



HIV AND DEVELOPMENT

RESPONDING TO THE HIV EPIDEMIC

CHALLENGES

An estimated 2.47 million live with HIV in India. Some districts have higher prevalence of HIV, even though they are situated in states with low prevalence. Prevalence is also high in the 15-49 age group, which makes most people living with HIV in the prime of their productive lives.

Safer sexual practices are critical to prevent HIV. Adequate knowledge about these practices and their use can depend on gender relations between sexual partners and the existing social environment. In India, prevailing social norms and attitudes limit discussion on this subject. Insufficient awareness and access to proper knowledge makes people vulnerable to HIV. Equally, the stigma against people living with HIV is high, which influences the demand for HIV related prevention and care services. Poor people living with HIV face an additional economic and social burden when dealing with HIV.

KEY FACTS

88.7 percent among the people living with HIV are in the 15-49 age group

About **39** out of 100 people living with HIV are women

87.4 percent of HIV transmission is caused by unprotected sex

54 districts of a total of 195 high prevalence districts are in low-prevalence states and union territories

221 districts of 22 states have functional networks of people living with HIV

Sources: India HIV Estimates-2006, National AIDS Control Organisation (NACO), 2006; HIV Sentinel Surveillance and HIV Estimation, NACO, 2006; Draft Gender policy and guidelines for HIV programmes, NACO, 2008.

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RESPONSE

The HIV and Development Programme is positioned within the overarching objective of the United Nations Development Assistance Framework (UNDAF) for India 2008 - 2012, which is 'promoting social, economic and political inclusion for the most disadvantaged, especially women and girls'. A key outcome of the UNDAF is that by 2012 the 'reduction in HIV and AIDS prevalence rate amongst vulnerable groups and improved quality of life for positive people.'

UNDP supports the Government's efforts to reduce HIV and AIDS amongst vulnerable groups and to uphold the rights for people living with HIV. Socio-economic and cultural conditions and norms influence the pattern of the HIV epidemic. As part of the United Nations response, UNDP works to address these conditions.

The National AIDS Control Organisation (NACO) has adopted mainstreaming of HIV in development responses as a strategy to address the underlying causes of HIV prevalence in India. UNDP supports NACO to develop and implement this response. It works with six non-health Ministries to make HIV prevention a part of their work, and thereby expand the coverage of the HIV response. NACO and UNDP will also equip five State Governments and non-governmental organizations with the expertise and resources to reach information and services on HIV to those most vulnerable to HIV, such as women and migrants.

UNDP also assists NACO and State AIDS Control Societies in addressing unsafe mobility and preventing HIV amongst migrants. UNDP supports efforts by civil society and the private sector to reduce the discrimination against people living with HIV. UNDP has trained organizations and individuals, worked with service providers such as the police, local government and Panchayat leaders to sensitise them about HIV. It also works with the Government to strengthen legal aid services available to communities and people living with HIV.

In the future, strategies will focus even more strongly on improving access to livelihoods, information and social services among populations vulnerable to HIV and AIDS. UNDP will develop a programme to ensure safer mobility for migrants and prevent further spread of the epidemic. It will develop long-term strategies of vulnerability reduction in districts with high migration to ensure safer mobility. Counsellors will be trained to counter the prevailing stigma and to monitor HIV and gender-related discrimination within government departments. UNDP will conduct research to gather additional evidence about the need to address vulnerabilities to HIV.

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PROJECTS 2008-2012

Mainstreaming

1. Support to National Efforts for Mainstreaming HIV
Partner: National AIDS Control Organisation (NACO)
Budget: USD 15.44 million
Duration: Apr '07 - Mar '12
2. Joint UN Programme on HIV Prevention and Care in North-Eastern States of India
Partner: National AIDS Control Organisation (NACO)
Budget: USD 9.55 million
Duration: Aug '07 - Dec '11

Safe Mobility and HIV

3. Joint UN Preparatory Assistance for Development of a Programme on Safe Mobility and HIV
Partner: National AIDS Control Organisation (NACO)
Budget: USD 265,779
Duration: May '08 - Jul '09

Stigma Reduction

4. Reduction of HIV related Stigma and Discrimination
Partner: National AIDS Control Organisation (NACO)
Proposed Budget: USD 4 million
Duration: 2009 - 2012

Sexual Minorities

5. Addressing HIV needs of sexual minorities
Partner: National AIDS Control Organisation (NACO)
Proposed Budget: USD 4 million
Duration: 2009 - 2012



ACHIEVEMENTS

- Policy support were provided to the National AIDS Control Organisation through technical inputs to develop national policies for gender and HIV, greater involvement of people living with HIV, and for the formulation of the third phase of the National AIDS Control Programme.
- First large-scale study was conducted in India on the socio-economic impact of HIV on households. The study has been widely quoted by the media, the government, and the United Nations. Three countries in Asia have initiated similar studies.
- The capacity of communities to protect themselves from HIV, and of service providers was strengthened by providing information and training to 15.6 million people, including NGOs, marginalized groups, trafficked survivors, judiciary, youth, women, tour operators, faith-based leaders, government officials and police personnel.
- More than 1,500 youth-friendly migrant information centres were established at the community level that provide key information and services to migrants and their families.
- The State Governments in Tsunami affected areas were supported by providing information on trafficking and HIV and AIDS to members from 2,000 village vigilance committees, training 500 peer educators and sensitising more than 30,000 women and children.
- Work for greater involvement of people living with HIV and AIDS (GIPA) was supported by organizing the first management course for 93 people living with HIV in India, supporting 20 local and innovative activities by Community Based Organizations and people living with HIV, providing video documentation training to positive networks and establishing four legal clinics for people living with HIV. The clinic's lawyers have recorded 75 petitions and settled 12 legal cases and 79 non-legal cases.
- Livelihood training was provided to 9,000 people living with HIV and trafficking survivors. Some of the trainings were based on 21 livelihood models and involved corporate houses such as TAJ Group of Hotels, BATA and JINDALS.
- A partnership with National Insurance Company was developed to cover the poor, including those living with HIV. Till December 2007, 50,000 people covered under the scheme and Rs. 3,01,350 disbursed as claims.

PARTNERS

UNDP's partnership strategy is based on the underlying principles of commitment to the MDGs, inclusive development and gender mainstreaming. For the HIV and Development Programme, some of the partners include:

State AIDS Control Societies; Ministries of Tourism, Railways, Urban Development, Rural Development, Panchayati Raj and Tribal Affairs; Oxfam; Cooperative for American Remittances to Europe; Solidarity and Action Against the HIV Infection in India; Bhoruka Trust; Tata Institute of Social Sciences; ActionAid; district networks of people living with HIV; Positive Women's Network; MAMTA Health Institute for Mother & Child; Partners in Development; Society for Participatory Research in Asia; Aide et Action; Plan India; Centre for Media Studies; mayors' collectives; EPOS Health India Private Limited and Indian Network of Positive People .

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SUCCESS STORY

Bringing Gender to the Fore

Since 2007, important policy changes have taken place at the national level. After the formulation of the National HIV policy in 2000 and the landmark third phase of the National AIDS Control Programme in 2007, it was time for yet another milestone. This time the focus was on Gender and HIV.

The need for a gender policy for HIV had been expressed repeatedly but it was only in 2007 that the idea was really followed up. It became clear that a policy was required to fill the gap as gender inequality and gender norms impact the spread of HIV.

The National AIDS Control Organisation (NACO) requested UNIFEM's and UNDP's support to develop a gender policy that would truly reflect the vulnerabilities of men and women. While developing the policy, the lead authors analysed current gender norms, the relationship between HIV and gender, and laid down guiding policy principles to address gender in HIV programmes. The principles range from acknowledging the diversity in sexual practices to ensuring men's role as equal partners. The policy details responsibilities and provides a checklist to mainstream gender in HIV programmes. After an extensive peer review in 2007, the policy was validated in April 2008, at a two-day meeting attended by experts on gender and HIV, officials from NACO and SACS, government bureaucrats, civil society partners, networks of people living with HIV, donors and UN agencies. The policy will soon be finalised.



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