



**India**

**Operational Plan Report**

**FY 2011**



## Operating Unit Overview

### OU Executive Summary

#### **Background:**

India has the third largest HIV/AIDS epidemic in the world. According to the 2008 Government of India (GOI) national estimates, there are 2.27 million people living with HIV/AIDS (PLHIV) with 322,561 on antiretroviral treatment. However, because India is such a large country, the estimated adult HIV prevalence is only 0.29% of the population. This low prevalence rate is misleading, given that even small increases in the HIV/AIDS rates in India could have global ramifications. India has a concentrated epidemic, with the highest prevalence among most at risk populations (MARPs): 4.9% of female sex workers (FSWs), 7.3% of men who have sex with men (MSM) and 9.2% of injecting drug users (IDUs) are estimated to have HIV. The National AIDS Control Organization (NACO) has prioritized 195 districts based on their high prevalence rates. There is also growing concern that inter-state migration in India is another factor which is fueling the HIV epidemic and districts that were low prevalence a few years ago are showing trends of higher prevalence. Out of the total estimated number of PLHIV, 3.5% are children. India has over three million children affected by AIDS, out of which 66,770 are registered in antiretroviral treatment (ART) centers and 19,613 are on treatment.

Since 1990, the GOI has been dedicated to combating the HIV/AIDS epidemic through a series of progressively stronger national programs. India is poised to fulfill the major goals of PEPFAR II, the Global Health Initiative, and the “Three Ones” principles with an impressive, country-led, national program. Assisted by significant support of approximately \$1.4 billion from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), India is implementing one HIV/AIDS action framework, the National AIDS Control Program, with one national AIDS coordinating authority, the National AIDS Control Organization (NACO). With key technical assistance from PEPFAR, India is working toward one country-level monitoring and evaluation (M&E) system.

The National AIDS Control Program, Phase III (NACP-III), from 2007-2012, has expanded services and continues to tailor interventions to the unique dynamics of the epidemic in India. Given NACP-III's current momentum and important advances in scale-up and targeted capacity development, the goal of reversing the epidemic is within reach. In the last few years, estimates indicate that India's national HIV/AIDS prevalence appears to be stabilizing, with an apparent decline from 0.36% in 2006 to 0.29 % in 2008. However, the epidemic is also becoming more complex, with new spikes in some state and district level prevalence rates, forcing some low-capacity states to now address HIV issues. Furthermore, MARP practices are constantly changing and successful targeted interventions must evolve with these rapidly shifting patterns and environments. For example, brothel-based sex work is giving way to home-based commercial sex practices, making the populations at risk even more difficult to reach. IDU sub-populations were primarily based in the North-East. However, pockets of IDUs are being observed in large cities and port-towns throughout India. Many MARPs are transient, following trucking and trade routes, and NACP-III has been reaching these populations in their destination points rather than in the source states and districts. Moreover, the limited public health capacity of some poor states in northern and central India, such as Gujarat, Uttar Pradesh, Orissa and Rajasthan, has hindered the quality of surveillance, services, and program management in those states, leaving opportunities for HIV to spread.

At the same time, major donors, such as the Bill and Melinda Gates Foundation (BMGF) and the Clinton Foundation, are now phasing-out of HIV/AIDS support in India. Therefore, PEPFAR India must intensify its efforts to provide strategic technical assistance to the GOI to reverse the epidemic at this critical turning point. The Millennium Development Goals hinge upon India's ability to continue its successful fight against HIV/AIDS. PEPFAR India has a vital role to play in supporting NACO's implementation of a large-scale, multi-faceted HIV/AIDS program.



### **U.S. Government Funding and Country Strategy Development:**

Working in close partnership with the GOI, PEPFAR India leverages \$150 million (five years of funding), or 6% of the \$2.5 billion NACP-III budget. In FY2011, with the core budget of \$30 million, the USG will primarily support NACP's critical need for technical assistance and capacity building at the national, state, and district levels. At the request of NACO, the USG is expanding technical support to additional states in northern India such as Rajasthan, Gujarat, Orissa and Uttar Pradesh. In line with NACP-III and PEPFAR priorities, PEPFAR India will continue to focus on strengthening MARP interventions, orphans and vulnerable children (OVC) programming, human capacity building, laboratory strengthening, and strategic information (SI) support in FY2011. Additionally, PEPFAR India is developing a multilateral "strategic partnership" with the Indian Armed Forces, including creating, strengthening and sustaining institutional linkages between Indian and U.S. military medical care and research facilities.

To develop a new Country Strategy, the PEPFAR India team, consisting of the United States Agency for International Development (USAID), the U.S. Centers for Disease Control and Prevention (CDC), and the Department of Defense (DOD), has been engaged in a comprehensive, participatory process. This process involves reviewing existing literature, participating in program reviews, and conducting formal and informal feedback interviews with diverse stakeholders in India. PEPFAR India has engaged in strategic discussions with the Joint United Nations Program on HIV/AIDS (UNAIDS), the Clinton Foundation, BMGF, the United Kingdom's Department for International Development (DFID), World Health Organization (WHO), World Bank, GFATM, and the International HIV/AIDS Alliance. In addition, the USG participated in a number of GOI-led assessments and evaluations. These reviews included the NACP-III Mid-Term Review (MTR), national and state reference laboratory assessments, Centers of Excellence (COE) and Community Care Center (CCC) assessments, and various studies of MARPs in the high prevalence districts and states throughout India. As a result, four main technical areas have emerged as the framework for India's Country Strategy: Technical Leadership (TL), Public-Private Sector Engagement (PPSE), Data for Decision Making (D4DM) and Health Systems Strengthening/Human Resources for Health (HSS/HRH).

In parallel, to implement this new strategy, PEPFAR agencies have been reformatting organizational structures; re-building appropriate staffing patterns; negotiating technical assistance agreements, bilateral agreements, and letters of agreement with the GOI (inclusive of PEPFAR priorities); and upholding broad USG development and foreign policy objectives. Close partnership between international donors and NACO is a cornerstone of PEPFAR India's Country Strategy. The additional \$3 million of FY2010 funding recently made available for PEPFAR India will allow the USG to begin implementation of the new Country Strategy immediately through two agencies: USAID and CDC. The new funding primarily falls under three technical domain areas: TL, D4DM, and HRH. The new funding will be focused on building the technical leadership of the national government through the technical support unit (TSU) model. The USG will support a National TSU (NTSU) to provide critical technical assistance (TA) to the NACP-III in strategic areas for national level programming. The FY2010 funds will permit the USG to provide hands-on TA to facilitate NACO's national data system strengthening, strategic planning, and policy development. The new funding will also be applied to ramp-up system strengthening and capacity building work by developing a government repository or knowledge hub. This funding will assist NACO in meeting its planning and mentorship role by enabling government staff to conduct hands-on modeling and estimations with surveillance data at the state level. It will allow the USG to directly support all stages of the development and roll-out of the Strategic Information Management System (SIMS) in India. With this funding, the USG is now able to be responsive to the GOI's request to expand capacity building for state, district and civil society entities in the states of: Andhra Pradesh, Gujarat, Uttar Pradesh, Maharashtra, Karnataka, Orissa, and Rajasthan.

To further refine and finalize PEPFAR India's Country Strategy, established GOI/USG strategic domain groups will work directly with appropriate OGAC technical working groups to address important gaps.



The PEPFAR India team will strategically determine the resources required to accomplish key priorities, design new, integrated project mechanisms, and develop an overall monitoring and evaluation plan to implement the new Country Strategy. PEPFAR India's final five-year Country Strategy will be submitted on January 18, 2011.

After nearly a decade of DOL and PEPFAR support to the International Labor Organization (ILO), an independent, government-led HIV/AIDS workplace platform has been established in India. To date, ILO has received PEPFAR funding of approximately \$1 million to establish workplace programs, advocate for national legislation, and forge public-private partnerships through USAID implementing partners to tackle HIV/AIDS throughout India. Most recently, the Ministry of Labor and Employment (MOLE) has been awarded a \$40 million GFATM grant to implement its national workplace legislation and focus on migrant populations. This accomplishment is a testament to the viability of this workplace platform. ILO will receive approximately \$5 million, as a sub-recipient under MOLE, to provide TA in implementing the national workplace legislation. At the same time, USAID will no longer require project TA given its portfolio transition (former ILO partner projects are closing) and its launch of new programs that will focus on public-private engagement and expanding corporate HIV/AIDS efforts to reach MARPs. It is recommended that DOL/ILO be commended for their significant achievements advancing HIV/AIDS efforts in the workplace in India. The PEPFAR India interagency team has concluded that the DOL should not receive FY2011 PEPFAR India funding and DOL graduation will be considered in June of FY2011. USG multilateral support of ILO India will continue through the GFATM grant, sustaining its expanded scope of work and MOLE's capacity development and leadership in addressing HIV/AIDS in the workplace.

#### **Sustainability and Country Ownership:**

PEPFAR India's provision of technical assistance (TA) and cooperation will directly foster the capacity of NACO and select (HIV priority) state AIDS control societies (SACS) to implement an effective HIV/AIDS program. Targeted USG support, coupled with strong NACO leadership and significant NACP-III resources, has already fostered many sustainable achievements, most notably: successful pilot or demonstration site scale-up, better functioning government bodies at the national, state and district levels, and private sector engagement to expand HIV/AIDS efforts. NACO has scaled-up several USG-supported implementation models developed in demonstration sites or pilot programs. Some illustrations follow:

- One successful model is the development of a TSU to infuse government bodies with high-level evidence-based program planning and oversight capacities. The benefits are two-fold: the capacity of civil servants is improved while the HIV/AIDS programs they manage are more effective and cost-efficient. In FY2011, the USG will be supporting TSUs in the select states and an NTSU will be fully operational.
- The USG's model nurse-practitioner (NP) task-shifting program has been expanded by the GOI to 266 Integrated Counseling and Testing Centers (ICTCs) for HIV/AIDS in 10 high-burden HIV districts.
- USG-provided TA to NACO in developing the Greater Involvement of People Living with HIV/AIDS (GIPA) policy and the National Migrant Policy. In FY2011, these policies will be implemented throughout the country.
- In FY2011 the Ministry of Labor and Employment will launch a nationwide HIV/AIDS workplace program, with significant GFATM funding, based on nearly a decade of PEPFAR India and DOL support for over 400 workplace programs, advocacy and policy development work.
- The Indian Armed Forces now fully maintains and properly utilizes the formerly USG-supported laboratories with appropriate equipment to diagnose, treat, and support military personnel and their families infected and affected by HIV/AIDS in India.

There are a number of government departments and institutions that have received PEPFAR-supported



capacity development to build an effective HIV/AIDS program through the Indian health care system. With USG support, a number of government bodies, including District AIDS Prevention and Control Units, State Training Resource Centers, the National Institute of Biology, the National Centers for Disease Control, and the Indian Network of Positive Persons, have either been developed or reinvigorated to address HIV/AIDS through NACP-III. GOI leadership capacity has also been strengthened through USG technical assistance in strategic health communication and management capacity for SACS and USG participation in NACO's Joint Implementation Reviews.

#### **Integration across the USG:**

The PEPFAR India program has a two-pronged approach to integration: 1) promoting integration across and within USG agencies; and, 2) fostering integration among the related GOI programs. Within the USG, the Indo-U.S. Strategic Dialogue is a high-level platform for interagency collaboration that prioritizes health under its fifth pillar, Science, Technology, Health and Innovations. It has been established to improve coordination and better engage the GOI to promote leadership and partnership with the GOI. Under the Strategic Dialogue, HHS leads a joint research agenda, providing HIV/AIDS grants to US-India research teams through the National Institutes for Health; and the CDC and USAID collaborate jointly to provide TA to the GOI for PEPFAR activities. The new CDC-supported Global Disease Detection Center (GDD) is now poised to strengthen India's National CDC and its ability to identify, monitor and respond to disease outbreaks. USAID and CDC currently support WHO's South-East Asia Regional Office to scale-up tuberculosis (TB)-HIV activities. In collaboration with the Tuberculosis Research Center at Chennai, the USG has supported Cotrimoxazole preventive therapy (CPT) field trials, which led to its inclusion in the national policy. The Political Section of the Embassy continues to monitor and advise the USG of opportunities for collaboration on women's empowerment, including reducing the vulnerability of women to trafficking.

USAID's new PEPFAR-funded activities in FY2011 are designed to build integrated, systems-based approaches that will replace the more vertical programs currently underway. A significant development is the USAID signing with the GOI of a Health Partnership Program bilateral agreement, endorsing an integrated approach through health systems strengthening to improve the health status of vulnerable Indians. NACO is a key partner to this agreement. The health system strengthening activities focus on improving access to and quality of health services, improving healthy behaviors and the use of strategic information for programming, policy and resource allocation, and leveraging the private sector for resources and to expand reach. Cross-sector collaborations have been fostered within the USAID Health Office, including a special focus on convergence of information and services, and community mobilization activities to provide family planning services at prevention of mother-to-child transmission (PMTCT) sites. There are also joint trainings for service providers under the GOI's National Rural Health Mission and NACO. Other collaborations include joint facility-level assessments for a package of quality integrated services which include: reproductive health services, Sexually Transmitted Infection (STI) Treatment, HIV/AIDS Counseling and Testing (CT), PMTCT, antenatal care, and family planning services. In line with the USG's Global Health Initiative, the USG actively supports PMTCT-Maternal and Child Health (MCH) integration strategies and programs to promote the utilization of antenatal services, and cost-effective PMTCT and MCH services.

CDC's PEPFAR activities in FY2011 have been planned under a Letter of Agreement with NACO, which reflects a consolidation into three primary areas: national and state laboratory strengthening, strategic information, and human capacity development. These core areas are critical NACO priorities that match well with CDC's core strength as an agency. Based on joint CDC/USAID laboratory assessments, CDC will advance laboratory strengthening with the GOI at national, state and district levels. Responding to a NACO request, CDC assembled an inter-agency assessment team, including USAID, to assess NACO's Center of Excellence (COE) for HIV care and treatment. CDC is collaborating closely with USAID and NACO to roll out an in-service training program for nurses. The DOD and CDC may also collaborate on the laboratory system strengthening of the Armed Forces Laboratories. In FY2011, the DOD and the



Indian Armed Forces are planning to co-host an International Military Medical Conference that will address the prevention, care, and research of infectious diseases. Focused on South Asian countries, this conference will include U.S. and Indian interagency participation (i.e., USAID, CDC, NACO, etc.). Currently PEPFAR India (with Office of Defense Cooperation) is in dialogue with OGAC to determine the appropriate amount of PEPFAR funding that could be allocated to this activity.

### **Health Systems Strengthening and Human Resources for Health:**

As PEPFAR India fully transitions from direct programming to a new Country Strategy, HSS and HRH will drive future PEPFAR support. Many successful PEPFAR India systems strengthening models have been discussed under “sustainability and country ownership” and the “integration” sections, therefore, only new directions for HRH are elaborated on here. The long-term goal of the USG investment in India is to strengthen health systems through institutional capacity building that enhances the quality of HRH and thereby both community-based and facility-based services. The USG efforts for enhancing quality of service delivery and scale-up under NACP-III will address human capacity development in the areas of: prevention; care, support and treatment; OVC; communications; evidence-based program planning and management; strategic information; surveillance; laboratory strengthening; private sector engagement; and convergence with other sectors.

USG will support the Technical Support Units (TSUs) in USG priority states as well as the National TSU tasked to provide technical inputs in evidence-based program planning and capacity building in implementing India’s flagship National AIDS Plan. In addition to continuing the USG support for pre-service education through the HIV fellowship programs, USG investment in HRH will support TA for in-service training of various cadres of health care providers through local institutions such as the State Training Resource Centers (STRC), Centers of Excellence (COEs) in 10 leading medical institutions, National Institute of Epidemiology (NIE), National Institute of Mental Health and Neurosciences (NIMHANS), and the Indian Nursing Council (INC). Other institutions that will benefit from USG TA in FY11 include the National AIDS Research Institute (NARI), the National Institute of Biology (NIB) and over 117 State Reference Laboratories (SRL) along with the 13 National Reference Laboratories (NRL) and the capacity of District AIDS Prevention and Control Units (DAPCU). The USG’s strategic investments in SI include TA for scale-up of a decentralized, web-based CMIS for NACO and national level TA for strengthening capacities and systems for data management, analysis and use as well as implementation of a human resources information system (HRIS) for workforce planning, capacity building, and mentoring.

### **Coordination with Other Donors and the Private Sector:**

India is the largest recipient of assistance from the GFATM, with over \$1.8 billion in grant applications, of which \$995,315,469 has been approved through Rounds 2, 3, 4, 6, and 7 for all three diseases. The HIV/AIDS grants total \$665 million. The successful Round 9 grants signing is currently being negotiated in-country, and a Round 10 proposal was submitted in August, 2010. The GFATM grants (rounds 4 and 6) support the Indian ART program, including first and second line ART drugs, plus care and support services for adults and children. Round 2 focuses on PMTCT, while Round 7 supports HIV prevention services through the link worker program. The USG provides TA to the GFATM-funded activities through: proposal development and technical reviews; strengthening of monitoring, evaluation and management; participation in the Country Coordinating Mechanism (CCM); and advocacy to increase private sector and civil society participation in GFATM activities. In FY2011, the USG will hire a GFATM Liaison using a U.S. Personal Services Contract (PSC) mechanism, to provide technical assistance to the CCM.

The USG represents the bilateral constituency on the India CCM, along with DFID and the French Embassy. The USG has developed the Terms of Reference (TOR) for the bilateral constituency, and assisted in developing the India CCM TOR to ensure better governance. The bilateral constituency, for which the USG is currently the lead, meets regularly to ensure that the GFATM grants in India have a sustainable impact, and available resources are effectively utilized.



The USG participates in country-level coordination meetings of development partners focusing on a range of HIV-related program and technical areas. The USG works closely with NACO's two most significant multilateral partners in HIV —WHO and UNAIDS— on a range of SI issues and will further several SI objectives in the coming year. In November 2009, PEPFAR participated in the MTR of NACP-III, along with the World Bank, DFID and UNAIDS. Given the phase-out from HIV-related funding of the Bill and Melinda Gates Foundation and Clinton Foundation, the USG is collaborating closely with donors and government counterparts to ensure a staged phase-out of their programs and identify alternate support for critical services, from the GOI and other sources, to facilitate a responsible transition.

Following PEPFAR India's recent advocacy and USAID's thriving private sector pilots in other areas of the health sector, NACO and other GOI ministries now recognize the need for private sector engagement in HIV/AIDS and other health programs in India. The GOI plans to expand STI treatment, PMTCT and ART services through the private sector. In FY2011, the USG will provide technical assistance to NACO and other government agencies to strengthen their capacity to engage with the private sector and navigate this sensitive area. Specifically, NACO has requested USG to support a team of private sector specialists to guide the national policies and support the expansion of public-private-partnerships for HIV/AIDS interventions. PEPFAR India will begin to develop a quality of care system to monitor, mentor and learn from successful primary and secondary level private health care facilities. PEPFAR India will help facilitate private sector health partnerships to develop and expand innovative private sector engagement models, leading to better health outcomes. In particular, PEPFAR India seeks to replicate private sector access and financing platforms to promote quality, efficiency and scale-up of HIV/AIDS programs.

### **Programmatic Focus**

PEPFAR funding for FY2011 will focus on the following programmatic areas to achieve the 3-12-12 goals:

**1. Prevention:** One of the key objectives of NACP-III is to reduce new HIV infections in India by 60-80% and ensure greater prevention coverage of MARPs, which include FSWs, MSMs, IDUs, migrants and truckers. Nearly 67% of NACP-III resources are earmarked for prevention activities. USG's strategy in FY11 is to provide TA to NACO to strengthen the national prevention efforts, which include: saturating coverage of MARPs in urban and high-concentration areas through TIs; linking MARPs to CT and other services; improving quality of programs on MARPs such that they are evidence-based and results oriented; scaling up the Link Worker Program; initiating interventions for migrants and long-distance truck drivers; prioritizing programs for women and youth; and increasing access to condoms, STI treatment and HIV CT services.

Since male risk behaviors are an important driver of the epidemic in India, shifting social norms for acceptable male behavior is critical to the success and sustainability of HIV prevention efforts. PEPFAR India supports such normative change through TIs, promoting mutual fidelity and partner reduction, and consistent condom use with non-regular partners. Behavior change interventions are carried out by a strong network of peer educators who are trained on interpersonal communication skills, self esteem development, STIs, micro-planning and monitoring, and following nationally approved training curricula. In addition, peer educators promote condoms (male and female) and provide accompanied referral services for FSWs on STI, CT, and care and treatment. NACP-III is committed to providing PMTCT services to 7.5 million pregnant mothers annually and HIV prophylaxis to 11,347 HIV-positive mothers through 4,955 PMTCT centers. In FY2011, the USG will complement the national PMTCT program by supporting NACO's private maternity strategy, ensuring there is a PMTCT cascade of interventions. NACO's long-term goal is integration of NACP with the National Rural Health Mission (NRHM) to ensure sustainability, and to increase access to CT and PMTCT services as close as possible to the beneficiary. The NACP-NRHM convergence model will: improve HIV detection with a women's first contact with the health system; promote the birth of HIV-negative children; and, improve the quality and quantity of life of PLHIV. In FY2011, the USG will begin to work with NACO, the SACS and DAPCUs to foster NACP-



NRHM convergence in high priority districts.

**2. Care and Support:** The care, support and treatment of PLHIV is an important component of NACP-III, which aims to provide comprehensive management for prevention and treatment of opportunistic infections (OI), antiretroviral therapy (ART), psychosocial support, community-based care, positive prevention and impact mitigation. The delivery of care and treatment services for PLHIVs in India is provided through a three-tiered structure: ART Centers, Link ART Centers, and Community Care Centers (CCC). In addition, drop-in-centers managed by PLHIV networks play a critical role in mobilizing PLHIVs and improving access to services. The 287 CCCs (linked to ART centers) provide care and support services, including adherence, nutrition counseling, and family support services. PEPFAR India's TA is focused in the following areas: TB-HIV linkages, building capacities for HIV care service delivery, Children Affected by HIV/AIDS (CABA), integration of care and support with MCH services, and implementation of the CCC guidelines for care and support services.

India has the world's highest TB burden, with an estimated 1 million people co-infected with HIV and TB. The GFATM is supporting an intensified package of HIV-TB services to establish and expand comprehensive cross-referrals and linkages between TB service delivery sites and NACP-III. The USG assists in the development of the national TB infection control guidelines, and integration of TB-HIV guidelines into training programs and implementation plans. The USG will continue to support the WHO TB technical advisor and the Government Hospital for Thoracic Medicine, one of the largest TB and HIV care centers in India.

As a key member of the National Task Force Committee on Children Affected by HIV/AIDS, the USG successfully advocated for policy and guidelines for CABA. The national guidelines outline steps for ensuring access to care, and defining a minimum package of services, which include support, treatment, and protection services for CABA. A National Pediatric AIDS Initiative was rolled-out in November, 2006: almost 60,000 HIV-positive children have been registered and more than 20,000 of these children are on ART. In addition, the OVC pilot scheme (mentioned in the sustainability and country ownership section), now implemented in 10 districts, is being assessed for cost-effectiveness, impact, and scale-up.

**3. Treatment:** The delivery of care and treatment services for PLHIV is supported primarily through GFATM Rounds 4 and 6, and is provided through the three-tiered structure described above. NACO has rapidly scaled-up treatment centers providing free ARTs. Currently, 284 centers provide ART to 332,561 patients, and over 900,000 persons have been registered. The 369 Link ART Centers, established in 25 states primarily at the district level, distribute ART, monitor and manage side effects, and treat minor OIs. PEPFAR India is providing TA to NACO to establish and strengthen 10 Centers of Excellence to provide state-of-the-art treatment services, including alternative first-line and second-line ART. Currently, 1,215 persons are receiving second-line ART, but by 2011 up to 3,000 patients may need the more costly regimen due to treatment failure.

In FY2011, PEPFAR India will continue to provide technical assistance to NACO in the areas of strengthening COEs for ART services in the public sector, and private sector engagement supporting demonstration models for ART adherence for HIV-infected MARPs. The USG will sponsor ART training programs and workshops, focusing on operational and technical challenges, and will guide the expansion of private sector engagement in care and treatment services at the state and district level. The USG, along with NACO and other partners, will provide capacity building support to nurses by rolling out a specialized training program for nurses working in facilities providing ART, allowing them to assume more responsibility under a task-shifting model. In addition, the DOD will also support the establishment of an Indian Armed Forces Medical Services Center of Excellence for infectious diseases (malaria, HIV, TB).

**4. Woman and Girl-Centered Approaches:** The USG has intensified its gender work in recent years, and has further expanded its woman and girl-centered approaches by working to establish a gender and HIV initiative within the Ministry of Women and Child Development. In FY2011, PEPFAR India will





support a comprehensive framework to enhance equitable access of HIV, nutrition, and social protection services to women and girls. A NACO policy on mainstreaming women's empowerment is being developed. The USG partners will continue to support data collection and analysis disaggregated by sex and incorporates gender considerations in all aspects of NACP-III implementation. Through the TSUs in the priority states, the USG will build the capacity of SACS to integrate gender considerations in prevention, care and treatment programs. The USG partners will continue to support the training of community Self-Help Groups to increase their access to services and empower women with effective negotiation and communication skills while also extending the intervention program to their male partners.

**5. Other Programs:** In FY2011, PEPFAR India will provide assistance to develop NACO's national, state and district level capacities in evidence-based strategic planning and strategic information (SI) management (surveillance, triangulation, operations research, cohort analysis, monitoring and evaluation, data for decision making). The USG will also provide TA in expanded analysis of existing data and in developing capacity to assess behavior change (through the National Family Health Survey and Integrated Biological and Behavioral Surveillance). The USG will collaborate with GOI's National Institute of Epidemiology (NIE), National Center for Disease Control (NCDC), National Institute of Medical Statistics (NIMS), Indian Council for Medical Research (ICMR), and other partners in developing capacities of local partners in all aspects of SI.

PEPFAR India supports NACO's HIV/AIDS policy development and reform agendas. In FY2011, the USG will support formulation of policies in key areas such as: task-shifting; private sector provision of health services and public-private partnerships; and, integration of reproductive and child health-HIV and HIV-TB. Specifically, the USG will guide NACO in developing prevention policies based on evidence for the fourth phase of the National AIDS Control Program (NACP IV).

Due to the shift toward TA, there has been a restructuring between agencies to better support the GOI. REDACTED. The PEPFAR Unit has suffered extended vacancies and rapid staff turnover over the past 1.5 years. It is expected that the PEPFAR Unit will be fully staffed and a number of positions will be filled by January of FY2011. Further details are in the Management and Operations narrative.

**New Procurements:**

REDACTED

**Conclusion:**

In partnership with the GOI, PEPFAR India is developing a Country Strategy that places health systems and government leadership at the center of its development approach. FY2011 will be a significant transition year for the PEPFAR India program, closing down programs and initiating several new designs and procurements. This level of effort will be coupled with a significant reorganization of PEPFAR agencies, including recruitment and orientation of new staff to deliver agencies' technical expertise to respond to the GOI's capacity building needs. In FY2012, very few vertical HIV/AIDS programs will remain and the agency teams will be fully staffed and actively engaged with the GOI at all levels. India is one of the few places in the world in which PEPFAR is providing strategic technical support at the national, state and district levels, even though it represents less than 6% of the country's HIV/AIDS budget. In a speech at the MDG summit last month, President Obama stated: *"we will partner with countries that are willing to take the lead."*

India is at the frontier of transformational development. PEPFAR India is strengthening and deepening a mutually beneficial partnership between the GOI, the USG, the private sector and civil society to reverse the third largest HIV/AIDS epidemic in the world and advance our progress toward the global targets of the Millennium Development Goals.



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**Time Frame:** October 2011 to September 2012

### Population and HIV Statistics

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV	2,300,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Adults 15-49 HIV Prevalence Rate	00	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Children 0-14 living with HIV						
Deaths due to HIV/AIDS	170,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Estimated new HIV infections among adults						
Estimated new HIV infections among adults and children						
Estimated number of pregnant women in the last 12 months	27,119,000	2007	UNICEF State of the World's Children 2009. Used "Annual number of births (thousands) as a proxy for number of pregnant women.			
Estimated number of	44,000	2009	Towards			

pregnant women living with HIV needing ART for PMTCT			Universal Access. Scaling up priority HIV/AIDS Intervention in the health sector. Progress Report, 2010. This mid-point estimate is calculated based on the range provided in the report.			
Number of people living with HIV/AIDS	2,400,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Orphans 0-17 due to HIV/AIDS						
The estimated number of adults and children with advanced HIV infection (in need of ART)	1,250,000	2009	Towards Universal Access. Scaling up priority HIV/AIDS Intervention in the health sector. Progress Report, 2010. This mid-point estimate is calculated based on the range provided in the report.			
Women 15+ living with HIV	880,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			



**Partnership Framework (PF)/Strategy - Goals and Objectives**

(No data provided.)

**Engagement with Global Fund, Multilateral Organizations, and Host Government Agencies**

Redacted

**Public-Private Partnership(s)**

Partnership	Related Mechanism	Private-Sector Partner(s)	PEPFAR USD Planned Funds	Private-Sector USD Planned Funds	PPP Description
Private Sector Partnerships for Health (PSP4H)	13642:Private Sector Partnership for Health (PSP4H)				PEPFAR/India has supported many PPPs with past COP funding, demonstrating innovative models that contributed to achieving HIV-related goals in India, and informed national dialogue on private sector engagement in the National AIDS Control Program (NACP). In FY 2012, PEPFAR/India will build on these successes to invest in a mechanism that will strengthen the

				<p>Government of India's (GOI) capacity to identify, attract and manage PPPs. The objectives of this project – Private Sector Partnerships for Health (PSP4H) – are to: (1) strengthen the stewardship role of National AIDS Control Organization (NACO) and State AIDS Control Societies to foster and monitor PPPs in the NACP; (2) strengthen evidence on impact of PPPs on HIV outcomes; and (3) demonstrate scalable PPP models for improved access to quality and affordable HIV services. PSP4H will also support the GOI to establish a platform within NACO for enabling, identifying and managing future PPPs that support achievement of</p>
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					NACP goals.
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### Surveillance and Survey Activities

Name	Type of Activity	Target Population	Stage
Adult and Pediatric Case Reporting - not PEPFAR funded	AIDS/HIV Case Surveillance	Pregnant Women	Other
ANC Sentinel Surveillance/PMTCT	Sentinel Surveillance (e.g. ANC Surveys)	Pregnant Women	Implementation
Behavioral Surveillance	Behavioral Surveillance among MARPS	Drug Users, Female Commercial Sex Workers, Injecting Drug Users, Male Commercial Sex Workers, Men who have Sex with Men	Planning
HIV Drug Resistance Surveillance - not PEPFAR funded	HIV Drug Resistance	Other	Planning
HIV Incidence	Other	Injecting Drug Users, Migrant Workers, Men who have Sex with Men	Planning
India Demographic and Health Survey	Population-based Behavioral Surveys	General Population, Injecting Drug Users	Planning
Laboratory Support	Other	Male Commercial Sex Workers, Other	Development
Pediatric Surveillance - not PEPFAR funded	Other	Other	Implementation
Population size estimation	Population size estimates	Injecting Drug Users, Migrant Workers, Mobile Populations, Men who have Sex with Men, Other	Other



TB/HIV Surveillance - not PEPFAR funded	TB/HIV Co-Surveillance	Other	Implementation
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## Budget Summary Reports

### Summary of Planned Funding by Agency and Funding Source

Agency	Funding Source				Total
	Central GHCS (State)	GAP	GHCS (State)	GHCS (USAID)	
DOD			56,000		56,000
HHS/CDC		3,000,000	4,461,000		7,461,000
HHS/HRSA			1,100,000		1,100,000
USAID			3,383,000	21,000,000	24,383,000
<b>Total</b>	<b>0</b>	<b>3,000,000</b>	<b>9,000,000</b>	<b>21,000,000</b>	<b>33,000,000</b>

### Summary of Planned Funding by Budget Code and Agency

Budget Code	Agency					Total
	DOD	HHS/CDC	HHS/HRSA	USAID	AllOther	
HBHC			100,000	600,000		700,000
HKID				1,030,000		1,030,000
HLAB		939,400				939,400
HMIN	0					0
HTXS	0	205,000	100,000	50,000		355,000
HVAB		90,667		950,000		1,040,667
HVCT				880,000		880,000
HVMS	56,000	2,036,000		1,100,000		3,192,000
HVOP	0			3,440,000		3,440,000
HVSI		1,578,774	140,000	4,381,000		6,099,774
HVTB			20,000	100,000		120,000
IDUP				200,000		200,000
MTCT				1,100,000		1,100,000
OHSS	0	2,611,159	700,000	10,452,000		13,763,159
PDCS			20,000	50,000		70,000
PDTX			20,000	50,000		70,000





	56,000	7,461,000	1,100,000	24,383,000	0	33,000,000
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## Budgetary Requirements Worksheet

(No data provided.)



## National Level Indicators

**National Level Indicators and Targets**  
REDACTED



## Policy Tracking Table

(No data provided.)



## Technical Areas

### Technical Area Summary

#### Technical Area: Adult Care and Treatment

Budget Code	Budget Code Planned Amount	On Hold Amount
HBHC	700,000	
HTXS	355,000	
<b>Total Technical Area Planned Funding:</b>	<b>1,055,000</b>	<b>0</b>

**Summary:**  
(No data provided.)

#### Technical Area: Biomedical Prevention

Budget Code	Budget Code Planned Amount	On Hold Amount
HMIN	0	
IDUP	200,000	
<b>Total Technical Area Planned Funding:</b>	<b>200,000</b>	<b>0</b>

**Summary:**  
(No data provided.)

#### Technical Area: Counseling and Testing

Budget Code	Budget Code Planned Amount	On Hold Amount
HVCT	880,000	
<b>Total Technical Area Planned Funding:</b>	<b>880,000</b>	<b>0</b>

**Summary:**  
(No data provided.)

#### Technical Area: Health Systems Strengthening

Budget Code	Budget Code Planned Amount	On Hold Amount
OHSS	13,763,159	



<b>Total Technical Area Planned Funding:</b>	<b>13,763,159</b>	<b>0</b>
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**Summary:**  
(No data provided.)

**Technical Area: Laboratory Infrastructure**

Budget Code	Budget Code Planned Amount	On Hold Amount
HLAB	939,400	
<b>Total Technical Area Planned Funding:</b>	<b>939,400</b>	<b>0</b>

**Summary:**  
(No data provided.)

**Technical Area: Management and Operations**

Budget Code	Budget Code Planned Amount	On Hold Amount
HVMS	3,192,000	
<b>Total Technical Area Planned Funding:</b>	<b>3,192,000</b>	<b>0</b>

**Summary:**  
(No data provided.)

**Technical Area: OVC**

Budget Code	Budget Code Planned Amount	On Hold Amount
HKID	1,030,000	
<b>Total Technical Area Planned Funding:</b>	<b>1,030,000</b>	<b>0</b>

**Summary:**  
(No data provided.)

**Technical Area: Pediatric Care and Treatment**

Budget Code	Budget Code Planned Amount	On Hold Amount
PDCS	70,000	
PDTX	70,000	
<b>Total Technical Area Planned Funding:</b>	<b>140,000</b>	<b>0</b>



<b>Funding:</b>		
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**Summary:**  
(No data provided.)

**Technical Area: PMTCT**

Budget Code	Budget Code Planned Amount	On Hold Amount
MTCT	1,100,000	
<b>Total Technical Area Planned Funding:</b>	<b>1,100,000</b>	<b>0</b>

**Summary:**  
(No data provided.)

**Technical Area: Sexual Prevention**

Budget Code	Budget Code Planned Amount	On Hold Amount
HVAB	1,040,667	
HVOP	3,440,000	
<b>Total Technical Area Planned Funding:</b>	<b>4,480,667</b>	<b>0</b>

**Summary:**  
(No data provided.)

**Technical Area: Strategic Information**

Budget Code	Budget Code Planned Amount	On Hold Amount
HVSI	6,099,774	
<b>Total Technical Area Planned Funding:</b>	<b>6,099,774</b>	<b>0</b>

**Summary:**  
(No data provided.)

**Technical Area: TB/HIV**

Budget Code	Budget Code Planned Amount	On Hold Amount
HVTB	120,000	
<b>Total Technical Area Planned Funding:</b>	<b>120,000</b>	<b>0</b>



**Summary:**  
(No data provided.)



## **Technical Area Summary Indicators and Targets** **REDACTED**



## Partners and Implementing Mechanisms

### Partner List

Mech ID	Partner Name	Organization Type	Agency	Funding Source	Planned Funding
9195	Tamil Nadu AIDS Control Society	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GAP, GHCS (State)	600,000
9349	University of Washington	University	U.S. Department of Health and Human Services/Health Resources and Services Administration	GHCS (State)	1,100,000
10085	SHARE MEDICITI	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GAP, GHCS (State)	1,500,000
10964	APAC	Implementing Agency	U.S. Agency for International Development	GHCS (USAID)	1,000,000
10982	DOD-ODC	Implementing Agency	U.S. Department of Defense	GHCS (State)	0
13151	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
13157	TBD	TBD	U.S. Agency for	Redacted	Redacted

			International Development		
13187	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
13196	Project Concern International	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	1,400,000
13202	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
13218	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
13303	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
13329	Macro International	Private Contractor	U.S. Agency for International Development	GHCS (USAID)	750,000
13387	Family Health International	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	1,000,000
13453	NURSING FOA	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease	GAP, GHCS (State)	600,000



			Control and Prevention		
13454	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
13527	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted



## Implementing Mechanism(s)

### Implementing Mechanism Details

<b>Mechanism ID: 9195</b>	<b>Mechanism Name: TNSACS</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Tamil Nadu AIDS Control Society	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 600,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GAP	300,000
GHCS (State)	300,000

### Sub Partner Name(s)

National Institute of Epidemiology		
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### Overview Narrative

### Cross-Cutting Budget Attribution(s)

Human Resources for Health	600,000
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### Key Issues

Increasing gender equity in HIV/AIDS activities and services  
 Increasing women's legal rights and protection

### Budget Code Information

<b>Mechanism ID:</b> 9195			
<b>Mechanism Name:</b> TNSACS			
<b>Prime Partner Name:</b> Tamil Nadu AIDS Control Society			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	103,774	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	366,159	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	90,667	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	39,400	
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID:</b> 9349	<b>Mechanism Name:</b> ITECH
Funding Agency: U.S. Department of Health and Human Services/Health Resources and Services Administration	Procurement Type: Cooperative Agreement



Prime Partner Name: University of Washington	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 1,100,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	1,100,000

**Sub Partner Name(s)**

AroGyaan		
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**Overview Narrative**

**Cross-Cutting Budget Attribution(s)**

Human Resources for Health	714,000
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**Key Issues**

Impact/End-of-Program Evaluation  
TB

**Budget Code Information**

<b>Mechanism ID:</b> 9349			
<b>Mechanism Name:</b> ITECH			
<b>Prime Partner Name:</b> University of Washington			
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Care	HBHC	100,000	
<b>Narrative:</b>			

None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	100,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	20,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	20,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	140,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	700,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	20,000	
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)



### Implementing Mechanism Details

<b>Mechanism ID: 10085</b>	<b>Mechanism Name: SHARE</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: SHARE MEDICITI	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 1,500,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GAP	600,000
GHCS (State)	900,000

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

### Cross-Cutting Budget Attribution(s)

Human Resources for Health	400,000
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### Key Issues

(No data provided.)

### Budget Code Information

<b>Mechanism ID:</b>	<b>10085</b>
<b>Mechanism Name:</b>	<b>SHARE</b>
<b>Prime Partner Name:</b>	<b>SHARE MEDICITI</b>





Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	300,000	

**Narrative:**

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	1,200,000	

**Narrative:**

None

**Implementing Mechanism Indicator Information**

(No data provided.)

**Implementing Mechanism Details**

<b>Mechanism ID: 10964</b>	<b>Mechanism Name: APAC</b>
Funding Agency: U.S. Agency for International Development	Procurement Type: Grant
Prime Partner Name: APAC	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 1,000,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (USAID)	1,000,000

**Sub Partner Name(s)**

(No data provided.)

**Overview Narrative**

### Cross-Cutting Budget Attribution(s)

(No data provided.)

### Key Issues

(No data provided.)

### Budget Code Information

<b>Mechanism ID:</b>	10964		
<b>Mechanism Name:</b>	APAC		
<b>Prime Partner Name:</b>	APAC		
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Other	HVSI	500,000	
<b>Narrative:</b>			
None			
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Other	OHSS	500,000	
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID:</b> 10982	<b>Mechanism Name:</b> DOD
Funding Agency: U.S. Department of Defense	Procurement Type: Grant
Prime Partner Name: DOD-ODC	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 0</b>	
<b>Funding Source</b>	<b>Funding Amount</b>



GHCS (State)	0
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**Sub Partner Name(s)**

(No data provided.)

**Overview Narrative**

**Cross-Cutting Budget Attribution(s)**

Education	0
Human Resources for Health	0

**Key Issues**

Military Population

**Budget Code Information**

<b>Mechanism ID:</b>	10982		
<b>Mechanism Name:</b>	DOD		
<b>Prime Partner Name:</b>	DOD-ODC		
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Care	HTXS	0	
<b>Narrative:</b>			
None			
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Other	OHSS	0	
<b>Narrative:</b>			
None			



Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMIN	0	

**Narrative:**

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	0	

**Narrative:**

None

**Implementing Mechanism Indicator Information**

(No data provided.)

**Implementing Mechanism Details**

<b>Mechanism ID: 13151</b>	<b>Mechanism Name: HIV Support (TBD)</b>
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	Funding Amount
Redacted	Redacted
Redacted	Redacted

**Sub Partner Name(s)**

(No data provided.)

**Overview Narrative**



### Cross-Cutting Budget Attribution(s)

Human Resources for Health	REDACTED
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### Key Issues

- Addressing male norms and behaviors
- Increasing gender equity in HIV/AIDS activities and services
- Increasing women's access to income and productive resources
- Increasing women's legal rights and protection
- Child Survival Activities
- Mobile Population
- Safe Motherhood
- TB
- Family Planning

### Budget Code Information

<b>Mechanism ID:</b> 13151			
<b>Mechanism Name:</b> HIV Support (TBD)			
<b>Prime Partner Name:</b> TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	Redacted	Redacted
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	Redacted	Redacted
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	Redacted	Redacted

<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	Redacted	Redacted
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	Redacted	Redacted
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	Redacted	Redacted
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 13157</b>	<b>Mechanism Name: BCC (TBD)</b>
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	Funding Amount
Redacted	Redacted



**Sub Partner Name(s)**

(No data provided.)

**Overview Narrative**

**Cross-Cutting Budget Attribution(s)**

Human Resources for Health	REDACTED
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**Key Issues**

- Addressing male norms and behaviors
- Increasing gender equity in HIV/AIDS activities and services
- Increasing women's access to income and productive resources
- Increasing women's legal rights and protection
- Child Survival Activities
- Mobile Population
- Safe Motherhood
- Workplace Programs
- Family Planning

**Budget Code Information**

<b>Mechanism ID:</b> 13157			
<b>Mechanism Name:</b> BCC (TBD)			
<b>Prime Partner Name:</b> TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	Redacted	Redacted
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount

Care	HKID	Redacted	Redacted
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	Redacted	Redacted
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	Redacted	Redacted
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	Redacted	Redacted
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	Redacted	Redacted
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	Redacted	Redacted
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 13187</b>	<b>Mechanism Name: Evaluation (TBD)</b>
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Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
<b>Funding Source</b>	<b>Funding Amount</b>
Redacted	Redacted

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

### Cross-Cutting Budget Attribution(s)

(No data provided.)

### Key Issues

(No data provided.)

### Budget Code Information

<b>Mechanism ID:</b> 13187			
<b>Mechanism Name:</b> Evaluation (TBD)			
<b>Prime Partner Name:</b> TBD			
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Other	HVS1	Redacted	Redacted
<b>Narrative:</b>			
None			



## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

<b>Mechanism ID: 13196</b>	<b>Mechanism Name: PCI</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Project Concern International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 1,400,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	1,400,000

## Sub Partner Name(s)

NACO		
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## Overview Narrative

## Cross-Cutting Budget Attribution(s)

Human Resources for Health	300,000
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## Key Issues

(No data provided.)

## Budget Code Information



<b>Mechanism ID:</b>	13196		
<b>Mechanism Name:</b>	PCI		
<b>Prime Partner Name:</b>	Project Concern International		
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Other	OHSS	500,000	
<b>Narrative:</b>			
None			
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Treatment	HLAB	900,000	
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 13202</b>	<b>Mechanism Name: Civil Society (TBD)</b>
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
<b>Funding Source</b>	<b>Funding Amount</b>
Redacted	Redacted
Redacted	Redacted

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative



**Cross-Cutting Budget Attribution(s)**

(No data provided.)

**Key Issues**

(No data provided.)

**Budget Code Information**

<b>Mechanism ID:</b> 13202			
<b>Mechanism Name:</b> Civil Society (TBD)			
<b>Prime Partner Name:</b> TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	Redacted	Redacted
<b>Narrative:</b>			
None			

**Implementing Mechanism Indicator Information**

(No data provided.)

**Implementing Mechanism Details**

<b>Mechanism ID:</b> 13218	<b>Mechanism Name:</b> Private Sector (TBD)
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	Funding Amount



Redacted	Redacted
Redacted	Redacted

**Sub Partner Name(s)**

TBD		
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**Overview Narrative**

**Cross-Cutting Budget Attribution(s)**

Economic Strengthening	REDACTED
Human Resources for Health	REDACTED

**Key Issues**

- Increasing women's access to income and productive resources
- Increasing women's legal rights and protection
- Child Survival Activities
- Safe Motherhood
- Family Planning

**Budget Code Information**

<b>Mechanism ID:</b> 13218			
<b>Mechanism Name:</b> Private Sector (TBD)			
<b>Prime Partner Name:</b> TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	Redacted	Redacted
<b>Narrative:</b>			
None			



Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	Redacted	Redacted
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	Redacted	Redacted
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	Redacted	Redacted
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 13303</b>	<b>Mechanism Name: Access (TBD)</b>
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	Funding Amount
Redacted	Redacted

### Sub Partner Name(s)

(No data provided.)



## Overview Narrative

### Cross-Cutting Budget Attribution(s)

Education	REDACTED
Food and Nutrition: Policy, Tools, and Service Delivery	REDACTED
Gender: Reducing Violence and Coercion	REDACTED
Human Resources for Health	REDACTED
Water	REDACTED

### Key Issues

Addressing male norms and behaviors  
 Increasing gender equity in HIV/AIDS activities and services  
 Increasing women's access to income and productive resources  
 Increasing women's legal rights and protection  
 Child Survival Activities  
 Mobile Population  
 Safe Motherhood  
 TB  
 Family Planning

### Budget Code Information

<b>Mechanism ID:</b> 13303 <b>Mechanism Name:</b> Access (TBD) <b>Prime Partner Name:</b> TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	Redacted	Redacted
<b>Narrative:</b>			



None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	Redacted	Redacted
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	Redacted	Redacted
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	Redacted	Redacted
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	Redacted	Redacted
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	Redacted	Redacted
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	Redacted	Redacted
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	Redacted	Redacted



<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	Redacted	Redacted
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	IDUP	Redacted	Redacted
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	Redacted	Redacted
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	Redacted	Redacted
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 13329</b>	<b>Mechanism Name: MACRO</b>
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Macro International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No



<b>Total Funding: 750,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (USAID)	750,000

**Sub Partner Name(s)**

(No data provided.)

**Overview Narrative**

**Cross-Cutting Budget Attribution(s)**

(No data provided.)

**Key Issues**

- Addressing male norms and behaviors
- Increasing gender equity in HIV/AIDS activities and services
- Increasing women's access to income and productive resources

**Budget Code Information**

<b>Mechanism ID:</b> 13329			
<b>Mechanism Name:</b> MACRO			
<b>Prime Partner Name:</b> Macro International			
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Other	HVSI	750,000	
<b>Narrative:</b>			
None			

**Implementing Mechanism Indicator Information**

(No data provided.)



### Implementing Mechanism Details

<b>Mechanism ID: 13387</b>	<b>Mechanism Name: FHI</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Family Health International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 1,000,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	1,000,000

### Sub Partner Name(s)

United Nations Development Programme	WHO	
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### Overview Narrative

### Cross-Cutting Budget Attribution(s)

Human Resources for Health	650,000
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### Key Issues

Impact/End-of-Program Evaluation  
 Increasing gender equity in HIV/AIDS activities and services

### Budget Code Information



<b>Mechanism ID:</b>	13387		
<b>Mechanism Name:</b>	FHI		
<b>Prime Partner Name:</b>	Family Health International		
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Other	HVSI	1,000,000	
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 13453</b>	<b>Mechanism Name: Nursing FOA</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: NURSING FOA	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 600,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GAP	174,030
GHCS (State)	425,970

### Sub Partner Name(s)

CHAI	IGNOU	PHMI-SHARE
TNAI		

### Overview Narrative



### Cross-Cutting Budget Attribution(s)

Human Resources for Health	600,000
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### Key Issues

(No data provided.)

### Budget Code Information

<b>Mechanism ID:</b> 13453			
<b>Mechanism Name:</b> Nursing FOA			
<b>Prime Partner Name:</b> NURSING FOA			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	205,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	395,000	
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID:</b> 13454	<b>Mechanism Name:</b> WHO
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	



Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
<b>Funding Source</b>	<b>Funding Amount</b>
Redacted	Redacted

**Sub Partner Name(s)**

(No data provided.)

**Overview Narrative**

**Cross-Cutting Budget Attribution(s)**

(No data provided.)

**Key Issues**

(No data provided.)

**Budget Code Information**

<b>Mechanism ID:</b> 13454 <b>Mechanism Name:</b> WHO <b>Prime Partner Name:</b> TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	Redacted	Redacted
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	Redacted	Redacted



<b>Narrative:</b>
None

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 13527</b>	<b>Mechanism Name: Strategic Information/Policy (TBD)</b>
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
<b>Funding Source</b>	<b>Funding Amount</b>
Redacted	Redacted
Redacted	Redacted

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

### Cross-Cutting Budget Attribution(s)

Human Resources for Health	REDACTED
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### Key Issues

Addressing male norms and behaviors



Increasing gender equity in HIV/AIDS activities and services  
 Increasing women's access to income and productive resources  
 Mobile Population

**Budget Code Information**

<b>Mechanism ID:</b> 13527			
<b>Mechanism Name:</b> Strategic Information/Policy (TBD)			
<b>Prime Partner Name:</b> TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	Redacted	Redacted
<b>Narrative:</b>			
None			

**Implementing Mechanism Indicator Information**

(No data provided.)





## USG Management and Operations

1.  
Redacted
2.  
Redacted
3.  
Redacted
4.  
Redacted
5.  
Redacted

### Agency Information - Costs of Doing Business U.S. Agency for International Development

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Computers/IT Services				18,000	72,000	90,000
ICASS				30,800	47,000	77,800
Non-ICASS Administrative Costs				86,000	20,000	106,000
Staff Program Travel				30,200	94,000	124,200
USG Staff Salaries and Benefits				285,000	417,000	702,000
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>450,000</b>	<b>650,000</b>	<b>1,100,000</b>

### U.S. Agency for International Development Other Costs Details

Category	Item	Funding Source	Description	Amount
Computers/IT Services		GHCS (State)		18,000

Computers/IT Services		GHCS (USAID)		72,000
ICASS		GHCS (State)		30,800
ICASS		GHCS (USAID)		47,000
Non-ICASS Administrative Costs		GHCS (State)		86,000
Non-ICASS Administrative Costs		GHCS (USAID)		20,000

### U.S. Department of Defense

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Computers/IT Services				6,000		6,000
ICASS				7,000		7,000
Non-ICASS Administrative Costs				5,000		5,000
Staff Program Travel				20,000		20,000
USG Staff Salaries and Benefits				18,000		18,000
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>56,000</b>	<b>0</b>	<b>56,000</b>

### U.S. Department of Defense Other Costs Details

Category	Item	Funding Source	Description	Amount
Computers/IT Services		GHCS (State)		6,000
ICASS		GHCS (State)		7,000
Non-ICASS		GHCS (State)		5,000



Administrative Costs				
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**U.S. Department of Health and Human Services/Centers for Disease Control and Prevention**

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Capital Security Cost Sharing			315,000			315,000
Computers/IT Services			20,000			20,000
ICASS			230,000	20,000		250,000
Institutional Contractors			100,000			100,000
Non-ICASS Administrative Costs			32,050			32,050
Staff Program Travel			344,000	30,000		374,000
USG Staff Salaries and Benefits			884,920	60,030		944,950
<b>Total</b>	<b>0</b>	<b>0</b>	<b>1,925,970</b>	<b>110,030</b>	<b>0</b>	<b>2,036,000</b>

**U.S. Department of Health and Human Services/Centers for Disease Control and Prevention Other Costs Details**

Category	Item	Funding Source	Description	Amount
Capital Security Cost Sharing		GAP		315,000
Computers/IT Services		GAP		20,000
ICASS		GAP		230,000



ICASS		GHCS (State)		20,000
Non-ICASS Administrative Costs		GAP		32,050