HIV, Health and Development

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Innovative Approaches - UNDP India 2014

HIV-Sensitive Social Protection in India

Key features of this novel HIV programming and partnership-building initiative:

- Innovative approaches to incorporate HIV-sensitive provisions in existing social protection schemes.
- Policy support for national and local multi sectoral HIV responses.
- Capacity building to support PLHIVs and increase partnerships at central, state and district levels.
- Training, advocacy and improved HIV awareness for government officials, corporate, civil society and media personnel.
- Addressing stigma and discrimination through public private partnership.
- Decentralizing HIV responses with local/state governments.

Country	India
Focus area	HIV-Sensitive Social Protection, Advocacy, Capacity Building, Training and Stigma, Discrimination & Denial, Multi-sectoral HIV Responses
Audience	National HIV and AIDS Programmes, Civil Society, National and Local Government Officials, Local Community Members, People Living with HIV
Contact	Alka Narang, UNDP India alka.narang@undp.org

Background

Although HIV remains one of the world's most serious development challenges, global solidarity in the HIV response continues to generate extraordinary health and development gains. However, the context in which the HIV epidemic continues to expand in countries around the world is one of growing polarization between the very rich and the very poor, increasing the isolation of some segments of the population and increasing social inequalities. India is no exception as communities and households already living on the edge have been made more vulnerable by the complex consequences of HIV and AIDS.[1]

As per the UNDP/DAC/NCAER study on socio economic impact of HIV in India (2006), the most visible impact of HIV at the household level is the financial burden on families of the people living with HIV. Loss of life and decreased human capacities due to HIV related illness and death have worsened the economic condition of households especially those with fewer resources, thereby contributing to poverty and inequality.

Besides poverty, the linking of HIV to sex and sexuality and drug use triggers a widespread stigma and discrimination towards those living with and affected by HIV. This phenomenon is leading to neglect, destitution, ostracism from family, community, and medical practitioners. This is especially relevant in the case of marginalised groups, such as sex workers, injecting drug users, men who have sex with men, and transgender persons, who become more vulnerable to exploitation and stigmatization, thus being prevented from accessing care and support.

In India, the HIV and AIDS epidemic is showing a declining trend, with an estimated 2.31 million Indians living with HIV with an adult prevalence rate of 0.34%[2]. This is lower than many other countries yet it is still one of the countries with the world third largest population of people living with HIV (PLHIV). HIV is diversely spread across states and districts in India with six high prevalence states, namely, Maharashtra, Karnataka, Andhra Pradesh, Tamil Nadu, Manipur and Nagaland, which account for an approximate 66 percent of the HIV burden in the country. At the same time, reverse trends are emerging in some of the low prevalence categorized states (Rajasthan, Orissa, Uttar Pradesh, Bihar and West Bengal) pointing to a continuously changing distribution of the HIV epidemic in India. The primary drivers of the HIV epidemic in India are unprotected paid sex/commercial sex work, injecting drug use, and unprotected anal sex between men.

The efforts to prevent this epidemic from becoming generalized in the country have been governed by the National AIDS Control Organisation (DAC) under the Ministry of Health and Family Welfare (MOHFW), Government of India (GoI). The efforts of the government are supported by international donor agencies such as the United Nations Development Programme (UNDP) amongst others and civil society/ community organizations.

The Work

In 2004, the government accorded the highest level of political support for the fight against HIV by establishing a National Council on AIDS (NCA) presided over by the Prime Minister, and the Council of Ministers, to initiate a multi sectoral response to HIV in the country. Through the NCA, the Government aimed to provide an opportunity to mitigate the negative impact of HIV on PLHIV by promoting social protection, which plays a critical role in helping people overcome the structural inequalities including socioeconomic challenges that drive the HIV epidemic and serve as barriers to treatment, testing, schooling and other essential services. It is particularly relevant to HIV because of its potential to address issues such as gender inequality, stigma and discrimination, which exacerbate marginalization and vulnerability faced by marginalised populations at higher risk of infection.

In keeping with the Government's thrust on multi sectoral response, the third National AIDS Control Programme (NACP III) adopted mainstreaming and partnerships as one of its core strategies. One of the steps to achieve this was the agreement between various international donor agencies, government organizations and DAC (a division of Ministry of Health and Family Welfare, Government of India (GoI)) to mainstream HIV issues in all the ministries and departments in five states of India, namely Bihar, Chhattisgarh Orissa, Rajasthan, and Uttar Pradesh to provide leadership to mount a multi-sectoral response to HIV in the country during 2008-12 (NACPIII).

The United Nations Development Programme (UNDP) played a vital role by providing technical and financial support at both the national and state level to DAC and SACS to express their commitment and

1 Social Protection in the Era of HIV and AIDS Examining the Role of Food-Based Interventions Kara Greenblott

2 National AIDS Control Organisation

provide a direction and framework for initiating HIV mainstreaming strategy.

Towards this end, Mainstreaming Resource Units (MRU) were set up at national and state level to ensure a more comprehensive response to HIV across different sectors, by equipping ministries, state governments and NGOs with the expertise and resources to reach information and services to those who are most vulnerable to HIV, including key affected populations, poor people, women and migrants. This has helped to strengthen the policy environment and has resulted in the availability of several social protection schemes such as pension, nutrition, livelihood, shelter and travel concessions amongst others, and improving the life conditions of PLHIV across several regions of India.

State Mainstreaming Units (SMU) within respective SACS and Mainstreaming Resource Units (MRU) were formed in the respective states.	Pact of various government and private organizations to mainstream the HIV and AIDS issue in the concerned ministries and departments.	A nodal officer was identified, whom was later on appointed in specific departments.

Preparing the ground:

To prepare the ground and facilitate the transfer of these schemes, preparatory activities were undertaken as listed below:

Sensitization and advocacy activities: Sensitisation sessions with various ministries/departments were useful to enhance the understanding of the problems faced by PLHIV and how they can be addressed by concerned authorities. Similar exercises were conducted at the district level as well. The data presented at these sessions included the socio- economic profile, age and the number of people living with HIV. This gave a clear picture of the epidemic in the state and was thought-provoking for the decision makers. This was useful in creating an enabling environment to facilitate the transfer of social protection schemes. The list of specific schemes being offered by these ministries and how they could meet the needs of the PLHIV was also part of the presentations.

Consistent advocacy efforts with the support of positive networks and NGOs helped to sustain the momentum created by sensitization sessions. .

HIV-positive speakers share their experiences, which made a definite impact especially on policy makers. This was one of the most effective strategies used by Mainstreaming Units.

Initiation of the Process

The Principal Health & Family Welfare secretary wrote a letter to the identified key departments for the mainstreaming of suitable existing schemes for PLHIV.	Sensitization and advocacy meetings with stakeholders: policy makers from ministries and department, media , lawyers and human rights activists.	Building capacity & forging partnerships with NGOs and positive networks.

Sensitizing paralegal workers and human rights law network: Advocacy with paralegal bodies and human rights activists enhanced their understanding of the legal issues being faced by PLHIV. These efforts resulted in lawyers deciding to provide free legal aid to PLHIV to secure the social protection schemes. PLHIV too became aware of their rights and the use of legal system to claim their rights.

Building capacity of PLHIV networks: Building capacity of PLHIV networks at the state and district levels empowered them to develop proposals and advocate for their needs. They reviewed and addressed the barriers and make the scheme more suitable to the local needs of the users.

Partnering with the media: Engaging the media promoted sensitive reporting, and awareness amongst key stakeholders on issues faced by PLHIV. This created a conducive environment and helped in facilitating the availability of social protection schemes and mitigating stigma and discrimination faced by PLHIV.

Engaging NGOs: Another strategy that has worked for mainstreaming of social protection schemes is the engagement of NGOs. They provide support in terms of training, capacity building, raising awareness amongst positive networks vis-a-vis schemes, help with the development of proposals and present them to the various ministries. In some states they have taken on the role of SMUs as in Rajasthan.

The facilitators:

The provision of social protection schemes is made available through collaborative efforts of several actors and organisations, who play a facilitative role in the availing and implementation of these schemes as stated below:

SACS and SMUs: SACs and SMUs work closely with other government departments and ministries to identify and advocate for amendment/adaptation of policies and schemes for social protection of marginalized groups. They play a crucial role in developing specific schemes as per the need of PLHIV. They also support the positive networks towards the development of proposals.

State Advisory Councils and District AIDS Councils: They have representation from the key ministries which provide social protection schemes and play a key role in approving the schemes for PLHIV.

District Administration Officials: They play a critical role in the access of social protection schemes as implementation is done at the district level. These officials help in identifying the recipients and also assisting them with the required documentations. They also in most cases disburse the benefits of the scheme to the recipients.

Panchayati Raj Institutions (PRIs): The Sarpanch or the village head who heads the Panchayat at the village level helps in the identification of beneficiaries; acquisition of supporting documents, preparing of applications and processing claims.

NGOs: Advocacy, building linkages, building capacity and follow-up work is done by NGOs with a professional rigour and credibility. Their rapport with the government department helps PLHIV to access the social protection schemes. In many cases, the NGOs complement the role of positive network in their state.

Positive networks: These networks play an active role in developing proposals and participate in advocacy efforts to create an enabling environment. PLHIV speakers are able to represent the community's voice which helps in influencing policy change in their favour. They also create awareness amongst the fellow members and provide them assistance to get the necessary documents avoid bribes and address stigma and discrimination at the service delivery points. They also help to access the schemes at state and district level.

Role of nodal officers: The nodal officers identified to facilitate linkages and promote efforts to mainstream HIV within the various ministries/department helps in linking the SMU to the key people within these ministries. They facilitate meetings/discussions between the relevant officials in their ministry and the SACS/SMUs. Besides, they also play a key role in bridging the gap and ensuring the continuity of the process.

Facilitating the Process:

In the light of the strategic importance of social protection to mitigate the impact on PLHIV as well as to reduce their vulnerability, DAC works closely with other government departments and ministries to identify and advocate for amendment/adaptation of policies and schemes for social protection of marginalized groups. This has given direction to the efforts of the various sectors in ensuring social protection for the marginalized groups. Many states in India have a strong record of social protection schemes and some states in the recent past have intensified their efforts.

The initiation of the process to make the schemes available for PLHIV is mostly led by the SACS and the SMUs along with positive networks and NGOs. The schemes are identified based on the needs of PLHIV. Then proposals are drawn up, which state the purpose, the suitability, the necessary amendments and the financial outflow on the department. The same is then shared with the relevant ministries through the nodal officers and followed up through regular advocacy with the concerned stakeholders by the SMUs and the leaders of the positive networks.

General process

Developing of briefs/proposal by SMU/SACs along with positive networks and NGOs based on the needs of the PLHIV in the state	Presentation of the proposals detailing the scheme, modifications and financial outlay to the concerned ministry	Follow up with the ministry /nodal officer through rigorous advocacy along with positive networks till orders are passed

Although this is the general process followed by the states, different states use different approaches. In Rajasthan the proposals developed by the SACs/ SMU along with the positive networks and NGOs are presented to the Minister of Health through the Principal Secretary of Health. All changes and amendments are incorporated and with the approval of the Minister of Health, it is sent to the relevant ministries and departments for their consideration and action.

Once the request has been sent, then the SMUs/ positive networks coordinate with the nodal officers to get the orders issued. The orders of amendment are issued by the Principal Secretary. Since most of the welfare schemes are subject matter of Social Justice and Empowerment (SJE) Department, the notification is issued by SJE department in coordination with the Finance department as schemes have a financial outlay, which also requires approval.

For example, in the case of the pension scheme being provided to the state **Indira Gandhi National Widow Pension Yojana (IGNWPY)**, the RSACS/SMUs along with the positive network in the state developed the proposal justifying the need, the amendments and the benefit that would accrue to women widowed by AIDS in the state. This proposal was presented by RSACS to the Health Minister of the State and with his approval it was forwarded to the Department of Social Justice.

Persistent advocacy efforts by RASCS/ SMUs and positive networks, along with the support of the nodal

officer in the Department of Social Justice helped to get the orders released.

State wise Process

Odisha	Rajasthan	Tamil Nadu
Proposals placed before the State Advisory Council for approval, before being sent to the concerned ministry	Proposals presented to the Principal Secretary Health and Health Minister for approval before being sent to the concerned ministry	Besides the existing schemes, SACS/SMU develop specific schemes as per the need in the state and implement them

In the case of Odisha, it was seen that the State Advisory Councils, which had representation from other relevant ministries, approved these schemes for PLHIV. SMUs and positive networks primed the members prior to the meeting to facilitate and hasten the approval process.

SACS and SMU thought of extending the **Antyodaya Anna Yojana (AAY) scheme** based on the orders issued by the Central Government to meet the nutritional needs of PLHIV in the state. A proposal was presented by the SMU along with the SACS and the positive network to the State Advisory Council. This initiated discussion amongst the ministries of Health, Department of Food Supplies and Consumer Development Department. Subsequently, a directive was issued to include all PLHIV in the state including children living with HIV.

In some other states like Tamil Nadu, the SACS and the SMUs took the initiative to develop specific schemes as per the need of PLHIV and got the approval and the financial sanction for them even if they were not being provided by other departments/ministries. For example the **Orphaned and Vulnerable Children – Trust: Tamil Nadu Trust for Children Affected by AIDS (TNTCAA)**, was a scheme designed by Tamil Nadu SACS to provide financial assistance to AIDS orphans and vulnerable children where no child specific programs are in place.

The Tamil Nadu SACS played a crucial role in developing the Other Vulnerable Children Trust (OVCT) scheme and the request was placed before the State Government.

It was observed that sometimes more than one ministry is involved in the approval process as was evident in Rajasthan where the Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) was available to PLHIV in the state after successful advocacy with both the Ministries of Rural Development and Panchayati Raj.

In some cases, suggestions and requests by representatives from the national government also triggered the process and resulted in the Health Ministry

of the State to send letters of request to the relevant ministry to get the necessary approvals.

Once the orders are issued the implementation is mostly done through the ART centres, the district level authorities and the Gram Panchayats as stated above. The ART centres inform PLHIV of the available schemes and get their consensus before asking them to fill the relevant forms. Only those registered at the ART centres can avail these schemes. The district level HIV positive networks acts as foot soldiers, who also create awareness and generate demand for these schemes. They also accompany them to the relevant government departments and also help them to gather the relevant documents. Sometimes they also advocate on their behalf to hasten the process and deliver the benefit to PLHIV. These efforts are also supported by NGOs in some areas.

Besides the ART Centre, district officials such as the District Magistrate, Sarpanch and Patwari also are responsible for the disbursement of the benefits, facilitate the availability and verification of the documents and also identify the beneficiaries if necessary.

UNDP supports PLHIV networks to uphold their rights and get legal assistance to ensure that they get their due. Legal networks such as Lawyers Collective Delhi conducted sessions with positive networks in Rajasthan to build their capacity and make them aware of their rights.

The Impact

These processes and systems have led to amendments in certain existing social protection schemes and made them more sensitive to needs of people living with and affected by HIV.

1. Pension Schemes

Indira Gandhi National Widow Pension Yojana (IGNWPY) Rajasthan

Amendments: The scheme was modified to include all HIV widows from 18 years of age instead of 40 years

as provisioned in the scheme for non HIV widows. Furthermore, while widows who had a male child above the age of 25 years were not given this benefit in the original scheme, this condition was withdrawn in the case of HIV widows, making them eligible to receive lifelong pension.

Process: Proposal developed by RSACS/SMUs along with the positive network justifying the need, the amendments and the benefit that would accrue to the HIV widows in the state. Proposal presented by RSACS to the Health Minister of the State and with his approval forwarded to the Department of Social Justice.

Persistent advocacy efforts by RSACS/ SMUs and positive networks, along with the support of the nodal officer in the Department of Social Justice helped to get the orders released.

Madhu Babu Pension Scheme Odisha (MBPY)

Amendment: The scheme which was meant for widows was modified to include all PLHIV, irrespective of age, marital status, economic status, caste and gender

Process: Collaborative efforts of positive network, UNDP and the SACS helped to develop a proposal to extend the pension scheme to the PLHIV, which was presented to the State Advisory Council for approval. The proposal was then presented to the Principal Secretary, Health and Family Welfare as well as to Chief Secretary of the state. Finally after the approval from the Minister of Health, the request was sent to the Director, Women and Child Development Department, for consideration.

A yearlong advocacy through a series of events and engagement with the state government, civil society organisations, media, legislature, led to the issuing of orders whereby PLHIV and HIV affected widows were made beneficiaries under MBPY.

2. Food and Nutrition Schemes:

Antyodaya Anna Yojana (AAY), Odisha

Amendment: The scheme, which was originally meant only for adults, was amended to include PLHIV in the state.

Process: Notification from the Ministry of Food and Civil Supplies, Government of India in 2008, to include PLHIV under AAY, triggered the process in the state. SMU presented the proposal at the State Advisory Council meeting, which was discussed and agreed by the ministries of Health, Department of Food Supplies and Consumer Development Department. Subsequently, a directive was issued to include all PLHIV in the state including children living with HIV.

3. Travel Concession Schemes: PLHIV need to travel frequently to access care and treatment services. Transportation costs often create barriers to accessing them.

Bus Transport Concession in Rajathan

Amendment: Following persistent advocacy with the Rajasthan State Road Transport Corporation (RSRTC), a 75% concession was granted to PLHIV. This has helped PLHIV to reduce their travelling costs to hospital/ART centres.

Process: SACs/SMU and RNP+ developed the proposal, which was sent to the RSCRTC post the approval of the Ministry of Health.

Travel Concession in Odisha

Amendment: After due deliberation, at the request of the Ministry of Health, the Ministry of Transport agreed to include PLHIV within the travel concession scheme being provided by the state.

Process: Initially at the request of OSACS, the Indian Red Cross Society started the travel concession scheme for PLHIV in the state. OSACS and SMU through persistent advocacy with the representatives of the State AIDS Council got the consensus on the matter.

Travel Concession in Tamil Nadu

Amendment: Sensitization and advocacy programmes with the staff from both the transport department helped to get the Tamil Nadu Government to launch the free bus passes for PLHIV who were registered at the ART centres.

Process: A proposal for free bus pass scheme was conceptualized by TNSACS (along with AVERT) and GIPA in the year 2007 and was presented to the Tamil Nadu Transport Department.

4. Schemes for HIV affected children: Children often face discrimination because of their parents' or their own HIV status and are discriminated against and deprived of their rights.

Palanhar Yojana in Rajasthan

Amendment: The scheme was modified to include all children from HIV households, irrespective of the HIV status of the child along with other destitute children who were receiving this benefit.

Process: Rajasthan Network for Positive People (RNP+) were very proactive in identifying and accessing this conditional cash transfer scheme, which was provided for education of children. They were supported by the RSACS through the SMU to successfully advocate with the Department of Social Justice and Empowerment, Govt. of Rajasthan. The process involved developing a proposal which justified the need and provision of this scheme and the benefit. In 2010, Department of Social

Justice and Empowerment, Govt. of Rajasthan, issued the orders.

Orphaned and Vulnerable Children – Trust: Tamil Nadu Trust for Children Affected by AIDS (TNTCAA), Tamil Nadu

Process: Other Vulnerable Children Trust (OVCT) scheme was initiated by the SACS to meet the nutrition, education, economic, health care, protection, and psychosocial needs of children living with HIV between 0 and 18 years. Tamil Nadu SACS played a crucial role in developing the proposal which was placed before the State Government. In response, the Tamil Nadu Government formed this trust which is chaired by Project Director (PD)- TANSACS and directors from other departments serve as the board of directors.

A one-time grant of Rs.5 crores (Rs. 50 Million) has been provided by the Government of Tamil Nadu for the trust. The interest obtained through this grant is used to the needs of these children.

Take Home Ration Scheme, Odisha

Amendment: Although the Child Development Scheme (ICDS) scheme was meant for children upto six years it was extended to 14 years as per DAC's definition of children with HIV (CLHIV).

Process: The move to explore the possibility of extending this scheme for children living with HIV was undertaken at the behest of the Chairperson, National Commission for Child Rights Protection. The proposal was developed by the SACS and SMU, and was placed before the State AIDS Council for consideration. The matter was approved by the SCA. Subsequently, the Commissioner cum Secretary, Health and Family Welfare sent the request to the Commissioner cum Secretary, Women and Child Development Department. This was pursued by the SMU and SACs and finally the notification was issued to extend the benefits of extra nutrition under the ongoing Integrated ICDS programmes.

5. **Livelihood Schemes:** Loss of employment and livelihood is a major outcome for PLHIV. Furthermore, lack of laws that enforce the right to employment for PLHIV increases their vulnerability.

Mahatma Gandhi National Rural Employment Guarantee Act (MG NREGA), Rajasthan

Amendment: The scheme was modified to allow PLHIV to choose the kind of work as per their health status.

Process: The lead was taken by SACs/SMU and after the approval of the Minister of Health a request was sent to the Ministries of Rural Development and Panchayati Raj. This was followed by continuous advocacy with these ministries which resulted in the orders being issued by the Ministry of Rural Development, Government of Rajasthan (GOR).

UNDP supported the process by engaging the Delhi based legal activist organisation, Lawyers Collective. The advocacy briefs prepared by them along with the capacity building of PLHIV to advocate for their rights ensured the availability of the scheme

Chief Minister's farmer's protection scheme (Uzhavar Pathukappu thittarn), Tamil Nadu

Amendment: As a part of mainstreaming, TNSACS & GIPA made strong case for getting this scheme extended to PLHIV farmers. With the efforts, TNSACS succeeded in getting the scheme extended to farmers who are living with HIV, and are declared unfit to work. The farmers receive a monthly support of Rs.1,000 under this scheme.

6. **Housing Scheme:** Some PLHIV are deprived of shelter especially when their status becomes known. PLHIV widows are often pushed out of their marital homes after the death of their spouse.

Mo Kudiya Scheme, Odisha

Amendment: The Panchayati Raj Department modified the scheme to include PLHIV as beneficiaries.

Process: Efforts were initiated by the OSACS/SMU in its internal meetings in the year 2008 to cover PLHIV under some housing scheme. Since the PLHIV could not be included within the IAY scheme, this scheme was found suitable to meet the needs of PLHIV when it was launched in 2008 in the state. Continuous advocacy by the OSACS/SMU and the positive network, at various forums and the Chief Minister's recommendation, this scheme was made available to the PLHIV in 2009.

7. **Legal aid:** Need to provide free legal services for PLHIV to address stigma and discrimination cases and claim their rights.

Legal AIDS Clinics (LAC), Tamil Nadu

Process: TNSACS took the lead and carried out an assessment and submitted a report to Tamil Nadu Legal services Authority and a grievance meeting of advocates was called to assess the need. The Project Director, TNSACS further facilitated a meeting with 500 PLHIV in Namakkal to understand the legal needs which also included 3 Judges.

A partnership between UNDP and DAC helped to provide funds to start the Legal Aid Clinic (LAC) projects in five districts in Tamil Nadu.

Tamil Nadu Legal Services Authority and the district administration plays a major role in the management and funding of the LAC. They also provide training to advocates on issues related to PLHIV and sensitize them to address the specific issues on stigma and discrimination and denial of rights.

Factors for success

Social protection schemes is making a positive impact on the lives of PLHIV by giving them the means to lead a life of dignity. Although the process has been challenging, several factors have contributed towards the success of the process. It was seen that government orders issued nationally in favour of including PLHIV within the available schemes becomes one of the major triggers that facilitate the process at the state level.

Political will and commitment play a key role in ensuring the availability of the scheme for PLHIV.

Sensitiveness and pro-activeness of officers seemed to facilitate the process as they made it possible by circumventing the administrative and procedural issues. Sometimes moral bias amongst officials with regards to the behaviour of PLHIV led to reluctance on their part. However consistent advocacy helped to enhance the understanding and facilitate the matter.

Promotion of a rights-based approach has helped to empower PLHIV by raising their awareness with regards to their rights. This has been very helpful for them as they have been able to negotiate several schemes for themselves and also get the necessary amendments to the existing schemes to suit their needs.

The process of familiarising PLHIV with the legal systems as well as the sensitization of the judicial sector fraternity towards the issues and challenges being faced by PLHIV has also been one of the positive factors that has not only raised the awareness on both sides but has also been extremely useful in empowering PLHIV to use the legal systems to get their dues in terms of making the schemes available for them.

Building capacity of PLHIV to identify relevant schemes, develop proposals to avail the schemes, successfully advocate on behalf of their community and raise awareness within their community to generate demand and avail the benefits has successfully contributed to the process.

Persistent advocacy through a collaborative mechanism of SACS/MRU/HIV positive networks and NGOs with key stakeholders both at the national and state level has helped in sensitising them with regards to the grave problems being faced by PLHIV and has also motivated them to focus on these issues at the state level. Besides the IEC efforts and the evidence collected and provided both from within and outside the country strengthened the process and made it compelling enough to turn the tide in the favour of PLHIV.

The appointment of nodal officers within other relevant ministries and department has been a very good way of ensuring the consistency and continuity of the process. They not only help to provide specific inputs in terms of the way the proposals can be amended but also serve as a point of linkage in case of transfer of key officials.

Lessons learned

The vulnerabilities/denial of rights faced by PLHIV has pushed them into an abysmal life denied of their basic rights and deprived them of their dignity. The provision of modifying and making available suitable social protection schemes through the mainstreaming strategy has achieved considerable success in recognising the other significant challenges being faced by PLHIV beyond their health issues. Despite success in the process of making social protection schemes available for PLHIV in India and mitigating their challenges, many issues and challenges remain, which are both procedural and governance related.

In **states with low HIV prevalence** it becomes extremely challenging to get the attention of decision makers to focus or prioritise the issue of social protection for PLHIV. This delays the process of getting the sanctions and approvals. In order to overcome this matter, evidence-infomred sensitization sessions and experiences shared by positive speakers has proved to be a useful strategy. This helps to convince the key stakeholders about the vulnerability and motivates them to take prompt action.

Frequent change of relevant officers, especially the key persons and decision makers as well as staff both within the SMU and other ministries also proves to be a setback as it delays the process. However, the nodal officers in the ministries and departments play a critical role in ensuring continuity by taking up the issue from where it was left after the last official moved away.

Delays in physical and financial approval for advocacy events by the state authorities becomes a major barrier as this is the key strategy which facilitated the availability of these schemes.

Protocol followed between ministries can also lead to delays as all changes and amendments are finalised in consultation between department and the minister who then seeks government's approval for the same, if it is a policy matter.

Lack of unity among positive networks is an issue which creates problems. The presence of parallel/ multiple positive networks with differences in perspectives and ideology acts as barriers and prevents the availability of the schemes. This inter-network conflict dilutes concerted action in the advocacy for social protection schemes.

Stigma and loss of confidentiality also appeared to be constraining the process of making these social protection schemes available. These schemes cannot be disbursed without revealing the HIV status; therefore,

there is a need for constant sensitisation of all concerned officers who are responsible for the disbursement of the schemes, to ensure confidentiality.

Sustainability

Social protection helps to mitigate the impact of HIV and AIDS and also reduces the risk of deprivation, thereby creating an enabling environment and transforming individual prospects. The financial and technical support provided by UNDP to both DAC at the national level and the SACS in the selected high HIV prevalence/vulnerable states has yielded positive results. However, to sustain the efforts undertaken in the UNDP-supported states to facilitate the availability of social protection schemes by integrating HIV specific needs and considerations into the process needs to be reinforced to make it sustainable.

Since HIV in India is localised and concentrated in a few pockets, it was observed that the activities undertaken in the UNDP-supported states such as advocacy, sensitization, training/building capacity and awareness generation among different stakeholders need to be continued in an unrelenting manner. This will not only strengthen the momentum generated but will also boost the process further by keeping the issue prioritised amongst decision makers, especially in low HIV prevalence states. Furthermore, these efforts will also address the challenges faced on the ground level due to the frequent change of key persons and decision makers at the state level.

Prioritising adequate resources for the mainstreaming efforts and the easy facilitation and availability by the state authorities will also help to hasten the process and keep the momentum going. This is very important as advocacy plays a key role in turning the tide in favour of PLHIV. If they do not get the funds in time, then the process gets delayed and the matter gets diluted.

HIV positive networks have emerged as a strong collaborator in the entire process. They seem to have been very proactive in identifying suitable schemes, developing proposals and advocating successfully in their favour. The process initiated of building and strengthening their networks and their capacity needs to be done on a regular basis so as to not let the process slacken. For this purpose, both manpower and resources need to be made available. This will also be useful to identify more schemes wherein HIV-sensitive considerations can be integrated. Similarly looking at the support provided by the NGOs in these states, it too needs to be integrated further into the process so as to make the system more sustainable.

The efforts need to be widened beyond the government departments to include the corporate sector and sensitize them on the various issues pertaining to PLHIV. Successfully addressing these issues can greatly support the effectiveness and sustainability of the policies and programmes to maximize benefits for PLHIV.

Initiative should also be taken to share the process undertaken by the SMU- UNDP in assisting and providing technical support to SACSs in other states. Further systematic documentation and dissemination of knowledge and experiences gained can help in reinforcing the mechanisms and expanding the scope not only within the country but amongst countries with similar issues.

The Ministry of Health can promote widely HIV-sensitive policies and programmes by involving PLHIV networks in the national HIV responses at all levels.

In conclusion, one can state that a combination of factors could be useful for facilitating the availability of HIV-sensitive social protection schemes for PLHIV: presence of active and strong NGOs and other rights-based organisations, which provide the much needed push; convergence and coordination between all stakeholders, which is useful to garner support and also maximise the availability of resources; active engagement and involvement of PLHIV networks, CSOs/NGOs and like minded people and organisations who can provide strong support for advocating on social protection issues in the state; research including primary and secondary data to show the linkage between HIV and development; and sharing of best practice amongst states to build evidence and strengthen the process.

Additional UNDP Resources Related to HIV-Sensitive Social Protection

- UNDP (2006). Socio-Economic Impact of HIV and AIDS in India. http://www.in.undp.org/content/india/en/home/library/hiv_aids/socio-economic_impactofhivandaidsinindia.html
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For More Information on HIV-Sensitive Social Protection in India Please Contact:

Alka Narang
Assistant Resident Representative (Programme)
UNDP India
alka.narang@undp.org

United Nations Development Programme
Post Box No. 3059, 55 Lodhi Estate
New Delhi, India. Pin Code - 110 003
Tel: 91 11 46532333. Fax: 91 11 24627612
Email: info.in@undp.org
http://www.in.undp.org/ | https://www.facebook.com/pages/UNDP-in-India/137334203023904

For More Information on HIV-Sensitive Social Protection in the Asia-Pacific Region Please Contact:

Kazuyuki Uji
Policy Specialist
HIV, Health and Development
UNDP Asia-Pacific Regional Centre
kazuyuki.uji@undp.org

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United Nations Development Programme
UNDP Asia-Pacific Regional Centre
United Nations Service Building, 3rd Floor
Rajdamnern Nok Avenue, Bangkok 10200, Thailand
Email: aprc.th@undp.org
Tel: +66 (0)2 304-9100
Fax: +66 (0)2 280-2700
Web: http://asia-pacific.undp.org/

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