

Final Report

***Review of the Joint Programme
Implementation in India:
Co-ordinated HIV/AIDS and STD
Response through Capacity-Building
and Awareness (CHARCA)***

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Introduction

The Co-ordinated HIV/AIDS and STD Response through Capacity-building and Awareness (CHARCA) Project, is a dynamic partnership between government, Non Governmental Organisations, donors and the joint UN system (ILO, UNAIDS, UNDP, UNESCO, UNFPA, UNICEF, UNIFEM, UNODC and WHO). CHARCA is a coordinated effort to increase capacities and reduce the vulnerability of young women in India to Sexually Transmitted Infections (STIs) and HIV infection by providing information, improving skills, and increasing access to quality reproductive health services. It aims to build leadership, increase support networks and create a positive enabling environment. Through this process, it seeks to reduce HIV/AIDS and STIs among women and to empower them to protect themselves and realize their rights.

Working in six select districts across the country with vulnerable groups of young women, CHARCA is the first joint UN programme under the theme group designed as an awareness generation strategy on HIV/AIDS.

With the purpose of advancing the experience of HIV/AIDS intervention in India and the sub-region, the CHARCA project aims to demonstrate the value-added of joint programming and multi-sectoral approaches, besides seeking to strengthen existing interventions, promoting best practices, encouraging replication and scaling-up, and fostering a results-oriented management of a UN system project.

It is important to note that CHARCA was initiated before the Joint Programme guidance note was issued by the UN Development Group Office. Therefore, it is not in line with the recommendations made in the guidance note.

Within the UN system, this programme seeks to reinforce the United Nations Development Assistance Framework (UNDAF) that has identified gender equality and decentralization as the two key themes on which to join forces with the Government of India. Strengthening the joint implementation and coordination capacities among UN agencies in India is the other objective of the CHARCA project.

I. Programme Description (Includes “Table at a Glance” Annexure 1)

1. Background and history

Women in India are vulnerable to HIV/AIDS and most have limited capacities to protect themselves from HIV infection. The vulnerability of women, especially young women, are linked to such factors as the low age of marriage, limited control over fertility, economic dependence, illiteracy, lack of knowledge about HIV/STDs and overall low use of STD treatment services.

Given the vulnerability and risk of young women on one hand and the difficulty of reaching out to this population, there has been an urgency to build models of interventions which address women’s empowerment, their rights and their vulnerability through an expanded response of strengthening services, awareness raising and social mobilization, capacity building and skill development, building support structures and creating an enabling environment.

The rationale behind the CHARCA project was to address the vulnerabilities of women to HIV/AIDS as the HIV/AIDS scenario is changing in this country with the increasing feminization of the epidemic. Data also reveals that the age group in which the infection is spreading is lowering. Thus the vulnerabilities of young women to the epidemic are quite high. The CHARCA project was launched to respond to this situation.

The UN Foundation priorities matched CHARCA project priorities – focus on young women’s reproductive health and HIV – and the project proposal was successfully presented to UNF for funding and the Netherlands Government provided the counterpart funds.

The conceptualization of CHARCA began in August 2000, commencing with stakeholder consultations with district, state, national and bilateral partners. Consensus on the need for the project and the approaches/guiding principles of CHARCA was developed. Since ownership by the district, and its participation and implementation in the project were identified as key factors to the project’s success, a true “bottom-up” assessment of all six districts was undertaken.

During each stage of project design and development and in the needs assessment and planning in the district there has been continuous stakeholder participation of government and NGOs.

In September 2001, Bellary district in Karnataka became the first district to pilot the situation assessment exercise and develop a strategic plan for CHARCA interventions. Lessons were learnt from this initial experience and the other five districts, Guntur in Andhra Pradesh, Aizwal in Manipur, Kishanganj in Bihar, Kanpur in Uttar Pradesh and Udaipur in Rajasthan each underwent a similar process that was completed in December 2002.

The CHARCA districts were selected on the basis of the following factors:

- Extent of vulnerability of women to RTI/STI and HIV/AIDS
- The result of consultations with National AIDS Control Organisation (NACO) and State AIDS Control Societies (SACS)
- Geographical spread of the district
- Prevalence of HIV/AIDS in the region – both from high prevalence and low prevalence States
- Interest of the state and district administration to work with UN agencies

Within the UN system, the Task Force, made up of focal points of each Agency, supported project development and provided technical expertise from their respective agencies, through each step of conceptualization, development and design. Multi-sectoral stakeholder workshops representing government (district, state and national), NGOs, CBOs and the UN were held to define the project principles and prepare the logical framework.

The UN Theme Group on HIV/AIDS in India was enlarged to include NACO, bilateral donors, positive women’s networks, and INP+, to provide support to CHARCA in terms of advocacy and co-ordination. The government counterparts of the programme included NACO, SACS, and District Steering Committees.

UNAIDS provided CHARCA with technical inputs, support through networking and advocacy, and its linkages with NACO. Basically, UNAIDS serves as a link between the UN Theme Group, CHARCA Management Committee, the CHARCA Taskforce and the CHARCA Secretariat.

The CHARCA framework has evolved around district priority needs identified by adopting a “bottom-up” approach in planning. Project strategies and activities are based on the outcomes of the district planning exercises carried out with district and state level stakeholders and partners. Common cross-cutting themes, applicable to all districts, were identified to complement the district level work plans.

1.1 Role of RC, UNCT and other Stakeholders

The joint programme has been developed under the aegis of the Resident Coordinator (RC). The HIV Technical Resource Team (comprising HIV focal points of UN co-sponsors) was convened by UNAIDS to conceptualise and plan the CHARCA programme. This was later taken forward by participating UN partner agencies. The CHARCA Management Committee comprising of the heads of all the partner UN agencies is the decision-making body for the CHARCA project. NACO is invited to the CMC.

HIV/AIDS focal points from each of the partner agencies form the CHARCA Task Force and under the guidance of the CMC have formulated the programme and are responsible for the on-going project management and monitoring.

NACO and State AIDS Control Societies (SACS) have been involved in the identification of the project districts, and project planning at the district level. The SACS have been involved in the development of district-level institutional arrangements and implementation modalities for CHARCA. The project is further supported by SACS who have initially emphasized the need for such a project at the district level.

Donor agencies like United Nations Foundation (UNF), Royal Netherlands Embassy (RNE), Swedish International Development Agency (SIDA), Ford Foundation and AusAID as part of the theme groups are kept updated about the project’s developments

2. Objectives and Modality of the Joint Programme

2.1 Objectives

The main objective of CHARCA is to address vulnerabilities of young women in the age group of 13-25 years. This was made possible by approaching all existing platforms and forums of women in the district such as the Mahila Samakhya (one of the largest integrated programme of women’s empowerment spread across eight states in India focussing on enabling women to enhance their capacities and negotiate for their rights), Self-Help -Groups, and NGOs working on women’s issues.

The objectives of the Programme are as follows:

1. Raising girls and women’s awareness of their reproductive health and rights.
2. Building capacities of young girls and women to negotiate sexual relations and to protect themselves against unwanted and unsafe sexual encounters.

3. Increasing access to and improving the quality of reproductive health services and information.
4. Facilitating formation and fostering support structures for women.
5. Creating an enabling environment to achieve quality and ensure justice for women and girls.

The objectives have been adapted to suit the circumstances and special needs of the states and the districts. For example, Kanpur district in Uttar Pradesh is different from Aizawl in Manipur because of several factors, such as geographical, cultural, linguistic, literacy levels, status of women, and predominant mode of transmission of HIV.

2.2 UN Agencies Involved

Partner UN agencies included ILO, UNDP, UNESCO, UNFPA, UNICEF, UNIFEM, UNODC, WHO, and UNAIDS alongwith other partners- donors, government and NGOs.

2.3 Roles and Responsibilities

The project is implemented by the UN System, under the guidance of the CHARCA Management Committee (CMC) and in collaboration with the UN Theme Group (UNTG) on HIV/AIDS. The CMC includes Heads of Agencies of ILO, UNDP, UNESCO, UNFPA, UNICEF, UNIFEM, UNODC, WHO and UNAIDS Country Coordinator, UNRC System and the National AIDS Control Organization (NACO).

The Inter Agency Support Unit (IASU) has oversight of the common project funds and the CHARCA Secretariat funds.

The CHARCA Secretariat is responsible for the:

- a) Facilitation and promotion of inter-district sharing, learning and capacity building
- b) Facilitation and coordination of ‘Telling the Story’ (TTS) and Monitoring & Evaluation strategies of CHARCA
- c) Documentation, dissemination, and reporting of CHARCA project
- d) Functioning as Secretariat to CMC and CHARCA Taskforce

The eight UN executing agencies have different roles to play in the CHARCA programme. There are four lead agencies (UNDP, UNICEF, UNFPA and UNODC) and four thematic agencies (ILO, UNESCO, UNIFEM and WHO). UN lead agencies have the lead role in district implementation activities and are responsible for coordinating joint activities in their respective districts. UN Thematic agencies work in collaboration with lead agencies and provide national level technical and thematic support across CHARCA districts.

2.4 Funding

The total funding budget for the project is 5.6 million USD. The United Nations Foundation (UNF), Royal Netherlands Embassy (RNE), Swedish International Development Agency (SIDA) and AusAID supported the preparatory phase of the project, while the funding for the implementation phase is received from RNE, UNF and Ford Foundation through UNFIP.

The funding modality used for CHARCA is the pooled and multi agency funding modality. Funds from UNF and RNE are received into UNFIP HQ and disbursed from UNFIP to the UN Agency HQ as per the cash request of the respective head of agencies, who forward their request from individual Country Offices to their Head Quarters from where it is forwarded to UNFIP to receive the funds. Both ‘lead’ and ‘thematic’ agencies receive funds at their headquarter level which is transferred to their respective country offices but no funds are contributed by each agency towards the Administrative Agent. Agency-specific activities (as specified in the work plan) are administered and accounted for independently by each agency and their respective headquarters. *(For the amount spent by each UN agency in the parallel funding modality please refer to annexure 8).*

Funds for common activities and the CHARCA Secretariat are pooled in a UNRC account set aside for CHARCA, and is administered and accounted for by the inter Agency Support Unit on behalf of UNRC (Administrative Agent). The UNDP financial and budget guidelines (concerning personnel salaries and wages, expert fees, travel and associated expenses, supplies and equipment, purchased services, education and training, and general administration) is applicable for the common fund. The request for the common activities budget and the UNDP implementation budget is forwarded to UNDP HQ and from there on to UNFIP *(For details of the fund flow mechanism please refer to annexure 7)*

II. Relevance and Coherence of Joint Programme Design and Development

1. Selectivity: Identifying and defining the issue(s) requiring a joint programme

1.1 Main factors for Programme Development

The Resident Coordinator believes that *“HIV is almost the quintessential joint programme topic because it is a cross cutting issue. We in the UN all realize the importance of HIV but each of us sees it from a slightly different perspective. It’s a topic that really blends itself to joint programming. I don’t see any problem in terms of these joint programmes being aligned with national policies and strategies.”*

Within the UN system, CHARCA seeks to reinforce the United Nations Development Assistance Framework (UNDAF) that has identified gender equality and decentralisation as the two key themes to partner with Government of India; and to increase the joint implementation and coordination capacities among UN agencies in the country.

Key issues addressed:

- (a) Both in the national programme of HIV/AIDS and in the focus of the UN agencies, women’s vulnerabilities were not being addressed. This was one reason why CHARCA focussed on the vulnerabilities of women in the age group of 13 - 25 years.
- (b) Equally important was the interest of funding agencies, who wanted to see UN as one system rather than individual agencies like UNDP or UNICEF or UNFPA. CHARCA was one of the first Joint UN programmes designed for HIV/AIDS and evinced keen interest within the UN system and among donor agencies.

The CHARCA project focuses on women in the general population, instead of the exclusive target approach of the national programme. A programme that could specifically focus on

women's vulnerabilities in the age group of 13-25 years was important for the UN. It was equally important to have a joint UN programme where each UN agency could bring together on a common platform its particular perspective and core competence to address the complexity of working on HIV and women's vulnerability in the general population. This was also a priority area for the funding partners. Secondary beneficiaries of CHARCA include men, spouses, families, health providers, community and religious leaders, local organisations, media workers, politicians and policy makers.

One of the most significant outcomes of the CHARCA Project has been its ability to prioritise programmatically women's vulnerability within HIV/AIDS. At the field level there is an undeniable growing realization of women's risk of contracting HIV/AIDS. This realization is significantly enhanced by restrictive social norms denying education, access to information, mobility, ownership of assets, early age of marriage as well as violence against women, also which are serious impediments to safe sex. The aim through CHARCA has been that these issues are actively discussed and acknowledged within the general community, especially in remote rural areas, where gender roles are more in favour of men. This in itself has been a unique contribution of the Project in addressing the feminization of the epidemic.

1.2 Alignment with National Policies and Strategies

CHARCA focuses on supporting the national programme in developing district specific, multi-sectoral approaches that address the vulnerability of young women and develop models that the national programme can scale up. The focus of CHARCA is on empowering young women by addressing them within the context of their families, partners, immediate community and society, and strengthening the management and service delivery capacities of the government delivery systems in the district.

In light of the new National AIDS Policy and the principles of NACP phase –II, CHARCA has initiated several key processes namely:

- (a) **Coordinated Action:** The project facilitates and implements a coordinated response at district levels between project stakeholders such as government departments/agencies, NGOs, CBOs, women's groups, technical institutions, and UN agencies for a comprehensive and cost effective response.
- (b) **Decentralized Planning and Implementation:** CHARCA aims to develop sustainable capacities at the district level to develop, manage and maintain interventions at individual, family, community and district level in reducing vulnerability of young women to HIV. For example, UNFPA has not set up a separate CHARCA Secretariat in its operational district, but works through the existing state level interventions programmes of RCH (Reproductive and child health programme launched in October 1997, incorporates the components covered under the Child Survival and Safe Motherhood Programme and an additional component of reproductive tract infection and sexually transmitted infections). CHARCA is very well grounded within the national and state plans.

2. Partnership and Participation

2.1 Role of National Authorities

The National AIDS Control Organisation (NACO) is an important partner of the CHARCA project. NACO representatives are members of both project management and technical committees. CHARCA is part of the overall “Integrated Strategic Planning Framework.”

NACO and State AIDS Control Societies have been involved in the identification of the project districts and district planning. The SACS have been greatly involved in the development of district-level institutional arrangements and implementation modalities for CHARCA.

2.2 Role of UN Partners

In each district, based on core competency and state level presence, a UN Lead Agency facilitates CHARCA implementation. The Lead agency works in close collaboration with the District and State Administration and CHARCA Steering Committee.

The Lead agencies (UNDP, UNFPA, UNICEF, UNODC) facilitate joint programming and also provide cross-cutting technical support to the project at national level and in other CHARCA districts.

The Thematic agencies (UNIFEM, UNESCO, ILO and WHO) provide technical and thematic across CHARCA district. Thematic and Lead agencies also provide technical inputs and advisory services at regional and national levels in their areas of comparative advantage (*Please see the annexure 4 for the matrix of UN agencies comparative advantage*)

UN thematic agencies work in collaboration with Lead agencies at district level. The role of individual UN agencies within the CHARCA project is as follows:

- 1. UNICEF’s** expertise, programming and technical support focuses on improving awareness and education on HIV/AIDS among young people. This is undertaken through advocacy, formal and non-formal education, Information Education Communication (IEC) strategies emphasizing skills for behaviour change and gender sensitivity and sustainability.
- 2. UNDP** focuses on poverty and HIV/AIDS, including stigma and discrimination and advocacy along with development of the coordination and funding mechanisms for a multi-sectoral HIV/AIDS response at local government level. **UNDP**, on behalf of the UNRC System, is in charge of the administrative, financial monitoring, and oversight for the common project funds and the CHARCA Secretariat funds, with day-to-day financial management and reporting by the CHARCA Secretariat.
- 3. UNFPA** provides expertise and technical support in the areas of sexual and reproductive health, access to services and improving the quality of services for women. UNFPA also leads in advocacy efforts for promoting access to services.
- 4. UNODC** provides expertise, programming and technical support in the areas of substance abuse, IDU’s drug reduction and women’s groups in the North Eastern part of India.
- 5. ILO** provides technical support, training and documentation with regards to the world of work of young women working in the formal and informal sector.
- 6. UNESCO** provides technical expertise in the areas of education and cultural approaches and provides technical backstopping to UNICEF and UNFPA in the areas of

peer education, life skills, and adolescents out of school. UNESCO also brings its advocacy strengths with religious leaders.

7. WHO provides technical support and research strength on STI/RTI and HIV/AIDS.

8. UNIFEM South Asia Regional Office provides technical assistance to innovative strategies that promote women's human rights, political empowerment and economic security. UNIFEM provides cross cutting gender perspectives in all key programme areas of HIV/AIDS to tackle discrimination, disempowerment and stigma and mirror a human rights approach in policy, programme and decision-making. UNIFEM's expertise brings in a regional dimension to the project and facilitates linkages to regional women's networks and alliances on gender equality.

2.3 Role of Beneficiaries

Beneficiaries played a significant role during the District Strategic Assessment (DSA) and the development of the District Strategic Plan (DSP). For example, beneficiaries were interviewed and their opinion sought during the baseline in each of the districts. A large number of NGOs, as representatives of the community were briefed about the project which was modified based on their suggestions. Once the project was launched, NGOs discussed the implementation of project activities.

2.4 Partnership and Alliances

CHARCA works in collaboration with the government and NGO partners at the district level. This type of partnership is important for capacity building of partners and the long term sustainability of the project. Partnership between the government and the NGOs is a very positive outcome.

There are several Government programmes which link to CHARCA activities. The Family Health Awareness Campaign (FHAC) looks at reproductive health of women, the Education Department works to improve literacy rates and reduce drop-out levels, particularly of girls, women and child and youth programmes, etc. During the district planning exercise, mechanisms for collaboration and integration between CHARCA and government agencies are worked out.

In some districts alliances are formed even with trade associations. For instance, Udaipur is a major tourist destination in the country. Sensitizing people working in the travel trade involved tour operators, auto rickshaw drivers and tourist guides. Involvement of networks which are associated with these groups has led to formation of new alliances.

CHARCA also promotes partnership and alliances within the UN system by optimally utilizing the comparative advantage of different UN agencies. For example, UNIFEM as a thematic agency plays a major role in gender training in all six districts. UNESCO is responsible for life skill education and WHO provides technical support on STIs/RTIs and HIV/AIDS.

Each lead agency has been given the responsibility of one or more district/s. However, they also provide technical support to other districts. For example, if UNDP is the lead agency in Kanpur, it could take the assistance of UNICEF in its district programmes.

Districts and their lead agencies

District	State	Lead Agency
Bellary	Karnataka	UNDP
Kanpur	Uttar Pradesh	UNDP
Guntur	Andhra Pradesh	UNICEF
Kishanganj	Bihar	UNICEF
Udaipur	Rajasthan	UNFPA
Aizawl	Mizoram	UNODC

3. Monitoring and Evaluation

CHARCA programme guidelines are consistent with the NACO's Monitoring and Evaluation (M&E) framework, the UNAIDS framework, and the Integrated Work plan of the UN system in India. Budgetary provisions exist for the purposes of project monitoring, assessment and evaluation. Documentation and dissemination of outputs and lessons learned from CHARCA are a strong component of the monitoring and evaluation framework.

Monitoring and Evaluation system

1. **Annual Progress Reports** on the implementation of the programme are submitted by the CHARCA Management Committee to United Nations Fund for International Partnerships (UNFIP), conforming to UNF/UNFIP requirements and formats.

The Annual progress reports contain the following:

- an overview of the progress throughout the year
- highlights of actual results attained, problems encountered and success achieved
- an indication if the project is worthy in terms of "telling the UN story"
- the implementation rate
- an outline of key milestones which will guide the progress for the next year
- a brief assessment of progress made and results expected.

Process indicators are reported annually. (In order to monitor inputs and activities of major project components, a list of core process indicators including measurement tools and reporting schedules for different indicators is used). Quarterly financial reports are submitted for common activities in a UNDP prescribed format.

2. EVALUATION PROCESS:

The initial baseline information (quantitative and qualitative) used to determine community needs was gathered in the district assessment and planning phase. Additional substantive and qualitative data that will be used to evaluate project outputs and performance indicators include:

- 1) Mapping of existing interventions and government priorities
- 2) Determination of unmet needs of women and adolescent girls through interactions at community level

- 3) Identifying existing organizations and assessing their capacities to take up project implementation activities
- 4) Community based feedback on issues such as poor health seeking behaviour of women;
- 5) Process and arrangements for full stakeholder participation
- 6) Gender audits

Within the UN system and the UNDAF process, CHARCA is measured on the following indicators:

- (a) Effective documentation, published results and dissemination at local, national and global levels.
- (b) Inter-district sharing and learning
- (c) Value-added and increase of joint interventions.

III. Efficiency

1. Joint Programme Design, Development and Implementation

1.1 Joint Programme Process

CHARCA was conceptualised in 2000. The Project design and proposal was completed in March 2003 and approved in May 2003 by United Nations Foundation (UNF) and funds were received in October/November 2003. Lead agencies positioned their district teams by October 2004 though it was delayed in some districts. A joint work plan development exercise was held in February 2005.

For all practical purposes, the Project started working in the districts from January 2005 onwards. The challenges involved have been donor needs like budgets, log frames etc, UN agencies participation and ownership of the programme, and UN internal fund approval processes (fund routing by most agencies through their headquarters). All these issues contributed to delaying the whole process.

Being the first district level, gender-based, general population programme on HIV/AIDS was another challenge as the programme had to start from scratch. Disparate conditions in each district, different levels of preparedness and progress rates affected the overall implementation schedule of the project. For example, it was easier to set up a district coordinating centre in Aizawl (Mizoram), a high HIV prevalence state there was more awareness and readiness, whereas Kanpur (Uttar Pradesh), a low HIV prevalence state, took much longer because HIV/AIDS was not generally perceived as a major problem and also because there was huge turnover of Project Directors in the State AIDS Control Society (SACS).

At the initial stages of the CHARCA project, for the District Situation Assessments (DSAs) and District Strategic Plans (DSPs) a “bottom-up” assessment of all six districts was undertaken. In district planning, there had been continuous stakeholder participation of government and NGOs at all stages of project design and development. Beneficiaries played a significant role during the District Strategic Assessment (DSA) and the development of the District Strategic Plan (DSP). For example, beneficiaries were interviewed and their opinion sought during the baseline in each of the districts. Phased implementation reinforced this approach. These processes improved overall project implementation, increased district participation and appropriateness, and enhanced interagency collaboration.

The CHARCA Management Committee (CMC) is assisted by the CHARCA Secretariat which consists of a National Project Coordinator (NPC), programme consultants, and support staff which works in collaboration with project agencies, donors, and national, state and districts stakeholders. The working of the CHARCA Secretariat is guided by a detailed work plan approved by the CMC. The CHARCA Secretariat and Project Coordinator report to the UNRC System. For administration and finance of common activities and Secretariat funds, the CHARCA Secretariat works on the basis of a detailed work plan approved by the CMC, directly and in collaboration with the UNRC office.

The CHARCA Secretariat is responsible for facilitation and promotion of inter-district sharing, learning and capacity building, facilitation and coordination of 'Telling the Story'- Communications and Advocacy and Monitoring & Evaluation strategies for CHARCA, documentation, dissemination, and reporting of CHARCA project and functions

1.2 Main Challenges to the Design, Development and Implementation

- (a) FIRST JOINT DISTRICT LEVEL HIV PROGRAMME:** Being the first Joint UN district level, gender-based, general population programme on HIV/AIDS was a challenge in itself. The challenge lay in maximising the role of different UN agencies and in bringing them together on a single platform. The Joint UN programme presents a complex management structure wherein several stakeholders play a multitude of administrative and technical roles.
- (b) GENDER VULNERABILITIES:** One of the serious challenges faced by CHARCA is that of translating gender vulnerabilities into programmatic action plans and activities on the ground. It has been easier to address areas such as awareness generation, but areas such as violence against women require more thought in terms of developing responses at the field level. Strategic planning to identify the approach that will enable the Project to achieve the intended outcomes as well as enhancing current staff capacities need to be addressed on a priority basis.

Gender and HIV problems faced in translation into operational plans and activities on the ground:

- a. The PMU and peer educators in practically all districts have pointed out during the internal review of CHARCA about the inadequacy of IEC materials on gender and HIV at the field level, making it more difficult for the outreach workers to hold group education sessions, engage the group and also ensure there is adequate retention and recall.
- b. The severely restrictive social and cultural context of the regions where the Project is working, especially in districts such as Kanpur and Udaipur, where women's mobility is severely restricted, creating an enabling environment where women can begin negotiating safe sex is an uphill task.
- c. CHARCA is actively creating a demand for health services but the health infrastructure in most districts is quite poor and unreliable, that mobilizing support from this sector poses a serious challenge. In places where the government machinery is unreliable, implementers on the ground are in a situation where creating demand is in fact leading to frustration in the community.

- d. Support services and referral linkages for violence, educational facilities, legal aid, employment opportunities, livelihoods etc. are few and far. In districts such as Kishanganj and Kanpur this is a serious barrier. In Aizwal and Bellary, the referral links are relatively better.
- e. The project has managed to initiate discussions at the field level on gender vulnerabilities, roles, sexual violence etc. but still there is lack of clarity on how to take these discussions forward and build capacities of women to deal with these issues as well as the capacities of the community to provide the enabling environment needed by women to protect themselves from HIV.

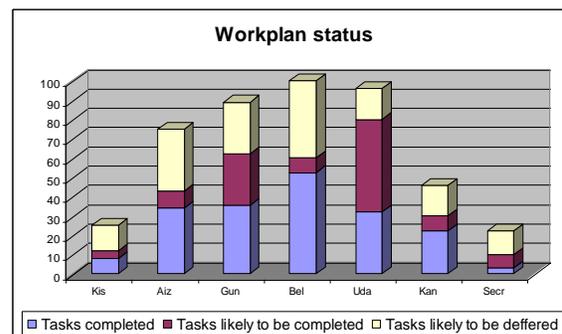
(c) ROLE OF CHARCA SECRETARIAT: The role of the secretariat is currently very loose and weakly defined. At the current stage of the Project there is a need for strong central and pro-active monitoring as well as filling gaps in providing technical inputs. The Secretariat for instance has no role in monitoring and evaluation whereas they are expected to contribute in developing a methodology for monitoring and evaluation.

(d) FUND FLOW MECHANISM: The fund flow mechanisms between the individual agency headquarters and the country office and field offices has been a challenge. CHARCA is a pooled and multi agency funding modality. As part of the multi agency funding modality funds are not controlled by the CHARCA Secretariat but transferred from donors to UNFIP HQ and from there transferred directly to each of the eight UN agencies' Head Quarters for agency specific activities. Fund requests are sent from the UN agency country office to their Head Quarters who in turn send the request to UNFIP. For replenishment of the funds, Agencies have to provide proof of expenditure. This transfer of funds from donors to the UNFIP HQ and to individual eight agencies' head quarters makes the whole process very complex and time consuming.

Challenges in the Management of CHARCA resources are:

- One agency delaying disbursement theoretically prevents all other agencies from receiving additional funds unless accounting measures are taken to avoid showing delays. In addition, requests for funds have to bear the signature of all country heads and cash requests are made to respective HQs for fund release from UNFIP.
- Delay in sending request to HQ results in delay in receiving funds
- Delay in receiving funds from HQ results in delay in activities being undertaken
- Delay in activities being undertaken results in poor rate of implementation
- Difficulty in monitoring the utilization of the resources on the basis of the agreed work plan and budgets due to the poor rate of implementation
- Often at times the balance of project funds cannot be easily accessed.
- Overall expenditure patterns of CHARCA resources cannot be obtained due to lack of data from member agencies.

- Huge balance of funds lying in particular agencies cannot be reallocated to other agencies that have been utilizing funds in accordance with the approved budgets and work plans.
- (e) **NACO's INVOLVEMENT:** NACO was involved in the planning stage and also facilitated dialogue with the States. Thereafter, being a district level programme the states took the lead. At the state level there is active participation and complete buy in of the SACS. NACO has endorsed the CHARCA project even though it is not a signatory to the project document. *(Please refer to annexure 6 for District level Management structure)*
- (f) **SLOW START UP OF THE PROJECT:** This was due to the slow pace in recruitment and establishment of the district Project Management Units, delay in fund flow poor internalization of roles among multiple partners involved in the project, ownership of the government in taking the Project forward and securing the buy-in of several stakeholders. In states where the SACS were active and took ownership of the project, a good rate of implementation was seen whereas in other cases the operationalisation took longer. Delay in sending the funding request by the respective UN agencies to their headquarters resulted in delayed fund receipt which further delayed the activities being undertaken and thereby contributed to the poor rate of implementation.
- (g) **VARIED IMPLEMENTATION SPEED:** The speed of implementing CHARCA has varied substantially in each district.
- (h) **UNREALISTIC WORKPLANS:** Work plans of the districts are very ambitious, sometimes to the point of being unrealistic. Quite often the work plans are not well fleshed out and appear as a wish list of activities with no clear indication of deadlines, roles and responsibilities. CHARCA programme was planned before the UNDG's Joint Programme Guidance Note was issued. The findings of the internal review of the CHARCA programme indicated that there are instances of multiple work plans (E.g. Guntur – which has two plans – one with the Secretariat, evolved out of Joint exercise and another with the lead agency in UNICEF, Hyderabad). In addition, the internal review highlighted that very often the work plan does not reflect project management details (e.g. Project team training) or the district strategic plan.



- (i) **INADEQUATE STAFFING:** Inadequate staffing at the PMU level is a matter of serious concern for the Project. The district PMU has a skeletal staff that wears several different hats constantly to manage field operations. Insufficient staffing is one of the key factors for lack of adequate focus simultaneously on each pillar. Influencing the service delivery chain and sensitizing health care providers requires intensive efforts. Given the current pressure at the PMU level to attend to several conflicting demands simultaneously the PMU is putting up a highly commendable effort in managing and running the Project.

- (j) **VALUE ADDITION TO STAFF TIME:** There is no added value for the time spent by UN staff for activities under the CHARCA project. There is nothing mentioned in the performance appraisal for the involved staff.
- (k) **STAFF CAPACITY BUILDING:** There is a need to improve the capacities of the current staff to act on women's social and economic vulnerability. Ways to take the discussions forward on women's social and economic vulnerability, skills of communication and perspective building, mobilization, planning and documentation are some of the areas in which capacity building is required at every level in the project. During the internal CHARCA review it has been revealed that field workers are unsure on how to deal with the growing demand for sustainable livelihoods voiced by many women as a core issue impacting health seeking behaviour and the education of their daughters asking for assistance in dealing with domestic violence.
- (l) **LACK OF CLARITY OF ROLE AMONG PARTNERS:** There is less than optimum level of clarity on roles and deliverables among all partners. This has led to inadequate coordination amongst the partnering agencies and sometimes ambiguity.
- (m) **LACK OF COMMON UNDERSTANDING:** One of the serious gaps within the CHARCA Project is the lack of a common understanding of the Project outcomes and the indicators against which these outcomes are to be measured.
- (n) **MECHANISM OF INPUTS FROM THEMATIC AGENCIES:** There are no clear mechanisms to seek the inputs of the thematic agencies. In fact they find themselves in the uncomfortable situation where they have the mandate to provide technical inputs but have not succeeded in engaging with the project actively because their technical inputs have not been sought. The CHARCA Secretariat is well placed to play a facilitative role in this regard.
- (o) **STRENGTHENING SERVICES:** More focus is needed in strengthening services so that the increase in demand for services being generated through awareness creation is matched with adequate supply. All districts need to pay adequate attention to this.

1.3 Transaction Costs

It is not clear if joint programming has led to reduction in transaction costs. Each lead agency has a district to work on with inputs from different agencies. The cost on the ground would be the same.

1.4 Duplication and Overlapping of Work

It is not possible for a single joint programme to lead to reduction of overlapping and duplication. CHARCA is a small budget programme of the UN agencies but certainly an effort in the right direction. The roles and responsibilities of the member agencies are very clear in the project. The lead agencies have the overall responsibility of the district with the technical agencies providing thematic support to the districts. Optimal coordination is required to avoid duplication and overlapping.

1.5 Leveraging of UN Agency Resources with Government and Donors

The UN agency resources are very small as compared to the government in financial terms. CHARCA has provided technical resources in terms of capacity building at the district level

where no District AIDS Control Society exists. Therefore, the enhanced capability of functionaries not only improves the interventions on HIV/AIDS but also impacts other programmes of the State being implemented in the district. The government is thus able to leverage other resources available to them.

It is more comfortable for large donors like AUSAID (who had supported CHARCA and now are supporting an HIV programme in the North Eastern part of India) to fund a joint programme as they have to deal with fewer agencies.

1.6 Special Cost Recovery Rates

Some UN agencies have negotiated special cost recovery rates for the CHARCA project. For example, ILO normally charges 13% recovery rates, but their headquarters have waived off 8% for CHARCA and is charging only charging 5% as fees. These special cost recovery rates

of ILO mentioned here are the ones negotiated by the ILO head quarters for transfer of funds to their country offices.

IV. Effectiveness & Value Added

One of the most significant outcomes of CHARCA so far has been the visibility and dialogue it has created on women's vulnerability to HIV/AIDS at every level - among community members, line departments of the government, NGO partners and outreach workers of various government services - on women's vulnerability to HIV/AIDS. However, the intensity and depth of this dialogue varies considerably from district to district.

1. Achievements of CHARCA

- Ability to foreground women's vulnerability within HIV/AIDS programmatically.
- CHARCA's focus is largely on rural population and has been very successful in creating basic knowledge around women's vulnerability to HIV, information on the four modes of transmission and prevention methods.
- CHARCA is dealing with an area of programming in which there are practically very few precedents and well evaluated models exist in India. Hence in many senses it is breaking new ground.
- The Project has succeeded in leveraging on the strength of skilled volunteers who are well versed in community mobilisation.
- Selection of NGO partners that are already implementing targeted interventions on HIV/AIDS has been a good strategy to integrate gender issues within ongoing HIV/AIDS Projects.
- The strategy of building strong linkages with various line departments of the government has been very useful in strengthening the supply side. It has also allowed for integration of gender issues within government line departments and better coordination of services

- The most pronounced sign of change is the capacity seen among the frontline peer educators. There is a great deal of confidence, enthusiasm and commitment. This is a lasting change as they are the ambassadors and facilitators of change within their communities.
- Awareness of HIV/AIDS and some elements of women's vulnerability is evident among communities with whom interaction was held. This includes both primary stakeholders - young women, men and also secondary stakeholders -like Government and other functionaries. Women report having information to share with friends and other neighbours
- There is also an increased self confidence among women in discussing issues of sex and sexuality.
- Drop-in-centers of Targeted Interventions (particularly in Aizwal) have increasingly de-stigmatised as CHARCA has provided credibility and space for all women and not just sex workers.
- Increased access to services such as Voluntary Counselling and Testing Centres (VCTCs) and treatment of STI/RTIs.
- In some districts CHARCA has energised secondary stakeholders, particularly the Private sector, for instance Bellary garment manufacturing industry owners, who want to replicate programmes like CHARCA.
- There is a growing acceptance of the Project and its activities by the government line departments.
- PLWHA networks have been strengthened and synergistic partnerships built in some of the districts.
- CHARCA has also led to reducing stigma around HIV patients in hospitals
- Common platforms for different stakeholders have been created for dialoguing on HIV and gender.
- At the field level there is a growing realization that women's risk of contracting HIV/AIDS is significantly enhanced by restrictive social norms that deny education, access to information, mobility and ownership of assets and that early age at marriage as well as violence against women are serious impediments to safe sex.
- The issues mentioned above are being actively discussed and acknowledged within the general community, especially in remote rural areas where gender roles are heavily loaded in favour of men. This is in itself a unique contribution of the Project in addressing the feminization of the epidemic.
- The CHARCA Project has resulted in the development of six distinct, context-specific intervention models, based on the relative strengths and opportunities available in each district. For example, in Kishanganj, where development projects in general are very few and civil society organizations are virtually absent, the project is being directly

implemented through peer educators appointed by CHARCA. The literacy mission network known as the ZSS (*Zilla Saksharta Samiti*) has been utilized for the recruitment of peers. In Mizoram, Kanpur, Udaipur and Bellary the Project is being implemented through NGO partners.

The project has to have a bigger magnitude to draw the attention and ownership of the government. It is presently covering only 6 districts in 6 states out of 600 districts in 28 states. It needs a bigger budget and more coverage. The project right now is interacting mainly with SACS.

V. Development Outcomes and Impact

1. Impact on Institutions and Systems Capacities

1.1 Affect on National and Local structures

CHARCA has strengthened existing infrastructure of the government, UN organizations and NGOs, as it does not aim to create new ones. There is close overlap with the Government at district level through sharing of management arrangements. Where Reproductive and Child Health (RCH) programmes exist, CHARCA tries to work through them. CHARCA works in strengthening governments initiatives aimed at women. Where no CBOs or support groups for women exist, CHARCA facilitates formation of such groups. Where civil society institutions exist, CHARCA works to build their capacities to become active support structures for young women.

CHARCA has resulted in building local capacity by involving religious leaders, CBOs, government and NGO staff as master trainers on gender and HIV and creating a resource pool that can outlast the Project.

District specific examples:

- CHARCA Udaipur has built on its experience of the Integrated Population and Development Project to institute youth friendly services. This is an important intervention in strengthening the supply side, with good lessons for replication in other CHARCA districts.
- In Aizwal district, the stigma surrounding HIV/AIDS is compounded by the stigma around drug abuse. Here, testimonies of HIV positive persons and former drug addicts have been employed very effectively in training sessions to break stigma and remove the myths and misconceptions surrounding HIV/AIDS.
- In order to enhance the skills of the peer educators in specific areas and develop them as experts, the peer educators in CHARCA Kishanganj have consciously decided to hone skills on a particular issue and often invite each other as resource persons or experts to discuss a particular issue in their group education session. This strategy has resulted in breaking monotony in group sessions and also developing local experts.
- Kanpur CHARCA has instituted a good review mechanism wherein all their NGO partners meet regularly once a month to reflect on progress made as well as discuss challenges being faced by the Project.

- In districts such as Aizwal, Kishanganj and Kanpur, the practice of working closely with religious leaders and institutions has resulted in creating access to the community and the endorsement of key opinion makers.

1.2 Unintended Consequences

Lessons from this programme will be used for other interventions. The rich experience of the project clearly spells out what needs to be done but also what need not be done. For example, for a joint programme to succeed an important prerequisite is to have a good design and develop strong synergies rather than work parallel to each other.

Each district has come up with specific responses. For example, Indian Muslims perform a religious rite in public called *Tazia* during which they inflict injuries on their bodies with sharp objects. More often than not, these sword, chains and knives are shared by young men. The peer educator in Kishanganj worked with the community and informed them about the risks of this practice. In Aizawl, drug users have joined the CHARCA programme as peer educators. In South India, the *Devdasis* (dedication of women to a deity, a practice peculiar to the States of Karnataka, Tamil Nadu, Andhra Pradesh, Maharashtra, Orissa and Goa) have also joined CHARCA as peer educators.

2. Impact on Poverty and Sustainable Development

2.1 Sustainability of the Programme's Benefits

CHARCA aims to develop a better coordinated functioning of existing services and systems rather than setting up new structures. The project builds on NACO/SACS and other governmental and non-governmental initiatives, enabling increased effectiveness and collaboration.

CHARCA aims for:

- (1) Technical sustainability through increased local ownership and capacity building, participation and skill development.
- (2) Managerial sustainability by enhancing management capacity at NACO/SACS and district level structures including Panchayats and Mahila Mandals (women's groups)
- (3) Financial Sustainability through the promotion of low cost models and community based interventions. The project also aims to mobilize long term political and financial support.

VI. Building Capacity to Effectively Develop and Implement Joint Programme

It is important to note that CHARCA was initiated before the Joint Programme guidance note was issued by the UN Development Group Office. Therefore, it is not in line with the recommendations made in the guidance note.

Lessons Learned

The CHARCA project is a dynamic partnership project between Government, district administration, NGOs, donors and the UN theme group, engaged in a coordinated effort to

increase capacities and vulnerability of young women in India to reduce STIs and HIV infection. It is the first district level, gender based, general population, joint programme by the UN system for HIV/AIDS. By carefully studying the experiences of other countries' responses to the epidemic, CHARCA aims to develop an expanded and coordinated district level response to HIV.

1. The challenge is to have a bigger magnitude of project in terms of programme, coverage, resources, interventions, and time cycle. Interventions in 6 states, with a funding of 5.6 million USD, is too little.
2. Monitoring has been weak in the programme. It needs to be built into the programme. It has to happen in a regular routine manner and not like a mid term evaluation. The monitoring and evaluation indicators are not robust enough, and have not really been a part of the programme. It is now given more priority in the programme agenda.
3. Programmes like CHARCA cannot succeed if they stand alone. They have to be part of ongoing programme. The learnings from CHARCA have been incorporated in the AusAID funded, joint UN programme on HIV for the north eastern part of India. The design of the AusAID funded North East HIV Project is just the reverse of CHARCA. Instead of agencies working in specific districts, all agencies will have a role in the four states in that region instead of each state being looked after by one agency.
4. It is easier to avoid duplication and overlapping in a small project compared to a larger programme.
5. In CHARCA, the role played by the thematic agencies needs to be increased
6. Much more needs to be done to ensure that the unique technical expertise of each lead agency is transferred actively and systematically to the field. Other Projects working in the same or nearby districts (CARE, UNIFEM Railways Project and Velugu in AP, Mahila Samakhya in Bihar, UP and AP) need to be tapped to facilitate learning.
7. The issues CHARCA is dealing with are very complex and there is a need for constant mentoring and guidance of field staff.
8. Enhancing staff capacities to implement CHARCA is a significant and urgent need. For the Project to move beyond awareness generation to creating a sustainable enabling environment which supports women's rights, beyond endorsing their access to information, needs strategic planning and capacity building. Ways to take the discussions forward on women's social and economic vulnerability; setting in place a process of critical reflection and analysis which enables women in communities and the peer educators to push for women's access to services and opportunities of different kinds; skills of communication and perspective building; mobilization, planning and documentation are some of the areas in which capacity building is required at every level in the Project. To be able to mentor and provide day-to-day technical support, the district PMU needs to be strengthened on *how* concepts of gender equality, non discrimination and women's rights can actually be converted into clear actionable points, activities and tasks in the field.

It is equally important to note that capacity building is a process. Formal trainings are important but are only one of the tools to enhance skills. Continuous review mechanisms need to be utilized as forums for capacity building as well.

Annexure 1 Table at a Glance: CHARCA

At a Glance: CHARCA (Co-ordinated HIV/AIDS and STD Response through Capacity-building and Awareness)	
Country/Area	India
Thematic Area	HIV/AIDS and STDs
Programme Objectives	<ol style="list-style-type: none"> 1) Raising girls' and women's awareness of their reproductive health and rights. 2) Building capacities of young girls women to negotiate sexual relations and to protect themselves against unwanted and unsafe sexual encounters. 3) Increasing access to and improving the quality of reproductive health services and information 4) Facilitating capacity building and fostering support structures. 5) Creating an enabling environment to achieve and ensure justice for women and girls.
Target Beneficiaries	<p>Primary Beneficiaries : Women in the age group of 13-25 in the CHARCA districts who are vulnerable and at risk, who have little or no access to health services, or have very little access to information on reproductive health and options available</p> <p>Secondary Beneficiaries: Men, Spouses, families, health providers, community and religious leaders, local organizations, media workers, politicians and policy makers.</p>
Funding Modality	Pooled and pass through funding modalities
MA/AA	UNDP is the Administrative Agent
Participating UN Organizations, Programmes, Funds, and Specialized Agencies	ILO, UNDP, UNESCO, UNFPA, UNICEF, UNIFEM, UNODC, WHO
Participating National Organizations	NACO, State AIDS Control Societies and District Steering committees
Total Budget	5.6million
Funding Received	(as of 16 th December, 2005) 2,979,112
Funded by (Donors)	UNF, RNE, SIDA (through Resident Coordinator System) and Ausaid supported the preparatory phase of the project, while the funding for the implementation phase is received from RNE, UNF and Ford.
JP Start Date and End date	Start Date for Planning: 1 June 2002 to 31st Dec 2002(Planning) Start Date : 1st April 2003 for implementation (As per Project Document) Expected end date-31st October 2006 (endorsement letter to HQ)

Annexure 2 Sources of Information

List of Persons Consulted During the Review

1. Dr.(Ms.) Maxine Olson ,Resident Coordinator
2. Mr. Jo Scheuer, Senior Deputy Resident Representative
3. Ms. Surekha Subarwal, Chief IASU and Assistant Resident Representative, UNDP
4. Mr. Kumar M. Tiku, Information Analyst, UNDP
5. Ms. Alka Narang , Programme Officer, UNDP
6. Mr. K. S Ravichandran , Programme Officer, ILO
7. Dr. Shankar Chowdhury , National Programme Officer, UNESCO
8. Mr. Venkatesh Srinivasan, Senior Programme Adviser, UNFPA
9. Ms. Veera Mendonca, APO, Youth Coordinator (HIV/AIDS), UNICEF
10. Dr. Revathi Narayanan, Ex-Coordinator, CHARCA
11. Mr. Alankar Malviya, Coordinator, CHARCA
12. Ms. Althea Prasad, Finance and Administrative Associate, CHARCA
13. Mr. Upahar Pramanik, Programme Officer, CHARCA
14. Ms. Nandini Kapoor Dhingra, National Programme Officer , UNAIDS
15. Ms. Suneeta Dhar, National Programme Officer, UNIFEM
16. Ms. Vandana, UNIFEM
17. Ms. Mridula Seth, Technical Adviser, UNFPA
18. Ms. Poonam Bhambri, Executive Assistant, UNODC
19. Ms. Geeta Narayan, Programme Associate, UNFPA

Reference Documents/Websites

1. Website www.youandaids.org. Org/CHARCA
2. CHARCA Project Proposal
3. District Situational Analysis
4. Internal CHARCA Review (Draft)

Annexure 3 Abbreviations

CBO	Community Based Organization
CHARCA	Co-ordinated HIV/AIDS and STD Response through Capacity-building and Awareness
CIDA	Canadian International Development Assistance
CMC	CHARCA Management Committee
DFID	Department for International Development
DSA	District Strategic Assessment
DSP	District Strategic Plan
FHAC	Family Health Awareness Campaign
HIV	Human Immunodeficiency Virus
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immuno Deficiency Syndrome
IDU	Intravenous Drug Users
ILO	International Labour Organization
M&E	Monitoring and Evaluation
NACO	National AIDS Control Organization
NACP	National AIDS Control Programme
NGO	Non-Government Organization
NPC	National Project Coordinator
RCH	Reproductive and Child Health
RNE	Royal Netherlands Embassy
RTI	Reproductive Tract Infection
SACS	State AIDS Control Societies
SHG	Self Help Group
SIDA	Swedish International Development Agency
STI	Sexually Transmitted Infections
STD	Sexually Transmitted Diseases
TI	Targeted Intervention
TTS	Telling the Story
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNF	United Nations Foundation
UNFIP	United Nations Fund for International Partnerships
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women
UNODC	United Nations Office on Drugs and Crime
UNRC	United Nations Residents Coordination
UNTG	United Nations Theme Group
WHO	World Health Organization
ZSS	Zilla Saksharta Samiti

Annexure 4 MATRIX OF AGENCY COMPARATIVE ADVANTAGE FOR CHARCA

THEMATIC AREAS	UNDP	UNFP A	UNICE F	UNIFE M	ILO	WH O	UNO DC	UNES CO
Care & support						X		
IDU & HIV							X	
Poverty & HIV	X							
Gender equality & women's rights				X				
Reproductive & Child Health		X						
Capacity building	X	X	X	X	X	X	X	X
MTCT			X			X		
Youth, adolescent health		X	X					X
School based education		X	X					
Out of school / non-formal education			X					X
Marginalised groups	X			X				
Workplace interventions / Private sector partnerships	X				X			
Legal & ethical issues	X			X	X		X	
Children			X					
Networking / partnerships / Civil Societies / PLWAs	X	X	X	X	X	X	X	X
Stigma / discrimination issues	X			X	X	X		

Annexure 5 Fund Flow Mechanism of Different Agencies in the Target Districts

Lead Agency	District (State)	Fund flow mechanism
UNDP	Bellary (Karnataka)	Funds are routed through Karnataka AIDS Prevention Society (KSAPS) and released to partner NGOs (MYRADA & Mahila Samakhya).
	Kanpur (Uttar Pradesh)	Funds are routed through UP SACS (Uttar Pradesh State AIDS control Society) to CHARCA HIV/AIDS prevention and care society, Kanpur.
UNODC	Aizawl (Mizoram)	UNODC has a district office in Aizawl, which receives grants from their Regional Office for South Asia (ROSA) based on periodic approval of proposals and contracts.
UNICEF	Kishanganj (Bihar)	UNICEF Patna office transfers the funds to Kishanganj AIDS Control Society (KACS)
	Guntur (Andhra Pradesh)	UNICEF Hyderabad office transfers funds to DPMU (District Project Management Unit) in Guntur.
UNFPA	Udaipur (Rajasthan)	UNFPA transfers the funds to the District RCH society (through State focal point, who is the director of NRHM- National Rural Health mission). Grants are released from the district society to partner NGOs.

Annexure 6 Management Details at the District Level

Lead Agency	District (State)	Management at the District Level
UNDP	Bellary (Karnataka)	<ul style="list-style-type: none"> - Bellary District AIDS Prevention Society (BDAPS) is responsible for monitoring and supervision of CHARCA in Bellary implemented through partner NGOs. - The district collector is the chairperson of BDAPS.
	Kanpur (Uttar Pradesh)	<ul style="list-style-type: none"> - The District Collector is the chairperson of CHARCA HIV/AIDS prevention and care society, Kanpur.
UNODC	Aizawl (Mizoram)	<ul style="list-style-type: none"> - The PD MSACS and the chair person of the state steering committee operate the CHARCA bank a/c in the district. - CHARCA- UNODC district project management team manages the implementation of the project.
UNICEF	Kishanganj (Bihar)	<ul style="list-style-type: none"> - UNICEF has a state office in Bihar (Patna) - The District Collector (Kishanganj is the chairperson for KACS. - 10% of the (quarterly) funds are transferred to BSACS for monitoring CHARCA activities.
	Guntur (Andhra Pradesh)	<ul style="list-style-type: none"> - The District Collector and the DMPU team leader operates the CHARCA bank a/c.
UNFPA	Udaipur (Rajasthan)	<ul style="list-style-type: none"> - The District Collector is the chairperson of the RCH Society - The DPMU monitors the implementation of the project in the district.

