The avahan india aids initiative of bill and melinda gates

Politics

The Avahan India AIDS Initiative of Bill & Melinda Gates

Avahan was a HIV/AIDS initiative of Bill & Melinda Gates Foundation for India that was primarily designed to prevent the rising cases of HIV/AIDS in India with estimated budget of USD 258 million. As against United States National Intelligence Council's projection of 20-25 million HIV cases, Government of India's surveillance report estimated 2. 5 million cases by 2006. The figures still were much higher and needed to be addressed urgently. The Indian Government established National Aids control Organization or NACO in 1992 under Ministry of Health which had implemented the program, NACP, in three phases of 5 years duration from 1992 onwards across its 28 states, covering rural and urban areas. The Gates Foundation, too started India AIDS Initiatives in 2002-2003 and worked directly rather than channeling its fund through public sector or government.

Prior to 2005, Avahan, initially known as India AIDS Initiatives, was involved in planning and designing its investment in HIV prevention activities including intervention, clinical service and advocacy. Ashok Alexander headed the Delhi office and selected six states: Andhra, Karnataka, Nagaland, Maharashtra, Manipur and Tamil Nadu. With 8 team members, it created a comprehensive network of NGOs in 3 tier system comprising of State lead partners or SLPs, district level NGOs and grass root level NGOs who were constantly in touch with the target group. The truckers and bridge population were taken care by separate NGOs. Alexander also sought the services of other International NGOs like Family Health International which studied high risk community members; University of Qubec that was instrumental in projecting the number of HIV cases which can be prevented;

and WHO provided guidance on STD and developed clinical operational guidelines. These were major strategic plans that laid the foundation for achieving Avahan’s goals.

Avahan scaled up its project by tackling the issue from three ends. While aid was disbursed to NGOs and capacity building efforts were put on priority, it encouraged advocacy groups to create awareness and facilitate the working of NGOS. At the same time, it continued to rely on research and monitoring to constantly evaluate the progress. Monthly review, field monitoring and empowering NGOs and grass root levels with updated information were highlighted. Initiatives by NGOs were encouraged and also implemented across the states.

The major obstacles primarily came from the sex workers who were reluctant to come for check up or reveal details about themselves or their clients. There were also fewer health centers for meeting the needs of the target group. But the persistent and innovative measures adopted by NGOs and grass root level helped to inculcate trust. At the same time, private participation of doctors, health centers and individuals greatly facilitated in providing clinical services and helped build trust and relationship amongst the target group. Community mobilization against sexual violence, hygiene and sanitation drive and education of sex workers with regard to safe sex also helped to create awareness of HIV prevention. Leadership within sex workers was encouraged who served as peer educators to distribute condoms for practicing safe sex and also helped monitor the health related needs of the target population.

Thus, many initiatives like peer educators, safe spaces for sex workers,

advocacy groups and community support system aided and supported by NGOs considerably helped Avahan to reach its goal. At the same time, data collection through CMIS forms became a major element that was able to provide Avahan with relevant information to periodically revise, reassess and redefine its strategy against the defined goal.

(words: 576)

Reference

Case study: The Avahan India AIDS Initiative: Managing targeted HIV Prevention at Scale (April, 2010). HBS