NATIONAL AIDS CONTROL ORGANIZATION

GUIDELINES FOR ORGANISING INTENSIVE HEALTH CAMPS AND COMMUNICATION ACTIVITIES IN OUT MIGRATION DISTRICTS

NACO

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Contents

GUIDELINES FOR ORGANISING INTENSIVE HEALTH CAMPS IN OUT MIGRATION DISTRICTS

1. Background

Increasing vulnerabilities and rising HIV epidemics have been noted in the hitherto low prevalence states of India. Of the 1.2 lakh estimated new infections in 2009, the states of Orissa, Bihar, West Bengal, Uttar Pradesh, Rajasthan, Madhya Pradesh and Gujarat which are low prevalence accounted for 41% of the new infections. Rising trends have been noted among pregnant women attending antenatal clinics in some of these states. **One of the key vulnerabilities identified in these states is the large volume of out-migration from the rural areas to high HIV prevalence destinations such as Mumbai, Thane, Surat, Delhi, etc.**

HIV prevalence data from HIV Sentinel Surveillance in the States show stable to declining prevalence among High Risk Groups (0.40% – 2.00%) but rising trends of HIV among general population in low prevalence States are partly attributable to out migration. The role of migration in HIV prevalence is further reflected by the fact that pregnant women whose spouse is a migrant have significantly higher risk than whose spouse is not a migrant. There was a significant association between spousal migration and women's HIV status. Significantly more HIV-positive than HIV-negative women had migrant husbands.

These point towards the possible role of high risk exposure of migrants from the rural areas to the higher HIV prevalence among FSW at the destination sites.

Behavior Sample Surveys (BSS) among Single Male Migrants, Maharashtra, 2009 indicates following risk pattern among migrants:

- 40 percent of migrants had sex with commercial partners and 4.4 percent had sex with men in past one year.
- The number of commercial sex partner is more as compared to non commercial/non regular partners.

- Consistent condom use is high only with commercial partners (89 percent), low with non commercial/non regular partners (43 percent) and very poor with regular partners (10.5 percent).
- Around 18.6 percent migrants had any STI symptom and out of them, 45 percent did not seek any treatment.
- A very high proportion (76 percent) of migrants did not perceive any risk of HIV and of the total migrants only 13 percent have ever tested for HIV.

Thus the evidence clearly indicates the role of Migration on HIV transmission in certain low prevalence states and it is of utmost importance that these areas are brought under HIV intervention and there is a urgent need to reach out to migrants and their spouses with HIV related services tailored for the group apart from the activities couched in the Revised Migrant Strategy already in implementation at Destination.

The best time to reach out the migrants is the time when they return home to their villages/native places. This happens during the major festival seasons like Dusshera, Diwali, Chhat, Eid, etc and crop yielding seasons in India are important occasions. Hence, intensive package of health and communication activities timed accordingly would reach out to maximum number of migrants and their spouses. Returnee migrants are also often labour contractors or peer group leaders who may in turn pave the way for youth to migrate after the current crop yielding/ festival season. Positioning health services at their doorstep i.e. the home districts of the migrants would also address the limitations of access to services by migrants at destination caused due to paucity of time on the part of migrants as payment for work is based on the time spent on shifts. At the same time it would create access to HIV services for spouses and partners of migrants who are often left behind at source.

The Guidelines given below give broad methodology of reaching out to the migrants and their spouses. Project Director of SACS may modify these as per the need of the State.

2. Outreach/ Target Group

The Intensive Health and Communication Activities will reach **out to returnee migrant**s, **potential, outgoing migrants, their spouses and partners**. The line listing of the spouses of migrants to be done by the link workers, anganwadi workers and the same need to be followed up. However, special efforts will be made to mobilize youth and women groups such as **youth including out of school youth (15-35 years)** in the community especially because many such youth are potential migrants and would benefit of the intensive communication activities

3. Districts/Blocks/ Villages where these Health Campaigns will be carried out:

Districts and blocks with high out-migration have already been identified in consultation with the representatives of SACS and are at ANNEX.1 **V**illages with high out migration are under process of identification by SACS with the help of Link Workers and ASHA/ ANM, Anganwadi workers and liaison with the Panchayati Raj Members. This activity will be completed prior to the campaign.

4. Key Components of Intensive Health Campaigns.

4.1 Pre Publicity

Messaging has to be vetted by SACS and the following has to be ensured:

- ✓ Be simple and specific
- ✓ Be stigma free and interesting
- ✓ Have a significant recall value
- ✓ Couched in General Health Messaging
- ✓ Highlight counseling and testing as free and confidential
- ✓ Highlight that these facilities are in particular for migrants and their spouses

SACS will use local level media tools such as folk media, miking, announcements through VHNDs, Gram Sabhas etc. in order to pre-publicize the health camps. These campaigns will need to be planned

- ✓ At least 2 days before the scheduled health camps at the designated area.

- ✓ Should ensure the route plan for Folk troupes, miking etc. covers the entire catchment area of the camp adequately.
- ✓ Monitoring of these activities are to be done by the nodal officer

National level prototype and a sample pre-publicity plan are at ANNEX 2.

4.2 Key Services:

Each health camp will essentially offer but not be limited to:

- ✓ General Health Check up facilities and provision of medicines
- ✓ Antenatal checkups, immunization can also be provisioned
- ✓ Condom Promotion Activities
- ✓ HIV & STI counseling
- ✓ HIV & STI Information, Education and Communication Activities
- ✓ Inter- Personal Communication/ Behaviour Change Communication
- ✓ HIV Screening facilities
- ✓ Linkages to DOTS and ICTC
- ✓ Health Exhibitions
- ✓ Condom Social Marketing

These services are to be linked up with mobile health /medical units of NRHM , Mobile ICTCs wherever available to ensure that the services are provided at a larger scale.

While Condom Social Marketing agencies, staffs of TIs & Link Workers are involved for the prevention related services, Doctors, Nurses, ANMs, Lab Technicians and Counselors to be involved in delivery of services.

4.3 Sensitization of the key stakeholders and implementers:

The sensitization of key stake holders and implementers are essential to bring in role clarity, coordination, monitoring and reporting of the activity. A plan with details on facilitators, beneficiaries, batches, preferable venue and material developed is at ANNEX 3**.**

The sensitization plan will follow a cascade model with a capacity building workshop at NACO involving SACS JD TI & JD IEC officers from SACS and officers from NACO.

These officers will undertake sensitization at SACS level involving other divisions of SACS, officers from State Government departments such as Health &FW, NRHM, Women &CD, Panchayati Raj, Rural Development, Youth Affairs etc. The out come of the State level meeting is to ensure that the micro-plan for the State is developed with clear cut understanding of the roles and responsibilities of different departments. As well as the nodal officers for different districts are well versed with the required coordination mechanisms for district level implementation.

Further the nodal officers will undertake sensitization at District level through a committee chaired by District Collector/ District Magistrate and involving representatives from different departments, Zilla Parishad Presidents etc. The outcome of the meeting is expected to share the microplan and dates for the health camps as well as assigning responsibilities for smooth implementation and coordination at block and village level.

The schedule for the above mentioned Building activities is summarized as follows:

Workshop at NACO involving JD TI, JD IEC and divisions from NACO	State level sensitization	District level sensitization after forming committees as desired.
24th September, 2012	26th to 30th September 2012	1st- 5th of October, 2012

5. Implementation Strategies

5.1 National Level:

- A national level Core Committee chaired by Additional Secretary, Department of AIDS Control, Government of India has been constituted.
- Officers from TI, IEC, STI, ICTC, LWS divisions of NACO would be visiting for handholding and support during the upcoming campaign.
- Prototypes of messages for pre publicity would be shared by IEC division.
- Letter to line departments seeking coordination during the camps would be issued.
- Learning from last year camps with action points have been shared with SACS. The same would be followed up, so that similar issues are addressed during current campaign.

5.2 State Level:

- At State level, Project Director of SACS is responsible for the Intensive Health and Communication Activities.
- Nodal officers for each district (from the SACS) where the campaign is proposed need to be selected by the PD, SACS and these nodal officers will visit each district prior to the campaigns and ensure the following:
  - Ensure that the dates and venue of the camps at village level is finalized and accordingly deputation of doctors, lab technicians and counselor is completed.
  - Route plan for folk media team and mobile health/medical units, mobile ICTC wherever applicable is finalized.
  - Monitoring of the pre-publicity activities as well as coordination with district health system for smooth organisation of camps.
  - Field visits during the camps and ensure reporting of the camps within one day to SACS and NACO.
- The following activities to be worked out at SACS level:
  - State level sensitization meeting organized with NRHM, Health &FW, Women &CD, Panchayati Raj, Youth Affairs, Tribal Affairs, Information and Public Relations, All India Radio, Door Darshan, SACS officers, TI partners and LWS is conducted to **finalise the microplan and sensitization on role clarity of different agencies.**
  - **Letters from different line departments sent to the district officers. Nodal officers to follow up and report to PD,SACS**
  - **Nodal officers for each district identified**.
  - **Assessment of stock position/ availability and supply** of IEC materials, kits, consumables, drugs, staffs done.
  - **Folk media teams are engaged and sensitized about the route plan and messaging** before and during the camp.
  - **Monitoring of the camps and provide coordination support during camp by the nodal officers.**
  - Timely reporting and compiled State report submitted to NACO.

5.3 District Level:

- The following activities to be worked out at District level:
  - A District level committee to be formed under the chairpersonship of District Collector/ District Magistrate or under Chief Medical Health Officer with members from District Health Society, DAPCU, CDPO, Zilla Parishad president, GP executive officer, DPRO, TIs and LWS.
  - The villages, gram panchayats within the selected blocks as in the annexure to be finalized for **holding the camps including identifying the catchment area.**
  - The stock **position/ availability and supply** of IEC materials, kits, consumables, drugs, staffs is reviewed and necessary communication sent to State.
  - Link Workers and Anganwadi workers in selected villages to be instructed to prepare the list of migrant families for focused referrals and follow up during the camp.
  - Sarpanchs/ Members of the Village Health and Sanitation Committee to mobilize migrant families for the camps **through village level meetings.**
  - District Health Society to reorganize the route plan of mobile health units, mobile ICTCs for smooth implementation of camps. Ensure deputation of staffs and availability of medicines, kits and consumables.
  - District Public Relation Officer and CDPOs to issue necessary instruction for coordination and involvement of staffs for the camps.

The detailed of the above activities is annexed as ANNEXE 4

6. Activities at the camp site level:

- The following activities to be worked out at camp site level
  - **At least 10 days before** the list of migrant families would be kept ready and the families would be informed by the Link workers, Anganwadi workers.
  - **At least 2 days before** the nodal officer of SACS would be stationed at the camp site or nearby area to ensure that a last minute meeting and stocktaking is done about the arrangements.

- **At least 2 days before** pre-publicity activities are carried out in the villages and visit is done by the nodal officer.
- **At least one day before** required IEC materials, medicines, kits, consumables, mobile ICTC reaches the camp site.
- **On the day of the camp,** the camp activities should start by 9 am till 6 pm. The activities should include general health check up, counseling and testing services, IPC sessions, distribution of IEC/BCC materials, referral services, condom demonstration and condom distribution. **The nodal officer need to take the stock whether the migrants line listed by the Linkworkers, Anganwadi workers are reaching the camps, focus should be on migrants and their families.**

Target Group	Strategies to reach out	Services offered
Returnee migrants	Gram Panchayat members, Youth clubs, labour contractors, anganwadi workers to motivate returnee migrants at village for health camps. Transit migrant locations – ORWs will make special arrangements to provide the date and venue of health camps for returnee migrants.	Counseling on HIV & STI Testing for HIV Condom demonstration Information regarding migration and vulnerabilities by counselor List of interventions at destination
Out going and potential migrants	Gram Panchayat members, Youth clubs, labour contractors, anganwadi workers to motivate returnee migrants at village for health camps	
Spouses of migrants	Anganwadi workers and Link workers to keep ready line list of migrant families and their spouses. VHND, SHG meetings to be used to motivate women in particular as well as spouses to reach health camps Follow up of line listed spouses and facilitate their referral to camps	Counseling on HIV & STI Testing for HIV AN check up and immunization

7. Monitoring plan with indicators

- The nodal officers at National/State/District level detailed above will be responsible for proper planning and monitoring of various activities planned as part of the intensive health and communication activities. **A set of checklist is attached at ANNEX 5.**
- SACS are required to ensure daily monitoring, reporting and state / district wise documentation of the entire project in the respective state. **The reporting format is given as ANNEX 6**.
- Besides the reporting format the existing formats of STI programme, IEC and folk media and Condom SMO would be used. The above format would be a consolidation of the existing formats. The existing patient registers, ICTC registers, referral slips would be used.
- **The counselors are expected to record the village, block and district of the migrants attending the health camps.**

8. Monitoring and Supervision:

1. NACO nodal officers would be visiting to States before and during the scheduled health camps.
2. The nodal officers of districts would be visiting to the districts and blocks well in advance and ensure coordination is done at block and district level. The district team is well oriented on their roles and tasks.
3. In DAPCU districts, the DAPCU would be responsible for its own district as well as neighboring districts to ensure smooth implementation and coordination.
4. The district team would ensure that the planned activities are smoothly organized.
5. In States with TSU – the regional project officers would assist the district teams to work out their plans and ensure coordination with ICTC, STI services staffs and SMO supervisor of the districts.

9. Budgeting of the activities

SACS will be required to plan & meet expenses on the above activities from various components and from the already available budget at SACS. Guidance in this regard is enclosed as **ANNEX 7.**

10. State level Report documentation

Each SACS TI division officer would submit a detailed report with analysis of daily/ each camp report along with photographs, trend analysis graphs etc. The detailed format would be shared with SACS.

Annexure-1 (Districts and Blocks identified with high out migration)

STATE	DISTRICTS IDENTIFIED	BLOCKS IDENTIFIED
Bihar	1. Patna	Masaurhi,Dhanarua,Punpun,Athmalgola,Barh
	2. Darbhanga	Jale,Singhwara,Darbhanga,Maniagachi,Hayaghat
	3. Madhubani	Jainagar,Bisfi,Madhubani,Pandaul, Jhanjharpur
	4. Siwan	
	5. Gaya	Konch,Tikari,Belaganj,Manpur,Wazirganj
	6. Saran	Baniapur,Ekma, Chapra,Marhaura,Sonepur
	7. Muzaffarpur	Sahebganj,Minapur,Bochacha,Aurai,Bandra
	8. Bhojpur	
	9. Gopalganj	
	10. Sitamarhi	Bairgania, Sonbarsa,Parihar, Parsauni,Runisaidpur
	11. Begusarai	Bhagwanpur,Barauni,Naokhoti,Bakhri,Sahebpur kamal
	12. Vaishali	Viashali,Lalganj,Mahua,Hajipur,Raghopur
Chattisgarh	1. Raipur	Bilaigarh, Kasdol, Palari, Balouda Bazar, Bhatapara
	2. Korba	Katghora
	3. Mahasamund	Bagbahara, Pithora,Basana
	4. Raigarh	Kharasiya,Gharghoda, Sarangarh
	5. Kanker	Pakhanjur
	6. Dhamtari	Nagari
	7. Durg	Balod, Bemetara, Dhamadha, Saja, Nawagarh
	8. Bilaspur	Masturi, Lorami, Mungeli, Kota
	9. Rajanandgaon	Dongargarh, Dongargaon
	10. Janjgeer Champa	Pamgarh ,Nawagarh, Malkharouda
Jharkhand	1. Hazaribagh	Ichak, Chouparan
	2. Deoghar	Karon,Madhupur, Sarath, Sonaraidihi, Sarawan, Devipur
	3. Bokaro	Kasmar, Nawadih, Chandankiyari
	4. Dhanbad	Govindpur, Nirsa
	5. Ranchi	Mandar,Bero,Burmu,Namkum,Chanho, Angara
	6. East Singhbhum	Chakuliya, Musabani, Dumariya, Behregora
MP	1. West Nimar	Bhagwanpura,Jhiranya
	2. Chhindwara	Chhindwada,Pandurna,Saunsar,Tamia,Harrai
	3. East Nimar	Chhehgaon,Pandana,Boondi
	4. Balaghat	Katangi,Lanjhi,Khirnapur,Baihar,Birsa,Paraswada
	5. Dhar	Kukshi,Manawar
	6. Indore	Indore,Sanwer,Depalpur,Manpur,Hatod
	7. Jhabua	Jhabua,Rama,Ranapur,Meghnagar,Thandla,Petlabad
	8. Jabalpur	Jabalpur,Kundam,Majholi,Bargi,Patan,Panagar
	9. Katni	Katni,Vijay Raghavgarh,Boriband,Deemkheda,Reethi,Barwada
	10. Panna	Ajaygarh,Gunnor,Panna,Pawai,Sainagar
	11. Betul	Bheempur,Bhaisdehi,Multai,Prabhatpattan,Chicholi, Shahpur,Ghoda dongri
	12. Ujjain	Ujjain,Badnagar,Khachrod,Mahidpur,Tarana,Ghatia
	13. Tikamgarh	Jatara,Baldevgarh,Panera,Tikamgarh,Niwari,Prathvipur
	14. Datia	Sewa,Bhandar,Datia

STATE	DISTRICTS IDENTIFIED	BLOCKS IDENTIFIED
Orissa	1. Ganjam	Aska, Hinjlikatu, Belaguntha, Khalikote, Kodala, Polosara, Bhanjanagar, Digapahandi, Purusottampur, Sheragad, Dharakote
	2. Gajapati	Kashinagar, Gosani, Raygada, Udayagiri, Gummah
	3. Balasore	Khaira, Soro, Bhogarai, Jaleswar,Oupada
	4. Bolangir	Tureikela, Loisinga, Belapara, Bongamunda, Patnagarh
	5. Kendrapara	Rajnagar, Pattamundai, Mhakalpada, Aul, Rajkanika
	6. Cuttack	Tangi-Choudwar, Athagarh, Baramba, Narsinghpur, Salipur
	7. Nuapada	Komna, Khariar, Nuapada, Boden, Sinapali
	8. Kalahandi	Kesinga, Koksara, Dharamgarh, Golamunda, Narla
	9. Mayurbhanj	Rairangpur, Bisoi, Saraskana, Bangiriposi, Thakurmunda
	10. Sundargarh	Balisankara, Kutra, Rajgangpur, Sabdega, Badgaon
	11. Khordha	Chilika, Banapur, Tangi, Begunia, Balipatna
Rajasthan	1. Jodhpur	Bhopalgarh, Bilara, Jodhpur, Luni, Osian, Phalodi, Shergarh
	2. Nagaur	
	3. Pali	
	4. Sikar	
	5. Udaipur	Lasadiya,Girwa, Gogunda, Jhadol, Kherwara, Kotra ,Mavli, Salumbar, Sarada ,Vallabhnagar
	6. Ajmer	Beawar,Bhinay,Sarwar,Nasirabad,Peesangan,Kekri, Masuda ,Kishangarh,Ajmer
	7. Bikaner	
	8. Bhilwara	
	9. Ganganagar	
Uttar Pradesh	1.Allahabad	Soran,Karchana,Handia,Meja,Phulpur
	2.Aligarh	Lodha,Dhanipur,Atrauli,Gangiri
	3.Ambedkar Nagar	Bhiti,Jalalpur,Ramnagar,Baskhari,Katehri.Bhiyaon,Akbarpur
	4. Azamgarh	Azmatgarh,Bilariaganj,Mirzapur,Pawai,Satiyaon,Mohammadpur,Martinganj
	5. Bahraich	Chittora,Payagpur,Mihipurva,Tajwapur,Jarwal,Huzoorpur,Mahsi,Balha,Qaiserganj,Fakharpur,Nawabganj
	6. Bulandshahar	Buland Sahar,Syana,Jahangirabad,Ucha gaon
	7. Etah	Sheetalpur, Marhara,Sakit,Awagarh,Jalesar,Etah
	8. Faizabad	Rudauli,Haringtonganj,Sohawal,Bikapur,Amaniganj, Myabazar
	9. Ghaziabad	Loni,Rajapur,Muradnagar
	10. Gonda	Itiyathok,Belsar,Katra Bazar,Chapiya,Paraspur,Wazirganj,Haldharmau,Babhanjot,Rupaideeh,Jhanjhari
	11. Ballia	Seeyar,Navanagar,Hanumanganj,Pandah,Belhari
	12. Banda	Kamasin,Baberu,Bisanda,Badokhar,Naraini

STATE	DISTRICTS IDENTIFIED	BLOCKS IDENTIFIED
Uttar Pradesh	14. Bijnor	Kotwali,Seorah,Noorpur,Najibabad,Mohammadpur Deomal
	15. Budaun	Sahaswan,Dehgwan
	16. Etawa	Basrehar,Bharthana,Mahewa,Jaswant Nagar,Takha,Badpura
	17. Ghazipur	Saidpur, Devkali, Mardah, Bhadaura, Kasimabad, Mohhamadabad, Revatipur
	18. Jaunpur	Sahagujn,Badlapur,Sirkoni,Baksha,Kerakat
	19. Kushinagar	Fazilnagar,Tamukahi,Seorahi,Dudahi,Padrauna,Kasiya,Khadda
	20. Lucknow	Kakori,Mohan Lal ganj
	21. Maharajganj	Partawal,Siswa,Nichlaul,Noutanwa,Dhani
	22. Meerut	Hastinapur,Rohata,Kharkhauda,Parikshitgarh,Machhara,Daurala
	23. Muzaffarnagar	Charthawal,Budana,Uoon,Purkaji,Sadar,ThanaBhawan,Bagra
	24. Pratapgarh	Kunda,Mangraura,Mandhata,Patti
	25. Rae bareilly	Khiron,Saraini,Lalganj
	26. Siddharthnagar	Badhani,Dumariyaganj,Birdpur,Etwa,Jogiya,Khesaraha,Shohratgarh
	27. Sultanpur	Akhand Nagar,Baldirai,Bhadaiya,Thanpatganj,Dubepur,Jaisinghpur,Kadipur,Kurebhar,Kudhwar,Lambhua,Pratapur,Kamecha
	28. Unnao	Muradabad,Bangarmau,Miyanganj,Nawabganj,Bichhia
	29. varanasi	KVP,Baragaon,Arazilines
	30. Deoria	Rudrapur,Deoria Sadar,Rampur Karkhana ,Salempur
	31. Gorakhpur	Gaugaha,Barhalganj, Derwa,Bhathat,Bansgaon,Jangal Kodia,Sardarnagar
	32. Mau	Pardaha,Ratanpura
West Bengal	1. Purulia	ARSHA, JAIPUR, NETURIA, PARA, PURULIA II
	2. Bankura	BANKURA I, BANKURA II
	3. Birbhum	Rampurhat I, Rampurhat II
	4. Murshidabad	Suti I, Suti II ,Raghunathganj II, Farakka
	5. N 24 Parganas	Rajarhat, Minakha, Habra II,Bagdah, Barrackpore II
	6. S 24 Parganas	Bishnupur II, Mathurapur I, Magrahat I, Bishnupur I, Bhangar I
	7. East Midnapore	Khejuri II, Egra II, Contai I, Ramnagar II
	8. Maldagha	Kaliachak I, Kaliachak II, Ratua II, Harischandrapur I, Chanchal I
	9. Coochbihar	Sitai, Sitalkuchi, Metjligunj
	10. Howrah	Uluberia, Bagnan,Domjur
	11. Hooghly	Chanditala, Pandu, Khanakul

PRE-PUBLICITY PLAN FOR MIGRANT HEALTH CAMPS

1. **Through All India Radio:**

- Messages will be announced mentioning dates and timings of the camps by radio causal announcer in the districts where camps will be organized.
- Announcements will be made at least 5 times a day in the song based programmes, health programmes and agricultural programmes as per the schedule of the programme. The visiting team will meet AIR representative for the same.

(The announcements will be made free of cost as IEC division undertakes long format Radio programme through AIR in each state.)

- Announcements will be started 5 days prior the camp dates.

2. **Public Announcements :**

- Public announcements will be made at Railway stations and Bus Stations (where ever PA facility is available) for a period of 1 month.
- Public announcements will also be done through other modes like miking, person with drum etc.

3. **Folk Media:**

- Folk performances will be planned prior the camp dates to mobilize migrants for the camp.
- The team visiting SACS and district will prepare route chart for the performance depending upon the location and dates of the camps.
- IEC vans will also be used for out-reach activities.
- The performance will start 5 days prior the date of the camp. Performance will also happen during the camp at the camp location.
- The pre-camp folk shows: Troupes will cover 4 directions of the camp area in, three shows per day at different prefixed halt point. In the evening film shows will be organized.
- Messages to be covered during the folk performances will be:
    - ❖ Safe sex & Condoms
    - ❖ Migrants
    - ❖ Stigma & Discrimination
    - ❖ Services

4. **IEC Material**

- Migrant kit should be printed by SACS.
- Leaflets/pamphlets should be printed on different services in large numbers with economical paper.

MESSAGES

- **Public Announcements at Railway Stations and Bus Stations** (use Kruti Dev 10 fonts)

    - जो साथी अपने परिवार से दूर दुसरी जगह नौकरी हेतु जाते हैं, वे सावधानी बरतें। भ्प्ट संबंधी जानकारी लें। भ्प्ट की जाँच करायें और अपने को सुरक्षित रखें। (इस संदेश को बार–बार दोहरायें।)
    - भ्प्ट का संक्रमण चार तरीकों से होता है। असुरक्षित यौन संबंध, संक्रमित रक्त के चढ़ाने, संक्रमित सूई के प्रयोग, तथा संक्रमित गर्भवती माता से शिशु को।
    - भ्प्ट से बचाव के लिए नियमित कण्डोम का प्रयोग करें। कण्डोम सभी स्वास्थ्य कर्मी के पास एवं स्वास्थ्य केन्द्रों पर मुफ्त उपलब्ध है। (इस संदेश को बार–बार दोहरायें।)
    - रक्त की जाँच से ही एच. आई. वी. संक्रमण का पता चल सकता है। भ्प्ट की जाँच सभी सरकारी अस्पतालों में स्थित प्ब्ज्ब पर मुफ्त उपलब्ध है।

- **Public Announcements through miking, drum wala etc.** (use Mangal fonts)

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Activity:
National Level Sensitisation Meeting
Date: 24th September, 2012
Time: 11am- 1:00pm
Venue: NACO
Participants: NODAL OFFICERS, SACS JD TI & JD IEC from 8 States
Activity: State level Sensitisation meeting
Date: Between 26th to 28th September 2012
Time: Full Day
Venue: SACS
Participants: ALL SACS LEVEL OFFICERS , Officers from other line departments, DAPCUs
Special Focus: District Level Nodal Officers
Finalisation of State microplan
District level roles and responsibilities worked out
IDENTIFICATION OF DISTRICT LEVEL NODAL OFFICERS
Activity: District Level Sensitization meetings
Date: 1st- 5th Oct, 2012
Time: As desired
Venue: District level
Participants: District Working Group

Annexure-4 (Activity Chart for SACS and NACO)

FOLLOW UP SHALL BE UNDERTAKEN BY NODAL OFFICERS AT NACO ASSISTED BY JD(TI) & JD(IEC) AT SACS LEVEL.

Activity Charts:

- **Implementation Planning at the district level would include following:**

Activities	Responsibility	How to do	Timeline
Identification of villages/ gram panchayats within the district having high out migration to high prevalence States	**District Nodal officer** in consultation with the district collector, zilla parishad members, gram panchayat executive officers, CDPOs and other relevant sources	Meeting and consultation Data sources from CDPOs, NREGA, Health departments	At least before **30 days of the proposed camps**
Identification of base village for health camps	**District Nodal officer**	Among these one village/ a group of village/ gram panchayat need to be identified as base of the proposed health camp. This base should be a large village with communication facilities	
Identify and finalise the catchment area of the base village	**District Nodal officer**	In consultation with local health officer	
Instruction issued to ASHAs, Anganwadi workers, Link workers, other volunteers for preparing the list of migrant families	**District Nodal officer**	In coordination with LWS DRP, CDPOs, DPM, NRHM nodal officer at district – the instruction need to be issued	At least before **30 days**
Listing out the migrant families at village/hamlets	ASHAs, Anganwadi workers, Link workers, other volunteers	From their existing records	At least before **20 days**
Finalisation of health facilities which would be used for camps	**District Nodal officer** in consultation with District health officials	• Available ICTCs, Mobile ICTCs, Mobile Medical/Health Units, DSRCs, DAPCUs need to be used for these camps. • The available staffs, medicines, consumables, kits, reporting registers and funds available under these facilities.	At least before **15 days**
Route plan for ICTC staffs, Mobile ICTCs, Mobile health/medical units	**District Nodal officer** in consultation with District health officials	Based on the dates and communication facilities – a detailed map can be prepared and route plan can be prepared	At least before **10 days**
Sharing of route plan with village level staffs/link workers/ ASHAs/Anganwadi workers, folk media/ miking agency	**District Nodal officer**		At least before **10 days**
District Level coordination meeting conducted	**District Nodal officer**	Stock taking meeting and orientation of key staffs on the camp activities	At least before **10 days**

The **District Nodal officer should be from SACS. Further the DAPCU DPM, POs, LWS DRPs can be engaged to finalise the district plan – however** the District Nodal Officer would be responsible for finalizing the district plans and monitoring, reporting to SACS.

- **Implementation Planning at the State level would include following:**

Activities before 1 month of the camps would include the following:

Activities	Responsibility	How to do	Timeline
Assessment of stock position of condoms, IEC materials, kits, consumables and staff positions in the district and camp site level	**PD, SACS in coordination with MD, NRHM**	Review of District Plans along with the District Nodal Officers	At least **20 days**
Plan for supply of condoms, IEC materials, kits, consumables finalized	**PD, SACS in coordination with MD, NRHM**	Supply schedule and responsibility is worked out Follow up plan and responsibility worked out	
Deputation and roster plan for staffs from NRHM and SACS facilities worked out	**PD, SACS in coordination with MD, NRHM**	Roster plan is circulated by NRHM and SACS Acknowledgement of staffs followed up	
Supply status of IEC materials, condoms, kits, consumables reviewed	**PD, SACS in coordination with MD, NRHM**	A detailed report is asked from the district nodal officers and a status report is sent to NACO	At least **10 days**

Activities before 7 days of the camps would include following:

Activities	Responsibility	How to do	Timeline
Detailed list of migrant families is prepared by ASHAs, Anganwadi workers, Link workers	**District Nodal officer**	The list is available at district level for reference purposes	**At least 15 days**
Route plan and village map is ready for pre-publicity as well as movement of the camps/MMUs/MHUs/Mobile ICTCs	**District Nodal officer**	The route plan is reviewed and shared with Pre-publicity team, MHUs/MMUs/mobile ICTCs/deputed staffs	At least 7 **days**
Transit migrant interventions sites to publicise the dates of health camps to the returnee migrants	**District Nodal officer**	The existing part time ORWs and the existing budget under mid-media activities to be used	At least 7 days till the dates of the camps

Activities before 2 days of the camps would include following:

Activities	Responsibility	How to do	Timeline
Pre-publicity activities on messages safe sex, migration.	**Folk troupes, Miking agency** **ASHAs, Anganwadi Workers, Link Workers, SHG members** **Gram Sabha members, Village Health and Sanitation Committee members** Local radio/ cable television messaging	• Route plan to be used for performance • Messages should also include the venue of the camp, the services provided and why it is important get checked up (a specific message content is to be given to the miking agency/folk troupes). • Gram sabha meetings, Village Health and Sanitation Committee meetings	**At least 2 days**
Review at district level about the availability of medicines, kits, consumables at the camp or adjascent health facility including the roster of staffs	District Nodal Officer		

Activities on day of the camps would include following:

Activities	Responsibility	How to do
Camp timings	**District Nodal officer**	Should preferably tuned with local requirements
Mid-media activities	**Folk troupes**	
Counseling and Testing facilities	**ICTC staffs**	• Priority for ICTC testing should be given to migrants and their spouses, Antenatal mothers • The facility for whole blood testing under ICTC including counseling would be made available. There should be facility for counseling and check up at the camp site.
General health check up and counseling services can be provided to all	**Health Deptt staffs**	

a. Other activities as per the local area plan may be carried
b. Referrals with information about the referral centres should be provided to all eligible clients

Overseeing Mechanisms at NACO & SACS level

	Nodal Officer	Responsibility
NACO level	TI division officers in coordination with LWS and IEC division	• Support SACS in developing district level plans • Visit to districts which require support for smooth implementation • Report to DDG on weekly basis from States
State level	Project Director, SACS	• Overall Coordination and management
	• MD, NRHM; Director, • State RCH officer • Director Department of Health, Family Welfare, Women &CD, Panchayati Raj, Rural Development, Youth Affairs, Field Publicity, Tribal Affairs, Information and Public Relations, All India Radio, Door Darshan	• Communications to be sent to District level departments for finalizing the microplan as well as to ensure coordination
	Officers of TI, ICTC,STI, IEC, Mainstreaming, Youth Affairs, M&E, Finance, TSU, Condom SMO	• Provide support to Nodal officers and district teams to plan, implement the activities • Ensure availability of IEC materials, exhibition materials at district level/block level. • Ensure availability of
	Nodal officer for each districts to be selected among the above officers	• Provide support in liasoning with district health administration, follow up with district teams. • Provide support for district teams to ensure that team is well oriented on their roles and tasks • Ensure pre-publicity campaigns are done, TI NGOs and LWS NGOs mobilize community and migrants for health check up and ICTC testing. • Develop district mobility plan and resource plan for ICTC testing, STI clinic doctor availability, availability of medicines. • Ensure linkages with district administration for support • Visit to the districts and provide support for smooth implementation • Report on daily and weekly basis to SACS M&E division • M&E division to report to NACO on weekly basis by Friday
District Team	• TI NGO, LWS NGO, DAPCU,HIV Nodal officer, ICTC & STI staffs, NRHM DPM, District Health Officer, Folk Media representatives, RRC members • NYK members, RKS members, Block PHC medical officer, BDO, Panchayat Samiti Members, Zilla Parishad representatives	

First Checklist for State & National Level:

Geography and timeline of the proposed activities:

State	Districts	LWS districts	Blocks	Proposed Dates by SACS
TOTAL				

Nodal Officers from SACS for various districts:

Name of the District	Nodal officers	Contact Details

Checklist of NACO nodal officers:

Before Visit to States (to be reported before 10 days of starting of the programme in the State)

Activities	Performed (yes/no)	If no, what is the action taken
State and district level planning:		
• Whether the plan is shared		
• Nodal officers for districts identified		
• Availability of STI medicines, Condoms, ICTC kits, waste management systems, Counselor, Lab technicians at proposed districts		
• Communications to District Administration and Block Administration sent		
• Communication to District Health Administration and Block PHC/CHC medical officers sent		
• District teams identified and oriented on their roles and tasks		
• Meeting with district administration and district health administration/communications shared about the activities		
• Information sent to the local TI NGO, LWS NGO		
• Information sent to the DAPCU/HIV nodal officer of the district		
• Supply of IEC materials, ICTC kits at block level or at the designated health camp site		
• The STI clinician, Counselor and Lab technician is informed		
• Supply of condoms, STI medicines, General medicines		

During Visit:

Activities	Performed (yes/no)	If no, what is the action taken
• Meeting with State Nodal officers and stock taking		
• Meeting with district and block level officers and stock taking		
• Availability of medicines, IEC materials, ICTC kits, staffs for counseling and testing, ambulance, water facilities, law & order management		

Checklist of SACS nodal officers:

Before Visit to States (to be reported before 10 days of starting of the programme in the State)

Activities	Performed (yes/no)	If no, what is the action taken
State and district level planning:		
• Availability of STI medicines, Condoms, ICTC kits, waste management systems, Counselor, Lab technicians at proposed districts		
• Communications to District Administration and Block Administration sent		
• Communication to District Health Administration and Block PHC/CHC medical officers sent		
• District teams identified and oriented on their roles and tasks		
• Meeting with district administration and district health administration/communications shared about the activities		
• Information sent to the local TI NGO, LWS NGO		
• Information sent to the DAPCU/HIV nodal officer of the district		
• Supply of IEC materials, ICTC kits at block level or at the designated health camp site		
• The STI clinician, Counselor and Lab technician is informed		
• Supply of condoms, STI medicines, General medicines		
• Pre-publicity campaign by TI NGOs, LWS NGOs/Any other		
• Arrangements for health camps, exhibitions, folk shows, condom campaigns		
• Availability of logistics like Ambulance, water facilities, public announcement systems etc.		
• Brief orientation of RRC members for volunteer support for crowd management, referrals		

Reporting format for Intensive Health and Communication Activities			
Name of the State		Name of the District:	
Date of reporting:		Name of the Block:	
Date of the health camp:		Name of the camp site:	
No. of days of camp planned at the site:		Name of the nodal officer for the district:	

Health Facilities:				
Name of the facility available	**Total number of male attended**	**Total number of female attended**	**Total No. of persons attended**	**No. of persons referred to higher centers**
General Health check up				
Antenatal check up				
STI treatment				
ICTC testing				
ICTC counseling				
Any other				
Age group of patients attended				
Less than 20 years				
21-29 years				
30 -35 years				
More than 35 years				

ICTC testing and Counseling				
Total number of male attended	**Total number of female attended**	**Total no. of positive found among male attendees**	**Total no. of positive found among male attendees**	**Total no. of positives referred to ART centres**

STI treatment facilities					
Diagnosis	**Male**	**Female**	**TG/TS**	**Total**	**Total no. counseled**
Vaginal/ Cervical Discharge(VCD)					
Genital Ulcer (GUD)-non herpetic					
Genital ulcer(GUD) – herpetic					
Urethral discharge(UD)					

Communication Activities				
	No. of folk media shows conducted	**No. of condom migrant campaign events**	Any other	**Any other**
Total numbers			Information related to HIV/AIDS – source of such information, which media as source of information	
Total attendance				

Condom Programming Activities				
	No. of condom stalls	**No. of staffs engaged in condom demos**	**Condoms distributed**	**Any other event for condom prog.**
Total numbers				
Total attendance				

The counselors are expected to record the village, block and district of the migrants attending the health camps.

Migration related information				
	With history of migration (alone)	**With history of family migration**	**Major Destination districts**	**Timings of return of migrants**
Among total male clients attended with STI				
Among total female clients attended with STI				
Among total male clients tested HIV positive				
Among total female clients tested HIV positive				

Any other information which can improve the timing and location of the camps:

Any other information regarding planning of the health camps:

Besides the reporting format the existing formats of STI programme, IEC and folk media and Condom SMO would be used. The above format would be a consolidation of the existing formats. The existing patient registers, ICTC registers, referral slips would be used.

Pre-Publicity/ On going activity	Budget Support	Divisional Support
Miking	Events (sub-head under IEC budget with SACS)	IEC
Local publicity	Events (sub-head under IEC budget with SACS)	IEC
Fliers	Printing Sub-head under IEC Budget with SACS	IEC
Folk performance	Folk Sub-head under IEC budget with SACS	IEC
Human Resource		
○ Travel of TI Staff	travel cost as per actuals from SACS	TI
○ Travel of Link Workers	travel cost as per actuals from LWS budget	LWS
○ Travel of ICTC Lab Technician and Counselors	(1.3.1.1- Human Resource for Counselors and Lab Technicians including TA/DA)	ICTC
○ Travel of Folk Show Troupes	Folk Sub-head under IEC budget with SACS	IEC
Condon/Kits/IEC material distribution		
○ Mobilization of Kits	Consumables (1.3.5.1)	ICTC
○ Transport of Kits	Consumables (1.3.5.1)	ICTC
○ Transport of Condoms	IS Budget	IS
○ Transport of IEC Materials	Admin cost of SACS budget	IS
Refreshment	Contingency of Rs 1,000/- per camp*	TI

* Necessary official order in this regard would be issued soon.

- **For LWS districts the cost for pre-publicity and ongoing activities will be covered by budget allocation under Folk Media**
- **All the expenses will be as per 'ACTUALS'. the budget line has been prepared after consultation with all divisions - ICTC, STI, IEC LWS, Condoms, TI**

Annexure-8 (Format for Micro plan)

MICROPLAN FOR INTENSIVE HEALTH AND COMMUNICATION CAMPAIGN IN SOURCE OUT MIGRATION DISTRICTS

Name of the State:				Name of the State Nodal officer:				
Districts identified for Source Migrant Intervention	**Name of the District Nodal officer along with contact details**	**Name of the Blocks identified having high out migration toigh prevalence districts**	**Camp site identified for Source Migrant Intervention (please indicate name of the subcentre (village/GP) in the block)**	**Name of the villages/No. of villages or hamlets to be catered through camp site**	Probable dates for health camps	**Whether mobile health units from NRHM available in the district**	**If yes, the route plan for NRHM MMU/MHU to be aligned with health camp site and catchment area. GIVE DETAILS OF THE ROUTE PLAN**	**Name and contact details of the medical officer/doctor to be deputed for the camp**
						Source:NRHM/SACS		
1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**

MICROPLAN FOR INTENSIVE HEALTH AND COMMUNICATION CAMPAIGN IN SOURCE OUT MIGRATION DISTRICTS

Name of the State:				Name of the State Nodal officer:												
Districts identified for Source Migrant Intervention	Name of the District Nodal officer along with contact details	Name of the Blocks identified having high out migration toigh prevalence districts	Camp site identified for Source Migrant Intervention (please indicate name of the subcentre (village/GP) in the block)	Name of the villages/No. of villages or hamlets to be catered through camp site	Probable dates for health camps	Whether ICTC is available with staffs in the block	Stock position of kits and consumables	GIVE DETAILS OF THE ROUTE PLAN for Mobile ICTC in case the same is used	Name of the Counselor to be deputed	Contact Number of Counselor	Name of the LT to be deputed	Contact Number of LT	Proposed dates for folk shows in the block	Name of the troupe	Requirement of the IEC materials	Proposed dates for Condom SMO Migrant campaign in the block
						Source: BSD, SACS							Source-IEC division			Source:Condom SMO
1	2	3	4	5	6	10	11	12	13	14	15	16	17	18	19	20

NOTES