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## Technical Support Consultant's Report

HIV/AIDS Technical Support Facility  
Southeast Asia and the Pacific

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# The Maldives HIV and AIDS Technical Needs Assessment and Technical Support Plan 2008 - 2009

National AIDS Program  
April 2008

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## Acronyms

ANC	ante natal care
ART	anti-retroviral therapy
BCC	behaviour change communication
CBO	community based organisation
CCM	Country Coordinating Mechanism
DPH	Department of Public Health
DU	drug user
FSW	female sex worker
GIPA	Greater Involvement of People Living with and affected by HIV/AIDS
HCW	health care worker
IDU	injecting drug user
IEC	information, education and communication
IMAI	integrated management of adolescent and adult illnesses
MARP	most-at-risk populations
M&E	monitoring and evaluation
MSM	men who have sex with men
NAC	National AIDS Council
NAP	National AIDS Program
NBC	National Blood Centre
NGO	non-government organisation
NNCB	National Narcotics Control Bureau
NSP	Maldives National Strategic Plan on HIV/AIDS, 2007 – 2011
TNA	technical needs assessment
OST	opioid substitution therapy
PITC	provider initiated testing and counselling
PLHIV	person living with HIV
PR	Principal Recipient
ROSA	Regional Office for South Asia
SHE	Society for Health Education
SSR	Sub Sub Recipient
SR	Sub Recipient
STI	sexually transmissible infection
SWAD	Society for Women Against Drugs
TNA	Technical Needs Assessment Report
TOT	training of trainers
TSF	HIV/AIDS Technical Support Facility Southeast Asia and Pacific
TSP	Technical Support Plan
TWG	Technical Working Group
UNDP	United Nations Development Program
UNODC ROSA	United Nations Office on Drugs and Crime Regional Office for South Asia
VCCT	voluntary confidential counselling and testing
WHO	World Health Organisation
YHC	Youth Health Cafe

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## Executive summary

The objectives of this work were to:

1. Assess existing HIV-related technical skills, capacity and technical support systems in the Maldives in the key focus areas.
2. Identify gaps in capacity and technical skills and prioritise the areas which need to be addressed urgently in the key focus areas.
3. Lead the process to develop a 2 year Technical Support Plan in agreed focus areas, in collaboration with key partners.

The key focus areas are the seven strategic directions of the Maldives National Strategic Plan on HIV/AIDS, 2007 – 2011 (NSP)

*Capacity building* is the process of developing the ability of individuals and organisations to perform functions, solve problems, and set and achieve objectives in a sustainable manner. Capacity building is facilitated through the provision of *technical support* activities. *Technical support* is any assistance that improves the ability of people or organisations to plan, implement and evaluate their activities in the national AIDS response.

Nine themes emerged from the analysis of stakeholder interviews and documents. These are:

1. There is an urgent need for rapid development of HIV knowledge and program skills in the newly recruited staff.
2. An enhancement of the National AIDS Program's skills in program management and coordination is needed to cope with the expansion of programmatic activities enabled by the Global Fund grant.
3. The key priority area for technical support is prevention programs, and particularly those for most at risk populations.
4. The increased availability of technical support will require good coordination among technical assistance agencies and providers.
5. The timing of technical support needs to be aligned to the needs of organisations rather than pre-determined timetables. While a lot of technical support is needed quickly, the absorptive capacity of the recipients of technical support needs to be a governing factor.
6. Technical support needs to take account of system constraints in the areas of facilities, human resources, materials and management.
7. Development of organisational capacity is essential. To make best use of the skills of staff and volunteers, the organisations in which they are working need to be efficient and effective.
8. Staff retention strategies need to be developed so that investment in technical support is not wasted.
9. Technical support needs evolve over time. Ongoing assessment of technical support needs will be necessary.

Training will play a central role in future technical support in the Maldives. Attention needs to be given to improving the quality of training through the development of systems that maximise on-the-job application of skills and knowledge acquired through training. The application of the Training of Trainers (ToT) model needs to be significantly improved. A greater emphasis needs to be placed on supporting on-the-job learning and learning by doing.

It will be important to maximise the opportunity of the existing Global Fund grant to build sustainable technical skills and organisational capacity, as there are no guarantees of additional external HIV funding on this scale. Long term technical advisors and short term consultancies should be managed to ensure that capacity building of local counterparts is a central aspect of their work.

The Technical Support Plan (TSP) at Appendix 1 provides a consolidated summary of all technical support and capacity building activities included in the NSP Workplan, including those funded by the Global Fund, plus additional activities that have been identified through the technical needs assessment. The TSP is aligned to the seven strategic directions of the Maldives National Strategic Plan on HIV/AIDS.

### **Key recommendations**

Recommendations have been made in relation to operational issues, but not in relation to specific technical support needs. Recommended technical support is outlined in Section 5 and the Technical Support Plan at Appendix 1.

1. The National AIDS Program should determine a mechanism to ensure coordination of technical support between the different providers and recipients of technical support.
2. Take steps to improve the quality and relevance of training, especially the use of the ToT model.
3. All external technical support brought to the Maldives should be provided with a briefing at the commencement of their mission on the stage of HIV & AIDS program development and the nature of social and cultural constraints.
4. Develop a list of key international documents, with internet links, which would be of use for program staff in self-directed learning.
5. Consider deferring purchasing external technical assistance for mapping and size estimation of drug user populations given the good knowledge and access to drug users by Journey and other NGOs that already exists.
6. Where possible, funded technical support (e.g. Technical Advisors on BCC and Public Health, peer education outreach training, Raajje Foundation NGO organisational development project) should be used to support capacity development of programs addressing FSW and MSM.
7. Consideration be given by the DPH and the Global Fund Country Coordinating Mechanism as to whether the proposed HIV and AIDS care and treatment clinical training is needed at this point in time given existing clinical skills and the very low HIV case load. Consideration should be given to reprogramming this money to other technical support priorities.

8. The National AIDS Program, in consultation with partners, should review planned technical support activities highlighted in yellow to determine if these activities can be postponed or cancelled in favour of higher priority activities.
9. The Principal Recipient and sub-recipients should review the adequacy of funding for technical support activities with a view to increasing allocations where needed, drawing funds from areas where savings can be made, and make recommendations to the CCM.
10. The National AIDS Program should lead a review of the Technical Support Plan in consultation with partners to determine if there is any duplication in planned and funded technical support activities. Where duplication exists, funds could be reallocated to unfunded and under-funded technical support activities. For technical support activities that remain unfunded and under-funded, the NAP and partners should attempt to identify or mobilise other sources of funding.
11. The scheduling of technical support activities should be reviewed rescheduled to achieve a more logical sequence in program roll-out.
12. The National AIDS Program should be responsible for overseeing implementation and coordination of the Technical Support Plan, in close collaboration with partners. Any changes made to the Technical Support Plan in light of the recommendations made above should be accompanied by changes to the NSP Workplan so that the two documents remain aligned. Similarly, any changes to technical support activities in the NSP Workplan should also be accompanied by changes to the TSP and the Global Fund workplan.

## 1: Terms of reference, definitions and methodology

This work was commissioned to support the National AIDS Program, Maldives Department of Public Health, with technical and financial support from UNAIDS and the HIV/AIDS Technical Support Facility (TSF) Southeast Asia & Pacific.

### 1.1 Objectives

The objectives of this work were to:

1. Assess existing HIV-related technical skills, capacity and technical support systems in the Maldives in the key focus areas.
2. Identify gaps in capacity and technical skills and prioritise the areas which need to be addressed urgently in the key focus areas.
3. Lead the process to develop a 2 year Technical Support Plan in the key focus areas, in collaboration with key partners.

The key focus areas mirror the seven strategic directions of the Maldives National Strategic Plan on HIV/AIDS, 2007 – 2011 (NSP). They are:

1. Provide age- and gender-appropriate prevention and support services to key populations at higher risk: drug users, sex workers and men who have sex with men.
2. Reduce and prevent vulnerability to HIV infection in adolescents and young people.
3. Provide HIV prevention services in the workplace for highly vulnerable workers.
4. Provide treatment, care and support services to people living with HIV.
5. Ensure safe practices in the healthcare system.
6. Build and strengthen capacity and commitment to lead, coordinate and provide a comprehensive response to the epidemic.
7. Strengthen the strategic information system to respond to the epidemic.

The products of this work are:

- this Technical Needs Assessment Report (TNA); and
- the 2 year Technical Support Plan (TSP) (Appendix 1).

### 1.2 Scope

The scope of the TNA and TSP covers the technical support needs of both government and non-government organisations. For government, the technical support needs of the key multi-sectoral partners that are responsible for implementation of the NSP have been examined. Technical support needs for those NGOs currently involved in the HIV & AIDS response have also been examined. The TNA and TSP have been developed for national application, meaning both Male and at the atoll level.

### 1.2 Definitions

The following definitions of capacity building and technical support were developed.

*Capacity building* is the process of developing the ability of individuals and organisations to perform functions, solve problems, and set and achieve objectives in a sustainable manner. Capacity building is facilitated through the provision of *technical support* activities.

*Technical support* is any assistance that improves the ability of people or organisations to plan, implement and evaluate their activities in the national AIDS response.

### **1.3 Methodology**

The key steps in the methodology were:

1. Review of key documents
2. Stakeholder interviews
3. Presentation of a preliminary analysis of inputs to a stakeholders meeting to seek feedback
4. Writing the draft TNA and developing the draft TSP
5. Circulation of the drafts for feedback
6. Finalisation of the TNA and TSP

Interviews were primarily conducted in Male. A two day trip to Laamu and Thaa Atolls was undertaken to explore technical support needs of health care workers at public health units, regional hospitals, atoll hospitals, atoll health centres and health posts.

#### **1.3.1 Limitations and constraints**

The principal constraint was the broad scope of the terms of reference and a relatively short number of days in which to undertake the work. Even though key focus areas were identified, these areas cover all aspects of the national response to HIV and AIDS, resulting in a broad range of areas in which to assess technical needs. Additionally, interviews could not be arranged with some stakeholders. The impact of these constraints has been limited in the following ways:

- circulating the draft report and TSP, with a request for feedback, to a broad range of people; and
- recommending that the National AIDS Program and key partners closely review the TSP.

## **2. The context**

### **2.1 HIV and the Maldives**

The Maldives has so far experienced a very low level of HIV prevalence. A total of 13 cases of HIV among Maldivians had been reported to mid-2006, with 168 cases among expatriates. Of the 13 cases reported among Maldivians, 10 were seamen, two were spouses of sailors, and one was a resort worker who had travelled abroad with a foreign tourist. All of the reported cases were reportedly acquired through sexual transmission. Eleven of the 13 cases were male. Ten of the 13 reported cases have died.

The 2006 Maldives HIV situation and response analysis pointed to several factors that demonstrate potential vulnerability to an HIV epidemic. These are increasing drug use, including injecting drug use, and the presence of hidden populations of female sex workers (FSW) and men who have sex with men (MSM). The population of the Maldives is young, the age of marriage is increasing, serial monogamy is common, and condom use is limited.

### **2.2 National Strategic Plan on HIV & AIDS**

The goal of the NSP is to reduce HIV transmission and HIV-related morbidity, mortality and disability in the Maldives. The objectives of the NSP are to:

1. Maintain the low prevalence of HIV in the Maldives and prevent further transmission among the most at risk populations.
2. Improve the quality of life and health of people living with HIV, and their families.
3. Create an enabling environment to mitigate the impact of HIV.

Activities under the NSP are built around seven strategic directions, which are listed in 1.2 above.

### **2.3 National AIDS Program**

The Department of Public Health has responsibility for coordinating implementation of the NSP, under the guidance of the National AIDS Council (NAC). The NAC is made up of a range of government ministries, NGOs, and the private sector.

The National AIDS Program (NAP) in the Department of Public Health is responsible for leading, coordinating and monitoring the national multi-sectoral response to HIV and AIDS. A key role of the NAP is ensuring that the capacity building and technical support needs of all partners are being addressed. The NAP also provides technical support to the health system and to other partners. The NAP will be responsible for overseeing implementation of the TSP.

### **2.4 Global Fund**

The Maldives Global Fund proposal for round 6, for US \$4.87m in funding over five years, was successful. Implementation of the grant commenced in late 2007. The nine objectives of the funding proposal were:

1. Prevent HIV transmission among young people who inject drugs or are at risk of injecting drugs.
2. Prevent HIV transmission among populations at risk such as migrant, seafarers and resort workers.
3. Increase awareness and knowledge about STIs and HIV among young people.

4. Expand access and coverage of quality HIV testing and counseling.
5. Strengthen the prevention and control of STIs.
6. Strengthen health service capacity to provide quality care, support and treatment for people living with HIV.
7. Strengthen health systems capacity for prevention of HIV and other transfusion transmittable infections through blood and blood products.
8. Strengthen strategic information system for HIV.
9. Strengthen the multisectoral response to HIV/AIDS.

External funding of the national HIV & AIDS response has been very limited. The Global Fund grant is the single largest external funding of the NAP to date. The Global Fund proposal was developed prior to the current HIV & AIDS National Strategic Plan. All the nine objectives of the Global Fund grant are consistent with the NSP, although the NSP has a somewhat broader scope. The Global Fund grant should be seen as a funding modality to support implementation of the NSP.

## **2.5 Technical support providers and financiers**

Compared to other countries, the Maldives has had limited access to in-country HIV-related technical support. The reasons for this are the small population, a very low HIV prevalence, the small scale of HIV work conducted by United Nations agencies in the Maldives, a lack of HIV programmatic support from bilateral donors, and the absence of HIV international NGOs which are commonly found in other countries.

The Maldives is expected to achieve middle-income country status in 2011. The economic impact of the 2004 tsunami and the burden of reconstruction efforts resulted in the decision by the United Nations to maintain the country's status as a least-developed country until 2008, when a three-year transition period to middle-income status will begin.

Technical support is currently available from the following United Nations agencies:

**UNAIDS:** The Maldives and Sri Lanka share the one UNAIDS Country Coordinator (UCC). The position is based in Sri Lanka. The very small staffing level for this UNAIDS office and the competing demands mean that the technical input of the UCC into the Maldives is largely focussed on high level strategic issues rather than technical support specific to particular areas.

**WHO:** has, over many years, provided a large amount of technical support to the DPH's National AIDS Program. This has included providing financial support for sending HCWs to international training courses and study tours (see Appendix 2). The WHO Resident Representative chairs the UN Theme Group on HIV and AIDS. There is no dedicated HIV specialist in the WHO country office, but HIV experts from the WHO regional office can be called on as needed. WHO's planned technical support activities for 2008-2009 have been included in the TSP.

**UNICEF:** The only full-time UN technical support position dedicated to HIV and AIDS is located UNICEF. The primary focus of UNICEF's HIV/AIDS Officer is most at risk adolescents. The position provides substantial technical support to the National Narcotics Control Bureau (NNCB) and Journey, a peer based NGO working in the area of drug use. UNICEF has supported the orientation and training of religious leaders, provided technical assistance for the 2006 Situation

and Response Assessment and subsequent revision of the NSP, and training on equipment procurement. In addition to its ongoing technical assistance, UNICEF is planning to provide technical support to the Ministry of Education.

**UNFPA:** The focus of UNFPA's work is the link between reproductive health and HIV, with a strong focus on adolescents and youth. UNFPA's HIV and Youth Officer provides substantial technical support to the Ministries of Education, Youth and Health and NGOs.

**UNDP:** UNDP is the principal recipient for the Global Fund round 6 grant and an active member of the UN Theme Group on HIV & AIDS. The UNDP Regional Office for South Asia (ROSA) has also conducted some technical support activities in the Maldives.

**UNODC:** does not have an office in the Maldives but will be locating one staff member in Male from March 2008. The UNODC Regional Office for South Asia (ROSA) has been providing technical support on HIV and drugs. Technical support has been provided to the National Narcotics Control Bureau and the Penitentiary Department and some NGOs.

A joint UN workplan for HIV will be developed by mid 2008. The workplan will contain all the activities of the different UN agencies in support of the NSP. This will facilitate coordination of technical support activities among UN agencies. All of the UN organisations mentioned above that have offices in the Maldives can call on the resources of their regional offices for technical support. The areas of technical support available from regional offices is summarised in Appendix 3.

Over the last ten years, most HIV-related technical support has been funded by either the Department of Public Health or the World Health Organisation.

The Raajje Foundation, a Sri Lankan based non-profit and politically independent organisation, is planning to assist with organisational capacity building and improving the enabling environment for Maldivian NGOs in 2008. Details of this work are in section 5.1.1 below.

Limited in-country availability of technical support has meant that it is common to send people overseas for both long and short-term training and study tours. This, however, is costly and is therefore limited to a relatively small number of people. A preferable model is to conduct in-country training. While this often involves bringing international experts to the Maldives, it provides the opportunity to train more people at lower cost. External training can be justified when only a small number of people need to be trained in that particular area (i.e. specialist skills), and when it is more cost effective or feasible for the training to be conducted externally.

Technical support over the next five years will primarily be funded by the Global Fund, and to a lesser extent by WHO and UNICEF. Longer-term resources for technical assistance have not yet been identified. It is unlikely that the Maldives will attract bilateral donor support for HIV programs. Donors are likely to continue to give priority to countries with large HIV epidemics and lower GDP. There is the possibility of applying for additional Global Fund rounds, although this should not occur in the near future and until such time that the Maldives has established it has sufficient absorptive capacity to cope with the implementation of the round 6 grant. The

immediate priority should be in implementing the current Global Fund grant, as part of implementing the National Strategic Plan.

It will be important to maximise the opportunity of the existing Global Fund grant to build sustainable technical skills, as there are no guarantees of additional external HIV funding on this scale.

While the Global Fund has made available significant funding for technical support, additional funds may need to be mobilised to implement the recommended capacity building and technical support activities in the TSP. The TSP consists of activities already funded by the Global Fund and some additional activities.

Consideration also needs to be given to better use of existing funds, particularly in the area of training (see Section 4.1, below).

### **3. Nine key findings**

Nine key findings emerged from the analysis of stakeholder interviews and documents. These are outlined below.

#### **1. An urgent need for rapid scale-up of HIV knowledge and program-related skills**

The Global Fund money has allowed for an unprecedented and significant expansion in the number of staff working in the HIV area in the Maldives. The recently recruited staff are enthusiastic, appear to have good generic skills, and have considerable potential. However, they are mostly new to HIV and their knowledge and program related skills appear to be generally quite weak. Their capacity in these area needs to be built rapidly.

#### **2. Management and coordination of the NSP**

The Global Fund grant has enabled an expansion of programmatic activities which will be implemented by multi-sectoral partners. The expansion of programmatic work will require good management and a high level of coordination by the National AIDS Program. This requires an enhancement of program management and coordination skills within the National AIDS Program. While the Global Fund is a major source of funding, the NAP is responsible for the coordination of all activities/programs developed as part of NSP, regardless the source of funding.

#### **3. Priority setting**

Resources for technical support are limited, so priorities need to be set. The current very low level of prevalence means that care and treatment needs in the short to medium term are likely to be at a very low levels. Clearly the highest priority is prevention to ensure that prevalence remains low. The number one priority for technical support should therefore be enhancement of knowledge and skills in prevention programming. The greatest risk of an increase in HIV prevalence appears to be from injecting drug use. Therefore technical support for prevention programs among IDUs should be the highest priority. There is however insufficient information about the size and risk profile of other most at risk populations. HIV prevalence and risk behaviours in other most at risk and vulnerable populations needs to be monitored and technical support aligned to any emerging trends in prevalence.

An appropriate balance also needs to be set in the amount of technical support provided to staff, volunteers and organisations based in Male, compared to the other atolls. There appears to be a consensus on the following points. There is a greater concentration of most at risk populations and risk practices in Male compared to the other atolls. Nonetheless, most at risk groups can be found and risk practices occur in all atolls. Any increase in HIV prevalence in the Maldives would most likely first occur and be concentrated in most at risk populations in Male, but could spread to other atolls as the population is quite mobile. All these points indicate that Male should be the highest priority for technical support, but that technical support to build prevention capacity at the atoll level is also needed.

#### **4. Coordination between technical advisors is essential**

To date, the amount of technical support available to organisations implementing HIV programs has been quite limited. The Global Fund is enabling a significant expansion in the availability of technical assistance. This will mean that some organisations who have been receiving technical

support from just one source, will in future be receiving technical support from multiple agencies. For example, to date, Journey has primarily been supported by the HIV Officer in UNICEF. In future, significant additional technical support may be available from the Global Fund supported BCC technical advisor and the public health advisor, the Global Fund NNCB staff and the Raajje Foundation. The increase in the number of agencies providing technical support will have its benefits, provided that each source of technical support is aware of the inputs of others and the different sources of technical support are provided in a closely coordinated manner. This will require forward planning by both the recipients and providers of technical support. One option would be to form a time-limited working group, to be convened by the NAP, and made up of all technical support providers and the organisations in receipt of technical support to overview the coordination of technical support. Another option would be to coordinate technical support on an organisation by organisation basis. For example, a meeting would be convened with Journey and all organisations intending to provide Journey with technical support for the purpose of coordinating those inputs and aligning them with Journey's planned activities. This latter mechanism may be more workable.

#### ***Recommendation***

1. The National AIDS Program should determine a mechanism to ensure coordination of technical support between the different providers and recipients of technical support.

#### **5. Timing of technical support and absorptive capacity**

The timing of technical support needs to occur when programs or organisations need it. This requires forward planning. While a lot of technical support is needed quickly, it needs to be married to the needs of recipient organisations both in terms of content and timing. Large amounts of technical support may be difficult for organisations to make best use of (i.e. absorptive capacity). This is particular issue for the Global Fund as the work plan has identified mobilisation of technical support on a set timetable. Given the lead time between preparation of the Global Fund workplan and the commencement of implementation, there is a need to check that the timing of technical support meets current needs.

#### **6. Constraints**

The capacity to respond to HIV and AIDS is limited by system constraints in all sectors. These constraints include facilities, limited skilled human resources, materials, and management capability. Technical support needs to be designed to take account of these constraints. Cultural constraints specific to the Maldives need to be understood by external technical assistance providers and factored into how technical support is provided. Technical support should be based on international evidence of best practice, while being tailored to address cultural considerations. Use of external technical advisors from other Islamic countries who have been implementing evidence based HIV programs may help to address cultural constraints.

#### **7. Development of organisational capacity is essential**

To make best use of the skills of staff and volunteers, the organisations in which they are working need to be efficient and effective. Attention needs to be given to building organisational capacity in areas such as management (e.g. organisational, internal systems, projects, human resources, financial, risk), governance structures, communication, quality assurance, sustainability, transparency and accountability, in addition to building the skills of staff. The organisational capacity of ministries and NGOs varies considerably.

**8. Staff retention**

There is a high level of movement of government staff between ministries and an especially high loss of staff to the private sector. This results in significant wastage of money invested in building the capacity of staff. Staff retention strategies need to be developed. Staff retention is not solely related to salaries. Improved efficiency and effectiveness in public sector organisations, which can be achieved by developing organisational capacity, will result in higher levels of staff satisfaction.

**9. Technical support needs evolve over time.**

This technical needs assessment outlines the priority technical support needs over the next two years. However, technical support needs evolve over time in response to changes in the pattern of infections, new programmatic needs and as programs mature. Ongoing assessment of technical support needs will be necessary.

## 4. Technical support methods

### 4.1 Training

As with most countries, training is the predominant method used in the Maldives for knowledge and skills development. Training can be a cost-effective way of teaching people new skills and knowledge in a relatively short period of time and should continue to be used extensively. It was not possible within the scope of this work to assess the effectiveness of in-country and external HIV-related training. However, from stakeholder interviews it is apparent that the following problems often associated with training apply to varying degrees in the Maldives:

- Training done without a clear purpose.
- Training is undertaken in an ad-hoc way rather than planned carefully (especially for external training)
- The right people are not always selected for training.
- The training program may not meet the needs of the trainee.
- There is a focus on delivering information and developing knowledge, with too little emphasis on developing skills.
- Poor quality of training.
- Too great an emphasis on training and too little emphasis on learning by doing in the workplace.
- Limited follow-up after training to support application of new skills and knowledge.
- Absence of refresher training.

Training will clearly play a central role in future technical support in the Maldives. While a lesser reliance should possibly be placed on training (with a greater emphasis on supporting on-the-job learning/learning by doing) attention needs to be given to improving the quality of training and the issues listed above. Key issues to address are ensuring that there is a real need for the training, quality, and development of systems that maximise on-the-job application of skills and knowledge acquired through training.

#### 4.1.1 Training of trainers

The training of trainers (ToT) model is used extensively in the Maldives. This model is particularly suitable for the Maldives as it allows those trained to then train others at the atoll level. This can reduce the cost of training as it means only a small cohort of trainers need to receive the initial training and avoids both the cost of bringing larger numbers of people to Male.

There does, however, appear to be significant room for improvement in how the ToT model is applied in the Maldives. As is often the case in other countries, many of those who have completed ToT courses do not go on to conduct training of others. This is possibly because some ToT courses are no different from standard training courses, in that they are not specifically designed to equip people to train others. To equip people to train others, ToT courses need to:

- Select trainees who will have time to conduct training and for whom the training is relevant to their work.
- Design the course around the core knowledge and skills needed by trainees in the subject area.
- Assess the knowledge and skills of trainees to check that they have sufficient knowledge and skills to train others.

- Provide training modules which trainees can use in their subsequent training of others. Providing ready to use training modules greatly increases the likelihood that trainees will actually conduct training of others.
- Teach training techniques and provide the opportunity to practice training as part of the ToT, with feedback. Many participants will not have any experience as trainers. Basic training techniques need to be taught and confidence in applying these skills built.
- Define the roles and responsibilities of trainees so there are clear expectations of what is expected of them post-training (e.g. conduct 1 training course in the next 6 months).
- Require that trainees develop an action plan on what training they will do following completion of the ToT.
- Provide a resource person that trainers can go to with questions (even if only by email or phone) to support them in their training.
- Undertake refresher training six months after the initial ToT to reinforce knowledge and skills, check on implementation of trainee's action plans, and deal with problems encountered in post-ToT training.

Implementation of the above list will result in a more systematic and professional approach to ToT. It will result in a higher cost for ToT, as it will require more systematic preparation of ToT training courses, and possibly somewhat longer courses. But it will increase the likelihood that those trained will actually train others.

#### *Recommendation*

2. Take steps to improve the quality and relevance of training, especially the use of the ToT model.

## **4.2 The role of technical advisors and consultants**

### **4.2.1 Short-term pragmatism versus long-term sustainability**

Internationally, there are two different models of work that are commonly seen for both long-term technical advisors and short-term consultants. The first model is for the technical advisor or consultant to undertake the substantive work at hand, rather than develop the skills of staff and volunteers to do the work. Use of this model may occur for a number of reasons including a limited time frame for a large piece of work, a desire to achieve quick outcomes, what the terms of reference require, or systemic issues such as a lack of interest or motivation among staff to learn, or low capacity of staff to learn new skills.

The other model is for technical advisors and consultants to take a capacity building approach to their work to maximise the sustainability of their inputs. This approach fosters agency leadership and ownership of the work by getting staff and volunteers involved, rather than the technical advisor doing most of the substantive work. The technical advisor/consultant plays the role of mentor, assists people to apply what they have learnt at training, facilitates on the job learning by helping people to analyse and work through problems, monitors progress and helps staff to evaluate their own work. Progress with work will usually be slower, but the results are more likely to be sustainable.

The model of work adopted is influenced by both the skills of the technical advisor/consultant and the preferences of both the client and the technical advisor/consultant. For example, although

a technical advisors is an expert in their field, they may not be particularly skilled in capacity building skills such as mentoring. Clients may have an urgent need for a task to be completed and decide to focus the terms of reference on completion of the substantive work, with no capacity building component. This is a more justifiable approach for some short-term consultancies compared to long-term term technical advisor positions.

A central objective of technical assistance should be to maximise sustainability of programs by using technical assistance to build the capacity of organisations, staff and individuals.

Approaches that can be used to achieve this objective are:

- pairing consultants and technical advisors with local counterparts to enable skills transfer by mentoring and learning by doing; and
- including specific capacity building objectives within the terms of reference for technical advisors and consultants. This may require the provision of additional days to allow the time needed for capacity building.

It is important for external consultants to conduct dissemination meetings prior to their departure from the Maldives, even if only of preliminary findings where the report has not yet been finalised. This is particularly important where advocacy on sensitive issues is needed.

#### **4.2.2 Sourcing technical assistance**

Assistance is needed in sourcing the best technical assistance suitable to the needs of the Maldives at the current stage of program development. Particular attributes for long and short term technical advisors, depending on the nature of the work, may be knowledge and experience of working in low prevalence epidemics, familiarity with south Asian cultures, an understanding of the relationship of religious issues to HIV, and how to work effectively with marginalised groups within a conservative context. For some technical assistance assignments, these factors point to a preference for using technical inputs from south Asian and Islamic countries, or at least people who are familiar with the region and its culture.

#### ***Recommendation***

3. All external technical support brought to the Maldives should be provided with a briefing at the commencement of their mission on the stage of HIV & AIDS program development and the nature of social and cultural constraints.

A number of agencies report difficulty in writing terms of reference for external consultants for technical areas in which they are unfamiliar. Consultants often avoid taking on work with poorly written terms of reference as this can indicate the client is not clear about the work they want performed. Clear terms of reference are also important in making consultants accountable for their deliverables. Assistance in developing terms of reference may be able to be provided by UN agencies and the Technical Support Facility. In addition, both the UN and the TSF may be able to obtain copies of ToRs for similar work undertaken in other countries. However, care should be taken to adapt these ToRs to the particular needs of the Maldives.

#### **4.3 South-south links**

Considerable capacity development of NGOs in the Maldives is needed. This could be supported by NGOs developing linkages with other more established NGOs in the region. Linkages could be fostered by participating in each others trainings, study tours to learn from the programs

being conducted by other NGOs, placements with other NGOs, and visits to the Maldives by representatives of external NGOs to provide specific technical support and mentorship.

#### **4.4 Self-directed learning**

Individuals frequently develop their capacity through self-directed learning, although the extent to which this occurs is often underestimated in technical needs assessments. Self directed learning is made much easier by the access to the wealth of documentation on the internet. However, the vast amount of HIV and AIDS material on the internet makes it difficult to know which documentation is reliable and suitable for local needs. To facilitate self-directed learning it is suggested that the UN Theme Group members, in consultation with the NAP, and with assistance from the Technical Advisors in Public Health and BCC, identify key international documents (with internet links) which would be of assistance to projects in the Maldives in their current stage of development. This list should ideally be periodically updated to reflect the emerging needs of programs as they develop. These documents should preferably encompass HIV technical areas and non-HIV specific generic areas such as program management.

##### *Recommendation*

4. Develop a list of key international documents, with internet links, which would be of use for program staff in self-directed learning.

#### **4.5 Technical Support Facility**

The HIV/AIDS Technical Support Facility Southeast Asia and Pacific was established in 2006 to improve access to timely, high quality short-term technical assistance for scaling up national AIDS responses. TSF services are available to National AIDS Programs, health and other Ministries, and their national and international partners. Technical support is provided in planning, communications, resource mobilisation and tracking, monitoring and evaluation, management, and most-at-risk population programming. UNAIDS supports the TSF as part of its strategy to help strengthen coordination and capacity for effective AIDS responses at country level.

The TSF sources short-term consultants for national and international agencies from its database of national, regional and international consultants, which spans a wide range of expertise. The TSF contracts consultants on behalf of clients and jointly manages their performance for quality. The TSF can also help with technical assistance planning and refining terms of reference.

The TSF has developed a training course on 'Managing Technical Assistance'. The course covers:

- preparing for technical support, including timing, costs, writing ToRs, and budgets;
- matching the assignment with a consultant;
- managing technical assistance; and
- reviewing and applying the outputs of technical assistance.

This course has been conducted in a number of countries. Given the limited experience in managing technical assistance in the Maldives, the NAP may wish to consider whether making a request to the TSF to conduct this course in-country.

The TSF also provides needs driven training, mentoring, guidance and other professional development activities, focussing on national consultants. The TSF has developed a 6 day course

to strengthen the skills of local and regional consultants. The TSF is also able to fund the teaming of more experienced and less experienced consultants as a capacity building exercise. Given the limited number of local consultants in the Maldives, this aspect of the TSF's work may not have immediate application.

The TSF has a mandate to assist in capacity building of organisations, to provide training courses in specific technical skills (e.g. project planning), to provide mentoring for selected key figures, and runs a scholarship program to enable people to attend training courses.

A strong focus of the TSF's work is strengthening Global Fund processes at country level. UNAIDS is providing funds to allow the TSF to pay for consulting assignments which are designed to assist countries to accelerate Global Fund grant delivery. The TSF will also provide training courses for consultants and Global Fund grant recipients, with a focus on topics which often present challenges in the context of Global Fund architecture and grants. These courses address CCM and governance issues, monitoring and evaluation, financial management, program implementation, engagement of Civil Society and procurement and supply management. The TSF has trained a cohort of consultants in systems issues such as improving the governance of CCMs, diagnosing bottlenecks in implementation and assisting with formulation of remedial plans. This work has a dual capacity building and technical skills focus.

The TSF plans to use the areas for capacity building and technical support identified in this report as a basis for working with national and international partners in the Maldives.

## **5. Priority areas for technical support and capacity building**

The technical support activities outlined in this section have been aligned with the seven strategic directions in the HIV & AIDS National Strategic Plan. Technical support activities include those funded by the Global Fund and other agencies (e.g. UN agencies), unfunded activities from the NSP Workplan, and additional proposed activities developed as part of this Technical Needs Assessment.

Cross-cutting technical support activities that relate to more than one strategic direction are dealt with first in section 5.1. The technical support activities proposed in this section are summarised in the Technical Support Plan (see Appendix 1).

### **5.1 Cross-cutting technical support relating to multiple strategic directions**

#### **5.1.1 The importance of organisational capacity**

To achieve the goals of the NSP it is essential to have both:

- knowledgeable and skilled staff and volunteers who have the capacity to do their work; and
- efficient and well functioning organisations in which staff and volunteers can work effectively.

Capable people and organisations are both essential for successful implementation of programs. Around the world, technical support often places too little emphasis on the importance of developing organisational capacity, and instead concentrates mainly on developing the knowledge and skills of staff and volunteers.

Key areas of organisational capacity include a clear vision of purpose, a well defined organisational structure, governance systems, good management, work planning and project management cycles, established procedures for how work is carried out, defined communication channels within the organisation and with external partners, financial systems, accountability mechanisms including quality assurance and monitoring and evaluation systems, and staff and volunteer capacity development, risk management and sustainability strategies, and a resource mobilisation strategy. The importance of organisational capacity applies to both government ministries and authorities and NGOs.

The role of civil society in the Maldives is currently under-developed. The two priority needs facing development of an independent civil society in the Maldives are:

- Capacity development and access to resources.
- The provision of an enabling environment including a conducive legislative framework.

Most NGOs have been established in the last 3 years, and most have significant organisational capacity development needs. Of those that are registered, it is unclear how many are actually in operation or exist in name only. The HIV & AIDS NSP recognises the important role of NGOs, especially in relation to prevention activities for marginalised, most at risk populations. Civil society has the ability to reach these groups in a way that is not possible for government, understands sub-cultural attitudes and behaviours, and is able to communicate in a way that has credibility with the target groups. To enable the work of NGOs to be undertaken effectively, there

will need to be a significant concentration on capacity building as well as improvement in the enabling environment for NGOs.

The Raajje Foundation, a Sri Lankan based non-profit organisation, is conducting a Maldivian NGO Strengthening Pilot Project. The primary objectives of the project are to strengthen the capacity of NGOs to operate effectively and sustainably, to the highest possible standards of practice, and to contribute to improving the enabling environment for NGOs. The first activity of the project, which commenced in late 2007, was to conduct a capacity and needs assessment of all Male-based NGOs known to be active, using a UNDP assessment methodology. Twenty-four out of 25 known NGOs responded to invitations to participate in the assessment. The NGOs included the Society for Health Education (SHE), Journey, and the Society for Women Against Drugs (SWAD). The other NGOs included in the assessment are doing work in areas other than HIV and AIDS, but may have access to target groups included in the NSP such as youth, women and detainees. The capacity building needs assessment report will be published in April, 2008.

Subsequent activities of the Raajje Foundation Pilot Project include:

- **Structured training programs:** regular training workshops to increase knowledge and skills in the essentials of NGO project planning and management. Topics will include NGO and project management; project design and implementation; accountable and transparent systems for NGO finances and operations; resource mobilisation; strategic planning and coordination; written and oral communications; advocacy, networking and partnerships; training of trainers; community asset mapping; awareness raising; media skills; staff and volunteer recruitment and retention; teamwork, and problem-solving skills; and monitoring and evaluation.
- **Hands on training and guidance:** to consolidate and reinforce the knowledge and skills learned during the training workshops through practical application.

Other activities include the development of manuals, toolkits and NGO resources; the establishment of knowledge and skill sharing mechanisms, and the facilitation of NGO networking and output-driven relationship building with other NGOs the South Asia region.

It is recommended that the Raajje Foundation's forthcoming NGO capacity and needs assessment report be examined by organisations already providing technical support to NGOs working in the HIV and AIDS area to provide insight into the key areas of needs. This report will contain a summary of the key needs of the 21 NGOs examined. The Raajje Foundation's full assessment of each NGO will be provided to respective NGOs (i.e. each NGO will receive only their own assessment). These assessments can be used by the NGO to guide their organisational development. With the permission of the NGO, these assessments can be made available to technical support agencies that they are working with.

The Raajje Foundation is currently seeking funding for this work. It will be important for there to be close coordination between the Raajje Foundation and other technical support agencies in their work with particular NGOs. Donors who have so far expressed interest in funding the Project are indicating support for particular sectors or issues. Should the Raajje Foundation be requested to contribute to the organisational strengthening of NGOs involved in implementing the NSP, discussions would need to be held with the Raajje Foundation to determine the extent to which the Project can support the NSP within its resources.

Developing the capacity of government organisations is dealt with below in section 5.7.

### **5.1.2 Advocacy**

Development of evidence-based prevention projects for most at risk populations and youth will require support from decision makers and community leaders. Advocacy will need to play an important role in building that support.

The Global Fund work plan includes formulation by a consultant of a country advocacy strategy for promoting evidence based comprehensive prevention and care programs. UNAIDS RST, WHO SEARO and UNODC ROSA plan to provide technical assistance in the development of national advocacy strategies. This work should be combined with the advocacy strategy development work that will be supported by the Global Fund grant.

While the advocacy strategy in the Global Fund work plan is within the NNCB's work area, the advocacy strategy should encompass all areas of the NSP where advocacy is needed, including other most at risk groups such as sex workers and MSM.

In order to implement the advocacy strategy it is recommended that key government and NGO staff and volunteers receive advocacy training, with a particular focus on advocacy for prevention programs for most at risk populations and stigma and discrimination. A number of HIV advocacy training programs have been developed for other Asian countries, which could be adapted to the needs of the Maldives. The adaptation would need to take account of the local political and cultural environment. During the training, participants would develop realistic advocacy action plans for implementation over the next 6 months. A refresher training course is proposed for 6 months after the initial training, focussing on lessons learnt from implementing advocacy action plans. The proposed advocacy training and refresher training have been included in the TSP. Both activities are currently unfunded. The Advocacy strategy and advocacy training should draw strongly on evidence of what works in HIV prevention as this will be important in convincing gatekeepers.

### **5.1.3 Strengthening skills in behaviour change**

In October 2007, UNDP ROSA conducted a 10 day training on behaviour change communication (BCC), using an external facilitator. Participants included the NAP, NNCB, the Ministry of Education, and some NGOs, including Journey. The training was reported as very useful, and participants have identified the need for additional training and technical support in this area.

A similar training on BCC was organized by UNICEF in September 2007. The workshop aimed to strengthen the programming capacity in planning strategic communication for behavior and social change on the part of UNICEF program staff and program partners. Participants included NNCB, Journey, Ministry of Family and Gender, Ministry of Education, UN agencies. The fact that two similar training programs by different UN agencies were held over a period of two months may indicate the need for better coordination of training.

NGOs working with MARPs and government organisations identified the need to significantly strengthen their skills in designing and delivering behaviour change programs. This should include technical support to assist NGOs to conduct small scale research to identify attitudes and

beliefs among MARPs that influence behaviour. This will allow behaviour change to be tailored to address these beliefs and attitudes. The BCC Technical Advisor, funded by the Global Fund, will be the primary source of technical support for BCC.

#### **5.1.4 Building STI capacity**

WHO has supported external training on STI diagnosis and management (see Appendix 2). Some expatriate health care workers have also had STI training in their countries of origin. The Global Fund grant will be supporting the following technical support activities:

- Development and conduct of a training program on diagnosis and management of STIs for 248 HCWs.
- An STI diagnosis study tour for laboratory assistants.

#### **5.1.5 Public health resources at the Atoll level**

Community Health Workers and Family Health Workers, trained by the Faculty of Health Sciences in primary health care and health promotion provide a useful public health resource at the atoll level. The DPH provides some supervision, although the ability to do this is limited, and encourages innovative approaches. In some atolls Public Health Units have taken the initiative, with DPH support, to develop community education programs on HIV, STIs, and drug use, mainly targeted at youth. Community Health Workers stated the need for training on BCC so that they could go beyond simply providing information. The need for more in-depth training was also expressed so that health workers have the capacity to answer the questions of community members, which have been generated by the education programs initiated at atoll level. A limited amount of reference material on HIV and AIDS exists at the atoll health facility level, although there is access to the internet. HCWs expressed a need for more reference material to be used in self-directed learning.

### **5.2 Prevention and support services for key populations at higher risk: drug users, sex workers and MSM**

#### **5.2.1 Cross cutting technical support and capacity building needs**

There are a number of technical support and capacity building needs that apply across prevention programs for the different MARPs, (i.e. FSW, MSM and IDU/DU). These are outlined below:

##### **Technical Working Group**

The draft NSP workplan (November 2007) proposes the establishment of a technical working group (TWG) to guide the development of interventions for MARPs (DU, FSW, MSM, and prisons). The working group will be convened by the NAP and made up of key stakeholders from government and NGOs. The Global Fund long-term technical advisors (public health and BCC) would be important sources of technical input for the TWG. Given the small size of the Maldives and limited resources, technical support for these three areas will need to be shared to a large extent. The TWG could assist with the coordination of work, including technical inputs, across interventions for these three areas. Priority should be given to establishment of the TWG.

##### **Developing the capacity and skills of NGOs to access hard to reach populations**

A common characteristic of the most at risk populations in the Maldives is that they are hard to reach. This is particularly the case for sex workers and MSM, but less so for drug users, as

Journey and other peer-based NGOs have well established networks. Effective outreach work will depend on NGO staff and volunteers (including peers) having skills to locate MARPs and their social networks and deal with barriers in accessing MARPs. This can include advocacy skills to gain permission to undertake prevention work in a range of settings (e.g. guest houses for sex workers).

### **5.2.2 Injecting drug users and drug users**

#### **Overview**

It is commonly accepted that there has been a significant increase in recent years in illicit drug use in the Maldives, particularly in Male, but also in the atolls. While most illicit drug use appears to be by non-injecting modes of administration, there are reports, but as yet no reliable up-to-date data, which indicate an increase in injecting drug use. There is a consensus that drug users are the most at risk group for HIV in the Maldives.

Work undertaken on the development of a workplan for the NSP by an external consultant, Virginia Loo, in late 2007 identified both a basic package of services for drug users and a comprehensive package of services. The basic package included a drop in centre, outreach, peer education, freely available condoms, VCT, STI treatment, referral to drug treatment, and ongoing advocacy. The comprehensive package included all these things, plus needle and syringe distribution, drug substitution therapy, on-site STI and abscess management, and advocacy. Services in the Maldives in all these areas are currently at either a fairly early stage of development or non-existent.

Most of the basic package of services could be achieved with planned technical support activities, which are mainly being supported by the Global Fund grant, UNICEF and UNODC. However, additional external technical support will be needed to further develop some aspects of the comprehensive range of services. This technical support has not yet been planned, although it is included in the TSP. The TWG (see above) should play a key role in defining the package of services and timing of progressive roll-out, with mobilisation of technical support as needed. Advocacy activities will need to lay the ground for introduction of the comprehensive package of services as there is currently insufficient support from political, bureaucratic and community leaders. It will be essential that this advocacy is informed by evidence.

Knowledge of the evidence related to harm reduction programs appears to be at best varied, and in some cases minimal. Myths about the effects of harm reduction programs appear to be common. For example, at the stakeholders meeting for defining the basic package of intervention elements for drug users, with a focus on injecting drug users, (December, 2007), some small groups concluded that a needle and syringe exchange program would increase the number of drug users who inject, would encourage existing drug users to use more drugs and lead to more deaths from overdose. None of these claims are supported by the well established body of international evidence. Meetings such as this need to be informed by evidence and have ready access to technical expertise.

A new illicit drug regulation is anticipated to result in a significant increase in the number of drug users entering mandatory rehabilitation. A Malaysian drug rehabilitation centre has been contracted to staff and run the mandatory rehabilitation centre. It will be important for

organisations providing technical assistance in the area of drug rehabilitation to interface with the Malaysian company to ensure that evidence based practices are being used.

Health care workers at the atoll level have limited skills in dealing with drug addiction beyond generic counselling skills. Given that illicit drug use exists in all atolls, development of at least basic skills in dealing with drug addiction should be a priority, although this is not something that should be the sole responsibility of the NAP. HCWs stated that drug users frequently present at hospitals with drug-related problems. Flow charts and protocols would be particularly useful for atoll and regional hospitals.

#### **Planned technical support activities: drug users**

The following technical support activities have been planned and funded:

- Development of a training program for drug users to conduct peer education outreach (in Global Fund workplan but not funded).
- Training and support of 45 IDU/DU peer outreach workers.
- Strengthen the capacity of the 3 demonstration sites conducting 2 year trials targeting IDUs.
- Development of a training program for youth organisations, drug users, NGOs and CBOs for participation in the BCC strategy and campaign.
- Development of training modules for law enforcement officers including judiciary, police and correctional facility staff.
- Implementing training modules for law enforcement officers.
- Ongoing technical support for NNCB and Journey from UNICEF and UNODC.
- Organize international exposure visits for stakeholders to show benefits of harm reduction programmes.

The following technical support activities have been planned (NSP Workplan) but are currently unfunded:

- Provide technical advice on the development of BCC materials appropriate for young drug users.
- Strengthening services for drug users in the health system: adapting WHO/UNODC training materials for health care workers and conducting training of health care workers.
- A mapping and size estimation of drug users, with recruitment of external technical assistance to design the mapping exercise.

While the mapping exercise would have uses, consideration should be given as to whether this is a high priority that warrants funding as Journey (and other NGOs) already have good knowledge of the drug using population, and no difficulty in accessing them. The money could be spent more effectively on service delivery.

#### **Recommendation**

5. Consider deferring purchasing external technical assistance for mapping and size estimation of drug user populations given the good knowledge and access to drug users by Journey and other NGOs that already exists.

#### **National Narcotics Control Bureau**

The NNCB is a government body responsible for overall coordination of all aspects of the response to illicit drugs. In particular, it currently has sole responsible for drug rehabilitation

services and is the main agency responsible for drug use prevention. The NNCB is a sub-recipient of the Global Fund grant. The NNCB has hired a small number of staff to manage the Global Fund grant and these staff will have particular responsibility for activities in relation to HIV activities focussed on law enforcement agencies.

NNCB staff located in its central office have had some short-term in-country training on HIV and participated in a UNICEF supported international exposure visit to an Indonesian drug rehabilitation centre and prison. Staff have also participated in the Colombo Plan's Drug Advisory Program's training, although the HIV content was minimal. NNCB staff report a strong reliance on learning by doing and self-directed learning by accessing UNODC and WHO materials on drugs use, HIV and harm reduction, and the internet and materials from trainings.

UNODC has been providing technical support to the NNCB through its regional program 'Prevention of transmission of HIV among drug users in SAARC countries'. The Government has agreed in principle to the establishment of a pilot methadone project. UNODC ROSA plans to conduct sensitisation activities and training of health care workers in the first half of 2008 to support this initiative. UNODC and UNDP provided technical assistance in the development of the NNCB's Drug Control Master Plan 2007-2011 (draft). The HIV and harm reduction content of the Master Plan is minimal.

There is a clear need for a significant expansion and enhancement of drug rehabilitation services in the Maldives to meet the increasing prevalence of drug use. This should include enhancing the knowledge and skills of staff working in drug rehabilitation and the development of alternative models of drug rehabilitation. There are significant technical support needs in this area. While HIV funding may be able to support some aspects of this technical support, the bulk of funding for this significant undertaking should come from non-HIV funding sources.

The following technical support needs were identified by NNCB staff or stakeholders and by this technical needs assessment:

- Organisational capacity of NNCB in leadership, management, and strategic, service and work planning.
- Project management, coordination and working in partnership with NGOs.
- Advocacy.
- Knowledge of HIV harm reduction programs, including the evidence which supports this approach.
- A better understanding of the nature of drug addiction.
- Behaviour change communication skills.
- Mass media campaign skills.
- Technical guidance on a range of project implementation modalities (e.g. how to conduct an effective telephone hotline).
- HIV training for drug counsellors, coupled with improved counselling skills.
- Technical support on how to respond to HIV positive cases in drug rehabilitation centres, including prevention of transmission.
- Universal precautions training for health care workers in drug rehabilitation centres.

Planned technical support by UNICEF and UNODC, supplemented by the technical assistance enabled by the Global Fund grant will probably be sufficient to meet these technical support

needs in the short-term, provided there is good coordination between the different providers of technical support. There will, however, be a need to bring in additional specialist expertise on specific aspects of developing a comprehensive package of harm reduction programs.

### **Journey**

Journey, a peer based NGO of recovering addicts, receives ongoing technical support from UNICEF's HIV/AIDS Officer. A number of Journey volunteers have attended medium to long-term training at YAKITA, an Indonesian drug rehabilitation service. The Raajje Foundation plans to provide training and other technical support in organisational development to a range of NGOs in 2008, including Journey. Global Fund NNCB staff will also be supporting Journey's work. Journey volunteers also have attended a number of international consultations and conferences.

Technical support provided by UNICEF includes a one day workshop on developing proposals, assistance in the development of the 2008 workplan, facilitation of building a partnership with NNCB, participation in weekly management meetings, and ongoing mentorship. Eight health professionals were trained in Indonesia on HIV/AIDS and IDUs with UNICEF support.

UNODC ROSA is providing technical support to Journey, SWAD and SHE through its regional program 'Prevention of transmission of HIV among drug users in SAARC countries'. Training for these NGOs on outreach, community involvement, and psychosocial skills took place in March 2008. Further training is planned in the areas of rapid situation and response assessment, peer volunteer lesson plans, low cost community based care and support, and services for IDUs.

The following strengths of Journey were identified by both Journey and technical advisors:

- Peer based knowledge of the target group and personal knowledge of the nature of drug addiction and recovery and the obstacles commonly encountered.
- A high degree of motivation.
- Good peer education skills.
- Good advocacy skills.
- An understanding of harm reduction.
- Good networking skills.
- Some good skills in implementation.

Areas identified where capacity needs to be built are:

- Managerial capacity (a Manager was hired in early 2008).
- Internal communications systems.
- Development of a clear organisational structure (e.g. appointment of a Manager, establishment of an Advisory Board, financial systems, accountability mechanisms).
- Further development of advocacy skills.
- Development of an integrated program as opposed to a separate, unlinked activities.
- How to plan activities and follow-up.
- Program implementation skills.
- Behaviour change communication skills, including skills in communicating with different audiences.
- Monitoring and evaluation.

In comparing Journey's strengths and weaknesses, most of the strengths lie in the areas of knowledge and skills related to project work, and many of the weaknesses relate to organisational capacity, with a need to further develop project-related knowledge and skills. UNICEF plans to continue to provide support for the organisational development of Journey through day-to-day mentoring and coaching, which will be supplemented by the Raajje Foundation's support.

Journey expressed the desire to develop links with similar regional NGOs so they could learn from the experience of others. Establishing a mentoring relationship with a similar, but more advanced NGO in the region would have significant advantages.

There is the possibility of involving other NGOs working in the drugs area in HIV work. If a decision is taken to involve additional NGOs there will be significant capacity building needs.

### **Drug users in penitentiary settings**

Eighty five percent of inmates have been incarcerated for drug-related crimes. Inmates are at risk for HIV through injecting drug use and male-to-male sex. The NSP Workplan includes development of a package of HIV services for prisoners, related advocacy to gain support for this package, and the development of a monitoring system for these programs. Different components of the package may be implemented over time.

UNODC is undertaking work in prisons with the Penitentiary Department, using a module developed for prison interventions in South Asia, to develop HIV prevention services and possibly drug treatment services in the future. In 2007 UNODC trained 30 prison officers in HIV prevention in a one week program. Additional UNODC training is scheduled for February 2008 and will be ongoing. A ToT model is being used. Trained prison officers will train inmates and the inmates will then train other inmates. The training of prisoners will commence in March 2008. The Penitentiary Department expressed a high level of satisfaction with the UNODC training and reported a good response by prison officers to the training. UNODC has also conducted regional HIV training for prison systems, in which 3 Maldivians participated.

Officials from the Iran prisons system, where harm reduction programs for drug users have been introduced, visited the Maldives, with WHO support, to provide technical advice on the nature of their programs. A visit to Iran by Maldivian Penitentiary Department officials is planned.

The Penitentiary Department would like to establish drug rehabilitation programs in prisons, but recognises that effective community rehabilitation services need to be established in parallel to support inmates after their release from prison.

Health facilities are available in the two prisons, with access to specialist services at outside hospitals, such as IGMH, as needed. HIV testing of inmates is not conducted on entry. However, during the course of incarceration, if prisoners are having other blood tests performed, testing for HIV is also undertaken. The Penitentiary Department is planning to test all prisoners for HIV prior to their release.

**Technical support needs: penitentiary settings**

- Technical advice on the development of drug rehabilitation programs, including drug substitution therapy.
- Technical advice on the development of harm reduction programs.
- Technical advice on an HIV testing policy for prisoners.
- Technical advice on all aspects of the management of HIV positive prisoners.

It is difficult to plan the timing of this technical advice as it will depend on when different elements of the package of services are introduced. A good deal of this technical support should be able to be provided by UNODC, although additional technical support may be needed at different stages, depending on the availability of UNODC.

**5.2.3 Female sex workers and MSM**

There are currently no programs specifically dedicated to HIV prevention for female sex workers (FSW) and men who have sex with men (MSM). However, some youth services and NGOs have done some work with these populations, particularly FSWs, as part of their broader work.

**Planned technical support activities: FSWs**

For female sex workers and vulnerable women the NSP Workplan details the following technical support activities:

- External technical assistance to design and conduct a social mapping and size estimation for FSW.
- Identifying NGOs with interest and capacity in FSW and vulnerable women programming and support for the NGO(s) in development of this work.
- Strengthening multi-sectoral atoll programs to address gender based violence and women's empowerment. (UNICEF is providing technical assistance in the area of gender based violence.)
- A situation assessment of the vulnerability of non-Maldivian female workers, leading to policy development on social services.

**Planned technical support activities: MSM**

For MSM the NSP Workplan details the following technical support activities:

- External technical assistance to design and conduct a situation analysis and social mapping of MSM.
- Identifying NGOs with interest and capacity in MSM programming and support for the NGO(s) in development of this work.

None of these activities are currently funded. It is possible that UNICEF and UNFPA may be able to provide technical support in addressing the vulnerability of women and girls and in providing technical support to NGOs undertaking work with FSWs and MSM. UNFPA's support for life skills education for out of school youth also has the capability of reaching FSWs and MSM, as has already been the case with the Youth Health Cafe. Some of the technical support funded by the Global Fund (e.g. Technical Advisors on BCC and Public Health, peer education outreach training, etc) could also be used to support capacity development for FSW and MSM programming. Depending on funding provided, the Raajje Foundation's organisational capacity development work could also be expanded to encompass NGOs working with FSW and MSM.

The key to developing programmatic capacity for FSWs and MSM will be advocacy, developing the organisation capacity of NGOs to conduct work in these areas, and building evidence based knowledge and skills specific to HIV prevention programs for these populations. NGOs in the Maldives have been reluctant to work in sensitive areas. There is a role for the NAP and UN organisations in encouraging and nurturing NGO work with FSW and MSM. The advocacy training proposed (see 5.1.2 above) should include advocacy on FSW and MSM interventions. There are a number of NGOs in India doing best practice work with FSW and MSM that could provide technical support to Maldivian NGOs, although they would need to recognise the cultural constraints of how this work would need to be conducted in the Maldives.

It is reported that most female drug users are also involved in commercial sex work. It will therefore be important that HIV prevention programs for FSWs address both sexual and drug use risks, and that technical support agencies have expertise in both of these areas.

Consideration should be given as to whether a formal social mapping and size estimation is the best method of identifying how to access sex workers. A skilled NGO may be able to identify the locations where sex work is taking place in a more effective manner than a formal study, by using networking skills and snowball techniques. This may also be the case for MSM.

#### *Recommendation*

6. Where possible, funded technical support (e.g. Technical Advisors on BCC and Public Health, peer education outreach training, Raajje Foundation NGO organisational development project) should be used to support capacity development of programs addressing FSW and MSM.

### **5.3 Reduce and prevent vulnerability to HIV infection in adolescents and young people**

#### **5.3.1 Life skills education in schools**

The HIV component of the schools life skills education package in the Maldives is reported to be largely information based rather than skill based. Life skills are being taught in very few schools. WHO's HIV life skills teacher training manual, which has a skills based orientation, has been adapted, with external technical assistance, and translated. It is hoped to train teachers in the use of the manual, although there is currently no funding for printing, distribution or training.

UNFPA has provided technical assistance in the development of life skills education manuals for in and out of school youth. UNFPA's Adolescent Sexual and Reproductive Health Project has piloted a life-skills education programme in selected secondary schools in Male. There has, however, been problems in the application of the ToT model. It has not been possible to establish a core group of master trainers due to high staff turnover, selection of inappropriate people for training, and a lack of time for those who have completed training to train others. This has necessitated repeat visits to the Maldives by external life skills trainers. UNFPA is hoping to address these problems by more careful selection of who to train, and accrediting the life skills course, with certification linked to the number of hours of training.

While some technical capacity on life skills education has been established in the Maldives, overall current capacity in this area is limited. The Global Fund grant does not include training for teachers in life skills education, although SHE will conduct some life skills training of

teachers. To ensure sustainability of life skills education for school students, life skills needs to be incorporated within the curricula of the Faculty of Teacher Training. The School Health Unit in the Ministry of Education has been advocating for inclusion of life skills into the teacher training curriculum.

The School Health Unit in the Ministry of Education has, up until recently, had very limited staffing. The head of the unit has had 6 months external training on life skills education. Six new staff have joined the Unit, and there are significant capacity building needs. These include:

- Program planning and coordination.
- Training skills.
- Materials development.
- Health promotion skills.
- Advocacy skills (to be used within the Ministry and with school management and parents relating to the sensitivity of life skills education on sexual and reproductive health and drugs).
- Monitoring and evaluation.

#### **Planned technical support activities**

Planned technical assistance supported by the Global Fund grant are:

- Study tours for teachers in the Faculty of Health Sciences.
- Study tours for school teachers who teach in the HIV life skills course.
- Training for school teachers in life skills education, emphasising interpersonal communication skills.

Over the next 3 years (2008-2010) UNFPA plans to support institutionalisation of health and life skills education in the official school curriculum. This will be done by:

- Technical assistance to assess the current level of training and facilitation skills for implementing reproductive health and life skills education programs.
- Technical assistance to guide the development and implementation of a strategy for capacity building and the effective use of training and human resources.
- Technical assistance in developing an accredited life skills training course.
- Technical assistance to strengthen and diversify educational material for in and out of school youth.
- A technical advisor for four months to develop the capacity of a new Health and Life Skills Education Unit in the Ministry of Education.

#### **5.3.2 Life skills education: out of school youth**

The Ministry of Youth and UNFPA have established a good working relationship in establishing life skills education for out of school youth through the Youth Health Café (YHC). The Ministry is ready to expand this model to atolls. The YHC has provided life skills training with an HIV component to out of school adolescents and youth and also has outreached to detainees, single mothers and other vulnerable groups such as potential sex workers. The YHC has also been able to conduct training on life skills with drug users and sex workers.

The lessons learned by the YHC in peer education training may have application to other peer education training that is planned for the Maldives. Initially, peer educators were selected from secondary schools for the training. When it came to the point where these peer educators had to go to the field, some were very reluctant and parents of some peer educators objected. The YHC

learnt from this experience by training unemployed youth as peer educators in the second round of training and incorporated components on facilitation skills and exposure trips into the training. This was more successful as these peer educators were less reluctant to go to the streets and reach out to vulnerable adolescents and youth.

Technical support needs for the YHC are:

- Development of skills in reproductive health counselling.
- Further developing the capacity to outreach to most at risk populations.
- Building skills in life skills education.

#### **Planned technical support activities**

Planned technical assistance supported by the Global Fund grant for prevention activities targeting youth are:

- Technical support for the design of the mass media campaign for youth.
- Training of selected youth groups, NGOs and CBOs for participation in the BCC strategy and campaign.
- Develop a youth peer educators training program.
- Train young people as peer educators to increase general awareness about STIs and HIV among young people.

Planned technical assistance by UNFPA related to reproductive health and HIV over the next 3 years includes:

- Enhancing the capacity of the DPH to plan the delivery of high quality integrated, comprehensive, evidence-based reproductive health services. Technical assistance will be provided to assess the current response of the health system in relation to needs. A range of areas will be examined including STIs, services for adolescent sexual and reproductive health, and integration of reproductive health and HIV services.
- Operational research on the Youth Health Café to support expansion of youth friendly health services to the atolls.
- Technical assistance in the design of pilot reproductive health services for young people in Male and UNFPA focus atolls.
- Continued technical support for the Youth Health Café.
- Support for the development of additional, complementary life skills courses for out of school youth, including curricula and reference material.

UNFPA would like to take a role in building the capacity of NGOs to undertake work in reproductive health. Given the under-developed nature of NGOs in the Maldives, and the fact that the better established NGOs are over-burdened with work, finding suitable NGOs to work with has been difficult.

#### **5.4 HIV prevention for highly vulnerable workers**

The NSP defines vulnerable workers as seamen, resort workers, migrant workers, police and defence force personnel. The Society for Health Education (SHE) is the sub recipient for Global Fund supported prevention activities targeting these groups.

### **Planned technical support activities**

Planned technical support activities are:

- Technical assistance in the development of BCC materials for vulnerable workers.
- Training of NGOs and partner agencies on BCC strategies and campaigns.
- Technical assistance in the design of a pilot project on provision of HIV and STI prevention services to migrant labourers.

SHE has identified the following capacity building needs:

- Project management skills, especially in relation to program development, implementation, understanding of program management cycles, data management, report writing and M&E.
- Data analysis skills to apply evidence to program development.
- Developing an understanding of international best practice approaches in HIV programming.
- HIV specific counselling skills, to build upon the general existing counselling skills of SHE staff.
- Behaviour change communication skills.
- Development of skills in innovative ways of delivering health promotion messages using technology (e.g. web sites, blogs, SMS messages).

## **5.5 Provide treatment, care and support services to PLHIV**

Over a number of years, WHO has provided funding to support mostly external training of a core group of HCWs in VCT, laboratory diagnosis, care and treatment, and blood banking. Details of training provided is listed in Appendix 2. This support is ongoing and WHO support for 2008 and 2009 is detailed in the TSP.

### **5.5.1 Voluntary counselling and testing**

A limited number of HCWs have undertaken short-term external training on voluntary counselling and testing (VCT), funded by WHO and UNICEF (see Appendix 2). In early 2008 an external trainer from India was brought to the Maldives to conduct a VCT ToT for 25 HCWs from Male and other atolls. However, only 3 of the people trained can be used as VCT trainers as the others either lack sufficient confidence, skills or motivation to take on a training role. This highlights the need to improve the application of the ToT model, as outlined in section 4.1.1 above. The DPH has conducted VCT training at the atoll level. The training contained a strong emphasis on prevention. HCWs who participated expressed satisfaction with the training and said they now have the confidence to undertake counselling. Some expressed the need for additional training in counselling.

In support of the NSP's objective of increasing the capacity of health providers to deliver VCT, a range of technical support activities are being funded by the Global Fund and WHO. These are:

- A consultant to assist with developing the voluntary counselling and testing manual.
- A meeting to adapt VCT training material.
- VCT training of health care workers.
- Strengthening and expansion of VCT services in six regional hospitals.

It is not clear whether the Global Fund and WHO activities are fully complementary or whether there may be some duplication. This needs to be reviewed.

### 5.5.2 Provider initiated testing

UNICEF provided technical and financial support to train HCWs in PMTCT, in 2007. A large amount of HIV testing is conducted in the Maldives in different settings for a range of purposes. For example, non-consensual testing of surgical patients, routine antenatal testing, and mandatory testing for employment. The justification for much of this testing is questionable, especially in a very low prevalence country. For example, no HIV positive case has ever been detected in antenatal testing. If a need is seen to monitor HIV prevalence in pregnant women, a more cost-effective method would be periodic surveillance surveys. It is recommended that the Maldives develop an HIV testing policy which would contain guidelines for testing in a range of settings.

### 5.5.3 Treatment

The Global Fund work plan contains the following three activities to enhance knowledge and skills in HIV and AIDS care and treatment:

- A consultant to adapt the WHO Integrated Management of Adolescent and Adult Illness (IMAI) training tools for the local context.
- Training program on clinical management of ARV for 24 doctors.
- Training of 12 physicians and nurses on IMAI.

The total cost of these proposed activities is US\$ 38,000. (Guidelines \$5,000, ARV training \$18,000, physician and nurse training \$15,000).

Global Fund proposals are written well in advance of when implementation will occur and therefore need to forecast needs. Training of health care workers in HIV and AIDS care and treatment was seen as justified in preparation for a possible increase in the case load. However, given the current extremely low number of people diagnosed with HIV, the question needs to be asked: is this training needed at this point in time? It is most unlikely that as many as 24 doctors will be needed in the short to medium term for HIV and AIDS care. Currently, medical and nursing expertise for HIV and AIDS care and treatment is concentrated in the IGMH in Male. Centralisation of expertise is appropriate given the very low case load. While this would require referral of patients to IGMH, this is the only viable option unless there is a significant increase in the case load. If doctors and nurses are trained now and do not get to use their new skills it is likely that the training will be forgotten. Similarly there would be no motivation to keep up to date with clinical advances, so their knowledge may quickly become out-of-date. The Global Fund indicator for this area is the number of people on treatment. This indicator is not directly related to whether the training takes place. It would be possible to achieve the target with existing trained staff.

A preferable approach to training of HCWs in HIV and AIDS care would be to ensure that the staff at IGMH who have already received training are kept up to date and are available to support and train other HCWs as the need arises.<sup>1</sup> Appendix 2 indicates that HCWs have had a reasonably high degree of access to international training, with participation in eight different external care and treatment capacity building exercises over the last two years. WHO will continue to support clinical update training for IGMH staff over the next two years.

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<sup>1</sup> There should be consultation with staff at IGMH regarding technical support needs for care and treatment. It was not possible to meet IGMH staff due to a scheduling problem.

### ***Recommendation***

7. Consideration be given by the DPH and the Global Fund Country Coordinating Mechanism as to whether the proposed HIV and AIDS care and treatment clinical training is needed at this point in time given existing clinical skills and the very low HIV case load. Consideration should be given to reprogramming this money to other technical support priorities.

### **5.5.4 Procurement and supply management**

The Global Fund grant will be funding technical support for the procurement and supply management of drugs and other supplies. WHO is also planning technical support on procurement and supply management. It is not clear whether the Global Fund and WHO activities are fully complementary or whether there may be some duplication. This needs to be reviewed.

### **5.5.5 Faculty of Health Sciences**

The Faculty of Health Sciences trains nurses, laboratory technicians and health workers. Curricula contain some HIV & AIDS and STI content. New content can be incorporated into curricula on an annual basis. A more comprehensive review and adjustment of curricula is conducted every three years. The nursing curricula will undergo its triennial review in 2008. As technical advisors are engaged to develop or update guidelines for HIV and STI clinical management, they can review existing curricula and make proposals for adjustments.

## **5.6 Ensure safe practices in the health care system**

### **5.6.1 Blood safety**

To facilitate the universal HIV screening of all donated blood, the NSP calls for the establishment of a National Blood Centre and Regional Blood Centres, and the recruitment of voluntary, non-remunerated blood donors. The Global Fund and WHO will be supporting a range of technical support activities in support of these activities. It is not clear whether the Global Fund and WHO activities are fully complementary or whether there may be some duplication. This needs to be reviewed. The following training and technical advice is planned and funded:

- Training of staff from National Blood Centre & selected Regional Blood Centres on the consolidated Blood Transfusion Service.
- ToT for blood donor recruitment officers (already occurred: January 2008).
- Regional training on pre- and post-donation counselling for blood donors.
- Development of a blood donor labelling system.
- Training of youth volunteer coordinators on promotion of blood donation.
- Regional training of quality managers.
- A national training workshop on quality auditing.
- An introductory training workshop on national standards.
- Regional training in NEQAS for blood group serology.
- Refresher training on blood banking technology.
- Training on QMS.
- Training of clinicians in rational use of blood and blood products.
- Training of nurses on good transfusion practices.
- Training of RBC nurses on good transfusion practices.

- Facilitation of a workshop for development of national protocols on haemovigilance systems and monitoring tools.
- A national introductory workshop on haemovigilance.
- Training for medical officers in blood banking and transfusion medicine.
- Training for medical officers and nurses in blood donor recruitment and retention.
- Training for laboratory staff, medical officers and nurses in blood donor recruitment and retention.

The need for blood donor recruitment officers to have additional training on communication skills and management of blood donor recruitment systems (e.g. donor data management) was expressed during consultations. Training in BCC would be useful for both the blood donor recruitment officers and the NAP staff developing campaigns in this area. The planned training listed above should be reviewed to determine if it will adequately provide training in these areas.

### **5.6.2 Universal precautions**

The current three year strategic plan of the Department of Medical Services includes developing and implementing hospital infection control procedures, including universal precautions and waste disposal. There appears to be no need for additional technical support beyond that already planned by DMS.

## **5.7 Build and strengthen capacity and commitment to lead, coordinate and provide a comprehensive response to the epidemic**

### **5.7.1 The National AIDS Program**

#### **Overview**

The National AIDS Program in DPH is responsible for leading, managing, coordinating and monitoring the national multi-sectoral response to HIV and AIDS. The functions of the NAP include strategy and policy development, program development, managing relationships with stakeholders, coordination, resource mobilisation, oversight of capacity building needs, surveillance and monitoring and evaluation. In addition, the NAP is responsible for leading the health sector's response to HIV and AIDS. The complexity of managing the NAP has increased significantly with the expansion of programs to implement the new NSP, which has been made possible by the injection of money from the Global Fund grant.

The staffing of the NAP has recently increased from 4 to 12 persons. Managing this growth in human resources is a challenge. Another challenge is that the new NAP staff have limited knowledge and skills in HIV and program management. Building up this technical expertise will be important so that the NAP is not so reliant for technical inputs from a few senior staff members, external consultants and technical assistance agencies.

#### **Technical support needs**

The key capacity building needs of the NAP are:

- Building capacity to lead the multi-sectoral response to HIV and AIDS.
- Management skills.
- Priority setting skills, especially in determining what are the component parts of a minimum package of interventions that are needed.
- Coordination skills related to implementation of the NSP by multi-sectoral partners.

- Project planning and project management skills.
- Improved knowledge of evidence based approaches to HIV programming.
- Workshop design, including specific skills on best use of the ToT model.
- Advocacy skills.
- Resource estimation (costing) skills.
- Global Fund grant sub-recipient management skills and CCM secretariat skills.
- Monitoring and evaluation skills.
- Report writing skills.

A two day orientation/team building session should be conducted for the new National AIDS Program staff. Topics should include a review of the NSP and Global Fund activities, an overview of the key elements of an evidence based approach to HIV control, key concepts and terminology in HIV programs, useful resources (e.g. internet, technical support agencies), the role of the Global Fund PR's office, responsibilities of sub recipients, the role of the UN and other technical support agencies, the DPH structure, and the internal operational systems of the DPH and NAP.

### **5.7.2 Multi-sectoral partners**

It will also be critical to the success of the NSP to build the organisational capacity of multi-sectoral partners. Key Ministries will be Education, Youth, and Gender, and the NNCB and the Penitentiary Department. Program specific knowledge and skills development involving these multi-sectoral partners are outlined under the sections dealing with other strategic directions.

#### **Technical support needs**

The key organisational capacity needs of multi-sectoral partners are:

- Building capacity to lead HIV and AIDS programs within their sector.
- Management skills.
- Coordination of the different stakeholders within their sector.
- Project planning and project management skills.
- Improved knowledge of evidence based approaches to HIV programming.
- Workshop design, including specific skills on best use of the ToT model.
- Advocacy skills.
- Global Fund grant sub-recipient management skills.
- Monitoring and evaluation skills.
- Report writing skills.

Law enforcement agencies will also have an important cooperative role to play with harm reduction programs. Technical support needs for these agencies are outlined above under the relevant strategic directions sections.

### **5.7.3 Global Fund**

A number of stakeholders in the Maldives see activities funded by the Global Fund grant as separate from the National Strategic Plan for HIV & AIDS. This is inconsistent with the Global Fund's approach to funding. The Global Fund provides grants to countries to assist with implementation of National Strategic Plans. All of the activities being funded by the Global Fund in the Maldives are consistent with the NSP. The Global Fund is therefore simply a funding mechanism. Overall leadership and management of the national response to HIV & AIDS rests

with the National AIDS Program in the DPH. It will be important for there to be close and cooperative coordination between the NAP, the Principal Recipient, sub recipients and sub sub recipients. This will require all parties to concentrate on developing their coordination skills. This will need a clear understanding by all stakeholders of their respective roles and responsibilities.

The need for developing knowledge of Global Fund procedures has been mentioned in 5.7.1 and 5.7.2 above. An in-country Global Fund orientation workshop was conducted in November 2007 for all SRs and SSRs. The PR and some sub recipients have already had the opportunity to participate in the following Global Fund specific external trainings:

- Financial management workshop.
- Performance based management workshop.
- M&E workshop.
- Consultation on partnership opportunities with the private sector.

Additional in-country training in Global Fund procedures for all staff of sub recipients and sub sub recipients is planned for early 2008. This will include an M&E systems strengthening workshop for all SRs and SSRs.

All SRs and SSRs have been made aware of the My Global Fund workspace website [www.myglobalfund.org](http://www.myglobalfund.org). The PR's office has found the UNDP Global Fund Practices web site useful. The Public Health Advisor, funded by the Global Fund, has been particularly useful in assisting the PR and SRs on understanding the complex procedures of the Global Fund.

#### **5.7.4 Religious leaders**

Religious leaders have some involvement in the national response as members of the National AIDS Council and the Global Fund CCM. There is a need to expose religious leaders to how other Islamic religious leaders in countries such as Pakistan, Iran and Indonesia are supporting evidence based approaches to HIV. Well organised study tours are recommended.

### **5.8 Strengthen the strategic information system to respond to the epidemic**

Both WHO and the Global Fund grant will be providing technical support to strengthen strategic information systems. Consideration should be given to providing technical assistance for establishment of an information management system that would define and regulate data flow for surveillance and monitoring and evaluation.

Virginia Loo recommended that some of the studies funded by the Global Fund Grant and WHO could be reoriented to higher priority areas. For example, the KAP household survey of youth could be reoriented to most at risk youth. Decisions on the orientation of these studies need to be made before technical support for their design is mobilised.

#### **5.8.1 Social research**

The Global Fund grant will be used to engage technical support for the design of a KAP household youth survey and the analysis and write-up of results.

#### **5.8.2 Surveillance**

The Global Fund grant will be used to engage technical support for the design of a biological and behavioural survey of drug users and other priority population groups and analysis and write-up

of results. The WHO work plan includes technical assistance for the design and conduct of HIV & hepatitis B sero prevalence and behavioural surveillance among drug users. It is not clear whether the Global Fund and WHO activities are fully complementary or whether there may be some duplication. This needs to be reviewed.

WHO is has planned to provide the following technical support to strengthen surveillance:

- Technical support for integration of HIV & AIDS and TB surveillance into SIDAS.
- Support for a DPH staffer to undertake a Masters in Public Health course (Infectious Disease Epidemiology).
- Technical support for the design of a community STI survey in Male.
- National capacity strengthened at central and regional/atoll levels for surveillance & monitoring of national HIV/STI programs

### **5.8.3 Monitoring and evaluation**

Monitoring and evaluation skills in both government and NGOs are generally weak and will require significant strengthening to ensure that the NSP is guided by results-based information and to comply with the conditions of the Global Fund grant. Some staff from the Principal Recipient's Office and some of the sub-recipients attended a 2 day UNDP external workshop on M&E, specific to the Global Fund. The Global Fund grant will be used to mobilise technical assistance to:

- Develop the Global Fund monitoring and evaluation plan.
- Training of all Global Fund project staff on the M&E plan and reporting procedures.

Technical assistance is needed to support the development of an NSP monitoring and evaluation plan which defines a core set of indicators. This should be accompanied by an M&E systems capacity assessment, a capacity development plan, and development of an M&E operations manual.

## Appendix 1: Maldives HIV & AIDS Technical Support Plan, 2008-2009

The Technical Support Plan (TSP) provides a consolidated summary of all technical support and capacity building activities included in the NSP Workplan, including those funded by the Global Fund, plus additional activities that have been identified through the technical needs assessment. Section 5, Priority Areas for Technical Support and Capacity Building, provides background information on the recommended activities.<sup>2</sup> The TSP is aligned to the seven strategic directions of the Maldives National Strategic Plan on HIV/AIDS. A number of technical support activities are cross-cutting in that they apply to more than one strategic direction. These technical support activities are in a cross-cutting category at the beginning of the TSP matrix.

The TSP has been colour coded into the following three types of activities:

- **Funded activities: activities that are already planned and funded (e.g. Global Fund, NAP, WHO, UNICEF, etc)**
- **Global Fund and NSP activities which are recommended for review and possible reprogramming in the light of existing priorities. (See section 5 for the rationale for reprogramming.)**
- **Additional high priority technical support activities identified in the NSP or by the technical needs assessment for which there is currently no funding. (Some of these activities could be supported by using some of the Global Fund resources flexibly, especially the long-term advisor positions.)**

The TSP indicates when activities are scheduled to occur (column 5 of the TSP matrix). The scheduling of technical support activities is categorised as follows:

1 = To occur in the first half of 2008

2 = To occur in the second half of 2008

3 = To occur in 2009

Category 1 activities may extend into the second half of 2008 and into 2009. Category 2 activities may extend into 2009. Where the Global Fund work plan indicates that activities are scheduled to occur in the first two quarters of year 1, the activity has automatically been allocated a category 1 ranking.<sup>3</sup> Global Fund activities scheduled to start in the third or fourth quarter of year 1 have been allocated a category 2 ranking. Global Fund activities scheduled to start in the second year have been allocated a category 3 ranking. Category 1 activities are not necessarily a higher priority compared to category 2 and 3 activities.

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<sup>2</sup> The TSP includes all activities that fall under the definitions of technical support and capacity building as outlined in section 1.2. Some Global Fund activities such as conducting workplace education sessions for employees and planning meetings have been categorised in the Global Fund work plan as training. These types of activities have not been included in the TSP as they do not fall within the definitions of technical support or capacity building.

<sup>3</sup> While the second quarter for the Global Fund's Maldives funding ends in February 2008, this approach has been adopted to take account of inevitable delays in rolling out Global Fund activities that are commonly encountered at the commencement of grants.

The consultant who assisted in developing the NSP Workplan recommended that some activities supported by the Global Fund grant be rescheduled to achieve a more logical sequence in program roll-out. For example, it was recommended that the mass media campaign for youth be postponed till after youth services are more developed. The scheduling categories allocated to TSP activities reflects the current Global Fund workplan. The timing of some of these activities should be reviewed, as recommended by Virginia Loo.

The last column of the TSP matrix indicates whether the activity is planned and funded. For activities funded by the Global Fund, the name of the sub-recipient is indicated in this column. The budget for some Global Fund technical support activities appears to be insufficient to attract good quality external consultants. Funding allocations for Global Fund supported technical assistance need to be reviewed.

Some planned and funded technical support activities are quite similar. It is not always clear whether the two sets of training are complementary or whether there is some duplication. These areas are indicated by a **coloured row** which indicates that activities need to be reviewed for possible duplication and possibly combined.

### *Recommendations*

8. The National AIDS Program, in consultation with partners, should review planned technical support activities **highlighted in yellow** to determine if these activities can be postponed or cancelled in favour of higher priority activities.
9. The Principal Recipient and sub-recipients should review the adequacy of funding for technical support activities with a view to increasing allocations where needed, drawing funds from areas where savings can be made, and make recommendations to the CCM.
10. The National AIDS Program should lead a review of the Technical Support Plan in consultation with partners to determine if there is any duplication in planned and funded technical support activities. Where duplication exists, funds could be reallocated to unfunded and under-funded technical support activities. For technical support activities that remain unfunded and under-funded, the NAP and partners should attempt to identify or mobilise other sources of funding.
11. The scheduling of technical support activities should be reviewed rescheduled to achieve a more logical sequence in program roll-out.
12. The National AIDS Program should be responsible for overseeing implementation and coordination of the Technical Support Plan, in close collaboration with partners. Any changes made to the Technical Support Plan in light of the recommendations made above should be accompanied by changes to the NSP Workplan so that the two documents remain aligned. Similarly, any changes to technical support activities in the NSP Workplan should also be accompanied by changes to the TSP and the Global Fund workplan.

## Maldives HIV & AIDS Technical Support Plan, 2008-2009

Focus area	Technical support activity	Output	Technical support provider(s)	Scheduling (1-3)	Funded and planned?
<b><i>Cross-cutting technical support activities that relate to more than one Strategic Direction</i></b>					
<b>Technical advisors: long-term</b>	Public Health Technical Advisor	Technical advice on public health and Global Fund activities	Public Health Technical Advisor	1	Yes: GF (DPH)
	Behaviour Change Communication Technical Advisor	Technical advice on BCC	BCC Technical Advisor	1	Yes: GF (DPH)
	Technical support to NNCB, Journey & the Ministry of Education on DU/IDU and most at risk adolescents	Technical advice	UNICEF HIV/AIDS Officer	1	Yes: UNICEF
<b>Advocacy</b>	Formulate and prepare a country advocacy strategy for promoting evidence based comprehensive prevention and care programs	Advocacy strategy	Consultant, UNODC ROSA, WHO SEARO, UNAIDS RST	1	Yes: GF (NNCB) + UN organisations
	Develop and conduct an advocacy training package for the Maldives, with a particular focus on advocacy for prevention programs for most at risk populations and stigma and discrimination (1 week)	35 people trained – government and NGO staff and volunteers	Consultant	2	No
	Conduct an advocacy refresher training, focussing on lessons learnt from implementing advocacy action plans developed at the initial training (3 days)	35 people participate in follow-up course	Consultant	3	No
<b>STIs</b>	Develop and conduct a training program on diagnosis and management of STIs	Training program developed. 248 HCWs trained in 6 courses: 2008-2009	Consultant		Yes: GF (DPH)
	STI diagnosis study tour for laboratory assistants (2 weeks)	Study tour: 2 laboratory assistants	National AIDS Program to organise	2	Yes: GF (DPH)
<b>Awareness campaigns</b>	Technical support for awareness campaigns conducted for the community and affected persons on HIV and TB	Technical support	WHO	1-3	Yes: WHO
<b><i>SD 1: Prevention and support services to key populations at higher risk – drug users, sex workers and men who have sex with men</i></b>					
<b>Technical Working Group</b>	Establish a technical working group for interventions for MARPs (DU, FSW, MSM, and prisons)	Technical guidance & coordination of program development	NAP to convene. UN and GF technical advisors to support TWG	1	Yes: NSP workplan. Unfunded
<b>Mapping of drug users</b>	Recruit external consultant to design a drug user mapping and size estimation study	Technical guidance on design	External consultant	2 (review)	Yes: NSP workplan. Unfunded

Focus area	Technical support activity	Output	Technical support provider(s)	Scheduling (1-3)	Funded and planned?
<b>Drug users</b>	Organize international exposure visits for stakeholders to show benefits of harm reduction programs	Exposure visits conducted	Exposure visit	1	Yes: NSP workplan. WHO to fund
	Develop a training program for drug users to conduct peer education outreach	Training program developed	Consultant/BCC Technical Advisor	1	GF: non-planned & non-funded
	Train and support 45 IDU/DU peer outreach workers (2 day workshop, inter-island)	45 peer educators trained	Consultant/BCC Technical Advisor	1	Yes: GF (NNCB)
	Strengthen the capacity of the 3 demonstration sites conducting 2 year trials targeting IDUs	Technical advice provided	Consultant	3	Yes: GF (NNCB)
	Provide technical advice on the development of BCC materials appropriate for young drug users	Technical advice provided	BCC Technical Advisor	2	Yes: NSP Workplan. Use GF TA
	Develop training program for youth organisations, drug users, NGOs and CBOs for participation in the BCC strategy and campaign	Training program developed	Sub contract	1	Yes: GF (NNCB)
	Training of youth organisations, drug users, NGOs and CBOs to participate in the BCC strategy and campaign	40 people trained	BCC Technical Advisor	1	Yes: GF (NNCB)
	Continuation of UNODC's regional technical support program: Prevention of transmission of HIV among drug users in SAARC countries	Technical support provided: training of NNCB and NGOs	UNODC	1-3	Yes: UNODC
	Technical advice on the development of components of a comprehensive package for drug users: needle and syringe exchange programs and drug substitution therapy	Technical advice provided	UNODC and external technical experts	3	Partial: UNODC for methadone pilot
<b>Strengthen services for drug users in the health system</b>	Adapt WHO/UNODC training materials for health care workers (drug and generalist services)	Training materials adapted	Consultant	3	Yes: NSP workplan. Unfunded
	Conduct training of health care workers (5 workshops)	Training of HCWs	NAP/NNCB/Journey	3	Yes: NSP workplan. Unfunded
<b>Law enforcement</b>	Develop training modules for law enforcement officers including judiciary, police and correctional facility staff	Training modules developed	Consultant	2	Yes: GF (NNCB)
	Implement training modules for law enforcement officers (1 day inter-island workshop)	100 law enforcement officers trained	NNCB	3	Yes: GF (NNCB)

Focus area	Technical support activity	Output	Technical support provider(s)	Scheduling (1-3)	Funded and planned?
<b>Prisoners</b>	Continuation of UNODC training of prison officers on HIV	Training of prison officers	UNODC	1-2	Yes: UNODC
	Technical advice on the development of drug rehabilitation programs, including drug substitution therapy	Technical advice provided	UNODC	1-2	Yes: UNODC
	Technical advice on the development of harm reduction programs	Technical advice provided	UNODC and/or consultant	To be determined	No
	Technical advice on an HIV testing policy for prisoners	Technical advice provided	UNODC and/or consultant	To be determined	No
	Technical advice on all aspects of the management of HIV positive prisoners	Technical advice provided	UNODC and/or consultant	To be determined	No
<b>Female sex workers</b>	External technical assistance to design and conduct a social mapping and size estimation for FSW	Social mapping & size estimation study completed	Consultant	To be determined	No
	Technical support for the NGO(s) in development of HIV programs for FSW	Technical support provided	Consultants, Raajje Foundation, South Asian NGOs	To be determined	No
	Technical support in strengthening multi-sectoral atoll programs to address gender based violence and women's empowerment	Technical support provided	Ministry of Gender, Ministry of Youth, DPH, UNICEF and UNFPA?	To be determined	No
	A situation assessment of the vulnerability of non-Maldivian female workers, leading to policy development on social services	Situation assessment completed	Consultant	To be determined	No
<b>MSM</b>	External technical assistance to design and conduct a situation analysis and social mapping of MSM	Situation analysis & social mapping completed	Consultant	To be determined	No
	Technical support for the NGO(s) in development of HIV programs for MSM	Technical support provided	Consultants, Raajje Foundation, South Asian NGOs	To be determined	No
<b><i>SD 2: Reduce and prevent vulnerability to HIV infection in adolescents and young people</i></b>					
<b>Adolescents and youth</b>	Technical support for the design of the mass media campaign for youth	Technical support provided	BCC Technical Advisor? and/or consultant	1	Yes: GF (SHE)
	Training of selected youth groups, NGOs and CBOs for participation in the BCC strategy and campaign	Training conducted	SHE and BCC Technical Advisor	1	Yes: GF (SHE)
	Develop youth peer educators training program	Training program developed	Sub-contract	1	Yes: GF (SHE)

Focus area	Technical support activity	Output	Technical support provider(s)	Scheduling (1-3)	Funded and planned?
	Train young people as peer educators to increase general awareness about STIs and HIV among young people (2 day workshop, inter-island)	100 people trained	SHE and BCC Technical Advisor	2	Yes: GF (SHE)
	Study tours for teachers in the Faculty of Health Sciences (1 week study tour)	4 teachers conduct study tour	SHE	2	Yes: GF (SHE)
	Study tours for school teachers who teach in the HIV life skills course (1 week study tour)	16 teachers conduct study tour	SHE	2	Yes: GF (SHE)
	Training for school teachers in life skills education, emphasising interpersonal communication skills	112 teachers trained in life skills HIV education	SHE	2	Yes: GF (SHE)
	Technical support for workshops in 2 atoll schools to develop knowledge among students on TB/HIV co-infection and its control (2 workshops x 30 persons x 4 days)	Technical support provided	WHO	1	Yes: WHO
	Technical assistance to assess the current level of training and facilitation skills for implementing reproductive health and life skills education programs	Technical support provided	UNFPA	1	Yes: UNFPA
	Technical assistance to guide the development and implementation of a strategy for capacity building and the effective use of training and human resources	Technical support provided	UNFPA	2	Yes: UNFPA
	Technical assistance in developing an accredited life skills training course	Technical support provided	UNFPA	3	Yes: UNFPA
	Technical assistance to strengthen and diversify educational material for in and out of school youth	Technical support provided	UNFPA	1-3	Yes: UNFPA
	Technical advisor to develop the capacity of a new Health and Life Skills Education Unit in the Ministry of Education (four months)	Technical support provided	UNFPA	3	Yes: UNFPA
	Technical assistance to DPH to enhance the capacity of reproductive health services in relation to STIs, services for adolescent sexual and reproductive health, and integration of reproductive health and HIV services (and other areas)	Technical support provided	UNFPA	2	Yes: UNFPA
	Continued technical support for the Youth Health Café	Technical support provided	UNFPA	1-3	Yes: UNFPA
	Operational research on the Youth Health Café to support expansion of youth friendly health services to the atolls	Operational research	UNFPA	2	Yes: UNFPA

Focus area	Technical support activity	Output	Technical support provider(s)	Scheduling (1-3)	Funded and planned?
	Build the capacity of NGOs to undertake work in reproductive health	NGO capacity built	UNFPA	1-3	Yes: UNFPA
	Technical assistance in the design of pilot reproductive health services for young people in Male and UNFPA focus atolls	Technical support provided	UNFPA	3	Yes: UNFPA
	Support for the development of additional, complementary life skills courses for out of school youth, including curricula and reference material	Technical support provided	UNFPA	2	Yes: UNFPA
<b>SD 3: HIV prevention services in the workplace for highly vulnerable workers</b>					
<b>Vulnerable workers</b>	Technical assistance in the development of BCC materials for vulnerable workers	Technical assistance provided	BCC Technical Advisor	2	Yes: GF (SHE)
	Train NGOs and partner agencies on BCC strategies and campaign	Technical assistance provided	BCC Technical Advisor	2	Yes: GF (SHE)
	Train counsellors to support peer education and counselling program within MNDF and the Police	Training provided	NAP	3	No
	Technical assistance in the design of a pilot project on provision of HIV and STI prevention services to migrant labourers	Technical assistance provided	UNFPA	2	Yes: UNFPA
<b>SD 4: Treatment care and support services to people living with HIV</b>					
<b>VCT</b>	Consultant to assist with developing voluntary counselling and testing manual	VCT manual developed	Consultant to NAP	1	Yes: GF (DPH)
	Meeting to adapt VCT training material (inter-island)	Training materials adapted & printed	National AIDS Program	1	Yes: GF (DPH)
	VCT training to health care workers (3 day workshop, inter-island)	75 HCWs trained in 5 workshops: 2008	National AIDS Program	2	Yes: GF (DPH)
	Strengthening and expansion of VCT services in six regional hospitals (field visits to atolls)	VCT services strengthened & expanded	WHO consultant	1	Yes: WHO
	Workshop to train counsellors on VCT (4 workshops)	Counsellors trained	WHO	1	Yes: WHO
<b>Recommend combining the Global Fund and WHO VCT technical support activities</b>					
<b>HIV testing policy</b>	Technical support for development of an HIV testing policy	HIV testing policy developed	Consultant	3	No
<b>Care and treatment</b>	Adapt the WHO Integrated Management of Adolescent and Adult Illness (IMAI) training tools for the local context	Training tools adapted	Consultant	1 (review)	Yes: GF (DPH)

Focus area	Technical support activity	Output	Technical support provider(s)	Scheduling (1-3)	Funded and planned?
	Training program on clinical management of ARV (5 days: inter-atoll)	24 HCWs trained in 2 workshops: 2008-2009	National AIDS Program	2 (review)	Yes: GF (DPH)
	Training physicians & nurses on IMAI (5 days: inter-atoll)	12 physicians & nurses trained	National AIDS Program	1 (review)	Yes: GF (DPH)
	Participation at international forums in the areas of diagnostics and clinical management of AIDS (2 persons x 2 meetings)	Updated knowledge in diagnostics and clinical management	WHO	1-3	Yes: WHO
<b>PSM</b>	Technical support on procurement and supply management to ensure access to uninterrupted supplies of high quality drugs for HIV & AIDS, STIs, TB and malaria	Technical support	WHO	1-3	Yes: WHO
	Training of staff at the Central Drugs Supplies unit in use of MIS systems for storage and monitoring of drugs with support from WHO	Staff trained	Consultant	2	Yes: GF (DPH)
	<b>Review WHO technical support activities for PSM to ensure alignment with Global Fund PSM</b>				
<b>SD 5: Safe practices in the health system</b>					
<b>Blood safety</b>	Training of staff from National Blood Centre (NBC) & selected Regional Blood Centres on consolidated Blood Transfusion Service	110 staff trained in 8 workshops: 2008-2009	National AIDS Program	2	Yes: GF (DPH)
	ToT for blood donor recruitment officers (2 day workshop: inter-island)	15 Blood donor recruitment officers trained	National AIDS Program	1	Yes: GF (DPH)
	Regional training on pre- and post-donation counselling for blood donors (5 days)	2 persons trained	External training	1	Yes: GF (DPH)
	Development of blood donor labelling system for the BTS	Labelling system developed	Consultant	1	Yes: GF (DPH)
	Training of youth volunteers coordinators on promotion of blood donation (two 2 day workshops: inter-island)	50 youth volunteers trained	National AIDS Program	1	Yes: GF (DPH)
	Regional training of quality managers for BTS	3 quality managers trained	External training	1	Yes: GF (DPH)
	National training workshop on quality auditing	Xx people trained in quality auditing	Consultants	1	Yes: GF (DPH)
	Introductory training workshop on national standards for BTS (1 day workshop: inter-island)	30 persons trained	Consultant	2	Yes: GF (DPH)

Focus area	Technical support activity	Output	Technical support provider(s)	Scheduling (1-3)	Funded and planned?
	Regional training in NEQAS for blood group serology	2 persons trained	External training	1	Yes: GF (DPH)
	Refresher training on blood banking technology	Refresher training (HOW MANY PEOPLE?)	Consultant	2	Yes: GF (DPH)
	Training on QMS for the BTS	QMS training (HOW MANY PEOPLE?)	WHO consultant	1	Yes: GF (DPH)
	Training of clinicians in rational use of blood and blood products (1 day workshops: inter-atoll)	300 clinicians trained	National AIDS Program	2	Yes: GF (DPH)
	Training of nurses on good transfusion practices (1 day workshop: inter-atoll)	100 nurses trained	National AIDS Program	2	Yes: GF (DPH)
	Training of RBC nurses on good transfusion practices (2 day workshops)	100 nurses trained	National AIDS Program	2	Yes: GF (DPH)
	Facilitation of a workshop for development of national protocols on haemovigilance systems and monitoring tools	Facilitation/technical support provided	Facilitator/consultant	1	Yes: GF (DPH)
	National introductory workshop on haemovigilance (1 day workshop: inter-atoll)	100 persons trained	National AIDS Program	3	Yes: GF (DPH)
	Training for medical officers in blood banking and transfusion medicine (2 persons, 4 weeks)	2 persons trained	WHO supported	2	Yes: WHO
	Training for medical officers and nurses in blood donor recruitment and retention (1 person, 1 week)	1 person trained	WHO supported	2	Yes: WHO
	Training for laboratory staff, medical officers and nurses in blood donor recruitment and retention (4 persons, 1 week)	4 persons trained	WHO supported	2	Yes: WHO
<b>Review Global Fund and WHO blood safety technical support activities for possible duplication</b>					
<b><i>SD 6: Build and strengthen capacity and commitment to lead, coordinate and provide a comprehensive response to HIV</i></b>					
<b>National AIDS Program</b>	Two day orientation/team building workshop for all new National AIDS Program staff	All staff oriented to DPH & NAP	National AIDS Program	1	No. No funding needed
	Management training for the National AIDS Program	Training conducted	WHO	1	Yes: WHO
	Participation in international meetings and workshops	DPH staff updated knowledge	WHO supported	1-3	Yes: WHO
	Technical support to address policy issues with neighbouring countries for prevention control of HIV & AIDS, TB, and malaria (1 month)	Technical support to address policy issues	WHO supported	1	Yes: WHO

Focus area	Technical support activity	Output	Technical support provider(s)	Scheduling (1-3)	Funded and planned?
	Conduct training for NAP staff in management, coordination, project planning and project management, workshop design, advocacy, M&E, report writing & evidence based HIV programming	Training conducted: could be a series of half to one day courses	External consultant, Public Health Advisor, BCC Advisor, UN agencies or a combination	1-3	No
<b>Multi-sectoral capacity building</b>	Conduct training for key multi-sectoral partners (Ministries of Education, Youth, Gender, NNCB & Penitentiary Dept) in management, coordination, project planning and project management, workshop design, advocacy, M&E, report writing & evidence based HIV programming	Training conducted: could be a series of half to one day courses. Could be combined with NAP training – see activity above	External consultant, Public Health Advisor, BCC Advisor, UN agencies or a combination	1-3	No
<b>NGO capacity building</b>	Structured training workshops to increase NGO skills in project planning and management, with follow-up support.	Increased organisational capacity of NGOs, particularly Journey, SHE and SWAD	Raajje Foundation	1	Planned: Raajje Foundation. Funding being sought
	Establish twinning relationships between Maldivian NGOs and external NGOs within the region for capacity building purposes	NGO capacity building	External NGOs within the region	1-3	No
<b>Global Fund</b>	Training in Global Fund procedures for all staff in sub recipients and sub sub recipients	Orientation to Global Fund	External consultant or Public Health Advisor	1	No
<b>Religious leaders</b>	Study tours by religious leaders to other Islamic countries to examine the involvement of religious leaders in evidence based responses to HIV	Study tours conducted	To be determined	2	No
<b><i>SD 7: Strengthen the strategic information system to respond to the epidemic</i></b>					
<b>Surveys &amp; surveillance</b>	Design of KAP household survey and analysis and write-up of results	Technical input to survey design & analysis	Sub-contract/consultant	3	Yes: GF (DPH)
	Design of biological and behavioural survey of drug users and other priority population groups and analysis and write-up of results	Technical input to survey design & analysis	BBS consultant	1	Yes: GF (DPH)
	Design and conduct HIV & hepatitis B sero prevalence and behavioural surveillance among drug users	Study designed and conducted	WHO consultant	2	Yes: WHO
	<b>Review Global Fund and WHO biological &amp; behavioural surveillance survey technical support activities for possible duplication</b>				
	Technical support for integration of HIV & AIDS and TB surveillance into SIDAS (2 weeks)	Integration of surveillance systems	WHO consultant	2	Yes: WHO

Focus area	Technical support activity	Output	Technical support provider(s)	Scheduling (1-3)	Funded and planned?
	Support for DPH staffer to undertake Masters in Public Health (Infectious Disease Epidemiology)	MPH completed	University	2-3	Yes: WHO
	Technical support for the design, protocol development and conduct of the Male community STI survey	Study designed and conducted	WHO	2	Yes: WHO
	National capacity strengthened at central and regional/atoll levels for surveillance & monitoring of national HIV/STI programs	Technical support provided	WHO	1-3	Yes: WHO
<b>M&amp;E</b>	Develop the Global Fund monitoring and evaluation plan	M&E plan developed	Public Health Advisor	1	Yes: GF (DPH)
	<b>Review Global Fund and WHO M&amp;E technical support activities for possible duplication</b>				
	Training of all Global Fund project staff on the M&E plan and reporting procedures	All staff trained	Public Health Advisor	1	Yes: GF (DPH)

## Appendix 2: Overview of previous external technical support activities: health sector

This table lists external technical support activities in which health sector staff have participated. Most of these activities were funded by WHO. Health sector staff who participated in these activities included those from DPH and clinical staff from hospitals and health services.

Technical support activity	Type of activity	Where	Duration	When	No. of people
<b>Program management</b>					
HIV and AIDS policy	Study tour	Thailand	1 week	2004	1
Leadership and strategic management in TB, HIV & AIDS	Training	India	1 week	2006	1
Scaling-up HIV prevention, care & treatment programs	Regional meeting	Thailand	4 days	2006	2
AIDS program management	ToT	Thailand	2 weeks	2007	1
<b>Education and prevention</b>					
HIV education for behaviour change	Study tour	Indonesia & Thailand	4 weeks	1994	2
Strengthening IEC activities for TB and HIV	Training	India (SAARC)	2 weeks	1998	2
Life skills education for HIV and AIDS prevention and care	Study Tour	Thailand	1 week	2003	1
HIV and young people	Regional consultation	Thailand	4 days	2005	2
HIV and drug users	Training	Indonesia	2 weeks	2006	8
Best practices in prevention of HIV	Training	Pakistan	2 weeks	2006	3
HIV prevention and care for children & vulnerable young people	Training	Thailand	2 weeks	2006	1
Prevention of HIV in the workplace	Training	India	2 weeks	2007	1
<b>Counselling</b>					
HIV/AIDS care and counselling	Training	Thailand	2 weeks	1999	2
HIV voluntary counselling & testing	ToT	Thailand	3 weeks	2003	1
HIV voluntary counselling & testing	Tot	Myanmar	2 weeks	2005	1
<b>Laboratory</b>					
Virological diagnosis techniques of HIV infection	Training	Japan	2 months	1999	2
Quality assurance in laboratory methods in HIV testing	Training	India		2003	1
Laboratory support for HIV and AIDS diagnosis and ART	Workshop	India	4 days	2004	2
HIV laboratory diagnostics	Training		2 weeks	2006	2
CD4 testing	Training	Thailand	2 weeks	2006	2
<b>Care and treatment</b>					
Practical exposure to clinical & nursing care of HIV and STD patients	Practical training	Zimbabwe	4 weeks	1997	5
TB and HIV program management	ToT	India (SAARC)	2 weeks	2001	2
Medical diploma in STD/HIV	Training	Thailand	4 weeks	2002 & 2003	2
TB and HIV co-infection and treatment protocols	Training	Nepal	3 days	2004	2

TB, HIV and respiratory diseases	Conference	Nepal	4 days	2004	1
HIV care including ART	ToT	Thailand	2 weeks	2004 & 2006	2
Paediatrics and HIV	Regional seminar	India	2 days	2006	1
HIV drug resistance monitoring	Workshop	India	1 week	2006	1
AIDS clinical management	ToT	Thailand	2 weeks	2007	1
HIV and AIDS nursing care	Training	Thailand	2 weeks	2007	2
Nutrition and HIV & AIDS	Regional consultation	Thailand	3 days	2007	1
Clinical (medical) management of STIs	Training	Thailand	3 weeks	2007	1
Primary health care management	Masters training	Thailand	7 months	2007	1
<b>Blood banking</b>					
Immune Haematology and transfusion medicine	Training	Thailand	3 months	2007	1
<b>Surveillance</b>					
Methods for HIV and AIDS estimates and projections	Training	Thailand	3 days	2003	1
Integrated HIV, AIDS and STI & behavioural surveillance	ToT	India	1 week	2006	1
<b>Conferences</b>					
Muslim Leaders international consultation on HIV and AIDS	Consultation meeting	Malaysia	1 week	2003 & 2004	2
International AIDS Conference	Conference	Thailand	1 week	2004	4
International Congress on AIDS in Asia and the Pacific	Conference	Sri Lanka	1 week	2007	5

Source: Department of Public Health, 2008

## Appendix 3: Technical assistance available from the regional offices of United Nations organisations

The following matrix is adapted from the UN Organisations Division of Labour in relationship to HIV and AIDS technical assistance. Only UN organisations that already have a presence (i.e. a country office or existing assistance or programs provided from a regional office) have been included. This is the only practical approach to take as it is unlikely that UN organisations without a presence will become involved in working in the Maldives in the future. This matrix should be reviewed by the Maldives United Nations HIV and AIDS Country Team and revised as needed.

Technical support areas	Lead organisations	Main partners
<b>1. STRATEGIC PLANNING, GOVERNANCE AND FINANCIAL MANAGEMENT</b>		
HIV/AIDS development, governance and mainstreaming, including instruments such as PRSPs and enabling legislation, human rights and gender	UNDP	UNAIDS, UNICEF, WHO, UNFPA
Support to strategic, prioritised and costed national plans: financial management, human resources, capacity and infrastructure development, impact alleviation and sectoral work	UNAIDS	UNAIDS Secretariat, UNDP, UNICEF, WHO
Procurement and supply management, including training	UNICEF & WHO	UNDP, UNFPA
HIV/AIDS workplace policy and programmes, mobilisation of private sector and trade unions	UNICEF	UNDP
<b>2. UNIVERSAL ACCESS</b>		
<b>Prevention</b>		
Prevention of HIV transmission in health care settings, blood safety, counselling and testing, sexually transmitted infection diagnosis and treatment, and linkage of HIV prevention with AIDS treatment services	WHO	UNICEF, UNFPA
Provision of information and education, condom programming, prevention for young people outside schools and prevention efforts targeting vulnerable groups (except injecting drug users, prisoners and refugee populations)	UNFPA	UNAIDS, UNICEF, UNODC, WHO
Prevention of mother-to-child transmission (PMTCT)	UNICEF & WHO	UNFPA
Prevention for young people in education institutions	UNICEF	UNFPA, WHO
Prevention of transmission of HIV among injecting drug users and in prison	UNODC & WHO	UNDP, UNICEF
Overall policy, monitoring and coordination of prevention	UNAIDS	All cosponsors
<b>Treatment, care and support</b>		
Antiretroviral treatment and monitoring, prophylaxis and treatment for opportunistic infections (adults and children)	WHO	UNICEF
Care and support for people living with HIV, orphans and vulnerable children, and affected households	UNICEF	WHO
Dietary/nutrition support	UNICEF	WHO
<b>Addressing HIV in emergency, reconstruction and security settings</b>		
Strengthening HIV/AIDS responses in the context of security, uniformed services and humanitarian crises	UNAIDS	UNICEF, WHO, UNFPA
Addressing HIV/AIDS among displaced populations (refugees and IDPs)	UNDP	UNFPA, UNICEF, WHO
<b>3. MONITORING AND EVALUATION, STRATEGIC INFORMATION, KNOWLEDGE SHARING AND ACCOUNTABILITY</b>		
Strategic information, knowledge sharing and accountability, coordination of national efforts, partnership building,	UNAIDS	UNDP, UNFPA, UNICEF,

advocacy, and monitoring and evaluation, including estimation of national prevalence and projection of demographic impact		UNODC, WHO
Establishment and implementation of surveillance for HIV through sentinel/population-based surveys	WHO	UNAIDS