

Concept Paper

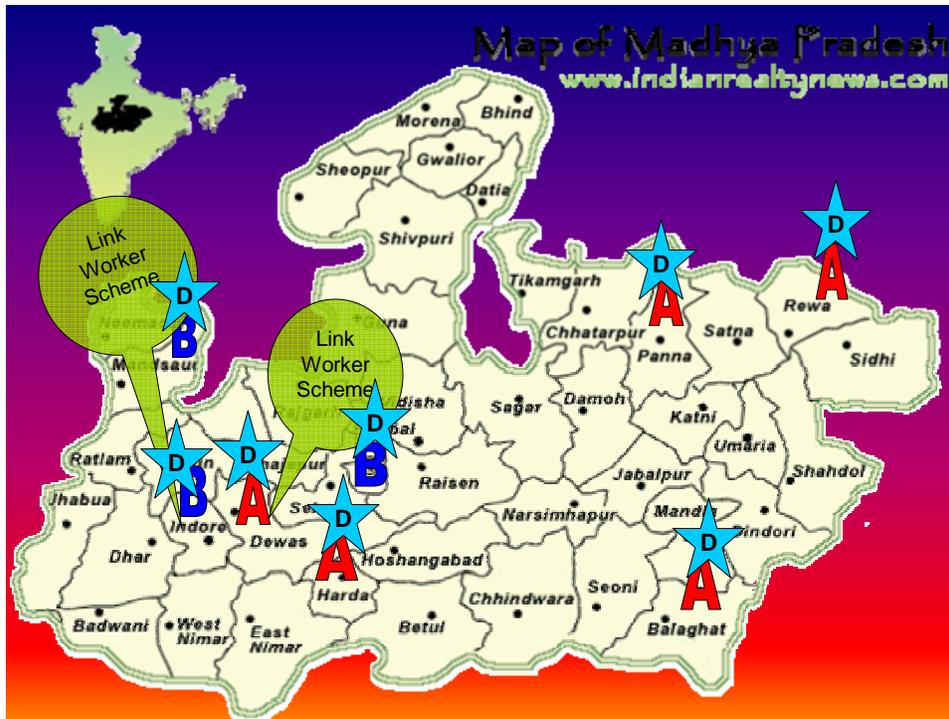
Introduction

HIV/AIDS is an issue that every organisation in the Madhya Pradesh must address directly, both out of enlightened self-interest and out of concern for those at risk or already affected. The implementation of NACP-I (1992-99) and NACP-II (1999-2006) has resulted in institutionalization of efforts Nationwide and there is encouraging evidence regarding its stabilization in some parts of the country. However, it is also true that over the years the virus has travelled from urban to rural areas and from High risk to general populations, affecting the women and the youth disproportionately. Thus reorientation of Program strategy is a crucial challenge before NACP-III.

NACO recognizes that the magnitude of the response to HIV epidemic in India under NACP-III cannot be managed centrally. During NACP-II, programme management was decentralized to State AIDS Control Societies (SACS). Under NACP-III, programme implementation will be further decentralized to District and Sub District levels. The NACP-III aims at integration of NACP interventions in the NRHM framework for optimization of scarce resources and provision of seamless services to the end customer / patients as also for ensuring long term sustainability of interventions. Thus, the institutionalization of DAPCU within the District Health Society, sharing administrative and financial structure of NRHM becomes a crucial programme strategy for NACP-III.

During the year 2008-09 MPSACS aims to establish and make functional 8 DAPCU units in the 8 A and B category districts of MP (as per the NACO sanction of AAP 2008-09) These would be based at 5 A category and 3 B category districts of MP

S. N	District	Category
1	Balaghat	A
2	Dewas	A
3	Harda	A
4	Panna	A
5	Rewa	A
6	Bhopal	B
7	Indore	B
8	Mandsour	B



VISION:

To evolve and implement a multi pronged sustainable strategy to enable the district to achieve the NACP-III goal of halting and reversing the HIV/AIDS epidemic by 2012 through effective management of Core NACP interventions and expanding the outreach services through mainstreaming with activities of NRHM and cognate Departments

GOAL:

Formulation and implementation of a comprehensive inter-sectoral strategy to reduce the incidence of new HIV cases to zero through effective strategies for prevention; and provision for identification, treatment, care and de stigmatised community support for PLHAs to improve their quality of life.

STRATEGY:

Expansion of the network of HIV/AIDS services from the NACP-II pattern of selective NGO/CBO led provision of care, treatment and support, to universalisation of services through mainstreaming with the public health infrastructure for ensuring continuum of care. The new approach emphasises on decentralisation of services, mainstreaming, inter sectoral convergence and community ownership and support for HIV/AIDS prevention and control efforts. It seeks a unified strategy under the leadership of the District Collector for effectiveness, optimisation of resources and unity of efforts. From the district, the program will filter down to every village and Anganwadi level, with a cadre of customised service providers called Link Workers. The DAPCU will ensure professional management of the program through regular monitoring & supervision.

The role of DAPCU is threefold

1. Implementation of NACP strategies;
2. convergence with NRHM activities;
3. Convergence with the other cognate Departments in the District.

S.No	Thematic Component	Roles and functions of DAPCU
1	Targeted interventions	Facilitate access to AIDS prevention and treatment services, general health services and other entitlements Create a supportive environment for TIs to function
2	Women, Children and young adults	Working with district level departments for prevention, treatment and impact mitigation on women, children and adolescents
3	Migrants, Trafficked Persons & Populations in Cross-border areas	Provide pre departure guidance to migrants and provide linkages to organizations in destination areas
4	HIV/AIDS Response in the world of Work	Facilitate access to treatment and prevention services for referrals from interventions
5	Package of Services	Monitor the delivery of services Manage the integration of services with the general health system and other non health interventions Collect and forward samples for EQAS
6	Assured Safe Blood and Blood Products	Develop a district wise information and transportation scheme to provide blood and blood components to Blood Storage Centres Systematize voluntary blood donation Deal with infrastructure issues of new blood banks Monitor disposal of hospital waste
7	Condom Promotion	Monitor availability of condoms at service provision point
8	Communication and Social Mobilization	Conduct district level IEC campaign Use local channels for demand generation Work with PRI institutions and local CSOs for social mobilization for HIV prevention and management
9	Mainstreaming with Public and Private Sector	Technical support to district level organisations to integrate HIV in their functions Provide linkages to HIV services in to district departments and organization
10	Convergence with RCH, TB and other MOHFW	Work with concerned programme officers to effectively integrate their functions

11	Civil Society Partnership forum at National, State and District levels	Support the formation and functioning of district civil society partners forum
12	Improved access to treatment for opportunistic infections and continuum	Monitor the management of OIs
13	Providing care support and treatment for children infected and affected with HIV/AIDS	Monitor children born to sero positive mothers for early signs of the need for ART Monitor and investigate any instance of denial of rights to HIV infected and affected children Advocate with district authorities and organisations to protect the rights of children
14	Management of ART drug resistance	Arrange for transportation of samples
15	Strengthening community care and support programs	Establish referral linkages to service providers Monitor functioning of approved centres
16	Linking care, support and treatment with prevention	Monitor integration
17	Impact mitigation	Set up linkages with district level organisations and departments for support to PLHA and their families Facilitate access of PLHAs to social support
18	Surveillance	Oversee collection and forwarding of samples
19	Capacity building	Conduct district level trainings
20	Program management	Engage contractual manpower at DAPCU, LTs, Consultants and Link Workers
21	Financial management	Maintain fund flow for NACP activities , submit UCs and ensure financial propriety
22	MIS	Maintaining the District dashboard and regular reporting to SACS on physical, financial, epidemiological progress

NACP-III Organogram

