Lessons learned from Public-Private Partnership – The Avahan Experience
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India HIV/AIDS Alliance in Brief

• Founded in 1999 to catalyze **community action** on AIDS in India
• **70+ staff** in various locations (HQ in Delhi; Regional Office in Hyderabad)
• Focus on affected communities and key populations (**PLHIV**; **MSM**; **transgenders & hijras**; **women in sex work**; and **people who use drugs**)
• Work closely with stakeholders, communities and implementing partners nationally and in 32 states and Union Territories, including **NACO**, **SACS**, **state networks**, **CBOs and NGOs**
• Reached **1.45 million registered clients** with services by June 2017
• Provided grant funding and capacity building support to **600+ CBOs and NGOs** in 2016
Current Programmes (as of September 2017)

- **Nirantar** (2014-18, CDC/PEPFAR): Supported under the Local Capacity Initiative, capacity strengthening of TI stakeholders to improve impact of HIV prevention and key population advocacy in 136 TIs across three states
- **Hridaya** (Phase 1: 2011-17; Government of the Netherlands): HIV prevention for PWID through expanded access to harm reduction services
- **Samarth** (2016-19; Elton John AIDS Foundation): Establishment of six community-based HIV screening clinics for MSM and transgenders
- **Wajood** (2015-19; Amplify Change): Empowering transgenders and hijras to access sexual health services and human rights protections in five states
- **Harm Reduction Advocacy in Asia**: (2017-19, Global Fund): Advocacy capacity development to reduce legal and policy barriers and improve access to harm reduction services for PWID in seven countries
- **Prayas**: (2017-19, ViiV Healthcare): To prepare and create awareness among 6000 transgenders and hijras on PrEP.
- **Ujjwala** (2017-18, MAC AIDS Fund): Mitigate and prevent gender based violence (GBV) as a strategy to improve the awareness and access to HIV and other SRH services for female sex workers
Avahan – call for action – HIV and STI prevention and control programme for female sex workers, men who have sex with men and transgender women


- Geographic coverage
  - Andhra Pradesh (united)
  - Karnataka
  - Tamilnadu
  - Maharashtra
  - Manipur
  - Nagaland

- Partnership
Time Line – Alliance Avahan Journey

- Consolidate Gains of HIV Prevention.
- Transition
- Knowledge Dissemination

Avahan Goals
Scaled HIV Prevention Response

Avahan Phase I
2004-2009

Avahan Phase 2
2009-2014

Step In - FPP
2003
### Scale Up – STI Consultation (2004-2009)

<table>
<thead>
<tr>
<th>Year</th>
<th>ORWs</th>
<th>Peer Educators</th>
<th>Outreach (Individuals)</th>
<th>STI Consultations</th>
<th>Condoms distributed</th>
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<tbody>
<tr>
<td>2004</td>
<td>210</td>
<td>78</td>
<td>3</td>
<td>0</td>
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<tr>
<td>’05</td>
<td>310</td>
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<td>4</td>
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<td>370</td>
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<td>895</td>
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<td>10</td>
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<tr>
<td>’09</td>
<td>415</td>
<td>1421</td>
<td>58</td>
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</table>

**Total of 41 organisations**
Scale Up and Consolidation of CBOs

<table>
<thead>
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<th>No. of years</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
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<th>2010</th>
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<tr>
<td>No. of CBOs</td>
<td>0</td>
<td>60</td>
<td>60</td>
<td>76</td>
<td>115</td>
<td>115</td>
<td>83</td>
<td>59</td>
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</table>

Kokku SB, Mahapatra B, Tucker S, Saggurti N, Prabhakar P1

“The partnership mechanism between the NGO-supported HIV prevention programme and government clinic facilities appeared to be a promising opportunity to provide timely and accessible STI services for FSWs living in rural and remote areas”
Outcome of partnerships

• Providing sexually transmitted infection (STI) services to female sex workers (FSWs) in rural and resource constrained settings is a challenge.

• Partnerships were formed with 46 government clinics located in rural areas for providing STI treatment to FSWs in 2007.
  – Government health facilities were supported by local and State level non-government organizations (NGOs) through provision of medicines, training of medical staff, outreach in the communities, and other coordination activities.

• The number of FSWs accessing services at the partnership clinics increased from 1627 in 2007 to over 15,000 in 2010.

• The average number of annual visits by FSWs to these clinics in 2010 was 3.4.

• In opinion surveys, the majority of FSWs accessing services at the partnership clinics expressed confidence that they would continue to receive effective services from the government facilities even if the programme terminates.
Governance structures

• Organisational governance
  Strong organisational governance strengthened partnership governance

• Donor oversight
  Avahan had a very high level of governance mechanism, a state representative ensured regular updates

• Partner meetings
  A mechanism which was meant for regular coordination and update served as governance mechanism

• Government oversight
  Regular monitoring meetings with state authorities ensured open and transparent role clarity and expectations

• Community Advisory Group
  The most effective form of oversight and governance came when community was involved
Lessons learned

• **Clarity of roles and responsibilities**
  In any partnership, at governance level there has to be clarity of roles of implementers and people who have oversight. Avahan-Alliance crisis and way out

• **What is in it for me**
  Very difficult but important to articulate “stake” of each party. Be clear on the stake and be responsible to uphold the stake shamelessly

• **Involvement of people most affected**
  Real advocacy came from people most affected by the issue – sex workers, gay and other men who have sex with men and transgender people

• **Realistic expectations**
  Partnership developed for particular purpose should have clear boundaries, expectations should be managed to a level that it does not spoil relationships

• **Importance of respect and ideological agreement**
  We tend to underestimate damage lack of respect or difference of ideology can make in organisational partnership
Some dos and don’ts

• Dos – put systems to ensure transparency and accountability:
  – Clarify values and ideology
  – Involve people most affected and make special considerations for support
  – Give direct and honest feedback to every party
  – Separate governance from implementation for all parties involved

• Don’ts
  – No one should disrespect any partner
  – Don’t let anyone get away without their obligations fulfilled
  – Mix personal and professional relationships in PPP or get scared of power games
  – Let one party take the credit for everyone’s work
Thank you, questions??