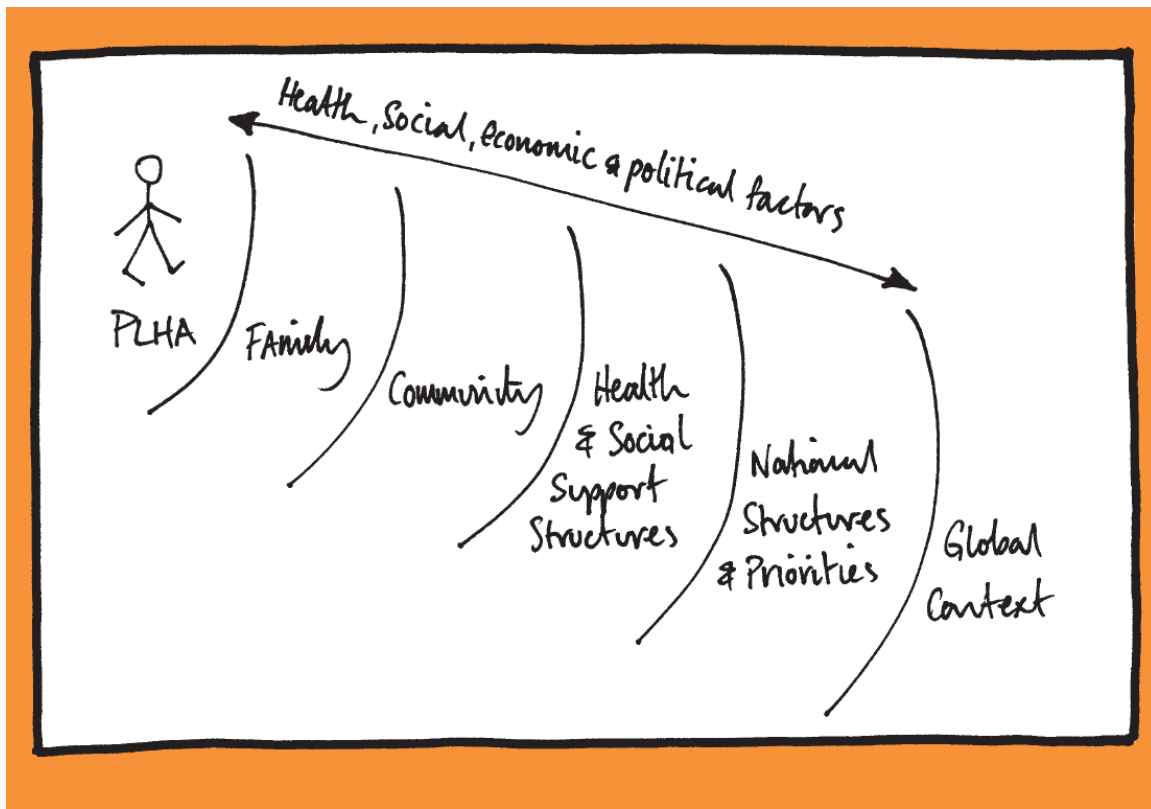


# Group work on finalization of Action Plan- derived from State PIP under NACP III

Facilitated by:  
Hindustan Latex Family Planning Promotion Trust  
(HLFPPT),  
Technical Support Unit (TSU) MP



Picture Source: HIV AIDS International Alliance

State Level Consultation on HIV AIDS  
21<sup>st</sup> and 22<sup>nd</sup> November 2007  
Venue: MP Academy of Administration, Bhopal  
Hosted by MPSACS- Supported by UNAIDS and UNICEF

## **Background**

Ever since the identification of first HIV +ve case in Madhya Pradesh at Bhopal in 1988, the HIV epidemic in the state has passed through various stages of development. Today, it is not just a public health concern, but also a socio- developmental issue, to be addressed on priority basis by collective efforts and multi-sectoral initiatives. This is due to the devastating socio, economic and financial impacts of HIV AIDS on affected, vulnerable and marginalized communities as well as being an emerging national crisis.

Addressing the above concern, the MP State AIDS Control Society (MPSACS) in support with UNAIDS and UNICEF organized a two day state level consultation on HIV AIDS at Bhopal, MP. This consultation brought together various experts, stakeholders, NGOs, media and other partners on a common platform to discuss and determine the strategies and challenges in curbing the epidemic in the state.

The HLPPT Technical Support Unit (TSU) – MP participated in the program and facilitated the session on “Group work on finalization of Action Plan derived from State PIP under NACP-III”.

## **Objectives of the Session - Group Work**

- To understand various issues and challenges concerning HIV AIDS control and program implementation
- To create a platform for exchange of experiences/ideas of the various participants on HIV related issue
- To draft action plans for high risk target groups [Commercial Sex Workers (CSW), Men Having Sex with Men (MSM), Intravenous Drug Users (IDU)] based on thematic activities of PIP under NACP-III

## **Participants**

- MP States AIDS Control Society
- UNICEF, UNAIDS
- HLPPT – TSU MP team
- NGOs and TI Partners
- Media Partners

## **Session Chaired by:**

Dr Kishor Patnaik : TL TSU TI  
Dr Apurva Sahu: TL Strategic Planning  
Mr Parsuram Tiwari: TL Mainstreaming  
Ms Sheeba Rehman : Project Officer TSU  
Mr Danish Umair Khan : UNICEF

### **PIP presentation:**

The program implementation plan (PIP) of MPSACS for NACP- III was presented by Dr Kishor Patnaik. He briefed the audience on the working points and division of thematic activities of PIP. Transition of activities and targets from NACP -2 to NACP-3 was presented along with the detailed objectives of the program. The focus of NACP-3 on Care Support and Treatment was highlighted along with the components of mainstreaming, documentation and systematic management of information, linkages with the other sectors and capacity building as crosscutting strategy. Adoption of multi pronged approach is crucial for achieving the objectives of NACP-3.

### **Group work :**

The participants were divided into 3 groups averaging 10 participants in each. The groups were assigned the task of designing an ideal Action plan for a target population of 300 HRG (CSW, MSM, and IDU) for a period of 6 months. The desired components were timeline and resources along with a brief budgeting, awareness generation among youth and adolescents on counseling, testing, treatment, condom promotion. Other components to be incorporated were PPTCT, ICTC, coordination with other government sector, network linkages and STI services keeping in mind the targets and objectives of PIP.

### **Group 1: CSW Project**

The group headed by Mr Rajiv Lochan (Shuruat- TI Panna) presented a detailed action plan for CSW intervention activities. (Photos attached). The main points of discussion and recommendation are:

- Geographical limitations and other factors (caste based prostitution & floating CSWs) should be considered before starting a TI project.
- It should be imperative to consider the project phase (New project/ already in existence) while defining an action plan, the reason being that the priorities and concerns of target population vary at various stages of intervention.
- IEC, BCC messages should be contextual, simple, acceptable and sensitive to the level of understanding and knowledge of target population. Quality and size of wall writing needs to be improved. Posters need to be pre tested especially with the illiterate populace to maximize BCC outputs and ensure cost effectiveness. Sticker campaigns and short films can be produced based on community needs.
- Under IPC, Focus group discussion indicators can be changed. It has been observed that 1-1 interaction which is done by ORW is also expanding to 1-1 interaction by target individual themselves. This is a positive landmark of BCC and needs to be documented. This is recommended to be included in the MIS.
- Capacity building and refresher training of Field staff, Project officers, Out Reach Workers and Counselors is desirable for enhanced performance.
- Some monetary benefits can be considered to the end user of condom under social marketing
- Youth volunteers can be incapacitated to undertake IEC and other activities targeting sexual health activities and vulnerabilities of the youth and adolescent.

- Tactful involvement of media is imperative at regional and district levels for effective advocacy and networking.
- STI management services can be expanded to out reach places through mobile clinics, health camps and other outreach activities.
- Involvement of PLWHA is a keystone for optimal and fruitful advocacy.
- State level performance evaluation of district health services in relation to HIV AIDS control in the district after defining a task force is recommended for smooth and effective program implementation.

Activities	No.	Outcome	Assumption
B.C.C.			
1. Training	1	Level of Awareness will increase	
2. Counseling	2	Level of Awareness will increase	
3. F.I.D.	3-4 Per week	Level of Awareness will increase	
4. Orientation Workshop	4	Level of Awareness will increase	
5. F.I.D.	3-4 Per week	Level of Awareness will increase	
6. F.I.D.	3-4 Per week	Level of Awareness will increase	
7. F.I.D.	3-4 Per week	Level of Awareness will increase	
8. F.I.D.	3-4 Per week	Level of Awareness will increase	
9. F.I.D.	3-4 Per week	Level of Awareness will increase	
10. F.I.D.	3-4 Per week	Level of Awareness will increase	

Figure 1: Action plan for CSW

## Group 2: MSM Project

The group headed by Venu Pillai (Rajiv Smriti- TI Bhopal) presented a detailed action plan for MSM intervention activities. (Photos attached). The group entitled their project “SAATHI”. The main points of discussion and recommendations are:

- Creation of “enabling environment” through advocacy, training and experience sharing of various stakeholders. Coordination with government and legal agencies would be crucial for achieving the same.
- Peer volunteers can be identified and trained for MSM intervention. This would ensure availability and accessibility of the services.
- Transparency should be maintained in resource allocation and expenditure on TI activities.
- Advocacy and networking activities needs to be taken up for CBO formation
- There is a dearth of contextual and specific IEC/ BCC material and messages for MSM activities. It is important to develop target population oriented IEC material (both at state as well as local level) as a part of creating an enabling environment.

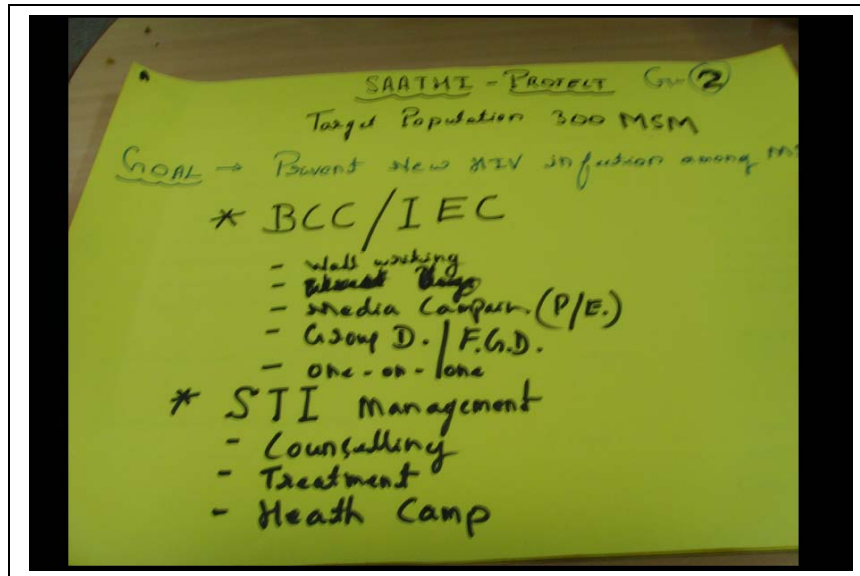


Figure 2: Action Plan for MSM

### **Group 3: IDU Project**

The group headed by Vikas Jain (Mahila Samiti - TI Chattarpur) presented a detailed action plan for IDU intervention activities. (Photos attached). The main points of discussion and recommendations are:

- Three risk networks are identified for IDU users, “direct risk network – one individual to another in same community”, “personal risk network – between two communities” and “sociometric network – family and friends”
- Police department, excise, local leaders, media and medical stores are some of the major resources for obtaining baseline statistics on IDU status in an area.
- Selection and orientation of primary stakeholders and peer educators should be done along with identifying relevant targets for ORWs and peer educators.
- Community mobilization can be done through ‘nukkad nataks’, puppet shows and short video films.
- CBO formation and drop in centers can be established along with establishing ‘detoxification centre’ rendering services of medical practitioners.
- “needle outlets” can be established like “condom outlets” to minimize needle sharing and reuse.
- Coordination with already existing NGOs, “Nasha Mukti Kendras” ministry of social justice, panchayats in all districts is imperative for creating an enabling environment for IDUs.

Target - 300 Group-3 IDUs  
Action Plan for 6 months

S.No.	Activity	Target	Timeline	Re
1)	Base line - Area Identification - Target population - Need	for 300 IDUs	15 days	-
*	One on One with IDUs			
*	Stakeholder Interview			
*	observation / findings			
*	Group Discussion			
	Capacity Building of Staff.	All Staff	5 days	

Figure 3: Action plan for IDU

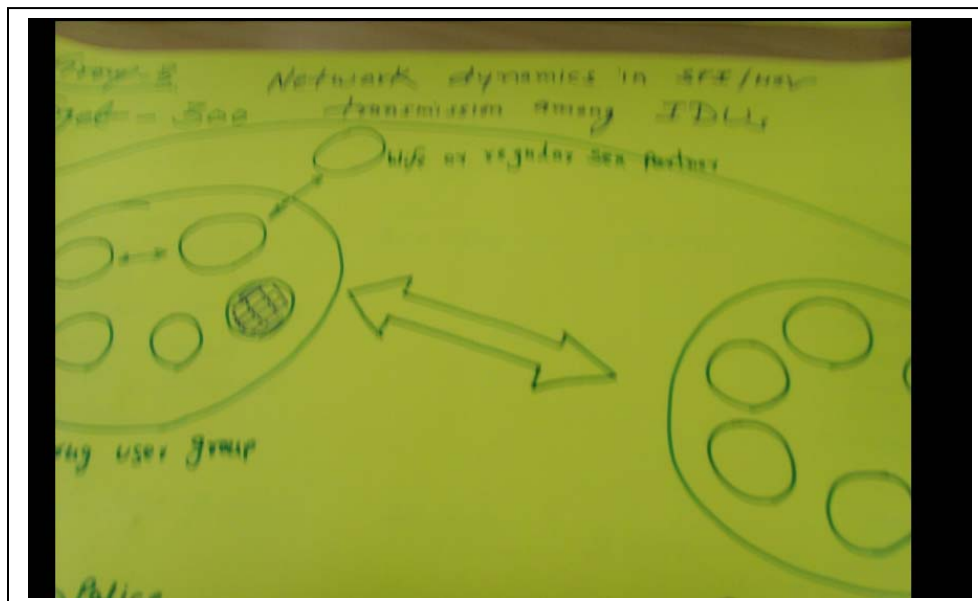


Figure 4: High risk network of IDUs

### Conclusion

The above session highlights that HIV/AIDS control is one of the primary concern for various stakeholders in the state. The successful interaction of MPSACS, donor agencies, NGOs and media partners in the consultation workshop is a reflection of the commitment of all in attaining the objectives of NACP-3. Various activities are already in progress at various levels throughout the states under the supervision of MPSACS. These need to be scaled up incorporating the various components of NACP-3 as well as acknowledging various recommendations of the session for successful program implementation.

