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## Second Independent Evaluation 2002-2008
## Country Visit to India - Summary Report

# UNAIDS

# Second Independent Evaluation 2002-2008

# Country Visit to India

# Summary Report

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**19 January- 4 February 2009**

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## Acronyms

| | |
|---|---|
| AIDS | Acquired Immunodeficiency Syndrome |
| ART | Antiretroviral therapy |
| ARV | Antiretroviral |
| BMGF | Bill and Melinda Gates Foundation |
| CABA | Children affected by AIDS |
| CBO | Community based organisation |
| CCA | Common Country Assessment |
| CCM | Country Coordinating Mechanism |
| CDC | US Centers for Disease Control |
| CEDAW | Convention on the Elimination of All Forms of Discrimination Against Women |
| CMIS | Computerised Management Information System |
| CRIS | Country Response Information System |
| CSO | Civil society organisation |
| DFID | UK Department for International Development |
| DG | Director General |
| DOL | Division of Labour |
| DRC | Democratic Republic of Congo |
| ECOSOC | Economic and Social Council |
| ERP | Enterprise Resource Planning |
| ETG | Expanded Theme Group |
| FAO | Food and Agriculture Organization |
| FHI | Family Health International |
| GF | Global Fund |
| GIPA | Greater Involvement of People living with HIV/AIDS |
| GOI | Government of India |
| HIV | Human Immunodeficiency Virus |
| HOA | Head of Agency |
| HQ | Headquarters |
| HSS | Health system strengthening |
| IDU | Injecting drug use |
| INP+ | Indian Network of Positive People |
| IOM | International Organisation for Migration |
| IPC | Indian Penal Code |
| ITPA | Immoral Trafficking Prevention Act |
| JPO | Junior Professional Officer |
| JUNTA | Joint UN Team on AIDS |
| M&E | Monitoring and Evaluation |
| MARP | Most at risk population |
| MOHFW | Ministry of Health and Family Welfare |
| MOHRE | Ministry of Human Resources and Education |
| MOSJE | Ministry of Social Justice |
| MSM | Men who have sex with men |
| MWCD | Ministry of Women and Child Development |
| NACO | National AIDS Control Organisation |
| NACP | National AIDS Control Programme |
| NERO | North East Regional Office |
| NGO | Non-governmental organisation |
| NSP | National Strategic Plan |
| OCHA | Office for the Coordination of Humanitarian Affairs |
| OST | Opioid Substitution Treatment |
| PAF | Programme Acceleration Fund |
| PCB | Programme Coordinating Board |

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|---|---|
| PEPFAR | US President's Emergency Fund for AIDS Relief |
| PLHIV | People Living with HIV |
| PMTCT | Prevention of mother-to-child transmission |
| PR | Principal Recipient (GF) |
| PSF | Programme Support Funds |
| RC | Resident Coordinator |
| RST | UNAIDS Regional Support Team |
| SACS | State AIDS Control Society |
| SIDA | Swedish International Development Agency |
| SIMU | Strategic Information Management Unit |
| STI | Sexually transmitted infection |
| TG | Transgender |
| TRG | Technical Resource Group |
| TWG | Technical Working Group |
| UA | Universal Access |
| UBW | Unified Budget and Workplan |
| UCC | UNAIDS Country Coordinator |
| UN | United Nations |
| UNAIDS | Joint UN Programme on HIV and AIDS |
| UNDAF | UN Development Assistance Framework |
| UNDG | United Nations Development Group |
| UNDP | United Nations Development Programme |
| UNESCO | United Nations Educational, Scientific and Cultural Organization |
| UNFPA | United Nations Population Fund |
| UNGASS | UN General Assembly Special Session on AIDS |
| UNHCR | United Nations High Commissioner for Refugees |
| UNICEF | United Nations Children's Fund |
| UNIDO | United Nations Industrial Development Organisation |
| UNODC | United Nations Office for Drugs and Crime |
| UNTG | UN Theme Group on AIDS |
| USG | US Government |
| WFP | World Food Programme |
| VCT | Voluntary counselling and testing |
| WHO | World Health Organisation |

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## Disclaimer

Full responsibility for the text of this report rests with the authors. The views in this report do not necessarily represent those of UNAIDS or of the people consulted.

# 1 Introduction

1.1 This report is a summary of findings from an evaluation visit to India as part of the Second Independent Evaluation of UNAIDS. The visit took place 19 January to 4 February 2009. The team consisted of Paul L. Janssen, Sonal Zaveri and Veronica Magar. The team were based in New Delhi and made a field visit of two days to Guwahati, Assam.

1.2 The summary report draws on material in a set of evaluation framework tables (described in the inception report[1]), which are based on information gathered from meetings with a range of stakeholders (Annex 5) and from review of key documents (Annex 4). It should be noted that both the UNAIDS Country Coordinator as well as the UN Resident Coordinator had recently left India, and that the team was not able to meet with most of the cosponsor Heads of Agencies.

1.3 India is one of 12 countries sampled for visiting during the evaluation[2]. The material in the framework tables from these country visits, visits to regional offices of UNAIDS Secretariat and Cosponsors, global visits and interviews, and surveys of other stakeholders will be synthesised together in an overall evaluation report due to be submitted in August 2009.

1.4 Following a brief overview of the country context in Section 2, the report presents the main findings in Section 3, which is structured in line with the conceptual framework of the evaluation (see Box below). Section 4 highlights key discussion points arising from the findings.

**Evaluation scope and objectives**

The purpose of the Second Independent Evaluation of UNAIDS is to assess the efficacy, effectiveness and outcomes of UNAIDS (including UNAIDS Secretariat, the PCB and UNAIDS Cosponsors) at the global, regional and country levels and, specifically, the extent to which UNAIDS has met its ECOSOC mandate for an internationally coordinated response to the HIV/AIDS pandemic and the continuing relevance of its mandate and objectives in the current global environment. At country level, the evaluation focuses on the following questions:

a) The evolving role of UNAIDS within a changing environment
c) The response to the first Five Year Evaluation of UNAIDS (see Annex 3)
d) The Division of Labour between the Secretariat, Cosponsors, Agencies and Countries
e) Strengthening health systems
f) The administration of the Joint Programme
g) Delivering as One
h) Involving and working with civil society
i) Gender dimensions of the epidemic
j) Technical support to national AIDS responses
k) Human rights
l) The greater and meaningful involvement of people living with HIV

Note: Question b) on governance is not addressed by country visits.

The conceptual framework for the evaluation, and this report, organises these questions under three broad themes: how UNAIDS is responding to the changing context; how UNAIDS is fulfilling its mandate; and how UNAIDS works

[1] The Second Independent Evaluation of UNAIDS 2002-2008 Inception Report. 20th October 2008
[2] Cote d'Ivoire, DRC, Ethiopia, Haiti, India, Indonesia, Iran, Kazakhstan, Peru, Swaziland, Ukraine, Vietnam

# 2 Country context

2.1 India is experiencing a heterogenic epidemic, with generalised but stabilising epidemics in certain states and concentrated epidemics across the country among sex workers, injecting drug users (IDU), men who have sex with men (MSM) and their sex partners. In 2006, the National AIDS Control Organisation (NACO) and the UN revised the HIV prevalence estimates for India from 5 million to 2.5 million. This revision was a turning point in conceptualisation of the epidemic as a concentrated one, with the need for a more focused prevention response.

2.2 The national response in India is strong. NACO, recently upgraded to a Department in the Ministry of Health and Family Welfare, has always been recognised as the single national authority. In 2006, the Government of India (GOI) established a National Council on AIDS, chaired by the Prime Minister and with 33 ministries represented, but this has met only once.

2.3 The National AIDS Control Programme (NACP) is the one national HIV/AIDS strategy. The current third phase – NACP-3 (2008-2012) – was designed in 2006 with considerable involvement of people living with HIV (PLHIV), civil society, government departments and development partners. NACP-3 aims to further scale up coverage and quality of prevention interventions targeting in particular sex workers, IDU and MSM, implemented increasingly through community based organisations (CBOs). Wider prevention is through sexually transmitted infection (STI), blood safety and prevention of mother-to-child transmission (PMTCT) services, increasingly converging with the National Rural Health Mission, in order to create synergies at district level. Free first and second line treatment is being rolled out, complemented with community care. NACP-3 focuses multisectoral involvement on 11 key ministries, including education, welfare, transport and uniformed services. NACP-3 also aims to decentralise beyond the State AIDS Control Societies (SACS) to the district level, with special focus on 65 highly vulnerable districts.

2.4 NACO is responsible for the national monitoring and evaluation (M&E) framework. A computerised management information system has been used for some considerable time to monitor service coverage, inputs and outputs. In recent years the system has become more holistic, including also surveillance and operational research, coordinated through a Strategic Information Management Unit (SIMU).

2.5 Resource needs for NACP-3 are estimated at US$2.8 billion. India does not rely on development assistance for public services. Less than 2% of overall expenditure is through Official Development Assistance (ODA), but for HIV the percentage is much higher at 65%, if the World Bank credit of 10% is counted as a government contribution. Around half of funds for NACP-3 are channelled through NACO, including those from GOI (US$715 million), Global Fund (US$446 million), World Bank (US$281million credit) and UK Department for International Development (DFID) (US$202 million). The UN system has committed over US$80 million to NACP-3, to be partly channelled through NACO. Bilateral donors and foundations support the national strategy through direct support for programmes and projects, the largest being the Avahan project (US$356 million) supported by the Bill and Melinda Gates Foundation (BMGF). NACO hopes to bridge a resource gap of around 10% with Global Fund grants.

2.6 Challenges to the national response remain, including capacity constraints of organisations and service providers at all levels, stigma and discrimination towards PLHIV and most-at-risk populations, decentralisation and multisectoral coordination.

# 3 Findings

## How UNAIDS has responded to the first five year evaluation

3.1 The Five-Year Evaluation put forward 29 recommendations. Of these, 18 have a direct application or influence at country level, though many are also linked to wider global and regional initiatives. Annex 3 lists these 18 country-oriented recommendations in note form with a comment on the situation in India.

3.2 UNAIDS in India has made good progress on recommendations related to 1) integration and joint programming reflecting the comparative advantage of the cosponsors, improving the effectiveness of the UN Theme Group, and bringing together all cosponsors' planned expenditure on HIV; 2) advocacy for political and resource commitments; 3) support for national M&E generating data to inform national responses; 4) increasing the strategic view of implementation of national policies and strategies and of possible roles and synergies between sectors; 5) supporting a partnership forum of all stakeholders, led by the government; 6) prioritising research on behavioural change and contextual factors including gender, stigma and poverty; and 7) supporting Joint Reviews led by the GOI.

3.3 Progress was also seen on the following recommendations: 1) expanding the Programme Acceleration Fund (PAF) facility; 2) sharing good practice for horizontal learning and replication; and 3) expanding 'information' as a substantial function in support of UNAIDS' role in coordination, advocacy and capacity building. One recommendation, relating to the link between HIV and humanitarian disasters, was not relevant for UNAIDS in India.

## How UNAIDS is responding to the changing context

3.4 This section deals with the way in which UNAIDS (Secretariat and Cosponsors) have responded to the changing aid architecture. Three topics are explored: the changing environment; reform within the UN, captured under the slogan 'Delivering as One'; and support to strengthen health systems.

### *The evolving role of UNAIDS within a changing environment*

3.5 In the last five years, significant resources have become available for the national response, mainly through the Global Fund and the BMGF-supported India AIDS Initiative. UNAIDS played an important role in facilitating access to Global Fund funding, through UNAIDS Secretariat organisational support and WHO and UNICEF technical support for proposal development, Country Coordinating Mechanism (CCM) governance (facilitation of election of civil society representatives and consultancies on governance); and the CCM secretariat. The UNAIDS Country Coordinator, World Bank, UNICEF, WHO and UNFPA are represented on the CCM, although there are plans to reduce UN representatives to three. UNAIDS has not been able to build strong links with the BMGF.

3.6 The revision of the HIV prevalence in 2006 led to a re-conceptualisation of the epidemic from 'a generalised epidemic' to 'a concentrated epidemic'. This development resulted in greater emphasis on strategic information to better monitor the epidemic and the response, as well as on more targeted prevention interventions and more targeted mainstreaming. UNAIDS has played a major role in the re-conceptualisation of the epidemic and the consequent debates, together with others including the US Government, US Centers for Disease Control, Family Health International and BMGF. The UNAIDS Secretariat provided a platform and, together with UNICEF and WHO, technical inputs for an international consultation. The Secretariat and the World Bank were involved in the policy debate on better targeting of prevention interventions.

3.7 UNAIDS Cosponsors have responded with varying enthusiasm for the need to adjust their programmes to the revised perception of India's epidemics. Examples of such necessary shifts include, for example UNDP (multisectoral mainstreaming), UNESCO and UNICEF (prevention for most at risk youth), ILO (most vulnerable workers) and UNFPA (from women and girls towards sex workers). NACO perceives UNAIDS to be especially relevant to maintain advocacy for political and resource support for HIV, because the downward revision of prevalence may result in reduced commitment from leaders.

### *Strengthening health systems*

3.8 NACP is a federal disease control programme, whereas health is a state issue, i.e. health policy and health services are not under the direct control of the Federal Ministry of Health and Family Welfare (MOHFW). Central schemes do, however, channel very substantial resources to states, and central policy and programmes strongly influence what happens at state level. State AIDS Control Societies (SACS) are responsible for implementation of NACP-3, but rely for clinical HIV services, blood banks, laboratory support and supply management on the state health ministry, which may have different priorities from HIV and AIDS. To converge health system strengthening and HIV control, NACP-3 is closely aligned with the National Rural Health Mission (NHRM), another federal programme to support implementation of health services at the district level. Also, NACO tries to build links with federal programmes for tuberculosis and reproductive and child health.

3.9 Within UNAIDS, WHO, UNICEF and UNFPA support convergence of HIV and health systems. WHO is piloting HIV management through Integrated Management of Adult Illnesses; UNICEF piloted PMTCT services which are included in the NACP-3, and UNFPA worked on convergence of reproductive and sexual health services.

### *Delivering as One*

3.10 India was a late signatory to the Paris Declaration. Partly because ODA is such a small proportion of development expenditure, the GOI insists that development partners align with government priorities and strategies. In 2004, GOI requested smaller bilateral donors to discontinue their support or channel it through the UN or NGOs.

3.11 All development partners are expected to work within the priorities and towards the objectives of NACP-3. Larger donors (Global Fund, World Bank and DFID, but not BMGF) channel most or all their funding through NACO. As a result, a significant proportion of HIV services are donor dependent. Of the smaller bilateral donors that provided funds for HIV, Canada and the Netherlands pulled out in 2004, and AusAID and SIDA supported a regional NACO office in the North East through the joint UN programme there. Programmes outside NACO or SACS have to use the NACO reporting system. NACO and development partners organise Joint Implementation Reviews of NACP-3, which result in recommendations for NACO as well as donors. For some observers, the downside of this harmonisation is that there is no longer any funding for innovation and for NGO initiatives that are not 'mainstream'. Similarly, concerns exist about the cost-effectiveness and sustainability of HIV interventions that are donor dependent, for example, free treatment, special HIV link workers and financial support for PLHIV.

3.12 The GOI does not see UN reform as a priority, mainly because the UN does not contribute much in terms of resources to national development, and prefers UN agencies to work with their counterpart ministries. Nonetheless, in the last five years the UN has started to harmonise and align its actions. The UNDAF was developed in line with the 11$^{th}$ National Development Plan.

UNAIDS is a good example of UN reform: the Joint UN Programme is in line with UNDAF and NACP-3 results and enables NACO to work efficiently with the UN system through one 'window', although cosponsors still work bilaterally with NACO technical counterparts. ILO is the only cosponsor that includes the UNAIDS Secretariat in its meetings with NACO. NACO insists that UNAIDS remains relevant to the response and suggests that UNAIDS takes on a larger role of donor coordination on behalf of NACO, although it is unclear to what extent.

## How UNAIDS works

### *The division of labour between the Secretariat and Cosponsors*

3.13 UNAIDS Cosponsors have been working as a team on HIV since before the period covered by this evaluation. In 2002 a Virtual Team existed of HIV focal points from all cosponsors, coordinated by the UNAIDS Country Office. This group was later called the Technical Resource Team. In 2006, in response to UNDG guidance, the cosponsors established the Joint UN Team on AIDS (JUNTA). Agencies such as UNIFEM are also members. Fixed meeting times each month, designated representatives and deputies, and consistent distribution of minutes have helped to make the JUNTA more effective as a coordination platform. The UNAIDS Country Coordinator chairs the JUNTA.

3.14 UNAIDS Cosponsors have also been programming jointly on HIV since 2002. The CHARCA project, for example, was a joint prevention programme targeting adolescent girls in six districts. The project was implemented by the UNAIDS Secretariat and eight Cosponsors from 2003-2007, with funding from the UN Foundation and Royal Netherlands Embassy. The JUNTA has developed a Joint UN Programme 2008-2012, which is in line with the NACP-3 and UNDAF, with common objectives for UN support to the national response. Annual Workplans indicate individual and joint activities, and these plans are endorsed by the NACO. One component of the Joint UN Programme is the UN Project for the North Eastern States 2008-2012 which supports a regional NACO office (NERO) with agency-specific technical advisors to strengthen state responses in the North East. The UNAIDS Secretariat, UNDP, UNODC and UNICEF are implementing the project, with financial support from AusAID and SIDA. Although most stakeholders commend the UN for developing a Joint Programme, most also agree that the programme could be more strategic (with fewer priorities and greater emphasis on monitoring outcomes as well as outputs) and could include more joint activities, rather than individual cosponsor activities that contribute to common goals.

3.15 The Division of Labour (DOL) has been adapted for India to some extent. UNIFEM has been included as a partner and some areas have been added to reflect pre-existing cosponsor activities. Cosponsors and NACO expressed satisfaction with the DOL as it clarifies who does what and prevents duplication. Currently the UNAIDS Secretariat has primary responsibility for technical assistance related to MSM, uniformed services and M&E, in addition to implementing advocacy activities with legislative forums and members of parliament at federal and state level. Cosponsors noted that the UNAIDS Secretariat should focus on coordination and hand over areas that it currently works on to others. Issues such as this and concerns about the quality of cosponsor activities should be resolved by Heads of Agencies in the UN Country Team, but this has not happened as yet.

3.16 The UNTG has become less important since 2002. Until 2006, an Expanded UN Theme Group (ETG) was the main partnership forum not only for UN cosponsors, but also for NACO, development partners and NGOs. The ETG stopped in 2006, when NACO established a Development Partner Forum. The JUNTA became the platform for UN technical staff to plan and coordinate UN joint programming and UN Heads of Agencies continued to meet as the UNTG. However, the UNTG was not very effective in providing leadership, because not all Heads of

Agencies attended meetings regularly, and stopped meeting in late 2008. In place of the UNTG, the UN Country Team (UNCT) now addresses HIV issues as and when needed, alongside non-HIV matters. In India, however, the UNCT has a very large membership and not all members are interested in HIV. Because both the UN Resident Coordinator and UNAIDS Country Coordinator positions have been vacant since this change, the UNCT has yet to discuss the national HIV response and provide strategic leadership of the UN's joint contribution.

### *The administration of the Joint Programme*

3.17 The appointment of an Operations Manager in 2007 has made a big difference in the management of the UNAIDS Secretariat country office and facilitated implementation of the recommendation of the 2008 Accountability Enhancement Review. The 2008 Memorandum of Understanding between UNDP and UNAIDS is known and adhered to. Although UNDP rules apply to procurement, telecommunication, travel and transport, and performance review, the UNAIDS Secretariat country office has reasonable management control of its administration. Placement of UNDP staff in the secretariat office for part of each day has enabled the secretariat to have access to the UNDP ATLAS system.

3.18 Although there are still long delays in approval and transfer of funds, including Programme Acceleration Funds (PAF), cosponsors have been able to access PAF funds. Transfer of Project Support Funds (PSF) was slow in 2007, but is expected to become more efficient since it now requires only authorisation and not transfer to the UNAIDS account. UNDP India has agreed to charge only a 1% management fee. However, separate charges apply for each transaction or administrative action. Some programme funding, for example, AusAID and SIDA funds for the North Eastern States joint programme, is channelled directly to UNAIDS Geneva and then channelled through UNDP (HQ and India) to the respective cosponsors. For other funds, for example, DFID funds for the joint programme, the Resident Coordinator acts as the administrative agent for 'one common financial mechanism'.

3.19 The administrative arrangements between the UNAIDS Secretariat country office and WHO lead to delays and to staff dissatisfaction. UNDP ATLAS and WHO Enterprise Resource Planning (ERP) systems are not compatible. Human resource management is cumbersome due to different systems and contractual arrangements. For example, it took considerable time to reformulate staff contracts, and staff employment was delayed up to three months for key staff such as the UNAIDS Country Coordinator. UNAIDS Secretariat country staff who are on extended, short-term contracts complain that they have no holidays or sick leave, unlike colleagues on other contracts.

3.20 The UNAIDS Secretariat staff complement in India has increased from nine in 2003 (five technical and four management staff) to more than 20 in 2009 (13 technical and seven management staff). It is hard to differentiate between long-term and short-term staff, as consultancies are often extended several times. Some UNAIDS Secretariat staff are based in NACO or SACS as technical advisors and it is not always clear where they 'belong' or whom they report to.

## How UNAIDS is fulfilling its mandate

3.21 This section examines the substantive areas where UNAIDS is mandated to provide leadership and support for the national response. Achievements are examined for work with civil society, dealing with gender, provision of technical support, human rights and the greater and meaningful involvement of people living with HIV.

### *Involving and working with civil society*[3]

3.22 Civil society involvement has improved over the years, but both NACO and civil society organisations (CSOs) report the need for more political and operational engagement of civil society. NGOs were involved extensively in the review of NACP-2 and design of NACP-3, with support from the UN. While NACP-2 supported NGOs to implement targeted interventions and community care for PLHIV, NACP-3 aims to support community groups themselves to provide prevention and self-help services. This strategy is based on the experience of strong sex worker and MSM organisations. However, most national and state networks of MSM/transgender, sex workers and IDU, and community-based organisations (CBOs), are either weak or lacking.

3.23 NGOs sit on relevant boards and advisory committees, including the CCM, which has a civil society representative as vice chair. The National Composite Policy Index in the UNGASS progress report rates civil society participation in the national response as having improved. For example, the design of NACP-3 was conducted in a highly participatory manner. NGOs appreciate this but some feel co-opted and 'straight-jacketed' because, while NGOs have a role in NACP-3, they lack opportunities to innovate, modify or challenge approaches. Many informants reported that CSO representation, although improved, is still ineffective. Challenges include meaningful participation, administrative and bureaucratic realities of meetings, inadequate internal coordination, and weak civil society governance particularly within networks.

3.24 CSOs report that funding is increasing, although more resources are needed. Funds are largely provided by government, BMGF and UN agencies. Some CSOs perceive – wrongly – that they do not have access to Global Fund funds.

3.25 UNAIDS India does not have a strategy to work with civil society and there is no Social Mobilisation and Partnerships Advisor in the secretariat country office. However, the secretariat employs two consultant advisors – one focusing on MSM and one on sex workers, MSM and IDU (there appears to be some overlap between these two roles) – to provide technical assistance, influence policy, and support network and CBO development. Impressive work across cosponsors includes support for CBOs representing positive people and most-at-risk populations, in particular MSM and sex workers. For example:

- The UN Resident Coordinator system and UNAIDS Secretariat support Solutions Exchange, which enables civil society to inform national policies such as the development of NACP-3.
- UNAIDS Secretariat supports an NGO Gateway portal and strengthening of national and state networks of PLHIV and MSM. The secretariat also helped to ensure inclusion of funding for CBOs in the Global Fund Round 8 proposal for provision of services for MSM and IDU.
- UNFPA funds two sex worker organisations to develop the capacity of sex worker CBOs.
- UNDP and the UNAIDS Country Coordinator supported positive networks to receive NACO funding for leadership and innovation.
- UNODC also supports NGOs and CBOs.

3.26 Whilst recognising this important support, some informants stated that UNAIDS could do more to strengthen the National Network of Sex Workers, and others questioned UNFPA's capacity to support sex worker initiatives.

[3] Civil society and civil society organisations (CSOs) refers to the range of organisations outside government involved in the HIV and AIDS response including non-government organisations (NGOs), community-based organisations (CBOs), faith-based organisations (FBOs), the private sector and the media.

3.27 Faith-based groups and media have also received support. The UNAIDS Secretariat, through a designated staff member, is training and consulting leaders from Muslim, Christian and Hindu communities with the aim of encouraging leaders to sign a declaration to integrate HIV into their work. The secretariat has also developed press council guidelines to improve media practices and coverage of HIV concerns in India.

### *Gender dimensions of the epidemic*

3.28 In India, although female sex workers are very vulnerable to HIV, and female partners of MSM, IDU and sex worker clients are also vulnerable to a lesser extent, HIV prevalence and incidence are higher among men.

3.29 NACO has been reluctant to integrate gender into NACP-3. In addition, it is more difficult to integrate gender in NACP-3 than it was in NACP-2 because of its focus on targeted interventions. This has been the cause of some controversy.

3.30 NACO-funded targeted interventions do not report data disaggregated by sex. UNAIDS is advocating for sex disaggregated data to be collected in a simple way so that CBOs can do this. UNICEF has also made a modest start in disaggregating data by gender and age in order to influence policies.

3.31 UNAIDS supports gender mainstreaming. Although there is no explicit HIV and gender policy, the secretariat country office recently appointed a gender focal point. The secretariat country office also calls on the expertise of the UNAIDS Regional Support Team (RST) advisor on GIPA, Gender and Human Rights to assist in addressing gender in a complex environment. UNFPA, UNICEF, UNODC, UNIFEM, UNDP and the UNAIDS Secretariat form a JUNTA sub-committee on gender and HIV. While UNIFEM is leading the HIV effort on gender and HIV, there is limited capacity in UNIFEM to move the agenda forward. Overall, cosponsors agreed that more could be done to improve UN technical capacity in the area of gender.

3.32 UNIFEM and UNDP have supported NACO to develop gender guidance, which is currently in draft form. Lack of consensus among UN agencies, GOI ministries and CSOs – for example, differing views about targeting interventions versus reaching out to all women, dealing with trafficking versus sex worker rights – appear to have led to inaction. Observers recommend that cosponsors approach NACO with a common voice and the UNAIDS Secretariat appears to be taking steps to do this through the JUNTA and with the support of the RST advisor.

3.33 UNAIDS Cosponsors support gender work in a range of ways.

- UNDP focuses on gender mainstreaming as a development issue.
- UNAIDS Secretariat commissioned a spousal-transmission report and supports NACO and SACS to assess programme implementation plans from a gender perspective.
- UNIFEM, UNDP and the UNAIDS Secretariat are mapping successful interventions to inform policy and programmes.
- UNIFEM has proposed gender budgeting analysis for two states.
- UNICEF training tools for use in adolescent programmes ensure gender sensitivity.
- UNAIDS is establishing partnerships with gender-focused organizations, for example, UNIFEM and the secretariat with the positive women's network, UNFPA with sex worker groups, and UNDP with anti-trafficking groups.

3.34 Regarding sexual minorities, UNAIDS provides policy and technical support to NACO. The UNAIDS Secretariat country office has a full-time sexual-minority and HIV expert consultant working on policies related to all sexual minorities affected by HIV, including MSM and transgender (TG). The secretariat has also supported an NGO to challenge Indian Penal Code

377 (anti-sodomy law) in the High Court, providing data, documentation and a platform for consultations. Progress over the past three years includes:

- Involvement of MSM in NACP-3 development.
- Development and strengthening of MSM/TG CBOs across the country.
- Production of a NACP-3 manual on oral and anal STI.
- Development of policy on use of lubricated condoms with an extra lubricant satchel.
- Estimation of the numbers of MSM/TG.
- Inclusion of MSM/TG core indicators in the national M&E framework.
- Plans for operational research (verbal autopsy study) on TG.
- Inclusion of MSM/TG in Global Fund Round 8 proposal.
- Increase in MSM targeted intervention sites from 30 in 2007 to 122 with a projected increase to 200 by September 2009.

### *Technical support to national AIDS responses*

3.35 UNAIDS has not undertaken a technical support needs assessment of the national response (although UNAIDS conducted a situation analysis for the north eastern states) and a needs assessment may be included in the NACP-3 mid-term review planned for 2009. In NACP-3, NACO has identified areas of technical support and expects development partners to support the national plan.

3.36 In practice, NACO directly requests support from UN agencies or others, based on their comparative advantage. Requests to the UN for technical support are both for 'downstream' implementation or funding (for example, management of Technical Support Units or District AIDS Prevention Control Units), and 'upstream' strategic requests for policy or normative guidance (for example, on gender and HIV and for the M&E Framework). Some observers suggested that the UN should focus on policy and normative work, rather than funding and implementation support. They also identified the need to evaluate the technical support provided by the UN, to assess its impact on the national response, and this may also be included in the mid-term review of NACP-3 in 2009.

3.37 There is no specific UN Technical Support Plan, but technical support is included in the Joint UN Programme 2008-2012, which corresponds with the needs expressed in NACP-3 and the UNDAF. Annual workplans formulated since NACP-3, for 2007, 2008 and 2009, are joint efforts of cosponsors in identifying and responding to NACP-3 technical assistance needs, with the comparative advantage of each UN agency based on the DOL. The Director General of NACO endorses the annual workplans and has attended JUNTA planning retreats.

3.38 UNAIDS provides much important and critical technical support, as the examples below show, provided by individual cosponsors, by several agencies working together or in collaboration with multilateral and bilateral donors. Smaller UN agencies such as UNIFEM, UNODC, UNCHR and WFP recognise the vital role of UNAIDS in channelling their contribution. Although the focus is on support for NACO, the UN also provides technical support to other departments in the MOHFW and to other ministries.

- UNAIDS Secretariat supports the national response in both formal and informal ways, for example, for operationalising the Three Ones, in particular the M&E framework (see below), supporting sexual minorities, strengthening PLHIV networks, increasing CSO representation on the CCM, providing a platform for CSO engagement through the Solution Exchange and NGO Gateway, working with the Ministry of Home Affairs on its programme for Uniformed Services, working with Parliamentarians at federal and state

level, with the media and the press council as well as the business sector through the National AIDS Foundation.

- UNDP supports the national response through mainstreaming, supporting the Technical Support Units at state level and the link worker schemes. UNDP has also worked with UNIFEM on the gender policy as well as on trafficking through the TAHA project.
- WHO has supported the MOHFW on prevalence, surveillance, ART rollout and normative work.
- UNICEF works closely with the Ministry of Human Resources and Education (MOHRE) and NACO on the Adolescent Education Programme, PMTCT, children affected by AIDS and Paediatric AIDS Management Protocols, as well as supporting the link workers scheme and Technical Support Units.
- UNESCO and UNICEF have supported the MOHRE Life Skills Programme in formal and non-formal educational settings.
- UNODC works with the prisons department and on IDU issues, with special emphasis on opioid substitution treatment (OST), and through UNAIDS sponsored a visit to OST programmes in Thailand by NACO.
- UNFPA supports the Technical Support Unit in Rajasthan, female condom programming and sex worker CBOs through nodal sex worker collectives in West Bengal and Karnataka.
- ILO has assisted the Ministry of Labour to develop a code of practice in both the formal and informal sectors.
- World Bank has supported analytical work.

3.39 Methods used to provide technical support include study visits to other countries, long-term consultants based in NACO (130 of 160 NACO staff are supported by donors, some by the UN but most by larger donors such as the BMGF and the Clinton Foundation) and ministries, strategic studies, piloting interventions, sharing international good practice and coordinating technical resource groups such as the M&E Technical Resource Group in NACO.

3.40 Since 2006, UNAIDS has supported a regional NACO office in the North East (NERO), with support from AusAID and SIDA, providing technical assistance to eight states. The UNAIDS secretariat also provides management and governance support to the CCM secretariat and coordinates Global Fund proposal development on behalf of NACO including provision of consultants from within the UN system and from other donors.

3.41 Development of the national strategy, NACP-3, benefited from UNAIDS' support. Observers praise the well-coordinated contribution of all stakeholders, including civil society and networks of PLHIV, and acknowledged the significant role played by UNAIDS and the secretariat in particular in this coordination. Cosponsors participated in the 19 Technical Resource Groups that NACO established to develop NACP-3. The UN also provided technical support to NACO to develop a series of training manuals and guidelines for all areas of intervention, which has resulted in clear implementation standards across India – a major achievement.

3.42 Support for the revision of the national Strategic Information framework is also widely acknowledged and appreciated. The Strategic Information Technical Resource Group coordinated by the UNAIDS Secretariat did exemplary work during NACP-3 design. This coordination enabled relevant agencies such as WHO, CDC, bilateral donors, and foundations to support NACO to transform the M&E framework. The Strategic Information Management Unit replaced the M&E Unit, and greater emphasis was placed on capacity building, data gathering and quality assurance. Most technical support for this reorganisation came from WHO and the UNAIDS Secretariat who also, together with others, supported analysis of strategic information and the

subsequent revision of the national HIV estimates in 2007. Since the launch of NACP-3, however, momentum has slowed. One reason for this is that the M&E advisor post in the UNAIDS Secretariat country office has been vacant for six months.

### *Human rights*

3.43 Several human rights issues have dominated the response in India in recent years, especially in the areas of prevention and discrimination. First, there is a longstanding debate about decriminalising and/or legalising sex work in the context of public nuisance and trafficking laws (ITPA[4]). Second, GOI has proposed heavily disputed amendments to criminalise clients of sex workers. Third, the Indian Penal Code (IPC) article 377 criminalises anal sex and same sex behaviour and has been challenged in the High Court. Fourth, advocacy for harm reduction interventions for IDU has been largely successful despite resistance. Finally, a legal framework to prevent discrimination in health care settings, workplaces and communities has been prepared.

3.44 In general, NACO management and NACP-3 are supportive of rights-based approaches. NACP-3 aims to build and strengthen CBOs to implement prevention and care interventions, including contextual interventions to reduce community vulnerabilities. In August 2008, the Health Minister publicly admonished IPC article 377. Global Fund Round 8, which will be resubmitted in Round 9, included harm reduction and rights-based interventions for MSM/TG. However, CBO capacity is weaker than expected and access to services is hampered by un-supportive policies (ITPA and IPC 377) and police, welfare and social justice departments.

3.45 The UN has supported development of public policies and right-based responses in several ways. The UNAIDS Secretariat advocacy team has worked through the parliamentary forum at the national level and legislative forums at the state level on decriminalising harm reduction, sex work, clients of sex workers, and same sex behaviour. The two secretariat consultant advisors focus on policies to empower vulnerable communities through CBO strengthening. The UNAIDS Country Coordinator used regional and global UNAIDS representatives, for example Prasada Rao, Director of the Regional Office and ex-NACO Director General, and Peter Piot to advocate for repealing IPC 377 and rejecting proposed ITPA amendments. UNODC and UNAIDS have advocated for harm reduction, exposed NACO to best practices through country visits, and provided hands-on support by setting up programmes and developing guidelines. UNODC is now setting-up an OST prison-based pilot project. UNFPA has begun supporting development of sex worker CBOs in low prevalence states. UNDP completed a two year project in which they addressed the intersection between HIV and trafficking. ILO is using the tripartite approach to address the rights of workers through policy change.

3.46 Despite these achievements, the effectiveness of UN policy dialogue with the GOI has been reduced by cosponsors' unclear and sometimes conflicting policy advice. For example, UNODC and UNIFEM support amendments to ITPA that would criminalise clients of sex workers, while UNAIDS Secretariat and WHO hold a different position, with each providing a different recommendation to the GOI. The UNAIDS Secretariat supported the Asia Pacific Network of Sex Work Projects in criticising UNFPA policy guidance on sex work during a consultation in Delhi in 2008 and subsequently facilitated a meeting with sex worker representatives, the Lawyers Collective and NACO. UNDP has not taken the lead on issues related to policy change and human rights, due to limited capacity and its focus on downstream work. Several stakeholder stated that UNAIDS could do more to ensure that cosponsors provide consistent policy advice and to facilitate coherent advocacy by PLHIV networks.

[4] Immoral Trafficking and Prostitution Act

### *Greater and meaningful involvement of people living with HIV*

3.47 NACO supports the formation of PLHIV networks. The Indian Network of Positive People (INP+) supports 22 state networks and 221 district networks in high prevalence districts. Network members are involved as facilitators and speakers in ART and community care centres, and in awareness activities. The CCM vice-chair represents positive networks. In 2005, a national GIPA strategy was developed through wide consultation. However, NACO has yet to act on this, because it is focusing efforts on targeted interventions at the district level.

3.48 PLHIV groups report that their involvement in the national response has improved over the past five years and that they were very involved in the design of NACP-3. However, they also report a need for more meaningful engagement, especially in implementation at district levels. They also noted that emerging PLHIV issues, such as reproductive health, second line treatment and hepatitis C treatment, are not addressed. Challenges to involvement include limited capacity, limited government and other partners' understanding of meaningful participation, and tokenism.

3.49 UNAIDS Secretariat in India has a long history of supporting GIPA and PLHIV. PLHIV accompany secretariat staff to NACO for discussion of key policy issues. The secretariat and NACO set up an innovation fund ($500,000) run by INP+, for PLHIV groups to address stigma and discrimination through innovative projects. UNDP supported the GIPA strategy development in 2005 and the 'Strengthening Human Rights' project to address stigma and discrimination through legal aid and counselling. UNDP also supported leadership and management training for 100 PLHIV in 2007 and trained seven networks to document their lives using various media. UNIFEM supports positive women's networks. At state level, cosponsors support SACS to put GIPA into practice, for example, through advocacy training for positive speakers and UNDP support for the Gujarat positive network.

3.50 Despite these efforts, some observers expressed concerns about tokenism, for example, regarding PLHIV involvement as the CCM vice-chair, and about counterproductive and negative advocacy tactics, for example, by the positive women's network. PLHIV groups have grown very quickly, and represent a variety of constituents (men, women, drug users, MSM). Disputes hamper decision making and speaking with one voice on common issues. UNAIDS Secretariat takes a neutral position, rather than playing a mediation role. Observers also highlighted the need for UNAIDS' GIPA leadership to evolve to meet the needs of a changing response and for evaluation of the impact of GIPA.

# 4 Discussion points

4.1 As explained in the introduction, this country study is one of twelve which will be synthesised into the overall evaluation of UNAIDS. It is not a comprehensive evaluation of the joint programme in India. Instead, it examines the effectiveness and efficiency of UNAIDS, so the main focus of interest is in the value added by the joint programme. As regards how the programme works, the team noted several positive achievements:

- The further development of the Joint UN Team on AIDS (JUNTA) into a professional and competent body for planning and technical support.
- The development of the UN Joint Programme in support of the NACP-3, with annual workplans that are coordinated within the JUNTA and with the NACO.
- The recognition by NACO and development partners of the added value of UNAIDS, especially in terms of coordination.
- The supportive role played by the UNAIDS Secretariat and Cosponsors in review and revision of the NACP, revision of HIV estimates, and application for and management of Global Fund grants.

4.2 A key question for the evaluation is the counterfactual: what would have been achieved without UNAIDS at country level. UNAIDS has clearly made an important contribution, although other factors make it difficult to attribute positive developments in the national response to the specific contribution of UNAIDS. First, the NACO has been strong since the early years of the response, and second, other development partners, in particular, DFID and BMGF, have provided significant resources and inputs to policy dialogue in areas of UNAIDS mandate such as human rights, gender and civil society involvement.

4.3 There is also the question of whether UNAIDS has become a victim of its own success and is redundant, now that the Three Ones and funding for the next five years have been secured. However, there is a clear consensus that UNAIDS still has a role to play, especially in bringing in international best practice.

4.4 Recognising the achievements above, interviews and review of documentation identified some challenges for UNAIDS. In summary these are:

- Clarifying the comparative advantage of the UN in supporting the national response.
- Moving from project implementation support to upstream, normative and policy support.
- Ensuring that in policy dialogue with the GOI the UN speaks with one coherent voice.
- Increasing UNCT ownership and leadership of UN support to the national response.
- Assessing technical assistance needs more systematically to inform the UN Joint Programme of Support.
- Working more jointly, rather than in parallel, within the Joint Programme, while monitoring transaction costs.
- Balancing the role of UNAIDS Secretariat in implementation support and coordination
- Evaluating the impact of UNAIDS' support for the national response.

4.5 Challenges for the national response, with implications for UNAIDS, are:

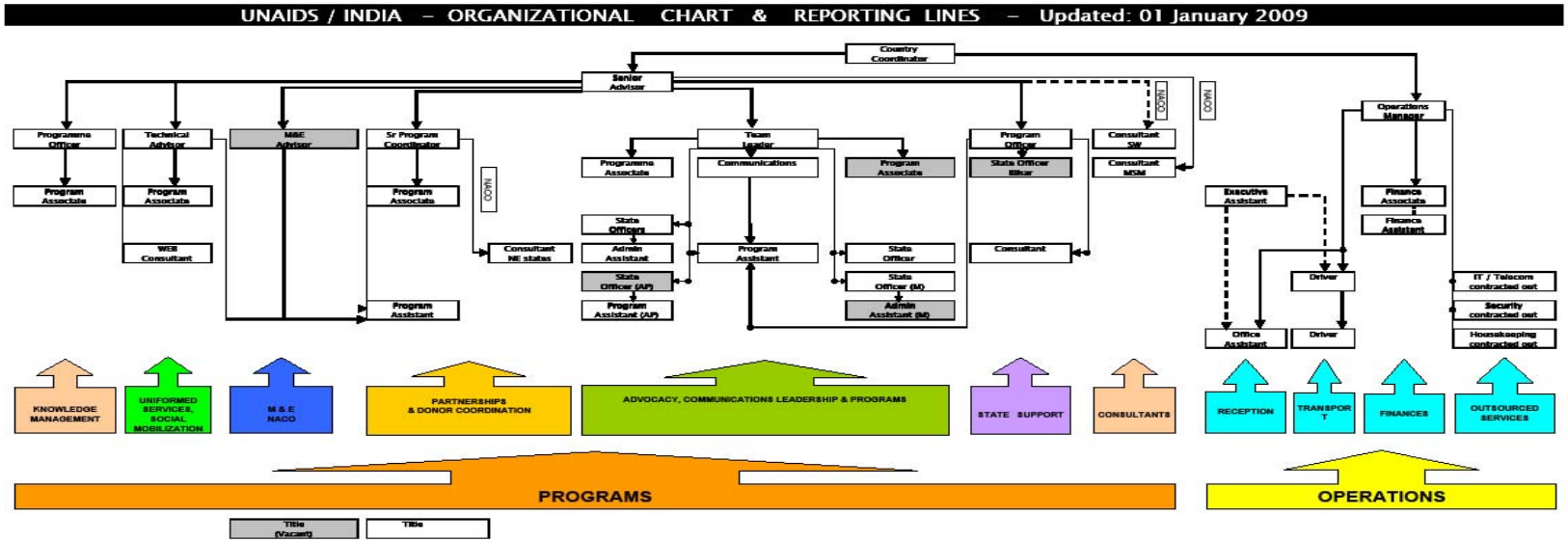
- To increase not only coverage but also the quality of targeted and other interventions.
- To increase the cost-effectiveness and sustainability of the national response, by reducing donor dependency and strengthening linkages with other health and social services.
- To build capacity in order to decentralise the response to state and district level and across relevant sectors.
- To continue to create space for civil society in the response, not only as implementers but also as innovators and countervailing power.

4.6 Towards the end of the country visit the evaluation team held a workshop with participants from UN agencies and development partners.[5] The presentation used by the team is at Annex 6. The workshop discussion about future challenges for UNAIDS raised among others the following issues:

- To better understand policy processes before engaging in policy dialogue with GOI.
- To determine if and how the UN should work at decentralised (state) level, especially within the UNDAF which does not prioritise the highest prevalence states.
- To use the mid-term review to assess technical assistance needs and the effectiveness of UNAIDS technical support.
- To encourage the UNCT to better monitor adherence to the Division of Labour and Heads of Agencies to engage more.
- To continue to work on increasing understanding of the diverse epidemics in India and the drivers of these epidemics.

[5] See annex for names and organisational affiliation

## Annex 1 Organogram & staff UNAIDS Secretariat



## Annex 2 Timeline of events 2002-2008

| Date | Key events | | |
|---|---|---|---|
| | **Contextual** | **National response** | **UNAIDS** |
| **2002** | | | UCC: David Miller (until Jan 2003)<br>Virtual Team of UN agency HIV focal points |
| **Dec** | NGO files Public Interest Litigation | | Joint UN Project 2003-2007 (CHARCA) |
| **2003** | | New DG NACO: Ms. M. Datta Gosh | Acting UCC: Olavi/Mehta |
| | | 1st BSS report | |
| Jul | | National Convention of Elected Representatives on HIV and AIDS in India | |
| Dec | | | New UCC: Kenneth Wind-Andersen (until Dec 2004) |
| **2004** | | | |
| Mar | Avahan Project 2004-9 | | |
| Jul | | New DG NACO: Mr. S.Y. Qureshi | |
| Dec | | | Visit by Peter Piot<br>Merge Intercountry Team & Secretariat<br>Start UNAIDS Regional Support Team Bangkok |
| **2005** | | | |
| Feb | | | Acting UCC: Ruben del Prado (until June) |
| Jun | | | New UCC: Denis Broun (until June 2008) |
| Nov | | New DG NACO: Ms. S. Rao | |
| | | | |
| **2006** | | 2nd BSS report | |
| Jan | | | Joint UN Team on AIDS (JUNTA) established |
| July | | | High level meeting New York |
| Dec | | | Visit by Peter Piot |
| **2007** | | DHS report (includes HIV) | |
| Jan | | | Joint UN Plan 2007-2011 endorsed by UNTG |
| Jul | Revision HIV prevalence 5 to | Launch NACP 3 | |

| Date | Key events | | |
|---|---|---|---|
| | **Contextual** | **National response** | **UNAIDS** |
| | 2.5 million | | |
| Dec | | GFATM R7 proposal accepted | |
| **2008** | | Start free 2nd line ART | UNDAF 2008-12 includes HIV Joint UN Programme NE States (2008-2012) |
| | | Health Minister speaks out in support of decriminalisation of homosexuality (377) | |
| Nov | | GFATM R8 proposal rejected | UNTG stops, AIDS addressed in UNCT bimonthly meetings |
| | | NACO elevated to Department in MoHFW | Visit by Peter Piot |
| **2009** | | | |
| Jan | | | New UCC: Charles Gillks |

## Annex 3 Assessment of progress towards five-year evaluation recommendations

| Rec. No. | Abbreviated description of topic | Notes on actions taken | Progress[6] |
|---|---|---|---|
| 3 | Support to the GFATM | • UN cosponsors provided inputs in proposal development rounds 2,4,6,7 & 8. All but round 8 approved<br>• UNAIDS Secretariat supports governance/reform of CCM, election of CSO representation, CCM reform and secretariat<br>• UCC and 4 cosponsors on CCM (WHO, WB, UNICEF & UNFPA) – moving towards 3 UN representatives | H |
| 10 | UNAIDS …maintains global advocacy, with particular emphasis on political and resource commitments. Opportunities need to be taken to advocate for a gendered response and to promote the successful techniques of partnerships and horizontal learning | • Political advocacy through UNAIDS Secretariat advocacy and leadership team and programme<br>• High level visits to India (Peter Piot) almost every year<br>• Secretariat/WHO/WB involvement in revision of the epidemic, and concomitant advocacy to keep HIV on political agenda<br>• UNAIDS support for development of National AIDS Council to generate multisectoral leadership | H |
| 11 | Secretariat expands current work on information into a substantial functional area to support the roles of coordination, advocacy and capacity building. | • Secretariat supports all national partners with best practice collection – from a high level in 2002 no increase<br>• UNRC/Secretariat supports Solution Exchange, moderated community of practice on AIDS, plus UNAIDS India website, plus NGO portal | M |
| 12 | Develop a strategy and workplan to promote evaluations and research into impact at national and regional levels, with the aim of generating data to inform national responses. Priority should be given to studies of behavioural change and contextual factors, including gender, stigma and poverty. | • Strong involvement from early on (1990s) of WHO, WB and Secretariat in promoting targeted prevention based on evidence of vulnerability<br>• WHO/WB/Secretariat support for revision of the epidemic<br>• WB support for analytical work on economic impact and prevention impact<br>• UNAIDS RST (2008)/WB (2006) reports on AIDS in South Asia emphasising behavioural aspects | H |
| 13 | Develop CRIS with objectively measurable indicators of an expanded response at country level | • Secretariat/WHO and others support NACO with developing one national M&E framework. Moving from only MIS towards more holistic system, including surveillance and operational research<br>• Computerised MIS (CMIS) adopted instead of CRIS | H |

[6] H-High; M-Medium; L-Low. Assessment by the evaluation team

| Rec. No. | Abbreviated description of topic | Notes on actions taken | Progress[6] |
|---|---|---|---|
| 14 | UBW to bring together all planned expenditure on HIV/AIDS by the Cosponsors at global and regional levels should be continued and expanded to reflect all country level expenditure as well | • Country expenditure of UNAIDS reflected in Joint UN Programme reports.<br>• UBW not very important in developing UN Joint Programme - NACP-3 and UNDAF goals more important | M |
| 16 | Humanitarian response | • Not applicable for India<br>• HIV is not an emergency, and there was no need for specific HIV/AIDS responses during humanitarian disasters (2006 tsunami Tamil Nadu, 2008 floods Bihar) | NA |
| 17 | Cosponsors should promote high standards of transparency and reporting by publishing and making publicly available all Cosponsor country and regional budgets and the annual outturn | • HIV/AIDS spending 2008 of all cosponsors reported in one single report, and UN Joint Programme report | M |
| 18 | In those countries where a medium-term expenditure framework and public expenditure review process is underway, that HIV/AIDS be treated as a specific crosscutting topic for monitoring and reporting | • NASA undertaken in 2006 by NACO<br>• Costing NACP-3 supported by UNAIDS | H |
| 19 | OECD donors should link their own bilateral country programmes to national HIV/AIDS strategies and make financial contributions to HIV/AIDS work by the Cosponsors conditional on demonstrated integration and joint programming, reflecting the comparative advantage of the Cosponsors at country level | • UN Joint Strategy 2008-2012 in line with NACP-3, Joint UN Annual Workplans endorsed by NACO<br>• DFID supports UN Joint Programme, intended to attract other donors in pooled fund<br>• AusAID and SIDA support Joint UN Programme for the North Eastern States (2008-2012)<br>• Netherlands (& UN foundation) support Joint UN Programme CHARCA from 2002-2007<br>• Most UN cosponsor activities are still parallel towards shared objectives, few are jointly implemented | H |
| 20 | Continue with and expand the PAF facility, especially to support monitoring and evaluation, if current initiatives by the Secretariat can be shown to improve the allocation process, utilisation and speed of processing. | • PAF funding throughout the period<br>• Delays in approval and channelling funding<br>• Some PAF supported activities are joint activities of several cosponsors | H |
| 22 | Theme groups should have clear objectives with monitorable indicators of both substantive change and process contributions to the national strategy | • Expanded UN Theme Group until 2006, when NACO took over Development Partner Forum<br>• UNTG until late 2008, but not providing leadership and poorly attended by HoA<br>• Since late 2008 UNCT addresses HIV<br>• No leadership and ownership yet at HoA level – though AIDS included in UNDAF and Thematic Cluster on AIDS (de facto the Joint UN Team on AIDS, JUNTA) | M |

| Rec. No. | Abbreviated description of topic | Notes on actions taken | Progress[6] |
|---|---|---|---|
| 23 | Expanded theme groups should evolve into partnership forums, led by government | • Expanded UN Theme Group until 2006, when NACO took over Development Partner Forum; ETG deemed more effective by most partners<br>• Ample involvement all stakeholders in the review of NACP-2 and design of NACP-3 through working groups (supported by UNAIDS and others) | H |
| 24 | Expand and strengthen national systems to monitor and evaluate interventions, and analyse surveillance data | • M&E system development support by UN (Secretariat, WHO) and others<br>• Strategic Information Unit established in NACO<br>• Surveillance data analysis in 2006 led to revision of the prevalence estimate and response needs | H |
| 25 | Programme of joint reviews led by national governments should be launched | • 6 monthly Joint Implementation Review<br>• NACO led, participation of NACP-3 funders (GF, WB and DFID & USG) plus cosponsors and others<br>• Last review led to action point for both NACO as well as donors (i.e. better reporting) | H |
| 26 | UN system at country level must take a strategic view of implementation of national policies and strategies and exploit opportunities for synergy between the sectors | • UN system actively involved in design of NACP-3<br>• Mainstreaming in NACP-3 more focused, only 13 key ministries<br>• UN agencies are supposed to work with counterpart ministries, but only within NACP-3 priorities<br>• UNDP could be more strategic in mainstreaming | H |
| 27 | UNAIDS to act as a broker of good practice for local-level efforts that are designed for horizontal learning and replication | • Cosponsors have piloted several interventions that have been included in NACP e.g. PMTCT and paediatric HIV care (UNICEF), OST and prison based interventions (UNODC)<br>• Targeted interventions design for IDU, MSM and sex workers supported with Secretariat consultants to NACO | H |
| 28 | Increase support for scaling up by developing strategies as a service both to national governments and to partner donors | • Universal Access targets have been developed and adopted at the time of NACP-3 design<br>• UN support for this process | H |

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## Annex 5 List of people met

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|---|---|---|---|
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## Annex 6 Material from the feedback workshop

Separate file