

**NATIONAL AIDS CONTROL ORGANIZATION**

# **GIPA POLICY GUIDELINES FOR HIV PROGRAMMES**

**NATIONAL AIDS CONTROL PROGRAMME (PHASE III)**



**2010**

## **Introduction**

### **Background:**

The Eleventh Five Year Plan of the Government of India lays specific emphasis on the process of inclusion as the foundation for development in India. Stress is on to involve and integrate the most marginalized and weakest sections of population, the most voiceless groups, within development. In this context, the National AIDS Control Programme in India (NACP) has set out to ensure, through different strategies, that PLHIV and other affected groups are included as partners in the various stages of the implementation of NACP.

Globally, the response to HIV has been marked by the direct involvement of representatives of key populations and People living with HIV. In India too, the national response has benefitted from the meaningful & consistent involvement and participation of PLHIV.

The third phase of India's national AIDS response as articulated in the NACP III document states that, the primary goal of NACP-III-*"is to halt and reverse the epidemic in India over the next 5 years by integrating programmes for prevention, care, support and treatment."* The NACP III Plan Document has the major emphasis on "Respect for the rights of people living with HIV/AIDS (PLHA), as it contributes most positively to prevention and control efforts. NACP-III has evolved mechanisms to address human rights and ethics issues concerning HIV/AIDS. Particular focus is on the fundamental rights of PLHA and their active involvement as important partners in prevention, care, support and treatment initiatives" and "Creation of an enabling environment wherein those infected and affected by HIV can lead a life of dignity. This is the cornerstone of all interventions." The NACP III Operational Guideline further states that "The existing national guidelines for GIPA need to be reviewed with a view to engage marginalized and affected groups too. NACP-III will work in partnership with PLHIV networks and other stakeholders towards creating an enabling environment"

As a principle, GIPA has found instant acceptance in most quarters, through its implementation at different stages in the country. The recently launched report of the Asia AIDS Commission points out to the, the importance of GIPA in the implementation of HIV/AIDS programme. *"PLHIVs are crucial to the HIV response. Involving them in national HIV responses is not just a question of moral responsibility. It is a highly effective way to improve national policies, strengthen HIV prevention and support scale up of treatment and care programmes. ....The Commission urges all Asian Governments to adopt the principles of GIPA for securing community involvement in programmes"* (Report of the Commission on AIDS in Asia, 2008)"

### **The Status of HIV Epidemic in India:**

2008 estimates<sup>1</sup> suggest national adult HIV prevalence of approximately 0.29 percent, leading to an estimated population of 2.27 million living with HIV in India. Nearly 39% of the people living with HIV are women. Prevalence is also high in the 15-49 age group (88.7 percent of all infections), indicating that most people living with HIV are in the prime of their productive lives and have the responsibility of supporting their families. The latest HIV prevalence estimates also indicate that the infection is moving from the urban areas to the rural areas infecting the most marginalized social groups especially women from backward socio-economic strata. These trends indicate that broader cultural and socio-economic conditions work together to increase the vulnerability towards HIV. Therefore, it is essential to

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<sup>1</sup> Technical Brief, HIV Sentinel Surveillance and HIV estimates 2008, NACO

understand the gradual feminization, the gender aspect, of the epidemic, so as to achieve the targets under NACP III and to bring into reality the principle and commitment to ensure gender equity within the national HIV response.

### **The Meaning of ‘Greater Involvement of PLHIV’:**

In December 1994, at the Paris Summit, 42 nations declared their support for the greater involvement of people living with HIV (PLHIVs) in prevention and care, policy formulation, and service delivery. Signatory governments to the Paris Declaration undertook to “support a greater involvement of people living with HIV/AIDS through an initiative to strengthen the capacity and coordination of networks of people living with HIV/AIDS and community-based organizations. By ensuring their full involvement in our common response to the pandemic at all national, regional and global-levels, this initiative will, in particular, stimulate the creation of supportive, political, legal and social environments (Paris Declaration, 1994).”

Since the Paris Summit, GIPA has been endorsed in numerous international statements, most recently by the UNGASS Declaration of Commitment on HIV/AIDS, which acknowledges “the particular role and significant contribution of people living with HIV/AIDS, young people and civil society actors in addressing the problem of HIV/AIDS in all its aspects and recognizing that their full involvement and participation in design, planning, implementation and evaluation of programs is crucial to the development of effective responses to the HIV/AIDS epidemic (United Nations, 2001, paragraph 33).”

It is important to involve people with HIV in every walk of life and every initiative that seeks to address HIV in order to reduce the myths around the virus, bring people living with HIV/ AIDS more into the social space and reduce the burden of isolation due to stigma against them. Involving people with HIV can mean different things to different people. By involvement we mean that GIPA is meant for PLHAs and the ownership should be given to PLHAs. PLHAs need to be involved to ensure that accessibility, outreach and involvement of PLHAs improves. The involvement could be seen as:

1. Using the experience of living with or affected by HIV in the response to the HIV Epidemic.
2. Giving a Human Voice and face to the epidemic in the minds of people who are not directly touched by it.

### **Benefits of Involving People Living with HIV:**

1. Help in mainstreaming HIV.
2. Increase visibility.
3. Increases the social acceptance.
4. Reduce isolation and increases self esteem.
5. Reduce stigma and discrimination.
6. Breaking down the barriers /silence around issues of people living with HIV.
7. Help personalize the epidemic.
8. People living with HIV bring their perspective to HIV/AIDS program and their life experience can help substantiate the knowledge of people working along with them.
9. Help generate increased social legal and political commitment for HIV/AIDS programs.
10. People living with HIV gain confidence and are empowered for more involvement.
11. Better access to care & support, treatment and prevention.

### **The PLHIV movement in India:**

From a handful of selectively open PLHIV in the mid 90’s, the PLHIV movement has steadily grown in size, visibility and capacity. In the late 90’s the first National network of PLHIV was formed which has since grown to include many state level and district level networks. New leadership has emerged; women

living with HIV have increasingly become part of this growing group of articulate and informed advocates.

Diverse social groups of men who have sex with men, sex workers and Intravenous drug users have also benefitted from the experience of those among them who live with the virus. These groups have specifically contributed to the advocacy on creating enabling legislative environment, reduction of stigma and challenging discrimination.

Consistently, all the various groups have represented their concerns at international, national, state and district levels. They have been at the forefront of advocacy for the rights to access to treatment, care support, dignity and protection in India, ensuring that quality services are provided to those living with the virus. They have also been actively involved in the advocacy on the proposed HIV/AIDS Bill. Many PLHIV have courageously come forward to sensitize policy makers on the key issues with the HIV epidemic and in life of the people living with and affected by HIV. This presence on print and electronic media has contributed significantly to the reduction in stigma.

However, the involvement of PLHIV and those directly affected needs further strengthening to make it meaningful, consistent and systemic, thereby accelerating the national HIV response to HIV/AIDS.

### **Purpose/Objectives of the Policy:**

The National AIDS Control Programme (NACP) of India defines the involvement of PLHIV and affected communities as a specific expression of the right to active, free and meaningful participation in all aspects of the HIV/AIDS response.

The application of the principle of GIPA is an organic and ongoing process that demands different levels of readiness. This policy aims to effectively ensure the meaningful involvement of PLHIV in order to reduce the spread of HIV and mitigate its impact in India.

### **Guiding Principles:**

NACP recognizes that involving PLHIV and affected communities in the HIV/AIDS response makes a powerful contribution to the pandemic by enabling individuals and communities to draw on their life experiences; thus contributing to reducing stigma and discrimination and to increasing the effectiveness and appropriateness of the HIV/AIDS response.

The advantages of GIPA at the policy level flow beyond the immediate concerns of prevention, care, and treatment issues and can improve the capacity of various sectors, such as education and employment, to respond to HIV/AIDS.

To effectively ensure that PLHIV and affected communities are actively involved in responding to the pandemic, it is essential that PLHIV contribute to a diverse range of roles that include policy development, advocacy, activism, health care service, education, awareness generation, prevention, leading community, public services, as may be appropriate applicable in a given situation and setting.

PLHIV leadership is also central to establishing a voice in the policy process. PLHIV leaders generally have to accept the heavy burdens imposed by the physical and social experience of living with HIV/AIDS. Leaders often emerge because they are among the first people in the country to speak openly about living with HIV. The limited number of positive people coming out openly creates huge demands on those who have taken the step to be public about their status. A critical element in sustaining such public leadership remains the provision of ARVs for those who lack sustainable access.

To ensure that PLHIV and affected communities are meaningfully involved in all aspects of the HIV/AIDS response it is essential that we work together to advocate for and involve PLHIV with the following key objectives:

**(i) THE VOICE OF PLHIV IS HEARD:** Meaningful inclusion of voices of PLHIV, including those who are marginalised because of gender, sexuality, age and behaviours in the HIV/AIDS response, is the key to the success of the programme. On the other hand sensitization of decision makers is necessary to make them receptive to the voices of PLHIV.

**(ii) PLHIV ACCESS THEIR RIGHTS TO NECESSARY SERVICES, CARE AND SUPPORT:** PLHIV will have the same rights as any other citizen of the country as enshrined in the Constitution of India. Specifically these will include

- **Right to Equality-** No PLHIV will be discriminated in public or private sector because of his/her HIV status only and shall be considered as equal in terms of representation or employment as any other citizen of India.
- **Right to confidentiality-** HIV related information of a person will not be disclosed without his/her written informed consent except when a court determines by an order that a disclosure of such information is necessary for the determination of issues and is in the interest of justice in the matter before it. .
- **Right to access health services-** all PLHIV will be entitled to attain the highest standard of health and will be provided access to free ART and necessary drugs for Opportunistic Infections. All PLHIV travelling to ART Centre for treatment shall be provided free transport. Hospital staff will be suitably equipped with drugs, Universal Precautions, PEP kits, information and training to ensure that no PLHIV is discriminated against or denied access to medical services and treatment.
- **Right to informed consent-** No person will be forced to undergo HIV testing, treatment, be part of any research or clinical trials without his/her prior written informed consent.
- **Right to Information-** Every PLHIV will be entitled to information and education related to health. This will include information related to HIV and AIDS including information related to its prevention, control and treatment.
- **Right to Participation and Life with Dignity:** Every PLHIV will have the right to participate in public events and access public places and shall not be discriminated in any way and will be protected of his dignity in public and social space.

**(iii) THE INTERESTS OF PLHIV ARE REPRESENTED:** Necessary support will be provided to PLHIV, their groups and networks to enable them to represent their interests at relevant local, national and international fora.

### **Policy Guidelines:**

Every agency/institution, whether public or private, will involve PLHIV in appropriate role, in the formulation and implementation of all the HIV related programmes and policies.

PLHIV will be recognized as important providers of information, knowledge and skills; their participation will be appropriately considered as at the same level as professionals in the design, adaptation and evaluation of interventions.

PLHIV will be facilitated to carry out appropriate and meaningful roles in HIV interventions such as acting as care givers, peer educators and/or outreach workers. They will be involved adequately in the process of planning for and monitoring the functioning of ART/ Link Art Centres and ICTCs.

PLHIV will be involved, as appropriate, as active spokespersons in campaigns to change behaviours and will be meaningfully involved in sharing their views at meetings and conferences.

PLHIV will be involved, as appropriate as spokes person in events and training programmes on HIV at all levels.

GIPA principles and policy shall be integral part of capacity building programmes on HIV.

PLHIV will be meaningfully involved in contributing to public awareness raising activities and will be appropriately placed as role models in the HIV response. They will be appropriately and actively involved in the development of HIV information, education & communication (IEC) resources, and will be involved to provide appropriate feedback that will ensure strengthening of the ongoing IEC initiatives

PLHIV will be adequately involved in policy formulation and programs related to treatment, care and support and also in relation to prevention programmes – for PLHIV (positive prevention) as well as prevention programs for other populations including core groups. Positive prevention refers to a set of strategies that help people living with HIV to live longer and healthier lives. It encompasses a set of core elements that help people living with HIV to: Protect their sexual and reproductive health – and avoid other sexually transmitted infections (STIs); delay in progression of HIV condition; and promote shared responsibility to protect their sexual health and reduce the risk of HIV transmission. People living with HIV, like those who are not infected with HIV, play an essential role in preventing new HIV infections. Adequate and active involvement of PLHIV from marginalized communities for designing HIV prevention programs and policies for marginalized communities (core groups) will signify the due respect attributed towards experience-based expertise of PLHIV from these communities as well as benefit from their insights and experiences.

PLHIV networks will actively support NACO, SACS and all concerned partner agencies working under NACP III for effective implementation of NACP-III by linking PLHIV to access all services related to care, support and treatment; promoting ART adherence; providing psychosocial support through support group meetings and peer counselling at the grass-root level; promote positive prevention and sexual/reproductive health of PLHIV; actively contribute to program and policy decision-making processes – by participating in forums/committees of SACS and NACO.

NACO , SACS and all concerned partner agencies will promote the active and meaningful involvement of PLHIV and affected communities as appropriate within the organisation—in partnership with organizations and networks of PLHIV and affected communities; this is essential for implementing the GIPA Principles.

NACO, SACS and all concerned partner agencies will have an organisational environment that fosters non-discrimination, and values enabling meaningful contribution of PLHIV and affected communities.

The national AIDS programme will recognize and encourage the involvement of PLHIV from various groups and affected communities in all HIV work.

All implementing partners of NACP III will define appropriate and meaningful roles for the PLHIV in their organisation and their associated responsibilities, including supporting the capacity of individuals to fulfill those roles.

All implementing partners of NACP III will ensure that organisational policies and practices provide timely access to information so PLHIV and people from affected communities work in an environment that fosters non-discrimination, and values their specialized contributions.

All implementing partners of NACP III will ensure that workplace policies and practices recognize the health and related needs of PLHIV, and create an enabling environment that supports their involvement in their organisation.

All implementing partners of NACP III will ensure that PLHIV and affected community organization/network representatives that work with organisations are supported to be accountable to their members, and are assisted appropriately them to establish processes that enable them to represent the views of their membership.

All implementing partners of NACP III will resource and support capacity building processes as required for PLHIV and affected community organisations and networks.

All implementing partners of NACP III will fund and/or advocate for funding for PLHIV and affected community organisations to ensure they have the resources to build their capacity and empower others within their own networks.

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## **Proposed Institutional Framework for implementation of GIPA:**

### **System Strengthening:**

#### **1. National Level:**

##### **1.1 Strengthening of GIPA sub-division at NACO**

A GIPA Focal Point currently exists at NACO. As a first step towards establishing institutional mechanisms for effective implementation of GIPA, a GIPA sub-division will be set up at the level of NACO and each SACS. (See diagram below)

##### **1.2 Appointment of a Technical Officer and a GIPA Coordinator<sup>2</sup>**

The GIPA Coordinator and Technical Officer at National AIDS Control Organisation will ensure integration of GIPA in various national and state programmes. A person from the community with suitable qualification and/experience shall be given the preference for the position of GIPA Coordinator. Both the officers will ensure the following towards GIPA implementation:

- 1) Ensure linkages of PLHIV, organized groups, networks with ongoing/new interventions for prevention, care, support and treatment at all levels
- 2) Review, adapt and develop advocacy, social mobilisation and communication strategies and tools to promote GIPA and create an enabling environment for PLHIV and vulnerable communities
- 3) Ensure integration of positive prevention into various training programmes
- 4) Develop an institutional mechanism to facilitate linkages of PLHIV with Human rights commission, bar association, children and women commission and minority commission and other concern institutions<sup>3</sup>.
- 5) Ensure psycho-social support for persons living with HIV who, in revealing their status, may experience discrimination against themselves or their dependants
- 6) Prepare reports on activities undertaken to integrate GIPA
- 7) Monitor the reports received from GIPA coordinator at SACS on activities undertaken to integrate GIPA in the states

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<sup>2</sup> The *Technical Officer* and *GIPA Coordinator* at NACO, under the leadership of JD (IEC) shall ensure GIPA integration into various activities of National AIDS Control Organisation.

<sup>3</sup> Linkage with these institutional services is essential at the state level to address issues of rights violation faced by PLHIV. Due to stigma, PLHIV are often denied their basic rights. PLHIV need guidance to approach concerned officials/ bodies who could help to PLHIV access their rights and have justice. GIPA Coordinators need to provide support to DLNs, PLHIV networks, NGOs & PLHIV to access various bodies like Human Rights Commission and develop some sort of institutional linkage with such concerned institutions to address instances of violation of rights.

### 1.3 GIPA Technical Advisory Group

A **GIPA Technical Advisory Group** will be established at NACO under the chairpersonship of Secretary and Director General, NACO to review the implementation of GIPA from time to time. It will meet every three months. Its membership will be drawn from NACO, the positive networks, partner organizations and will include experts who have done pioneering work in the field of GIPA.

The GIPA Technical Advisory Group will act as a platform bringing together representatives from the PLHIV Networks, NACO and development partners to review existing policies and programmes and advise all stakeholders on possible actions to be undertaken to strengthen the operationalisation of GIPA at the national and sub-national level.

#### Role of the GIPA Technical Advisory Group

- Ensure that GIPA is integrated appropriately into the relevant programmes of the respective divisions of NACO.
- Analyse existing national policies and programs related to PLHIV and various marginalized populations giving recommendations for improvement and modification.
- Ensure participation/representation of PLHIV networks at national meetings, seminars, workshops etc.
- Help in the development of a mechanism for regular review of PLHIV networks at various levels to identify their needs and facilitate appropriate support to strengthen them.
- Review and monitor the GIPA at various levels.
- Provide advice on other relevant issues as requested by NACO.

#### Membership and selection process

The membership of the GIPA Technical Advisory Group will be drawn from NACO (all division heads), government, the corporate sector, NGOs and PLHIV networks/PLHIV. These together comprise the permanent members of the GIPA Technical Advisory Group. Other representatives can be invited from multi-lateral and bi-lateral agencies including WHO, World Bank, UNDP, UNAIDS, DFID, USAID, AusAID and others.

The suggested membership of the GIPA Technical Advisory Group is:

- Joint Secretary NACO = 1
- Additional Director General NACO = 1
- Division heads of NACO (Joint Directors) = 6
- National representatives of People living with HIV<sup>4</sup> = 2 (from PWN+ and INP+ respectively)
- Representatives from Government/Corporate/NGO<sup>5</sup> = 2
- Representatives from Multi- and bi-lateral agencies including UNAIDS, UNDP, WHO, World Bank, DFID, USAID, AusAID, etc. = number might vary

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<sup>4</sup> The national representatives of PLHIV can be nominated by national networks.

<sup>5</sup> Representatives from government, the corporate sector, NGOs, as decided by the GIPA division at NACO.

## **Frequency of GIPA Technical Advisory Group meeting**

The GIPA Technical Advisory Group will meet at NACO twice a year with the option of more frequent meetings, if required (to be determined by NACO).

## **2. State Level:**

### **2.1 Appointment of GIPA Coordinator**

**GIPA Coordinator** at State AIDS Control Societies (SACS) shall ensure integration of GIPA in various state programmers and maintain a record of activities undertaken for the same. The GIPA Coordinator will be a person from the community, with relevant educational background and experience to justify the position of GIPA Coordinator at the state level. The GIPA Coordinator need to be a graduate in any discipline with preferably an work experience of 5 years in the field of HIV or any relevant field. Though NACO & SACS will take initiative to suitably build the capacity of the GIPA Coordinator, however the essential pre-requisites of justifying the roles, duty and obligations of the position of the GIPA Coordinator need to be ensured. PLHIV networks at the state level will be encouraged to nominate candidates for the position of GIPA Coordinator. Candidates with exceptional qualities and experience might be placed on discretion of the Project Director SACS and other concerned officials of SACS, even if the requisite educational & experience back ground does not meet. However, the GIPA Coordinator must be at least an under graduate to be given employment to ensure that he/she has the basic capacity of documentation, reporting & administrative communication to fulfill the essential obligations and duties. The following are the key functions and duties of the GIPA Coordinator at SACS:

- Work out state specific GIPA strategies and operationalise them
- Support the organization of state/district level network and their involvement in various decision making bodies as part of GIPA strategy
- Facilitate capacity building of PLHIV networks to develop state specific GIPA implementation plan
- Ensure the implementation of state specific GIPA implementation plan by SACS
- Assist in dissemination of IEC messages/ material at state/ district level PLHIV network
- Strengthen link workers programmes through PLHIV network involvement
- Encourage PLHIV networks to create peer support groups and safe spaces at destination sites for migrants
- Undertake supervisory visits for ensuring availability and accessibility of services for PLHIVs.
- Maintain weekly reports on the on activities undertaken to integrate GIPA. Collate the reports and submit a detailed report for the month, highlighting the gaps if any
- Since all SACS should plan activities under IEC plan within the Annual Action Plan for sensitization and capacity building on GIPA, GIPA Coordinator will assist in implementing the planned activities.

## **3. District level:**

### **3.1 Establishment of Drop-in Centres (DICs)<sup>6</sup>**

NACO shall support the establishment of **Drop-in Centres**, manned by PLHIV networks in all states and key districts- especially category 'A' and 'B' districts- by the year 2010.

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<sup>6</sup> The DIC costing guidelines of NACO will be followed for the Programme

The terms of reference regarding the scope of work of DIC, or basic activities which the PLHIV networks will undertake at the state and district levels are listed below:

- i. Providing peer counseling, group counseling, and information, education and communication on HIV/AIDS. Also to provide necessary information on treatment education and adherence.
- ii. Ensure running of Drop-in-centre facilities.
- iii. Planning and organizing support group meetings.
- iv. Providing Information on the available services.
- v. Creating facilities for recreation and relaxation.
- vi. Referrals and linkages particularly to CCCs, ART centres, ICTC centres, DOTS centre, RTI treatment centre and other service providers
- vii. Provide nutritional supplements

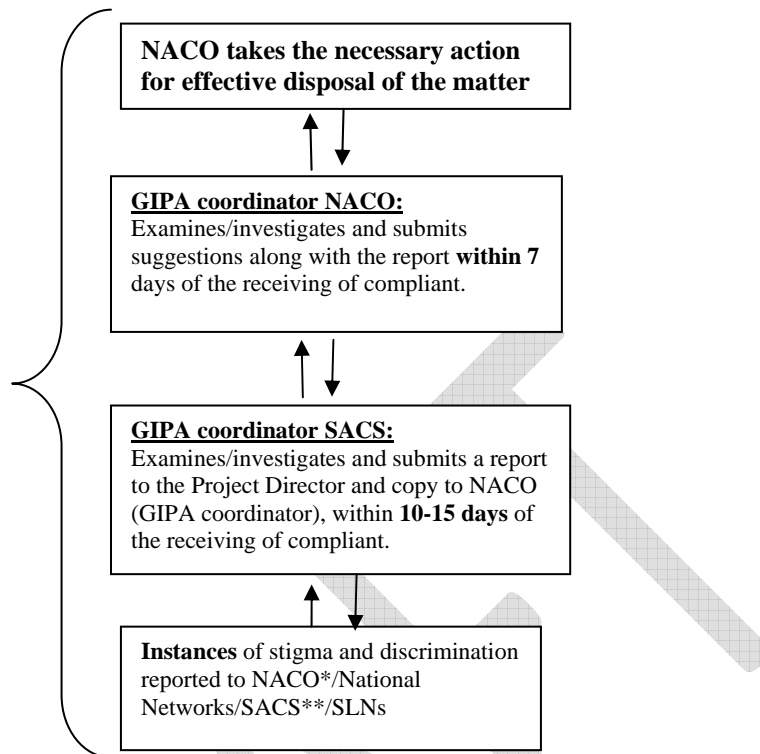
Under NACP III, District AIDS Prevention & Control Unit (DAPCU) is being put up across 'A' & 'B' category districts in the country. The Nodal Officer in charge of DAPCU shall work take up the process of implementation of GIPA across all areas at the district level following the Operational Guideline. The District AIDS Control Officer (DACO) will organize awareness programmes involving various departments, officials and stakeholders to ensure that GIPA is institutionalized across the district and cases of stigma & discrimination and rights of PLHIV are addressed. DACO will be responsible for implementing GIPA involving the DLNs and will also ensure that rights of PLHIV in the district are promoted and protected accordingly.

## **II. Advocacy (National, State level and District level)**

NACO, SACS will ensure adequate advocacy efforts at various levels for integration of GIPA. They will do the following:

- a) Review, adapt and develop advocacy, social mobilization and communication strategies and tools** to promote GIPA and create an enabling environment for PLHIV and vulnerable communities. All SACS will develop action plans involving sensitization and capacity building of stakeholders on GIPA. The GIPA activities are to be planned under IEC activities within the Annual Action Plan. The GIPA Coordinator will assist in active implementation of the plan.
- (b) Addressing Stigma and Discrimination:** Ensure that individuals know their rights, and are supported to respond to stigma, discrimination and their consequences. The organization policies shall not stigmatize PLHIV and affected communities. Institutions (workplaces and healthcare settings) shall be supported to promote non-discrimination through effective workplace policies and programmes.
- (c) Creating redressal mechanism for stigma and discrimination:** In order to ensure timely and effective redressal mechanism NACO through GIPA coordinators will examine and take up the matter with all those concerned for effective disposal. (Refer to figure below)

## Modes of Communication



DAPCU will be the centre of district HIV/ AIDS response as per NACP III. District AIDS Prevention & Control Unit (DAPCU) is being put up across 'A' & 'B' category districts in the country. The District AIDS Control Officer (DACO) will organize sensitization programmes involving various departments, officials and stakeholders to ensure that GIPA is institutionalized across the district and cases of stigma & discrimination and rights of PLHIV are addressed. DACO will be responsible for addressing stigma & discrimination issues in consultation with various departments like Health, Administration, Education, Panchayat, etc and involving the DLNs. The DACO will coordinate with GIPA Coordinator in WBSAP & CS to address stigma & discrimination issues and will involve the DLNs in all processes as required to investigate, mitigate and report on stigma & discrimination issues and grievance redressal mechanism followed.

- d) Institutionalize consultative committee structures to establish mechanisms for consultation between NACO, other government bodies/ministries/departments, corporates, NGOs and PLHIV networks to plan, design and implement programmes.
- e) Introduce policies and guidelines for the recruitment of PLHIV, and the representation of PLHIV in deliberations and decision-making
- f) Advocate to mainstream HIV within the governments (union, state, local self government and autonomous development council) donor organizations and civil society organizations and ensure that orientation sessions for all sectors with whom NACO/SACS work on mainstreaming issues will have

NACO recognizes the importance of the need of skilled and competent human resources at all levels of programme implementation. It recognizes that the availability of the critical mass of well trained human

resources is the backbone to the elaborate organizational structures, institutional arrangements and strategies proposed under NACP-III.

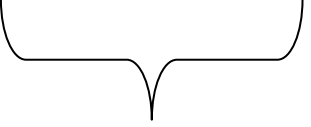
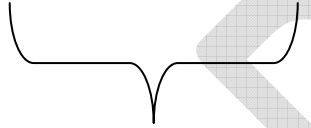

NACO will ensure establishing a system for ongoing capacity building of PLHIV networks/groups at the national and sub-national levels to facilitate GIPA. This may be done through imparting of training to PLHIV networks/PLHIVs, including training in general advocacy, programme management, networking with all stakeholders, public speaking etc. awareness and skills, and in specific issues of potential involvement with NACO and State AIDS Control Societies. It shall also ensure regular analysis of capacity of the networks and strategies for addressing the constraints through trainings, workshops and consultations. NACO will organize training programmes for members of the network for their capacity building, livelihood options, income generation activities, legal issues and rights and responsibilities.

#### **IV. Documenting Best Practices in GIPA**

Documentation of best practices and challenges in implementing GIPA at the national, state and district level is crucial for learning, scale-up and replication. At the national and State level, NACO and SACS will document best practices and challenges in the implementation of GIPA in collaboration with the GIPA Technical Advisory Group.

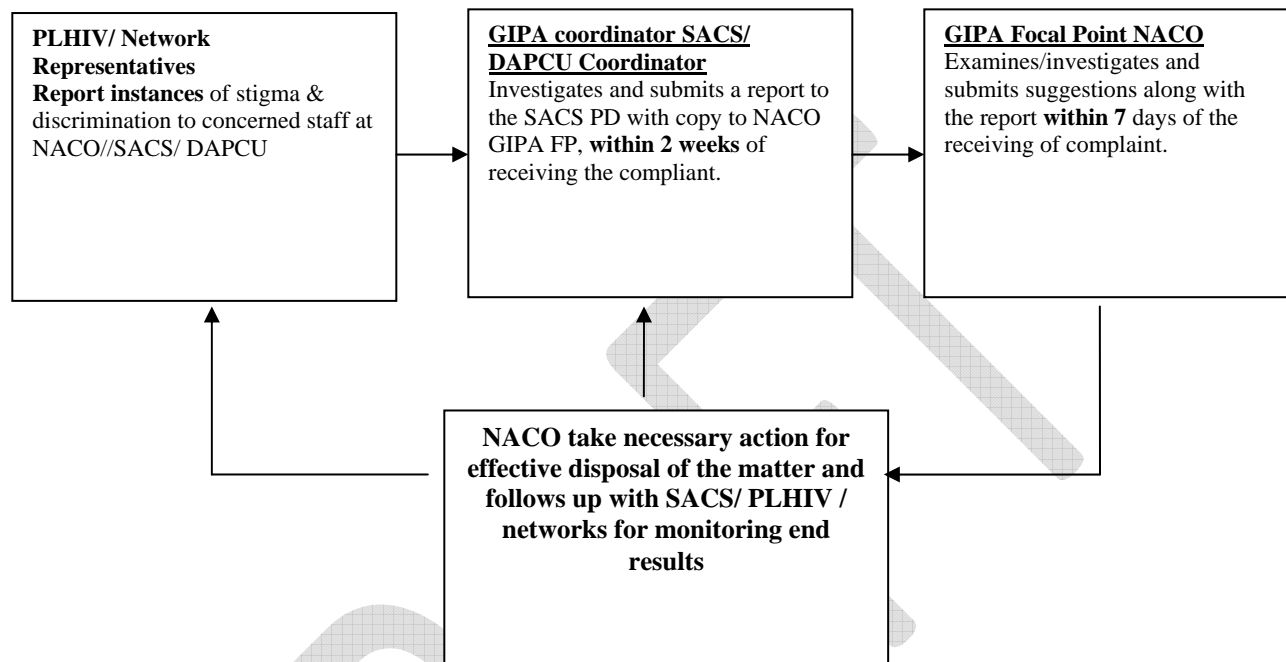
NACO has put in place an institutional arrangement at the district, state and national level to ensure that the above stated policy guidelines are implemented effectively and with full integrity. Dedicated GIPA staff/ focal persons from NACO/ SACS/ DAPCU are assigned specific tasks. GIPA Technical Resource Group (TRG) or other relevant committees will function as a monitoring and advisory group. NACO will publicize the Monitoring report on its website.

### Institutional Structure in GIPA Implementation

Institutional structure	Key Actions
<p style="text-align: center;"><b>NACO</b> (GIPA Focal Point)</p>  <p style="text-align: center;"><b>National GIPA TRG</b></p>	Create supportive environment for PLHIV to reduce Stigma & Discrimination through awareness raising and necessary policy and legal actions.
	Promote inclusion of PLHIV in relevant areas of NACO's functions such as prevention, capacity building, treatment, care and support (see Annexure...)
	Advocate with other government organisations, CSOs, Private Sector to implement GIPA
	Take timely action for Grievance Redressal
	Monitor implementation of GIPA policy at National, State and district level
	Develop and enforce criteria for accreditation of PLHIV Networks
	Strengthen capacity of PLHIV organisations/networks
<p style="text-align: center;"><b>SACS</b> (GIPA Coordinator)</p>  <p style="text-align: center;"><b>State GIPA TRG</b></p>	Facilitate formation/capacity building of state level networks and ensure compliance to accreditation criteria for networks
	Enforce GIPA Policy
	Integrate GIPA in all relevant programmes of SACS, especially in planning & monitoring of all facilities providing services to PLHAs like ICTCs, ART Centers, CCCs, DICs, etc
	Take action to redress grievances of PLHIV/groups/networks
	Advocate with key stakeholders at the state level to implement GIPA
	Provide support to DAPCU in operationalisation and monitoring of Drop-in-Centres (DICs)
<p style="text-align: center;"><b>DAPCU</b> (DACO/District Coordinator)</p>  <p style="text-align: center;"><b>District Co-ordination Committee</b></p>	Facilitate formation and capacity building of District level networks
	Monitor and support effective functioning of DICs
	Take action to redress grievances of PLHIV/groups/networks

## System for Grievance Redressal:

Recognizing that stigma and discrimination pose the greatest challenge in the way of effective implementation of programmes, NACO proposes the following system to ensure smooth redressal of grievances. The PLHIV and their networks play a crucial role as overseer for timely reporting of incidents of stigma or discrimination.



## Grievance Redressal in Emergency Situation involving Health Service Provider

In situations where emergency medical treatment & health care services being denied to PLHIV, immediate mechanisms need to be employed to ensure the protection of rights to treatment, care & support for PLHIV. In such cases of stigma & discrimination reported against any health care service provider or medical institution, immediate intervention by competent and appropriate authority will be ensured.

At the district level, the Chief Medical & Health Officer or the district nodal officer responsible for HIV programme in the district will be the competent authority to address the grievance. At the state level the nodal officer in charge of care, support treatment programme or a designated officer in SACS will be appointed as the competent authority by the Project Director in SACS. At all levels in absence of the designated nodal officers, the highest competent authority heading the designated agency in Office of the CMOH at the district level and in SACS at the state level will address the situation.

At every point the GIPA Coordinator at SACS will be the reporting officer for grievance issues related to stigma & discrimination in emergency health and treatment services and in all other cases of stigma & discrimination. The GIPA Coordinator on receipt of the report/s will report, review and coordinate the enquiry into the incidents and provide support to competent authority to redress grievances, report the matters, review the processes of grievance redressal and place matters before the competent authorities as required at SACS and there after at NACO as required. The network of PLHIV at district or at state level will support the GIPA Coordinator and the authorities, with necessary information and in grievance redressal mechanism as necessary at every stage.