

Think Piece on Social Protection and HIV¹

Need for Social Protection for the PLHIVs

Social protection is designed to reduce poverty, inequality, vulnerability and multi-dimensional deprivation of specific population groups. Social Protection is a set of public measures that a society provides for its members to protect them against economic and social distress that would be caused by the absence or a substantial reduction of income from work as a result of various contingencies (sickness, maternity, employment injury, unemployment, invalidity, old age, and death of the breadwinner); the provision of health care; and, the provision of benefits for families with children (ILO Definition: ILO: World Labour Report: Income security and social protection in a changing world (Geneva, 2000) p. 29; ILO: Principles of Social Security (Geneva, 1998) p. 8).

HIV and AIDS is more than a health problem and its impact reaches far beyond the health sector. HIV and AIDS can push people and households into poverty, in part by reducing household labour capacity and increasing medical expenses. In some cases, HIV-related stigma and discrimination marginalises people living with HIV (PLHIV) and households affected by the virus and exclude them from essential services. The humanitarian case for taking action to prevent the spread of HIV and AIDS is in itself a compelling one. In addition, the UNDP-NCEAR² study shows that the adverse macro-economic and sectoral impacts which the HIV epidemic is likely to impinge on the Indian economy in the coming decade, is by no means insignificant. This reinforces the already compelling humanitarian reason for urgent and effective policy action to control HIV and AIDS. In the absence of remedial policy action, the HIV epidemic in India is likely to bring down the average annual GDP growth rate during 2002-03 to 2015-16 by about 1 per cent. Further the study on Socio-Economic Impact of HIV and AIDS in India³ suggest that even though the aggregate impact of the epidemic may not appear to be large now, the impact on households affected by the epidemic is very severe. The impact is felt on income, employment, consumption expenditure (especially nutrition, education and health care) and savings. The poor households and particularly female members are more vulnerable than the male members of the households. Also the study found higher Work Force Participation Rate among the elderly in the HIV households, which raises the question of security for the old.

The vulnerabilities related to job security, poor access to health care facility, low access to nutritional support and education for children etc. deteriorates the condition of the PLHIV. Studies have shown that stigma and discrimination related to HIV has diminished access of PLHIVs to work and treatment minimizing the opportunities to earn and remain healthy. In this context, there is a need for creative responses to ensure PLHIVs have access to many of these critical needs for their sustenance. Social Protection schemes play a crucial role to alleviate some of these challenges faced by PLHIVs. The Global Jobs Pact (GJP), which addresses the social and employment impact of Global economic crisis, has called

¹ The paper is based on a study of social protection systems across 8 states (Karnataka, Andhra Pradesh, Maharashtra, Chhattisgarh, Bihar, UP, Nagaland and Delhi) sponsored by UNDP and NACO and conducted by Vrutti Livelihoods Resource Centre along with Swasti. The study captured varied experiences on the implementation of social protection for PLHIV in the country. Detailed study report, along with success stories is published by UNDP.

² The macro-economic and sectoral impacts of HIV/AIDS in India – a CGE Study; 2006; Publication of UNDP, NACO and National Council for Applied Economic Research (NCEAR)

³ Socio-Economic Impact of HIV and AIDS in India -sponsored by UNDP and NACO and undertaken by NCAER.

for workplace programme on HIV/AIDS and advocates for a social protection floor to improve access to services and income enhancement.⁴

Social protection needs for the PLHIVs and those affected are many - food security, nutritional security, health security, housing security, employment security, income security, life and accident security, and old age security. If social protection for PLHIVs and those affected is appropriately designed, implemented and scaled up, it can protect them from shocks and allow them to reduce their extreme vulnerability; help them conserve and accumulate assets, promote their livelihoods; and transform their socioeconomic relationships, to further improve their longer-term livelihood prospects.

Indian Response on Social Protection for PLHIVs

Social Protection aimed at improving quality of life of PLHIV has been seen a priority for the National AIDS Control Programme in India. National AIDS Control Organization (NACO) through its mainstreaming department has been making all efforts in this direction. The response of Indian state for providing social protection to PLHIVs and those affected can be understood through a World Bank framework of social protection which categorizes social protection as protective, preventive and promotive⁵.

Social Protection Strategic Elements:

Preventive: seek to avert deprivation and deal directly with poverty alleviation. They include social insurance for economically vulnerable groups and, in agriculture, strategies of crop or income diversification.

Protective: provide relief from deprivation. Examples include social assistance for those unable to work and pensions. Other protective measures can be classified as social services, such as free health services

Promotive: aim to enhance real incomes and capabilities, which is achieved through a range of livelihood enhancing programmes targeted at households and individuals, such as micro-finance.

Preventive schemes focus on security and minimizing risks. There are more than 20 schemes of the Government of India (both state (provincial) and central governments), which are designed to protect marginalised groups like PLHIVs from exposure to medical and their enterprise related risks. Examples of such schemes that are relevant to PLHIVs in the country are listed below:

- *Rashtriya Swasthya Bima Yojana*⁶ (RSBY) by Ministry of Labour and Employment (MoLE)
- *Gram Priya (Anticipated Endowment Scheme)* from Ministry of Communication and Information Technology
- *Gram Sumangal (An Anticipated Endowment Assurance Scheme)* from Ministry of Communication and Information Technology
- Dr. Ambedkar Medical Aid Scheme from Ministry of Social Justice and Empowerment
- *Gram Suvidha (Convertible Whole Life Assurance Scheme)*
- *Gram Suraksha (Whole Life Assurance Scheme)*
- *Gram Santosh (An Endowment Assurance Scheme)*

⁴ Message by Juan Somavia Director-General of the International Labour Office on the occasion of World AIDS Day, 1 December 2009 : <http://www.ilo.org/public/english/bureau/dgo/speeches/somavia/2009/aidsday.pdf>

⁵ World Bank Paper on Social Protection and Labour – Better Livelihoods for 21st Century, 2010

⁶ National Health Insurance Scheme for the Poor

In addition, there are various donor driven initiatives wherein District Level Networks (DLNs) have tied up with various health insurance providers (e.g. PSI and Star Health supported) and are paying premiums to them on behalf of members.

Protective schemes focus on relief from deprivation through social assistance. There are more than 25 schemes of the Government of India (both state and central governments) which are designed to reduce vulnerability for the marginalised population. Examples of schemes relevant to PLHIV include:

- Indira Gandhi National Widow Pension Scheme (IGNWPS) by Ministry of Rural Development
- *Annapurna* Scheme by Ministry of Rural Development
- Indira Gandhi National Old Age Pension Scheme (IGNOAPS) by Ministry of Rural Development
- *Swarnajayanti Gram Swarozgar Yojana* (SGSY) (Self Employment Scheme for the rural poor) by Ministry of Rural Development (MoRD)
- Indira Gandhi National Disability Pension Scheme -MORD
- National Family Benefit Scheme (NFBS) by MoRD
- *Sarva Sikhsa Abhiyan* (*Scheme for universalizing elementary education in India*) from Ministry of Human Resource Development

Promotive Schemes aim at equity and poverty alleviation through livelihood programmes. Promotive schemes are designed in a way so as to lead to the capacity for self-protection. This is most difficult, yet extremely important task to achieve within the umbrella of social protection. The Government of India has more than 40 relevant schemes (which can be utilised for PLHIVs also), which are oriented towards building capacities so as the marginalised are able to build their long-term livelihoods. The support provided by these schemes are related to legal aid, credit support, training, subsidy on capital assets, subsidy on starting production units for poultry, dairy etc. Some of the examples of these schemes which are relevant to PLHIVs are:

- Various Schemes in aquaculture, fisheries, horticulture, poultry etc. from Ministry of Agriculture
- Mahatma Gandhi National Rural Employment Guarantee Scheme by Ministry of Rural Development
- National Child Labour Project Scheme from Ministry of Labour and Employment
- Entrepreneurship Development Scheme, Rajiv Gandhi Udyami Mitra Yojana (RGUMY) etc. from Ministry of Micro, Small and Medium Enterprises
- Organic farming, Bamboo cultivation and other scheme from Ministry of Rural Development
- The policy level commitment is reported to be generally high in most of these states, to respond to the needs of PLHIV. Particularly those state where HIV response is more than a decade old. Policy level response is witnessed by improved political commitment and involvement of policy makers in initiating exclusive schemes or modifying existing schemes to the advantage of PLHIV. Following list of exclusive or inclusive schemes from various states is a testimony to these pro-PLHIV initiatives in many of the states.

Some of **inclusive and exclusive**⁷ schemes operational in various states in India, which have high relevance for PLHIV:

⁷ Inclusive – PLHIVs included in the existing social protection schemes. Exclusive – Social protection schemes that are exclusively made for addressing specific needs of PLHIV

SI No.	Name of State	Name of scheme	Ministry/Dept responsible	Remarks
1	Gujarat	<i>Tabibi Sahay</i> (Medical Help)	Dept. of Social Justice and Empowerment	Inclusive Scheme
2	Andhra Pradesh	<i>Apath Bandhu</i> (Accident Insurance) Insurance Scheme	Govt. of Andhra Pradesh	Inclusive Scheme
3	Orissa	Chief Ministers Relief fund	Govt. of Orissa	Inclusive Scheme
4	Uttar Pradesh	<i>Mukhyamantri Mahamaya Garib Arthik Madad Yojana</i> (Chief Minister's Financial Assistance Scheme for the Poor)	Govt. of Uttar Pradesh	Inclusive Scheme
5	Karnataka	CABA Financial Support	Dept of Women Development and Child Welfare	Exclusive Scheme
6	Karnataka	Star Health Insurance Scheme	PSI	Exclusive Scheme
7	Nagaland	Nutritional Support for Women	Directorate of Women Development, Government of Nagaland (State)	Exclusive Scheme
8	Goa	Dayanand Social Security Scheme for PLHA	Dept of Social Welfare. Government of Goa	Inclusive Scheme
9	Tamil Nadu	Orphans and Vulnerable Children Trust	Government of Tamil Nadu	Exclusive Scheme
10	Andhra Pradesh	<i>Sahara Card</i>	APSACS	Exclusive Scheme
11	Orissa	<i>Mo Kudiya</i> (My Hut) Housing Scheme	Ministry of Rural Development	Inclusive Scheme
12	Rajasthan/ Karnataka	<i>Palanhar (Close Relative) Yojana</i> for CABA	Ministry of Social Justice and Empowerment	Exclusive Scheme
13	Rajasthan/Karnataka	<i>Palak Mata Pita</i> Scheme (Scheme for people adopt HIV positive orphans)	Government of Rajasthan and Karnataka	Exclusive Scheme
15	Assam, Gujarat, Karnataka, Himachal Pradesh, Maharashtra, West Bengal, Goa, Sikkim	Free road transport for the PLHIV for ART	Ministry of Surface transport, States and the private sector	Exclusive Scheme

SI No.	Name of State	Name of scheme	Ministry/Dept responsible	Remarks
16	Gujarat, Karnataka, Maharashtra, Mizoram, Punjab, West Bengal	Orphanages	Ministry of Women and Child Development	Inclusive Scheme

Social Protection that Works – Some of the Successes Witnessed

National AIDS Control Programme in India has been focusing on improving access of the PLHIVs to several of the existing social protection schemes in an attempt to reduce several of their vulnerabilities. Efforts have been made to change and include PLHIVs within the existing schemes as well as to initiate new exclusive schemes. National AIDS Control Organization (NACO) through its mainstreaming department has been working in this direction. Currently 35 central and state level schemes have been modified for PLHIV and 29 state directives have been issued by State Councils on AIDS to aid the PLHIVs.

This experience has been unique and many successes achieved.

High relevance of some of the social protection schemes: There are several exclusive schemes for PLHIVs in India which are well designed to address needs of PLHIVs e.g. Rajasthan widow pension scheme, Orissa pension scheme, Palanhar Yojana in Rajasthan and Karnataka, free road transport for PLHIVs in many states, nutrition support for women in Nagaland and in many other states, Star Health Insurance Scheme in Karnataka, Tamil Nadu and many other states.

Inclusive Scheme: Similarly there are many schemes whose provisions have been modified to allow eligibility and access by PLHIVs e.g. PLHIV considered as Below Poverty Line (BPL) in Rajasthan, removal of PLHIV from exclusion list of RSBY, relaxation of criteria in NREGA for participation by PLHIVs (in Andhra Pradesh and Uttar Pradesh), widow Pension scheme for PLHIVs modified in Chhattisgarh, Inclusion of PLHIV as one of the criteria in new State scheme 'Mahamaya pension' to deprived family in Uttar Pradesh.

Some specific schemes are being successfully implemented across various states: The nutrition programme by Directorate of Women Development in Nagaland is well received by the PLHIV as it benefits more than 800 Women Living with HIV in the state. Free transportation to PLHIVs in many states is being implemented quite well and at the end of last year (2010) more than 35,000 PLHIVs had benefitted by this scheme in the country. Sahara Card in Andhra Pradesh⁸ is also being implemented well and benefitting several PLHIVs in the state. One of the best things with the BPL cards under the Antyodaya Anna Yojana in Chhattisgarh is that the scheme implementation design within the state is addressing the issue of confidentiality of the PLHIV. Pension scheme of Ministry of Social Justice and Empowerment has benefitted close to 25,000 PLHIVs by the end of 2010.

Efforts at influencing policy by nodal agency (SACS/TSU) are succeeding in some of the states: In Maharashtra, Karnataka and Andhra Pradesh, Mainstreaming Resource Units are playing facilitating roles, with some success. In Chhattisgarh, Antyodaya Anna Yojana (AAY) for nutritional support to PLHIV was rolled out due to SACS efforts in that direction. In Nagaland, SACS is co-ordinating well for tie up

⁸ ID Cards for PLHIV taking ART for accessing for travel concessions, priority in housing schemes, pensions, etc.

with Agriculture, transport, social welfare and veterinary departments. In Delhi, efforts of SACS and Ministry of Health for improving access of PLHIVs to various schemes of different departments is given lots of importance and there are concerted efforts in that direction (even though desired level of co-operation from these departments is not available yet).

Perceptions about good governance and administration of social protection are heard in many state government corridors and in the field: Good governance is driven by political will, agenda and leadership. This is important even for excellently designed social protection system. People and key stakeholders in the states of Bihar and Chhattisgarh perceive that government is sincerely making efforts to improve social protection system and its delivery. Same perceptions are heard in Delhi as well. Issues of PLHIVs becoming serious policy focus are also seen in states like Maharashtra, Karnataka and Andhra Pradesh (all three high prevalent). In Nagaland, a Legislative forum had been established to look into the issues of PLHIVs. These highlighted initiatives across various states aid in the process of good governance of social protection systems.

Local bodies (District administration/DLNs/Civil Society) plays a very important role in delivering social protection: Wherever the district administration is committed and active, social protection is seen to be well implemented e.g. quick and effective implementation of various schemes is seen in some of the districts of Andhra Pradesh. Similarly the District Collector in Hassan district in Karnataka is making a lot of difference to improve the access of PLHIVs to various services. Some of the DLNs and DAPCU have played exemplary role in facilitating the process of access e.g. in Andhra Pradesh, one of the DAPCU is involved in making the list of PLHIVs (BPL, SC/ST) with the support of volunteers, outreach workers and peer educators. Similarly effective leadership within the network and support of UNICEF and Population Foundation of India is facilitating improved access to social protection in Uttar Pradesh.



Social Protection that works...Chandamma's Story:

Her life came to a stand-still when her husband was diagnosed with HIV. At that point she did not fathom the impact that this infection would have on her life. Even before that realization dawned her husband passed away leaving her ravaged and disillusioned. She was then diagnosed as HIV positive herself. She immediately got her children tested and was relieved to learn that they were not infected. Her son is suffering from Progressive Muscular Dystrophy. She was unfortunate in the circumstances she faced in her life; however her determination and hope have led her to live a positive life. She was fortunate in that she could reach out to DLNs and support network where she got right guidance, she has the perseverance to run around, which out actual benefit realization remain bleak, even if applications are filled up, even then it took months for her to realize her entitlements. She got widow pension of Rs.400 per month and disability pension of the same amount. Department of Animal Husbandry - Government of Karnataka was selling Giriraja (local rooster) and hen chicks for Rs.29. She brought around 8 and started an enterprise. Her daughter is doing her pre-university course and she received Rs.3000 for clearing 10th Standard Board Exams. She is associated with local NGOs as community worker. She is able to lead a healthy and positive life due to her own positive attitude, which is well supported by the DLN, local NGOs, district administration and support groups. Her children have grown up and are getting well educated and so future looks better than the present and past conditions of Chandamma...

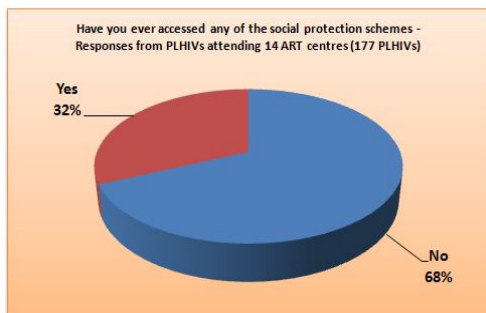
Best practices in implementation: Camp based model by Avert in two districts of Maharashtra was quite effective in supporting PLHIVs for getting access to social protection schemes. Similarly the one window

approach in Sangli district has been helpful to the PLHIVs for ART Registration and putting up applications for various schemes like Sanjay Gandhi Niradhar Yojana and AAY. UPNP+ in Uttar Pradesh has developed the special IEC material of 8 social protection schemes in Hindi (supported by UNDP) and distributed these to all outreach workers who are transmitting these messages to PLHIVs through ART centre and during household level contacts. In UPNP+, every scheme is facilitated with the proper documentation and follow up support. Separate file is opened per case within the DLN for better follow up and documentation. UPNP+ provides Rs. 200 as support to the PLHIV for accessing the social protection scheme in selected districts. This support is provided for transportation expenses.

'Challenges to Access' as Faced by PLHIVs – Factors that Hinder Effective Delivery of Social Protection to PLHIVs

There are innumerable challenges faced at various levels in making social protection work for the PLHIVs. The process of access is full of challenges related to exclusion and inclusion. The process of access is very time consuming and all too burdensome for PLHIVs to remain persistent. The steps in obtaining the benefit involves too many actors wherein inefficiencies, conflicting roles, vested interest etc. (one or the other factor) hamper the process of realisation of benefit by PLHIVs. It is no wonder that very small proportion of PLHIVs contacted during the study expressed satisfaction and significant change in their quality of life due to social protection. The 'challenges to access' as faced by PLHIVs are captured below:

Weak awareness, ignorance and capacities to access: In most places visited by the study⁹ team, no proper awareness and understanding on the availability of the schemes/applications procedures was witnessed. Limited promotional efforts were seen in most places. Hardly any advertisement in the health clinics, limited capacity building on the schemes availability was noticed e.g. schemes is not generally known to people in Nagaland and there is no mechanism to make them known. Confidentiality is not so much an issue especially for accessing general schemes, as PLHIVs do not need to reveal their status. However Many of the PLHIVs have self stigma- so they are not coming forward to even put up an application or sometimes they state wrong addresses in the application. Furthermore, poor communication infrastructure, particularly in the rural areas, makes the access to the schemes difficult for PLHIVs living in villages, as they cannot travel often to block level to pursue their applications.



State level Governance, wherever it is not up to the task: Starting point of any social protection initiative to be successful is a committed governance mechanism in the state. With governance deficit, even the best intentions will remain intentions and will affect delivery. Conversely with improved governance, other shortcomings can be managed to achieve objectives of social protection.

Design of schemes not appropriate to ease the access: Several of the schemes modified have design issues that have led to non-participation from PLHIVs. Schemes design particular when it requires revealing status, there has been very few takers e.g. Educational support scheme in Kerala for children

⁹ The study of social protection systems across 8 states (Karnataka, Andhra Pradesh, Maharashtra, Chhattisgarh, Bihar, UP, Nagaland, Delhi) by Vrutti Livelihood Resource Centre supported by UNDP

of PLHIV required signature from the Panchayath President and the Head Master and there were very few takers. Stigma and discrimination remains a challenge to encourage more number of PLHIVs to access various schemes. Design, when not taken into consideration has been poorly accessed by PLHIVs.

Several of the PLHIVs in Chhattisgarh who had received food through the AAY scheme were not satisfied with the quality and type of food supplied. Several of the PLHIVs here are not rice eaters and do not require 35 Kg of rice in a month and instead wanted wheat. This was indeed a serious mistake in the design of the scheme that has not looked into local food habits.

Budget allocation and use of evidence is inadequate while designing the schemes: The line department set target for fewer than the number of beneficiaries actually in need of support. This has happened mainly due to poor assessment of number of PLHIVs who would require the support. The use of evidence in designing schemes for PLHIV has been inadequate. Major challenge is in the gap in data on actual need, volume and methodology to identify the PLHIVs.

Absence of mechanisms to implement and monitor various schemes for PLHIV: It will be difficult to implement schemes effectively if there is no system for needs assessment to understand the needs of PLHIV and proper feedback system to understand how the scheme is benefitting PLHIVs. Most of the time the scheme implementation is monitored from SACS level with limited involvement of DAPCU. Long delay between the times a scheme is announced to the implementation has been another major challenge. Also, in some cases, considerable delay happens between submission of application and actual delivery of service. Another gap in the programme is an effective MIS system that captures information on access of PLHIV to various schemes by different line departments. Not enough data is available to make analysis on how good is the service that was accessed, what is the quality of service, how the social protection addressed the need and how it impacted on the quality of life and better management of HIV. Developing an effective MIS system across departments to pool in information on PLHIVs who are accessing various services is crucial. The system, at the same time should ensure confidentiality.

Apathy of some of the departments in the states towards PLHIV: There is thinking that there exist a separate department in the state (SACS), which is responsible for PLHIVs and so why other department should get involved. This is often a result of poor understanding and low sensitivity to the PLHIV concerns.

Inadequate human resource planning and management exert additional pressures on the system: Role of SACS and Mainstreaming Unit is critical in facilitating the process of mainstreaming and modification of social protection schemes through various line departments. Inadequate human resources at this level can dissipate energies of social protection efforts e.g. at Bihar SACS, major challenge is the availability of the human resource at mainstreaming units positions. Frequent transfers of key officers including the project director create vacuum.

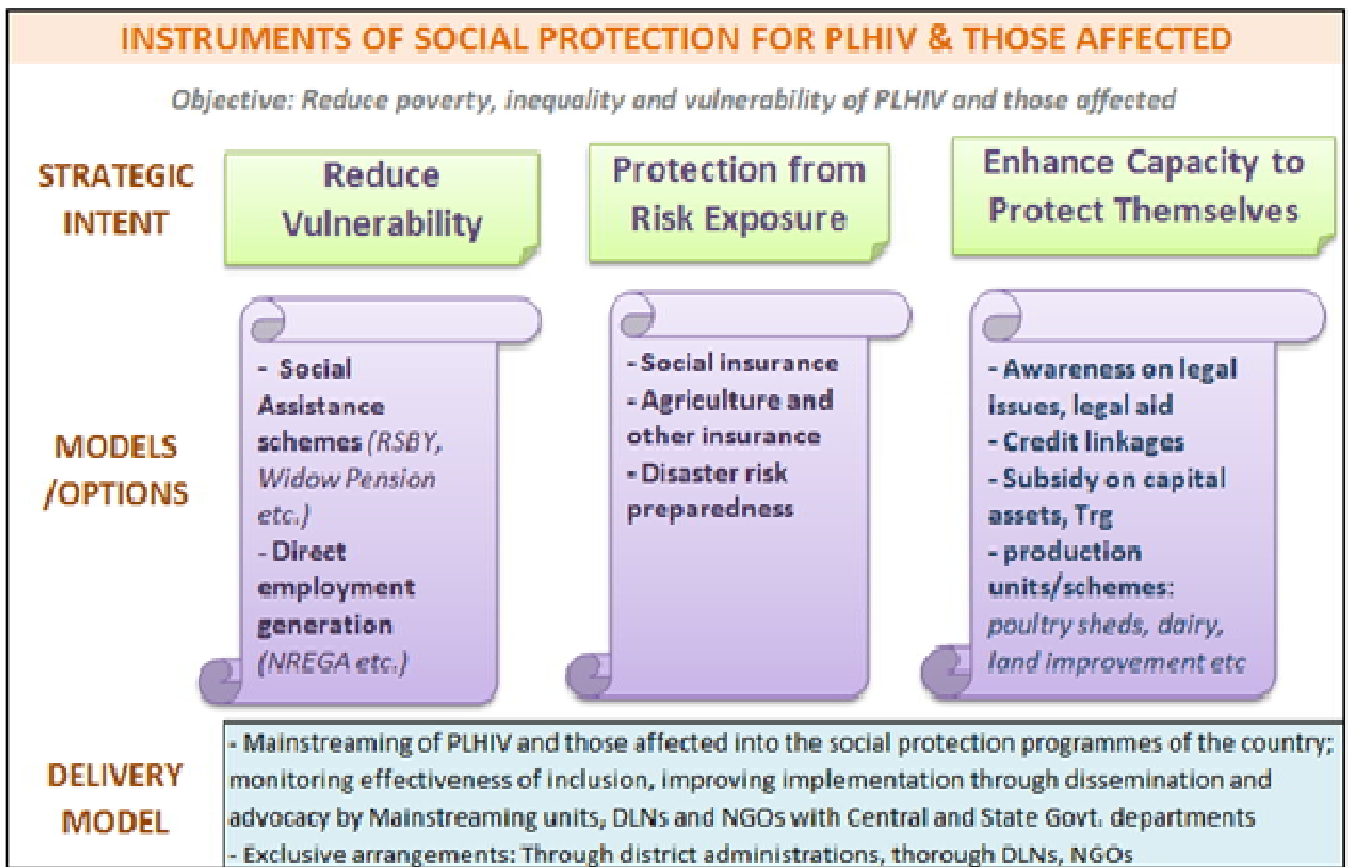
Enabling conditions are not enabling enough: Stigmatisation continues to take its toll on social protection delivery to PLHIVs e.g. initially (in one of the locations visited by the study team) when the status of the PLHIVs was revealed in Andhra Pradesh; they were removed from the Self Help Group. Today, it is changed to some extent because of awareness and sensitization in the community. However enabling conditions have not improved much as PLHIVs are not able to organize themselves effectively due to economic, political and social reasons. They are not able to effectively participate in advocacy programmes and for lobbying for their collective causes.

Ways to Improve Social Protection for PLHIVs in India

Overall the SWOT (Strength, Weaknesses, Opportunities and Threats) analysis of social protections systems (done based on findings and observations of study of social protection for PLHIV in 8 states) provides ideas on ways to improve the social protection for PLHIVs in India. The SWOT analysis is presented in a table below:

SWOT ANALYSIS OF SOCIAL PROTECTION FOR PLHIV IN THE COUNTRY	
STRENGTHS	WEAKNESSES
More than 70 social protection schemes in the country that relevant to PLHIV and can avail benefit as citizen of the country, without disclosure of identity	The social protection architecture for PLHIV is hardly evidence based
Policy focus on concerns of PLHIV especially in high prevalent states	Policy focus remain weak in some states on social protection for PLHIVs
District administration that are pro-active in addressing issues faced by PLHIVs	Low level of efforts by some SACS in mainstream HIV to deliver better social protection for PLHIVs
Inclusive, exclusive and modification in schemes as per need of PLHIVs	Civil society voice remain bleak in some states
Mainstreaming mechanisms -strength in states that have adopted and operationalize this in SACS; MRU role in acceleration of the process particularly in UNDP supported states	No corporate philanthropy seen in this area
DLNs, DAPCO,UPNP+, UNDP support, Proactive leaderships at some places playing catalyst role	Local adjustments to deliver better social protection - flexibility not available for generic schemes
Civil Society voice is becoming stronger in the country	Delivery systems and mechanisms continue to be weak
Social protection being defined in the 'rights' framework	Absence of appropriate platforms and enabling conditions for social protection initiatives for PLHIV
	translation of policy intent to ground: messages do not travel appropriately
	No proper migration support policies of most state governments
SWOT ANALYSIS OF SOCIAL PROTECTION FOR PLHIV IN THE COUNTRY	
OPPORTUNITIES	THREATS
ART access is on the increase - leading to better health for PLHIV and improve their ability to work and earn.	Through DLNs, some active and dominating PLHIVs can attain more benefits, marginalising others
Women PLHIVs in most cases are required to support their families. these women do have innate skills like embroidery, weaving etc. which can be utilised to earn gainful incomes	Fiscal pressures and budgetary constraints will limit the coverage of PLHIVs to receive social protection benefits
Social protection for marginalised groups is expected to receive increased political commitment and therefore policy focus...appropriate design of SP systems therefore is the need of the hour	Continued low awareness, low self esteem and sometimes fatalistic attitudes may hamper accessing any social protection programme
Special IEC Budget allocation with the regular departmental schemes. Special budget to SIRD for training program.	Governance deficit will be the biggest threat as it is the starting point of designing and implementation of successful social protection. Official apathy and corruption may complicate matters
Building capacities of District Level Networks(DLN) by imparting knowledge of SP schemes in the state, supporting them in advocating with district level depts. (in Bihar the DLN president knows many officials well, in Karnataka there is a PLHIV who has become an agent for helping people access schemes and gives free services to PLHIV...a role the DLNs can adopt across the country.	Irrelevant and inflexible design of social protection may also dampen the effectiveness of social protection in creating impact
Different flagship schemes of the Government of India, wherein PLHIVs have been removed from the exclusion list e.g. RSBY	

Social Protection Framework for PLHIV



Social Protection efforts for PLHIVs in the country should focus on: Reduction in Vulnerability, Protection from Risk Exposure and Enhance Capacity to Protect Oneself, as described below:

Reduction in Vulnerability (PROTECTION): There are different kinds of vulnerabilities faced by the PLHIVs – health, economic, social and community, policy level and self. In order to reduce the impact of these vulnerabilities on them, social protection measures can become instrumental. Social Assistance schemes such as RSBY¹⁰, Widow Pension, nutritional support, educational support or direct employment generation programmes like MGNREGS¹¹ can be used.

Protection from Risk Exposure (PREVENTION): Given their health condition, there are lots of life threatening risks that PLHIVs are exposed to. At the same time, there are very little or no risk mitigation platforms available to PLHIVs. It is important to therefore introduce the social insurance schemes, agricultural insurances etc. to mitigate the risk they are exposed to.

Enhance Capacity to Protect Themselves (PROMOTION): If PLHIVs themselves are enabled to respond to various risks that they are exposed to, this will have a sustainable impact managing their own risks.

¹⁰ Rasthriya Swasthya Bima Yojana

¹¹ Mahatama Gandhi National Rural Employment Guarantee Scheme

This can be done providing awareness on rights and legal issues, credit linkages or subsidy for capital investment etc.

Three-pronged strategy is suggested to deliver the Social Protection programme for PLHIVs in the India:

- **Modifications in existing schemes** (many schemes where it is necessary) To make PLHIVs better eligible to seek the benefits modification of schemes where possible should be facilitated. Some of the already existing social protection schemes can be modified to add special services or service provisions that are needed or relevant to PLHIVs, besides the existing services.
- **Exclusiveness:** There are certain needs that are specific to PLHIVs, which are linked to their survival. Specific needs such as treatment, nutritional support etc. Besides, sensitivity surrounding the infection makes it important to maintain confidentiality, requiring some of the essential schemes be exclusive and accessed through channels that will ensure stigma free environment and facilitate access.
- **Inclusiveness:** Certain social protection schemes that already exist may not require any modification in the scheme provision but only to include the PLHIVs in the list of beneficiaries. Reaching PLHIVs with benefits of social protection schemes requires their access to mainstream programmes and schemes.

While taking this three-pronged approach, the mainstreaming department of NACO along with mainstream team within SACS should identify relevant schemes and work towards steps and strategies for modification of schemes as well as including the PLHIVs. Based on the needs assessment study, if there are needs, not being addressed by the existing schemes, initiate new exclusive schemes for the PLHIVs with the support of the line departments

In order to improve design and implementation of social protection systems, key pre-requisites are given below:

- **Pro-Poor Governance approaches** of the state governments that recognizes the issues of the PLHIVs and responds quickly. Good governance results in growth as a desirable result but not a sufficient condition for poverty reduction¹².
- **Recognition of PLHIV issues:** Availability of adequate evidence to highlight the needs of PLHIV and government recognizing the issues of the PLHIVs as needing attention and action
- **Designing appropriate schemes**, that takes care of the context and need of the PLHIVs, respecting their rights to confidentiality and non-stigmatizing environment
- **Effective mechanisms for Delivery:** Efficient mechanisms that ensure effective delivery of the services to the PLHIVs.

The cross cutting strategy can continue to be '**Mainstreaming**' as a vehicle to deliver policy Intent for social protection. In order to facilitate a stronger multi-sectoral response to HIV in the country National Council on AIDS was set up headed by the Prime Minister and State AIDS Councils were set up at the state level. One of the outcomes of this initiative was mainstreaming HIV and AIDS into the policies and programmes of various ministries and departments. Through the mainstreaming effort more than two lakh people have been trained or sensitized in the country on HIV and AIDS issues. The agenda of social protection for PLHIV has been primarily moved through the mainstreaming department of NACO and the mainstreaming team within SACS. UNDP, India had supported the National AIDS Control Programme

¹² http://www.sasnet.org/documents/Resources/Pro_Poor%20Governance_&_the%20Policy%20Process.pdf

to push the agenda of mainstreaming through setting up State Mainstreaming Units (SMU) and Mainstreaming Resource Units (MRU) in Rajasthan, Orissa, Chhattisgarh, UP and Bihar. Through these initiatives, modification of social protection schemes has been facilitated in these states. Besides this NACO has initiated mainstreaming units in all the State AIDS Control Societies, which has helped in accelerating nationwide effort to mainstream HIV agenda across ministries and departments and to make the social protection schemes accessible to PLHIVs. The role clarity and capacities of mainstreaming units will need to be strengthened for improving social protection outcomes for PLHIVs.

Following are some of the suggestions to improve effective delivery and access to social protections scheme for PLHIVs in the country:

1. **Good governance:** Good governance is driven by political will and leadership. This is *a priori* even for an excellently designed social protection system. Absence of this has led to several of the schemes just remaining as good intention and not really getting implemented and transforming lives. In several of the states, though good governance for social protection of PLHIVs is showing an emerging trend, still requires lot more advocacy and push. Possible actions to improve governance are:
 - a. Collaborative working among Line Departments, DLNs, NGOs
 - b. Involving the planning commissions in the states, for better planning and allocations of funds for PLHIV through systematic advocacy efforts.
 - c. Through intense campaigns push for political commitment to address the needs of PLHIVs.
 - d. Bring all the key persons on the same page: District collectors, SACS PD and PDs of the line departments.
2. **Improved evidence:** Good evidence is crucial to influence policy. Systematic effort is required through needs assessment studies to identify priority needs of the PLHIVs. Strengthening data gathering system for effective management is essential in this regard, which will require building capacity of District Level Networks to gather data and report. Role of social accountability mechanism like social audit, citizen report cards, right to information is an important aspect of empowerment and that should be utilised to push evidence based planning and policy influencing.
3. **Appropriate design of schemes:** Focus on improving design and scheme relevance is of utmost importance. Specific needs and context of PLHIV requires specialized response. The social protection policy needs to look at specific groups who are infected like - women headed families, child headed families, differently abled, migrants, high-risk groups etc. Requirements of these groups are varied – whether it is health related, insurance, livelihood, education, nutritional support etc. The scheme designs therefore should be sensitive to these requirements and at the same time should maintain confidentiality. Less number of PLHIV would access even exclusive schemes if confidentiality in design is not ensured.
4. **Awareness and capacities.** There is a need for concerted effort to build the awareness of the PLHIVs on various schemes that are available for them. For PLHIVs, the information on schemes can be spread through ART centre, DLNs, CCC, ICTC, NGOs, village health committees, gram Panchayat and media. IEC plan need to be prepared and a multi-pronged approach to propagate these schemes need to be implemented. In addition, it is critical to build the capacity and sensitivity of the line department staff who will be involved in the implementation of the schemes.

5. **Effective monitoring** – Effective information system for monitoring the schemes need to be built in as part of the design itself. In order to ensure the scheme for PLHIV deliver what it has set out to, it is important to define measurable indicators and mechanisms to regularly monitor the implementation of these schemes.
6. **Improved delivery mechanism:** Given the stigma, appropriate delivery mechanisms are essential for scheme implementation. Following are suggestion for delivery of the schemes effectively. Existing service channel can be well utilized (capacitated and sensitized) in delivering social protection to PLHIVs:
 - Through ART centres – such as the transport reimbursement, without the need for any specific disclosure
 - Priority can be given to lists provided by the DLN. Build transparent system within the DLNs – so as to enable them to deliver some of these services – ensuring confidentiality.
 - Nodal officers need to be appointed in some of the departments at the state and district levels to address with needs of PLHIVs
 - Strengthen solidarity and advocacy at block and district level through formation of groups of PLHIVs and through building the awareness of the department officials and doing local advocacy with them.
 - Support civil society initiatives and innovations in facilitating social protection for PLHIVs
7. **Community participation** - Active role should be given to PLHIVs and their networks in designing, implementing and monitoring the Social Protection. Experience from several of the states like Nagaland, Andhra Pradesh, Karnataka, Maharashtra etc. have shown that active participation of the DLNs in the delivery and monitoring of scheme implementation have improved better access to the PLHIVs.
8. **Better thinking around social protection**¹³: Social Protection should be viewed as an investment in human capital formation. Present Social Protection as a safety net and build capacity of the PLHIVs to bounce back and fight poverty. Focus should be less on symptoms and more on root causes of vulnerabilities experienced by the PLHIVs.
9. **Celebrating successes:** It is important to give the good news that there are states, schemes and Government Officers who are PLHIV sensitive and do provide sensitive and important services through good quality delivery of the existing programmes and schemes. Celebrating these successes sends out a message to those who want to and also put pressure on those who do not.

¹³ Social Risk Management: A new conceptual framework for Social Protection and beyond, Robert Holzmann and Steen Jørgensen, Social Protection Discussion Papers, Human Development Network, The World Bank, 2000