NACO sentinel surveillance report, 2006), the need to focus on prevention and counseling and testing with MARPs is great.

ACTIVITIES AND EXPECTED RESULTS

In the past, CINI has conducted capacity building of NGOs directly. CINI, in its CT targeted efforts, will sub contract to local NGOs to implement this newly planned component of TIs with technical support from USG. Along with aggressive prevention messages (mainly for Condoms and Other Prevention), it is equally important to provide complementary CT services to those at risk. The four 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 16 VCTs, 2 ART centers and 1 Community Care Center (CCC) in the state. There are 26 blood banks, 4 private labs and 1 PPTCT centre doing HIV testing. 22 more PPTCT centers are expected to be established under the plans for expansion of the National AIDS Control Plan, Phase 3 (NACP3). About 60% of the NACO-documented 1137 People Living with HIV/AIDS (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-3 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 to care and support network are being given.

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 (see Condoms and Other Prevention activities). 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-3'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.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 14455, 14457, 14459

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14455	6211.08	6845	3965.08		Children in Need Institute	$65,000
14457	6212.08	6845	3965.08		Children in Need Institute	$15,000
14459	11469.08	6845	3965.08		Children in Need Institute	$30,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	N/A	True
9.3 Number of individuals trained in counseling and testing according to national and international standards	100	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	N/A	True

Target Populations

Special populations

Most at risk populations

Men who have sex with men

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID:	3967.08	**Mechanism:**	APAIDSCON
Prime Partner:	Share Mediciti (Networking)	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GAP	**Program Area:**	Counseling and Testing
Budget Code:	HVCT	**Program Area Code:**	09
Activity ID:	6224.08	**Planned Funds:**	$10,000
Activity System ID:	14582		

Activity 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10903

Related Activity: 14578, 14579, 14580, 14581, 14583, 14585, 16431

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20923	6224.20923.09	HHS/Centers for Disease Control & Prevention	Share Mediciti (Networking)	9161	3967.09	APAIDSCON	$10,000
10903	6224.07	HHS/Centers for Disease Control & Prevention	Share Mediciti (Networking)	5621	3967.07		$15,000
6224	6224.06	HHS/Centers for Disease Control & Prevention	Share Mediciti (Networking)	3967	3967.06		$75,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14578	11503.08	6879	3967.08	APAIDSCON	Share Mediciti (Networking)	$10,000
14579	11504.08	6879	3967.08	APAIDSCON	Share Mediciti (Networking)	$15,000
14580	6226.08	6879	3967.08	APAIDSCON	Share Mediciti (Networking)	$50,000
14581	11502.08	6879	3967.08	APAIDSCON	Share Mediciti (Networking)	$5,000
14583	6225.08	6879	3967.08	APAIDSCON	Share Mediciti (Networking)	$25,000
14585	6227.08	6879	3967.08	APAIDSCON	Share Mediciti (Networking)	$219,000
16431	16431.08	6879	3967.08	APAIDSCON	Share Mediciti (Networking)	$15,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

* Task-shifting

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	30	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	180	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	54,000	False

Target Populations

Other

People Living with HIV / AIDS

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 5786.08

Mechanism: N/A

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 10948.08

Planned Funds: $115,979

Activity System ID: 14465

Activity Narrative: $115,979 in CDC GHAI funding is necessary to support expenses and activities for technical staff in the three GAP India offices (New Delhi, Chennai, and Hyderabad). A total of seven staff in these offices is funded with GHAI funds. The amount requested includes salaries, fringe, travel proportionate office overhead, desk, operational charges, head tax charges, and ICASS charges for technical staff.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10948

Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25432	10948.25432.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	9167	3969.09		$137,091
10948	10948.07	HHS/Centers for Disease Control & Prevention	HHS/CDC	5786	5786.07		$25,000

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 3974.08

Mechanism: N/A

Prime Partner: Armed Forces Medical Services

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 6249.08

Planned Funds: $30,000

Activity System ID: 14680

Activity Narrative: SUMMARY

This is a continuation of the program activities from the previous year. The DOD/PACOM/COE partnership will focuses on developing the human resource capacity of the Armed Forces Medical Services (AFMS) in HIV/AIDS counseling and testing (CT). The program will also facilitate procurement of rapid test kits to be utilized in eight military facilities across the geographical locations to augment the counseling activities. The focus will be on building the long-term capacity of the AFMS in providing its own funds to support a cadre of trained counselors through workshops, refresher trainings and exposure visits, as under the third National AIDS Control Plan there is no funding from the National AIDS Control Organization (NACO) for supporting civilian counselors in AFMS services.

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 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 sustained long term services for HIV prevention that are accessible to military personnel. With FY06 funds, AFMS developed a three-day workshop on HIV/AIDS counseling and testing that helped the AFMS to build human capacity on counseling and testing as per national guidelines. With FY07 funds, as a follow-up for long term counseling activities, the AFMS supported an additional training session that included key military officers attending the RTC Counseling Workshop in Bangkok.

ACTIVITIES AND EXPECTED RESULTS

ACTIVITY 1: Capacity Building of AFMS in Provision of Quality CT Services.
This activity will support a workshop in counseling and testing, using materials developed previously and previously trained counselors as workshop trainers and facilitators. The AFMS needs to develop it own cadre of military counselors. Many of the counselors working in the military clinics are currently contract civilian counselors supported by NACO. However, NACO will no longer fund these civilian counselors. The AFMS does not have funds to retain the civilian counselors and needs to develop it own cadre of military HIV counselors. Through the AFMS-supported training, at least 45 counselors already serving the military community will receive training in counseling and testing for HIV/AIDS . Expanding the number of military HIV counselors will strengthen the military clinics and referral network and allow more military personnel to know their HIV status. Supportive supervision for on-going monitoring and follow-up counseling of positive persons will also be a key activity.

ACTIVITY 2: Facilitating Procurement of Rapid Test Kits
To augment the above counseling and testing activities and promote voluntary testing, at least eight military facilities will receive test kits to encourage at-risk personnel to know their status. Technical assistance in the form of standard operating procedures and protocols to build institutional capacity in providing high quality testing services will be provided. Quality assurance models will also be introduced to maintain the standards and assess the performance of the units using the kits.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11511

Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24632	6249.24632.09	Department of Defense	Armed Forces Medical Services	10516	3974.09		$220,000
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		$25,000

Emphasis Areas

Construction/Renovation

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	8	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	N/A	True
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	45	False

Target Populations

Special populations

Most at risk populations

Military Populations

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 3978.08

Mechanism: PHMI

Prime Partner: Share Mediciti (Umbrella)

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 11505.08

Planned Funds: $15,000

Activity System ID: 14590

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) 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 system strengthening training workshops (especially for district staff), and assisting with field-level assessments.

BACKGROUND

Mediciti SHARE India (SHARE India) is a not-for-profit organization working in rural communities outside Hyderabad, Andhra Pradesh specifically reaching out to about 300,000 rural populations with services ranging from maternal and child health, immunization, population control, cancer detection, HIV/AIDS and nutrition programs, coordinated through the SHARE India medical college and hospital located nearby. SHARE India is also recognized as a research foundation by Department of Science and Technology, Government of India.

In 2006, through a cooperative agreement with PEPFAR/CDC, SHARE India established the Public Health Management Institute (PHMI) as a technical assistance and training organization. PHMI's main objective is to provide human resource capacity building and systems strengthening within the public health infrastructure of Andhra Pradesh (AP). The current focus is on developing innovative quality improvement mechanisms such as accreditation systems and on the job training programs. The technical focus is currently on HIV but PHMI envisions a broader role for the Institute in building public health systems in AP.

Andhra Pradesh State AIDS Control Society (APSACS), the state's nodal agency for HIV control, has scaled up counseling and testing services to both rural and urban populations unlike other states where the services are primarily urban and peri-urban. Currently totaling about 677 centers, the integrated counseling and testing centers (ICTCs) offer PPTCT services, CT services and TB-HIV linkages. Almost all ICTCs are located in government medical care facilities (medical colleges, district and sub-district hospitals, primary health centers) and therefore are 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.

The ICTC concept was developed in 2005 by the Tamil Nadu State AIDS Control Society (TNSACS) with the support of CDC consultants and staff during the state's period of rapid scale up of testing services. APSACS went through a similar scale up and re-structuring process in 2006 and early 2007, with the help of CDC staff and USG subpartners LEPRA, CHAI, and PHMI. Testing and counseling centers in Andhra Pradesh increased from 121 in 2004 to 677 today. APSACS-funded ICTCs currently perform 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.

ACTIVITIES AND EXPECTED RESULTS

The state's counseling and testing systems are currently managed directly by the CDC/PHMI- funded ICTC consultant under the guidance of the APSACS project director and associate project director. Systems to manage ICTCs 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 8 months ago) have also been providing management support to the ICTCs as an important part of their job responsibilities. These efforts to decentralize the management process have been a great help to the system.

In FY '08, PHMI will provide ongoing support to APSACS for the management of the Integrated Counseling and Testing Center (ICTC) Program. This support will continue to focus on the placement of a senior state-level ICTC consultant.

ACTIVITY 1: Management of the AP State ICTC System

The consultant will continue to play a leadership role in managing the entire ICTC system and create strategies to continuously improve the structure of the program. This includes; a) strengthening training programs for counselors, lab technicians, and nurse practitioners; b) ensuring that refresher trainings are conducted annually for all field staff; c) improving the supervision skills and procedures for district level counseling supervisors and district project managers; d) strengthening supply chain 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.

As part of this, 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.

ACTIVITY 2: Establishing Stronger Linkges 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 sexually transmitted

Activity Narrative: infections. He/she will also strengthen the referral linkages between ICTCs and community care centers, positive networks, and 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 FY08.

ACTIVITY 3: District Level Monitoring and Supervision

District level officers will be supported and coordinated by the PHMI Consultant who will monitor all HIV counseling and testing centers. The officer will visit centers based on need to provide supervision and technical input and feedback. District level counseling review meetings will be organized every month 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 mentorship from CDC and others, will ensure that external quality assurance (EQAS) as required by NACO is routinely conducted involving all ICTCs. The consultant will assist APSACS in identifying and strengthening the EQAS reference centers in the state. The consultant will also develop and implement a strategy to address ICTCs that fail EQAS.

ACTIVITY 5: Expand HIV Counseling and Test to High-Risk Populations

PHMI, mostly through the work of the state-level consultant with mentorship from CDC and others, will support the expansion of HIV counseling and testing into high-risk populations (migrant laborers, commercial sex-workers and clients, and prison inmates). The consultant will guide the expansion, which will focus on mobile testing facilities as called for in the recently released NACP-3 strategy. These high-risk populations have traditionally had limited access to HIV counseling and testing services specific to their unique needs (such as extended hours of operation, staff trained to meet their specific needs). PHMI will partner with LEPRA (another USG partner) on this effort since LEPRA is carrying out a demonstration project for the State on mobile testing.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11505

Related Activity: 14587, 16433, 14593, 14594

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20927	11505.20927.09	HHS/Centers for Disease Control & Prevention	Share Mediciti (Umbrella)	9162	3978.09	PHMI	$20,000
11505	11505.07	HHS/Centers for Disease Control & Prevention	Share Mediciti (Umbrella)	5622	3978.07		$25,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14587	6223.08	6880	3978.08	PHMI	Share Mediciti (Umbrella)	$5,000
16433	16433.08	7428	7428.08	PHMI	Share Mediciti (Umbrella)	$0
14593	10121.08	6880	3978.08	PHMI	Share Mediciti (Umbrella)	$100,296
14594	10116.08	6880	3978.08	PHMI	Share Mediciti (Umbrella)	$250,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID:	3958.08	**Mechanism:**	N/A
Prime Partner:	Tamil Nadu AIDS Control Society	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GAP	**Program Area:**	Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID:

Planned Funds: $15,000

Activity System ID: 14670

Activity 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 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

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11506

Related Activity: 14665, 14162, 14674

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11506	11506.07	HHS/Centers for Disease Control & Prevention	Tamil Nadu AIDS Control Society	5624	3958.07		$23,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14665		6901	3962.08	I-TECH (International Training and Education Center on HIV)	University of Washington	$120,000
14162	6157.08	6720	3949.08	APAC	Voluntary Health Services	$481,900
14674		6902	3958.08		Tamil Nadu AIDS Control Society	$69,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

* Increasing women's legal rights

* Reducing violence and coercion

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	N/A	True
9.3 Number of individuals trained in counseling and testing according to national and international standards	30,000	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	200	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Men who have sex with men

Most at risk populations

Street youth

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Discordant Couples

People Living with HIV / AIDS

HTXS - ARV Services

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Total Planned Funding for Program Area: $1,128,131

Amount of Funding Planned for Pediatric AIDS	$2,000
Estimated PEPFAR contribution in dollars	$0
Estimated local PPP contribution in dollars	$0
Estimated PEPFAR dollars spent on food	$0
Estimation of other dollars leveraged in FY 2008 for food	$7,500

Program Area Context:

Overview: In July 2007, the Government of India (GOI) launched its third five-year strategic plan, the National AIDS Control Program (NACP-3), 2007-2012. Its goals are to set up ART services in 250 facilities and provide free ART treatment to 300,000 clients (including 40,000 children) by 2012. USG is playing a supportive role in the GOI ART rollout endeavor.

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. Despite this, the National AIDS Control Organization (NACO) has made significant progress in scaling up ART delivery services, with support from the World Bank, Global Fund, and the World Health Organization (WHO). Since the inception of the ART program in 2004, NACO has steadily scaled up free ART services first at tertiary and now secondary government hospitals. The number of patients receiving care in these facilities has increased from 12,000 in 2005 to 95,000 in 2007. NACO continues to emphasize the importance of providing these services to women (32,000 enrolled by 2007) and children (6,700 enrolled by 2007).

Significant strides have been made over the three-year history of the ART program: drug procurement systems have improved, including the introduction of pediatric formulations, monitoring and evaluation indicators standardized, and operational guidelines and technical guidelines published. Regional ART consultants have been hired by NACO to oversee operational activities. Ten ART Centers of Excellence have been identified and funds have been allocated to improve their infrastructure and training capacities.

To succeed in reaching 300,000 clients by 2012, a number of fundamental issues need to be addressed. These include: 1) lack of institutional support for ART in many hospitals; 2) need for higher quality and more regional ART consultants; 3) limited technical understanding of ART among medical and public health officials at state/national levels; 4) limited systems to track ART defaulters; 5) limited systems to identify and link PLHAs to ART centers; 6) need for expanded CD4 testing; 7) need for widespread expertise in pediatric ART; and 8) lack of accreditation of private sector ART centers.

Alternative strategies besides government-funded free ART must be developed and scaled up. Over 80% of all curative medical services in India are provided in the private sector. For-profit hospitals and NGOs are providing ART to approximately 20,000 PLHAs. The cost of CD4 testing and first-line ART drugs has come down over the past three years to levels many health care consumers can afford. Yet huge challenges remain. India's private health sector is highly unregulated and therefore prone to abuses in terms of quality services and price inflation. HIV stigma remains very common in the medical community. Many providers do not see HIV as a financially sustainable area to specialize in. NACO has also been reluctant to partner with the private sector to scale up ART. However, under NACP-3 public-private partnerships for ART delivery are expected to increase as mechanisms to accredit and regulate ART centers develop.

The extent of treatment failure/drug resistance is estimated to be 4-8% per year but may be higher in the private sector. NACO will address this issue by improving ART treatment services and adherence levels. Currently, viral load testing is not part of the ART monitoring system and is not widely available, limiting the ability to accurately identify PLHAs failing first-line therapy. NACO understands this problem and will establish 10 centers throughout the country to address drug resistance. NACO's policy on viral load testing and second-line ART will shortly be finalized.

Current USG Support: USG support has focused on providing ART-related technical support to NACO as well as State AIDS Control Societies (SACS) in high-prevalence states. USG is not purchasing ART drugs due to our limited budget. Key USG ART-related activities in technical assistance, training, and capacity building 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 four-day and 12-day national ART training curriculum; and 4) The USG-supported one-year fellowship in HIV medicine and leadership at the Government Hospital of Thoracic Medicine, Tambaram (GHTM). This innovative program is providing much needed hospital staffing and developing future HIV leaders.

Support for models of quality ART service delivery is provided through: 1) USG support to GHTM: with USG providing clinical, laboratory, and counseling staff support, 6600 PLHA, including 941 children and 3300 women, received ART at GHTM. An independent review in late 2006 rated it the top ART center in the country. USG has built an ART outpatient structure, the blueprints of which were requested by NACO to use in future centers. A patient information system has been developed. 2) ART service delivery and capacity building of private sector institutions: With USG support, a network of 15 medical colleges in AP and Perunderai Medical College in TN are serving as much-needed models for ART delivery in the private sector, and have conducted private doctor trainings on ART treatment.

USG support for linkages to ART: USG has a comprehensive family prevention and care package to support ongoing ARV services. Our NGO partners are facilitating linkages between HIV testing and treatment centers and enhancing ARV services with adherence counseling. Through community-based programs, over 3000 PLHAs have been initiated on ART. USG also helped develop a public awareness campaign for television on the impact of ART on longevity and quality of life.

USG FY08 Support: USG will continue to support the Government of India's ART program through technical assistance, capacity building, and addressing selected critical issues in services delivery, including ensuring quality ART in the private sector and strengthening linkage of vulnerable populations to ART services.

1. Technical assistance at the national, state, and district level: USG will continue to be a strong technical and strategic partner with NACO, SACS, WHO, the Global Fund and other stakeholders to support policy and guidelines development, program scale up, and systems support. More specifically, USG will provide NACO with human capacity through supporting full-time ART consultants, periodic international consultants from countries with similar ART scale-up, contractors to work on specific ART-related deliverables, and direct technical assistance from USG staff. In USG focus states, USG will expand its ART support through newly formed Technical Support Units. District management teams under NACP-3 will be trained by USG partners and staff on ART operational guidelines including linkages, patient tracking systems, and ART monitoring. The number and quality of regional ART consultants supported by USG will increase, due in part to USG-supported formal training of ART consultants and informal mentorship. These technical consultants and district managers will help NACO operationalize "Down Referral Systems" that allow stable patients to receive their monthly ART drugs and counseling closer to home, yet maintain a strong link to the nearest ART center.

2. Addressing critical issues in the ART delivery system: USG will work with NACO to address selected issues from the obstacles to effective ART scale-up described above. USG will plan training programs and workshops on ART operational and technical challenges, including second-line therapy policies and guidelines. USG will help the Government of India (GOI) to develop an accreditation process for publicly-funded ART to improve quality and standardization of services. USG will also support NACO in developing systems for tracking ART defaulters. USG will continue to support demand generation activities and better linkages between PLHAs and pre-ART screening.

3. Training and support to ART service delivery teams: USG will contribute to revisions or additions to the national ART curriculum as requested by NACO. In order to develop pediatric HIV expertise, all USG-supported training programs for ART will include a module on pediatric AIDS; selected pediatricians will be enrolled in the GHTM clinical fellowship program. To support on-site diagnosis for pediatric and adult ART, USG will also develop and run a 24-hour hotline and an interactive website for ART providers and hold periodic review and refresher workshops for existing ART teams. Some of the successes and lessons learned at GHTM can be replicated in the 10 new GOI Centers of Excellence.

4. Private sector ART delivery models: USG will continue to explore cost-efficient ways to expand quality ART delivery in the for-profit and NGO sectors, based in part on USG's continuing experiences working with private medical colleges. In collaboration with other agencies and advocacy groups, USG will work with the pharmaceutical industry to further reduce ART costs to economically viable levels and capacitate physicians and institutions to provide high quality ART care services at reasonable prices. USG will continue to work with NACO and the corporate/industrial sector to promote more public-private partnerships involving subsidized or free ART services.

Program Area Downstream Targets:

11.1 Number of service outlets providing antiretroviral therapy	10
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	3615
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	15965
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	13705
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	1090

Custom Targets:

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID:	3958.08	**Mechanism:**	N/A
Prime Partner:	Tamil Nadu AIDS Control Society	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GAP	**Program Area:**	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS	**Program Area Code:**	11
Activity ID:		**Planned Funds:**	$20,000
Activity System ID:	14671		

Activity 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10919

Related Activity: 14473, 14163, 14662, 14665, 14162

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10919	6198.07	HHS/Centers for Disease Control & Prevention	Tamil Nadu AIDS Control Society	5624	3958.07		$15,200
6198	6198.06	HHS/Centers for Disease Control & Prevention	Tamil Nadu AIDS Control Society	3958	3958.06		$15,500

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14473	6193.08	6848	5976.08		Indian Network of Positive People	$68,000
14163	6154.08	6720	3949.08	APAC	Voluntary Health Services	$34,100
14662		6901	3962.08	I-TECH (International Training and Education Center on HIV)	University of Washington	$400,000
14665		6901	3962.08	I-TECH (International Training and Education Center on HIV)	University of Washington	$120,000
14162	6157.08	6720	3949.08	APAC	Voluntary Health Services	$481,900

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	260	False

Target Populations

Other

People Living with HIV / AIDS

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 3974.08

Mechanism: N/A

Prime Partner: Armed Forces Medical Services

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 11522.08

Planned Funds: $30,000

Activity System ID: 14681

Activity Narrative: SUMMARY

The US Pacific Command (PACOM)/Center for Excellence (COE) in collaboration with the Office of Defense Cooperation (ODC) will continue to work closely with the Indian Armed Forces Medical Services (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). Activities under this program area focus on strengthening the human resource capacity of the AFMS and to ensure that the AFMS has the critical medical supplies to provide HIV/AIDS treatment and care services.

BACKGROUND
The DOD/PACOM/ODC program has supported the Armed Forces Medical Services (AFMS) since 2004 to build their capacity to provide HIV/AIDS prevention, care and treatment services. HIV/AIDS continues to be a problem in the military, particularly in the North East, a region where there is generalized HIV/AID epidemic. The AFMS program provides health services to the military throughout India, focused primarily at New Delhi, Shillong, Pune and Mumbai.

ACTIVITIES AND EXPECTED RESULTS

ACTIVITY 1: HIV/AIDS Treatment and Care Workshop for Healthcare Providers
In FY07, the AFMS developed HIV care and treatment training programs, and organized two training workshops. These four-day workshops focused on recent trends in prevention and treatment strategies for HIV patients in the civilian and military sectors. Workshops program included sessions on "Antiretroviral Therapy Case Studies", "Monitoring Antiretroviral Therapy: Practices and Problems", "Emerging Toxicity Syndromes in HIV in HIV Infection", and "Recent Concepts in Drug Resistance and Strategies to Maximize Drug Compliance". Building on these past workshops, with FY08 funds, AFMS plans to carry out similar workshops for healthcare providers who did not attend the previous two workshops. At least 40 military medical providers will be trained to deliver ART services.

ACTIVITY 2: Procurement of Disposable Medical Supplies for AFMS Medical Facilities
PACOM/COE, working with the ODC, will facilitate the procurement of disposable medical supplies, including OI kits, CD4 kits, and Roche Amplicor to ensure healthcare providers will have critical medical supplies for patient care and treatment. Once procured, 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 service outlets will provide ART.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11522

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24633	11522.24633.09	Department of Defense	Armed Forces Medical Services	10516	3974.09		$32,500
11522	11522.07	Department of Defense	Armed Forces Medical Services	5795	3974.07		$55,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	4	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	40	False

Target Populations

Special populations

Most at risk populations

Military Populations

Other

People Living with HIV / AIDS

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 3962.08

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

Prime Partner: University of Washington

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID:

Planned Funds: $400,000

Activity System ID: 14662

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 and HIV Specialist Trainings, (2) Government Hospital of Thoracic Medicine (GHTM)/I-TECH HIV Fellowship Program, and (3) nurse trainings for partner organizations. New initiatives for FY 2008 include: (1) implementation of a consultation hotline for HIV clinicians in India; (2) 2-3 months nurses training program on HIV; (3) FBO/NGO partnerships for ART trainings and clinical mentoring; (4) 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. 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

The GHTM Training Center, also a national Center of Excellence, hosts trainings on behalf of NACO for Medical Officers and HIV Specialists. Over 3 years, GHTM and I-TECH have jointly trained 450 clinicians in 22 NACO trainings. In FY08, an additional 100 ART Centers will open, each requiring Medical Officers to be trained for the centers to become operational. These clinicians will be trained at regional training centers including GHTM with continued support from I-TECH. 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 and will be used for FY08 trainings. Trainings include didactic sessions and skill-based bedside teaching on HIV diagnosis, management of common opportunistic infections in India, ART and palliative care.

Under the National AIDS Control Plan Phase III (NACP 3), all regional ART Training Centers will be given staff (Logistics Coordinators) and funding to facilitate ongoing trainings in order to support India's rapid ART scale-up initiative. 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. It is expected that the doctors trained will provide ARV, TB/HIV, and palliative care and treatment to at least 18,000 patients annually at ART Centers throughout India.

ACTIVITY 2: HIV Fellowship Program and ART Treatment Provision

The GHTM/I-TECH HIV Fellowship Program, which is supported by the 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 first cohort of 11 Fellows graduated in November 2006, with 14 more graduating by November 2007. Recruitment for the third cohort (estimated class size of 18) for FY08 is currently underway. This program is also directly building capacity for India to manage its growing HIV epidemic by developing leaders and experts in HIV.

The Fellowship Program significantly supports treatment and care services at GHTM by providing 50% of the GHTM physician workforce and direct clinical care to approximately 30,000 PLHAs, 6,000 of whom receive ART, annually. In FY '08 it is expected that the Fellows will provide direct ART care to about 2500 PLHAs at GHTM.

ACTIVITY 3: Nurse Trainings

I-TECH in collaboration with multiple partners will continue to conduct nurse trainings 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 believes in long-term capacity building and always works towards developing a group of trainers at partner institutions and supports them with Training of Trainers (TOTs) to become the local pool of trainers for on-going capacity building training activities.

In FY '08, I-TECH will continue to conduct nursing trainings in three high prevalence states using I-TECH curricula and the WHO Integrated Management of Adult and Adolescent Illnesses (IMAI) curriculum. I-TECH in collaboration with the Indian Nursing Council (INC), NACO and support from the William J. Clinton Foundation developed a 14 module nursing training curriculum which once approved by NACO will be used as the national nursing curriculum in India. In FY '08, the William J. Clinton Foundation will support I-TECH to train Master Trainers to support this national initiative to train 10,000 nurses in India. In FY '08 is expected that with PEPFAR support 1000 nurses will be trained including nurse trainers.

ACTIVITY 4: Clinical Mentoring for Community Care Centers and Link ART Centers

To enhance the HIV services of other hospitals and Community Care Centers (CCCs) I-TECH will work with two new FBO/NGO partners and with GOI-supported CCCs in FY08. I-TECH's main role in these

Activity Narrative: partnerships will be in training and clinical mentoring of doctors and nurses in ART service delivery, particularly in the management of treatment failure and initiating second line regimens. This is of significant relevance as the Government of India's third National AIDS Control Plan 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 properly, and ultimately to train other doctors in their region. In FY08, it is expected that I-TECH will reach 100 HIV clinicians for clinical mentoring on ARV services, treatment failure and second line regimen.

ACTIVITY 5: Clinical Consultation Hotline

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. Clinicians in India often do not have the resources or time to keep up with cutting-edge 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 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. The 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 hotline will support the application of clinical skills learned in NACO Specialist and Medical Officer Training programs and will enable periodic 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 in similar settings. It is expected that clinical technical assistance will be provided through approximately 2000 clinical consultations annually.

ACTIVITY 6: HIV Fellowship for Nurses (2-3 months training for nurses)

There is a vast pool of nurses who are not trained in HIV/AIDS and ART and therefore, under utilized. I-TECH proposes to develop a 2-3 month training program for nurses to address this need that will be established in early FY08. The program will meet multiple objectives. It will create a long-term pool of advanced trained nurses in HIV/AIDS care, and in the short-term will support I-TECH's partner institutions by providing additional nursing staff working either in the wards as part of the clinical mentoring programme or at visiting partner institutions as part of clinical exposure visits. Best practices will be documented with the aim to replicate this program in other similar settings. This activity also supports the 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 in FY09.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10922

Related Activity: 14659, 14670, 14671, 14672, 14673, 14664, 14665, 14674

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10922	6200.07	HHS/Health Resources Services Administration	University of Washington	5626	3962.07		$300,000
6200	6200.06	HHS/Health Resources Services Administration	University of Washington	3962	3962.06		$250,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14659		6901	3962.08	I-TECH (International Training and Education Center on HIV)	University of Washington	$300,000
14670		6902	3958.08		Tamil Nadu AIDS Control Society	$15,000
14671		6902	3958.08		Tamil Nadu AIDS Control Society	$20,000
14672		6902	3958.08		Tamil Nadu AIDS Control Society	$60,000
14673		6902	3958.08		Tamil Nadu AIDS Control Society	$90,000
14664		6901	3962.08	I-TECH (International Training and Education Center on HIV)	University of Washington	$100,000
14665		6901	3962.08	I-TECH (International Training and Education Center on HIV)	University of Washington	$120,000
14674		6902	3958.08		Tamil Nadu AIDS Control Society	$69,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

* Retention strategy

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	1	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	2,525	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	7,049	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	6,345	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	563	False

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 5786.08

Mechanism: N/A

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 6242.08

Planned Funds: $81,131

Activity System ID: 14466

Activity Narrative: $168,620 in CDC GHAI funding is necessary to support expenses and activities for technical staff in the three GAP India offices (New Delhi, Chennai, and Hyderabad). A total of seven staff in these offices is funded with GHAI funds. The amount requested includes salaries, fringe, travel proportionate office overhead, desk, operational charges, head tax charges, and ICASS charges for technical staff.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10865

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25430	6242.25430.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	9167	3969.09		$139,651
10865	6242.07	HHS/Centers for Disease Control & Prevention	HHS/CDC	5786	5786.07		$40,000
6242	6242.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3969	3969.06		$40,000

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 3967.08

Mechanism: APAIDSCON

Prime Partner: Share Mediciti (Networking)

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 6225.08

Planned Funds: $25,000

Activity System ID: 14583

Activity 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. APAIDSCONS 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 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

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10904

Related Activity: 14580, 14585, 16431

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20924	6225.20924.09	HHS/Centers for Disease Control & Prevention	Share Mediciti (Networking)	9161	3967.09	APAIDSCON	$10,000
10904	6225.07	HHS/Centers for Disease Control & Prevention	Share Mediciti (Networking)	5621	3967.07		$15,000
6225	6225.06	HHS/Centers for Disease Control & Prevention	Share Mediciti (Networking)	3967	3967.06		$50,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14580	6226.08	6879	3967.08	APAIDSCON	Share Mediciti (Networking)	$50,000
14585	6227.08	6879	3967.08	APAIDSCON	Share Mediciti (Networking)	$219,000
16431	16431.08	6879	3967.08	APAIDSCON	Share Mediciti (Networking)	$15,000

Emphasis Areas

Human Capacity Development

*   Training

***   Pre-Service Training

***   In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	3	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	700	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	2,725	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	2,475	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

Target Populations

Other

People Living with HIV / AIDS

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 7428.08

Mechanism: PHMI

Prime Partner: Share Mediciti (Umbrella)

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 16433.08

Planned Funds: $0

Activity System ID: 16433

Activity Narrative: SUMMARY

The Public Health Management Institute (PHMI) will provide technical and managerial consultants to NACO to strengthen the national ART program during a time of rapid expansion. The PHMI consultants will focus on a number of systems level additions such as ART accreditation (for NACO ART centers and for private institutions), mechanisms for referral down the system, state-level ART field supervision and monitoring, regional technical reviews, an ART clinical hotline, and new public-private partnerships.

BACKGROUND

Mediciti SHARE India (SHARE India) is a not-for-profit organization working in rural communities outside Hyderabad, Andhra Pradesh, reaching out to about 300,000 persons in the rural population with services ranging from maternal and child health, reproductive health, HIV/AIDS and nutrition programs, coordinated through the SHARE India medical college and hospital located nearby.

In 2006, through a cooperative agreement with PEPFAR/CDC, SHARE India established PHMI as a technical assistance and training organization. PHMI's main objective is to provide human resource capacity building and systems strengthening within the public health infrastructure of Andhra Pradesh (AP). The current focus is on developing innovative quality improvement mechanisms such as accreditation systems and on the job training programs. Its technical focus is currently on HIV but PHMI envisions a broader role for the Institute in building public health systems in AP.

ACTIVITIES AND EXPECTED RESULTS

PHMI will work closely with the National AIDS Control Organization (NACO) to provide focused technical assistance to strengthen the ART delivery systems throughout India. This includes supporting: Full time NACO ART consultants (2); Regional technical consultants (5) at State AIDS Control Societies (SACS); international consultants and contractors; and direct technical assistance from the CDC India team and CDC Atlanta. Overall PHMI will work closely with NACO/SACS in strengthening and developing systems that would help India operationalize their ART guidelines consistently across all the 200-plus ART centers expected to be functioning in FY08 under NACP3. In FY08, the above mentioned technical support and manpower will be used to provide the following activities:

ACTIVITY 1: Accreditation of ART Treatment and Care Centers

PHMI consultants and contractors will work with NACO to develop an accreditation process for all NACO-supported ART centers in India. The newly created operational guidelines for ART centers will be used to create an accreditation checklist. The technical assistance effort will have to focus on developing a scoring system based on the checklist that takes into account NACO priorities and functional realities. A system will also have to be established for objectively evaluating the center. A team of accreditors will have to be identified, trained, and closely supervised and a quality control mechanism will be required.

Early in the process, PHMI consultants will review existing ART accreditation systems in other countries: this may require exposure visits to other countries. One challenge will be what to do about sites that repeatedly score poorly and cannot meet accreditation standards. This is especially important given that over 100 ART centers are already established and providing ongoing ART to PLHAs and so de-recognizing sites as NACO ART Centers will be difficult both politically and administratively in terms of the continuity of treatment and care for PLHA.

NACO and PHMI hope to have the accreditation system developed and piloted in one or more states. In FY09-10, the accreditation system will be expanded to all states and all 250 planned centers.

ACTIVITY 2: Decentralized ART Service Delivery through a Downward Referral System

PHMI consultants and contractors, with mentoring from CDC, will work with NACO in developing mechanism and systems that allow stable ART patients to receive their monthly ART drugs and counseling services closer to home through drug delivery/distribution centers called ART link centers. These ART link centers will most likely be placed at NACO-supported community care centers. PHMI envisions pilot testing this system at some of the better functioning community care centers in FY08. If successful, this model may be expanded to include all 350 plus proposed community care centers in India. The goal of establishing ART link centers is to provide quality services closer to patients' homes and yet maintain a strong link to the nearest ART center for medical consultations, supervision, laboratory tests, etc. In FY08, PHMI consultants and staff will initially review existing ART downward referral systems in other countries and propose a specific model and guidelines for the system in India. An evaluation of the pilot system will also be supported by PHMI.

ACTIVITY 3: Strengthen and Improve State Level ART Management and Delivery Systems

PHMI consultants and contractors, with mentoring from CDC, will work with various State AIDS Control Societies to strengthen ART delivery services by providing management and policy support and conducting periodic field supervisory and monitoring visits. These consultants, in close collaboration with SACS and CDC staff, will examine and improve the critical ART service delivery components including pre-registration systems, CD4 testing, treatment initiation protocols, adherence counseling and monitoring, and mechanisms to follow up quickly on defaulters. The consultants will also develop and implement schemes to improve the efficiency of CD4 testing (where and when required based on formal assessments of current efficiency at the state and local level) using incentives and/or continuous quality improvement processes.

ACTIVITY 4: ART Technical Hotline

This program envisages developing a technical hotline that ART medical officers or other health care providers involved in ART care can call and get immediate technical advice related to patient management. ITECH with USG funding will likely take the lead in developing and manning this hotline. PHMI consultants and staff will play a supportive and collaborative role in the process. PHMI may support an evaluation of the hotline system once established.

Activity Narrative: ACTIVITY 5: Regional Technical Review Meetings and Refresher Trainings

PHMI will also support and organize, in close collaboration with NACO/SACS, experience-sharing technical review meetings of ART medical officers and nodal officers by region. These meetings are likely to be for 2-3 days and to focus on updating the clinical skills of the ART medical officers and nodal officers. If successful, these reviews will be held bi-annually for each region. PHMI will support at least two of these regional review meetings. PHMI will also work with ITECH on the content and teaching methodology.

Activity 6: Create Well-Informed Government Leaders in Care and Treatment

PHMI will support and help organize future South-to-South sharing and exposure visits to other countries where ART scale up is happening. Technical exposure visits are expected to be very useful for NACO leaders/technical staff and leaders/technical staff at the state level (such as SACS project directors, State health ministers/secretaries, Directors of Medical Education, state ART program officers). This was the case with the recent India delegation to South Africa focused on ART roll out organized and led by CDC India staff. In FY08, one or two of these South-to-South exposure visits will be organized for up to 10 state/national leaders and technical staff.

ACTIVITY 7: Provide Technical Assistance in Establishing New ART Centers of Excellence.

PHMI staff and consultants will assist NACO in developing ART/HIV centers for training, research, and advanced care. The specific areas that PHMI will assist in will be decided jointly as the operational plans for each center of excellence evolve. Some possible areas of support may include assistance with: a) infrastructure design (such as modifying blueprints from GHTM's ART center built by CDC); b) staff capacity development; c) training skills and training strategies (in collaboration with ITECH); d) patient information systems (or other clinical databases); and e) laboratory improvements (including assistance with viral load testing, rapid tuberculosis culturing systems, CD4 testing, and quality assurance systems).

ACTIVITY 8: Private Sector ART Initiatives:

PHMI will lead an effort to develop a HIV specific clinical accreditation process for private sector clinics and hospitals. This is a major undertaking and will be developed in collaboration with the USG technical team, other USG partners, technical consultants, NACO/SACS, and WHO India. A clinical accreditation system is required to standardize HIV care and treatment services, empower consumers, and address the reality that medical care in India remains highly unregulated. PHMI and its collaborators will develop basic standards of HIV care, an accreditation checklist, and procedures to assess HIV care practices periodically. In FY08, this will be pilot tested in one state (AP) and revised based on the experience and feedback from key stakeholders. This accreditation system may be closely tied into APAIDSCON's plans to develop a low-cost ART package of services. For example, low-cost ART packages may only be made available to clinics and hospitals that successfully complete the accreditation process.

NACO is considering allowing select private sector hospitals and clinics to receive free government supplied first line ART for their patients. Once selected, these care centers will likely need to maintain some form of accreditation. PHMI will advocate for this form of public-private partnership and assist NACO in creating an accreditation system and monitoring system for these private care centers.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 14592, 14593

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14592	10930.08	6880	3978.08	PHMI	Share Mediciti (Umbrella)	$30,000
14593	10121.08	6880	3978.08	PHMI	Share Mediciti (Umbrella)	$100,296

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

Target Populations

Other

People Living with HIV / AIDS

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 3940.08

Mechanism: N/A

Prime Partner: Avert Society

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 6121.08

Planned Funds: $80,000

Activity System ID: 14102

Activity Narrative: SUMMARY

As the Technical Support Unit (TSU) for the Maharashtra State AIDS Control Society (MSACS) and the Goa State AIDS Control Society (GSACS), the Avert Society project, in collaboration with CDC, will provide technical assistance (TA) to the SACS to improve coverage of quality ARV services. Avert will assist MSACS in developing and implementing a plan to enroll patients in the pre-ART program, conduct periodic follow-up and identify any change in a patient's ART- eligibility status. Avert will build the capacity of the SACS to maintain the ARV supply chain, monitor and evaluate ARV services and ensure adherence counseling. Avert will also train the ART team on standard protocols in ARV management. Additionally, in Sangli district the Avert project, in collaboration with CDC, will demonstrate best practices in increasing the coverage of quality ART services through the implementation of a networked model of prevention, care, and treatment.

BACKGROUND

The Avert Society project is a bilateral program implementing prevention, care, and treatment activities in high-burden districts of Maharashtra State. The population of Maharashtra is over 96.8 million and the HIV prevalence is 0.75% (sentinel surveillance, State of Maharashtra, 2006). Avert currently supports over 70 NGOs to implement prevention, care, and treatment programs in selected high-burden districts of Maharashtra State.

Under the umbrella of the Avert project, the Health Communication Partnership/Johns Hopkins University (HCP/JHU) and the Hindustan Latex Family Planning Promotion Trust (HLFPPT) have been awarded cooperative grants to support the state in scaling up communication (HCP/JHU) and condom social marketing (HLFPPT).

The National AIDS Control Organization (NACO) has recently suggested that the Avert project could take-up the role of the TSU in Maharashtra and Goa states, to support the scale-up of HIV/AIDS prevention, care, and treatment programs in accordance with the priorities of the National AIDS Control Program's third phase (NACP-3). Avert will also provide direct implementation support to fill critical gaps in prevention services and/or demonstrate best practice models for specific populations.

Maharashtra State AIDS Prevention and Control Society (MSACS) is currently supporting 13 ART centers and plans to increase this to 29 centers in FY08.The state provides free ARV services in the government and civil hospitals in various districts. Currently, MSACS provides ARV treatment to over 14,000 people living with HIV/AIDS (PLHA) and plans to increase this to 21,000 by 2008. Avert will provide TA to support the state's plans for ART scale-up, through capacity building of the SACS in ARV supply chain management, monitoring the quality of ARV services and adherence counseling to prevent ARV resistance.

ACTIVITIES AND EXPECTED RESULTS

Avert will collaborate with CDC to strengthen the quality of ARV treatment services in the state. This will include addressing barriers to ensure equitable access to ARV treatment services by men and women and most at risk populations (MARPs). Avert will advocate with ART centers to adjust ART out-patient department hours to times convenient to patients coming from distant places, and to provide user-friendly services to MARPs.

ACTIVITY 1: Technical Support to ART Centers
In FY08, Avert will continue to support the Sangli networked model of prevention, care, and treatment services. As part of this model, the Sangli ART center will be strengthened to expand quality ARV services to various segments of infected people, including MARPs. With FY08 funds, Avert will fund a Management Information Systems (MIS) officer, train the ARV team, and provide ongoing technical support for generating demand and improving the quality of ARV services in the Sangli ART center. Through this effort, Avert will support ART treatment for about 3,500 HIV positive people.

In collaboration with CDC, Avert will extend technical support to five more ART centers to expand quality ART services. It will assist MSACS to develop a technical assistance plan for these five centers, specifically focusing on increasing enrollment in the pre-ART program with periodic follow-up for ART eligibility, strengthening supply chain management, and ensuring adherence to treatment. Through this effort, Avert will indirectly support ARV treatment for 2,400 patients.

ACTIVITY 2: Training of ART Teams
In FY08, Avert will collaborate with CDC to contract an ART training institution to train ART teams in 29 State ART centers. The teams, of a medical officer and a counselor, will be trained in various aspects of counseling for adherence to ARV treatment, factors influencing adherence, the cost of ARV drugs, monitoring tests, side effects and resistance to ARV, the nutritional needs of PLHA on ARV, Directly Observed Treatment – Short Course Therapy (DOTS) for TB, and coordination with home-based care programs to follow up adherence to treatment. The training manuals and curriculum will be adapted from the existing national and WHO manuals for physicians and counselors. The counselor and ARV team will also be trained in establishing linkages and networking with other departments and organizations providing services like community care centers, PLHA drop-in-centers, home-based care programs, and TB-DOTS centers.

Onsite technical support will be provided to the ARV team by experts on patient management (including reducing waiting time), adherence, linkages with pathologist/microbiologist for CD4 and viral load follow-up, correlating laboratory reports and clinical management with counseling and improving data quality assurance and management.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10794

Related Activity: 14164, 14096, 14099, 14122, 14094, 14123, 14101, 14124, 14125, 14103, 14104

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10794	6121.07	U.S. Agency for International Development	Avert Society	5595	3940.07		$100,000
6121	6121.06	U.S. Agency for International Development	Avert Society	3940	3940.06		$182,621

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14164	14164.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$88,000
14096	6114.08	6709	3940.08		Avert Society	$160,000
14099	6118.08	6709	3940.08		Avert Society	$700,000
14122	6588.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$187,000
14123	6627.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$33,000
14094	11444.08	6708	5781.08		Avert Society	$135,000
14124	10938.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$132,000
14101	6120.08	6709	3940.08		Avert Society	$400,000
14125	10940.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$187,000
14103	6122.08	6709	3940.08		Avert Society	$400,000
14104	6123.08	6709	3940.08		Avert Society	$480,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	1	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	1,250	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	4,342	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	3,474	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	50	False

Target Populations

Special populations

Most at risk populations

Street youth

Most at risk populations

Persons in Prostitution

Other

People Living with HIV / AIDS

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 3942.08

Mechanism: Samastha

Prime Partner: University of Manitoba

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 10941.08

Planned Funds: $169,000

Activity System ID: 14141

Activity 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 Assissi 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 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10941

Related Activity: 14166, 14136, 14137, 14140

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20943	10941.20943.09	U.S. Agency for International Development	University of Manitoba	9164	3942.09	Samastha	$188,051
10941	10941.07	U.S. Agency for International Development	University of Manitoba	5601	3942.07		$275,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14166	10934.08	6715	3942.08	Samastha	University of Manitoba	$35,360
14136	6129.08	6715	3942.08	Samastha	University of Manitoba	$780,000
14137	6131.08	6715	3942.08	Samastha	University of Manitoba	$2,071,160
14140	6130.08	6715	3942.08	Samastha	University of Manitoba	$29,640

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	1	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	100	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	200	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	160	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	20	False

Target Populations

Other

People Living with HIV / AIDS

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 3950.08

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: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 10940.08

Planned Funds: $187,000

Activity System ID: 14125

Activity Narrative: SUMMARY

The Health Communication Partnership/Johns Hopkins University (HCP/JHU) will work with the Avert project, Maharashtra State AIDS Control Society (MSACS), Goa State AIDS Control Society (GSACS) and the National AIDS Control Organization (NACO) to design communication materials to create demand for ARV services. Specifically, HCP/JHU will support the design of prototype communication materials with an emphasis on drug adherence, nutrition and other important aspects of ARV services. HCP/JHU will also coordinate with the Avert project to develop communication materials to support the prevention to care continuum network model in selected high-prevalence districts in Maharashtra and Goa States.

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 (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.

ACTIVITIES AND EXPECTED RESULTS

Access to ARVs and the importance of drug adherence are two main issues that need attention. Besides creating a demand for treatment services, the project recognizes that adherence is a key factor that will determine the success of the ARV program and prevent HIV drug resistance. MSACS is currently supporting 13 ART centers and plans to increase this to 29 centers in FY08.The state provides free ARV services in the government hospitals in various districts. Currently, MSACS is providing ARV treatment to over 14,000 PLHA and plans to increase this to 21,000 by 2008. HCP/JHU will provide communication support to MSACS in scaling up the ARV treatment services.

ACTIVITY 1: Technical Assistance to NACO and MSACS on ARV Communication

Communication activities and IEC materials on ARV treatment services including drug adherence is limited in Maharashtra and Goa states. In FY08, HCP/JHU will assist MSACS and GSACS in conducting a communication needs assessment including developing the scope of work, hiring an agency and implementing the study. HCP/JHU will develop a demand generation campaign on ARV treatment which will include two TV spots, two radio spots, posters and booklets. One of the TV spots will specifically address the gender concerns in ARV treatment. The message will emphasize providing a supportive environment to women PLHAs in accessing ARV treatment. HCP/JHU will develop educational aids for ART medical officers, counselors and the outreach team to provide quality ART treatment services. A simple educational aid on the treatment regime that will help the health care provider in counseling patients will be developed. A booklet on ART adherence, nutritional requirements for ART patients and healthy life styles will also be developed for the counselors. HCP/JHU will support the SACS in pre-testing the materials by conducting workshops with PLHA networks, health care providers and caregivers. These materials will serve the needs of 29 ART centers.

NACO has also requested HCP/JHU to provide technical assistance in developing national-level communication strategies including ARV treatment. HCP/JHU will assist NACO in designing TV and radio spots on ARV which will be screened by NACO by leveraging TV and radio time from various channels.

ACTIVITY 2: Communication Support for Implementing the Network Model in Sangli District

USG is strengthening the ART center in Sangli district as part of the network model of integrating prevention, care and treatment. HCP/JHU will develop communication tools for health care providers, peer educators, and counselors to promote ARV treatment through linkages with counseling and testing centers, PLHA networks, home based care programs and private health care institutions. The ARV communication activities will facilitate providing quality ARV treatment services to over 2000 patients in Sangli district.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10940

Related Activity: 14164, 14096, 14099, 14122, 14101, 14124, 14103, 14353

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10940	10940.07	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	5599	3950.07		$55,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14096	6114.08	6709	3940.08		Avert Society	$160,000
14164	14164.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$88,000
14122	6588.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$187,000
14099	6118.08	6709	3940.08		Avert Society	$700,000
14101	6120.08	6709	3940.08		Avert Society	$400,000
14124	10938.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$132,000
14353	6158.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$88,000
14103	6122.08	6709	3940.08		Avert Society	$400,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

Target Populations

Other

People Living with HIV / AIDS

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 3976.08

Mechanism: N/A

Prime Partner: US Department of Defence/Pacific Command

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 15078.08

Planned Funds: $80,000

Activity System ID: 15078

Activity Narrative: SUMMARY

The US Pacific Command (PACOM)/Center for Excellence (COE) in collaboration with the Office of Defense Cooperation (ODC) will continue to work closely with the Indian Armed Forces Medical Services (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). Activities under this program area focus on strengthening the human resource capacity of the AFMS and to ensure that the AFMS has the critical medical supplies to provide HIV/AIDS treatment and care services.

BACKGROUND
The DOD/PACOM/ODC program has supported the Armed Forces Medical Services (AFMS) since 2004 to build their capacity to provide HIV/AIDS prevention, care and treatment services. HIV/AIDS continues to be a problem in the military, particularly in the North East, a region where there is generalized HIV/AID epidemic. The AFMS program provides health services to the military throughout India, focused primarily at New Delhi, Shillong, Pune and Mumbai.

ACTIVITIES AND EXPECTED RESULTS

ACTIVITY 1: HIV/AIDS Treatment and Care Workshop for Healthcare Providers
In FY07, the AFMS developed HIV care and treatment training programs, and organized two training workshops. These four-day workshops focused on recent trends in prevention and treatment strategies for HIV patients in the civilian and military sectors. Workshops program included sessions on “Antiretroviral Therapy Case Studies”, “Monitoring Antiretroviral Therapy: Practices and Problems”, “Emerging Toxicity Syndromes in HIV in HIV Infection”, and “Recent Concepts in Drug Resistance and Strategies to Maximize Drug Compliance”. Building on these past workshops, with FY08 funds, AFMS plans to carry out similar workshops for healthcare providers who did not attend the previous two workshops. At least 40 military medical providers will be trained to deliver ART services.

ACTIVITY 2: Procurement of Disposable Medical Supplies for AFMS Medical Facilities
PACOM/COE, working with the ODC, will facilitate the procurement of disposable medical supplies, including OI kits, CD4 kits, and Roche Amplicor to ensure healthcare providers will have critical medical supplies for patient care and treatment. Once procured, 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 service outlets will provide ART.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Construction/Renovation

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	4	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	40	False

Target Populations

Other

People Living with HIV / AIDS

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 5785.08

Mechanism: Samarth

Prime Partner: Family Health International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 6597.08

Planned Funds: $21,900

Activity System ID: 14247

Activity 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10799

Related Activity: 14248, 14249, 14111

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21251	6597.21251.09	U.S. Agency for International Development	Family Health International	9246	5785.09	Samarth	$10,400
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14111	6138.08	6710	3944.08	Samarth	Family Health International	$111,895
14248	14248.08	6711	5785.08	Samarth	Family Health International	$538,905
14249	6139.08	6711	5785.08	Samarth	Family Health International	$985,500

Emphasis Areas

Local Organization Capacity Building

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	40	False

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 3949.08

Mechanism: APAC

Prime Partner: Voluntary Health Services

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 6154.08

Planned Funds: $34,100

Activity System ID: 14163

Activity Narrative: (deleted 10/3/08 per Aug 08 reprogramming activity sheet)

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10829

Related Activity: 14154, 14666, 14157, 14158, 14159, 14670, 14161, 14673, 14162, 14674

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21832	6154.21832.09	U.S. Agency for International Development	Voluntary Health Services	9457	3949.09	APAC	$188,058
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14154	10933.08	6720	3949.08	APAC	Voluntary Health Services	$148,500
14666		6902	3958.08		Tamil Nadu AIDS Control Society	$15,200
14157	6151.08	6720	3949.08	APAC	Voluntary Health Services	$970,000
14158	6155.08	6720	3949.08	APAC	Voluntary Health Services	$297,000
14159	6153.08	6720	3949.08	APAC	Voluntary Health Services	$325,500
14670		6902	3958.08		Tamil Nadu AIDS Control Society	$15,000
14673		6902	3958.08		Tamil Nadu AIDS Control Society	$90,000
14161	6156.08	6720	3949.08	APAC	Voluntary Health Services	$396,000
14162	6157.08	6720	3949.08	APAC	Voluntary Health Services	$481,900
14674		6902	3958.08		Tamil Nadu AIDS Control Society	$69,000

Emphasis Areas

Local Organization Capacity Building

Food Support

Estimation of other dollars leveraged in FY 2008 for food $7,500

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	3	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	750	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	1,650	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	1,250	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	120	False

Target Populations

Other

People Living with HIV / AIDS

HLAB - Laboratory Infrastructure

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Area Code: 12

Total Planned Funding for Program Area: $439,000

Estimated PEPFAR contribution in dollars $0

Estimated local PPP contribution in dollars $0

Program Area Context:

Overview: India has an extensive infrastructure of clinical laboratories, yet distribution and quality of services is uneven. The best of these labs are in government research institutions, a few premier medical colleges, and a growing number of corporate for-profit laboratories with widespread specimen collection systems throughout urban India. Unfortunately, most PLHAs 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 and routine equipment maintenance is often neglected. In the government sector labs, reagents are often of sub-standard quality and batch testing of reagents such as HIV test kits is not systematically performed. There is a national External Quality Assurance System (EQAS) for HIV testing supported by twelve regional laboratories but it is used mainly for QA in the national sentinel surveillance program: these laboratories are unable to adequately monitor quality control for counseling and testing (CT) sites as the program is scaled up. A limited external quality control program for CD4 counting in government laboratories has been established but private labs are not required nor encouraged to participate.

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. FacsCaliber and FacsCount CD4 machines have been purchased by National AIDS Control Organization (NACO) and Clinton Foundation and placed in an increasing number of government institutions. Significant policy changes related to CD4 testing have been instituted this past year. National guidelines now encourage baseline CD4 testing of all identified PLHAs, which is offered cost-free at the NACO-sanctioned ART centers. The

previous policy of charging patients between $6-12 for a baseline CD4 test was retracted due to PLHA advocacy efforts and the realization by HIV leaders in India that this was significantly restricting 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 2.5 million estimated PLHAs in India is a logistical and financial challenge. An estimated 200,000 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 National AIDS Control Program Phase 3 (NACP-3), over 125 CD4 machines will be in place by 2009 with a capacity to perform over 1 million tests per year. To make this a reality, the underutilization of many existing (and future) CD4 machines will need to be addressed. This is a systemic problem related to government operating hours' restrictions, 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-3, 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 will be piloted in a small number of ART centers and reference laboratories. However, there are no immediate plans to modernize tuberculosis or bacterial culture systems, which is an issue since most TB-HIV co-infected patients have extra pulmonary TB or smear negative pulmonary TB and current bacterial culture systems are insensitive (yield is low) in tertiary government laboratories. Most of these latter labs are not performing India Ink staining, latex antigen testing, nor fungal culturing for cryptococcal meningitis. Serologic testing for hepatitis B and C is inconsistently available, as is laboratory testing for common sexually transmitted infections.

India has considerable microbiologic and general laboratory expertise. Modernization of laboratory infrastructure, equipment and systems to address widespread operational issues are overarching problems likely to be beyond the scope of NACO and NACP-3 alone. NACO has recognized the need to improve laboratory services and address accountability concerns and is seeking assistance to develop a plan for certification and eventual accreditation of laboratories. Questions remain as to whether NACO can team up with other Ministry of Health programs and external experts to build broad laboratory capacity and quality systems in a meaningful and sustainable way.

Current USG Support: The USG has played a limited yet strategic role in laboratory capacity building both on the ground and at a national and state level. USG has provided valuable technical advice and assistance to both NACO and Clinton Foundation related to CD4 testing scale up and quality assurance systems. An HIV Rapid Testing Toolkit developed by WHO and CDC HIV 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) was opened in late 2004 and has been directed by a USG-hired microbiologist since early 2005. GHTM has been recognized as a top performing laboratory providing HIV services in the country. In 2007, it is expected to perform over 900,000 tests including 20,000 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 30,000 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 2 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 free supply of HIV test kits if they agree to perform HIV testing for $1.25, approximately 50-70% less than most private labs charge. In the first 3 months of the pilot, 25 private labs have enrolled in this program and are performing over 100 HIV tests per month per lab.

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 has been to provide 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 5 newly-established “immunodeficiency centers” for Indian military personnel and their families.

USG FY08 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 support for staff capacity building in laboratory partners with NACO, such as the National Institute of Communicable Diseases, New Delhi (NICD). USG will continue to collaborate with, and leverage other lab partners' resources to efficiently support critical areas under NACP-3 to improve laboratory quality assurance/control practices, engage the private and military sectors, and expand quality access to essential HIV-related laboratory tests such as HIV serology and CD4 testing.

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 700+ government HIV testing centers. 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 labs.

In FY08, USG will also provide more direct technical assistance to NACO. The first such project has been identified and involves building the capacity of NICD 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. This limited but essential initial consultation to NICD and NACO is expected to lead to expanded collaborations in laboratory quality assurance activities in subsequent program cycles.

As described under current support, USG will continue to develop strategies and materials for lab accreditation. Lessons from current pilots will be used to improve these accreditation strategies, formally package the accreditation process, and expand/market it nationally and in other USG focus states. A formal evaluation and documentation process will be initiated in FY08.

Program Area Downstream Targets:

12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	20
12.2 Number of individuals trained in the provision of laboratory-related activities	225
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	1033500

Custom Targets:

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 3976.08

Mechanism: N/A

Prime Partner: US Department of Defence/Pacific Command

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Area Code: 12

Activity ID: 15072.08

Planned Funds: $130,000

Activity System ID: 15072

Activity Narrative: SUMMARY

The focus of this activity is laboratory infrastructure capacity building and support. This is a continuing collaboration between the US Pacific Command (PACOM)/ Center for Excellence (COE) and the Indian Armed Forces Medical Services (AFMS). The objective is to build and improve comprehensive HIV laboratory capacity within the AFMS health care delivery system. With FY08 funds, support will be provided to continue to expand the number of military laboratories with the capacity to support diagnostic and clinical monitoring.

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. As part of a comprehensive HIV/AIDS prevention program, the PACOM/COE has supported the AFMS to improve its laboratory capacity to address the growing needs of the HIV/AIDS within the military. The AFMS has dedicated medical services facilities and command hospitals which include laboratories varying in capacity and quality across the country. PACOM/COE has provided limited support to five military laboratories, including procuring equipment and supplies.

ACTIVITIES AND EXPECTED RESULTS

ACTIVITY 1: Building Infrastructure and Capacity of the AFMS for Provision of Quality Laboratory Services
PACOM/COE, working with the Office of Defense Cooperation (ODC), will facilitate the purchase of critical HIV laboratory instruments and disposable supplies, including the reagents required for ensuring quality HIV testing. At least four military laboratories will receive medical equipment and supplies, together with training to conduct HIV tests and other advance tests like CD4 and PCR tests which will facilitate the diagnosis of HIV. Key HIV medical instruments and lab disposable supplies, including reagents, will be procured and given to the AFMS to distribute to select military medical facilities in the program locations. AFMS will report on the military medical facilities that have benefited from the instruments and supplies and on the utilization rates. Technical assistance will include supporting quality assurance and routine monitoring including adherence to standard operating procedures. Funds will also support technical support and travel as required.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	4	False
12.2 Number of individuals trained in the provision of laboratory-related activities	N/A	True
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	N/A	True

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 3966.08

Mechanism: N/A

Prime Partner: Leprosy Relief Association India

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Area Code: 12

Activity ID: 12599.08

Planned Funds: $0

Activity System ID: 14304

Activity Narrative: (deleted 10/3/08- There are no LEPRA funds remaining in this program area.)

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12599

Related Activity: 14300, 16415, 14301

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14300	6219.08	6767	3966.08		Leprosy Relief Association India	$50,000
16415	16415.08	6767	3966.08		Leprosy Relief Association India	$25,000
14301	6217.08	6767	3966.08		Leprosy Relief Association India	$100,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	1	False
12.2 Number of individuals trained in the provision of laboratory-related activities	30	False
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	N/A	True

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Men who have sex with men

Most at risk populations

Street youth

Most at risk populations

Persons in Prostitution

Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID:	3967.08	**Mechanism:**	APAIDSCON
Prime Partner:	Share Mediciti (Networking)	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GAP	**Program Area:**	Laboratory Infrastructure
Budget Code:	HLAB	**Program Area Code:**	12

Activity ID: 6227.08

Planned Funds: $219,000

Activity System ID: 14585

Activity 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.

A need for increased laboratory activities has been documented through a recent laboratory assessment at the national level. This increase is a response to the recommendations of that assessment.

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 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 provide 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/MediCiti, 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

Activity Narrative:

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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10906

Related Activity: 14580, 14583, 16431

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20925	6227.20925.09	HHS/Centers for Disease Control & Prevention	Share Mediciti (Networking)	9161	3967.09	APAIDSCON	$75,000
10906	6227.07	HHS/Centers for Disease Control & Prevention	Share Mediciti (Networking)	5621	3967.07		$25,000
6227	6227.06	HHS/Centers for Disease Control & Prevention	Share Mediciti (Networking)	3967	3967.06		$25,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14580	6226.08	6879	3967.08	APAIDSCON	Share Mediciti (Networking)	$50,000
14583	6225.08	6879	3967.08	APAIDSCON	Share Mediciti (Networking)	$25,000
16431	16431.08	6879	3967.08	APAIDSCON	Share Mediciti (Networking)	$15,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	2	False
12.2 Number of individuals trained in the provision of laboratory-related activities	34	False
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	66,000	False

Target Populations

Other

People Living with HIV / AIDS

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 3978.08

Mechanism: PHMI

Prime Partner: Share Mediciti (Umbrella)

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Area Code: 12

Activity ID: 10930.08

Planned Funds: $30,000

Activity System ID: 14592

Activity Narrative: SUMMARY

The Public Health Management Institute (PHMI) will continue to develop a simple accreditation process for small, for-profit labs who conduct a large number of HIV tests. In FY08, the accreditation process will focus on HIV testing procedures and quality assurance systems. In FY09, accreditation may be expanded to include other simple microbiologic tests and other HIV-related tests.

BACKGROUND

Mediciti SHARE India (SHARE India) is a not-for-profit organization working in rural communities outside Hyderabad, Andhra Pradesh specifically reaching out to about 300,000 rural populations with services ranging from maternal and child health, immunization, population control, cancer detection, HIV/AIDS and nutrition programs, coordinated through the SHARE India medical college and hospital located nearby. SHARE India is also recognized as a research foundation by Department of Science and Technology, Government of India.

In 2006, through a cooperative agreement with PEPFAR/CDC, SHARE India established the Public Health Management Institute (PHMI) as a technical assistance and training organization. PHMI's main objective is to provide human resource capacity building and systems strengthening within the public health infrastructure of Andhra Pradesh (AP). The current focus is on developing innovative quality improvement mechanisms such as accreditation systems and on the job training programs. Its technical focus is currently on HIV but PHMI envisions a broader role for the Institute in building public health systems in AP.

ACTIVITIES AND EXPECTED RESULTS

Expansion of high quality laboratory services is recognized as a key deliverable under the Government of India's new five- year strategy, also known as Phase 3 of the National AIDS Control Program (NACP-3). The quality and accountability of HIV-related laboratory services within the private sector must improve. PHMI believes that this can be partially addressed by developing a process for certification and eventual accreditation of laboratories.

PHMI has already begun this process. Country experts from the National Accreditation Board for Testing and Calibration Laboratories (NABL) and the Quality Council of India (QCI), two national laboratory quality control bodies in India, have been recruited to help build an accreditation strategy in 2007. A PHMI laboratory accreditation working group has been meeting regularly and has decided to focus the initial effort on HIV testing. Standard operating procedures for HIV rapid test kit use and ELISA testing have been collected and incorporated into the group's draft training materials and accreditation checklist.

ACTIVITY 1: HIV Laboratory Accreditation Program:

In FY08, PHMI 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. PHMI will focus on improving HIV testing quality first. In FY08 or 09, PHMI 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, PHMI 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 FY08, this will be piloted in at least 15 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 FY08 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: Marketing Campaign for PHMI Accredited Laboratories

Accreditation as a strategy will only be successful if laboratories see some benefit for improving their quality and systems. One potential benefit is more customers and thus, more business. In FY08, PHMI will develop a social marketing campaign highlighting the benefits of using a PHMI accredited laboratory for HIV testing (and other tests in the future) in the communities where pilot accreditation activities are taking place. PHMI will monitor the impact of the accreditation process and marketing campaign on HIV testing load for each of the pilot labs. PHMI will try to leverage funds from APSACS to expand the reach and intensity of the campaign.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10930

Related Activity: 14590, 14594

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10930	10930.07	HHS/Centers for Disease Control & Prevention	Share Mediciti (Umbrella)	5622	3978.07		$0

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14590	11505.08	6880	3978.08	PHMI	Share Mediciti (Umbrella)	$15,000
14594	10116.08	6880	3978.08	PHMI	Share Mediciti (Umbrella)	$250,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	15	False
12.2 Number of individuals trained in the provision of laboratory-related activities	45	False
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	67,500	False

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 3958.08

Mechanism: N/A

Prime Partner: Tamil Nadu AIDS Control Society

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Area Code: 12

Activity ID:

Planned Funds: $60,000

Activity System ID: 14672

Activity 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.

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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10916

Related Activity: 14664

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10916	6186.07	HHS/Centers for Disease Control & Prevention	Tamil Nadu AIDS Control Society	5624	3958.07		$155,000
6186	6186.06	HHS/Centers for Disease Control & Prevention	Tamil Nadu AIDS Control Society	3958	3958.06		$96,800

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14664		6901	3962.08	I-TECH (International Training and Education Center on HIV)	University of Washington	$100,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	1	False
12.2 Number of individuals trained in the provision of laboratory-related activities	115	False
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	900,000	False

HVSI - Strategic Information

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Total Planned Funding for Program Area: $2,818,532

Estimated PEPFAR contribution in dollars $0

Estimated local PPP contribution in dollars $0

Program Area Context:

Overview: Strategic information (SI), which includes monitoring and evaluation (M&E), surveillance and management information systems, is the cornerstone for reliable evidence-based planning and assessing program impact. Although the role of SI was not previously highlighted in the national plan, M&E is now one of the four objectives of the third National AIDS Control Program (NACP-3), reflecting the growing importance of reliable systems for generating, monitoring, and interpreting data. An important new component of the national strategy is the addition of Strategic Information Management Units (SIMUs) at national and state levels to coordinate and provide oversight to SI/M&E activities. The state SIMUs will in turn support the District AIDS Prevention and Control Units (DAPCUs) for functions ranging across research, monitoring, surveillance, and program evaluation. The National AIDS Control Organization (NACO) has recently hired state-level epidemiologists and M&E officers which will greatly facilitate decentralized data collection and use. In addition, NACO has committed to "a unified national monitoring and evaluation system" in accordance with UNAIDS' Three Ones, by working with a multi-agency team to develop national program indicators and recently finalized a manual for operationalizing those indicators.

NACO continues to improve and expand surveillance. The number of annual sentinel surveillance sites increased from 320 sites in 2001 to 1122 in 2006 (these include ANC sites and sites in STI clinic, FSW, MSM, IDU, migrant and trucker settings). MARP sites, considered crucial for detection of concentrated 'hotspots' or infection sites in the lower prevalence states, have increased from148 in 2001 to 494 in 2006. Each district now has at least one sentinel site; the data are helping classify India's 611 districts into 4 epidemic categories. A second National Behavioral Surveillance Survey (BSS), completed in 2006, provided data on MARPs. USG-funded BSSs continue in Tamil Nadu, Puducherry, and Maharashtra.

In 2006, the USG provided support for the National Family Health Survey 3 (NFHS-3), which included HIV biologic and behavioral indicators for the general population; USG successfully leveraged support of around $8 million from other partners (the Bill and Melinda Gates Foundation [BMGF], DFID, UNICEF and UNFPA) for these surveys. This was further complemented by an Integrated Biological and Behavioral Survey (IBBS) of female sex workers, MSM and long distance truck drivers funded by BMGF for their focus districts. Triangulation of the population-based NFHS-3 data with surveillance and IBBS data resulted in a revised national HIV-prevalence estimate, from 0.91% to 0.36%, with the estimated number of HIV-positive people down 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. The Government of India (GOI) has emphasized that revision of the numbers downwards will not lessen the urgency of its response: the need to reach out to high-risk groups, bridge populations, and general populations with prevention strategies and to PLHAs for treatment, care and support.

NACO developed a computerized management information system (CMIS) in the 1990s that generates monthly and annual reports from service delivery information collected at the state and district levels. While the completeness and accuracy of CMIS is improving, utilization of generated data remains low. NACO plans to improve data use and dissemination through published quarterly bulletins and an annual dissemination workshop.

Current USG Support: USG plays a leading role in SI activities in India and 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, research, monitoring and evaluation, and management information systems. As noted above, the USG was a key partner in providing technical assistance and leveraging donor support for NFHS-3, the first population-based HIV prevalence survey in India.

USG was a lead participant in the National M&E Working Group to develop national level program indicators. In addition, the group significantly contributed to developing an operational manual for strategic information management, for use by multi-level SI units. USG coordinated a national workshop on M&E of MARPs to pilot international guidelines from UNAIDS, CDC, FHI and discuss data use in program planning. At the state level, USG 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, and meet regularly to share information and policy. USG also helped initiate Geographic Information System mapping in TN.

In response to an external data quality assessment (DQA) of selected field partners, USG intensified data quality activities and introduced a site visit monitoring checklist that is part of a larger data management system for PEPFAR partners.

USG FY 08 Support: 1. Capacity building for NACO and SACS: Building capacity to collect and use quality information is a high priority in NACP-3. USG will assist NACO and the SACS to collect, analyze, interpret and use surveillance and programmatic information by supporting training programs like the Field Epidemiologist Training Program, mentoring surveillance staff and funding and expert input to Technical Support Units (TSUs). USG will continue its key input to HIV state epidemiologists' training and will initiate data triangulation training. USG will also include trend analysis and point estimation in trainings for NACO M&E personnel, and will assist in data translation and use at all levels. The importance of gender disaggregation in data collection will be emphasized. USG will continue to participate in national and state level SI and M&E Working Groups. USG will also strengthen the Global Fund CCM Secretariat's M&E capacity, supporting the Global Fund's agreement to use the national monitoring system to report results, which will facilitate assessing trends and progress. USG will explore partnership opportunities with the National Institute of Health's (NIH) US-India Bilateral Collaboration Research Partnership, which has committed extramural funds worth $3 million in FY08 for HIV/AIDS research in India.

2. Technical support for surveillance and data analysis: HIV surveillance in India is growing but specific information on target groups and populations is inadequate. Additionally, there is a strong need for structured analysis of collected data to guide programmatic decisions. USG is addressing this need by providing technical support to NACO in continued analysis of NFHS data. USG will also continue conducting the Behavioral Surveillance Surveys in FY08 with partners in Tamil Nadu, Puducherry, and Maharashtra. USG will strengthen IBSS data quality through proposed work in laboratory technical assistance for using incidence assays for IBBS survey samples.

3. Strengthen state-level reporting: USG partners in focus states will help align reporting systems, operationalize reporting units, and provide feedback to program officers at state and district levels through targeted training. The state M&E Working Group will regulate harmonized reporting from all partners. In Tamil Nadu (TN), the APAC project has started district level GIS mapping of health care facilities and intervention programs and will use this baseline data for program planning with TNSACS. USG will continue to support management information systems for HIV care and treatment at the Government Hospital for Thoracic Medicine in TN and mainstream this experience through the M&E Working Group at NACO for similar, additional centers.

4. 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 DQA of partner 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.

5. Programmatic assessments: USG will carry out assessments to target programming better and to assess outcomes of particular interventions; examples include evaluating the impact of workplace interventions in Karnataka, and assessments for female condom use in six states. USG will also identify opportunities to benefit from associated research, such as strengthening collaboration between NIH-supported and PEPFAR-funded activities. In FY08, the US-India Bilateral Collaboration Research Partnership is soliciting grant proposals worth $3 million with a one-to-one match by the Indian Council of Medical Research (ICMR). These grants will promote high-quality HIV/AIDS prevention research of interest and benefit to both countries.

6. Mid-term assessment: As PEPFAR's first phase ends and USG programming is aligned with NACP-3, USG sees the need to review the progress of USG/India's HIV/AIDS strategy. In FY 2008, USG will engage consultants and OGAC in an in-depth assessment of the India PEPFAR program. Led by the PEPFAR Coordinator and the SI Liaison, the team will conduct a structured, field-based review and make recommendations to improve implementation and performance.

Program Area Downstream Targets:

13.1 Number of local organizations provided with technical assistance for strategic information activities	345
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	2865

Custom Targets:

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID:	3958.08	**Mechanism:**	N/A
Prime Partner:	Tamil Nadu AIDS Control Society	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GAP	**Program Area:**	Strategic Information
Budget Code:	HVSI	**Program Area Code:**	13
Activity ID:		**Planned Funds:**	$90,000
Activity System ID:	14673		

Activity 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 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

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10917

Related Activity: 14161, 14664, 14162

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10917	6187.07	HHS/Centers for Disease Control & Prevention	Tamil Nadu AIDS Control Society	5624	3958.07		$100,000
6187	6187.06	HHS/Centers for Disease Control & Prevention	Tamil Nadu AIDS Control Society	3958	3958.06		$140,500

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14664		6901	3962.08	I-TECH (International Training and Education Center on HIV)	University of Washington	$100,000
14161	6156.08	6720	3949.08	APAC	Voluntary Health Services	$396,000
14162	6157.08	6720	3949.08	APAC	Voluntary Health Services	$481,900

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	N/A	True
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	780	False

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 3978.08

Mechanism: PHMI

Prime Partner: Share Mediciti (Umbrella)

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Activity ID: 10121.08

Planned Funds: $100,296

Activity System ID: 14593

Activity Narrative: SUMMARY

The important objectives of program activities in 2008-09 are to 1) continue support for strategic data management and data analysis of the Tambaram Health Information System (T/HIS) through the placement of a Health Information Specialist at the Government Hospital of Thoracic Medicine, Tambaram (GHTM); 2) build local in-country capacities in public health management through the initiation of a public health management training program for mid-career NGO and government personnel; and 3) organize workshops in collaboration with the Andhra Pradesh State AIDS Control Society (APSACS) and other key agencies and institutions working in Andhra Pradesh to disseminate timely and important HIV-related reports and operational research findings from India and especially from Andhra Pradesh.

BACKGROUND

Mediciti SHARE India is a not-for-profit organization working in rural communities outside Hyderabad, Andhra Pradesh specifically reaching out to about 300,000 of the rural population with services ranging from maternal and child health, immunization, population control, cancer detection, HIV/AIDS and nutrition, coordinated through their medical college and hospital. SHARE India is also recognized as a research foundation by the Department of Science andTechnology, Government of India.

In 2006, through a cooperative agreement with PEPFAR/CDC, SHARE India established the Public Health Management Institute (PHMI) as a technical assistance and training organization. PHMI's main objective is to provide human resource capacity building and systems strengthening within the public health infrastructure of Andhra Pradesh (AP). The current focus is on developing innovative quality improvement mechanisms such as accreditation systems and on the job training programs. PHMI's technical focus is currently on HIV but it envisions a broader role in building public health systems in AP. PHMI advocates for and develops better strategic information systems to support public health programs and interventions.

ACTIVITIES AND EXPECTED RESULTS

ACTIVITY 1: Support for a Patient Information System.
In FY08, PHMI will support the placement of a Health Information Specialist at the Government Hospital of Thoracic Medicine, Tambaram (GHTM). This specialist will assist with the strategic management and data analysis of the Tambaram Health Information System (T/HIS). T/HIS is a comprehensive electronic database that holds the longitudinal patient records of over 370,000 patients at GHTM, including 10 million patient visits. The development and implementation of T/HIS has been supported by HHS/CDC for the past five years (software development, hardware, and personnel). To strategically support T/HIS, the specialist will be placed at GHTM and will be responsible for quality assurance of data-collection, entry, and analysis using system data. S/he will also utilize T/HIS to generate regular reports to GHTM and Government of India stakeholders. HHS/CDC, PHMI, and GHTM will provide technical supervision to the specialist. It is anticipated that the support for this specialist will be assumed by the Tamil Nadu State AIDS Control Society (TNSACS) in subsequent years.

In FY08, PHMI will support the general maintenance of T/HIS. Specific activities include software and hardware repairs as needed and hardware upgrades. The support for this activity has been significantly reduced relative to previous years, with GHTM and TNSACS assuming greater responsibility and ownership in the system. It is expected that by the conclusion of FY10, all support for T/HIS will come from the Government of Tamil Nadu and/or the Government of India.

ACTIVITY 2: Capacity Development for SI through the Public Health Field Leaders Fellowship (PHFLF).
With no schools of public health or formal field public health training, there is a significant lack of field-level expertise in population level disease control and prevention (HIV and otherwise) in the state. As a part of the commitment to address this critical issue and build local in-country capacities, PHMI has initiated a public health management training program to begin in early FY08. PHFLF is designed as a one year on-the-job training program for approximately 20 mid-career NGO and government personnel responsible for developing or managing HIV related field interventions. The curriculum consists of six weeks of group contact sessions combined with distance learning modules and field mentorship. Significant attention is given to data for decision making, qualitative data collection and analysis, survey design and analysis, high risk mapping, continuous quality improvement processes, and evidence based planning. Using FY08 funds, PHMI will continue to improve the quality of the fellowship curriculum and structure. It also may expand the fellowship to more than one batch per year.

PHMI will partner with a number of academic institutions, including the newly formed Public Health Foundation of India to recruit the most talented public health resource persons for the fellowship. Other contributing partners will likely include the Indian Institute of Management, Ahmedabad (IIM-A), the George Institute, University of Chicago, and the Council for Social Development. In FY08, these partnerships will continue to develop and may lead to other important collaborative training programs and field-level evaluations.

ACTIVITY 3: Dissemination of HIV-Related Information of Strategic Importance to AP
A recurrent issue in India is that the need for more effort to provide scientific information to both state leaders and field staff and to present this information in a way that allows these stakeholders to come to appropriate conclusions about how this information should affect programs and policies. In FY08, PHMI will organize workshops to disseminate timely and important HIV-related reports and operational research findings from India and especially from Andhra Pradesh. These workshops will be run in collaboration with APSACS and other key agencies and institutions working in AP.

As part of this activity, PHMI will advocate for more and better quality strategic information in Andhra Pradesh, such as HIV prevalence data among most at-risk populations and potential bridge populations, behavioral data among youth, operational research data on effectiveness of various programs and interventions, etc. PHMI will assist APSACS and other agencies in designing and analyzing SI projects. However, due to funding limits in FY08, PHMI will not likely be able to directly fund any large scale operational research projects or sentinel surveillance initiatives.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10931

Related Activity: 14590, 14594, 14673, 14664

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20928	10121.20928.09	HHS/Centers for Disease Control & Prevention	Share Mediciti (Umbrella)	9162	3978.09	PHMI	$150,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14590	11505.08	6880	3978.08	PHMI	Share Mediciti (Umbrella)	$15,000
14664		6901	3962.08	I-TECH (International Training and Education Center on HIV)	University of Washington	$100,000
14673		6902	3958.08		Tamil Nadu AIDS Control Society	$90,000
14594	10116.08	6880	3978.08	PHMI	Share Mediciti (Umbrella)	$250,000

Emphasis Areas

Human Capacity Development

*   Training

***   Pre-Service Training

***   In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	41	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	115	False

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 7728.08

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 Area Code: 13

Activity ID: 5939.08

Planned Funds: $72,000

Activity System ID: 17311

Activity 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 HLFPPT to improve access to high quality condoms for MARPs and their clients. HLFPPT 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, HLFPPT with support from USG implemented the first phase of the CSM campaign in 22 high-prevalence districts.

Under the umbrella of the Avert project, HLFPPT has been awarded another four year co-operative agreement to support the state in scaling up the efforts on condom social marketing. In FY08, HLFPPT 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. HLFPPT’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, HLFPPT 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

HLFPPT 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

HLFPPT 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. HLFPPT 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. HLFPPT 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10803

Related Activity: 14098, 17310, 14103, 14104, 17312

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20890	5939.20890.09	U.S. Agency for International Development	Hindustan Latex Family Planning Promotion Trust	9155	7728.09		$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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14098	6117.08	6709	3940.08		Avert Society	$1,204,900
17310	5937.08	7728	7728.08		Hindustan Latex Family Planning Promotion Trust	$632,000
14103	6122.08	6709	3940.08		Avert Society	$400,000
14104	6123.08	6709	3940.08		Avert Society	$480,000
17312	10945.08	7728	7728.08		Hindustan Latex Family Planning Promotion Trust	$96,000

Emphasis Areas

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	2	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	8	False

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 3962.08

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

Prime Partner:	University of Washington	**USG Agency:**	HHS/Health Resources Services Administration
Funding Source:	GHCS (State)	**Program Area:**	Strategic Information
Budget Code:	HVSI	**Program Area Code:**	13
Activity ID:		**Planned Funds:**	$100,000
Activity System ID:	14664		

Activity 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.

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.

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10925

Related Activity: 14659, 14660, 14671, 14662, 14673, 14665, 14674

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10925	6203.07	HHS/Health Resources Services Administration	University of Washington	5626	3962.07		$50,000
6203	6203.06	HHS/Health Resources Services Administration	University of Washington	3962	3962.06		$50,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14659		6901	3962.08	I-TECH (International Training and Education Center on HIV)	University of Washington	$300,000
14660		6901	3962.08	I-TECH (International Training and Education Center on HIV)	University of Washington	$150,000
14662		6901	3962.08	I-TECH (International Training and Education Center on HIV)	University of Washington	$400,000
14671		6902	3958.08		Tamil Nadu AIDS Control Society	$20,000
14673		6902	3958.08		Tamil Nadu AIDS Control Society	$90,000
14674		6902	3958.08		Tamil Nadu AIDS Control Society	$69,000
14665		6901	3962.08	I-TECH (International Training and Education Center on HIV)	University of Washington	$120,000

Emphasis Areas

Human Capacity Development

*   Training

***   Pre-Service Training

***   In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	21	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	29	False

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 10703.08

Mechanism: N/A

Prime Partner: Project Concern International

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Activity ID: 21153.08

Planned Funds: $162,511

Activity System ID: 21153

Activity Narrative: PCI will increase support to the national program and will conduct EPI assessments.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID:	7428.08	**Mechanism:**	PHMI
Prime Partner:	Share Mediciti (Umbrella)	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GAP	**Program Area:**	Strategic Information
Budget Code:	HVSI	**Program Area Code:**	13
Activity ID:	16435.08	**Planned Funds:**	$49,704
Activity System ID:	16435		

Activity Narrative: SUMMARY

The important objectives of program activities in 2008-09 are to: 1) partner with the Andhra Pradesh State AIDS Control Society (APSACS), to provide technical assistance (TA) through a Surveillance/Monitoring and Evaluation (M&E) consultant to the state's HIV interventions, specifically for building organizational capacity to: 1) effectively monitor and evaluate programs, conduct program reviews, collect and analyze program data for informed-planning, and strengthen program evaluation tools; and 2) take the lead on behalf of APSACS in developing and conducting skills-based trainings for the staff the District AIDS Prevention and Control Units (DAPCUs), established as part of the decentralization of HIV/AIDS management under the third National AIDS Control Program (NACP-3), in order to build their data generation, collection, collation, analysis and dissemination capabilities.

BACKGROUND

Mediciti SHARE India is a not-for-profit organization working in rural communities outside Hyderabad, Andhra Pradesh specifically reaching out to about 300,000 of the rural population with services ranging from maternal and child health, immunization, population control, cancer detection, HIV/AIDS and nutrition programs, coordinated through their medical college and hospital. 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 PEPFAR/CDC, SHARE India established the Public Health Management Institute (PHMI) as a technical assistance and training organization. PHMI's main objective is to provide human resource capacity building and systems strengthening within the public health infrastructure of Andhra Pradesh (AP). The current focus is on developing innovative quality improvement mechanisms such as accreditation systems and on the job training programs. PHMI's technical focus is currently on HIV but it envisions a broader role in building public health systems in AP. PHMI advocates for and develops better strategic information systems to support public health programs and interventions.

ACTIVITIES AND EXPECTED RESULTS

ACTIVITY 1: Partnership with the State Government to Provide Technical Assistance (TA)
This is an ongoing activity, to provide 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 Consultant, management of Integrated Counseling and Testing Centers (ICTCT), and training. Their role in FY08 will be to provide technical support to the state's HIV/AIDS interventions and program officers, many of whom have little experience and limited technical backgrounds in the areas that they have been tasked with. Consultants are placed under the APSACS Project Director and mentored by CDC 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 strategic information activities for these consultants in FY08 will 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, NGOs involved in testing, 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 establishing linkages between NACO CMIS and APSACS ICTC-WMIS; 4) expanding the web-based reporting system beyond the pilot districts; 5) developing evaluation tools for specific types of APSACS-funded training programs; 6) strengthening current statewide sentinel surveillance systems conducted annually 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 for Andhra Pradesh to opinion leaders and program managers; and 8) advocating for and piloting innovative surveillance strategies (biologic and behavioral) among potential bridge populations and most at-risk populations. The ICTC consultant will also develop a Positive ANC tracking tool to improve the PPTCT program's Nevirapine administration rates in the State. This will be accomplished through a paper-based system of positive ANC line-listing that will track and document all HIV -positive mothers from the time of diagnosis till the time of delivery and subsequently follow up the child till s/he is 18 months old.

ACTIVITY 2: Training of District AIDS Prevention and Control Units (DAPCUs).
Under NACP-3, DAPCUs will be formed in all districts in the high prevalence states. The objective of establishing the DAPCUs is to decentralize program implementation and management down to the district level (population: 2-2.5 million). 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 centers; 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.

The process of recruiting and then training DAPCU staff is a tremendous challenge and opportunity. USG and its partners already have experience in district capacity building. USG supported the establishment of district HIV management teams in ten districts in Andhra Pradesh, and CDC and its partners were given the responsibility to develop and conduct skills-based trainings for these district staff. PHMI has been identified as CDC's lead partner in DAPCU trainings and capacity building and will seek inputs from other USG partners in conducting DAPCU trainings.

In FY08, PHMI 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. A strong focus will be on building the capacity of the DAPCU staff to use data for decision-making and to learn to provide timely feedback to field staff regarding 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.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 14594

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14594	10116.08	6880	3978.08	PHMI	Share Mediciti (Umbrella)	$250,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	41	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	115	False

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 5976.08

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 Area Code: 13

Activity ID: 16404.08

Planned Funds: $34,000

Activity System ID: 16404

Activity 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.

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.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 14666, 14473, 14099, 16468, 14137, 14115, 14670, 14671, 14163, 14102, 14673, 14161, 16470, 14111, 14103, 14248, 14134, 14249, 14143, 14476, 14104, 16471, 14685, 14162, 16431, 14594, 14306, 14296, 14674

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14666		6902	3958.08		Tamil Nadu AIDS Control Society	$15,200
14115	11467.08	6711	5785.08	Samarth	Family Health International	$131,400
16468	10932.08	7443	3956.08		Project Concern International	$325,000
14099	6118.08	6709	3940.08		Avert Society	$700,000
14473	6193.08	6848	5976.08		Indian Network of Positive People	$68,000
14137	6131.08	6715	3942.08	Samastha	University of Manitoba	$2,071,160
14670		6902	3958.08		Tamil Nadu AIDS Control Society	$15,000
14671		6902	3958.08		Tamil Nadu AIDS Control Society	$20,000
14163	6154.08	6720	3949.08	APAC	Voluntary Health Services	$34,100
14102	6121.08	6709	3940.08		Avert Society	$80,000
14103	6122.08	6709	3940.08		Avert Society	$400,000
16470	6589.08	7443	3956.08		Project Concern International	$100,000
14248	14248.08	6711	5785.08	Samarth	Family Health International	$538,905
14161	6156.08	6720	3949.08	APAC	Voluntary Health Services	$396,000
14673		6902	3958.08		Tamil Nadu AIDS Control Society	$90,000
14111	6138.08	6710	3944.08	Samarth	Family Health International	$111,895
14674		6902	3958.08		Tamil Nadu AIDS Control Society	$69,000
14134	6137.08	6714	3943.08	Connect	Population Services International	$710,474
14162	6157.08	6720	3949.08	APAC	Voluntary Health Services	$481,900
14143	10887.08	6715	3942.08	Samastha	University of Manitoba	$1,184,560
14685	6606.08	6906	3924.08		International Labor Organization	$200,000
14476	12600.08	6848	5976.08		Indian Network of Positive People	$68,000
14306	6222.08	6767	3966.08		Leprosy Relief Association India	$202,489
14296	6209.08	6766	3964.08		MYRADA	$120,000
16431	16431.08	6879	3967.08	APAIDSCON	Share Mediciti (Networking)	$15,000
14594	10116.08	6880	3978.08	PHMI	Share Mediciti (Umbrella)	$250,000
14249	6139.08	6711	5785.08	Samarth	Family Health International	$985,500
16471	6178.08	7443	3956.08		Project Concern International	$100,000
14104	6123.08	6709	3940.08		Avert Society	$480,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	12	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	60	False

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 3950.08

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: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Activity ID: 6158.08

Planned Funds: $88,000

Activity System ID: 14353

Activity 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. 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10806

Related Activity: 14164, 14096, 14097, 14120, 14098, 14121, 14099, 14122, 14094, 14123, 14101, 14124, 14102, 14125, 14103, 14104, 14354

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24547	6158.24547.09	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	9157	3950.09		$100,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14164	14164.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$88,000
14096	6114.08	6709	3940.08		Avert Society	$160,000
14097	6116.08	6709	3940.08		Avert Society	$220,000
14120	6586.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$88,000
14121	6587.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$143,000
14098	6117.08	6709	3940.08		Avert Society	$1,204,900
14099	6118.08	6709	3940.08		Avert Society	$700,000
14122	6588.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$187,000
14123	6627.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$33,000
14094	11444.08	6708	5781.08		Avert Society	$135,000
14124	10938.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$132,000
14101	6120.08	6709	3940.08		Avert Society	$400,000
14102	6121.08	6709	3940.08		Avert Society	$80,000
14125	10940.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$187,000
14103	6122.08	6709	3940.08		Avert Society	$400,000
14104	6123.08	6709	3940.08		Avert Society	$480,000
14354	6159.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$154,000

Emphasis Areas

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	3	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	N/A	True

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 5786.08

Mechanism: N/A

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Activity ID: 10951.08

Planned Funds: $175,701

Activity System ID: 14468

Activity Narrative: $102,492 in CDC GHAI funding is necessary to support expenses and activities for technical staff in the three GAP India offices (New Delhi, Chennai, and Hyderabad). A total of seven staff in these offices is funded with GHAI funds. The amount requested includes salaries, fringe, travel proportionate office overhead, desk, operational charges, head tax charges, and ICASS charges for technical staff.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10951

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24378	10951.24378.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10443	5786.09		$160,368
10951	10951.07	HHS/Centers for Disease Control & Prevention	HHS/CDC	5786	5786.07		$242,624

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID:	3966.08	**Mechanism:**	N/A
Prime Partner:	Leprosy Relief Association India	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Strategic Information
Budget Code:	HVSI	**Program Area Code:**	13
Activity ID:	6221.08	**Planned Funds:**	$100,000
Activity System ID:	14305		

Activity Narrative: SUMMARY

LEPRA, with support from USG and the Andhra Pradesh State AIDS Control Society (APSACS), provides strategic information support at the state and district level for program planning, management, and implementation. A key area of USG support is the strengthening of 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 people living with HIV (PLWHA), the largest number in the country. LEPRA, with the support from USG and APSACS, rolled out a large comprehensive prevention, care, treatment, and support program in AP in 2006. These activities continue through FY08 and will benefit from these SI activities.

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 PLWHA, 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 faith based organization in the health sector with nearly 3,226 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 PEPFAR funds, LEPRA initiated a District Program Management (DPM) concept to build a decentralized model of district level program and data management in the state. Under the National AIDS Control Program Phase III, there is a strong emphasis on district level program planning, implementation, and review in the form of District AIDS Prevention & Control Units (DAPCUs). USG's model of DPMs will work in synergy with the NACP3 as the national plan moves into implementation phase. APSACS has placed DPMs and Monitoring and Evaluation Officers (MEO) to monitor all HIV program interventions at the district level. LEPRA and CHAI are in partnership with APSACS in this initiative across six districts and will continue this support in FY08.

ACTIVITY AND EXPECTED RESULTS

ACTIVITY 1: Data Management and SI Systems Strengthening of State ICTCT Program

With continuing USG support, routine data from the Primary Health Centers (PHC) related to counseling, HIV testing, PMTCT, and outreach activity is now 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 and Monitoring and Evaluation (M&E) Officers, supported and trained by USG. The nurses' salary is leveraged from the state government and USG provides skills-based and technical trainings on a regular basis.

ICTC data from the USG's enhanced PHCs is of strategic significance. These facilities, located in rural community settings, are possibly more accurate, surrogate markers of HIV prevalence in the rural general population, as compared with the HIV sentinel surveillance data that comes from urban and peri-urban facilities during a limited 3 month period per year. This additional ICTC data will provide the state of AP strong evidence to better inform program strategy, and enable evidence-based program planning and implementation.

ACTIVITY 2: District Program Management (DPM) Team Concept

Under Phase 3 of the National AIDS Control Program (NACP-3), District AIDS Prevention and Control Units (DAPCU) will be formed in all districts of high prevalence states. The DAPCU objective is to decentralize program implementation and management down to the district (population of 2-2.5 million per district). 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 centers; 5) coordination of all 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.

USG initiated the district program management concept to support APSACS. Six district program management teams were set up to be a model of decentralized program planning, management and implementation. USG partners placed one DPM and one MEO in 6 high burden districts to provide technical, managerial and data management support to the local government counterpart and his/her team on a daily basis. DPMs also act as a technical resource, ensuring relevance, quality, and consistency in program implementation. USG implemented the concept before the DAPCU concept of NACP-3 was disseminated.. When NACP3 DAPCUs are implemented, the DPM concept will be sustained within the national program. In FY08, the USG support to DPMs will be scaled up to cover 18 of the 23 districts in the State of AP.

Specifically, the MEOs will manage the data flow from all field reporting units (counseling and testing centers, ART centers, targeted interventions, and community care centers). They will consolidate, analyze, and interpret the data at the district level, and offer technical and programmatic feedback to reporting units and government authorities. They will also organize presentations and trainings for various staff in the

Activity Narrative: government system to improve their ability to use data for decision making at the programmatic level. Additionally, USG will play a technical role in training district staff on basic public health principles, field management skills, HIV prevention strategies, HIV care and treatment operational guidelines, and M&E evaluation skills.

ACTIVITY 3: Data Management Capacity Support to Field Staff

Lepra trains USG-supported field staff in the districts on data collection. This information better informs USG programs on existing and emerging high-risk communities within districts, CT seeking behaviors, VCT needs and testing volumes, and supports routine M&E data that will be collected in FY08-09.

ACTIVITY 4: Training of District AIDS Prevention and Control Units (DAPCUs)

Currently USG supports six district program management teams as a model of decentralized district level program planning, management and implementation (see Activity 2). USG was requested, by NACO and APSACS, to develop and conduct skills-based trainings for these district staff. In FY08, LEPRA and CHAI will play a technical role in training DAPCU staff on basic HIV prevention strategies, HIV care and treatment operational guidelines, and monitoring and evaluation skills. There will be a strong focus will be on building the capacity of the DAPCU staff to use data for decision-making and provide timely feedback to field staff regarding their monthly monitoring reports.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10886

Related Activity: 14297, 14299, 14300, 16415, 14301, 14304, 14306

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20907	6221.20907.09	HHS/Centers for Disease Control & Prevention	Leprosy Relief Association India	9158	3966.09		$5,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14297	6216.08	6767	3966.08		Leprosy Relief Association India	$55,000
14299	6215.08	6767	3966.08		Leprosy Relief Association India	$125,000
14300	6219.08	6767	3966.08		Leprosy Relief Association India	$50,000
16415	16415.08	6767	3966.08		Leprosy Relief Association India	$25,000
14301	6217.08	6767	3966.08		Leprosy Relief Association India	$100,000
14304	12599.08	6767	3966.08		Leprosy Relief Association India	$0
14306	6222.08	6767	3966.08		Leprosy Relief Association India	$202,489

Emphasis Areas

Human Capacity Development

*   Training

***   Pre-Service Training

***   In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	10	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	56	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID:	3949.08	**Mechanism:**	APAC
Prime Partner:	Voluntary Health Services	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (USAID)	**Program Area:**	Strategic Information
Budget Code:	HVSI	**Program Area Code:**	13
Activity ID:	6156.08	**Planned Funds:**	$396,000
Activity System ID:	14161		

Activity 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 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10831

Related Activity: 14673, 14674

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21833	6156.21833.09	U.S. Agency for International Development	Voluntary Health Services	9457	3949.09	APAC	$425,436
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14673		6902	3958.08		Tamil Nadu AIDS Control Society	$90,000
14674		6902	3958.08		Tamil Nadu AIDS Control Society	$69,000

Emphasis Areas

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	92	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	184	False

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 3944.08

Mechanism: Samarth

Prime Partner: Family Health International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Activity ID: 6138.08

Planned Funds: $111,895

Activity System ID: 14111

Activity 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 (SAATHI, 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 intravenous 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 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10797

Related Activity: 14245, 14248, 14249

Continunued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10797	6138.07	U.S. Agency for International Development	Family Health International	5596	3944.07		$251,600
6138	6138.06	U.S. Agency for International Development	Family Health International	3944	3944.06		$420,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14245	10944.08	6711	5785.08	Samarth	Family Health International	$175,200
14248	14248.08	6711	5785.08	Samarth	Family Health International	$538,905
14249	6139.08	6711	5785.08	Samarth	Family Health International	$985,500

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	N/A	True
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	N/A	True

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 3956.08

Mechanism: N/A

Prime Partner: Project Concern International

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Activity ID: 6589.08 **Planned Funds:** $100,000

Activity System ID: 16470

Activity Narrative: SUMMARY
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, 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 Andra Pradesh; SASO, Shalom in Manipur; Akimbo Society in Nagaland; Salem Network of Positive People in Salem, Tamil Nadu; Network of Maharastra 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 –3) objective to strengthen the nationwide Strategic Information Management System.

ACTIVITY 1: Strengthen Strategic Information in the National AIDS Control Organization (NACO) and the SACS
Under the National AIDS Control Program Phase 3 (NACP-3) beginning in 2007, the goal is to halt and reverse the epidemic in India over the next five years by integrating programs for prevention and care, support and treatment. NACP-3 has four strategic objectives, one of which is strengthening a nation-wide strategic information management system.

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-3, 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10898

Related Activity: 16471

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21847	6589.21847.09	HHS/Centers for Disease Control & Prevention	Project Concern International	9460	3956.09		$0
10898	6589.07	HHS/Centers for Disease Control & Prevention	Project Concern International	5619	3956.07		$160,585
6589	6589.06	HHS/Centers for Disease Control & Prevention	Project Concern International	3956	3956.06		$16,835

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16471	6178.08	7443	3956.08		Project Concern International	$100,000

Emphasis Areas

Human Capacity Development

* Task-shifting

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	10	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	70	False

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 3942.08

Mechanism: Samastha

Prime Partner: University of Manitoba

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Activity ID: 6132.08

Planned Funds: $299,520

Activity System ID: 14142

Activity 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 (IPPCC) 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 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

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10822

Related Activity: 14166, 14135, 14136, 14137, 14139, 14140, 14141, 14143

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20944	6132.20944.09	U.S. Agency for International Development	University of Manitoba	9164	3942.09	Samastha	$303,332
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14166	10934.08	6715	3942.08	Samastha	University of Manitoba	$35,360
14135	6128.08	6715	3942.08	Samastha	University of Manitoba	$295,360
14136	6129.08	6715	3942.08	Samastha	University of Manitoba	$780,000
14137	6131.08	6715	3942.08	Samastha	University of Manitoba	$2,071,160
14139	10943.08	6715	3942.08	Samastha	University of Manitoba	$335,400
14140	6130.08	6715	3942.08	Samastha	University of Manitoba	$29,640
14141	10941.08	6715	3942.08	Samastha	University of Manitoba	$169,000
14143	10887.08	6715	3942.08	Samastha	University of Manitoba	$1,184,560

Emphasis Areas

Human Capacity Development

*   Training

***   In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	40	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	1,245	False

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 3940.08

Mechanism: N/A

Prime Partner: Avert Society

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Activity ID: 6122.08

Planned Funds: $400,000

Activity System ID: 14103

Activity Narrative: SUMMARY

In FY08, the Avert Society project as the Technical Support Unit (TSU) of the state will support the Strategic Information Management Unit (SIMU) of the Maharashtra State AIDS Prevention and Control Society (MSACS) in collecting, analyzing, reporting, and using the information for program review and planning. Avert will assist MSACS in monitoring NGO prevention, care, and treatment programs. Avert will also support MSACS in conducting evidence-based studies such as behavioral surveillance surveys, mapping of high-risk groups, and program evaluations.

BACKGROUND

The Avert Society project is a bilateral program implementing prevention, care, and treatment activities in high-burden districts of Maharashtra State. The population of Maharashtra State is over 96.8 million and the HIV prevalence is 0.75% (sentinel surveillance, State of Maharashtra, 2006). Avert currently supports over 70 NGOs to implement prevention, care, and treatment programs in selected high burden districts of Maharashtra State. Under the umbrella of the Avert project, the Health Communication Partnership/Johns Hopkins University (HCP/JSU) and the Hindustan Latex Family Planning Promotion Trust (HLFPPT) have been awarded cooperative grants to support the state in scaling up the efforts on communication (HCP/JHU) and condom social marketing (HLFPPT).

The National AIDS Control Organization (NACO) has asked the Avert project to assume responsibility for the Technical Support Unit (TSU) to support the State AIDS Control Societies (SACS) in Maharashtra and Goa to scale up HIV/AIDS prevention, care, and treatment programs in accordance with the third National AIDS Control Program (NACP-3). It is envisioned that Avert will also provide direct implementation support to fill critical gaps in prevention services and/or demonstrate best practice models for specific populations.

ACTIVITIES AND EXPECTED RESULTS

Strategic Information (SI) is embedded in NACP-3 as a key strategy for program monitoring and evaluation (M&E). In phase-2, NACO had established a computerized management information system (CMIS), which provided information on all the components of NACP for program monitoring. However, there were gaps in CMIS, specifically in the areas of reporting, quality of data and skills for analysis, interpretation, and using information for program planning. In NACP-3, a strategic information management unit (SIMU) is planned to be established at the national and state level to strengthen the SI component. The Avert project will help MSACS in establishing and strengthening the SIMU.

ACTIVITY 1: Mapping High-Risk Groups for Evidence-Based Planning

The mapping of most-at-risk populations (MARPs), including female sex workers (FSW), men having sex with men (MSM), injecting drug users (IDU) and other vulnerable groups (migrants, truckers and street children) will provide a comprehensive database by identifying physical locations where high-risk activities take place and estimating the size of high-risk populations. This exercise will be undertaken in all 35 districts of Maharashtra. The database will provide evidence for expanding the scope and operations of targeted interventions in the state. An agency will be hired to carry out this exercise in the field in close association with the NGOs, community-based organizations, and community members.

ACTIVITY 2: State-Level Behavioral Surveillance Survey (BSS)

Until FY07, the BSS was conducted in selected high-prevalence districts and did not represent the whole of Maharashtra State. With FY08 funds, Avert will support a state-level BSS study among most-at-risk groups such as FSW, MSM and IDU and vulnerable populations such as youth, truckers, workers and migrants. Avert will hire a research agency to conduct this study.

ACTIVITY 3: Assessment of Targeted Intervention (TI) NGO Programs

MSACS and the Avert project have been supporting NGOs to implement targeted intervention programs among high-risk groups for five years. It is critical to carry out a review of the TI program to assess its strengths, weaknesses, and gaps. The findings of this assessment will be used to strengthen and scale-up TI programs in the state. An agency will be hired to conduct this assessment.

ACTIVITY 4: Assessment of the Palliative Care Program

In Maharashtra State, the palliative care program is being implemented by MSACS, with the Avert project providing care and support interventions on a lesser scale. To date, no assessment has been carried out to test the efficacy of these care and support models in providing quality services to people infected and affected with HIV/AIDS. Additionally, there are concerns about coverage and lack of linkages between the care and support programs and prevention, counseling and testing, and ARV treatment services. Hence an agency will be contracted to assess the palliative care programs in the state. The findings will be used to support MSACS in scaling up and strengthening the state's care and support programs.

ACTIVITY 5: Assessment of Integrated Counseling and Testing Center (ICTC) Programs

MSACS has rapidly scaled up the number of ICTCs to over 700 centers, providing a range of services, including counseling and testing and services for the prevention of mother to child transmission. A major concern is the lack of efforts to build the capacity or create a demand for ICTC services. Hence, an assessment is planned to review gaps in the functioning of these centers and make recommendations to strengthen the ICTC program in the state.

ACTIVITY 6: Estimating the Number of OVC

Maharashtra State does not have a good estimate of the number of OVC due to HIV/AIDS. It is important to know the number of OVC and their geographical location in order to plan and scale-up OVC programs in the state. Avert will collaborate with Family Health International's Samarth project to carry out an assessment of the number of OVC, together with a needs assessment, as a basis for designing the state's OVC program.

Activity Narrative:

Activity 7: Review of Training Programs

Avert will contract an agency to assess the effectiveness of the training programs conducted by various institutions on prevention, care, and treatment. Specifically, the agency will assess the training curriculum, including modules, training processes, and the management of training by the institutions.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10795

Related Activity: 14164, 14096, 14097, 14120, 14098, 14121, 17310, 14099, 14122, 14094, 14123, 14101, 14124, 14102, 14125, 14353, 17311, 14104, 14354, 17312

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23886	6122.23886.09	U.S. Agency for International Development	Avert Society	10306	3940.09		$438,143
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14164	14164.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$88,000
14096	6114.08	6709	3940.08		Avert Society	$160,000
14097	6116.08	6709	3940.08		Avert Society	$220,000
14120	6586.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$88,000
14121	6587.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$143,000
14098	6117.08	6709	3940.08		Avert Society	$1,204,900
17310	5937.08	7728	7728.08		Hindustan Latex Family Planning Promotion Trust	$632,000
14099	6118.08	6709	3940.08		Avert Society	$700,000
14122	6588.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$187,000
14123	6627.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$33,000
14094	11444.08	6708	5781.08		Avert Society	$135,000
14101	6120.08	6709	3940.08		Avert Society	$400,000
14124	10938.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$132,000
14125	10940.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$187,000
14102	6121.08	6709	3940.08		Avert Society	$80,000
17311	5939.08	7728	7728.08		Hindustan Latex Family Planning Promotion Trust	$72,000
14353	6158.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$88,000
14354	6159.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$154,000
17312	10945.08	7728	7728.08		Hindustan Latex Family Planning Promotion Trust	$96,000
14104	6123.08	6709	3940.08		Avert Society	$480,000

Emphasis Areas

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	85	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	170	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Injecting drug users

Most at risk populations

Men who have sex with men

Most at risk populations

Persons in Prostitution

Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 5785.08

Mechanism: Samarth

Prime Partner: Family Health International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Activity ID: 14248.08

Planned Funds: $538,905

Activity System ID: 14248

Activity 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 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 5: 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.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 14111, 14249

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14111	6138.08	6710	3944.08	Samarth	Family Health International	$111,895
14249	6139.08	6711	5785.08	Samarth	Family Health International	$985,500

Emphasis Areas

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	25	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	100	False

OHPS - Other/Policy Analysis and Sys Strengthening

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Total Planned Funding for Program Area: $5,908,831

Estimated PEPFAR contribution in dollars	$0
Estimated local PPP contribution in dollars	$0

Program Area Context:

Overview: USG's traditional contribution in key technical areas (targeted interventions with high-risk groups, Anti-Retroviral Therapy (ART), pediatric AIDS, surveillance and care and support) has positioned it to impact on the HIV prevention care and treatment policies of the National AIDS Control Organization (NACO). USG is a member of the India Country Coordinating Mechanism (CCM) of the Global Fund, the donor Steering Committee established by NACO, 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. The USG has also supported capacity-building by placing advisors at the national and state level in key technical areas.

The maturation of the National AIDS Control Program has also shaped the demand for USG assistance in India. The third phase of this program (NACP-3), launched in early July 2007, gives State AIDS Control Societies (SACS) in collaboration with civil society, direct responsibility for delivery of services. The plan aims to further decentralize the program by making the District the basic unit of implementation. District AIDS Prevention and Control Units (DAPCUs) will be established to serve as the nodal agencies at the district level. All 611 districts in India have been classified based on seroprevalence and vulnerability criteria into four categories: Category A (high prevalence); Category B (concentrated epidemic); Category C (increased presence of vulnerable populations) and Category D (low/unknown vulnerability).

Current USG Support: The USG continues to support NACP-3 through technical assistance, capacity building and human resource training. For example, USG supports 40 key personnel at NACO in various technical areas like CT, PPTCT, ART, Basic care and support services, Surveillance and Monitoring and Evaluation (M&E). At the state level, USG supports epidemiologists, M&E officers and workplace coordinators in some USG priority states who assist the SACS in surveillance and workplace interventions in the public and private sectors.

USG had a key leadership role in the development of NACP-3, by placing a senior technical advisor on the NACP-3 planning team, being a member of the NACP-3 donor steering committee and providing consultants for the development of state and district-level plans. The USG will continue its active role in the implementation of NACP-3, through its membership in the Partners' Forum, membership of Technical Working Groups and support for system strengthening and capacity building for SACS and the district teams.

USG has provided technical assistance for the development of protocols and guidelines for pediatric and second-line ART treatment, training for care and support, NGO/CBO selection, OVC programming, M&E of targeted interventions, and methods for mapping high-risk groups in 19 states. Other contributions have been advocacy to include OVC programs in NACP-3, enhanced support for Greater Involvement of People with AIDS (GIPA), assistance for developing state strategies for care and support in Andhra Pradesh and Karnataka, strengthening M&E and data systems, and ensuring that the special needs of women and vulnerable populations are adequately addressed. USG also participated with the Indian CCM in the development and review of the Round 7 proposal to the Global Fund

Coordination and Donor Activities: Several donors have leading roles in providing technical guidance and capacity-building to NACO. The World Bank, with DFID, USG and other donors, reviewed and endorsed the NACP-3 plan in 2006. UNICEF supports PMTCT policy development, and provides advice to the Ministry of Education for in-school HIV/AIDS programs and the Department of Women and Child Development for OVC policies and programs. UNDP leads a group of donors, including the Swedish International Development Agency and USG, that is working on mainstreaming programs across GOI ministries.

The UN Expanded Theme Group, which previously provided a forum for multilateral and bilateral partners, has been disbanded and replaced by a more transparent, NACO-led donor Steering Committee of Partners, of which USG is a key member. As a member of the India-CCM of the Global Fund, the USG, in partnership with GTZ and the European Commission, DFID and SIDA, supports the functioning and capacity building of the India CCM Secretariat. These donors recently submitted a joint proposal to provide technical assistance for staffing, training workshops, and support for Global Fund internal reviews.

USG FY08 Focus: In FY08, USG will continue to align its activities to support the NACP-3 goals but will transition its previous emphasis from directly supporting on-the-ground programs to providing more technical and management assistance at higher levels to NACO and the SACS. This is in response to the new NACP-3 emphasis on repositioning donor support for systems strengthening.

1. Systems strengthening and building human and technical capacity at national and state levels: Technical Support Units: In Tamil Nadu, Puducherry, Kerala, Maharashtra, Goa and Uttar Pradesh, where USG has a long history of program support, NACO has invited USG to support and establish Technical Support Units (TSU), a new entity under NACP-3 intended to build capacity and strengthen systems of the SACS. While the SACS will be responsible for making grants to non-governmental (NGO) and community-based organizations (CBOs) to implement programs, the TSUs will carry out management oversight and build the capacity of NGOs/CBOs. In Andhra Pradesh (AP) and Karnataka the USG will not be the lead donor supporting the TSU but will provide assistance to develop the state implementation plans, assist in policy and guidelines development, and aid capacity building and program implementation. USG will continue to support the 40 staff in place at NACO and the SACS to provide technical guidance (as listed above).

Building capacity at sub-state levels to strengthen a decentralized response: NACP-3 calls for strengthening the SACS and the establishment of DAPCUs. USG will provide technical support to build management and technical capacity at the district level. This will include building the capacity for improved analysis of data and strategic information that can be used to plan interventions, modify strategies and scale-up activities as outlined in the state plans. In USG priority states, some established USG-funded district level management units will merge with the DAPCUs once the latter are established.

2. Mainstreaming programs: USG will also support mainstreaming activities through partnerships with government ministries such as the Ministries of Women and Child Development, Youth and Sports, Social Justice and Welfare, and the National Rural Health Mission to integrate relevant HIV/AIDS issues in their systems. These activities will complement the support from the lead donor agencies in those areas. The USG mainstreaming activities will expand to cover private sector partnerships and advocacy with ministries, civil society and positive peoples' networks. USG is ready to support NACO in developing a national workplace policy, as requested.

3. Strengthening PLHA networks: USG will continue its support for strengthening PLHA networks and implementing the GIPA Plan that was developed in 2007 with USG support. This will involve providing TA to the SACS of the USG priority states to incorporate GIPA in state plans, appointing State GIPA Advisors, developing a toolkit for positive prevention and supporting national and state level trainings for GIPA.

4. Enhancing the effectiveness of the India Global Fund CCM Secretariat, which still has limited resources and staffing, has been

identified as a major priority for the next year,. USG will provide support for better monitoring of program implementation in the States by supporting staff specialists in financing and program monitoring and building capacity 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: USG will 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. USG will promote private sector programs as part of corporate social responsibility. USG will support partnerships with labor unions to reach informal workers and train unions on proposal development, leadership and advocacy for HIV-related issues.

Specific Benchmarks/Outcomes:
1. 40 NACO staff supported to provide training and mentoring in care, PMTCT, CT, ARV, M&E.
2. Workplace Coordinator placed at the Karnataka and AP SACS.
3. Staff specialist provided to support Global Fund CCM.
4. Development of state level project implementation plans in 4 USG priority states to be finalized by NACO.
5. Care and support strategic plan developed for AP SACS.
6. Operational plan to mainstream HIV/AIDS issues through USG-funded Life. skills Education Toolkit, within Ministries of Women and Child Development, Sports and Youth Affairs and Social Justice and Empowerment.
7. Operational plan for Indian Network of Positive People (INP+) to implement GIPA strategy in USG priority states.

Program Area Downstream Targets:

14.1 Number of local organizations provided with technical assistance for HIV-related policy development	280
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	1645
14.3 Number of individuals trained in HIV-related policy development	1715
14.4 Number of individuals trained in HIV-related institutional capacity building	20160
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	20665
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	20970

Custom Targets:

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID:	5785.08	**Mechanism:**	Samarth
Prime Partner:	Family Health International	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (USAID)	**Program Area:**	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS	**Program Area Code:**	14
Activity ID:	6139.08	**Planned Funds:**	$985,500
Activity System ID:	14249		

Activity 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 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 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

Activity Narrative: technical support will be provided for the TSU to plan and implement technical assistance and capacity-building programs for the Uttar Pradesh and Uttarakand 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 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10798

Related Activity: 14137, 14115, 14245, 14139, 14248, 14476

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21253	6139.21253.09	U.S. Agency for International Development	Family Health International	9246	5785.09	Samarth	$1,074,000
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		$446,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14115	11467.08	6711	5785.08	Samarth	Family Health International	$131,400
14137	6131.08	6715	3942.08	Samastha	University of Manitoba	$2,071,160
14139	10943.08	6715	3942.08	Samastha	University of Manitoba	$335,400
14245	10944.08	6711	5785.08	Samarth	Family Health International	$175,200
14248	14248.08	6711	5785.08	Samarth	Family Health International	$538,905
14476	12600.08	6848	5976.08		Indian Network of Positive People	$68,000

Emphasis Areas

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	10	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	100	False
14.3 Number of individuals trained in HIV-related policy development	20	False
14.4 Number of individuals trained in HIV-related institutional capacity building	300	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	300	False
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	180	False

Target Populations

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 3940.08

Mechanism: N/A

Prime Partner: Avert Society

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 6123.08

Planned Funds: $480,000

Activity System ID: 14104

Activity Narrative: SUMMARY

The Avert Society project's strategic focus under this program area is to provide technical assistance for HIV- related policy development to the state government, state AIDS control societies (SACS), NGOs, community-based organizations (CBOs), including people living with HIV/AIDS (PLHA) networks and corporate houses. The aim is to create a supportive environment for HIV/AIDS programs, mainstream HIV into other sectors, and mobilize political and community support for various policies, such as supporting prevention programs for most-at-risk populations (MARPs) and care and treatment services for PLHAs and addressing gender concerns. The program will also build the capacity of the SACS in systems for project management.

BACKGROUND

The Avert Society project is a bilateral program implementing prevention, care, and treatment activities in high-burden districts of Maharashtra State. The population of Maharashtra State is over 96.8 million and the HIV prevalence is 0.75% (sentinel surveillance, State of Maharashtra, 2006). Avert currently supports over 70 NGOs to implement prevention, care, and treatment programs in selected high burden districts of Maharashtra State. Under the umbrella of the Avert project, the Health Communication Partnership/Johns Hopkins University (HCP/JSU) and the Hindustan Latex Family Planning Promotion Trust (HLFPPT) have been awarded cooperative grants to support the state in scaling up the efforts on communication (HCP/JHU) and condom social marketing (HLFPPT).

The National AIDS Control Organization (NACO) has asked the Avert project to assume responsibility for the Technical Support Unit (TSU) to support the State AIDS Control Societies (SACS) in Maharashtra and Goa to scale up HIV/AIDS prevention, care, and treatment programs in accordance with the third National AIDS Control Program (NACP-3). It is envisioned that Avert will also provide direct implementation support to fill critical gaps in prevention services and/or demonstrate best practice models for specific populations.

ACTIVITIES AND EXPECTED RESULTS

The Maharashtra SACS has planned to support over 150 interventions to saturate coverage of MARPs. Similarly, programs on counseling and testing (700 centers), community care and support (40 centers), and ART services (39 centers) will be scaled-up to increase coverage of services. However, the systems in MSACS and the District AIDS Prevention and Control Units (DAPCU) are not strong to manage the scale of expansion planned for the state. Hence it is critical to strengthen the project management systems of these agencies.

ACTIVITY 1: Technical Assistance for Institutional Capacity-Building of SACS

With FY08 funds, Avert project will conduct a needs assessment to identify gaps in the project management systems of the SACS. Based on this assessment, Avert will develop a joint technical assistance (TA) plan that includes timelines and processes for building the capacity of SACS. TA will be provided in program management, strategic planning, logistic management, information system, and program monitoring, including a Management Information System.

ACTIVITY 2: Capacity-Building of NGOs in Program and Financial Management

Avert will conduct training programs for NGO program and finance managers on guidelines for program management and financial procedures for implementing the interventions. A curriculum plan and training modules will be developed and experts will be hired to conduct the training. 170 staff of 85 NGOs will be trained and ongoing technical assistance will be provided on program and financial management of interventions.

ACTIVITY 3: Development of HIV/AIDS Workplace Policies

In FY08, Avert will mobilize industries to develop and implement workplace policies that address stigma and discrimination at the workplace and access to prevention, care, and treatment services for workers and their families. In FY08, 25 industries will develop and implement HIV/AIDS workplace policies.

ACTIVITY 4: Data Quality Assessment

A comprehensive plan will be prepared to check and ensure the quality of data received from the sub-partners (NGOs, CBOs and training institutions) of the Avert project and MSACS through submission of monthly technical reports and monthly financial reports. Avert will also assess the quality of the data at sub-grantee level by visiting sub-partners periodically and providing technical support to improve data quality.

ACTIVITY 5: Geographical Information System (GIS)

In FY08, Avert will develop a GIS on HIV/AIDS prevention, care, and treatment programs for the States of Maharashtra and Goa. GIS will help in capturing, storing, analyzing and managing data related to HIV/AIDS in these states, helping users to have access to information related to ART centers, integrated counseling and testing centers (ICTCs), community care and support centers (CCCs), drop-in centers (DICs), home-based care centers (HBCs), STI clinics, help lines and healthcare providers at district and block level. An agency will be contracted to develop the GIS.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10796

Related Activity: 14164, 14096, 14097, 14120, 14098, 14121, 17310, 14099, 14122, 14094, 14123, 14101, 14124, 14102, 14125, 14103, 14353, 17311, 14354, 17312

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23887	6123.23887.09	U.S. Agency for International Development	Avert Society	10306	3940.09		$159,357
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14164	14164.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$88,000
14096	6114.08	6709	3940.08		Avert Society	$160,000
14097	6116.08	6709	3940.08		Avert Society	$220,000
14120	6586.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$88,000
14121	6587.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$143,000
14098	6117.08	6709	3940.08		Avert Society	$1,204,900
17310	5937.08	7728	7728.08		Hindustan Latex Family Planning Promotion Trust	$632,000
14099	6118.08	6709	3940.08		Avert Society	$700,000
14122	6588.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$187,000
14123	6627.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$33,000
14094	11444.08	6708	5781.08		Avert Society	$135,000
14101	6120.08	6709	3940.08		Avert Society	$400,000
14124	10938.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$132,000
14125	10940.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$187,000
14102	6121.08	6709	3940.08		Avert Society	$80,000
14103	6122.08	6709	3940.08		Avert Society	$400,000
17311	5939.08	7728	7728.08		Hindustan Latex Family Planning Promotion Trust	$72,000
14353	6158.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$88,000
14354	6159.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$154,000
17312	10945.08	7728	7728.08		Hindustan Latex Family Planning Promotion Trust	$96,000

Emphasis Areas

Local Organization Capacity Building

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	15	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	85	False
14.3 Number of individuals trained in HIV-related policy development	15	False
14.4 Number of individuals trained in HIV-related institutional capacity building	170	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 3942.08

Mechanism: Samastha

Prime Partner: University of Manitoba

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 10887.08

Planned Funds: $1,184,560

Activity System ID: 14143

Activity 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 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

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10887

Related Activity: 14136, 14137, 14140, 14141, 14142

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20945	10887.20945.09	U.S. Agency for International Development	University of Manitoba	9164	3942.09	Samastha	$1,212,626
10887	10887.07	U.S. Agency for International Development	University of Manitoba	5601	3942.07		$400,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14136	6129.08	6715	3942.08	Samastha	University of Manitoba	$780,000
14137	6131.08	6715	3942.08	Samastha	University of Manitoba	$2,071,160
14140	6130.08	6715	3942.08	Samastha	University of Manitoba	$29,640
14141	10941.08	6715	3942.08	Samastha	University of Manitoba	$169,000
14142	6132.08	6715	3942.08	Samastha	University of Manitoba	$299,520

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	1	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	26	False
14.3 Number of individuals trained in HIV-related policy development	25	False
14.4 Number of individuals trained in HIV-related institutional capacity building	130	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	900	False
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	240	False

Target Populations

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Religious Leaders

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 3943.08

Mechanism: Connect

Prime Partner: Population Services International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 6137.08

Planned Funds: $710,474

Activity System ID: 14134

Activity 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 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

Activity Narrative: 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 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10815

Related Activity: 14129, 14130, 14131

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23879	6137.23879.09	U.S. Agency for International Development	Population Services International	10305	3943.09	Connect	$454,000
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		$570,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14129	6133.08	6714	3943.08	Connect	Population Services International	$250,000
14130	6134.08	6714	3943.08	Connect	Population Services International	$773,082
14131	6135.08	6714	3943.08	Connect	Population Services International	$483,122

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 3956.08 **Mechanism:** N/A

Prime Partner: Project Concern International

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 6178.08

Planned Funds: $100,000

Activity System ID: 16471

Activity Narrative: SUMMARY
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, 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 Andra Pradesh; SASO, Shalom in Manipur; Akimbo Society in Nagaland; Salem Network of Positive People in Salem, Tamil Nadu; Network of Maharastra 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-3)'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
PCI, in collaboration with I-TECH, developed and pilot tested training manuals in home-based care. These training modules have been adopted by all nine of PCI's sub-partners and are also being used at the national level. Given the high demand and need for training, this component of the program will be strengthened and expanded: in FY08 54 local organizations, who are sub-partners of the Clinton Foundation's Children Living with AIDS Initiative, are expected to be trained using these materials. In FY08, the PATHWAY program will also emphasize building linkages and providing 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
The PATHWAY projects in Pune and Salem have over a period of time gained experience in capacity building for a variety of stakeholders. The community centers in these locations are increasingly requested by the SACS and partner NGOs to provide on-site learning experience and training and are evolving into a regional capacity building and immersion learning site. This role is expected to be further developed with FY08 funding.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10897

Related Activity: 14665

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21848	6178.21848.09	HHS/Centers for Disease Control & Prevention	Project Concern International	9460	3956.09		$0
10897	6178.07	HHS/Centers for Disease Control & Prevention	Project Concern International	5619	3956.07		$36,895
6178	6178.06	HHS/Centers for Disease Control & Prevention	Project Concern International	3956	3956.06		$36,895

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14665		6901	3962.08	I-TECH (International Training and Education Center on HIV)	University of Washington	$120,000

Emphasis Areas

Gender

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

Human Capacity Development

* Task-shifting

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	10	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	150	False
14.3 Number of individuals trained in HIV-related policy development	100	False
14.4 Number of individuals trained in HIV-related institutional capacity building	250	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	100	False
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 3976.08

Mechanism: N/A

Prime Partner: US Department of Defence/Pacific Command

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 15080.08

Planned Funds: $30,000

Activity System ID: 15080

Activity Narrative: SUMMARY

The focus of this activity is to promote the Indian Armed Forces Medical Service (AFMS) policy and program development and leadership in HIV/AIDS by supporting the participation of key military medical leaders at workshops and training programs. This is a continuing activity of the US Pacific Command (PACOM)/Center for Excellence (COE) with AFMS. This activity also supports the commitment of the AFMS to share their developing HIV/AIDS knowledge and experience within the region and among the civilian community, to lead a regional level model in HIV/AIDS prevention, care and treatment programs.

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, with a geographical focus that 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 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. In previous years, with PACOM/COE support and coordination, AFMS has nominated military medical officers working on the HIV/AIDS prevention program and conducting AIDS research to the Asia Pacific Military Medicine Conference (APMMC) and other regional, international AIDS fora. Such participation in international conferences has led to interests from regional militaries of Nepal and Indonesia, in learning more about the AFMS' HIV/AIDS program experience; technical assistance for developing similar HIV/AIDS programs in their countries and; participation in training workshops organized under the aegis of the AFMS.

ACTIVITIES AND EXPECTED RESULTS

ACTIVITY 1: Strengthen the AFMS Capacity to Develop a Regional Model for HIV/AIDS Programs in the Military
The main activity will entail facilitation of continual military-military exchange on implementation and management of HIV/AIDS programs in the military. With FY08 funds, at least five senior and mid-level military medical officers will be supported to participate in international conferences, training programs, and professional exchanges, enabling Indian military medical officers to engage in HIV/AIDS policy dialogues with military and civilian communities and to promote documentation and sharing of experiences. Participation in regional workshops and conferences will provide a foundation for the AFMS to serve as a future regional leader and model in military HIV mitigation, treatment and care.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	1	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	1	False
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	N/A	True
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Target Populations

Special populations

Most at risk populations

Military Populations

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 3949.08

Mechanism: APAC

Prime Partner: Voluntary Health Services

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 6157.08

Planned Funds: $481,900

Activity System ID: 14162

Activity 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 polices 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/AID 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 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 Narrative:

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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10832

Related Activity: 14154, 14155, 14156, 14668, 14157, 14158, 14159, 14670, 14163, 14671, 14672, 14161, 14673, 14674

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21834	6157.21834.09	U.S. Agency for International Development	Voluntary Health Services	9457	3949.09	APAC	$908,600
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14154	10933.08	6720	3949.08	APAC	Voluntary Health Services	$148,500
14155	10936.08	6720	3949.08	APAC	Voluntary Health Services	$68,200
14156	6150.08	6720	3949.08	APAC	Voluntary Health Services	$2,158,800
14668		6902	3958.08		Tamil Nadu AIDS Control Society	$40,000
14157	6151.08	6720	3949.08	APAC	Voluntary Health Services	$970,000
14158	6155.08	6720	3949.08	APAC	Voluntary Health Services	$297,000
14159	6153.08	6720	3949.08	APAC	Voluntary Health Services	$325,500
14670		6902	3958.08		Tamil Nadu AIDS Control Society	$15,000
14671		6902	3958.08		Tamil Nadu AIDS Control Society	$20,000
14163	6154.08	6720	3949.08	APAC	Voluntary Health Services	$34,100
14672		6902	3958.08		Tamil Nadu AIDS Control Society	$60,000
14673		6902	3958.08		Tamil Nadu AIDS Control Society	$90,000
14161	6156.08	6720	3949.08	APAC	Voluntary Health Services	$396,000
14674		6902	3958.08		Tamil Nadu AIDS Control Society	$69,000

Emphasis Areas

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	1	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	5	False
14.3 Number of individuals trained in HIV-related policy development	100	False
14.4 Number of individuals trained in HIV-related institutional capacity building	330	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	80	False
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Target Populations

Other

People Living with HIV / AIDS

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 3966.08

Mechanism: N/A

Prime Partner: Leprosy Relief Association India

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 6222.08

Planned Funds: $202,489

Activity System ID: 14306

Activity Narrative: SUMMARY

LEPRA, with support from USG and the Andhra Pradesh government's State AIDS Control Society (APSACS), provides policy and systems strengthening support at the state and district level for program planning, management, and implementation. A key area of USG support is the 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-3).

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 people living with HIV (PLWHA), the largest number in the country. LEPRA, with the support from USG and APSACS, rolled out a large comprehensive prevention, care, treatment, and support program in AP in 2006. These activities continue through FY08 and the impact of the program is strengthened by the complementary systems strengthening activities.

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 PLWHA, malaria, and prevention of blindness. Program 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 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 faith based organization in the health sector with nearly 3,226 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 PEPFAR funds, LEPRA initiated a District Program Management (DPM) concept to build a decentralized model of district level program and data management in the state. Under NACP-3, there is a strong emphasis on district level program planning, implementation, and review in the form of District AIDS Prevention and Control Units (DAPCUs). USG's model of DPMs will work in synergy with the NACP-3 as the national plan moves into its implementation phase. APSACS has placed DPMs and Monitoring and Evaluation Officers (MEO) to monitor all HIV program interventions at the district level. LEPRA and CHAI are in partnership with APSACS in this initiative across 6 districts and will continue this support in FY08.

ACTIVITY 1: District Program Management Team Concept

Under NACP-3, District AIDS Prevention and Control Units (DAPCU) will be formed in all districts of high prevalence states. The DAPCU objective is to decentralize program implementation and management down to the district (population of 2-2.5 million per district). Specific activities of the DAPCU will include: 1) supervision of Integrated Counseling and Testing Centers (ICTCs); 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 centers; 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.

USG initiated a district program management (DPM)concept to support APSACS by placing DPM teams in 6 districts as a model of decentralized program planning, management and implementation. USG partners place one DPM and one MEO in 6 high burden districts to provide technical, managerial and data management support to the local government counterpart and his/her team on a daily basis. DPMs also act as a technical resource, ensuring relevance, quality, and consistency in program implementation. USG implemented the concept before the NACP-3 set out the DAPCU concept: as a result, USG-supported DPMs will work in synergy with the NACP-3 placed staff. When NACP3 DAPCUs are implemented, the DPM concept will be sustained within the national program. In FY08, the USG support to DPMs will be scaled up to cover 18 of the 23 districts in the State of AP.

Additionally, USG will play a technical role in training district staff on basic public health principles, field management skills, HIV prevention strategies, HIV care and treatment operational guidelines, and monitoring and evaluation skills.

ACTIVITY 2: Systems Strengthening of the State ICTC Program

The nurses in the PHC Enhancement Project, supported by USG and APSACS, offer HIV counseling and testing, and relevant linkages, in 266 PHCs. Nurse Supervisors, in collaboration with DPMs and MEOs, supported in 10 districts with PEPFAR funds, monitor the work of the PHC nurses and mentor them on administrative issues to ensure quality in service delivery. The PHC Enhancement Project provides comprehensive supervisory, monitoring, and evaluation support, including the organization of district level reviews in which government authorities participate. Additionally, Nurse Supervisors help build referral links with public, private, and NGO sector hospitals for services not available in the PHC. USG-supported district teams strengthen the quality of ICTC service delivery, including strengthening supply chain systems, enhancing quality of HIV testing and counseling at the PHCs, improving referrals and follow up, and standardizing supervisory monitoring protocols.

Activity 3: Partnership with APSACS to Provide Technical and Management Support

This is an ongoing activity in which USG provides one full time technical expert, a district program team

Activity Narrative: Management Consultant, to support district level activities. In FY08, the consultant's role will be to continue to provide technical and management support to the district management teams, be a technical resource and be a direct supervisor who offers state level programmatic support and guidance. The consultant will be placed under the APSACS Project Director and mentored by CDC and LEPRA staff. Currently, he is responsible for strengthening systems in the following areas: building organizational capacity to effectively monitor and evaluate districts and district programs; creating minimum standards for all training programs for DAPCUs/DPMs; establishing procedures for routine program reviews at district level; advocating and developing better systems of program supervision, field evaluations, logistical and supply chain management; and developing tools and processes for collecting, consolidating, and analyzing data at the state and district level.

Activity 4: Support to National HIV Testing Kits Quality Assurance (QA) Systems:

With USG support, LEPRA will coordinate technical assistance to the National AIDS Control Organization (NACO) for quality assurance testing for all batches of centrally procured HIV rapid test kits. LEPRA will provide technical, managerial, and equipment support and align experts from international and national agencies, and NACO, to fully implement this project. LEPRA will develop clear roles and responsibilities for various stakeholders and will identify appropriate sub partners.

Specifically, LEPRA will support NACO in adapting and implementing a quality assurance system for HIV testing, prior to bulk procurement by the Government of India. This will involve providing management support to the NICD (National Institute of Communicable Diseases) for project implementation, through personnel, equipment, laboratory supplies, and protocols developed and adapted by CDC and NACO. The first such project has been identified and involves building the capacity of the NICD to conduct batch testing of all NACO-procured HIV rapid test kits.

Currently, only the first batch has been tested, which is problematic since millions of HIV test kits are procured and released in multiple batches each year. Ensuring the quality of each batch of test kits is an initial key step in any national quality assurance program. For optimal quality assurance, subsequent testing at post-release and user sites is recommended, but due to limited funds in FY08, the scope of this QA testing is limited to pre-procurement, central testing only. HIV-related tests, such as CD4, viral load, and cryptococcal India ink testing may also be added to the quality assurance agenda in future years. The identification of lab scientists at NICD who will develop a long term relationship with USG technical experts will facilitate the development of local capacity in laboratory QA. This collaboration is expected to be a catalyst for future laboratory systems strengthening in the nation.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10954

Related Activity: 14297, 14299, 14300, 16415, 14301, 14304, 14305

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20908	6222.20908.09	HHS/Centers for Disease Control & Prevention	Leprosy Relief Association India	9158	3966.09		$280,489
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14297	6216.08	6767	3966.08		Leprosy Relief Association India	$55,000
14299	6215.08	6767	3966.08		Leprosy Relief Association India	$125,000
14300	6219.08	6767	3966.08		Leprosy Relief Association India	$50,000
16415	16415.08	6767	3966.08		Leprosy Relief Association India	$25,000
14301	6217.08	6767	3966.08		Leprosy Relief Association India	$100,000
14304	12599.08	6767	3966.08		Leprosy Relief Association India	$0
14305	6221.08	6767	3966.08		Leprosy Relief Association India	$100,000

Emphasis Areas

Human Capacity Development

*   Training

***   Pre-Service Training

***   In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	13	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	13	False
14.3 Number of individuals trained in HIV-related policy development	28	False
14.4 Number of individuals trained in HIV-related institutional capacity building	25	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	317	False
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	317	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 5786.08

Mechanism: N/A

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 10952.08

Planned Funds: $210,908

Activity System ID: 14469

Activity Narrative: $110,908 in CDC GHAI funding is necessary to support expenses and activities for technical staff in the three GAP India offices (New Delhi, Chennai, and Hyderabad). A total of seven staff in these offices is funded with GHAI funds. The amount requested includes salaries, fringe, travel proportionate office overhead, desk, operational charges, head tax charges, and ICASS charges for technical staff.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10952

Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25437	10952.25437.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	9167	3969.09		$603,264
10952	10952.07	HHS/Centers for Disease Control & Prevention	HHS/CDC	5786	5786.07		$230,401

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 5976.08

Mechanism: N/A

Prime Partner: Indian Network of Positive People

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 12600.08

Planned Funds: $68,000

Activity System ID: 14476

Activity 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 conduced 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. 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

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12600

Related Activity: 14157, 14300, 14292, 14473, 14099, 16468, 14122, 14137, 14659, 14115, 14670, 14671, 14163, 14102, 14247, 14141, 14673, 14161, 16404, 14142, 14248, 14134, 14249, 14143, 14104, 16471, 14685, 14162, 16502

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20894	12600.20894.09	HHS/Centers for Disease Control & Prevention	Indian Network of Positive People	9156	5976.09		$0

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14115	11467.08	6711	5785.08	Samarth	Family Health International	$131,400
14659		6901	3962.08	I-TECH (International Training and Education Center on HIV)	University of Washington	$300,000
16468	10932.08	7443	3956.08		Project Concern International	$325,000
14137	6131.08	6715	3942.08	Samastha	University of Manitoba	$2,071,160
14122	6588.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$187,000
14099	6118.08	6709	3940.08		Avert Society	$700,000
14473	6193.08	6848	5976.08		Indian Network of Positive People	$68,000
14300	6219.08	6767	3966.08		Leprosy Relief Association India	$50,000
14292	6207.08	6766	3964.08		MYRADA	$20,000
14157	6151.08	6720	3949.08	APAC	Voluntary Health Services	$970,000
14670		6902	3958.08		Tamil Nadu AIDS Control Society	$15,000
14671		6902	3958.08		Tamil Nadu AIDS Control Society	$20,000
14247	6597.08	6711	5785.08	Samarth	Family Health International	$21,900
14163	6154.08	6720	3949.08	APAC	Voluntary Health Services	$34,100
14102	6121.08	6709	3940.08		Avert Society	$80,000
14141	10941.08	6715	3942.08	Samastha	University of Manitoba	$169,000
14142	6132.08	6715	3942.08	Samastha	University of Manitoba	$299,520
14248	14248.08	6711	5785.08	Samarth	Family Health International	$538,905
16404	16404.08	6848	5976.08		Indian Network of Positive People	$34,000
14161	6156.08	6720	3949.08	APAC	Voluntary Health Services	$396,000
14673		6902	3958.08		Tamil Nadu AIDS Control Society	$90,000
14134	6137.08	6714	3943.08	Connect	Population Services International	$710,474
14162	6157.08	6720	3949.08	APAC	Voluntary Health Services	$481,900
14104	6123.08	6709	3940.08		Avert Society	$480,000
14249	6139.08	6711	5785.08	Samarth	Family Health International	$985,500
16471	6178.08	7443	3956.08		Project Concern International	$100,000
14143	10887.08	6715	3942.08	Samastha	University of Manitoba	$1,184,560
14685	6606.08	6906	3924.08		International Labor Organization	$200,000
16502	16502.08	6846	5786.08		US Centers for Disease Control and Prevention	$18,901

Emphasis Areas

Human Capacity Development

*   Training

***   Pre-Service Training

***   In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	N/A	True
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	50	False
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	300	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Target Populations

Other

People Living with HIV / AIDS

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 4116.08

Mechanism: N/A

Prime Partner: National Alliance of State and Territorial AIDS Directors

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 6592.08

Planned Funds: $50,000

Activity System ID: 14478

Activity 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 initatives 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10892

Related Activity: 14249, 14143, 16471, 14104, 14476, 14162, 14674

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21835	6592.21835.09	HHS/Centers for Disease Control & Prevention	National Alliance of State and Territorial AIDS Directors	9458	4116.09		$0
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14249	6139.08	6711	5785.08	Samarth	Family Health International	$985,500
16471	6178.08	7443	3956.08		Project Concern International	$100,000
14143	10887.08	6715	3942.08	Samastha	University of Manitoba	$1,184,560
14104	6123.08	6709	3940.08		Avert Society	$480,000
14476	12600.08	6848	5976.08		Indian Network of Positive People	$68,000
14162	6157.08	6720	3949.08	APAC	Voluntary Health Services	$481,900
14674		6902	3958.08		Tamil Nadu AIDS Control Society	$69,000

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	2	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	N/A	True
14.3 Number of individuals trained in HIV-related policy development	2	False
14.4 Number of individuals trained in HIV-related institutional capacity building	N/A	True
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID:	3965.08	**Mechanism:**	N/A
Prime Partner:	Children in Need Institute	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS	**Program Area Code:**	14
Activity ID:	11469.08	**Planned Funds:**	$30,000
Activity System ID:	14459		

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 People Living with HIV/AIDS [PLHA]). CINI plans to provide institutional capacity building to 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 an enabling environment for 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 technically expertise to the Jharkand State AIDS Control Society (JSACS) over the past several years and as seen as the key HIV/AIDS NGO in the state.

MASBOOT will begin a new role in providing formal capacity-building for JSACS in FY08. There are currently no such consultants to JSACS, which suffers from weak leadership, poor managerial commitment, and a variety of other systems issues. Eighty percent of the JSACS budget went unspent last year. 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-3). The organization also played an important role in the formation of a state-level network for PLHA. CINI, through its new policy and systems strengthening efforts, will hire one consultant who will be mentored by CDC, CINI, and JSACS. 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-3 activities. This consultant will work in close collaboration with the proposed Technical Support Unit (TSU) for the state 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-3. Additionally, a workshop will be conducted with stakeholders to sensitize NGOs on the different program areas of NACP-3, 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.

ACTVITY 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. Early in FY08, 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, etc.) 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 "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

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11469

Related Activity: 14455, 14457, 16368

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21277	11469.21277.09	HHS/Centers for Disease Control & Prevention	Children in Need Institute	9254	3965.09		$30,000
11469	11469.07	HHS/Centers for Disease Control & Prevention	Children in Need Institute	5611	3965.07		$25,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14455	6211.08	6845	3965.08		Children in Need Institute	$65,000
14457	6212.08	6845	3965.08		Children in Need Institute	$15,000
16368	16368.08	6845	3965.08		Children in Need Institute	$40,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

Local Organization Capacity Building

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	15	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	15	False
14.3 Number of individuals trained in HIV-related policy development	50	False
14.4 Number of individuals trained in HIV-related institutional capacity building	50	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	300	False
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Target Populations

Special populations

Most at risk populations

Men who have sex with men

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 3950.08

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: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 6159.08

Planned Funds: $154,000

Activity System ID: 14354

Activity 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 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10807

Related Activity: 14164, 14096, 14097, 14120, 14098, 14121, 14099, 14122, 14094, 14123, 14101, 14124, 14102, 14125, 14103, 14353, 14104

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20901	6159.20901.09	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	9157	3950.09		$100,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14164	14164.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$88,000
14096	6114.08	6709	3940.08		Avert Society	$160,000
14097	6116.08	6709	3940.08		Avert Society	$220,000
14120	6586.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$88,000
14121	6587.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$143,000
14098	6117.08	6709	3940.08		Avert Society	$1,204,900
14099	6118.08	6709	3940.08		Avert Society	$700,000
14122	6588.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$187,000
14123	6627.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$33,000
14094	11444.08	6708	5781.08		Avert Society	$135,000
14124	10938.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$132,000
14101	6120.08	6709	3940.08		Avert Society	$400,000
14102	6121.08	6709	3940.08		Avert Society	$80,000
14125	10940.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$187,000
14353	6158.08	6713	3950.08		Johns Hopkins University Center for Communication Programs	$88,000
14103	6122.08	6709	3940.08		Avert Society	$400,000
14104	6123.08	6709	3940.08		Avert Society	$480,000

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	N/A	True
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	4	False
14.3 Number of individuals trained in HIV-related policy development	30	False
14.4 Number of individuals trained in HIV-related institutional capacity building	30	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	125	False
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID:	3964.08	**Mechanism:**	N/A
Prime Partner:	MYRADA	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS	**Program Area Code:**	14
Activity ID:	6209.08	**Planned Funds:**	$120,000
Activity System ID:	14296		

Activity 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 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10891

Related Activity: 14290, 14291, 14293

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20914	6209.20914.09	HHS/Centers for Disease Control & Prevention	MYRADA	9159	3964.09		$157,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14290	11499.08	6766	3964.08		MYRADA	$75,000
14291	11500.08	6766	3964.08		MYRADA	$105,000
14293	6206.08	6766	3964.08		MYRADA	$100,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

Local Organization Capacity Building

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	50	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	1,000	False
14.3 Number of individuals trained in HIV-related policy development	250	False
14.4 Number of individuals trained in HIV-related institutional capacity building	18,000	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	18,000	False
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	20,000	False

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 3967.08

Mechanism: APAIDSCON

Prime Partner: Share Mediciti (Networking)

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 16431.08

Planned Funds: $15,000

Activity System ID: 16431

Activity Narrative: SUMMARY

MediCiti's Science Health Allied Research and Education (SHARE) project 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 FY08 and in doing so, will be able to participate in a number of important system strengthening activities and policy initiatives across the state. These include providing seed funding to member institutions, developing training centers in AP, and advocacy for improved medical curricula.

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, 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 RESULSTS

ACTIVITY 1: Strengthening the Consortium Institutional Model

In FY08, 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.

Each of the 15 medical college members 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 4 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 2: Dissemination of Information

In FY08, 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 3: Seed Funding to Member Institutions

In FY08, 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. APAIDSCON will also build the capacities of individual institutional faculty members by teaching them to write proposals, create a workplan and budget, and manage a new public health activity.

ACTIVITY 4: Develop Training Centers

In FY08, APAIDSCON will devote substantial time and resources into developing 1-2 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 has already been identified and relationships between this hospital, APSACS, CDC, and APAIDSCON have grown. An amount of $250,000 to support the development of the training center has been leveraged through a partnership with the AP chest hospital in Hyderabad.

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.

ACTIVITY 5: Advocacy for Improved Medical Curricula on HIV/AIDS

Activity Narrative: As noted in the Palliative Care section, in FY08, 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, etc 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 is currently 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.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 14580, 14581, 14582, 14583, 14585

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14580	6226.08	6879	3967.08	APAIDSCON	Share Mediciti (Networking)	$50,000
14581	11502.08	6879	3967.08	APAIDSCON	Share Mediciti (Networking)	$5,000
14582	6224.08	6879	3967.08	APAIDSCON	Share Mediciti (Networking)	$10,000
14583	6225.08	6879	3967.08	APAIDSCON	Share Mediciti (Networking)	$25,000
14585	6227.08	6879	3967.08	APAIDSCON	Share Mediciti (Networking)	$219,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	31	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	36	False
14.3 Number of individuals trained in HIV-related policy development	34	False
14.4 Number of individuals trained in HIV-related institutional capacity building	165	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 6721.08

Mechanism: Connect

Prime Partner: Population Services International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 19131.08

Planned Funds: $250,000

Activity System ID: 19131

Activity 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.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 7428.08

Mechanism: PHMI

Prime Partner: Share Mediciti (Umbrella)

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 21154.08

Planned Funds: $101,000

Activity System ID: 21154

Activity Narrative: N/A

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 3962.08

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

Prime Partner: University of Washington

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID:

Planned Funds: $120,000

Activity System ID: 14665

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 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 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 treatmen) 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10926

Related Activity: 14659, 14660, 14671, 14662, 14672, 14673, 14664

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10926	6204.07	HHS/Health Resources Services Administration	University of Washington	5626	3962.07		$50,000
6204	6204.06	HHS/Health Resources Services Administration	University of Washington	3962	3962.06		$50,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14659		6901	3962.08	I-TECH (International Training and Education Center on HIV)	University of Washington	$300,000
14660		6901	3962.08	I-TECH (International Training and Education Center on HIV)	University of Washington	$150,000
14662		6901	3962.08	I-TECH (International Training and Education Center on HIV)	University of Washington	$400,000
14671		6902	3958.08		Tamil Nadu AIDS Control Society	$20,000
14672		6902	3958.08		Tamil Nadu AIDS Control Society	$60,000
14673		6902	3958.08		Tamil Nadu AIDS Control Society	$90,000
14664		6901	3962.08	I-TECH (International Training and Education Center on HIV)	University of Washington	$100,000

Emphasis Areas

Human Capacity Development

*   Training

***   In-Service Training

*   Task-shifting

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	24	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	6	False
14.3 Number of individuals trained in HIV-related policy development	558	False
14.4 Number of individuals trained in HIV-related institutional capacity building	110	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	538	False
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 7728.08

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: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 10945.08

Planned Funds: $96,000

Activity System ID: 17312

Activity 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. HLFPPT 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 HLFPPT to improve access to high quality condoms for MARPs and their clients. HLFPPT 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 HLFPPT, with support from USG, implemented the first phase of the CSM campaign in 22 high-prevalence districts.

Under the umbrella of the Avert project, HLFPPT has been awarded another four year cooperative agreement to support the state in scaling up the efforts on condom social marketing. In FY08, HLFPPT 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. HLFPPT'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, HLFPPT 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. HLFPPT 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. HLFPPT 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. HLFPPT 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10945

Related Activity: 14098, 17310, 14103, 17311, 14104

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20891	10945.20891.09	U.S. Agency for International Development	Hindustan Latex Family Planning Promotion Trust	9155	7728.09		$96,000
10945	10945.07	U.S. Agency for International Development	Hindustan Latex Family Planning Promotion Trust	5597	3919.07		$25,104

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14098	6117.08	6709	3940.08		Avert Society	$1,204,900
17310	5937.08	7728	7728.08		Hindustan Latex Family Planning Promotion Trust	$632,000
17311	5939.08	7728	7728.08		Hindustan Latex Family Planning Promotion Trust	$72,000
14103	6122.08	6709	3940.08		Avert Society	$400,000
14104	6123.08	6709	3940.08		Avert Society	$480,000

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	26	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	N/A	True
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	N/A	True
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	52	False

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID:	3978.08	**Mechanism:**	PHMI
Prime Partner:	Share Mediciti (Umbrella)	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS	**Program Area Code:**	14
Activity ID:	10116.08	**Planned Funds:**	$250,000
Activity System ID:	14594		

Activity Narrative: SUMMARY

The Public Health Management Institute (PHMI) was established in 2006 as a means of providing human resource capacity building and systems strengthening within the public health infrastructure of Andhra Pradesh (AP). PHMI will support the AP State AIDS Control Society (APSACS) by placing technical consultants with APSACS, to focus on ART, management of the Integrated Counseling and Testing Centers (ICTCs), monitoring and evaluation (M&E) and training.

BACKGROUND

Mediciti SHARE India (SHARE India) is a not-for-profit organization working in rural communities outside Hyderabad, AP, reaching about 300,000 of the rural population with services including maternal and child health, immunization, population control, cancer detection, HIV/AIDS and nutrition, coordinated through their 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 PEPFAR/CDC, SHARE India established the Public Health Management Institute (PHMI) as a technical assistance and training organization. PHMI's current focus is on developing innovative quality improvement mechanisms such as accreditation systems and on the job training programs. Its technical focus is currently on HIV but PHMI envisions a broader role for the Institute in building public health systems in AP.

ACTIVITIES AND EXPECTED RESULTS

ACTIVITY 1: Human Resource Capacity Development through Public Health Field Leaders Fellowship (PHFLF)

With no schools of public health or formal field public health training, there is a significant lack of field-level expertise in population level disease control and prevention in the state. To build local in-country capacity, PHMI has initiated a public health management training program to begin in early FY08. PHFLF is designed as a one year on-the-job training program for approximately 20 mid-career NGO and government personnel who develop or manage HIV- related field interventions. The curriculum consists of six weeks of group sessions combined with distance learning modules and field mentorship. Subjects include project management skills development, science-based intervention design, and evidence-based planning. Using FY08 funds, PHMI will continue to improve the quality and structure of the fellowship curriculum and may expand the fellowship to more than one batch per year.

IN FY08, PHMI will continue to partner with academic institutions, including the new Public Health Foundation of India (tasked to establish five schools of public health in India in the next three years), the Indian Institutes of Management, the George Institute, and University of Chicago. This partnership may lead to additional collaborative training programs and field-level evaluations in FY08.

ACTIVITY 2: Partnership with AP Government to Provide Technical Support

This ongoing activity provides three full-time technical experts to support statewide HIV activities through the Andhra Pradesh State AIDS Control Society (APSACS). The areas covered are surveillance/M&E, Integrated Counseling and Testing Center (ICTC) activities, and training. The consultants' role will be to provide technical support to the government HIV/AIDS intervention and program officers, many of whom have limited experience and technical knowledge in their areas of responsibility. Consultants report to the APSACS Project Director and are mentored by CDC and PHMI staff. They are responsible for strengthening systems in their areas of expertise, building organizational capacity to monitor and evaluate programs, creating minimum standards for all training programs, establishing procedures for routine program reviews, advocating and developing better systems for program supervision, field evaluations, supplies and equipment 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 supported by the Bill and Melinda Gates Foundation). Since the Gates Foundation's programs focus on high -risk prevention, USG support via PHMI and others will continue to play an essential role in building HIV prevention and care systems in the state. PHMI will coordinate inter-state learning exposure visits for SACS staff/officers. PHMI will also build the skills and understanding of the APSACS Project Director in health economics and advanced program management.

ACTIVITY 3: Support to National AIDS Control Organization (NACO)'s ART Program

PHMI will work with NACO to strengthen the national ART delivery systems. This will include support for two consultants at NACO, five consultants at SACS, international consultants and in-country contractors to work on ART issues, with direct technical assistance from CDC India team and CDC Atlanta. NACO's goals are to establish an ART center accreditation system, a down referral system, and an improved human resource management system. The ART support package will also 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.

ACTIVITY 4: HIV Laboratory Accreditation Program

In FY08, PHMI will continue its effort to develop an HIV-specific laboratory accreditation process for private sector laboratories. This is major undertaking will be developed with the USG technical team, other USG partners, technical consultants, NACO/SACS, and other national and international laboratory institutions. An accreditation system is required to standardize HIV testing procedures, empower consumers, and address the reality that laboratory services in India are highly unregulated. PHMI and its collaborators will develop basic standards of HIV testing (based on NACO guidelines), an accreditation checklist, and procedures to assess HIV laboratory practices. In FY08, this will be piloted in at least 15 laboratories in one state.

The target audience is small for-profit laboratories who conduct a large number of HIV tests but have few 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. PHMI will first focus on improving HIV testing quality and later expand the accreditation process to include other common microbiologic tests.

ACTIVITY 5: Clinical Accreditation Program

In FY08, PHMI will also promote as HIV-specific clinical accreditation process for private sector clinics and

Activity Narrative: hospitals. This major undertaking will be developed with the USG technical team, other USG partners, technical consultants, NACO/SACS, and WHO India. A clinical accreditation system is required to standardize HIV care and treatment services, empower consumers, and address the reality that medical care in India remains highly unregulated. PHMI and collaborators will develop basic standards of HIV care, an accreditation checklist, and procedures to assess HIV care practices. In FY08, this will be pilot tested in one state.

Activity 6: Andhra Pradesh HIV Consortium:
In FY08, PHMI will work with APSACS to establish a consortium of HIV/AIDS stakeholders in the state. There is an acute need to coordinate the growing number of HIV/AIDS agencies and stakeholders in AP in order to minimize duplication of activities and geographic coverage, and to develop standardized materials (trainings, package of services, IEC, reporting formats) among these partners. PHMI will coordinate regular meetings of the consortium and its working groups and will establish standard operating procedures.

In addition to the formal consortium, PHMI will support and/or conduct periodic workshops for various stakeholders to share, analyze, and process operational research findings, surveillance reports, and scientific studies. This is also a forum for discussing specific policies and/or operational and technical guidelines, especially as they relate to new findings from the field. PHMI will advocate for more and better quality strategic information in AP, such as HIV prevalence data among most at-risk populations and potential bridge populations.

Activity 7: Training of District AIDS Prevention and Control Units (DAPCUs):
Under Phase 3 of the National AIDS Control Program (NACP-3), DAPCUs will be formed in all districts in the high prevalence states. The objective of building the capacity of the DAPCUs is to decentralize program implementation and management down 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 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.

The process of recruiting and training DAPCU staff is a tremendous opportunity. USG and its partners have already developed some early experience in district capacity building. With APSACS concurrence, USG has established HIV management teams in 10 districts in AP and will conduct skills-based trainings for these district staff. PHMI has been identified as CDC's lead partner in DAPCU trainings and capacity building and will seek inputs from other USG partners in designing and conducting the trainings. The curriculum and calendar will be determined in collaboration with each State AIDS Control Society, each technical support unit, and other technical agencies.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10909

Related Activity: 14587, 14673, 14593, 14664

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20929	10116.20929.09	HHS/Centers for Disease Control & Prevention	Share Mediciti (Umbrella)	9162	3978.09	PHMI	$346,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14587	6223.08	6880	3978.08	PHMI	Share Mediciti (Umbrella)	$5,000
14593	10121.08	6880	3978.08	PHMI	Share Mediciti (Umbrella)	$100,296
14673		6902	3958.08		Tamil Nadu AIDS Control Society	$90,000
14664		6901	3962.08	I-TECH (International Training and Education Center on HIV)	University of Washington	$100,000

Emphasis Areas

Human Capacity Development

*   Training

***   Pre-Service Training

***   In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	21	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	44	False
14.3 Number of individuals trained in HIV-related policy development	350	False
14.4 Number of individuals trained in HIV-related institutional capacity building	146	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 3924.08

Mechanism: N/A

Prime Partner: International Labor Organization

USG Agency: Department of Labor

Funding Source: GHCS (State)

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 6606.08

Planned Funds: $200,000

Activity System ID: 14685

Activity Narrative: SUMMARY

The International Labor Organization's (ILO) subregional 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. 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 with a grant of $80,000 in the FY06 Country Operational Plan (COP), followed by a grant of $250,000 in the FY07 COP. Both 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.

ACTIVITIES AND EXPECTED RESULTS

ACTIVITY 1: Technical Assistance to NACO, Ministry of Labor (MOL), SACS and USG Partners for Development and Implementation of HIV/AIDS Workplace Policies

In FY08, ILO will provide TA to NACO and the MOL to develop HIV/AIDS workplace policies and programs. This will include 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 policies and 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 the SACS in high-prevalence states by deploying a full-time workplace coordinator in SACS to coordinate with SACS and the relevant ministries to further the integration of HIV workplace policies in state guidelines. In FY08, the ILO will 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: Support Model HIV/AIDS Workplace Projects for Demonstration and Learning

In FY08, the ILO will support seven employers' organizations, five labor organizations and 12 corporate groups to implement HIV/AIDS workplace policies. These projects will function as demonstration and learning centers for the SACS and agencies involved in HIV/AIDS workplace initiatives.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11509

Related Activity: 14097, 14129, 14155, 14290, 14667, 14098, 14130, 14136, 14156, 14668, 14099, 14101, 14131, 14140, 14246, 14670, 14104, 14134, 14143, 14162, 14296, 14476

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24634	6606.24634.09	Department of Labor	International Labor Organization	10517	3924.09		$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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14097	6116.08	6709	3940.08		Avert Society	$220,000
14290	11499.08	6766	3964.08		MYRADA	$75,000
14155	10936.08	6720	3949.08	APAC	Voluntary Health Services	$68,200
14667		6902	3958.08		Tamil Nadu AIDS Control Society	$100,000
14129	6133.08	6714	3943.08	Connect	Population Services International	$250,000
14130	6134.08	6714	3943.08	Connect	Population Services International	$773,082
14668		6902	3958.08		Tamil Nadu AIDS Control Society	$40,000
14156	6150.08	6720	3949.08	APAC	Voluntary Health Services	$2,158,800
14136	6129.08	6715	3942.08	Samastha	University of Manitoba	$780,000
14098	6117.08	6709	3940.08		Avert Society	$1,204,900
14099	6118.08	6709	3940.08		Avert Society	$700,000
14101	6120.08	6709	3940.08		Avert Society	$400,000
14140	6130.08	6715	3942.08	Samastha	University of Manitoba	$29,640
14670		6902	3958.08		Tamil Nadu AIDS Control Society	$15,000
14131	6135.08	6714	3943.08	Connect	Population Services International	$483,122
14246	10939.08	6711	5785.08	Samarth	Family Health International	$21,900
14134	6137.08	6714	3943.08	Connect	Population Services International	$710,474
14162	6157.08	6720	3949.08	APAC	Voluntary Health Services	$481,900
14143	10887.08	6715	3942.08	Samastha	University of Manitoba	$1,184,560
14296	6209.08	6766	3964.08		MYRADA	$120,000
14104	6123.08	6709	3940.08		Avert Society	$480,000
14476	12600.08	6848	5976.08		Indian Network of Positive People	$68,000

Emphasis Areas

Local Organization Capacity Building

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	26	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	N/A	True
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	N/A	True
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Business Community

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 3958.08

Mechanism: N/A

Prime Partner: Tamil Nadu AIDS Control Society

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID:

Planned Funds: $69,000

Activity System ID: 14674

Activity 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 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

Activity Narrative: 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 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10918

Related Activity: 14161, 16404, 14664

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10918	6188.07	HHS/Centers for Disease Control & Prevention	Tamil Nadu AIDS Control Society	5624	3958.07		$25,000
6188	6188.06	HHS/Centers for Disease Control & Prevention	Tamil Nadu AIDS Control Society	3958	3958.06		$36,400

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14664		6901	3962.08	I-TECH (International Training and Education Center on HIV)	University of Washington	$100,000
16404	16404.08	6848	5976.08		Indian Network of Positive People	$34,000
14161	6156.08	6720	3949.08	APAC	Voluntary Health Services	$396,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	2	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	30	False
14.3 Number of individuals trained in HIV-related policy development	30	False
14.4 Number of individuals trained in HIV-related institutional capacity building	30	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Target Populations

Other

Business Community

People Living with HIV / AIDS

HVMS - Management and Staffing

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Total Planned Funding for Program Area: $2,422,297

Estimated PEPFAR contribution in dollars	$0
Estimated local PPP contribution in dollars	$0

Program Area Context:

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.

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. USG is establishing a regular (monthly or bi-monthly) interagency reporting meeting with the Director General, NACO.

A Management and Staffing Committee has been set up, with representation from the three major USG agencies in PEPFAR, to guide the process of Staffing for Results. The Committee has prepared functional staffing charts, agency management charts, and the staffing database submitted as supporting documents to the FY08 Country Operational Plan. This Interagency Work Group reports to the DCM through the quarterly agency heads' meeting and to the agency heads through the regular PEPFAR team meetings.

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-3).

USAID's and CDC's programs and skill sets are complementary. There is some possibility for overlap in a few areas, such as working with PLHA organizations, IEC activities, and training for private medical practitioners. The two agencies minimize duplication of efforts through inclusion of representatives at planning and regular coordination meetings in order to promote synergy in agency skills, and methodologies. For example, the agencies will work together at a partners' meeting, in October 2007 to refine the definitions of palliative care packages.

As a team we also face challenges. In response to NACP-3's priorities, the USG role is changing from a focus on direct implementation to more emphasis on technical assistance. While the SACS will now fund NGOs and community-based organizations to implement programs, a new body, the Technical Support Unit (TSU) will provide technical and management oversight and build NGO capacity. In USG focus states where CDC supports technical consultants to the SACS and USAID supports the TSU, this requires a review of agency roles. A further challenge is to develop exit plans for USG support for NACO and SACS staff.

Internally, staff challenges include budget constraints that limit hiring staff and consultants required to provide technical assistance to the national HIV/AIDS program, formal hiring mechanisms that limit the ability for a timely response to staff needs, delays in staff appointments owing to a RIF process affecting USAID, staff turnover, and the difficulty of identifying technically qualified staff who also have local language skills for CDC field offices. 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 areas have suffered from the limited availability of program management assistance and staff time to promote PEPFAR activities.

USG's management plan over the next year centers on a review of India's HIV/AIDS program, including issues of Staffing for Results and communication. The review will be a jointly planned exercise that will be carried out by consultants with participation from NACO and OGAC. It is expected to take place in early-mid 2008. Management of the Review and of SFR will be the responsibility of the Management and Staffing (M&S) TWG.

A brief overview of the current staffing pattern for each agency follows.

USAID: Budget $1,170,000; administrative costs $273,300 (IT and ICASS:$185,000; Other:$88,000)
•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.

HHS/CDC: Budget $1,289,997; CDC non-salary costs for all staff (technical and M&S): head tax $252,948; ICASS: $301,070.
•The HHS/CDC AIDS Program is led by a USDH 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 medical officer 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 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 requires staff with administrative and technical experience, often with a medical background and strong expertise in training, CT, communication and behavior change, care and treatment, SI and laboratory systems,. CDC provides technical consultants and support to NACO, the SACS, and input in several technical areas, including ART rollout, CT, PMTCT, lab, care, M&E protocols, national guidelines and training curricula. In the field, CDC is directly involved in designing and providing technical assistance to partners to implement integrated prevention, care and treatment programs at the state and district level. .

DOD: Budget $77,300
•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 Office of Defense Cooperation (ODC) in New Delhi handles liaison with the Armed Forces Medical Services and facilitates commodity procurement.
•A new FSN position to provide program management assistance to the DOD PEPFAR program was approved in the FY07 COP. Funding for this position is now available; it is planned to hire a staff person in the coming year.

DOL: No staff cost. PEPFAR activities are managed by the Labor and Political Advisor, Department of State.

Program Area Downstream Targets:

Custom Targets:

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID:	5786.08	**Mechanism:**	N/A
Prime Partner:	US Centers for Disease Control and Prevention	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Management and Staffing
Budget Code:	HVMS	**Program Area Code:**	15
Activity ID:	16502.08	**Planned Funds:**	$18,901
Activity System ID:	16502		

Activity Narrative: BACKGROUND
GHAI funding is combined with funding from CDC/GAP base funds to support the CDC staff listed below.

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 HHS/CDC AIDS Program is led by a USDH 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 medical officer 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 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 requires staff with administrative and technical experience, often with a medical background and strong expertise in training, CT, communication and behavior change, care and treatment, SI and laboratory systems,. CDC provides technical consultants and support to NACO, the SACS, and input in several technical areas, including ART rollout, CT, PMTCT, lab, care, M&E protocols, national guidelines and training curricula. In the field, CDC is directly involved in designing and providing technical assistance to partners to implement integrated prevention, care and treatment programs at the state and district level.

The budget under the Management and Staffing (M&S) category is $1,289,997. CDC non-salary costs for all staff (including both staff included under M&S and under the technical areas are: head tax $252,948; and ICASS: $301,070. Head tax costs under M&S are $130,020, and ICASS costs are $139,560.

After finalization of the budget and COP by the USG team in September, CDC/GAP in New Delhi was asked by Atlanta headquarters to redirect approximately $133,824 of 2008 and 2007 PEPFAR funds to: 1) fund an Atlanta-based IT initiative ($78,000 annually, requested 9/4/07); and 2) pay $55,824 in head tax for the Health Attache (requested 9/24/07). The unexpected costs will result in a decrease in program activity for 2008, due to the extremely tight CDC budget. The USG PEPFAR team will meet early in FY 2008, to agree on which critical PEPFAR programs and activities will be decreased in 2008 to meet these unexpected requirements. An appeal has been made to the CDC Atlanta headquarters. The HHS Health Attache's office does not provide direct support to the PEPFAR program in India.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID:	3969.08	**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 Area Code:**	15
Activity ID:	6243.08	**Planned Funds:**	$1,171,096

Activity System ID: 14471

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, the Strategic Information (SI) Officer, supported by a Program Management Assistant.

ACTIVITY

The HHS/CDC AIDS Program is led by a USDH 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 medical officer 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 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 requires staff with administrative and technical experience, often with a medical background and strong expertise in training, CT, communication and behavior change, care and treatment, SI and laboratory systems,. CDC provides technical consultants and support to NACO, the SACS, and input in several technical areas, including ART rollout, CT, PMTCT, lab, care, M&E protocols, national guidelines and training curricula. In the field, CDC is directly involved in designing and providing technical assistance to partners to implement integrated prevention, care and treatment programs at the state and district level.

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HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10866

Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20948	6243.20948.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	9167	3969.09		$903,678
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 3.3.15: Activities by Funding Mechansim

Mechanism ID: 3976.08

Mechanism: N/A

Prime Partner: US Department of Defence/Pacific Command

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Activity ID: 6258.08

Planned Funds: $77,300

Activity System ID: 15070

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
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 DOD program is managed by a half-time program manager at the COE, with in-country support and guidance from the ODC and technical support as needed from PACOM's Surgeon's Office, COE's Senior Medical Advisor, and the Armed Forces Institute of Medical Sciences.

The ODC staff in New Delhi, primarily the Deputy Chief and one FSN in New Delhi, handle liaison with the Armed Forces Medical Services and facilitate commodity procurement and execution of other DOD activities under the PEPFAR program. A new half-time FSN program management assistant for the New Delhi office is now being recruited. PEPFAR funding also support office equipment, supplies and travel, including ICASS costs.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11519

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24640	6258.24640.09	Department of Defense	US Department of Defence/Pacific Command	10518	3976.09		$45,500
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		$70,000

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 3973.08

Mechanism: N/A

Prime Partner: US Agency for International Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Activity ID: 6240.08

Planned Funds: $770,000

Activity System ID: 14148

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)

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11441

Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20946	6240.20946.09	U.S. Agency for International Development	US Agency for International Development	9165	3973.09		$971,000
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 3.3.15: Activities by Funding Mechansim

Mechanism ID: 3972.08

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 Area Code: 15

Activity ID: 6239.08

Planned Funds: $385,000

Activity System ID: 14149

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).

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10823

Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20947	6239.20947.09	U.S. Agency for International Development	US Agency for International Development	9166	3972.09		$433,000
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		$754,000

Table 5: Planned Data Collection

Is an AIDS indicator Survey(AIS) planned for fiscal year 2008?		**Yes**	**X**	**No**
If yes, Will HIV testing be included?		Yes	X	No
When will preliminary data be available?				
Is an Demographic and Health Survey(DHS) planned for fiscal year 2008?		**Yes**	**X**	**No**
If yes, Will HIV testing be included?		Yes		No
When will preliminary data be available?				
Is a Health Facility Survey planned for fiscal year 2008?		**Yes**	**X**	**No**
When will preliminary data be available?				
Is an Anc Surveillance Study planned for fiscal year 2008?	**X**	**Yes**		**No**
If yes, approximately how many service delivery sites will it cover?		Yes		No
When will preliminary data be available?			4/30/2008	
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 2008?		**Yes**	**X**	**No**

Other Significant Data Collection Activities

Name: Estimating the Number of Orphan and Vulnerable Children (OVC) in Maharashtra

Brief Description of the data collection activity:

Current estimates of the number of OVCs in Maharashtra are weak; more information on the numbers and geographical locations of OVC is needed for effective planning and scale up strategies. The Avert project will collaborate with Family Health International's Samarth project to carry out an assessment of OVC numbers. This will include a needs assessment to inform the design and direction of OVC programs in the state.

Preliminary Data Available:

2/28/2008

Name: State-Level Assessment of Programs for Targeted Interventions (TI), Palliative Care, Integrated Counseling and Testing [CT] (PMTCT and CT) in Maharashtra

Brief Description of the data collection activity:

In Maharashtra, the State AIDS Control Society and the Avert project have been supporting NGOs to implement TI programs among high-risk groups for over five years. An external agency will assess the strengths, weaknesses and gaps of these programs to inform strengthening and scale-up efforts in the State. An agency will also be contracted to assess the palliative programs that are being implemented by the Maharashtra State AIDS Control Society and the Avert project. The assessment will review the efficacy of the care and support models in providing quality services to people infected and affected with HIV/AIDS and check for gaps and strengths in coverage and linkages of care and support programs to prevention, counseling and testing and ARV treatment services, in order to make recommendations to strengthen the ICTC program in the State.

Preliminary Data Available:

8/31/2008

Name: BSS Wave XII 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.

Preliminary Data Available:

9/30/2008

Name: Mapping of High Risk Groups in Maharashtra for Evidence-Based Planning

Brief Description of the data collection activity:

The mapping of most-at-risk populations (FSW, MSM and IDU) and other vulnerable groups (migrants, truckers and street children) will provide a comprehensive database by identifying physical locations where high-risk activities take place and estimating the size of high-risk populations. This exercise will be undertaken in all 35 districts of Maharashtra. The database will provide evidence for expanding the scope and operations of targeted interventions (TIs) in the State. An agency will be hired to carry out this exercise in close association with local non-governmental organizations (NGOs), community-based organizations, and community members.

Preliminary Data Available:

2/28/2008

Name: State-Level Behavioral Surveillance Survey (BSS) in Maharashtra (BSS Wave V)

Brief Description of the data collection activity:

Until FY07, BSS was conducted in selected high-prevalence districts and not representative of the whole of Maharashtra State. With FY08 funds, Avert project will support a state-level BSS study among most-at-risk groups such as FSW, MSM and IDU and vulnerable populations such as youth, truckers, workers and migrants. Avert will hire a research agency to conduct the study.

Preliminary Data Available:

2/28/2008

Supporting Documents

File Name	Content Type	Date Uploaded	Description	Supporting Doc. Type	Uploaded By
INDIA_FY 2008 COP_Agency Management Charts.pdf	application/pdf	8/30/2007		Other	KBarker
FY08 COP five year strategy revised 92407.doc	application/msword	9/28/2007		Other	CLal
AUG 2FY08 COP UOM Justification for Over 8% Funding .doc	application/msword	9/30/2007		Other	JHayman
Aug_07_ART_DATA_Submitted.xls	application/vnd.ms-excel	9/30/2007		Other	JHayman
LS Karnataka State profile 10 Sept .doc	application/msword	9/30/2007		Other	JHayman
Maharashtra state profile.doc	application/msword	9/30/2007		Other	JHayman
Northeast State profile1 91807.doc	application/msword	9/30/2007		Other	JHayman

Special Technical Assistance Initiative.doc	application/msword	9/30/2007	Other	JHayman
Tamil Nadu State Profile 11 Sept.doc	application/msword	9/30/2007	Other	JHayman
UTTAR PRADESH edited DESC COP 91707.doc	application/msword	9/30/2007	Other	JHayman
WHO_SOW- USAID.doc	application/msword	9/30/2007	Other	JHayman
CDC IAA SOW.doc	application/msword	9/30/2007	Other	JHayman
Congressional Notification FY08 COP.doc	application/msword	9/30/2007	Executive Summary	JHayman
LS Andhra Pradesh state profile 2007 .doc	application/msword	9/30/2007	Other	JHayman
Table_1_ShowUploadedFile [1].pdf	application/pdf	10/1/2007	Ambassador Letter	JHayman
Human Capacity Development HCD Table for USAID & CDC & DoL_ 09.25.07.xls	application/vnd.ms-excel	10/1/2007	Other	JHayman
Global Fund Supplemental.doc	application/msword	10/2/2007	Other	JHayman
Explanation of Targets Calculations.doc	application/msword	10/2/2007	Other	JHayman
Fiscal Year 2009 Funding Planned Activities.doc	application/msword	10/2/2007	Other	JHayman
FY08 COP Population Services International Justification for over 8% Funding.doc	application/msword	10/2/2007	Other	JHayman
India Budgetary Requirement Worksheet.xls	application/vnd.ms-excel	10/19/2007	Budgetary Requirements Worksheet*	ALatour