



TRAINING MODULE

FOR

EMPLOYER LED MODEL

Participant's Manual

November 2013



National AIDS Control Organisation

India's voice against AIDS

Department of AIDS Control

Ministry of Health & Family Welfare, Government of India

www.naco.gov.in



Training Module

for

Training of SACS, TSU, DAPCU Officials
On Employer Led Model

Participant's Manual

November 2013



National AIDS Control Organisation

India's voice against AIDS

Department of AIDS Control

Ministry of Health & Family Welfare, Government of India

www.naco.gov.in



लव वर्मा
सचिव
Lov Verma
Secretary



भारत सरकार
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
एड्स नियंत्रण विभाग
राष्ट्रीय एड्स नियंत्रण संगठन
6वां तल, चन्द्रलोक बिल्डिंग, 36 जनपथ, नई दिल्ली - 110001
Government of India
Ministry of Health & Family Welfare
Department of AIDS Control
National AIDS Control Organisation
6th Floor, Chandralok Building, 36 Janpath, New Delhi - 110 001

FOREWORD

Available evidence in HIV/ AIDS policy and programme has pointed out that migrants bear a heightened risk of acquiring HIV infection. Further, the evidence points out the associated risks of migration, which have been playing a major role in the spread of HIV infections in high out migration states such as Uttar Pradesh, Bihar, Rajasthan, Odisha, Madhya Pradesh and Gujarat, which account for 41% of new infections in the country.

As a comprehensive strategy to reach out to migrants, the Department of AIDS Control has designed interventions at source- the geographical origin of migrants, transit- the major points through which migrants travel and destination- areas in which the migrants settle on arrival. However programme data reflects that a fairly large number of migrants who need access to information and services on HIV/AIDS are engaged as contractual or informal workers linked to various industries in the organized and unorganized sectors. The Employer Led Model (ELM) has been designed as part of the Migrant Interventions in order to provide services to this population by integrating HIV and AIDS prevention to care programmes within existing systems and structure of the industries.

This training manual is developed to build capacities of SACS/TSU and DAPCU officials to actively engage in the implementation and roll out the Employer Led Models at State and District Level. It is envisaged that a resource pool of trainers will be created at State and district level and carry out further trainings using the cascade model.

Department of AIDS Control would like to acknowledge the technical and funding support provided by the USAID and PIPPSE team in development of this training module. The Facilitators' Guide has been successfully field tested and is supplemented by the Operational Guidelines and Participants Manual.

I am confident that the training manual along with the Operational Guidelines would equip the participants by enhancing their knowledge, capacities and skills towards implementation of the Employer Led Model.

Lov Verma
Secretary
Department of AIDS Control
M/o Health & Family Welfare

Table of contents

Abbreviations	4
Introduction to Participants Manual	6
Chapter 1: Reference Material for Session 2: Introduction and background to ELM	7
Chapter 2: Reference Material for Session 3: Building from the past learning and current opportunities	11
Chapter 3: Reference Material for Session 4: Systems, Structures and Stakeholders Linked with Industries	16
Chapter 4: Reference Material for Session 5: Approaches to engage stakeholders...Getting an entry into Industries	28
Chapter 5: Reference Material for Session 6: Building an Approach for ELM – Service Delivery Model	35
Chapter 6: Session 6: Building an Approach for ELM –Service Delivery Model Roles played by Industry, SACS and NACO for establishment of ICTC services at industry:	42
Chapter 7: Reference Material for Session 6.4:Institutional arrangements for Implementing ELM	44
Chapter 8: Reference Material for Session 7: Sensitizing the Senior Management and Gate Keepers	52
Chapter 9: Reference Materials for Session 8: Training on Planning and Implementing Employer Led Models	57
Chapter 10: Reference Material for Session 8.2: Mentoring and Support Visits	61
Chapter 11: Reference Material for Session 9: Developing State Action Plan for ELM	66

Abbreviations

AAP	Annual Action Plan	CoE	Centre of Excellence
AD	Assistant Director	CSM	Condom Social Marketing
AEP	Adolescence Education Programme	CSMP	Condom Social Marketing Programme
AIDS	Acquired Immuno-Deficiency Syndrome	CSR	Corporate Social Responsibility
AITUC	All India Trade Union Congress	CST	Care, Support and Treatment
ANC	Antenatal Clinic	CVM	Condom Vending Machine
ANM	Auxiliary Nurse Midwife	DAC	Department of AIDS Control
ART	Antiretroviral Therapy	DAPCU	District AIDS Prevention & Control Unit
ASHA	Accredited Social Health Activist	DD	Deputy Director
ASOCHAM	Associated Chamber of Commerce and Industry of India	DDG	Deputy Director General
BCC	Behaviour Change Communication	DGET	Director General of Employment and Training
BCSU	Blood Component Separation Unit	DIC	Drop in Centres
BEST	Brihanmumbai Electric Supply and Transport	DLN	District Level Network
BS	Blood Safety	DoLE	Department of Labor and Employment
BSC	Blood Storage Centre	DOTS	Directly Observed Treatment Short Course
BSD	Basic Services Division	ELM	Employer Led Model
BSS	Behaviour Surveillance Survey	EQAS	External Quality Assessment Scheme
CBO	Community Based Organisation	ESCM	Enhanced Syndromic Case Management
CBWE	Central Board of Worker's Education	ESIC	Employee State Insurance Corporation
CC	Cordination Committee	FC	Female Condom
CCC	Community Care Centre	FGD	Focused Group Discussion
CD4	Cluster of Differentiation 4	FHI	Family Health International
CEO	Chief Executive Officer	FICTC	Facility Integrated Counseling & Testing Centre
CII	Confederation of Indian Industries	FICCI	Federation of Indian Chambers of Commerce and Industry of India
CLHIV	Children Living with HIV	FRU	First Referral Unit
CMD	Chairman and Managing Director	FSW	Female Sex Workers
CMIS	Computerised Management Information System	GIPA	Greater Involvement of People with HIV/AIDS
		HIV	Human Immunodeficiency Virus

HMIS	Health Management Information System	NRHM	National Rural Health Mission
HRG	High Risk Group	NRL	National Reference Laboratory
HSS	HIV Sentinel Surveillance	NSC	National Statistical Commission
HR	Human Resource	NSSO	National Sample Survey Organisation
H&S	Health and Safety	NTSU	National Technical Support Unit
IBBS	Integrated Biological & Behavioural Surveillance	OI	Opportunistic Infections
ICF	Intensified Tuberculosis Case Finding	OPD	Out Patient Department
ICTC	Integrated Counseling and Testing Centre	ORT	Oral Rehydration Therapy
IDU	Injecting Drug User	PD	Project Director
IEC	Information, Education and Communication	PEP	Post-Exposure Prophylaxis
ILO	International Labour Organisation	PIPPSE	HIV/AIDS Partnerships: Impact through Prevention, Privet Sector and Evidence Based Programming
IL&FS	Infrastructure Leasing & Financial Services Limited	PLHIV	People Living with HIV
INR	Indian National Rupees	PPP	Public Private Partnership
JD	Joint Director	PPT	Power Point Presentation
KABP	Knowledge, Attitude, Behaviour and Practices	PPTCT	Prevention of Parent to Child Transmission
LAC	Link ART Centre	PSU	Public Sector Undertaking
LFU	Lost to Follow-up	RC	Regional Co-ordinator
LT	Laboratory Technician	RCH	Reproductive and Child Health
LS	Laboratory Services	RNTCP	Revised National Tuberculosis Control Programme
LWS	Link Worker Scheme	RSBY	Rashtriya Swasthya Bima Yojna
M & E	Monitoring and Evaluation	RTI	Reproductive Tract Infections
MARE	Most at Risk Economic Sectors	SACS	State AIDS Control Society
MARP	Most at Risk Population	SIMS	Strategic Information Management System
MBBS	Bachelor of Medicine and Bachelor of Surgery	SIMU	Strategic Information Management Unit
MbPT	Mumbai Port Trust	SMO	Social Marketing Organisation
MO	Medical Officer	SOP	Standard Operating Procedure
MoHFW	Ministry of Health & Family Welfare	SSI	Small Scale Industry
MOLE	Ministry of Labour and Employment	STD	Sexually Transmitted Diseases
MoU	Memorandum of Understanding	STI	Sexually Transmitted Infection
MSM	Men who have Sex with Men	STRC	State Training & Resource Centre
NACO	National AIDS Control Organisation	TAC	Technical Advisory Committee
NACP	National AIDS Control Programme	TB	Tuberculosis
NCEUS	National Commission for Enterprises in the Unorganized Sector	TG	Transgender
NGO	Non-Government Organisation	TI	Targeted Intervention
		TRG	Technical Resource Group
		TSG	Technical Support Group
		TSU	Technical Support Unit
		USAID	United States Agency for International Development

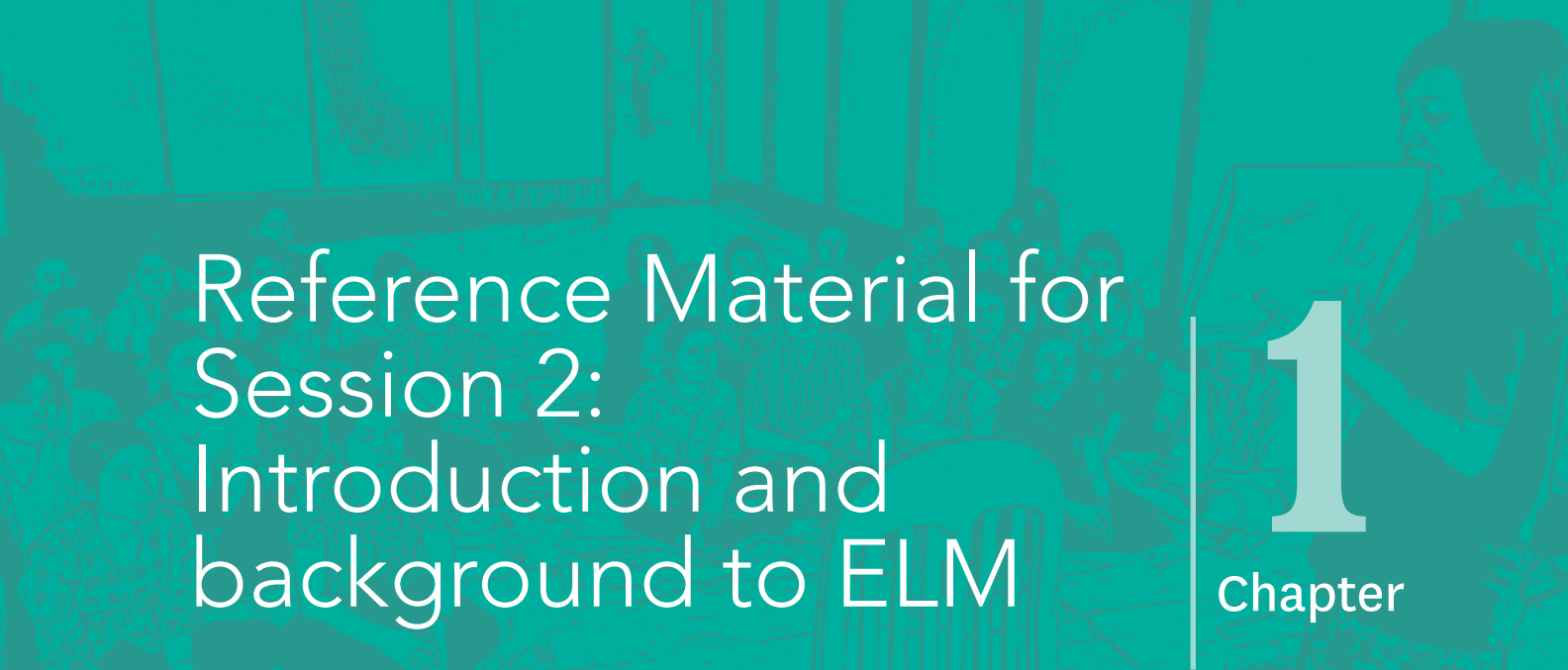
Introduction to Participants Manual

The Participants Manual is supplementary to the Operational Guidelines for Employer Led Model. The participants are urged to internalise the Operational Guidelines for ELM thoroughly to get the better understanding of ELM prior to the trainings. The participants manual provides additional resources and reference material to equip the participants for better facilitation of training on ELM. Additional reference material is provided in the form of CD along with this participant's manual.

The participant's manual provides reference material in correspondence to the sessions laid down in the facilitators guide for training and capacity building on Employer Led Model, hence it is not a standalone document.

It is advised to read the participants manual post thorough reading of Operational Guidelines and the Facilitators module for training and capacity building on Employer Led Model (ELM).

The participant's manual is to be used by the master trainers at central and state level for conducting trainings on Employer led model.



Reference Material for Session 2: Introduction and background to ELM

1 Chapter

NACP IV and Migrant Strategy:

Migrants bear a heightened risk of HIV infection, which results from the condition and structure of the migration process. Available evidence suggests that migration could be playing an important role in the spread of HIV epidemic in high out migration states such as Uttar Pradesh, Bihar, Rajasthan, Orissa, Madhya Pradesh and Gujarat, which now accounts to 41% of new infections¹

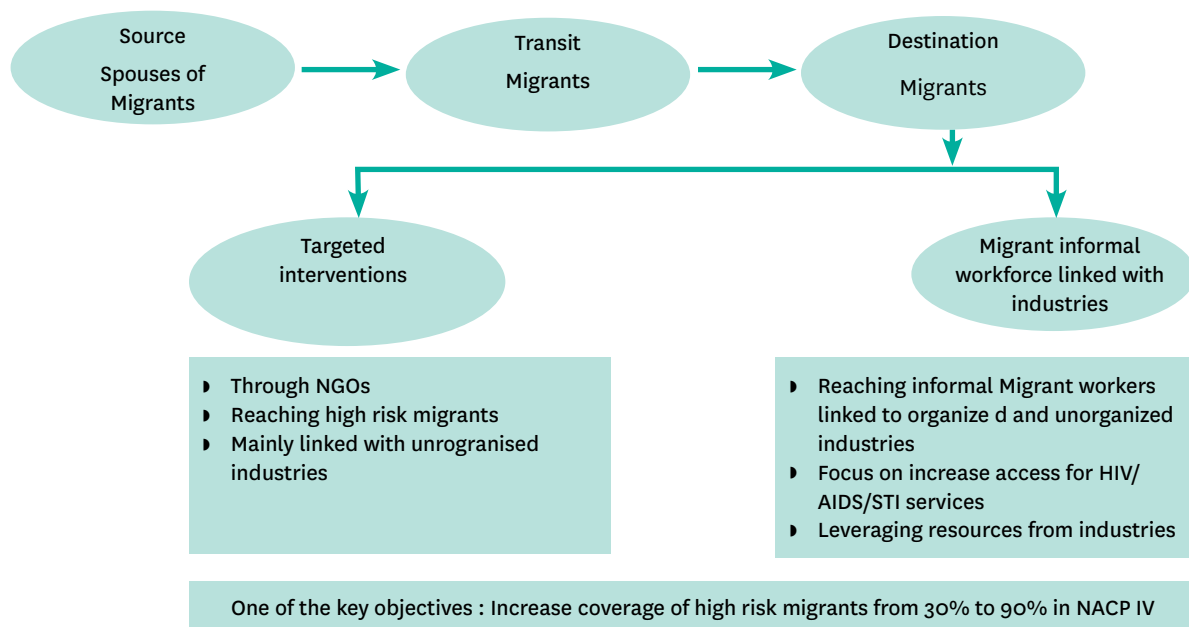
The fourth phase of National HIV and AIDS program envisages to achieve accelerating the reversal of epidemic and integration of HIV/AIDS programme response thereby reducing new infections.

As a comprehensive strategy to reach out to migrants, the national program proposes interventions at source of origin, transit and destination points. At the destination points there are migrant interventions implemented through NGO led Targeted Interventions. However a large number of migrants are linked with various industries in the organised and unorganised sectors as contract or informal workforce are often cannot be catered by targeted interventions considering the nature of work, the work hours and differentials in vulnerabilities.

The National HIV and AIDS program envisage to reach the migrant informal workforce linked with industries through the Employer Led Model by integrating HIV and AIDS prevention to care program within existing systems and structures of the industries. Employer led initiatives provide an opportunity to enhance the access of informal workforce to HIV prevention, care and support programme in India to reduce their risk and limit spread of HIV epidemic

¹NACO, HIV Sentinel Surveillance, 2010

NACP IV : Strategies for Migrant Intervention



What is Employer Led Model:

The Fourth Phase of National AIDS Control Programme (NACP IV) proposes the Employer Led Model to enhance coverage of vulnerable informal workers linked with Industries using existing structures and systems of the industries. These are HIV interventions subsumed within the existing services provided by the employer benefitting both formal and informal workers of the industry. These are fully funded and managed by the employer whereas the technical and quality assurance support is provided by the National Program.

Goal:

To help prospective employers to implement a comprehensive program on HIV and AIDS prevention to care, by integrating awareness, service delivery with existing systems, structures and resources, within their business agenda.

Objectives of Employer Led Model:

- ▶ Increase awareness and access to HIV and AIDS prevention to care services for the informal workers
- ▶ To create enabling environment by reducing stigma and discrimination against PLHIV
- ▶ To encourage and help prospective employers to integrate and sustain the HIV and AIDS Intervention Program within existing systems and structures

Key Strategies of Employer Led Model:

To accomplish the above stated objectives, the Employer led models will be implemented in organized and unorganized sector using multi-pronged strategy and based on following key principles

- ▶ Evidence based prioritization of vulnerable industries for Intervention: For judicious use of resources it is important to prioritize the industries based on risk and

vulnerability of informal workers, as not all migrant workers are at same level of risk of HIV.

- ▶ Focus on reaching the Informal workers in the identified organized and unorganized sectors
- ▶ Increasing awareness and access of Condoms and HIV/AIDS/STI and TB prevention to care services: The intervention will focus on creating awareness for condoms and increasing access to condoms by linking up with SMOs. Similarly, focus will be on creating awareness and increasing access of services by Integrating HIV/AIDS/STI services.
- ▶ Leveraging existing structures and resources from the Industrial sectors for implementation: The existing systems and structures would be identified from each of the Industrial sectors and HIV/AIDS intervention will be integrated within the systems and structure for sustainability and cost effective interventions.
- ▶ Monitoring and Evaluation: The monitoring and evaluation systems will be developed to ensure that the activities will be measure at process, output and outcome level.

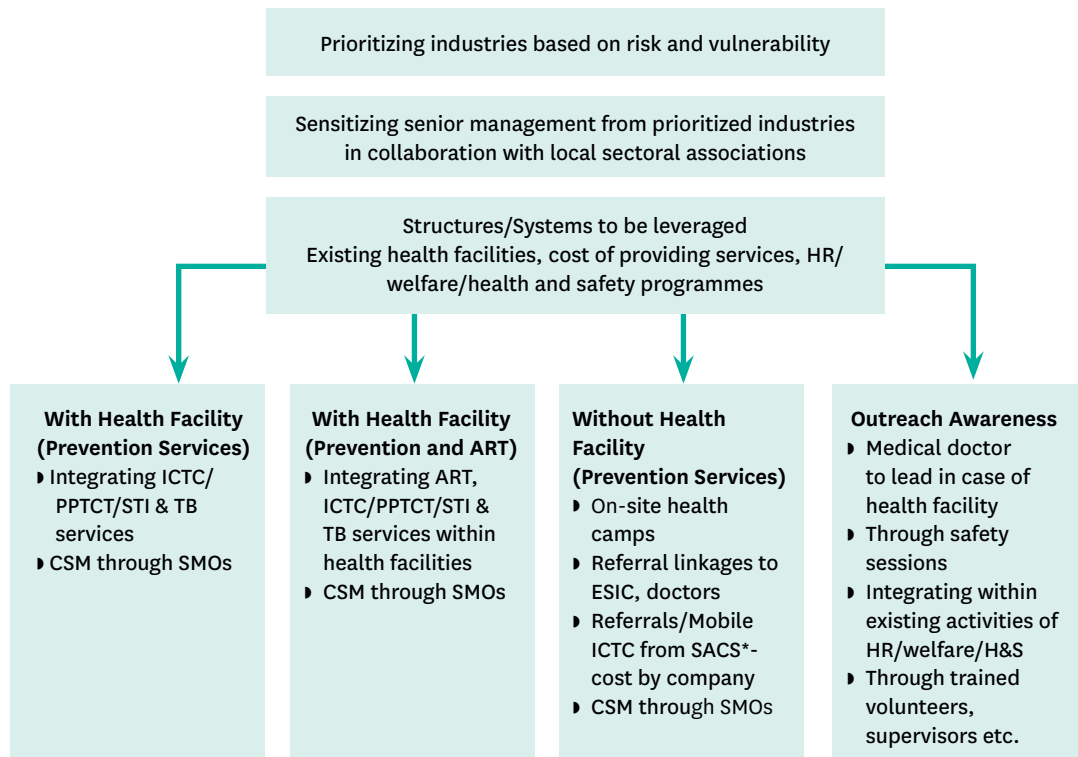
Potential Industrial Sectors for Employer Led Model:

Industries (With large number of Informal Workforce)			
Organised Sector (The organized sector also known as formal sector consists of non-agricultural establishments in the private sector that have 10 workers or more, and all establishments irrespective of size in the public sector. (DGET, 2013).)		Unorganised Sector (All unincorporated private enterprises owned by individual or household engaged in sales and production of goods & services operated on a proprietary or partnership and with less than 10 workers (NCEUS,2008))	
Public Sector Units	Private Sector Industries	Unorganised industries	Small scale industries
Employer in PSU <ul style="list-style-type: none"> • Central or State ministries associated with PSUs • Senior Management at PSU 	Employer in Private Sector Industry <ul style="list-style-type: none"> • Board of Directors • Senior Management of Company 	Employer in Unorganised Industry <ul style="list-style-type: none"> • contractors/sub-contractors • The industry association, • federations, • societies, • cooperatives, 	Employer in SSI <ul style="list-style-type: none"> • Small Scale Industries (SSI) Association • owners of the unorganized sector units
Examples: <ul style="list-style-type: none"> • Cement, • Automobile, • Steel, • Textile, • Paper industries • Oil and Petroleum • Fertilizer Manufacturing • Power plants • Tourism and hospitality • Transport Sector • Mining 		Examples: <ul style="list-style-type: none"> • Construction, • Seasonal harvesting, • Tea Plantation, • Quarry workers • Small Scale Industries • Fishing • Leather and Tannery • Hotel industry 	

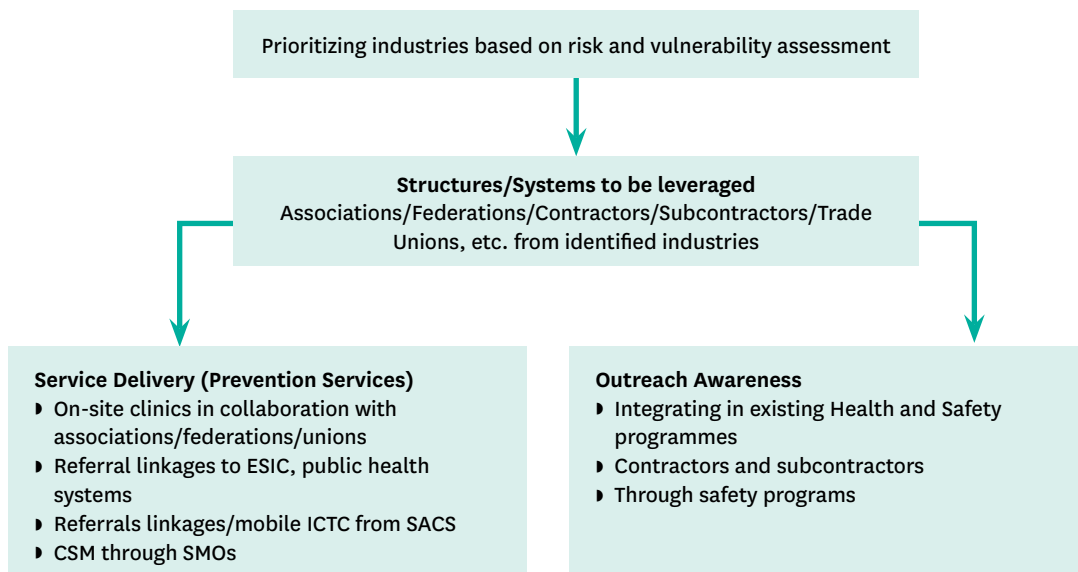
Components of Employer Led Model:

The following flow chart explains various components of Employer Led Model in organized industrial sectors.

Proposed Components of Employer Led Model: Organized Sector



Proposed Components of Employer Led Model: Unorganized Sector



Reference Material for Session 3: Building from the past learning and current opportunities

2 Chapter

Many examples of industries globally have shown that HIV infection can disrupt the smooth operations of a business in a variety of ways. The argument that there is a vast pool of unemployed people who are immediately ready to replace existing employees must be qualified by the reality: The particular business environment shapes skills and expertise that can take months to replace. Past experience by some industries globally has shown that HIV/AIDS cuts into planned company expenses by increasing costs of employee healthcare, recruitment and training.

Studies show that workplaces in the most seriously affected countries report increases in labour turnover, and cost of recruitment, training and staff welfare due to HIV/AIDS:

- ▶ A survey of 1006 firms in South Africa found that 43 percent of firms envisaged significant adverse impact within five years due to HIV/AIDS. 30 percent of them reported higher labour turnover, and 24 percent increased costs of recruitment and training².
- ▶ A six firm study by Rosen and co-authors in Botswana and South Africa found that AIDS would impose costs ranging from 0.4 percent to 5.9 percent of the annual wage bill in next ten years. All six companies would have achieved positive returns on investment had they provided free antiretroviral treatment to their infected employees³.
- ▶ A 14 firm study in Benin found that half of those employees identified as HIV positive held important positions⁴.

² South Africa Business Coalition on AIDS 2004;The impact of HIV/AIDS on Business in South Africa. SABCOHA, forthcoming

³ Rosen et al. (2003); *ibid*

⁴ Bollinger, Stover and Martin-Correa (1999); The economic impact of HIV/AIDS in Benin.The Policy Project. Futures Group International, September

Even with the limited data, there is evidence of rising costs due to HIV/AIDS in Indian companies⁵:

- The Singareni Collieries Company Limited, Andhra Pradesh (a high HIV prevalence state), incurred an amount of Rs. 65 lakhs (US\$ 144,444) in offering compensation to 29 employees, declared unfit to work by the company medical board due to AIDS related illnesses, (An ILO study, 2005).
- The Employees State Insurance Corporation scheme spent Rs. 12.22 lakhs (US \$ 27,155) in providing ARV treatment to around 200 ESIC beneficiaries in the year 2003-2004.
- The Indian Railways and BEST (Brihanmumbai Electric Supply and Transport Undertaking Ltd, Mumbai, are spending substantial amount in providing ARV treatment to their employees. Both have developed a comprehensive response to HIV/AIDS.

Industry response to HIV/AIDS

In India there have been several examples of initiatives by industries in organized and unorganized sectors, as well as industry associations such as CII, FICCI, and ASSOCHAM in complementing the national programme through provision of HIV and STI prevention, care and treatment services to the workforces.

One of the striking example of how industries with large volume of informal workers has responded to HIV in past is of 'Tata Tea'. After the first HIV/AIDS case was detected in its South Indian tea-planting district in December 1996, the company expanded its health to include training, education and counselling on HIV/AIDS and STI. Punj Lloyd, Ambuja Cements, Apollo Tyres, ACC Cements Ltd, Vizag Steel, Larson and Toubro Limited, Reliance Industries, Shahi Exports, Ugar Sugars, etc are a few of the industries in India who have reached out to formal and informal workforces with HIV related services.

Emergence of Business Response to HIV/AIDS:

- World Economic Forum partnered with The World Bank' AIDS Campaign Team for Africa (ACTAfrica) along with UNAIDS and gtz in 2001
- ILO launched "An ILO Code of Practice on HIV/AIDS and the World of Work"; starting from India, expanded the World of Work program to 23 countries
- UNAIDS, WB, IFC, ILO, gtz and Global Fund stimulated several business initiatives
- Global Business Coalition for Health mobilized private corporations
- Encouragement to PPP and private sector engagement in national programs

⁵ Working paper on Enhancing business response to HIV in India, ILO

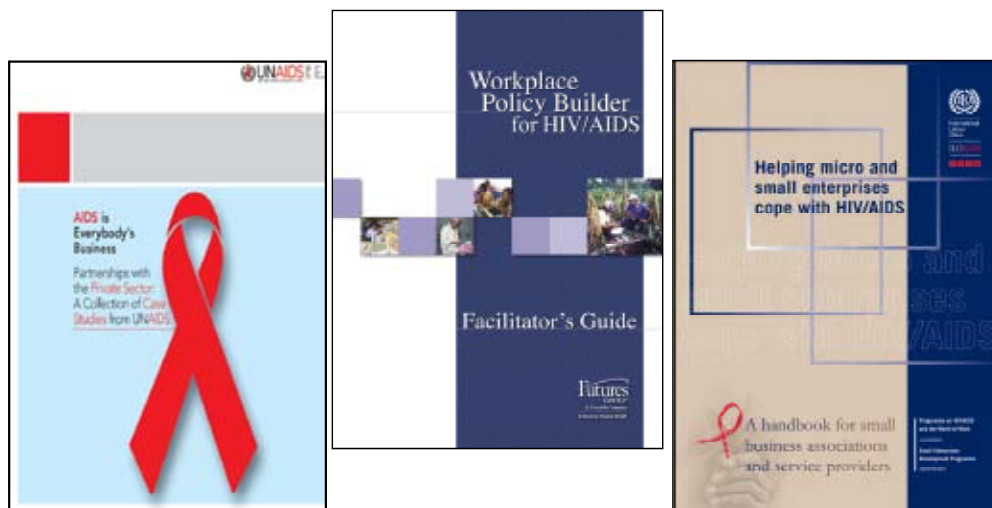
Some of the Publications for Reference:

Instruments and Tools



Policy documents that propelled participation of international community, key stakeholders and promoted national response from business in the workplace.

Instruments and Tools

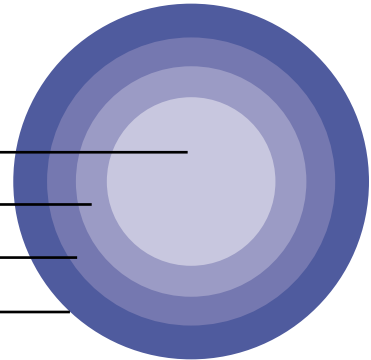


Useful publications that documents experience of working with private sector business houses; and guidance on developing policy, planning and implementing sectoral interventions.

Gaps in Industry response to HIV/AIDS in India (Ref. Section 1.4 & Annexure 1 ELM Guidelines)

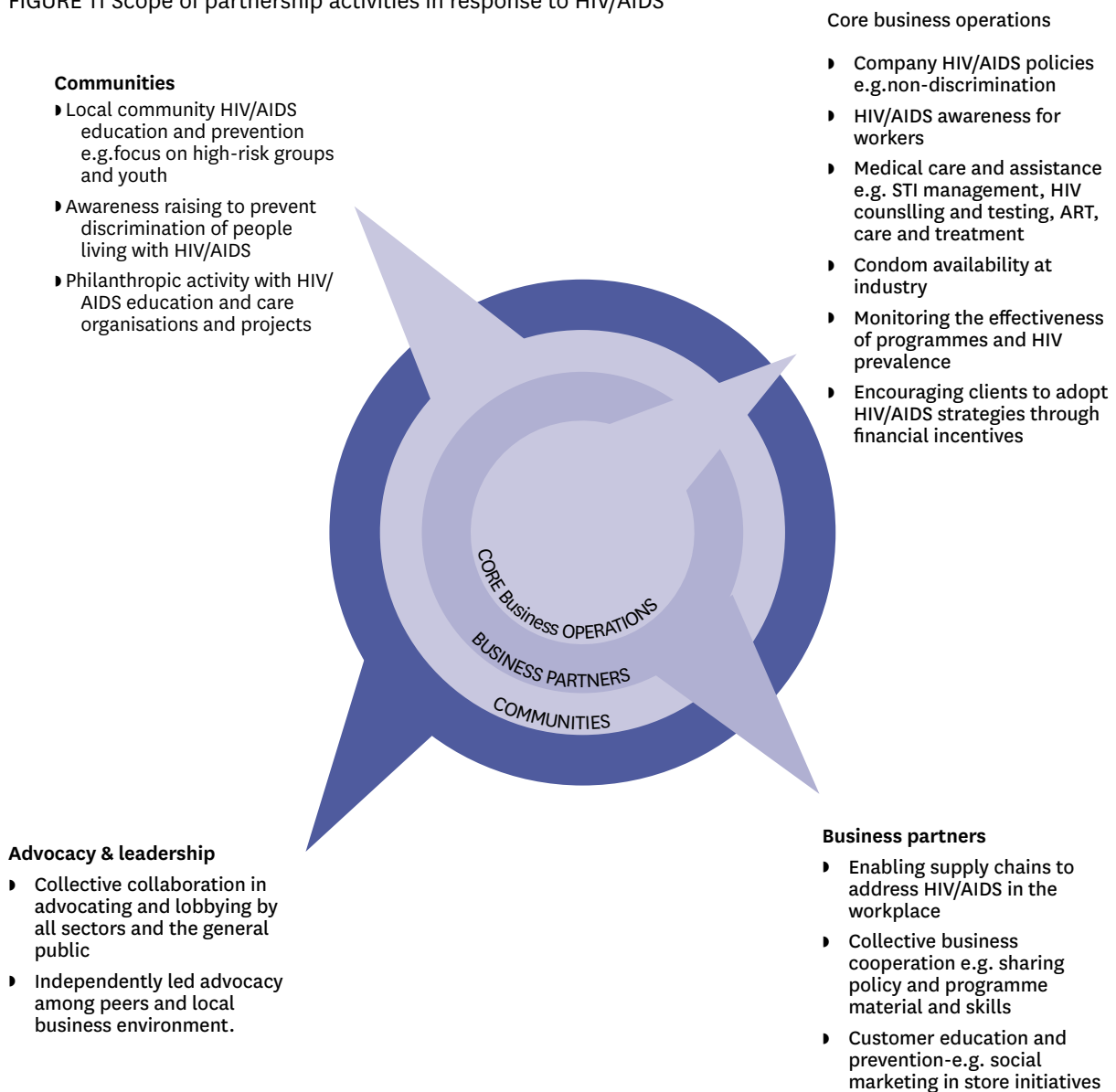
Responses to HIV/AIDs by business have shown that their actions and influence can extend into a number of broad areas, as follows:

1. Core business operations
2. Business partners
3. Communities
4. Advocacy and leadership



THE BUSINESS RESPONSE TO HIV/AIDS: Impact and lessons learned

FIGURE 11 Scope of partnership activities in response to HIV/AIDS



Gaps in Industry response to HIV/AIDS in India (Ref. Section 1.4 & Annexure 1 ELM Guidelines)

- ▶ **Interventions based on evidence and prioritization of industries:** Very few interventions in past were based on evidence and prioritization of Industries for HIV/AIDS intervention
- ▶ **Limited reach of work place initiatives:** Most of the workplace Initiatives in the organized sector reaches to formal workforce of the companies. Very few companies have gone beyond formal workforce to reach the contract workers and supply chain workers.
- ▶ **Value addition to services:** There is need to go beyond awareness building and focus on increasing access and utilization of services such as ICTC, STI services and care and support.
- ▶ **Recognising the need for scaling up services:** There is need for integrating the HIV/AIDS programs within the existing structures in the organized and unorganized private sector for ensuring long term sustainability.
- ▶ **Limited efforts to measure results:** Very few Industry initiatives focuses on measuring the results and data often not reported into the national program.

Reference Material for Session 4: Systems, Structures and Stakeholders Linked with Industries

3 Chapter

Definition and description of selected terms useful for ELM:

Economy: An economy consists of the economic system in a certain region, comprising the production, distribution or trade, and consumption of goods and services in that region or country.

An economic system: is a system for producing, distributing, consuming goods and services, including the combination of the various institutions, agencies, consumers, entities (or even sectors as described by some authors) that comprise the economic structure of a given society or community. It also includes how these various agencies and institutions are linked to one another, how information goes between them, and the social relations within the system (including property rights and the structure of management). A related concept is the mode of production.

Informal Workers or Unorganized Labour: Ministry of Labour and Employment (MOLE) classified the unorganised labour in India into four groups (MOLE-2008 report). This classification categorized India's unorganised labour force by occupation, nature of employment, specially distressed categories and service categories.

The unorganised occupational groups include small and marginal farmers, landless agricultural labourers, share croppers, fishermen, those engaged in animal husbandry, beedi rolling, labeling and packing, building and construction workers, leather workers, weavers, artisans, salt workers, workers in brick kilns and stone quarries, workers in saw mills, and workers in oil mills. A separate category based on nature of employment includes attached agricultural labourers, bonded labourers, migrant workers, contract and casual labourers.

Another separate category dedicated to distressed unorganised sector includes toddy tappers, scavengers, carriers of head loads, drivers of animal driven vehicles, loaders and unloaders. The last unorganised labour category includes service workers such as midwives, domestic workers, barbers, vegetable and fruit vendors, newspaper vendors, pavement vendors, hand cart operators, and the unorganised retail.

Definition of Informal workers:

The National Commission for Enterprises in the Unorganised Sector defines informal workers or unorganized workers as “Unorganised workers consist of those working in the unorganised enterprises or households, excluding regular workers with social security benefits, and the workers in the formal sector without any employment/ social security benefits provided by the employers” (NCEUIS, 2007).

In the organised private sector with more than 10 employees per company, the biggest employers in 2008 were manufacturing at 5 million; social services at 2.2 million, which includes private schools and hospitals; finance at 1.1 million which includes bank, insurance and real estate; and agriculture at 1 million. India had more central and state government employees in 2008, than employees in all private sector companies combined. If state-owned companies and municipal government employees were included, India had a 1.8:1 ratio between public sector employees and private sector employees.

Given its natural rate of population growth and aging characteristics, India is adding about 13 million new workers every year to its labour pool. India’s economy has been adding about 8 million new jobs every year predominantly in low paying, unorganised sector. The remaining 5 million youth joining the ranks of poorly paid partial employment, casual labour pool for temporary infrastructure and real estate construction jobs, or in many cases, being unemployed.

Employer: In a factory, the owner or occupier of the factory, and includes the managing agent of such owner or occupier, the legal representative of a deceased owner or occupier and where a person has been named as the manager of the factory under the Factories Act , 1948 the person so named.

In any establishment under the control of any department of any government in India, the authority appointed by such government in this behalf or where no authority is so appointed, the head of the department; In any other establishment, any person responsible for the supervision and control of the establishment.

Stakeholders: Stakeholder may refer to:

- ▶ A person, group, organization, member or system who affects or can be affected by an organization’s actions
- ▶ Stakeholder, an entity that can be affected by the results of that in which they are said to be stakeholders, i.e., that in which they have a stake.
- ▶ Project stakeholder refers to a person, group or organization with an interest in a project

Careful analysis of level of influence, interest amongst different stakeholder (called stakeholder analysis) in the ELM would look at listing all the key stakeholders and understand affect of their actions on the informal workers’ overall wellbeing. The key stakeholders for ELM are informal migrant workers who are the direct beneficiaries and their interest is primary. Hence, they are called primary stakeholders. Other stakeholders, who affect the welfare and development including health and well-being, are their employers, contractors, groups and associations of workers, association of employers, legal and other statutory structures/systems. Secondary stakeholders are the ones, who have higher degree of influence on the primary stakeholders and followed by tertiary stakeholders, who’s influence is of lesser degree.

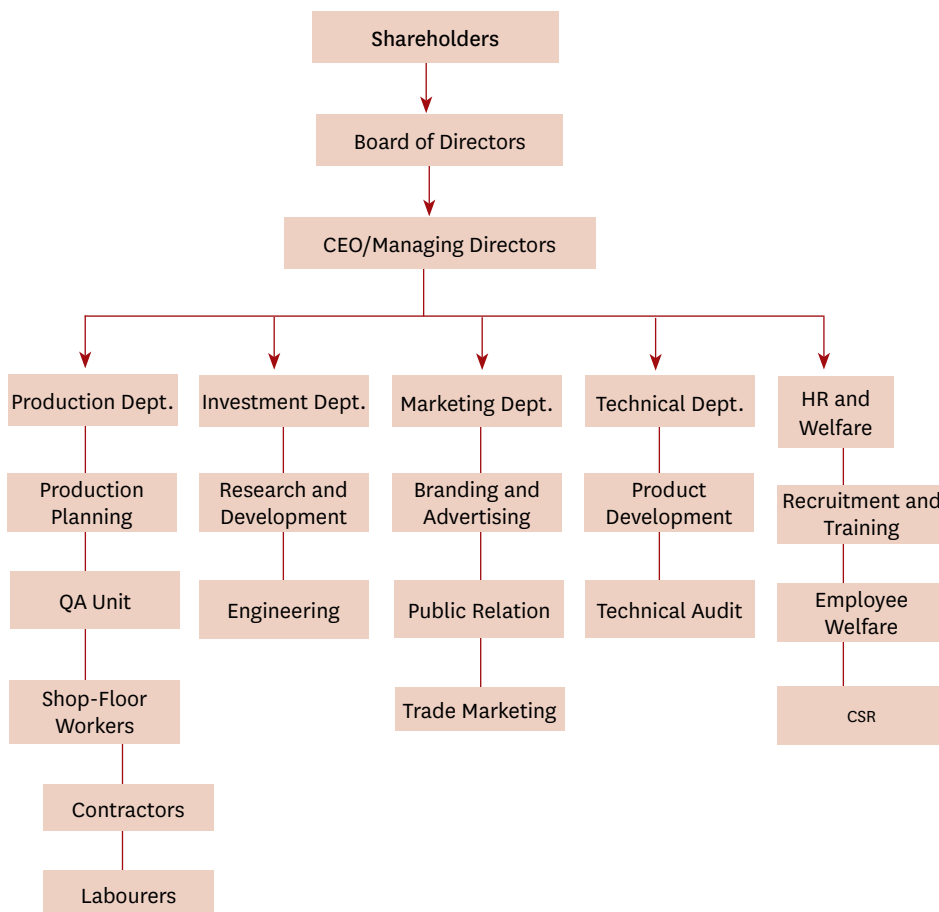
Formal Vs Informal Sector Workers based on Employment Conditions

- ▶ Formal Sector Worker: Employment is governed by rules and regulations of the state
 - has a formal contract with the employer
 - has pre-defined work conditions and job responsibilities
 - gets an assured and decent fixed salary with perks and incentives
 - has fixed duration of work time
 - is part of an organized group of people working in the same environment and is legally and socially
 - aware about ones rights that cover social security for health and life risks
- ▶ Informal Sector Worker: Employment is not governed by rules and regulations
 - has no formal contract with his employer
 - has no systematic work conditions
 - gets irregularly and unevenly paid
 - has no forum to express his grievances
 - has no fixed hours of work and mostly earns hand to mouth
 - is not covered by any kind of social security system and has poor knowledge about the need to protect oneself socially and economically

Definition of Organised Sector

The organized sector also known as formal sector consists of non-agricultural establishments in the private sector that have 10 workers or more, and all establishments irrespective of size in the public sector. (DGET, 2013). A lot of manufacturing establishments, transport, storage and communication enterprises, hospitality industry, community, social and personal services, etc form the part of formal sector.

Formal workforce have the legal status and enjoy social protection and welfare facilities which may include paid leave, ESI, Provident Fund, pension, gratuity, maternity and health benefits, etc . Many of the formal sector establishments also employ informal workforce who do not generally enjoy any of the above privileges. The management structure of establishments/ enterprises in the organised sector varies from establishment to establishment, given below an example of the management structure of a private automobile company.

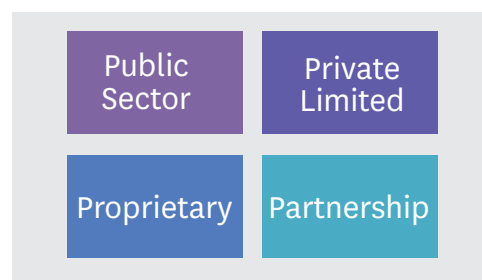


Key actors:

The board of directors, CEO or Managing Director is the decision making body which needs to be influenced for initiating interventions. The labourers are the target group and the rest could be facilitators. Among the facilitators, HR and Welfare Department, CSR department and Contractors have crucial roles to play as structures that can influence the target group.

Major Types of Enterprises in the Organised Sector

Given below descriptions of major types of enterprises as defined by National Sample Survey Organisation (NSSO, 2012). These may not be mutually exclusive



Government/public sector enterprise: An enterprise, which is wholly owned/ run/ managed by Central or State governments, quasi-government, institutions, local bodies

like universities, education boards, municipalities, etc. The approach to Public Sector Enterprises would be facilitated through the concerned ministries at the National level. There are State level Public Sector Enterprises, which can be approached through the concerned state ministries.

Private limited company: Private company means a company which by its articles:

- ▶ Restricts the right to transfer its shares, if any,
- ▶ Limits the number of its members to fifty not including-
- ▶ Persons who are in the employment of the company, and
- ▶ Persons who, having been formerly in the employment of the company, were members of the company while in that employment and have continued to be members after the employment ceased; and
- ▶ Prohibits any initiation to the public to subscribe for any share in, or debentures of, the company.

Proprietary: When an individual is the sole owner of an enterprise it is a proprietary enterprise.

Partnership: There may be two or more owners, belonging to the same or different households, on a partnership basis, with or without formal registration.

Unorganized Sector

The unorganised sector also known as informal sector consists of all unincorporated private enterprises owned by individuals or households engaged in the sale and production of goods and services operated on a proprietary or partnership basis and with less than ten total workers (NCEUS, 2009).

According to the National Statistical Commission unorganised or informal sector constitutes a pivotal part of the Indian economy. The Commission notes that more than 90 per cent of workforce and about 50 percent of the national product are accounted for by the informal economy (NSC, 2012).

It may be noted that informal work is not just limited to informal sector, but cuts across formal and informal sectors. Economic Review (2012-13) cites Kollu and Sinharay (2011) observing that a third of public and private sector jobs in India are informal.

A large number of construction workers, sugarcane harvesters, plantation workers, mine and quarry workers, fishermen, transport workers etc are informally employed.

Example: Key Stakeholders and Structures in the Chilli Sector, Guntur, Andhra Pradesh

Chilli is a seasonal crop in India. Andhra Pradesh is the largest producer of Chilli in the country. Guntur district in Andhra Pradesh alone accounts for almost one-third of chilli production in India.. The chilly sector is completely unorganised. The labour contractors are the suppliers of the various mandals, thus, increasing inflow of migrants from these places. The duration of their stay is limited to availability of work. There are about 15,000 migrant workers in Guntur market yard itself. About 40,000 is the estimated figure for the workers in the chilly fields and 5,000 workers across 80 cold storages in around Guntur market yard. There are no sector specific associations for the informal workers at farm or

market. However the Hamali workers union and Weighing Machine workers associations are there. The Hamali workers union is again affiliated to AITUC.



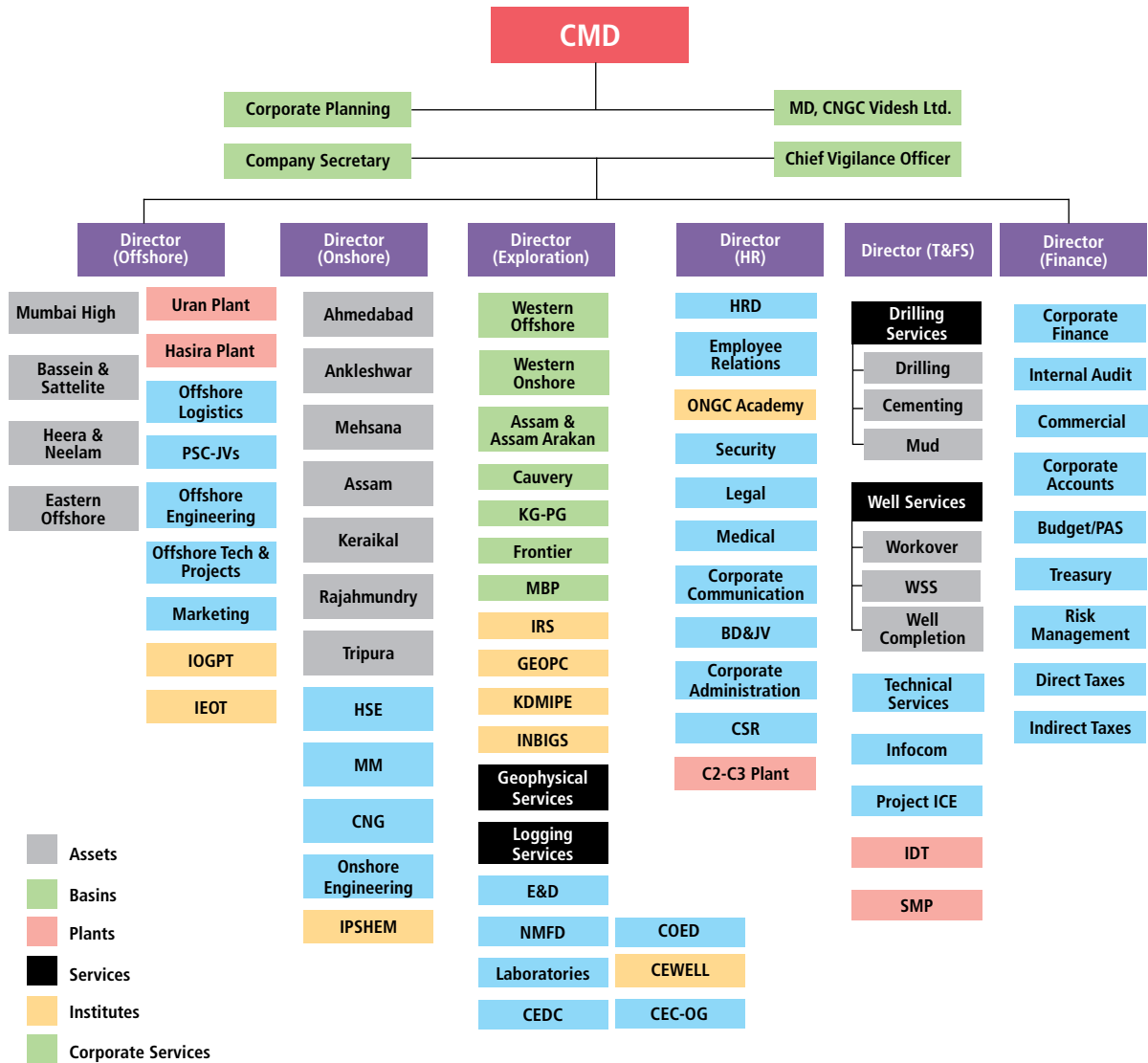
Key Stakeholders and Employers in Unorganised Sector:

Within the Unorganised sector, the stakeholders will differ as per the nature of industry. For the purpose of Employer Led Model it is envisaged to leverage existing systems and structures of industry to ensure sustainability. Hence in the context of Unorganized sector, the Employer could be the key stakeholders from where the systems and structures will be leveraged E.g. The industry association, federations, societies, cooperatives, contractors/ sub-contractors systems and owners of the unorganized sector units

Few more examples of Industries and Their Structures:

The following explains few more examples of Industries, their structures and key actors at the industry level which can be approached for getting entry into industries.

Annexure 2 : Structures of Oil and Petroleum -PSU

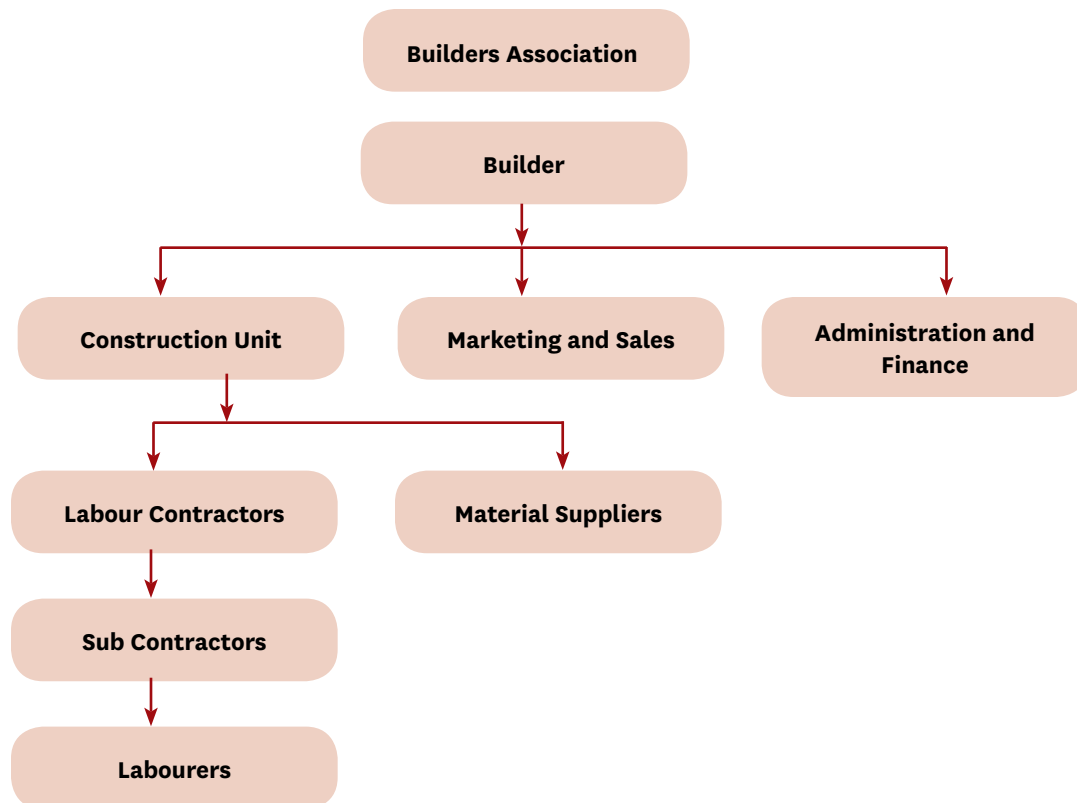


Key Actors:

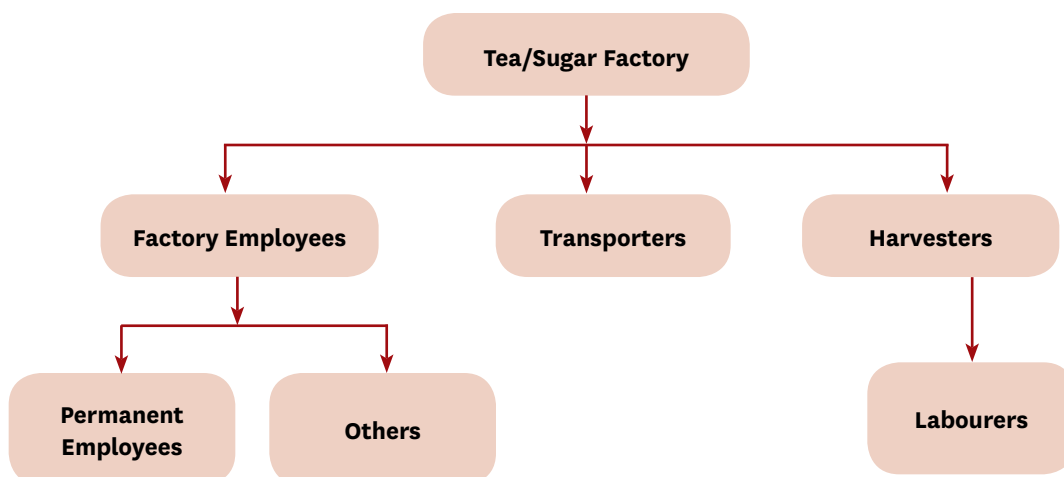
The Managing Director and Directors is the decision making body which needs to be influenced for initiating interventions. The labourers are the target group and the rest could be facilitators. Among the facilitators, HR and Welfare Department, CSR department and Contractors have crucial roles to play as structures that can influence the target group.

Examples of Structure of Unorganized Sector

Construction sector



Tea/Sugar Plantation-Indicative structure of plantation sector is presented below

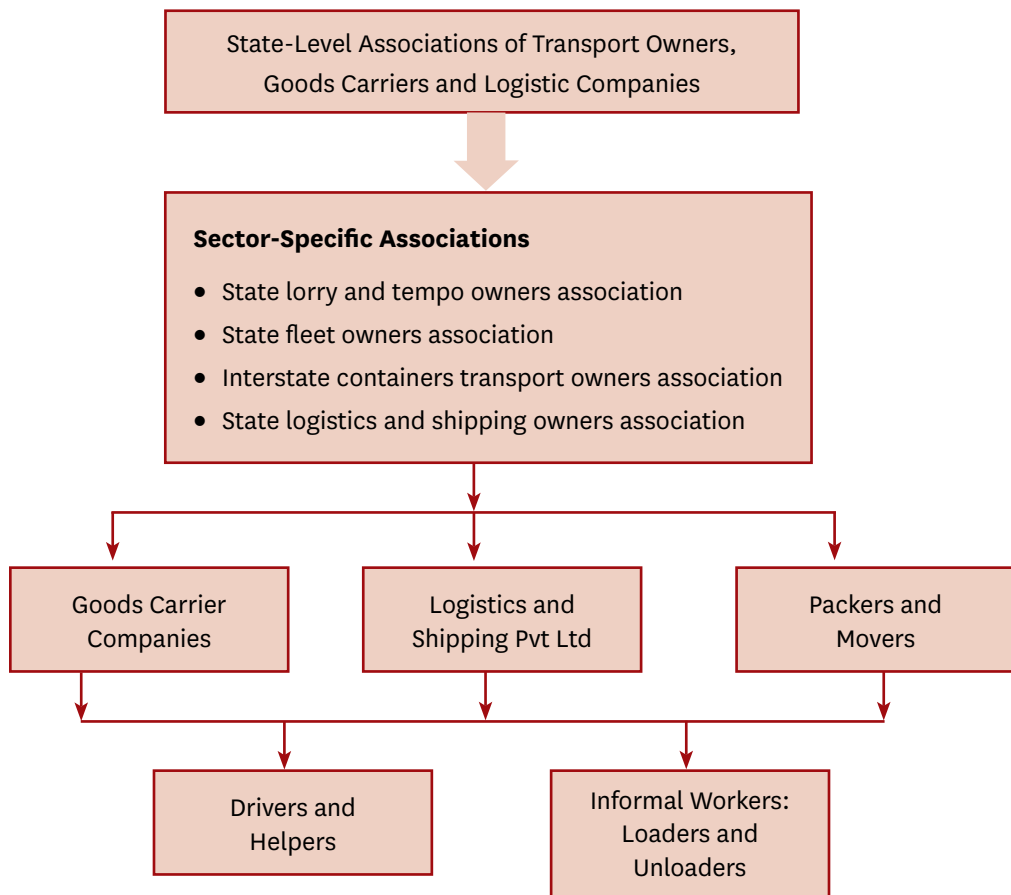


Key Actors:

In the example of construction sector, the builder is the decision maker and labour forms the target group. In the case of sugarcane/plantation, the harvesters and transporters form the target group and the factory owner/management is the decision making body to be influenced.

Logistic, Goods Carrier and Transport Sector

The Logistics, Good Carrier and Transport sector in India has multiple stakeholders. This includes transportation, packaging, storage and handling methods, and information flow. The following flow diagram tries to enumerate some of these stakeholders. There could be variations across the State and type of industry. Some of these stakeholders can be tapped for intervention with Truckers and Informal workers as per Employer Led Model guidelines. The typical TI-Trucker intervention targets the truckers directly and there is minimal involvement of systems and structures such as associations, federations, societies and transport owners themselves apart from for advocacy purpose. As per the principle of employer led model it is envisaged that where ever possible these structures in logistic, goods carrier companies can be leveraged for reaching out to truckers, informal workers which are not covered under the TI-Truckers intervention



Key Actors:

In this example the state level and sector specific associations can be engaged for reaching out to the individual owners. The owners of individual transport and logistics companies can be engaged as employer for facilitating employer led model, as his business depends on the drivers and informal workers. Apart from these there are examples of federations, societies which work for welfare of drivers which also can be engaged for facilitating employer led model. This way it will be helpful to reach truckers, informal workers which are not tapped under current TI models

Systems and Structures that can be leveraged for Employer Led Model

The following table describes a broad framework of systems/structures and stakeholders that can be leveraged in the Organized and Unorganized sector. Further, with each

Type of Industry	Type of Employer and Stakeholder associated	Systems that can be leveraged for following components of HIV/AIDS Intervention for Informal Workers	
		Awareness and Demand Creation	Service Delivery
Organized Industries (Manufacturing Industries such as Cement, Steel, Automobile, Textile etc which employ vulnerable migrant informal workers)	<p>Employer: Company Management</p> <p>CSR, Welfare and HR Departments</p> <p>State Level Associations, Sectoral divisions within the Associations.</p>	<ul style="list-style-type: none"> • Comprehensive health and safety program and trainings for integrating HIV/AIDS awareness program. • HR induction trainings, welfare programs for Integrating HIV/AIDS awareness program. • Using the Employee volunteers as outreach workers for creating awareness. • Informal workers as peer educators. • Forming street play group from the Employee volunteers for Mid Media activities. • Social and educational activities within the companies for Integrating HIV/AIDS awareness programs. • IEC material printed by the company. • Officer's wives clubs for creating awareness among the female informal workers • Sensitizing management to enforce the supply chain vendors to adapt HIV/AIDS program for their workers as part of contractual clause. 	<ul style="list-style-type: none"> • Existing health set ups such as Hospital or Clinic at the plant level for integrating HIV/AIDS/STI services. • Periodic on site health camps by engaging private doctors organized by Company management • Reimbursement of fixed medical cost by company for STI/HIV/AIDS ICTC services. • Engaging the medical department for conducting ICTC camps with support from SACS • CVM and CSM in and around the company with support from SMO

Type of Industry	Type of Employer and Stakeholder associated	Systems that can be leveraged for following components of HIV/AIDS Intervention for Informal Workers	
		Awareness and Demand Creation	Service Delivery
<p>Unorganized Sector</p> <p>(Construction, harvesting, plantation, Quarry mining etc)</p>	<p>Type of Employer: Builders, Sugar Cane factory owners, Merchants, Mining company owners etc.</p> <p>Contractors, Sub Contractors and Supervisors</p> <p>Workers Trade Unions</p> <p>Sectoral Associations/ Societies/ Federations</p>	<ul style="list-style-type: none"> Using gate keepers such as the Contractors/Sub Contractors/Trade Union leaders etc to be as master trainers Peer educators from the Informal Workers Sensitizing the employers/associations to make HIV/AIDS activities mandatory as part of the contractual clause with contractors Integrating HIV/AIDS within the comprehensive health and safety program through CSR of the employers/ associations (e.g Builders can contribute resources for construction workers program) 	<ul style="list-style-type: none"> Periodic on site health camps by engaging private doctors through resource contribution from structures such as Employers/Associations/ Societies/Federations etc Leveraging health facilities of big Industries for providing services to the unorganized sector where ever possible Using structures such as rotary/lions club for providing medical services including HIV/AIDS services Reimbursement of fixed medical cost by Employer/Associations for STI/HIV/AIDS ICTC services. Referral linkages to existing public health services CVM and CSM in and around the company with support from SMO

Type of Industry	Type of Employer and Stakeholder associated	Systems that can be leveraged for following components of HIV/AIDS Intervention for Informal Workers	
		Awareness and Demand Creation	Service Delivery
Medium and Small Scale Industries	Type of Employer: Medium and Small Scale Industry Owners Small Scale Industries Associations/ Societies	<ul style="list-style-type: none"> Using existing trainings, social platforms of Small Scale Industries Associations for Integrating HIV/AIDS activities Creating system of Master Trainers from the representatives of Associations which can train the peer educators from different units for conducting awareness programs. Using employee volunteers from other big industries to create awareness and demand creation activities within the small scale industrial area. Training of employees from selected units to be as peer educators for awareness activities 	<ul style="list-style-type: none"> On site health camps by engaging private doctors using resources from the Small Scale Industry Associations/ Industrial area Societies. Mobile ICTC services, cost reimbursed by the Associations/Industrial area societies. Using structures such as rotary/lions club for providing medical services including HIV/AIDS services Using health facilities of big industries in the Industrial areas for providing services to other industries. CSR resources mobilizing from companies whose supply chain comes from SSI

industrial sector within the organized and unorganized sector, the stakeholders, systems and structures that can be leveraged would differ depending on availability. In the beginning of the intervention a detailed mapping and assessment will identify the stakeholders, systems and structures that can be leveraged for the HIV/AIDS intervention. The proposed Employer Led Model will leverage the identified stakeholders, systems and structures for implementing the HIV/AIDS Intervention.

Reference Material for Session 5: Approaches to engage stakeholders...Getting an entry into Industries

4 chapter

Refer to section 9 and 10 from Operational Guidelines

Effective implementation of ELM interventions requires a good understanding of key stakeholders, systems and structures. Processes that are useful to be followed are as follows:

- ▶ Thorough understanding of Stakeholders
- ▶ Clearly defined purpose
- ▶ Planned set of activities/processes; both short and long term
- ▶ Effective communication
- ▶ Involvement of PLHIV in advocacy efforts
- ▶ Use of successful and positive examples

Each sector is unique and a good understanding of the sector, employers and the business culture will be useful in developing appropriate approaches. How to make contact, how to inspire and convince for implementing HIV/AIDS program for the informal migrant workers, and then keep their interest levels to continue to participate in the ELM program will to a great extent will depend upon developing a good understanding of each of these key sectors and the stakeholders.

Getting an entry into an industry:

- ▶ To gain entry into an industry, one can take several pathways. Most industries are members of some industrial association and hence negotiating with them will provide access to several organisations who may demonstrate interest to be a part of the program. Reaching out to industries through the Department of Labour or through the Department of Corporate Affairs may be another option. Another opportunity may be to reach out to individual industries; this can become feasible

when industries are very large and have a huge manpower base. NGOs working with the migrant community can facilitate to build a relationship with the industry. Public Sector Undertakings are more governed by instructions that come in the form of Government Orders. Private sector is generally easier to convince when there are statutory requirements under the law; nevertheless, many industries do have a social commitment towards a cause and it is important that we work on it.

- ▶ Each industry has its own set of gatekeepers who need to be brought into the folds of the engagement process. Building in acceptance and conviction among them may help in gaining a foot hold in the industry. Their involvement needs to be continued throughout the process. It is often useful not to get into the dynamics of the industry, but it is important to know how decisions are taken and who leads the process. In some industries decisions may get taken at the Board/CEO level and in others it may be generated from the Management level or in others the pressure may work through employees/Unions. Hence, it is important to have a multi-pronged approach reaching to several layers of the industry.

Steps in engaging organised industry:

The main steps for engaging an organised industry is as follows:

- ▶ Engage gate keepers, industry association, trade unions etc
- ▶ Organize meeting with gate keepers for sensitizing and obtaining buy-in
- ▶ Present evidences on risk and vulnerability of industries (Baseline studies)
- ▶ Make presentation on ELM (Consultative Meets)
- ▶ Design and co-create intervention with nodal person and Coordinating Committee (Action Plan Development, implementation and review)

Steps in engaging unorganised industry: The main steps for engaging an unorganised industry is as follows:

- ▶ Engage Industrial Association
- ▶ Organize meeting of prioritized companies based on risk and vulnerability assessment
- ▶ Present evidences on risk and vulnerability of industries
- ▶ Shortlist interested industries
- ▶ Send letters to Decision Makers in the company
- ▶ Make presentation on ELM

Design and co-create intervention with nodal person and Coordinating Committee

It is important to identify and work with key stakeholders who either can directly implement the program or can facilitate in influencing the employers to implement the HIV/AIDS program.

The key stakeholders broadly include:

Sector	Type of industry	Possible gate keepers
Organized sector	Public sector units	CEO, Directors, Departmental Heads
	Corporate	CEO, Directors, Departmental Heads
Unorganized sector	Small and medium enterprises	Small scale industrial associations, small scale industry employers association
	Construction sector	Builder association, builders, contractors, sub-contractors
	Tea plantation	Tea plantation owners, tea plantation associations, contractors, sub-contractors, trade unions
	Riskshw and taxi	Taxi and rickshaw unions

Approaches to Mobilize Stakeholders:

- ▶ **Creating a sense of urgency & social responsibility:** Presenting the magnitude and devastating impact of HIV/AIDS epidemic and thereby creating a sense of urgency to respond. Presenting the collective responsibility to safeguard one’s own interest within the overall benefit of contributing to ones nation’s benefit.
- ▶ **Promoting rights and collectivization:** Meant to be the key motivator for labour organizations, and for whom right-based approaches are central to their activities. HIV/AIDS has affected the basic rights such as right to employment, right to decent life, right to information and education/treatment etc.
- ▶ **Ensuring welfare and development:** This approach is anchored around the willingness of enterprises and individuals who want to give back to the society and promote welfare and development of society that they are part of. Typical opportunities exists in the CSR programs, employee welfare and development initiatives in the corporate sector. At an individual level, this will aim at leveraging the influence of leaders and opinion makers to contribute and mobilize resources for welfare and development.
- ▶ **Improving business image:** Several platforms exists through which enterprises are trying to create a better corporate image. This helps them to seen good among the investors and shareholders.
- ▶ **Contributing to philanthropic initiatives:** This is based on the traditional value of giving away surplus and supporting the social causes. Many entrepreneurs still hold this value and they can be roped in through this approach.
- ▶ **Demonstrating shared vision:** This is done through creating a better world and coming together to address problems that hinder this vision. Based on creating collective platforms and collaboration efforts.

Following activities to be considered/ implemented by SACS for creating entry into industries

Public Sector Units (PSUs):

- ▶ NACO as part of the mainstreaming activities is in the process of signing MOUs with twenty one ministries at the central level. The MOU signing with central ministries governing the various public sector units (PSUs) will facilitate access in the respective PSUs for employer led model. E.g Signing of MOU with Ministry of Shipping is expected to facilitate the access to all ports for implementation of Employer Led Model.
- ▶ **The access to State level PSUs will be facilitated by SACS by approach through ministries concerned with industries at state level**
- ▶ **Approach through industry associations**

The employer's associations can play an important role in facilitating access to the employers in the Public sector industries. The state level/district level industry associations will be tapped for mobilizing industries.

Private sector industries in Organized Sector:

- ▶ Positioning Employer Led Model as part of CSR activities: The Schedule VII of the Company bill for CSR includes HIV/AIDS as one of the ten areas that industries can consider for CSR activities. This is an opportunity to mobilize industries as the resources invested through Employer Led Model for informal workers, supply chain, can be showcased under the CSR activities. This will be an added advantage for large industries which can report the activities under Employer led model as part sustainability reporting
 - ▶ **Approach through State level industry associations**
- The employer's associations can play an important role in facilitating access to the employers in private sector industries. The state level/district level industry associations will be tapped for mobilizing industries.
- ▶ **Approach through National level industry associations:**
- At central level the National level industry associations will be approached for conducting sensitization meetings with industry leaders, member industries at National level.
- ▶ **Access to the industries having the national presence in more than one State:**
- At the central level NACO will spearhead the efforts to sign MOUs with the central ministries controlling Public Sector Units (PSUs). This will facilitate the access to PSUs having nationwide operations. NACO will also spearhead the efforts to reach private corporates and industries having national level operations to engage them in rolling out employer led model
- ▶ Integrating HIV and AIDS activities within the Industries already implementing TB program activities in collaboration with the Revised National Tuberculosis Program (RNTCP) program

Unorganized Sector:

- ▶ **Use of Occupational Health and Safety programmes**

The HIV/AIDS program activities can be integrated within the existing Occupational Health and Safety programs.

- ▶ **Working with State Department of Labour** to include the HIV/AIDS activities as the part of occupational health and safety programs at the industry level in some of the key industrial sectors vulnerable for HIV/AIDS
- ▶ **Work through health activities mandated to the industries which form part of supply chain of leading International brands.** Example: Levi Strauss, a leading International garment brand has regulation that the supply chain industries should implement the HIV and AIDS prevention activities for their employees. Such systems can be identified and tapped for mobilizing industries in unorganized and small scale sectors for Employer Led Interventions.
- ▶ **Tap Regulatory or Statutory Systems:** HIV/AIDS activities can be included as part of regulatory or statutory systems for certain supply chain industries of bigger enterprises and the compliance be made mandatory to be reported by industries. For example, while issuing RFPs (requests for proposals) or issuing contracts for major PPP projects, public works and so forth, could insist upon employee/contractor/ vendor to implement HIV/AIDS activities, the onus for this could rest with the successful bidder or leader of the successful consortium.
- ▶ **Leverage statutory systems as part of Industrial banks lending money to industries:** Industrial banks such as IDFC, ILFS can be approached for including HIV and AIDS activities as one of the requirement for industries to qualify for receiving financial support from Industrial banks.
- ▶ **Creating access through district administration and Labour commissioners:** The district administration can be mobilised for conducting advocacy meetings with the industries. The District Collectors can be an important stakeholder for mobilizing industries at the district level for implementing employer led models. Similarly the labour commissioners at the state level or district level can be mobilized for advocacy with industries, motivating industries for implementing employer led models
- ▶ **Approach through industry associations**

Some of the unorganized sectors also have local associations which would be important stakeholders for creating entry within these industries
- ▶ **Engaging Central level institutes for training of Unorganised sector on HIV/AIDS:** At central level, the central level institutes such as Central Board of Workers Education (CBWE) will be engaged for conducting training on HIV and AIDS for the workers in unorganized sector.

Overarching Strategies for creating access into Industries:

- ▶ **Industry Champions from Across the Industries:** As pool of Industry Champions will be identified from the industries which have already implemented HIV/AIDS interventions. The champions will advocate for the HIV and AIDS program in the meetings of industry representatives through industry associations
- ▶ **Advocacy Kit for Sensitization and Advocacy with Employers:** The Advocacy Kit will be developed for facilitating SACS for advocacy with Employers of various sectors on Employer Led Model. The advocacy kit will consist of audio visual materials, direct mailers, communication material for influencing top management of industries.

Corporate Social Responsibility

Section 135 under the Companies Act, 2013 makes it mandatory for profit making companies to spend on activities related to Corporate Social Responsibility (CSR). With the new legislation, India would possibly become the first country to have Corporate Social Responsibility (CSR) spending through a statutory provision.

The aim is to encourage Indian companies to use CSR to integrate economic, environmental and social objectives with their operations and growth. Thus, this bill seeks to actively engage top management by constituting a CSR board committee of 3 or more directors, with at least one of them being an independent person. The Company Board has to closely monitor and evaluate the 'impact' or that is going towards the development of the grassroots through the CSR of the organization.

The Law makes the formation of CSR Committee mandatory for a company having net worth of Rs. 500 Crore or more, or turnover of Rs.1,000 Crore or more or net profit of Rs. 5 Crore or more during any financial year. Such company shall spend, in every financial year, at least 2 % of the average net profits of the company made during three immediately preceding financial years, in pursuance of its Corporate Social Responsibility Policy (CSRP). The companies would need to create a CSR corpus comprising of 2 per cent of net profit, while any income from this corpus and the surplus arising out of CSR activities would need to be credited back to the CSR corpus.

According to the draft rules, which are in the process of being finalised after taking into account the suggestions from all stakeholders and the general public, it is mentioned that the CSR should not be seen as "charity or mere donations. It has been proposed that the CSR activities should not be exclusively for the benefit of employees of the company or their family members, while only those CSR activities would be taken into consideration that are undertaken within India.

As per industry estimates, the mandatory CSR rules would apply to close to 9,000-10,000 companies and the annual CSR spending would be to the tune of Rs 15,000-20,000 Crore. The Government has left the canvas wide open for the companies to decide on their own about the CSR (Corporate Social Responsibility) activities the Company wishes to undertake to comply with the new norms.

The CSR committees of the respective boards of the companies would need to prepare the CSR policy, specifying the projects and programmes to be undertaken as also their execution modalities and implementation schedules. The companies can collaborate or pool resources with others to undertake their CSR activities jointly and any expenditure incurred on such collaborative efforts would qualify for computing the CSR spending. Companies can choose to set up own trusts, societies or section 8 companies or fund such existing firms operating in India to implement the activities outlined in its CSR strategy. If the companies choose to set up their own arms, they will have to make sure that a robust monitoring mechanism is in place to ensure funds are spent only on specified programs identified in their CSR policy. CSR programmes can also be undertaken by the company through non-related trusts, societies, or other non-profit companies with an established track record of at least three years. Existing trusts, societies or section 8 companies are eligible to receive such funds, only if they have an established track record of at least three years in carrying out such activities. Projects/schemes designed exclusively for employees will not qualify under this act as it wants to encourage outward actions.

CSR bill is fairly comprehensive in terms of where the funds could be deployed and companies have the liberty to choose action areas which are most strategic, beneficial for them as per their CSR policy. It also suggests that local area action and collaboration are preferred thus, paving way for wide cluster level actions. So, for example, automotive clusters might see bigger OEMs pooling their resources to bring real impact for the residing communities like educational/vocational institutes, comprehensive environment up gradation programs, healthcare facilities etc.

For guidance purposes, as much as nine activity areas encompassing all social development activities are covered. Activities which may be included by the companies in their CSR programme can be related to eradicating extreme hunger and poverty, promotion of education, promoting gender equality and empowering women, and reducing child mortality and improving maternal health. Other such activities can include combating human immunodeficiency virus, acquired immune deficiency syndrome, malaria and other diseases; ensuring environmental sustainability, employment enhancing vocational skills and social business projects. The permitted CSR would also include contributions to the Prime Minister's National Relief Fund or any other government fund for socio-economic development and relief, and funds for the welfare of the Scheduled Castes, the Scheduled Tribes, other backward classes, minorities and women. Besides, the draft proposed that contributions to the Prime Minister's National Relief Fund and other Central and state government funds will continue to be eligible for CSR activities.

Ref: Extracts from www.causebecause.com/



Reference Material for Session 6: Building an Approach for ELM – Service Delivery Model

5

chapter

Please refer to Section 5 of the Operational Guidelines

Health, safety and well-being of the workforce are essential for successful and sustained business. Government regulations necessitate measures for maintaining safe and healthy working conditions for employees.

Globally, HIV/AIDS is accepted as a workplace safety issue. HIV infection in employees increases ill health and reduces productivity, causes loss of trained manpower and increases costs of recruitment thus affecting business profitability.

The best way to protect the safety of employees is to learn facts, assess risks and respond appropriately. Several industries in the country and across the globe have shown that industries are able to put in place effective and efficient models of intervention to reach out to their employees. Good practices such as having Workplace Policies, expanding their health care services to employees and contractual labour, establishing testing and care services, expanding welfare services to make it more inclusive towards individuals and families affected by HIV/AIDS and industry support to networks and NGOs are now visible.

Planning for awareness programs for employees especially migrants at industry:

Type of Industry	Awareness on HIV/AIDS Prevention Products and Services
<p>Organized Industries PSUs and Large Private Sector Companies (Manufacturing Industries such as Cement, Steel, Automobile, Textile etc which employ vulnerable migrant informal workers)</p>	<ul style="list-style-type: none"> • Comprehensive health and safety program and trainings can be extended to integrate HIV/AIDS awareness program. • Can integrate HIV/AIDS awareness program in HR induction trainings, welfare programs etc. • Develop employee/ informal worker volunteers as TOTs, outreach workers and peer educators for generating awareness. • Encourage formation of mid media activities such as street play groups from the Employee volunteers • Promote social and educational activities within the companies for integrating HIV/AIDS awareness programs • Encourage Employee's Wives Associations for creating awareness among the female formal and informal workers • Create responsibility among Industry Management towards sub-contractors by incorporating contractual cause on HIV Education and support them with TOTs
<p>Medium and small Scale industries</p>	<ul style="list-style-type: none"> • Use existing trainings, social platforms of Small Scale Industries Associations for Integrating HIV/AIDS activities • Build Master Trainers from the representatives of Associations to train peer educators. • Work in coordination with their larger partner industries, SME training centres and associations for sharing training resources • Train employees from selected MSME units as peer educators • Create responsibility among MSMEs towards sub-contractors by incorporating contractual cause on HIV Education and support them through their TOTs
<p>Unorganized Sector (Construction, harvesting, plantation, Quarry mining etc)</p>	<ul style="list-style-type: none"> • Train gate keepers such as Contractors/Sub Contractors/Trade Union leaders etc as peer educators/master trainers • Build peer educators from informal workers • Sensitize employers/associations to include a clause for subcontracting for mandatory HIV/AIDS activities • Encourage Employers/Association to integrate HIV/AIDS within the comprehensive health and safety program as part of their CSR activity (e.g. Builders can contribute resources for construction workers program)

Planning for health services for employees especially migrants at industry:

Type of Industry Linked Health Facility	Resources available	Services that can be integrated
Health clinic set up at plant	Medical Doctor Nursing personnel	STI /OI management ICTC services
Hospital set up within	Medical units/departments Nursing personnel Laboratory staff	STI/OI Management ICTC/PPTC services, ART services CCC, RNTCP services
Tie ups with other hospitals	Medical units/departments Nursing personnel Laboratory services	Explore for PPP services inclusion
Referral doctors	Medical doctors	Explore for PPP services Referral linkages with ESIC, public health systems or empanelled doctors
ESI hospitals	Medical units/departments Nursing personnel Laboratory staff	STI/OI Management ICTC/PPTC services, ART services CCC, RNTCP services
Labor department dispensaries	Medical doctors	STI/OI management

Planning for HIV/TB services for employees especially migrants at industry

Industries may demonstrate willingness to expand their existing medical services package to include programs for HIV and/or TB. In such opportunities, SACS needs to seize the opportunity and invite the industries to become a part of the TB programs under PPM (Public Private Mix) through State RNTCP program. The HIV/AIDS program can be integrated within the same structures and systems of the TB program. When organisations do not have either of the programs, SACS can advocate for the integrated TB and HIV program and facilitate TB services through State RNTCP program and the HIV program through the DAPCU.

Increasing access to condoms for employees

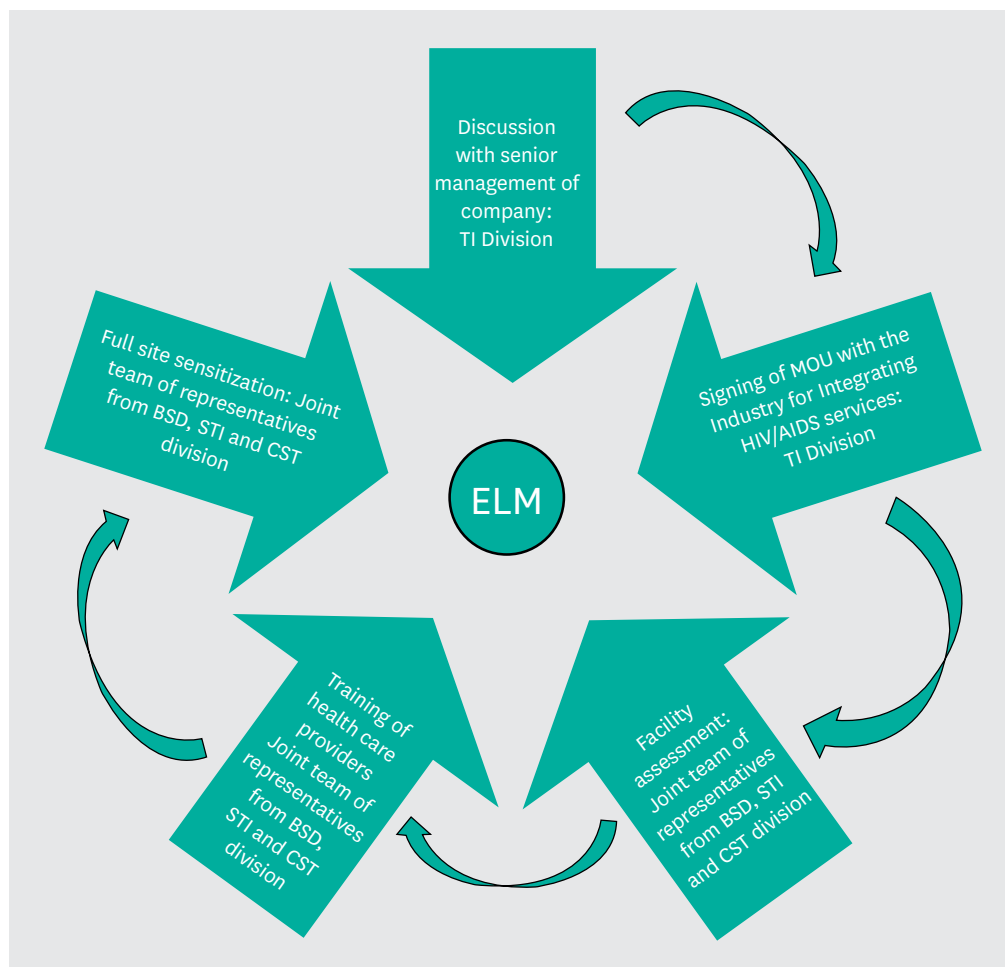
Industries are often uncomfortable with the concept of condoms for the fear of the social image it will generate and the apprehensions of promoting promiscuity in the campuses. What has worked well is using the social marketing organisation to open outlets in the vicinity of the industrial set up. Some progressive industries have managed to place condoms in the vending machines along with other products. Health clinics and hospitals can also places where condoms can be made available.

Prior to setting up new outlets, it is important for the SMO to carry out a condom availability study to map the areas where condoms are available in and around the vicinity of the industry.

Industries can be encouraged to contribute towards the condom vending machines and the condom social marketing as part of their social responsibility.

Building an ELM at the Industry and demarcating roles

To put in place an ELM approach at the Industry, it requires a coordinated effort of the SACS/TSU/DAPCU and the Industry. In the initial phase, the work arrangement will be as provided in the figure below, but over time it evolves further and becomes needs focused.



Roles and Responsibilities of Key Stakeholders in Employer Led Model

Role of Employers:

Overall facilitation and implementation of HIV/AIDS program activities

- ▶ Overall implementation and lead in intervention for HIV and AIDS
- ▶ Contributing infrastructure, human resources and financial resources for implementation
- ▶ Ensuring supply of drugs, test kits, consumables for implementing HIV/AIDS/STI services at the industry level
- ▶ Integrate and scale up activities under the model through existing CSR initiatives
- ▶ Identifying nodal person at the industries for facilitation of the implementation
- ▶ Formation of coordination committee at the industry level in collaboration with SACS

- ▶ Overall monitoring of the implementation through coordination committee
- ▶ Sharing the reports with SACS/DAPCU

HIV/AIDS Awareness activities

- ▶ Integrate HIV and AIDS awareness activities within existing health and safety, welfare and HR activities
- ▶ Training of employee volunteers, supervisors, contractors in conducting one to one and one to group sessions on HIV and AIDS
- ▶ Training of health staff to conduct one to group sessions in health settings
- ▶ Printing of IEC material as per the protocol provided by SACS
- ▶ Ensuring availability of Condoms and IEC at the industry level

HIV/AIDS/STI services within Industry with health facilities

- ▶ Provide Treatment for STI /RTI as National guidelines
- ▶ Deliver ICTC/PPTCT services through fixed, mobile or outreach health facilities
- ▶ Implement ART and care and treatment services
- ▶ Ensure supply of drugs, test kits for implementation of services at the industry level

HIV/AIDS/STI services within Industry without health facility

- ▶ Hire allopathic medical doctor to conduct on site health camps for STI/RTI treatment at the industry site
- ▶ Developing access to health services by referral linkages with ESIC, public health systems or empanelled doctors
- ▶ Establish linkages with mobile/facility based government ICTC
- ▶ Linkages with ART and care & treatment facilities
- ▶ Contributing resources such as drugs, hired medical doctor for conducting health camps at the industry level

Role of NACO

- ▶ Overall policy directions and guidelines for employer led model
- ▶ Signing of MOUs with ministries facilitate the public sector units to scale up ELM in their set ups. Coordination with Ministry of Labour, NRHM and other ministries.
- ▶ Ongoing review and revision of policy, strategies and implementation plan
- ▶ Facilitate advocacy and coordination with concerned ministries, employers' associations, trade unions
- ▶ Technical Support and capacity building of SACS/TSU
- ▶ Provide the prototypes for IEC material, advocacy tools
- ▶ Facilitate engaging large industries which has operations across the country through the national level efforts

Role of SACS

Overall Role of SACS:

- ▶ Responsible for facilitating roll out of the Employer Led Models at state level by identifying potential industries, engaging with industries to develop specific proposals and provide ongoing support to roll out

- ▶ Project Director of SACS has to oversee the implementation and review of ELM activities at SACS level.
- ▶ Coordination with state department of Labour, Department of Health services and other relevant government departments for mobilizing industries
- ▶ Advocacy and coordination with state level employers organizations, trade unions, PLHIV network and other relevant stakeholders
- ▶ Programme monitoring, evaluation, documentation and dissemination at state level
- ▶ Reporting to NACO on employer led activities
- ▶ Facilitate for implementation of HIV/AIDS/STI services at the industry level for increasing access of services for migrant workers
- ▶ Facilitate linkages with drug and test kit manufacturers for procurement of drugs and kits as per the standard guidelines
- ▶ Facilitate training and capacity building of the medical, para medical staff for implementing HIV/AIDS/STI services
- ▶ Facilitate training and capacity building of contractors, health staff, supervisors, employee volunteers for conducting awareness sessions with informal workers
- ▶ Facilitate the development of HIV/AIDS policy by developing linkages with industries and Ministry of Labour (MoLE) at State level
- ▶ Build capacities of PLHIV groups for active participation in the facilitation of Employer led model at State level
- ▶ Conduct periodic mentoring and support visits

Role of different division in SACS would be as follows

TI Division:

- ▶ Nodal division to identify potential industries in close coordination with TSU, Mainstreaming division and other partners such as industry associations etc.
- ▶ Engaging with industries and preparing action plan.
- ▶ Organising State level sensitisation meeting chaired by Project Director SACS.
- ▶ Facilitate rolling out condom social marketing by industries.
- ▶ Overall coordination with other divisions of SACS, NRHM and other stakeholders.

ICTC/STI/ART Division:

- ▶ Provide support in preparing Industry specific service delivery models and action plan.
- ▶ Include the training targets in the AAP and implement training for industries.
- ▶ Provide support in establishing services and handholding for service delivery.
- ▶ Encourage to participate in EQAS.
- ▶ Provide mobile ICTC facility for ELM project intervention area.

IEC and Mainstreaming Division:

- ▶ Provide wide publicity of the need for ELM in different messaging, forums.
- ▶ Provide IEC materials to industries during initial phase and provide prototypes for printing by industries.

- ▶ Training of supervisors, contractors, volunteers on communication session on HIV and AIDS.

Role of TSU

- ▶ Provide support to SACS in developing implementation plan at industry level, rolling out the activities, training of staffs, coordination meetings at industry and SACS level for employer led model activities
- ▶ Provide support in designing specific activities as per the need of the industry/ specific sector
- ▶ Develop capacity of TSU programme officers, SACS officers and DAPCU in facilitating roll out employer led models
- ▶ Conducting support and mentoring visits to industries in collaboration with SACS and DAPCU

Role of DAPCU

- ▶ Support SACS/TSU in planning (identifying), implementation of the programme at district level or in a cluster of districts
- ▶ Follow up with industries/employers for engaging in Employer led model
- ▶ Coordinate with district level stakeholders for facilitating employer led model
- ▶ Support SACS/TSU for conducting trainings at industry level, service linkages with public health systems, coordination for mobile ICTC linkages and linkages with condom social marketing

Role of National and State Level Employers' Association

- ▶ Extend support to SACS in conducting advocacy meetings with employers
- ▶ To be part of the State level coordination committee for Employer Led Model facilitated by SACS
- ▶ Facilitate support from member industries
- ▶ Support SACS in creating access into industries for employer led model
- ▶ Facilitate support from State level employers' associations
- ▶ Facilitate advocacy with member industries

Role of PLHIV groups

- ▶ Involvement of PLHIV in the sensitization meetings with Industry associations, gate keepers sensitization, senior management of industry and conducting sessions with the informal workers
- ▶ PLHIV groups to be part of the coordination committee at the SACS level for facilitating employer led model, developing strategies and plan for state specific roll out of employer led model
- ▶ PLHIV also can be proposed for the industry level coordination committees by SACS
- ▶ PLHIV group can provide specific inputs in the activities related to building enabling environment and steps for reducing stigma and discrimination at workplace

Session 6: Building an Approach for ELM – Service Delivery Model

Roles played by Industry, SACS and NACO for establishment of ICTC services at industry:

6

Chapter

Please refer to Section 12 to 15 from Operational Guidelines for details on Integrating HIV/AIDS and STI services within existing systems and structures of Industries.

The below table captures the roles of different stakeholders for integrating HIV/AIDS and STI services within Industries.

ICTC Services		
Role of Industry linked health facility	Role of SACS	Role of NACO
<ul style="list-style-type: none"> • Provide ICTC/PPTCT services as per national guidelines • Maintain confidentiality and privacy • Reporting to SACS on monthly basis in the prescribed format • Maintain referral linkages for the HIV positive clients referred for further care • To ensure bio waste management • To ensure adherence to universal precautions • Supply of test kits and consumables for HIV testing • Follows external quality assurance and internal quality assurance as per national guidelines • Ensure printing and availability of communication tools, IEC material, counselling tools and reporting formats 	<ul style="list-style-type: none"> • Conduct training of counsellor, lab technician and medical doctor for ICTC/PPTCT services • Conduct full site sensitization program to ensure stigma free environment • Provide prototype designs for communication tools, IEC material, counselling tools • Provide on site technical support to the staff at health facility • Conduct support visits on monthly basis to ensure ongoing technical guidance to the health facility • Provide linkages for supply of test kits • Provide linkages for external and internal quality control • Develop referral linkages to ART and care and support services 	<ul style="list-style-type: none"> • Providing strategic direction in training and supportive supervision • Developing training modules; induction as well as refresher trainings (once every year), with relevant materials • Imparting training to trainers at SACS • Developing on-ground communication design and tools • Impart training on communication design to SACS

Roles played by Industry, SACS and NACO for establishment of ART services at industry:

ART Services		
Role of industry linked health facility	Role of SACS	Role of NACO
<ul style="list-style-type: none"> • Provide ART services as per the national guidelines • Attend trainings organized by SACS • Maintain confidentiality and privacy while providing services • Reporting to SACS on monthly basis in the prescribed format • Maintain referral linkages for the HIV positive clients referred for further care • Cover the cost of ART drugs for the patients from within own industries • Share the infrastructure and human resources for implementation of ART services • Ensure printing and availability of communication tools, IEC material, counselling tools and reporting formats 	<ul style="list-style-type: none"> • Conduct trainings of ART staff identified by the industries • Conduct full site sensitization program to ensure non-discriminatory environment • Provide prototype of communication tools, IEC material, • Provide onsite technical support to the staff at health facility • Conduct support visits on monthly basis to ensure ongoing technical guidance to the health facility • Provide ART drugs for client other than the employees from the industries 	<ul style="list-style-type: none"> • Providing strategic direction in training and supportive supervision • Developing training modules; induction as well as refresher trainings (once every year), with relevant materials • Imparting training to trainers at SACS • Developing on-ground communication design and tools • Impart training on communication design to SACS

Reference Material for Session 6.4: Institutional arrangements for Implementing ELM

7 Chapter

Institutional Arrangement between Employer and SACS at Field level

- ▶ It is proposed that a letter of Intent to be taken from the industries as far as possible on the letter head of industries showing interest for implementing employer led model. Sample of letter of intent included in Annexure 5.
- ▶ It is also proposed that after receiving the letter of intent a detailed proposal and action plan to be developed with each industry. The SACS/TSU will facilitate developing proposal along with the coordination committee at Employer/Industry level
- ▶ The proposal and action plan to be signed from the SACS and employers side. This will serve as the guide for steps to be carried out in implementation of employer led model at the industry level (Sample of proposal format is included in Annexure 5.1)
- ▶ The coordination committee at the industry level is proposed to have a representative from SACS/TSU for better coordination

Management and technical support structure: Following management and technical support structure is proposed at National, State and Industry level for facilitation of Employer Led Model.

National Level	State level	Industry Level
<ul style="list-style-type: none"> • NACO - TI Division Overall lead • TI division -coordinate with other NACO divisions and departments • PIPPSE project – Technical support for Employer Led Model (till 2017) 	<ul style="list-style-type: none"> • SACS-TI Division overall lead at State level • SACS-TI division – coordinate with other SACS division • TSU to support SACS on Employer Led Model • DAPCU to lead at district level 	<ul style="list-style-type: none"> • Senior Management overall lead • One Nodal Officer at Industry level e.g. <ul style="list-style-type: none"> • Health Facility in Charge • CSR Head/Head HR • Coordination Committee – Representation from senior management, key departments, DAPCU/SACS/TSU, industry association

Institutional Arrangements at various levels:

Employer/Industry level: Three steps are proposed at the industry level

- ▶ Step 1: To ensure that Employer led model is successful it is necessary that the senior management of the company is involved in the planning, implementation and monitoring of the programme.
- ▶ Step 2: Identifying a nodal person who can champion the cause and take the initiative forward
- ▶ Step 3: Formation of the coordination committee chaired by senior management and involving all stake holders to oversee the program activities.

Who can be the Nodal Person?

- ▶ The gate keepers such as senior management at organized industry, associations, societies, trade unions at unorganized sector needs to identify the nodal person
- ▶ The nodal person would champion the Employer Led Model at the industry level and will anchor the overall implementation of ELM at his industry
- ▶ The nodal officer should have the leadership skills and self-motivated person who can take people along

Suggested persons to be as Nodal Officer at industry level

Public Sector Units (PSUs) and Organized Sector	<ul style="list-style-type: none"> • Senior Management • CSR Incharge • HR head • Health and Safety In charge • Medical Doctor • Operations Incharge • Welfare In charge
Unorganized Sector	<ul style="list-style-type: none"> • Supervisor • Chief Contractor • Secretary of society, federation, industry association • Representative from trade unions

Role of Nodal Person:

- ▶ To provide overall support for ensuring implementation of employer led model at the industry level
- ▶ Coordinate between SACS and various departments at industry level for implementation of HIV/AIDS activities
- ▶ Coordinate and implement the HIV/AIDS services at the industry level
- ▶ Collect data from various services and compile the reporting for SACS

Possible members of the coordination committee

Strategically it is useful to have important department heads of the company to be part of the coordination committee and chaired by the CEO or the Managing Director (MD). There

could be around 4-5 members and the key departments such as operations, human resource, welfare department, finance department should be part of the coordination committee. The representative from SACS (TI division), trade unions and industry association are strongly recommended to be part of the Coordination Committee.

Coordination Committee in the Unorganized Sector:

At the Unorganized sector sites representatives from various stakeholders such as, trade unions, contractors, federations, co-operatives, societies, associations etc needs to be identified for forming the coordination committee. The list of stakeholders will vary from industry to industry. The representatives from SACS/TSU/DAPCU should be part of the coordination committee to facilitate the overall process.

Role of the coordination committee

- ▶ Coordinate with SACS for implementation of Employer led model
- ▶ Ensure support from other departments/stakeholders from the industry for implementing employer led model
- ▶ Approve plan of implementation
- ▶ Monitor the process of implementation and ensure that the implementation is carried out according to the plan
- ▶ Monitoring and supervision of HIV/AIDS services implemented at the industry level
- ▶ Spearhead the process of adopting HIV/AIDS and TB Workplace Policy in case the industry wants to adapt the policy

Coordination Committee Meeting

It would be ideal if the coordination committee meets on monthly basis and takes stock of the program. But if it is not possible at least a quarterly meeting should be organized. The process of the coordination committee meeting-

- ▶ Finalize an agenda
- ▶ Send copies of the agenda and monthly or quarterly report a few days prior to the meeting to all participants
- ▶ A presentation summarizing the report and mentioning future steps should be prepared
- ▶ The agenda of the meeting could involve presentation by the implementation agency, experience sharing by the Master Trainers, sharing successes, discussing challenges and finding out solutions
- ▶ Development of HIV/AIDS Policy could be discussed
- ▶ Minutes of the meeting should be prepared and sent to the committee members

Experience has shown that formation of a coordination committee and continuous interaction with them through meetings helps in increasing the commitment of the senior management for the programme. Thus it is highly advisable to have a functional coordination committee in each company.

SACS Level:

Nodal person at SACS

- ▶ The JD/DD/AD TI would be the nodal person. He/She would be supported by TSU or as designated by PD, he/she will be the point of contact for the industries/employer at SACS
- ▶ The nodal person at SACS would closely work with other divisions of SACS (i.e. STI, BSD, CST, IEC, Mainstreaming, M&E, Finance) and TSU.
- ▶ The Nodal person will be responsible for coordinating with other SACS/TSU divisions and DAPCUs, industries associations, industries nodal persons, department of labour, department of health etc.
- ▶ The Nodal person would report to PD-SACS

ELM Coordination Committee at SACS

- ▶ The coordination committee at SACS will be headed by PD-SACS
- ▶ Following members are proposed to be part of the ELM Coordination Committee at SACS
 - The Joint /Deputy/ Assistant Directors from all SACS divisions and departments (Basic Services, STI, CST, IEC, TI, Finance and M & E division)
 - Team leader TSU
 - One Program Officer will be at secretariat of the coordination committee
- ▶ The coordination committee will meet on monthly basis

Roles of Coordination Committee at SACS

- ▶ Support in facilitating the Employer Led Model
- ▶ Integration of HIV/AIDS services at the industry level
- ▶ Review the progress of Employer Led Model
- ▶ Ensure coordination among various divisions and departments for smooth facilitation of Employer led model
- ▶ Address any operations related issues
- ▶ Provide technical inputs into the employer led interventions initiated to strengthen the same.

National Level:

Nodal person at NACO

- ▶ NACO-TI division will be the nodal department and Program Officer-TI division will be the nodal person for coordination with other departments and SACS on the employer led model
- ▶ The nodal officer will be supported by the two PPP-Consultants

ELM Coordination Committee at NACO level:

- ▶ It is proposed that the ELM coordination committee at NACO level will be headed by DDG-TI Division
- ▶ The Following members are proposed to be part of the ELM coordination committee at NACO level

- Divisional representatives from all NACO technical divisions and departments
- PIPPSE project nodal officer for ELM (till 2017)
- Team Leader NTSU
- ▶ The coordination committee will meet once in a quarter

Roles of ELM Coordination Committee at NACO:

- ▶ Review the state wise progress of Employer Led Model
- ▶ Ensure coordination with other NACO divisions and department for smooth facilitation, technical support for ELM from the NACO
- ▶ Address any issues, challenges and gaps in implementation of Employer Led Model at State level
- ▶ Review, revise, modify strategies as needed to strengthen the facilitation of Employer Led Model at State level
- ▶ Provide technical inputs for employer led interventions initiated to strengthen the same

Institutional Arrangements

NACO	SACS/TSU	Employer
<ul style="list-style-type: none"> • IT Division on lead in inter division coordination • PO TI, Consultant PPP (2) • Tech support through PIPPSE • ELM Coordination Committee (CC) at NACO 	<ul style="list-style-type: none"> • Dedicate PO-ELM at SACS/TSU • JD TI (SACS) on lead and inter divisional coordination • TL (TSU) on support • DACO on lead at Districts level • CC at SACS level 	<ul style="list-style-type: none"> • Senior Management • Nodal Officer <ul style="list-style-type: none"> • Health Facility incharge • CSR Head/Head HR • Coordination Committee involving SACS

Institutional Framework

- Intend letter from industries
- Proposal of Activities: Co created by SACS/TSU and industries
- Identification of Nodal Officer by the industries
- Formation of Coordination Committee involving all stakeholders, including SACS/TSU representation
- MOU for the services in PPP mode
- Reporting from industries (Nodal officer) to SACS
- Monitoring and Supervision by Coordination Committee

Key points to be kept in mind while working with Private and Public Sector Industries

The following section explains the Do's and Don'ts of Working with Industries while facilitating the Employer Led Model.

Sending Letters to the decision maker in the companies

A letter elaborating the need to initiate ELM needs to be sent to the decision making person in the company. The letter could be sent to

- ▶ Chief Executive Officer
- ▶ Managing Director
- ▶ General Manager
- ▶ Vice-President HR
- ▶ HR Head

Telephonic follow up to seek a face to face appointment

The letter should be followed by a telephonic call to the person to whom the letter was addressed. The objective of the telephonic follow up is to seek an appointment to explain the program in detail. It may take more than a single call to reach the concerned person and one may not get a positive response during initial interaction. It may happen that the person asks to call up after a certain time period. Being persistent and following up with the person according to time frame set by him conveys the earnestness and the sincerity. If the person agrees to meet, arrange an appointment at a mutually convenient time. Always be on time for the meeting, be specific, prepare your notes and study the organization background.

Pitch Presentation

This is the most important opportunity to convince the senior management about importance of adopting an HIV/AIDS/TB Intervention Program

Objective of the pitch presentation-

- ▶ To present HIV/AIDS as an issue to the decision makers in the company
- ▶ To convince the decision makers to take up ELM Interventions
- ▶ Collect information about to company to develop a customized proposal and budget

Target for the Pitch Presentation-

Target for the pitch presentation is the decision making authority in the company which could be –

- ▶ Chief Executive Officer

- ▶ Managing Director
- ▶ General Manager
- ▶ Vice-President HR
- ▶ HR Head

Making a presentation to middle level management may not be useful because they may not be able to convince the decision making authority about the importance of the programme as convincingly. This may either lead to company not taking up the programme or the repeating the pitch presentation.

Preparation for the meeting-

- ▶ Preparation for the presentation- Prepare a presentation which takes not more than 10 minutes
- ▶ Rehearse presentation with your colleagues and ask for suggestions
- ▶ Dress formally
- ▶ Be punctual
- ▶ Carry material about your organization
- ▶ Carry your visiting cards
- ▶ Carry a laptop computer to make a presentation
- ▶ Switch on the computer before you enter the cubicle of the concerned person to save time in booting the computer

Meeting process-

- ▶ Be confident
- ▶ Greet the person
- ▶ Share cards
- ▶ Introduce yourself and share your designation
- ▶ Begin by saying 'you must have received our letter about ELM intervention. We thought that it would be useful if you have meeting with you to explain it in more details. We thank you for giving time to hear us. I have a 10 minute presentation about our work. It would be much easier to explain with the help of the presentation so if you think it is okay, can I make a quick presentation to you?'
- ▶ Make the presentation
- ▶ Ask the person what does he think of the intervention and how would it be possible to do workplace intervention at his/her company
- ▶ If the person is positive, explain the following process- 'If you are agreeable to the program, we can send you a formal proposal elaborating the activities that we intend you to take up under workplace intervention along with a customized budget. If you could provide us with the exact number of employees in your company it would be easier for us to make customized proposal and budget'
- ▶ If the person needs some time to think or discuss with some more people, you can say that, 'I will send you the proposal which describes our program in detail. That document would be of help to you to discuss our program with your colleagues. In case you want us to come and discuss with them too, we would be glad to do so.'

- ▶ Make sure you take the right e-mail id where he/she would like you to send the proposal
- ▶ Thank the person and take his/her leave

Follow up after the pitch presentation

- ▶ Be in touch with the nodal person
- ▶ Work on the customized proposal and budget immediately
- ▶ Call and speak to the person after 2-3 days and find out the progress. If the person gives you a certain date when you should call him/her put a reminder on your computer.
- ▶ If the person wants you to make a pitch presentation with other colleagues make another visit to the company and make a presentation
- ▶ It may happen that the company would like to take only a few components in the beginning and based on their experience might like to take up more. For example, a company might want to have a senior management training first and then decide whether it wants to take up other components. In such a case customize the proposal and budget accordingly.
- ▶ Draw up the workplan for the implementation starting from Senior Management Training

Mentoring and Support Visits:

- ▶ Emphasize the importance of support visits from the first interaction with the company so that it is considered as a necessary part of the programme
- ▶ One can either decide a fixed date for the support visit or one can decide the next month's date on every support visit
- ▶ Support visit should not last more than 2 hours. Because it would be otherwise taken as encroaching on the time of the company
- ▶ Call up the company 2 days prior to the support visit and confirm the timings and also the schedule of meetings with Nodal Person, Master Trainer and the Coordination committee chairperson
- ▶ Meeting with the Nodal Person- Collect monthly data and clear any doubts if any
- ▶ Meeting with Master Trainers- Not all Master Trainers might be able to attend the meeting. During this meeting they could be asked if they came across any questions they could not answer, any new and interesting questions they come across, any experiences that are worth mentioning, any difficulties in reaching out to employee and how did they overcome it . Also plan with them the training of Peer Educators and if necessary decide dates and timings for practice sessions.
- ▶ Meeting with the coordination committee- It would be ideal if one could meet with all the members of the coordination committee but at times it may not be possible. In such cases meet only with the chairperson. Hand over a report on the monthly progress along with the photographs to the chairperson. Share any successes or try to get an answer to any concerns. Discuss HIV/AIDS policy and hand over the draft policies and policies developed by other companies.

Reference Material for Session 7: Sensitizing the Senior Management and Gate Keepers

8

Chapter

One of the efficient ways of learning is interaction with the experts from the relevant fields. Based on the intended audience for implementing different ELM interventions, it would be beneficial to interact and hear from industry champions who are already implementing HIV/AIDS interventions in their companies, amongst informal workers and other vulnerable populations. The Program Management team at SACS, TSU and DAPCUs must make efforts to update their knowledge by meeting and interacting with employers and other stakeholders who are associated with the HIV/AIDS programs.

From the guided panel discussion with the industry champions on their experience of implementing HIV/AIDS intervention, following points can be summed up:

Convinced and committed leadership: When the top leaders with the decision making power are convinced, they drive the program along with providing necessary resource commitment. A dynamic leadership at the management is very crucial for floating a new initiative such as ELM and also necessary to sustain the initiative.

Participatory planning, implementation and review: Concerned key people who are part of the HIV/AIDS committee and are involved in the HIV/AIDS activities from across different departments and units should be meaningfully involved in every state of program planning, implementation and review. This will ensure not only their participation, builds their capacity to sustain the program without much oversight from SACS.

Clear and specific ways of integrating and sustaining the program with the business plan: Employers and management needs include HIV/AIDS program related budget and resource allocation in their annual layout and other business review processes. This puts the HIV/AIDS on the agenda and draws regular attention from the key people involved in making decisions.

Recognition and motivation of the team: A successful HIV/AIDS program for employees requires engaging the motivated and willing employees as health educators and service providers. The team thus formed needs ongoing appreciation for the work that are doing and the management needs to devise methods to keep them motivated. Providing incentives, awards programs, offering additional increment, including their volunteer time as part of the key performance areas are some of the examples.

Space for learning and phased expansion: Most of the programs when started are only specific and aimed at a small issue. Companies might start with just few start-up activities and gradually gets drawn to scale-up and undertake comprehensive programs. This holds good for HIV/AIDS that requires program and technical expertise on several areas. This necessitates scope for a small start-up phase and support for gradual expansion as the company feels confident.

Resonance with the human face of the epidemic: One of the challenges of mobilizing the employers in low HIV prevalence areas such as India is lack of visibility of impact of HIV in terms of mortality and morbidity. Companies would appreciate the severity of the HIV/AIDS problem more when they interact with a person living with HIV and empathize with her/his life realities.

Planned and adequate resources and inputs: Companies that start a program without following a planning process, but follow ad hoc methods are less likely to continue beyond a certain period. Ones that take time to follow a proper planned phase and carefully consider the resource requirements are most likely continue the program with sustained commitment and interest.

Availability of timely and quality technical support: Although broad range of expertise and skill sets exists among the companies and employer groups, they are most likely new to developing and implementing HIV/AIDS programs. Hence, a strong team with program and technical skills would need to offer timely and quality inputs. This would increase the confidence levels and create a sense of efficacy that they can undertake this new venture with support readily available at hand.

Simple and clear program and technical guidelines: Most of the companies in the private sector aim at quick and less cumbersome procedures and guidelines. Although, there is need for clear, transparent guidelines they needs to be simple, less complex and easy to follow.

Unique Features of Sectors/Employers that would useful to follow

Public Sector Undertakings:

- ▶ Support and direction from top management is must
- ▶ Susceptible to formal communication from Govt./Departmental is required
- ▶ Time consuming and complex as several layers and procedures are involved
- ▶ Rigid and inflexible culture

- ▶ Cumbersome documentation
- ▶ Team work and coordination is a challenge

Private Sector:

- ▶ Top management is too busy; difficult to get commitment
- ▶ Needs hard data and strong evidence
- ▶ Over emphasis on benefits (profits)/image building
- ▶ Expects quick and tangible results
- ▶ Reluctance to outside influence/advise
- ▶ Driven by individual initiatives that may be short-term

Informal Sector:

- ▶ Diverse, scattered and heterogeneous
- ▶ Difficult to identify a accountable employer
- ▶ Exploitative and authoritative management
- ▶ Leadership and Coordination is challenging
- ▶ Collective platforms have other priorities
- ▶ Insufficient legal and welfare mechanisms
- ▶ Demands sustained and long-term engagement

Suggested Contents for a Sensitization Package

- ▶ Need for industries/employers to respond to HIV/AIDS: This would include how HIV/AIDS affected the workforce, migrant workforce and what visible impact has on the businesses and interests of the stakeholder that is being addressed.
- ▶ Magnitude of the problem globally and nationally: This would include creative methods of presenting the data on prevalence, incidence and trends. Example of this would be the fact that 8 of 10 PLHIV are working and that they could be reached through the employers.
- ▶ Impact of HIV/AIDS on businesses and employees: This is essential to convince the businesses and the concerned stakeholder to that their profits, resources and efforts are being negatively impact due to the HIV/AIDS situation in that sector or amongst the informal migrant workers. And explaining it to help them to understand how it makes a business sense to them
- ▶ Evidence of HIV/AIDS risk to workforce: It will be necessary to provide sector specific examples, data from the sector, region and few anecdotal details on HIV/AIDS impact on workforce. Few case studies can be showed to help the audience related with the risk of HIV.

- ▶ Role the industries/employers can play in reducing the HIV/AIDS risk and vulnerabilities: In addition to stimulate their thinking, it is now time to ask for their action and show how they can contribute to the ELM approaches. Provide examples from other employers.
- ▶ Options available for industries to respond to HIV/AIDS; utilizing existing systems and structures: The industries/employers should find it feasible to integrate HIV/AIDS issues within their existing systems and structures such as occupational safety health, human resource/welfare/wellbeing programs, medical and health initiatives, sectoral policies and welfare systems of government schemes and policies, etc
- ▶ Suggested road map and steps: This is a crucial stage in the sensitization meeting. Based on the existing knowledge on the sector and stakeholder/business that is being addressed, it is important to present few clear steps and practical approaches to move in those directions.
- ▶ Components and models of HIV/AIDS intervention and its costing: The ELM models pertaining to the sector are elaborated and explained its implementation process.
- ▶ Benefit to company of implementing HIV/AIDS interventions: Tangible benefits such as improved employee relationship, improved health and wellbeing resulting in increased productivity and few financial gains such as cost saving, return on investment could be made available to make it an attractive proposition to the stakeholders.
- ▶ Support available from SACS/TSUs: Assure and reassure that the program, technical and implementation support available from SACS and TSUs. Also, address any concern, issues that may arise related to lack of trust and faith in government system.

Tips for Effective Sensitization Sessions:

- ▶ Know your audience and time available
- ▶ Be punctual and honor allocated time
- ▶ Invite a PLHIV to share life with HIV and set a positive example
- ▶ Provide sector specific evidence and existing examples to inspire
- ▶ Express immense compassion for PLHIVs and HIV/AIDS issue
- ▶ Use and leave behind appropriate communication materials
- ▶ Offer reliable, timely and high quality support
- ▶ End with action points with clear timelines
- ▶ Identify and get one competent person designated to follow-up
- ▶ Remain composed and cheerful, avoid arguments/authority

Building conviction among industries for ELM

- ▶ Convincing industry to partner with SACS requires planned actions. The team should be skilled in negotiating and influencing industry to buy-in to the concept of ELM. Several bottle-necks are likely to emerge and the team has to skillfully maneuver and/or respond to the challenges. It requires relationship building where the industry considers the team as knowledgeable, responsive, genuinely interested in their welfare and trustworthy.
- ▶ Negotiating is a skill and can be learnt. The negotiator should come through as a mature and affable person but should be focused on the need and steadfast in what he desires. S/he should be problem focused and inventive in providing options. At the end, the two parties should feel that they have achieved something which is in their best interest, a win-win position. S/he needs to be persuasive and solution focused yet not argumentative or power focused.
- ▶ Prior to entering into a negotiation, it is important that one plans well. There is a need to have clarity on what needs to be achieved and what will influence the outcome. The path to achieve should be clear and the people who will be stakeholders in the decision making need to be involved. Industry too has its needs and how are we going to respond to them, especially the concessions that could be provided needs to be preplanned. Influence is an exchange and hence the team should be prepared for a give and take. Concessions should be provided when all options are understood and a substantial bargain is made.
- ▶ Negotiation occurs in three phases. When you opening the negotiation, establish the issues and gather the information that you require, keeping the discussion very general. Agree on what you jointly wish to do laying down what needs to be done and what are the likely issues that need to be addressed along with the timelines. Close the discussion summarizing the decisions made and the persons who will lead the process leading scope for mid and endpoint review of decisions.
- ▶ At the end of the efforts, it is the commitment to set a program at the industry and that is what matters most.

Reference Materials for Session 8: Training on Planning and Implementing Employer Led Models

9 Chapter

Approaches for Technical and Capacity building:

- ▶ Individual and Group meetings
- ▶ Committee meetings
- ▶ Workshops, Seminars & Conferences
- ▶ Training and Skill development programs
- ▶ Supervisory and Monitoring visits
- ▶ Experience sharing meetings
- ▶ Review and planning meetings
- ▶ Exposure visits
- ▶ Sharing program and technical handbooks/guidelines
- ▶ Online, E learning , etc..

Content for Technical Assistance and Capacity building

OBJECTIVES	CONTENTS	METHODS
Recognize HIV/AIDS as a relevant issue	Magnitude and Impact of HIV in the Sector - Business and Economy; Human face of the epidemic; Creative ways of data presentation; How stakeholders can respond	Power Point Presentation Session by Business Champions; Session by PLHIV; Screening of Video, Handouts
Demonstrate commitment to provide sustained support through policy advocacy	Contents and principles of Policy; Conducting advocacy session	Power Point Presentation
Involve key members and support their participation	Conducting advocacy session	Copy of Policies; Handbook on Advocacy
Develop action plan to mobilize their members	Motivating member companies	Copy of Policies; Handbook on Advocacy
Participate/partner in ELM interventions	Areas for collaboration, program and service delivery guidelines Managing partnership	Guidelines; Participatory Budgeting and Costing
Enhance knowledge on HIV/AIDS	Basics of HIV/AIDS, Effective Communication skills, Effective inter-personal communication	Card game, Quiz, Games and Presentation
Creating caring and supportive environment; Addressing stigma and discrimination	Ways to address HIV related stigma and discrimination; facilitating advocacy sessions by PLHIV	Use of Handbook on Advocacy by PLHIV; Presentation
Conduct condom education including demonstration	Components of condom program, Safety features of condoms, how they protect, becoming friendly with condoms, consistent and correct use of condoms, addressing barriers to condom use	Presentation and Discussion; Condom demonstration & Re-demonstration
Effective use of IEC materials	Using flip books, posters, handouts, organizing small and large group events,	Demonstration and Mock sessions
Train and motivate Peer Educator	Developing training plan, facilitation skills, class room and on the job training	Group work, discussion
Management of STI	SCM Approach, PPP Guidelines for setting STI clinics	Presentation, Case-studies Visit to STI clinic Guidelines on STI diagnosis and Treatment, Interaction with STI service providers
ICTC Services	National guidelines and protocols on ICTC, PPP guidelines	Presentation, Visit to ICTC, Interaction with ICTC staff
Care and Treatment Services	ART Guidelines and Protocols, AIDS Care and Treatment, Referral network	Presentation, Case-studies Interaction with Care providers

What is Technical Assistance?

Technical assistance is **non-financial** assistance provided by SACS to the Employers to maximise the quality of project implementation and impact. It can take the form of sharing information and expertise, instruction, skills training, transmission of working knowledge, and consulting services and may also involve the transfer of technical data. The technical assistance focuses on particular needs and priorities identified by the Industry. SACS and TSU can assistance in helping Industry to identify and prioritise their needs.

The purpose is to:

- ▶ development the competence and skills of the employer to lead ELM effectively and efficiently
- ▶ develop the ELM to respond to the risk and vulnerabilities of the migrants and provide treatment, care and support to those infected and to their families
- ▶ strengthening the synergetic effect of the interrelated components in order to maximise results
- ▶ develop enabling environment for addressing issues and building facilitate cultures that promote and increase access to services

Key principles of TA

- ▶ Collaborative: Work jointly with the Industry staff to identify underlying needs and long-term goals
- ▶ Systematic: Use a systematic approach when providing TA
- ▶ Targeted: Determine what areas of the organization have the greatest need and where TA will have the greatest impact. Target your efforts at those areas.
- ▶ Be adaptive: As the TA provider, you must remain adaptive throughout the engagement. Be flexible according to the needs of the beneficiary organization.
- ▶ Customize TA: Respond to the unique needs of each Industry/Union/ Federation by designing and delivering tailored TA engagements.
- ▶ Asset-based: Use strengths based approach. Build on their strengths. Every Employer has its own unique pool of resources and relationships from which one can draw. TA should help the organization identify, engage, and leverage the assets that exist.
- ▶ Accountable: Create a mutual agreement and draft a work plan that outlines specific actions and responsibilities.
- ▶ Results-driven: Identify measures that indicate improvements and track those measures to prove changes and progress

How to match TA to desired outcomes of ELM

- ▶ Create readiness for change and facilitate change by providing information and support (e.g., materials, summative documents, consultative workshops, tools)

- ▶ Create, provide, and promote access to up-to-date information and resources about the ‘what and how to do ELM’ so that they can maximise the skills and abilities they possess (e.g., current competencies used in a new way) in a context that is largely welcoming (e.g., facilitating policies, funding, acceptance of the innovation), the changes required are minor and do not create significant disturbance in the system.
- ▶ Build more intensive initiatives once there is confidence building and belief that it is beneficial. Build case studies, motivation strategies and build opportunities for building conviction

Proposed mechanisms for Monitoring and Evaluation

- ▶ Periodic Reporting and Feedback Mechanisms
- ▶ Developing a Management Information System
- ▶ Periodic Review Mechanisms at various levels
- ▶ Periodic Monitoring Visits to units/districts/states
- ▶ Concurrent and Terminal Evaluations
- ▶ Periodic Sample Surveys and Rapid Assessments

Tracking for industry with health services

Industry with health services within their set up can establish ICTC, ART and TB services within the hospitals in partnership with SACS. The roles played by each of them, the industry, SACS and NACO in the process is as follows:

Reference Material for Session 8.2: Mentoring and Support Visits

10

Chapter

Who monitors at Industry?

The Coordination Committee set up at the industry carries out quarterly monitoring of STI/ RTI services/ ART services/ TB services using Checklists provided by the NACO ELM guideline. The Nodal Officer will be responsible for integrating the report in the monthly plan

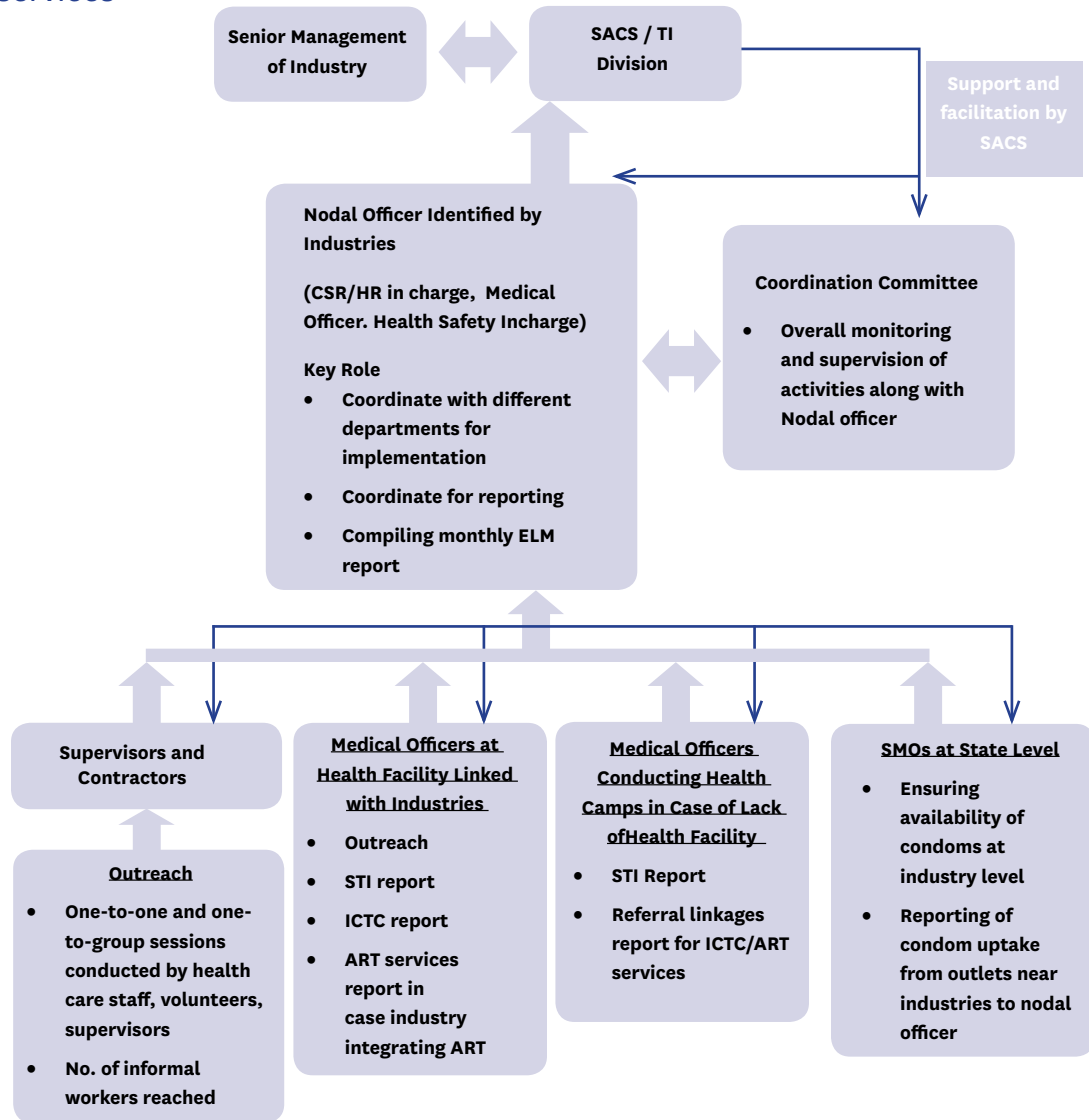
Reporting Mechanism:

The industry will provide a monthly report to the SACS on the work carried out in the preceding month. The Nodal Officer will collect reports from the following to complete the report:

- ▶ ICTC/ART doctor and counsellor on monthly basis on prescribed formats to Nodal Officer
- ▶ Outlets and CVM data from SMO
- ▶ Mobile ICTC counsellor on the tests conducted for industry referred clients

The Nodal Officer will compile overall report on Employer Led Model and send across to SACS in the monthly format given by SACS.

Data flow format and monitoring and supervision flow chart at industries with health services



Tracking for industry with no health services:

Industries without health services identify those requiring ICTC services and refer them to ICTCs at Government hospitals. The most common mode would be through the health camps they conduct or through peer educators.

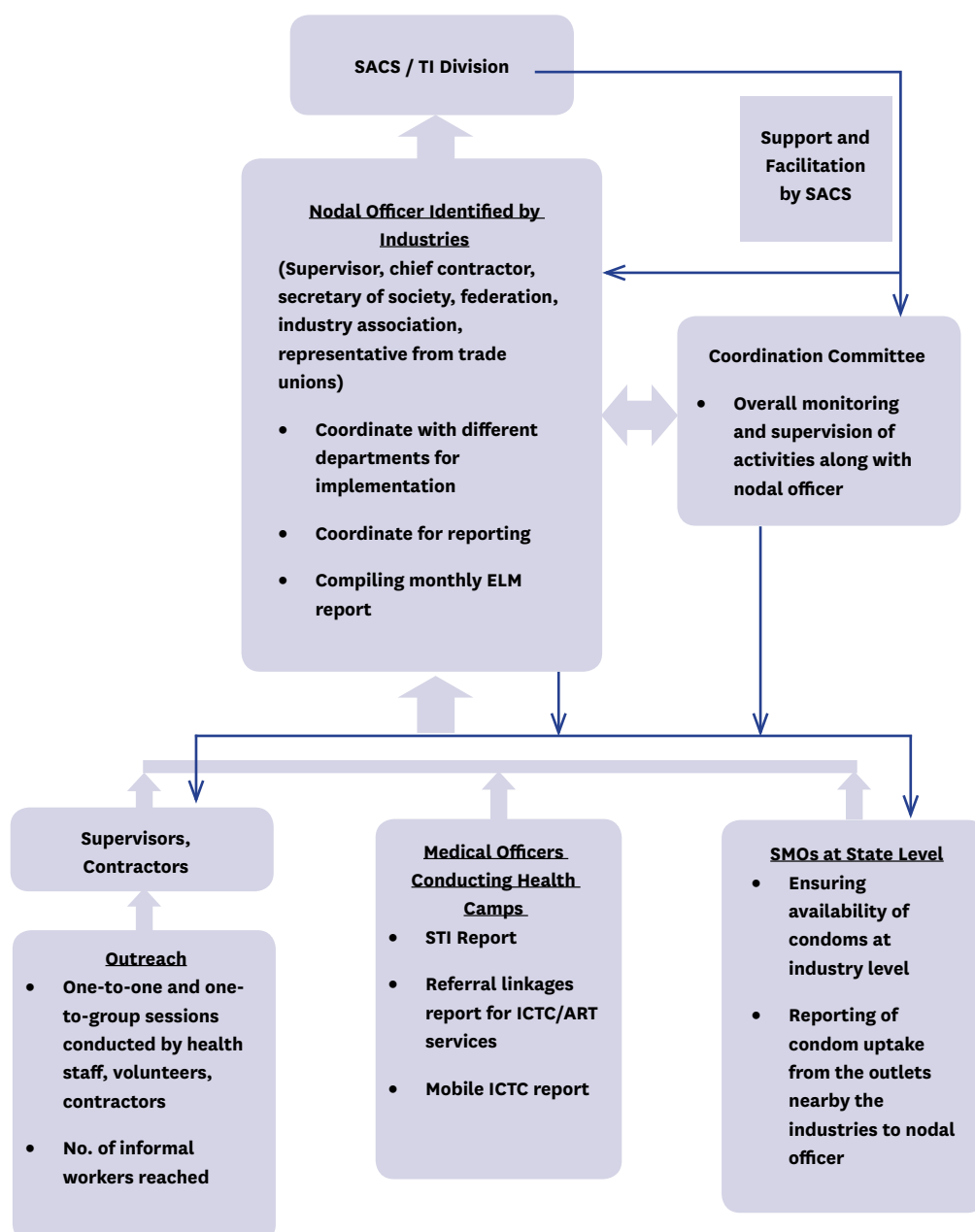
The referrals to the ICTC centres are carried out mostly from two sources: peer educator who makes direct referrals to the ICTC centre or the Medical Doctor who carried out the health camps. At health camp, the Medical Doctor maintains patient records and within the same systems, he maintains records on the STI/RTI services indicators provided by NACO.

Clients referred from the health camps or the Peer Educator will be provided with coded referral slips by the doctor at camp. ICTC counsellors will maintain the records of coded referral slips. Respecting the confidentiality of the clients, she will share only the numbers tested when there is a request from the Medical doctor at the industry. It is the responsibility of the Medical doctor to collect the data. When mobile ICTC are provided at Industry site in coordination with DAPCU/ICTC Supervisor, the mobile ICTC Counsellor captures the data and

shares the information to the Medical Doctor on his/her request. When referral linkages are made from the Industries to Public Health Services for ART, Care and Treatment services, the ART and CCC centres will maintain the records of clients referred from industries

The Medical Doctor/Nodal Officer at the industry level will collect data from ART and CCC centres for tracking of referrals. The Medical Doctor shares the data with the Nodal Officer who in turn uses it for the preparation of monthly report.

Data flow format and monitoring and supervision flow chart at Unorganized sector Industries Monitoring of condom vending machines:



Monitoring of condom vending machines:

SACS/ DAPCU officials on visit to an industrial setting will carry out vending machine quality control measure. They will visit the condom outlets and verify the availability, visibility and accessibility of condoms.

The SMO will carry out regular monitoring and servicing of vending machines. They will repair/carry maintenance of the non-functioning machines. SACS/DACS will facilitate problem solving when their visit suggests non-functionality of the vending machine.

Support visit by SACS

Quarterly visits will be carried out by the ELMO/DAPCU to each industry. In addition, the ICTC supervisors will carry out support visits to the industry linked ICTC services on monthly basis. If required, the option of on-site trainings at Government ICTC for counsellor and Lab technician will be explored. The Technical specialist (ART, CST) will visit the industry during their visit to the district. For the monitoring and supervision of TB program activities, they will be conducted in collaboration with RNTCP at the district level. The visits have to be more intensive visits in first six months of initiation of ELM.

Objective of the Support Visit

The objectives for a support visit are:

- ▶ Meet with the Nodal Person to assess the monthly progress and follow up
- ▶ Meet with peer educators to clear their doubts if any on HIV/AIDS
- ▶ Meet with the Coordination Committee to assess quarterly progress and follow up on progress on HIV/AIDS Workplace Policy

Process of Support Visit:

From the initial interaction with the industry the ELMO should emphasize the importance of support visits and convince them on the value addition of the technical support provided for quality assurance and quality improvement.

The meetings could follow a fixed day approach or the next meeting can be decided during the current support visit. Each support visit should be planned well and should not last for more than 2 hours. It is a good practice to call up the company 2 days prior to the support visit and confirm the timings. Prior to the support visit by any official from SACS, please schedule meetings with Nodal Person and Coordination Committee Chairperson, if possible with the Coordination Committee as a whole or whoever is available.

During the meeting with the Nodal Person, you could also ask him/her to accompany you to the peer educator meetings, ICTC, condom vending machines and/or the ART Centre, which ever applicable. Help him to understand the program and the way to resolve problems. Share any successes or try to get an answer to any of your concerns. Discuss HIV/AIDS policy with him/her. Be supportive and share policies of other companies if he/she requires such assistance. At the end of the meeting, collect the monthly data and clear doubts if any.

Meet with the Peer Educators. If it is not possible for the industry to organise a meeting with all the Peer Educators, be practical and meet with whosoever is available. Discuss

with them on their work and their achievements including any experiences that they think are worth mentioning. Also ask them if they have come across any questions they could not answer; any new and interesting questions they have come across or any difficulties they have faced in reaching out to employees and the manner in which they have tried to overcome it. Provide them with practical help.

Documentation of your work with each individual as well as at the State and District level is very important and can add to the body of knowledge. Document the programme experience at various levels. The experience can help other employers/SACS/DAPCU officials to adapt innovative ways and practices employed by fellow employers/officials. It can reduce reinventing the wheel and thus save resources and time. Sharing of challenges can help in receiving support from others who are working on similar issues and support in exchange of solutions. Encourage the industry to develop case studies, best practices, programme briefs, etc. Organise periodic learning events to encourage them to disseminate their experiences. They could also use it as part of the Sustainability Reports for global exchange.

NACO has provided supporting documents for ELM both for the industry and for the SACS Officials:

Those relevant for the Industry are:

- ▶ Monthly reporting for ELM (A19)
- ▶ Quarterly ART Reporting Format for Private Sector (A17)
- ▶ Coordination Committee: Quarterly monitoring of ICTC services check list (A16) and ART Services Checklist (A18)
- ▶ STI/RTI Patient Card Formats (A13)
- ▶ Referral slip for referrals from Industries to ICTC/ ART services (A20)
- ▶ ICTC Services: Monthly Reporting Format for PPP-ICTC integrated within health facility linked with Industry (A15)
- ▶ The Costs of Packages for Employer Led Model (A3)
- ▶ Standards for STI Management Services at Industry (A10)
- ▶ Standards for ICTC/PPTCT services at Industry Level (A11)
- ▶ Standards for ART Services at Industry Level (A12)

Those relevant for the SACS Officials are:

- ▶ Monitoring and Supervisory Checklist for STI/RTI Services (A14)
- ▶ ICTC Services Check list for Monitoring and Support Visits (A16)
- ▶ Check List for Quarterly Monitoring and Supervision of ART centre at Industry level (A18)
- ▶ Check list for mentoring and support visits to Industries (A22)

Reference Material for Session 9: Developing State Action Plan for ELM

11 Chapter

What is an action plan?

An action plan is a way to make sure that the vision for ELM is made concrete. It describes the way the State will use its strategies to achieve the ELM objectives. An action plan consists of a number of action steps to achieve the results planned.

- ▶ What actions or changes will occur?
- ▶ Who will carry out these changes?
- ▶ By when they will take place, and for how long?
- ▶ What resources (i.e., money, staff) are needed to carry out these changes?
- ▶ Communication (who should know what?)

What are the criteria for a good action plan?

A good action plan is

- ▶ Complete and lists out all the action steps with clarity
- ▶ Clear and describe who will do what by when
- ▶ Describes current activities as well as anticipates newly emerging opportunities and barriers

Why should you develop an action plan?

A good action plan

- ▶ lends credibility
- ▶ Makes sure that you don't overlook any of the details
- ▶ Helps understand what is possible and what isn't
- ▶ Increases efficiency by saving time, energy, and resources in the long run
- ▶ Generates accountability and facilitates monitoring

An action plan is always a work in progress. It is not something you can write, lock in your file drawers, and forget about. Keep it visible. Display it prominently. As your program develops, revise your action plan to fit the changing needs of the sector.

How to write an action plan?

Preparing your plan

1. Determine what people and sectors of the community should be involved. Develop VMOSA (Vision, Mission, Objectives, Strategies and Action Plans) through an inclusive process
2. Convene a planning group meeting to design your action plan. In the meeting go over the VMOSA, targets and the expected results.
3. Develop an action plan composed of action steps that address all proposed changes. The plan should be complete, clear, and current.
 - ▶ What action should be taken?
 - ▶ Who will carry it out?
 - ▶ When it will take place, and for how long
 - ▶ What resources (i.e., money, staff) are needed?
 - ▶ Communication (who should know what?)

Individual plans

Once the State Plan is developed and it is clear on what is expected from various people involved in the roll out, each member responsible for the roll out plan will need to translate their responsibilities into an individual action plan. The work plan can form the basis for self monitoring and review. The individual plan is not static and will need to be evolved as the project shapes out.

Tips for developing and implementing Action Plans:

- ▶ Know where you are planning to reach. If you don't know where you're going, you may land up at a place you did not desire to go.
- ▶ Be specific; be it the goal or the tasks to achieve the goal. Be focused
- ▶ Create measures to know what you have accomplished and constant track your achievements. Use SMART indicators
- ▶ Create a list on tasks to be completed and the accompanying time line to complete the tasks
- ▶ Break larger tasks into smaller and manageable parts.
- ▶ Have deadlines for task with flexibility to expand allocated time is necessary. Be aware that some tasks may never get completed.
- ▶ Create a visual representation of your action plan e.g. a flowchart, a Gantt chart, a spreadsheet, or some other type of business tool and put it up in a place which is visible
- ▶ Schedule your tasks with people involved. One needs to be proactive and persistent to get appointments. Change the dates.

- ▶ Follow up with responsible parties to ensure that everyone is doing their part. Make friendly and supportive calls and actions
- ▶ Be self motivated and do not get discouraged. Revise your plan and work diligently to reach your goal.
- ▶ Get team to report on accomplishments at regular and committee meetings.
- ▶ Celebrate a job well done! It creates excitement. Celebrate your accomplishments and that of your colleagues.



National AIDS Control Organisation

India's voice against AIDS

Department of AIDS Control

Ministry of Health & Family Welfare, Government of India
www.naco.gov.in