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Cover Page Picture: SAMARTH strategic planning meeting organized in November 2008 including participants from NACO, USAID and FHI 360

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FOREWORD



Globally and in India, FHI 360 has a reputation of a strong public-health technical assistance provider to the Government, development partners, research agencies and civil society organizations, facilitating them and building their capacity to deliver and respond more effectively and efficiently to services in the public health arena. In India, in the last fourteen years of its presence, FHI 360 has contributed through a unique combination of strong evidence-based technical, management and financial expertise to public health policy and programming.

SAMARTH has been one of the flagship technical assistance (TA) projects for FHI 360 that has substantially supported the National AIDS Control Organization (NACO), State AIDS Control Societies (SACS) and civil society in effectively managing the national HIV/AIDS program, thereby enhancing the overall program quality as well as leadership of in-country institutions.

SAMARTH's strengths can be described as being dynamic, flexible and responsive to the clients' needs and working collaboratively and professionally with all stakeholders. Though the process of a collaborative TA provision involved significant managerial time to establish good relations, it eventually led SAMARTH/FHI 360 taking on the role as the lead coordination agency for the NACO Mentoring Plan and the taskforce on Children Affected by HIV/AIDS. FHI 360's coordination role in the project has been credited by other partners as instrumental for moving activities forward. The portfolio of topics for technical assistance covered by SAMARTH has resulted in FHI 360's reputation as a "go to" partner for HIV/AIDS programming related support for NACO, SACS and civil society.

The project has also been a rich learning experience for us as an organization, and this monograph is an attempt to capture the lessons learned over the five years as well as share the philosophy, strategies and processes, and the key achievements of this technical assistance project. I extend my sincere thanks to all those who have contributed to the success of SAMARTH.



Bitra George

Country Director
FHI 360 /India

PREFACE



SAMARTH (Strengthen Abilities to Manage and Respond Effectively to HIV and AIDS in India) is a five and half year long, USAID funded project aimed at providing technical assistance (TA) to government and civil society partners to mount an effective response on HIV and AIDS issues in the Country.

Through the SAMARTH project we have been able to clearly see how technical assistance, delivered in a timely and efficient way, with corresponding monitoring and evaluation processes can be critical to outcomes of programs especially better design, better implementation, better follow up and better programs. More likely to be sustainable in the long term, attracting other local partners, stakeholders and donors and inspiring them to become engaged and connected. SAMARTH has strengthened policies, programs and institutions. In fact an entire system of responding to the challenges of HIV and AIDS in India has been impacted by the project.

Most critically, SAMARTH has strengthened people. It is easy to forget that behind all of the work are the people involved in the TA. During the review process we have looked back and tried to count or account for the thousands of people SAMARTH has involved, strengthened and impacted. These have included the staff within the government and civil society organizations who have been capacitated to deliver programs and record their work more efficiently, thousands of people accessing government treatment centers in critical need of timely assistance on testing, treatment and care, and finally the children being provided life saving drugs, nutrition and awareness on how to protect themselves, access services and live healthy lives.

We are proud of what SAMARTH has achieved. We hope that with this monograph we can share our work and lessons learned in the five and half years span, mainly in the areas of: capacity building of NACO, SACS and civil society organizations; CABA national pilot scheme design and its roll-out; scale-up and strengthening of targeted intervention program for HIV high risk groups in Uttar Pradesh and Uttarakhand; and support to the national program in the area of Strategic Information especially conducting research and evaluation studies such as Mapping, Behavioral Sentinel Surveillance (BSS), situational assessments and evaluation of National IEC campaigns.

I would like to extend my sincere gratitude to NACO, SACS, USAID, UN Agencies, International Development Partners, SAMARTH Technical and Demonstration NGO Partners for collaborating and enabling SAMARTH for successful implementation of this unique Technical Assistance Project in India.

A handwritten signature in black ink that reads "Sunil Nanda".

Sunil Nanda

Chief of Party, SAMARTH
Director FHI 360/India

SAMARTH was built upon a foundation of the USAID funded *Implementing AIDS Prevention and Care (IMPACT)*, implemented by FHI 360, India between 1997 and 2007. A major focus of IMPACT was to strengthen the capacity of Indian organizations, including government and non-governmental organizations as well as private and informal sectors, to better respond to the HIV/AIDS epidemic, through the provision of care, support and services. This project contributed considerably to FHI 360's experience and technical expertise in the area.

SAMARTH was launched in 2006, as IMPACT was drawing to a close, at a strategic time in terms of the changing scenario of the larger public health program in India. The year saw the launch of the Pediatric AIDS Initiative, as well as the National Rural Health Mission. In addition the transition plan for National AIDS Control Program (NACP II) to NACP III was finalized by the end of 2006. This was a critical stage for the NACP with a three fold increase in budget from Phase II to Phase III and the challenging scale up entailed by this.

The planning for NACP III reflected the fact that despite key successes, the overall scale and scope of the response to HIV/AIDS in India was grossly inadequate. Despite decentralization of the national program to states, low levels of investment in building the capacities of local leadership had limited the effectiveness of the response, both on HIV prevention and on ensuring universal access to care, support, and treatment services for PLHIV. In this context, a technical assistance (TA) project focusing on leadership, capacity-building and institutional strengthening in key management and technical areas was the need of the hour to support the scale-up of programs in depth and breadth as planned in NACP III.

FHI 360 was a logical leader for SAMARTH with an extensive track record and proven ability to deliver TA on HIV/AIDS in India. Under IMPACT and other projects FHI 360 had developed the organizational, program, and technical capacities of more than 120 implementing partners including NGOs, CBOs, FBOs and PLHIV networks. In addition, the TA partners selected for SAMARTH had strong credentials and were uniquely placed to deliver the assistance required. The SAMARTH team, staff and consultants offered a broad range of technical expertise in delivering high level, cutting edge TA.

Therefore, SAMARTH began with a fortunate synergy; an expressed and unmet need from the stakeholders, a favorable public health scenario and organizations that were perfectly placed to deliver the results required.

The goal of the SAMARTH project is to improve the effectiveness of the response of the government and civil society for evidence-based HIV policy and programs in India.

SAMARTH has been operationalised with certain key strategic approaches offering a framework for programmatic elements. These approaches have acted as a guide to help us in our assessment of projects, development of interventions and evaluation of impact on the ground. At the core of our approach, are four guiding principles.

I. Strategic Approaches

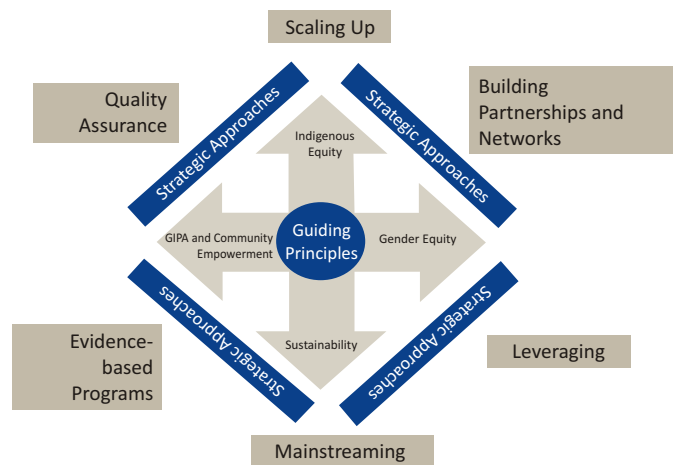
1. **Scaling Up:** Provide TA to build capacity, and to strengthen institutions at the national, state, and district levels. Experiences and lessons learned from previous successful demonstration projects with USAID and other donors and the use of tools (including tool-kits, manuals, protocols and curricula) to support program scale-up.

2. **Building Partnerships and Networks:** Working with various stakeholders in government, private, and civil society to build long-term partnerships that emphasize mentoring relationships. Using existing organizational networks and linkages to ensure that the TA is broad-based, timely, and available at the national, state, district, and community levels.

3. **Leveraging:** Using existing financial, human, technical, and organizational resources to leverage TA for government, USG partners, NGOs, CBOs, FBOs, and PLHIV networks in a wide range of program and technical areas; building capacities of organizations, both in government and in the NGO sector, to access resources from a variety of donors.

4. **Mainstreaming:** Ensuring that HIV and AIDS activities are included within different government ministries and enhancing capacity to build linkages between NACP and various national programs, including those dealing with reproductive and child health.

5. **Evidence-Based Programs:** Conducting needs and capacity assessments to ensure that TA and capacity-building provided by SAMARTH is based on concrete, annually renewed findings. Providing TA on strategic information (SI) that enables organizations to design program interventions guided by field-based evidence.



6. **Quality Assurance:** Establishing and using agreed-upon standards, procedures, guidelines, and protocols for all major technical and program activities to ensure the quality of HIV prevention, care, and treatment services.

II. Guiding Principles

1. **Greater Involvement of People Living with HIV and AIDS (GIPA) and Community Empowerment:** Pursuing active participation by PLHIV, including vulnerable and marginalized populations, in all stages of project and policy planning, implementation and monitoring and evaluation
2. **Gender Equity:** Ensuring active participation of, and access to services by, women and men, girls and boys; working with partners to integrate gender issues into existing HIV prevention, care, and treatment programs and creating gender-sensitive monitoring indicators.
3. **Indigenous Leadership:** Seeking, facilitating, supporting and strengthening local leadership especially in program management and implementation so that community and government level leaders can develop effective HIV and AIDS responses.
4. **Sustainability:** Ensuring that HIV and AIDS responses are sustained beyond the project period by providing TA and capacity building on program management issues and by promoting early stakeholder involvement and using participatory processes to encourage local ownership.

In a TA project, activities and deliverables are intended to support the development of capacity of individuals or organizations to implement service programmes more effectively. This includes stronger administration of programmes in terms of technical, financial or human resources management. The SAMARTH project encompasses a wide range of activities and modes of Technical Assistance provision which includes:

Formal training and mentoring of staff: Creating training modules on different technical areas and providing these trainings to staff (as well as trainers) within key partner and stakeholder organizations to build their knowledge, understanding and skills.

Staff Placement: Placing key staff in stakeholder institutions, offices and in the field to provide expert inputs and assist in implementation of project plans.

Exposure Visits and Learning visits: Supporting staff of NACO, SACS, NGOs, CBO's etc to attend workshops, trainings and international meetings. Providing opportunities to visit successful programs of other states.

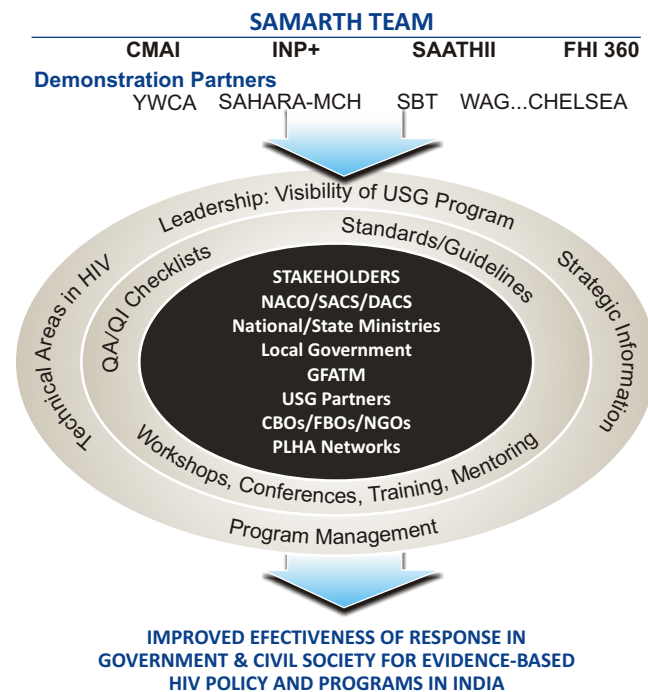
Strengthening Strategic Information Systems: Conducting evaluation, surveys, data triangulation exercise mapping of HRG and other strategic data collection. Capacity building of staff for data usage and strategic analysis and development of robust MIS systems for organizations for effective program management.

Placing Technical Consultants: Placing consultants within NACO, MWCD and SACS to provide technical expertise on mutually agreed thematic areas like Care Support and Treatment, Basic services (STI, ICTC), Epidemiology, HIV-TB Coordination, Communication M&E and others.

Creation of Quality Assessment and Operating Systems: Introducing a QA system in all key technical areas and assisting government and non government partners to develop and implement these standards in different priority areas. This also includes assistance for individual service providers to develop self-assessment tools so that they may measure the quality of their programs against certain standards.

Facilitating the development of demonstration and Learning sites: Providing program management support to specific demonstration partners, targeted intervention (TI) and care and treatment centers to develop demonstration and learning sites further documenting lessons learned and good practices for dissemination with government and non-government partners.

The following diagram depicts how SAMARTH support will enhance the capacities of Government and civil society to effectively manage HIV/AIDS programs in India.



I. Major Stakeholders

The National AIDS Control Organisation (NACO) is a division of the Ministry of Health and Family Welfare and is the nodal organization for formulation of policy and implementation of programs for prevention and control of HIV and AIDS in India. NACO was constituted in 1992, when India's first National AIDS Control Program (NACP I -1992-1999) was launched. NACO leads the National HIV/AIDS Control Program, focusing on implementing one national plan within Single M&E system.

State AIDS Prevention and Control Societies (SACS) implement the NACP at state level. State AIDS Prevention and Control Societies (SACS) have been established in all States for implementation at the state level. In the high priority - A and B category districts, the management of HIV prevention and control program has been further decentralized to the district level through the District AIDS Prevention and Control Unit (DAPCU). The NACP has also made provision to engage technical support agencies (TSU) from the private sector or civil society to work in close coordination with the SACS to extend technical assistance in specified areas contributing to achieving the NACP objectives. The TSU serves as the "think tank" for SACS and plays the role of a coordination and support agency, but does not implement programs directly. SACS and TSUs are key stakeholders under SAMARTH.

When the SAMARTH project started NACO was in the planning process of roll-out of NACP Phase III. It was clear that NACO and the SACS needed assistance to bolster their capacities, systems and structures in order to manage

the proposed scale up of the national program. In addition, the District AIDS Prevention and Control Units (DAPCUs) were to be established and made functional.

The India Country Coordinating Mechanism (CCM) for the Global Fund Against AIDS, Tuberculosis and Malaria (GFATM) is a national multi-stakeholder public private partnership. The CCM is comprised of members from the Central Government, State Governments, Civil Society Organizations (CSOs), Academic Sector, Private sector, UN agencies and the Bi-lateral agencies.

The India-CCM also required support in the areas of orienting the CCM members and creating more transparent and efficient systems to oversee the grants. Technical assistance was required to strengthen institutional management capacity and improve coordination in responses between the different actors. Therefore NACO, SACS and the GFATM have been the primary stakeholders in the process.

SAMARTH project worked closely with other USG partners organizations such as AIDS Prevention and Control Project (APAC), AVERT and Karnataka Health Promotion Trust (KHPT) that are being funded by USAID. SAMARTH's Technical Assistance has been mostly in the thematic areas of working with infected and affected children, providing training on Life Skills Education to adolescent groups and in the area M&E support to AVERT.

It was SAMARTH's one of the key role's to provide Technical Assistance and ongoing support to civil society organizations especially the demonstration partners who worked to prevent the spread of HIV among disadvantaged children groups especially street children and adolescent girls. One of the demonstration projects has been providing care and support to the infected children. In addition to supporting the demonstration partners SAMARTH partnered with technical agencies such as SAATHII and Christian Medical Association of India. These technical partners further worked to strengthen a number of civil society organisations

SAMARTH also engaged with UN Agencies such as UNICEF, UNIFEM and UNAIDS to provide TA to NACO, specifically in the areas of CABA Pilot Scheme implementation, mentoring and mainstreaming.

II. Technical Assistance Partners

A major strength of SAMARTH has been FHI 360's strong partnership with organizations that have been instrumental in advancing the field of HIV and AIDS knowledge, awareness and service delivery in India. Our technical assistance partners for the project had extensive experience in the field as well as significant reach through their already established structures and networks around the country.

The Indian Network for People Living with HIV/AIDS (INP+) is a national network of organizations representing the PLHIV. INP+ has been providing mentoring and organizational support to 20 state level and 119 district level PLHIV groups. INP+ has been instrumental in integrating GIPA as a strategy in NACP and is working on universal access to quality care, support, and treatment services, including ART. INP+ and its state and district networks are experienced in positive prevention, treatment literacy and adherence support, gender, and addressing community-based stigma and discrimination. During SAMARTH they were integral to the process of finalizing the implementation guidelines for the National GIPA policy and establishing PLHIV networks in different states.

Solidarity & Action Against the HIV infection in India (SAATHII) is an NGO fostering multi -sectoral collaboration across government, International Non Government Organizations (INGOs), Non Government Organizations (NGOs), Community Based Organizations (CBOs), Faith Based Organizations (FBOs) and PLHIV networks through information dissemination, knowledge transfer, advocacy and networking. SAATHII has extensive experience in both print and web-based media and in the use of information communication technology (ICT) that has been used to share the latest developments in the HIV/AIDS field, technical information, and lessons learned. During SAMARTH, SAATHII worked on various strategic information initiatives providing training to NGOs and CBOs on documentation, advocacy and community mobilization; creating a framework to initiate documentation on evidence based programming and assisting district level staff with data analysis.

The Christian Medical Association of India (CMAI) is a national body of Christian healthcare work in India comprising of more than 300 member health institutions and 6,500 health professionals. CMAI is a pioneer in HIV care and treatment in India and has provided TA in a variety of areas, including HIV case management, antiretroviral therapy (ART), reducing stigma and discrimination in healthcare settings and institutional strengthening. During SAMARTH they were particularly involved in engaging with faith based organizations and church (and affiliated institutions) in HIV programs and training programs for healthcare professionals in the private sector.

III. Demonstration Partners

SAMARTH has provided grants and TA support to four demonstration partners in Delhi. The development of learning or demonstration sites is an important mode of capacity building as it provides experiential and field based opportunities for organizations to develop awareness and skills, rather than only theory or case studies during classroom training. SAMARTH has supported these partners to implement demonstration projects with street and slum children of Delhi to reduce their risk behavior and vulnerability to HIV by combining adolescent-friendly services like remedial classes, nutrition support, recreation and health care with strategic behavior change communication. These partners have been capacitated to implement prevention, care and support projects and act as learning sites for other organizations involved in similar work.



CPFMS Training for SACS Staff

Women's Action Group (WAG) Chelsea is an NGO that has been working on providing health and educational services to marginalized sections of society in North-East Delhi since 1992. In 2001 WAG...Chelsea initiated an outreach program on health with an emphasis on sexually transmitted infections (STI's) and HIV/AIDS. Subsequently, with funding from IMPACT, the NGO began to integrate community and home based care to orphans and vulnerable children (OVC) and their families into their health interventions. WAG...Chelsea currently runs several projects including managing a *Community Care Centre (CCC)* for people living with HIV and AIDS (PLHIV) including children, supported by the Delhi State AIDS Control Society (DSACS), under the National AIDS Control Program (NACP).

Under SAMARTH, FHI 360 supported WAG...Chelsea to strengthen and develop their work and establish themselves as a demonstration site in the area of home-based care. They have been supported in providing HIV prevention, care and support services to OVC and their families through community-based interventions; mobilizing communities to create an enabling environment for OVC and leveraging resources from Government antiretroviral therapy (ART) centers, faith-based organizations, local organizations and individuals to facilitate increased access to treatment, care and support services.

Salaam Baalak Trust (SBT) was established in 1988 to protect and care for neglected street children, between the ages of 5 and 18, through a holistic package of services covering all aspects of their lives - educational support services, vocational training, rehabilitation through placement in the SBT-run shelter home and repatriation; psychosocial and nutritional support services and Life Skills Education (LSE).

SBT's focus on HIV and AIDS developed after a community assessment study in 2001 established that street children were highly vulnerable to sexual exploitation and substance abuse and these factors, along with their lack of knowledge on issues of sex and sexuality and lack of access to health care, made them particularly vulnerable to HIV and AIDS. Their initial work in this area, providing HIV prevention services to the highly mobile street youth and child population, was supported by IMPACT.

Under SAMARTH, FHI 360 has supported SBT to conduct advocacy and awareness related activities on prevention of HIV among street and other vulnerable children. This has included behavior change programs, health care, training of peer educators and raising community awareness through the use of creative media.



Young Women's Christian Association (YWCA) is a faith based organization working in urban and rural areas around Delhi and focusing on health and development related needs of women, adolescents and children. In 2000, a study carried out in Najafgarh (a semi-rural slum cluster on the outskirts of Delhi consisting of 72 villages) established that a high degree of sexual abuse of children, adolescent pregnancies, commercial sex work and lack of information on or access to healthcare were factors making adolescents, especially girls, highly vulnerable to HIV and AIDS. The original project, supported by IMPACT, allowed YWCA to address these vulnerabilities by extending support in the areas of health, nutrition and education to children of migrant and vulnerable populations residing in the area.

In 2006, under SAMARTH, FHI 360 supported YWCA to strengthen these interventions and develop community-based mechanisms that would

empower young girls to reduce their vulnerability to HIV and AIDS. These mechanisms have included community centers, peer education, nutritional support and counseling, community sensitization and medical care.

Sahara Michaels Care Home (MCH) is a pioneering therapeutic CBO that has been providing facility based palliative care for injecting drug users (IDUs) and PLHIV across India. In 1998, Sahara started a short-term residential care home called Michaels Care Home (MCH) to provide clinical services for PLHIV in Delhi. Sahara MCH was initially funded through IMPACT. In 2006, under SAMARTH, they were supported to serve as a learning site for quality continuum of care services for marginalized and homeless PLHIV and IDUs.

Sahara MCH runs a unique peer led program with 90 percent of their care workers being trained members of the communities that they serve. They provide in and out patient care using a holistic approach that emphasizes optimal quality of life and minimizing suffering through long term clinical, spiritual, psychological and social care.



SAMARTH is a unique technical assistance project requiring the management of multiple and complex relationships with various stakeholders and balancing a broad portfolio of TA provision.

An essential part of SAMARTH TA is clear communication and expectation setting between donor and grantee. Therefore an annual consultative meeting with stakeholders in collaboration with donors and USG partners is a critical part of the process. This involves setting of annual priorities based on needs expressed by stakeholders whilst taking into account donor priorities as well. Based on this understanding and with the concurrence of the donors, resources are allocated according to the identified strategic and technical priority needs of the stakeholders, USG partners and demonstration projects.

This consultative process sets SAMARTH apart, thanks to an operational style that forefronts focusing on client needs in a flexible and responsive way. Apart from collaboratively setting priorities, SAMARTH has been able to respond to dynamic and changing needs articulated by the client even if this means adding components or shifting course when necessary. FHI 360 as the primary partner has balanced this process with technical advice to clients on approaches that are consistent with international standards and best practices. Additionally they bring to the table a grounded identity as a local partner in India, able to navigate comfortably within the system in the country with the additional advantage of access to cutting edge technical inputs from the regional and headquarters level of the organization.

The work undertaken has encompassed a vast range of activities and modes of TA and has been organized according to four specific Intermediate Results (IR) deriving from the central project goal.

IR 1: Enhanced Capacities of Government and Civil Society for Effective Management of HIV /AIDS Program

IR one relates to extending needs based assistance to government and non-government stakeholders in order to strengthen technical and program management skills of their staff in a range of areas including program planning, implementation, monitoring and evaluation and sustainability. At an organizational level IR one relates to supporting the development of systems and standards in program management, M&E, and financial management including resource mobilization.

I. National Level

Policy Advocacy on Children Affected By AIDS (CABA), GIPA and NACP IV

Program Planning: FHI 360 supported NACO/ SACS to develop program implementation plans (PIPs), at the start-up of NACP III, for Maharashtra and Mumbai, Goa, Kerala, Karnataka, Pondicherry, Tamil Nadu, Andaman and Nicobar Island, Lakshwadeep and Uttar Pradesh. For each PIP, SAMARTH provided technical support to the respective SACS and facilitated development of the state specific plans.

Placement of key staff and consultants: SAMARTH placed around 30 key program and technical staff positions at Information Education and Communication, Care, Support and Treatment, Basic services, Finance and Administrative divisions of NACO. SAMARTH also supported need-based placement of short-term consultants for NACO.

Induction Training: During the development of the mentoring plan, NACO realized the need for an induction training for all NACO staff on different components of the National AIDS Control Program in order to facilitate effective coordination among different divisions of NACO and providing effective monitoring support to SACS. Forty-five program, technical and administrative staff were provided the training. The trainings included exposure and learning visits to HIV service centers. SAMARTH also supported the SACS and TSUs in UP and Uttarakhand to conduct induction training for their staff in these two states.

Mentoring: Mentoring NACO and SACS staff has been an important part of SAMARTH's project. Led by FHI 360, a consolidated mentoring plan was developed in collaboration with other UN and development partners and submitted to NACO. This plan covered five thematic areas including program management, monitoring and evaluation, research, quality improvement and institutional strengthening. FHI 360 is the lead partner on the institutional strengthening component and is the lead coordinator for the implementation of the entire mentoring plan for NACO.



NACO and SACS Project Directors Training

Under the NACO mentoring plan: Project Directors from 27 SACS and NACO division heads were trained on program management and human resource management.

Forty-five NACO staff attended induction training on NACP III; 60 SACS finance personnel were trained on the Computerized Project Financial Management System (CPFMS); 30 NACO and SACS staff were trained on procurement and supply chain management systems.

SAMARTH also facilitated a three-week training workshop for 14 state epidemiologists. In addition a team building and motivation training was held for NACO senior staff.



CPFMS Training for SACS Staff



State Epidemiologists Training

Folk Theatre Workshop: FHI 360 supported NACO for organizing a five-day folk-art based script development for IEC messages from eight States. This activity was appreciated as it provided focused assistance from NACO senior officials towards incorporating technical messages into the local folk scripts.

These folk based performances are expected to reach out to rural populations at the village level under the SACS IEC media campaign.



Folk Artists Performing during Workshop



Enjoying the Performance

Mainstreaming: Incorporating HIV and AIDS information, services and understanding into relevant programs and Government Ministries has been one of the key strategic approaches of NACP III. SAMARTH also focused its efforts on mainstreaming HIV messaging and services in different ministries. FHI 360 held meetings with the Ministry of Youth and Sports (MoYAS), Ministry of Social Justice and Empowerment (MSJE) and the Ministry of Women and Child Development (MoWCD). The progress made within these ministries varies. TA was provided to MoYAS on integrating HIV AND AIDS into their Life Skills Education (LSE) curriculum.

In the case of MSJE, a series of meetings and a formal consultation was held to mainstream HIV & AIDS into MSJE's ongoing programs. Three areas of collaboration were identified: sensitization of MSJE's state welfare departments on HIV & AIDS; linking PLHIV with ongoing programs and services of the ministry; and addressing HIV vulnerabilities of drug users other than IDUs.

FHI 360 also worked closely with UNICEF, UNIFEM and USAID in setting-up an HIV mainstreaming cell at the Ministry of Women and Child Development to incorporate HIV policy, program and trainings into their existing programs. A formal proposal was developed and submitted to the Ministry. The Ministry subsequently requested a Memorandum of Understanding between MWCD, UNIFEM, UNICEF and FHI/USAID and supported the establishment of an HIV and AIDS cell in the Ministry in collaboration with these partners. Three technical consultants were placed to support this work. Key staff within the Ministry were sensitized on HIV mainstreaming issues and they have taken an active interest in ensuring that HIV issues are addressed in their work plans, policy documents, trainings and reports.

Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM): As part of TA to the India Country Coordination Mechanism (CCM), SAMARTH supported short-term consultants to support the CCM activities and coordinate the submission of the India Country Proposal for Rounds 7 and 8. To encourage private sector participation in the GFATM Round-8 India proposal, a workshop was organized by FHI 360, which was attended by 121 participants from 82 organizations. The workshop provided an overview of the mechanisms for the private sector to access the Fund using examples drawn from other countries. Sessions showcasing initiatives of the private sector in

responding to the three diseases (HIV and AIDS, Tuberculosis and Malaria) were held to identify opportunities for partnerships between private and civil society and develop a future course of action.

II. State Level

Technical Assistance to Andhra Pradesh and Tamil Nadu SACS

SAMARTH also addressed specific TA requests from different SACS. As both Andhra Pradesh (AP) and Tamil Nadu (TN) are faced with a high burden of HIV and more number of Orphans and Vulnerable Children (OVC) the SACS from these states requested FHI 360 to support in developing care, support and treatment plans. Andhra Pradesh SACS was supported in developing the care, support and treatment operation plan for the state. SAMARTH also supported TNSACS by developing the Strategy paper to address issues of Orphans and Vulnerable Children (OVC) in the state.

Trainings, Exposure Visits and Placement of Consultant

SAMARTH has been supporting the Technical Support Unit (TSU), managed by Futures Group International, to support Uttar Pradesh and Uttarakhand SACS. The TSU is part of a nationwide initiative of the National AIDS Control Organization (NACO) under phase III of National AIDS Control Program (NACP-III) to offer technical assistance to the respective State AIDS Control Society (SACS) for strengthening the NACP-III implementation in the state.

The TSU serves as the “think tank” for SACS. The key roles played by the TSU is to scale-up TIs for most at-risk populations; strengthen SACS capacity on strategic planning and monitoring; building the capacities of civil society organizations; mobilizing partnerships between the public sector and civil society; managing training and evaluation activities; supporting public-private partnerships for sexually transmitted infection services, access to contraceptives, quality control/assurance, and monitoring; and developing evidence-based strategic planning and resource planning at state and district levels.

Through the SAMARTH project, Uttar Pradesh (UP) and Uttarakhand TSUs are being supported. In addition, to managing the TSU contracting processes, FHI 360 has been providing TA to UPSACS and TSU in the areas of strategic planning and TI monitoring through trainings and exposure visits. Support to SACS is also provided by placing consultants in the different thematic areas. The technical consultants placed in UPSACS include those for Care Support and Treatment, coordinating HIV-TB related activities, to supporting the TI and IEC divisions. In Uttarakhand a consultant has been working to support Uttarakhand SACS on Care Support and Treatment and Basic Services.

The TSUs, since 2007, have supported both the Uttar Pradesh and Uttarakhand State AIDS Control Societies in the development of state level Annual Action Plans, which has been approved by NACO. It is a significant contribution as it is against the approved plan that resources are allocated by NACO for the state and then the plan is implemented at the state level.

Uttarakhand SACS & TSU Team Exposure visit to Mumbai



Visit to Sion Hospital



IDU Project SANKALP

The end-term assessment of SAMARTH by an external team G-H Tech conducted in October 2011 did recognize the value add of the SAMARTH/TSU support to the SACS program.

Scaling-up Targeted Interventions (TIs)

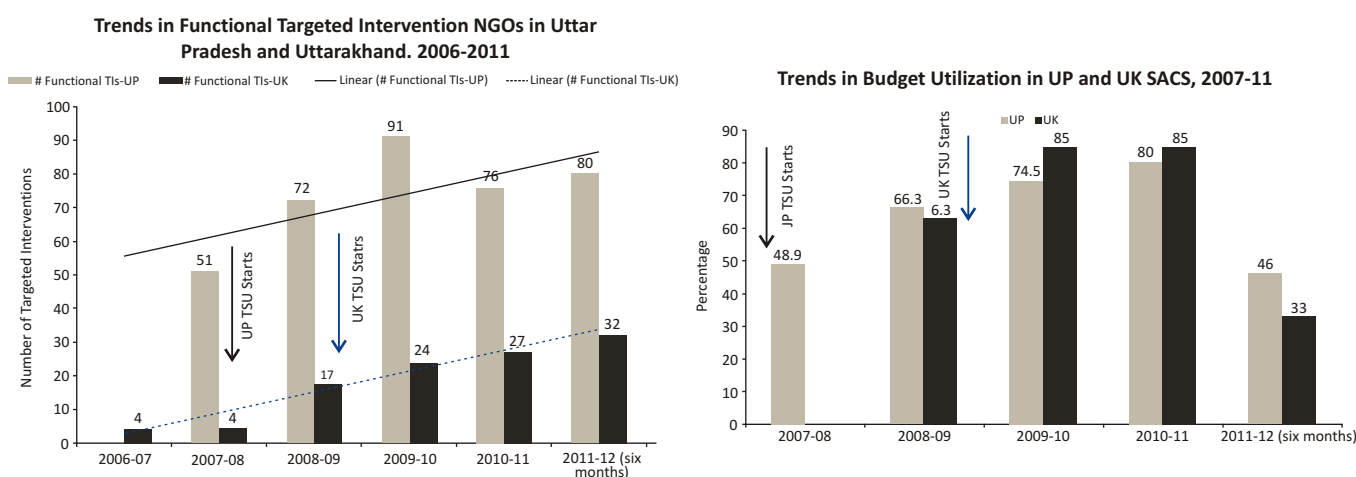
With the support of the TSUs the number of TI projects being implemented in the states of Uttar Pradesh and Uttarakhand has been scaled-up. Mapping of HRGs in all districts of Uttar Pradesh an activity supported by SAMARTH provided the strategic information in decision making for the scale-up of TIs and effective program management.

The TIs are implemented through partner NGOs/ CBOs, who are selected following an open transparent selection process. The TSU team plays an important role in identifying and selecting the NGO and further provides hands-on support and regularly monitors the work of the implementing NGO/CBO partners. To ensure quality of interventions, the TSU build the capacity of NGO/CBO TI staff on all TI components. The achievements and coverage of UP and Uttarakhand are presented below.

Over the years, the overall coverage of high- risk groups, the quality of interventions and the

Type of TI	Mapping Data	No of TIs	Achievement	% of coverage till Sept 2011
Uttar Pradesh				
Female Sex Workers	22,414	11	19,700	88%
MSM	10,922	5	9,250	85%
IDU	13,946	16	11,150	80%
Core Composite	N/A	48		
Migrant	N/A	12		
Truckers	105,000	8		
		88		
Uttarakhand				
Female Sex Workers	7,160	9	5,984	89%
MSM	1,882	2	1,256	76.5%
IDU	1,900	4	1,503	79%
Core Composite		6		
Migrant	100,350	6	31,860	53.1%
		27		

overall budget utilization has improved in the both states of Uttarakhand and Uttar Pradesh. Regular and systematic monitoring support to NGOs implementing TIs is a key contribution; with the TSU Program Officers making visits to every TI at least once in three months.



The achievements of the TI program can be attributed to the TA being provided by the TSU.

The TSUs have also added value by supporting the SACS in rolling-out communication campaigns and organizing programs and events which include the World AIDS Day event, Voluntary Blood Donation camps and others. The TSU has a prominent contribution in revamping the data management system of UPSACS which has helped in generating district wise reports of sentinel data, ICTC, blood banks, STI and ART monthly reports.

The external review of SAMARTH did recognize that the success of the TSUs in UP and Uttarakhand can be credited to - strong team leadership with a qualified and experienced staff; close collaboration between SACS and TSUs with flexibility and quick response time and a 'blurred' line between SACS and TSU responsibilities; team work and a supportive work environment. The review team acknowledged FHI 360's support to the TSUs and SACS.

Strategic consultation for Eastern Uttar Pradesh (UP): A three-day strategic consultation and planning meeting was organized in UP, bringing the experts together to jointly review the Data Triangulation reports and other available information available in the state. It was intended that the expert group will come up with a strategic document for strengthening the HIV/AIDS program planning in the state. The objectives of this Consultation were: to understand the level, trend and drivers of the HIV epidemic in the state and a focus on highly vulnerable districts of eastern UP; to gain insights on programmatic response and prioritize actions; and to identify and prioritize the districts and regions requiring special focus for HIV/AIDS program interventions.

Post-consultation, a concept note was prepared highlighting the programmatic need and approach for eastern UP having higher proportion of out-migration.

Case Study: FHI 360/SAMARTH Consultant at Uttarakhand SACS

Many changes have been brought about in Uttarakhand SACS which can be attributed to placement of the STI and Basic Services Consultant there. This was demonstrated during the last year when 19 Facility Integrated Counseling and Testing centers (F-ICTC) that had been started in 2008 had not begun testing or submitting activity reports to USACS, resulting in NACO instructing USCAS to close down these centers. The consultant supported USACS by personally visiting these F-ICTCs motivating their staff and training them to start testing and submitting monthly reports. The centers are now testing and reporting and have been saved from closure. As a consequence of this success 116 new F-ICTCs at public health centers (PHCs), community health centers (CHCs) and UHCs are being planned, to cover the entire state, in order that the reach is maximized and the highest possible number of clients can be screened free of cost.

Various other positive changes which are directly related to the work of the SAMARTH consultant in this area include:

- **Strengthened systematized monitoring:** For instance, HIV-TB co-ordination was not satisfactory; now with the FHI consultant's involvement regular field visits and meetings at State and district level are being conducted. Additionally, cases which were 'lost to follow up' (LFUs) were never tracked are being tracked now.
- **Better trained and enhanced functioning of staff:** Staff are being able to handle different situations: For instance, staff Nurses working in labor rooms are being trained to conduct HIV testing in emergency so that if unregistered pregnant women arrive, when already in labor, testing can be done. Training of lab technicians and Counselors working in newly established ICTCs have already started and will be completed by October 2011.
- **New services being provided:** 30 mobile health vans which provide health services in remote and inaccessible areas are going to be utilized as mobile ICTC's.

III. Civil Society Level

Training: FHI 360 TA partners SAATHII, INP+ and CMAI have conducted a number of different trainings and workshops during the course of SAMARTH. Overall, they have provided training to 2,097 project level staff from 598 local NGOs, CBOs, FBOs and PLHIV Networks.

The trainings have been held in Karnataka, Maharashtra, Andhra Pradesh and Tamil Nadu and have covered areas such as stigma reduction; program design; program management; M&E documentation; HIV and AIDS case management and ART and life skills education (LSE).

IR 2: Strengthened Quality of HIV Prevention, Care and Treatment in the Public and Private Sector

IR 2 relates to developing and implementing Quality Assurance (QA) standards as well as self-assessment tools and assisting government and non-government partners in measuring the quality of their programs against these standards. It is concerned with providing TA to service providers to promote a service environment that seeks continuous quality improvement (QI).

I. National Level

Policy Advocacy on Children Affected By AIDS (CABA), GIPA and NACP IV

CABA: FHI 360/SAMARTH, in partnership with UNICEF and HIV/AIDS Alliance recognized as the CABA task force advocated for a National Scheme on *Children Affected by HIV and AIDS (CABA)* to enable these children to access the government schemes and services. FHI360 led the task force and collaborated with MWCD and NACO in designing the *National Operational Guidelines on Children Affected by HIV and AIDS (CABA)* and piloting the CABA scheme in 10 districts of 9 selected states. As part of rolling out the national pilot scheme, FHI 360 was involved with conducting capacity building with district government functionaries and coordinating NGOs. In addition a monitoring system was strengthened and a baseline survey was conducted.



CABA National Consultation



District Collector from East Godavari visiting a CABA household

CABA National Consultation

The CABA Scheme has been successfully implemented in its first year of operation, through baseline assessment and through regular monitoring. NACO has extended the CABA scheme for following year and end-line evaluation is planned for end-Dec 2011.

Guidance document on legal and protection issues of Orphan and Vulnerable Children (OVC), especially Children Affected by HIV/AIDS (CABA)

Under the FHI/SAMARTH project it was strongly felt that NGOs working with Orphan and Vulnerable Children (OVC) and CABA need to be well-versed not only with the care and support aspect of child entitlements, but should also be aware about the legal entitlements and rights of the vulnerable children. The guidance document on legal and protection issues of OVC, is an effort to explore various legal and policy mechanisms to assist people living with HIV/AIDS especially Children Affected by HIV/AIDS (CABA) in availing various entitlements and benefits from existing government schemes and mechanisms.

GIPA: SAMARTH TA partner the Indian Network of People Living with HIV and AIDS (INP+) has been very involved with the process to operationalize GIPA roll-out as part of the National AIDS Control Programme (NACP III). State level consultations were held in Tamil Nadu and Andhra Pradesh to develop GIPA implementation plans. INP+ also conducted a workshop with 40 network members of the four USG states (Andhra Pradesh, Maharashtra, Karnataka and Tamil Nadu) to constitute State Community Advisory Panels (SCAP) in each. The NACO GIPA Policy Guidelines are now completed and an operational plan has been developed for national state and district levels.

Contributed to NACP IV Planning: FHI 360 has been contributing to national program planning process by participating in different technical working groups tasked with NACP III implementation and NACP IV planning. SAMARTH staff participated in the technical working groups for Gender, GIPA and Stigma and Discrimination as well as in the care, support and treatment working groups.

II. State Level

Training: Between 2009-2011, SAMARTH supported trainings of more than 9,500 health care providers (HCP's) from 71 districts of UP and 13 districts of Uttarakhand on stigma and discrimination reduction as well as practicing universal precautions in health care settings. This training arose from the recognition by UPSACS and USACS that stigma and discrimination in health care facilities of Uttar Pradesh and Uttarakhand led to severe constraints to PLHIV seeking and receiving treatment.

During 2009, a one-day training of all categories of district hospitals staff was conducted across the state of Uttar Pradesh. The encouraging response to the training brought about repeat requests for similar trainings in 2010 in Uttar



GIPA Poster Presented at ICAAP

Participant Feedback from HCP Trainings

Participants shared that this training enhanced their knowledge, helped them clear myths and misconceptions and that they have gained considerable knowledge about universal precautions including post exposure prophylaxis...

"A direct achievement is, following the training, the ayahs and ward boys started using gloves during the cleaning or collection of medical waste."

"The training has been helpful in clearing even small doubts specially those associated with the technical aspects of HIV and AIDS."

"The training has helped develop positive thought among the health providers towards HIV patients and this is certainly helpful in reducing stigma and discrimination."

Pradesh and Uttarakhand and again in 2011 in Uttar Pradesh.

FHI 360 conducted a baseline study as part of this project and comparison of pre and post-test results from the training showed a 49% improvement in knowledge levels. As an outcome of the training, PLHIV friendly teams comprising of a doctor, nurse, laboratory technician, counsellor and ward boy were constituted in 39 out of 71 (55%) districts.



Health Care Providers Training ToT Sessions

Sensitizing Local Leaders: SAMARTH provided technical support to UPSACS for sensitization activities of the Gram Sabha (local village council) in three districts of Eastern Uttar Pradesh. The premise behind this program was to raise awareness and sensitise the leadership of rural communities on issues related to PLHIV. In addition, it aimed to reach out to rural populations with HIV prevention messages; inform communities about the different services available related to STI treatment, HIV testing and ART; reduce stigma and discrimination towards people living with HIV in the community and encourage people to access HIV related prevention, care and support services. Assistance was also provided for documentation and evaluation of the Gram Sabha activities with UPSACS as well as for developing this as a national model.



Gram Sabha Sensitization

Gram Sabha Sensitization Program with UPSACS Quotes

“Some people living with HIV don't disclose status among family due to fear of discrimination. Gram Sabha Program is a platform through which people can learn and understand how important it is to remove stigma because care, treatment and support for people living with HIV is the only strategy for preventing new HIV infection and stigma is the greatest barrier for accessing this support system.”

Mr. Dayanand, Living with HIV: Mahrajganj Positive People Network

“Gram Sabha HIV/AIDS sensitization program was conducted in my village (UmriGaneshpur). More and more villagers got full knowledge about HIV/AIDS through this program like how to protect themselves from the HIV virus, how people get infected and locations of testing centers. We used to believe that HIV positive people could not be young and smart. Through this program we have changed our thinking and broken our HIV/AIDS myths. Need to conduct this type of program once again.”

Mr. Bal Chandra Saroj, Gram Pradhan

Developing Learning sites: As part of the TI program in UP, three learning sites (focusing on MSM, FSW and IDUs) were developed in Lucknow, Meerut and Gorakhpur in Uttar Pradesh. The objective behind these learning sites was to create onsite learning opportunities beyond classroom training for human resources working in TI's in the State. Staff members from different organizations are able to visit the learning sites, observe programs, strategies and interventions in action and learn from successes and failures of organizations working in a similar context to their own. This was expected to enhance the conceptual understanding and skills development of staff from all over the state in areas such as program management, service delivery, outreach, networking, linkages with other services, community mobilization, documentation and monitoring and evaluation. In this process good practices demonstrated at these sites and case studies were also documented.

Establishing Drop in Centers (DICs): SAMARTH has been providing ongoing technical assistance to Uttarakhand SACS in order to form the Uttarakhand Association for People with HIV/AIDS, a state level PLHIV network. A consultant was placed for one year to provide hands-on support and nurture this initiative. The Consultants contribution included mobilizing support from Uttarakhand SACS in sanctioning the DICs for the districts of Dehradun and Haldwani and providing technical support to board members at the state and district level PLHIV networks to help them establish and effectively run the DIC and the State level network.

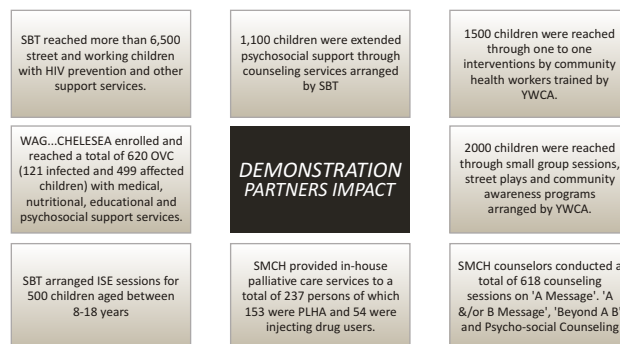
The main aims of these DICs are: mobilizing and enrolling all PLHIV through community friendly strategies; providing specific information related to important issues and services (prevention of HIV, counseling, nutrition, PLHIV rights, livelihood, treatment, care, education, etc) to PLHIV and their family members and establishing effective functional linkages with existing health care provisions in government and private settings (ICTC, ART centers, and RNTCP Clinics, STI Clinics, PPTCT and infection control services) thereby helping PLHIV access needed health care services on immediate requirement.

III. Civil Society Level

Quality Improvement Initiative on Nutrition: FHI 360 has supported WAG...Chelsea in the area of addressing malnutrition among children with HIV and AIDS. In 2009, under SAMARTH, Chelsea initiated a quality improvement program on nutrition for HIV infected children up to 14 years of age. A team of experts from a local district government hospital, Guru Teg Bahadur Hospital, government medical colleges and NGOs designed the project under the technical guidance of the SAMARTH team.

Project activities involved bi-monthly anthropometry of all HIV positive children in order to enable early diagnosis of severe and moderate acute malnutrition; treatment of all acute infections; screening for opportunistic infections especially TB, and making community and family based nutritional interventions by providing uncooked supplemental rations to food-insecure families and to Severely Acute Malnourished (SAM) and Moderately Acute Malnourished (MAM) children. At the end of the project (June, 2011), no case of malnutrition was reported.

Additionally, WAG...Chelsea is supporting implementation of CABA as a District Coordination Action Agency (DCAA) for North-East Delhi and coordinating closely with the Delhi State AIDS Control Society and other department for linkages and referrals of services for CABA.



Creating Best Practice on Disclosure: Disclosure to children regarding their own HIV status or that of their parents and siblings is a serious challenge in India and globally. In India the problem is exacerbated by cultural norms, which prevent parents from speaking to their children about sexuality and reproductive health.

WAG...Chelsea has been responsible for pioneering work in this area creating and implementing a system of disclosure that begins when any family enrolls at the drop-in-centre. The system includes a phased process, which begins with partial disclosure from the age of six years with indirect information on HIV and AIDS provided through group counseling. Over time, full disclosure occurs through directly communicating with the child when s/he is prepared and has received a number of counseling sessions on HIV, myths and misconceptions and stigma and discrimination. Researchers at Boston University who conducted a study on the issue with Chelsea have accepted the recommendations made by Chelsea and have shared their findings with other international agencies and local NGOs.

Quality Assurance: FHI 360 worked with all four demonstration partners to develop a quality assurance framework for their SAMARTH projects. This resulted in the production of the '*Quality Assurance/Quality Improvement Framework and Standard Operating Procedures Apex Quality Manual*'. Staff from each organization was trained in the usage and implementation of the SOPs. This has improved each organization's ability to monitor and systematically manage their projects. In addition it has enabled staff to review their own progress, identify gaps in service delivery and increase their sense of accountability and ownership within the project.

Training Manuals: As part of the strategy to serve as a learning site and conduct training of other organizations Chelsea and SBT developed training manuals during the project.

Chelsea worked with a SAMARTH consultant to develop a training module on home-based care for OVC, *Community and Home-based Care for Children Affected by HIV AIDS Facilitator Guide (2009)*.

SBT worked with a SAMARTH consultant to develop a training module on *HIV related institutional capacity building, stigma and discrimination and community mobilization on HIV prevention services to street youth and children (2009)*.

TA to Faith Based Medical Practitioners: SAMARTH technical partner, CMAI approached three core groups of churches in India to initiate the process of developing an HIV and AIDS policy and palliative care program for faith-based hospitals. CMAI also conducted a three-day training of trainers (TOT) workshop on infection control for 29 participants from SAMARTH-based hospitals and Ghaziabad WAG workshop on Stigma and Discrimination based on home-based care to the families affected by HIV and Aids



I used to stay in Agra. My husband started keeping unwell rather frequently and doctors finally suggested that I make a trip to Delhi and get my husband tested for HIV. In 2001, I came to Delhi with my husband and life was never the same again. My husband was diagnosed as being positive. So was I. Neither of us had a clue what being positive was all about. It sounded scary and I felt as if our days were up. We had two small daughters; the younger one was just an infant. Then, at Safdarjung Hospital we met some people from WAG...CHELSEA. They convinced me to admit my husband to the Community Care Centre that they ran. This proved to be the turning point in our lives.

A person who has just discovered his status needs more than just medicine and reports. He needs someone to clear the million questions that fill their head. Correct information, delivered sensitively, can work like no other balm and that is exactly what we received. We knew what we were infected with, what we had recourse to and what had to be done. Our priority was to ensure that our children (my younger daughter is positive) had as normal an upbringing as possible and for that we had to stay alive and healthy. With the help of WAG I put my elder daughter in a boarding school in Ghaziabad.

My husband died in 2005. I worked at the very Community Care Centre my husband was admitted to and now I have joined them as a community volunteer with the USAID supported SAMARTH-WAG...CHELSEA project. My younger daughter is 12 years old now. She is a bright chirpy girl, well adjusted and sensible. I do not see her life being any different from other children. This project has provided us great support; supplementary nutrition, medical, and education support including tuition, life skills education and counselling facility. Once you have an enabling environment the virus does not appear half as threatening, and that is exactly what the project gave us!

SAMARTH supports SBT to create an enabling environment for children keeping them away from high-risk behaviour



Shahadutta found himself at New Delhi Railway Station after he ran away from the harsh conditions of a zari factory where he had been working for 15 months. He was befriended by a boy who lived at the station.

This boy lived with his gang on Platform 10. He took me in and looked after me. After a few days the gang felt like family. Since I was young I was not forced to engage in anything nefarious. All I had to do was collect plastic bottles and occasionally fetch smack for my benefactor.

Continuous persuasion by the staff of USAID supported SAMARTH-SBT project made me drop into their contact point located at New Delhi railway station, which was just above the railway police station. Thereafter, I started visiting the place every day as they used to provide food and treat me well. Relaxing and interacting with the staff and other children in the afternoon became a usual time pass for me. Playing games, learning to pick up letters and numbers, colouring the pictures and making different things out of paper....it used to be great fun.....

....I agreed to shift to the Shelter Home. Initially I felt stifled, but once I was put in school all that changed. I made new friends, learnt new things. I did not have to bother about food; there was always a warm meal and a patient ear waiting for us here. Life skills education and this patient ear brought a big change in me...it helped me to think ambitiously and aspire for something. I was encouraged to follow my interests. This led me to attend theatre workshops, learn puppetry and even act in three daily soaps on television. In fact it is from the money I earned from these television serials that I have set up a small leather workshop. I grew to love the place; so much so that, when my father traced me to the shelter, I refused to go home.

It is here that I learnt to make informed choices. Today, when I look at those who chose the streets, I am able to put my present in perspective. What I once held as freedom is anything but liberating. My contemporaries on the street have little to look forward to: a night of illicit sex, some quick money or perhaps an unexpected feast. It is a life painfully shackled.

I have actual freedom. I can rise above the present and look at tomorrow. That is the difference.

IR 3: Improved Planning, Collection Analysis, and Use of Strategic Information (SI) at the National, State, and District Levels

IR 3 relates to expanding sources of information and building capacity for evidence based program design through strengthening data collection, analysis, and use. In addition it is concerned with creating standardized systems of monitoring and evaluation to evaluate program impacts and for coordinated and unified reporting.

I. National Level

Evaluation: SAMARTH provided technical assistance to NACO and UNAIDS on strengthening the existing national monitoring and evaluation system as a part of the National Monitoring and Evaluation Working Group.

IEC Program Assessment: SAMARTH conducted three evaluations of NACO IEC programs which include: Radio program evaluation, Blood Safety Campaign in North India (Little Girl); and assessment of IEC Program on HIV AIDS through Kalyani Health Magazine in six states in India. The findings from these evaluations/ assessments enhanced NACO's understanding on the effectiveness of HIV prevention efforts through mass media campaigns. As a result of these evaluation studies, NACO has taken action re-designing, adjusting or approving continuation of the various programs.

II. State Level

Uttar Pradesh is considered to be a state where the numbers of people affected by HIV and AIDS could increase at a rapid pace. Therefore district specific data has been a critical need for program planning in the state. SAMARTH has supported various studies related to mapping and data analysis in UP as well as in Uttarakhand.

Mapping of High Risk Groups (HRGs): To facilitate efficient and effective resource allocation and program planning by NACO, district-specific data on the estimates and spread of HRGs was required. In this context, SRI-IMRB was contracted to conduct a mapping exercise which covered 612 towns in 71 districts of UP between 2008 and 2011. The main objectives of the mapping were to create sexual behavior and client profiles, assess risk factors and estimate numbers of HRG's in different areas.

Behavioural Surveillance Survey (BSS): SAMARTH has provided technical support in conducting and analyzing a BSS for Uttar Pradesh among high-risk groups (including FSW, IDU and MSM) as well as single male migrants, youth and the general population. A BSS is an important tool to monitor changes in behavior and identify gaps between 'recommended behavior' and 'reported behavior' and this can guide strategy on appropriate program interventions.

This survey strengthened evidence based planning and intervention for HIV programming. The mapping covered 71 districts of Uttar Pradesh and included 612 towns and was critical to the process of analyzing the epidemic potential at the district level and allocating resources to specific districts.

Epidemiological Profiling of Districts: SAMARTH supported a district data triangulation exercise in UP to estimate the level, trend and differentials in the HIV epidemic in all 71 districts of Uttar Pradesh; understand the drivers of the epidemic in the district and to realize the gaps within programmatic responses to HIV in the district.

Polling Booth Survey (PBS): SAMARTH provided technical support in conducting the PBS- an attempt to undertake simple, small-scale behavioral surveillance among the key populations covered under the plans for targeted interventions, specifically among nine selected as learning sites. The PBS was an attempt to establish base-line indicators using low-cost and easily implemented technology for some key outcome indicators that can be compared, with successive rounds of PBS, in these nine TIs.

Migration Rapid Situational Assessment: SAMARTH conducted this study in 25 districts to identify areas with a higher incidence of migration. Drivers of the HIV epidemic were identified, including inter-state migration of people from Eastern UP, and discussed at a strategic consultation meeting organized by FHI 360.

Participatory Site Assessment: SAMARTH supported SACS in Uttarakhand to conduct this study in 11 districts in order to map numbers of key populations and assist NGOs attempting interventions with these groups. In order to be truly 'participatory' and reflect the lived realities and context of specific groups and their vulnerabilities to HIV and AIDS, trained members of the key populations carried out the study.

Capacity building on SI, M&E, and Data Analysis for SACS and TSU staff: SAMARTH planned and facilitated the workshop on Strategic Information, M&E and Data Analysis for the SACS and TSU team in Uttarakhand. A key outcome from this training is that Uttarakhand SACS has been able to analyze and interpret data and use the findings for decision making. This training has also helped Uttarakhand SACS in the preparation of the Annual Action Plan -2010-2011.

III. Civil Society Level

Information Systems: A Computerized Monitoring Information System (CMIS) for data collection, compilation, reporting and quality assurance (DQA) was developed and implanted for demonstration and TA partners of SAMARTH to track and report on the PEPFAR indicators. A three-day workshop on the SAMARTH CMIS software was conducted for all demonstration partners to provide them with practical guidance in using the software. This system has enabled them to collect and record data and track changes much more efficiently. All the demonstration partners cited the MIS as a critical contribution to their functioning.

Collecting Data on Best Practices: CMAI documented the work by HIV and AIDS palliative care learning sites in Karnataka, AP and Tamil Nadu focusing on the unique strengths and niche areas of each site. This documentation of the learning sites played a critical role in informing the national care, support and treatment program.

IR 4: Enhance Bold Leadership and Visibility of USG-Supported Programs through Strategic Communication

IR 4 relates to fostering leadership at the national, state, and district levels with government, private-sector, religious, and medical institutions, NGOs, PLHA, and youth. It is also concerned with enhancing visibility of USG programs in order to spur action and generate multi-sectoral responses to augment HIV efforts.

I. National Level

Strategic Planning: SAMARTH supported a two-day workshop of the USG partners implementing HIV and AIDS programs to discuss the lessons learned in implementing the first year of the USAID/Enhance project and strategize to align PEPFAR programs with the five-year NACP-3. SAMARTH also supported the USG PEPFAR team in reviewing the PEPFAR strategy and providing recommendations about the best use of future resources to support NACP-3.

International exposure, experience sharing and learning: Over 15 policy makers and community leaders from NACO, SACS, PLHIV Networks and CSOs were supported to represent and participate in the different international conferences and workshops.

II. State level

AVERT: Six AVERT staff were trained on the Data Quality Audit (DQA) tool developed by SAMARTH, which will be used to conduct the baseline for their project in Maharashtra. Technical assistance was provided to AVERT on their management information system (MIS) to finalize the MIS indicator manual and tools based on their current programming needs and reporting mechanisms. This resulted in the development of the first draft of the AVERT MIS Indicator Manual and finalization of the list of six AVERT good practice program areas, based on which field-work was initiated to collect supportive evidence from different stakeholders.

III. Civil Society

SAMASTHA: Technical assistance was provided to SAMASTHA partners to familiarize them with the Office of the Global AIDS Coordinator (OGAC) Guidelines on Abstinence, Being Faithful and Condom Use (ABC), Orphans and Vulnerable Children (OVC), Palliative Care and MIS.

APAC: SAMARTH provided TA to the AIDS Prevention and Control (APAC) project in the following areas: selection of partners for HIV and AIDS prevention and care and support interventions; development of the APAC OVC strategic framework in consultation with the Project Director and USAID CTO; review of a APAC-supported OVC project with Community Health Education Society (CHES); finalization of the project evaluation report; and development of a new proposal on OVC.

Providing technical assistance to multifarious partners, with specific needs and their own varied agendas, in a sustained way is full of challenges. In the first place, creating space for a TA project within the national program is a challenge that requires building agreement on the TA framework as well as set a foundation of trust and faith in the TA provider's capacity to deliver. The final portfolio of TA activities is dependent on the dynamic relationships and priorities of the different stakeholders - the client, donor, and the TA provider and these are not static.

Below we outline some of the key challenges SAMARTH has faced with the recognition that we have learned something from each problem encountered and the consequent learnings will inform the future planning for other projects and can perhaps assist other organizations in their TA projects as well.


It is difficult to estimate the targets for technical assistance under different thematic areas since it is essentially need-based support. The priorities and needs of various stakeholders and partners are evolving and dynamic. Any TA portfolio requires synergy in the priorities and expectations of client, donors and TA provider and towards this end explicit discussion with donor/decision makers about priorities and allocation of resources should be an ongoing part of any project. The final portfolio should reflect joint priorities between client, donor, and the TA provider.

Obtaining timely buy-in from government departments on critical issues is a challenge. Approvals for implementation of new policies, trainings or program interventions can take a long time when working with government departments and coordinating between different ministries or with multiple development partners. Procedural rules and bureaucratic constraints mean this is often unavoidable. In addition, agreed upon program activity plans can change due to shifts in emerging program priorities or leadership. Therefore producing outputs/finishing project components in a short space of time can be very difficult. We try to counter this by setting expectations on issues of timing and sustainability with clients and partners at the outset. We also try to ensure that our own planning is flexible enough to account for timelines being shifted and to ensure that trainings/projects remain relevant despite delays.

Establishing standard measures to assess the efficacy and effectiveness of TA provided to various agencies can be problematic. It is not always accurate to attribute all performance indicators to the TA provider, whether successes or shortfalls. Towards this end, evaluation tools and systems for explicitly assessing the performance of consultants or other TA products have been created and utilized during SAMARTH. For instance, after development of the QA/QI system for demonstration partners, several audits were carried out by independent evaluators to ensure that the SOPs were being followed correctly and to assess how they assisted staff in their activities.

Achieving clarity on what it means to be a demonstration site can be difficult if not concretely defined or tied to specific infrastructure requirements or other types of resource allocation and planning. This can lead to projects being unable to function as expected and even being closed down before anticipated. Developing realistic timelines for establishing sites and specific targets and expectations for each project or learning site helps direct activity over the grant period. In addition, focusing on aspects of program excellence rather than demonstration of a holistic model has worked well for SAMARTH.

Finally, when working with a broad portfolio of TA, it is useful to identify points of synergy between activities and projects across SAMARTH staff and other technical partners. These would include sharing best practices or tools



for establishing learning sites; information on resource requirements and processes for providing mentoring to individual staff or to organizations and approaches to efficient organization of taskforce or technical committees.

According to an external evaluation of the project, “the SAMARTH grant is a reliable mechanism for processing different types of TA support. This has built the reputation of FHI 360 as a “go-to” partner that can be trusted to see a project through with a satisfactory result. Multiple individuals who were interviewed described FHI 360's value addition in terms of project management. Partners expressed confidence that when “FHI is given a task, they are able to get the job done.”

SAMARTH Stakeholders

- National AIDS Control Organization (NACO)
- State AIDS Control Societies (SACS): (Andhra Pradesh, Delhi, Tamil Nadu, Karnataka, Maharashtra, Uttar Pradesh, Uttarakhand)
- Ministry of Women and Child Development (MoWCD)
- Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM): India Country Coordination Mechanism (India CCM)
- Futures Group International (Technical Support Unit)

SAMARTH Partners

Technical Assistance Partners

- Indian Network of Positive People (INP+)
- Solidarity & Action Against the HIV infection in India (SAATHII)
- Christian Medical Association of India (CMAI)

Demonstration Partners

- WAG...Chelsea
- Salaam Baalak Trust (SBT)
- Young Women's Christian Association (YWCA)
- Sahara Michael Care Home (Sahara MCH)

SAMARTH Development Partners

- Joint United Nations Programme on HIV/AIDS (UNAIDS)
- United Nations Children's Fund (UNICEF)
- United Nations Development Programme (UNDP)
- United Nations Development Fund for Women (UNIFEM)
- World Health Organization (WHO)
- Center for Disease Control (CDC)
- Public Health Foundation of India (PHFI)
- Futures Group International
- India HIV/AIDS Alliance (IHAA)
- Clinton Health Access Initiative (CHAI)
- Hindustan Latex Family Planning Promotional Trust (HLPPT)
- Management Development Institute (MDI)
- Guru Teg Bahadur Hospital (GTBH)
- Boston University (BU)

Technical Assistance in the area of health and development supports the strengthening of capacities of organizations and individuals to implement service programs more effectively. This includes stronger administration of program in terms of technical, financial and human resource management. FHI 360 through its SAMARTH project provided technical assistance to the National HIV/AIDS Control Program through different approaches which included formal training and mentoring of staff, providing exposure/learning visits, placing technical experts, strengthening quality assessment and operation system, and facilitating the development of demonstration/ learning sites.

This monograph shares the work and lessons learned by FHI 360 in this technical assistance project. It shares the experience in the areas of capacity building of NACO, SACS and civil society organizations; CABA Pilot Scheme design and roll out, scale-up and strengthening of targeted intervention program for HIV high risk groups in Uttar Pradesh and Uttarakhand; and support to the national program in the area of Strategic Information especially conducting research and evaluation studies and national IEC campaigns. This document will serve as a useful guidance for individuals and / or organizations in designing, implementing or reviewing a technical assistance project on health.

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