

Learning Journey of SHARE Project

ALEAP

Approach | Learning | Experiences | Achievements | Path Ahead

South-To-South HIV/AIDS Resource Exchange (SHARE Project)

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Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ALEAP	Approach Learning Experiences Achievements Path Ahead
APAC	AIDS Prevention and Control Project
ART	Antiretroviral Therapy
ASAF	Assessment Share Adopt Follow-up
BPF	Best Practices Foundation
CBO	Community Based Organization
CII	Confederation of Indian Industry
CO	Country Ownership
CSO	Civil Society Organization
CSR	Corporate Social Responsibility
CST	Care Support & Treatment
CMC	Christian Medical College
DFID	Department for International Development, UK
ESTUM	Experience Sharing and Technical Update Meeting
FBO	Faith Based Organization
FHI	Family Health International
FICCI	Federation of Indian Chambers of Commerce and Industry
FSW	Female Sex Worker
GOI	Government of India
GEV	Guided Exposure Visits
HIV	Human Immunodeficiency Virus
IIM-A	Indian Institute of Management Ahmedabad
KP	Key Population
KPFP	Key Population Fellowship Program
KES	Knowledge Exchange Site
KHPT	Karnataka Health Promotion Trust
KT	Knowledge Transfer
M&E	Monitoring and Evaluation
MEA	Ministry of External Affairs
MSM	Men who have sex with men
NACO	National AIDS Control Organization
NACP-III	National AIDS Control Program, Phase-III
NGO	Non-Government Organization
NHCRC	National HIV Communication Research center
NRHM	National Rural Health Mission
PAC	Project Advisory Committee
PCST	Prevention Care Support Treatment
PE	Peer Education
PEPFAR	U.S. President's Emergency Plan for AIDS relief
PLHIV	People Living with HIV/AIDS
PPP	Public Private partnership
PPTCT	Prevention for parents-to-child HIV transmission
PSS	Program Support Systems
S2S	South-To-South

SACS	State AIDS Control Society
SHARE	South-To-South HIV/AIDS Recourse Exchange
SNA	Situation Need Assessment
SOP	Standard Operating Procedure
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
STRC	State Training and Resource Center
TA	Technical Assistance
TAC	Technical Assistance Component
TB	Tuberculosis
TCP	Technical Cooperation Plan
TI	Targeted Intervention
ToR	Terms of Reference
TSU	Technical Support Unit
TRG	Technical Resource Group
USAID	United States Agency for International development
VHS	Voluntary Health Service
WHO	World Health Organization

Introduction

South-To-South collaborations effectively facilitated partnership between countries at similar levels of development and with similar socio-economic and political profiles. With the significant achievements made in the HIV/AIDs prevention, care, treatment and support program in India are due to its well-coordinated national response. It is now globally acknowledged that the success achieved in responding to the epidemic has been due to the innovative practices and the political leadership and commitment demonstrated by the Government and its partners.

The **South-To-South HIV/AIDS Resource Exchange (SHARE) project** is an initiative funded by United States Agency for International Development (USAID) through the United States President's Emergency Plan for AIDS Relief managed by CHARTERED, a public health arm of Voluntary Health Services (VHS), Chennai through a cooperative agreement.

The goal of the project is to **strengthen National HIV/AIDS response in India and select African countries by facilitating technical cooperation through a bidirectional transfer of high impact policies, practices and innovations**. Such S2S collaborations hold promise to facilitate mutual experience sharing between India and African and Asian countries, and to foster the exchange of best practices and innovations. It focuses on three main areas: **Country Ownership and Stewardship, Prevention, Care, Treatment and Support, Program Support Systems** with proven knowledge sharing and adoption methodology ASAF which includes country profiling, exploratory visits, guided exposure visits, in-country technical support, online repository, virtual support, follow-up visits.

In fulfilling its mandate to strength national HIV/AIDS response in African countries, SHARE in a very short span of time partnered with 12 African countries to facilitate technical cooperation and address their needs& priorities based on India's experiences in HIV/AIDS sector.

This "Learning Journey of SHARE" is one of the key deliverables of the program to share their approach, learnings, experiences, achievements and path ahead.

SHARE will need to become more agile, devise appropriate innovations, and improvise its approaches and its institutional readiness for more sustainable knowledge sharing to meet with different needs and priorities of the partnering countries. It is in the sense of improving its learning from development practice that SHARE will increasingly become a knowledge based program.

In preparing the path ahead, SHARE has consulted widely both within and outside the program; conducted a baseline assessment of its current experiences; sought to gather, understand and apply the "lessons learned" from the efforts of their journey as well as other implementing agencies; and obtained and incorporated guidance from panel of experts.

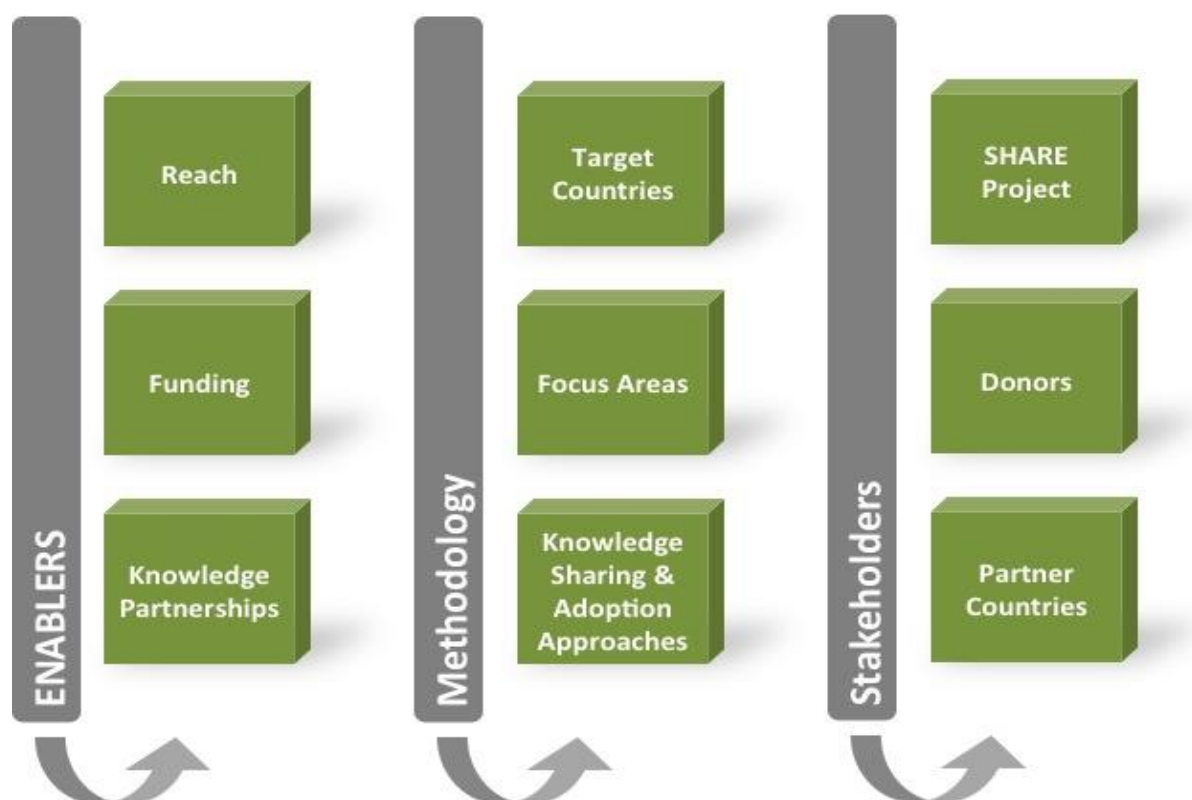


Figure 1 : Path Ahead

SHARE will leverage the above strategy to capitalize on the three years of experiences, lessons learnt to scale-up and replicate the same in HIV/AIDS or areas beyond the same.

Key Achievements

From 2012-2015, SHARE was the first south-to-south program for bi-directional exchange of lessons learnt on response to HIV/AIDS from India to African countries. The program substantially contributed in creating a platform of knowledge exchange for lessons learnt, experiences, best practices and approaches on responses to HIV/AIDS in more synchronized and structured manner.

As a part of it, facilitated knowledge transfer for partnering countries to gain experiences from India through GEV, KPFP, exploratory visit, virtual knowledge transfer, sharing of best practices document, etc., In addition, facilitated the knowledge transfer from Africa to India through: facilitated sharing of experiences by each country to NACO during GEV, developed and shared list of best practices in each country with NACO, facilitated thematic interactions between India and Africa, created platform for sharing the country experiences by partnering countries with SACS, TSU and other key stakeholders as a part of the visit .

- The **partnership between USAID, VHS and the GOI (national & state level)** serves as a successful model for collaborative program management for innovative and sustainable south-to-south knowledge sharing between India and African countries.
- It established a **strong collaborative culture with other implementing agencies (KHPT, FHI 360, UNAIDS)** in south-to-south space to coordinate and network for effective knowledge sharing while optimizing resources and eliminating duplication of efforts.
- SHARE built a strong **technical panel of 50 experts & mentors** in various thematic areas to strength in-house capacity and was cost efficient. The project capitalized on their skills and experiences to provide technical assistance to partnering African countries.
- **Christian Medical College (CMC)** is an internationally reputed medical college, provided preparatory work for the design and implementation of Key Population Fellowship Program.
- SHARE partnered with **IIM-A, the premier management institute in India**, for identification of 3 African countries for in-depth analysis of political commitment and country ownership of programs through rapid assessment to understand the gaps and need for best practices. Also developed three best practices on CoE, private clinics and best practices.
- **Best Practices Foundation (BPF)**, Bangalore based NGO, for capturing 23 best practices of AIDS response in India with support of NACO.
- **FICCI (apex Chamber of Commerce and Industry in India**, a non-government and not-for-profit organization) for fostering best practices and policies for engagement of private sector for HIV/Health programs in both Indian and partnering countries. FICCI developed the following reports:
 - Private Sector & Policy Framework for 5 Partnering Countries – Ghana, Nigeria, Zambia, Tanzania, South Africa
 - Good practices and innovations in private sector for HIV/Health programs in India
 - Developing a strategy and guidelines for PPP in HIV Program
 - Market assessment and shaping for HIV/AIDS products & commodities
 - Capacity Assessment of Indian knowledge partners to introduce best practice/innovation in African countries

Preparing India to SHARE

- SHARE **conceptualized and established National Secretariat in National AIDS Control Organization (NACO)** to facilitate the country-to-country learning and for sustainable governance and coordination mechanisms.
- SHARE captured **36 best practices of AIDS response in India**. It invested time and resources to prepare India to distill, document the best practices and the lessons learnt in key areas of India's response.
- The project developed comprehensive guidelines and toolkits to establish **39 Knowledge Exchange Sites within 4 states in India**. The project worked closely with NACO/National Secretariat on S2S and State AIDS Control Society(SACS). This was through systemized technical and financial support with ongoing mentorship to build capacity of these sites. It also included facilitation of the Guided Exposure Visits with extensive resource kits for the delegates.

Partnering Countries to SHARE

- SHARE project has facilitated knowledge transfer through various approaches covering all three components (Prevention, Care, Support and Treatment; Country Ownership; and Program Support Systems) and **capacitated 111 delegates representing from 12 countries through various approaches**.
- The project implemented **6 GEVs with 10 countries** with end-to-end delivery. It included – conceptualization of the visit, to scientifically designing to cater to partnering country needs& priorities, to creating the learning packages for the delegates for effective transfer of learning's. Overall 61 delegates were capacitated representing from 10 countries.
- SHARE systematized knowledge sharing among partnering countries India and Africa by **following the ASAF model – Assessment, Share, Adopt and Follow-up**. It synchronized and structured methodology on sharing and adoption on knowledge for greater impact. In a short span of time with 3 countries to develop Technical Cooperation Plan to identify the priority areas of assistance.
- SHARE **pioneered conceptualization, designing and implementation of the “Key Population Fellowship Program”** for senior and mid-level program managers of partnering countries. It is a 3 weeks experiential program with a blended approach of classroom as well as practical fieldwork. They conducted their first program with 11 delegates from 3 countries.

Partnering Countries to SHARE

- SHARE developed the **Country Ownership Framework in partnership with IIM-A** and also developed country ownership & analysis report for 13 countries.
- **Conducted India-Africa conclave in partnership with FICCI** and stakeholders meeting at South Africa by involving South Africa and Tanzania.
- SHARE developed **Standard Operating Procedures (SOP)** for activities such as **AFRICA-INDIA Meet, Guided Exposure Visits, Short-Term Fellowship programs**, etc., to ensure quality and consistency in implementation of these initiatives by various partnering countries.
- The project **established an online repository** of best practices, lessons learnt, training manuals for self-reference by partnering countries and also provide continuous learning from various HIV prevention interventions in India.
- To understand and gain more insights about the partnering countries, **SHARE developed the Situation Needs Analysis toolkit (SNA)** to assess the country needs and priorities. It benefited them to customize their technical assistance based on country requirements.
- SHARE established **guidelines and toolkits for Situation Need Assessment, Unit Cost Guidelines, Establishing KES (detailed criteria), and Fellowship Training Manual** for strengthening India's lessons learnt and successfully showcasing it to partnering countries.
- SHARE project has also collected materials, reports, documents, etc., and developed **country wise "Resource Bank"** for further reference and sharing it with stakeholders in India.

Bi-directional Learning from Zambia to India

SHARE project had facilitated a Guided Exposure Visit for Uganda & Zambia delegation where a parallel visit for **Zambia delegation on CoE** was also arranged. The delegation visited CoE and PCoE. They had interactions and experience sharing with Dr. Rewari, NTO, CST at NACO.

NACO intends to integrate selected suggestions evolved during the process of the cross learning with Zambia. In the review committee of CoE held at Ahmedabad, it has been suggested to integrate the following:

- Viral load test
- Genotypic resistance testing facility therapy in CoE

This Guided Exposure Visit (GEV) has enabled the host country to gain important insights into how to improve the program and also best practices of Zambia in Care, Support and Treatment.

Lessons Learnt

Enabling Environment

Leverage existing donor relationships to enter the partner countries for greater engagement.

- SHARE to seek support from USAID or other donor organizations to leverage their existing programs with partner countries and advocate knowledge sharing with India. Greater engagement from the headquarters will enhance ownership of knowledge sharing with partnering countries.

Partnerships with industry federations for network of experts

- Strategic partnerships with national knowledge/industry federations like FICCI, IIM-A is critical to have access to wider industry network of experts in partnering countries.

Assessment

To identify the key stakeholders and influencers of the program within the partnering country and understand their priorities.

- Key element is in **identification of various stakeholders in the partnering countries who are the key influencers / decision makers** like ministries, policy makers, donor organizations, project managers, NGO's, National AIDS commissions, implementing agencies for the program. Building relationship and engaging with them in a more structured manner with clear and formal understanding of the main goals, modalities, and roles will improve their support and ownership.

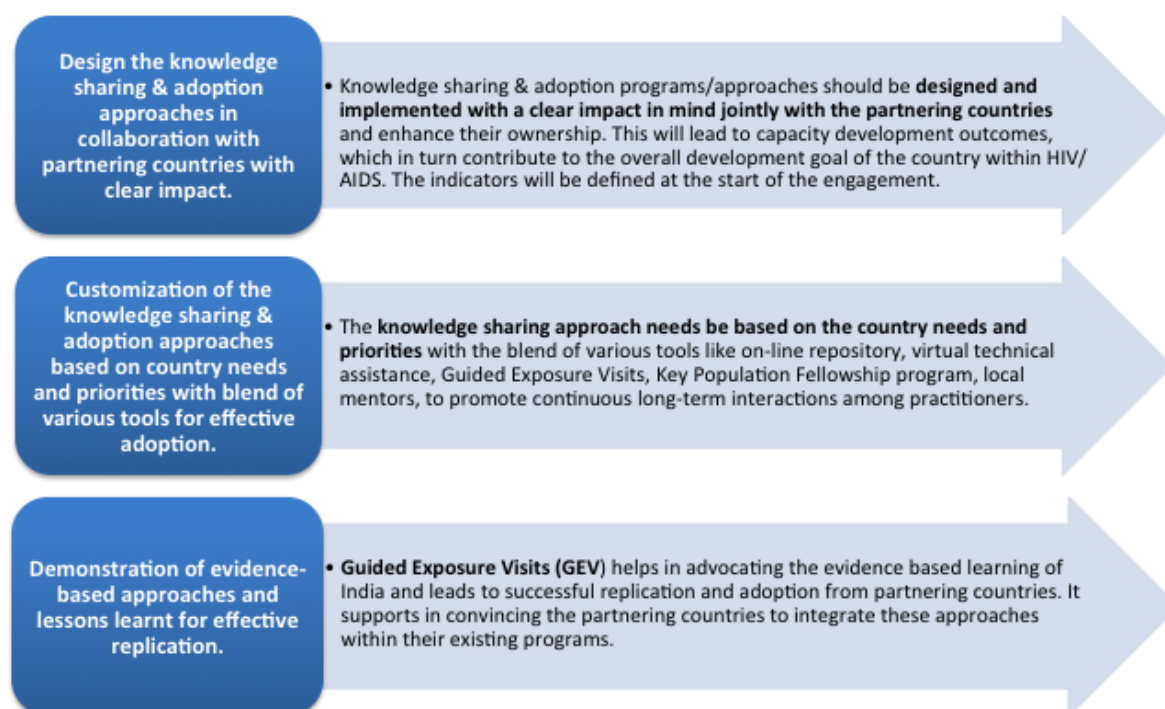
Support from National Policy makers for the knowledge sharing programs within partnering countries for smooth implementation.

- **Political commitment and the leadership of practitioners in implementation is critical for successful knowledge sharing.** National policy-makers should fully and deliberately support knowledge sharing through a clear policy frame of reference with technical assistance plan being integrated in country strategy for sustained & effective engagement. Practitioners should take the lead in implementation through peer-to-peer experience sharing mechanisms and activities.

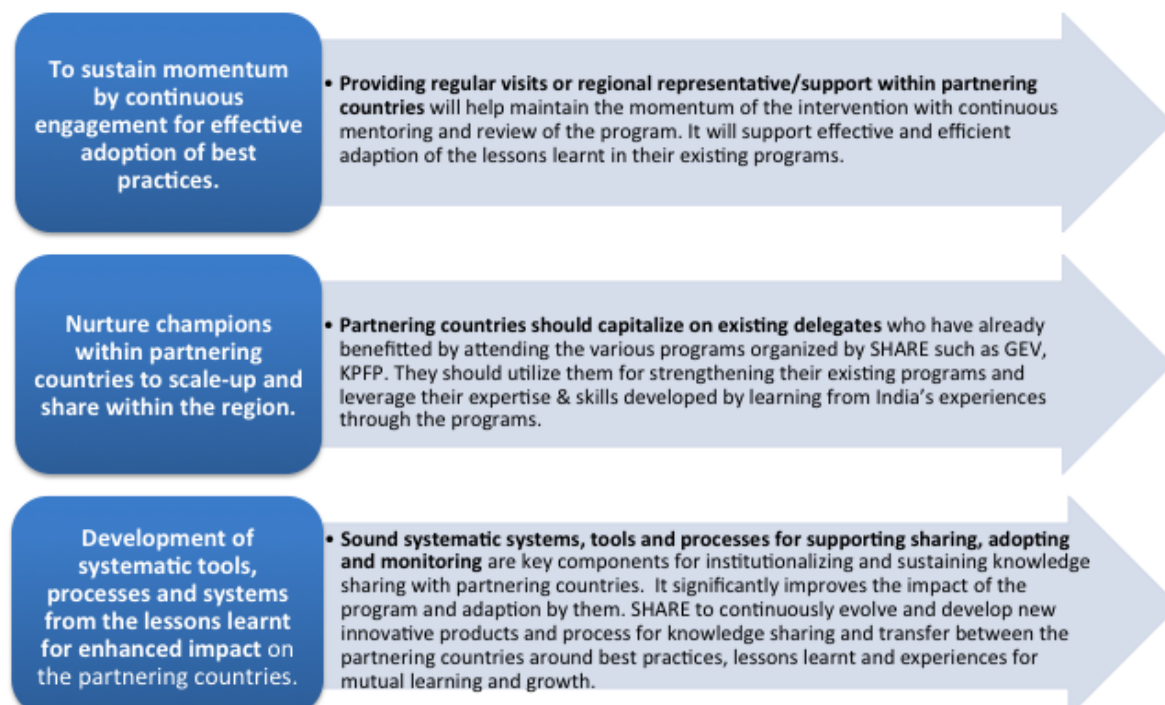
Joint design and conduct of partnering country needs and priorities.

- **Detailed joint analysis of the policies, culture, challenges and experiences of the target partnering countries** employing both qualitative and quantitative methodologies is essential foundation for south-to-south knowledge sharing and for enhancing the ownership of the partnering countries. It is critical to develop a clear and common understanding among the national and partnering countries in shaping the knowledge sharing approaches and in conducting the assessment of the needs and priorities.

Share



Adopt & Follow-up



Conclusion

In the short time of three years with only two years of intensive activities, SHARE was able to partner with 12 African countries and develop knowledge transfer methodologies and approaches for effective and smooth adoption of best practices from India to partnering countries. They were able to develop standardized products, tools, guidelines and manuals for customized technical assistance for partnering countries to capitalize on their learnings, experience and achievements. They developed partnerships, piloted various marketing approaches and adopted various knowledge transfer & adoption approaches.

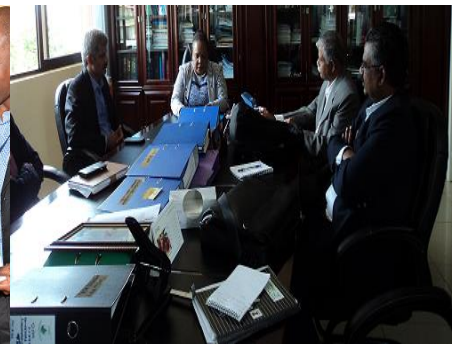
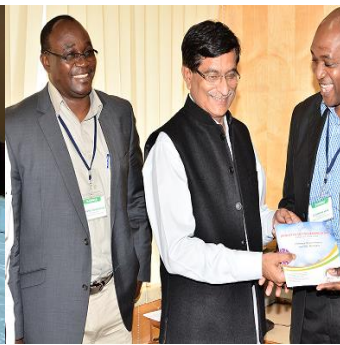
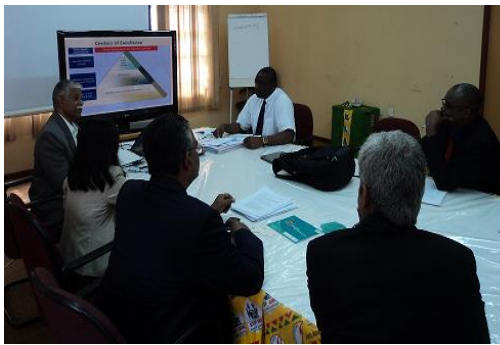
Within \$2.5 million, the project has directly reached 12 partnering countries, 61 delegates through GEV, 16 delegates through India-Africa conclave, 11 delegates through Key Population Fellowship Program and indirectly reached 23 delegates in partnership with other key stakeholders. SHARE established 39 Knowledge Exchange Sites within 4 states in India and captured 36 best practices to distill lessons learnt from India. They made a huge impact by reaching out to total 111 delegates through various knowledge transfer approaches. The project has developed strategic partnership with premier institutions such as IIMA, FICCI, CMC & BPF for demonstrating the achievements on the three program component areas (i.e.,) Country Ownership; Prevention, Care, Support & Treatment; and Program Support Systems. SHARE partnered with IIM-A and identified 13 African countries for in-depth analysis of political commitment and country ownership of programs through rapid assessment to understand the gaps and need for best practices. Also, developed three best practices on CoE, private clinics and best practices. In partnership with FICCI, SHARE fostered best practices and policies for engagement of private sector for HIV/Health programs in both Indian and partnering countries. Also, developed market feasibility assessment study report for selected countries. SHARE and FICCI jointly conducted the Africa- India conclave. The project has also adopted different key approaches for knowledge transfer and adoption.

SHARE project has also provided technical assistance for facilitating adoption of select best practices in 3 countries & successfully established thematic learning sites on Key Population in Ghana & Zambia.

As Next Steps

1. The **Technical Cooperation Plans with three African Countries** should continue with full momentum and meet the objectives set during the initial planning phase.
2. SHARE to come with **pipeline of projects in partnering countries based on the country needs/priorities** – concept notes, project plans, draft funds required and measurable outcomes.
3. SHARE to **disseminate the lessons learnt, experiences and achievements through DONOR/PARTNER** conclave and showcase their innovative practices and approaches with their methodologies.
4. SHARE has demonstrated some new approaches, and innovative practices with partner countries with some proven methodologies, which can be **replicated and scaled up in either HIV/AIDS or beyond the same in other industries using the path ahead strategies suggested above.**
5. SHARE to look at **setting up networking of individuals or organizations involved in S2S** to share the rich experiences, lessons learnt and best practices.

The experiences of SHARE project may be shared with other key stakeholders involved in similar S2S initiatives on HIV & beyond HIV/AIDS. These bi-directional exchange of HIV/AIDS experiences between India & African countries were very beneficial & hold promise to facilitate mutual experience sharing to foster the exchange of best practices & innovations.



1. Strategic Context



Hope

Number of people who are newly infected with HIV is continuing to decline in most parts of the world—a decline of 38% from 2001.

AIDS-related deaths have fallen by 35% since 2005, when the highest number of deaths was recorded. In the past three years alone, AIDS-related deaths have fallen by 19%, which represents the largest annual decline in the past 10 years.

Nearly half of the adults living with HIV in sub-Saharan Africa know their status. Since 1995, antiretroviral therapy has averted 7.6 million deaths globally, including 4.8 million deaths in sub-Saharan Africa. Life-saving antiretroviral therapy has helped gain approximately 40.2 million life years since the start of the epidemic.

Dramatic progress has been achieved in stopping new HIV infections among children. In 2013, 240 000 [210 000–280 000] children were newly infected with HIV, 58% lower than 2002.

Source: (UNAIDS, 2014)

1.1 HIV/AIDS Worldwide

Almost four decades after the first HIV/Aids case was reported in early 1980's, it is a widely shared belief that the epidemic can be ended from across the world. The problem, when seen in micro terms isn't evenly distributed across the world. Fifteen countries across the world account for nearly 75% of all people living with HIV and three to four countries host the majority of people living with HIV in every region of the world (UNAIDS, 2014). Also, fifteen countries account for a whopping 75% of the 2.1 million new HIV infections that occurred in 2013.

In spite of this, the hope for ending this epidemic has never been higher. The adoption of millennium development goal 6 which called for concerted action to combat HIV/AIDS, malaria and other diseases was a significant step towards combating this epidemic. The world has seen considerable progress as the incidences of HIV are declining in most regions and the target of halting and beginning to reverse the spread of HIV has been met (United Nations, 2015).

This success and hope shared by the world is a result of the remarkable and unprecedented global efforts to prevent and control the spread of HIV. Countries have demonstrated exemplary political will and the civil society response and community engagement have resulted in bringing the HIV/AIDS issue to center stage and giving a face to the epidemic. The Development partners have also taken this epidemic seriously and there have been ongoing efforts by them for ending this epidemic in the most vulnerable regions and countries in the world. Thanks to science and public health initiatives, in three decades we now have a lot more understanding of the virus, how it spreads, what can be done to prevent it, and how to keep infected people alive. The development partners like USAID through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), the largest international commitment to a single disease by any individual, country, is working in nearly 100 countries to provide lifesaving HIV prevention, care, support, and treatment services to millions of people around the world (USAID, 2015).

It is now known that reaching a critical mass of key population with prevention to care continuum services can have a significant impact in tilting the curve of the epidemic. Growing evidences globally indicate that voluntary male circumcision, combination prevention, preventing of mother to child transmission, and positive prevention can be implemented in different cultural contexts, and can reduce HIV incidence and improve the quality of life.

A definite possibility of an AIDS-free generation seems much more likely today, as we have tools, strategies, and skills that provide the confidence that the fight against AIDS is reaching a tipping point.

1.2 India – Success in last two decades

After the first cases of HIV were diagnosed among sex workers in Chennai in 1986, the country has evolved from a “low” to “concentrated” epidemic; the national HIV prevalence has steadily grown, not only among key affected populations such as men who have sex with men (MSM), sex workers and injecting drug users (IDUs), but also spreading into the general population in several states. In 2009, an estimated 2.4 million [2.1-2.8 million] adults and children were living with HIV, and while this represents a decline from the 2.5 million estimated in 2001, India remains just behind South Africa and Nigeria in numbers of persons living with HIV. In addition, HIV prevalence among the general adult population was 0.3% in 2009 (down from 0.4% in 2001). Women account for 38% of people living with HIV and children account for 4.4%. It is important to note that, although the reduction of the overall adult prevalence in India is associated with increased HIV program and service coverage, improvements in surveillance coverage, quality of data, and methods used for estimation were key to a more valid estimation process (Evidence to Action, 2011).

In the last two decades HIV/AIDS programming in India has made major strides in halting and reversing the epidemic especially with respect to HIV prevention. Evidences show that new infections have been halved during the past decade. National AIDS Control Program (NACP), Government of India (GOI) has demonstrated exceptional political leadership and commitment to the national response to HIV/AIDS and allocates substantial domestic resources to HIV/AIDS programs. Several policies, guidelines and systems have also been put in place by GOI, which has resulted in evidence-based and standardized programs; fostering greater community

India's Achievements in fight against HIV/AIDS



The adult HIV prevalence at national level on a steady decline from estimated level of 0.41% in 2001 through 0.35% in 2006 to 0.27% in 2011.

HIV prevalence among the young (15-24) at national level has also declined from 0.30% in 2000 and has stabilized over the last four to five years at around 0.11%.

India has demonstrated an overall reduction of 57% in estimated annual new HIV infections (among adult population) during the last decade from 2.74 lakhs in 2000 to 1.16 lakhs in 2011 (Figure 2.2).

29% Reduction in AIDS-related Deaths (2007-11) with Scale-up of Anti-Retroviral Treatment.

involvement and ownership; addressed equity and access issues; and created an overall enabling environment for HIV/AIDS programs.

India has also actively engaged the civil society and private sector to expand prevention, treatment and care programs for MARPs and other vulnerable populations. Institutional arrangements for human and organizational capacity development have resulted in systematic knowledge transfer, capacity building and decentralized program management. India also has a strong surveillance system that includes routine monitoring of HIV prevalence in pregnant women and MARPs as well as periodic surveys of the general population. These efforts have provided deeper insights into the understanding of the heterogeneity of the epidemic and are used to maximize the national and regional response.

Despite the differences in the epidemiology, Indian approaches and responses to HIV can be adapted and contextualized to African settings. Indian best practices to develop cost effective service delivery models and efforts to build capacities of local institutions employing participatory processes have contributed to increasing access to services and can be readily adapted by other countries, resulting in cost efficiencies.

1.3 HIV/AIDS in AFRICA

The incidence and prevalence of HIV/AIDS is unique in different African Countries. North Africa and the Horn of Africa have significantly lower prevalence rates. Southern Africa is the worst affected region on the continent. As of 2011, HIV had infected at least 10 percent of the population in Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Zambia, and Zimbabwe. In the mid-1980s, HIV and AIDS were virtually unheard of in southern Africa.

Now, it is the worst affected region and widely regarded as the 'epicenter' of the global HIV epidemic. In 2012, Swaziland had the highest HIV prevalence rate of any country in the world (26.5 percent). HIV prevalence is also particularly high in Botswana (23 percent) and Lesotho (23.1 percent). With 6.1 million people living with HIV - a prevalence of 19.1 percent - South Africa has the largest HIV epidemic of any country. The remaining countries in southern Africa have HIV prevalence between 10 and 15 percent.



The prevalence of TB is also very high in southern parts of Africa, which can be explained by the fact that the risk of progressing from latent to active TB is estimated to be between 12 and 20 times greater in people living with HIV than among those without HIV infection. South Africa has the highest incidence, prevalence and death rates per capita from TB across the world. Further, there is a high gap between prevention efforts and new HIV infections. Nigeria, South Africa and Uganda account for 48 per cent of all new HIV infections.

Unemployment, labor migration, and displacement as a result of conflict have contributed to the HIV epidemic in this region. In comparison, West Africa has been moderately affected by


HIV and AIDS. For example, in Senegal, HIV prevalence is 0.5 percent, whereas in Cameroon and Gabon it is an estimated 4.5 and 4 percent respectively. In Nigeria, the most populous country in Sub-Saharan Africa HIV prevalence is 3.1 percent. However, owing to its large population, this equates to around 3.4 million people living with HIV, putting it only second behind South Africa in terms of absolute numbers. In West Africa, the main driver of HIV is through sexual transmission, accounting for between 10-32 percent of new infections. In Niger, in 2011, HIV prevalence among sex workers was 36 percent compared to just 0.8 percent for 15-49 year olds in the general population.

Natural disasters have also played a role in the spread of HIV in parts of Africa as well as other illnesses. Natural disasters have a role because they often lead to destitution, displacement and loss of livelihoods and income in places where disaster strikes due to which women and girls become vulnerable to risk of sexual exploitation and of having to have commercial and transactional sex in order to gain access to basic needs such as food, water and security. This in turn leads to increased risk of HIV exposure, as well as chances of passing on the infection. Studies have shown that as a result of drought, populations are often forced to move in search of food, water, shelter and relief services.

In northern Kenya and southern Mozambique the effects of drought have led many young women to turn to sex work as a means for survival. Similar observations on the direct relationship between food insecurity and increased transactional, and often unprotected sex, have also been made in Swaziland, Botswana and Malawi.

HIV prevalence in East Africa is generally moderate to high, and second behind southern Africa. A positive trend observed there over the last two decades is that general prevalence has been in decline. For example, Kenya has seen its HIV prevalence drop from a high of 14 percent to nearly 6 percent. Uganda and Tanzania have prevalence over 5 percent, with the lowest seen in Madagascar (0.5 percent) and Mauritius (1.2 percent). However, there is also a disturbing evidence of increased risk taking behavior in youth there.

African countries including have varied and comprehensive experience in HIV/AIDs program management, with Africa globally leading the way in scaled up HIV/AIDS care and treatment programs in generalized epidemics. Africa has also demonstrated large-scale community based care programs, scaled up ART coverage and prevention of mother-to-child transmission programs and has also introduced newer approaches.



IT IS EVIDENT THAT EACH COUNTRY WITHIN AFRICA IS UNIQUE IN TERMS OF ITS DEMOGRAPHICS, POLITICAL SCENARIO AND ECONOMIC DEVELOPMENT, LEGAL SYSTEMS, HEALTH SYSTEMS AND MANY SUCH PARAMETERS.

1.4 Share to Succeed

Africa and India have several commonalities. Be it tradition, cultural diversity, or our colonial past, we have many things in common and can learn from each other. Our leaders Mahatma Gandhi and Nelson Mandela, both had a vision, deployed common strategies to fight colonialism and demonstrated to the world the power of people and unity.

India and Africa have marched forward since the colonial days and are demonstrating to the world the power of our economies. We still have common challenges: poverty, governance and health continue to pose major challenges to our development. HIV/AIDS is one such common challenge requiring our collective response.




The SHARE Project is an endeavor to build on the commonalities that exist between India and Africa and catalyze response against HIV in both the regions. The lessons learnt in each of these regions can very useful in helping the other in the challenges they are facing in their fight against HIV. SHARE project is an effort to help countries in Africa and India to join hands in their fight against the common enemy: HIV/AIDS. It focuses on **bi-directional transfer of knowledge** between India and African countries of high impact policies, practices and innovation.

2. Introduction to the SHARE Project

Despite having different epidemic situations (generalized/concentrated), both India and Africa have demonstrated tremendous leadership and commitment to prevent the spread of HIV/AIDS, and provide quality life to HIV-infected and affected people. Millions of resources have been committed and several path-breaking innovations have been supported by India and Africa. As a result, the HIV epidemic has started showing declining trends. New infections have declined by 57% in India and by 27% in Africa in the last decade.

India's strategies for reaching most-at-risk and vulnerable populations, ensuring safe blood, protecting human rights, strengthening evidences, fostering multi-sectorial partnerships, community empowerment, addressing stigma and discrimination, treatment adherence, human capacity development, product and process innovations have benefited millions of lives and can be adapted to any country context. Knowledge transfer of HIV/AIDS program experiences, best practices, and innovations, between countries is getting increased emphasis, as it helps foster strategic partnerships, better efficiency and is expected to improve health outcomes.



SOUTH-TO-SOUTH (S2S) COLLABORATIONS PROVIDE AN OPPORTUNITY FOR SYNERGIZING PROVEN APPROACHES TO OVERCOME AIDS TOGETHER IN INDIA AND AFRICAN COUNTRIES. HIGH-IMPACT INTERVENTIONS CAN BE ACCELERATED AND SUSTAINED MORE EFFECTIVELY THROUGH A DEDICATED SOUTH-TO-SOUTH COLLABORATION. MUTUAL EXCHANGE OF CONCERTED APPROACHES, INNOVATIONS AND BEST PRACTICES IN THE HIV/AIDS RESPONSE CAN BRING ABOUT A PARTNERSHIP THAT IS RELEVANT FOR AFRICA AND INDIA.



The **South-To-South HIV/AIDS Resource Exchange (SHARE) project** is an initiative funded by United States Agency for International Development (USAID) through the United States President's Emergency Plan for AIDS Relief managed by CHARTERED, a public health arm of Voluntary Health Services (VHS), Chennai through a cooperative agreement. It aims at technical cooperation focusing on mutual learning, for enhanced responses to the HIV/AIDS among participating countries in Africa with India. A bi-directional exchange of HIV/AIDS experiences would be beneficial to both India and other countries. Such S2S collaborations hold promise to facilitate mutual experience sharing between India and African and Asian countries, and to foster the exchange of best practices and innovations.

2.1 About The Voluntary Health Services (VHS), Chennai

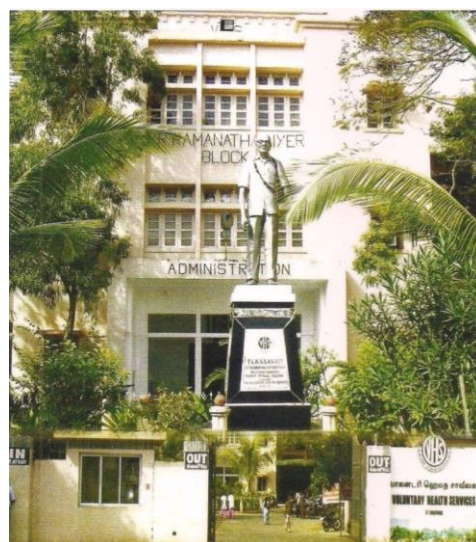
Dr. K. S. Sanjivi, an eminent physician and scholar greatly influenced by Gandhian thought and particularly by the philosophy of “unto the last”, envisaged and made available health and medical services to the “have-nots” by establishing the Voluntary Health Services (VHS) in 1958.

Today, VHS is a multi-specialty 440 bedded tertiary teaching hospital offering modern medical care to the poor and lower sections of society. The hospital offers all general specialties, a few super specialties, blood bank, hemophilia center and a de-addiction Programme. The driving philosophy of VHS clinical care is that health care delivery should be based on clinical needs and not on the ability to pay for services, therefore the VHS family health insurance scheme with a nominal subscription provides for a comprehensive continuum of health care services to the lower sections of the society irrespective of their ability to pay for services and almost 60% of all services are provided free of cost through a model of financing by Government, Insurance, co-payment and philanthropic donations.

VHS has a long standing experience of implementing HIV/AIDS related interventions in particularly focusing on HIV/AIDS governance and country ownership, HIV/AIDS prevention & CST and Program support systems that underpin the delivery of the HIV/AIDS services. These initiatives include Tamil Nadu AIDS initiative (TAI), A Multi-centric Study for Measurement of Chronic Disease Risk Factors (CDRF) in India (2011-12), Impact Assessment of HIV/AIDS programmes in Tamil Nadu & Maharashtra (2011-16) and AIDS Prevention and Control (APAC) Project (Supported by USAID)¹.

VHS association with USAID:

VHS was supported by USAID for implementing AIDS Prevention and Control Project for the period from 1997-2012 . APAC project has undertaken the implementation role, providing technical assistance on HIV/AIDS and Health System Strengthening at State, Regional and National level by developing strong partnerships. The evaluation study conducted by Global Health Technical Assistance Project has recommended for the sharing of APAC experiences at national and international level. APAC project has considered as one of the flagship project of USAID. This has facilitated the evolution of SHARE project.



¹ See annex 1 for detail

2.2 About United States Agency for International Development (USAID)



USAID is a lead government agency that works to end extreme global poverty and enable resilient, democratic societies to realise their potential.

USAID plays a key partner role in PEPFAR, helping to address the needs of more than 35 million people living with HIV worldwide. Since the inception of the HIV/AIDS program in 1986, USAID has been on the forefront of the global AIDS crisis. Over the last 29 years, USAID has pursued public health and human rights objectives through evidence-based interventions that are innovative, comprehensive, and culturally sensitive. U.S. leadership has provided unprecedented support for HIV/AIDS programs worldwide, including:

- Lifesaving AIDS treatment to more than 7.7 million people and HIV counseling and testing to 56.7 million people
- HIV testing and counseling to support 14.2 million pregnant women and prevention of mother-to-child transmission (PMTCT) services for more than 749,000 HIV-positive women, resulting in approximately 240,000 infants being born free of HIV
- Training for more than 140,000 new health care workers to deliver HIV and other health services
- Care and support for 5 million orphans and vulnerable children
- 6.2 voluntary male medical circumcisions across 14 countries in Eastern and Southern Africa

U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT (USAID) IS A GLOBAL LEADER IN THE FIGHT AGAINST HIV/AIDS. THROUGH THE U.S. PRESIDENT'S EMERGENCY PLAN FOR AIDS RELIEF (PEPFAR) – THE LARGEST INTERNATIONAL COMMITMENT TO A SINGLE DISEASE BY ANY INDIVIDUAL COUNTRY – USAID IS WORKING IN MORE THAN 50 COUNTRIES TO PROVIDE LIFESAVING HIV PREVENTION, CARE, SUPPORT, AND TREATMENT SERVICES TO MILLIONS OF PEOPLE AROUND THE WORLD.

In FY 2014, USAID implemented approximately 49.7 percent of PEPFAR's programs, managing \$3.2 billion in HIV/AIDS resources. (USAID, 2015)

2.3 Guiding Principles

The Share project followed two major guiding principles for achieving its objectives and effectively engaging with the challenge areas at hand namely technical cooperation approach and development of systems.

Technical Cooperation Approaches:

- **Build partnership** with governments, development partners, PEPFAR coordinating agencies, civil societies, private sector and other stakeholders.
- **Facilitate mutual learning** to enrich the design and implementation of interventions in India and Africa.
- **Respecting the country scenario, culture, values, systems, policies, etc. Aligning with country priorities** and enhancing technical support to achieve the goals and objectives of the National Country Plan.
- **Address program** gaps through consensus building and sensitization to innovative initiatives and building on what already exists.
- **Need and evidence based strategic technical support** established by the needs assessment that will undertaken in each country.
- **Employ participatory processes** and effective engagement of local organizations.
- **Emphasize on building the capacity of local institutions.**
- **Gender sensitive in all strategies and approaches, etc.**
- **Collaborate with USAID mechanism** for joint visioning, planning, implementation and coordination.
- **Technical Support initiatives**

Development of Systems:

- **Develop systems for greater ownership and sustainability.**
- **Demonstrating models for scaling up and replication** with sharing of best practices, policies and innovations.
- Use of **advanced Information Technology** for strengthening communication and capacity building initiatives will be utilized.
- Effective use of **financial resources and leveraging of resources from private sector.**
- Optimum mix of a full time team and use of **experts** on a need basis.
- **Documentation and dissemination** will be an ongoing process.
- **Result oriented approach** than activity oriented approach will be adopted
- Primary focus of technical cooperation on
 - **Civil Society to Civil Society,**
 - **Business to Business with value addition to**
 - **Govt. to Govt.**

These principles guided SHARE project in conceptualization, designing of approaches and also on collaborating with the potential partner countries.

2.4 Focus Areas for Collaboration

Every country has their own priorities, and knowledge sharing requirements, which depends on several factors including relevance, resources, leadership, and project governance management arrangements. Some Illustrative examples of interest include:

- How to create increased political commitment and enabling environment for HIV/AIDS programs.
- How human resources and financing issues are addressed.
- How to ensure access to critical services in hard-to-reach areas and among vulnerable populations.
- How efficiencies and impact can be fast-tracked.

SHARE in order to enable the partnering countries to scale up and adapt best practices relevant to their context, focuses on three broad areas of focus:



Figure 2 : Key Focus Areas

Country Ownership and Stewardship is known to be an essential pillar for the success of HIV/AIDS programming. SHARE focused on approaches and experiences of India and Africa in ensuring political commitment for HIV/AIDS programs in partnering countries; developing clear policies, guidelines, and frameworks; establishing systems and structures at national, state, and district levels; formulating strategies for achieving the goals and ensuring availability of resources; and adopting an inclusive approach of engaging community members, civil society, private sector, and development partners for HIV/AIDS programming in partnering countries.

Prevention, Care, Support Treatment (PCST) focused on sharing proven best practices in HIV/AIDS programs such as: experience in mapping and saturating coverage of KP (Female Sex Workers, Men having Sex with Men, Injecting Drug Users, Transgender) and Mobile Populations (Single Male Migrants, long distance truckers); best practices in capacity building including models for Technical Support units, State Training Resource Centers, and District AIDS Prevention and Control Units; approaches to improve access to quality prevention-to-care continuum products and services, including male and female condoms, sexually transmitted infections (STI) drugs, blood safety commodities, Prevention of Parent-to-Child Transmission (PPTCT) and ART drugs; and strategies for improving community mobilization and ownership.

Program Support Systems (PSS): Best practices in Program Support systems underpin the delivery of HIV/AIDS services and are critical to getting to Global goal of three ZEROs (zero new infections, zero deaths, and zero discrimination). Program Support Systems include and focus on: procurement and financial management, supply chain management, strategic information management, and systems for HR talent acquisition, capacity enhancement and retention. S2S initiatives will focus on facilitating cross learning of best practices and innovations in these aspects, which will add value and enhance program delivery through support system strengthening.

2.5 Partnering Countries



Figure 3 : Partnering Countries Map

2.6 Reaching to partnering countries

SHARE project has evolved multiple approaches to promote SHARE initiatives and mobilize the partnership from the countries in Africa and Asia.

Approach 1 – Through Governments & Development Partners

Approach 2 – Direct marketing through Exploratory Visits / Virtual Introductions

Approach 3 – Through Conferences

Institutions	Governments & Development Partners (USAID India to respective USAID missions in the partnering African country)	How	NAC - Communication from SHARE to NAC and USAID in the non-priority countries WEbsites Email / Teleconferences Marketing Collaterals – Presentations, Brochures, Videos, Menu Cards	Angola Togo Ghana Benin Zambia Nigeria Tanzania Burkina Faso Cameroon South Africa
Direct	SHARE team to reach out directly to various African countries.	How	Exploratory visits Follow-up visit Presentations & discussions Website Email / Teleconferences Marketing Collaterals – Brochures, Videos, Menu Cards	Kenya Uganda
Conferences	PEPFAR, ICAAP Conferences & Knowledge Exchange Events	How	Situation Assessment of country Best Practices to be shared and learnt Email / Teleconferences Marketing Collaterals – Presentations, Brochures, Videos, Menu Cards	Nepal

Figure 4 : SHARE Marketing Approaches

2.7 Key Stakeholder Partnerships

SHARE invested in building some key partnerships for sustainable knowledge sharing among the partnering countries.

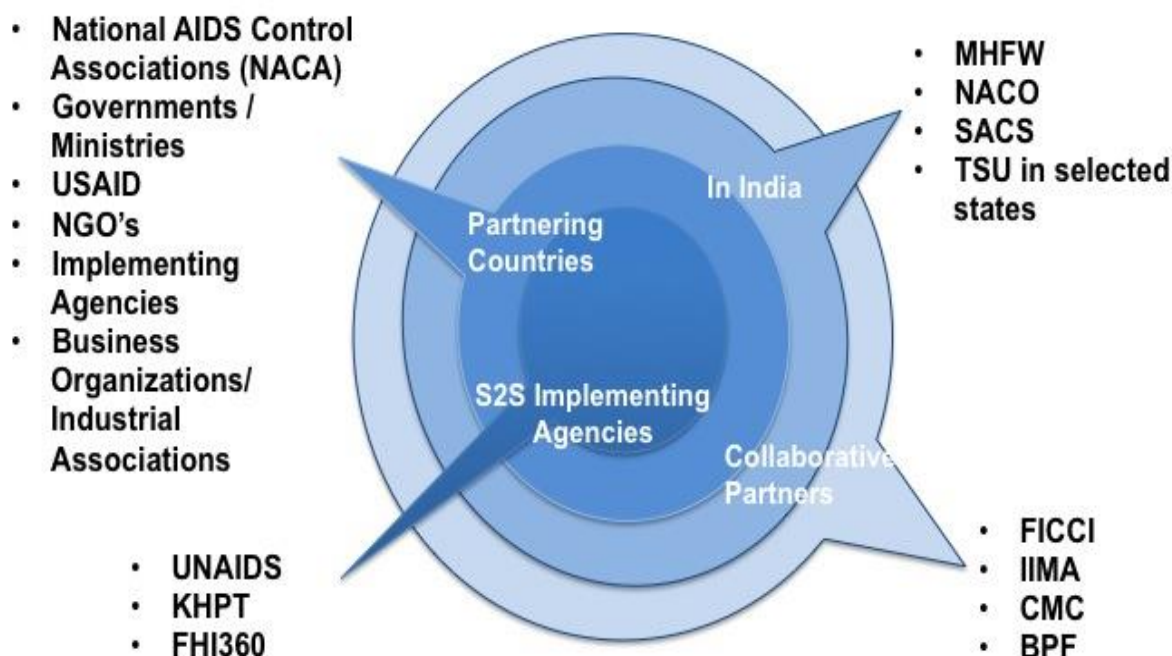


Figure 5 : SHARE Key Stakeholders

Partnering Countries

USAID India mission had identified a list of African countries for potential collaboration under the project and categorized them further as priority 1 countries based on the proposed level of technical cooperation engagement. There are some other countries identified by SHARE and where the SHARE team reached out to them for knowledge sharing engagements.

Priority Countries	Other Countries
Ghana	Kenya
Ethiopia	Angola
Tanzania	Burkina Faso
Zambia	Cameroon
Rwanda	Togo
Uganda	Benin
Nigeria	Western Africa
South Africa	

Various key stakeholders from NACA, NGO's, Governments and Ministries, Implementing Agencies, Donor Organizations to Industrial Associations were contacted to attend the knowledge sharing activities. The delegates are carefully chosen from policy makers, to implementers, to project heads.

India

From the start, SHARE established a strong partnership with government / NACO with good coordination and smooth implementation of the various S2S initiatives. It supported them to develop strong ownership through advocacy initiatives.

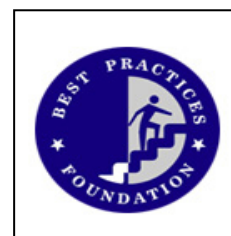
Collaborative Partners

SHARE partnered with Federation of Indian Chambers of Commerce and Industry (FICCI) as its Knowledge and Business Alliance Partner (apex Chamber of Commerce and Industry in India, a non-government and not-for-profit organization). The chamber has an indirect membership of over 250,000 companies from various regional chambers of commerce. Through this engagement, FICCI facilitated active collaboration and participation of Indian private sector in sustainable management of HIV/AIDS in select African countries. It identified and mapped the private sector champions, best practices, lessons learnt and market potential for HIV/Health programs from both sides (India and African countries) for collaboration in products and services in mitigating the spread of HIV/AIDS in target African nations.



IIM-A is the premier management institute in India, for identification of 3 African countries for in-depth analysis of political commitment and country ownership of programs through rapid assessment to understand the gaps and need for best practices.

Best Practices Foundation is a Bangalore based NGO, founded in 1999, to improve the quality of life for poor and marginalized communities. Their core strength is research and documentation. They supported SHARE to document best practices with NACO for India's response to HIV/AIDS.



Christian Medical College (CMC) is an internationally reputed medical college, provided preparatory work for the design and implementation of Key Population Fellowship Program.

S2S Implementing Agencies

SHARE project has facilitated continuous coordination and networking with other S2S implementing agencies such as KHPT, FHI360 and UNAIDS for effective knowledge sharing while optimizing resources and eliminating duplication of efforts. SHARE project has also convened a two-day workshop by involving the implementing agencies and shared the country wise activities undertaken, shared experiences and other aspects.

This coordination helped in:

- Exchanging of key activities and plans
- Sharing of profile of the delegates participated in the GEV and other programs
- List of materials developed, etc.,

This process has helped to avoid reinventing the wheel while providing efficient technical assistance without duplication of efforts, wider reach to various countries or delegates and effective utilization of resources. In addition, SHARE project has also shared its' experiences with all the donors and S2S implementing agencies during the national level coordination committee meetings and workshops.

2.8 Institutional and Implementation Arrangements

Preparing India for Knowledge Sharing - Working closely with National AIDS Control Organization (NACO)

SHARE program design ensured program ownership by the government. From the start, SHARE worked closely with government, sharing its findings, experiences and expertise. SHARE partnered with National AIDS Control Organization (NACO) to initiate efforts on Government-to-Government coordination for the S2S knowledge sharing among partnering countries.

Established in 1992, National AIDS Control Organization (NACO) is a division of India's Ministry of Health and Family Welfare that provides leadership to HIV/AIDS control program in India through 35 HIV/AIDS Prevention and Control Societies, and is the nodal organization for formulation of policy and implementation of programs for prevention and control of HIV/AIDS in India. SHARE received critical support from NACO, with effective leadership and decision making ensuring smooth roll-out of the program.

Role of NACO

1. Issued orders, coordinated with SACS & TSU to ensure effective sharing of lessons learnt & best practices through field labs / KES.
2. Material and resources on best practices, evidences, lessons learnt to be leveraged by SHARE in developing toolkits, reference material and guidelines for their various initiatives.
3. Active participation in training as a resource person / in exposure visits / round table meets organized by SHARE.

THEMATIC LEARNING SITE (KES)

The KES helps in **demonstrating and disseminating India experiences** with the foreign delegations during the facilitation of guided exposure visits within the state and between different states within the country.

The SHARE Project has been systematic in its approach in establishment of KES's as well. It has established an extensive reference manual to institutionalize the process and learnings in establishing a KES Site. This reference manual details out a follows a step by step guide for establishing Knowledge Exchange Sites for a practitioner along with steps involved in establishment of Knowledge Exchange Sites, Terms of Reference for the Knowledge Exchange Sites, Terms of Reference (TOR) for Mentors, Consultancy plan for establishing one Knowledge Exchange Site as well as Role of SHARE Project in the establishment of these Thematic Learning Sites.

NACO coordinated efforts and resources with SHARE to make learning in the HIV/AIDS response in India more synchronized and more beneficial for other African countries.

Enabling Environment

SHARE established a National Secretariat on S2S initiatives for coordinating with all stakeholders NACO, the development partners and the implementing agencies projects involved in South-To-South Initiatives. This secretariat is equipped with a core team of experts to work closely with NACO for demonstrating S2S initiatives and facilitating knowledge transfer.



Interactions with NACO

SHARE developed compressive concept paper and guidelines for MEA clearance to support NACO for any coordination between governments.

Key Achievements



SHARE established **guidelines and toolkits for Situation Need Assessment, Unit Cost Guidelines, Establishing KES (detailed criteria), learning package for guided exposure visit and Fellowship Training Manual** for strengthening India's lessons learnt and successfully showcasing it to partnering countries.

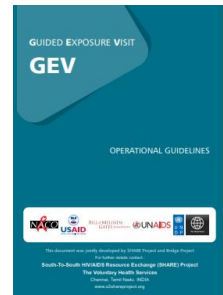
SHARE was successful in setting up **39 thematic knowledge exchange sites in 4 states** (Punjab, Maharashtra, Delhi and Tamil Nadu). Project has built capacity of these NGO for effective knowledge sharing of their best practices with continuous mentoring which improved the execution of various S2S initiatives with partnering countries.



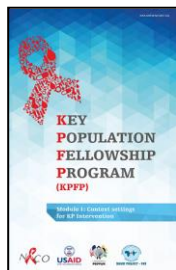


The project captured **23 best practices** in various thematic areas of **MARP and Mobile Population** by involving **Best Practice Foundation**, Bangalore to successfully influence HIV prevention practices and programs in partnering countries by showcasing the approaches and learning from scaled HIV prevention interventions in India.

SHARE developed **Standard Operating Procedures (SOP)** for activities such as **AFRICA-INDIA Meet, Guided Exposure Visits, Short-Term Fellowship programs**, etc., to ensure quality and consistency in implementation of these initiatives by various partnering countries.



The project **established an online repository** of best practices, lessons learnt, training manuals for self-reference by partnering countries and also provide continuous learning from various HIV prevention interventions in India.



Training manual on KPFP: Developed curriculum, facilitator manual and participant manual for conducting KPFP focusing on MIS, for international delegates for 3-4 weeks.

NACO supported SHARE to **identify and empanel a network of thematic experts** who provided continuous mentoring and sharing of experiences with partnering countries.

Project Advisory Committee (PAC)

A project advisory committee was established to provide strategic guidance to SHARE team on implementing activities in respective focus areas. The committee was responsible to suggest various approaches for strengthening partnerships and exchange of knowledge and best practices. They were there to guide them through any roadblocks while implementation of their knowledge sharing approaches.



Technical Resource Group (TRG)

A Technical Resource Group was established to provide support for development of guidelines, learning packages/toolkits and other resource materials for effective implementation of knowledge sharing initiatives. Also recommended possible potential resources and facilitated partnerships in India and Africa.

TRG's role was more of a working group to provide expertise in developing guidelines, learning package / toolkits, etc. by sharing relevant experiences, information and material. It's like network of mentors for SHARE team.

3. Program Approaches and Strategy

The SHARE Project objective of bi-directional knowledge sharing across multiple countries and in partnership with multiple stakeholders required proven methodology. For achieving this objective, the project adopted an **Assessment, Share Adopt Follow-up (ASAF)** strategy.

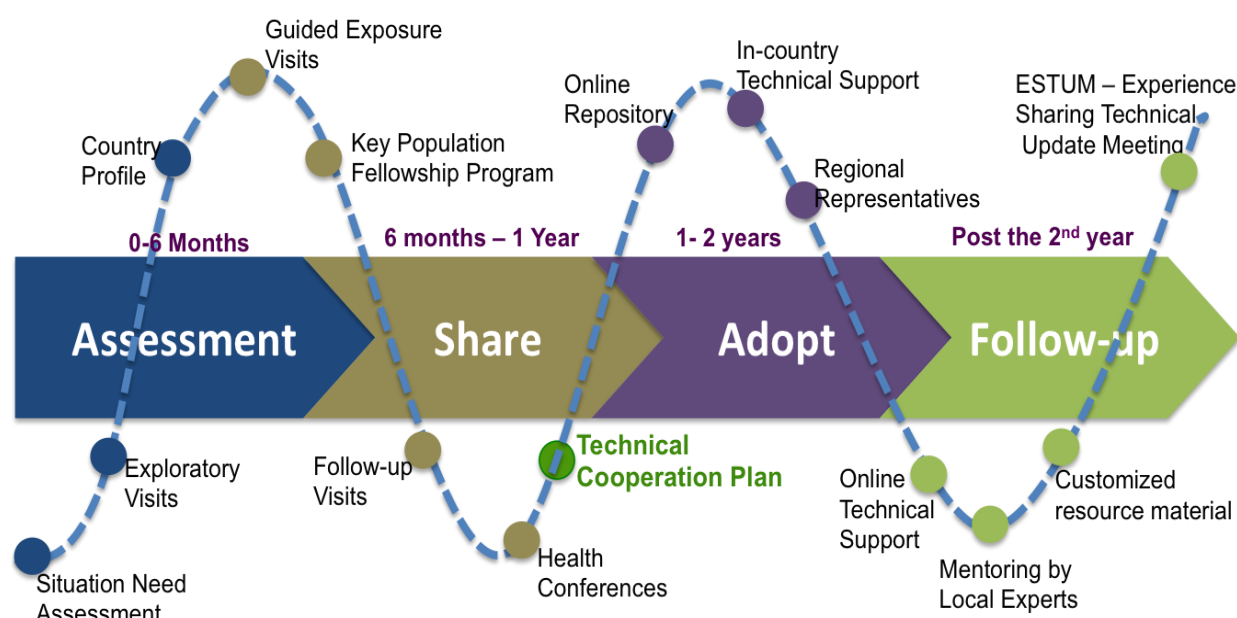


Figure 6 : SHARE - ASAF Methodology

3.1 Assessment

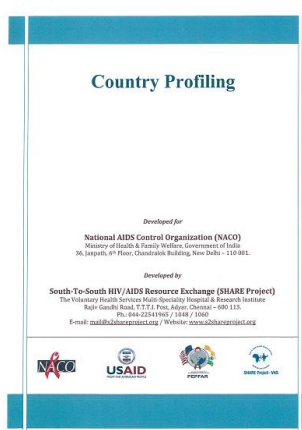
While it was perceived by the SHARE project team that a bi-directional exchange of HIV/AIDS experiences would be beneficial to both India and other partnering countries, starting this exchange was a challenge. There are similarities in the HIV scenario prevailing in the partnering countries; the challenges vary to some extent. The first strategy adopted by the project was to assess the HIV/AIDS scenario in the partnering country within the larger framework of three focus areas: Country Ownership and Stewardship, Prevention Care Treatment and Support and Program Support Systems. The project applied multiple approaches to assess the prevailing scenario in the partnering countries: Exploratory Visits, Situation Need Assessment with Country Profiling.

Approaches for Assessment and Pre Planning

Situation Need Assessment	Exploratory Visits	Follow Up Visits
<ul style="list-style-type: none">• 13 Countries Profile	<ul style="list-style-type: none">• Ghana• Zambia• South Africa	<ul style="list-style-type: none">• 3 follow-up to Ghana• 1 follow-up to Nigeria• 1 follow-up to Zambia• 1 follow-up to South Africa

In order to institutionalize the process, the project devised tools & guidelines for each of these approaches and used them to assess various critical parameters. The assessment gave a clear idea to the project team as to what is the existing level of each of the three focus areas of the project as well as helped the project to customize on the knowledge sharing approaches for each partnering countries. This assessment led to identification & prioritization of program needs by partnering countries.

Situation Need Assessment & Country Profiling



The SHARE Project already had a wealth of knowledge on HIV/AIDS interventions, which was built by VHS, Tamil Nadu, USAID and National AIDS Control Organization India. However, the vast landscape that partnering countries - Africa provides in terms of the HIV/AIDS intervention presented a unique challenge of prioritization – of approach, focus area as well as the countries to be partnered with. The SHARE project team decided to do a country profiling of the potential partnering countries in order to address these challenges. SHARE team using its vast previous experience as well as secondary research developed the country profiles.

SHARE project developed a methodology to conduct detail situation need assessment. A systematic process with the intention to identify and prioritize the needs and evolve country specific operational plans in covering all the components.

Methodology for Situations Need Assessment

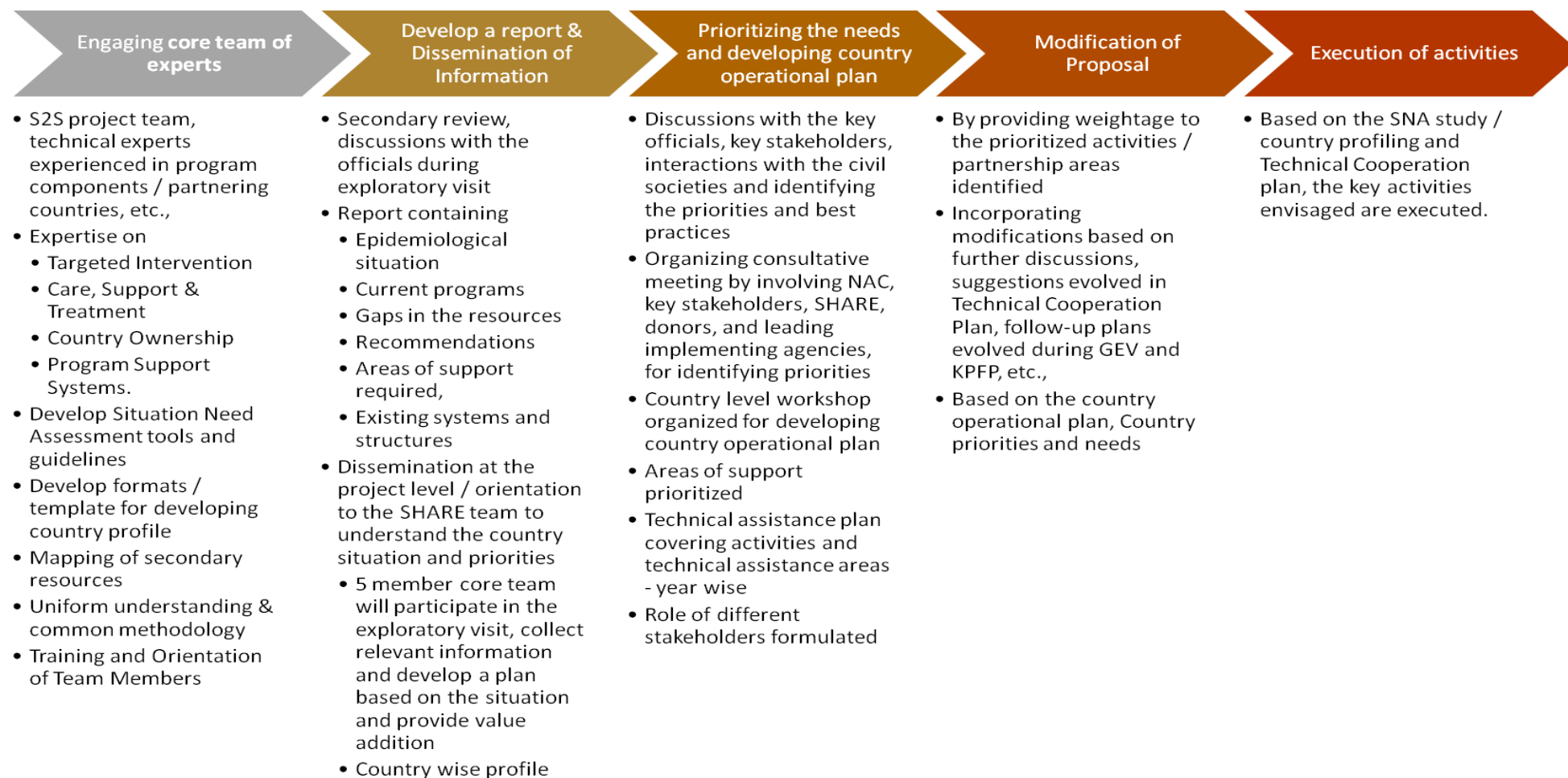


Figure 7 : SHARE SNA Methodology

Exploratory Visits:

A SHARE team comprising of subject experts and representative from USAID/India undertook these exploratory visit to select African countries to meet with key stakeholders and discuss potential opportunities for knowledge sharing. Specific objectives of the visit included:

- Introduce SHARE project and disseminate select Indian best practices, innovations, in HIV/AIDS programs with key stakeholders
- Understand best practices and innovations from the respective country's HIV/AIDS programs that could be transferred to India
- Prioritize proven HIV/AIDS best practices, innovations in India and partnering country for knowledge transfer and adaption
- Develop Technical Cooperation Plan based on the observations made during the visit and after discussion with key stakeholders

The exploratory visit is planned well in advance with clear objectives in mind and a clear time frame, with preparations starting as much as sixty days prior to the visit and major follow up being done as soon as 45 days after the visit.

Timeline for a Exploratory Visit

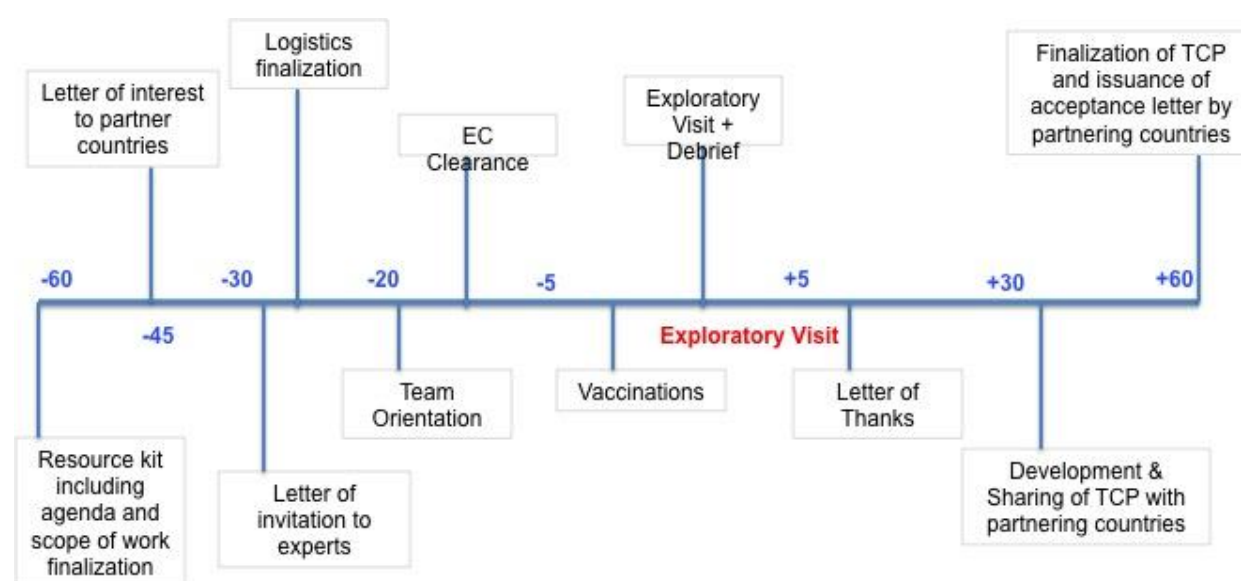


Figure 8 : Timeline for a Exploratory Visit

To facilitate these exploratory visits, multiple tools and templates have been developed, including a Menu Card. This menu card clearly defines each of the components that need to be focused on along with themes and areas of support.

Snapshot of the Menu card²

Component	Theme
1. Prevention, Care, Support and Treatment (PCST)	1.1. Prevention among MARPs and bridge populations
	1.2. Prevention
	1.3. Care, Support and Treatment
2. Country Ownership & Stewardship (CO)	2.1. Country Ownership
	2.2. PPP
3. Program Support System (PSS)	3.1. M&E and Research
	3.2. Finance, Procurement and HR Capacity Building

Along with the menu card, a standardized docket of documents containing a Master Plan, Team Orientation Plan, Role of S2S team, Scope of Work, Country Profile, List of India's Best Practices, Questions for RNA, Agenda, Field visit format and Technical Cooperation Plan (if any) were also created.



Exploratory visit to Zambia



Exploratory visit to Nigeria



Exploratory visit to Ghana

² See Annex for detail

GHANA'S PARTNERSHIP WITH SHARE PROJECT STARTED WITH AN EXPOSURE VISIT:

With the initiation of partnership with Ghana through an exploratory visit undertaken in August 2013, Ghana has become an active partner in the SHARE Initiative. Till now there have been two follow up visits of SHARE team to Ghana in March 2014 and Feb 2015 as well as two guided exposure visits of Ghana team, once with Angola and another with Kenya in April and June 2014 respectively. Technical Cooperation plan has already been developed and Share Team is also supporting a Technical Support Unit in Ghana.

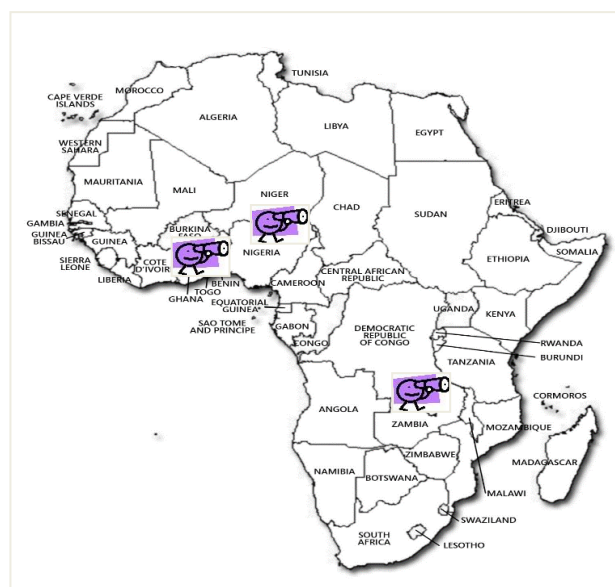


Figure 9 : Exploratory visits undertaken

Follow Up Visits

The exploratory visits often provide a unique insight into the country scenario and provide a kick-start to expedite the partnership process, however influencing the key focus areas of countries in Africa, which have varied, and complicated political systems cannot be a one-time effort. Gauging the need of continuous interactions with the partnering country, the idea of follow up visits was envisaged. These follow up visits by the SHARE team and experts were taken up based on the demand of the partnering countries. Sensing a strong demand for bi-directional knowledge exchange, these follow up visits have been undertaken in two countries – Ghana and South Africa. The follow up visits can also be seen as one of the parameters of strengthened partnership with the countries.

3.2 Share

The next strategy in the methodology adopted by the project was also aligned with its core goal of strengthening national HIV/AIDS response in India and select partnering African countries by facilitating technical cooperation through a bidirectional transfer of high impact policies, practices and innovations. During this phase, key areas of sharing were identified with the partnering countries, which were used to structure the approaches as well as key initiatives taken under the project to enhance transfer of knowledge. Innovative approaches such as **India – Africa Conclave, Guided Exposure visits of partnering countries to India, Key Population Fellowship Program, and Online Repository** were used. With a mandate to offer a wide range of knowledge sharing and adoption approaches to suit the convenience of different countries, the SHARE Project formulated multiple tools, from simple online technical resource repository to week- long interventions to even longer term and in-depth fellowship courses. These were designed to meet the needs of different target audiences right from National Aids Commissions to Civil Society Organizations to Policy Makers to Implementers. Besides, the SHARE project also pooled in a panel of experts and institutions that offer virtual support, as well as visit countries to facilitate knowledge sharing arrangements. This pool of experts provided their expertise to partner countries on the basis of demands being received by them.

Guided Exposure Visit

Guided Exposure Visits is an approach, which is used in developing a better understanding of



TARGET AUDIENCE:

Policy-makers, program managers, members of civil society, private, sector, research and academic institutions

the experiences, best practices and /or innovative approaches adopted by the intervention/site/ country to address a particular issue or promote a concept. Observation of the implementation of “Best Practices” at the learning sites enabled the visiting delegates to directly interact and learn from the community and implementation personnel. The Guided Exposure Visit was usually organized for 5 or 6 days which includes: interactions with key

stakeholders, learning country HIV/AIDS response, sharing of focus areas specific experience, field visit to learning sites including interactions with the most at risk population and mobile population. The Guided Exposure Visits were organized keeping in mind, the focus areas of the project. The visits have usually been followed-up with active support through in-country technical assistance & online technical support, which was part of the next strategy: Adoption.

The GEV curriculum was developed based on the learning needs expressed by the delegates and included orientation, discussions, presentations, sharing case studies and best practices, experience sharing, clarifying doubts, field visits, interactions with the experts, sharing of resource materials, observing the systems and visiting different institutions to learn their approaches. All GEVs were supported by a team of experts who helped in optimum learning in the selected areas. These visits concluded with a debriefing and planning session.

Guided Exposure Visit has been one of the most impactful tools to share knowledge in a systematic way. SHARE using this approach has been able to register its footprints in multiple countries in Africa.

SOP FOR Guided Exposure Visits

The SHARE project, in its endeavor to institutionalize the knowledge sharing, has developed Standard Operating Procedures for Guided Exposure Visits. This guideline is envisaged to help plan, implement and monitor the GEV to HIV interventions among MARPs and Mobile Population in India. The purpose of the document is:

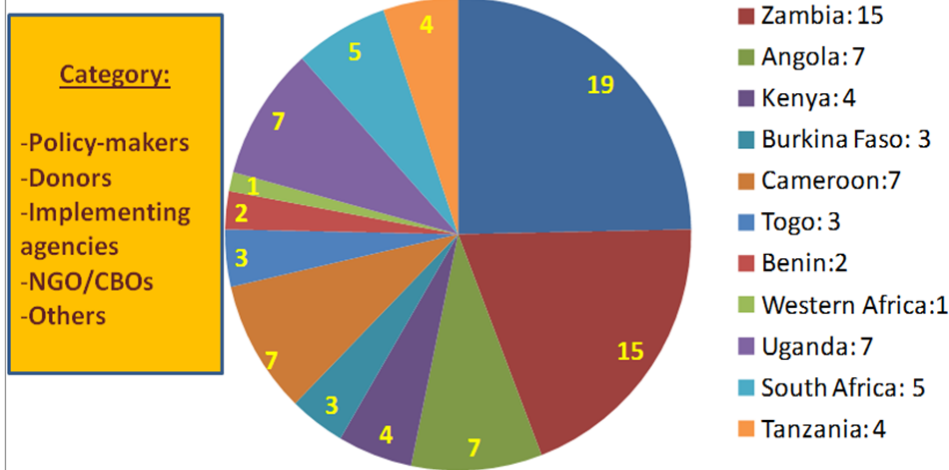
- Bring a common understanding on the objectives and expected outcomes of the GEV
- Define the roles and responsibilities of the various stakeholders
- List out the activities and the processes for ground setting, pre, during and post GEV phases
- Map India's best practices, processes and experiences on MARP and MP interventions to be highlighted during the GEV
- Map learning sites and develop common learning packages for the GEVs
- Develop tools to assess effectiveness and adaptability of GEVs by different countries

A Guided exposure visit includes

- Meeting with national and state policy makers to understand strategic directions, achievements, best practices and process of decentralized program management
- Interaction with Indian Parliamentarians Forum to understand role and contributions of Parliamentarians and the response of different ministries for HIV/AIDS programs
- Meetings with the staff of Centre of Excellence and Technical Support Unit to understand systems for capacity building and quality assurance in HIV/AIDS prevention and care programs
- Visit to facilities providing STI, counseling and testing, PPTCT, ICTC, and ART services
- Visit to female sex worker, men having sex with men, injecting drug users, truckers and migrants intervention sites
- Meeting with the Network of Indian Institutions for HIV/AIDS Research to understand systems to support evidence-based programs, data quality assurance, and impact assessment of programs
- Roundtable discussions with private sector champions to understand experiences and best practices of engaging private sector in HIV programs



Total No. of delegates - Directly by SHARE: 77



GEV from Africa – directly by SHARE

61

Delegates participated through Partnership Beyond Borders

16

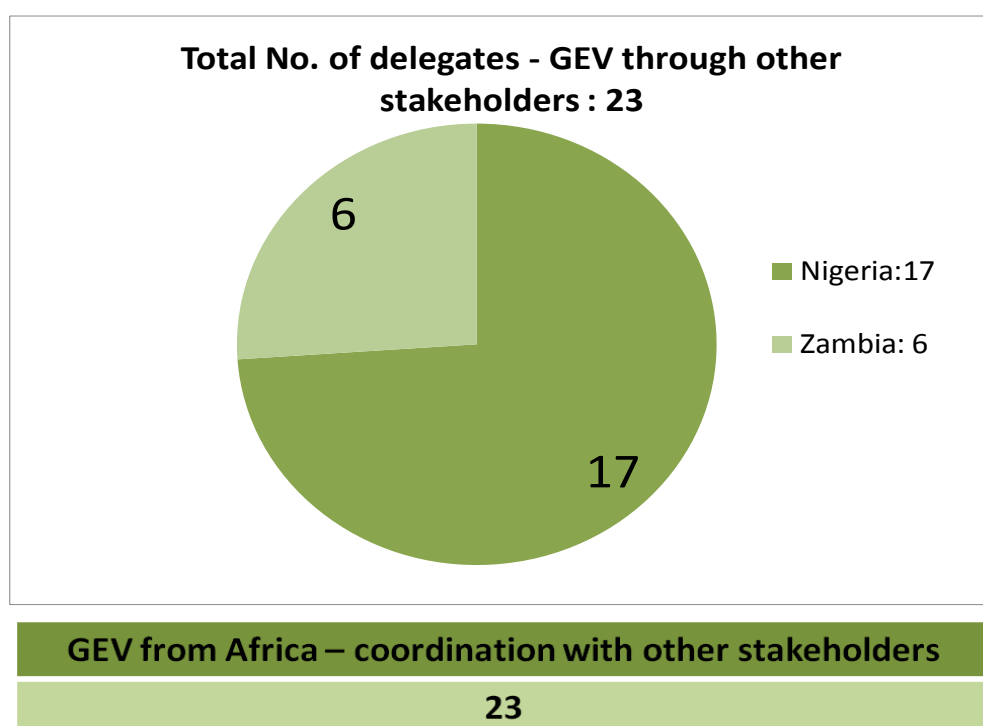
Graph 1 : GEV Delegates Breakup (including delegates who attended Partnership Beyond Borders)

Coordination and participation in the GEVs organized by other implementing agencies

SHARE project developed collaborative and partnership initiatives with KHPT and FHI 360 involved in implementing S2S initiatives with Africa and Asia. SHARE project continued its' sharing experiences and avail the needed information and resource materials from similar organizations. SHARE project has participated in the following two GEVs organized as per the details given below:

Name of the program	Organized by	Name of the country	No. of delegates	Period
GEV	KHPT (India Learning Network – Bridge Project)	Nigeria	17 (9 SACA Project managers, 2 USAID, 6 NACA)	May 2013
GEV	FHI 360 (India Learning Network – Bridge Project)	Zambia	6 (2 Ministry, 3 FHI and 1 USAID)	Feb 2013

SHARE project has utilized this opportunity and introduced the SHARE project, shared best practices, enlisted the possible collaborative opportunities, etc., This has also provided opportunity for SHARE project to build rapport with the partnering countries to initiate knowledge transfer and adoption initiatives.



Overall, through this mechanism, SHARE project has reached 23 delegates representing from Nigeria and Zambia through collaborative mechanism.

The overall consolidation summary of delegation will include:

Consolidated Summary Sheet – GEV from India – directly by SHARE		
1	AIDS Commissions	23
2	Ministries, National Service & Departments	14
3	Implementing partners	9
4	Donor	5
5	Implementing NGO	9
6	Pharmaceutical	1
	Total	61

Consolidated Summary Sheet – Delegates participated through Partnership Beyond Borders		
1	AIDS Commissions	5
2	Ministries, National Service & Departments	3
3	Implementing partners	2
4	Implementing NGO	2
5	Pharmaceutical	4
	Total	16

Consolidated Summary Sheet		
1	AIDS Commissions (National & State)	15
2	Ministries, National Service & Departments	2
3	Implementing partners	3
4	Donor	3
	Total	23

Health Conclave / Conferences

Three- day discussions and deliberations followed by one day exposure visit were organized to provide the countries with a forum to interact and share experience on a one-on-one basis. Such meets were conceptualized to provide a unique platform for exchanging best practices, discussing challenges, exploring opportunities in HIV/AIDS programs on various themes and/or covering all the three focus areas. Through panel discussions, case study presentations, round table meet and exposure visits, resources can be pooled, in turn contributing to a body of scientific knowledge on HIV/AIDS. The ultimate aim of these interactions is to foster short and long-term technical cooperation between India and Africa.

- Acts as a Forum to interact and share experience to foster short and long term co-operation between India and Africa
- Four day meet (three day discussions+ one day exposure visit) provides an opportunity for knowledge and ideas exchange
- Targeted Exchange of best practices and resources on specific themes
- Helps in Developing country specific technical co-operation plan
- Panel discussions and case study presentations by leading - national and international experts benefit the participating countries.

Key Population Fellowship Program (KPFP)



The overall goal of KPFP program was to strengthen the human and institutional capacity of the partnering African countries in the area of Monitoring and Evaluation (M&E) of targeted intervention in Key Populations (KPs) at risk of HIV/AIDS. This course was to build the capacities of program planners and implementers

representing National AIDS Councils and private organizations on areas of Strategic Information relating to Targeted Intervention (TI) among KPs.

The fellowship program was designed for senior and mid-level program managers, monitoring and evaluation officers involved in HIV/AIDS programs. The program was conducted for 3-4 weeks and included classroom sessions and hands on practical fieldwork by using pre-tested course materials by panel of thematic experts. The batch size for these programs was 10-20 participants

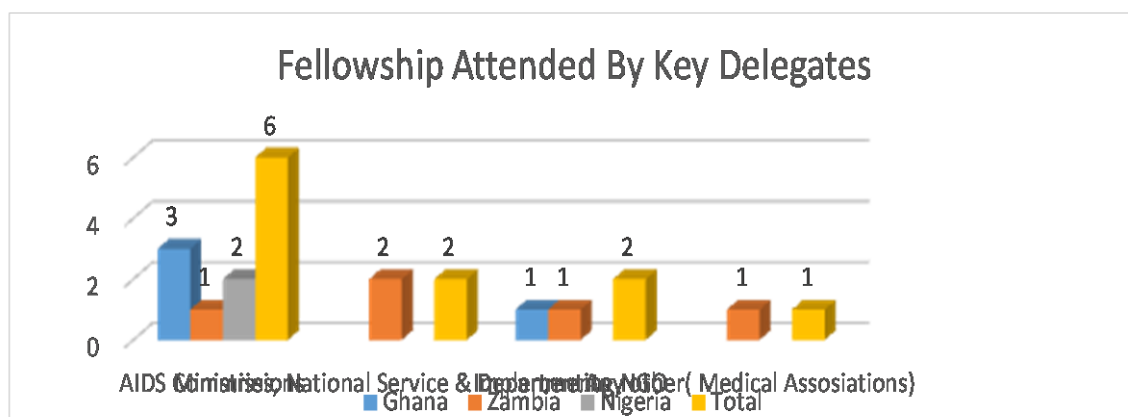
Fellowship program includes:

- Structured sessions conducted by accredited experts in the respective fields.
- Sessions designed around adult learning principles with greater emphasis on activity based learning.
- Visits to learning sites (FSW/MSM/IDU interventions sites) for experiential learning from the field.
- Interactions with community members to gain in-depth understanding on what works and does not.
- Interactions with experts from India having in depth experiences in their respective domains.

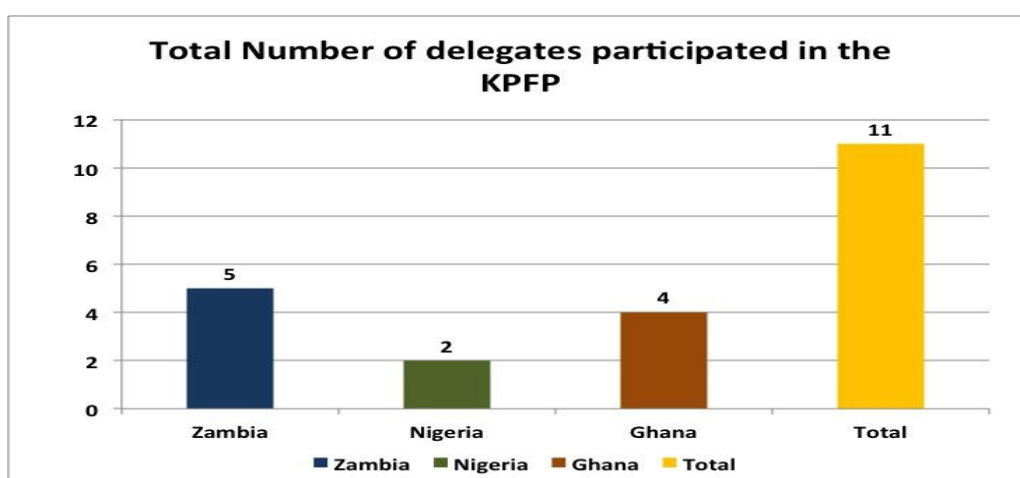
The KPFP provided basic understanding about TI among KPs before focusing on routine monitoring & Evaluation of TI programs. This program focused on additional elements such as data quality systems, data base management, assessments, analysis and effective usage of data for program planning.

The KPFP has been instrumental in bringing HIV stakeholders from Africa aboard a common platform for a short period of time, with ample opportunity to learn and share. A KPFP was recently concluded in May 2015 was attended and appreciated from various levels of delegates from key partner countries





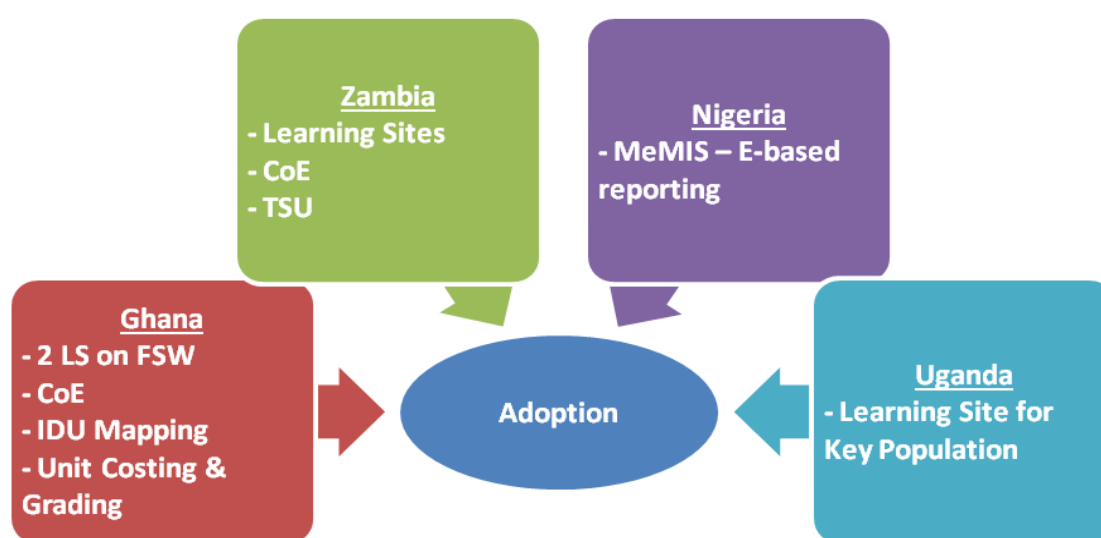
Graph 2 : Fellowship Program Delegates Breakup



Graph 3 : Fellowship Program Delegates Breakup by Country

3.3 Adopt

Bi-directional flow of knowledge creates a conducive environment for the partnering countries and development partners to use the vast pool of knowledge and contextualize it to apply in their scenario. Adoption of this knowledge in the most appropriate form is the natural next step to improve the HIV prevention and care systems in the partnering country. In the adoption phase, the SHARE project team tries provided in country technical support to the partnering countries, to make the adoption of the best practices and other knowledge components easier and more helpful to the partner countries. Standard approaches and processes for providing two major types of support – In Country Technical Support and Promoting Centers of Excellence in the country to carry on the adoption work. These supports were designed to meet the needs of different target audiences and different partner countries. To facilitate country to adopt the best knowledge products, panel of experts created by SHARE helped the countries by creating a technical cooperation plan and institutions that offer in country or virtual handholding support.



In-Country Technical Support

The SHARE Project provided on-site technical assistance for strengthening the HIV/AIDS response in partnering countries by a team of experts and SHARE project staff. The project also plans to build the capacity of program personnel in the host country for enhanced and sustained response. Twinning arrangements between organizations / institutions in India & African countries was built for sustained partnership within the South-to-South collaboration.

- On-site technical assistance for strengthening the HIV/AIDS response by a team of experts
- Developing in-country resource pool for enhanced and sustained response as per country specific requirements
- Twinning arrangements between organizations & institutions in : India & African countries
- Providing long term follow-up support

This technical support can be on any topic within the 3 focus areas like:

- Developing the Thematic Learning Sites
- IDU Mapping
- Center of Excellence
- Unit Costing and grading
- E-based monitoring system

COE'S IN ZAMBIA

Using lessons learned from India's CoE Scheme, the SHARE Project's appended a comprehensive guide on how to plan and implement a CoE program in Zambia, and building upon its existing capacity and expertise, Zambia, can implement a CoE program that will strengthen its ability to provide coordinated and comprehensive HIV care, support, and treatment throughout the country.

Mentoring by Local Experts

Mentoring in SHARE project aims at developing skills and knowledge in the key focus areas. A team of mentors was constituted by the project to provide long term technical assistance. Mentoring was not a stand-alone activity but complemented with other capacity building initiatives of the project such as in-country assistance, exposure visits, short-term placements and other capacity building initiatives.



TARGET AUDIENCE:
Institutions and individuals
involved in HIV/AIDS prevention,
care, support & treatment and
research

Specific activities

- The mentor if not presented any pre-determined areas of mentorship by the project, will aim to identify the areas for mentoring, which is to be mutually agreed upon by the beneficiary and the project
- Will provide onsite (at the implementation site) and offline (tele/video conferencing, web sessions) to individuals and institutions on identified and mutually agreed areas
- For onsite mentoring, the objective of the mentoring visit, the itinerary, and the tools will have to have prior approval from the project and the benefitting institution. However, the approval from the benefitting institution will be acquired by the project. Exceptions can be made for usage of tools without prior approval as well.
- For offsite mentoring through web or telephony should be always be pre-scheduled. Any consultations arising out of exigencies should be so in accordance with the agreed objectives and approved by the project as well.

The nature of activities that are envisaged to be carried out by a mentor are listed below:

- Hands-on training – individual/group sessions
- Guidance for developing manuals, modules, tools, guidelines, protocols or any other documents that is used for attaining the said objectives
- Design and implement self-learning tools
- Participate in planning/strategy meetings
- Evaluation exercises which may be part of implementation activities by the beneficiaries
- Prepare and submit reports as suggested in the project

The SHARE Project has developed a panel of experts in their areas of focus and has divided it into three categories to have a ready resource pool for providing technical support to partnering countries.

3.4 Follow-up

While it was ensured that systems for knowledge adoption and absorption fall in place with Assessment, Sharing and Adoption, response to a complicated and intense problem like HIV/AIDS needs a more sustained effort. This made the follow up very essential strategy in the methodology. SHARE project team reviewed the lessons learned in the pilot initiatives in partnering countries, customized the tools, guidelines, materials, etc., accordingly and provided virtual assistance if required. The follow-up visits were conducted in 3 African countries – Zambia, Ghana and Nigeria. The follow-up happens before, during as well as after the adoption phase to monitor and evaluate the implementation strategy and action plan.

Online Technical Assistance

This approach majorly refers to a web-based platform as a means of ensuring continuous knowledge and information updates. Periodical webinars were conducted by acclaimed experts in HIV/AIDS on a range of topics covering everything from care to project management, self-learning packages on various aspects of HIV/AIDS program, which are short courses where the participants can learn at their own pace. The platform will have facilities for interacting with experts across the countries through discussion forums where answers for queries, consultations and resource exchange can happen.

HIV/Resource Repository



TARGET AUDIENCE:

Representatives from NACA, DAC, MOH, development agencies, private sector, experts, research institutions, capacity building, CSOs etc.

- A web-based platform for ensuring continuous knowledge and information updates
- Periodic webinars by acclaimed experts in HIV/AIDS, on a range of topics
- Short courses supported with self-learning packages for participants to learn at their own pace
- Virtual classrooms aided by online interaction with experts
- Accreditation in partnership with premier academic institutions

SHARE project has developed an online HIV/AIDS repository. The repository is a rich source of information, which, countries can freely access, download and use appropriately for replication and adaptation. The documents in the repository have been tagged by country and broad components of HIV/AIDS program such as Prevention, Care, Support, Treatment, Country ownership, Strategic information, Finance and Procurement. This repository contains an information on strategy documents, operational guidelines, financial guidelines, training manuals, study reports, evaluation reports, annual reports, toolkits, best practices, key publications, etc., This repository is also contains information about each of the partnering country. This online repository is also provided with country profiles for all the partnering countries.



4. Project Journey

The SHARE Project was very focused in its approach from the start of the project, especially keeping in mind that the partnering countries would be at a different level of HIV/AIDS intervention. They will need different level of advocacy to start bi-directional knowledge transfer, adoption and sustainability process in the project.

Project management, governance, and partnerships were very critical to the success of the program as the formative work of the project was done during the initial one year, which shaped how project progressed, it has been described as the early phase.

4.1 The Three Phase

The advances made by India and feasibility of adaptation of Indian experiences resulted in a growing interest in technical cooperation with India, among African countries. This project started as an attempt to facilitate mutual experience sharing between India and African countries as in the exchange of best practices, technical assistance for systems support and foster innovations. SHARE project went through the three phases:

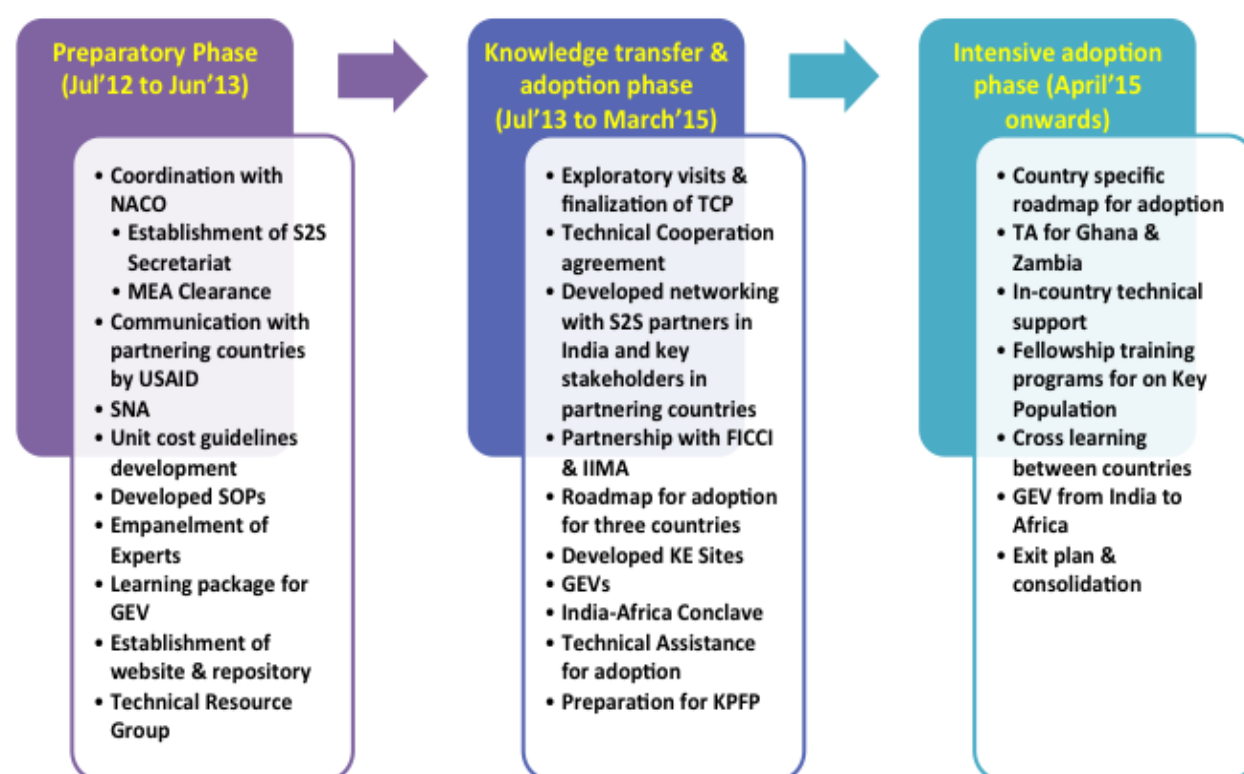


Figure 10 : SHARE Project Phases

4.2 SHARE Leadership & Team

A passionate team headed by project director was set up for achieving the objectives of the project. The SHARE project was administered as an autonomous project within the ambit of VHS. A minimal office was established in New Delhi in order to coordinate regularly with NACO, USAID and other development partners. The point of coordination between USAID and VHS was through the SHARE Project Director. VHS with its 20 years of experience in HIV/AIDS, helped in scaling up the activities for knowledge sharing and adoption with partnering countries.

This team was recruited for selected positions through a consensus driven processes during the initial months of the project. The technical team was divided into sub teams, each to work on one focus area of the SHARE project and on sub team worked as a specialist unit for knowledge transfers. An Admin wing was also set up by the project to cater to logistics as well as compliance needs of the project. SHARE project built the capacity of the project team members by technical update sessions, exposure visits, and experience sharing with the country representatives through video conferencing, orientation and discussions with the Technical Resource Group (TRG) members, etc. They also attended various other programs via partners like NACO and others. There was autonomy provided to the technical staff for planning, execution and delivery, which was essential to timely rollout and efficient management. There was strong coordination and synergy between the technical and financial offices for effective program delivery.

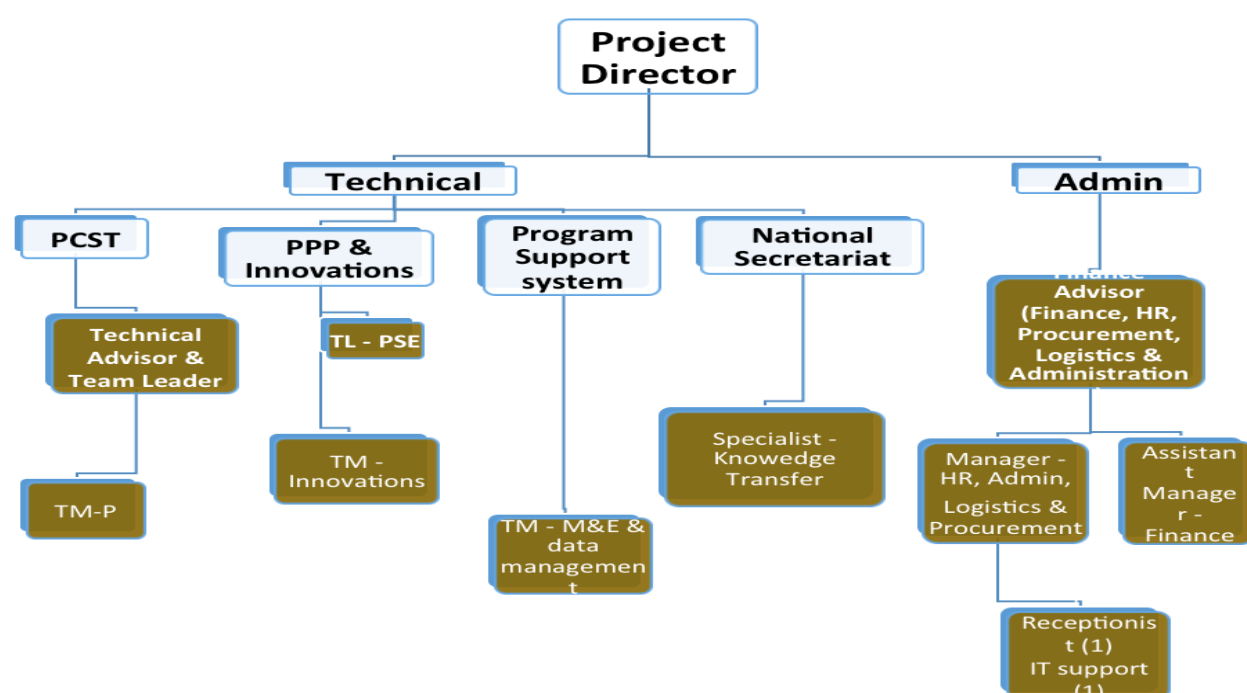


Figure 11 : SHARE Team Structure

The Project also set up two advisory bodies during this phase - Technical Resource Group (TRG) and Project Advisory Committee (PAC). The TRG was composed of domain experts who provided technical guidance to the project. TRG would provide broad suggestions to enable the SHARE team to consider and adopt as per requirements without it being a decision-making body. TRG was also kept in loop be informed of the project activities and other highlights at regular intervals to enable them to understand ongoing activities and targets reached by the project. E-group was formed for technical update. The Program Advisory Committee provided strategic directions for the project to scale-up and helped the project with the list of possible experts or agencies that were used by SHARE to address the project priorities.

4.3 Support from USAID

The United States Agency for International Development extended comprehensive support to the SHARE project. This support was multi-pronged and was instrumental in giving right direction to the project. In addition to funding the SHARE, specific support extended by USAID includes:

- Provided Support in developing ownership with Governments, especially with the partnering countries
- Provided Support SHARE project in communicating to USAID in partnering countries and marketing/advocating for the need of bidirectional knowledge transfers.
- Helped with networking & coordinating with of all SHARE partners
- A Representative of USAID chaired the Advisory Board of FICCI in Beyond the Borders
- USAID team member joined the SHARE project in Exploratory Visits, GEV
- Helped in International visitors
- Provided mentoring support, monitoring & feedback

4.4 Financial Management

Strong financial management systems ensured that initiatives and budgets were on track. Transparent procurement maintained the competitiveness of the rates of the goods procured and the proper implementation of financial guidelines. With regular internal and external audits, spending was way within the budget allocated. The budget was segmented into the three focus areas with 12% allocated to country ownership, 44% & 44% each to PCST & PSS. They helped building partnerships with African countries with their ongoing regular support on the program.

Out of the \$ 2.5M, the project has utilized 89% with 24% by CO, 36% by PCTS & 29% by PSS.

4.5 Monitoring and Evaluation

SHARE project with the nature of activities being across multiple countries and with multiple stakeholders, calls for robust M&E systems. Establishment of the transparent M&E, helped is successful



Figure 12 : SHARE M&E

4.6 Noticeable & Significant Events

The major events that were substantial in taking the project where it is today are depicted in the timeline below:



Figure 13 : SHARE Noticeable Events

4.7 Key Achievements

From 2012-2015, SHARE was the first south-to-south program for bi-directional exchange of lessons learnt on response to HIV/AIDS from India to African countries. The program substantially contributed in creating a platform of knowledge exchange for lessons learnt, experiences, best practices and approaches on responses to HIV/AIDS in more synchronized and structured manner.

Partnering to SHARE

- The **partnership between USAID, VHS and the GOI (national & state level)** serves as a successful model for collaborative program management for innovative and sustainable south-to-south knowledge sharing between India and African countries.
- It established a **strong collaborative culture with other implementing agencies (KHPT, FHI 360, UNAIDS)** in south-to-south space to coordinate and network for effective knowledge sharing while optimizing resources and eliminating duplication of efforts.
- SHARE partnered with **IIM-A, the premier management institute in India**, for identification of 13 African countries for in-depth analysis of political commitment and country ownership through rapid assessment to understand the gaps and need for best practices. Also developed three best practices on CoE, private clinics and best practices.
- **Best Practices Foundation (BPF)**, Bangalore based NGO, for capturing 23 best practices of AIDS response in India with support of NACO.
- SHARE built a strong **technical panel of 50 experts & mentors** in various thematic areas to strength in-house capacity. The project capitalized on their skills and experiences to provide technical assistance to partnering African countries.
- **Christian Medical College (CMC)** is an internationally reputed medical college, provided preparatory work for the design and implementation of Key Population Fellowship Program.
- **FICCI (apex Chamber of Commerce and Industry in India**, a non-government and not-for-profit organization) for fostering best practices and policies for engagement of private sector for HIV/Health programs in both Indian and partnering countries. FICCI developed the following reports:
 - Private Sector & Policy Framework for 5 Partnering Countries – Ghana, Nigeria, Zambia, Tanzania, South Africa
 - Good practices and innovations in private sector for HIV/Health programs in India
 - Developing a strategy and guidelines for PPP in HIV Program
 - Market assessment and shaping for HIV/AIDS products & commodities
 - Capacity Assessment of Indian knowledge partners to introduce best practice/innovation in African countries

Preparing India to SHARE

- SHARE **conceptualized and established National Secretariat in National AIDS Control Organization (NACO)** to facilitate the country-to-country learning and for sustainable governance and coordination mechanisms.
- SHARE captured **36 best practices of AIDS response in India**. It invested time and resources to prepare India to distill, document the best practices and the lessons learnt in key areas of India's response.
- The project developed comprehensive guidelines and toolkits to establish **39 Knowledge Exchange Sites within 4 states in India**. The project worked closely with NACO/National Secretariat on S2S and State AIDS Control Society (SACS). This was through systemized technical and financial support with ongoing mentorship to build capacity of these sites. It also included facilitation of the Guided Exposure Visits with extensive resource kits for the delegates.

Partnering Countries to SHARE

- SHARE project has facilitated knowledge transfer through various approaches covering all three components (Prevention, Care, Support and Treatment; Country Ownership; and Program Support Systems) and **capacitated 111 delegates representing from 12 countries through various approaches**.
- The project implemented **6 GEVs with 10 countries** with end-to-end delivery. It included – conceptualization of the visit, to scientifically designing to cater to partnering country needs & priorities, to creating the learning packages for the delegates for effective transfer of learning's. Overall 61 delegates were capacitated representing from 10 countries.
- SHARE systematized knowledge sharing among partnering countries India and Africa by **following the ASAF model – Assessment, Share, Adopt and Follow-up**. It synchronized and structured methodology on sharing and adoption on knowledge for greater impact. In a short span of time with 3 countries to develop Technical Cooperation Plan to identify the priority areas of assistance.
- SHARE **pioneered conceptualization, designing and implementation of the “Key Population Fellowship Program”** for senior and mid-level program managers of partnering countries. It is a 3 weeks experiential program with a blended approach of classroom as well as practical fieldwork. They conducted their first program with 11 delegates from 3 countries.

Partnering Countries to SHARE

- SHARE developed the **Country Ownership Framework in partnership with IIM-A** and also developed country ownership & analysis report for 13 countries.
- **Conducted India-Africa conclave in partnership with FICCI** and stakeholders meeting at South Africa by involving South Africa and Tanzania.
- SHARE developed **Standard Operating Procedures (SOP)** for activities such as **AFRICA-INDIA Meet, Guided Exposure Visits, Short-Term Fellowship programs**, etc., to ensure quality and consistency in implementation of these initiatives by various partnering countries.
- The project **established an online repository** of best practices, lessons learnt, training manuals for self-reference by partnering countries and also provide continuous learning from various HIV prevention interventions in India.
- To understand and gain more insights about the partnering countries, **SHARE developed the Situation Needs Analysis toolkit (SNA)** to assess the country needs and priorities. It benefited them to customize their technical assistance based on country requirements.
- SHARE established **guidelines and toolkits for Situation Need Assessment, Unit Cost Guidelines, Establishing KES (detailed criteria), and Fellowship Training Manual** for strengthening India's lessons learnt and successfully showcasing it to partnering countries.
- SHARE project has also collected materials, reports, documents, etc., and developed **country wise "Resource Bank" for further reference and sharing it with stakeholders in India.**

Bi-directional Learning from Zambia to India

SHARE project had facilitated a Guided Exposure Visit for Uganda & Zambia delegation where a parallel visit for **Zambia delegation on CoE** was also arranged. The delegation visited CoE and PCoE. They had interactions and experience sharing with Dr. Rewari, NTO, CST at NACO. **NACO intends to integrate selected suggestions evolved during the process of the cross learning with Zambia.** In the review committee of CoE held at Ahmedabad, it has been suggested to integrate the following:

- Viral load test
- Genotypic resistance testing facility therapy in CoE

This Guided Exposure Visit (GEV) has enabled the host country to gain important insights into how to improve the program and also best practices of Zambia in Care, Support and Treatment

4.8 Products developed by the SHARE Project

SHARE developed the following products under the three focus areas:

Prevention, Care, Support & Treatment	Country Ownership	Program Support System	Cross Cutting / General
<ul style="list-style-type: none">• Exploratory visits - plans, tools & processes• Documentation of best practices• Reference manual for Knowledge Exchange Sites• Orientation toolkit for KES• Learning package for GEV – participant handbook• Resource kit for GEV• Standard Operating Procedure for GEV• Documentation of knowledge transfer process through GEVs• Technical Cooperation Plan• Resource Repository	<ul style="list-style-type: none">• Market Feasibility study• Identification of African countries for Rapid Assessment• Best practices in private sector engagement• Best practices in Country Ownership	<ul style="list-style-type: none">• Online Repository• Standard Operating Procedure for KPFP• Training manual for KPFP	<ul style="list-style-type: none">• Website• Expert Panel• Unit cost guidelines• Video film on S2S• Brochure• SNA tools

Figure 14 : SHARE Products

Products on Prevention, Care , Support & Treatment:



SHARE project has developed **concept note, guidelines, tools, methodology, debriefing plan, etc.,** for undertaking **exploratory visits** by the delegation from India to Africa. This is primarily meant for introducing SHARE, identifying best practices, sharing best practices, and developing partnering areas.



Developed **Standard Operating Procedures for GEV** for facilitating knowledge transfer. This SOP covers the purpose of GEV, delegates, objectives, duration, location, developing and use of learning sites, pre-GEV activities, activities during GEV, post-GEV activities, role of stakeholders, tools & formats and other guidelines associated with.



Resource kit for GEV Delegates
This contains **information on introduction to SHARE, objectives, agenda, introduction to delegates, brief profile of each session** (along with time-to-time agenda, best practices in the session / site, two pager write-up on each session), debriefing plan, feedback formats, contact details, reference materials for further reading, etc.,



Developed systems for **documenting in knowledge transfer process through GEVs**. This also captures the purpose of the visit, profile of the delegates, process involved, agenda, session wise / site visit wise write-up, questions raised and answers, feedback, debriefing along with action plan, technical assistance areas, etc., This will serve as a reference material for all delegates to recap the key lessons learned and plans.



SHARE project developed a **learning package** –participant handbook to provide overview on what was the response to the epidemic, why it is critical to address it, how the program has evolved over the years, highlighting the key strategies, newer approaches, what has worked, lessons learned, etc., This handbook serves as a **ready reference material for delegates to understand KP intervention in India**.



SHARE project has developed **facilitators handbook** to support the learning package for facilitating GEV.



SHARE project has coordinated with NACO, identified 97 BPs through a criteria. **Documented 36 BPs covering PCST, CO and PSS**. These BPs will be useful for sharing it with delegates during the GEV, KPFP and disseminating the same with partnering countries.



SHARE project has developed a model **reference manual on KES**. This contains the agenda, concept note, state wise list of KES, BPs, role of KES, role of mentors, role of key stakeholders, expectations of delegates and plans for GEV, formats, etc., This book will be a ready reckoner for KES.

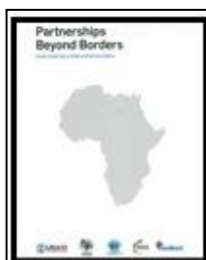


Resource Repository: SHARE project has developed three CDs along with the thematic resource materials (concept note, strategy documents, tools, guidelines, BPs, etc.,). This CD is used for sharing it with the delegates during GEV and fellowship program. This will also serve as a ready reckoner for reference and enhancing the knowledge (i.e.,) Prevention, Centre of Excellence.



Orientation toolkit to KES: Developed orientation toolkit for KES along with details on need for KES, scope of work for KES, developing systems in KKS role of mentors, role of stakeholders, activities to be undertaken during GEV, pre, during & post), etc., This also supported with relevant PPTs and formats. This toolkit can be used for building the capacity of thematic KES

Products on Country Ownership:



Market Feasibility study: Undertaken market feasibility assessment study in 3 countries. This methodology and the report will be useful for all partnering countries to introduce such study. This report will also be useful for industrial owners to understand the market feasibilities and undertake initiatives in the partnering countries.



Brochure: Developed a brochure on **SHARE-FICCI project** titled Partnership Beyond Borders for advocacy and marketing

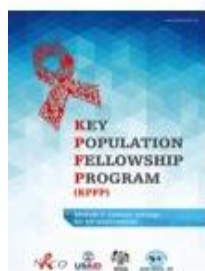
Best Practices in CO

Best practices in CO: Developed 3 BPs on CO based on the India response to HIV/AIDS. This BPs will be of useful for sharing experiences between the countries.

Best Practices in Private Sector

Best practices in private sector engagement: Documented 8 BPs in private sector engagement based on India experiences for dissemination with partnering countries for reference and adoption.

Products on Program Support & System:



Training manual on KPFP: Developed curriculum, facilitator manual and participant manual for conducting KPFP focusing on MIS, for international delegates for 3-4 weeks.



SNA tool: Developed SNA tool for undertaking situation need assessment for each of the partnering country. This tool can be used by any stakeholder for understanding the existing situation of the HIV/AIDS program and possible areas for sharing experiences



Developed SoPs for planning, organizing & managing KPFP for international delegates. This SoP covers need, outline, periodicity, facilities, guidelines, criteria for participation, application and nominations, program details / agenda, developing country specific implementation plan, key learnings, quality control, role of stakeholders, do's and don'ts, etc.,



Online Repository: SHARE project has developed an online HIV/AIDS repository. This repository contains an information on strategy documents, operational guidelines, financial guidelines, training manuals, study reports, evaluation reports, annual reports, toolkits, best practices, key publications, etc., This repository is also contains information about each of the partnering country. This online repository is also provided with country profiles for all the partnering countries. This provides opportunity for anyone to access any information on HIV/AIDS through single window mechanism.

General Products:



Expert Panel: Developed a scope of work for consultants, identified thematic panel of experts and empanelled these experts for use in knowledge transfer and adoption initiatives. This process will be useful for any stakeholder for replicating. This empanelled consultants can be contacted by the partnering countries at any point of time.



Unit Cost guidelines: Developed unit cost guidelines for each of the key approaches planned on knowledge transfer. This unit cost may be customized as per the requirements by the stakeholders based on their requirements.



Website: Developed website for facilitating knowledge transfer. This also includes online repository and other related details to enable the partnering country to access for basic and detailed information.



Developed a brochure for advocacy, marketing & networking of SHARE project with partnering countries.



Video film on S2S covering need for S2S, opportunities for sharing, components, key approaches, methodologies, etc.,

4.9 Success Stories Untold

Building Thematic Learning Sites in Ghana

Background: The Ghana AIDS Commission a supra-ministerial and multi-sectoral body established under the Chairmanship of H. E The President of the Republic of Ghana by Act 613, 2002 of Parliament. Its mandate is to provide support, guidance and leadership for the national response to the HIV and AIDS pandemic.



Based on the discussions with stakeholders and field visit observations, GHANA decided to adopt the following opportunities for South-

To-South technical cooperation with India – **To Build Key Population Thematic Sites (FSW & MSM)**

Objective

This learning Site was envisaged to act as a field lab for piloting new initiatives, demonstrate selected best practices/initiatives in prevention intervention among Key Population as well as to serve as an ongoing demo center to provide hands on training to the teams involved in Key Population Interventions (KPIs). Overall, the Learning Site was supposed to help in finalizing country specific guidelines and operational plan on **Outreach planning, Unique ID & individual tracking** for introducing in the Key Population Intervention in the country.

SHARE's role

In an endeavor to ensure sustainability, SHARE Project provided technical assistance till Jun'15. They undertook various activities in order to assist Ghana to adopt the learning and establish the sites.

The follow-up initiatives will be undertaken by the key stakeholders with the support of the technical assistance team involved with the Learning Sites.

SHARE's undertook the following activities at the learning sites in GHANA:

- Introduced contact mapping in all the sites, eliminated duplication and arrived at the actual number of FSW / MSM in each site.
- Based on the contact mapping, established micro sites by looking at the size of the key population in each site and facilitated re-organization of peer educator allocation to each site.
- Introduced individual tracking system tool and finalized the tool for scaling up.

Key Learning

Jointly evolving the customized adoption plan based on priorities of the countries will enhance the ownership of the program by the partnering countries. Involving the stakeholders from the initial planning will improve the implementation of the program and rollout.

Impact

Post the review of the learning site, Ghana will scale-up the activities and set-up the thematic learning sites in other parts of the countries. This will serve as the hub for building the capacities of other thematic sites. Two learning sites have been established (1 for MSM and 1 for FSW). The experiences gained from these learning sites will be integrated in other interventions for SHARE adoption strategies. The peer educators and the outreach team involved in the above process will be used as a resource person for sharing experiences and in conducting training programs. These learning sites will also emerge as demo centres for hands-on training for other sites in the countries.

4.10 Stakeholder Perception

This meeting was a sharing platform for the different levels of the HIV AIDS program. Agencies like SACS, DACS, etc. do lot of work, but are not aware about each other's works. Hence this was a good opportunity to learn and understand the work done by the different units and identify gaps. But I think more technical personnel should be involved in such meetings instead of policy makers to get more inputs for effective program planning. With regards to prevention, innovative ways should be initiated to promote condom promotion, among the clients, besides High Risk Groups (HRGs).

- Nitin Kamrishi, Regional Manager,
Technical Support Group, Condom Promotion, NACO

"Currently we are working with migrants and have a good community outreach with almost cent percent staff retention since we provide PF, medical facilities, etc. to our NGO personnel. This meeting helped understand what a KES means and the benefits and learnings we can expect being a KES under this program."

- BabajiGule, Coordinator, SHED Dharavi

"This meeting has helped us understand what is expected of us and how we can prepare to showcase different program components from our organization."

- Ms.Poongodi, CHWTVT

“We are very happy that, NACO, SACS & SHARE project has jointly taken initiatives to identify thematic Knowledge Exchange Sites (KES) for knowledge transfer with partnering countries. We feel proud for being recognized as a KES. This provides recognition for the good work we have done and the opportunity for to develop and achieve more. This has provided opportunity for capacity building of the project team, developing systems, introduce display system, strengthen presentation skills, and coordinating the delegation visit. Through this process, the community members have also been capacitated to share the knowledge and skills to the delegates with confidence with the support of translation. The experiences gained through this process will be of helpful on permanent basis to facilitate knowledge transfer with any country or with any state or within the state. This KES also provides opportunity for motivating and recognizing the NGO/CBO, project team and the community members. This can be a sustained initiative. This also provides a challenge for us to sustain the quality of intervention to retain the recognition of KES”

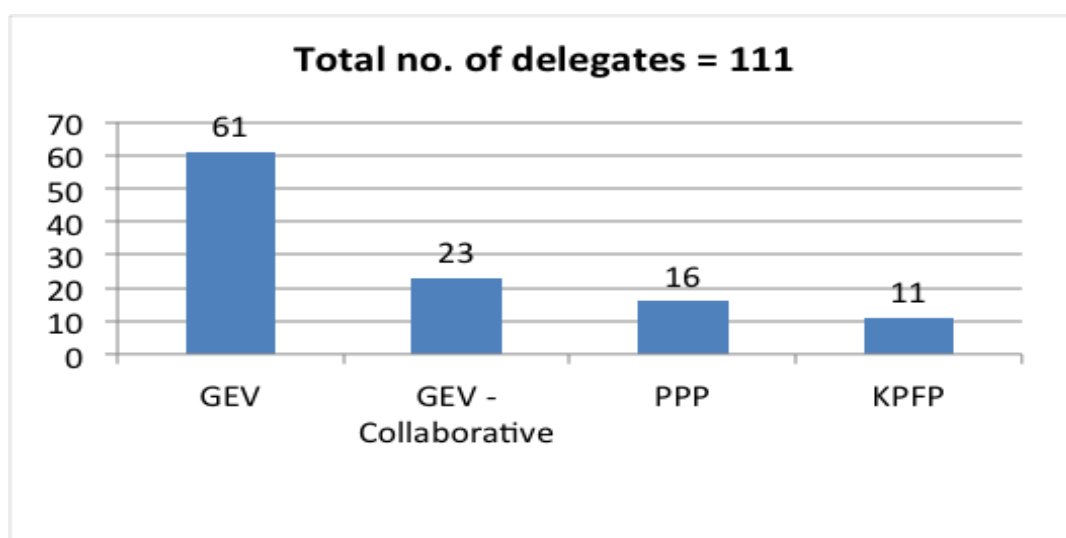
- Mr. Bhakthavat chalam, Executive Director,
Association for Rural Mass of India, Knowledge Exchange Site for FSW Intervention, Chennai



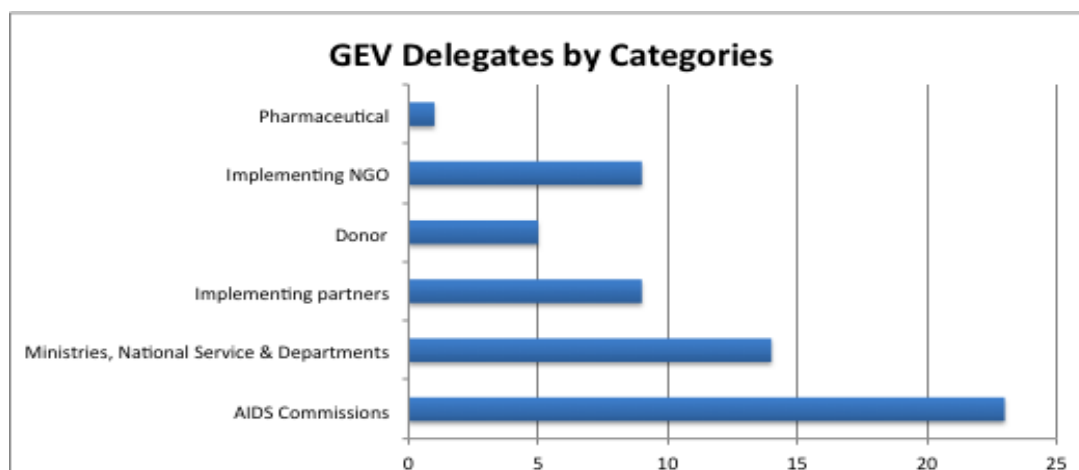
5. Evaluating the journey

5.1 What Worked for the project?

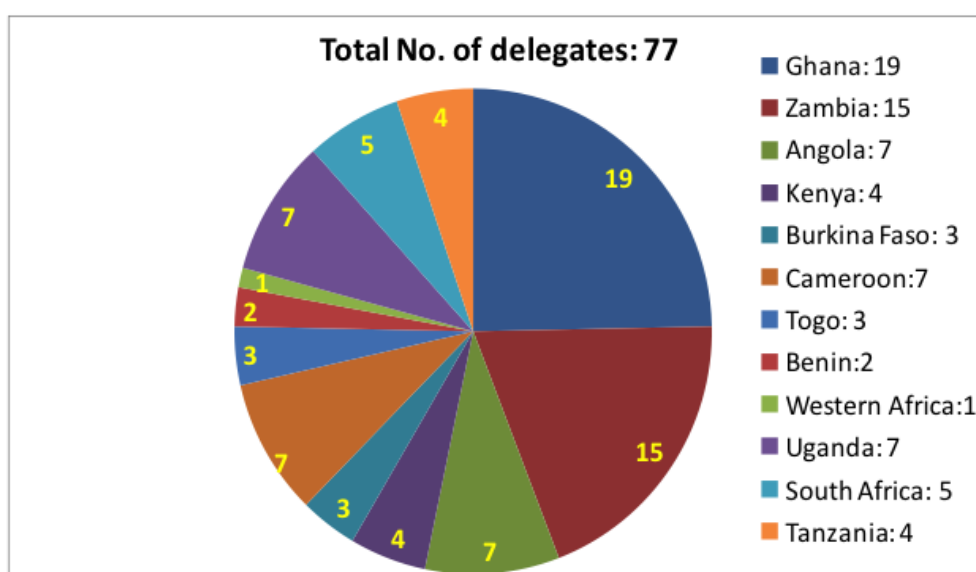
The SHARE project provided technical assistance to partner countries using different approaches within its larger focus area. The analysis below shows what worked for SHARE and delegates attending the sessions.



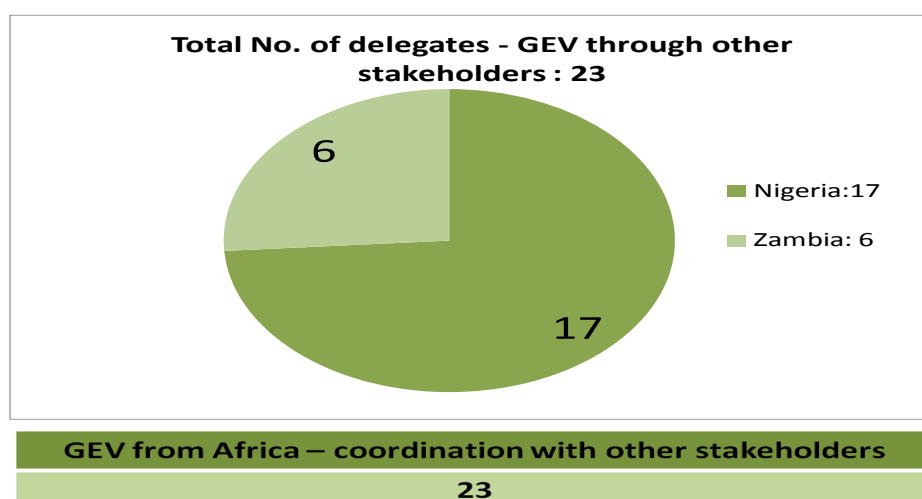
Graph 4 : Total No of Delegates by Program



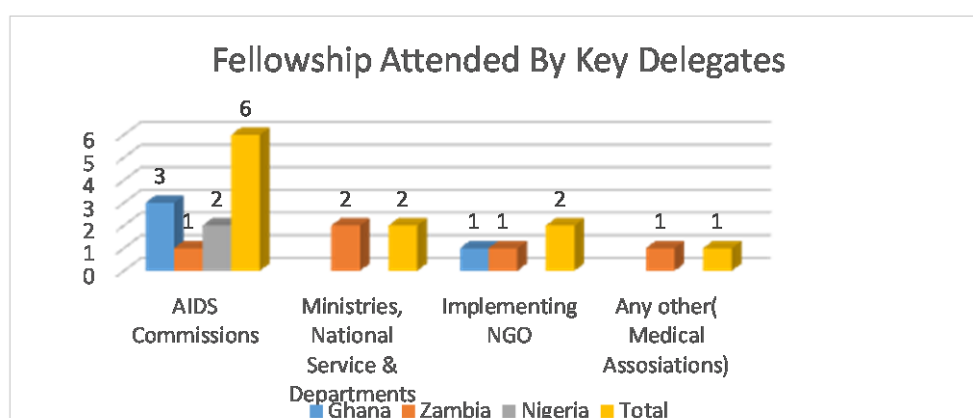
Graph 5 : GEV Delegates Attended by Categories



Graph 6 : Total no of Delegates attended the GEV



Graph 7 : GEV through other stakeholders - Delegates Breakup



Graph 8 : Fellowship Program Delegates Breakup



Figure 15 : Technical Cooperation Plan for Three Countries

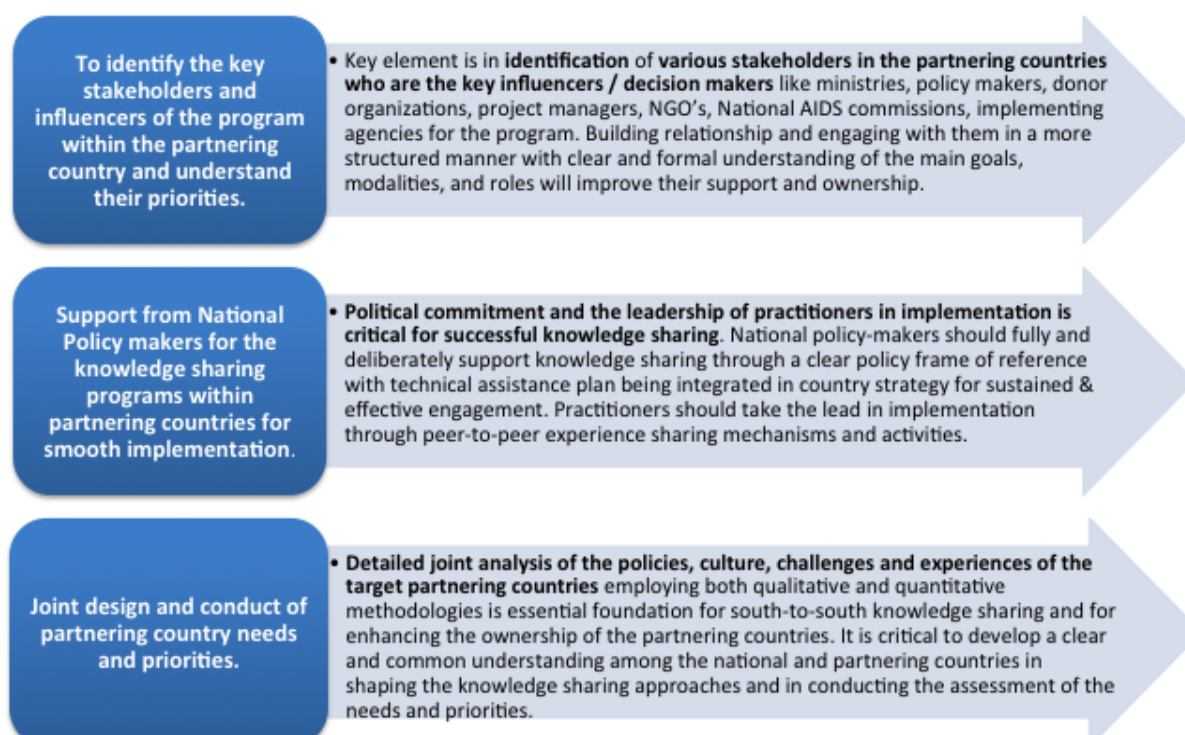
SHARE project was able to make a larger impact under all the three focus areas and was able to develop Technical Cooperation Plans for three countries Ghana, Nigeria and Zambia.

5.2 Key Learnings

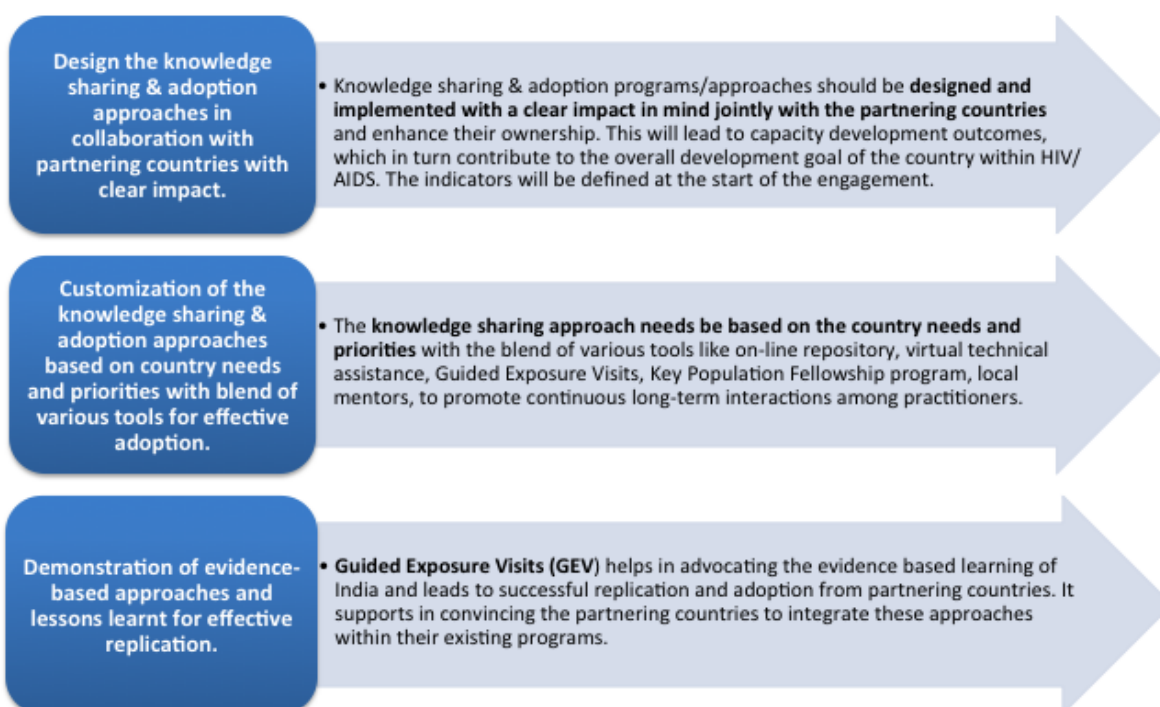
Enabling Environment



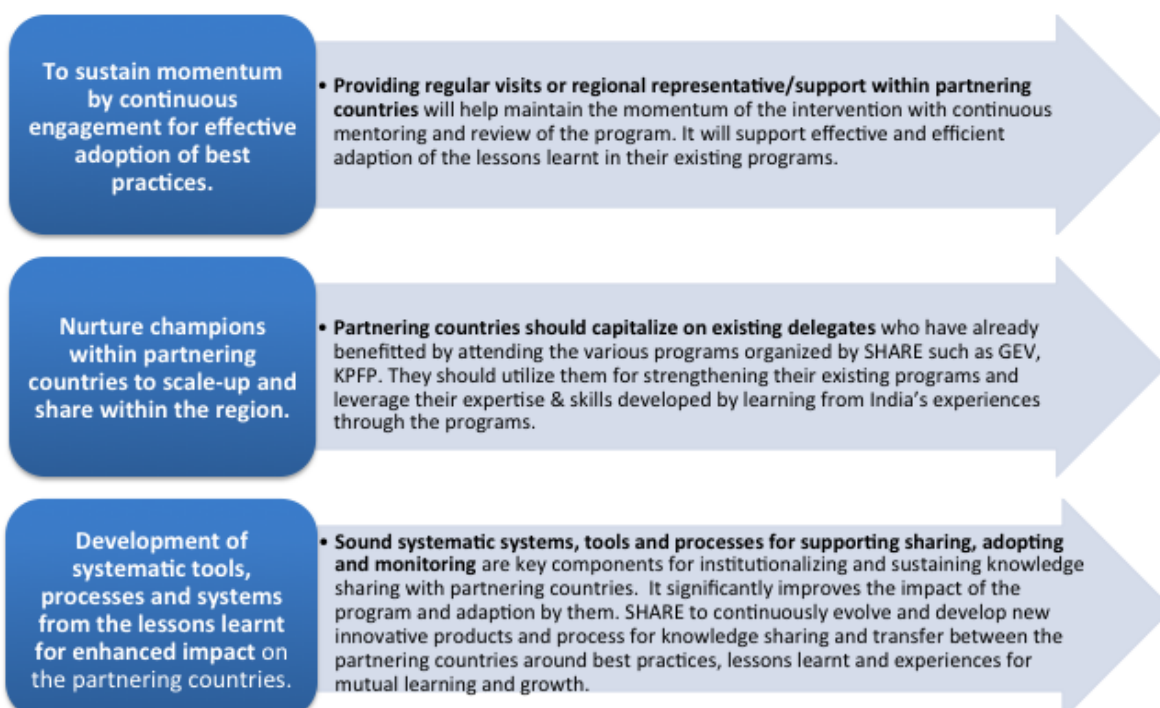
Assessment



Share



Adopt & Follow-up



5.3 Impact of the Program : Delegates' Speak



Ms. Justine AHADZI, Magistrat,
point focal VIH,
Ministère de la justice Togo

I found the involvement of the government in the HIV/AIDS response very impressive. Also, the fact that the program had been able to leverage this amount of money from the Government of India.



Dr. Maria Lucia Furtado,
Deputy Director,
National AIDS Institute
and Representative
of the Government of Angola

The presentation on the media, and the mutual interactions between the communities and the media was very interesting. This is something that we may want to try back home.



Ms. Traore Dabou Irène,
Coordonnatrice UCPSE,
SP/CNLS-IST, Burkina Faso

The best thing about today was the meeting with the project director. I hold a coordinating position in my country and was happy with the way you work with different line departments. In our country we don't have such coordination.



Ms. Ngatchou (épse)
Touko Denise, Chair Person,
Horizons Femmes,
Cameroon

The whole day was very impressive. The doctors in GHM are so knowledgeable and yet so accessible. I was very happy to interact with them. The afternoon at the MSM intervention was also an eye-opener. In my country, the MSM community is hidden and they are so scared of the law. I was so happy to see the community members so confident and absolutely sure of themselves.



Mr. Emmanuel Daniel Chama,
Provincial AIDS Coordination
Advisor,
National HIV/AIDS/STI/TB
Council (NAC), Government
of Zambia

At home we have similar challenges with regards to bringing the key population into the mainstream of the HIV/AIDS response. We also have a lot of Zambians of Asian origin who are removed from the mainstream. Coming here has strengthened my desire to bring them into the mainstream, he added. He also said that the two countries – Uganda and Zambia – should figure a way of working together and strengthening each other's program. "One of the important things that we should learn from Uganda is how to work with the MSM population, which they are doing so successfully.



Dr. Karyabakabo Zepher,
Director Policy, Research
and Programming,
Uganda AIDS Commission

We have had an insight into how things work on the ground. We understand the way the government is coming forward to taking ownership of the programs. We also know how the government, NGOs, CSOs and CBOs prepared themselves to take charge as the funders began to phase out. Normally, we have seen that when the funder leaves, the program leaves along with the funder. The Indian story is different.



By Dr Joseph Amuzu,
Director of Policy & Planning,
Ghana AIDS Commission

The doctors at the GHTM are very knowledgeable. They are aware of every aspect of HIV management. We need to get a Centre of Excellence for HIV/TB management in Ghana, too. I also like the IDU intervention. We don't have something like that in Ghana. It is a good learning.



Dr. Zepher B Karyabakabo
Director Policy, Research and
Programming
Uganda AIDS Commission
Plot 1-3 Salim Bay Ntinda
P.O. 10779 Kampala, Uganda

Thanks Dr Williams and extend our appreciation to entire SHARE team at SHARE project for the excellent organization of the GEV. Our team had learnt a lot from the visit and we are confident that a lot will be applied to move our response in a better direction. Your online repository will also provide useful information for reference. We are consulting and looking at critical areas for support and continuous collaboration and will get to you soon highlighting the areas. Once again thank you for your hospitality and knowledge SHARING.



**DR. DOROTHY NACHIZO
MARUMAHOKO**
Zambia, KPFP Participant

This Fellowship has equipped me and the team with knowledge on Targeted interventions in Key Populations. This information will be useful in helping us set up similar programs in Zambia in order to improve on the prevention of HIV among the High risk groups who have been neglected in a way as there has not been any focus on this particular group in the fight against HIV. Targeting this group will reduce the infections in the general population if handled effectively.



William Kwaku Yeboah
Ghana, KPFP Participant

As a Technical Coordinator of Ghana AIDS Commission Central Regional Technical Support Unit, one of my job roles and responsibilities is to coordinate and manage the Regional HIV and AIDS response. I'm now well-equipped to perform my duties more efficiently and effectively. Besides, I will now be able to contribute more meaningfully in the design and implementation of the country's KP HIV interventions at any level.



Idoteyin Ezirim
Nigeria, KPFP Participant

The fellowship has given me skills to analyse data generated in my country on key population program and this will help NACA to better inform Program Managers of progress made. I will transfer this skill to the staff of strategic knowledge management department of NACA.



MUJAJATI AARON
Zambia, KPFP participant

The program was very useful:

- Exposed me to a process of operating an intervention of KPs
- The sessions on Data management were applicable to any situation not just Tis.
- The site visits were very useful in that all the class learning became alive.

6. Path Ahead: A framework for Knowledge Sharing & Adoption

It is clear from the foregoing that SHARE must improve its capabilities for sharing knowledge in order to achieve its larger goal of bi-directional knowledge transfer with partnering countries. An enabling framework is essential to guide such improvements, but it is also clear that SHARE has many valuable assets on which its strategy can and should be based. It is also clear from SHARE's own experiences that the key to success in knowledge sharing is to ensure that all aspects of it are built on and tightly embedded in an organization's work processes and products.

This framework aims to facilitate progress in knowledge sharing with its partner countries, via pragmatic (i.e. rooted firmly in SHARE assets), focused, selective and incremental measures. To do so, the framework:

- Identify clear measures/indicators within thematic focus areas of SHARE, based on the partnering country-program level and priorities
- Focus on the country priorities required to create a more conducive environment with defining the enablers
- Focus on number of knowledge sharing & adoption approaches that is build on the proven existing assets, processes and lessons learnt
- Partner with donors, implementing agencies, academic institutes, business federations for effective utilization of resources and skills
- Seek to ensure cost-effectiveness by harnessing resources and efforts and integrating them into a coherent results framework

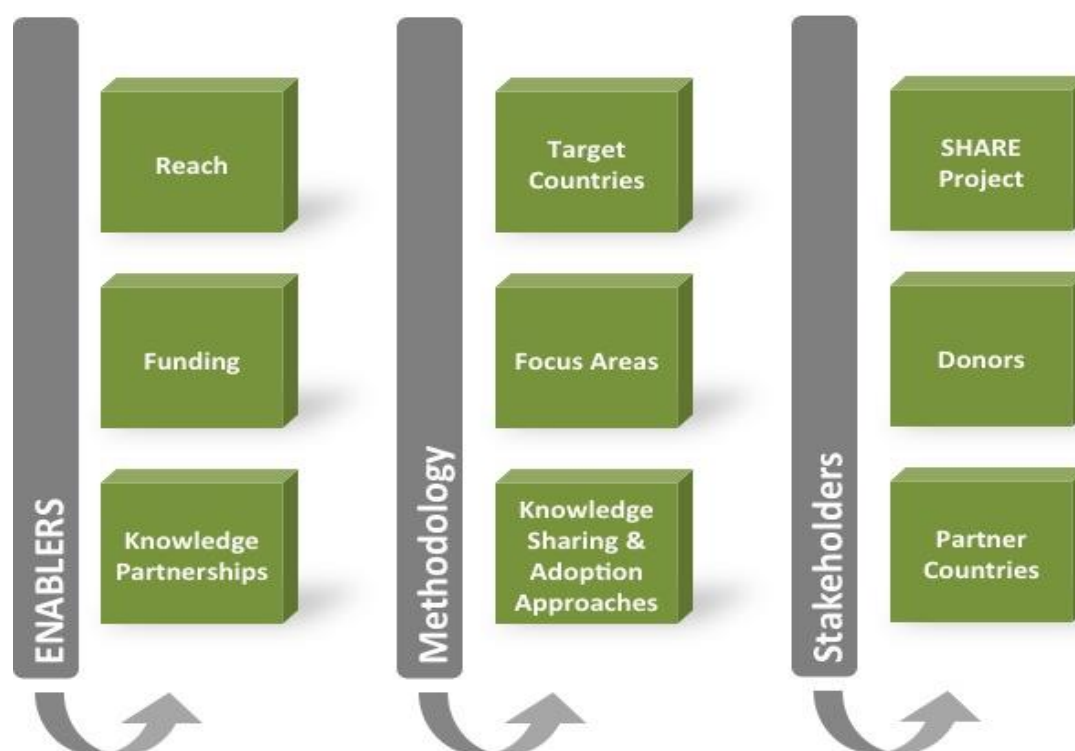
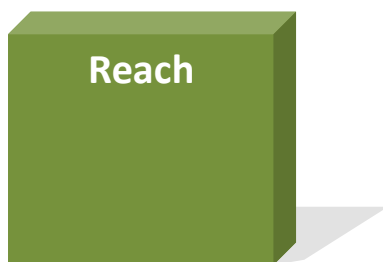


Figure 16 : SHARE Methodology



country needs and priorities for sustainability. SHARE will use multiple approaches to enter the market:

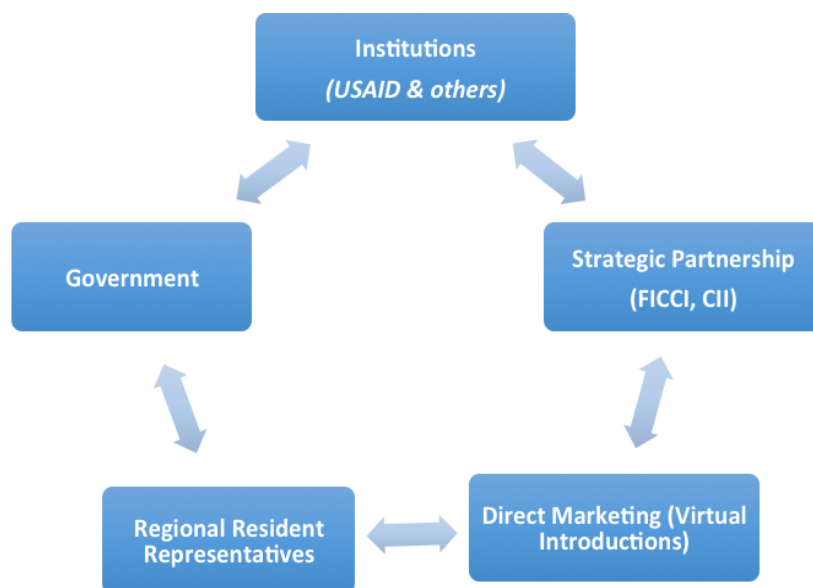
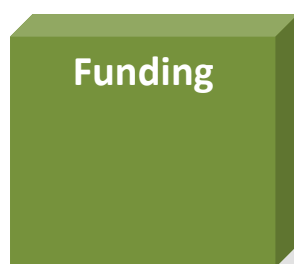


Figure 17 : SHARE New Approach to reach out to partnering countries

SHARE will reach out to various federations, local & international institutes, implementing agencies, academic institutes like John Hopkins etc to increase their reach to target the partnering countries for knowledge sharing and adoption.

SHARE will also use the following collateral's:

- Presentations
- Brochures
- Videos
- Websites
- Social Media Tools like Facebook etc
- Knowledge Sharing Approach Menu Cards
- Communication thru emails, video conferences, tele-conference.



SHARE will explore the below funding options of funding with donor organization:

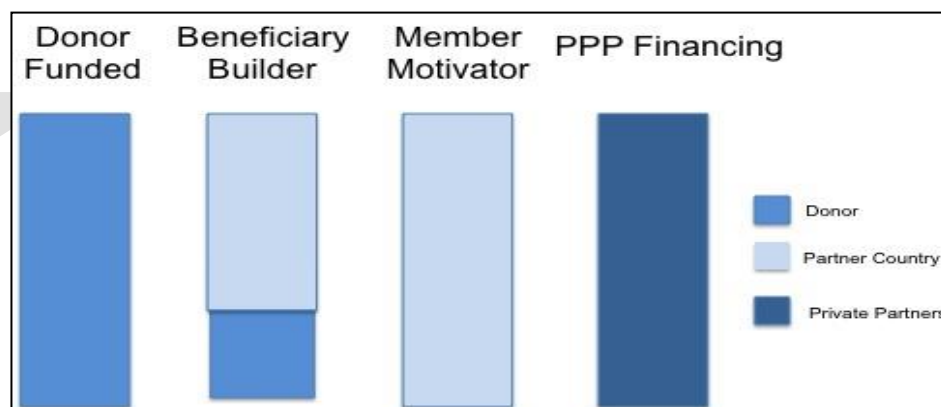


Figure 18 : SHARE New Approach to funding

Donor Funded - SHARE to seek for major grants from a single donor or group of donor to fund them. SHARE will come with **pipeline of projects in partnering countries based on the country needs/priorities** – concept notes, project plans, draft funds required and measurable outcomes. SHARE to reach out to donors working in partnering countries and looking for value proposition for their existing program as well as provide the ready list of projects to them for consideration.

Beneficiary Builder - Partner Countries pay for services/initiatives that they would like SHARE to assist them. But donors cover other operational costs. **SHARE will develop package of services for the countries to consider for consulting with them.**

Member Motivator – SHARE establishes a network of partner countries and they pay to become member because the KS approaches are integral and is something from which they draw a collective benefit. SHARE offers them assistance, which they are already seeking for and will develop package of services with different options and financial costing.

PPP Financing - Public and private funding is based on a common interest in promoting knowledge sharing initiatives within a jointly agreed framework of goals and roles.



SHARE project to develop strong knowledge partnerships with:

- Governments & Ministries,
- AIDS Commissions,
- Business & Industrial Associations like FICCI, CII etc.
- Academic Institutes to provide them with strategic expertise and guidance.
- Expert Panel
- S2S Implementing Agencies
- Donors involved in S2S

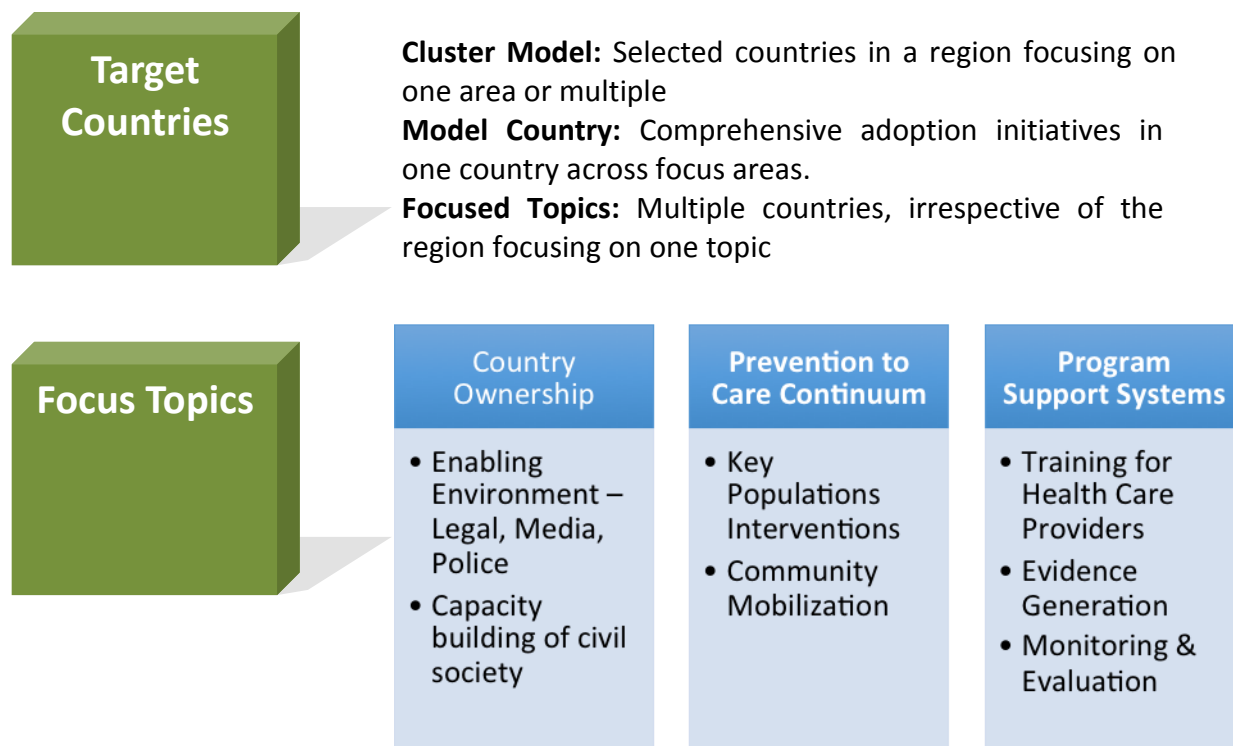


Figure 19 : SHARE Focus Topics

SHARE should explore building opportunities beyond HIV/AIDS for partnerships in technical assistance in knowledge sharing and adoption for industries like Water and Sanitation, Education, Livelihood.

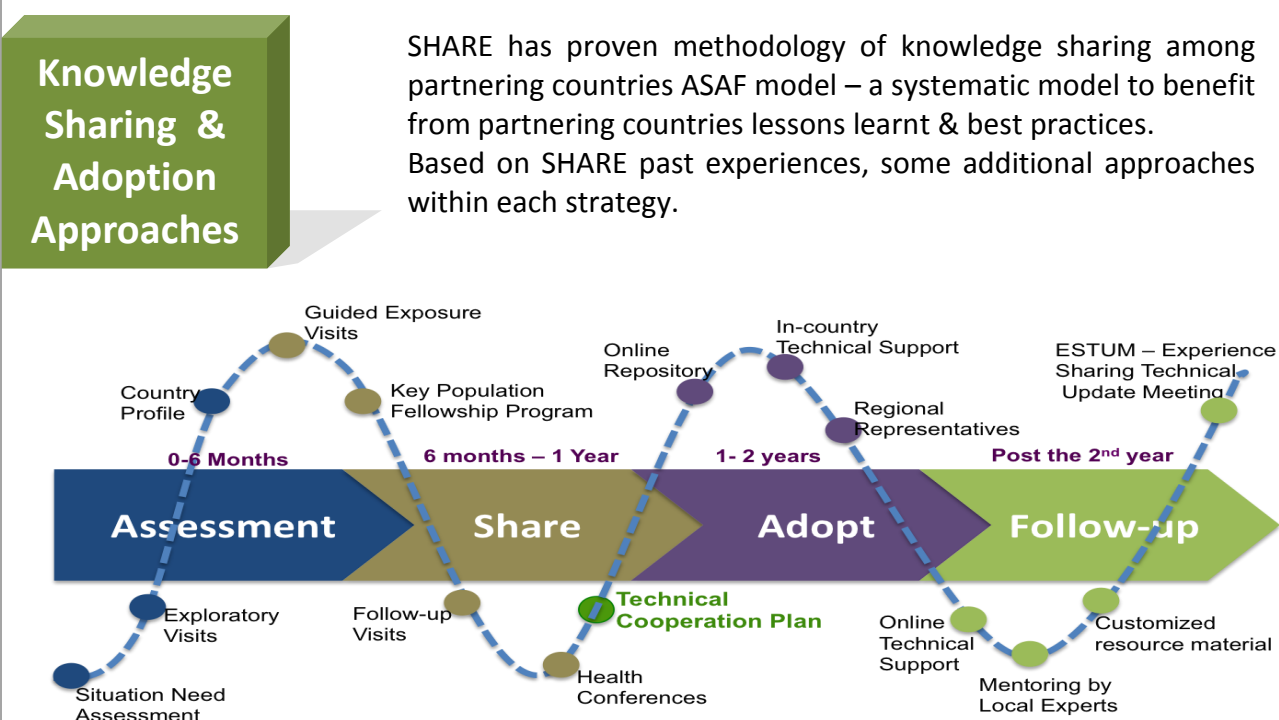


Figure 20 : Knowledge Sharing Approaches

SHARE Team

Capitalize on SHARE's learning and experiences:

- Established relationships with ongoing engagements in 12 African countries
- Implementing TCP with 3 African Countries
- In-depth knowledge / data about the African countries and markets
- Proven Knowledge Sharing Methodologies and approaches
- Comprehensive guidelines and toolkits developed for synchronized sharing
- Extensive online repository of best practices, lessons learnt and evidence from India
- Pool of experts who are experts in respective thematic areas

DONOR

Overall improvised project outcomes

- More comprehensive and sustained approach
- Operational effectiveness to deliver services
- Continuous building of permanent capacity to manage the sector
- Structured learning by thematic experts from partnering countries
- Effectiveness of resources by identification of what works and what doesn't
- Build the systems to enhance country resources

PARTNER COUNTRIES

Partner Countries can learn from India with measurable outcomes:

- Enhanced political ownership
- Increase in involvement of civil society organizations & private sector
- Technical assistance on comprehensive intervention packages for KP and vulnerable populations
- Robust Research Monitoring, Surveillance and Support Systems
- Capacity building of resources and quality improvisation of program management and delivery

7. Conclusion

In the short time of three years with only two years of intensive activities, SHARE was able to partner with 12 African countries and develop knowledge transfer methodologies and approaches for effective and smooth adoption of best practices from India to partnering countries. They were able to develop standardized products, tools, guidelines and manuals for customized technical assistance for partnering countries to capitalize on their learnings, experience and achievements. They developed partnerships, piloted various marketing approaches and adopted various knowledge transfer & adoption approaches.

Within \$2.5 million, the project has directly reached 12 partnering countries, 61 delegates through GEV, 16 delegates through India-Africa conclave, 11 delegates through Key Population Fellowship Program and indirectly reached 23 delegates in partnership with other key stakeholders. SHARE established 39 Knowledge Exchange Sites within 4 states in India and captured 36 best practices to distill lessons learnt from India. They made a huge impact by reaching out to total 111 delegates through various knowledge transfer approaches.

SHARE project has also provided technical assistance for facilitating adoption of select best practices in 3 countries and successfully established thematic learning sites on Key Population in Ghana & Zambia.

As Next Steps

1. The **Technical Cooperation Plans with three African Countries should continue** with full momentum and meet the objectives set during the initial planning phase.
2. SHARE to come with **pipeline of projects in partnering countries based on the country needs/priorities** – concept notes, project plans, draft funds required and measurable outcomes.
3. SHARE to **disseminate the lessons learnt, experiences and achievements through DONOR/PARTNER** conclave and showcase their innovative practices and approaches with their methodologies.
4. SHARE has demonstrated some new approaches, and innovative practices with partner countries with some proven methodologies, which can be **replicated and scaled up in either HIV/AIDS or beyond the same in other industries using the path ahead strategies suggested above.**
5. SHARE to look at **setting up networking of individuals or organizations involved in S2S** to share the rich experiences, lessons learnt and best practices.

The experiences of SHARE project may be shared with other key stakeholders involved in similar S2S initiatives on HIV and beyond HIV/AIDS. These bi-directional exchange of HIV/AIDS experiences between India and African countries were very beneficial and hold promise to facilitate mutual experience sharing to foster the exchange of best practices and innovations.

8. Annexure

Reference

1. Tamil Nadu AIDS initiative (TAI), A Multi-centric Study for Measurement of Chronic Disease Risk Factors (CDRF) in India (2011-12), Impact Assessment of HIV/AIDS programmes in Tamil Nadu & Maharashtra (2011-16) and AIDS Prevention and Control (APAC) Project (Supported by USAID)
2. Menu Card

Photo Gallery from the SHARE Journey

Knowledge Transfer from Africa to India



NACO support & participation in facilitating knowledge transfer



USAID-INDIA Mission participation in knowledge transfer initiatives



Country wise Delegation



GEV from Uganda & Zambia



GEV from Cameroon, Benin & Western Africa



GEV from Uganda & Zambia



GEV from Zambia



GEV from Ghana & Angola



GEV from Uganda & Zambia



GEV from Ghana & Kenya



GEV from Cameroon, Burkina Faso & Togo



GEV from Ghana & Angola

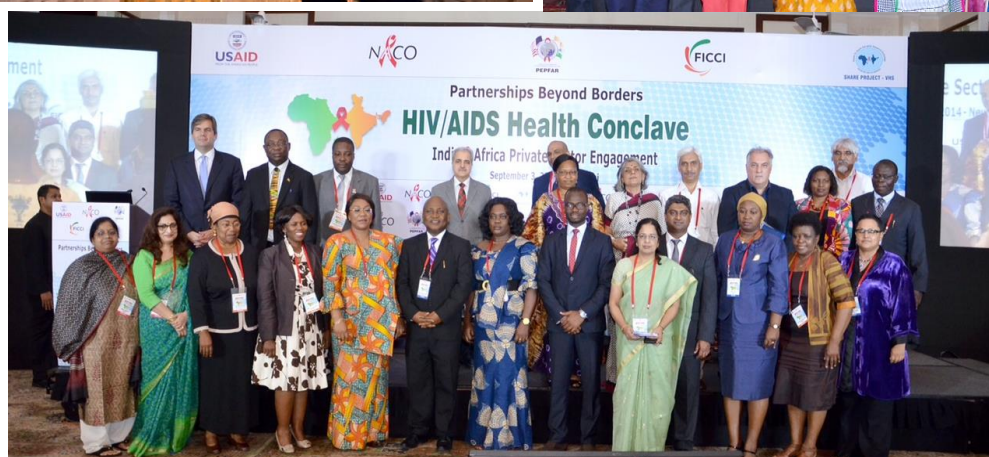
Guided Exposure Visit – Photo Gallery



Key Population Fellowship Program – Photo Gallery



Country Ownership (policy and private sector) – Photo Gallery



South-To-South HIV/AIDS Resource Exchange (SHARE Project)

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