

Independent Evaluation of the National AIDS Control Programme -II

A. PREVENTION

4.1 *Controlling Sexually Transmitted Infections (STIs)*

Major Challenges

- ❑ In spite of rapid expansion of STD clinics, the problem of accessibility for rural people still persists. This is mainly because the services could not be expanded effectively below district/sub-district levels.
- ❑ Lack of sensitization and preparedness among the medical officers for STD services.
- ❑ Management issues, particularly regarding infrastructure, supplies of drugs and equipments, IEC, etc. need immediate attention
- ❑ Weak referral and follow-up system (nonexistent at some clinics) and low emphasis on partner notification.
- ❑ Weak linkages with private providers for STDs.

4.1.3 Suggestions

- ❑ An appropriate follow-up mechanism should be introduced. NGOs may be involved for this purpose.
- ❑ The supply of drugs and equipments should be streamlined.
- ❑ Clinics should also have proper infrastructure and communication and other facilities.
- ❑ More trainings/orientations should be provided to the health staff, specifically focused on behaviour change.
- ❑ IEC material supplied to the STD clinics should be utilized properly.
- ❑ Partner notification should be emphasized and encouraged.
- ❑ The hospital staff should be made aware of PEP (Post Exposure Prophylaxis)
- ❑ Effective mechanism should be evolved for public-private partnership
- ❑ Privacy and confidentiality should be ensured at the facilities.

4.2 Targeted interventions

Major Challenges

- ❑ Most of the targeted interventions are mainly focused on groups at highest risk (CSW, MSM, IDU)
- ❑ Coverage of MSM and migrant population remained comparatively low.
- ❑ Coverage of street based and flying sex workers still remains a challenge.
- ❑ The TI strategy did not have due consideration for level of risk.

- ❑ Mapping and need assessment are not strong enough to help effectively in planning and implementation of TIs.
- ❑ Mistrust between government and NGOs still persists.

4.2.3 Suggestions

- ❑ Involvement of sex workers and other high risk behaviour groups in the planning process and also at the implementation level.
- ❑ There is also a need to develop specific intervention models for male sex workers and flying female sex workers.
- ❑ The mapping and need assessment strategies need to be strengthened and standardized
- ❑ Orientation of police on Immoral Traffic Prevention Act (ITPA)
- ❑ Developing and implementing innovative models and approaches for behaviour change among high risk behaviour populations.
- ❑ Coordination and networking between various sectors and agencies responsible for drug control and HIV prevention is important for IDU interventions.
- ❑ Strategies focused on sex workers should be accompanied by programmes to prevent entry into sex work, assistance to help women get out of it and anti-trafficking measures, including protection and assistance to those who have been trafficked into the sex trade.

4.3 Voluntary Counseling and Testing

Major Challenges

- ❑ The coverage of VCTCs is still low.
- ❑ The dropout is high, mainly due to lack of effective follow-up system.
- ❑ Infrastructure needs strengthening
- ❑ A large proportion of clients are approaching private practitioners, and there is not effective linkage of the programme with private sector.
- ❑ Out reach services of VCT are still at the infancy stage.
- ❑ Awareness at the community level regarding VCTCs is still low.
- ❑ Monitoring of VCTCs needs to be strengthened at the district level.

4.3.3 Suggestions

- ❑ A separate position should be created for maintenance of data and records. VCTCs should also be provided with a computer and appropriate software for managing the information.
- ❑ There should be a good referral system in place.
- ❑ The number of counselors and technicians should be according to the patient load.
- ❑ Client satisfaction survey should be a regular activity. All VCTCs should have suggestion boxes.

- ❑ VCTCs should carry out IEC activities in order to attract more voluntary clients for testing.
- ❑ VCTCs should have outreach component. NGOs and networks of PLHAs should be involved for this purpose.
- ❑ Effective strategies should be worked out for effective involvement of private sector for voluntary counseling and testing.
- ❑ Effective mechanism should be worked out for monitoring of all the VCTCs at the district levels.
- ❑ VCTCs should also be provided adequate contingency fund for proper maintenance of VCTCs.

4.4 Blood Safety

4.4.2 Major Challenges

- ❑ The number of blood banks and blood separation units is till inadequate. Still there are many district with no facility for supply of safe blood.
- ❑ The magnitude of blood collection is till too low against the requirement.
- ❑ The proportion of voluntary blood collection is still low.
- ❑ The issue of waste management could not get due priority.
- ❑ The blood banks are not able to provide effective counseling services.
- ❑ Irregularity of test kits remained a problem.
- ❑ Irregularities regarding private blood banks remain a serious concern.

4.4.3 Suggestions

- ❑ NACO and SACS should identify and strengthen the institutions in each district to effectively function as blood bank and blood storage centres.
- ❑ The NGOs and civil society should be effectively mobilized to intensify the promotion of voluntary blood donation efforts.
- ❑ The blood bank staffs should be sensitized for waste management, and should be provided appropriate training for the same.
- ❑ All blood banks should have facility of providing counseling services.
- ❑ Supplies, specifically of test kits should be streamlined and monitored.
- ❑ Effective measures should be taken to ensure that the private blood banks also follow the policy and strategy.

4.5 Condom Promotion

4.5.2 Major Challenges

- ❑ Condom use is still at a low level among high risk behaviour groups as well as in the general population.
- ❑ There is a lack of clear strategy on promoting social marketing of condom

- ❑ The wastage of condom in the free distribution system
- ❑ Irregularities in supplies were reported at some of the states.
- ❑ Involvement of private/corporate sector in condom promotion activities is still at a low level in many of the states
- ❑ Inter-departmental coordination is also not very strong in some of the states.

4.5.3 Suggestions

- ❑ A well defined policy and strategy is required for promoting social marketing of condoms in an effective manner.
- ❑ Efforts are needed to check the wastage of condoms in free distribution system. Constant monitoring and operations research on this issue is required. Different type of packaging (regarding number of condoms) should be introduced to reduce the wastage of condoms.
- ❑ The SACSs should be encouraged to develop and implement more innovative and area specific approaches for behaviour change communication.
- ❑ Logistics and supply system for condoms should be strengthened
- ❑ The coverage needs to improved by increasing the number of outlets, especially in the areas with concentration of high risk behaviour groups.
- ❑ Interdepartmental collaboration should be enhanced and made more effective.
- ❑ More choices in terms of variety of condoms (colours, lubricants, pleasure enhancing variants, etc.) should be offered through the free distribution as well as social marketing systems.

4.6 Preventing Parent to Child Transmission

4.6.2 Major Challenges

- ❑ The coverage of PPTCT programme is still low.
- ❑ A large proportion of deliveries are conducted at private institutions, but the programme is not able to involve private providers in an effective manner.
- ❑ There is no effective mechanism of follow-up (of child also).
- ❑ The management of PPTCT needs strenghtening.

4.6.3 Suggestions

- ❑ Proper guidelines should be provided to the functional units regarding PPTCT.
- ❑ Effective IEC strategy is required to promote institutional antenatal care and deliveries.
- ❑ PPTCTs should have good linkages with ART centres.
- ❑ Since a large proportion of deliveries are being conducted in private institutions, the programme needs to involve the private sector in an effective manner.
- ❑ The state officials feel that there should be clear guidelines regarding management of PPTCTCs and involvement of NGOs in related activities.
- ❑ PPTCTCs should have good linkages with CCCs and PLHA networks.

- ❑ The issue of adherence and compliance is important, which could not be taken up effectively during the Phase-II. An effective follow-up mechanism should be in place for to ensure treatment compliance by the HIV positive women. For this purpose, PPCTCs should be linked with outreach services.
- ❑ IEC component should be strengthened. It was suggested that there should be audio-visual facility at PPTCTCs for providing information about HIV/AIDS to the clients.
- ❑ Medical Officers and nurses should also be trained about HIV/AIDS and counseling, so that they can provide counseling to the patients attending in the late hours for delivery.
- ❑ All medical personnel and institutions should be provided documents regarding guidelines for PEP.
- ❑ Most of the states suggested increase in manpower, specifically for maintaining records and data management.

4.7 Environment Building (IEC and BCC)

4.7.2 Major Challenges

- One of the most serious obstacles to an effective response to HIV/AIDS has been the presence of Stigma and Discrimination. Addressing stigma and discrimination has found a prominent place in the NACP-II. It had promoted and encouraged communication and social mobilisation efforts to combat stigma and discrimination at various levels. The commitment also reflected in the National AIDS Prevention and Control Policy, which clearly enunciates that “discrimination against people living with HIV/AIDS denies their rights to access health care, information and other social and economic rights guaranteed by the Constitution to its citizens”.
- The studies report evidences of stigma and discrimination being faced by people living with HIV/AIDS as well as marginalised populations such as Sex Workers, MSM and IDUs. Several studies have shown a high level of discrimination – nearly 70% - against PLHA and marginalised groups. According to the findings of a Study (commissioned by NACO & UNDP, conducted by NCAER) to understand the socio economic impact of HIV/AIDS (2006), 74% of the respondents from PLHA have not disclosed their HIV status at the workplace. The same study also indicates that the gender difference is more noticeable in the context of HIV/AIDS.
- During the evaluation, the discussions with the community and PLHAs indicated that although there is a reduction in the magnitude over the years,

but still there are cases, which had experienced adverse consequences of stigma and discrimination. It was also noted that the PLHA and vulnerable populations themselves are largely unaware of their rights especially in remote and rural areas. The discussions revealed that still discrimination due to HIV/AIDS is manifested in different areas in a variety of ways. Health is also one of these areas. It was stated that there are cases which have recently experienced instances of direct or indirect rejection, refusal or resistance from staff working in the health system. Such discrimination was reported to be present in both public and private settings.

- The findings of the two round of BSS are indicative of a substantial progress of IEC/BCC initiatives in raising the level of awareness and bringing about behaviour change among high risk and general population. However, it still remains a partial success since a large proportion of general population is still unaware of the preventive measures, and more than half of total population still have misconception about HIV transmission. Only two-third of the population reported use of condom during sex with non-regular sex partner during last six months. More than 60 percent of the sex workers did not have HIV test. A large study in Andhra Pradesh found that 42% of MSM in the sample were married, that 50% had had sexual relations with a woman within the past three months and that just under half had not used a condom (Dandona L., Dandona R. et al. (2005). Similarly, around 26% of sex workers in Mysore are living with HIV and only 14% of sex workers in the city use condoms consistently with clients, and that 91% never use condoms during sex with their regular partners (UNAIDS, AIDS Epidemic Update December 2005).
- Although the clientele at the HIV/AIDS related facilities (STD clinics, VCTCs, ART Centres, etc.) has increased over the years, still the overall utilization is low looking at the prevalence of STDs and HIV/AIDS. The analysis of facility based data indicates that the proportion of walk-in clients coming for voluntary testing at VCTCs is still very low. People, especially in rural areas are not fully aware of the facilities and services available for STDs, VCT, ART and care and support for PLHAs.

4.7.3 Suggestions

- The issue of stigma and discrimination needs to be challenged collectively. A more enabling environment needs to be created for positive people to increase their visibility, empower them to protect their rights and form support groups.

- It was reported that most of the SACS do not have any expert in IEC or BCC. They face difficulty in developing state specific IEC plans and materials. Designing BCC strategies and developing IEC materials needs appropriate skills. Hence, capacity building at SACS is required, and all SACS should be provided with persons skilled in this area.
- There is a need to build capacities of NGOs for developing and implementing effective behaviour change communication activities in their project areas.
- Besides mass media efforts, the NGOs, and CBOs should lay greater emphasis on interpersonal communication and counseling.
- IEC activities at the functional units (STD clinics, ART centres, VCTCs etc.) should be strengthened, and should be monitored properly.
- Most of the NGOs are using common IEC/BCC strategies for all populations including high risk groups. The NGOs should be encouraged to design specific strategies for various high risk groups considering the socio-cultural and psychological issues linked with particular risk behaviors.
- The health professionals need to be sensitized for having positive attitude towards the disease and the people living with HIV/AIDS. It is important to promote the concept of universal precautions, and to address the diffused and irrational sense of personal risk to HIV infection among health functionaries.
- Although most of the states have been able to involve other departments in HIV/AIDS awareness activities, some of the states could not establish effective collaboration with other departments. The involvement of other departments should be ensured for this purpose.

B. TREATMENT

4.8 Anti-retroviral Treatment

4.8.2 Major Challenges

- The coverage of ART services is still very low, as only one out of every ten patients is getting these services.
- Awareness about the availability and location of ART services is still low. With an increase in the availability of services, effort for awareness generation would also be crucial to ensure proper utilization of the services.
- The drop-out rate among the ART patients is high. Poor mechanism for follow-up and adherence to the treatment. Drug resistance is an emerging issue, and

many ART users are demanding free provision of the more expensive 'second line' drugs that they now need.

- A large proportion of HIV patients (nearly 30,000) are being treated in private clinics. NACO found that 90 percent of the 400 private doctors treating HIV patients and prescribing ARTs neither have formal training nor expertise in HIV management (Times Impact, New Delhi).
- Non availability of pediatric doses on a regular basis, which hampers ART for children.

4.8.3 Suggestions

- ❑ Sufficient space and infrastructure should be ensured at centres
- ❑ Considering the current contribution and the prospective strengths of private sector in providing ART, efforts should be made to develop mechanism for their greater involvement in supply of free drugs, capacity building and linkages.
- ❑ The issue of follow-up and adherence to treatment should be taken up seriously on a priority basis. Involvement of NGOs/CBOs and networks of PLHAs should be worked out for this purpose.
- ❑ Regular and adequate availability of drugs, including OIs
- ❑ There is a need to strengthen the ART services for children.
- ❑ Greater involvement of NGOs
- ❑ More IEC activities should be carried out by ART centres.
- ❑ Centres should be provided with computer facility. An appropriate computer software should be developed and provided for proper management and quick retrieval of information, which could also help in follow-up of clients.
- ❑ Proper guidelines and drugs for PEP should be made available to all the institutions/centres.
- ❑ Availability of second line drugs was also suggested in some of the states.
- ❑ There should be a system of client satisfaction and counselor satisfaction survey.
- ❑ It was suggested (Orissa) that ART should be provided through the relatives on production of card for the patients who are unable to come to the ART centre. Secondly, there should be privilege to collect ART drugs (on production of card) from any ART centre in the country under NACO.
- ❑ There should be an appropriate referral system.
- ❑ Since the expansion of ART centres may take some time, some satellite centres for ART may also be initiated in high prevalent areas.

C. CARE AND SUPPORT

4.9 Emphasis on Care and Support

4.9.2 Major Challenges

- ❑ The emphasis on care and support remained low.
- ❑ Increasing number of PLWAs are coming to medical facilities for treatment of OIs, and the health system is not adequately sensitized and prepared for the same.
- ❑ Private practitioners providing services to large proportion of PLHAs are not adequately sensitized and trained, and do not have standard guidelines or protocols.
- ❑ Psycho-social care and support strategies and systems are also almost non-existent in the present public health set-up.
- ❑ The responses on care and support to children infected and affected by HIV/AIDS, both community based and institutional remained grossly inadequate.

4.9.3 Suggestions

- ❑ Regarding private providers, there is a need to sensitize them, build their capacities and provide standard guidelines and protocols for care and support services.
- ❑ The health system needs to be geared up to cater to the emotional and medical support needs of families and specifically of children affected by HIV/AIDS.
- ❑ Health institutions (PHCs, CHCs etc.) should be strengthened to treat opportunistic infections. Training of staff, regular supply of drugs and standard protocols are critical for this purpose.
- ❑ Pediatricians, nurses and counselors should be trained to respond to the treatment, care and support needs of children.
- ❑ Long term strategy should be worked out to sustain the support systems within the community.

4.10 Community Care Centres

4.10.2 Suggestions

- ❑ Appropriate efforts are needed to create awareness about the CCCs and services available for care and support for PLHAs.
- ❑ More funds should be allocated for care and support activities, and CCCs should also be provided more technical and financial support by NACO.
- ❑ All government and private health providers and institutions should be made aware about the care and support services and organizations. Effective linkages should be established between CCCs and health providers/institutions.

- ❑ Availability of equipments and drugs at CCCs should be ensured, specially for treating opportunistic infections.
- ❑ NACO and SACSs should ensure timely release of funds to the CCCs.
- ❑ Home based care should be promoted as an important component of care and support services.
- ❑ Some of the respondents suggested increase in the number of beds and duration of stay at the CCCs.
- ❑ The staff working at CCCs should be trained about PEP.
- ❑ Sensitize and Strengthen health care system
- ❑ Build capacity of NGOs

4.11 Drop-In-Centres

4.11.2 Major Challenges

- ❑ Inadequacy and irregularity in release of funds was reported to be common problem.
- ❑ The prevalent stigma is still a major barrier. Due to this reason positive people are not coming forward openly, and are not able to form strong networks.
- ❑ The awareness about the concept of DIC is still low among the positive people and NGOs/CBOs.
- ❑ Guidelines for drop-in centres need revision to make it more informative and comprehensive.
- ❑ The role of DICs should be strengthened by including more services and facilities.
- ❑ Lack of proper monitoring and MIS system for DICs
- ❑ The positive people have to come from remote distance places, some are not able the afford the cost of travel.

4.11.3 Suggestions

- ❑ SACSs should have an effective monitoring and support system for DICs.
- ❑ The guidelines for DICs should be revised and make more comprehensive and informative.
- ❑ Efforts should be made to create awareness about the DICs.

5.1 Human Resource Management (Staffing)

5.1.5 Recommendations

A review of the human resource management policies and systems of the various sub systems that were part of the NACP II raises some common themes that need to be addressed as the Programme moves forward. As is the case with most projects, the focus so far has been on the goals, targets and deliverables of the Programme. As the

programme matures, perhaps some more attention needs to be given to streamlining the human resource policies and systems so as to better manage the resources who are delivering the programme.

A broad recommendation is that there is a need to set up a Human Resources Management department or cell at the level of NACO that will first develop effective policies to supplement the existing policies in order to better manage the human resources in the organization. Creating integrated systems that attract, leverage and engage employees is seen as the responsibility of the human resource management (HR) function in the organization. Some of the processes related to managing human talent in an organization include selection and recruitment, career planning and development, leadership development, performance management, succession planning, identification and mentoring of employees, and effective reward and recognition systems.

Once the policies and systems are in place, the department will help the various subsystems, that is, SACS in all the States to implement the HR systems, monitor performance, and initiate interventions that encourage career growth and development opportunities. By providing such opportunities the organization will not only create a culture that encourages employees to stay with the organization, but also strengthen and develop the competencies of employees.

In addition, some of the specific areas that need to be addressed are discussed below:

1. Staffing and Manpower situation

As discussed earlier, the temporary nature of the Organization has impacted the nature of the employment contract in the organization, as well as policies and guidelines of the system. It has also contributed significantly to some of the problems faced by the organization such as vacancies, shortage of staff, attrition etc. Since the organization has been set up as a project management organization to implement the NACP in India, it is not feasible to change the basic nature of the organization. Steps can however be taken to manage the staffing and manpower situation proactively so as to address the issues emanating from of the current staffing pattern. Some strategies that may be considered are:

- a) Increase the tenure of contractual appointments for the duration of a particular NACP or at least for a period of two to three years. A probation period could be fixed during which the suitability of the candidate could be reviewed. This would provide some security to the employee and hopefully

increase commitment and reduce attrition. Costs relating to advertisement of posts, time spent in interviewing candidates, issues relating to shortage of staff, training of new staff and loss of knowledge would also be reduced. Such a policy may also attract applications from a larger pool of talent. While it may be felt that having a short term contract will ensure that employees will perform, it has been reported that this may not always be the case. Also performance can be monitored by having an effective performance appraisal system in place.

- b) If possible negotiate the tenure of officers on deputation with the various State Governments especially for critical positions such as that of the PD. If this is not possible, ensure continuity by having an effective second tier of leadership at the APD level.
- c) Put in effective knowledge sharing and management systems in place to cope with transfers.

2. Recruitment

While the current system of recruitment is appropriate, the criteria prioritized for recruitment of employees, such as professional qualifications or technical skills may be expanded at senior levels to include competencies like interpersonal or leadership skills that may have an impact on the employees' performance.

3. Requirement for efficient and effective implementation

Create systems to ensure better coordination between the different SACS to ensure sharing of best practices and to facilitate knowledge transfer. While this is done to some extent, on the initiative of NACO, the process needs to be further strengthened. For example each SACS, PSU and even some NGOs have developed creative processes, IEC and BCC and training material to ensure better delivery of the services to various target group. These could be shared, to increase organizational learning and reduce duplication of efforts.

There is also a need to initiate better coordination with the health department. The success of a project of this magnitude requires that NACO and the Health Department share responsibility for developing the critical integrative links to ensure that the project is effectively implemented.

NACO has done a commendable job in developing criteria and role descriptions for different levels of staff at SACS, PSU and NGO levels, which has contributed to role

clarity among employees. It was felt however that at some levels in addition to these role descriptions, and induction programmes, mentoring and coaching is required to help individuals to better understand their roles.

4. Performance Management and Evaluation

There is a need to develop an effective performance appraisal system to monitor employee performance, enhance employee motivation and also to facilitate employee development. This would involve identifying performance standards, measuring employee performance against these standards at regular specified intervals and using the information to reward and recognize employees. Additionally the appraisal could be used to counsel and develop employee capabilities.

5. Training Needs Assessment

By and large training at the lower levels, for technical staff and at PSU and NGO levels is well formalized. However there is a need to constantly upgrade skills of the staff in areas of project management, such as planning, monitoring and evaluation, MIS, new developments and research on care, treatment and other aspects of managing AIDS/HIV.

Training for senior staff needs to be better formalized and in addition to technical aspects should include managerial and project management skills. Special Leadership programmes or Advanced Management Programmes should be developed for PDs and APDs as they play a significant role in spearheading the NACP initiatives.

Finally since training plays an important role not only in capacity building of employees, and in providing technical skills to employees but also to socialize new entrants quickly into their role, it may be worthwhile to have Nodal Regional Training Centres that address these needs of the organization. Expertise in implementing the programme has been developed through NACP I and II and this expertise could be used in developing training modules and provide exposure to different models and best practices specific to the management of HIV/AIDS.

5.2 Human Resource Development (Training)

5.2.12 Recommendations

- ❑ The system of nomination needs to be made more systematic. It is suggested that the management information system at the SACS should be able to

maintain and analyze data on the status of trainings provided and the training needs of all staff in state. There is a need for developing appropriate software and creating databases for this purpose.

- ❑ Although the programme attempts to cover all staff for training on HIV/AIDS, still the importance of training needs assessment can not be undermined. There should be a systematic process of training needs assessment for different levels of staff.
- ❑ The release of funds from NACO to the SACS and from SACS to the districts should be well in time in order to avoid delays in implementing the training agenda. The utilization of funds for trainings should be monitored closely by the NACO.
- ❑ The training modules should be updated with the latest information and issues, and should be made more explicable by incorporating relevant case studies, illustrations, etc.
- ❑ The training methodologies should involve more practical exposure along with the theoretical and conceptual inputs. A greater emphasis should be accorded to the field visits, practical exercise and demonstrations, etc.
- ❑ Effective monitoring is required to ensure that the distribution of training programme is even round the year. The practice of conducting all or most of the trainings in the last three months of the year should be avoided. Timely release of funds is also important in this context.
- ❑ A formal system should be developed to take the feedback of the trainees after the trainings. Feedback may be taken at different intervals (after 3 months, 6 months or one year). In fact, feedback after the training is important to understand not only the magnitude of retention of knowledge, but also the level of utilization of skills in the work situation. Moreover, in order to sustain the impact of trainings, there should be reorientation programmes for the staff that has already been trained.
- ❑ It should be ensured that the persons who are used as trainers have received ToT. Reorientation and continuous updation of trainers' skills and knowledge is also important for ensuring the effectiveness of trainings.
- ❑ One or two resource persons from NACO should be present in state level trainings. It would not only be helpful in ensuring the quality training but will also act as morale boost-up for the state officials. Similarly, some representative from SACS should be present in trainings at the districts.
- ❑ The training agenda should try to expand its scope to cover the staff which has not been trained, specifically class IV staff working at hospitals and other health institutions.

5.3 Public-Private Partnerships and Inter-sectoral Linkages (With other Government Departments)

Major recommendations are:

- NACO leverage should be promoted where NACO or SACS uses their legal and financial resources to create conditions that they believe would be conducive to business growth in the HIV/ AIDS sector. NACO funding could be used for giving upto 15% tax holiday or upto 40% subsidy. This will reduce NACO/ SACS cost for partnership programmes, and will encourage private partners to join in.
- Contracting out should involve separating the purchaser of a service from NACO or SACS. NACO/ SACS must concentrate on the former, defining what services are to be available and to what standard, and then contract out the provision to a business house. Franchising would involve awarding a license to a business or not-for-profit organisation to deliver a public service in which the provider's income is in the form of user fees.
- Joint Ventures should be encouraged where NACO or SACS engages on a collaborative project in a way that retains their independence. This could be useful in big infrastructural development projects of NACO/ SACS, including building ART centres in a state on large-scale basis, or management of HIV-TB co-infection in more than four hospitals in a city.

5.4 Procurement and Supply Chain Management

Recommendations for strengthening of procurement are as follows:

1. Creation of requisite in-house procurement capacity in NACO and State AIDS Control Societies.
2. Development of standardized procurement procedures (by way of standardized Procurement Manual, Tender Forms, Specifications etc) which meet global standards of economy, efficiency, accountability, transparency and swift decision making.
3. Training of procurement personnel.
4. Introduction of information technology for inventory management at all levels. This will enable elimination of problem of stock outs (which deprive patients of necessary medicines or tests in time) or excess inventory (which might result in slow movement and thereby wastage and loss of consumables). This will also enable real time monitoring of delivery and supply of consumables resulting in up to date information on stock position thereby easing the task of stock replenishment.
5. Annual review of specifications, in consultation with industry, to take advantage of technology improvements

6. Modify payment terms for items procured from abroad, which cannot be inspected at supplier's premises before despatch. The payment should be released after successful testing and commissioning at consignee premises. Alternatively third party inspection should be done at supplier premises.
7. Rate contract for 2 to 3 years finalized for supply of certain equipment and consumables to enable consignees right down to District and Panchayat levels take advantage of bulk procurement prices
8. Maintain list of approved suppliers for equipment and consumables, which can be updated annually or six monthly. This will enable ease of selection of suppliers for National Shopping procedure. Approved suppliers will be required to maintain certain quality standards and facilities. In the event of supplier not conforming to warranty replacement requests, the supplier should be removed from approved list.

5.5 Finance

5.5.1 Procedure for Projection

Recommendation

The system which needs to be followed in respect of budgeting is to start with a Zero base and work towards the Zero Based Budgeting. With application of the Activity Based Costing concept the NGOs should arrive at the Annual budget to be followed by them. The State Aids Control Society on its part can review the whole budget and recommend the adequacy of the coverage, required activities to do so and its cost consumption. While doing so adequate weight age can be given and reference can be taken from the costing guidelines as circulated by the NACO.

It is suggested to train all the stakeholders before taking up the budgeting exercise. Training should be given for the facilitation and importance of the budgeting exercise.

The formats used at various levels should be standardized for easy comprehension and uniformity.

The time taken can be considerably reduces if proper technology is used. Through IT initiative if budgets can be prepared on a standard format and if it can be finalized on line considerable time will be saved in the entire process. If online enablement is done the time taken can be reduced to half than what is currently being taken.

5.5.2 Mechanism Of Allocation Of Funds

Recommendations

NACO should see to it that the time taken for the approval of Annual Action Plan is reduced considerably. NACO should also reduce the time taken for physical transfer of funds to SACS.

One alternative to take care of this issue is to resort to transferring funds in the NGO's bank account directly by NACO under intimation to the respective SACS. This can be done especially for the first installment of the disbursement. The subsequent transfers can also be done directly upon recommendation of the SACS. While recommending the second transfer the SACS will first scrutinize the utilization by the NGO based on the SOE submitted by them and the report of PSU/NGO Advisor.

This will cut down the time taken only in transferring the funds from NACO to NGO as of now. Presently almost three to four weeks are lost in this process. By adopting the proposed method this time lag can be curtailed to only three to four days.

For the NGOs working in absolutely remote areas where banking infrastructure do not support such online transfers will still have to resort to transfers from the SACS only. In such cases the funds from NACO can still be transferred to SACS on line. As SACS do have accounts in banks and at places where such facility is available, the issue of delay in transfers will be addressed to a large extent by this process.

There is also a need for delegation of financial powers at appropriate level for faster and better decision making. The system currently in place for allocation of funds is very centralized. While it is desirable from the ownership and effective monitoring point of view but if it creates obstacles so as to defeat the very purpose, it needs to be addressed appropriately.

As many of the staff members at SACS are on deputation they should be given proper orientation training in handling the developmental aspect of the social structure.

Where a need is felt for an independent assessment of funds utilization by the NGO such cases should be dealt with a time bound manner and the independent entity should be made aware of the schedule within which it should submit its report to SACS.

As suggested if the system is IT enabled then the SACS can have a cell of internal evaluators to judge the funds utilization on line and submit their recommendation for SACS to release the installments to NGOs.

5.5.3 Utilization Of Funds

Suggestions

A uniform accounting software should be implemented at each implementing agency. This should preferably be linked with the CPFMS in use at SACS.

The person handling the accounting records should be properly trained in the use of such accounting software.

No implementing agency should be allowed to exceed the time limit for submission of SOE. In case of delay a system of penalty should be instituted. This can be a percentage reduction from the next disbursement. This percentage reduction should gradually become steeper depending upon the progressive delay in submission of SOE.

In cases where either no trained manpower is available or where the implementing agency like District Hospital/CMO are not willing to abide by the instructions of SACS in maintaining proper books of accounts the account keeping process can be outsourced to an independent agency.

In such instances the implementing agency need to submit only the authorized vouchers to these independent agency which in turn would maintain all the financial records on their behalf.

NACO should take initiative either to get the multiple donors to be partners and channelize their funding through single conduit or NACO can standardize a singular set of record keeping for all the donors for at a glance evaluation of the utilization of funds by the implementing agency. The format for SOE should be standardized for all the donors for ease of operation.

In the absence of proper integration of physical and financial parameters, any analysis becomes redundant and meaningless. Financial records are just a monitory reflection of the physical activities performed by an agency. It in no way is an indicator of the efficiency at which the agency is operating. Any agency can under or overspend funds but there should be a justification for the same.

Unutilized funds at the end of the year should be probed deeper and reason for the same should be analyzed properly.

5.5.4 Finance Management and Accounting System

Suggestions

It is suggested to upgrade the accounting manual to make it more useful.

After recruiting the staff for PSU they should be given proper training and orientation so that they can effectively discharge their duties. Various positions and the rationale behind should be understood fully by the PSU staff.

The auditors should be asked to check on the internal control system in place at the implementing agency as well as at the SACS level.

The audit staff should also be trained to bring uniformity in their suggestions to the staff of the implementing agency.

There should be standardized accounting standard for the NGOs and the auditors should be well versed with it.

While monitoring the funds SACS should apply ratio analysis to see whether the funds are utilized properly. Ratios of funds asked to approve to disburse to utilize can be calculated to understand the state of affairs. Comparison should also be made for some key activities. For example if an implementing agency conducts a fund raising program than the ratio of funds raised to cost of such fund raising program should be the indicator of the success of such events.

5.5.5 Cost Over Runs and Overflows

Suggestions

It is suggested that funds be released in appropriate time for its effective utilization.

In order to achieve this planning for the next year should freeze by end February so that physically funds are made available by the start of April to the implementing agencies to carry out the developmental program as envisaged in the PIP.

With adequate delegation of financial power minor adjustments in the heads of expenditure can be taken care of at a lower level instead of going to NACO.

When the timelines are adhered to by NACO and SACS regarding disbursement of funds, any unutilized funds should be viewed seriously. Implementing agency should be penalized for such underutilization.

5.5.6 Effectiveness and Use of CPFMS

5.5.7 Summary of Recommendations

We have observed that there is monitoring system in place to restrict the overspending of funds under any head. Concurrently the system fails to address the issue of linking the financial parameters with the physical achievements. There again one needs to understand the effectiveness of the program in a particular area. This can take place once the Physical and financial MIS is cross linked and the reviewers review both aspects simultaneously. Some other key recommendation is reproduced below for easy reference.

- Budgeting process should be based on ZBB with application of Activity Based Costing.
- The staff involved should be trained in advance in the budgeting process.
- Uniformity in the budget formats should be brought in.
- Greater use of technology to be resorted to ultimately leading to Web enabled environment.
- Online transfer of funds from NACO to SACS to Implementing agency
- Proper delegation of financial powers to expedite the fund disbursement process.
- The accounting software to be used by the implementing agency should be uniform and linked to CPFMS.
- Penalty for delay in submission of SOEs
- Outsourcing of accounting function where sufficiently trained man power unavailable.
- Auditors to assume more responsibility and suggest Internal Control Mechanism.
- Analytical ratios to be used for financial monitoring
- CPFMS to enable multi donor accounting.

5.6 Computerized Management Information System (CMIS)

Major Challenges

- There is a lack of consistent use of the CMIS. It is a great system but it is not being utilized and supported adequately. Furthermore, some sites are using their own system such as Tamil Nadu.
- There are significant differences in data collection and management information systems across states.

- ❑ Staffing at national, state and local level remains a major problem (e.g. in many ACS only one person available to do all data entry).
- ❑ Many posts such as data analysis/statistician have remained vacant for long periods of time. There appears to be a problem of attracting appropriate candidates for these posts and retaining them. This has resulted in backlog of data entry and reporting.
- ❑ Data security is suboptimal (e.g. anti-virus software updates are not done frequently enough)
- ❑ There is a lack of sufficient feedback between ACS and PDGU and between NACO and ACS. This was a major complaint from sites. Several site staff felt they were collecting data and not feeling engaged or understanding what they are contributing to.
- ❑ Data backup is a problem (even at the national level)
- ❑ A tremendous amount of data is being collected but there is little being analyzed.
- ❑ Routine analysis is only done at highly motivated and well staffed sites
- ❑ There is a need for dedicated staff for analysis and research who have been adequately trained

5.6.4 Suggestions

- ❑ CMIS utilization should be increased at SACS/MACS as it is a powerful tool for surveillance and M&E of programs.
 - Capacity building and technical support are needed in order to achieve this.
 - Personnel need to be trained and empowered regarding the use of CMIS
 - Appropriate infrastructure to facilitate the increased use of CMIS is needed (computer hardware, software, electricity backup, data security, internet access)
 - Routine monitoring and feedback from NACO to SACS and from SACS to PDGU is needed. Barriers to appropriate CMIS use need to be readily identified and addressed. (e.g. use of routine automated and manual feedback regarding non-reporting and data quality)
- ❑ Improve data quality
 - Consider routine use of double data entry or technologies that minimize data entry such as scan able forms

- Independent monitoring of data quality (collection, entry, analysis) should be performed on a regular basis and constructive feedback is needed regarding how to improve deficiencies.
- ❑ Improve data storage and security requirements
 - Sites with computers should do daily updating of anti-viral software
 - Data backup should happen at SACS/MACS on at least twice weekly basis
- ❑ Improve technical support for troubleshooting CMIS-related problems
- ❑ Set up routine meetings for M&E officers from all the SACS/MACS to provide feedback and share ideas, progress and barriers with use of CMIS
- ❑ All sites should be routinely monitored for the minimal requirements needed to ensure adequate functioning of CMIS (e.g. appropriate hardware and software, power backup)

Consider collaborative agreements for data analysis and interpretation at the national and state/municipal level to inform and empower ACS and PDGU efforts

5.7 Surveillance and Estimation

Suggestions

- ❑ Centralize some aspects of the surveillance system across states to ensure some level of consistent data collection and analysis across states.
- ❑ Put a mechanism in place to track poorly performing sites and have 1) strategies to improve their performance and 2) consequences for these sites if they continually generate no data.
- ❑ Include more MSM, IDU, Migrant worker and Private sites.
- ❑ Establish capacity for research starting at the national level. This will improve the feedback mechanisms to the sites themselves as well.
- ❑ Combine the sentinel surveillance data with other sources (e.g. community-based samples, blood banks which will include more private sites.) For example, consider a study that compares the HIV prevalence based on a sample of sentinel surveillance sites (from one high, one concentrated and one low prevalence state) and a population-based survey in the same states.
- ❑ Use the blood bank data to compare HIV prevalence in public versus private sites.
- ❑ Perform sensitivity analysis for changes in the assumptions of the estimation. Consider reporting a range of estimates.
- ❑ Collect blood and perform HIV testing on a small sample of those who undergo the Behavioral Surveillance Survey.
- ❑ Improve coverage for the MSM and IDU BSS. Expand beyond the 5 states and the number of persons.

- ❑ Integrate surveillance of STDs, HBV and HCV with HIV surveillance.
- ❑ Use novel methods to estimate incidence. Current estimates are based on ANC prevalence among women 15-24 years of age. Consider using pooled PCR for example on some samples from the sentinel surveillance sites.
- ❑ Allow an outside statistician access to the data so that he/she can review the estimation process