

STOP AIDS NOW!

SOUTH INDIA PROJECT

ANNUAL REPORT 2008

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India

Host organization: INSA India



STOP AIDS NOW!
is a partnership
between Aids Fonds,
Cordaid, Hivos, ICCO
and Oxfam Novib

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Glossary of Terms

AIDS	~	Acquired Immune Deficiency Syndrome
AP	~	Andhra Pradesh
APSACS	~	Andhra Pradesh State AIDS Control Society
ARC	~	Applied Research Component of SAN! South India
ART	~	Anti Retroviral Therapy
BIRDS	~	Belgaum Integrated Rural Development Society
CBO	~	Community Based Organization
CBWE	~	Central Board for Workers Education
CCM	~	Country Coordination Mechanism
CGSACS	~	Chhattisgarh State AIDS Control Society
CHAI	~	Catholic Health Association of India
CII	~	Confederation of Indian Industries
CSO	~	Civil Society Organization
DFID	~	Department for International Development
FICCI	~	Federation of Indian Chambers of Commerce and Industry
FSW	~	Female Sex Workers
GFATM		Global Fund against AIDS, Tuberculosis and Malaria
GIPA	~	Greater Involvement of People living with HIV/AIDS
HCHW	~	Hyderabad Council for Human Welfare
HIV	~	Human Immune-deficiency Virus
ICAAP	~	International Congress on AIDS in Asia and the Pacific
ICTC	~	Integrated Counseling and Testing Center
IGP	~	Income Generation Program
ILO	~	International Labor Organization
IM	~	Internal Mainstreaming
INP+	~	Indian Network for People Living with HIV and AIDS
INR	~	Indian National Rupee
INSA	~	International Services Association
KNP+	~	Karnataka Network for People Living with HIV and AIDS
MIPA	~	Meaningful Involvement of People With HIV and AIDS
MSM	~	Men having sex with Men
NACO	~	National AIDS Control Organization
NESA	~	New Entity for Social Action
NGO	~	Non-Governmental Organization
PC	~	Program Coordinator
PSI	~	Population Services International
PSW	~	People in Sex Work
RNABL	~	Rapid Needs Assessment and Baseline Survey
SACS	~	State AIDS Control Society
SAN!	~	STOP AIDS NOW!
SAN! SIP	~	SAN! South India Project
SAN! SIPP	~	SAN! South India Project Partners
SIAAP	~	South India AIDS Action Program
SIDUR	~	Society for Integrated Development in Urban & Rural Areas
SOP	~	Standard Operating Procedures
SSIPG	~	SAN! South India Project Group
TAPS	~	Technical Assistance for Policy Services
TN	~	Tamil Nadu
UNAIDS		Joint United Nations Program on AIDS
UNDP	~	United Nations Development Program
UNICEF		United Nations Children's Fund
VCTC	~	Voluntary Counseling and Testing Centre
WPP	~	Workplace Policy
YRG Care	~	Y.R. Gaitonde Centre for AIDS Research and Education

Introduction

The distribution of estimated infections in India has remained almost unchanged, even after the revised estimates. HIV continues to be concentrated in the South, which has about 64 percent of HIV infections but only 30 percent of India's population, and in the Northeast. There is wide variation in HIV infection rates in the country. About fifty key districts in India have more than half of the country's HIV cases.

Leadership on HIV is needed from all walks of life. Strong leadership on HIV requires a focus on long-term objectives, refusing to permit intervening challenges to undermine the national HIV response. Leaders on HIV recognize that the epidemic is a generation's long challenge that requires persistence, vision, and flexibility. HIV leadership means planning for the long-term. Leaders look to evidence for guidance. Thus, some are tempted to address the epidemic by placing travel restrictions on people living with HIV or by limiting prevention for young people to lessons on remaining sexually abstinent. Leadership under the STOP AIDS NOW! is on strategies of internal mainstreaming through workplace programs. The purpose of mainstreaming in NGOs, which forms a major chunk of the informal sector on development work, HIV and AIDS is of prime importance - sustainability. This is necessary for the long-term achievement of the partner organization's goals and to reduce the vulnerability of the organization and its staff to the impact of HIV and AIDS.

The workplace policy is designed to promote the values of the organization, informs staff of their rights and responsibilities; their rights and responsibilities for HIV and AIDS with regard to discrimination and confidentiality and provides guidance to address HIV and AIDS on a day-to-day basis, to protect employees from transmission and help to lessen the impact. The first pillar is "internal mainstreaming" with a comprehensive workplace program that provides HIV prevention, care, treatment and support to the organization's own employees and their families.

1 STOP AIDS NOW! Overview

STOP AIDS NOW! (SAN!) is an independent Organizations based in The Netherlands and comprises of 05 Netherlands based Co-financing Organizations like ICCO, Hivos, Aids Fonds, CORDAID (Memisa) and Oxfam Novib. STOP AIDS NOW! aims to expand and improve the Dutch contribution to the global challenges that HIV and AIDS poses.

In India, SAN! is focusing on the three South Indian States viz Karnataka, Andhra Pradesh and Tamil Nadu and has 45 Partner Organizations.

Vision “An enabling working environment responsive to the challenges of HIV and AIDS”.

Goal To strengthen the capacities of SAN! South India project partners to develop and implement workplace policies related to HIV and AIDS in order to create an Enabling environment for the prevention and positive living of communities and staff within a three period.

Currently into its third year of operation SAN! SIP is surging ahead on a positive note. The annual report has already highlighted activities of the previous year. The second year witnessed four SSIPG meetings with the fifth one getting postponed, three media workshop, a resource center meeting, two NGO Heads consultative workshop, three vernacular workshops and a Delhi workshop.

2 Capacity Building

Capacity building is a process of developing and strengthening the skills, instincts, abilities, processes and resources that organizations and communities need for surviving, adapting, and thriving in the fast-changing world. Capacity building is the element that gives fluidity, flexibility and functionality of a program/organization to adapt to changing needs of the population that it serves. Many HIV and AIDS organizations lack the capacity to respond effectively to the HIV and AIDS epidemic in their respective communities. This limits their ability to advocate for greater rights and reduced discrimination of PLHIV, to support PLHIV and those affected by HIV and AIDS, to educate and increase the awareness of best practices/products for PLHIV that are appropriate for their communities, and to strengthen leaders among PLHIV.

Organizational capacity building contributes to the impact of program implementation and effective quality services. Capacity building that is targeted at leadership and management has a positive impact on organizational structure, systems and services. Participatory organizational capacity building plays a fundamental role in response to the HIV and AIDS epidemic enabling ownership in activities able to scale-up and sustain effective responses. Based along the lines the following capacity building workshops were arranged during the year.

2.1 NGO Heads Consultation Workshop

The main objective of these workshops was sharing and learning of the Project updates, discussions on the Technical Assistance for Policy Services (TAPS), sharing the findings of the Rapid Needs Assessment and Baseline Survey, budgeting for workplace policies, sharing on the resource mobilization efforts by the project, discussions on onward planning and partnerships with different national and international agencies among partner organization; mainly bringing together the decision making authorities of the SANISIP partners to the table for taking hardcore decisions on the organization they represent.

2.2 State Specific Vernacularworkshop

The state specific workshop concentrates more on the focal point persons who are the representatives of the workforce to get first hand information of the happenings in partner organizations vis a vis the progress made with challenges faced. It is held once a year and highlights the sustainability of the workplace programs, assessing the impact of workplace policy and linking and networking within partners through TAPS for effective implementation of the project. A first hand bottom up information is disseminated by facilitators in the local language for better percolation, understanding and filtering down to the grassroots level. The highlight of this year was that the participants had a field exposure visit.

The broader objectives of these workshops were;

- Sustainability of the workplace programs
- Linking and networking within partners through TAPS (Technical Assistance for Policy Services) for effective implementation of the project.
- Assessing the impact of workplace policy

In addition to the discussions held during these workshops, participants visited the field for more exposure and to link various activities carried out at the community level with HIV.

In Andhra Pradesh, the participants visited the Gram Nereekshana CBM, Orthotic/ Prosthetic Unit, Mudhol, Adilabad District, Andhra Pradesh, 60 Kms. from the workshop venue. The center is run for the physically challenged people. The staff at the center informed that Poverty and illiteracy contributes to imbalanced and inadequate nutritious food which sometimes leads to physical disabilities. They also informed that there are factories in their working area the waste of which is dumped into the water reservoirs like rivers and ponds. One of the observations made by the team was the gender imbalance. More girls were found to be

physically challenged than boys. The participants tried to link the vulnerabilities of physically challenged people with HIV. One of the staff of the project shared a story of a physically challenged woman who was raped by an influential man in the community and then she was pressurized to withdraw the complaint. Discussions on how to integrate and mainstream HIV in this scenario was discussed.

In Karnataka, the participants visited two self help groups. These members of these self help groups have come from different socio-economic backgrounds. The group informed that they are saving money to start small income generation activities. First, there was only one group in the village and the progress made motivated other women to start their own group. However, the participants felt that there was not much focus on health issues. The group seemingly found to be quite unaware of HIV and related issues. The participants discussed mainstreaming HIV in the self help group setting the next day.

Participants in the Tamil Nadu regional workshop visited a center run by Rucode India for the mentally challenged children. The participants meet the Doctor and the trainers at the center and enquired on the activities carried out there. The trainers and the doctor also displayed some methodologies and techniques required to bring these children in the mainstream society. The trainers at the center informed the participants that there is now acceptance for these children in the community and they are not disregarded but still there are exceptions. One affluent family in the society has left a boy there, who is mentally challenged, and requested the center in charge not to disclose the identity of the child as well as the family as it will demean their family status in the society. There are challenges with the mentally challenged girls also. The participants discussed mainstreaming HIV in these situations.



2.3 Media Consultation Workshop

The media have a pivotal role to play in addressing HIV and AIDS. It is often said that education is the vaccine against HIV. Many media organizations are rising to the challenge by promoting awareness on HIV and educating listeners and viewers about the facts of the epidemic and how to contain it. Clearly, media organizations have an enormous influence in educating and empowering individuals to avoid contracting HIV. Doing so with maximum efficiency, however, requires a clear understanding of the challenges and the obstacles to widespread and effective HIV-prevention education.

“When you are working to combat a disastrous and growing emergency, you should use every tool at your disposal. HIV and AIDS is the worst epidemic humanity has ever faced. It has spread further, faster and with more catastrophic long-term effects than any other disease. Its impact has become a devastating obstacle to development. Broadcast media have tremendous reach and influence, particularly with young people, who represent the future and who are the key to any successful fight against HIV and AIDS. We must seek to engage these powerful organizations as full partners in the fight to halt HIV and AIDS through awareness, prevention, and education.” — Kofi Annan, Former Secretary General, United Nations

There are numerous effective strategies that the media can do to stem the tide of HIV and AIDS and indeed many organizations are already engaged in successful efforts to both raise awareness and promote sustainable behavior change to reduce vulnerability to the virus.

- Talking about it
- Creating a supportive and enabling environment
- Challenging stigma and discrimination
- Promoting HIV and AIDS services
- Educating and entertaining

The media workshops were organized in three states with the theme “ **Managing HIV and AIDS at the Workplace**”. The fourth estate was impressed with the novel concept of SAN! SIP of networking and partnership in the three southern states by taking up the cause for internal mainstreaming HIV and AIDS in the NGO workplace through dialogue and necessity and was widely covered in all the three states by leading dailies.

In Karnataka, the media asked for more dialogue and interaction with the NGOs to bring success stories and challenges out in the open. In Andhra Pradesh, Member of the India Parliament and the Member of Legislative Assembly of Andhra Pradesh addressed media to engage themselves in raising a collective voice and to strengthen the efforts of the National and the State Government. Tamil Nadu saw more interaction and curious Media personnel as the state is one of the best examples of managing HIV and AIDS.



2.4 National Dissemination Workshop, New Delhi

Organizations can learn from each others' successes and failures, not just from their own and this is essential if duplication and waste are to be avoided. When groups with common objectives agree to undertake activities which build on each other's strengths and help overcome apparent weaknesses for the purposes of implementing and learn from sharing of expertise, knowledge or experience by one or more groups. The objectives are usually developed through a process of communication that is acceptable to all groups involved. 'Groups' may include NGOs, local governments, media, governments etc.

Keeping this context in mind the Delhi workshop was organized during the year. Since HIV poses a risk for every one without discrimination and threatens the years of productivity, with the combined efforts from all quarters is yet another way of addressing the step for preventing and containing the virus multiplying rapidly. The Delhi workshop centered on building better linkages, sharing knowledge and experiences o better tune individual and collective efforts and good practices, challenges faced in addressing HIV and AIDS in the workplace, at the same time, building a more lucid platform at the national level. The workshop also aspired at engaging other key development players at the national and international level to meaningfully address HIV within the workplace. The collective voice to address HIV and AIDS in the workplace will definitely yield positive results. The objective of the workshop was;

- Knowledge and experience sharing of HIV mainstreaming in workplaces
- A cohesive response to the pandemic, within the NGO workplaces
- Replicable structures of HIV and AIDS internal mainstreaming and role of donors
- Sensitizing other development players meaningfully addressing HIV and AIDS within the NGO workplaces

During the workshop various speakers informed the participants of various activities undertaken by them and put their opinions forward for a cohesive response. For the detailed report, please go to

http://www.stopaidsnow.org/our_work_article/workplace_countryproj_info_i

2.5 XVII International AIDS Conference, Mexico City

The project was represented by Mr. Saud Akhtar, Program Coordinator, SAN! South India Project at the XVII International AIDS Conference. He presented a poster titled "HIV and NGO workplaces...the clock is ticking...Let's act now!!". A handout was prepared to be distributed during the conference which was attractive and simple to understand providing key information on the process of developing workplace policies.

The NGO booth at the Global village organized by STOP AIDS NOW! provided a platform to engage larger audience in discussions on various issues including HIV and workplaces. Different tools were used by the SAN! workplace project team to engage visitors which include group discussion, one to one discussions, Audio and Visual aids. The SAN! SIP coordinator facilitated a session on 'Organizational impacts of HIV and AIDS', in the SAN! NGO booth. The NGO booth and the networking zone was a sound platform to link, learn and partner with other UN/Multilateral, Bilateral and Local organizations.

The Program Coordinator also participated in the Country Coordinator's meet with the SAN! Netherlands's Project Coordinator. The Country Coordinators from Uganda, Ethiopia and India updated the group on the activities, successes and challenges within project areas. The Coordinators also facilitated one session each on the following themes;

- *Impact of HIV and AIDS on CSOs* – Wassie Azashe, Coordinator, Ethiopia
- *Making SAN! Country project's work visible at the Mexico conference* - Spencer Birungi, Coordinator, Uganda
- *Reaching out to other Donors* – Saud Akhtar, Coordinator, India

SAN! Netherlands organized one day training program at Collectivo Sol, headed by Mr. Juan Pablo. He facilitated the entire day on optimal utilization and mobilizing resources. He used the tools developed by Collectivo Sol in a very effective way, which was participatory and useful in planning course of actions while meeting the prospective donors.

2.6 Hand in Hand – Donors and NGOs working together to address HIV and AIDS in the workplace – Amsterdam

The conference was organized by STOP AIDS NOW! With the aim of bringing donors and NGOs together to motivate them to cooperate on managing HIV and AIDS in the workplace. The first day focussed on exchanging information, best practices and challenges. The second day was devoted to the role which donors, international NGOs (working with contractors) can play in reducing the impact of HIV and AIDS in the workplace. The event brought over 100 experts from local and international NGOs, capacity building organizations, multilateral and bilateral donors. Participants took the opportunity to share their knowledge and experience within workshop sessions, at the market place and through presentations and informal networking.

Mr. Saud Akhtar, Program Coordinator, SAN! SIP, shared the results and challenges in the South India project. Ownership, involvement of People with HIV and reduction in stigma and discrimination were seen as key components towards achieving an effective program. During his visit, interactions with different officers in SAN! And AIDS Fonds took place. He also participated in one day training program organized by ICCO Netherlands on the 12 box tool at their office in Utrecht. This training program was facilitated by Ms. Verona Groverman, the co-author of the tool.

3 Partnerships & Networking

Partnership allows community based organizations to maximize their limited resources and draw on technical expertise and proven experience of other established organizations. A network in its simplest form consists of two nodes and the two-way links that join them. The key to effective networks is for nodes to generate resources and for links to generate activities through partnership and networks, community based organizations can more effectively influence government policy and advocate for needs of PLHIV's, accordingly the following were organized.

3.1 Resourch Center

The idea of setting up Regional Resource centers was mooted to increase and improve the flow of updated information on prevention care and support of HIV and related concepts and promoting positive speaking bureaus with readily available resource materials. It was also targeted at developing low cost models of consultancy by bringing organizations together to work on their comparative advantages.

On 1st and 2nd April' 08, a meeting was organized to review different reading material, tools and other publications to set up the resource centers. Six partners selected to take the lead in the resource centers by the SSIPG to meet and brainstorm on the need, functionality and feasibility of the resource centers. Deliberations took place on;

(i) Need for a resource center

- Information sharing, updating
- Sharing methods and Materials
- Arranging need based training on request
- Assisting in identifying linkages
- Gathering, screening, disseminating materials
- Advice on Budgeting

(ii) Functions of the Resource Center

- Organizing In-house training/exposure
- Updated information dissemination
- Deputing Trainers for Training programs.
- Providing counseling services to staff of SAN! SIP Partners
- Linking and networking – Positive network groups, Collectives etc.
- Mentoring/Facilitating WPP process

One central hub (central resource center) at the SAN! SIP secretariat will coordinate the activities. The SAN! SIP partner organizations identified as the TAPS are;

- Karnataka MYRADA, BIRDS
- Tamil Nadu AROGYA AGAM/NESA, YRG Care
- Andhra Pradesh SIDUR, CHAI

3.2 CGSACS-UNDP workshop, Raipur, Chhattisgarh

Mr. Saud Akhtar, Program Coordinator facilitated a workshop jointly organized by the Chhattisgarh State AIDS Control Society and UNDP on the 22nd April, 2008 at Raipur, Chhattisgarh. The Workshop was attended by the representatives from the industries and corporate houses and chaired by the Project Director, CGSACS and the President of the Workers Union, Chhattisgarh. The objective of the workshop was to inform and engage the industries and other corporate houses in mainstream HIV within their workplaces.

The project was also invited by KPMG to be a part of consortium bidding for the DFID funding. It did not work out as SAN! is not registered as an organization in India. SAN! SIP also submitted the proposal for the round 8 funding of the GFATM with SIDUR as the Principal recipient. The proposal was not short listed by the India CCM.

4 Monitoring & Evaluation

The SSIPG met four times in 2008 to review the progress and channel the activities for the year. The research partner complements by giving feedback from the research activities undertaken to modify and chart programs.

4.1 SSIPG Meetings

Four SSIPG meetings were convened during the year of 2008 with the fifth one, planned in Dec, getting postponed. Some headlines of the SSIPG meetings during the year;

- Guidelines drawn for decision making mechanisms with timelines and Standard Operating Procedures (SOP).
- Resolved to develop a policy and procedure for taking pictures and of children, after going through the UNICEF guidelines, and if necessary, for any person to be followed while taking photographs or writing any articles on behalf of SSIPG
- Review of the previous year done
- Follow-up of the 10 non-participating NGOs was taken up by the respective state members
- The review of Workplace Policy would be done by SSIPG itself
- All staff capacity building for SAN! team to be routed through SSIPG
- Resource Centers at the state level with roles and responsibilities
- Data collection of Phase I of Applied Research
- Data Base roll out
- Mid term 360 degree review
- State specific workshop on WPP committee
- Media workshop in all the three States

4.2 Rapid Needs Assessment and Baseline Survey

The baseline survey was done in 35 SAN! SIP partner NGOs. The survey concentrated on understanding the knowledge, preparedness and response of organizations internal to their workplaces. It also assessed the services provided by the organization, acknowledgement and recognition of HIV as an issue, care and prevention facilities made available, access to treatment for all, addressing vulnerability, learning from self and other's experiences, measuring the changes, adapting organizational responses and ways of working. The survey also asked the participating staff members their opinion on what should be the elements of an HIV and AIDS WPP?

Benefits and reimbursements, counseling and treatment, education and awareness programs, non-discrimination and specific budget allocation were the top elements as per the surveyed staff to be included in the Workplace policy. Main services provided by the organizations as perceived by the staff are HIV and AIDS counseling, sex education to staff, condoms and RTI and STI clinic referrals. It also highlighted that the Partner organizations do provide or create opportunities for access to VCTC and ART.

Non-HIV NGOs do have satisfactory knowledge level which is encouraging. High risk behaviors, understanding both HIV and Non-HIV work NGOs was good and more or less equal for all sexes.

4.3 Applied Research

The SAN! South India Project has an inbuilt component of Applied Research. YRG Care is the applied research partner of SAN! South India Project. The overall project is divided into 3 phases;

4.4 Findings of the Qualitative and Quantitative Data Collection

i) Sample

138 participants (84 female & 54 male) participated in this survey from 15 organizations.

ii) Profile of organizations and participants

Seven out of the 15 organizations are working in the field of HIV and AIDS. The other areas of work ranged from rural development, community health and reproductive health of women to women empowerment and education. The organizations working in the field of HIV and AIDS were largely involved in HIV awareness programs.

iii) Initiation of HIV and AIDS WPP

The survey shows that, a good number of staff members feel that they are being provided with information about HIV and AIDS. This is a significant finding since the entire implementation of Workplace Policy lies on the employees' understanding of HIV and AIDS. Substantial amount of information has been given on the importance of VCT as 81.9% expressed having received information. 84.1% of the staff expressed having received information on the referrals for care (ART).

iv) Development process of Workplace policy and perceptions about HIV

In some of the organizations, a committee consisting of senior staff was formed. Five organizations have attempted to establish committee a representative of the various levels of the organization. It is encouraging to note that in almost all organizations the draft was indeed circulated to other staffs to obtain their feedback. 60.1% responded that all levels of staff participate in decisions about the WPP on HIV and AIDS. Special fund allocation for HIV and AIDS WPP is also known and transparent to the employees with 43.5% of them responded that they are aware. Over 95% of the participants welcomed this policy.

v) Effect of the WPP process

Many organizations have admitted that this policy has indeed set the tone for discussions on HIV and AIDS leading to behavioral and attitudinal changes among the staffs. The staffs have become less inhibited on discussing issues around HIV and AIDS. Around 30 % of the organizations have organized training programs to get a better understanding of HIV and AIDS. They also discuss this in their monthly meetings.

vi) Challenges

The challenge that came out unanimously from all the organizations is financial constraints to effectively implement the policy especially with regard to providing care and treatment. Interestingly, around to 10 % of the respondents felt that PLHIV should not exploit the benefits given to them like leave, reduction in workload etc. Some of the other challenges that come out were maintaining confidentiality despite effective implementation of the proposal, dispelling myths HIV and AIDS and retaining a HIV positive individual when her/his health deteriorates.

5 Visitors & invites

- 24th - 27th March 08, Ms. Winny Koster from Netherlands visited India to finalize the tools for the first phase data collection of the applied research. This was attended by the YRG Care ethnographers and senior managers.
- Ms. Yvette Fleming, Coordinator, SAN! Netherlands participated in the National dissemination workshop in New Delhi on 13th and 14th May'08. She facilitated a session on Good Donorship in a time AIDS.
- 31st March'08, Ms. Christina De Vries, IC Consultant, India and Ms. Karen de Graaf, Program Officer, ICCO visited the SAN! South India Project. The SAN! SIP staff shared the activities done in the 15 months of the project, results, challenges, future plans with updates. Sharing and learning of IC consultant work in India also took place. Ms. Christina appreciated the SAN! SIP systematic approach with steady progress in such short time
- Ms. Edwina Pereira, Program Director- Training, INSA-India and Mr. Saud Akhtar, Program Coordinator, SAN! SIP! were invited by ICCO and IC Consult for a workshop in New Delhi from 21st to 23rd Nov 08. The objective was to learn and share other initiatives on workplace programs by partners of IC consult in North India
- On 28th Nov' 08, The Dutch embassy at Delhi had invited SAN! SIP for a get-together at the Royal Dutch Embassy on the eve of the 60th anniversary of the Human Rights Declaration.

6 Summary of the second year

6.1 Results

The year started with the STOP AIDS NOW! Conference “Hand in Hand – Donors and NGOs working together to address HIV and AIDS in the workplace” in the Netherlands. The SSIPG met in early Feb of 2008 to chalk out the working strategies for year two with a focus on assisting more and more partners to finalize their workplace policies. With the end target of at least 60% partner organizations with workplace policies, efforts were concentrated to link and build partnerships among the SSIPPs.

By the end of the second year SAN! South India Project Partners developed and some of them implemented WPPs.

- Total SAN! South India Project Partners - 45
- 15 partners (33%) have implemented WPPs as compared to three last year
- 10 partners (22%) have draft policies ready
- 03 partners (7%) have initiated the process of developing a WPP
- 07 partners (16%) have not yet started the process
- 10 partners (22%) are not responsive

6.2 Challenges

End of financial support from the respective donors and retaining the Partners Sustainability, as partners do not have resources to continue WP programs after the funding is over

Staff turnover

Linking and networking within the partners for knowledge transfer and sharing

Initiation of policy development in the remaining responsive partners

6.3 Way forward

- The core team and the partners NGOs to work together ensuring continued education on workplace policy
- Strengthen the Technical Assistance for Policy Services (TAPS) for low cost sustained WPP
- Conduct periodic assessments to ensure positive impact
- Initiate and complete the 2nd and 3rd phase of the Applied research

6.4 Planned v/s Achieved activities

S.No	Planned Activities	No. of activities	of Achieved	Numbers achieved
01	Consultation of NGO Heads	02	Yes	02
02	Annual central skills building workshops for SAN! SIPP	03	Yes	03
03	Formation of working groups/committees at NGO level	01 at respective NGO	Yes	35
04	Follow up mentoring of SAN! SIPP (biannually)	02	Yes	02
05	On site guidance to NGOs for internal mainstreaming implementation	Ongoing	Yes	Ongoing
06	Evaluation - Interim	04 (Quarterly)	Yes	04 (SSIPG meetings)
07	3 annual state level workshops	03	Yes	03
08	Collection of materials and development of information center	Ongoing	Yes	Ongoing
09	MIPA in internal mainstreaming programs	Ongoing	Yes	Ongoing
10	Network meetings and sharing /e-group website	Ongoing	Yes	Ongoing
11	Baseline related research proposals suggested and approved	Once each year	Yes	YRG Care as AR partner
12	Research underway	Phase wise	Yes	1 st phase near completion
13	Submission of research studies	Phase wise	Yes	Draft of 1 st phase available
14	Fact sheets/Newsletters preparation	Part of ARC	Yes	Draft of 1 st phase available
15	Preparing resource directory	Ongoing	Yes	Ongoing
16	Fact sheet dissemination	Phase wise	No	Draft submitted to SAN!
17	Interim Project evaluation	Once during project	Yes	During the NGO Heads

				meet in Oct'08
18	Best practices document	Part of ARC	Yes	Draft submitted to SAN!
19	Participation on meetings and conferences	Need based	Yes	
20	Creating five info cells	05	Yes	06
21	Review of educational pack	01	Yes	SSIPG during Apr'08
22	Auditing of accounts and reporting to SAN!	Biannual	Yes	02
23	Lobbying and advocacy	Need based	Yes	
24	Mainstreaming HIV and AIDS in other sectors	Ongoing	Yes	Ongoing
25	Reporting	Ongoing	Yes	Ongoing

7 Financial reports

SANI Expenses from January 2008 to December 2008

Sl. No	Particulars	Budgeted Amount	In Euro	Total Expenses	Balance at the end of year 1	%age
1.	Salary	7,35,400=00	12,679.31	7,35,400=00		100
2.	Program					
3.	Sensitization and consultation programs	12,35,000=00	21,539.41	10,10,728=00	2,24,272=00	81.8
4.	Capacity Building, documentation and Networking	5,50,210=00	9,486.38	2,50,043=00	3,00,167=00	45.4
5.	Research and Documentation	11,00,000=00	18,965.52	4,50,000	6,50,000=00	40.9
6.	SSIPG meetings	2,88,000=00	4,965.52	1,83,668=00	1,04,332=00	63.8
7.	Administrative and other Costs	3,11,600=00	5,372.41	2,58,158=00	53,442=00	82.8
8.	Travel	10,11,650=00	17,442.24	8,48,396=00	1,63,254.00	83.9
	Total	52,31,860=00	66,713.36	37,36,393=00	14,95,467=00	71.4
9.	Organizational Management Cost	5,20,380=00	8,972.07	5,20,380=00	-	100
	Grand Total	57,52,240.00	99,176.55	42,56,773=00	14,95,467=50	74

Expenses – January 2008 to December 2008 - INR. 42,56,773=00

Balance amount (Year 2007 + 2008) - INR. 14,95,467=00

(Figures are subject to audit)

Summary for the second year project 2008

Year	Particulars	Indian Rupees	Euro	Exchange rate
2008	Grant requested	42,37,380=50	73058.28	@ Rs. 58/Euro
		5,28,193=00	8093.56	
	Gain on Exchange	47,65,573=00	73058	
	Total Grant received in the account	67,388=00	1033.08	@ 65.2300
	Add : Interest earned – first half period	48,32,961=50	74,091.08	
	Total	250=00	3.83	
	Less Bank charges	4832711.50	74,087.25	
	Total Balance Available			

9 Conclusion

Internal mainstreaming of HIV and AIDS is important but to maximize the outputs, sustained collaborative efforts are required. Capacity building mainstreaming is needed so that the implementers could be well conversant; to allow all staff conceptualizes HIV and AIDS related interventions.

In the STOP AIDS NOW! South India Project, 35 partners are active. The remaining partners, till now, have not started the thought process on mainstreaming HIV internally. The project has seen successes in the year in terms of behavior change as well as more and more policies being developed and implemented. There are cases of a paradigm shift in the organizations, a transformation from HIV scared staff to HIV informed staff. The continuous efforts have now started yielding fruits as employees are engaging themselves in discussions on HIV whether or not it was an HIV work organization. It is recorded from some of the presentations from Partners in different fora where they have shared the shift in the mind set of staff with regards to HIV, actually reducing the Stigma and Discrimination in the workplace.

Out of the 35 active partners in the second year of the project,

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- 15 partners have fully functional workplace policy
- 10 partners with a final draft ready/with some awaiting final approval from respective boards
- 3 partners are still in the process
- 7 partners have not started policy development because of varied reasons

Partners engaged in developmental work should aim to become a model of good practice in its workplaces, providing/creating opportunities for full range of HIV related services to its employees and their families; a supportive environment where gender equality, non-discrimination, non-stigmatization and confidentiality is ensured. In the course of working out how to become such a model, an organization gains the knowledge, experience and skills it needs to provide, practical support to other organizations as they learn how to make their own contributions to the HIV response thereby earning the moral authority to become a strong advocate for HIV-related action by other organizations.

The STOP AIDS NOW! South India Project thanks all the SAN! SIP Partner organizations for their continued patronage and making the efforts yield results. The project also wants to thank all the SSIPG members for their wonderful support and guidance. The role of INSA India as the host organization and the secretariat of SAN! SIP was amazing and provided non-stop support, both logistical and programmatic, playing an important role in molding the current shape of the project.