

Guidance Note for implementation of the

DAPCU LED SINGLE WINDOW MODEL

On Social Protection for PLHIV, CABA AND MARPS



National AIDS Control Organisation

India's voice against AIDS
Ministry of Health & Family Welfare, Government of India
www.nacoonline.org

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FOREWORD

National AIDS Control Organization, Department of Health & Family Welfare, Govt. of India, is working towards prevention and reduction of HIV burden in India. The prevalence of the infection has declined by around 57% over the last decade, however, due to its huge population India has still 2.1 million people living with HIV/AIDS, the third largest in the world.

Although, the National AIDS Control Programme is acclaimed to be a global success in terms of achieving the reversal of the HIV epidemic in the country, but there is more to be accomplished to mitigate the impact of HIV. While there has been a great progress in terms of improved treatment access for PLHIV, there is an increasing need for reducing vulnerability and risk for HIV. This can only be achieved through improved access of livelihood opportunities, reduction in stigma, and increased access to legal and social protection by the infected and affected population.

The evidence has shown that social entitlements and access to HIV sensitive social protection have impacted positively to improve the quality of lives of people infected and affected with HIV. Social protection is viewed with great importance in National AIDS Control Programme IV.

“DAPCU led Single Window Model for Social Protection for PLHIV, CABA and MARPs” is an attempt to enhance enrolment of social entitlements and schemes. This model has been piloted and upscaled as a strategy to ensure smooth access of benefits of inclusive and exclusive schemes.

I acknowledge UNDP for providing technical support and implementing the pilots.

I am confident that effective implementation of this model will help in increased access to social entitlement and schemes and will improve the quality of lives of the infected and affected population especially children.



Dr. Naresh Goel
Deputy Director General
National AIDS Control Organization
Ministry of Health and Family Welfare
Government of India

ACRONYMS

AIDS	Acquired Immune-Deficiency Syndrome
ART	Anti-Retroviral Therapy
CABA	Children Affected by AIDS
CBO	Community Based Organization
CSC	Care & Support Centre
DAPCU	District AIDS Prevention and Control Unit
DLN	District Network of People Living with HIV
FICTC	Facility Integrated Counselling and Testing Centre
FSW	Female Sex Worker
HIV	Human Immunodeficiency Virus
HRG	High Risk Group
ICTC	Integrated Counselling and Testing Centre
IDU	Injecting Drug User
LWS	Link Worker Scheme
MARPs	Most at Risk Populations
MSM	Men who have Sex with Men
NACO	National AIDS Control Organization
NACP	National AIDS Control Programme
PLHIV	People Living with HIV/AIDS
SLN	State Network of People Living with HIV
SACS	State AIDS Control Society
STI	Sexually Transmitted Infection
IEC	Information Education and Communication
NGO	Non-Governmental Organization
TI	Targeted Intervention

■ 1. INTRODUCTION

HIV prevalence in India is estimated to be 0.27% in 2011 which translates into 21 lakh (2.1 Million) people living with HIV in India. Women account for 39% and children account for 7%. The prevalence is influenced by a number of socio-economic factors, such as poverty, illiteracy, migration, gender discrimination, urbanisation, etc. For prevention and impact mitigation involvement of key stakeholders beyond the health sectors is required. Mainstreaming & partnership is an effective approach to generate multisectoral response for risk reduction, integration of services and social protection.

People Living with HIV (PLHIV) face various vulnerabilities such as job insecurity, poor access to health care facilities, low access to nutritional support and education for children. In addition, HIV-related social stigma and discrimination diminishes their access to work and medical treatment, and also lowers their self-esteem to even seek government entitlements. Children affected by HIV/AIDS (CABA) have many factors currently deter or prevent them from benefiting essential health care, education and other social welfare services provided under the Government of India schemes. Girls orphaned by HIV tend to be more socially vulnerable. Given these realities and the need for regular income for the PLHIV to meet their escalating expenses for treatment and care, there is a need to plan for social protection for those living with HIV and AIDS. It is recognized that for population infected and affected by HIV and AIDS have needs beyond HIV prevention and treatment services.

The social protection is viewed with great importance for reducing vulnerabilities and to mitigate the impact of HIV. The strategy on social & legal protection is to reduce the impact of HIV by ensuring entitlements & benefits to PLHIV & affected families. It reduces the burden on household as well as vulnerabilities of people to infection. The social protection initiatives impacted positively in improving the quality of life of PLHIV, CABA & MARPs and its accessibility ensures social, legal and economic rights. Social and legal protection includes access to rights and entitlements which may be in the areas of nutrition, healthcare, shelter, health insurance, legal aid, travel support, pension and so on. In view of the strategic importance of social protection, the suggested approach is to work closely with Government departments to identify and advocate for amendment/ adaptation of policies and schemes to make it HIV sensitive and to increase accessibility of benefits by PLHIV, CABA and MARPs.

■ 2. DISTRICT AIDS PREVENTION AND CONTROL UNIT (DAPCU) LED “SINGLE WINDOW” MODEL FOR SOCIAL PROTECTION

The District AIDS Prevention and Control Unit (DAPCU) led “Single Window” model for social protection is envisaged to improve the accessibility of entitlements and schemes by the infected and affected communities. This model intends to facilitate entitlements and schemes provided by the State and Central Government to all eligible People living with HIV (PLHIV), Children Affected by AIDS (CABA) and Most at Risk Population (MARPs).

The DAPCU office will act as the single window for social protection for the infected and affected communities. At district level, the DAPCU Officer will take a lead to ensure that PLHIV, CABA and MARPs are fully assisted in providing information on various entitlements and schemes, in filling the application through various help desks. DAPCU officer plays important roles in submitting the filled in application to various departments, follow-up and its implementation.

The feature of this model is to increase demand for social protection among PLHIV, CABA and MARPs through social protection help desks. In the DAPCU-led model, the various service centres under the NACP at the district like Targeted Intervention (TI), Link Worker Scheme (LWS), Integrated Counselling and Testing Centre (ICTC), Anti-Retroviral Therapy (ART), Link ART, etc will act as help desks to facilitate social protection. The DAPCU office will act as apex body in the district to facilitate social entitlements and social protection.

“Single window” refers to a single access point to avail the information on various social protection schemes and submit the application for social protection. The DAPCU directly advocates with the district administration through the District Commissioner / District Magistrate / District Collector with various departments (including legal services) to make necessary changes in the various schemes to address the needs of the PLHIV, CABA and MARPs.

The DAPCU will collect filled in applications from all help desks. The bunch of applications will be again validated by DAPCU and then submitted to the concerned departments with a covering letter. The follow up with respective departments for clearance of application and receipt of benefits will be done by DAPCU in support with the counsellors in the service centres.

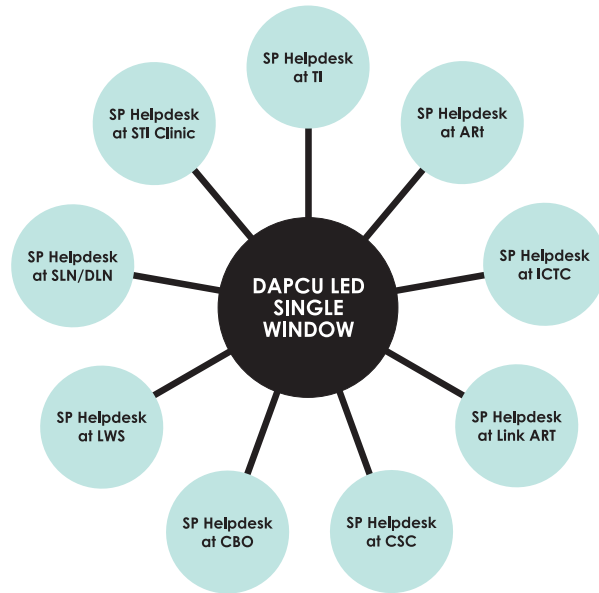


Figure 1 DAPCU Led Single Window Model Social Protection Helpdesk

Salient features of the Single Window model on Social Protection for PLHIV, CABA and MARPs.

- The DAPCU led single-window approach reduces the barriers in availing the information on social protection schemes by PLHIV, CABA and MARPs.
- It ensures quick access to schemes and facilitates filling up of applications for benefits.
- Improves advocacy with the concerned departments and help in follow-up on the applications submitted.
- Sustain monitoring of the social protection upscale.

■ 3. FACILITIES IN THE DISTRICT:

The HIV/AIDS related facilities and Services in the district are as follow: Targeted Interventions (TI), Community Based Organizations (CBO), State & District Network of Positive People, Integrated Counselling & Testing Centre (ICTC), Surakshaa (STI) Clinic, ART Centre, Link ART Centre, Link Workers Scheme (LWS), Care & Support Centre (CSC) etc. These service centres should establish social protection helpdesk as shown in the figure 1

Social Protection Helpdesk:

The social protection helpdesk will be established within the existing structure of facilities as indicated in Figure 1. The objective of the helpdesk is to sensitise the key population on HIV sensitive social protection. Generate demand and facilitate access to social entitlements (for example: voter Id card, adhaar card, ration card, BPL card etc.) and HIV social protection schemes in the areas of nutrition, insurance, free transport, livelihood, housing, pension and other financial assistance, etc.

■ 4. ROLE & RESPONSIBILITIES

4.1 Role of SACS

The role of State AIDS Control Society (SACS) is as follow:

- Issue directives to DAPCU for implementation of DAPCU led Single Window Social Protection Model.
- Orient all staff in DAPCU office on DAPCU led Single Window Model for Social Protection for PLHIV, CABA and MARPs.
- Directive to all facilities at the district to establish social protection helpdesk within the existing infrastructure with deputation of a nodal officer (DPM of DAPCU, Counsellor, project coordinator, project manager etc. can be deputed as nodal officer for social protection help desk).
- Include an agenda of social protection for PLHIV, CABA and MARPs in the inter-departmental meetings conduct by SACS.
- Prioritize social protection agenda in the major advocacy meeting of SACS, i. e. Meeting of State Council on AIDS (SCA), Legislative Forum on AIDS (LFA) etc.
- Communicate with key identified departments in the state, the need of social protection for PLHIV, CABA and MARPs. Advocacy for necessary amendment in the existing schemes to further make it HIV sensitive in the interest of PLHIV, CABA and MARPs. Prepare note for necessary amendments, wherever it may require and follow up with nodal officer of other department in order to make it HIV sensitive. Ensure a Govt. order/ circular is issued from the departments and disseminate through help desks.
- Issue necessary guidelines to DAPCU and facilities at the district for inclusion of key messages on social protection in IEC, outreach and counselling.
- Organize capacity building workshop for service providers on the issue of social entitlements and HIV sensitive social protection schemes. Enhance linkages with various departments for coordination and access of benefits by PLHIV, MARPs and CABA.

- Supportive supervision on upscale of social protection benefits by PLHIV, MARPs and CABA.
- Include social protection as an agenda in the review meeting of DAPCU.
- Capture best practices on upscale of social entitlements & social protection and disseminate with various stakeholders at the state level.
- Monitor progress of social protection initiative, Collect data from DAPCU, compile and share the report with NACO.

4.2 Role & Responsibilities of DAPCU

The role of DAPCU is as follows;

- To implement DAPCU led Single Window Social Protection Model in the district.
- Include an agenda on social protection in the DAPCU meeting as well as other meetings with key stakeholders in the district.
- Identify potential stakeholders in the district who can play an important role in awareness on HIV sensitive social protection, demand generation, follow up and access to benefits by PLHIV, CABA and MARPs.
- Sensitization of key stakeholders includes govt officials, judiciary, legal & Para legal workers, industry representatives, civil society on issue of social protection of PLHIV, CABA and MARPs in the district.
- Sensitize DAPCU staff as well as staff of all facilities in the district on DAPCU led Single Window Social Protection Model.
- Setting up of social protection helpdesk in all facility at the district like TI, LWS, ICTC, ART Clinic, Link ART, STI Clinic, CSC, PLHIV helpdesk, CBO, SLN & DLN etc.
- Orient District Administration on the need of HIV sensitive social protection for PLHIV, CABA and MARPs.
- Discuss social protection agenda in the meeting with district administration and concerned departments under the chairpersonship of the District Collector / Commissioner / Magistrate.
- Convergence with key departments in the district for HIV sensitive social protection.
- Develop and adopt key messages on social protection to be used in the outreach, counselling and other communication of service providers.
- Prepare a directory of HIV sensitive social protection schemes, eligibility criteria, required application format and make it available in social protection helpdesk.

- Coordinate with social protection helpdesk established in all facilities for demand generation and access of social protection benefits by PLHIV, CABA and MARPs.
- Organize camps for awareness, demand generation for social entitlements and HIV sensitive social protection in consultation with concerned department and Social Protection helpdesk.
- Generate demand, facilitate filling up application, collection of bunch of filled application, validate application, and submit applications to concerned department. Follow up with concerned departments for access of benefits by PLHIV, CABA and MARPS.
- Field visit to various social protection helpdesks to handhold and uptake in demand generation, enrolment for social entitlements and social protection schemes and access to benefits by PLHIV, CABA and MARPs.
- Meeting of all key stakeholders (including community representative) to review the plan, progress and challenges.
- Linkages with concerned departments and district administration for social protection.
- Monitor progress of social protection initiative and report to SACS.
- Compile monthly uptake of access to benefits of social entitlements and HIV sensitive social protection by PLHIV, CABA and MARPs. Share report with SACS on monthly basis.
- Capture best practices on upscale of social entitlements & social protection schemes and disseminate with various stakeholders in the district.

4.3 Role & Responsibilities of Social Protection Helpdesk

The role & responsibilities of Social Protection Helpdesk are as follow:

- Establish social protection help desk with a designated nodal officer within the existing staff structure at each of the facility in the district.
- Sensitize all staff in the facility on DAPCU led Single Window Social Protection Model.
- Include an agenda of social protection in the regular meetings, trainings, outreach and review meetings.
- Include key messages on social protection in major communication like IEC, Outreach, counselling, meeting with stakeholders etc.
- Prepare a directory of HIV sensitive social protection for PLHIV, CABA and MARPs from DAPCU/ SACS. Ensure availability of applications forms for social entitlements and HIV sensitive social protection.

- Sensitise designated nodal officer at the facility on social entitlements, HIV sensitive social protection, eligibility criteria, filling up application format, verification of required document etc.
- Display information on social entitlements and social protection to PLHIV, CABA and in the facility for awareness and demand generation.
- Filling up application for social entitlements and social protection, validation and compilation of filled application and submission to DAPCU.
- Facilitate organizing camp with the support of DAPCU & concerned department for awareness, demand generation and enrolment of PLHIV, CABA and MARPs.
- Linkages with concerned departments for social entitlements and social protection in the district.
- Sensitize target group (PLHIV, CABA and MARPs) under the leadership of DAPCU.

■ 5. IMPLEMENTATION OF SOCIAL PROTECTION INITIATIVE

The implementation of social protection initiative is summarised below.

- 5.1 Preparatory phase
- 5.2 Creating Enabling Environment
- 5.3 Capacity Building
- 5.4 Implementation phase
- 5.5 Monitoring

5.1 Preparatory phase

The DAPCU, in order to initiate the single window model on social protection for PLHIV, CABA and MARPs, needs to execute certain activities that will strengthen the actual implementation process. The preparatory phase should include sharing of DAPCU led single window social protection model in all possible platforms in the district, ensure discussions on social protection in district coordination meetings under the chairpersonship of District Collector/ Commissioner.

Certain activities need to be taken up by DAPCU as preparatory phase is summarised below;

- Sharing of DAPCU led Single window social protection model in the DAPCU meeting.
- Sharing the concept with district level key stakeholders, organizations, institutions and existing facilities working with PLHIV, CABA and MARPs.
- Fair estimation ready on number of PLHIV, affected families, Children affected by AIDS and MARPs who require social entitlements and social protection. Plan on need assessment and strategy to link PLHIV, CABA & MARPs with Social protection & welfare schemes
- Set up social protection helpdesk at each TI NGO, LWS, ICTC, ART, Link ART, STI Clinic, CSC, and SLN &DLN.
- Launch DAPCU led single window social protection.

5.2 Creating Enabling Environment

The DAPCU should take the following steps towards creating enabling environment:

- Identify key stakeholders in the district who can influence implementation of DAPCU led Single Window model initiatives.
- Analyse stakeholder's roles and responsibilities in DAPCU led Single Window Model for Social Protection.
- Sensitise each stakeholder involved in the process of mainstreaming and social protection with specific roles and responsibilities and expected outcomes.
- Create a platform for discussion on the need of social entitlements and HIV sensitive social protection for PLHIV & MARPs.
- Ensure engagement of Stakeholders in Mainstreaming HIV and Social Protection for PLHIV, CABA & MARPs.

5.3 Capacity Building

The capacity building includes sensitization and orientation on the DAPCU led single window model for social protection for PLHIV, MARPs and CABA.

The capacity building exercise may consider following activities;

- The DAPCU led single window model for social protection should be discussed in the DAPCU coordination meeting on regular basis.
- The project staff of NGO, CBO, CSC, TI, ART Centre & Link ART Centre, ICTC, STI Clinic, LWS, SLN/ DLN to be trained by DAPCU.
- The trained project staff will further percolate similar training to all project staff in the facility.

The contents of the training will focus on need of social entitlements & social protection for PLHIV, CABA and MARPs, roles and responsibilities of social protection helpdesks established at the facility, awareness on HIV sensitive social protection schemes, developing standard messages on social protection to be included in IEC, outreach, counselling, activities to be conducted for demand generation, filling of application, submission of filled application, follow up with Government officials and access of benefit by PLHIV, CABA and MARPs, monitoring on uptake of benefits, compilation of monthly report and sharing of compiled report with SACS.

The DAPCU should organize two sensitization meetings for district level stakeholders on DAPCU led single window social protection model for PLHIV, CABA and MARPs.

5.4 Implementation phase

Implementation phase includes following activities;

- Sensitization meeting with key stakeholders by DAPCU in the district.
- Sensitization meeting with facility staff in the district by DAPCU as well as social protection helpdesk established in the facility.
- Demand generation through IEC, outreach, counselling and camps for social entitlement and social protection.
- Facilitate filling up application based on eligibility criteria. Filling of application with required documents. Initial verification of required document by nodal officer at the facility.
- Compilation of filled applications by Social Protection Helpdesk and submission to DAPCU.
- Submit filled applications to concerned departments by DAPCU and do follow up till PLHIV, CABA & MARPs get benefits of Social Protection Schemes.

5.4.1 Demand Generation and Compilation

The demand generation, facilitation in filling the applications and compilation of filled applications for social entitlements and HIV sensitive social protection are key activities in single window model for social protection.

5.4.2 Demand Generation for social protection

The demand generation for social protection is an extremely important activity in order to increase the uptake of social

entitlement and social protection schemes by PLHIV, MARPs and CABA. In order to achieve this, the following activities will need to be implemented at social protection helpdesk established in various facilities in the district like TIs, LWS, CSC, ICTC, ART, LWS, STI clinic etc that work with MARPS and/or PLHIV:

- Social protection agenda shall be included in outreach strategies.
- Key messages on social protection to be included in counselling at service centre (social protection helpdesk).
- Availability of a list of social entitlements, social protection schemes, eligibility criteria and application forms at social protection helpdesk.
- Relevant IEC materials on HIV sensitive social protection.
- Develop and Implementation outreach plan for demand generation.

5.4.3 Camp for increasing access to Social Protection

The camp approach for upscaling of social protection may be tried out under DAPCU led single window model on social protection. Camp for key target groups (PLHIV, CABA and MARPs) should organize for awareness and demand generation by DAPCU.

DAPCU should organize minimum 2-3 camps in a year for target groups for accessing social entitlements and HIV sensitive social protection and demand generation for the access of benefits by PLHIV, CABA and MARPs.

The details of social entitlement and HIV sensitive social protection, necessary forms, and eligibility criteria should be available at the camp site with DAPCU and concerned officers from the departments.

This will increase the uptake of schemes and entitlements and also will generate demand among the community members. It is encouraged to have community volunteers to facilitate the process in the camp site.

5.4.4 Demand Compilation (aggregation)

Once adequate demand for social protection is created through effective field processes, counselling, outreach and camps, then it is the role of the social protection help desk to facilitate filing up applications with enclosing necessary documents. Support can be provided in the following areas:

- Assessing the need for social protection, and develop a plan of actions for individuals.
- Filling up applications.
- Filing applications.
- Follow up on the status of applications and ensuring that they are being processed with in an appropriate span of time.

5.4.5 Quality Assurance and Grievance Redressal Mechanism

The social protection help desk should maintain certain set protocols and standard operating procedures. The social protection helpdesk should manage quality assurance through following measures;

- Time taken to fill the application.
- Time taken to file the application.
- Timely follow-up with departments to accelerate the status of application(s).
- Updating applicants on the status of the applications.

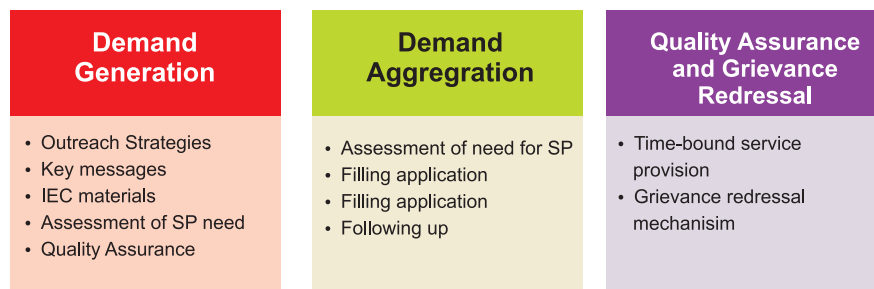
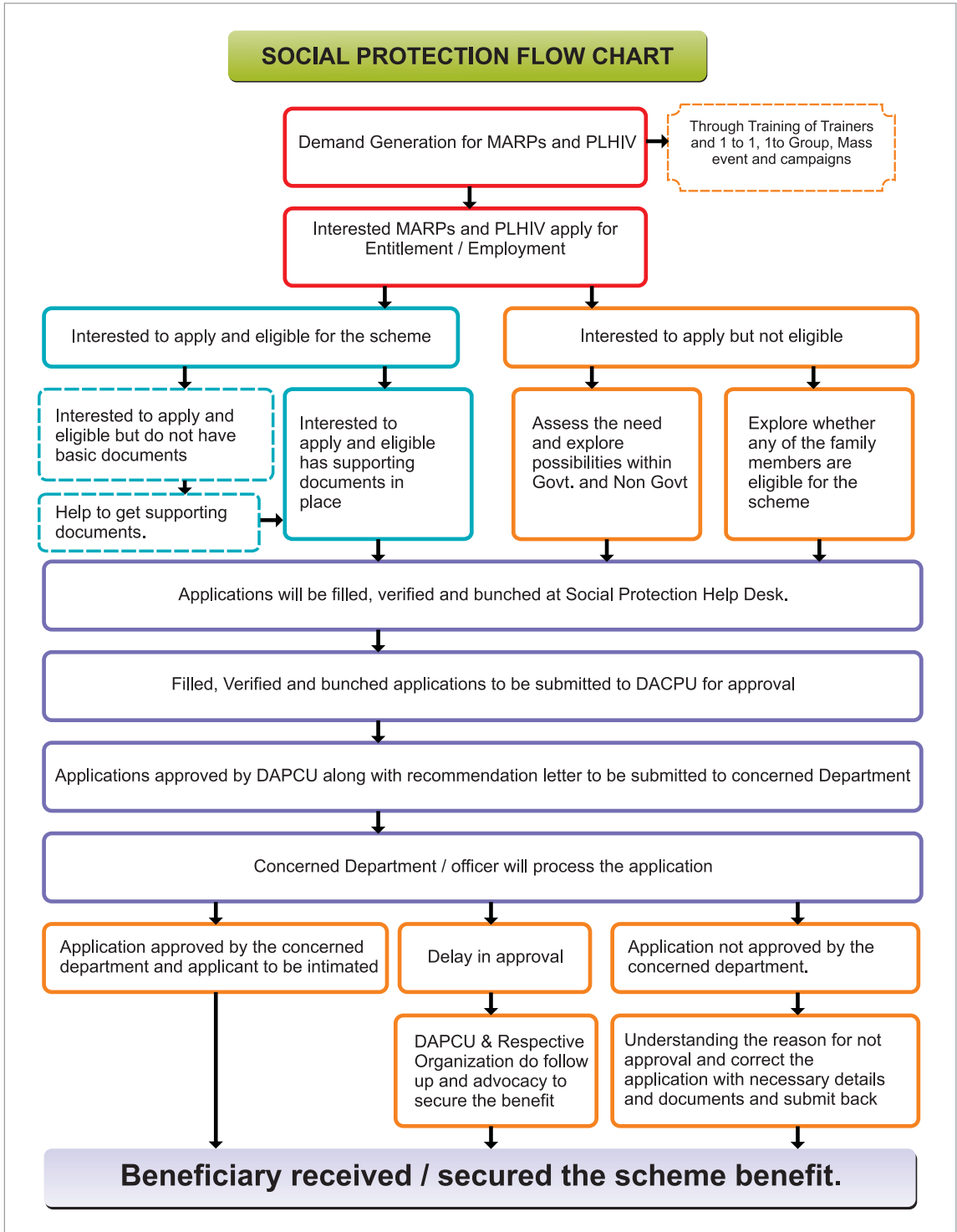


Figure 2 Quality Assurances and Grievance Redressal Mechanism

5.6 Monitoring

DAPCU will monitor single window social protection model through internal review. Social protection upscale will be discussed in the monthly coordination meeting of DAPCU. SACS will quarterly review progress on “DAPCU Led Single window model on social protection for PLHIV, CABA and MARPs”

6. SOCIAL PROTECTION FLOW CHART



■ 7. MONITORING INDICATORS

The DAPCU will monitor the progress in uptake of social entitlements and social protection through following indicators.

Major indicators

- Number of PLHIV, CABA and MARPS applied for social protection.
- Percentage of people accessed the benefits of social entitlements and social protection schemes.

Minor indicators

- Social protection helpdesks established in all facilities in the district.
- List of social entitlements and HIV sensitive social protection schemes available for PLHIV, CABA and MARPs.
- Sensitization meetings conducted for identified stakeholders.
- Outreach strategy and execution plan developed.
- Number of camps organized for demand generation and to access social protection entitlements and schemes.
- Follow up meetings with Government departments.

■ 8. REPORTING

The DAPCU will share the progress and achievement report on a monthly basis to SACS. SACS will compile the uptake on access to benefits by PLHIV, CABA & MARPs and share with Mainstreaming Cell NACO.

■ 9. EXPECTED OUTCOME

The broad outcomes of DAPCU led social protection initiative is:

- Creation of enabling environment where the legal, policy and living environments are conducive for the PLHIV, CABA and MARPS to access services.
- Reduction of stigma and discrimination faced by PLHIV, CABA and MARPs at the family, community and services level.
- Strengthen and scale up of enrolment of PLHIV, CABA and MARPs through enhanced access to social entitlements and welfare schemes of different departments, by largely modifying existing schemes to make them more PLHIV, CABA and MARPs friendly.
- Synergized and coordinated efforts across different players to optimize resource utilization and maximize impact.

■ 10. DELIVERY MODEL AND IMPLEMENTATION MECHANISM

Delivering social protection for PLHIV, CABA and MARPs require structures to translate the policy intent to concrete actions. The agenda on social protection needs to be prioritised and discussed in all possible platforms as an integrated approach of all the facilities and institutions within NACP.

The upscale of social protection includes provision of HIV sensitive social protection schemes to extend the benefits of inclusive and exclusive schemes to targeted population, enhance enrolment as well as access of benefits by PLHIV, CABA and MARPs. It is possible through;

- Sensitization meeting for key stakeholders. Participant may include officer from key departments, legal service providers, SLN & DLN, civil society, TI, LWS, ICTC, ART Centre, Link ART, STI Clinic, Care & Support Centre etc.
- Organizing camp in consultation with concerned department and Social Protection Helpdesks for demand generation and increasing access to benefits.

■ 11. ANNEXURE

1. Sample letter from SACS to key stakeholders for coordination
2. DAPCU Work Plan for Single Window Social Protection.

ANNEXURE I: SAMPLE LETTER

Sample letter from SACS to various stakeholders at the state level. Similar letter may be issued by DAPCU to district level stakeholders.

To,

.....
.....

Subject: Uptake of social entitlements and HIV sensitive social protection schemes for PLHIV, CABA and MARPs through DAPCU Led Single Window model on social protection for People Living with HIV/AIDS (PLHIV), Children Affected by AIDS (CABA) and Most at Risk Population (MARPs).

Sir/ Madam,

India has the third largest number of people living with HIV/AIDS in the world. Given the adult prevalence rate of 0.27%, approximately 21 lakh people are estimated to be living with HIV/AIDS in India of which 39% are women and 7% are children. National AIDS Control Organization is working towards providing prevention, treatment, care & support services for HIV/AIDS without stigma & discrimination.

The HIV sensitive social protection schemes have impacted positively in improving the quality of lives of PLHIV, CABA and MARPs. The accessibility of social entitlements and social protection schemes reduces the burden on household as well as vulnerabilities of people to infection. Social and legal protection includes access to rights and entitlements which may be in the areas of nutrition, healthcare, shelter, health insurance, legal aid, travel support, pension and so on. These social protection schemes play a crucial role in addressing the social determinants of HIV.

The HIV sensitive social protection is viewed with great importance to reduce vulnerability and mitigate the impact of the epidemic. The access of benefits of social entitlement and HIV sensitive social protection is prioritized in National AIDS Control Programme Phase IV. State AIDS Control Society is taking up an initiative of 'DAPCU led Single Window model on social protection for PLHIV, CABA and MARPs' to facilitate one point access of benefits of various existing government and welfare schemes in order to improve their quality of lives. This initiative requires lot of support and facilitation to bring change in the lives of most disadvantaged communities and people infected and affected with HIV/AIDS.

You are kindly requested to facilitate and support in successful implementation of DAPCU led Single Window Model on Social Protection for PLHIV, CABA and MARPs.

Project Director

ANNEXURE II: WORK PLAN

SI. No.	Programme Components	Unit of Measurement	No. of Units	Persons Responsible	Activities (Month)													
					1	2	3	4	5	6	7	8	9	10	11	12		
I	PREPARATORY STAGE																	
a	Orientation to facilities at the district like TIs, LWS, CSC, ICTC, ART Centre, Link ART, STI Clinic, CSC, SLN, DLN etc and other identified stakeholders who work with PLHIV, CABA and MARPs	Number of training	2	DAPCU														
b	Orientation to District Administration and other keystakeholders on Social Protection	Number of training	2	DAPCU														
c	Capacity building of selected staff of TIs, LWS, ICIC, ART, STI Clinic, CSC on demand generation, help desk facilitation and monitoring	Number of training	2	DAPCU														
d	Setting up the help desk at each facility	Number of Help Desks	One at each facility	DAPCU														
e	Launch of Social Protection Initiative at the district level	Number of events	1	DAPCU														
II	IMPLEMENTING STAGE																	
a	Develop / adopt key messages on Social Protection to be used in the outreach and other communication	Communication Strategy Note		DAPCU														
b	Develop / adopt IEC materials in local languages	Number of IEC materials developed/ adopted (Posters)		DAPCU, Nodal officer at Helpdesk														
c	Revise the outreach plan per NGO/CBO to incorporate plans to reach PLHIV & MARPS on Social Protection messages	Revised outreach plans		Nodal officer at Helpdesk														

SI. No.	Programme Components	Unit of Measurement	No. of Units	Persons Responsible	Activities (Month)													
					1	2	3	4	5	6	7	8	9	10	11	12		
d	Conduct outreach as per the plan	Percentage of PLHIV, CABA and MARPS reached	60% of total estimates in first year	Social Protection Helpdesk														
e	Field visit by DAPCU to all social protection helpdesk to check quality of outreach and communication	Number of visit		DAPCU														
f	Assessment of Social Protection needs of those who visit Social Protection help desk	Number of assessments	90% of all visit to help desk	Help Desk Facilitator														
g	Filling up application by help desk facilitator	Number of application filled	100% of needs expressed	Help Desk Facilitator														
h	Organising camps to facilitate social protection schemes and entitlements	Number of camps organised		DAPCU														
i	Submission of application by help desk facilitator and submit to DAPCU	Number of application logged	100% of completed applications	Help Desk Facilitator														
j	Follow up on the application submitted	Number of follow-up		DAPCU														
k	Formation of Grievance redressal committee	Number of committee formed		DAPCU														
l	Meeting of Grievance redressal committee. (one meeting per month per NGO /CBO)	Number of meetings		DAPCU														
III	ENABLING ENVIRONMENT																	
a	Conduct stakeholder analysis	Existence of Stakeholders engagement plan	1	DAPCU														

SI. No.	Programme Components	Unit of Measurement	No. of Units	Persons Responsible	Activities (Month)														
					1	2	3	4	5	6	7	8	9	10	11	12			
b	Sensitize and Orient stakeholders	Number of trainings	2	DAPCU															
c	Meeting of all key stakeholders (including community reps) to review the progress, challenges and plans	Number of meetings	4	DAPCU															
d	Identify potential stakeholders who can play key roles in Social Protection Initiatives	Number of persons		DAPCU															
e	Identify and recognise stakeholders who have significantly contributed to Social Protection outputs and outcomes	Number of persons		DAPCU															
IV	CAPACITY BUILDING																		
a	Training of selected staff from TIs, LWS, ICTC, CSC, SLN, DLN	Number of trainings	2	DAPCU															
b	Training of all field staff of each facility	Number of trainings	2	Helpdesk Facilitator															
V	MONITORING																		
a	Submission of monthly reports on uptake of social entitlements and social protection schemes	Number of reports		DAPCU															
b	Conduct Monthly meetings	Number of meetings	12	DAPCU															
c	Field Visit to implementing partners and to the witness field work	Number of visits	24	DAPCU															
d	Attend Grievance Redress Committee meetings	Number of meetings	24	DAPCU															

