

MEMORANDUM

August 19, 1998

TO Ms Linda Morse - DIR

FROM Rekha Masilamani - Co-Team Leader, SO 7 RM

SUBJECT **Approval for the Expanded Program of Assistance to the HIV/AIDS Program in India and waiver of source and origin to enable the enhanced local procurement of goods and services**

Action.

You are requested to sign this Action Memorandum to

- 1) Approve a new assistance activity which expands the current program of assistance to the HIV/AIDS Program in India. The new activities will focus on the state of Maharashtra, but will include selected activities at the national level. The Maharashtra activity has been fully developed, including implementation arrangements and budgets, and have been discussed with and agreed to by the National AIDS Control Organization (NACO) and the Government of Maharashtra (GOM). Activities for rest of India have been developed in outline. The intention is to fully develop and negotiate these in the future. This sets the stage for negotiating a strategic objective agreement (SOAG) with the Government of India in the future.
- 2) Waive the source and origin restriction applicable to bilaterally funded activities to enable the enhanced local procurement of goods and services under this activity.

Background

USAID has supported India's HIV/AIDS program since 1990, when the Government of India's Mid-term Plan for AIDS commenced. Since then USAID has gradually increased its support in the area of AIDS through three projects namely Quality Control of Health Technologies (QCHT) which strengthens the National Institute of Biological (NIB) in the quality control of vaccines and biologicals, AIDS Prevention and Control (APAC) which targets Tamil Nadu to induce behavioral change amongst at-risk groups, and Program for the Advancement of Commercial Technology - Child and Reproductive Health (PACT-CRH) which supports the private and commercial sector with loan funds to create new health products, market existing products and improve the quality of products.

In 1997 USAID commissioned two assessments to review the status of the HIV/AIDS epidemic in India and the national response to it. The assessments evaluated the effectiveness of USAID's present program of HIV/AIDS assistance, identified unmet needs and fresh opportunities, and made recommendations on the need for, and nature of, expanded assistance to the Government of India. A principal recommendation of the assessments was that USAID should expand its program of HIV/AIDS assistance to India. The approach recommended was to prevent transmission and mitigate impact of STD/HIV/AIDS by supporting focused programs in one or more states where the epidemic is grave, using the lessons learnt from the Tamil Nadu APAC project. The assessment stressed the need to support the surveillance and research components of the National AIDS Control Program.

Based on the assessment team's recommendations it was decided to mount an expanded effort focussing mainly on the Maharashtra state complemented by activities at the national level.

Discussion

The proposed program in Maharashtra seeks to increase the use of effective and sustainable responses to reduce transmission and mitigate impact of STD/HIV/AIDS and related infectious diseases.

Maharashtra activities will:

- 1) Improve the availability and quality of information, products and services, that reduce transmission and mitigate impact in the sex industry in the urban areas of Mumbai, Thane, Pune, and the rural district of Sangli,
- 2) Strengthen the capacity of state and municipal organizations for HIV/AIDS strategic planning, program implementation, and monitoring and evaluation,
- 3) Increase the availability and use of research and epidemiological data for advocacy and decision-making for the Maharashtra HIV/AIDS program.

Activities at the national level include:

- 1) A program of applied and operations research designed to provide the National AIDS Control Program (NACP) with data for advocacy, decision making, strategic planning, program implementation, monitoring and evaluation, and
- 2) Pilot and demonstration activities in areas/groups of epidemiological or programmatic significance, where activities undertaken would essentially develop and test innovative, cost-effective approaches of prevention and care.

We have had discussions with the NACO and the Maharashtra State AIDS cell on the program of support proposed for Maharashtra. There is agreement on the technical focus and strategies proposed. Also there is agreement on the implementation and funds flow arrangements for this component. All parties have agreed that the USAID supported HIV/AIDS program in Maharashtra should be implemented by the AIDS Research and Control Organization (ARCON), Mumbai after it registers itself as a society with the Secretary Health, GOM as its chairman. Funds will be provided by NACO to ARCON through the Maharashtra State AIDS Control Society.

(MSACS) The program will be guided by the Governing Board (GB) of the ARCON society and USAID will be represented on the GB ARCON will utilize project funds to enter into grants and contracts with a range of agencies (including municipal corporations, NGOs, professional and commercial/for-profit organizations), that will be involved in designing and carrying out activities ARCON will also provide technical support to agencies funded for program activities, and will monitor their activities to ensure that program objectives are reached ARCON will hire suitable staff to implement this project and the costs of staffing and administration will be met out of project funds

With regards to national level activities we are awaiting the final decision on a new national level program which will be funded by the World Bank as our support will link up with this initiative Further, we are also discussing with the Government of India to use global field support mechanisms, to provide World Health Organization (WHO) and Center for Disease Control (CDC) assistance to help India develop its national disease surveillance system

We have attached to this memo the detailed proposal including the results we are seeking to achieve

Future steps

The Mission had, in the R4 for FY 2000, notified Washington of its intention to expand its current AIDS activity, and that the expanded activity justified the status of a Strategic Objective Washington has concurred with this The strategic objective document has been prepared and will be submitted to Washington next month Meanwhile we propose to move ahead with the implementation of the Maharashtra and national level activities so that the Mission is able to meet its obligation plan for the activity this year

The obligation for the activity is planned to be undertaken through a project agreement followed by a Tripartite Agreement between the nodal agency in Maharashtra, NACO and USAID for Maharashtra level activities The ProAG will encompass, a detailed description of the Maharashtra activity but only an outline description of national level activities intended for future negotiation

With the establishment of a new AIDS Strategic Objective, we have put together a Strategic Objective team which will manage all the activities and results under the SO The SO team will operate under a charter which will be developed

ADS provision for establishment of SO and development of activities.

The ADS provision on SO states "Strategic objectives may be bilateral, regional, or global in nature and shall set the direction for the selection and design of the assistance activities to be carried out in the portfolio over the time-frame of the plan. A strategic objective must be expressed in terms of a result or impact, be defined in a manner which permits objective measurement, be clear and precise, and generally include only one objective so that progress can be measured." Further the ADS states "In the context of defining a strategic objective or strategic support objective, it is necessary to identify the intermediate results which are necessary to accomplish that objective. This analysis will produce a Results Framework for each objective."

As noted above we have made efforts to establish the SO with the necessary indicators and results. We have also finalized a document giving all the details about the SO. This document will be shared within the Mission.

In the establishment of the SO, ADS section 201 states "Operating unit strategic plans shall include the information necessary to secure endorsement by Agency management on the proposed strategic objectives and targeted magnitude of impact, associated resource requirements, and requested delegations of authority." The mission has notified Washington of the establishment of new SO and of its decision to modify the strategic plan. We will formalize the SO and the indicators in the next R4.

The ADS section 202 5a requires that activities developed pursuant to an approved strategic plan shall meet the following three criteria:

- show how USAID resources (program and operating expense funds and personnel) will be used to support the achievement of result (s) in the results framework of the operating unit's approved strategic plan,
- ensure USAID and its partners (through appropriate analyses, agreements and/or other means) can meet their fiduciary responsibilities for USAID funds, and
- provide a framework for monitoring the activity's contribution to the results in the results framework.

Details on how the Maharashtra activities meet the above criteria are also provided in the proposal attached to this memo.

Certification of key pre-obligation requirements

The ADS does not specify project authorization prior to obligations. However, as per ADS there are certain statutory and non-statutory items which need to be addressed prior to obligation of funds.

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The statutory requirements are 1) Country Checklist, 2) Assistance Checklist, 3) Congressional Notification (CN), and 4) environmental clearance per 22 CFR 216 (204) We have attached to this memo the documents fulfilling these statutory requirements

The non-statutory or optional items which will be useful prior to obligation of funds are 1) Design/Feasibility analyses which includes technical, financial, economic, social/gender and administrative, 2) Acquisition and Assistance Planning, 3) Performance Monitoring Plan (s) and 4) Conditions Precedent/Covenants As a team we have decided that some of these non-statutory items have been covered in our Maharashtra proposal and some will be carried out during the implementation stage of the project

Period of support and budget.

The activity period for Maharashtra and national level components is envisaged as seven years from the date of signing of the bilateral agreement The Budget for the Maharashtra proposal is attached USAID bilateral contribution will be \$41,500,000 for the Maharashtra component Of this USAID will directly administer \$1,958,000 for audits and evaluation of the activities In addition, USAID will provide technical assistance of \$7.71 million through Global field support mechanism The budget for the national level will be developed as and when activities are discussed and negotiated with NACO The Host Country Contribution (HCC) will be \$13,600,000

Source and Origin of commodities and services

As per the ADS the authorized geographic sources of procurement is Code 000 which is United States Local procurement is eligible for USAID financing only in the following situations

1 Locally available commodities of U S origin, which are otherwise eligible for financing, if the value of the transaction is estimated not to exceed the local currency equivalent of \$100,000,

2 Commodities of Geographic Code 935 origin if the value of transaction does not exceed \$ 5,000,

3 Professional services contracts estimated not to exceed the local currency equivalent of \$250,000,

4 The following commodities and services which are only available locally

(1) Utilities, including fuel for heating and cooking, waste disposal and trash collection,

(2) Communications -- telephone, tax, facsimile, postal and courier services,

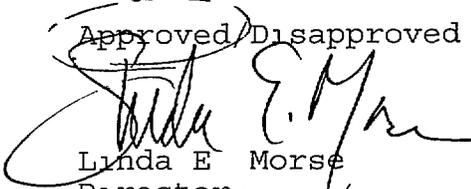
- (3) Rental costs for housing and office space,
- (4) Petroleum, oils and lubricants for operating vehicles and equipment,
- (5) Newspapers, periodicals and books published in the cooperating country,
- (6) Other commodities and services (and related expenses) that by their nature or as practical matter, can only be acquired, performed or incurred in the cooperating country, e g vehicle maintenance , hotel accommodations, etc

We have reviewed the above ADS requirements and have determined that under the proposed expansion of HIV/AIDS activities the above limits will not be sufficient to implement the activity Since this is a local currency activity all procurements of commodities and services from Indian sources will be up to \$41,500,000 Such procurement will be carried out by the Indian organizations receiving assistance under this activity As per ADS 228 50 USAID may expand the authorized source in order to accomplish project or program objectives by processing a waiver Under ADS section 103 5 12a you have been delegated the authority by the Asia Near East (ANE) bureau to waive the source and origin rules ADS provides that waiver for procurement of commodities and services locally can be processed when "Procurement in the cooperating country would best promote the objectives of the foreign assistance program " The Maharashtra AIDS initiative is an important activity for USAID/India and local procurement is critical to the success of USAID/India's effort in Maharashtra Consequently we request that you waive the source and origin rule under this activity for a total value of \$41,500,000 to enable expanded procurement of goods and services from India

Conclusion and Recommendation

Having completed all the statutory requirements with respect to the obligation of the project we request that you approve this action memorandum to 1) proceed with the obligation for the new activity under the new AIDS strategic objective, and 2) waive the source and origin requirement to enable the expanded local procurement of goods and services for an amount of \$41,500,000 The Life of Project funding level for the activity will be \$41,500,000 with an FY 98 obligation of \$1,600,000 The Activity Completion Date will be 9/30/2005

Approved/Disapproved


Linda E. Morse
Director

Date 8/24/98

Attachments

- A Proposal
- B Budget
- C Country Checklist
- D Assistance Checklist
- E Environmental Clearance
- F Congressional Notification Expiry Cable (State 142399)

Clearance

- 1 WGoldman (PHN) (CID)
- 2 Mike Williams (AGC-ANE) (CID)
- 3 JMay (PDEG) (CID)
- 4 NNWahi (CO/A) *W/ 8/19*
- 5 JBeaver (DD) *J/m 8/21/98*

PDEG NRamesh

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Attachment A

**USAID/India
Proposed Program of Assistance
for
MAHARASHTRA STD/AIDS
and
RELATED INFECTIOUS DISEASES PROGRAM
in
MAHARASHTRA**

**Proposal
08/19/98**

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08/19/98 12 35 PM

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1 0 EXECUTIVE SUMMARY

1 1 BACKGROUND

The HIV/AIDS epidemic in India was originally recognized in 1986. By late 1997, through a combination of National Surveillance and case finding, the Government of India (GOI) had detected over 67,000 people living with HIV. Although there are limitations in the methods of data collection, people with HIV have now been identified in most states across the country with some states more severely affected than are others. Available data suggest that there are three epicenters of HIV- the states of Maharashtra, Tamil Nadu, and the Northeast. Maharashtra has reported the highest number of people living with HIV/AIDS- almost 50% of all known reported AIDS cases in India. UNAIDS and WHO have recently estimated that approximately 3-5 million people could be living with HIV across India. Sexual transmission accounts for over 75% of all reported cases and one in every four reported persons with AIDS is a woman.

The National HIV/AIDS Control Program (NACP) of India, was developed by the Government of India in 1992, and implemented by the National AIDS Control Organization (NACO) of the Ministry of Health and Family Welfare (MOHFW). The NACP was funded through a \$84 million World Bank loan. Technical assistance was provided in the initial years, by WHO's Global Program on AIDS. Other bilateral and multilateral donors also supported the NACP. States across the country set up State AIDS Cells to develop and implement state programs.

NACO is presently in the process of developing the next phase of the NACP with assistance from the World Bank. The objectives of this phase of the NACP are to (a) reduce the spread of HIV infection in high-risk populations, (b) reduce the spread of infection in low risk populations, (c) strengthen the impact and sustainability of national, state and local programs, (d) build capacity for provision of low-cost, community based care, and (e) promote inter-sectoral links. The NACP will emphasize and enhance the technical leadership role of NACO, while devolving service delivery responsibility to state, district and municipal level organizations. The process of devolution will require substantial capacity development at all these levels.

1 2 PROPOSED USAID ASSISTANCE

In 1997 USAID commissioned two assessments to review the status of the HIV/AIDS epidemic in India and the national response to it, evaluate the effectiveness of USAID's present program of HIV/AIDS assistance, identify unmet needs and fresh opportunities, and make recommendations on the need for, and nature of, expanded assistance to the Government of India.

In February 1997, the first assessment team reviewed the status of the epidemic, the national response, and USAID's present program. The team concluded that

- USAID's present program is making a significant contribution to the NACP, and should be continued.
- The USAID assisted Tamil Nadu AIDS Prevention and Control Project (APAC) is doing well and has shown the way for intensive, state-level, prevention programs with risk groups.
- USAID should expand its program of HIV/AIDS assistance to India. Expanded assistance should seek to prevent transmission and mitigate impact of STD/HIV/AIDS by supporting

focused prevention programs in one or more states where the epidemic is grave, using the approaches used and lessons learned in APAC, and by providing support for the surveillance and research components of the National AIDS Control Program

In May 1997, the Maharashtra State AIDS Cell and NACO requested USAID assistance for the Maharashtra state program. In December 97, a USAID/India team, including representatives of NACO, and the Maharashtra State AIDS Cell, visited Maharashtra. During the three week visit, the team studied the specific needs of the Maharashtra state program, and also the needs and opportunities arising out of NACO's newly announced draft policy and strategy for phase two of the World Bank supported NACP.

Based on a review of the options recommended by the second assessment team, USAID/India now proposes a program of expanded assistance which seeks to maximize impact on the Indian epidemic. The full proposal is for a focused prevention program in Maharashtra (see Annex), and for two sets of activities at the national level, which will have strategic significance to India's national program.

This executive summary deals only with the Maharashtra Program.

The proposed program in Maharashtra addresses the needs and priorities articulated in India's new Draft HIV/AIDS policy of December 1997. It also capitalizes on USAID's special strengths, experience and interest. The approaches recommended are sustainable in the long term, and will lead to significant capacity enhancement not only in the Maharashtra health system, but also in research and other institutions that are involved in the program.

The proposed program in Maharashtra is a seven year program, which will seek to increase the use of effective and sustainable responses to reduce transmission and mitigate impact of STD/HIV/AIDS and related infectious diseases.

Program components will

- Improve the availability and quality of information, products and services, that reduce transmission and mitigate impact in the sex industry in the focal urban areas of Mumbai, Thane, Pune, and the rural district of Sangli.
- Strengthen the capacity of state and municipal organizations for HIV/AIDS strategic planning, program implementation, and monitoring and evaluation.
- Increase the availability and use of research and epidemiological data for advocacy, strategy development, and decision-making, in the Maharashtra HIV/AIDS Program.

Epidemiological evidence indicates that focusing on the commercial sex industry in selected areas of Maharashtra, where a preponderance of transmission occurs, would have the greatest impact on reducing the burden of infection - not just in Maharashtra, but in India as a whole.

The structure of the sex industry in Maharashtra, and the conditions of life of women in prostitution, advocate powerfully for adopting **prevention strategies that use more comprehensive health care approaches, combined with behaviour change communication programs, to reduce infection among those engaging in high risk behavior**. The successful Swedish International Development Agency (SIDA) supported program in Mumbai's Kamatipura and Khetwadi red-light areas demonstrate this. USAID will use the same approach.

USAID will work in close cooperation with the Maharashtra State AIDS Cell, municipal authorities, private providers and community based groups (CBGs) and non-governmental organizations (NGOs), in selected urban/municipal areas that have a strongly developed commercial sex industry. In these areas, the USAID program will improve the availability and quality of existing health and community outreach services - especially to women in prostitution, their children and clients. **This will require enhancing the capacity of health care providers to assess risk, counsel those at risk, and to manage both STD patients and HIV positive people. Improvement of health service delivery needs to be supported by other key activities.** A communications support program is needed to change STD related health-seeking behaviour in both men and women, encourage clients of prostitutes to adopt safe sexual behaviour, and create a demand for STD and comprehensive health services. Aggressive condom marketing must improve both the demand for, and availability of condoms.

A program of applied and operations research must generate social, behavioural, epidemiological, biological, and clinical information, and data generated must be put to use in advocacy, decision-making, strategic planning, program implementation and monitoring and evaluation. Dissemination of data from research, and lessons learned from program implementation will add value to the overall Maharashtra state HIV/AIDS program.

The attached **Annex I** summarizes the strategic framework underlying the proposed program of activities in Maharashtra, and also lays out the objectives of the proposed activities, the technical approaches, and the indicators to be used for performance measurement.

14 NEXT STEPS

Discussions between NACO, the Maharashtra State AIDS Cell, and USAID/India on the program of support proposed for Maharashtra, are at an advanced stage. There is agreement on the technical focus and strategies proposed. Also, preliminary discussions have resulted in broad agreement on the implementation and funds flow arrangements for this program.

All parties have agreed that the USAID supported HIV/AIDS program in Maharashtra would be implemented by a Project Management Unit (PMU). NACO and USAID will, in consultation with the Secretary Health, Government of Maharashtra, jointly select the PMU, which should be an already existing organization with the requisite technical and management capability. The PMU will be guided by a Governing Board (GB), to be chaired by the Secretary, Health, Government of Maharashtra. USAID will co-chair the GB. Decisions in the GB will be by consensus. Funds for the USAID supported Maharashtra program will be provided to the PMU by NACO and routed through the MSACS. The MSACS will pass all funds on to the PMU which in turn will enter into grant and contract arrangements with the many agencies (including municipal corporations, NGOs, professional and commercial/for-profit organizations), that will

be involved in designing and carrying out activities. The PMU will provide technical support to agencies funded for program activities, and will monitor their activities to ensure that program objectives are reached. The PMU will be staffed and operated out of USAID funds.

USAID welcomes the opportunity to discuss, refine, and complete negotiations on this program for Maharashtra, with NACO, and the GOM, over the next few months, so as to be able to obligate funds by September 1998.

2.0 INTRODUCTION

2.1 EPIDEMIOLOGY OF HIV/AIDS AND OTHER STDs ACROSS INDIA

The first HIV infections and AIDS cases in India were recognized in 1986. Since then HIV infections have been reported in all States and Union Territories (UTs) except Arunachal Pradesh. In 1996, Maharashtra, Tamil Nadu and Manipur together accounted for 77% of all reported AIDS cases with Maharashtra reporting almost half of all cases in the country (GOI, 1998).

The predominant mode of transmission is sexual intercourse (primarily heterosexual, though some homosexual transmission occurs) followed by intravenous drug use, blood transfusion and blood product infusion (Table 1). A cumulative total of 4,980 people with AIDS was reported by late 1997, of whom 3,923 (79%) were males and 1,057 (21%) were females. These figures represent considerable underestimates of actual HIV infections and AIDS cases but suggest a current male to female ratio of 4:1 (GOI, 1998). According to estimates made by UNAIDS in 1997, cumulative HIV infections in India are between 3.0 - 5.0 million people.

Current sentinel surveillance data are not comprehensive, but indicate that the HIV epidemic has an uneven spread in different population groups and in different parts of the country. Some States report higher prevalence rates than others among sentinel populations, with rapid increases in HIV sero-positivity rates recorded in the last few years among high-risk groups such as STD clinic clients. The data reported from antenatal clinics show prevalence rates of HIV infection among pregnant women ranging from 0.00% to 4.25%, depending upon the State and District, warning of a serious epidemic in the next few years. Although the data are limited, it is clear that States and Districts have been differentially affected, requiring locally appropriate responses.

Table 1 National Trends in HIV Infection in India in 1997*

Transmission Mode	Sexual	Intravenous Drug Use	Blood Product	AIDS Cases	Male Female Ratio (AIDS)
Available Data	75%	8%	8%	4,980	4:1

* Data Source: GOI 1998

Sexually transmitted diseases (STDs) other than HIV are also prevalent in India suggesting high potential for the spread of HIV. A number of community-based studies of gynecological morbidity

have now been conducted in the country, and all indicate a considerable burden of reproductive tract infections (RTIs), including STDs. For example, in a study conducted among 385 women in rural Karnataka, over 70% of women had clinical or laboratory evidence of RTIs (vaginitis, cervicitis or pelvic inflammatory disease), and 10% had a laboratory-identified STD (Bhatia et al, unpublished). Based on a review of the scientific literature and reported data, the annual incidence of STDs in India is estimated to be 5%, indicating that approximately 40 million new infections occur every year (Table 2)

Reliable data on STD prevalence in the health care sector are not available. However, positive syphilis serology among low risk women attending antenatal clinics ranges from 1.1 to 4.8% in different parts of the country. The high prevalence of STDs in both urban and rural areas is of great concern because they indicate the potential for rapid and extensive spread of the HIV epidemic throughout the population. A study conducted in Pune showed an annual incidence of new HIV infections of 10% per year among STD clinic clients (Mehendale et al, 1995). In summary, the incidence and prevalence of STDs across the country has a large potential to contribute to the spread of HIV (Table 2)

Table 2 National Trends in STD* Incidence and Prevalence*

Estimated National STD Incidence	Estimated New Infections	Syphilis Among ANC Attendees
5%	40 million yearly	1.1 - 4.8%

*Data Source: Van Dam WHO 1994

2.2 EPIDEMIOLOGY OF HIV/AIDS AND OTHER STDs IN MAHARASHTRA STATE

Maharashtra has reported the highest number of HIV and AIDS cases in the nation with close to 50% of all reported cases. Accurate estimates of HIV prevalence in specific population groups are limited due to variability in the sampling methodology employed by the testing protocols across the State. However, it is clear that Maharashtra is experiencing an HIV epidemic of serious proportions, and that infection rates are increasing. Analysis from 12 sero-surveillance centers across Maharashtra (5 in Mumbai, 2 in Pune, one in Sangli, Kolhapur, Chandrapur, Nagpur and Aurangabad) from 1986 to 1997 revealed an 8 fold annual increase in detected infections in the last 7 years. It is now estimated by the GOI that there are 3,000 new HIV infections daily in Maharashtra (Table 3)

Table 3 Trends in HIV Infection in Maharashtra State*

HIV Testing 12 Centers State-Wide 1986-1997	HIV Infections Reported State-Wide 1986-1997	Estimated New HIV Infections Daily
343,739	40,746 (8.4%)	3,000

*Data Source: GOI

Note: Data presented is a mix of Case Finding and Surveillance

Great care must be taken in interpreting the surveillance data from Maharashtra State because of the methodological problems and variability in sampling. Many of the samples tested in the surveillance centers are obtained from high-risk areas and thus extrapolations to the general

population are inappropriate at this time. However, data reviewed during the USAID assessment of December '97 is summarized in Table 4. Even if sentinel surveillance data is interpreted conservatively, there appear to be significantly high levels of infection in sex worker populations (>50%) and in the ANC clinic attendees (range 1.9 - 7.2%). The overall trend indicates a significant pool of infection among those engaging in commercial sex, suggesting that programmatic interventions to limit infection must be on a large scale and include both the sex workers and their clients.

Table 4 HIV Trends in Sentinel Populations in Maharashtra State

Mumbai CSWs 1994	Sangli CSWs Date (?)	Mumbai "High Risk" ANC Attendees 1995 - 1997	Sangli "High Risk" ANC Attendees 1995 - 1997	"Low Risk" ANC Attendees 1997
55%	79%	2.25 - 5.26%	4.3 - 7.2%	1.9%

*Data Source: GOI

Note: Mix of Case Finding and Surveillance

Improved reporting of STDs detected in Government STD and gynecology clinics in Maharashtra State has resulted in a significant increase of reported cases. In 1994, 34,000 STD cases were reported, while in the first nine months of 1997, 54,000 cases of STDs were reported in Maharashtra. STD clients in these settings are primarily men, 90%. Assuming that a total of 72,000 new cases will be recorded by government clinics by the end of 1997, and that government clinics manage only 10% of all STD cases, at current incidence rates an estimated 720,000 new STD infections occurred in Maharashtra in 1997 (Table 5). This translates into an annual STD prevalence of approximately 33/1,000, and an annual STD incidence of between 720,000 to 4 million. This range is based upon reported cases in Maharashtra relative to nationally estimated STD incidence and therefore can not be more specific in its accuracy.

Table 5 STD Trends in Maharashtra State, 1997

Reported STDs from Government STD and GYN Clinic	Total Estimates of Annual STD Incidence	Estimated Population Prevalence	Estimated Prevalence of Ulcerative STDs Among STD Clinic Attendees
~72,000	720,000 - 4 million	33/1000	33% - 75%

Data Source: Passive reporting in Government Clinics and projected estimations

In conclusion, although it is recognized that there are limitations to the existing data for both HIV and other STDs, it is reasonable to estimate that significant infections are occurring in commercial sex workers and their clients in Maharashtra State. The USAID assessment team found areas of commercial sex activity in the districts visited that could be acting as localized epicenters for the urban, semi-urban and surrounding rural areas. Efforts to limit the incidence of STDs and promote

the adoption of safer sexual practices within and associated with these epicenters could have significant impact on the spread of HIV for the State as a whole

3 0 RESPONSE TO DATE

3 1 GOVERNMENT OF INDIA

3 1 1 National Response

In 1986, the Government of India established the National AIDS Committee under the chairmanship of the Union Minister of Health and Family Welfare. The National AIDS Control Program (NACP) was launched in 1987. Initial activities included sero-surveillance, blood safety, and awareness campaigns, and were limited to five States (Maharashtra, Tamil Nadu, Manipur, West Bengal and Delhi). Prevention activities commenced in earnest in the early 1990s. In 1992, the National AIDS Control Organization (NACO) was established within the Ministry of Health and Family Welfare, and a five year (1992-97) strategic plan was initiated with financial support from a World Bank loan of US\$ 84 million. The program concentrated on the following areas: Program Management, Surveillance and Research, IEC, STDs, Condoms, Blood Safety and the Reduction of Impact.

The program recorded some initial successes associated with its strong leadership including greater awareness in urban areas and effective technical assistance from WHO/GPA staff. The National Program created the necessary infrastructure by establishing State AIDS cells in all States/UTs. A major focus was placed on key metropolitan areas and populations with high prevalence rates of HIV infection. The performance and utilization of funds has varied across the country. Some States have made significant progress in program implementation, while others have been challenged by delays in obtaining and utilizing available funds and have thus been slow in implementing key program activities. Due to the new and complex nature of HIV/AIDS, most States are struggling to conceptualize and establish an appropriate program of services that can both reach key populations at risk of infection and provide sufficient coverage of risk groups at district levels to effectively combat the epidemic.

In accordance with the newly announced, December 1997 draft National Policy for Prevention and Control of AIDS in India, State level ownership is critical for program development. In the future, NACO will focus efforts on helping the States to develop their own strategies and actions. Development of district level capacity in program planning and implementation has been identified as a key priority. In addition, NACO will provide funding directly to the 7 major municipal corporations in India. This is an attempt to overcome the delays inherent in the funds flow mechanisms currently in use.

3.1.2 Maharashtra State Response

In Maharashtra, a State level AIDS Cell was created in the Directorate of Health Services in 1992 for planning, coordinating, implementing and monitoring the state's program of HIV/AIDS funded by the NACP. The Cell received financial assistance from NACO, via the State Government's health budget. The seven major components of the program at the state level are as follows:

- | | |
|--|-------------------------|
| 1 Program Management | 5 Condom Programming |
| 2 Surveillance, Research and Clinical Management | 6 Improved Blood Safety |
| 3 IEC and Social Mobilization | 7 Reduction of Impact |
| 4 STD Control | |

The State AIDS Control Board was constituted in 1992 with membership from various departments including Finance, Planning, Medical Education, Social Welfare, Public Health, the Brihan-Mumbai Municipal Corporation (BMC), the Police, and additionally NGOs. Maharashtra has several achievements in key programmatic areas of STD/HIV/AIDS. They are as follows:

STD Services

There are a total of 38 government STD clinics, the majority in district hospitals across Maharashtra. All centers receive funding through NACO for purchase of consumables and services are provided free of charge. Almost every district has a dedicated, qualified STD medical officer and many facilities have been upgraded to ensure privacy, examination and counseling. Some laboratory analysis capacity also exists (gonorrhoea and syphilis), and there are examples of model STD clinics in Sangli and Mumbai. In Mumbai, the STD services are tailored for the red light districts. The BMC has discovered that the provision of STD services to CSWs has been successful when they are integrated into comprehensive primary health-care services for the CSWs and their children. This approach is linked to a community development strategy employing outreach peer educators and madams (gharwalis) who work as liaisons for the clinic. Additionally, work has been done in training of physicians in syndromic management of STDs, and in condom distribution in commercial sex districts. Though many government and private physicians have been trained in syndromic management, in practice most cases are not managed through a syndromic approach and procaine penicillin is still the first line of treatment. Private sector providers, ranging from qualified practitioners, to chemists, to unlicensed "quacks" manage over 90% of people suffering from STDs. An unknown and, it is suspected, a very large number of STD sufferers self-medicate.

Condoms

District Health Officers are responsible for the supply and distribution of free condoms to government clinics and condom programming is integrated into STD service delivery. The Ministry of Family Welfare provides free condoms to the state. In spite of the existence of a strong commercial condom manufacturing and marketing sector in India, and indeed in Maharashtra, neither NACO nor the Maharashtra State AIDS Cell involve this sector in the NACP.

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Blood Safety and Testing

There are 196 licensed blood banks in Maharashtra with 37% public, 27% voluntary and 36% private. The State Government has set up systems to carry out unlinked, anonymous tests on all donated blood. Professional donors are not accepted, but it is likely that families do pay some "replacement donors"

IEC and Social Mobilization with NGOs

(See below under current NGO response)

Research and Training

Several local organizations are involved in research and training. The AIDS Research and Control Center (ARCON) is a collaborative program of the Government of Maharashtra and the University of Texas, Houston that was established in 1994. ARCON has established an extensive training program reaching over 10,000 health workers and providing technical assistance to all 30 public hospitals across the State. The Tata Institute for Social Sciences (TISS) manages the Cell for AIDS Research Action and Training (CARAT). Under CARAT a series of seminars and workshops have been conducted for public and private social workers and health staff including on issues relating to Women and AIDS, Social Aspects of HIV, and Blood Donation.

3.2 CURRENT INDIGENOUS NGO RESPONSE

NGOs have played a major role in advocacy and community mobilization and in implementing HIV/AIDS interventions in India. Funds have been available to them through the projects mentioned above, as well as from other international and national private and governmental organizations. NACO has made efforts to increase NGO participation and some State AIDS Cells have been quite effective in coordinating with the NGO sector. State AIDS Cells are authorized to make grants of up to Rs 500,000 (approximately \$ 12,500) to NGOs. The Tamil Nadu AIDS Control Society has an NGO officer on its staff, who is responsible for processing of NGO applications for grants. It also has representatives of three NGOs on its Executive Committee. The Maharashtra State AIDS Cell, for example, works through a nodal NGO (Sevadham Trust) which reviews NGO proposals and recommends them for funding. The nodal NGO in Maharashtra State has been identified as in need of capacity development.

In Maharashtra, the State Government has provided funds and has coordinated the development of IEC materials. Sevadham Trust was appointed the 'nodal agency' in 1994 with the purpose of mapping various NGO networks and acting as the liaison between government and non-government. There are 405 NGOs working in the area of HIV/AIDS in the State who currently meet NACO criteria. As the 'nodal agency' Sevadham Trust has received 246 HIV project proposals and forwarded 98% of those for funding by the State. Sevadham Trust itself has established a network of three rural hospitals, two mobile clinics, many nursery schools and sub-centers, and a few primary health care centers. They have focused their work in HIV/AIDS on Sex and AIDS Education (SEA) programs in secondary schools. Other NGOs active in HIV/AIDS include the Rotary Club, the Indian Medical Association and coalitions of for-profit organizations such as the Confederation of Indian Industry. Most NGO program goals are associated with general awareness raising. The assessment team found that the NGOs could

maximize the impact of their collective effort on the epidemic, if they planned a coordinated response and focused on interventions with high-risk groups

3.3 CURRENT RESPONSE OF INTERNATIONAL DONORS

The largest international donor is the **World Bank**. The current \$85 million World Bank loan that began in 1992 has been extended until March 1999. NACO is presently in the process of developing Phase II of the NACP with assistance from the World Bank. The objective of this phase are to (a) reduce the spread of HIV infection in high-risk populations, (b) reduce the spread of HIV in low-risk populations, (c) strengthen the impact and sustainability of National, State and local programs, (d) build capacity for provision of low-cost community based care, and (e) promote inter-sector links. The NACP will emphasize and enhance the technical leadership role of NACO, while devolving service delivery responsibility to state, district and municipal level organizations. The process and responsibility of devolution will require substantial capacity development at State, Municipal and District levels.

Major donors in HIV/AIDS activities in India, apart from the World Bank, include bilateral and multi-lateral aid agencies. Bilateral agencies include USAID, the Department for International Development of the United Kingdom (DFID), NORAD, SIDA, DANIDA, AUSAID, the Dutch Government, and JICA. Multilateral organizations include those belonging to the United Nations system and the European Commission. Table 6 summarizes the major donor assistance.

Table 6 External Donor Assistance to the National HIV/AIDS Program of India

DONOR	Current Assistance	States	Partner	Future Proposals
World Bank	1992 - 1997	Nationwide	NACO	\$200 Loan for 5 years with NACO and State partners
USAID	1995 - 1999	Tamil Nadu, National Level	VHS, MOHFW, ICICI	Maharashtra State, National Assistance
DFID		<i>Sexual Health</i> in West Bengal, Andhra Pradesh, Orissa, Kerala, Gujarat <i>Truckers</i> - Nationwide	NGOs and now State AIDS Cells or Societies	
UNAIDS	1996	National	UN Theme Group and NACO	Assist World Bank design
EU		Mamipur, Assam, West Bengal, Bihar and Kerala	VHA	Under discussion

(note no bilateral donor currently focuses its assistance in Maharashtra State)

*

DFID is currently implementing *sexual health projects* for vulnerable groups in the States of West Bengal, Andhra Pradesh, Orissa, Kerala and Gujarat, as well as a *national Truckers Project*. The Truckers Project will extend condom promotion, STD and sexual health services to truck drivers along major national routes. DFID has focussed on developing strong partnerships or “managed networks” with organizations from different sectors on sexual health and HIV prevention activities. DFID program is presently moving away from its initial emphasis on direct support to the NGO sector and is planning to expand its support to the State AIDS Cells or Societies. In a proposed extension of the program, funds will be channeled through NACO and the State AIDS Cells or Societies, which will in turn commission agencies to operate as State Management Units for planning and managerial support to implementing organizations.

In early 1996, as *technical assistance* from **WHO/GPA** decreased, **UNAIDS** was established. UNAIDS primary objective is *to coordinate the response of the six co-sponsoring UN agencies* (UNAIDS, WHO, UNDP, UNFPA, UNICEF and UNESCO). Its effectiveness has been hampered by poor definition of its mandate, and of its mode of operations. UNAIDS is now reorganizing its staff and functions in India, and is planning to provide support for the preparation and processing of the second phase of the World Bank funded NACP, and to facilitate the response of other UNAIDS member organizations.

The European Commission has supported a nodal NGO, the Voluntary Health Association of India, in developing HIV prevention activities in the five States of Manipur, Assam, West Bengal, Bihar and Kerala. An extension of the Commissions support to HIV/AIDS work in India is under discussion, and it too is likely to be in closer coordination with the government’s efforts. The Commission is also supporting a program related to ethics and human rights issues through the Lawyers’ Collective, Mumbai.

USAID has supported India's HIV/AIDS program since 1990, when the Government of India's Mid-term Plan for AIDS commenced. At that time, USAID supported the initiation of national HIV/AIDS surveillance activities by providing equipment to strengthen 65 blood-testing centers across the country.

In 1991, under the Quality Control of Health Technologies Project (QCHT), USAID/India and the Government of India, began work on *creating the National Institute of Biologicals* (NIB). The Japanese OECF also provides loan funds for the construction of facilities for the NIB. The NIB was designed to strengthen the capacity of the Government of India and of a range of private and public sector producers, to *assure the quality* of biologicals such as blood, blood products, diagnostic and test kits, and essential reagents used in biological laboratories. Blood, blood products, and test kits for surveillance are *key inputs to the national health and HIV/AIDS programs*, and assuring their quality is a high priority.

Another major USAID project, *Program for Advancement of Commercial Technology- Child and Reproductive Health (PACT-CRH)* has focused on expanding the availability of quality products which are essential for health, family planning and HIV/AIDS programs in India. PACT-CRH has *supported the private and commercial sector with loan funds to create new products, more aggressively market existing products and improve the quality of existing products*. PACT-CRH works with commercial condom manufacturers to improve condom quality and market condoms, and to indigenously manufacture and market condom vending machines. The project also has the potential to work with the pharmaceutical industry, to develop and increase the availability of rapid diagnostics for STD/HIV, and to stimulate other private and commercial sector

organizations to undertake HIV/AIDS prevention programs. For instance, the Confederation of Indian Industries (CII), an apex industrial body with an extensive country-wide network of 3500 member companies has received support to develop and market an educational package for prevention of HIV/AIDS /STD in the workplace setting in Indian industries. There is no reason why PACT-CRH could not work on improving health care delivery for STD/HIV/AIDS in the private sector.

In 1992 USAID supported the first *state specific, bilateral HIV/AIDS Prevention and Control Project (APAC) in India in the state of Tamil Nadu*. This *comprehensive prevention program works with selected high-risk groups to bring about behaviour change* using proven strategies of behaviour change communication, treatment and prevention of sexually transmitted diseases (STDs), and condom promotion. APAC was a precursor of other donor funded, state specific prevention programs. Voluntary Health Services (VHS), is the Tamil Nadu NGO responsible for project planning, management and technical support. VHS manages funding to private sector organizations for developing innovative and targeted interventions to stem the transmission of HIV in Tamil Nadu. VHS also provides support for behavioral surveillance, applied research and evaluation activities. VHS has increasingly demonstrated its capacity with the State and the NGO community to provide an effective complement to the activities of the Tamil Nadu AIDS Control Society.

Maharashtra State

In Maharashtra State, international donor assistance besides the World Bank funding has been limited to assistance for specific activities, which would not be described as comprehensive. For example, UNICEF has funded assessments and assisted with the development of the State IEC plan. UNDP supports TISS and the CARAT project along with the Ford Foundation. SIDA has earmarked support to the BMC's Asha Project with women in prostitution in Kamatipura and Khetwadi, which together comprise Mumbai's largest red light district. NORAD supports the training of physicians, and DFID supports trucker interventions along the Mumbai-Nasik highway. Thus far, there has not been a major effort from international donors to provide assistance for a comprehensive HIV/AIDS program in Maharashtra State.

In conclusion, the collaborative efforts of Government, NGOs, and international agencies such as the UN, World Bank and bilateral agencies, have led to significant progress and have prepared the ground for strengthening and expanding the current response. Future efforts need to focus on improving the overall quality of planning and programming while filling the gaps in coverage at the State, Municipal and District Levels.

4 0 GAPS IN CURRENT RESPONSE

In December 1997, the GOI released a draft of the new National AIDS Prevention and Control Policy that articulates the following national policy initiatives: Program Management, Advocacy and Social Mobilization, Participation of NGOs/CBOs, HIV Testing, Counseling, Human Rights, Care and Support for PLWHAs, Surveillance and Monitoring, STDs, Condoms, Blood Safety, and Research.

The draft acknowledges that there are still many gaps in the response to HIV/AIDS and that the spread of the disease from the initial epicenters "underscores the immediate need to have a paradigm shift at all levels." The new draft strategy calls for an improved and expanded response across the public and private sectors. At a National Level, Technical Advisory Groups

(or Technical Resource Groups) are being established to address the development of a series of technical papers to improve the overall quality of program design as well as function as an ongoing technical resource to implementing agencies across India. Thus, the need to improve the quality of the current response has been recognized at a National level.

4.1 STATE LEVEL

At State, Municipality and District Levels, gaps have been identified. As discussed, limited high quality services exist, but the reach and coverage of existing services is insufficient to impact on the epidemic as a whole. In the new second phase of the NACP, decentralization of strategic planning and program implementation is envisaged with rapid and easy pass through of NACO funds to implementing agencies at various levels. Each state will create a State AIDS Society to receive funds directly from NACO, and to implement and be accountable for the HIV/AIDS program in the state. These societies will be autonomous non-governmental organizations. For the most part the current state government AIDS cells will convert to societies and this does not mean creation of completely new units. The municipal authorities of seven major urban areas of India, including Mumbai, will also create Societies for this purpose. The success of this plan will hinge greatly on rapid development of the capacity of these State and Municipal Societies to think strategically and to design and implement effective programs to prevent HIV infection and mitigate the impact of disease. Cooperative planning and action between governmental and non-governmental organizations (NGOs) is required. The need to improve the technical performance of key elements of a comprehensive HIV/AIDS program at the state level, has been identified as a priority. Specific program priorities identified include the provision of services for high-risk populations, the management of STDs, the provision of condoms, and the development of home-based-care strategies for people living with HIV/AIDS. There is also a pressing need to improve and utilize behavioral and sero-surveillance and other epidemiological and research findings for policy and program planning. Under the second phase of the NACP, some technical assistance will be offered at a National level. Limited assistance will be provided by NACO to State and local District levels through the Technical Resource Groups (TRGs).

Maharashtra's most significant problem is mounting a response that is proportional to the current epidemic and potential spread. Although many interesting and potentially impactful activities are already underway, technical assessments have revealed that there is still a large unmet need. For example, although it is recognized that high volume unprotected sexual intercourse results in high risk of infection, only about 30% of those involved in the sex industry in Mumbai are reached through public and private interventions. Closely linked to the need to increase the scale of interventions, particularly in the commercial sex industry, is the need for the NGOs to develop a more strategic focus in their response to maximize the impact on the epidemic. Finally, the health services need capacity development in practical skills relating to infection control, universal precautions, STD management and treatment and the development of alternatives to hospital based care. In conclusion, at the state level there are several levels of need relating to developing high quality programs that provide sufficient coverage to address the current demands associated with the epidemic.

4.2 NATIONAL LEVEL

NACO has identified research and development as a key priority for the future. NACO sees cooperation with the National AIDS Research Institute (NARI) as crucial for success in this area. However, the national research agenda for the NACP has not yet been defined. Historically, research has been primarily focused on biological and epidemiological research relating to HIV/AIDS. In the future, there is a need to expand the current research agenda relating to biological issues including vertical transmission of HIV and the natural history of infection. Additionally, a number of research issues that relate directly to improving the operational strategies and procedures used to effect transmission and reduce the impact of the epidemic could improve the overall quality of programming. For example, currently, there is little funding for the use of research in analysing the social and behavioral determinants of risk. Efforts in surveillance are just beginning to address the behavioral determinants of risk and therefore little work has been done in the analysis and use of behavioral data to improve the overall quality of policies and programs. Behavioral sentinel surveillance and the epidemiology and etiology of STDs have been funded in Tamil Nadu by the USAID assisted APAC Project. However expanded use of these research tools and approaches could assist National and State level program development and evaluation. Overall, efforts to improve the collection, analysis and use of data in policy and program development and monitoring at both State and National levels are key to the quality of the national response to HIV/AIDS in India.

5 0 EXPANDED PROGRAM OF USAID ASSISTANCE TO THE HIV/AIDS PROGRAM IN INDIA

5 1 CONTINUATION OF CURRENT ASSISTANCE

In accordance with the identified priorities, strengths and gaps within the current national response, USAID proposes to continue its present program of support to India. Support for prevention of HIV/AIDS in risk groups in Tamil Nadu, through the APAC Project, will continue up to 2002. USAID intends to continue its support for private sector programs aimed at increasing the availability and quality of products and services that could enhance the effectiveness of the India's HIV/AIDS program, currently funded through PACT-CRH. PACT-CRH is scheduled to end in July 2000. USAID will shortly undertake a review to determine whether PACT-CRH, should be extended, and if it is extended, exactly what role it should play in furthering USAID/India's strategic objectives in the HIV/AIDS sector.

In addition, USAID would like to provide financial and technical assistance in key areas that will add to the coverage and quality of the NACP. A mix of programs at both the national and Maharashtra State level are proposed. The expanded program of support from USAID to the NACP suggested below, responds to the priorities declared by the GOI in the December 1997 draft policy statement on HIV/AIDS. It is also built upon the special strengths and interests of USAID.

The following sections outline the additional support being proposed by USAID for the NACP.

5 2 PROPOSED ASSISTANCE FOR THE HIV/AIDS PROGRAM IN MAHARASHTRA

The overall objective of the Maharashtra program is to increase the use of effective and sustainable responses to reduce the transmission and mitigate the impact of STD/HIV and related infectious diseases. This objective will be reached by achieving the following program results:

Interventions in Sex Industry

- **Improve the quality and availability of information, products and services to reduce the risk and mitigate the impact of STD/HIV/AIDS and related infectious diseases, in the municipal areas of Mumbai, Thane, Pune, and the rural district of Sangli**
- **Develop and test pilot strategies to address the sexual health needs of out-of-school youth**

Strengthen State and Municipal Capacity

- **Strengthen the capacity of state and municipal organizations for HIV/AIDS strategic planning, program implementation, monitoring and evaluation**
- **Increase the availability and use of research and epidemiological data in advocacy and decision-making**

USAID's support for the program in Maharashtra will have two major components. The first, a set of interventions in the sex industry, will improve the availability and quality of information, products and services to reduce the risk of transmission and mitigate the impact of STD/HIV/AIDS and related infectious diseases. This set of activities will have the potential for significant impact not only on the epidemic in the state, but indeed in all of India. The second will be activities that strengthen the capacity of the state and municipal organizations, for HIV/AIDS program planning, implementation, monitoring and evaluation.

5.2.1 Interventions in the Sex Industry

The objective of these interventions would be to increase the availability and quality of information, products and services to reduce risk and mitigate the impact of STD/HIV and related infectious diseases in the sex industry.

Epidemiological evidence indicates that focusing on the sex industry in the municipal/urban areas of Mumbai, Thane and Pune, and the rural district of Sangli, would have the greatest impact on reducing the burden of STD/HIV infection not just in Maharashtra, but in India as a whole. USAID will support a comprehensive set of interventions in these commercial sex areas to promote adoption of safe sexual behaviour and limit STD infection in sex workers and their clients.

The strategic approach is to meet the health care needs of priority populations including women in prostitution, their clients, and people living with HIV/AIDS (PLWHA). Health services will ensure improved integrated care that incorporates prompt and effective screening

and treatment for sexually transmitted diseases, TB, and opportunistic infections, including referral to tertiary care

Epidemiological and ethnographic data show that three key categories of individuals involved in the sex industry need to be addressed on priority--women in prostitution, clients, and people living with HIV/AIDS

The structure of the sex industry in Maharashtra, and the conditions of life of women in prostitution, advocate powerfully for integrating STD/HIV prevention and care, into primary health services. Comprehensive health services must be strengthened to ensure that respectful, high quality services are provided. In addition, it has been shown in India that, services for sex workers must include or be linked to services for their children. As with all women, children are a priority with sex workers. Therefore USAID proposes to strengthen services for women, their children, and male clientele, to reduce transmission of STD/HIV

The sub-results or sub-components of the intervention program in the sex industry are

- Improvement of quality and access to comprehensive services
- Reduced high-risk behaviour in priority population
- Development of capacity of community based groups (CBGs) and non-governmental organizations (NGOs) that work with those at risk
- Communications support for both health service delivery and behaviour change activities
- A condom program to expand availability and use of condoms by groups at risk

5.2.1.1 Improving Comprehensive Health Services

The objective of this component is to improve availability, access and quality of comprehensive health services for risk groups and PLWHA

Widening Primary Health Services into Comprehensive Health Services

Timely and effective treatment of STDs and some RTIs reduces vulnerability to HIV. About 80% of STDs and RTIs in women are asymptomatic. Health seeking behavior even for symptomatic STDs and RTIs is known to be poor. All this points to the need for integrating STD and RTI screening and treatment into primary health care, for both men and women. Every contact with the health system, should be seen as an opportunity to be used for providing those at risk with screening, diagnosis, treatment, counseling, and care for RTI and STD. Key aspects of effective treatment include

- Taking sexual history to make risk assessments and decide whether screening is required for an asymptomatic woman (STD/RTI in women are mostly asymptomatic)
- Behaviour change communication for adoption of safe behaviours including consistent and correct condom use,

- Proper management of STD/RTI, including syndromic management of STDs, contact tracing and partner treatment,

The resurgence of TB, and its primacy in the list of HIV/AIDS related opportunistic infections requires that detection and treatment of TB be integrated into primary health services

So too should the detection and management of opportunistic infections in PLWHA. The capacity of NGOs and primary health clinics to provide training in the community provision of services for home based care, counseling and support will become important

As the epidemic grows, and the number of PLWHA reporting to health service centers increase, they will need access to the services of professional counselors to help them cope with the increasing stress in their lives. Presently, such services are not available in conjunction with clinics. Alternative approaches could be tried for making these services available to patients seeking care from project identified clinics

Service points should also provide essential pediatric services for the children of women in prostitution

Use of incorrect/incomplete treatment regimens by providers, and poor compliance by patients, microbial drug resistance. Providers will need to be able to use practical criteria to define treatment failure, and to detect drug resistance based on treatment failure. (The correct selection and use of drugs should be emphasized)

Systematic case reporting by clinicians can generate a pool of epidemiological information helpful for shaping the response of the health system to disease, and useful for re-examine treatment protocols. Regular and standardized reporting of cases of STD, TB, and drug resistance by providers to health authorities should be initiated

The development and use of sustainable infection control procedures, appropriate for the clinical setting in the state, is to be emphasized

Availability of a choice of free, subsidized, and full priced condoms in clinical facilities, as well as information and advice on where condoms can be procured, must be an integral part of services provided in primary health care clinics

Essential steps in widening primary care into comprehensive care are the development of a range of protocols for integrated care, and training providers to use the protocols. Protocols to be developed are

- STD/RTI detection, care and treatment and prevention
- TB detection, care and treatment, and prevention
- Clinical methodologies to detect drug resistance based on treatment failure
- Correct selection and use of drugs
- Management/logistics of drugs
- Standardized case reporting for STD/HIV, TB, and drug resistance
- Managing opportunistic infections in PLWHA
- Continuum of care for PLWHA
- Infection control methods

- Incorporating professional counseling services into PHC

Both government and private providers will need to be trained in using the comprehensive care protocols developed for this program. Priority should be given to training those providers who are currently the "providers of choice" of risk groups. Training tools and methods should be designed to ensure the development of skills and competence rather than mere conceptual and diagnostic abilities.

Availability and Access

Efforts to improve access and availability are to be focused on a selected number of clinics/providers who are conveniently accessible to risk groups. Preference of risk groups must be taken into consideration, and only those clinics/providers selected that already have the trust and enjoy the patronage of risk groups. A combination of municipal and private providers should be selected. The long term financial viability of services introduced needs emphasis. Fee for service should be encouraged, and setting up of new, "free" service points discouraged. A feasibility analysis will be carried out to establish user fees.

All selected clinics/providers will need to develop referral linkages with both individual practitioners and tertiary care units. This will ensure that patients can be referred promptly, to the right agencies, and that they will get prompt attention from the institution or provider to whom they have been referred.

Apart from static clinics, it may be necessary to examine innovative, cost effective, and financially viable models of outreach clinical services such as home visits, and contact tracing and treatment for STDs. As the epidemic grows, and the number of people living with HIV/AIDS increases, both clinic and community and home based care, counseling and support will become important.

The development of referral linkages and outreach models will be possible only with cooperation between the Maharashtra State AIDS Cell, municipal authorities, private providers, community based groups (CBGs), and non-governmental organizations (NGOs). CBGs/NGOs working with risk groups could take every opportunity to inform those in need of services about where quality services are available, and could assist in developing linkages between the communities that they work with and primary and tertiary clinical facilities in those areas.

Quality of Care

Enhancement and continuous updating of skills of a range of providers is a prime contributor to high quality of care. The recommended approach here is to combine a program of class room training with a system of post-training follow-up to ensure reinforcement of learning, and to facilitate the conversion of skills acquired in the class room to improved provider practices in clinical settings.

In the program of post-training follow-up, trainees would meet periodically to discuss interesting cases, problems in the work situation which make it difficult to apply skills learned in class, and to jointly work out methods for improving the quality of care. This system would not only

reinforce learning but would also work as a "quality circle", ensuring that all practitioners stay tuned to quality of care issues. Only then will training result in improved quality of care.

Efforts to improve the quality of clinical services must include other aspects of service delivery. Primary health clinics need essential basic facilities such as equipment, running water, light and privacy. There must be adequate and uninterrupted supplies of essential drugs. This work will be an integral part of the USAID program. Though USAID cannot fund drugs and supplies, it could support activities to improve logistics and management systems related to these items.

USAID will fund

- (i) The development of protocols for widening primary health care
- (ii) Activities which seek to make professional clinical services accessible to risk groups
- (iii) The development of financially viable, self-sustaining models for delivering outreach clinical services
- (iv) If viable approaches emerge, competent organizations can be funded to provide outreach services, using these approaches
- (v) Professional organizations with a combination of medical and training capability will be funded to
 - develop training programs built around the approved comprehensive health care protocols discussed in the previous section
 - train a range of providers to use the comprehensive health care protocols
 - hold refresher training programs and technical up-date sessions, and quarterly learning reinforcement meetings with trainees

USAID funds will not be used for equipping and upgrading clinical facilities, and procuring drugs and condoms. These elements of cost will be the contribution of the Host Country Government.

5.2.1.2 Reduced High Risk Behaviour in Priority Populations

This component will aim to bring about behaviour change in risk groups- having them accurately perceive the personal risk arising out of their own behaviour, examining the range of safe behavioural options available to them, and adopting safer behaviours

Behaviour change interventions will be focused on those individuals who are at high-risk/vulnerable. Such groups in the sex industry, are women in prostitution/male and female sex workers (SWs), their children, male and female gate-keepers of the sex industry, clients of SWs, and people living with HIV/AIDS (PLWHA). They need to be reached with innovative programs that will bring about sustained behaviour change.

CBGs/NGOs and PLWHA best carry out behaviour change programs. Reaching clients and men involved in the commercial sex industry, developing innovative strategies to effect positive change in the sexual behaviour of clients, and encouraging the adoption of safe sexual behaviour within commercial sex transactions, must be a priority.

CBG/NGO behaviour change intervention programs would need to be carried out in cooperation with the municipal and state authorities, and with each other.

CBGs/NGOs could use advocacy, to reduce stigma, and create a supportive environment for behaviour change. They could use creative interpersonal and small group communication techniques, and the services of opinion leaders, and peer educators, to increase safe sexual behaviour. PLWHAs, as individuals and in association, could be powerful advocates for behaviour change. Many have expressed the desire to be involved in prevention and care programs, and could be given a role to play.

Safe behaviour includes a range of behavioural options - reduction in multi-partner sex, reduction in visits to sex workers, and consistent and correct condom use in risky sexual encounters. Individuals need to be trained in making personal risk assessments, in obtaining condoms, and in negotiating condom use. Safe behaviour also includes improved health seeking behaviour for STD/RTI/HIV and opportunistic infections. Those at risk have to be helped to overcome inhibitions in seeking early treatment for STDs.

CBGs/NGOs can play a key role in community based activities which result in detection, and referral of STD cases to health care providers. They need to know about what constitutes quality care, and what the sources of such care are. CBGs/NGOs can facilitate referral of risk groups to quality providers.

CBGs/NGOs could be an important link between condom manufacturers/marketers, and retailers, conveying market intelligence regarding gaps in the distribution network, and of opportunities for condom sales in project intervention areas.

CBGs/NGOs could work with PLWHAs, families and communities, in living positively with HIV/AIDS, in training them in home-based care, counseling and support for PLWHA.

CBGs/NGO can play a key link role in community based TB control programs. They can work with communities in advocacy for TB control, awareness and recognition of symptoms, prompt seeking of treatment, and improved patient compliance. They could serve as community monitors for the TB surveillance system and work with providers in case finding and improved reporting of cases of TB and drug resistance.

USAID funds can be used by CBGs/NGOs to

- (i) Carry out behaviour change interventions with risk groups in a selected number of pre-identified commercial sex areas of Mumbai, Thane, Pune and Sangli
- (ii) Conduct street theatre performances
- (iii) Establish and operate demonstration projects for home and community-based care for PLWHA
- (iv) Provide professional and para-professional counseling services at health centers

The objective of this sub-component of the program, is to strengthen the capacity of the to-be-formed Maharashtra State AIDS Society (MSACS) and the Brihan-Mumbai Municipal Corporation AIDS Society (BMCAS), to plan, manage, and effectively improve the CBG/NGO response to STD/HIV/AIDS. This will require the involvement of an adequate number of appropriate groups, in a coordinated prevention and care program in Maharashtra, and groups will need to be enabled to develop and implement effective and sustainable programs in coordination and cooperation with the State and Municipal Societies

CBGs/NGOs are acknowledged as critical partners for implementing responsive, community-based programs and their experience and reputation has often earned them the trust of local communities. The NACP envisages that CBGs/NGOs will play a key role in reaching risk groups with behaviour change programs. Both the MSACS, and the BMCAS are expected to work in close cooperation with, and provide funds to, such groups to carry out behaviour change programs with risk groups.

At the present time, it appears that the MSACS and the BMCAS will be appointing NGO officers to develop and coordinate NGO programs. The addition of such a person to the staff of the societies is a welcome development. However, the relative roles of this officer, and of the "Nodal NGO" which NACO suggests be selected by both the MSACS and the BMCAS, will need to be carefully defined. It may be more effective to have the executive head of the nodal NGO be the NGO officer. In this way the Nodal NGOs will become an integral part of the two Societies, and accountable to them.

A review of the current NGO environment reveals that there are a few committed NGOs working in HIV/AIDS in Maharashtra. This group needs to be enlarged. Also the groups need to overcome local rivalries, and work in coordination and cooperation with each other and with the MSACS and BMCAS.

USAID's long experience of supporting NGOs to work in primary health, maternal and child health, and HIV/AIDS, has demonstrated that *the quality of NGO involvement in health programs is a function of the technical and managerial inputs that are provided to strengthen them. Provision of financial support without these matching inputs is counter-productive*.

CBGs/NGOs need support and strengthening in a wide range of technical, financial, administrative and programmatic areas.

A Technical Areas

NGOs need to be able to design sound intervention programs, which will both reduce transmission and mitigate the impact of the epidemic. This will require a fuller understanding of the key social, behavioural, economic, ethical, legal and epidemiological issues in HIV/AIDS. It also requires the use of data and research to define the problem, identify risk groups, determine priorities, and to select those action alternatives which are within the capacity of the NGO, and which will have impact. In addition, defining program objectives, selecting performance

indicators, carrying out formative research and establishing baselines against which to measure performance, need emphasis

Communication is the key to behaviour change. NGOs need to be skilled in designing communication programs for behaviour change in risk groups- going beyond the creation of awareness to get risk groups to adopt safe behaviour. Other aspects that need attention are selecting the right communication techniques, the use of counseling and interpersonal communication by opinion leaders and peers as educators, and finally, the role of drama and street theater

The development of interpersonal behaviour change communication skills of NGO staff is a prerequisite for programs. NGO staff need technical inputs which will enable them to carry out behaviour change communication in a sensitive, responsive, and quality manner. NGO communicators need to understand that safe sex comprises a range of behavioural options of which correct and consistent condom use is one important option. Without this understanding, communicators are liable to push the condom use message in culturally unacceptable ways. Communicators should understand and communicate the important role that prompt and correct treatment of STDs plays in slowing down the epidemic. Media assistance will also be needed in the form of communication material to be used by interpersonal communicators

At the present time, the understanding of the importance of timely and high quality STD treatment, is limited. CBGs/NGOs need to ensure that risk groups have access to and utilize quality STD services. This involves understanding the linkages between STDs and HIV, the issues related to quality of care for STDs, and of the asymptomatic nature of STDs in women,

Continuum of care for PLWHAs, including access to professional and para-professional counseling services is another important issue in which capacity needs developing

CBGs/NGOs need training to enable them to play an appropriate role in community-based tuberculosis control- especially in case finding, and reporting

B Administrative and Programmatic Areas

Proposal development and writing, recruitment and training of staff, and financial management, need attention

A wide variety of approaches, going beyond mere classroom training, could be used for the development of capacity. Regular monitoring and supportive supervision of the work of grantees, with timely, on-the-job technical inputs to improve work, is the single most important capacity development tool. On-site support and guidance could come from individual or organizational consultants who have the relevant expertise and experience. Other tools are visits to other NGOs with successful or innovative programs, networking and experience-sharing meetings, documentation and dissemination of lessons learned and best practice, study tours and site visits, and participation in technical meetings

USAID project funds could be utilized to

- (i) Monitor and supervise the work of CBG/NGO grantees, and to provide them with on-site technical assistance and guidance
- (ii) Build a data base of more experienced NGOs and demonstration project sites which could be involved in offering cross project technical assistance to NGOs involved in the Maharashtra program
- (iii) Carry out training and technical needs assessments as required
- (iv) Develop and conduct training and technical assistance program based on needs assessment
- (v) Identify and utilize individuals, professional institutions and more experienced NGOs, that have the experience, expertise and desire to help develop the capacity of CBGs/NGOs, through activities such as workshops and monitoring and guidance visits
- (vi) Hold experience sharing and networking meetings
- (vii) Enable study visits to demonstration sites in India
- (viii) Facilitate participation in technical meetings
- (ix) Provide financial assistance to a select few demonstration projects in home-based and community-based care of HIV infected individuals
- (x) Provide financial assistance to one or two organizations to set up financially viable, and self-sustaining resource centers for the use of NGOs involved in HIV/AIDS programs
- (xi) Document and disseminate experiences of CBGs/ NGOs

5 2 1 4 Communications Support Program

The goal of the communication sub-component of the program of Interventions in the Sex Industry, will be to provide essential support to both the health service delivery and the behaviour change programs

The communications program will have two major sub-components—
mass communication and support for interpersonal and small group communication

Mass Communication

Key audiences for mass communication programs are health care providers, those engaging in risk behaviour, the general community, and policy makers. The mass communication sub-component would use media including traditional and folk media

Communication objectives will be to

- Build a supportive environment by sensitizing communities and health care providers to the social, economic, ethical, humanitarian, preventive and curative issues related to HIV/AIDS and to the care of positive people
- Create awareness about STD/HIV/AIDS, so as to enable individuals engaging in risk behaviour to make a realistic assessment of risk, and to re-examine those attitudes, values and norms that dictate their current behaviour
- Create a demand for STD and PHC services and for products such as condoms,
- Improve health/treatment seeking behaviour related to RTI/STD, especially in women, by creating awareness about the need for prompt treatment of RTI/STD and of the asymptomatic nature of STDs in women
- Create an accurate understanding of the protective value of condoms, increase its acceptability, generate a demand for condoms, and increase their use by creating confidence in the condom as a quality product which provides a very high level of protection when correctly and consistently used
- Improve the quality of care provided for STD/RTI by making providers aware of the criticality of prompt and effective treatment, and of screening women for asymptomatic infections

Interpersonal Communication

The interpersonal communication efforts of community based organizations and NGOs, who work with risk groups involved in the sex industry, also need professional communications support. Material and visual aides need to be prepared for sex workers, gate keepers in the sex industry, peer educators, and clients. Standardized messages need to be carefully crafted, tested, and then periodically refreshed so that they do not become monotonous. Messages must be consistent, non-judgmental, and culture and language specific. Peer educators and other communicators must be trained in delivery of messages.

USAID funds could be used to

- (i) Carry out essential communications research
- (ii) Develop an overall communications strategy
- (iii) Devise and run mass communications campaigns
- (iv) Develop, test and produce interpersonal communications material
- (v) Train peer educators and other communicators
- (vi) Organize and conduct public relations activities and events
- (vii) Evaluate the effectiveness of the overall communications program

However, these funds can be used only for services provided by professional communications and communications research agencies or individual consultants with a professional background in these fields. The for-profit sector has several excellent agencies that can proceed with these tasks quickly and effectively. Such organizations should be used. Where these organizations

need, and would benefit from guidance in the socio-technical issues related to HIV/AIDS, they should be required to seek assistance from individuals, and CBGs/NGOs that possess the requisite perspective and experience

5 2 1 5 Improved, Access, Availability, and Use of Condoms in the Sex Industry

The objectives of the condom support program are to ensure that a wide choice of quality condoms are available at all times in areas where commercial sex occurs, and that those engaging in commercial sex use condoms consistently, correctly, and with confidence

The strategic approach used will be to ensure sustainable, long term growth in the market for condoms by stimulating and supporting the commercial condom sector to play a vigorous role in generating demand for condoms and in expanding their availability and use

The use of condoms is the only known physical barrier to preventing the transmission of HIV, and as such the promotion, and use of condoms by those engaged in commercial sex must be a major thrust of the program

Even though India has a large commercial condom manufacturing and marketing industry, free distribution of condoms is believed to have dampened the will of this sector to aggressively market condoms. The Government of India has begun to recognize that it cannot, over the long term, sustain its policy of promoting free and subsidized condoms. In the interest of sustainability, it is important to allow market forces to play a more vigorous role in condom marketing. The USAID program will deliberately focus on stimulating the for-profit sector to play a lead role, in developing and servicing the demand for condoms as a disease prevention device. Emphasis will be placed on areas where the sex industry operates.

Condom availability, perceptions of condom quality, and price elasticity in commercial sex intervention areas will be studied. The condom program will build upon this information.

Indian condoms are very expensive, and current sales volumes are very low. Thus the product is not remunerative for the retailer. The condom support component of this program will pay for the development of creative marketing strategies to find financially viable ways of expanding the distribution network for condoms. Activities which try to find effective, low cost approaches to augmenting the existing distribution system will be encouraged, as will activities that generate a demand for condoms and increase their use, thus moving long term sales volumes to more profitable levels for the condom industry.

Expanding Distribution

Commercial organizations, which are currently involved in marketing condoms, will be stimulated to expand the distribution of condoms in these areas. Particular attention will be paid to expanding the network of sales points so that the product is conveniently available to those who need it. Increasing availability dictates that sales points include non-traditional outlets, such

as cigarette kiosks, multi-purpose retail outlets, public and private STD clinics, hospitals, and bars

Increase Condom Use

In 1996-97, 81.3 million condoms were either distributed or sold in Maharashtra. The State Government distributed 53.9 million condoms free through government outlets such as clinics, and through NGOs, while 27.4 million condoms were sold, either subsidized or full price, through both Government and commercial marketing channels. Analysis reveals that even at these levels there is still a large unmet need in areas of commercial sex (an estimated 72-108 million high-risk sexual encounters occur in Maharashtra each year). Several barriers to condom use exist including lack of information, lack of acceptability and confidence in available product, inconvenient access to condoms, and poor visibility of condoms at retail outlets. Strategies used to fill the gap between the levels of high-risk sexual encounters and current low levels of condom use, would need to address the educational, emotional, manufacturing and marketing challenges.

Acceptability and use of the condom needs to increase dramatically. *Confidence in the quality of the condom is an issue.* Though condom quality has improved greatly over the last few years, user perception of quality lags behind. Systematic testing of condoms at point of purchase, and dissemination of test results will do much to build confidence in the product. It will also ensure that manufacturers and marketers continue to address quality issues and achieve quality improvement.

Use of the condom has always been dogged by men's perception that condoms interfere with the spontaneity and pleasure of sex. Certain condom manufacturers have begun to address this issue through evocative, brand specific advertising campaigns. Project supported persuasive communication must move these efforts along. Since condoms are also a major family planning device, communication programs will need to learn to promote condom use for disease prevention without stigmatizing their use, and without seeming to be culturally insensitive. A major generic condom promotion campaign is needed, using both mass media and interpersonal communication to reach those engaging in high-risk sex.

Removing Retail Level Barriers to Condom Purchase

Even after distribution has been expanded, and promotion campaigns make men aware of the need to use condoms, barriers to condom purchase remain. Embarrassed retailers do not display condoms. Nor are they able to help the embarrassed customers to make an informed product purchase decision. Retailers need to be trained in stocking condoms, displaying them well, and in generally learning how to recognize the reluctant/embarrassed customer, and in encouraging him to purchase the condom of his choice.

USAID funds will be used to

- (i) Develop an overall condom strategy and program
- (ii) Conduct essential condom research studies
- (iii) Develop innovative marketing strategies for expanding the commercial distribution networks for condoms in a manner that will be financially viable in the long term.
- (iv) Provide assistance to commercial condom manufacturers, and other commercial agencies, to expand the distribution network for condoms in a financially viable manner.

- (v) Commercial sector activities which seek to make condoms, condom information and guidance, available in health clinics
- (vi) Design and carry out a mass communications campaign to improve condom acceptability, and dramatically increase the use of condoms
- (vii) Train manufacturers' field force, and retailers, in increasing retail visibility of condoms, promoting condoms at point of purchase, and in handling embarrassed customers

5 2 2 Pilot/Demonstration Programs for Out-of-School Youth

There is inadequate data on the nature and extent of risk behaviour amongst out-of-school youth. Shireen Jejeebhoy's comprehensive review of literature on the reproductive health of adolescents in India (December 1996), indicates that between 20 and 30 percent of all males, and up to 10 percent of all females, are sexually active during adolescence and before marriage. This is in spite of early marriage, and strong social disapproval of premarital sex. A significant proportion of adolescent boys who have engaged in pre-marital sex report having sought sex from commercial sex workers. However, their knowledge of sexually transmitted diseases, HIV and AIDS is superficial, and knowledge about the protective value of the condom is inadequate. Limited data on adolescent abortion seekers indicate that unmarried adolescents constitute a disproportionately large proportion of abortion seekers. Up to 30 percent of those who seek abortion are likely to be adolescents, about half of unmarried women seeking abortions are adolescents and a disturbing number under 15. Unmarried adolescents are considerably more likely than older women to delay seeking abortion services and hence undergo second trimester abortions. The health consequences of all these are severe. Adolescent ignorance about sexual and reproductive behaviour is compounded by the reluctance of parents and teachers to provide adolescents with information. The reluctance stems from a combination of social taboo against open discussion of such matters and embarrassment and inexperience in discussing issues of an intimate nature.

In Maharashtra, Government supported programs for youth in school, have attempted to address this issue. However no programs exist for out-of-school youth.

- USAID's own experience of programs to meet the sexual health needs of youth is limited. Further, youth out-of-school are a difficult group to reach. USAID does not intend to support large-scale programs for out-of-school youth, but proposes to support exploratory work and data gathering in this area. If data suggest a need, a small number of carefully designed pilot intervention programs should be developed to reach this group.

Therefore, in this program area, USAID funds can be used to support

- (i) A few quality studies to establish the nature and extent of the sexual health needs of this group, and if the findings justify it,
- (ii) The development and implementation of two pilot activities in commercial sex intervention areas, to address the needs of this group.

- (iii) Dissemination of research findings, and careful documentation and dissemination of lessons learned from pilot studies

5 2 3 Strengthening State and Municipal Capacity

The objective of this program component would be to strengthen planning, implementation, monitoring and evaluation of State and Municipal HIV/AIDS programs

The activities envisaged under this component would include

5 2 3 1 Training of State and Municipal Program Staff

Key program personnel require exposure to the variety of technical issues that need to be understood before programs can be designed. Such issues are the relationship between STDs and HIV, how to cover risk groups with effective STD services, what constitutes safe behaviour, how behaviour change can be brought about, environmental factors inhibiting behaviour change, the relationship between HIV/AIDS and opportunistic infections, the cooperation required between the public and the private sector, the key role of health care providers, issues related to PLWHAs and their care, the legal and ethical issues, etc. An understanding of programmatic issues is also vital: the importance of focus and sustainability, and the need for collaboration and cooperation between sectors. All this can be imparted through a set of training courses and facilitated practical assistance on the job.

Program personnel also need exposure to successful programs elsewhere, so that they obtain a concrete understanding of what programs can achieve, and of creative ways in which problems can be tackled.

5 2 3 2 Short and long term consultants

USAID will make arrangements to respond to specific requests of the State and Municipal Corporations for assistance in any aspects of program design, planning, implementation and review. If international technical assistance is required, USAID will arrange and pay for such assistance directly.

5 2 3 3 Program planning

Relative to other states in India, the Maharashtra State Government has performed well in providing leadership in planning activities. This is exemplified by the development of the Action Plan for 1997-1998 for HIV/AIDS. Included in the plan are stated objectives, a budget allocation for activities in support of each objective, the assignment of a focal point and a time frame. However, the planning process could be strengthened by including all relevant stakeholders and reaching a broad common understanding of the desired strategic objectives and outcomes of the program, and the core indicators which will be used to measure achievement of objectives. The range of indicators to be used to by various stakeholders to measure the achievements of their individual programs/program components would also need to be agreed upon. This would ensure that the programs and efforts of all stakeholders contribute to furthering

the overall objectives of the state program. The essence of strategic thinking is focus--the conservation of attention, energy and resources for the few big factors that will have the most significant impact on the problem at hand. When a group of stakeholders works together to draw up a strategic plan, careful preparatory work, including the gathering and analysis of data essential for planning, is required. The development of annual plans will have to be based on a hard-nosed, analytical review of the previous year's performance figures as well as situational bottlenecks that prevailed. The entire planning process would benefit from the involvement of technical experts and resource persons who can help to facilitate and give direction to the discussions, and to the evaluation of alternative technical approaches, so that the most appropriate strategic approaches are finally adopted. There is also a need to clearly articulate state policies within a strategic plan that clarify issues relating to the implementation of programs. For example, articulation of state policies relating HIV/AIDS and testing, employment and workplace issues could greatly enhance the rights of PLWHA, reduce discrimination and strengthen the State's program results.

5.2.3.4 Periodic Review of Program Performance

The first major steps in program planning have already been taken by the State. However, there is need for improvement in overall monitoring of performance against plan. Also, there is a need to take corrective action based on periodic review of performance. If this is to be done well, all stakeholders must learn to develop performance tracking systems, and to collect and use data to review performance against specific, realistic and challenging targets set at the planning stage.

USAID funds will be used to assist the MSACS to design and hold regular and routine strategic planning and performance review meetings, and to bring to the meetings, the variety of partners and stakeholders (including the BMCAS) who are involved in implementing the Maharashtra HIV/AIDS program. Support would be provided for pre-meeting data collection and analysis, and for bringing subject specialists to the meeting to help the groups to understand and take informed decisions on intricate technical issues. Assistance would be provided for producing, printing and disseminating both the annual Plan document and the periodic performance review reports.

USAID funds can be used for

- (i) Conducting training and technical assistance needs assessments
- (ii) Developing and conducting training courses
- (iii) Organizing exposure/study visits for staff to demonstration sites
- (iv) Facilitating participation of staff in domestic meetings and conferences
- (v) Providing long and short term technical consultants as needed/requested by the MSACS and the BMCAS
- (vi) Gathering, analysis and reproduction of data in preparation for annual and periodic planning and review meetings
- (vii) Holding annual and periodic planning and review meetings
- (viii) Facilitating participation of stakeholder in planning and review meetings
- (ix) Printing and dissemination of annual plans, documents, and review reports

The objective of this program component would be to improve the availability and use of research and epidemiological data for advocacy, decision-making, strategic planning, program implementation, monitoring and evaluation, in the HIV/AIDS program in Maharashtra

The elements of this program would be to (a) design and complete a set of studies to gather data for the design for the sex industry intervention program and for monitoring the performance of the program in Maharashtra, (b) develop and support a longer term program of research and surveillance relevant to the State's overall HIV/AIDS program, and (c) disseminate research and epidemiological data for use in improving the effectiveness and visibility of the HIV/AIDS program in Maharashtra

There is a great deal of precise information which is needed before the commercial sex worker intervention program in Mumbai, Thane, Pune and Sangli can be detailed, and inputs planned. The specific questions to be answered are

- 1 What is the broad number of different groups for whom primary health care services need to be geared up?
- 2 How easy is it for risk groups to access services in both the government and private sector?
- 3 What is the quality of services available, how adequate and appropriate are they for this program?
- 4 What are the STD/RTI health seeking behaviours and preferences of risk groups including PLWHA, who are their preferred providers, and what are the barriers to seeking care?
- 5 What are the knowledge, attitude and practices of risk groups related to STD/RTI?
- 6 What are the knowledge, attitude and practices of health care providers regarding STD/RTI, syndromic case management, and the treatment of PLWHA?
- 7 What are the perceptions of families and communities regarding the care of PLWHA?
- 8 What is the desire and ability of PLWHA to serve as behaviour change communicators for high-risk groups?
- 9 What is the prevalence and etiology of STDs, in the community, in Maharashtra?
- 10 What is the availability and quality of condoms at retail outlets?
- 11 What is the incidence of homosexual behaviour and non-brothel based commercial sex and is it so wide-spread as to be of epidemiological significance?
- 12 Are street children and out-of-school youth of epidemiological significance?
- 13 What is the nature and extent of communication efforts undertaken to date, and what has been their impact?

- 14 How many CBGs/NGOs are there in commercial sex areas, which could be interested in working on HIV/AIDS prevention? What is their current level of interest in these activities?
- 15 Which are the more experienced HIV/AIDS NGOs in Maharashtra that could become demonstration sites for building the capacity of NGOs newly recruited to the cause of HIV/AIDS?

Studies to obtain these data will be carefully designed to gather both qualitative and quantitative data, so that performance baselines can be established. The data collection tools will be re-used, in subsequent years, to measure changes over baseline. USAID supported programs elsewhere have used tools such as the Behavioural Sentinel Surveillance Survey, the Health Facility Survey, the Community Based STD Prevalence Study, and KAP studies for measuring provider behaviour. These tools could be used to good effect in Maharashtra.

Preparatory studies (**Annex II**) will be carried out as soon as USAID, NACO and the Maharashtra State Government arrive at broad agreement on the concepts and principles outlined in this document. Scopes of work for these studies could be prepared, and funds as well as technical assistance for these studies to be carried out would be provided directly by USAID to commercial research organizations jointly selected by USAID and the Maharashtra State AIDS Cell. USAID's worldwide, technical support, cooperating agency, Family Health International will facilitate this work under the direct supervision of USAID. FHI will ensure that all the key stakeholders are involved in firming up the preparatory research agenda, and in providing essential input into the design of the preparatory studies. The preparatory studies will be carried out before the signing of the bilateral agreement between the Government of India and USAID, and before bilateral funds are obligated by USAID.

5 2 4 2

Longer Term Program of Research and Surveillance in Maharashtra

Maharashtra has several distinguished organizations interested in and capable of carrying out research. HIV/AIDS programming would benefit from a multi-disciplinary research agenda and program of research involving a broad range of competent agencies. Such a program would need to be designed to answer key epidemiological, behavioural, and clinical questions, and to improve the prevention and management of STD/HIV/AIDS and related infectious diseases. As the epidemic grows, and therapeutic solutions become available, answers will be needed to questions of preventing vertical transmission, management of opportunistic infection, dealing with drug resistance, evaluating the effectiveness of syndromic case management, whether positive people would benefit from being told they are positive, the type of psycho-social interventions that are most appropriate for positive people, helping families and communities to cope with the psycho-social burden of caring for the chronically ill, and for preparing for death of loved ones.

USAID envisages that a single agency will be charged with the task of drawing up and managing such a research program. It would receive funds to manage the program and would disburse these funds to other institutions and researchers to carry out specific studies. The Research Management Agency (RMA) would be selected based on its familiarity with the processes of determining research priorities in a cooperation with major stakeholders, developing research agendas, preparing research briefs, inviting research proposals, organizing research reviews, funding and managing research, and ensuring the documentation and dissemination of research.

The capacity of the agency to manage such a program would be critical. The RMA would not itself carry out research funded under this program. At the request of the RMA, USAID would be able to selectively provide collaborative research linkages, for researchers in Maharashtra, with US researchers and research institutions, thus strengthening the capacity of Maharashtra's research institutions.

In the second phase of the NACP, NACO has plans to provide intensive input for the strengthening of the STD/HIV/AIDS surveillance and sentinel surveillance systems in the state. Should Maharashtra require technical or other assistance in this area, USAID could be of assistance. Specifically, USAID/India could offer technical assistance, in coordination with NACO, FHI, and WHO for the design of an operational STD/HIV/AIDS and TB surveillance system, especially sampling methodologies and data analysis for HIV and STDs. USAID could also assist in the development of an operational STD, TB and drug resistance surveillance system including strengthening statewide reporting and a sentinel system to monitor antibiotic resistance patterns.

Should the Maharashtra State Government be interested in developing an integrated disease surveillance system for Maharashtra, USAID would be able to provide both technical and financial support through the U.S. Centers for Disease Control, and WHO, for preliminary activities jointly identified, and for the development of such systems, in the municipalities of Mumbai, Thane and Pune.

USAID funds for this component of the program could be used for

- (i) Holding Research Advisory Group Meetings
- (ii) Inviting research proposals
- (iii) Peer review of proposals
- (iv) Funding research studies
- (v) Monitoring the progress of funded research
- (vi) Documentation of research done in the state, even though it is not funded by the USAID program
- (vii) Publication of research findings and dissemination

Since it is not yet clear what types of surveillance activities or assistance will be required by the Maharashtra program, elements of cost that can be supported for surveillance will be defined later.

6 0 IMPLEMENTATION AND FUNDS FLOW ARRANGEMENTS

6 1 The Program in Maharashtra

Annex III is a diagram of the implementation and funds flow mechanisms as discussed to date between NACO, the Maharashtra State AIDS Cell, and USAID/India.

The discussions on the program of support proposed for Maharashtra are at an advanced stage. There is agreement on the technical focus and strategies proposed. Also, there is broad understanding and agreement on the implementation and funds flow arrangements for this component.

NACO and USAID will, in consultation with the Secretary Health, Government of Maharashtra, jointly select an existing organization that has technical and management capacity to serve as the Project Management Unit (PMU) for implementing the USAID program. The PMU will be a registered society. It will be accountable to and guided by a Governing Board (GB). The membership of the GB will include GOM, NACO, MSACS and USAID, and decisions will be by consensus.

The PMU will hire staff specifically to implement the USAID program. Staff will have an appropriate mix of technical, administrative and financial skills and experience to ensure efficient use of resources in achieving the program's objectives. The PMU will formulate its own policies and procedures, for technical, personnel and financial operations, under the overall guidance of the GB. These policies and procedures will be such as to provide the operational autonomy and flexibility needed by the PMU to be able to recruit and retain qualified personnel, and to function effectively in achieving program results.

The PMU will implement the USAID program through a variety of partner agencies/institutions and individuals. These would include the MSACS, BMCAS, the Municipal Corporations of Thane and Pune and Pimpri/Chinchwad, for-profit agencies such as condom companies, communications and research firms, and a range of individual experts providing services to the program. The PMU will provide funds to these entities, including the municipal corporations, directly through grants and contracts using criteria and procedures to be developed later and approved by the GB. The PMU will be responsible for providing technical assistance to partner agencies, strengthening their capacity, and monitoring progress of their work. The partner agencies will be accountable to the PMU for funds advanced/dispensed to them and will be responsible for getting annual audits performed in accordance with procedures to be specified during implementation. It is critical to centralize the responsibility for overall program and financial management in the PMU to hold it accountable for not only results but also efficient and authorized use of resources.

Considering the proposed structure of the program, it will be critical for the PMU to have adequate funds available at all times to meet projected expenses for at least nine months, and for the cost reimbursement process to be kept simple to allow fast turnaround of funds.

Therefore the GOI will establish a revolving fund for the PMU. The amount of the revolving fund will be equal to nine months fund requirement of the PMU. The exact amount of the revolving fund will be estimated each year by the PMU based on its annual activity and budget. The annual budget, activity plan, and the estimated fund requirement, will be approved by the GB and communicated to NACO for release of funds. All parties have agreed that NACO will release funds to the PMU through the Maharashtra State AIDS Control Society (MSACS). The MSACS will transfer all funds received from NACO to the PMU's bank account, within one week of receipt. The PMU will subsequently submit quarterly expenditure statements, duly certified by a CPA firm, and approved by the GB, to NACO. NACO will reimburse the expended amount to the PMU within 15 days of receiving the expenditure statement. NACO

will claim the amount from USAID through DEA. The revolving fund will be liquidated at the end of the program's life.

All expenditures incurred for the program will be subject to annual audits that will be performed by one of the CPA firms approved by the USAID Inspector General. These audits will be performed in accordance with USAID/IG's "Guidelines for Financial Audits Contracted by Foreign Recipients." Funds for these audits have been budgeted. Audit by the Comptroller and Auditor General (CAG) is an essential requirement of statutory audit for registered societies with governmental representation handling large funds. Thus CAG audits will also be required.

Methods of Implementation & Financing (of USAID funds only)

<u>Activity</u>	<u>Implementation Method</u>	<u>Method of Financing</u>	<u>Approx Cost (\$ 000)</u>
1 Interventions in Sex Industry	Tripartite Agreement & Project Implementation Letters	HC Reimbursement	18,356
2 Support Pilot Projects for out of School Youth	-do-	-do-	280
3 Strengthen Capacity of State/Municipal Govt	-do-	-do-	13,343
4 Increase use of Research & Epidemiological Data	-do-	-do-	3,613
5 Program Mgt & Admn	-do-	-do-	3,770
6 Program Mgt & Admn	Contracts/Grants	Direct Payments	1,958
			41,500

The Role and Composition of the Governing Board (GB)

The GB will have the overall responsibility of guiding the PMU, of holding it accountable for achievement of program objectives, and for ensuring that the USAID supported program and the rest of the Maharashtra Program complement and supplement each other without conflict or waste.

The GB will be chaired by the Secretary, Health, Government of Maharashtra. USAID will co-chair the GB. Other members will be a NACO representative, the Project Directors of the MSACS and the BMCAS, the Executive Health Officers of other municipalities, the Director of Health Services, Government of Maharashtra, the Project Director of the Project Management Unit of the USAID funded program in Maharashtra, and (by rotation) two CBO/NGO representatives nominated by the groups working in the project intervention areas.

The GB will meet once a quarter

The GB will approve the

- 1 Organization structure, level of manpower, scheme of emoluments for staff, and terms and conditions of their service, based on the recommendations of a management consulting firm approved by the GB and appointed by the PMU for this purpose
- 2 Appointment, terms of service and emoluments, and annual renewal of contract of those key members of the staff of the PMU who are paid for out of Project funds, including the Head of the PMU. Renewal of contract of key PMU staff members will be based on written annual performance assessments made by the direct supervisor, the head of the PMU, and the Chairman and Co-Chairman of the GB
- 3 Three-year strategic plans, annual plans and budgets, quarterly statements of expenditure, six-monthly cash forecasts
- 4 Overall criteria for award of grants and contracts
- 5 Award of grants to district and municipal corporation societies
- 6 Appointment of Chartered Accountant Firms to be used by the PMU for financial management and financial monitoring of the program including activities of the PMU and its grantees and contractors
- 7 The progress monitoring and evaluation plan and schedule for all program components and sub-components
- 8 The terms of reference for mid term and end term evaluations of subgrants and contracts, and of the overall program

Identification and Appointment of the PMU

- The PMU will be identified and selected through a process of consultation between NACO, USAID, and the Secretary, Health, Government of Maharashtra. The process will include an assessment of the technical capacity and track record of the organization. The organization will submit a formal proposal which will be jointly reviewed by NACO and USAID. The proposal would need to provide details of the organizational structure of the PMU, level of manpower required, scheme of emoluments of staff, terms and conditions of their service, budgets, process of selection of partners to be involved in the program, the system of monitoring that would be used, and the indicators that would be used to measure performance of goals and objectives. Once the proposal is reviewed, negotiated, and approved by NACO and USAID, the PMU will adhere to all approved operational norms

The Role of the PMU

24

The PMU will be staffed and operated out of USAID funds

The PMU will be responsible for achieving the objectives of this program. It will need to select a set of competent project partners, provide strategic and technical guidance, and timely financial support to partners, as well as monitor the progress and quality of their work. It will develop and continuously up-date a data-base of potential partners, subject specialists/experts/resource persons, develop statements of work, invite proposals, develop the criteria, systems and mechanisms for review of applications and for assessing the capacity of applicants. It will set up an efficient system for management of grants and contracts and for release of funds to grantees and contractors. It will establish and implement a financial and technical monitoring plan to keep track of the progress of activities funded, identify performance bottlenecks, and take timely corrective action. The PMU will ensure that adequate financial systems and procedures are in place in all organizations that receive funds from the PMU.

The PMU will provide funds and technical assistance to NGOs selected by the MSACS and BMCAS. The role of the PMU in assisting the MSACS, the BMCAS, and the other municipal corporations in making NGO grants, in strengthening NGO capacity, and in monitoring the progress of the work of the NGOs will also need to be carefully worked out.

Where USAID or implementing partners deem it necessary to call upon U.S. technical assistance to enhance the quality of the USAID funded program in Maharashtra, USAID will arrange for technical assistance at no cost to the Project.

7.0 MONITORING AND EVALUATION

USAID country missions now operate in an environment where resources for programs are provided only on achievement of results. All country programs are subject to stringent performance review. Thus it is necessary for USAID programs to have clearly stated strategic objectives, identified program areas that contribute most significantly to achievement of strategic objectives, quantifiable indicators which enable measurement of results in key areas, tools for accurate measurement of results, timeframes for measurement of results, and statement of targets that will be achieved in those timeframes. The availability of funds each year depends upon the achievement of targets committed to.

USAID will monitor program outcomes in Maharashtra using the **Results Framework in Annex I**. This annex provides a variety of performance indicators that could be used by all program partners and implementing agencies to measure the achievement of results in the various program components and sub-components that they are responsible for/involved in. In each case, indicators have been selected so as to ensure that programs focus on those inputs and activities that will result on the desired overall program outcomes and objectives.

Indicators for measuring performance and progress of other activities will be developed when agreement is reached on them with NACO.

Four sets of tools will be used to measure results

- (1) The *Behaviour Sentinel Surveillance Survey* methodology will be used to measure knowledge of risk groups regarding STD/HIV/AIDS transmission and prevention, appropriate and accurate perception of risk of infection by individuals who engage in

risk behaviour, and condom use and health seeking behaviour. This methodology is already well developed and has been used in several countries by USAID funded programs.

- (ii) The *Health Facility and Provider Behaviour Survey* methodology will be used to measure the quality of clinical services that are commonly used by risk groups. This methodology has been developed and used by the USAID supported APAC project in Tamil Nadu, and may require some modification for use in Maharashtra.
- (iii) *A tool will have to be developed to measure the % of PLWHA who report receiving appropriate care and support.*
- (iv) The indicators relating to availability of uninterrupted stocks of condoms in clinics, and retail outlets in project intervention areas, display of condoms, retailer skills in handling customers and retail sales of condoms, would be measured using *a condom retail audit*. This tool would need to be developed. APAC has some useful experience in this area which could be adapted.
- (v) In the case of other indicators, no special measuring tools are required, as project records can provide necessary information.

Professional research agencies would be contracted by USAID through its cooperating agency, Family Health International, to replicate/adapt/develop the requisite tools, and would be involved in carrying out both baseline and annual measurement studies.

The first round of measurement studies will be done, and baseline measures established, before program implementation begins. The PMA will set annual performance targets using baseline figures and levels of achievement desired by the end of the program period. The PSC would approve these targets. At the end of each year of project implementation, USAID will arrange for studies to measure the degree of progress that has been achieved.

USAID would entrust all the work related to preparatory studies, establishing of baselines, and annual monitoring of program performance, to one of its U.S. Cooperating Agencies. The full range of this work includes contracting with research agencies, having tools finalized, developing a schedule for carrying out baseline and annual measurement studies, commissioning and completing these studies on schedule, suggesting annual performance targets, and reporting and disseminating results to the Project Steering Committee. This work would be paid for directly by USAID, out of project funds.

- Continued efforts to improve the overall achievement of program results are the primary responsibility of the MSACS, the PMA and a variety of program partners.

The PMU will commission independent mid and end term evaluations of each of the sub-components of the Maharashtra Sex Industry Intervention Program, for example the strengthening of comprehensive health services by individual Municipal Corporations, individual CBG/NGO behaviour change communication programs, the overall communications support and condom support programs, and the research program. The evaluation plan and schedule for these evaluations will need to be presented to and approved by the PSC.

USAID will be responsible for commissioning mid and end term evaluations of each of the major program components- the Maharashtra Sex Industry Interventions, the Maharashtra Data for Decision-Making Program, the National Data for Decision-Making Program, and the National Innovative Activities Program. The first evaluation will analyze progress toward achieving

project objectives, identify technical approaches and management approaches and arrangements that are blocking success and require modification, and suggest corrective action. It will also comment upon sustainability of approaches used. Given that HIV/AIDS is a rapidly growing field, the mid-term evaluation will also provide an opportunity to re-examine the currency of the technical approaches being used, and suggest updating required. The final evaluation will comment upon lessons learned.

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USAID/India

Proposed Program of Assistance to Maharashtra

RESULTS FRAME-WORK, PROGRAM APPROACHES & PERFORMANCE INDICATORS

Objectives/Results/Program Approaches	Performance Indicators
<p><u>Strategic Objective</u></p> <p>Increase the use of effective and sustainable responses to reduce transmission and mitigate impact of STD/HIV, and related infectious diseases, in Maharashtra</p>	<p><i>% of sex workers and clients reporting use of barrier methods with paying/paid partners</i></p> <p><i>% of men reporting incidents of urethritis</i></p> <p><i>% of PLWHAs who report having received appropriate care and support</i></p> <p><i># of quality research studies documented and findings widely disseminated</i></p> <p><i># of cost effective innovative approaches proven and disseminated</i></p> <p><i>% of providers who regularly report STD TB and drug resistant cases to health authorities</i></p>
<p><u>Intermediate Result 1</u></p> <p>Improved quality and availability of information, products and services which reduce risk of transmission and mitigate impact of STD/HIV/AIDS, and related infectious diseases, in the sex industry in the urban areas of Mumbai, Thane, Pune, and the rural district of Sangli</p>	<p><i>% of providers who manage CSWs according to approved protocols</i></p> <p><i>% of providers who manage people with STDs according to approved protocols</i></p> <p><i>% of providers who manage PLWHA according to approved protocols</i></p> <p><i>% of retail outlets in project intervention areas that carry uninterrupted stocks of condoms</i></p> <p><i># of CBGs/NGOs receiving financial and technical support for behaviour change intervention with risk groups in each selected intervention area</i></p> <p><i># of comprehensive health features identified and strengthened in intervention areas to offer comprehensive health services</i></p>

1 1	Improving Comprehensive Health Services	<p><i># of comprehensive health facilities identified and strengthened in each intervention areas to offer integrated STD/HIV/AIDS services</i></p> <p><i>% of identified facilities which have effective referral linkages established with individuals and institutions for tertiary care</i></p> <p><i>% of identified facilities which have effective linkages established with community outreach groups</i></p> <p><i>% of identified facilities which routinely reach and treat contacts and partners</i></p> <p><i>% of providers who manage CSWs according to approved protocols</i></p> <p><i>% of providers who manage people with STDs according to approved protocols</i></p> <p><i>% of providers who manage PLWHA according to approved protocols</i></p> <p><i>% of clinics which offer patients a choice of condoms and routine information on where to buy condoms</i></p> <p><i>% of identified facilities which have uninterrupted stocks of essential drugs and medical supplies</i></p> <p><i>% of identified facilities which have essential equipment and are well maintained</i></p>
1 2	Reduce High-Risk Behaviour in Priority Population	<p><i>% of those engaged in risk behaviour who accurately perceive the risk associated with their behaviour</i></p> <p><i>% of men reporting a decrease in visits to commercial sex workers</i></p> <p><i>% of CSWs and clients reporting condom use with a paying/paid partner</i></p> <p><i>% of men reporting symptomatic STDs who have sought treatment from qualified medical practitioners</i></p> <p><i>% of women belonging to risk groups who request providers for screening for STI/RTI</i></p> <p><i>% of CBGs/NGOs which have effective referral linkages with providers and facilities</i></p> <p><i>% increase of traditional and non-traditional retail outlets in intervention areas that carry uninterrupted stocks of condoms</i></p> <p><i>% of retail outlets in project intervention areas which prominently promote and display condoms</i></p>

13	Development of Capacity of CBGs/NGOs to Respond Effectively to STD/HIV/AIDS	<p><i>Technical assistance and training needs documented</i></p> <p><i>Three year TA and training plan drawn up and approved</i></p> <p><i>TA and training institutions identified oriented and cooperative agreements drawn up</i></p> <p><i>Technical consultants and resource persons identified, oriented and cooperative agreements drawn up</i></p> <p><i>Chartered accountant firms identified and cooperative agreements in place</i></p> <p><i>Plan for onsite technical guidance and monitoring visits drawn up</i></p> <p><i># of demonstration sites identified and cooperative agreements signed for cross project technical assistance</i></p> <p><i>Plan for financial management assistance and monitoring drawn up</i></p> <p><i>Objectives content methods and evaluation indicators for key training courses drawn up</i></p> <p><i># of technical assistance and monitoring visits made as per plan</i></p> <p><i># of financial monitoring and assistance visits made as per plan</i></p> <p><i># of persons trained as per plan</i></p> <p><i>% of peer educators who communicate key prevention messages to risk groups correctly</i></p> <p><i># of demonstration projects in home/community-based care funded</i></p>
14	Communications Support Program	<p><i>% of those engaged in risk behaviour who accurately perceive the risk associated with their behaviour</i></p> <p><i>% of those reporting symptomatic STDs who have sought treatment from qualified medical practitioners</i></p> <p><i>% of women belonging to risk groups who request screening for STD</i></p> <p><i>% of comprehensive health care providers and gynaecologists who are aware that STDs in women are a symptomatic and therefore do risk assessments with women coming in for comprehensive health care</i></p> <p><i>% of peer educators who communicate key prevention messages to risk groups correctly</i></p> <p><i>% of providers general population and risk groups who have absolutely no misconceptions about the methods of transmission of STD and HIV</i></p>

1 5	Improved Access, Availability and Use of Condoms in the Sex Industry	<p><i>% growth in the commercial condom market in Maharashtra</i></p> <p><i>% increase in sale of condoms in project intervention areas</i></p> <p><i>% increase of traditional and non-traditional retail outlets in intervention areas that carry uninterrupted stocks of condoms</i></p> <p><i>% of retail outlets in project intervention areas which prominently promote and display condoms</i></p> <p><i>% of retailers in project intervention areas that are able to make the condom purchase transaction comfortable and easy</i></p> <p><i>Improved perception of condom quality and acceptability in aspects considered important to users</i></p> <p><i>Improvement in objectively verifiable quality aspects of condoms as specified in Schedule R ' of the Indian Drugs and Cosmetics Act</i></p>
<p><u>Intermediate Result 2</u> Develop and test pilot strategies to address the sexual health needs of out-of-school youth</p>		<p><i>Two pilot activities developed to address sexual health needs of out-of-school youth</i></p>
<p><u>Intermediate Result 3</u> Strengthen capacity of state and municipal organizations for HIV/AIDS strategic planning, program implementation, and monitoring and evaluation</p>		<p><i>Preparation and dissemination of annual strategic documents by the MSAS and the BMCAS</i></p> <p><i>Holding of six monthly experience sharing and performance review meetings of MSAS, BMCAS, and other stakeholders</i></p> <p><i>Six monthly documentation and dissemination of program results</i></p> <p><i>Annual training manual and technical assistance plan drawn up and carried out</i></p>
3 1	Training of Program staff	
3 2	Provide short and long term consultants	
3 3	Support Program Planning Process	
3 4	Support Periodic Review of Performance	

<p>Intermediate Result 4 Increase the availability and use of research and epidemiological data in advocacy and decision-making in state and municipal HIV/AIDS programs</p>		
4 1	Support preparatory studies for sex industry interventions	<p><i>Agenda established for preparatory research to support the development of the intervention program in the commercial sex industry</i> <i>Research findings used in development of the intervention program</i> <i>Agenda established for a longer term program of operational, behavioural and epidemiological research and surveillance for STD/HIV and related infectious diseases</i> <i># of quality studies completed</i> <i># of studies documented and findings widely disseminated</i> <i>Preparation and dissemination of an annual compendium of experience literature data and research findings of programmatic significance</i></p>
4 2	Support longer term program of research and surveillance	
4 3	Wide dissemination of research and epidemiological data for use in HIV/AIDS program	

5

ANNEX II

Questions to be Answered by Preparatory Studies (Maharashtra)

Health Care Services Access and Availability

- 1 What is the broad number of different groups for whom primary health care services need to be geared up?
- 2 How easy is it for risk groups to access services in both the government and private sector?
- 3 What is the availability and quality of condoms at retail outlets?

Health Care Quality

- 4 What is the quality of services available, how adequate and appropriate are they for this program?

Communication, Knowledge, Attitude, Behaviour and Practice

- 5 What are the STD/RTI health seeking behaviours and preferences of risk groups including PLWHA, who are their preferred providers, and what are the barriers to seeking care?
- 6 What are the knowledge, attitude and practices of risk groups related to STD/RTI?
- 7 What are the knowledge, attitude and practices of health care providers regarding STD/RTI, syndromic case management, and the treatment of PLWHA?
- 8 What are the perceptions of families and communities regarding the care of PLWHA?
- 9 What is the desire and ability of PLWHA to serve as behaviour change communicators for high-risk groups?
- 10 What is the incidence of homosexual behaviour and non-brothel based commercial sex and is it so wide-spread as to be of epidemiological significance?
- 11 What is the nature and extent of communication efforts undertaken to date, and what has been their impact?
- 12 Assess barriers to condom negotiation and use in commercial and other high-risk sexual encounters
- 13 Investigate knowledge, attitudes, skills and motivation of current condom users and non-users to identify reasons of using or not using condoms

Epidemiology of STDs

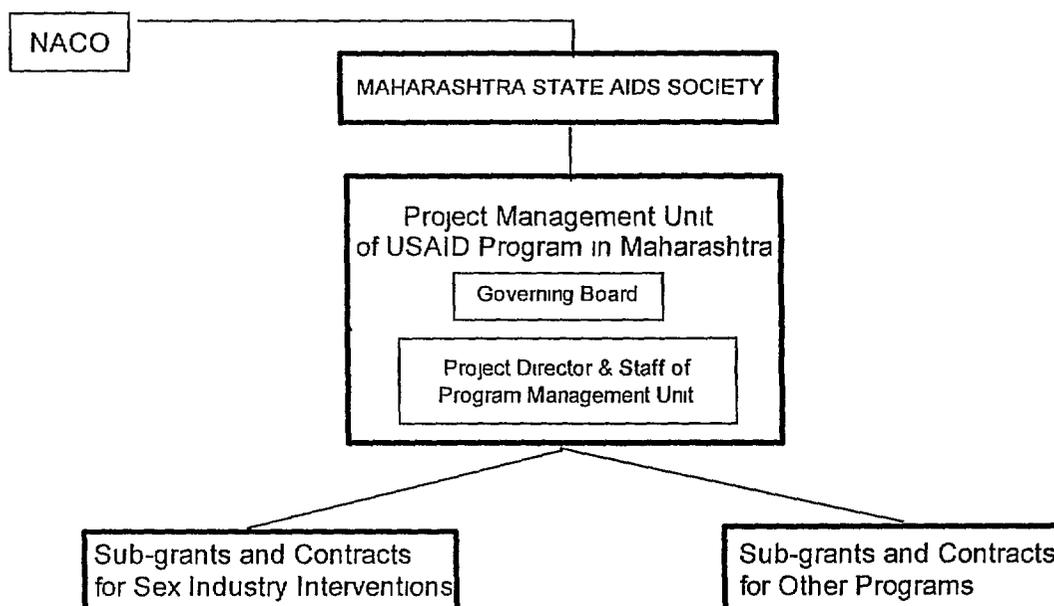
- 14 Develop a socio-demographic and behavioural profile of clients in STD service points in the public and private sector in target areas
- 15 What is the prevalence and etiology of STDs, in the community, in Maharashtra?
- 16 Are street children and out-of-school youth of epidemiological significance?

- 17 How many CBGs/NGOs are there in commercial sex areas, which could be interested in working on HIV/AIDS prevention? What is their current level of interest in these activities?

Mapping the Sex Industry and NGOs

- 18 Map and describe the commercial sex industry in target areas (including brothel and non-brothel sex workers, female, male and transvestite, and investigate their relationships with clients, and gatekeepers such as, gharwaalis, pimps, police, taxi drivers)
- 19 Identify and map other high-risk situations (with high levels of partner exchange or networking in target areas)
- 20 Which are the more experienced HIV/AIDS NGOs in Maharashtra that could become demonstration sites for building the capacity of NGOs newly recruited to the cause of HIV/AIDS?

IMPLEMENTATION AND FUNDS FLOW ARRANGEMENTS (Maharashtra Project)



Grantees and Contractors MSACS BMCAS Private Organizations, NGOs
 Condom Manufacturers Communications Firms Research Organizations etc

Composition of the Steering Committee Chair Secy Hlth GOM Co Chair USAID Project Officer Other
 Members NACO Rep DHS GOM PD MSACS Treasurer MSAS PD BMC Exec Hlth Off Other MCs PD USAID
 PMU 2 CBG/NGO Reps (by rotation)

MAHARASHTRA HIV/AIDS PROGRAM LOP BUDGET
(All Figures in Thousands of Dollars \$1=Rs 40)

ANNEX IV

	BIL. USAID FUNDS THROUGH GOI (LC)	BIL. USAID FUNDS DIRECT DISB (LC)	HOST COUNTRY CONTRIBUTION (LC)	TOTAL
	A	B	C	(A+B+C)
1 INTERVENTIONS IN SEX INDUSTRY				
1 1 Improving Comprehensive Health Services.				
1 1 1 Develop protocols	434			434
1 1 2 Train Providers	1 487			1 487
1 1 3 Develop financially viable outreach service delivery models	233			233
1 1 4 Improve physical facilities in clinics equip and provide clinical supplies drugs and condoms			13 600	13 600
Sub total 1 1	2 154	0	13 600	15 754
1 2 Reduce High Risk behaviour in Priority Populations				
1 2 1 Grants to CBGs/NGOs	5 352			5 352
1 2 2 Provision of Technical Asst/Program/Technical monitoring	1 595			1 595
Sub total 1 2	6 946	0	0	6 946
1 3 Capacity development of CBGs/NGOs	4 962	0	0	4 962
1 4 Communications Support Program	3 056	0	0	3 056
1 5 Improve access and Use of Condoms in Sex Industry	1 418	0	0	1 418
SUB TOTAL 1	18 536	0	13 600	32 136
2 SUPPORT PILOT PROJECTS FOR OUT OF SCHOOL YOUTH	280	0	0	280
3 STRENGTHEN CAPACITY OF STATE AND MUNICIPAL GOVT				
3 1 Training of Program Staff	4 170			4 170
3 2 Support program planning and review process	5 655			5 655
3 3 Provide Short and long term Consultants	3 518			3 518
SUB TOTAL 3	13 343	0	0	13 343
4 INCREASE USE OF RESEARCH AND EPIDEMIOLOGIC DATA				
4 1 Preparatory Studies for Sex Industry Interventions				0
4 2 Support Longer term program of research	1 863			1 863
4 3 Support Surveillance activities	1 750			1 750
SUB TOTAL 4	3 613	0	0	3 613
5 PROGRAM MANAGEMENT AND ADMINISTRATION				0
5 1 Project Mgmt Staff/Travel at NACO	70			70
5 2 PMA related Recurring/Non recurring cost (incl PMA fee)	3 001			3 001
5 3 Contingencies	570			570
5 4 Financial Monitoring & Audits	130			130
SUB TOTAL 5	3 770	0	0	3 770
6 USAID EVALUATION MONITORING AND MANAGEMENT				
6 1 USAID Monitoring		198		198
6 2 Mid and end term evaluation/special studies		286		286
6 3 Impact Evaluation		1 023		1 023
6 4 Project Management Staff/Travel		451		451
SUB TOTAL 6	0	1 957	0	1 957
TOTAL	39 542	1,957	13 600	55 100
TOTAL BILATERAL (A+B)	41 500			

UPDATED JULY 24 1998

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ANNEX V

Implementation Schedule

- 1 USAID submits draft proposal to NACO- May 8, 1998
- 2 NACO, GOM, and USAID discuss proposal and implementation and funds flow arrangements- May 19, 1998
- 3 USAID receives written comments of GOM and NACO on draft proposal, and in-principle agreement of both NACO and GOM with proposal- July 14, 1998
- 4 USAID and NACO reach agreement on the selection of the Project Management Agency- July 24, 1998
- 5 NACO approves revised/final proposal- August 5, 1998
- 6 NACO forwards final proposal to DEA- August 10, 1998
- 7 USAID submits draft Project Agreement Document to DEA and NACO- August 10, 1998
- 8 USAID and NACO invite proposal from potential Project Management Agency- August 24, 1998
- 9 USAID completes all negotiations with DEA- September 2, 1998
- 10 GOI and USAID sign bilateral agreement- September 15, 1998
- 11 Potential Project Management Agency submits proposal to USAID and NACO- September 24, 1998
- 12 GOI and USAID complete review of proposal from Project Management Agency, and negotiations thereon- October 9, 1998
- 13 NACO and USAID finalise the terms of Tripartite Project Implementation Agreement - November 3, 1998
- 14 NACO, USAID, and Project Management Agency sign Tripartite Project Implementation Agreement- November 13, 1998

- 15 USAID completes financial and administrative assessment of potential MSAS-
- 16 Maharashtra State AIDS Society is formed-
- 17 MSAS sets up Steering Committee for USAID funded Program in Maharashtra-
- 18 NACO provides funds to MSAS for implementation Of USAID program-
- 19 Project Management Agency received funds from MSAS for program implementation-
- 20 Project Management Agency appoints staff and becomes Operational-
- 21 Program implementation begins-

Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
ANC	Ante-Natal Clinics
ANE	Asia Near East Bureau of USAID
APAC	AIDS Prevention and Control Project
ARCON	AIDS Research and Control Centre
BMC	Brihan-Mumbai Municipal Corporation
CARAT	Cell for AIDS Research Action and Training
CBG	Community Based Group
CDC	Centres for Disease Control
DANIDA	Danish International Development Agency
DFID	Department for International Development, United Kingdom
FHI	Family Health International
GOI	Government of India
HIV	Human Immunodeficiency Virus
JICA	Japanese International Cooperation Agency
MSAS	Maharashtra State AIDS Society
NACO	National AIDS Control Organization
NACP	National AIDS Control Programme
NARI	National AIDS Research Institute
NGO	Non-Governmental Organizations
NIB	National Institute of Biologicals
NORAD	Norwegian Agency for Development
OECD	Overseas Economic Cooperation Fund
PACT-CRH	Program for Advancement of Commercial Technologies- Child and Reproductive Health
PHC	Primary Health Care
PLWHA	People Living with HIV and AIDS
PLWHAs	People Living with HIV/AIDS
QCHT	Quality Control for Health Technologies
Rs	Rupees
RTI	Reproductive Tract Infections
SC	Steering Committee
SI	Sex Industry
SIDA	Swedish International Development Authority
STDs	Sexually Transmitted Diseases
SW	Sex Worker
TISS	Tata Institute of Social Sciences
TRG	Technical Resource Groups
UNAIDS	United Nations Joint Programme on HIV/AIDS

UNDCP	United Nations Drug Control Programme
UNDP	United Nations Development Programme
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations Children's Emergency Fund
USAID	United States Agency for International Development
Uts	Union Territories
VHAI	Voluntary Health Association of India
VHS	Voluntary Health Services, Chennai
WHO	World Health Organization
WHO/GPA	World Health Organization's Global Programme on AIDS

MAHARASHTRA HIV/AIDS PROGRAM LOP BUDGET
(All Figures in Thousands of Dollars \$1=Rs 40)

Attachment B

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1 5 Improve access and Use of Condoms in Sex Industry	1 418	0	0	1 418
SUB TOTAL 1	18 536	0	13 600	32 136
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4 1 Preparatory Studies for Sex Industry Interventions				0
4 2 Support Longer term program of research	1 863			1 863
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5 PROGRAM MANAGEMENT AND ADMINISTRATION				
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6 1 USAID Monitoring		198		198
6 2 Mid and end term evaluation/special studies		286		286
6 3 Impact Evaluation		1 023		1 023
6 4 Project Management Staff/Travel		451		451
SUB TOTAL 6	0	1,958	0	1 958
TOTAL	39 542	1,958	13,600	55,100
TOTAL BILATERAL (A+B)	41 500			

Attachment C

I COUNTRY CHECKLIST - INDIA

The USAID/W Country Desk Officer, in consultation with the Department of State Country Desk Officer, prepares the Country Checklist. It is normally prepared at the beginning of the fiscal year.

Listed below are the statutory and regulatory "country eligibility" criteria applicable to (A) both Development Assistance ("DA") and Economic Support Fund ("ESF") assistance, (B) DA only, or (C) ESF only.

A DEVELOPMENT ASSISTANCE AND ECONOMIC SUPPORT FUND

1 Narcotics Certification (FAA Sec 490) If the recipient is a "major illicit drug producing country" (defined as a country in which during a year at least 1,000 hectares of illicit opium poppy is cultivated or harvested, or at least 1,000 hectares of illicit coca is cultivated or harvested, or at least 5,000 hectares of illicit cannabis is cultivated or harvested) or a "major drug-transit country" (defined as a country that is a significant direct source of illicit drugs significantly affecting the United States, through which such drugs are transported, or through which significant sums of drug-related profits are laundered with the knowledge or complicity of the government)

a Has the President in the March 1 International Narcotics Control Strategy Report (INCSR) determined and certified to the Congress (without Congressional enactment, within 30 calendar days, of a resolution disapproving such a certification), that (1) during the previous year the country has cooperated fully with the United States or taken adequate steps on its own to satisfy the goals and objectives established by the U N Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, or that (2) the vital national interests of the United States require the provision of such assistance? **Yes**

b With regard to a major illicit drug producing or drug-transit country for which the President has not certified on March 1, has the President determined and certified to Congress on any other date (with enactment by Congress of a resolution approving such certification) that the vital national interests of the United States require the provision of assistance, and has also certified that (a) the country has undergone a fundamental change in government, or (b) there has been a fundamental change in the conditions that were the reason why the President had

not made a "fully cooperating" certification **Not Applicable**

2 **Indebtedness to U S Citizens** (FAA Sec 620(c))
If assistance is to a government, is the government indebted to any U S citizen for goods or services furnished or ordered where (a) such citizen has exhausted available legal remedies, (b) the debt is not denied or contested by such government, or (c) the indebtedness arises under an unconditional guaranty of payment given by such government or controlled entity?
No

3 **Seizure of U S Property** (22 USC 2370a) If assistance is to a government, has it (including any government agencies or instrumentalities) taken any action on or after January 1, 1956 which has the effect of nationalizing, expropriating, or otherwise seizing ownership or control of property of U S citizens or entities beneficially owned by them without (during the period specified in 2370a(c)) either returning the property, providing adequate and effective compensation for the property, offering a domestic procedure providing prompt, adequate, and effective compensation for the property, or submitting the dispute to international arbitration? **No** If the actions of the government would otherwise prohibit assistance, has the President waived this prohibition and so notified Congress that it was in the national interest to do so?
Not Applicable

4 **Communist and Other Countries** (FAA Secs 620(a), and 620(f), FY 1998 Appropriations Act Secs 507, and 523) Will direct or indirect assistance be provided to Communist countries such as China, Cuba, North Korea, Tibet, Vietnam? **No** (b) Will direct or indirect assistance be provided directly to Libya, Iran, Iraq, or Syria? **No** or (c) Will direct assistance be provided to Sudan? **No** If so, has the President made the necessary determinations to allow assistance to be provided? **Not applicable**

5 **Mob Action** (FAA Sec 620(j)) Has the country permitted, or failed to take adequate measures to prevent, damage or destruction by mob action of U S property? [Reference may be made to the "Taking into Consideration" memo] **No**

6 **OPIC Investment Guaranty** (FAA Sec 620(l)) Has the country failed to enter into an investment guaranty agreement with OPIC? [Reference may be made to the

annual "Taking into Consideration" memo] **No**

7 **Seizure of U S Fishing Vessels** (FAA Sec 620(o), Fishermen's Protective Act of 1967 (as amended) Sec 5) (a) Has the country seized, or imposed any penalty or sanction against, any U S fishing vessel because of fishing activities in international waters? **No**
(b) If so, has any deduction required by the Fishermen's Protective Act been made? [Reference may be made to the annual "Taking into Consideration" memo] **Not applicable**

8 **Loan Default** (FAA Sec 620(q), FY 1998 Appropriations Act Sec 512 (Brooke Amendment)) (a) Has the government of the recipient country been in default for more than six months on interest or principal of any loan to the country under the FAA? **No** (b) Has the country been in default for more than one calendar year on interest or principal on any U S foreign assistance loan? **No** [note Liberia was added to the list of country exceptions for FY 1998]

9 **Military Equipment** (FAA Sec 620(s)) If contemplated assistance is development loan or to come from Economic Support Fund, has the Administrator taken into account the percentage of the country's budget and amount of the country's foreign exchange or other resources spent on military equipment? [Reference may be made to the annual "Taking Into Consideration" memo] **Yes**

10 **Diplomatic Relations with U S** (FAA Sec 620(t)) Has the country severed diplomatic relations with the United States? **No** If so, have relations been resumed and have new bilateral assistance agreements been negotiated and entered into since such resumption? **Not applicable**

11 **U N Obligations** (FAA Sec 620(u)) What is the payment status of the country's U N obligations? **India is current on regular UN budget assessments**
If the country is in arrears, was such arrearage taken into account by the A I D Administrator in determining the current A I D Operational Year Budget? **Not applicable** [Reference may be made to the annual "Taking into Consideration" memo]

12 **International Terrorism**

a **Sanctuary and Support** (FY 1998 Appropriations Act Sec 527, FAA Sec 620A) Has the

country been determined by the President to (1) grant sanctuary from prosecution to any individual or group which has committed an act of international terrorism, or (11) otherwise supports international terrorism?

No If so, has the President has waived this restriction on grounds of national security or for humanitarian reasons? **Not applicable**

b Compliance with UN Sanctions Against Iraq and Libya (FY 1998 Appropriations Act Secs 534 and 582) Is assistance being provided to a country not in compliance with UN sanctions against Iraq (Sec 534), or Libya (Sec 582)? **No**

c Governments That Aid Terrorist States (FAA Section 620G, added by section 325 of the Antiterrorism and Effective Death Penalty Act of 1996, P L 104-132, April 24, 1996) Is assistance being provided to a government of a country that provides assistance to the government of another country which the SOS has determined is a terrorist government under section 620A of the FAA? **No** If so, has the President made the necessary determinations to allow assistance to be provided? **Not applicable**

13 Export of Lethal Military Equipment (FY 1998 Appropriations Act Sec 550, FAA Sec 620H, added by section 326 of the Antiterrorism and Effective Death Penalty Act of 1996, P L 104-132, April 24, 1996) Is assistance being made available to a government which provides lethal military equipment to a country the government of which is a terrorist government under sections 620A of the FAA, 6(j) of the Export Administration Act (50 U S C App 2405(j)) or 40(d) of the Arms Export Control Act? **No** If so, has the President made the necessary determinations to allow assistance to be provided? **Not applicable**

14 Discrimination (FAA Sec 666(b)) Does the country object, on the basis of race, religion, national origin or sex, to the presence of any officer or employee of the U S who is present in such country to carry out economic development programs under the FAA? **No**

15 Nuclear Technology (Arms Export Control Act Secs 101, 102) Has the country, after August 3, 1977, delivered to any other country or received nuclear enrichment or reprocessing equipment, materials, or technology, without specified arrangements or safeguards, and without special certification by the

President? No Has it transferred a nuclear explosive device to a non-nuclear weapon state, or if such a state, either received or detonated a nuclear explosive device? No If the country is a non-nuclear weapon state, has it, on or after August 8, 1985, exported (or attempted to export) illegally from the United States any material, equipment, or technology which would contribute significantly to the ability of a country to manufacture a nuclear explosive device? No [FAA Sec 620E(d) permits a special waiver of Sec 101 for Pakistan]

16 **Algiers Meeting** (ISDCA of 1981, Sec 720) Was the country represented at the Meeting of Ministers of Foreign Affairs and Heads of Delegations of the Non-Aligned Countries to the 36th General Assembly of the U N on Sept 25 and 28, 1981, and did it fail to disassociate itself from the communique issued? If so, has the President taken it into account? **Although India was represented and failed to disassociate itself from the communique, this factor was taken into consideration by the Administrator at the time of the approval of the Agency OYB** [Reference may be made to the "Taking into Consideration" memo]

17 **Military Coup** (FY 1998 Appropriations Act Sec 508) Has the duly elected Head of Government of the country been deposed by military coup or decree? If assistance has been terminated, has the President notified Congress that a democratically elected government has taken office prior to the resumption of assistance? No

18 **Exploitation of Children** (FAA Sec 116(b)) Does the recipient government fail to take appropriate and adequate measures, within its means, to protect children from exploitation, abuse or forced conscription into military or paramilitary services? No

19 **Parking Fines** (FY 1998 Appropriations Act Sec 551) Has the overall assistance allocation of funds for a country taken into account the requirements of this section to reduce assistance by 110 percent of the amount of unpaid parking fines owed to the District of Columbia as of the date of enactment of the FY 1998 Appropriations Act, November 26, 1997? **Yes, the Agency is withholding 110 percent of the unpaid parking fines from the Indian 1998 OYB in the amount of \$4,846**

20 **Delivery of Humanitarian Assistance** (FAA Sec

620I, added by F 1997 Appropriations Act Sec 559 562) Has the government prohibited or otherwise restricted, directly or indirectly the transport or delivery of United States humanitarian assistance? **No** If so, has the President made the necessary determination to allow assistance to be provided? **Not applicable**

21 **Nuclear Power Plant in Cuba** (Sec 111 of the LIBERTAD Act, P L 104-114, March 12, 1996) Has the country or any entity in the country provided on after the dates of enactment of the F 1996 Appropriations Act, January 27, 1996, or the LIBERTAD Act, March 12, 1996, assistance or credits in support of the Cuban nuclear facility at Juragua, Cuba **No** If so, has the overall assistance allocation of funds for that country taken into account the requirements of this section to withhold assistance equal to the sum of any such assistance or credits? **Not applicable**

B DEVELOPMENT ASSISTANCE ONLY

Human Rights Violations (FAA Sec 116) Has the Department of State determined that this government has engaged in a consistent pattern of gross violations of internationally recognized human rights? **Human rights concerns have been noted but have not reached the level where FAA Section 116 restrictions are triggered** If so, can it be demonstrated that contemplated assistance will directly benefit the needy? **Not applicable**

C ECONOMIC SUPPORT FUND ONLY

Human Rights Violations (FAA Sec 502B) Has it been determined that the country has engaged in a consistent pattern of gross violations of internationally recognized human rights? **Not applicable** If so, has the President found that the country made such significant improvement in its human rights record that furnishing such assistance is in the U S national interest? **Not applicable**

Assistance Checklist
1

Attachment D

ASSISTANCE CHECKLIST

Listed below are criteria applicable to the assistance resources themselves, rather than to the eligibility of a country to (A) both DA and ESF assistance, (B) DA only, or (C) ESF only

A. DEVELOPMENT ASSISTANCE AND ECONOMIC SUPPORT FUND

1 Congressional Notification

a General Requirement (FY 1998 Appropriations Act Sec 515, FAA Sec 634A) Yes
If the obligation has not previously justified to Congress, or is for an amount in excess of the amount previously justified to Congress, has a Congressional Notification been made?

b Special Notification Requirement (FY 1998 Appropriations Act, "Burma" and "NIS" Title II headings and Sec 520) N/A
For obligations for NIS countries, Burma, Colombia, Haiti, Liberia, Pakistan, Panama, Peru, Serbia, Sudan or the Democratic Republic of Congo has a Congressional Notification been submitted, regardless of any justification in the Congressional Presentation?

c Notice of Account Transfer (FY 1998 Appropriations Act Sec 509) N/A
If funds are being obligated under an appropriation account to which they were not appropriated, has the President consulted with and provided a written justification to the House and Senate Appropriations Committees?

d Cash Transfers and Nonproject Sector Assistance (FY 1998 Appropriations Act Sec 532(b)(3)) N/A
If funds are to be made available in the form of cash transfer or nonproject sector assistance, has the Congressional notice included a detailed description of how the funds will be used, with a discussion of U S interests to be served and a description of any economic policy reforms to be promoted?

2 Engineering and Financial Plans (FAA Sec 611(a)) a) Yes
Prior to an obligation in excess of \$500,000, b) Yes

will there be (a) engineering, financial or other plans necessary to carry out the assistance, and (b) a reasonably firm estimate of the cost to the U S of the assistance?

3 **Legislative Action** (FAA Sec 611(a)(2))
If the obligation is in excess of \$500,000 and requires legislative action within the recipient country, what is the basis for a reasonable expectation that such action will be completed in time to permit orderly accomplishment of the purpose of the assistance?

Legislative action is not required

4 **Water Resources** (FAA Sec 611(b))
If the assistance is for water or water-related land resource construction, have benefits and costs been computed to the extent practicable in accordance with the principles, standards, and procedures established pursuant to the Water Resources Planning Act (42 U S C 1962, et seq)?

N/A

5 **Cash Transfer/Nonproject Sector Assistance Requirements** (FY 1998 Appropriations Act Sec 532) If assistance is in the form of a cash transfer or nonproject sector assistance

N/A

a **Separate Account**. Are all such cash payments to be maintained by the country in a separate account and not commingled with any other funds (unless such requirements are waived by Congressional notice for nonproject sector assistance)?

b **Local Currencies**. If assistance is furnished to a foreign government under arrangements which result in the generation of local currencies

(1) Has A I D (a) required that local currencies be deposited in a separate account established by the recipient government, (b) entered into an agreement with that government providing the amount of local currencies to be generated and the terms and conditions under which the currencies so deposited may be utilized, and (c) established by agreement the responsibilities of A I D and that

government to monitor and account for deposits into and disbursements from the separate account?

(2) Will such local currencies, or an equivalent amount of local currencies, be used only to carry out the purposes of the DA or ESF chapters of the FAA depending on which chapter is the source of the assistance) or for the administrative requirements of the United States Government?

(3) Has A I D taken all necessary steps to ensure that the equivalent of local currencies disbursed from the separate account are used for the agreed purposes?

(4) If assistance is terminated to a country, will any unencumbered balances of funds remaining in a separate account be disposed of for purposes agreed to by the recipient government and the United States Government?

6 Capital Assistance

a (FAA Sec 611(e)) If capital assistance is proposed (e g , construction), and total U S assistance for it will exceed \$1 million, has Mission Director certified and Regional Assistant Administrator taken into consideration the country's capability to maintain and utilize the assistance effectively? N/A

b (Jobs Through Export Act of 1992, Secs 303 and 306(b)), P L 102-549, 22 U S C 2421b and 2421d(b) If assistance is being provided for a capital activity, is the activity developmentally sound and will it measurably alleviate the worst manifestations of poverty or directly promote environmental safety and sustainability at the community level? N/A

7 Local Currencies

a Recipient Contributions (FAA Secs 612 (b), 636(h)) Describe steps taken to assure that, to the maximum extent possible, Grant funds will finance the local currency component

the country is contributing local currencies of the activity
to meet the cost of contractual and other services, and foreign currencies owned by the U S are utilized in lieu of dollars

Portion of local currency expenditure will be incurred by the host country for in-country expenses on activity basis

b US-Owned Foreign Currencies

(1) **Use of Currencies** (FAA Secs 612(b), 636(h) Are steps being taken to assure that, to the maximum extent possible, foreign currencies owned by the U S are utilized in lieu of dollars to meet the cost of contractual and other services

N/A

(2) **Release of Currencies** (FAA Sec 612(d)) Does the U S own non-PL 480 excess foreign currency of the country and, if so, has the agency endeavored to obtain agreement for its release in an amount equivalent to the dollar amount of the assistance?

No

8 Trade Restrictions - Surplus Commodities (FY 1998 Appropriations Act Sec 513(a)) If assistance is for the production of any commodity for export, is the commodity likely to be in surplus on world markets at the time the resulting productive capacity becomes operative, and is such assistance likely to cause substantial injury to U S producers of the same, similar or competing commodity?

No

9 Environmental Considerations (FAA Sec 117, USAID Regulation 16, 22 CFR Part 216) Have the environmental procedures of USAID Regulation 16 been met?

Yes

10 PVO Assistance

a Auditing (FY 1998 Appropriations Act Sec 549) If assistance is being made available to a PVO, has that organization provided upon timely request any document, file, or record necessary to the auditing requirements of USAID?

N/A

b Funding Sources (FY 1998 Appropriations Act, Title II, under heading "Private and Voluntary Organizations") If assistance is to be made to a United States PVO (other

N/A

than a cooperative development organization), does it obtain at least 20 percent of its total annual funding for international activities from sources other than the United States Government? If not, has the requirement been waived?

11 **Agreement Documentation** (ADS 350 5 5, Case-Zablocki Act, 1 U S C Sec 112b, 22 C F R Part 181) For any bilateral agreement with an obligation of \$25 million or over, has the date of signing and the amount involved been cabled to State L/T immediately upon signing and has the full text of the agreement been pouched to State/L within 20 days of signing? N/A

12 **Metric System** (Omnibus Trade and Competitiveness Act of 1988 Sec 5164, as interpreted by conference report, amending Metric Conversion Act of 1975 Sec 2, and as implemented through A I D policy) Does the assistance activity use the metric system of measurement in its procurement, grants, and other business-related activities, except to the extent that such use is impractical or is likely to cause significant inefficiencies or loss of markets to United States firms? Are bulk purchases usually to be made in metric, and are components, subassemblies, and semi-fabricated materials to be specified in metric units when economically available and technically adequate? Will A I D specifications use metric units of measure from the earliest programmatic stages, and from the earliest documentation of the assistance processes (for example, project papers) involving quantifiable measurements (length, area, volume, capacity, mass and weight), through the implementation stage? To the extent practicable, metric measurements will be used in procurements, grants and other activities under the project

13 **Abortions** (FAA Sec 104(f), FY 1998 Appropriations Act, Title II, under heading " Development Assistance" and Sec 518) N/A

a Are any of the funds to be used for the performance of abortions as a method of family planning or to motivate or coerce any person to practice abortions? (Note that the term "motivate" does not include the provision, consistent with local law, of information or counseling about all pregnancy options)

b Are any of the funds to be used to pay for the performance of involuntary sterilization as a method of family planning or to coerce or provide any financial incentive to any person to undergo sterilizations?

c Are any of the funds to be made available to any organization or program which, as determined by the President, supports or participates in the management of a program of coercive abortion or involuntary sterilization?

d Will funds be made available only to voluntary family planning projects which offer, either directly or through referral to, or information about access to, a broad range of family planning methods and services? (As a legal matter, DA only)

e In awarding grants for natural family planning, will any applicant be discriminated against because of such applicant's religious or conscientious commitment to offer only natural family planning? (As a legal matter, DA only)

f Are any of the funds to be used to pay for any biomedical research which relates, in whole or in part, to methods of, or the performance of, abortions or involuntary sterilization as a means of family planning?

g Are any of the funds to be made available to any organization if the President certifies that the use of these funds by such organization would

violate any of the above provisions related to abortions and involuntary sterilization?

14 Procurement

a Source, Origin and Nationality (FAA Sec 604(a)) Will all procurement be from the U S , the recipient country, or developing countries except as otherwise determined in accordance with agency rules? Yes

b Marine Insurance (FAA Sec 604(d)) If the cooperating country discriminates against marine insurance companies authorized to do business in the U S , will commodities be insured in the United States against marine risk with such a company? N/A

c Insurance (FY 1998 Appropriations Act Sec 529) Will any A I D contract and solicitation, and subcontract entered into under such contract, include a clause requiring that U S insurance companies have a fair opportunity to bid for insurance when such insurance is necessary or appropriate? N/A

d Non-U S Agricultural Procurement (FAA Sec 604(e)) If non-U S procurement of agricultural commodity or product thereof is to be financed, is there provision against such procurement when the domestic price of such commodity is less than parity? Exception where commodity financed could not reasonably be procured in U S) N/A

e Construction or Engineering Services (FAA Sec 604(g)) Will construction or engineering services be procured from firms of advanced developing countries which are otherwise eligible under Code 941 and which have attained a competitive capability in international markets in one of these areas? (Exception for those countries which N/A

receive direct economic assistance under the FAA and permit United States firms to compete for construction or engineering services financed from assistance programs of these countries)

- f **Cargo Preference Shipping** (FAA Sec 603) Is the shipping excluded from compliance with the requirement in section 901(b) of the Merchant Marine Act of 1936, as amended, that at least 50 percent of the gross tonnage of commodities (computed separately for dry bulk carriers, dry cargo liners, and tankers) financed shall be transported on privately owned U S flag commercial vessels to the extent such vessels are available at fair and reasonable rates? N/A
- g **Technical Assistance** (FAA Sec 621(a)) If technical assistance is financed, will such assistance be furnished by private enterprise on a contract basis to the fullest extent practicable? Will the facilities and resources of other Federal agencies be utilized, when they are particularly suitable, not competitive with private enterprise, and made available without undue interference with domestic programs? Yes
- h **U S. Air Carriers** (Fly America Act 49 U S C Sec 1517) If air transportation of persons or property is financed on grant basis, will U S carriers be used to the extent such service is available? Yes
- i **Consulting Services** (FY 1998 Appropriations Act Sec 548) If assistance is for consulting service through procurement contract pursuant to 5 U S C 3109, are contract expenditures a matter of public record and available for public inspection (unless otherwise provided by law or Executive order)? Yes
- j **Notice Requirement** (FY 1998 Appropriations Act Sec 546) N/A

Will agreements or contracts contain notice to the effect that it is the Sense of the Congress that, to the greatest extent practicable equipment and products purchased with funds appropriated under the FY 1998 Appropriations Act should be American-made?

15 Construction

a Capital Assistance (FAA Sec 601(d)) N/A
 If capital (e.g., construction) assistance, will U.S. engineering and professional services be used?

b Large Projects - Congressional Approval (FAA Sec 620(k)) N/A
 If for construction of productive enterprise, will aggregate value of assistance to be furnished by the U.S. not exceed \$100 million (except for productive enterprises in Egypt that were described in the Congressional Presentation), or does assistance have the express approval of Congress?

16 U.S. Audit Rights (FAA Sec 301(d)) N/A
 If fund is established solely by U.S. contributions and administered by an international organization, does Comptroller General have audit rights?

17 Communist Assistance (FAA Sec 620(h)) Yes
 Do arrangements exist to insure that United States foreign aid is not used in a manner which, contrary to the best interests of the United States, promotes or assists the foreign aid projects or activities of the Communist-bloc countries?

18 Narcotics

a Cash Reimbursements (FAA Sec 483) Yes
 Will arrangements preclude use of financing to make reimbursements, in the form of cash payments, to persons whose illicit drug crops are eradicated?

b Assistance to Narcotics Traffickers (FAA Sec 487) Yes
 Will arrangements take

"all reasonable steps" to preclude use of financing to or through individuals or entities which we know or have reason to believe have either (1) been convicted of a violation of any law or regulation of the United States or a foreign country relating to narcotics (or other controlled substances), or (2) been an illicit trafficker in, or otherwise involved in the illicit trafficking of, any such controlled substance?

- 19 **Expropriation and Land Reform** (FAA Sec 620(g)) Will assistance preclude use of financing to compensate owners for expropriated or nationalized property, except to compensate foreign nationals in accordance with a land reform program certified by the President? Yes
- 20 **Police and Prisons** (FAA Sec 660) Will assistance preclude use of financing to provide training, advice, or any financial support for police, prisons, or other law enforcement forces (see exceptions in section 660) ? Yes
- 21 **CIA Activities** (FAA Sec 662) Will assistance preclude use of financing for CIA activities? Yes
- 22 **Motor Vehicles** (FAA Sec 636(1)) Will assistance preclude use of financing for purchase, sale, long-term lease, exchange or guaranty of the sale of motor vehicles manufactured outside U S , unless a waiver is obtained? Yes
- 23 **Export of Nuclear Resources** (FY 1995 Appropriations Act Sec 506) Will assistance preclude use of financing to finance, except for purposes of nuclear safety, the export of nuclear equipment, fuel, or technology? Yes
- 24 **Publicity, Propaganda and Lobbying** (FY 1998 Appropriations Act Sec 545, Anti-Lobbying Act, 18 U S C § 19130) Will assistance be used to support or defeat legislation pending before Congress, to influence in any way the outcome of a political election in the United States, No

or for any publicity or propaganda purposes not authorized by Congress?

25 Commitment of Funds (FAA Sec 635(h))

Does a contract or agreement entail a commitment for the expenditure of funds during a period in excess of 5 years from the date of the contract or agreement? No

26 Impact on U S Jobs (FY 1998 Appropriations Act, Sec 538)

a Will any financial incentive be provided to a business located in the U S for the purpose of inducing that business to relocate outside the U S in a manner that would likely reduce the number of U S employees of that business? No

b Will assistance be provided for the purpose of establishing or developing an export processing zone or designated area in which the country's tax, tariff, labor, environment, and safety laws do not apply? If so, has the President determined and certified that such assistance is not likely to cause a loss of jobs within the U S ? No

c Will assistance be provided for a project or activity that contributes to the violation of internationally recognized workers rights, as defined in section 502(a)(4) of the Trade Act of 1974, of workers in the recipient country, or will assistance be for the informal sector, micro or small-scale enterprise, or smallholder agriculture? No

B DEVELOPMENT ASSISTANCE ONLY

1 Agricultural Exports (Bumpers Amendment) (FY 1998 Appropriations Act Sec 513(b)), as interpreted by the conference report for the original enactment) If assistance is for agricultural development activities (specifically, any testing or breeding N/A

feasibility study, variety improvement or introduction, consultancy, publication, conference, or training), are such activities (a) specifically and principally designed to increase agricultural exports by the host country to a country other than the United States, where the export would lead to direct competition in that third country with exports of a similar commodity grown or produced in the United States, and can the activities reasonably be expected to cause substantial injury to U S exporters of a similar agricultural commodity, or (b) in support of research that is intended primarily to benefit U S producers?

2 Recipient Country Contribution

(FAA Secs 110, 124(d)) Will the recipient country provide at least 25 percent of the costs of the activity with respect to which the assistance is to be furnished or is this cost-sharing requirement being waived for a "relatively least developed" country?

Recipient country will provide 25% of the cost of activity

3 Forest Degradation (FAA Sec 118)

a Will assistance be used for the procurement or use of logging equipment? If so, does the an environmental assessment indicate that all timber harvesting operations involved will be conducted in an environmentally sound manner and that the proposed activity will produce positive economic benefits and sustainable forest management systems?

N/A

b Will assistance be used for (1) actions which will significantly degrade national parks or similar protected areas which contain tropical forests, or introduce exotic plants or animals into such areas, (2) activities which would result in the conversion of forest lands to the rearing of livestock, (3) the construction, upgrading, or maintenance of roads (including temporary haul roads for logging or other extractive industries) which pass through relatively undergraded forest lands, (4) the colonization of forest lands, or (5) the

N/A

construction of dams or other water control structures which flood relatively undergraded forest lands? If so, does the environmental assessment indicate that the activity will contribute significantly and directly to improving the livelihood of the rural poor and will be conducted in an environmentally sound manner which supports sustainable development?

4 **Deobligation/Reobligation** (FY 1998 Appropriations Act Sec 510) If deob/reob authority is being used under section 510 in the provision of DA assistance, are the funds being obligated for the same general purpose and for countries within the same region as originally obligated, and have the House and Senate Appropriations Committees been properly notified? [Note Compare to no-year authority under section 511] N/A

5 **Loans**

a **Repayment Capacity** (FAA Sec 122(b)) Information and conclusion on capacity of the country to repay the loan at a reasonable rate of interest N/A

b **Long-Range Plans** (FAA Sec 122(b)) Does the activity give reasonable promise of assisting long-range plans and programs designed to develop economic resources and increase productive capacities? N/A

c **Interest Rate** (FAA Sec 122(b)) If development loan is repayable in dollars, is interest rate at least 2 percent per annum during a grace period which is not to exceed ten years, and at least 3 percent per annum thereafter? N/A

d **Exports to United States** (FAA Sec 620(d)) If assistance is for any productive enterprise which will compete with U S enterprises, is there an agreement by the recipient country to prevent export to the U S of more than 20 percent of the enterprise's annual production during the life of the loan, or has the requirement to enter into N/A

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such an agreement been waived by the President because of a national security interest?

6 **CITIES -Convention on International trade in Endangered Species of Flora and Fauna (New for FY 98) (FY 1998 Appropriations Act, Title II under "Development Assistance" heading)** No
Is the activity not in contravention of CITIES?

7 **Planning and Design Considerations**
Has agency guidance or the planning and design documentation for the specific activity taken into account the following, as applicable?

a **Economic Development** FAA Sec 101(a) requires that the activity give reasonable promise of contributing to the development economic resources or to the increase of productive capacities and self-sustaining economic growth

AIDS in India strikes those in the age group 15-35, the most productive of years. It affects the labor force and growth of the epidemic would lead to developmental costs not just in terms of productivity cost but also in terms of income distribution and poverty in families where the bread winner is affected by AIDS. Additionally India's already overburdened health system will be unable to cope with the patient load of HIV positive people affected with opportunistic infections. HIV related tuberculosis would take an additional load. AIDS prevention efforts proposed under this program will target those most at risk of infection and attempt to stem the spread of the epidemic and its economic consequences.

b **Special Development Emphases**
FAA Secs 102(b), 113, 281(a) require that assistance (1)

1 The activity will target those most at risk of HIV, i.e. are commercial

sexeffectively involve the poor in development by extending access to economy at local level, increasing labor-intensive production and the use of appropriate technology, dispersing investment from cities to small towns and rural areas, and insuring wide participation of the poor in the benefits of development on a sustained basis, using appropriate U S institutions, (2) encourage democratic private and local governmental institutions, (3) support the self-help efforts of developing countries, (4) promote the participation of women in the national economies of developing countries and the improvement of women's Status, and implemented by local (5) utilize and encourage regional cooperation by developing countries

workers-poor and marginali- zed segment of the society and their clients who are mostly youngmen in seasonal temporary and migratory employees of both groups, are amongst the most dis- advantaged sections of the beneficiaries of the program
 2) Yes
 3) Yes
 4) N/A
 5) N/A

c	Development Objectives	FAA Secs	1	Same as above
	102(a), 111, 113, 281(a)	require that	2	N/A
	assistance	(1) effectively involve	3	Yes
	the poor in development, by expanding	access to economy at local level,	4	Yes
	increasing labor-intensive production	and the use of appropriate technology,	5	N/A
	spreading investment out from cities to	small towns and rural areas, and insuring		
	wide participation of the poor in the benefits	of development on a sustained basis,		
	using the appropriate U S institutions,	(2) help develop cooperatives, especially		
	by technical assistance, to assist rural	and urban poor to help themselves toward		
	better life, and otherwise encourage	democratic private and local governmental		
	institutions, (3) support the self-help	efforts of developing countries, (4) promote		
	the participation of women in the national	economies of developing countries and the		
	improvement of women's status, and (5) utilize	and encourage regional cooperation by developing		
	countries?			

d Agriculture, Rural Development and Nutrition, and Agricultural Research
 FAA Secs 103 and 103A require that (1)

N/A

Rural poor and small farmers.
 assistance for agriculture, rural development or nutrition be specifically designed to increase productivity and income of rural poor, and assistance for agricultural research take into account the needs of small farmers and make extensive use of field testing to adapt basic research to local conditions, (2) **Nutrition.** assistance be used in coordination with efforts carried out under FAA Section 104 (Population and Health) to help improve nutrition of the people of developing countries through encouragement of increased production of crops with greater nutritional value, improvement of planning, research, and education with respect to nutrition, particularly with reference to improvement and expanded use of indigenously produced foodstuffs, and the undertaking of pilot or demonstration programs explicitly addressing the problem of malnutrition of poor and vulnerable people, (3) **Food security** assistance increase national food security by improving food policies and management and by strengthening national food reserves, with particular concern for the needs of the poor, through measures encouraging domestic production, building national food reserves, expanding available storage facilities, reducing post harvest food losses, and improving food distribution

e Population and Health FAA Secs 104(b) and (c) require that assistance for population or health activities emphasize low-cost, integrated delivery systems for health, nutrition and family planning for the poorest people, with particular attention to the needs of mothers and young children, using paramedical and auxiliary medical personnel, clinics and health posts, commercial distribution systems, and other modes of community outreach

Yes, the activity will emphasis integrated delivery systems and commercial sex workers will be an important beneficiary group in this activity

f Education and Human Resources

N/A

Development FAA Sec 105 requires that assistance for education, public administration, or human resource development (1) strengthen non formal education, make formal education more relevant, especially for rural families and urban poor, and strengthen management capability of institutions enabling the poor to participate in development, and (2) provide advanced education and training of people of developing countries in such disciplines as are required for planning and implementation of public and private development activities

g Energy, Private Voluntary organizations, and Selected

Development Activities FAA Sec 106 requires that assistance for energy, private voluntary organizations, and selected development problems may be used for (1) data collection and analysis, the training of skilled personnel, research on and development of suitable energy sources, and pilot projects to test new methods of energy production, and facilitative of research on and development and use of small-scale, decentralized, renewable energy sources for rural areas, emphasizing development of energy resources which are environmentally acceptable and require minimum capital investment, (2) technical cooperation and development, especially with U S private and voluntary, or regional and international development, organizations, (3) research into, and evaluation of, economic development processes and techniques, (4) reconstruction after natural or manmade disaster and programs of disaster preparedness, (5) special development problems, and to enable proper utilization of infrastructure and related projects funded with earlier U S assistance, (6) urban development, especially small, labor-intensive enterprises, marketing systems for small producers, and financial or other institutions to help

N/A

urban poor participate in economic and social development

h Appropriate Technology FAA Sec 107 requires that assistance emphasize use of appropriate technology (defined as relatively smaller, cost-saving, labor-using technologies that are generally most appropriate for the small farms, small businesses, and small incomes of the poor

N/A

1 Tropical Forests FAA Sec 118 and FY 1991 Appropriations Act Sec 533(c) as referenced in section 532(d) of the FY 1993 Appropriations Act) require that

(1) **Conservation** assistance place a high priority on conservation and sustainable management of tropical forests and specifically (i) stress the importance of conserving and sustainably managing forest resources, (ii) support activities which offer employment and income alternatives to those who otherwise would cause destruction and loss of forests, and help countries identify and implement alternatives to colonizing forested areas, (iii) support training programs, educational efforts, and the establishment or strengthening of institutions to improve forest management, (iv) help end destructive slash-and-burn agriculture by supporting stable and productive farming practices, (v) help conserve forests which have not yet been degraded by helping to increase production on lands already cleared or degraded, (vi) conserve forested watersheds and rehabilitate those which have been deforested, (vii) support training, research, and other actions which lead to sustainable and more environmentally sound practices for timber harvesting, removal, and processing, (viii) support research to expand knowledge of tropical forests and identify

N/A

alternatives which will prevent forest destruction, loss, or degradation, (ix) conserve biological diversity in forest areas by supporting efforts to identify, establish, and maintain a representative network of protected tropical forest ecosystems on a worldwide basis, by making the establishment of protected areas a condition of support for activities involving forest clearance or degradation, and by helping to identify tropical forest ecosystems and species in need of protection and establish and maintain appropriate protected areas, (x) seek to increase the awareness of U S Government agencies and other donors of the immediate and long-term value of tropical forests, (xi) utilize the resources and abilities of all relevant U S government agencies, (xii) be based upon careful analysis of the alternatives available to achieve the best sustainable use of the land, and (xiii) take full account of the environmental impacts of the proposed activities on biological diversity

(2) Sustainable Forestry assistance relating to tropical forests assist countries in developing a systematic analysis of the appropriate use of their total tropical forest resources, with the goal of developing a national program for sustainable forestry

N/A

j Biological Diversity FAA Sec 119(g) requires that assistance (i) support training and education efforts which improve the capacity of recipient countries to prevent loss of biological diversity, (ii) be provided under a long-term agreement in which the recipient country agrees to protect ecosystems or other wildlife habitats; (iii) support efforts to identify and survey ecosystems in recipient countries worthy of protection, or (iv) by

N/A

any direct or indirect means significantly degrade national parks or similar protected areas or introduce exotic plants or animals into such areas

k Benefit to Poor Majority
FAA Sec 128(b) requires that if the activity attempts to increase the institutional capabilities of private organizations or the government of the country, or if it attempts to stimulate scientific and technological research, it be designed and monitored to ensure that the ultimate beneficiaries are the poor majority

The activity will be implemented through local organizations and is targeted at the vulnerable sections of the society. The poor will greatly benefit from the activity

l Indigenous Needs and Resources
FAA Sec 281(b) requires that an activity recognize the particular needs, desires, and capacities of the people of the country, utilize the country's intellectual resources to encourage institutional development, and support civic education and training in skills required for effective participation in governmental and political processes essential to self-government

The activity will use participatory approaches involving communities and community based organizer Technical Resources available within India will be utilized in the maximum extent possible

m Energy FY 1991 Appropriations Act Sec 533(c) as referenced in section 532(d) of the FY 1993 Appropriations Act) requires that assistance relating to energy focus on (1) end-use energy efficiency, least-cost energy planning, and renewable energy resources, and (2) the key countries where assistance would have the greatest impact on reducing emissions from greenhouse gases

N/A

n Debt-for-Nature Exchange
FAA Sec 463 requires that assistance which will finance

N/A

a debt-for-nature exchange (1) support protection of the world's oceans and atmosphere, animal and plant species, or parks and reserves, or (2) promote natural resource management, local conservation programs, conservation training programs, public commitment to conservation, land and ecosystem management, or regenerative approaches in farming, forestry, fishing, and watershed management

C ECONOMIC SUPPORT FUND ONLY

- 1 **Economic and Political Stability** N/A
FAA Sec 531(a)) Does the design and planning documentation demonstrate that the assistance will promote economic and political stability? To the maximum extent feasible, is this assistance consistent with the policy directions, purposes, and programs of Part I of the FAA?
- 2 **Military Purposes** (FAA Sec 531(e)) No
Will this assistance be used for military or paramilitary purposes?
- 3 **Commodity Grants/Separate Accounts** (FAA Sec 609) N/A
If commodities are to be granted so that sale proceeds will accrue to the recipient country, have Special Account (counterpart) arrangements been made? (For FY 1998, this provision is superseded by the separate account requirements of FY 1998 Appropriations Act Sec 532(a), see Sec 532(a)(5))
- 4 **Generation and Use of Local Currencies** (FAA Sec 531(d)) N/A
Will ESF funds made available for commodity import programs or other program assistance be used to generate local currencies? If so, will at least 50 percent of such

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local currencies be available to support activities consistent with the objectives of FAA sections 103 through 106? (For FY 1998, this provision is superseded by the separate account requirements of FY 19987 Appropriations Act Sec 532(a), see Sec 532(a)(5))

u \neena\docs\malds 08/12/98

IEE Amendment No. 1

Activity Location

India

Activity Title and Number

Maharashtra AIDS Program

Funding

USAID -
541.2 million

Life of Activity

7 years

Categorical Exclusion
Determination Prepared by

Signature 
Richard T. Edwards
Deputy Director
Office of
Environment, Energy
and Enterprise

Environmental Action Recommended

Categorical Exclusion

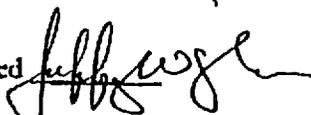
Mission Environmental Officer's Concurrence

Signature 
Richard L. Edwards


Mission Director's Concurrence

Signature 
Linda F. Morse

Decision of Environmental Coordinator, Bureau for
Asia Near East

Approved 

Disapproved _____

Date 7/14/98

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E O 12958 N/A
IAGS
SUBJECT EXPIRATION OF CONGRESSIONAL NOTIFICATION (CN -
INDIA)

REF STATE 136849

1 THE FOLLOWING CN (NO 375 DATED JULY 15, 1998) HAS
EXPIRED OBLIGATION MAY BE INCURRED

--MAHARASHIRA AIDS PREVENTION AND CONTROL (386-0544)
NOTIFYING DOLS 1,600,000

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To Gulshan Bhatla@PDS
From Michael J Williams@GC@AIDW
Cc Eileen Hsieh@GC@AIDW, Louis Kuhn@ANE ESA@AIDW, Patricia
Zanella@ANE ESA@AIDW
Bcc
Subject GC/ANE clearance of new HIV/AIDS activity
Attachment
Date 8/18/98 4 54 PM

GC/ANE clears proposed activity documentation, grant agreement, and annexes
thereto

Michael J Williams
GC/ANE