

# Technical Support Units (TSUs) in NACP III

December 2011



**National AIDS Control Organisation**  
Department of AIDS Control  
Ministry of Health and Family Welfare  
Government of India

December 2011





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## Background

The overall goal of the 3rd Phase of the NACP is to halt and reverse the epidemic in India by integrating programmes for prevention, care, support and treatment. To achieve this a four-pronged strategy was adopted:

1. Prevention of infections in high risk groups and general population through:
  - a. Saturation of coverage of high risk groups with targeted interventions (TIs).
  - b. Scaled up interventions in the general population.
2. Providing greater care, support and treatment to larger number of PLHA.
3. Strengthening the infrastructure, systems and human resources in prevention, care, support and treatment programmes at the district, state and national level.
4. Strengthening the nationwide Strategic Information Management System.

To achieve a high level of coverage and maintain quality of programme implementation, NACO felt the need to identify consultants having strong management and human resource capabilities to set up “Technical Support Units” (TSUs) to support the development and implementation of HIV/AIDS strategies, especially support to the TIs and care and support linkages in the state and provide technical support as and when required by SACS.

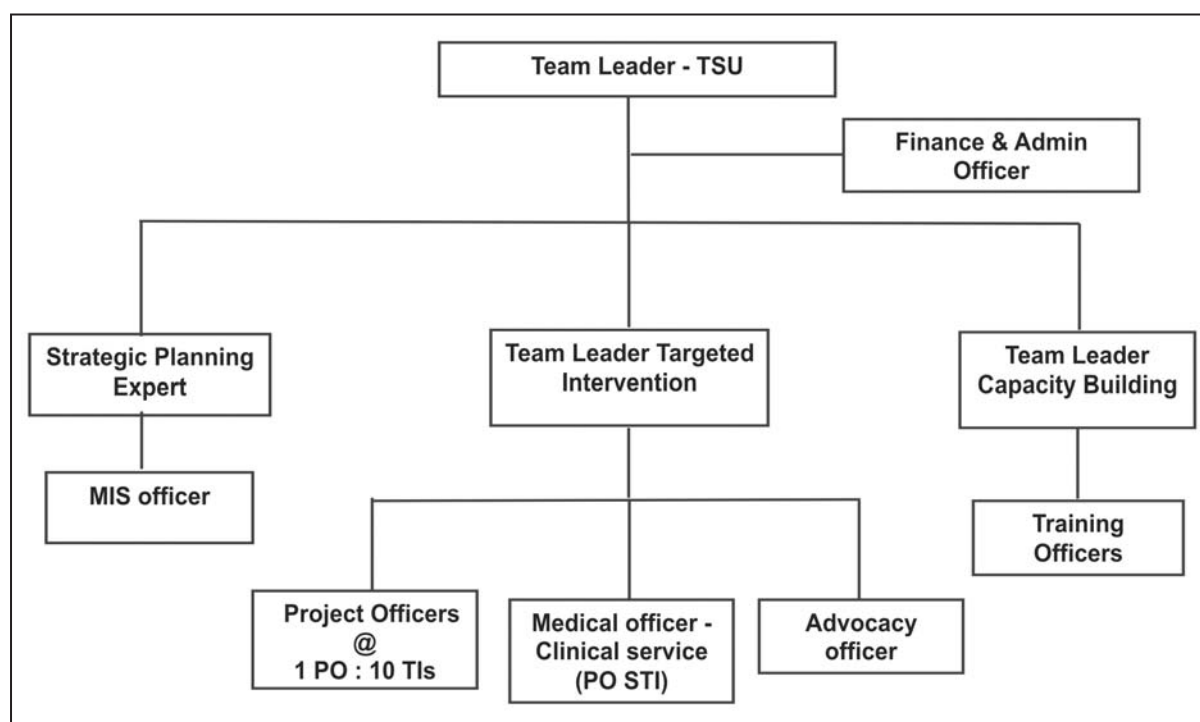
## Current setup

As of December 2011, TSUs have been setup in 15 states as shown below

S.No	State (SACS/DACS)	TSU Implementing Agency	TSU Funded By
1	Mumbai	AVERT Society	USAID
	Maharashtra		
2	Goa	AVERT Society	USAID
3	Tamil Nadu	APAC	USAID
	Pondicherry		
4	Kerala	APAC	USAID
5	Uttar Pradesh	Futures	USAID
6	Uttarakhand	Futures	USAID
7	Karnataka	IHAT	BMGF
8	Andhra Pradesh	HLFPPT	BMGF
9	Madhya Pradesh	HLFPPT	UNICEF
10	Chhattisgarh	HLFPPT	UNICEF

S.No	State (SACS/DACS)	TSU Implementing Agency	TSU Funded By
11	Jharkhand	CARE	UNICEF
12	West Bengal	CARE	Pool Fund
13	Orissa	CARE	Pool Fund
14	Delhi	Raman Dev Con	Pool Fund
15	Punjab	SPYM	Pool Fund

Typical TSU structure



## NACO’s Technical Support Unit (NTSU)

### Concept

NACP III set ambitious targets for scaling up operations in all of its key implementation areas. In light of these ambitious targets, NACO identified key areas where external support was required. This support was institutionalized through the creation of a Technical Support Unit for NACO.

The guiding principle of the NTSU was to build in-house NACO capacity to deliver the functions required to scale up NACP III. It was envisaged that the NTSU would provide management and technical expertise to ensure quick roll out of NACP III with an emphasis on quality assurance and program management. Further, NTSU would be convened and led by NACO, with individual consultant and expert support through development partners/agencies.

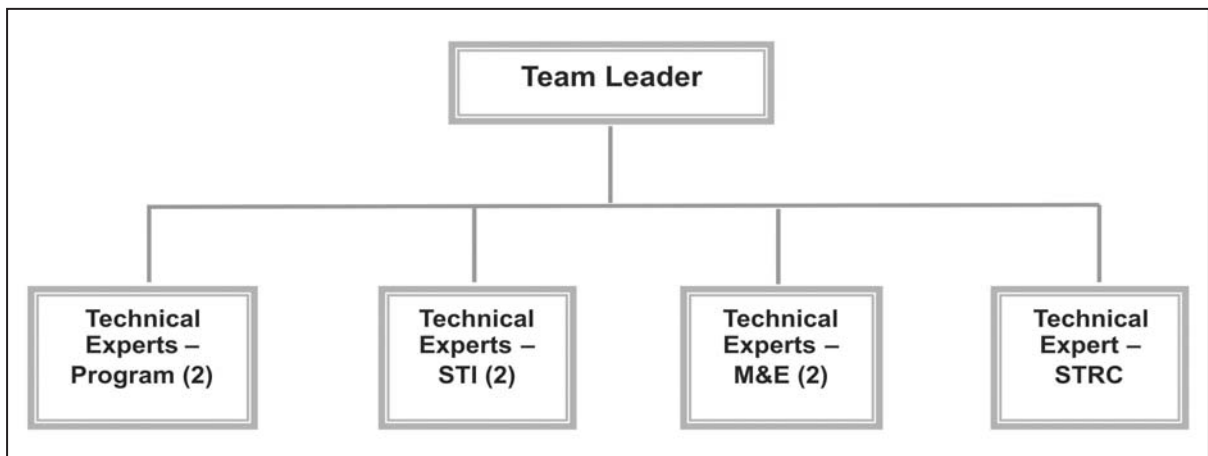
NTSU was asked to focus on following key areas

- ◆ Providing support to state TSUs in implementing Operational Guidelines for Targeted Interventions.
- ◆ Building capacity of TSU POs and Team Leaders to implement high quality TIs. through on-site mentoring, training and supportive supervision.
- ◆ Co-ordination between SACS/TSU and different stake holders including TSG Condom, TSG Truckers and STRC to enable smooth functioning of TIs.
- ◆ Understanding the drivers of the epidemic and addressing program gaps at the state/field level to increase program efficiency in different settings.

## Structure

The NTSU consists of Technical Experts sourced from various development partners and led by a Team leader identified by NACO.

*The structure is indicative of current personnel*



## Key activities - Program

### *Strengthening Institutions*

- ◆ During field visits, NTSU conducts meetings with PD SACS and apprise them of program functioning on the field. Feedback on strengthening quality of implementation is also provided. Specific input are provided to strengthen the supply chain systems in the state for STI drug kits, condoms and Needles/Syringes.
- ◆ Advocacy meetings are also conducted with Health Secretary, Commissioner Health, MD NRHM etc for support to NACP program in state and explore integration.
- ◆ During visit to districts, meetings are conducted with District Collector/Deputy Commissioner, Civil Surgeon, CMO etc for program integration and support.
- ◆ Wherever DAPCUs are present, NTSU includes them in the visits to the health facilities and establish rapport for program support with functionaries

### ***TSU - Human resources***

The NTSU team engages with the TSUs and other agencies to ensure

- ◆ All TSU personnel are on board (early recruitment). This is crucial for the supportive supervision provided to the TIs (includes additional recruitment of POs based on increase in number of TIs). The team follows up with 15 TSU agencies, NERO for North East, SACS in Gujarat and Himachal Pradesh and UNFPA in Rajasthan for the recruitment of 155 POs, Team Leaders and other TSU personnel.
- ◆ All POs are placed in regions and are managing TIs so that POs can provide quality support to the TIs. The team follows up with TSUs and other agencies seeking information on the regional distribution of POs and provides feedback as required.
- ◆ All POs are spending optimal time strengthening the quality of TI implementation. The team seeks information from the TSUs on number of TIs visited and type of visits (intensive/quick) by each PO and analyses the same to give feedback to the agencies.

### ***Capacity Building***

As the NTSU monitors the status of TSU personnel on board, it is aware of the new recruitments and their requirement for training. NTSU periodically conducts training on supportive supervision for all newly recruited personnel and also invites SACS and STRC to participate in the trainings.

*Details of trainings on supportive supervision conducted so far by the NTSU*

Training	Month	Venue	Participants			
			POs	TL TI	SACS	STRC
Round 1	August 2009	Bengaluru & Lucknow	34	8	9	5
Round 2	September 2009	Mumbai & Kolkatta	38	5	5	3
Round 3	December 2009	Guwahati	19	4	14	2
Round 4	March 2010	Ahmedabad	37	3	2	
Round 5	April 2011	Delhi	60		5	1

Capacity building work includes planning, seeking approvals, designing course content, identifying resource persons, co-ordinating with NACO/SACS/TSUs for participation, facilitation of key training sessions, co-ordination for logistics and documentation of training quality and impact.

### ***Continuing mentoring and support***

- ◆ Apart from the structured training described above, NTSU also facilitates on-site training of POs. This is done through accompanied visits with NTSU team members or by facilitating joint visits of newly recruited POs with POs of other states (e.g Goa PO STI sent to Karnataka).

Table showing number of facilities visited during the period June 2010 to June 2011

Type of Facility	No. Visited
Targeted Interventions (TIs)	328*
DSRC (STI Clinics)	128
TI STI Clinics	300
ICTCs	328**

\*These are unique TIs (TIs have been counted only once in spite of multiple visits)

\*\*Visited at least one ICTC linked to each TI visited

- ◆ NTSU provides continuous mentoring support
  - Online mentoring - Sending case studies to POs to adapt best practices and for data analysis.
  - Online program review – Using skype to follow up on action taken by TSUs/SACS on program recommendations.
- ◆ NTSU also co-ordinates exposure visits/cross learning for TSUs. (e.g AP TSU POs visited IDU TIs in Delhi in April 2011).

## Supportive supervision

### *Building capacities of TSUs to provide support to POs on the ground*

NTSU developed a framework to provide feedback to PO visit reports. This framework helped the TL TIs in the TSU to provide periodic feedback to POs based on their field visit reports. To jump start the process, NTSU analysed and gave feedback to PO reports of Chhattisgarh, Delhi, Goa, Kerala, Orissa, Punjab, Tamil Nadu and Uttarakhand. This improved the quality of supportive supervision as POs modified their focus of visits based on feedback. As a step to institutionalise this system, TSUs (TL TI) were told to send a copy of the feedback reports prepared by them to NTSU.

### *Institutionalising Review of TI program in state*

NTSU facilitated the state wise periodic reviews of POs (TSU/SACS). The performance of TIs managed by respective POs gets reviewed by SACS and TSU jointly under the leadership of the PD SACS. The review focuses on TI performance based on core indicators – HRG Registration, Clinic access, HIV testing, Syphilis screening, ART linkage, Condom distribution, NSEP etc. Clear TI wise action plans are drawn up during the review and followed up on subsequent review. SACS has now started conducting monthly reviews, which helps them have a better understanding of TI program and address implementation hurdles early.

Details of the recent TI review/PO review facilitated by NTSU is as follows

State	Review conducted in	State	Review conducted in
Andhra Pradesh	November 2010 March 2011 November 2011	Orissa	November 2010 and January 2011
Delhi	April 2011 July 2011	Punjab	April 2011
Jharkhand	June 2011	Tamil Nadu	October 2010 and January 2011
Kerala	April 2011	Uttar Pradesh	October 2010 and March 2011
Karnataka	February 2011 and April 2011	Uttarakhand	March 2011
Madhya Pradesh	February 2011 March 2011	West Bengal	June 2011 and July 2011
Maharashtra		Nagaland	November 2011
Gujarat		NERO	November 2010

### ***Grading of TIs (Balance Scorecard)***

NTSU team designed the tool for quarterly assessment of the TIs by POs. The first assessment was initiated for the quarter of October to December 2009 and since then 8 rounds of assessment have been conducted. The plan to expand to TI level by building capacities of TI to do the assessment and inform supervisory structures.

#### **This includes**

- ◆ Co-ordination with 26 states - 15 TSU states, NERO for 8 North Eastern states, Gujarat, Rajasthan and Himachal Pradesh for conducting TI assessments.
- ◆ Reviewing assessments done by POs for accuracy and efficiency.
- ◆ Preparing state summary of PO assessments categorizing TIs in good, average and poor grades.
- ◆ Providing feedback to TSUs/SACS on PO assessments during visits to states (especially during PO reviews).

*Strengthening supply chain of essential commodities at TI* - NTSU was directed to monitor the availability of condoms and STI drug kits at TIs in states where POs are available.

NTSU according carried out the following activities

- ◆ Developed weekly format to track condoms available vs. demand at all TIs.
- ◆ Follow-up with states (weekly) for submission of format to NACO.
- ◆ Strengthen capacities of DAPCUs regarding supply chain/ inventory management.
- ◆ Co-ordination with state to facilitate inter-distribution/relocation of condoms/STI drug kits where probable stock out is perceived.
- ◆ Co-ordination with Condom TSG/STI division to ensure supply is prioritized in problem states.



### ***Other Activities***

- ◆ Development of TORs for TLs TSU – TL Overall, TL TI, TL CB etc.
- ◆ Online - Capacity building of TSU POs – case studies are sent through email.
- ◆ Development of 'Agency assessment tool' and conduct 'Grading' of agencies who have applied for TSU in Gujarat, Haryana and Bihar (Assessment of EOI and supporting documents establishing eligibility).
- ◆ Review of existing RFP for TSUs and feedback to procurement division on amending it to TSU context.
- ◆ Analysis of existing TI guidelines for uniformity and consistency – OG, Budget, Evaluation tool etc.
- ◆ Co-ordination with partner agencies to develop CBO capacity building module.
- ◆ Co-ordination with partner agencies for strategy and implementation plan of TG TIs (2011-12).
- ◆ Co-ordination with TSUs to get their QPRs and provide feedback.
- ◆ Participation in NACP IV planning.

### **Key Activities – STI**

- ◆ Programme implementation
  - Facilitated implementation of STI programme as per operational guidelines at designated STI/RTI clinic, TI NGO, sub district health facilities and Regional Centers.
- ◆ Capacity Building and resource material
  - Prepared STI/RTI operational guidelines and standards for Designated STI/RTI clinic, TI NGO, NRHM health facilities and Regional STI centres.
  - Prepared STI training material for doctors, preferred providers, nursing staff, laboratory technicians and counselors.
  - Conducted six regional workshops for trainings of trainers for rolling out of trainings for service providers (doctors, staff nurses and laboratory technicians) in the sub-district facilities. A cadre of 20 national trainers and 245 state resource faculty developed in all states.
  - Prepared and disseminated Standard Operating Procedures on STI diagnostics.
  - Prepared protocol and tools for Evaluating of Regional STI centers.
- ◆ Reviews and Meetings
  - Facilitated SACS STI focal persons review meetings.
  - Conducted review meeting for Regional STI centres in Delhi in August 2010, provided inputs towards finalization of SOP manual for laboratory diagnosis of STIs and disseminated the same to all Regional Centres. Made visits to all the centres and reviewed their performance.
  - Organized Expert group meetings for roll out of STI services with NRHM and for estimation of burden of disease.
  - Convergence meetings with NRHM (Multiple meetings).
  - Facilitated Annual Action plan activities for 2011-12.
  - Participated in National IASSTD conference held in Vijayawada and presented a session on Overview of STI programme, measurement of quality and STI surveillance.

- Participated in 12th Global Congress on STI conducted by IUSTI and IASSTD & AIDS held at New Delhi. Facilitated participation of STI focal persons from SACS and TSU in NACO satellite symposium
- The work done by Hyderabad and New Delhi Regional STI Training, Research and Reference centre won awards for their Operations Research
- ♦ Programme monitoring
  - Monthly monitoring of states on their physical and financial performance.
  - Quarterly CMIS data analysis and periodic feedback to the states based on state fact sheets.
  - Developed and finalized the SIMS formats for STI/RTI, indicator definitions and key output indicators and reports and facilitated the piloting and rolling out of SIMS trainings for STI/RTI through close coordination with M&E division.
  - Prepared and disseminated guidelines for mentoring and supportive supervision of STI facilities along with standardized supervisory check list and formats.
  - Monitoring of 67 district .
  - Conducted field visits covering designated, TI and Preferred Providers in Private practice. (Delhi, UP, Chhattisgarh, J&K, Rajasthan, Punjab, Chandigarh, TN, AP, Maharashtra, Karnataka, Kerala, Orissa, WB, Mizoram, Manipur, Nagaland, Bihar, Gujarat, Mumbai).
- ♦ NRHM Convergence
  - Strengthened coordination with NRHM for ensuring standardized STI/RTI service delivery through all sub-district facilities by developing a joint operational framework by working closely with Maternal Health Division of MoHFW and holding a series of expert group meetings and consultations.
- ♦ NACP IV planning
  - Facilitated Working group meetings on STI.
  - Finalization of recommendations and preparation of strategy document for STI programme.

### ***Other Activities***

- ♦ Prepared and disseminated guidelines for drug stock monitoring and supply chain management to all states.
- ♦ Provided inputs towards developing a community based STI/RTI study; (however could not be commissioned due to non-approval by TRG of R&D due to budgetary constraints).
- ♦ Provided inputs for development of branding of STI clinics as Suraksha Clinics and ensuring that the same is put up in all the states.
- ♦ Provided inputs towards finalizing the mass media and radio campaign for STI/RTI in close coordination with IEC division and BBC WST.
- ♦ Provided inputs on developing the content of IEC material on STI/RTI for Red Ribbon Express, folk media workshop and various scripts and material shared by IEC division.
- ♦ Prepared and submitted monthly and annual reports, status updates and presentations on STI Programme for JIRM, Parliament, Review meetings etc.
- ♦ Prepared replies to parliament questions, RTI and compiled and submitted any other information required by other departments/ ministries.

- ◆ Prepared a strategy for involvement of other stakeholders like ESI, Railways, Public sector undertakings and private sector in STI/RTI.

## **Key Activities – M&E**

### ***Modules and formats***

- ◆ Development of SIMS -Monthly reporting format, Data definition and output report generation format.
- ◆ Development of M&E module for TI NGOs.

### ***Capacity Building***

- ◆ Facilitation and Orientation on SIMS Application - Regional and state level workshops in Bangalore, Guwahati, Goa, Mumbai, Ahmedabad, Chhattisgarh & West Bengal.
- ◆ Capacity building of state M&E team on field visit monitoring, data quality and analysis of data through demonstration during field visits - Karnataka, Kerala, Tamil Nadu, West Bengal, Orissa, Bihar, Gujarat, Maharashtra, Delhi, Punjab, Chandigarh, Uttar Pradesh.
- ◆ E-Mentoring to states - Case studies
  - Comparative Trends of HIV testing data and interpretation (ICTC and TI).
  - Interpretation of Form C (ORW level outreach format).
- ◆ E-Mentoring to TI NGOs - Case studies
  - Interpretation of TI performance data (services accessed by HRGs).
  - Outreach Planning using preceding week data (Form B).
- ◆ Capacity building of TI NGOs, SACS, STRC on data collection tools, quality assurance of data and CMIS monthly reporting format - Rajasthan, Himachal Pradesh, Bihar, Jharkhand, Haryana.
- ◆ Development of Master Trainers – Able TI staff handpicked by the SACS/TSU are trained by NTSU to tackle TI M&E issues in states ( 141 Master trainers have been trained in 7 states of Andhra Pradesh, Tamil Nadu, Uttarakhand, Gujarat, Maharashtra, Goa and Delhi )

### ***Analysis***

- ◆ Quarterly analysis of TI and STI data.
- ◆ Preparation of state and district profiles - all major states and 67 high priority districts.
- ◆ Preparation of Annual CMIS bulletin 2010-11.
- ◆ Analysis of data and preparation of presentation for JIRM, TI Review and NACP-IV presentation.
- ◆ Analysis and preparation of report on 13 indicators for high priority districts.

## **Key activities – STRC/Capacity Building**

- ◆ A comprehensive report of STRCs detailing training calendar and trainings conducted is brought out.
- ◆ STRC performance analysis and grading system developed.
- ◆ Facilitated and supported in the development, printing and distribution of the PE training module, Accountant training module, STRC Operational Guidelines and facilitated the trainings at the field level.
- ◆ Compiled monthly training data from STRCs from April 2011 to September 2011 which indicates
  - Total 10,381 persons trained in the quarter Apr-Sep '11 (April: 1837, May: 1196, June: 655, July 2614, August 1817, September 2262).
- ◆ Analyzed 95 monthly training reports (April: 27, May: 24, June: 44) submitted by STRCs in the quarter April to June 2011.

TSU Personnel=>	TL TSU		TL TI		TL Strategy Planning		TL CB		PO STI		PO		MIS Of-ficer		Advo-cacy & Comm. officer		PO Train-ing/ officer		Finance Officer / Ac-count-ant		Office & other Asstt		
	Budgeted	On Board	Budgeted	On Board	Budgeted	On Board	Budgeted	On Board	Budgeted	On Board	Budgeted	On Board	Budgeted	On Board	Budgeted	On Board	Budgeted	On Board	Budgeted	On Board	Budgeted	On Board	
Andhra Pradesh	1	1	1	1	1	1	1	1	2	2	12	12	1	1	1	1	1	1	1	1	3	3	
Chhattisgarh	1	1							1	1	5	5	1	1						1	2	2	
Delhi	1	1	1	0							9	6	1	1						1	3	3	
Goa			1	1					1	0	2	2							1	1			
Jharkhand			1	1	1	1			1	1	4	4	1	1				1	1	1	1	1	
Karnataka	1	1	1	1	1	0	1	1	2	2	7	7	1	1	2	2				1	2	1	
Kerala	1	1	1	1			1	1	1	0	5	4	1	1						1	7	7	
Madhya Pradesh	1	0	1	1			1	1	1	1	8	7	1	1						1	2	2	
Maharashtra	1	1	1	0			1	1	2	1	10	10								1	4	4	
Orissa			1	0	1	1			1	1	8	7	1	1						1	5	5	
Punjab	1	1	1	1	0				1	1	7	6	1	1						1	3	3	
Tamil Nadu	1	0	1	1			1	1			8	8								1	5	5	
Uttar Pradesh			1	1	1	1	1	1	2	2	10	10	1	1	1	1	1	1	1	1	1	1	
Uttarakhand			1	1	1	1			1	0	3	3	1	1						1	1	1	
West Bengal			1	0	1	1	1	1	2	1	9	9								1	1	0	
<b>Total</b>	<b>9</b>	<b>7</b>	<b>14</b>	<b>10</b>	<b>8</b>	<b>6</b>	<b>8</b>	<b>8</b>	<b>18</b>	<b>13</b>	<b>107</b>	<b>100</b>	<b>11</b>	<b>11</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>5</b>	<b>4</b>	<b>15</b>	<b>15</b>	<b>40</b>	<b>38</b>
<i>A total of 239 personnel have been provided in 15 TSUs of which 215 are on board</i>																							

In addition to the above, NERO plays the role of a TSU for the 8 North Eastern States

## Key functions

### *Supportive supervision to TIs*

The NACP III implementation strategy and plan clearly stated that prevention through targeted interventions would be the mainstay of the strategic response to HIV/AIDS. In 2008, a need to improve the supervision of TIs was felt. This was required to ensure quality with the rapid scaling up of TIs taken up to achieve the saturation of coverage and to improve quality of the services rendered. Though there were some POS in TSUs the number was inadequate to provide the quality supportive supervision needed. Thus, NACO decided to provide Program Officers (POs) in the proportion of 1 PO for 10 TIs. These POs were provided in the 15 states where TSUs were already in place, through NERO in 8 North East states and by SACS in Gujarat, Haryana and Himachal Pradesh. Additionally, support from UNFPA was utilised to place POs in Rajasthan.

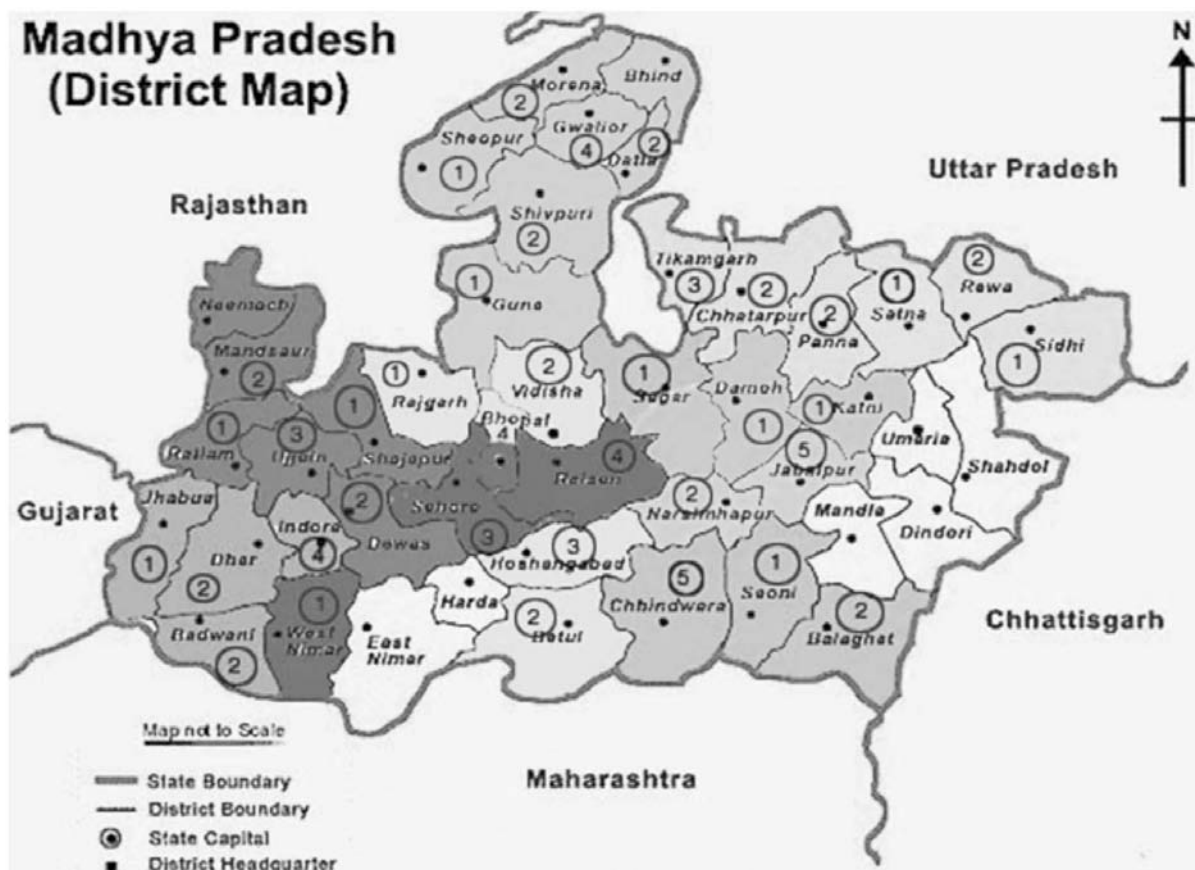
Table indicating total number of POs (Current status)

Sl. N.	State	No of TIs	POs Budgeted	POs on board			
<b>States having TSUs</b>							
1	Andhra Pradesh	115	12	12	POs in TSU	Total 155 POs of which 143 are on board	
2	Karnataka	68	7	7			
3	Goa	16	2	2			
4	Tamil Nadu	71	8	8			
5	Kerala	52	5	4			
6	Uttar Pradesh	100	10	10			
7	Uttarakhand	32	3	3			
8	Delhi	89	9	6			
9	Punjab	62	7	6			
10	Jharkhand	43	4	4			
11	Madhya Pradesh	63	8	7			
12	Chhattisgarh	47	5	5			
13	West Bengal	82	9	9			
14	Orissa	71	8	7			
15	Maharashtra	104	10	10			
	<b>Total</b>	<b>1015</b>	<b>107</b>	<b>100</b>			
<b>States not having TSUs</b>							
	<b>State</b>		<b>POs Budgeted</b>	<b>POs on board</b>			
16	Assam	60	6	6	NERO supported	Total 155 POs of which 143 are on board	
17	Manipur	52	6	6			
18	Meghalaya	8	1	1			
19	Tripura	15	2	2			
20	Mizoram	35	4	4			
21	Nagaland	41	5	5			
22	Arunachal Pradesh	21	3	3			
23	Sikkim	8	1	1			
24	Rajasthan	64	5	5			UNFPA
25	Gujarat	96	8	8			SACS
26	Himachal Pradesh	23	2	2	SACS		
27	Haryana	53	5	-	SACS		
	<b>Total</b>	<b>476</b>	<b>48</b>	<b>43</b>			

### Regional Location of POs

Based on past experience of visiting the states where it had been observed that POs located in state capital/TSU HQ did not get adequate time to visit TIs, NACO directed that all POs would be based in regions and utilise maximum time in strengthening quality of TI implementation. Since 2009, all POs are now located in regions as demonstrated below

Regional location of POs, submitted by Madhya Pradesh TSU



Sangeeta Verma, Gwalior	A.B. Gautam, Rewa	Sheeba Rehman, Bhopal
Snigdha Sen, Indore	Anoop Shrivastav, Jabalpur	Ranu Arora, Bhopal
	Naveen Satle, Chhindwara	

The POs being placed in the regions has immensely helped as they are fully available to the TIs. It has also helped in bringing in a sense of ownership among the POs who feel passionate about the success of the TIs.

### Field visits to TIs

According to the TOR of the POs, they are to visit all the TIs every month as follows

- ◆ 30% of TIs are provided intensive visits ( 4 day visits ) in a month where intensive capacity building is provided on each TI component.
- ◆ Remaining 70% of TIs are provided one day visits for program review.



Thus the PO would have conducted 'intensive' visits in all the 10 TIs in a quarter and also visited every TI every month.

Work schedule of the PO (25 Days a month)

- ◆ Intensive visit to TIs: Spend 4 days each at 3 TIs i.e. 3 TIs X 4 days each = 12 days.
- ◆ Quick visit: Spend 1 day each at 7 TIs i.e. 7 TIs X 1 day each = 7 days.
- ◆ 1 day every fortnight for visiting TSU HQ i.e. 1 day X 2 fortnightly reviews = 2 days.
- ◆ 4 days as per program need.

Extract from field visit report submitted by UPTSU

Field Visit Datasheet (2011-12)											
Sl N.	Name of the TI NGO	Place of operation District and block	FSW	MSM	IDU	Total	May	June	July	Aug	Total Visit till date
			Coverage				Visits Made				
			2050	850	1350	4250					
1	Bareilly Diocesan Social Service Centre (Suchetana)	Bareilly			250	250	1	1	1	1	4
2	Nevbharat Samaj Kalyan Samiti.	Moradabad	300	150		450	1	1		1	3
3	Kartik Shikshan Sansthan	Moradabad			200	200	1		1	1	3
4	Govind Sewa Samiti	Kashiram Nagar	150	100	150	400	1	1		1	3
5	Bhartiya Gramothan Sewa Vikas Sansthan	Pilibhit	350	100	150	600	1	1	1	1	4
6	Gramothan Mahila Sansthan	Amroha	450	150	150	750	1		1	1	3
7	Chetna Sewa Sansthan	Rampur	250	100	150	500	1		1	1	3
8	Sumati Gramodyog Sansthan	Bijnor	300	150	150	600			1		1
9	Bhartiya Gramin Vikas Sansthan	Badaun	250	100	150	500	1	1	1	1	4
		Intensive Visit						Quick visit			

**Assessment by POs (Balance Scorecard)**

In January 2010, NACO directed SACS that, TIs eligible to be re contracted from January 2010 would be contracted for a period of two years. Considering the duration of the TI contract, it became imperative that the TIs be closely monitored for quality implementation. Further, it was important that non performing TIs be identified early and failure to recuperate after intensive support should result in discontinuation. Hence, a system of assessment that diagnoses TI quality was developed. An assessment tool to grade TIs was accordingly developed.

Below tables give a brief description of the indicators of the assessment tool

<b>Methodology 14 Indicators (FSW, MSM)</b>	<b>Methodology 18 Indicators (IDU)</b>
<ul style="list-style-type: none"> <li>◆ PE wise Line Listing</li> <li>◆ % of HRGs registered</li> <li>◆ Prioritization of ‘at most risk’</li> <li>◆ Condom (3) – Distribution vs. Demand (1), community feedback (2)</li> <li>◆ STI management (4) – Clinic setup (2), % clinic access, community feedback</li> <li>◆ HIV testing</li> <li>◆ Community Mobilization (2)</li> <li>◆ Project monitoring</li> </ul>	<ul style="list-style-type: none"> <li>◆ PE wise Line Listing</li> <li>◆ % of HRGs registered</li> <li>◆ Prioritization of ‘at most risk’</li> <li>◆ Condom (3) – Distribution vs. Demand (1), community feedback (2)</li> <li>◆ STI management (4) – Clinic setup (2), % clinic access, community feedback</li> <li>◆ HIV testing</li> <li>◆ Community Mobilization (2)</li> <li>◆ Project monitoring</li> <li>◆ N/S (3) – Demand assessment, Community feedback, return rate</li> <li>◆ Waste Disposal</li> </ul>

Extract from AP TI progress tracking (using PO assessment)

Dist	NGO	Type	Jan-Mar'10	Apr-Jun'10	Jul - Sept'10	Oct - Dec'10	Jan - Mar'11	Apr - Jun'11
Adilabad	SSMM	FSW	B+	A	B	B+	A+	A+
	SURE	FSW	A	A+	A+	B+	A+	A+
	AIRTDS	Core Compo		A	B+	B+	A+	A+
	Lepra	Core Compo		B+	B+	A	B+	B+
	AIRTDS	Core Compo	New TI effective from Jan' 11				B	A
Hyderabad	GCS	Migrant	B	A++	A+	A+	A+	A+
	HLCHS	FSW	A+	A+	A+	A+	A+	A++
	SURAKSHA	MSM	B+	A+	B+	A+	A	A++
	DARE	IDU	A+	A	A	A+	A	A+
	SIDUR	Migrant	B	A+	A+	A+	A+	A
	Darpan	MSM	A	A+	A	A+	A+	A+
	HYLEP	FSW	B+	A+	A	A	A+	A++
	RAMKY	FSW	New TI effective from Jan' 11				B-	A
	HARD	FSW	New TI effective from Jan' 11				B-	B+
	VMM	FSW	A	A+	A	B+	A	A+
A++ (Excellent)		A+ (Very Good)		A (Good)	B+ (Above Average)	B (Average)	B- (Below Average)	C (Poor)

As demonstrated in above table, SACS and TSU are able to see the progress of TIs. This also serves as an early warning system (e.g if TI grades are consistently falling).

### ***Monitoring of essential commodities at TI***

The POs monitor the status of essential commodities (condoms and STI drug kits) available at the TI. They submit a weekly report on the stock available at each TI. These reports are then consolidated at the state level and sent to NACO. The weekly reports have helped as an early warning system of stock out for the SACS and TSU which is able to plan for relocation/inter distribution among TIs and also request for fresh supply.

An extract of the stock report submitted by Orissa TSU (October 2011)

Name of District	Name of TI	Typology	HRG Contract Target	Demand of condom per month	Condom Balance on last day of the month	Balance of STI Drugs on last day of the reporting month						
						Kit 1	Kit 2	Kit 3	Kit 4	Kit 5	Kit 6	Kit 7
Angul	The Medics	FSW	250	6544	24,677	140	16	9	0	9	2	3
	Center for Weaker Section Development (CWSD),	FSW	375	9,516	7,635	23	1	0	4	7	5	2
Balasore	Punaruthan Voluntary Organization, (PVO)	FSW & MSM	350	11564	31630	86	58	10	0	10	6	7
	FELLOWSHIP	FSW & MSM	350	9120	19,300	59	14	2	0	14	9	10
Bhadrak	FELLOWSHIP	FSW & MSM	500	15392	39668	93	36	11	0	17	8	11
	Nikhila Utkal Harijan Adivasi Seva Sangha (NUHAS)	FSW & MSM	350	10148	10495	58	36	14	0	22	2	14
Bargarh	Institute of Rural Development and Management Studies (IRDMS)	FSW & MSM	350	12392	45150	146	20	4	0	8	1	5
	Rajendra Yubak Sangha	IDU	250	3000	34115	10	0	13	0	6	0	4

### ***Impact on TI performance***

The efforts of TSU in close co-ordination with SACS are clearly seen in the TI performance. A few key TI performance indicators of states where TSUs have been working for 2 years and more are analysed below.

#### Regular Medical check up

State	April to June 2009			July to September 2011		
	RMC	FSW+MSM Coverage	%	RMC	FSW+MSM Coverage	%
Andhra Pradesh	42,354	141,261	29.98	105,884	166,342	63.65
Delhi	2,229	52,900	4.21	5,112	52,900	9.66
Karnataka	1,561	105,312	1.48	58,941	101,245	58.21
Uttar Pradesh	297	28,225	1.05	20,751	30,125	68.88

#### HIV testing

State	April to September 2009			April to September 2011		
	Tested for HIV	FSW Coverage	% tested	Tested for HIV	FSW Coverage	% tested
Andhra Pradesh	42,980	103,325	41.59	77,515	133,070	58.25
Delhi	8,478	37,900	22.36	13,101	37,550	34.88
Karnataka	6,914	79,120	8.73	35,006	77,152	45.37
Uttar Pradesh	6,334	19,300	32.81	10,859	20,350	53.36
Maharashtra	6,594	85,202	7.73	28,850	97,285	29.65

#### Syphilis screening

State	April to September 2009			April to September 2011		
	Screened for syphilis	FSW + MSM + IDU Coverage	% screened	Screened for syphilis	FSW + MSM + IDU Coverage	% screened
Andhra Pradesh	8,387	142,761	5.87	74,160	168,142	44.10
Delhi	2,070	57,700	3.58	6,383	62,500	10.21
Karnataka	2,881	106,113	2.71	20,856	102,162	20.41
Uttar Pradesh	1,820	37,575	4.84	15,268	35,675	42.79
Punjab	40	16,750	0.23	10,016	26,300	38.08

Source of data:

Performance data – NACO CMIS

Coverage data – NACO Approved - Annual Action Plan (AAP)

As seen in the tables above, there has been a significant improvement in the TI performance over the period of last two years.

The improvement is also seen through TI assessment by POs which is demonstrated below

*Comparison of TI grading*

*Round 1 (R1) assessment conducted at the end of quarter Oct-December 2009*

*Round 7 (R7) assessment conducted at the end of quarter Apr-June 2011*

		TI Grade						
State	No of TI Assessed	C	B-	B	B+	A	A+	A++
		Poor	Below Average	Average	Above Average	Good	Very Good	Excellent
	R 1 – 83	2 %	4 %	13 %	48 %	16 %	12 %	5 %
	R 7 – 78	0 %	0 %	10 %	7 %	14 %	40 %	29 %
Kerala	R 1 – 42	0 %	3 %	3 %	33 %	33 %	21 %	7 %
	R 7 – 49	0 %	0 %	4 %	4 %	28 %	35 %	29 %
Punjab	R 1 – 22	9 %	23 %	36 %	27 %	5 %	0 %	0 %
	R 7 – 42	0 %	10 %	10 %	26 %	21 %	31 %	2 %
Madhya Pradesh	R 1 – 47	11 %	19 %	38 %	19 %	13 %	0 %	0 %
	R 7 – 59	0 %	13 %	17 %	39 %	24 %	7 %	0 %
U'khand	R 1 – 17	6 %	29 %	41 %	24 %	0 %	0 %	0 %
	R 7 – 25	0 %	4 %	4 %	20 %	40 %	28 %	4 %
J'khand	R 1 – 17	12 %	47 %	29 %	12 %	0 %	0 %	0 %
	R 7 – 30	3 %	20 %	34 %	30 %	13 %	0 %	0 %
Chat'garh	R 1 – 12	0 %	8 %	50 %	42 %	0 %	0 %	0 %
	R 7 – 26	0 %	4 %	8 %	19 %	38 %	27 %	4 %

Source: TI grading/TI assessment by POs submitted by TSUs to NTSU

The table shows that over a period of 18 months, the TI assessments have indicated that number of TIs in 'poor' and 'below average' category have decreased and consequently number of TIs in 'good', 'very good' and 'excellent' categories have increased.

## Capacity building efforts by TSU / Management Agencies

The strength of any organization/unit is its human resource. The technical support units have rightly prioritized capacity building of their staff as one of the priority. It is observed that some of the TSUs are taking good efforts. All TSU Management Agencies are expected to bring in their expertise and experience of working in HIV sector to build capacities of their TSUs. Some of the Management Agencies are providing support in more than one states, such Agencies should take efforts to replicate the success stories through their TSUs in other states.

TSUs have taken various initiatives such as learning site visits to other states, TSU staff presenting on a specified theme in a monthly review meeting, in-house training on reporting formats, assessments, condom program, out reach etc. They have also taken unique initiatives such as Achievement motivation training for improving personal and professional skills of TSU, Leadership and team building, etc. The details of efforts taken by the respective TSUs are in Annexure of each TSU.

**TSUs Co-located with SACS**

AP	Maharashtra
Goa	Orissa
Karnataka	Rajasthan
Kerela	Tamil Nadu
Madhya Pradesh	West Bengal

**TI coverage**

State	FSW		MSM		IDU		Comp		Migrant		Truck	
	TI	Coverage	TI	Coverage	TI	Coverage	TI	Coverage	TI	coverage	TI	Coverage
AP	44	136204	8	33049	6	1708	88		18	180000	5	65000
CH	14	18650	2	3590	6	3215	12		6	60000	2	20000
Del	40	41262	19	15677	19	11568			8	31126	3	82007
Goa	6	3300	3	2800	2	700	1		2	20000	2	10000
JH	27	14900	4	1500	4	1130			5	50000	3	45000
Krn	30	37241	18	10179	4	1750	1		12	120000	4	50000
Krl	20	28386	14	19963	8	5842			8	80000	2	20000
MP	20	22808	10	11282	8	5869	21		3	34000	4	75000
MH MSACS	28	22300	8	5600	2	550			22	245000	7	140000
MH MDACS	14	14512	7+ 5	7867 + 3847 (TG)	4	1910			14	156419	2	15000
NERO	66	44663	14	7100	127	72016	46		20	160000	2	10000
Orissa	18	10825	4	5500	9	2200	25		10	64000	1	5000
Punjab	11	15950	2	2933	22	10788	18		3	33572	3	34657
RJ	25	23650	6	7200	5	1450	10		9	45000	4	25000
TN	23	56066	19	34139	2	668	34		6	31410	5	87074
Pudu-cherry	1	1622	1	1813			2		1	5634		
UP	11	19600	5	9150	15	10750	47		12	Transit	8	105000
UK	11	6750	3	1640	7	1900	5		6	60000		
WB	38	31745	9	5947	10	4510	2		7	62613	8	65000

**Visit made by TSUs in Six months**

State	PO TI		TL/TL TI/TL CB		PO STI		PO M&E/Trg/ Advocacy	
	No of TIs visited	Field visit days	No of TIs visited	Field visit days	No of TIs visited	Field visit days	No of TIs visited	Field visit days
AP	469	716	9	13	83	130	9	11
Chhattisgarh	153	285						
Delhi	435	637	28	33	NA	NA	14	16
Goa	57	113	53	53				
Jharkhand	99	168	37	43	36	44	56	80
Karnataka	278	425	25	25	77	124	31	32
Kerala	267	446	40	40				
MP	340	660	41	41	16	18	41	36.5
MH	460	740		34		18		
NERO	912	2318						
Orissa	215	482	48	68	13	22		
Punjab	254	430						
Rajasthan	149	243	13	13				
TN	339	644						
UP	392	811	36	80	34	35	25	23
UK	143	298	39	55			35	44
WB	324	378			36	39		

**Learning site by each TSU**

AP	6 Learning sites developed (3 NGO + 3 CBO)- Anantpur, Chittoor, East Godavri, Hyderabad, Nellore
Chattisgarh	5 learning sites identified and developed as learning sites. Out of five one MSM CBO has been formed.
Delhi	All Pos have identified 2-3 learning sites and are working on the same.
Goa	Has Identified 3 TI (2 FSW+ 1 MSM) to be developed as learning site
Jharkhand	3 TIs (1 FSW, 1 MSM and 1 IDU) has been identified and developed as learning site along with the STRC
Karnataka	6 learning sites identified, 4 with STRC(1 MSM, 1 Truck, 1 FSW and 1 Migrant) and 2 by TSU (1 IDU and 1 FSW)
Kerala	Learning sites will be Identified by march 2012
Madhya Pradesh	Two learning sites developed. Seven learning sites identified and will be developed in each PO region by March 2012.



Maharashtra	5 Learning sites identified
NERO	Each PO has identified one learning site from their region.
Orissa	10 learning sites identified.
Punjab	As per AAP 3 leaning sites (2 IDU & 1 FSW) are proposed. Assessment of six TIs will be completed by Dec 2011. Process to develop the learning site will be initiated from Jan 2012.
Rajasthan	Best performing TI has been identified in each region by PO TSU. In addition Ajmer (IDU TI), Udaipur and Sawai Madhopur (Destination migrant) has been proposed.
Tamil Nadu	One FSW learning site developed at Madurai
Uttar Pradesh	9 Learning Site selected from each PO region, FSW (1-Meerut), IDU (2- Allahabad and Gorakhpur), MSM (2- Hardoi and Lucknow), Composite (2 FSW + MSM- Kanpur and Agra), Composite (2 FSW+MSM+IDU- Rampur and Ghazipur)
Uttrakhand	Tis will be selected by end of December 2011
West Bengal	8 learning sites functional. FSW (2), IDU (2), MSM(2-Darjeling and Baruipur), Migrant (1), Trucker (1)

### ***Other support***

Technical Support Units are primarily working at performance improvement and management of Targeted Intervention Program. They have developed vast knowledge about the field situation and they have multidisciplinary team with different skill sets. This comes handy to State AIDS Control Societies and the SACS ensure TSUs involvement in many other activities.

State	Activities
Andhra Pradesh	<ul style="list-style-type: none"> <li>◆ Development partner – District demarcation to improve quality and accountability</li> <li>◆ Annual Action Plan and District Action Plan preparation</li> <li>◆ DAPCU strengthening</li> <li>◆ Transition of TIs</li> <li>◆ Capacity building of STRC</li> </ul>
Chattisgarh	<ul style="list-style-type: none"> <li>◆ Annual Action Plan preparation</li> <li>◆ Facilitate transit migration intervention</li> <li>◆ Development of AIDS Mitan scheme</li> </ul>
Delhi	<ul style="list-style-type: none"> <li>◆ Advocacy meeting with SHO,</li> <li>◆ Annual Action Plan preparation</li> </ul>
Goa	<ul style="list-style-type: none"> <li>◆ Annual Action Plan preparation</li> <li>◆ IEC – travel and tourism industry</li> </ul>

State	Activities
Karnataka	<ul style="list-style-type: none"> <li>◆ Annual Action plan preparation</li> <li>◆ Source migration campaign</li> <li>◆ Support to IEC, Basic Service and M&amp;E division</li> <li>◆ GIPA in strengthening District networks</li> </ul>
Kerala	<ul style="list-style-type: none"> <li>◆ Strategic planning                             <ul style="list-style-type: none"> <li>▪ Annual action plan</li> <li>▪ Activity plans</li> <li>▪ Monthly meeting and quality check of program data</li> <li>▪ Dashboard for PD review</li> </ul> </li> <li>◆ Support for HSS</li> <li>◆ Operational Research</li> <li>◆ Capacity building</li> <li>◆ Clinical trainings</li> <li>◆ Trainings of Regional Resource Persons, DAPCUs</li> <li>◆ IEC</li> <li>◆ HRG community involvement initiatives                             <ul style="list-style-type: none"> <li>▪ Concept on community committees</li> <li>▪ Baseline assessment of committees</li> </ul> </li> </ul>
Madhya Pradesh	<ul style="list-style-type: none"> <li>◆ Spatial mapping of PLHIV</li> <li>◆ Peer conference organization</li> <li>◆ Annual action plan preparation</li> <li>◆ Proposal development to provide legal aid to HRGs through Kerala legal aid society.</li> </ul>
Maharashtra	<ul style="list-style-type: none"> <li>◆ Annual Action Plan preparation</li> <li>◆ Preparation of budget and indicators for LWS</li> </ul>
NERO	<ul style="list-style-type: none"> <li>◆ Planning</li> <li>◆ Human Resource Support</li> <li>◆ Training</li> <li>◆ Supportive supervision</li> <li>◆ Assessment and evaluation</li> <li>◆ Coordination</li> <li>◆ DAPCU strengthening</li> <li>◆ Multimedia campaign</li> </ul>
Orissa	<ul style="list-style-type: none"> <li>◆ Annual Action Plan preparation</li> <li>◆ Development of learning site</li> <li>◆ Feasibility for establishment of OST Centre at Govt. Health facilities</li> </ul>

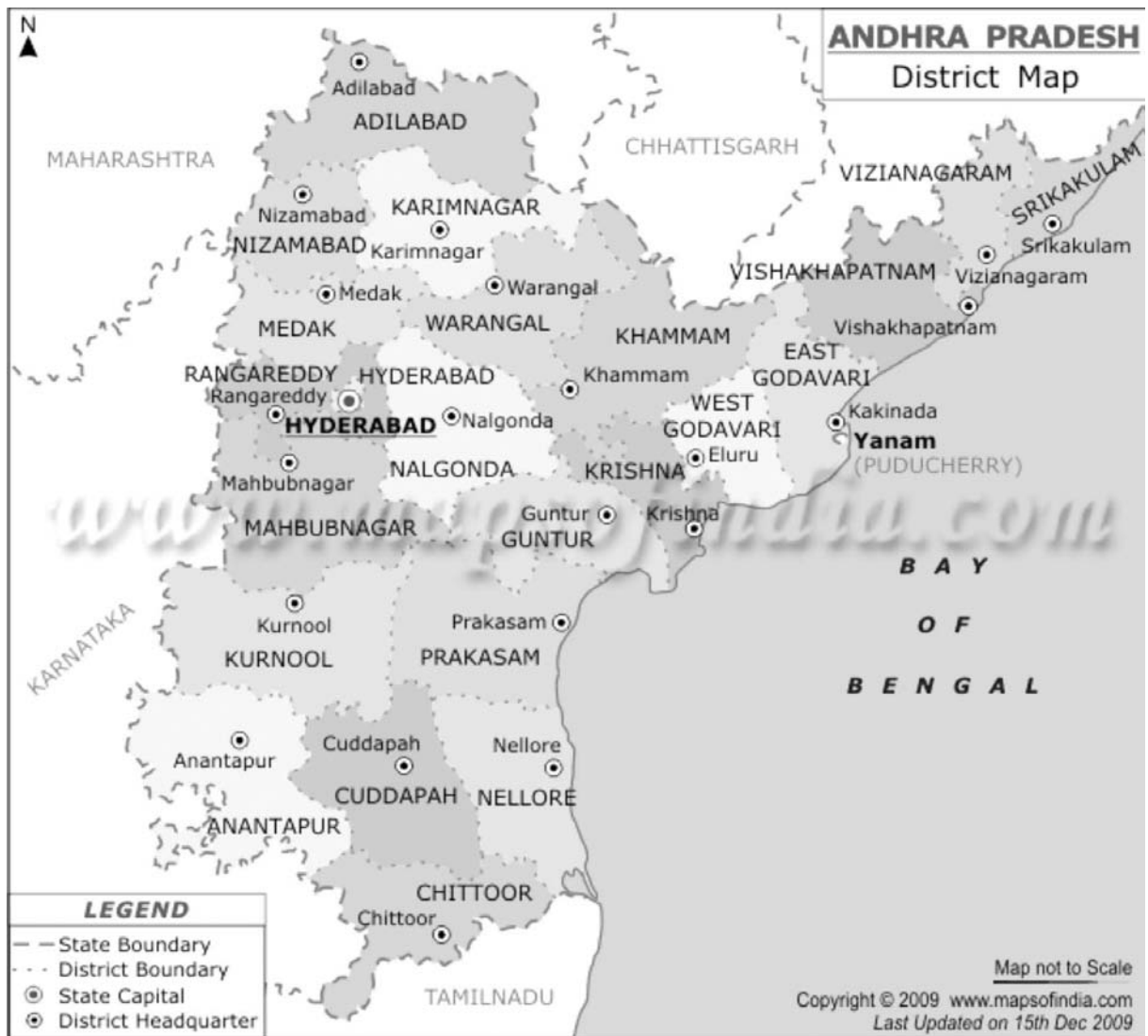
State	Activities
Punjab	<ul style="list-style-type: none"> <li>◆ Annual Action Plan preparation</li> <li>◆ Scale up TI in the state from 15 (2008-09) to 59 (2010-11)</li> <li>◆ Initiation of Opioid Substitution Treatment in Public Health Setting</li> <li>◆ Developed Linkage between TI and Gurudwaras to receive food support for the IDUs in Ludhiana.</li> </ul>
Rajasthan	<ul style="list-style-type: none"> <li>◆ Annual Action Plan preparation</li> <li>◆ Coordination with other partners agency</li> <li>◆ Facilitation of TI review</li> <li>◆ Strategic development support</li> <li>◆ Designed a comprehensive health camp for migrants</li> <li>◆ Support extended to DACPU team in enhancing their performance</li> </ul>
Tamil Nadu	<ul style="list-style-type: none"> <li>◆ Annual Action Plan preparation</li> <li>◆ Support PD SACS in conducting periodic review of the programs</li> </ul>
Uttar Pradesh	<ul style="list-style-type: none"> <li>◆ Annual Action Plan preparation</li> <li>◆ Facilitating the training programs for the state in absence of STRC.</li> <li>◆ Coordinated with Ashodaya Samiti of Mysore for establishing FSW CBOs in selected Tis of UP</li> <li>◆ Support IEC Division in preparation of quarterly plans</li> <li>◆ Supported SACS in management of Red Ribbon Express 2010</li> <li>◆ Supported AIIMS and CSMMU (KGMU) in Data Triangulation exercise</li> <li>◆ Hindi translation of all CMIS formats</li> <li>◆ Police Advocacy- 7000 police personnel have been oriented</li> <li>◆ Facilitated identification of Nodal Officers in Police Department at State level and in 72 districts.</li> </ul>
	<ul style="list-style-type: none"> <li>◆ Annual Action Plan preparation</li> <li>◆ Facilitated NRHM convergence activities with SACS.</li> <li>◆ Preparation and field testing of the various IEC material.</li> <li>◆ District level situational analysis.</li> <li>◆ Source migration mapping.</li> <li>◆ Support various training apart from TI such as ICTC and mainstreaming activities.</li> </ul>
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State	Activities
	<ul style="list-style-type: none"> <li>◆ Provided input in Monitoring Committee meeting, TAC meetings, &amp; Academic committee meetings.</li> <li>◆ Annual Action Plan preparation</li> <li>◆ Completed feasibility assessment for all ML destination projects.</li> <li>◆ Conducted HRG Size &amp; site validation</li> <li>◆ Prepared OST uptake &amp; feasibility report for Darjeeling district</li> <li>◆ Regularly coordinating and participating in the review meeting with the SMO (for condom) for the promotion of condom in TI sector.</li> <li>◆ Assisted SACS &amp; actively participated in the Health &amp; Communication Camps at source migrant blocks identified by LWS.</li> <li>◆ Provided support to the DAPCUs and assisted in building synergy</li> <li>◆ Assisted AIH&amp;PH on epidemiological profiling .</li> <li>◆ Assisted M&amp;E division in CMIS analysis 2009-10; shared CMIS analysis for STI, ICTC, TI.</li> <li>◆ Assisted in preparing response to Assembly questions 2011.</li> </ul>

# Technical Support Unit (TSU)

## Performance Report – NACP III

2007- 2011



Andhra Pradesh



**Hindustan Latex Family Planning Promotion Trust**  
3-5-816, 2nd floor, Veenadhari Complex  
King Koti Road, Hyderguda, Hyderabad- 500 029

### 1. Address

TSU is operating from SACS office premises.  
 Andhra Pradesh AIDS Control Society  
 DM & HS Campus, Sultan Bazar, Koti  
 Hyderabad- 500 095

### 2. Supported by BILL & MELINDA GATES foundation

### 3. Working as a TSU since 1<sup>st</sup> April, 2009

### 4. Budget and Expenditure in INR

2007-08		2008-09 (Aug 08 to March 09)		2009-10		2010-11		2011-12	
Budget	Expense	Budget	Expense*	Budget	Expense	Budget	Expense	Budget	Expense (April-Sep 11)
		10225629	9414221	15852570	11934058	19838229	13899890	23535287	8975254

**Note:** TSU AP started in November 2007, but expenditure of Rs. 68,28,637/- for the period from 1-11-07 to 31-07-08 (Rs. 3504394 for the period Nov 07 to March 08 and Rs. 3324243 for the period April 08 to July 08) booked in Swagathi Project, hence the amount not taken in to the above statement

### 5. Current Staff for 2011-12

Sl. No.	Designation	Positions approved as per the budget	On board as on 07-12-2011
1	TL -TSU	1	On board
2	TL - TI	1	On board
3	Strategic Planning Expert	1	On board
4	TL - CB	1	On board
5	Senior Clinical Officer	1	On board
6	Advocacy Officer	1	On board
7	MIS Officer	1	On board
8	Program Officer - STI	1	On board
9	Project Officers - TI	12	One Position vacant from 09-11-11
10	Training Officer	1	Vacant from 09-11-11
11	Finance Officer	1	On board

Sl. No.	Designation	Positions approved as per the budget	On board as on 07-12-2011
12	Admin Officer	1	On board
13	Office Assistant	1	On board

## 6. *Trainings conducted in-house, exposure visits for the TSU staff (2011-12)*

The Project officers who are on board as on September 2011 have undergone formal training on NACP III and supportive supervision. We have recruited two more Pos as per NACO budget sanction and two POs and other team leaders who have joined recently are due for formal training. In December 2011 all the untrained TSU staff are attending training program conducted by NACO. Besides formal trainings by NACO, the regular monthly and quarterly meetings are utilized as opportunities to build the capacities of field staff. Similarly the supportive supervision visits conducted by their respective supervisors and Clinical team are appropriately utilized for capacity building and skill development. The supportive supervision and program review visits conducted by NACO and NTSU were appropriately utilized for capacity building and skill building. Besides formal trainings and supportive supervision vision visits, TSU also arranged cross visits of TSU staff to Delhi (IDU Intervention) and training to PO on IDU intervention. All the TSU POs attended training on 'Data analysis and quality data for program review' conducted by FHI. The MIS officer attended training on 'Research on qualitative methods' at Delhi. The Senior Clinical Officer and PO-STI both attended training on 'Syndrome Case management' conducted by APSACS. The Senior Clinical Officer also attended National conference on STI & HIV at Vijayawada. The SCO also attended training on HSS 2011 and actively involved in the process as a core team member. The TL-TSU and TL-CB attended training on 'Harm Reduction strategies and OST' conducted by NACO. The TL-TSU also visited OST centres in Punjab to understand OST intervention. All the TSU staff had one meeting with all the implementing partners recently. Recently the TL-TSU, SCO and PO-STI attended World Congress on STI/AIDS at New Delhi.

## 7. *Number of TIs in state currently (typology wise and coverage)*

Typology	TIs	Coverage	Typology	Coverage
FSW	44	51,128	FSW	136,204
MSM	8	8,631	MSM	33,049
Core Composite	88	109,494	IDU	1,708
IDU	6	1,708	Core group	170,961
Migrants	18	180,000	Migrants	180,000
Truckers	5	65,000	Truckers	65,000
Total	169	415,961	Bridge population	245,000

## 8. *Program Performance*

### a. *Support provided for regional location of the POs*

In Andhra Pradesh all the Project Officers are field based. The districts and combination of districts are allocated to the project officers based on number of TIs in each district and NACO norms of one PO for Ten TIs. This arrangement was made to make the Project Officer closer

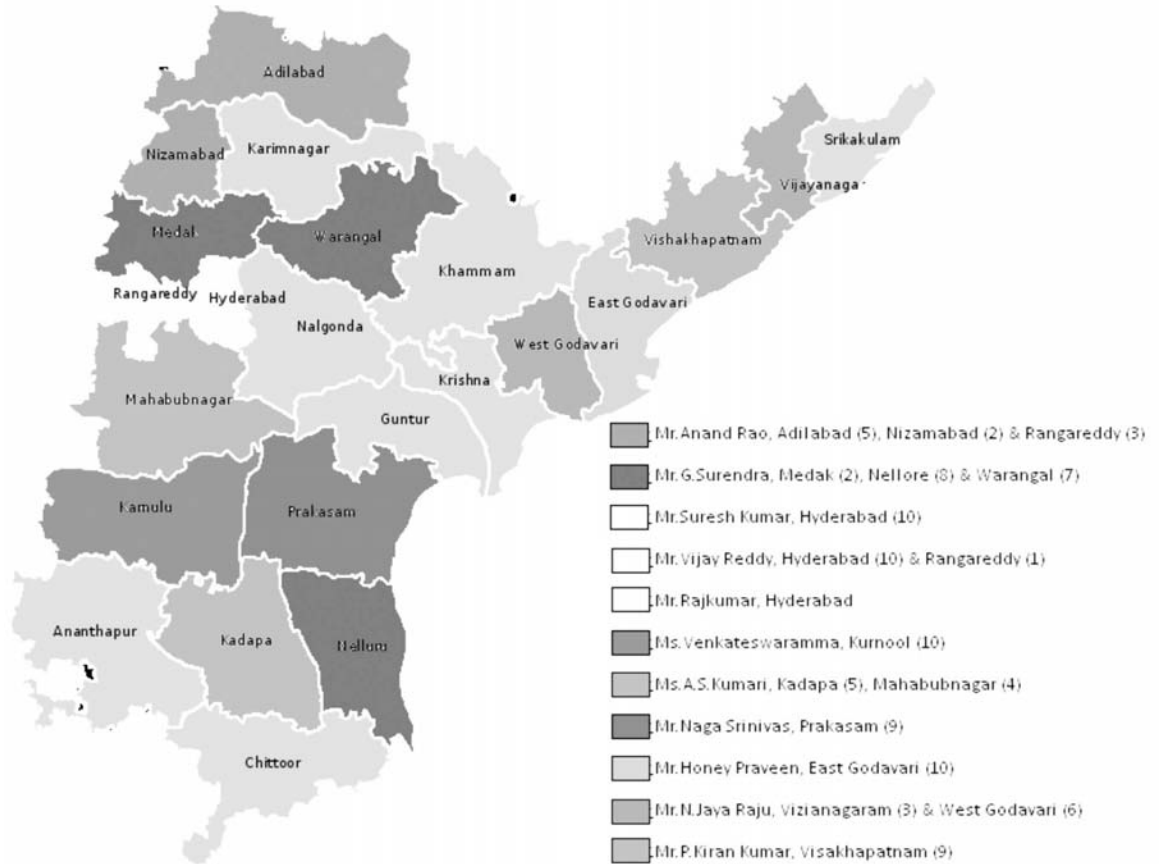
to the field and support the TIs better. The Project Officers come to Hyderabad for monthly/quarterly review meetings. The following are the details of Project Officers and districts assigned to them.

SL	Project Officers	Location	District Assigned	FSW	MSM	IDU	Migrants	CC	Total No. of TIs	Remarks
1	Mr. Vijay Reddy	Hyderabad	Hyderabad	7	2	1	0	1	11	On Board 2/9/2009
2	K Suresh Kumar	Hyderabad	Hyderabad	8	1	0	1	0	10	On board 6/04/2011
3	Mr. Ananda Rao	Ranga Reddy	Adilabad, Nizambad & Ranga Reddy	2	0	0	1	7	10	on board December 2010
4	Mr.Honey Praveen	Kakinada, EG	East Godavari	7	1	0	2	0	10	on board December 2010
5	Mr. N. Jayaraju	Eluru, W. Godavari	West Godavari & Vizianagaram	3	0	0	0	6	9	on board 29/6/2009
6	Ms. Venkateswaramma	Kurnool	Kurnool	3	2	0	0	5	10	on board 7/9/2009
7	Ms. A.S. Kumari	Kadapa	Mehaboonagar & Kadapa	0	0	0	2	7	9	on board 3/7/2009
8	Mr. G. Surendra	Warangal	Warangal, Nellore, Madak	5	1	2	4	6	18	on board 28/5/2010
9	Mr. V Naga Srinivasu	Ongole, Prakasam	Prakasam	3	1	0	1	4	9	On Board 29/11/11
10	Mr. P Kiran Kumar	Vizag	Vizag	1	0	1	2	5	9	On board 6/4/11
11	Mr. Raj Kumar	Transition Districts	Transition Districts							On Board 22/10/11
12	Vacant									Already advertised
			<b>Total</b>	39	8	4	13	41	105	



The following map shows the location of Pos and the Districts assigned to them.

**b. Map indicating regional location of POs and number of TIs managed by them**



**c. Month wise visits by each PO from April to November 2011**

Staff Type	Staff Name	Apr-11		May-11		Jun-11		Jul-11		Aug-11		Sep-11		Oct-11		Nov-11			
		No of TIs visited	field visit days	No of TIs visited	field visit days	No of TIs visited	field visit days	No of TIs visited	field visit days	No of TIs visited	field visit days	No of TIs visited	field visit days	No of TIs visited	field visit days	No of TIs visited	field visit days		
PO TI 1	Mr.G. Surendra	3	3	10	14	11	11	11	19	4	5	10	17	7	12	7	11		
PO TI 2	Mr.N. Jayaraju	8	13	8	12	6	12	10	13	5	8	7	12	8	13	5	9		
PO TI 3	Mr.A.S. Kumari	8	16	8	16	7	12	10	14	5	7	7	15	6	8	7	15		
PO TI 4	Mr.Vijay Reddy	7	13	9	14	10	17	9	18	7	9	9	17	7	10	11	17		
PO TI 5	Ms. Venkateswaramma	9	12	10	13	10	21	10	16	5	6	8	14	6	8	9	8		
PO TI 6	Mr.AnandaRao	9	11	10	14	4	10	8	10	2	2	7	13	12	18	10	15		
PO TI 7	Mr.Honey Praveen	9	11	4	13	5	11	10	19	5	6	8	12	6	12	7	15		
PO TI 8	P Kiran Kumar	6	6	10	15	8	8	9	13	7	7	11	15	9	15	7	13		
PO TI 9	K Suresh Kumar	5	6	13	20	7	16	9	9	7	7	11	17	6	15	5	8		
PO TI 10	Mr.Venkateswara Rao	9	10	7	12	6	6	8	9	3	3	11	16	6	8				
PO TI 11	Mr.BEH Raj Kumar	Effect from November																	
PO TI 12	Mr.V Naga Srinivas	Effect from November																	
TL TI	Ms.Rama S/ Venkateshwara	1	1	3	5	0	0	0	0	Mr. Venkateswara Rao Effect from November								0	0
PO M&E	Mr. Ramesh / G Prakash Rao	0	0	0	0	3	3	3	3	Mr Prakas Effect from September		0	0	0	0	0	0		
SO-CS	Dr. Sony Agarwal	7	8	7	8	9	12	6	9	7	13	3	11	2	6	6	12		
PO STI	Dr. Manikanta Chaitanya	0	0	4	4	9	12	10	19	12	21	9	13	8	11	4	15		
TL CB	Mr. Prahalad / Krishna	0	0	2	2							3	5	Mr. Krishna/ Nov		0	0		
Advocacy Officer	Mr. Devaiha / Rajeshekar	Mr. Rajasekhkar Effect from October																	
Training Officer	Mr. Krishna	0	0	3	3	0	0	0	0	0	0	3	5	0	0	6	18		

**d. Feedback by TSU to PO , TL TI visit reports**

As a norm the Project Officers develop their monthly tour plan based on previous month pending activities and current month priorities and share it with TL-TI. Along with the monthly plan they also submit the variation report comparing the activities proposed and activities completed in the previous month and reasons for variation. The TL-TI after receiving the plan provide feedback to the Project Officers and make necessary changes to the plan depending on state priorities or proposed visits by the State/national level team members. While reviewing the plan, the TL-TI make sure whether the weak or poor performing TIs are prioritized for intensive visits/quick visits; staff capacity building needs are prioritized or not; services uptake and problems in services uptake are considered or not and reporting problems. The TL-TI also prioritizes his/her visits based on Project Officers visits to few selected TIs. Whenever the Project Officer makes a visit to TI they make report as per the format given by NACO and submit the same to the TL-TI. The TL-TI goes through the reports and note down the follow up points and support required areas. The TL-TI provides feedback to the PO on regular basis and supports him in finding solutions to the problems that he encountered. Similarly other TSU staff like Strategic Planning Expert, Team Leader- Capacity building, Training support Officer, MIS officer, Senior Clinical Officer, PO-STI whoever visits the TIs, they submit details report to their reporting officer giving the details of their activities conducted, Field observations and recommendations for program improvement. All the TI visit consolidated reports are shared with SACS on monthly basis giving the details of follow up actions and support required from SACS for necessary corrections.

**e. Efforts taken in mapping of HRGs in NACP III**

Andhra Pradesh accounts for having highest number of PLHIVs and HRGs in the country. The first HRG mapping study was conducted in the year 2003, this study could cover only limited number of towns (the towns which were already under the intervention). In the year 2009-10, TSU/APSACS with the help of Avahan have conducted HRG mapping study that has covered all the 210 statutory towns in the state. During the mapping exercise 34,783 secondary and tertiary key informants were interviewed at level 1 and 33, 375 key informants were interviewed at level 2 to elicit the estimations of High Risk Groups. TSU has developed the ToR for the mapping agency and developed the system in place that monitored and validated the whole mapping process. A structured checklist was developed and the project officers from TSU and SLPs have closely monitored the mapping process and validated the HRGs enumeration. The TI Team TSU and SACS was a part of state review team for mapping at the district level at Vijayawada and Guntur. A cross verification of methods and approaches on the field by the team yielded the same results in terms of numbers as reported by the agency with a variation of 5-10%. The findings of the mapping study have estimated increased number of HRGs by 30 %. About 22 new towns are mapped which had no intervention in last many years.

**f. Efforts taken to scale up the number of TIs**

In the year 2009 (starting of NACP III) APSACS has 31 TIs and the overall state had around 64 TIs across 23 districts. With the program requirement and availability of accurate data from Mapping exercise, the scale up of the interventions were planned and in the year 2010-11. As of March 2011 AP is having 169 TI interventions spread across 23 districts and of this APSACS is exclusively supporting 115 TIs in 12 districts. District distribution, transition and scale up due to HRG mapping are the factors for the increased number of TIs shifting to

APSACS. TSU played an important role in identifying the location based on HRG populations and coverage of HRGs by the existing TIs. TSU supported SACS in drafting the News paper advertisement, developed criteria for applying for TI program and disqualification criteria. As per the AAP 2010- 11, the plan was to scale up 33 TIs in SACS districts and accordingly the paper advertisement was given. SACS received a record number of applications i.e. 717 applications from all the Districts. TSU developed a format to document all the applications received. TSU supported SACS and conducted two JAT meetings before NGO assessments and after NGO assessments. TSU also supported SACS in identifying experienced consultants for NGO assessments. TSU played critical role during JAT meeting in screening and identifying the appropriate and most eligible NGO by using different filters as laid down before. The whole scale up and replacement was done in two phases. The SOPs for scale up process and transition support plan developed by TSU has enabled smooth scale up and ensure the quality of interventions. The following are the details of TI scale up and replacement in different districts in recent past.

S.No	District	Scale up Proposed	Status	Remarks
1	Adilabad	2	Completed	2 Scale up
2	West Godavari	2	Completed	2 Replacement
3	East Godavari	2	Completed	1 scale up &1 replacement
4	Guntur	1	Completed	1 Scale up
5	Hyderabad	12	Completed	12 Scale up
6	Kadapa	2	Completed	2 scale up
7	Kurnool	2	Completed	2 Scale up
8	Mahaboobnagar	3	Completed	3 Scale up
9	Prakasam	2	Completed	1scale up & 1 replacement
10	Rangareddy	1	Completed	1 Scale up
11	Visakhapatnam	3	Completed	2 scale up & 1 replacement
12	Vizianagaram	1	Completed	1 scale up & 1 replacement

**g. Efforts taken to bring in prioritisation of ‘at most risk’ HRGs for service delivery and institutionalising of individual tracking system**

AP TSU has introduced and strengthened the tools like Form B to C, Micro plans, Risk assessment etc to track individual HRG data and most at most risk HRGs. The high risk profile is developed based FORM B planning exercise i.e. number of encounters, Condom usage, Violence, New in sex work profession, HRG positives etc., These tools are helping the PE/ORW to capture required information on core indicators. The MIS assistant is regularly tracking the most risk population on weekly basis and the same is shared with the other team members at the TI level. This process is facilitate and monitored by PO-TSU and other TSU team. In all the MIS trainings this particular aspect has been highlighted and supported MIS assistants in identifying and tracking at risk HRGs following criteria. During the POs supportive visits to the TIs, PE dairies are verified and the most risk HRGs are tracked. The POs are tracking the details of outreach and services up take during their field visits. During the capacity building sessions conducted at TI level and during formal trainings the aspect of ‘at most risk HRGs’ has been highlighted and followed up with TIs. During the monthly review meetings also the

most high risk HRG data is thoroughly reviewed and discussed and suggested steps to include them in program implementation. For example, if a TI is having 150 HRGs based on the risk profile, these 150 HRGs are put in regular tracking for outreach services and mobilise them for RMC, ICTC, Condom usage (Demand & Distributed) and also track the Positive HRGs to get clinical services.

#### **h. Efforts taken towards improving STI service delivery mechanism and quality**

During NACP III in Andhra Pradesh has seen number of changes with reference to Program Administration. The most significant of them are:

1. One district- One partner concept
2. Transition of TIs handled by State lead partners in two phases.
3. Main streaming the Clinical services.
4. Scale up of TIs for saturated coverage of HRGs.
5. Drug Kits distribution
6. Supportive Supervision Visits by TSU clinical team.

##### ***One district- One partner concept***

The process of one district- one partner was initiated to build in ownership and onus of the program in the said geographical area by the respective partners. This process along with 1st phase of transition TIs to SACS, a total of 12 districts are to be directly supervised by TSU which amounted to around 80 TIs and 111 TI clinical service providers. The focus of the STI team at TSU was to ensure that the Service providers at the TI levels are in terms of NACO protocols. Overall, the focus was on standardisation of the formats, Clinical service provision by all the providers who had come under SACS from various agencies. This resulted in frequent hands on training to the PP doctors, Supportive supervision and monitoring especially to the exchanged TIs. In the meantime the formal trainings for the TI doctors were conducted with the help of CB team. Total of 112 PP doctors were trained in the process.

##### ***Transition of TIs handled by State lead partners in phases***

As a part of main streaming TIs handled by the State lead partners were handed over to the SACS. The process started from 2009-10 and by 2010-11. After phase II transition 15 districts and 114 TIs are under direct supervision of SACS. The focus during the transition was again to ensure that there is a standard methods of service delivery as suggested in NACO protocols. The partners had different formats and models of service deliveries in practice some of which were not possible to be replicated as per NACO protocols, for e.g. ANM dependent PP clinics, Point of contact syphilis screening, large number of TI owned clinics, variants in form of large and different colour coded drugs. The process of streamlining them in accordance to the NACO protocol was undertaken with the help of partners. This resulted in large number of change in PP doctors, shut down of additional TI owned clinics and finding out other options of clinical service delivery at those areas, changes in colour coding of drugs.

***Scale up of TIs for saturated coverage of HRGs.***

For saturated coverage of HRGs, 31 new TIs were established across the SACS operational areas in the span of six months. For a better understanding on the methods and establishment of clinical services in the new TIs, a customised version of the operational guidelines by NACO on clinical services was developed and circulated. The new TIs were visited on priority basis to support them on clinic establishment, instrument procurement, documentation and finalising the physician providing the clinical services. Intensive hands on trainings were provided to all the newly on-board doctors in TIs to ensure quality services to HRGs. The TSU clinical team had visited almost all the new TIs within six months of establishing the TIs and identifying the doctors for static clinics. The sessions on STI service delivery and documentation pertaining to it were taken by STI team in the induction trainings for PMs, ANMs and outreach staff.

***Mainstreaming the Clinical services***

AP has undertaken in its annual action plan the task of mainstreaming the clinical services provided to HRGs from TI owned clinics to the public health systems. The target taken was 10% of the population in 2010-11 and its 25% in 2011-12. The initiatives taken are: (i) mapping all the systems of public health deliveries against the hotspots of each TIs. (ii) Sensitization of the TIs and HRGs on regular basis for service uptake from the public health system (iii) Adhering to visit DSRC for supportive supervision along with regular TI visits (iv) Extending the limits of health service facility visits to the CHCs and PHCs, and involving the district level functionaries to streamline the service provision on STI as per NACO protocols.

***Drug Kits Distribution***

The central supply of colour coded drugs to the DSRC and TI NGOs started from November'10 onwards. Before that a system was set in to ensure the uninterrupted and systemic supply of drugs to the TI NGOs. The baseline requirement of drugs was sent to NACO, against which the drugs were received at the state. The drugs were then channelized through DAPCUs for distribution to respective DSRCs and TI NGOs. The TI wise requirement of drugs were made available at each DAPCU and the TIs were instructed to get the drugs from DAPCU as per the indent prescribed or consumption pattern, whichever applicable. The challenges faced were to build in collaboration between TIs and DAPCU over correct indenting of drugs, shifting the understanding of the colour coding used by partners to the NACO colour coding. These teething problems were tackled with the help of respective POs and checking and rechecking of indents given by TIs to the DAPCU for some initial months. The system of central monitoring of drug consumption against the STIs in TIs was developed with the help of M&E. The system of getting the drug status report along with monthly CMIS has been streamlined and it is working very well. During the District review meetings, the drug kits availability status is reviewed and intra district transfer is encouraged to ensure drug stocks in all the TIs. As of date 104 TIs from 15 districts of AP are receiving colour coded drugs from NACO.

***Supportive supervision to the TI clinics***

There are two Clinical persons in AP-TSU, senior clinical officer since August 2010 and PO STI since May 2011. With these two people on board since 2011, at least one round of clinic visit to all core TIs under SACS could be achieved by November 2011. Till date 103 TIs have been visited by TSU- Clinical Team.

**i. Efforts to improve clinic access and reduction of STI**

To improve clinical access, it was ensured that each TI is having saturated numbers of clinical providers, which includes TI doctors and Govt. Referrals. An extensive exercise of mapping STI services delivery point in discussion with HRGs was undertaken to strengthen the clinical service uptake. This exercise has helped to build in the list of service providers preferred by the HRGs for service uptake. Moreover, there are instances where only PHCs are available for clinical services. At those places local advocacy by TSU team with the district functionaries are done to initiate the clinical service delivery to the HRGs. The TI is taking initiative and inviting the service providers to DICs and helping to understand program interventions and how they can be supportive in minimizing the number of cases. Similarly the details of all service providers, institutions and distances are displayed at the TI office so that the HRGs easily access services. The TSU has institutionalized the systems of District level review meetings with all the TIs and during the meetings the core indicators performance is discussed at length, including STI services provision and discussed the problems in accessing services and providing services to HRGs. The TSU clinical team is conducting Supportive supervision visits to PP doctors during clinic hours, ensuring quality service delivery to HRGs, which included proper history taking and complete local examination in form of speculum examination.

**j. Efforts taken towards improving condom utilisation**

In Andhra Pradesh the total condom demand is 63,68,062 pieces per month as per the HRGs actual encounters. The condom gap analysis done for every 4 months and estimated as per number of HRGs registered for services. The TI distributes Condoms through different channels i.e. PEs in Outreach, Outlets, and clinics. The condom distribution numbers are captured thorough form B. The state condom manager in coordination with all the SLP get the details of condom stocks at TI level and estimate TI condom requirement based on available stocks. As per the directions of TI and IEC division, the stores in charge make allocations to the TIs and distribute condoms. The TIs once they receive the stocks acknowledge the same and enter same in their stock register. Whenever the TI distributes socks to PEs or out let filling or services centres, they enter the stocks in the register and update their register. The project officer or TSU representatives whoever visits TIs, they verify condom stocks register for details. While reviewing condom distributions the Pos/ TSU representatives look at the details need based distribution, stocks availability/ non availability and stock outs. Now the TSU is tracking condom stocks availability on weekly basis and providing the details to SACS for stocks deployment. The stocks details are also given to DAPCU team members for necessary support and follow up. There are instances where the TIs mobilized stocks from NRHM project/ ADMHO office. The stock out situations have been minimised by encouraging intra district distributions, mobilizing Social Marketing condoms from PSI and Female condom stocks from FC Project. In the last two year only twice we have condom short supplies and we have successfully tackled this problem by mobilizing free condoms from other sources. The following are the details of Free and social marketing condoms distributed to the TIs.

Condom Distributed against the condom Demand

	Apr 11	May 11	Jun 11	Jul 11	Aug 11	Sep 11	Oct 11	Total
Distributed	9753355	10730968	10219928	9709997	9517555	8404042	8248943	66584788
Distributed against demand %	95%	105%	100%	95%	93%	82%	80%	93%

The SM condoms are procured and distributed by the TI as follows:

	Apr 11	May 11	Jun 11	Jul 11	Aug 11	Sep 11	Oct 11	Total
Distributed	137072	226617	288282	264015	333923	162263	197523	1609695

**k. Effort taken to improve syphilis screening**

Syphilis screening was initiated in APSACS supported TIs from December 2010. Due to varied access to the systems of syphilis screening, a mixed model of syphilis screening was implemented for the TIs. These mixed models have helped to increase the syphilis screening from less than 10% in 2010 to around 60% in 2011. The models are described below:

- i. Referring the HRGs to the DSRC for syphilis screening. This could take care of treatment to be provided for the positive cases.
- ii. Empanelment of locally registered labs for routine syphilis screening. The cases found positive were immediately mobilised to the nearest service provider (either PP or static) for treatment.
- iii. Capacity building of ICTC mobile van Lab technicians to perform RPR tests along with HIV screening. The cases found positive were immediately mobilised to the nearest service provider (either PP or static) for treatment.
- iv. Capacity building of all lab technicians of the DSRC attached ICTC for one prick two tests protocol. The system in place since November'2011.

**l. Efforts taken to improve linkages between TI and ICTC + improvement of HIV testing + improvement in linkage to ART**

The Subham campaign is an innovative idea in ICTC testings and this campaign has created big difference in the ICTC testing in AP in NACP III. The Subham campaign was conducted thrice with 6 months interval. The total testing in the 3 drives are; Subham I- 87000; Subham II-67000 & subham –III-83000. Because of this campaign, the testings have improved and also HRGs started coming to ICTC centres on their own. It is almost one year since we stopped conducting this campaign, but still the ICTC testing is continuing and no drop in the numbers also. During the subham campaign and later the TI have developed very good linkages with ICTC centres and their staff and continued services up take later on. Wherever the standalone ICTC clinics are not available, efforts have been made to mobilize mobilise ICTC in coordination with DAPCU team members. The following table gives the individual testing in the last two quarters i.e. Apri'11 to Sep'11.

	Apr 11	May 11	Jun 11	Jul 11	Aug 11	Sep 11	Oct 11	Total
ICTC tested	16641	20499	22901	23343	23840	21774	23662	152660



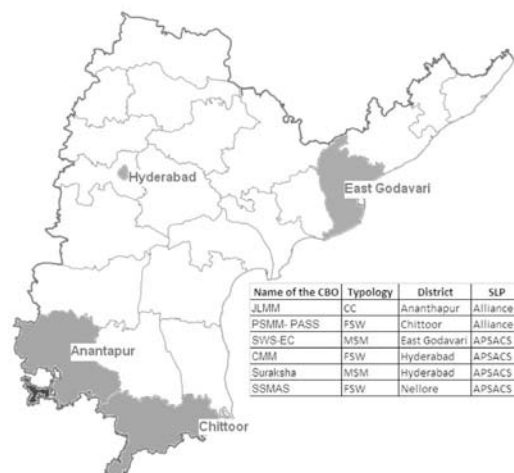
The core indicator performance and linkages has been the top agenda items in all District level review meetings. The issues related to linkages are taken up with DAPCU and ADMHO regularly and problems are solved. The issues related to skills and capacities of lab technicians were address by conducting training for lab technicians including mobile ICTC lab technicians. The TIs are appropriately tracking HRGs due to ICTC services through micro planning tracking tool and accordingly mobilizing the HRGs. Once the HRG is diagnosed Positive, that particular HRG is linked to nearby ART centre for Pre-ART registration. Once HRG is eligible for ART, HRG is put on the ART as per the ART guidelines.

	Core Population					Bridge Population			
	FSW	MSM	TG	IDU	Total Core	Truckers	Migrants	Clients	Total Bridge
Found positives	1230	262	9	41	1542	115	2548	3	2666
ART registration	567	134	10	52	763	66	197	1	264

Among the Core group population the total 1542 HRGs became positives, in which 1278 registered at ART centres as pre-ART registration, in which 630 HRGs are on ART. The Positive HRG population, their pre ART and ART status and drop is continuously monitored by respective PO and by SACS during video conference review meetings.

**m. Effort taken to develop Learning sites in the state**

TSU in coordination with CARE SAKSHAM-Learning grant has developed Learning sites in the state of Andhra Pradesh. CARE played the role of lead agency and TSU as a supporting agency in identifying, developing and promoting Learning Sites in Andhra Pradesh. To initiate the process of learning sites, CARE in consultation with TSU has formed SLSC (State Level Steering Committee) with representatives from APSACS, TSU, Praxis and state lead partners and started assessment process. TSU has taken active role in designing and finalizing assessment tool. The assessment tool was approved by SLSC and administered among NGO/CBOs to understand the status and performance and qualify them to be learning sites. 6 Learning Sites (2 from each SLP) were identified in the state in the month of May-June'2010. Geographical location and typology wise details are mentioned in the map. Among the 6 learning sites 3 are NGO managed and 3 are CBO led interventions. After second round of Transition 5 learning sites have come in APSACS operational districts and 1 in Alliance district. Since June the learning sites capacities were built through training and onsite mentoring. Till today TSU and CARE together facilitated NGO/CBO targeted interventions immersion visits to these learning sites. All NGO/CBOs have visited and learnt community mobilization process and also best practices. TSU has monitored and regulated all immersion visits and also visited Learning sites and assisted them to facilitate immersion visits. TSU and CARE already planned to send LS staff to other TIs as mentors. Apart from it, TSU has involved



learning site faculty as ToTs in PE trainings. The impact of the immersion visits is very effective and influencing. After immersion visit to learning sites, all most all TIs have formed CBOs and got registered. Those TIs, which are having CBOs already, made necessary corrections and started participating actively in TI activities. TSU after having seen the strengths of learning sites has come up with proposal of conducting trainings at learning sites and thus creating potential training institutions. The intention was to strengthen community to community learning; promoting community ownership and increase confidence among community to take up non HIV trainings (Develop linkage with other Govt. Non Govt. departments) there by mainstreaming. The assessment was conducted in the month August in coordination with STRC and CARE. STRC will initiate trainings in these learning sites. TSU and CARE has build the skills of STRC in identifying and strengthening of learning sites as STRC will also develop learning sites.

**n. Efforts taken to conduct site validation**

The site validation exercise was conducted during HRGs mapping exercise and District Distribution and exchange of TIs between implementing partners. The HRG mapping exercise was conducted in 2009-10 and TSU and SACS constituted teams to randomly visit few sites and validate the data presented by the agency. The TSU planned and conducted this exercise and involved number of experienced people in this process. All the team members were trained on this process and tools developed for data collection. The sites for validation were picked up randomly. The exercise was conducted in three districts and 6 sites. The team members were asked to focus on specific areas like methodology, quality discussions with secondary and primary stakeholders, cross verification of estimated numbers in virgin sites and potential secondary stakeholders who could give valuable information. The performance of mapping team during the validation process found to be good, not much variation noticed in numbers reported. The TSU did similar exercise in few TIs, especially exchange (as part of District Distribution) TIs to confirm the number of HRGs registered and taking services.

**o. Efforts taken towards improving quality of TI data , analysis and feedback**

Since beginning TSU has been focussing on data quality and trying to bring accuracy in reporting. Following are topic wise steps taken by TSU

***Data Quality Related:***

**Translation-** for the benefit of TI staff all MIS formats have been translated into local language. This really helped ORW and PE in understanding the formats and providing right information in right column.

**Capacity Building-** TSU has trained all categories of TI staff on MIS formats. For all the trainings conducted by STRC, the TSU M&E officer and training team is facilitating session on MIS formats and thereby ensured uniform understanding on reporting and documenting details.

**Onsite mentoring -** To institutionalize MIS formats in TIs across, Community consultants were hired and sent to all TIs with clear objective of bringing quality and uniformity. These Community consultants literally sat with the PEs and MIS officer and provided on site support in collecting data and filling formats. During these visits, Consultants have focused on PEs as form-B is the source for all outreach activities.

**PO/ State team visit-** During PO or TSU staff visits to TIs, the visitors are thoroughly check all filled in formats and ensuring that they are capturing right data and ensuring quality.

**Definitions -** To ensure quality of CMIS reporting, TSU has developed definition and source data list for all indicators and circulated to all TI staff. This has helped them having common understanding on indicators and reporting.

**Regional M&E ToTs-** M&E officers' turnover is quite high in the state. In order to reduce the time gap between MIS officer joining and reporting, TSU has come up with the idea of constituting a team of MIS officers who would act as resource persons. All the identified resources persons were trained on all the formats thoroughly and they are independent in conducting training on MIS and handling problems related to MIS reporting. These M&E officers will visit the TIs and help TI in resolving the issues.

#### ***Data Analysis Skills related***

**Excel training:** in order to improve data analysis skills of TIs, TSU has organized MS Excel training to all M&E officers. The training has helped many TIs to analyze the data and use results for preparing action plans. Now it is evident from the kind of evidence based preparations that they make for attending Monthly review meetings.

**Amendments in training-** TSU has made changes to the Project Manager module and incorporated session on data management. This session deals with analysis of data and preparing action plans for next month based on data evidences. The session really helped the Project Managers in improving their data management skills.

**CMIS monthly analysis -** TSU M&E team will analyze every month CMIS data and provide report to SACS and all TSU officers. The report provides situation at glance and also enable APSACS and TSU officers to plan and priorities their visits.

#### ***Review and Feedback Mechanism Related***

TSU has established feedback mechanism in the state. Team Leaders after reviewing CMIS consolidated reports provide feedback to program officers through mail or phone regularly and support them in understanding the gaps and improvement areas. TSU has institutionalized and strengthened District review meetings on monthly basis. It is a platform, where all TI Project managers, DAPCU and LWS representative come together and discuss the issues. The review meeting is generally facilitated by the respective TSU project officer. The main objective of the review meeting is to review and provide feedback and secondly, facilitated quick decisions in the district. As a result the coordination and support mechanism between TIs and DAPCU has improved and both of them putting extra efforts to minimize the gaps in program implementation. The recent Video conferencing method introduced Project Director; SACS was an important step in the direction of giving feedback to the TIs and DAPCUs. This is one of the most effective mechanisms where the implementing staff is directly interacting with PD, SACS and sorting out issues related to implementation, data reporting, vacancies, supplies and performance.

#### **p. Efforts taken towards capacity building**

Since beginning of NACP-III, TSU has taken overall responsibility of capacity building component. TSU alone has conducted trainings to all TI staff till June, 2010. TSU has

conducted 85 different training and trained around 10000 TI personnel on various issues till 2010-11. Apart from these, TSU CB team visited NGO/CBO and provided onsite training to TIs and actively involved in sensitizing various government departments (APSRTC, prisons and industry workers etc.,) on HIV.

Though, STRC has been in place since June, 2010, the first training was conducted in December, 2010. TSU has played major role in strengthening STRC. TSU has facilitated exposure visits to STRC staff in order to provide them in-depth knowledge on TI. TSU has build up STRC capacities on preparing AAP, preparing training calendar, preparing concept note, budget, rolling out training and conducting Training needs assessment and impact assessment. Initially TSU used to write concept note and budget and routed through STRC but after building capacities of STRC, now STRC is able to write concept notes on their own. Similarly STRC is able to prepare roll out plan and select ToTs on their own. Initially STRC used to handle one batch at a time, but now STRC is able to organize multiple batches of training simultaneously. TSU is actively supporting STRC in rolling out planned trainings and in the process STRC is slowly becoming independent in planning and conducting Training events. TSU also developed few training modules as per SACS requirement.

Module prepared by TSU-

1. CBO governance and leadership module.
2. Induction Training module.
3. Community Mobilisation module.
4. Social network Analysis module.
5. Positive Prevention module (ongoing)

Recently, TSU developed MIS formats which tracks HR turnover and training status of each TI staff. This is an innovation, through which STRC/TSU can track number of people due for training from time to time.

### q. Other support provided to SACS that should be noted

**District distribution:** in order to bring in accountability and improve the quality of the program Andhra Pradesh has initiated the process of district distribution. TSU has facilitated the whole process of district distribution in the state and enabled exchange process between the SLPs. Districts were allotted to SLPs based on their presence and made accountable to cover all HRGs as per mapping data. Guidelines were developed to cover the uncovered populations and post transition support to the TIs. The district distribution has ensured presence of single partner in the district (APSACS 12 districts, Alliance 7 districts and Swagati 4 districts).

**Annual Action plan process:** Decentralized evidence based planning has resultant as best practices emerging from the process of preparing the 2009-10 annual action plan (AAP) for the state of Andhra Pradesh. This comprehensive process has led to many “firsts” to its credit. This plan is being prepared with active participation of all the stakeholders in the state. Starting from the Donors to peer educator in the field had pre-defined role to play. Every individual from various organizations associated with HIV/ AIDS in Andhra Pradesh had participated with uncompromising commitment, relentless zeal and hope to bring out a workable plan for the state. TSU has facilitated the whole process and developed the SOPs and process in a way which can be smoothly transferred and the onus is taken up by APSACS. The process developed in the year 2009 are still followed with the minor alterations is the evidence to the

sustainability of decentralized planning process which is now been replicated by the other states.

**DAPCU strengthening:** As part of national mandate, the DAPCUs are trained at the state and the reporting mechanisms are established that intend to improve the coordination between DAPCU and various components in the program. TSU was actively involved in the design and implementation of the DAPCU trainings and established the link between DAPCU and TIs. The monthly TI reviews are chaired by the DAPCU and all the monthly reports of DAPCUs are read by POs of TSU and necessary support is extended on time. Joint visit to TIs by POs and DAPCU is yet another mechanism to strengthen DAPCU.

**Transition of TIs:** As part of MoU between Avahan and NACO, the TIs are transitioned from Avahan to NACO in three phases. As part of first year transition, 10 % of the interventions are transitioned followed by 20 % in year 2011. TSU has facilitated the whole process of transition effectively and amalgamated the evaluation process of NACO and Avahan and developed the transition support plan which was mutually agreed by APSACS and SLPs. The periodic performance review of the TIs is also done by TSU to ensure the constant performance of the TI which also helps in altering the support plan. Now TSU is facilitating and supporting phase III transition process in the state. All the assessments have been completed and assessment reports received giving the status of TIs performance. The phase III transition process has been very smooth so far and we are expecting we would completing the same as per timeline.

**Capacity building efforts- STRC:** TSU has facilitated the whole process of selecting the STRC. Post selection, TSU has worked closely with STRC and built their capacity to take up the training programs for TI staff. TSU has been able to strengthen their academic committee and introduced system in place for conducting the training program. TSU played an important role in orienting STRC staff on HIV and TI interventions and CB plans and supported them in developing plans, identifying resource persons and conducting Training events. In spite of inadequate support from STRC functionaries, TSU played significant role in institutionalizing and strengthening training mechanism in the state.

**Institutionalization of reporting system:** Understanding the vision of NACP III (three one's) transition process, TSU have institutionalized the common reporting system. All the SLPs report in the NACO CMIS and at the TI level the formats are customized as per NACO TI formats. With the introduction of SIMS, all the SLPs TI are also trained on the reporting format and they will continue to follow the same. TSU has enabled the process of standardizing the reporting format and customized the formats.

**Supportive supervision-region based POs:** To improve the monitoring system, TSU has placed their POs at region/ district level which enables better program monitoring and coordination at the district level. Each PO is managing 10 TIs in one or two districts and Pos are planning visits to TIs based on priorities and need expressed by the TIs. TSU established systems in the state where visits are monitored, quality of support provided, problems addressed and NGOs active role in making improvements. Pos visits are monitored by their respective supervisors and visit observations are shared with SACS for necessary follow up on regular basis.



# Technical Support Unit (TSU) Performance Report – NACP III



Chhattisgarh



**Hindustan Latex Family Planning Promotion Trust**  
3-5-816, 2nd floor, Veenadhari Complex  
King Koti Road, Hyderguda, Hyderabad- 500 029

**1. Address**

LIG-23, Indravati Colony,  
Rajatalab, Raipur,  
Chhattisgarh, Pin-492001  
Ph.0771-4053702

**2. Supported by- UNICEF**

**3. Working as a TSU since November, 2007\***

\* The Technical Support Unit (TSU) of Chhattisgarh, established by NACO through Hindustan Latex Family Planning Promotion Trust (HLFPPT) was considered a separate unit since July 2010, to support the development and implementation of HIV/AIDS strategies, especially providing support to the TIs in the State and build monitoring capacity of CGSACS. Prior to this, since November, 2007 the Unit worked as a satellite office in coordination with TSU-MP.

**4. Budget and Expenditure in INR**

2007-08		2008-09		2009-10		2010-11 (July 2010- June 2011)		2011-12 (July 2011- March 2012)	
Budget	Expense	Budget	Expense	Budget	Expense	Budget	Expense	Budget	Expense
TSU CG was satellite office of MP-TSU from Nov. 2007 till June, 2010. All approved budget and expenditure are clubbed with MP-TSU for this period.						65.28 Laks	44.72 Laks	60.16 Laks	13.63 Laks (Till Sep. 11

**5. Current Staff for 2011-12**

Total 11 positions are sanctioned for 2011-12 and all are filled, detailed as mentioned below.

Staff Detail -TSU CG		
S. No.	Approved staff for 11-12	Staff on board
1	Team Leader-TSU&TI	Mr. Ved Prakash Shukla
2	Project Officer (STI)	Dr. Sonali Abner Daniel
3	Project Officer (M&E)	Dr. Abhyuday Shakty Tiwari
4	Project Officer (TI)	Mr. Dhirendra Kashyap
5	Project Officer (TI)	Ms. Rokaiya Parween
6	Project Officer(TI)	Mr. Suraj Baghel
7	Project Officer (TI)	Ms.Sarita Toppo
8	Project Officer (TI)	Mr. Sanjay Swain
9	Finance & Admin. Officer	Mr. Tophan Patel
10	Admin. Assistant	Mr. Charan Singh
11	Office Assistant	Mr. Sunil Kumar Chhatriya



## 6. Trainings conducted in-house, exposure visits for the TSU staff (2011-12)

TSU engaged in capacity building of the TSU and field functionaries by conducting various knowledge enhancing activities and trainings. As a regular activity TSU conducted learning sessions for staff in which relevant predetermined topics are presented by any one of the staff. It is an open forum discussion & of problem solving nature. Apart from this regular activity PO got opportunities of trainings & exposure visits. Details of the in-house trainings and exposure visits are as follows:

S. No.	Type of Trainings	Topics	Month	Organized by
1	In house training	Assessment sheet & reporting formats	April	CG-TSU
2	In house training	PO tracking sheet, STI services & documentation	May	CG-TSU
3	Exposure Visit	IDU TI-SHARAN, Delhi	April	CG-TSU
4	Orientation training	MSM & IDU	June	HLFPPT
5	In house orientation training	Female condom scale up programme	September	CG-TSU
6	In house training	Condom demand & gap analysis & financial management	October	CG-TSU
7	In house	CNA tools & Revised migrant strategy	November	CG-TSU

## 7. Number of TIs in state currently (typology wise and coverage)

Typology of TIs	No. of TI	Coverage
FSW	14	18650
MSM	2	3590
IDU	6	3215
CC (FSW+MSM) & (FSW+IDU)	12	
MIGRANT (DESTINATION)	6	60000
TRUCKERS	2	20000
<b>TOTAL</b>	<b>42</b>	<b>105455</b>

## 8. Program Performance

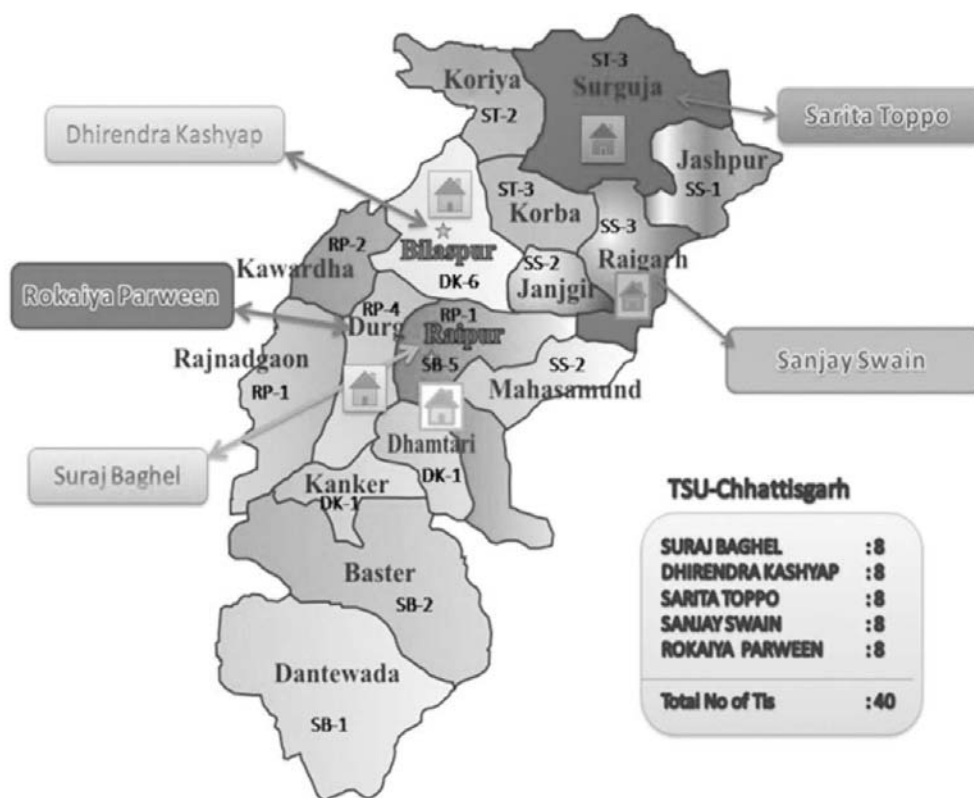
### a. Support provided for regional location of the POs

Technical Support Unit Chhattisgarh had divided the state in three regions (Raipur, Bilaspur & Raigarh) at the early stage considering the existence of TIs in the districts. With the increase in the number of TIs up to 40 and 5 transit intervention sites from October 2011 the regions have been increased from three to five (Durg, Bilaspur, Ambikapur, Raigarh & Raipur) and accordingly one PO is placed at each region.

District with maximum number of TIs is decided as head quarter for each PO-TI, responsible for the surrounding districts that are approachable from head quarter. The geographical situation, POs expertise, TI typology, transportation availability, NGOs capacity etc. were considered before allotting the regions to POs. The whole process of regional distribution and allotment was discussed with Project Director, Additional Project Director and Deputy Director-TI of CGSACS.

The regional placement of POs has proven effective approach and coordination with TIs. Because it has saved travel time, travel expenses and reduced physical exertion and caused POs to spend maximum time with TIs and provide better hand holding & supportive supervision. TIs can also approach easily to POs when ever required and regular involvement of POs with TIs has increased the performance & achievements of TI projects in terms of service delivery, outreach, documentation, programmatic and financial management etc.

**b. Map indicating regional location of POs and number of TIs managed by them**



**c. Month wise visits by each PO from April to November 2011**

Staff Type	Apr-11		May-11		Jun-11		Jul-11		Aug-11		Sep-11		Oct-11		Nov-11	
	No of TI Visited	No of days spend on field visit	No of TI Visited	No of days spend on field visit	No of TI Visited	No of days spend on field visit	No of TI Visited	No of days spend on field visit	No of TI Visited	No of days spend on field visit	No of TI Visited	No of days spend on field visit	No of TI Visited	No of days spend on field visit	No of TI Visited	No of days spend on field visit
PO TI 1 (Mr Dhirendra Kashyap)	8	15	9	19	9	15	9	16	9	18	9	19	9	11	12	12
PO TI2 (Mr Suraj Baghel)	9	16	8	15	8	17	8	15	8	17	8	16	11	16	7	11
PO TI 3 (Ms Rokaiya Parween)	6	13	10	19	8	13	9	11	9	17	9	14	6	11	8	10
PO TI 4 (Ms Sarita Toppo)	New Post Sanctioned from Oct.,2011 onwards															
PO TI 5 (Mr Sanjay Swain)	New Post Sanctioned from Oct.,2011 onwards															

**d. Feedback by TSU to PO , TL TI visit reports**

Project officers of TSU make regular visits to the assigned TIs as per their Advance tour plan and deliverables. They prepare and share detail visit reports with observations and recommendations for each visit with TL-TI. POs also prepare a summary sheet of programmatic, financial as well as organisational observations every month for each visited TI and submit to TL-TI. During monthly PO review meeting the PO highlight (i) TI wise progress, (ii) specific observations, and (iii) action required with CGSACS and TSU officials. During the monthly PO review meeting TSU & CGSACS officials exchange feedback with each PO regarding their performance and issues related to TIs. At the end of the review all visit reports along with summary of observations is shared and submitted to CGSACS. A system of early warning is established and in case of any urgent/ pressing issue regarding TI performance or difficulties being faced for service uptake are shared by the PO. The TL-TI facilitates immediate action with support from SACS.

TL-TI reviews the POs visit reports and give feedback to POs through, internal TSU meetings, personal discussion, email and telephonic as per the requirement and seriousness of the issues. Along with this the TI wise data is analysed and shared with POs. Whenever SACS and TSU officials visit the TIs, they share their observations and recommendations with respective POs through visit reports or through discussion. Any officials of TSU including POs make visit to any TI the visit reports is shared with all TSU officials on regular basis.

**e. Efforts taken in mapping of HRGs in NACP III**

In the year 2008 NACO assigned CINNOVATE for the mapping of HRGs in the state of Chhattisgarh. TSU provided all necessary support to the mapping agency to conduct mapping throughout the process. TSU also facilitated to IIPS Mumbai (Recruited by NACO) in validating HRG data which was mapped by CINNOVATE. FSW- 11579, MSM-1372, IDU-1861, SMM-36415 were mapped by CINNOVATE. On the basis of this data TSU along with CGSACS planed TIs and got approved from NACO and implement total 23 TI projects in the state in 2009. Once the TIs initiated implementation more than mapped HRG were identified. Thus in order to ensure saturation of HRGs the number of TIs was increased to 34 in the year 2010.

While implementing the TIs there were some discrepancy in the mapped data and field reality hence a need was felt for revalidation by TSU & CGSACS with due permission from NACO.

TSU revalidated the HRG data with the support of existing TIs, following the secondary data, information gathered from key informants, gate keepers and stake holders, and finalised the estimated data after conducting consultation workshop at State level with all stake holders. Following table depicts the figures before and after revalidation exercise:

HRG	Before Revalidation (Mapping Exercise)	After revalidation
FSW	11579	22141
MSM	1372	4048
IDU	18 61	3385
SMM	36415	70021

Following the exercise TSU facilitated CGSACS to propose increase in the number of TIs from 23 to 40 and got approval from NACO for 2011-12 along with 2 truckers TIs.

**f. Efforts to scale up the number of TIs**

In the beginning of TSU-CG in November, 2007 there was not any functional TI in the State. TSU facilitated of CGSACS for implementation of 23 TIs in 2008. After the approval from NACO, CGSACS initiated the process of empanelment for TI partners. TSU facilitated CGSACS in every step to make TIs functional in the state. TSU supported SACS in following steps.

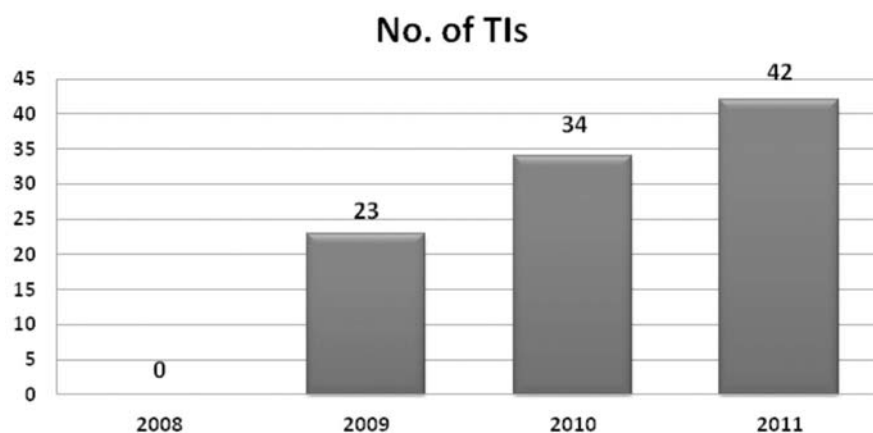
- ◆ Advertisement for empanelment in news papers.
- ◆ Preparation of data base, desk review and scrutiny of EOIs for JAT.
- ◆ Selection and orientation of JAT members.
- ◆ Involved in JAT process.
- ◆ Finalisation of NGOs based on JAT reports.
- ◆ Allotment of TI projects to the selected NGOs.
- ◆ Proposal development by the empanelled NGOs.
- ◆ Review of proposals submitted by NGOs.
- ◆ Signing of Contract and performance bond.
- ◆ Grant award and fund release.
- ◆ Development of tools for CNA.
- ◆ Training on CNA of TI partners.
- ◆ Mentoring support at field level during CNA.
- ◆ Review and finalisation of CNA reports.
- ◆ Target setting for TIs, based on CNA findings
- ◆ Revalidation of the Mapping data

On request of PD CGSACS Collector verification of selected NGOs was carried out in the month of November, 2009. TSU team members visited the districts along with the SACS members and got the verification done. This was intended to ensure the credibility of the organizations before fund release is done. Collector verification was conducted for 25 empanelled organizations. However, Only 23 organizations were continued and 2 discontinued as they fell under the grey area in verification reports.

The above steps have been taken by TSU in support of CGSACS throughout the years since 2008, which resulted increase of HRG coverage and TI scale up from 23 TI projects in 2009 to 42 TIs in 2011 along with 5 Transit Interventions in the State.

Since the mapping data was found improper, TSU CG revalidated the entire data of HRG for the state and developed TI scale up plan as per the revalidated data, NACO accepted the same estimations and approved total 42 TIs for the year 2011-12 which are functional and about to saturate the HRG coverage.

**Incremental Nos. of TI Projects**



**g. Efforts taken in prioritisation of ‘at most risk’ HRGs for service delivery and institutionalising of individual tracking system**

Risk and vulnerability Assessment is conducted at TI level of each HRG registered in order to first identify the ‘at most risk’ HRG based on behavioural indicators such as number of encounters in a week, condom usage, prevalence of STI, alcohol intake in case of FSW and MSM and frequency of injecting, N/S sharing habits in case of IDU. Each HRG is scored based on the risk assessment.

Tracking of each and every HRG is done using the individual HRG tracking sheet more commonly known as PE weekly sheet introduced at TI level from May 2010. All the TI staffs have been trained on individual tracking mechanism of HRG and regular handholding support is provided to them during PO visits. The risk assessment is transferred on the individual HRG tracking sheet at PE level.

Weekly meetings of PE at TI is ensured by the TI staff and during these meetings the HRG scoring high on risk assessment and based on their due-overdue for testing and clinic visit and condom uptake status are listed out, shared with the PEs and prioritised for service uptake. These meetings are conducted primarily by the ORWs with support from other TI staff such as PM, M&E and ANM/Counsellor.

A Counsellor tracking sheet has also been devised by TSU at all TI level which gives a glance of the service uptake of each HRG. Based on their behavioural patterns and service uptake the HRG are also prioritised for BCC by the Counsellor as well and emphasis is laid upon them for Counselling.

**h. Efforts taken towards improving STI service delivery mechanism and quality**

To cater quality STI services is critical in preventing HIV infection; TSU put STI services delivery mechanism & quality always on its priority. In the successive move to improve the quality STI services TSU facilitated the series of event from PPP concept orientation to TIs to quality documentation about the services delivery to target group. To mitigate the perplex understanding about STI service delivery mechanism in TI staff TSU oriented to TIs & upcoming PPPs on SCM & PPP concept. On the field this effort was pushed upward by helping TIs in identification of PPPs through the regular handholding support by POs and also ensured that only qualified doctor should be preferred for providing services. Simultaneously

supervisory visit to the identified PPPs clinic to ensure the quality services in all STI cases & to check parameters i.e. Clinical set-up, required equipment & instruments, proper procedures & guidelines to be followed. At the same time tried hard for establishing smooth linkages among the TIs, PPPs & government clinics.

TSU organized & facilitated either directly or along with STRC, regular training session for the PPPs to make them understand about the syndromic case management & to brush them up periodically. By time total 241 PPPs has trained out of which 110 are providing services to HRGs and numbers are increasing. Regular training conducted on SCM by SACS/STRC facilitated by TSU to improve the services and also focused on the facilitation of developing BCC material to encourage condom use.

Simultaneously PO-STI's consistently visit to TIs for regular handholding & supervision impacted marked progress in improving quality STI services.

In most of TIs STI core committee has been formed & conducted regular meeting to discuss & sort out issues related to STI services. In some TIs the POs introduced the formation of subgroup at hotspots with voluntary involvement of active HRGs to identify any hidden STI cases among HRGs through informal communication & in long term to create resource pool for the programme.

All efforts turn futile without the proper supply chain management. TSU left no stone unturned to streamline the supply chain & logistic management i.e. Drugs, Condoms, IEC materials etc. between the CGSACS & TI staff. In the initial phase (before Colour coded kit introduction) of NACP III TSU guided & facilitated the STI drug procurement, drug dose calculation & kit preparation for TI-NGO partner as per prescribed guideline. When Colour coded kit introduced, PO-TSU facilitated drug demand calculation & drug indent preparation to maintain the buffer stock in TI office. Timely availability & storage of buffer stock of drugs boosted up the effort in reducing the STI cases.

TSU facilitated in setting up the static clinic for the HRGs approaching NGO office & helped in providing equipments, drug supply, Doctor's identification & training of the identified doctors. Presently 7 static clinics are in function. At the same time TSU have been helping for chalking out health camp focusing on STI cases on Migrant (Destination) intervention.

All efforts of TI are accompanied with quality documentation. Number of noted STI case is not only reported monthly CMIS but the tracking of each consumed kit have been ensured by TSU. Regular review & analysis of syndromic management by TSU help in identifying the underlying factor responsible STI cases & for taking corrective action accordingly.

Focusing to build simpatico environment between the TI staff & DSRC, for which co-ordination meeting between both facilitated by TSU for the smooth delivery of services. Reluctances in providing services to HRGs by PPPs acted as hurdle in providing effective services to HRGs. TSU did the strong advocacy to remove the impediment & to enable the environment & finally turned the table.

To ensure the quality training of DSRC doctors on SCM, TSU facilitated state level TOT twice for the DSRC doctors, MOs, lab technician & staff nurse. Total 82 persons trained out of which 12 specialists, 18 MOs in Raipur, 17 MOs in Bilaspur, 16 Lab technicians & 19 staff nurse. They all started to convey the learned practices to the PPPs of TI NGO.

All endeavours turning around the STI status among HRGs within the state.

### **i. Efforts taken to improve clinic access and reduction of STI**

TSU focused on not only establishing clinical set-up but also to ensure to make them functional & to enhance accessibility by HRGs. To improve clinic access & STI reduction following efforts has been taken by TSU;

- ◆ TSU facilitated to TIs for PPPs Mapping for each hot spot & also asked for the preferred practitioner of HRGs. After getting required information TSU scrutinized all information regarding Practitioner & suggested them about the final selection and also tried to locate PPPs at each hotspot.
- ◆ Because of less availability of female doctor STI services had been hampering, as FSWs were reluctant to discuss issues & examination with male doctor. TSU took the step towards co-ordinating with female RMA posted in PHCs for enrolling them as PPP. Now the ratio of female doctors shoot up.
- ◆ PO-TSU facilitated in effective outreach planning to pick HRGs up for the services and also on focus to track the due/overdue. Effort has been reflecting by increased clinic visit in consecutive quarterly progress report upto 25% compared to previous quarter.
- ◆ Regular PEs orientation by POs to motivate HRGs for accessing the clinical services & also regular visit to hotspot & interaction with them to build ownership in programme.
- ◆ POs-TSU oriented & instructed to PEs/ORWs to enhance the condom negotiation skill of HRGs while group discussion & DIC meeting regarding use while encounter to reduce the incidence of STIs.
- ◆ TSU helped in creating conducive environment between PPP & HRGs so that they could discuss their issues freely & develop the sense of belongingness with programmes & PPPs.
- ◆ TSU focused on the effective quality counselling by the ANM/Counsellor at TI level of each STI cases & encourage the condom usage to prevent STI. Condom distribution & condom usage percentage substantially raised compared to previous one.
- ◆ TSU focused in the recruitment of ANM instead of counsellor so that any technical issues pertaining to STI could be dealt effectively or referred to higher authority, as case may be.
- ◆ TSU facilitated the development of effective BCC material at TI & SACS level to enhance the Health seeking behaviour of HRGs & to reduce myths regarding STI. Some TIs developed the materials on IDUs & about STI myths.
- ◆ TSU developed COUNSELLOR TRACKING SHEET for all TIs to track the services given to HRG in definite period & exploring the untouched HRGs.

### **j. Efforts taken towards improving condom utilisation**

To enhance the condom utilization it is mandate to aware the target group about the benefits of condom use. TSU has been putting efforts in this direction by facilitating BCC materials development to SACS & TIs. By focusing on benefits & restraining the myths about condom use through BCC materials TSU created a positive environment for the condom use. Now target group are more inclined to use condom during encounters.

At the TI level TSU facilitated condom demand analysis for each HRGs based on their number of encounters by using last week recall method. On the basis of this weekly & monthly condom demand calculated. As per calculated figure it is ensured by TI that the all HRGs get their required quota of condom timely without shortfall. TSU kept consistent eye over the process & also facilitated the entire process for smooth distribution through proper channel. Easily



& timely delivery of condom at doorstep turned HRGs for adopting condom practices while encounters. At the same time TSU also analysed the extent of condom gap present within the target group & tried to fulfill gaps through free supply. It is necessary to say that condom demand for HRGs reviewed after every three month by facilitation of TSU.

Constant knocking to HRGs mind through demo & re-demo of condom is another crucial factor to increase correct and consistent condom use. TSU strongly focused on condom demo-re-demo on outreach planning of PEs & ORWs in ample number.

Thinking increased condom use without the proper supply chain is like daydreaming. By defined procedure TSU channelized condom supply from SACS to TI office and from TI to PPP Clinic, ORWs, PEs, and PE to non-traditional outlet and also made sure their delivery to HRGs. To boost up this efforts for those HRGs not having interested in free supply or for contingency requirement assisted SMO to establish condom outlet at the each hotspot. TIs got continuous orientation by TSU for filling the outlet at regular interval for uninterrupted supply to HRGs. TSU has always put its sincere effort for availability of condoms at the arm's length of HRGs.

Moreover, TSU co-ordinated with SMO & helped them to find new location for outlet so that condom coverage could be enhanced. Both social marketing as well as free condoms are made available for HRGs at HRG locations. Keeping the condom social marketing in mind by TIs, TSU facilitated fund release to TI for condom social marketing so that they could do it at their own level as & when required without any financial constraints.

Apart from the regular distribution through PEs condom are also distributed through ANM & PPP doctors. Quality counselling by technical person impacted much to HRGs & they also realized the benefits of condom. So TSU has put equal weightage on the distribution through doctors & ANMs.

#### ***Pilot on Behaviour Tracking Study (BTS)***

Pilot study on behaviour tracking study was conducted in FSW TI- Samarpit, Bilaspur with HRGs. Training was organised for the TI staff. 15% of target population was selected for the purpose of the study. Polling Booth Survey methodology was adopted to understand behaviour among HRG regarding condom usage and at the same time the efficiency of TI project and service delivery. TSU also chalked out BTS plan for all 2 year old TIs in January 2012.

#### **k. Effort taken to improve syphilis screening**

In the state VDRL testing is clubbed with the ICTC testing & on the recommendation of TSU, SACS instructed to all functioning ICTC to take single one time blood sample so that one time sample would be suffice for both HIV & VDRL testing. By clubbing the both testing together the percentage of VDRL testing is always almost equal to the ICTC testing and also reduces the extra effort by the TIs.

At the same time for smooth testing, supply of sufficient VDRL kit to all ICTC so the lab technician can do the test spontaneously. In case where ICTC is not functional or gap in supply TSU facilitate linkages with private clinics to enhance the syphilis screening. TSU also played major role in discussion with JEEVANDEEP Samiti to provide free of cost VDRL testing to HRGs at Health Centres. Through periodic TI-ICTC co-ordination meeting TSU try to bridge the gaps between them, if any and also make ensure timely sample collection when HRG approach to ICTC. In one more step TSU focused on the ICTC where Position of LT was vacant, TSU co-ordinate with health department and testing will be done by the regular LT of health department.

TSU facilitated drug (Treatment for syphilis) supply management to both TI & DSRC so that HRGs could avail the compulsory treatment at DSRC with facilitation of TI & if the drug is not available at DSRC, TI can supply it to the VDRL reactive HRGs. It is compulsory to treat all the reactive HRGs at DSRC in facilitation of TIs.

### **I. Efforts taken to improve linkages between TI and ICTC + improvement of HIV testing + improvement in linkage to ART**

As TIs became functional in the State in 2009 a huge gap was found in the initial stage between TIs and ICTCs. TSU facilitated SACS to established effective coordination between ICTC and TI to increase HIV testing of HRG. Major initiatives taken by TSU are as follows:

- ◆ Compulsory visit to ICTC and ART centres during TI visit along with TI staff for cross verification of testing data and address pressing issue if any for improved coordination.
- ◆ A letter through CGSACS was issued to all ICTCs and TIs to prioritise the HIV testing of HRGs and work with mutual coordination.
- ◆ Initiated monthly coordination meeting at district level for all HIV service providers by district Nodal officer including ART.
- ◆ A coordination meeting was organised at State level for ICTC and TI staff and also ART centres, STI counsellors and TI staff to reduce the gaps and barriers.
- ◆ Quality documentation of referral and tracking system is established
- ◆ Coordinate with CGSACS for regular supply of kits in the ICTCs.
- ◆ Orientation of District Nodal officers for prioritising HIV testing of HRGs.
- ◆ Most of the tests are provided free of cost to the HRGs at ART centres.

HIV testing is promoted among HRGs by effective referral and linkages, individual tracking of HRG, effective BCC by TI staff, creating HRG friendly environment in ICTCs and outreach testing through mobile ICTC van.

### **m. Effort taken to develop Learning sites in the state**

After the round table discussion among SACG, TSU & STRC based on the running site indicator 5 potential TIs of different typology have been identified to be developed as learning site. Consent of TIs for learning site is being taken from NGOs & TSU/ STRC chalked out plan for their capacity building.

Putting effort in this direction POs-TSU have been facilitating & providing handholding & supervisory support to TIs for developing learning site. Learning site development is ongoing as per the checklist developed by NACO i.e. supply chain management, Improved BCC, proper documentation, well maintained financial documents, formation of STI & crisis committee, good record keeping, enabling environment, strong advocacy etc. Most of the indicators like office & DIC setups, asset record, personal file with JDs, CNA report & budget proposal have been maintained in TIs. Documentation regarding outreach, clinical & programmatic format are being maintained by TIs and also trying hard to keep this practices up. TIs also working to enable the environment for the programme & community mobilization, for example in Korba district SP issued the letter to all concerned police station to assist TI staff when required & District legal service authority willing to provide legal assistance to HRGs, as & when required.

In TIs PO-TSU directly interacted with community & encourages them to come forward. Reflection is now being started & community is on the verge of forming CBO in some TIs. IN SAMTA MAHILA MANDAL (SAMMAN), MSM Intervention project CBO has formed & indulged in strong advocacy for their right with government & other concern department. Fully fledged learning site will be soon functional in the state.

**n. Efforts taken to conduct site validation**

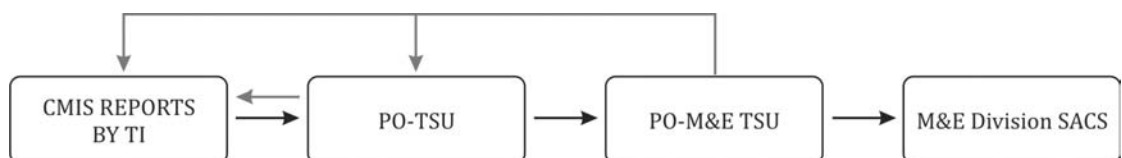
**Validation by TIs:** Initially, Site validation was conducted by TIs. Extensive HRG validation exercise was being done in 12 old core TIs before the proposal acceptance and scaling up of their HRG target in the current year. Each TI was provided detailed step by step process for validating their HRGs and the role of each staff was made clear in the process. After the submission of validation report the POs of TSU will be again doing verification of HRGs through random sampling based on the predefined process.

**HRGs validation by POs through intensive visits, quarterly assessments and meeting with stakeholders:** During intensive visits by POs to TIs, POs conduct physical verification of HRGs in hotspots. Firstly, POs randomly select names of HRGs belonging to different hotspots from Mater register and Hotspot level meeting. It is selected PE wise so that all PEs can be covered and automatically their respective hotspots. Then POs go to hotspots and meet HRGs as per their random selection from different hotspots. At the same times secondary stakeholders, viz, medical personnel field level workers, administrative personnel, industrial workers, pimps etc.

Another method is quarterly assessment which is done 4 times in a year. As mentioned above in quarterly assessment also POs select HRGs' names randomly from master register and meet them on the field and ask regarding clinical services availed by them like HIV testing, STI treatment, RMC, and condom usage.

**o. Efforts taken towards improving quality of TI data , analysis and feedback**

Data quality is another point of focus for TSU. Primarily, to enhance the data understanding & quality regular handholding supports are being given to TIs by all TSU staff. Continuous orientation & refresher training on DCT to TI staff to enhance their understanding & also Real-Time data filling support is being given to PEs/ORW/ANM/PM on field by POs. At all level TSU developed strong monitoring system & keep closed eye on the quality of data.(Red colour line indicating the monitoring system)



All the collected monthly data are compiled in CMIS report by TI staff & sent to concern PO for review & feedbacks. By PO TSU reviewed report being sent to PO-M&E for data cleaning & for further action. Data of each segment is being reviewed by concerned PO & revert back to TI with feedback. Authenticity of data has verified with PO tracking sheet & after the final report submission by TIs send to SACS for CMIS entry within stipulated time.

Secondarily, TSU have been capacitating TI to analyze data at TI level to measure the performance of TIs (In house analysis) & to see what impact they have made? Based on the analyzed data POs suggest action plan for the next month & for the quarter to enhance the services in the low performing segments.

Apart from the TI staff analysis TSU has been doing monthly & quarterly analysis of TIs & share the same with the TI & SACS for evidence based planning. TSU also put up analysis learning in outreach planning activities of the TI so that maximum programmatic penetration could be done.

Talking about the CMIS report TSU ensured their timely submission to TSU/CGSACS with correction & revision. Quality of CMIS reports are being checked by PO-M&E TSU & cross verified with the PO tracking sheet. Any discrepancies between them has corrected in real time.

TSU also developed the strong feedback mechanism to TIs at the earliest time on any issues of TIs pertaining to programme & reporting. Any issues pertaining to programme is being responded quickly by TSU to TI so as to reduce any type of delay in service delivery.

Quality documentation is another dimension of TSU activity's, inculcated the habit of quality documentation within TIs. TIs documented & reported each activity performed by TIs on each required level. Consistent visit of PO-M&E to ensure the DCT compliance & quality documentation is a move to ensure the above said. At the same time all POs have been providing regular handhold & monitoring supervision to TIs to ensure application of data collection tool. In order to capacitate PEs POs-TSU facilitated illiterate PEs about the filling instruction of tracking sheet & developed some marks, colours, symbols for their better understanding.

By all combined efforts of TSU regarding analysis & documentation, TIs have been showing continual improvement in reporting & quality documentation.

### **p. Efforts towards capacity building**

At the initial stage of TIs in 2009 STRC was in the establishment phase so TSU facilitated several trainings such as training on CNA, Induction of TI staff, proposal development workshop, orientation of CGSACS officials on TI strategies and training of STRC staff as well. TSU Chhattisgarh supported CGSACS and STRC mainly in following ways.

- ◆ Orientation of JAT members and evaluators
- ◆ Facilitated development of training plans and agenda for trainings.
- ◆ Participation in STRC academic committee meeting and gave inputs.
- ◆ Regularly inform to STRC & SACS about the training needs of TI staff
- ◆ Reviewed some training materials developed by STRC & gave feedback.
- ◆ Facilitate PPPs trainings with STRC at district level.
- ◆ TSU involved in all PEs trainings during the first year e. i. In 2009.
- ◆ POs do regular on site capacity building of TI staff during their visits.
- ◆ Provided support to the STRC in conducting several trainings like Trainings on CMIS & data collection tools, Proposal development of TIs, Condom promotion, financial management & harm reduction etc.
- ◆ Facilitate identification of trainers/ Resource persons.

Apart from above TSU also facilitated other components (Blood safety, STI & Mainstreaming) of CGSACS to develop the training plans, conduct trainings, arrange training materials & resource persons and concurrent evaluation of trainings etc. Police training need assessment were facilitated by TSU with mainstreaming component of CGSACS.

**q. Other support provided to SACS**

***Supported CGSACS in the Development of Annual Action Plan from 2008-09 to 2011-12***

TSU supported CGSACS in the entire process of development Annual Action Plans for the financial year 2008-09 to 2011-12 from the beginning to final submission and presentation at NACO level. TSU supported all component heads in developing and filling the template. Thereafter the filled templates were reviewed critically and write ups prepared for each component. Review of all components highlighting their current status and achievements was organised and this exercise was helpful in planning the activities. After finalisation the AAP was submitted to PD-CGSACS before presenting for final approval at NACO. An active role of all the stakeholders was ensured and this helped in development of a well thought of plan and setting up of realistic targets within the set timeframe and guidelines of NACO

***Value addition by TSU in the Annual Action Plan of CGSACS***

- ◆ Active involvement of all the CGSACS staff
- ◆ Stakeholder involvement and bottom up approach inviting district officials from the A category districts
- ◆ Regular update to PD CGSACS and APD CGSACS about progress of the action planning process
- ◆ Active involvement and inputs from all the team members of TSU team
- ◆ Capacity building of the CGSACS staff in action planning through orientation and regular meetings by the TSU team.

***Facilitate initiation of Transit-Migrants Interventions in 5 Districts of CG***

Chhattisgarh holds the credit to become the First State in India to launch the Transit-Migrants Interventions. The Transit-Migrants Interventions became operational in 5 Districts of Chhattisgarh namely Raipur, Bilaspur, Janjgir-Champa, Rajnandgaon and Durg.

TSU facilitated all the activities from preparation phase till the launching of the intervention which includes data collection at district level; finalization of the agency for implementation; formal launching; signing of MOU with agency, interaction with DRM officials and other stakeholder; selection of the staff for transit intervention programme; preparation of various reporting formats for the TIs involved in transit intervention programme.

***Development of AIDS Mitan Scheme***

TSU- CG structured the AIDS Mitan scheme (a brain child of PD-CGSACS) as scheme document. TSU developed detail proposal on it and PD-CGSACS presented & submitted to NACO for financial support and approval. NACO appreciated and approved the scheme. This was followed by orientation of 60 AIDS Mitans at Bilaspur along with CGSACS officials. At present this scheme is being implemented as pilot in Bilaspur district.

### ***Regularizing Quarterly Review meetings of TIs at regional level***

In order to increase the ownership of the TI partners and to generate healthy competition among them regular review meetings have been organised regionally every quarter. These meetings provide a good platform to share feedback with the implementing partners. In the subsequent visits by the POs, action on these feedbacks is monitored and status reports submitted to CGSACS.

### ***Intensive Health & Communication Campaign in source migrants districts***

As per the NACO instructions Intensive Health & Communication Campaign in source migrants districts organised by CGSACS with the coordination of NRHM in 28 blocks of different districts in Chhattisgarh. TSU is fully involved in the process from planning, implementation and report preparation etc. All PO-TIs fully facilitated the process of planning and roll out of INTENSIVE HEALTH AND COMMUNICATION CAMPAIGN FOR SOURCE MIGRANTS in 28 blocks of respective districts and coordinated the activities with district and block officials for successful roll out of the campaign.

### ***Supported JAT for out of school youth program***

NACO IEC division suggested CGSACS to conduct JAT for two organisations for out of school youth program. TSU facilitated all JAT process for two organisations as per the request of CGSACS.

### ***Feasibility assessment for OST***

Three OST centres have been approved by NACO in Chhattisgarh, TSU facilitated two round of feasibility assessment of all three health facilities at Bilaspur, Korba and Durg along with CGSACS and DFID-TAST officials and also involved in other activities related to establishment of OST centres.

### ***Translation of data collection tools in local language***

The data collection tools along with quality guide received from NACO/NTSU was in English version which was translated in to Hindi because TI staffs were not comfortable with English version and Hindi version is rolled out in all the TIs along with trainings.

### ***Other key area of support includes***

- ◆ Monthly and Quarterly submission of reports and SOEs.
- ◆ Increased coordination among all service providers such as- ICTC, TI, CCC, ARTC, PPTCT, DOTS, SLN, DLN, STRC, SMO, TSG Condom Promotion and TSG-TCIF.
- ◆ Support for making “Red Ribbon Express” successful
- ◆ Support to other components of SACS to deliver output as planned in AAP as and when required
- ◆ Review of IEC materials for targeted intervention and provided feedback to SACS for improving the quality of IEC & BCC material.
- ◆ Sensitization and planning efforts with Jail officers for initiating interventions within Jail for HIV/ AIDS prevention
- ◆ Facilitation in the process of feasibility assessment of Migrants Destination interventions

- ◆ In order to mainstream HIV-AIDS programme representation was ensured in convergence meeting with NRHM and oriented CMHOs and CSs on new strategy of STI services and convergence with NRHM

**The inputs and support provided by TSU has helped CGSACS to streamline the Targeted interventions and systematize overall AIDS programme in the State.**





## Technical Support Unit for Delhi

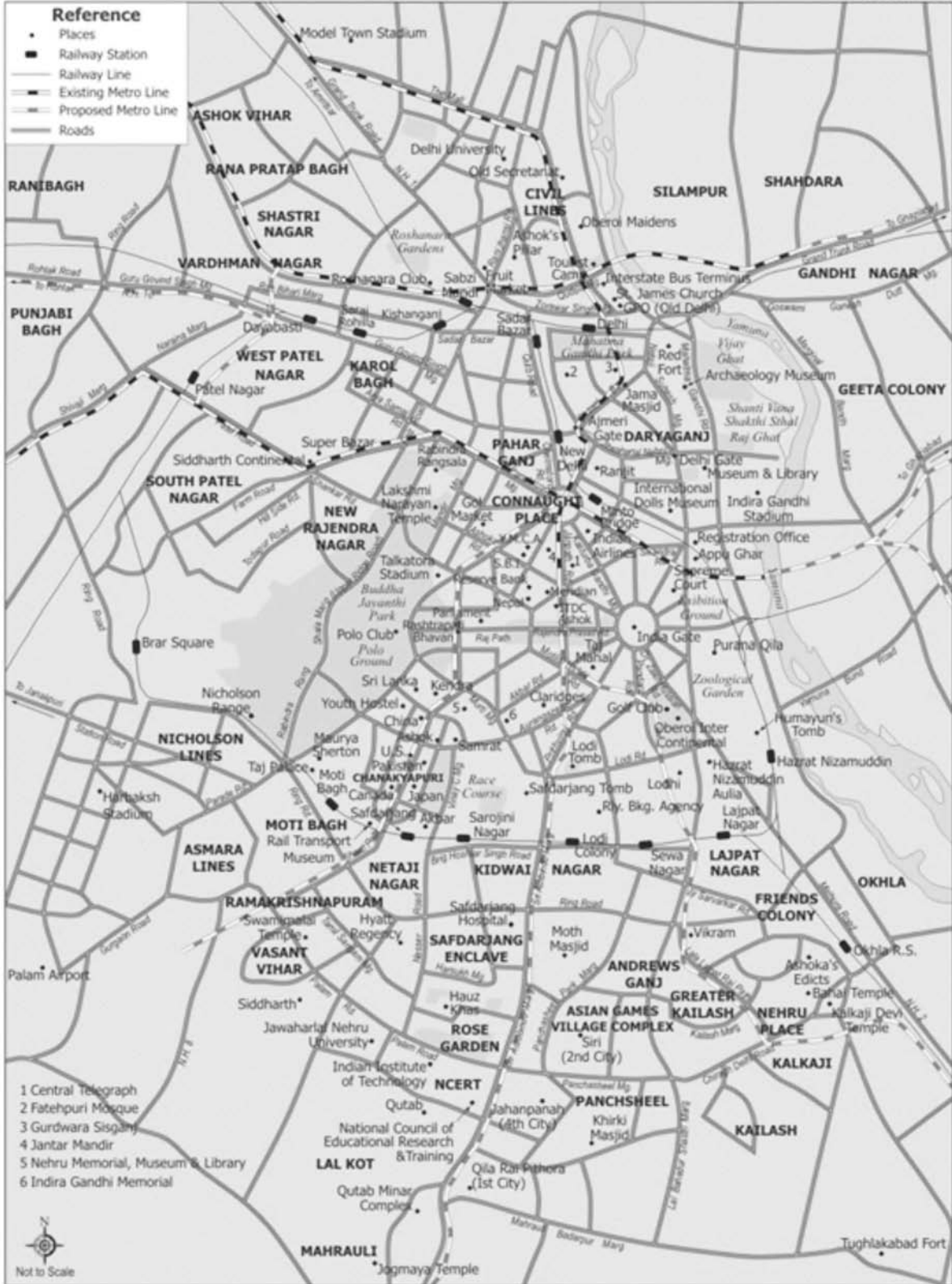
(Managed By: Raman Development Consultants Pvt Ltd)



**Performance Report – NACP III**

**DELHI**

TTK MAPS



**1. Address**

A-1, Saraswati Vihar  
Off Ring Road, Near Deepali Chowk  
Pitampura, Delhi.

**2. Supported by The World Bank – Pool Fund****3. Working as a TSU since 2008****4. Budget and Expenditure in INR**

2008-09		2009-10		2010-11		2011-12	
Budget	Expense	Budget	Expense	Budget	Expense	Budget	Expense (up to October 2011)
1,65,91,597	1,25,40,013	88,74,959	66,77,673	1,06,14,090	83,06,370	79,89,262	27,84,569

**5. Current Staff for 2011-12**

Sr. No.	Name	Designation	Contact No.	Email-Address
1	Shalabh Mittal	Team Leader - TSU & SP (In Charge)	9958068811	shalabhmittals@gmail.com, shalabh@ramanagroup.org
2	**Vacant	Team Leader - TI		Advertised position and interviews to be held in December 2011
3	Yogesh Dubey	MIS Officer	9999310062	yogidubey@gmail.com, yogesh@ramanagroup.org
4	Pragya Baseria	Program Officer - 1	9312701815	pragya@ramanagroup.org
5	Jahnavi Barua	Program Officer - 2	9718072752	jahnavi.barua@gmail.com, jahnavi@ramanagroup.org
6	Vacant since Sept 2011	Program Officer - 3		Interviews on 9th December
7	Mohd. Shadab	Program Officer - 4	9718355553	shadab@ramanagroup.org
8	Pradnya Kharate	Program Officer - 5	9810445936	pradnya@ramanagroup.org, pradnya.kharate@gmail.com
9	Renu Kumari	Program Officer - 6	9015425879	renukumari@ramanagroup.org, renukumari2905@gmail.com
10	Vacant since Nov 2011	Program Officer - 7		Interviews on 9th December
11	Vishnu Kumar Sah	Program Officer - 8	9304573757, 7428339232	vishnu@ramanagroup.org, vishnukrsah@gmail.com

Sr. No.	Name	Designation	Contact No.	Email-Address
12	Vacant since Oct 2011	Program Officer - 9		Interviews on 9th December
13	Tek Chand	Accountant		tcutreja@gmail.com
14	Alphonsa	Receptionist cum Computer Operator	na	alphonsa.nixon@gmail.com
15	Pramod Kumar	Office Assistants	na	pramodkumar@gmail.com
16	Ashutosh Kumar	Office Assistants	9540080835	kashutosh56@yahoo.in

## 6. Trainings conducted in-house, exposure visits for the TSU staff (2011-12)

RDC has been working in the area of HIV/AIDS for last 20 years and has implemented many projects in India for many donors. It has rich experience in the health sector, and specifically in HIV/AIDS. RDC has an elaborate Induction Training programme designed for the members joining Technical Support Unit Team. Every quarter there is a visit made by Headquarter team to review the work of TSU and discuss issues related to the work and strategies for TSU. Special trainings have been conducted so far, and RDC has brought professionals from other agencies to help the team gain different perspectives. TSU, Delhi took a special permission from NACO to conduct Achievement Motivation Training for improving personal and professional skills of TSU team. It has helped the team to identify their individual and group traits and responses to specific situations. This workshop helped the TSU team to discuss many personal and professional problems and their individual personality traits that help to build a good team. **RDC has also formed a MAST Team (Management Advisory and Support Team) to TSU Delhi.** MAST Team binds the independent project team of TSU to the organisational structure and policies in RDC and aims to optimize the effectiveness of TSU in quality and timely delivery as specified in the TSU Contract with NACO.

## 7. Number of TIs in state currently (typology wise and coverage)

Typology	Target as per AAP 10-11	Total Number of Existing TIs in state
FSW	40	40
MSM	17	17
IDUs	20	19
Truckers	3	3
Migrants	4	8
TG Exclusive	2	2 (starting in Jan 2012)
<b>Total</b>	<b>84</b>	<b>89</b>

## 8. Program Performance

### a. Support provided for regional location of the POs

Delhi is low prevalence and highly vulnerable state in relation to HIV. Delhi has currently 87 TI projects which comprise 40 FSW, 17 MSM, 19 IDU, 3 Truckers and 8 Migrant TI projects. The

population as per the mapping exercise done in 2006 was estimated to be 61621 FSWs, 27381 MSM and TGs and 17155 IDUs in Delhi. There are 2 TG TIs that have been planned to start in Jan 2012. Delhi is a small state in terms of area (1484 sq km.) and is the 8th largest metropolis in the country. Owing to the migration of people from across the country and sharing its very porous borders with Uttar Pradesh and Haryana, the scale of HRG operational from this state are large. TSU has placed its POs not only on the basis of base location of POs to handle the TIs, but also keeping in mind the strengths of individual POs and need of TIs. To the best possible extent, we make efforts to ensure that good match making happens while allocating TIs to a PO, keeping in mind the amount of travel and optimise expenses to be incurred. However, the best is made available to get rich results. For example, for GB Road TI project we allocated 1 Lead PO and 1 support PO in order to intensify the efforts and increase our reach. This strategy has helped us to reach brothels that were once upon a time did not allow any staff from the TI project to visit them. 3 New POs will be recruited in next week and hence the allocation will change.

**b. Regional Location of POs and number of Tis managed by Them**

PO TI ALLOCATION SUMMARY										
Name of PO	District base	FSW		MSM		IDU		Migrants		Total TIs Handled
		No.of TIs	Dist	No.of TIs	Dist	No.of TIs	Dist	No.of TIs	Dist	
Pragya Baseria	East District	6	East	2	East	2	East			10
Shamlal	North West	5	North West	2	North West	3	North West	1	North West	11
Jahnavi	South	6	South	1	South	3	South	1	South	11
Pradnya Kharate	West	2	West	1	West	1	North East	1	Central	10
		1	North East			2	West			
		1	South West							
		1	Central							
Mohd Shadab	North West	3	North East	1	West	1	Central			8
		1	Central			1	West			
						1	North East			
Vishnu Kr Sah	North West	4	North	4	North	1	North			10
		1	New Delhi							

PO TI ALLOCATION SUMMARY										
Name of PO	District base	FSW		MSM		IDU		Migrants		Total TIs Handled
		No.of TIs	Dist	No.of TIs	Dist	No.of TIs	Dist	No.of TIs	Dist	
Renu Kumari	North West	3	North West	1	South West	1	South West			9
		1	West	1	North West	1	North West			
		1	South West							
Gitanjali Babbar	East District	2	South West	1	Central	1	New Delhi	1	East	10
		1	Central	1	East	1	Central			
				1	New Delhi	1	South West			

c. Month wise visits by each PO from April to November 2011

Staff Type	Apr-11			May-11			Jun-11			Jul-11			Aug-11			Sep-11			Oct-11			Nov-11		
	No of TI Visited	No of days spend on field visit	No of days meeting with other stakeholder	No of TI Visited	No of days spend on field visit	No of days meeting with other stakeholder	No of TI Visited	No of days spend on field visit	No of days meeting with other stakeholder	No of TI Visited	No of days spend on field visit	No of days meeting with other stakeholder	No of TI Visited	No of days spend on field visit	No of days meeting with other stakeholder	No of TI Visited	No of days spend on field visit	No of days meeting with other stakeholder	No of TI Visited	No of days spend on field visit	No of days meeting with other stakeholder	No of TI Visited	No of days spend on field visit	No of days meeting with other stakeholder
Jahnvi Barua PO	8	8	0	7	8	0	11	21	0	7	0	2	11	11	1	9	11	1	9	11	0	7	10	0
Sham Lal PO	11	14	11	11	14	2	4	6	1	7	12	2	8	11	2	5	4	0	5	4	0	5	4	0
Pradnya Kharate PO	11	11	3	10	14	4	10	18	1	10	14	1	10	15	3	10	11	7	12	12	0	11	17	0
Mohd Shadab PO	11	12	2	11	13	2	9	19	2	9	17	2	9	15	2	6	11	4	9	22	0	10	16	2
Gitanjali Babbar PO	10	12	0	9	14	0	11	24	0	12	19	0	8	9	0	7	9	6	4	4	0	4	4	0
Pragya Baseria	10	14	2	12	18	2	8	19	0	12	18	0	11	14	1	11	12	1	13	17	0	10	15	0
Renu Kumari PO	7	10	5	12	13	2	9	16	0	10	17	0	9	12	1	11	13	2	12	8	0	13	14	0
Vishnu Kr Sah PO	8	10	2	10	10	0	8	15	0	9	12	0	8	14	0	8	16	0	9	12	0	9	13	0
Yogesh Kumar Dubey MIS Officer	5	5	3	1	1	2	5	7	1	1	1	1	1	0	1	1	6	4	4	4	0	2	2	0

### **d. Feedback by TSU to PO , TL TI visit reports**

- ◆ Reviews of POs on quarterly basis: PO performance is reviewed on quarterly basis in a joint meeting with members of SACS/NTSU/NACO present. The structure of the review allows to review the performance of TIs handled by POs and also provide feedback to POs upon the actions taken by them so far and advise on actions to be taken.
- ◆ Undertake Joint reviews based on PO Reports: TSU Delhi conducted a Joint review of 4 TI projects along with DSACS which were identified to be consistently non-performing as per PO reports. Tamoha, AISELF, FONHYRT and Aditya Education Society have been under close supervision and TSU TL visited each of this TI to review the situation and support them to fill the gaps. The TIs were given 3 months time and plan to improve. Detailed reports were submitted to DSACS for information and action. After this, 2 TI projects have reported improvement.
- ◆ TSU TL regularly reports important issues to JD (TI) for DSACS to take action: Important issues like condom stock out situation, delay in release of grant to the TI, demands for trainings, follow-up visits from DSACS, Joint reviews of non performing TI projects and the like. Such issues are reported on a daily basis by TSU POs in their TI visit reports and then collated and sent to SACS. This has proved to be very effective in bringing out joint monitoring from TSU and DSACS.

### **e. Efforts in mapping of HRGs in NACP III**

TSU started its operations (2008-09) with a quick situation cum needs assessment of the existing programme by following methods:

1. Document referral
2. Study of all available data from sources like sentinel surveillance, positivity among ICTC, blood banks, BSS data, any other research studies, data/information available with SACS
3. Meeting with key functionaries in both SACS
4. Visit to all TI projects – TSU team visited all the TI projects functional in both states by end of first month itself.
5. Understanding of systems followed in SACS

The idea of the situation assessment was to gather a quick understanding of the existing programme & identify gaps & challenges for the betterment of the programme.

The key challenges in the states as the TSU started operations were identified based on the situation & needs assessment as:

- ◆ Need for rapid scale up & coverage
- ◆ Ensuring 100% programme delivery through maximum & efficient fund utilization
- ◆ Improving quality of TI & services
- ◆ Capacity building of SACS through developing sustainable & managed structures & efficient & smart systems in SACS
- ◆ Development of local resources

Delhi TSU started the support function based on 'evidence based planning', after a thorough study of ground realities, challenges & needs



***The key focus areas for Delhi TSU for 2008-09 thus were scale up and capacity building***

During 2<sup>nd</sup> year of TSU operation DSACS evaluated 64 TIs out of which 39 were FSW TIs, 15 were MSM TIs and 10 were IDU TIs. Evaluations resulted in to termination of 4 FSW TIs and 1 IDU TI due to poor performance.

**f. Efforts to scale up the number of TIs**

TSU also initiated and facilitated the process of proposal development such that the exercise becomes a strategy development process and not just a formal documentation exercise. A 5 day workshop was conducted with 36 TI projects in May '08 wherein the findings of the evaluation exercise of 26 old TI partners were shared and following it, the partners were trained on addressing the gaps & developing the plan & strategies for 2008-09. The workshop led to individual TI plans for all partners. TSU introduced the concept of 'live proposal development' wherein the TI partners bring along the data & computers to the workshop & with facilitation from Resource People, TSU & SACS, develop the proposal in the workshop itself. This was carried out with 60 participants from 29 TI partners contracted in Aug '08.

TSU along with DSACS initiated the process of starting new TIs through the process as defined by NACO operational guidelines. More than 200 applications were received by DSACS in response to their advertisement for NGO partners for TI implementation. The applications were appraised and eligible applications were selected for visit by Joint Appraisal Team (JAT) members. Due to paucity of time (due to deadline set by NACO for contracting the new TIs), it was required to complete the Joint Appraisal process in a very tight time duration. 8 teams were formed for Joint Appraisal process, each comprising of a member from SACS, an external technical consultant & an external financial consultant. An orientation of the JAT members was carried out by TSU to orient them on the process, sensitivities attached & the JAT protocol. It was felt that many of the indicators in the protocol carried the possibility of multiple & differing interpretations and needed to be further clarified. TSU developed a interpretation guide to the protocol for further simplifying it & with a purpose of reducing differing interpretations ensuring uniform appraisal by all the teams.

The entire JAT process was completed with 151 NGOs visited for appraisal in 2 weeks time. The JAT reports were compiled & findings were tabulated with grading the NGOs for both quantitative scoring as well as qualitative impressions by the JAT members. The findings were presented to the TAC and as per suggestions of the TAC, 29 NGOs were selected for TI implementation.

*TSU prepared the background notes & material for and facilitated all TAC meetings held for NGO selection.*

TSU supported the process of contracting the new selected NGOs and fund release to them.

**g. Efforts taken to bring in prioritisation of 'at most risk' HRGs for service delivery and institutionalising of individual tracking system**

TSU Delhi has introduced a system for tracking of the each HRG for the core service RMC, STI, PT, ICTC and Syphilis testing which support the TI lot and now TI has a strong system to track their performance and HRG for the clinic and ICTC service. This tracking system also very much liked by the TI to make the tracking very easy and friendly. By tracking of the HRG service register TIs are able know the How many HRG are active and How are left out & drop out from the service.

**h. Efforts taken towards improving STI service delivery mechanism and quality**

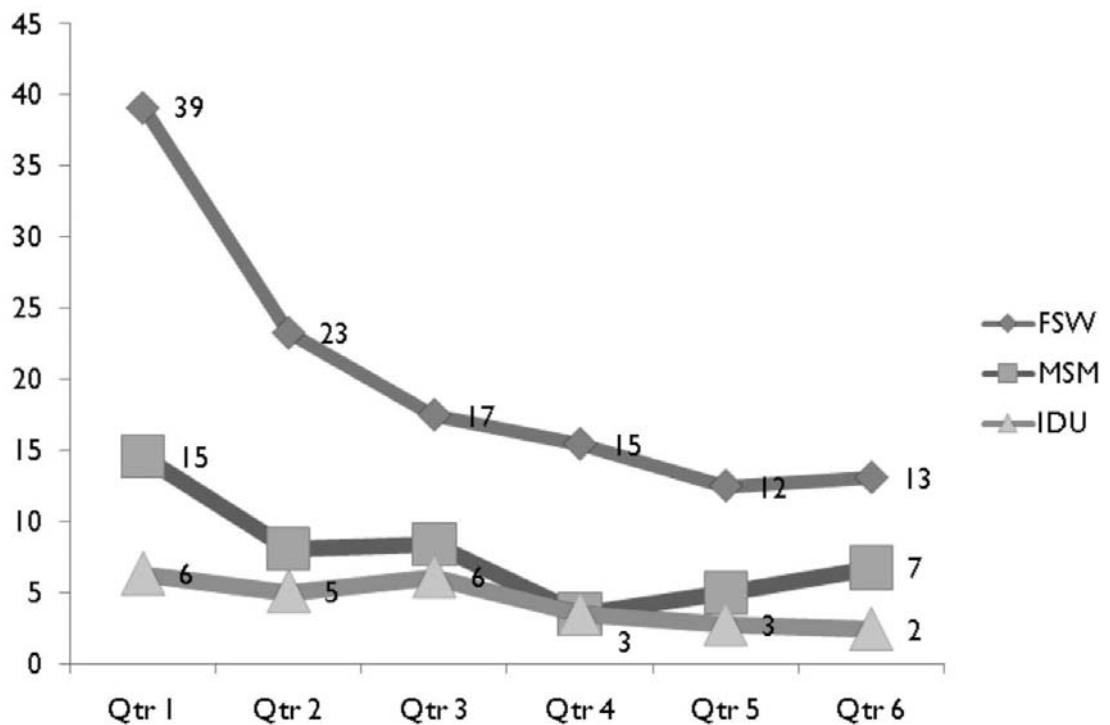
TSU has done the focus approach in establishing the static clinic in the state, ensured that every TI must have the complete infrastructure in the TI office. Regular monitoring of TSU PO has ensured that the clinic set-up is established and used on regular basis. TSU is doing specific monitoring of the STI drug kit, HIV testing kits and taking the monthly stock reports from the TI so adequate action can be taken by reporting to SACS in case of shortage or discrepancy. TSU has insured that every doctor should be trained and developed the mechanism for every new doctor to get trained immediately upon joining the TI project. TIs having scattered intervention area, have identified local practitioners' clinic nearby hotspots and Project Doctor are providing clinical services by visiting clinics of these local practitioners. (For e.g. JEET, Mitr Trust and BPS FSW are following this practice) This ensures that trained and experienced project Doctor is visiting the networked clinics and HRGs are also getting the benefit to easy clinic access and do not have to travel to project office, which may be far sometimes. TSU also suggested TIs to use TI Clinics of other typology, for e.g. Mitr (MSM TI) has utilized JEET (FSW TI) clinic for once or twice in a month for MSM HRGs in Shadipur (which PO suggested and facilitated). This was done to ensure that HRGs from Shadipur do not have to travel large distances in case of availing clinical services. TSU POs have also helped TIs in identifying PPP clinic by visiting with TI staff and networking with the Doctor. POs have helped new TIs to set the clinic as per guidelines, those TIs – where clinic set up were not complete or equipment's were not appropriate. (For e.g. required numbers of speculum was identified by PO and were followed up with TI if found less and ensured that the entire clinic set up is as per norms)

TSU have started providing compiled STI Kits status to DSACS on monthly basis, which helps DSACS for Stock indentation of STI kits. Also POs have raised the issue of stock out of kits at DSACS and due to which Patients with STI go untreated, due to which DSACS has given special approval to TIs to purchase STI medicines in case DSACS is having stock out. PO ensures that all the TIs are having required STI kits in their stocks. TSU POs raise the issue of untrained Doctors while preparing visit report of TI and it is highlighted as Issues for DSACS / STRC.

**i. Efforts taken to improve clinic access and reduction of STI**

TSU POs made their focussed visits and supported the TI to analyze their data and identify the patients for the clinic visit and prioritize them and address timely. TSU made the efforts to analyze the data by introducing the HRG service verification, and support the TI to identify their HRG who are due for that particular month so they can prioritize them for the month. Lists are generated at the level of Peers to follow up with HRGs and bring them for clinical services. By doing all these efforts TI clinic service uptake has improved and delivery of the quality services also improved. As a result of these efforts STI prevalence in the state has reduced over the last 6 quarters.

**STI Prevalence among HRGs**



**j. Efforts taken towards improving condom utilisation**

TSU POs ensures that condom demand is been revised every three months after asking HRGs, this ensures that all HRGs are receiving their condoms as per their requirement. Also, the requirement of condoms is calculated as per the number of encounters and not as per previous calculation of reducing 50% of condom demand assuming that clients of sex worker must be getting the condoms. During condom shortage, TSU have helped TI to inter share condoms among themselves to avoid condom stock out situation. TSU POs have highlighted the issue of shortage of condoms and prevented stock out situation. TSU POs are also submitting weekly condom status of TIs to DSACS and Condom TSG from last 6 months on regular basis. For eg. This has helped Joint TI G B Road to receive condoms within two days once the situation was reported that a delay of 3-4 days will lead to condom stock out.

**k. Effort taken to improve syphilis screening**

Syphilis screening in the state was at its very low in the beginning of 2010. TSU started sensitizing TI teams on importance of Syphilis screening and its importance for the programme. Initially there was a lot of resistance from the TI staff, but the POs started making visits to hotspots with Peer educators and trained Peer educators to motivate HRGs to undertake Syphilis screening. This has made considerable impact and the testing has grown from 21% of HRGs tested during Apr-Sep 2010 to 30% HRGs being tested during Apr-Sep 2011. This increase in number of tests also indicates increase in awareness among HRGs through Peer Educators. TSU POs have reiterated the importance of syphilis screening and explained counsellor and outreach staff to motivate HRGs to undergo syphilis screening despite having no current STI symptoms due to nature of syphilis STIs, which might come back in HRG in secondary form of syphilis. This

has helped Counselors and outreach team to motivate HRG to undergo syphilis screening and allowing drawing blood.

Typology	% Tested for Syphilis Apr-Sep 2010	% found positive Apr-Sep2010	% Tested for Syphilis Oct 10 – Mar 11	% found positive Oct 10 – Mar 11	% Tested for Syphilis Apr 11-Sep 11	% found positive Apr 11 – Sep 11
FSW	23	1	32	1	28	1
MSM	20	1	23	0	38	1
IDU	13	2	18	1	25	2
Total	21	1	27	1	30	1

**I. Efforts taken to improve linkages between TI and ICTC + improvement of HIV testing + improvement in linkage to ART**

There is an incremental improvement in ART linkages made in the state among the Core group TIs. However, still there are over 250 HRGs that are still to be linked to ART. To achieve this target, TSU POs have started a district level approach – where at the district level numbers of positive people not linked to ART are listed and special TI teams are made to link them to ART. In the north district such efforts are already giving results.

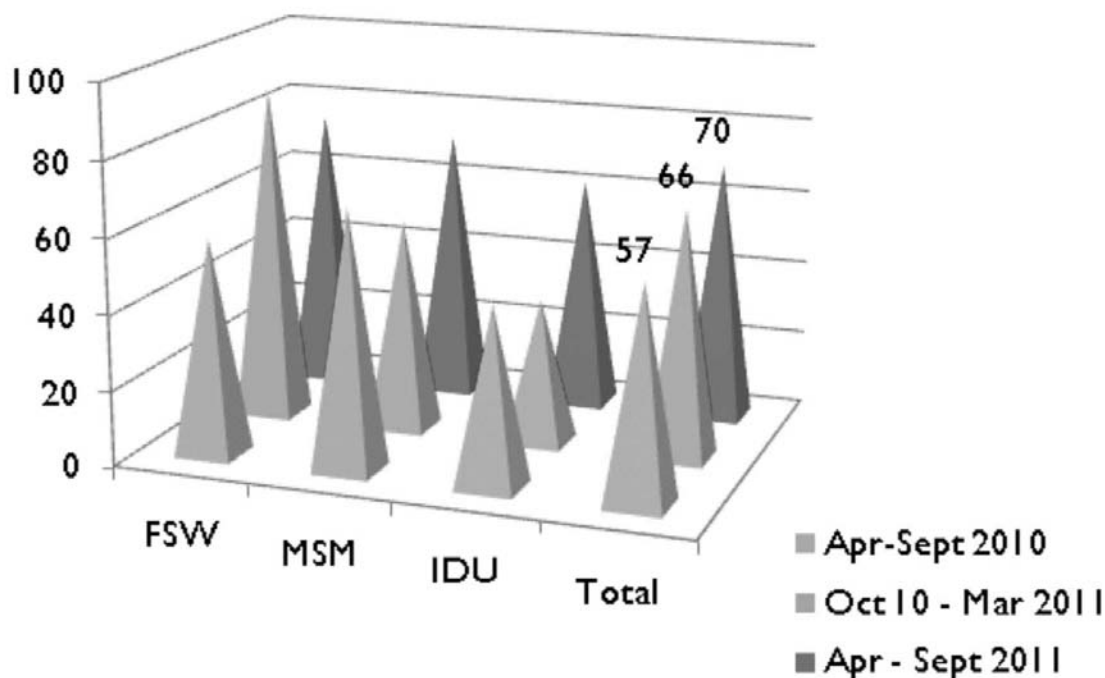
TSU POs have also visited to ICTC / ART centres for new TIs to help build linkages with the TI. Also, wherever TI was facing non-cooperation from ICT centre PO have visited along with the TI team to the centre. POs have also talked with ICTC in charge for providing preference to HRGs and increasing their counselling and testing timings till 2.00 or 2.30 pm. Now almost all the ICT centres in Delhi functions till the extended timings which were previously getting closed by 12.00 noon.

TSU POs reiterated and ensured the system of ANM visiting the ICT centre every fortnightly or minimally once in a month to each ICT centres to have a cordial relationship among each other. Many ICT counsellors have given their personal numbers also to TI staff, and told to call them before sending HRGs to their centre, so in case there is heavy rush then TI staff is asked to come in free period or in case any of the ICT staff is on leave / HIV testing kits are not there then TI get to know telephonically. This has helped in preventing hassle to HRGs.

TSU PO have taken number of capacity building sessions of TI outreach staff on form B i.e. Peer’s weekly planning sheet and by using the planning sheet, HRGs are focused as per their due / overdue status for HIV Testing. POs have also taken capacity building of counsellors and outreach team on motivating HRG for HIV testing and its benefits. Also explaining the effects of delay in knowing HIV status on HRG’s health and its future thereby. This has helped HRG to become conscious about their health and many HRGs come by their own also for their HIV testing. POs have also raised the issue to DSACS for providing Mobile vans for HIV testing to the TIs where the ICT centres are at faraway places for eg. MRYDO. TSU POs have asked counsellors to personally focus on all the HIV positive HRGs to register at ART centres and also follow up to their CD 4 counts also. PLHA registers are prepared and are followed up by each ANM cum counsellors at TIs. For eg. In June 2010, Mitr Trust (MSM TI) had 12 HIV positive HRGs and only 4 were registered with ART, with PO continuous efforts by explaining

counsellor as well Doctor on how to motivate HRG for registering to ART centre has helped successfully registering all 100% HRGs to ART centre. And later also, whoever was getting HIV positive, counsellor could motivate HRG for the same. Similar case of Joint TI G B Road, now most of them are registered for ART centre. In NACP III, registration of HIV positive to ART centre was TSU POs one of the important agenda.

**% Improvement in ART Linkage**



Typology	FSW	MSM	IDU	Total
HRG registered	37300	14600	9200	61100
Tested positive during Apr-Sept 2010	54	64	89	207
Registered at ART from Apr-Sept 2010	31	44	42	117
Tested positive during Oct 10 – Mar 11	166	64	117	347
Registered at ART from Oct10 – Mar 11	148	36	45	229
Tested Positive during Apr11 – Sept11	52	82	63	197
Registered at ART from Apr11 – Sept 11	39	59	39	137
Total Positive HRGs not registeredwith ART	54	71	143	268

**m. Effort taken to develop Learning sites in the state**

TSU held discussions with Samarth TI Team to identify what is the concept of model TI and they were asked to answer 3 simple questions:-

1. What will make a TI project a model TI project?
2. What will you do individually to make your TI a model TI project?
3. What does your TI not have at present to become a model TI project? ( and you would like to have)

The vision of a model TI as painted by TI team (Samarth) is:

- ♦ **One that has regular contact with 100% HRGs:** All HRGs access and receive services at regular intervals as prescribed by the project, All HRGs should be identifiable and available to outsiders when they visit TI project, Follow-up on services at the hotspot level, Saturation of HRGs at each hotspot covered by TI
- ♦ **Timely submission of reports to stakeholders:** All reports are submitted in time, all forms are filled properly by Peers, ORWs and M&E, PM shares feedback and analysis with the team
- ♦ **Meet all targets set for the project:** Conducts regular self-assessment and fills the gaps for service improvement and meet the targets
- ♦ **Transparent and accountable systems:** Implements TI project sincerely and honestly with total transparency and financial accountability
- ♦ **Team spirit and motivated members:** Highly spirited team that respects every team member and works together, good team coordination, all do their work honestly and are best at their work, be able to tell others confidently about their work
- ♦ **Be a TI +++++:** Should be able to implement the systems and also train others, should empower HRGs and help them to explore alternative livelihoods if they want to, regularly increase the scope of work on sustainable basis, supports peer educators to take bigger role and lead initiatives at TI project,

If one has to define a model TI, then the definitions could be:

*“One that is able to implement all the components of TI project as prescribed, meet quarterly targets, and timely reports to all stakeholders”*

*“One that has implemented the TI project well following each step carefully and where each team member is empowered to train other TI staff on implementing different components of TI project”*

*Delhi TSU is now working to develop model TIs among the 84 TI projects currently operational in Delhi.*

Each TSU POs of Delhi have identified 2 – 3 Model TIs and prepared TI specific work plan as per the deadline. POs are working on the work plan along with TI staff including Project In-charge’s feedback on it. In model TI – one of the indicator was decorating DIC by peers and HRGs to bring ownership and belonging to place. One of the TI – JEET has discussed this idea with Peers and HRGs and they have successfully developed their DIC decorated by community – pictures prepared by them, handicrafts and handloom prepared by the community. Another indicator in Model TI was to – showcasing model BCC session with the help of flipchart stories, practice sessions are taken up by PO with the TIs and handholding is been provided to speak confidently correct messages.

#### **n. Efforts taken to conduct site validation**

Delhi State AIDS Control Society had conducted a mapping study in 2002 which mapped the location and size estimation of various high risk groups, which was later revised in 2006. It is believed that in the last 4-5 years this size estimation would have also changed. Delhi is low prevalence and highly vulnerable state in relation to HIV. Delhi has currently 87 TI projects which comprises 40 FSW, 17 MSM, 19 IDU, 3 Truckers and 8 Migrant TI projects.

The population as per the mapping exercise done in 2006 was estimated to be 61621 FSWs, 27381 MSM and TGs and 17155 IDUs in Delhi. Over the last 3 years, Delhi has consistently scaled up its TI number and outreach and this year it was advised by NACO to look into the number of HRGs actually reached through TI services. Delhi has taken this as an opportunity to relook into its reach and the number of HRGs available at each hotspot in Delhi. Technical Support Unit, Delhi placed a request to NTSU for training on site validation and was trained by National Technical Support Unit, NACO on 5th April 2011. TSU, Delhi in partnership with DSACS and STRC held district wise training for all TI partners in order to do 'Service Register Analysis'. The service register basically tracks each individual HRG on services provided by TI project and can be verified through third party validation. Thus, RMC, ICTC, PT, STI and Syphilis testing are five services chosen for verification purpose. In addition, new hotspot verification has been done in order to assess uncovered hotspots/HRGs in Delhi. This is done to arrive at a final number of HRGs that exist in Delhi. According to the mapping study done in 2006, there are about 61621 estimated Female Sex Workers, 27381 MSM/TG and 17155 IDUs. Summary of findings is given below:

- ◆ Against the estimated number of 61621 FSWs (mapping 2006), target of 37550 has been provided to 40 TI projects. They have registered 41065 FSWs, and have covered 32966 FSWs during the year 2010-11. 8099 FSWs have still not been reached during the year.
- ◆ About 15 FSW TI projects including GB Road joint TI project were not able to reach the 70% of their target during the year. TSU has identified these TI projects and is making special efforts to improve outreach in these TI projects.
- ◆ Against the estimated number of 27381 MSM/TGs (mapping 2006), target of 14600 has been provided to 17 TI projects. They have registered 14679 MSM/TGs, and have covered 12587 MSM/TGs during the year 2010-11. 2075 HRGs have not been reached during the year.
- ◆ About 5 MSM TI projects were not able to reach the 70% of their target during the year. TSU has identified these TI projects and is targeting them to provide extra inputs to improve coverage in 2011-12.
- ◆ Against the estimated number of 17155 IDUs (mapping 2006), target of 9200 has been provided to 19 TI projects. They have registered 10346 IDUs, and covered 6950 IDUs during the year 2010-11. 3377 HRGs have not been reached during the year.
- ◆ About 13 IDU TI projects have not been able to reach the 70% of their target during the year. Alternative strategies have been planned for IDU TIs in Delhi and it has been quite weak during the year.

In addition to this, DSACS undertook a study with UNAIDS on estimating the number of TGs in Delhi. Results of this study are also included in this report and reported to incorporate the results and arrive at a final figure of HRG population in Delhi. According to the findings, below table lists the size estimation:

Typology	Estimation as per Mapping 2006	Registered with TIs till 31st March 2011	Gap in Coverage during 2010-11	Estimated number in uncovered hotspots
FSW	61621	41065	8099	1001
MSM	27381 (TG included)	14662 (TG included)	2075 (TG included)	295 (TG included)
TG (New Study)	7830	1738	6092	—
IDUs	17155	10327	3377	689

**o. Efforts taken towards improving quality of TI data , analysis and feedback**

TSU Delhi has taken a major step along with NTSU to identify Master Trainers (M&E) in the state drawn from TIs, DAPCU and SACS. TSU organised training for 17 people who were trained in TI M&E systems to help create a pool of resources at the district and state level to help TIs resolve issues in a timely manner. This strategy has proved to be extremely effective.

TSU made the efforts to analyze the data by introducing HRG service verification, and support the TI to identify their HRG who are due for that particular month so they can prioritize them for the month. By doing all these efforts TI clinic service uptake has improved and delivery of quality services also improved.

**p. Efforts taken towards capacity building**

- ◆ **Participation in STRC trainings to provide inputs on field level issues:** TSU placed a request to STRC on performance issues of counsellors since they were more working as ANM than a counsellor. TSU expressed interest in taking a one day session on discussing field level issues related to counselling and role of ANM/Counsellor in TI project. This was readily accepted and STRC offered one full day to TSU during the refresher training to Counsellors on 16th September 2011. 3 POs from TSU were deputed to take the session and they covered many aspects during the training like role of counsellor, coordination with other facilities, counselling young HRGs, STI and clinic services, documentation to be kept by counsellor.
- ◆ **Training of Master Trainers in M&E at TI level:** Delhi TSU has taken an initiative under the guidance of NTSU Team to train a pool of Master Trainers in M&E systems at the district level to strengthen TIs. TSU has trained 17 master trainers and created teams at the district level to handhold TIs. The master trainers also include DAPCU M&E officials so that at the district level coordination among all facilities and data triangulation can be facilitated.
- ◆ **Training of students from Sardar Patel University, Gujarat:** TSU received a request from Department of Social Work, Sardar Patel University, Gujarat to provide orientation to their IInd year MSW students. TSU forwarded this request to STRC and DSACS to partner and organize it. DSACS came forward to host the programme in their premises and TSU Team conducted the orientation. We invited 3 TIs one from each typology viz. FSW, MSM and IDU and PMs of all the 3 TIs took sessions along with one Peer Educator. Peer Educators spoke about their own community and sensitized the students about working with HRGs.



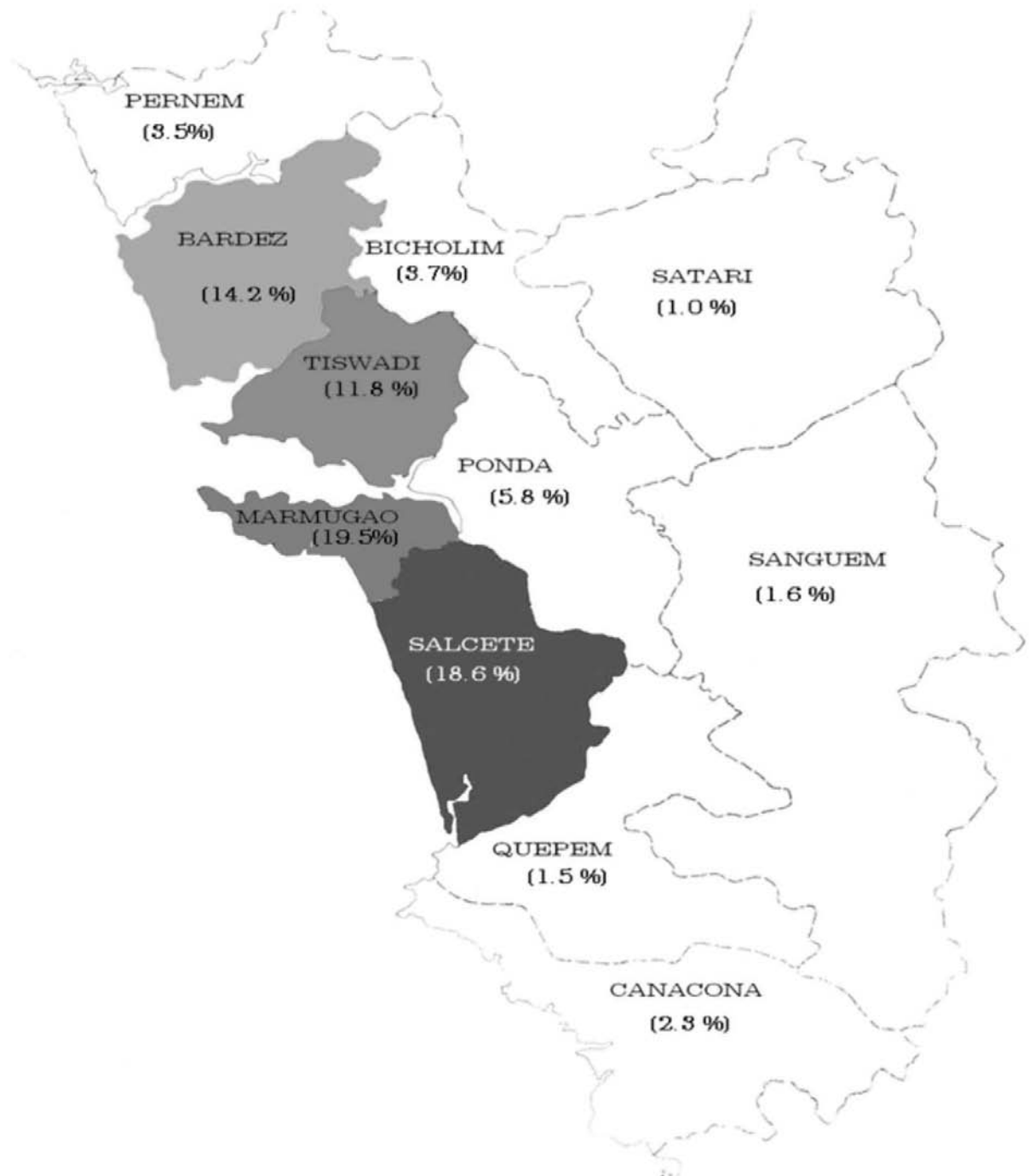
**q. Other support provided to SACS**

- 1. *Advocacy Meeting with SHO, Kamla Market:*** TSU PO, Mr.Shadab, took lead to organize an advocacy meeting with SHO, Kamla market. He motivated PM of a TI to approach SHO with him and apprise the police department of the TI project. The response has been very encouraging and it is now followed by other TI projects in Delhi.
- 2. *Preparation of Annual Action Plan:*** TSU supported in preparing the action plan and submitted a paper on strategies for DSACS to follow in the year 2011-12. Some of these have been accepted and included in the plan.
- 3. *Report Condom Demand to SACS:*** TSU has taken proactive action to regularly report condom situation in TI projects to prevent Stock-out situation. For last two quarters the quarterly demand for condoms at each TI was collated by TSU and reported to DSACS. Now this practice is continued by TSG Condom and POs inform stock out situation if any in one or more TIs.
- 4. *13 indicator report for two districts and 28 indicator report for all districts for all 4 quarters:*** TSU submits 13 indicator reports as prescribed for A category districts to NTSU and all other stakeholders regularly. Technical Support Unit, Delhi is also maintaining 28 indicator reports for all TI projects and assessing quarterly performance on key indicators. TSU regularly provides feedback to TI projects and SACS to take corrective steps to improve the performance.
- 5. *TSU Shares data with TI projects and helps them to read the data reported:*** TSU Delhi has a position of MIS Officer , which is effectively used to analyse the data and give feedback to TI projects. TSU has compiled the data for all the four quarters and is disseminating feedback to TI projects through POs. Other forums like district level meetings are also used to share this data. Along with this report, the data is provided in a CD for review.
- 6. *Monitoring of OST Centers:*** TSU is monitoring the performance of 4 OST centers by regularly visiting them. TSU MIS Officer visits the OST center monthly/bimonthly to ensure that the OST center operates according to the prescribed guidelines. TSU MIS Officer is helping the OST centers to review the attendance of clients registered for OST and assess the number of patients with longer gaps. We have devised a strategy to forcefully drop cases that have high irregularity in attendance and thus make space for new patients to be registered.
- 7. *TSU is part of Site validation for starting new OST centres in the state. TSU has prepared the reports and submitted to SACS for 3 new sites in Delhi.***



# Technical Support Unit (TSU) Performance Report – NACP III

## Goa



**1. Address**

Goa State AIDS Control Society  
 1st Floor, Daynand Smruti building  
 S.V. Road, Panaji, Goa, 403001.

**2. Supported by USAID**

**3. Working as a TSU since May, 2008**

**4. Budget and Expenditure in INR**

2007-08		2008-09		2009-10		2010-11		2011-12	
Budget	Expense	Budget	Expense	Budget	Expense	Budget	Expense	Budget	Expense
NA	NA	29,88,000	12,87,313	37,24,000	18,63,464	27,50,700	24,44,6612	32,45,115	10,39,924

\*Apr 10-Jun 10 – No cost Extension.

Next budget Sanctioned for Jul 10 – Jun 11 & Jul 11 – Mar 12

Budget figures for 2010-2011 & 2011-2012 worked out accordingly

**5. Current Stafffor 2011-12**

Sr. No.	Staff - Budgeted	Staff – On Board
01	Overall Team Leader – TI	Ms. Asha Vernekar
02	Program Officer TI	Ms. Preetam Barros
03	Program Officer TI	Mr. Peter Borges
04	Clinical Officer – STI for TIs	Vacant – Recruitment in process
05	Accountant	Ms. Archana Haldankar

**6. Trainings conducted in-house, exposure visits for the TSU staff (2011-12)**

Both the POs attended a one day’s training on the new Migrant’s strategy in July, 11 conducted by Avert Society, Mumbai. Ms Anna Joy (APD, Avert Society) imparted an in- house training on Outreach planning and CBO management to the TSU team. Mr Manishankar, (TE, M&E, NTSU) conducted a two days training on Developing a resource pool for strengthening of TIs (M&E) in Goa in which the TSU team participated in October, 11. TL, TI attended a four days training program in November, 11 at Hyderabad organised by NACO on Harm Reduction for IDUs. TL, TI also attended a two days orientation cum meeting was held on the Pehchaan project organized by NACO and Alliance at New Delhi in November, 11.

**7. Number of TIs in state currently (typology wise and coverage)**

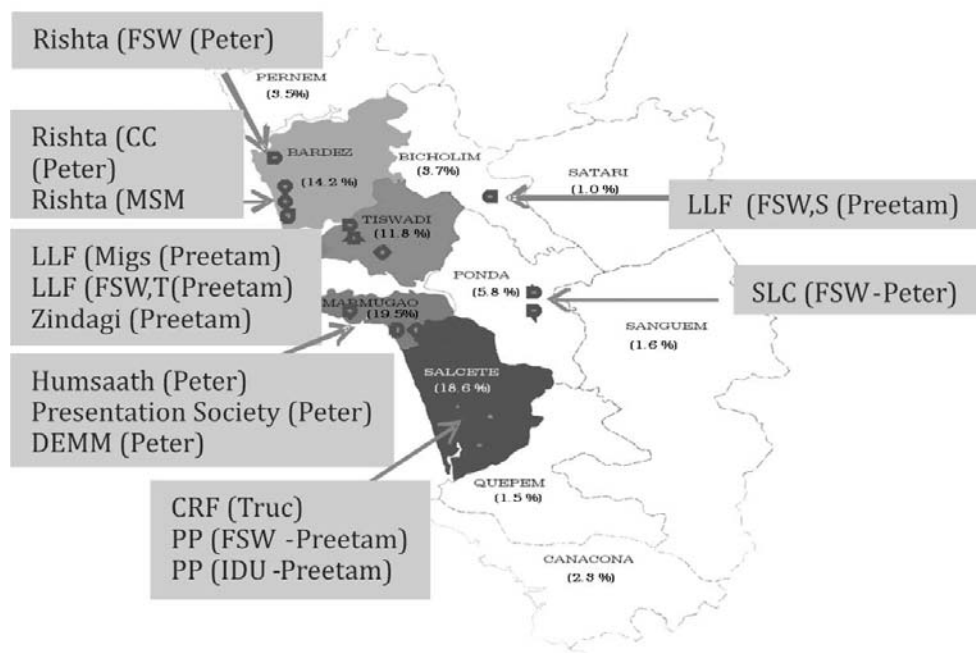
Typology	No. of Interventions	Coverage
FSW	6	2800
MSM	3	2300
IDU	2	700
CORE COMPOSITE (MSM & FSW)	1	1000
MIGRANTS	2	20000
TRUCKERS	2	10000

**8. Program Performance**

**a. Support provided for regional location of the POs**

Goa is small state in terms of area and the fourth smallest in terms of population. Goa has 11 Talukas spread over 2 operational districts – North Goa and South Goa. There are 16 TIs out of which 2 are truckers TIs. Two POs are covering 7 TIs each. TIs are equally divided as per the typology between the 2 POs.

**b. Map indicating regional location of POs and number of TIs managed by them**



c. Month wise visits by each PO from April to November 2011

Staff Type	TIs Al- lotted	Apr-11		May-11		Jun-11		Jul-11		Aug-11		Sep-11		Oct-11		Nov-11	
		No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit
AshaVernekar (TL, TI)	16	6	6	12	12	3	3	11	11	10	10	11	11	4	4	3	3
Preetam Barros (PO, TI)	7	3	8	7	15	7	10	7	11	6	14	7	13	7	15	6	11
Peter Borges (PO, TI)*	7							7	15	7	12	6	15	7	9	7	16

d. Feedback by TSU to PO , TL TI visit reports

Monthly PO, TI visit reports and TL, TI visit reports are shared by TL, TI with Avert Society, GSACS and NACO, TI Division. Goa being a small state, it is easy to have a meeting with PD, GSACS and appraise him with the feedback of the existing gaps and find solutions to the problems. PD, GSACS immediately discusses the matter with the concerned Department Heads and arrives at solutions. Apart from this there is weekly team meeting held on every Monday morning. Minutes of the same are shared by TSU, Goa to Avert Society on the same day.

Monthly meetings are held with the TI Partners on regular basis in which all the Heads of the concerned Departments like Basic Services, IEC, STI, M& E, Finance (On need based) attend the meeting. This meeting is chaired by PD, GSACS. All the issues are discussed and shared with the members; feedback by the TSU team is given to the TI partners and GSACS team. In addition to this there are Quarterly Review Meetings held with the TI partners and TSU presents the performance of each TI for the quarter. TSU team attends a Quarterly Review Meeting and presents the performance of TSU every quarter. PD & APD, Avert visit Goa and interact with PD, GSACS and the TSU team at Goa and provide their support and guidance.

**e. Efforts taken in mapping of HRGs**

The mapping was conducted by IHAT in Goa in 2008. TSU supported the agency in identifying the HRG Key persons who participated in the mapping, supported in logistic arrangements, shared the list of NGOs, list of areas to be mapped, suggested names for training of the members involved in mapping, monitored the mapping process, actively participated in the dissemination process of the mapping data and provided appropriate feedback for the same.

**f. Efforts taken to scale up the number of TIs by providing support to SACS**

Prior to the establishment of TSU, there existed only 10 TIs in Goa. After the TSU initiation the number of TIs were up scaled to 14 TIs in 2009 and 19 TI were put on board in the year 2010-11. (As per the annual action plan of 2011-12, 3 migrant TIs were discontinued with the result that Goa now has 16 TIs).

**g. Efforts taken in prioritisation of 'at most risk' HRGs for service delivery and institutionalising of individual tracking system.**

TSU has ensured that all the TIs have an updated line list and an individual tracking system for all the performance indicators. The TIs are made to ensure that the 'at most risk' HRGs are counselled and are sent for RMCs, HIV and RPR testing on a priority basis. Regular follow-ups of the same are also carried out. All the TIs have Crisis Management teams to take care of violence and harassment cases.

**h. Efforts taken towards improving STI service delivery mechanism and quality**

All 32 PPP doctors are trained and refresher training have also been conducted. MoUs are signed with all the PPP Doctors. 100% reporting of STI CMIS by all NGOs has been achieved. All staff including PEs are trained on STIs in all TIs. RPR and HIV testing facilities are made available at all PHC levels for convenience of testing among the HRGs. The Laboratory Technicians of all PHCs are trained in RPR and HIV testing. Regular Designated STI RTI Clinic review meetings are held. Tracking sheets introduced by TSU to the TIs to help better tracking of service delivery to the KPs. Refresher training conducted for all Medical Officers, Lab. Technicians and Staff Nurses of the DSRCs. All DSRCs have been branded as Suraksha clinics and requisite IEC material supplied. POs ensure that the TIs send their quarterly indent for STI drug kits to GSACS. POs also supported the TIs in procurement of the equipments for setting up the static clinics and in indentifying the Preferred Providers.

**i. Efforts taken to improve clinic access and reduction of STI**

There are only 4 designated clinics in Goa. The HRGs found it difficult to travel long distances due to high transport costs, which resulted in low HIV and RPR testing. On the feedback provided by TSU, Medical Officers, Lab technicians and Nurses from all the PHCs and CHCs were trained in counselling and testing for HIV/STIs and were also sensitized on TI issues by GSACS and TSU staff (TL, TI and CO, STI for TI). This has helped in better clinic access and an increase in HIV and RPR testing is seen at PHC and CHC level. Testing is done in a single prick at one location by introducing of RPR testing at all PHCs and CHCs. This has resulted in up scaling of the ICTC and STI services in Goa. The percentage of ICTC, tested against those

referred increased from 69% in October'09-March'10 to 84% in October'10-March'11. The positivity rate dropped from 1.6% in October 09-March'10 to 0.8% in October'10-March'11. The percentage of syphilis tested in increased from 12% in October'09-March'10 to 22% in October'10-March'11.

**j. Efforts taken towards improving condom utilisation**

The POs have helped the TI staff in the condom demand estimation, in conducting condom gap analysis, they help the GSACS TI person in giving the estimation of condoms to be procured and to maintain the regular supply chain mechanism, thus preventing stock outs. Condom distribution is now based on the client volume of the KPs. POs are also monitoring the free distribution and social marketing as well as the condom outlets. Regular meetings are conducted with the SMOs. On many occasions SMOs and TSU staff have provided joint trainings on condom social marketing to the TI staff. Training on condom social marketing by HLFPPPT was initiated and facilitated by TSU. POs have ensured that TIs are maintaining correct stock of condoms received and distributed through regular monitoring visits. POs have also ensured timely submission of the weekly and monthly condom tracking sheet by the TIs to GSACS.

**k. Efforts taken to improve syphilis screening**

RPR testing was introduced to improve the syphilis screening. All the Doctors, Lab Technicians and Nurses were trained from all the PHCs and CHCs on RPR testing where TSU played a very important role in training the doctors, 32 preferred providers were trained and MOU signed with the help of TSU POs and CO-STI for TI. Regular visits are given to the Preferred Providers and training provided on field for the doctors who could not attend the trainings.

**l. Efforts taken to improve linkages between TI and ICTC + improvement of HIV testing + improvement in linkage to ART**

POs have given personal visits to meet the Doctors and the Counsellors at the ICTCs, STI clinics, ART Centre and TB DOTS Centres, identified gaps if any between the TI, ICTCs, STI clinics and ART centres. An advocacy was conducted to strengthen the relationships, ironed out differences if any by holding meetings with the ICTC and STI Counsellors and TI partners in a meetings chaired by PD GSACS and other concerned Officers from GSACS as a result of which a lot of misunderstandings were cleared. POs have regularly monitored the visits of PLHAs from the TIs to ART centres to strengthen the linkage between TIs ICTCs and ART centres and ensured that the follow up of clients after HIV testing becomes a priority for the Outreach team.

**m. Effort taken to develop Learning sites in the state**

An exposure visit was initiated and executed by TSU in Goa to take the TIs to the learning sites in Mumbai, to see the FSW, MSM, IDUs and Migrant TIs to learn the best practices. With the result of regular hand holding and monitoring visits by TSU staff 100% TIs are in A++ A+ and A category in 2010-11 as compared to 79% in 2009-2010. Additional capacity building on CBO management was given to Humsaath Trust, the only CBO in the state. The CBO is further assisted to form Humsaath Plus; a network of positive MSMs. TSU has recommended 3 TIs (2 FSW and 1 MSM TI) to be developed as a learning site.



**n. Efforts taken to conduct site validation**

TSU has helped the all the TIs to revalidate the mapping data presented by IHAT. All the TIs have updated their hotspot/site-specific micro plans which have in turn helped to identify new clients, increase the regular contacts and optimize service uptake. Details of transaction and frequency are known among all the TIs.

**o. Efforts taken towards improving quality of TI data , analysis and feedback**

TSU has ensured uniform reporting and 100 % reporting from the TIs to Goa SACS. The POs physically verify the data in the TIs and ICTCs and match the same with the monthly CMIS to avoid incorrect reporting. The PO monthly tracking sheet is regularly maintained by the POs and the same is shared with the TIs and GSACS. Bi-annual Experience Sharing Review meetings are conducted under the supervision and guidance of TSU. There are also Quarterly Review Meetings held with the TI partners and TSU presents the performance of each TI for the quarter. The POs attend the TI weekly staff meetings and provide feedback to the TIs. POs ensure that TIs PMs visit the field and conduct hotspot level meetings and document the same. TSU insists that organizational involvement is there for the smooth functioning of the TIs.

**p. Efforts taken towards capacity building**

STRC was set up in Goa in September 2010. In the absence of STRC, TSU staff has conducted all the trainings by arranging resource persons from BIRDS, MYRADA and (SANKALP for IDU TIs). TSU regularly helps GSACS and STRC in planning the training, providing the list of the participants for the trainings and in monitoring the trainings. TSU has helped the STRC in conducting a CNA for the FSW and MSM TIs. The POs has also been regularly involved in onsite training of TI staff.

**q. Other support provided to SACS**

TSU has supported GSACS in development of it's Annual Action plans since 2008-09 till date. 1 TI was terminated in 2010, and TSU facilitated GSACS in screening of applications, organizing the JAT team and helping GSACS to replace the TI. TSU Goa conducted a special study on the seasonal inflow of sex workers with the help of the TI partners. This helped in strategizing activities, which included mass mid-media initiatives, special IEC campaign with various stakeholders in the Tourism industry. Noteworthy is that TSU, Goa organized a meeting with the Travel and Tourism Association of Goa (TTAG) which resulted in the distribution of condoms and IEC materials in hotels and lodges of Goa. A workshop was organized in collaboration with ILO, GSACS and Avert Society for the enterprises and 20 new companies gave their willingness for holding workplace interventions. The TSU played a vital role in helping the TI partners to conduct advocacy programs with the stakeholders at the highest level. Key programs include State level GIPA strategy meeting with the participation of the Chief Secretary, Govt. of Goa and another meeting with the high rank Police Officers. This has resulted in reducing the Police harassment cases amongst the High Risk Groups. The TSU also helped the IDU TI partner to access the waste disposal facility for needles/syringes disposal, at PHC, Candolim, a long standing problem faced by the partner since initiation of the intervention in 2008. TL-TI was the focal person in signing of MOU to recruitment of DRPs and Link workers to training the staff; TSU has helped GSACS to put the LWS in place in Goa. TSU coordinated with the Folk-Media Consultant, NACO, GSACS, TI Partners and Folk Troupes, helped in selecting the sites

and decide on the timings for the performances. The POs monitored some of the performances and provided feedback. TSU initiated the trainings on BCC by JHU CCP for the TI Partners on innovative IEC tools and also procured the same from Avert Society, Mumbai. One of the Program Officers also provided technical support in HSS 2010 and was part of Joint Appraisal Team for selecting of the new Community Care Centre.

# Technical Support Unit (TSU) Performance Report – NACP III

## Jharkhand



**1. Address**

CARE India, 381/A, Road No. 4,  
Ashok Nagar, Ranchi, Jharkhand

**2. Supported by UNICEF**

**3. Working as a TSU** since 2008. Since Jan 2008-July 2009 worked as Satellite office and since August 2009 working as full-fledged TSU office

**4. Budget and Expenditure in INR**

2007-08		2008-09		2009-10		2010-11		2011-12	
Budget	Expense	Budget	Expense	Budget	Expense	Budget	Expense	Budget	Expense
3920067	572236	11805823	6057318	8783097	5363296	9707432	6447525	11756719	3612214

- Note
1. Financial Year is for April to March
  2. In FY 2011-12, expenses are up to Sep 2011.
  3. Above expenses are those which is actually reimbursed by NACO

**5. Current Staff for 2011-12**

	TL-TI	TL-SP	PO-TI	PO-CB	PO-M&E	PO-STI	Admin cum Finance Officer	Admin Assistant
Budgeted	1	1	4	1	1	1	1	1
On Board	1	1	3	1	1	1	1	1

**6. Trainings conducted in-house, exposure visits for the TSU staff (2011-12)**

3 days in house training was organized for TSU staffs on Leadership & Team Building conducted by 'Mantra'.

**7. Number of TIs in state currently (typology wise and coverage)**

Thematic groups	Number	Physical coverage target as per AAP (2011-12)
FSW	27	14900
MSM	4	1500
Hijra/TG		
Migrants (Transit)	5	50000
Truckers	3	45000
IDU	4	1130
<b>Total</b>	<b>43</b>	<b>112530</b>

## 8. Program Performance

### a. Support provided for regional location of the POs

Looking at the large geographical spread of the proposed TIs (at least one in each district) and the need for TSU to provide regular support to the same, the state has been divided into four zones namely Ranchi, East Singh hum, Deoghar and Dhanbad. A program officer has been stationed in each of these zones to support 8-9 TIs based in the districts of the respective zone. The program officers dedicate at 15 man days minimum to provide supportive supervision and hand holding support to these TIs. However in recent past due to frequent Maoist vandalism/ bandh, planned visits by POs got affected to a great extent.

For ease of and regularity of communication between the POs at the field and the TSU office/ SACS at Ranchi, each of them have been provided with a lap top and a data card.

The TSU Program officers report to the TL-TI based at the TSU head quarters in Ranchi who meets each one of them at least once in a month for planning and for performance review.

### b. Map indicating regional location of POs and number of TIs managed by them



TI DISTRIBUTION OF Program Officers						
Zone	Base	No.	Name of the Place	Name of the Organization	Nature of TG	
Zone-1	Deoghar	1	Sahibganj	BharatiyaManavVikasvevasansthan	FSW	
		2	Pakur	Graminvikas trust	FSW	
		3	Godda	NavKiran	FSW	
		4	Deoghar	GraminSamajKalyanVikashManch	FSW	
		5	Jamtara	Jharkhand Prahari	FSW	
		6	Dumka	Jam Jagriti Kendra	FSW	
		7	Garhwa	Jan Sahiyog Kendra	FSW	
		8	Palamu	KGVK	FSW	
Zone-2	Dhanbad	1	Latehar	Vikash International	FSW	
		1	Dhanbad	LaljiPrashikshan Kendra	FSW	
		2	Dhanbad	Calcutta Samaritan	IDU	
		3	Dhanbad	Manthan	MSM	
		4	Dhanbad	Manthan	FSW	
		5	Bokaro	Seemanchal Jan KalyanSamiti	FSW	
		6	Bokaro	Seemanchal Jan KalyanSamiti	IDU	
		7	Bokaro	Prayas	FSW	
Zone-3	Ranchi		Bokaro	Sahyogini	MSM	
		1	Ramgarh	PrjawalitVihar	FSW	
		2	Hazaribag	Jan Jagaran Kendra, Hazaribagh	FSW	
		3	Giridih	Gramika India	FSW	
		4	Koderma	Swaraj Foundation	FSW	
		5	Ranchi	Samarpan Charitable Trust	MSM	
		6	Ranchi	Calcutta Samaritan	IDU	
		7	Ranchi	KGVK	FSW	
		8	Chatra	Influx	FSW	
9	Simdega&Khunti	Lokswar	FSW			

TI DISTRIBUTION OF Program Officers					
Zone	Base	No.	Name of the Place	Name of the Organization	Nature of TG
Zone-4	East Singhbhum	1	W. Singhbhum	BhartiyaLokKalyanSansthan	MSM
		2	W. Singhbhum	SankalpJyoti	FSW
		3	Gamaria	PragatiLuyadiah	FSW
		4	East Singhbhum (Jamshedpur)	SankalpJyoti	FSW
		5	East Singhbhum (Jamshedpur)	Calcutta Samaritan	IDU
		6	E. Singhbhum (Behregora)	SankalpJyoti	FSW
		7	Gumla	Srijan Foundation	FSW
		8	Khalari	Srijan Foundation	FSW
	Lohardagga		Society for Integrated Development	FSW	

c. Month wise visits by each PO from April to November 2011

Staff Type	Apr-11		May-11		Jun-11		Jul-11		Aug-11		Sep-11		Oct-11		Nov-11	
	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit
Niraj Kumar Jha-PO-TI	4	8	5	8	6	9	10	17	6	11	10	15	4	14	8	12
Pankaj Kumar-PO-TI	8	11	4	8	3	6	8	15	6	10	5	11	4	14	8	17
Sanjay Gautam-PO-TI	5	7	5	9	6	9										
SujitMandal-PO-TI																
Ms.NazmaJahan-PO-TI																
Ms.Meena Jain-PO-M&E	4	4			1	1	3	3	5	5	6	6		9	3	4
Mr.Raghunath Manna-PO-CB	3	9	7	11	4	9	7	8	8	9	8	15		10	8	11
Dr. Stephen Xess-PO-STI	4	5	11	13	3	3	9	10	5	7	4	6	1	3	6	8
Bindeswar Kumar-FO	4	3					1	1	1	1	1	1			2	3
DebasishChowdhury-TL-TI	7	9	6	6	2	7	5	3	9	8	3	4	1	5	1	2
Dr.SharodKislay-TL-SP											5	6		6	3	4



**d. Feedback by TSU to PO , TL TI visit reports**

The Program Officers are provided regular feedback on the performance of TIs and quality of support provided by them to the TIs through the TL-TI and the M&E Officer.

The TI holds a planning and review meeting in the first week of each month to discuss on the performance of the PO based on the performance of the TIs on critical indicators. It is here that any long standing issue that needs attention from the other officers in TSU or SACS is discussed for appropriate action.

At the same time, the M&EO shares the quarter wise zonal performance/trend analysis with the respective POs to inform field visit/address gaps/prioritization by them

The POs submit the weekly reports to the TL-TI who provides necessary feedback on the same for appropriate action. At the same time, he also gives his first hand feedback on the field visit reports/observations & action taken template for the needful.

The field visit reports and the observation& action taken template is then shared with PD/APD and the TI division of SACS for the feedback to respective TIs and for necessary compliance.

**e. Efforts taken in mapping of HRGs in NACP III**

In the year 2008, the mapping exercise was facilitated by TSU in coordination with SACS both at Bihar & Jharkhand (that time TSU used to operate from Bihar having a satellite office in Jharkhand). TSU facilitated the 3 planning meetings at SACS level and developed the operational plan in collaboration with 'mapping agency'. During the entire exercise TSU facilitated the coordination between mapping agency and TI partners particularly for Site Assessment. During the 90 days of the exercise; TSU facilitated the coordination between mapping agency and district administration on regular basis. At SACS level TSU also facilitated a sensitization meeting with all TI partners of the State.

Post mapping exercise, a debriefing exercise was facilitated by TSU at both BSACS & JSACS. Based on the mapping finding TSU assisted SACS in re-configuring the HRG targets in 24 districts (in Jharkhand) and 38 districts in Bihar for TI program.

**f. Efforts to scale up the number of TIs**

During the last 3 years TSU assisted SACS in Desk Appraisals of NGOs for JAT. TSU in collaboration with SACS facilitated the scoring exercise and TAC meeting for selection of NGOs for JAT.

Post TAC meeting, TSU assisted SACS in conducting JAT for empanelment of new partners through identifying and coordinating with external consultants; preparing road map and budget for JAT exercises; orientation of JAT consultants and facilitating de-briefing meeting of JAT outcomes in presence of PD/APD of SACS. During 08-09, 24 JAT exercises conducted in the State. During 09-10, TSU facilitated 22 JAT exercises and during 10-11; 26 JAT exercises were facilitated by TSU in 10 districts for empanelment of new TI partners.

Post JAT exercises, since last 3 years TSU also facilitated various orientation workshops for newly selected TI partners on Proposal development. TSU also facilitated the scoring exercises of submitted proposal in collaboration with SACS. Based on the final scoring; TSU helped SACS in contracting process with finally selected partners for TI including the budget preparation of newly selected partners.

During 9-10, TSU helped SACS to bring 4 new partners on board, during 10-11, TSU assisted SACS to bring 21 new partners on board, during 11-12, and TSU supported SACS to bring 5 new partners on board as new TIs and replacement TIs.

Apart from that, TSU in the last 3 years supported SACS in various capacities in conducting annual evaluation of TI partners through identifying and coordinating with external consultants; preparing road map and budget for annual evaluation; facilitating orientation of consultants on evaluation tools and facilitating de-briefing meeting of evaluation outcomes in presence of PD/APD of SACS. During 09-10, TSU facilitated 20 evaluation exercises and during 10-11 TSU facilitated 6 evaluation exercises.

### **g. Efforts taken in prioritisation of 'at most risk' HRGs for service delivery and institutionalising of individual tracking system**

The TSU has made the following specific efforts in this direction and in a process to institutionalize the systems across all TIs:

- ♦ Ensured that the line listing and registration system is sound and error free
- ♦ Ensure that hot spot analysis, contact mapping and preference ranking micro planning tools are developed and regularly updated
- ♦ A tracking and follow system for clinical services is in place and that the same is regularly updated and used for monthly planning
- ♦ The monthly planning is first developed by the PM and the counsellor and shared with the ORW with UID numbers for clinical services. In fact a target oriented planning tool has been developed and shared with all TIs for result based planning.
- ♦ The ORW fills in the planning portion of the form B in consultation with the PEs on a weekly basis. The same is checked by them to ensure that the planning of due and overdue columns and the vulnerability index are filled up completely and correctly.
- ♦ Also, the TI adopts a target based approach that is reviewed peer wise, ORW wise in every week

Apart from the same, the TSU POs have been engaged in regular capacity building of the TI staff on prioritization of "at most risk" as also emphasising on the same through use of periodic monitoring tools like the quarterly ORW analysis.

Also the POs ensure that the form B and the tracking system is validated by them during the field visits made each month for any discrepancy/mismatch.

### **h. Efforts taken towards improving STI service delivery mechanism and quality**

- 1) Ensure the availability of STI colour coded drugs kist at TI NGO and JSACS level with regular and close coordination with STI division and Store section of JSACS.
- 2) Implemented the system of approving the STI colour coded drugs kits for 3 month buffer stock for TI NGOs on the indent made by them after proper assessment of their utilization according to STI cases diagnosed before the same can be released from SACS.
- 3) TSU PO-STI periodically assesses the expire of drugs and facilitates the procedure of first expiry first use, if expiry is short then the drugs kits are relocated to other centre with close coordinate with the STI division of JSACS.

**DSRC Linkages**

- 1) TSU PO-STI regularly visits the DSRC and facilitates the coordination between the TI NGO with DSRC.
- 2) Facilitation of monthly coordination meeting among TI NGO, DSRC, ICTC and ART centre in presence of Nodal officer.
- 3) Facilitation of review meeting of DSRC counsellor at JSACS level. 4 reviews meetings of DSRC counsellors and one review meeting with STI nodal officers were facilitated during Aug- 2010 to Dec. 2011.
- 4) Facilitation of 3 TOT of DSRC doctors for NRHM convergence of STO.

**Training of Doctors**

- i. Total 109 PPP doctors have been trained. Out of these 63 PPP doctor have been trained from Feb. 2011 to Dec. 2011. TSU facilitated all the trainings.
- ii. 40 DSRC doctors were trained in the TOT mode. TSU facilitated these trainings in coordination with JSACS and RCH (NRHM).
- iii. During visits to TIs, PO-STI also regularly re orients the PPP doctors to strengthen his/her programmatic understanding.

**Visit to the Clinic**

- i. PO STI (TSU) made 95 visits during July 2010 to Nov 2011 to TI NGOs with specific objective to orient the PPP doctors to strengthen their capacity.
- ii. PO STI (TSU) visited 50 DSRC clinics during July 2010- Nov 2011 to provide on -site support on record keeping and reporting and STI services.

**i. Efforts taken to improve clinic access and reduction of STI**

TSU made specific efforts to ensure that The PPP doctors on board are trained centrally, provided regular on job capacity building by visiting Program officers and of regular monitoring of the clinical services provided by them both in terms of reporting and SCM.

On the other hand, TSU ensured that a sound tracking and follow up mechanism for STI service delivery is implemented at the TI level. This improved clinic footfalls, RMC and syphilis testing to a large extent.

Specific efforts made by PO STI towards streamlining indenting and supply of drug s and its management at SACs level also contributed to streamlining drug supply

Linkages with govt. STI clinic for STI treatment and the facility of syphilis testing at the ICTC also contributed to STI services being rendered at these facilities too.

Apart from the same emphasis on regular condom demand analysis and its use for planning and implementation at the TI level by the TSU POs improved condom utilization among the HRG. Condom supply had been regulated and streamlined at the TI level with roping in the support from NRHM, establishment of condom outlets and also support to social marketing of condoms.

**j. Efforts taken towards improving condom utilisation**

The TSU has been making constant efforts to streamline both the demand and supply side of condoms at State level.

As far as demand side is concerned, it has been ensure that condom demand analysis is prepared on a quarterly basis based on the hot post analysis by each TI. The same is validated on random basis during felid visits through entries in the PE daily diary.

The annual condom demand for the state is decided through the provisions in the NACO guidelines and indented accordingly.

As far as supply side is concerned, the condom TSG is weekly appraised about the stock and utilization status by TIs. Apart from the same, any critical issue with regard to supply chain management is addressed in the monthly coordination meeting with Condom TSG, PSI organized by SACS.

The condom outlets are also monitored for condom availability on a random basis during the field visits by TSU.

At the same time, alternate means of condom supply through NRHM has also been explored by TSU POs in many districts to ensure uninterrupted supply of condoms at the TI level.

The polling booth survey is planned in January 2012. Detail operational plan prepared by TSU shared with SACS.

**k. Effort taken to improve syphilis screening**

As a result of advocacy and coordination of TSU with JSACS and NRHM, it was ensured that Syphilis testing and HIV testing are offered under one roof at the ICTC centre, resulting in saving of time and effort both by the HRG and the system for service delivery as also of reducing drop outs for syphilis testing.

TSU facilitated and ensured the availability RPR/VDRL kits at the district level health facilities eg the ICTC and the general lab of the hospital in coordination with the JSACS STI division.

Apart from the same, the regular hand holding and supportive supervision to the ICTC and STD clinic officials at the govt. facilities by the PO STI has also improved syphilis testing of STI and ANC cases.

The TI NGOs have also been screening the HRG for Syphilis from Private Lab when the Sadar Hospital is far away from the hot spot.

The TSU also facilitate the co-ordination meeting between ICTC counsellor, PM and the Counsellor of TI NGO at the district level to address gaps and initiate action.

**l. Efforts taken to improve linkages between TI and ICTC + improvement of HIV testing + improvement in linkage to ART**

Quarterly coordination meeting of the ICTC counsellor and lab technician and the TO partners has been initiated at JSACS to improve coordination, address gaps and initiate action.

At the district level, The POs ensure that monthly co ordination meetings are regularly held between ICTC counsellor, PM and the Counsellor of TI NGO to discuss and derive at probable actions for improved service delivery.

During the supportive supervision visits, the TI officials conduct co-ordination meeting with Nodal officers, ICTC & STI, ART centre and TI NGO staff for coordination and improvement in service delivery

Regular data analysis, performance review and feedback to NGOs for strengthening referrals have also led to improved testing and linkage to ART.

POs also effort to ensure a tracking system for HIV testing and target based planning has led to reduction in drop outs and improvement in HIV testing among HRGs.

**m. Effort taken to develop Learning sites in the state**

Past efforts to develop Learning Sites in State got hindered due to frequent replacement of TI partners for non-adherence and noncompliance by TIs on program and financial matters. However in recent past, TSU in coordination with STRC have made visits to selected TI partners to assess the potential of TIs of becoming learning site. Based on the visits, the following 3 TIs have been chosen for learning sites:

1. Prajjalit Bihar in Ramgarh (FSW TI)
2. Calcutta Samaritans in East Singhbhum (IDU TI)
3. Samarpan Charitable Trust in Ranchi (MSM TI)

In the last 3 months frequent visits were made to these 3 TIs by POs to develop systems and strengthen TI level micro planning to bring them to take-off stage. In addition to that a 'tool' for learning site development has been developed in collaboration with STRC which will be administered in all the 3 TIs in December 11 for making the future road map and component specific planning vis-à-vis Learning Site Development. Based on the outcome of this exercise, an operational plan will be prepared by POs in conjunction with STRC for the next 3 months for the development of Learning Sites in aforesaid TIs.

**n. Efforts taken to conduct site validation**

TSU has facilitated site validation exercises in the following districts during April-11 November-11.

1. Deoghar
2. Sahebganj
3. Dumka
4. Bokaro
5. Ramgarh
6. Koderama
7. Dhanbad
8. Pakur
9. Loherdagga

Planning for site validation of rest of the districts has been planned during Dec 11- Feb 12.

The site validation was done as per the tools provided by NACO and during the exercise 3 to 4 days was spent in the sites and the sessions were conducted with target population, primary and secondary stakeholders, Key informants, Staffs and PEs. The detail reports were shared with JASCS.

### **o. Efforts taken towards improving quality of TI data , analysis and feedback**

TSU has been actively involved in ensuring correct and timely reporting since long. This has been through capacity building of TI staff as also of hand holding them in preparing CMIS in the initial phase of the TI.

CMIS data validation during PO visits has been reinforced in ensuring data sanctity to some extent.

TSUs involvement in facilitating structured trainings in STRC on CMIS and reporting has also contributed to this.

TSU also maintains an internal dashboard on TI monthly performance on critical indicators based on the TI CMIS, a copy of which it receives from the TI every month. Specific strategies have been adopted to address the issue of non-coherence in data with TSU and SACS through intense collaboration with SACS M&E division.

Major steps have been taken to revamp reporting in terms of quality, timeliness and coherence since then. It was also recognised that TSU, STRC and SACS should have a common understanding on the indicators and their source before the same is percolated to the TIs to maintain harmony and sanctity of programmatic data.

In this direction, the new CMIS formats have been distributed among all TI partners with easy to understand excel based instructions for filling up data on each indicator. Apart from the same TSU has coordinated with STRC to ensure that the same is main streamed into the MIS training of TI staff.

The data from the month of September 2011 onwards is verified for any mismatch or logical flaw by the PO TSU at the first level and the PO MIS at the second level before it is finalized and handed over to SACS for its uploading in the server.

The POs provide feedback to TI on performance based on the CMIS received. The M&EO provides trend analysis and supports the PO in identifying gaps in performance and prioritizing.

CMIS Data validation during field visits of POs has now become a must.

We sincerely hope that these efforts will certainly lead to better data management to inform evidence based planning and decision making.

### **p. Efforts taken towards capacity building**

In the last 3 years TSU assisted SACS in institutionalizing capacity building initiative in the state through preparing CB plan, roll out of CB exercise through directly conducting state level and onsite trainings and supporting SACS in operational zing State Training Resource Centre in the State (STRC). In fact prior to the inception of STRC, TSU directly facilitated 2 batches of trainings for 16 PDs and 36 PMs, 1 batch of training for 25 counsellors, 4 batches of trainings for 96 ORWs, 5 batches of trainings for 168 peer educators, 8 batches of trainings for 141 PPP, 3 batches of trainings for 72 personnel comprising of PM, Accountants and M&E officer. In addition to that some of the core initiatives undertaken by TSU are:

- ◆ Assisting SACS in preparation of Annual and quarter wise Capacity Building Plan vis-à-vis State Implementation Plan.
- ◆ Supporting SACS in AAP with specific focus on CB component.

- ◆ Facilitated the Need Assessment workshop for newly selected partners for implementing TI program
- ◆ Facilitated the Proposal Development workshop for newly selected partners for implementing TI program
- ◆ Facilitated the development of template on Training Evaluation and gradation of participants
- ◆ Development of training need assessment templates for different category of TI staff
- ◆ Field testing of the TNA tools and finalization of the TNA templates prior to the operationalization of STRC.
- ◆ During 2010-11 TSU had been largely successful in operationalizing STRC in the state. TSU has provided support to SACS for preparing the role out plan of STRC in the state and preparing the annual training calendar for the state. TSU has provided facilitation support to STRC in the areas of designing, planning, facilitating and monitoring scheduled training programs planned during AAP. As a resultant, STRC has emerged with a strong cadre of trainers at the state level and district level that is well capacitated in the areas of program management, counselling, outreach planning, peer education etc.
- ◆ Helped STRC in identifying 17 district level Peer Educators Master trainers to roll out the PE training at district level
- ◆ Assisted STRC in conducting Operational Researches with specific focus on capacity building.

**q. Other support provided to SACS**

- ◆ Finalization of AAP in each year and preparation of Implementation Plan
- ◆ Empanelment of NGOs and proposal development support
- ◆ Source Migration and other periodic campaign
- ◆ Strategy development for working with partners under GFTM-9
- ◆ Recovery of funds from terminated and discontinued TIs.
- ◆ Facilitation of periodic coordination meetings under TI, STI and ICTC division.
- ◆ Preparation of TI budgets and budgets for different meetings.
- ◆ Process documentation of meetings/ workshops held at SACS level.
- ◆ Reconciliation of SOEs submitted by TI partners.
- ◆ Periodic Support to IEC, M&E and Basis Service division through helping them conducting events and analysing data.
- ◆ Supporting GIPA in strengthening district level network formation.





# Technical Support Unit (TSU)

## Performance Report - NACP III



India Health Action Trust  
Karnataka

**1. Address**

# 4/ 13, Pisces Building,  
Crescent Road, High Grounds, Bangalore – 560 001

**2. Supported by** Bill and Melinda Gates Foundation  
Avahan program through Public Health Foundation of India

**3. Working as a TSU since:** December 1st, 2007

**4. Budget and Expenditure in INR**

Budget Year	2007-08	2008-09	2009-10	2010-11	2011-12	Total
Budget Period	Dec - Nov	Dec - Nov	Dec - Jun	Jul - Jun	Jul - Mar	
Sanctioned Budget	13,574,100	16,318,800	9,519,300	17,887,400	15,000,000	72,299,600
Expenditure	10,364,162	12,130,770	7,739,678	15,935,322	3,630,247	49,800,179
Fund Released by NACO	3,300,000	11,894,719	8,000,000	16,000,000	5,000,000	44,194,719
by KHPT	5,682,958	-	-	-	-	5,682,958
Total Fund	8,982,958	11,894,719	8,000,000	16,000,000	5,000,000	49,877,677
Defficit/ Available Fund	- 1,381,204	- 236,051	260,322.00	64,678	1,369,753	77,498

**5. Current Staff for 2011-12**

Sr. No.	Designation	Place of Posting for Officers
1	Team Leader TSU	Bangalore
2	Team Leader-TI	Bangalore
3	Admin Officer	Bangalore
4	Team Leader Capacity Building	Bangalore
5	Clinical Specialist	Bangalore
6	Team Leader – Strategic Planning	Banglore
7	M&E Officer	Bangalore
8	Finance Officer	Bangalore
9	Capacity Building Officer	Bangalore
10	Program Officer – TI	Dakshin Kannada
11	Program Officer – TI	Bangalore
12	Program Officer – TI	Raichur
13	Program Officer – TI	Tumkur
14	Program Officer – TI	Bangalore
15	Program Officer-TI	Haveri

Sr. No.	Designation	Place of Posting for Officers
16	Program Officer-TI	Bellary
17	Program Officer – STI	Bangalore
18	Advocacy & Community Mobilization Officer	Bangalore
19	Communications Officer	Bangalore
20	Admin Associate	Banglore

(Two unfilled post: Monitoring and evaluation Officer and Admin Associate: To be filled by December end 2011)

## 6. *Trainings conducted in-house, exposure visits for the TSU staff (2011-12)*

3 trainings conducted: Condom Estimation and planning, Induction training for new Staff, Micro-planning. Exposure: 2 visits (IDU and OST Programs)

## 7. *Number of TIs in state currently (typology wise and coverage)*

Typology	# of TIs	Populations covered
FSW	30	37241
MSM T	18	10179
IDU	4	1750
Migrants	12	120,000
Truckers	4	50,000
Core Composites	1	
Total		

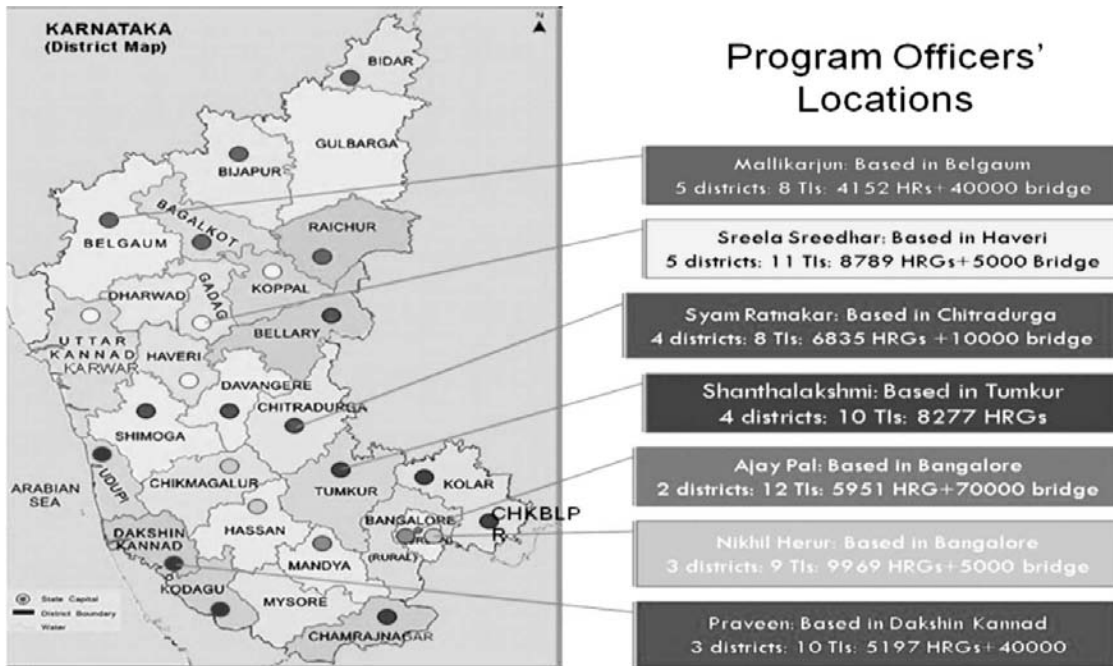
## 8. *Program Performance*

### a. **Support provided for regional location of the Pos**

To improve the access of Program Officers to the Targeted intervention programs and visa versa, TSU initiated the process of regionally placing the program officers within the cluster of districts that are the responsibility of respective POs. The clusters were identified based on number of TIs that each PO could manage in terms of providing supportive Supervision, around 10 TIs per PO. All seven Program Officers, have been placed in TI clusters and these districts are as follows:

- ◆ Dakshin Kannada: Coastal Karnataka
- ◆ Chitradurga: South Central Karnataka
- ◆ Tumkur: Southern Karnataka
- ◆ Bangalore: South Karnataka
- ◆ Belgaum: North Karnataka
- ◆ Haveri: Central Karnataka

**b. Map indicating regional location of POs and number of TIs managed by them**



Name	Placed at	# of TIs	# of Districts	# of HRGs	Bridge
Praveen K	Dakshin Kannada	10	3	5197	40,000
Ajay Pal	Bangalore	12	2	5951	70,000
Shanthalakshmi	Tumkur	10	4	8277	
Mallikarjun	Raichur	8	5	4152	40,000
Nikhil Herur	Bangalore	10	3	9969	5,000
Shreela S	Haveri	11	5	8789	5000
Syam R	Chitradurga	8	4	6835	10000
<b>TOTAL</b>		<b>69</b>	<b>25</b>	<b>49170</b>	<b>170,000</b>

c. Month wise visits by each PO from April to November 2011

Staff Type	Apr-11		May-11		Jun-11		Jul-11		Aug-11		Sep-11		Oct-11		Nov-11	
	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit
PO TI 1 (Ajay Pal)	7	9	10	14	10	13	5	6	6	10	9	14	3	3	6	10
PO TI 2 (Mallikarjun)	5	8	6	16	8	9	9	14	8	11	10	14	4	6	5	5
PO TI 3 (Nikhil)	4	9	7	15	7	13	6	13	8	11	7	12	4	4	5	7
PO TI 4 (Praveenkumar)	8	10	7	12	9	15	9	12	9	12	9	12	2	3	8	12
PO TI 5 (Shantha Lakshmi)	5	10	6	13	7	13	7	13	7	10	7	11	9	10	10	13
PO TI 6 (Sreela Sreedhar)													8	8	9	14
PO TI 7 (Syam Ratnakar)	7	7	9	13	6	8	12	12	12	17	10	14	10	10	7	8
TL TI	4	4	4	4	8	8	0	0	5	5	4	4	3	3	2	2
PO M&E	3	4	4	4	5	5	6	6	8	8	5	5	0	0	2	2
PO STI	12	20	13	20	14	20	10	20	18	24	10	20	10	20	8	14

Other visits by the Program Officers

TSU visits to the 70% transition TIs (Number of days)									
Sl. No	Name of PO	Apr	May	June	July	Aug	Sep	Oct	Nov
1	Ajay Pal	4	6	1		7	2	8	4
2	Mallikarjun	5	2		1	4	3	6	12
3	Praveenkumar	3				3	5	8	10
4	Shanthalakshmi			1	4	5	5	2	9
5	Nikhil Herur	8	1		1	6	2	6	8
6	Sreela Sreedhar							3	
7	Syam Ratnakar							3	2
8	TL TI				1	5	5	6	2
	PO TSU	4		2		13	10	12	6
	<b>Total</b>	<b>20</b>	<b>9</b>	<b>2</b>	<b>7</b>	<b>30</b>	<b>22</b>	<b>54</b>	<b>53</b>

The Program Officers visited the KHPT and Ashodaya Samithi transition TIs to provide supports to align to the programs into NACP Guideline.

**d. Feedback by TSU to PO , TL TI visit reports**

The TSU PO makes a monthly plan in the beginning of the month which is shared with the team leader of Targeted Interventions. The visit plan is made based on the Targeted intervention status and support needed. This is also shared with Project Director and Joint Director TI of KSAPS. Based on the field visits made by the PO, the PO submits his or her report to the team leader every month and the same is reviewed by the Team Leader to understand the programs. This visit report is also shared back with the Joint Director TI. Also, at the TI level, the PO also sends his or her report feedback to the concerned NGO or CBO for follow up actions.

Every month, the POs of the TSU meet with the Team Leader of TI and Joint Director TI. During this meeting, the PO shares, through a power point the status of each TI program, the support provided to the TI, outstanding issues, follow up actions and issues that need to be resolved by KSAPS. Based on the monthly feedback sessions, suggestions are shared and issues outstanding are resolved. **(Attached: sample PPT)**

**e. Efforts taken in mapping of HRGs in NACP III**

TSU in 2009 shared that the estimates of MSM and Transgender populations (arrived at in 2006) were low. This inference was done based on Program Officers feedbacks wherein in many TIs the actual number of people contacted was more than the program estimates. This gave pointers that the mapping process in 2006 underestimated the MSM T populations. Based on same, TSU in coordination with KSAPS, conducted the mapping of MSM and Transgender populations in 2009. This was done in 9 districts that were under KSAPS during the same period. Based on the same, KSAPS was able to scale up its MSM T programs from 4043 MSMs to 7207 MSM T. Increased coverage was achieved by having new TI, revising TI coverage and having core composite TIs.

In 2011, NACO revised the national guidelines for the migrants and the major departure from the guidelines was the enhanced coverage that went beyond the single male migrants to cover migrants that included females and males with or without families. Based on the new guidelines, it became important to map the entire state of Karnataka to arrive at the districts that would need the migrant interventions and the denominators. For the same, TSU in coordination with KSAPS initiated a migrant mapping based on the revised guidelines. For the same, TSU developed the protocols and methodologies and also formed a small technical team to oversee this mapping process. Based on the same, KSAPS initiated the TIs in Karnataka to scale up TIs from 6 to 12 Tis. Another 4 Tis will be proposed in 2012.

Karnataka did not have an IDU program or estimates. However, anecdotal evidence showed presence of IDUs in Karnataka especially Bangalore. Based on the same, TSU in coordination with KSAPS initiated an IDU mapping for the state of Karnataka. Protocols and methodologies were developed as well. Based on the same, districts like Kolar and Bangalore were identified and TI s were initiated. Karnataka prior to 2008 did not have any IDU TI and by 2011, KSAPS has now 4 TIs covering 1750 IDUs with one OST site to be initiated by December 2011.

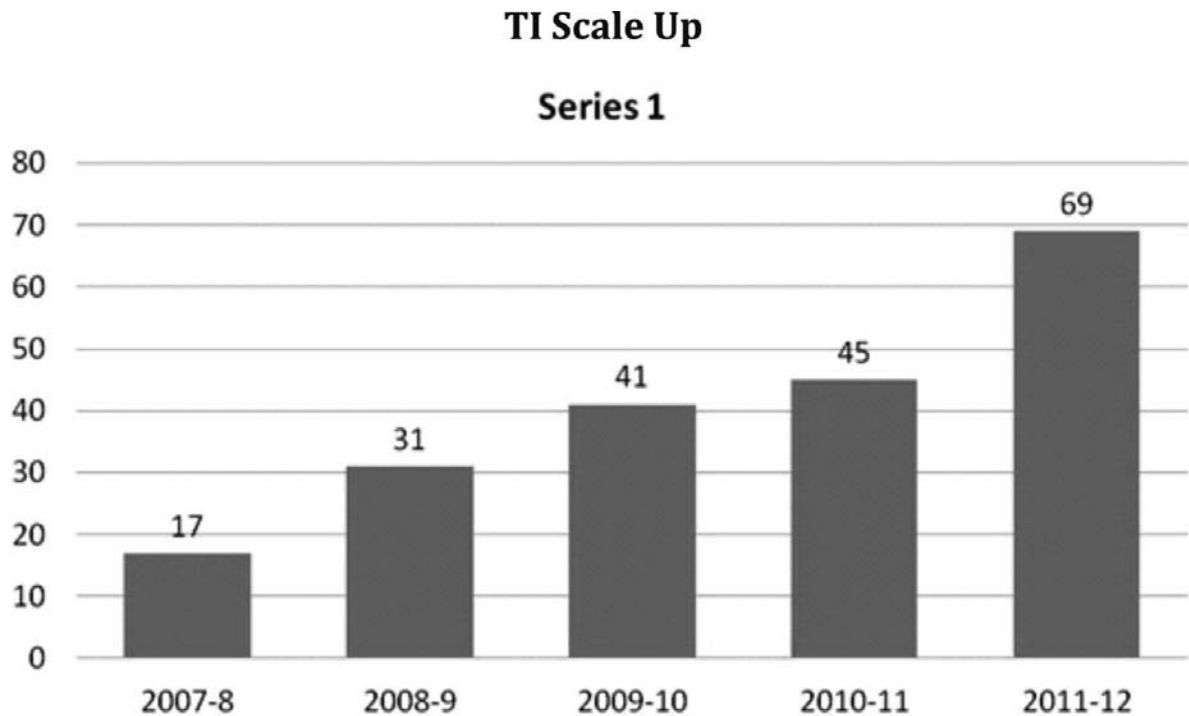
Along with the above TSU also pioneered development of evidence building methodologies like Risk assessment studies amongst migrants, Migrant validation tools, Polling booth Surveys and Informal Confidential Voting Interviews.

**f. Efforts to scale up the number of TIs**

One of the first supports from TSU was to map out the coverage gaps of groups at risk in each district of Karnataka. On the same, the TSU mapped out each and every taluk of Karnataka to understand if the same has estimates of HRG and whether they are covered under a program. When the same was done, it was seen that there were pockets of HRGs that were not being covered under any programs. The same was true in case of FSW, MSM, IDU and bridge populations. Interestingly, there was no IDU or migrant programs in Karnataka prior to 2008. Based on the mapping and EOIs KSAPS was able to scale up its TI Programs across Karnataka to achieve saturation of FSW, MSM and Truckers programs. IDU program and migrant program has achieved near saturation.

Sl No	Age	Identity	Condom Requirement	UID	For the Month of OCT.2010			For the Month of NOV.2010			For the Month of DEC.2010			For the Month of JAN.2011			For the Month of FEB.2011		
					Contact	Clinic	K.I.T. Condom	Contact	Clinic	K.I.T. Condom	Contact	Clinic	K.I.T. Condom	Contact	Clinic	K.I.T. Condom	Contact	Clinic	K.I.T. Condom
1	23	Kothi	8	29-24-005-004-M-062-0111-0001	1		26	1	1	25	1		28	1		16			
2	30	Kothi	14	29-24-005-004-M-062-0111-0002	1		15	1		20	1		15	1		15	1		
3	27	Kothi	7	29-24-005-004-M-062-0111-0003	1	1	26	1		20	1		16	1		15	1		
4	24	DD	9	29-24-005-004-M-062-0111-0004	1		10	1		15	1		10	1		11	1		
5	27	Kothi	16	29-24-005-004-M-062-0111-0005	1		15	1		15	1		20	1		30	1		
6	25	Kothi	7	29-24-005-004-M-062-0111-0006	1		15	1		10	1		10	1		11			
7	26	Kothi	5	29-24-005-004-M-062-0111-0007	1		15	1		15	1		20						
8	31	Kothi	10	29-24-005-004-M-062-0111-0008	1		10			5	1		21	1		10			
9	28	DD	7	29-24-005-004-M-062-0111-0009	1		10	1		15						19	1		
10	20	Kothi	4	29-24-005-004-M-062-0111-0010									15	1		20	1		
11	31	Kothi	5	29-24-005-004-M-062-0111-0011	1		15	1		15	1		15	1		17	1		



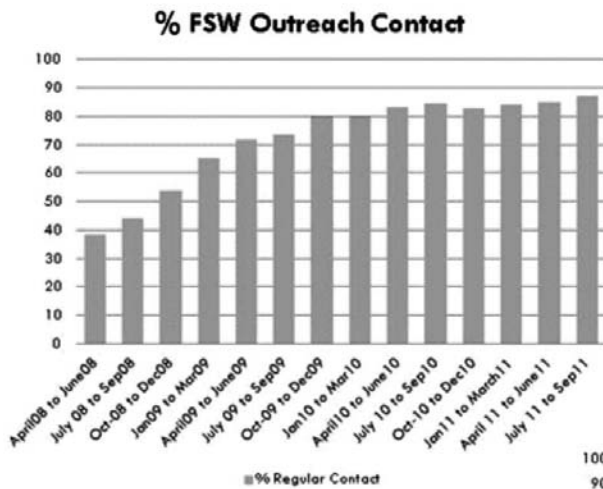


**g. Efforts taken in prioritisation of 'at most risk' HRGs for service delivery and institutionalising of individual tracking system**

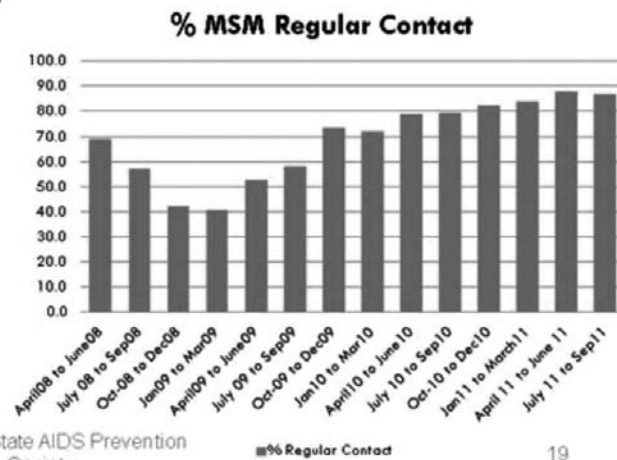
TSU introduced the process of individualized tracking sheet and this is done for all HRGs and this was a format that was used by Karnataka TSU in addition to the form B. This sheet has helped the TIs to track the periodicity of clinical visits, ICTC visits and syphilis screening and in turn help improve clinical performance. NACO in-fact has identified the same as a good practice and TSU is in the process of writing a guidance note on the same to help other states to track the same.

Also the TSU has been instrumental in rolling out the Form B document that helps identify and plan for most at risk groups. The same has been used across all TIs both in KSAPS and donor TIS. Support has been given by TSU to the donor TIs to implement the same.

In addition to the same, TSU also helped redefine and refine the peer based micro planning process wherein the TSU introduced a tool called peer led micro-planning process that made the peer the center of program planning and delivery process. Simple tool was developed that could be done by peers herself to reach out to her communities with information and services. The same is now used across the KSAPS TI programs in Karnataka.



Regular Contact: Community contact by project at least twice in month with services  
87 % among both FSW and MSM T



Karnataka State AIDS Prevention Society

**h. Efforts taken towards improving STI service delivery mechanism and quality**

The TSU ensured that all TI staff are trained according to NACO guidelines. Counselor was trained on the STI formats as well as on the management of Clinical documentation. Based on the same, all Clinics are providing Special Clinical service package. The TSU ensured that all required Clinic infrastructure and human resources are in place at clinics providing STI services in TIs. Regular mapping of clinical services providers and training has ensured that enough number of the STI facilities are available so that community have option to avail the services.

The TSU ensured that HRG: STI facilities ratio of 130:1 was done in all the KSAPS led TI. Through regular field visits of POs it was ensured that all the facilities are located in the places which are easily accessible by the community. The TSU ensured quality program documentation and timely reporting (both physical and financial) to SACS. TSU also ensured that all the TIs understand the CMIS reporting correctly and send it every month before 4<sup>th</sup>. It was ensured that NGOs are following World Bank guideline for financial management, procurement of Drugs, consumables, clinic equipments.

Special efforts were made to increase the STI screening in the migrant population in the coffee fields. The TSU wrote the guideline note to make use of the Staff Nurses, field officers and the Estate staff to screen the migrants in the coffee fields.

From TSU end a total of around 400 doctors were trained on the NACP III guidelines and the Syndrome management of the STI cases. Out of these doctors there is constant turnover in PPP doctors and the training is continuous and ongoing process. At the end of November 2011, 345 clinical facilities were giving services to KSAPS TI majority of them were PPP partnerships.

TSU did field level hand holding for all the TI doctors for the treatment of the HRG. If any problems were seen in the field level the same was rectified at the field level. The TSU Coordinated between the PP and the TI NGO partners for the rapport development and the maximum utilisation of the clinic by the HRGs post training. TSU also wrote the guideline note for the role of the PM in the clinical program and presented it in the PO training organized by NTSU at Bangalore.

**i. Efforts taken by TSU to improve clinic access and reduction of STI**

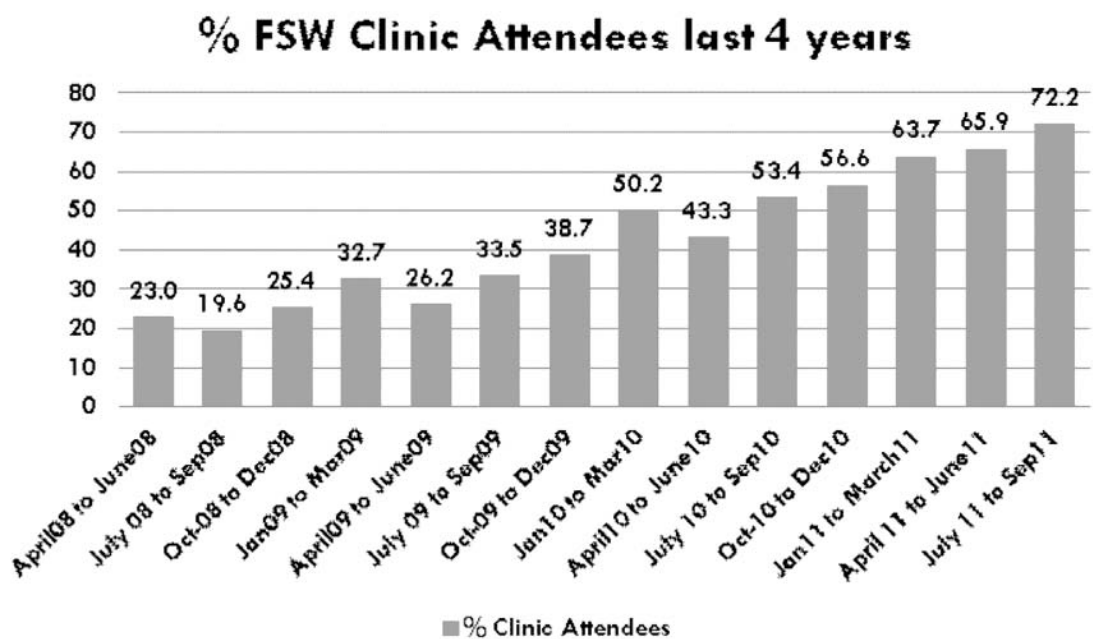
Scaling up clinical services was one of the biggest challenges and to overcome the same, following steps were made:

Improve clinic access: TSU along with the Tis ensured that there were enough clinics at the ground in places where sex workers operate. These clinics were a mix of static clinic and PPP clinics the latter being more.

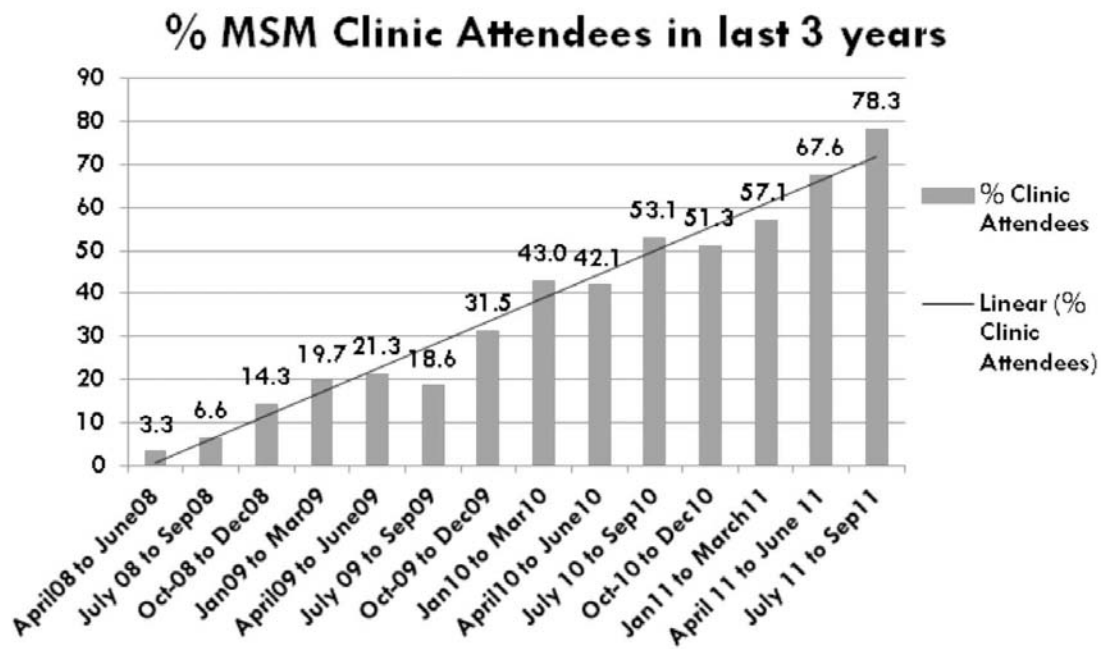
Once the clinics were identified, the TSU through its medical POs trained up all these doctors on the syndrome management protocols. These clinics were then linked up to the Tis. On the demand side, all Peers, ORW and Program managers were trained on the importance of clinical programming and RMC. The PO was also instructed to specially focus on the clinical aspects of programming and discuss with each peer if need be to send the message that clinical programming is an important aspect of HIV programming. With increased TI focus and additional clinics, the uptake of services improved over time.

A paper was also written and presented in ICAAP X and IUSTI the title being **“Scaling up of Sexually Transmitted Infection services for Female Sex Workers and MSM HRGs through Preferred Private Practitioners Model: A case study from Southern India”**

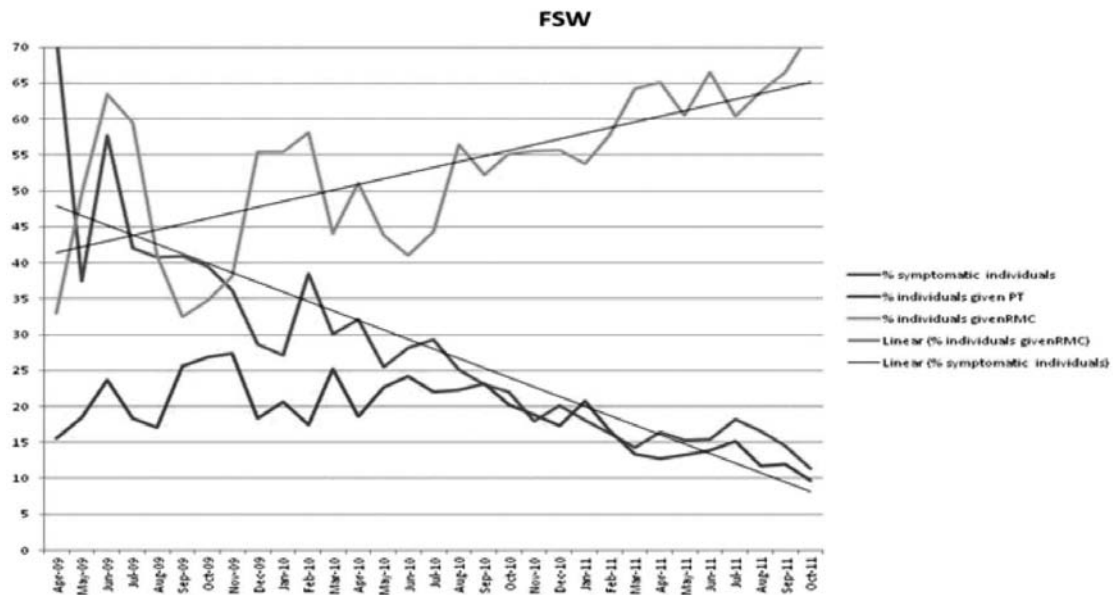
**Results**

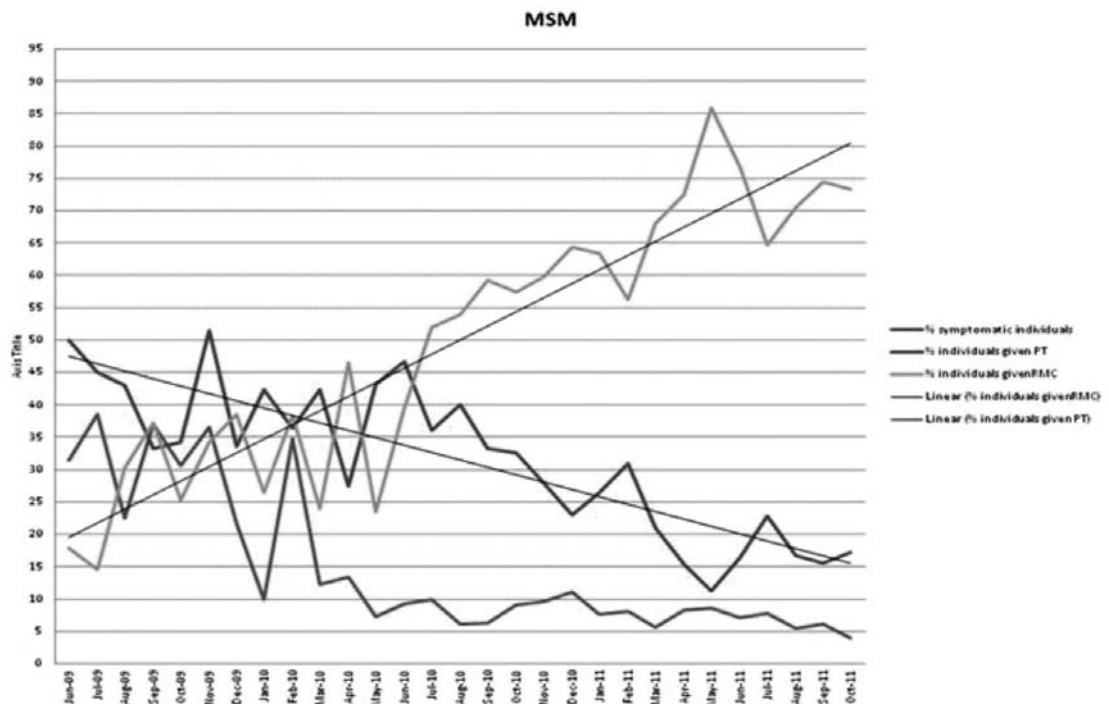


There is significant scale up of clinical services for FSW. In April of 2008, clinical uptake was hardly 19-26 % per quarter. In the last quarter, the same has now scaled up to 72 %. Same trends are also seen among the MSM and T populations as well.



In MSM T, there has been a significant scale up of clinical services to a low of just 3.3 % clinical services in April of 2008 to 78 % in the last quarter ending September 2011.





In both cases, in FSW and MSM significant declines in STI symptomatic were observed with significant increases in RMC as well. During the course of this STI declines, clinical uptakes were also seen in both cases as well. This clearly shows the impact of STI program scale up in both FSW and MSM T groups.

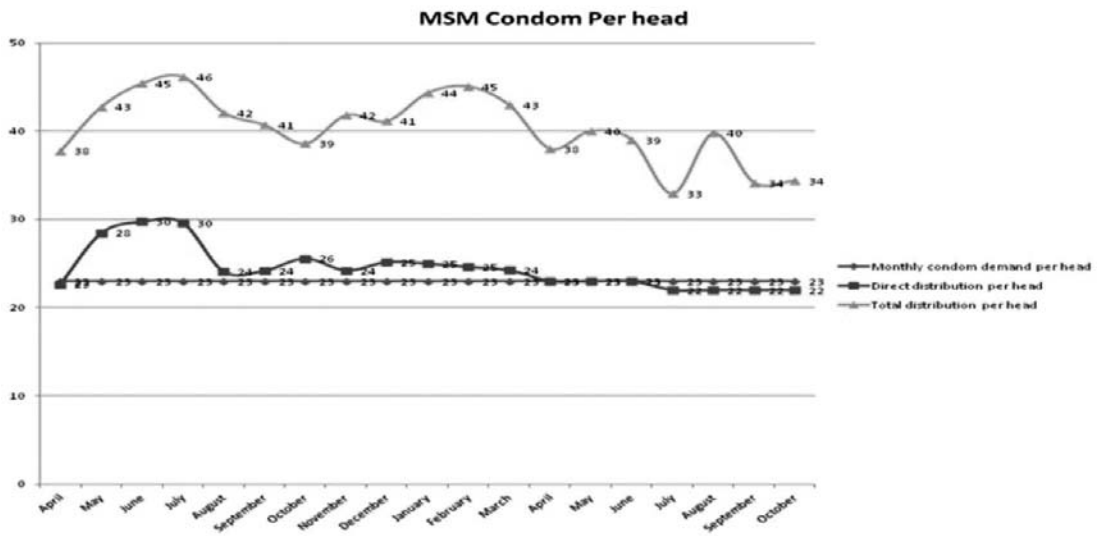
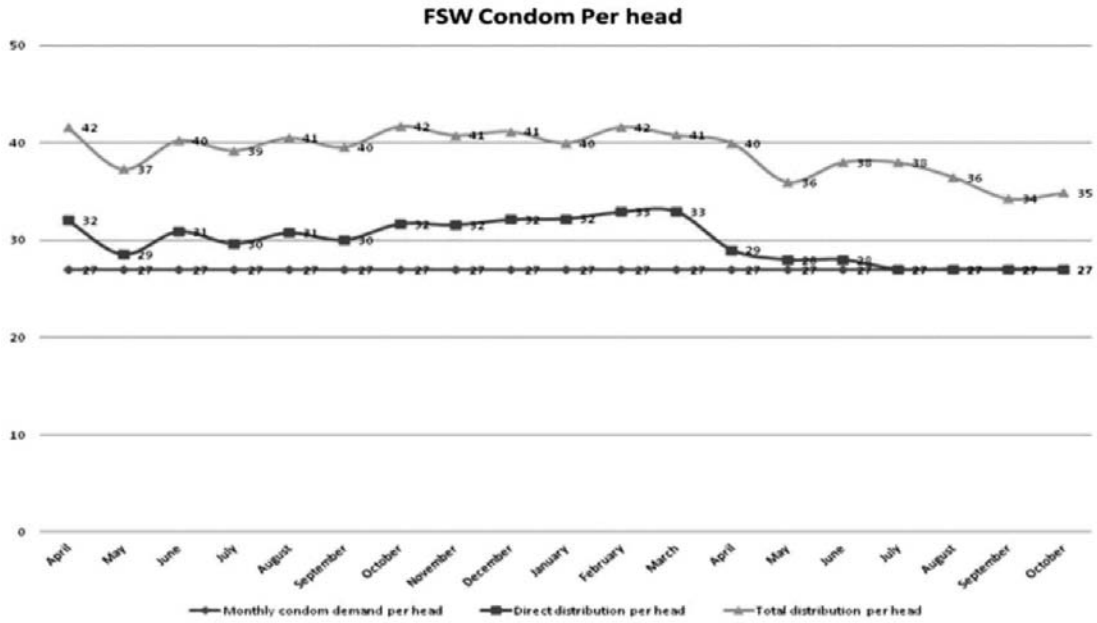
**j. Efforts taken towards improving condom utilisation**

The Programs Officers facilitated the TIs to calculate the individual wise condom requirement through the process of peer based micro planning. The calculation is based on the average number of sexual encounters per day by an individual into the average number of sex work days in a month. The mode of distribution preferred is direct distribution by the peer educators and volunteers. There are free condom boxes/outlets set in the hotspots and monitored by ORW/PE.

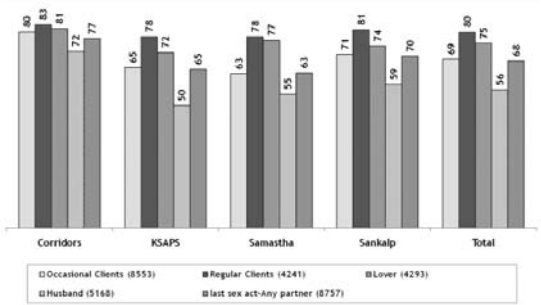
KSAPS is directly sending the condoms to TIs and the NACO condom TSG person supports the process. The TSU Program Officers’ collect the condom stock data from the TIs and share with the condom TSG. With the same data the TSG representative is preparing the dispatch list and submits to the JD Basic Services dispatch wing.

There were issues of dispatch during the month of Oct-Nov 2011 as the postal department hesitated to deliver the condom to the TI offices. TSU has taken a call on the same, TSU directly dispatched condom to the necessary TIs. Later TSU has discussed with KSAPS Project Director on the dispatch issue and PD KSAPS took a decision to dispatch the condom through Courier Service agencies. The condom dispatch is streamlined now.

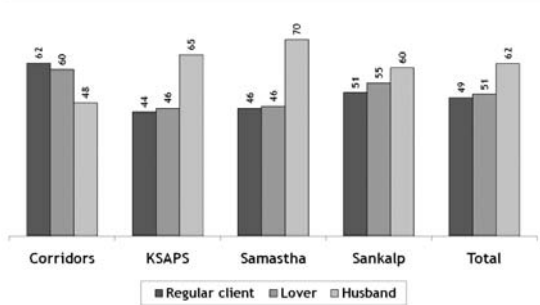
Results



% FSWs reporting condom use in last sex with different types of partners (2009)



% FSWs reporting regular clients, lovers and husbands (2009)



**k. Effort taken by TSU in NACP III to improve syphilis screening**

The TSU wrote a guideline note for the Syphilis Screening. This note describes the strategy for screening and treatment of syphilis in the KSAPS TI clinics in Karnataka. This guideline note was developed even before the national guidelines on the syphilis screening were developed. As per this strategy syphilis screening for all the HRGs is done along with the ICTC testing in the same blood sample. This screening is done two times a year.

This referral linkage occurs along with the ICTC referral for all the KP population two times a year. By undergoing the syphilis screening one can identify the KP who is in the second, third, and latent syphilis stage, along with those who are harboring the active syphilis infection. This is very important to identify the KP who are in need of treatment for different stages of the syphilis infection and also those who are having active syphilis infection treatment. All the people referred for the ICTC testing from the TI program should be tested for the Syphilis screening along with the ICTC testing.

It is of utmost importance to refer all HRG to ICTC. It is also one of the project deliverables. TI should ensure that everyone from KP knows its Syphilis status. It is also important to track as to who was referred and who actually went for the ICTC and Syphilis screening tests. This will help understand the gaps in accessing ICTC and Syphilis screening services.

Now TSU has developed new guidelines note for the syphilis screening using the modified TPHA testing method. This is the most effective screening method and can be used even by the counselors and the ORWs even in DIC settings. HRGs that are tested positive in using the modified TPHA test kit will be subjected for the RPR to know if the infection is in active stage. This will be rolled out as the standard method for the syphilis testing in all the TIs funded by KSAPS.

The TSU also conducted training of the ICTC lab technicians and the counselors on the Syphilis screening of HRG in the ICTC set up. Trained ICTC lab technicians on how to conduct RPR test and the TPHA test.

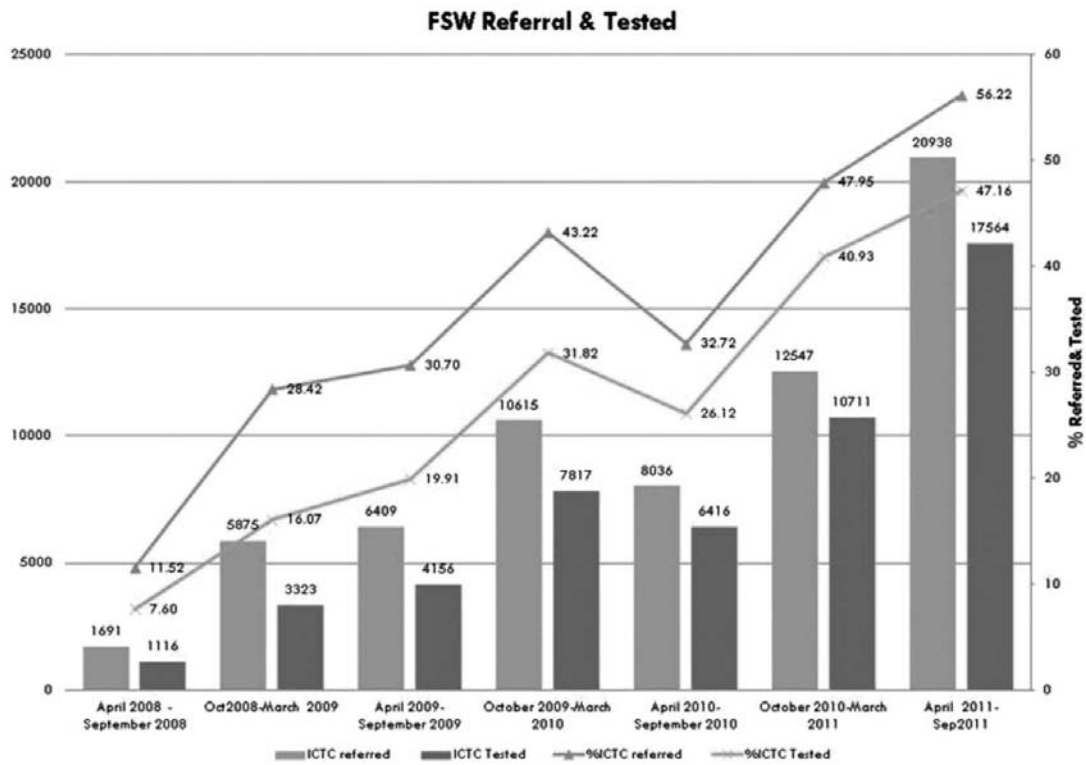
The current syphilis uptake is around 30 percent for 6 months for FSWs and 20 % among MSM. Though there has been a scale up, it is still low and the strategies shared above would help in scale up of syphilis programs.

**l. Efforts taken by TSU in NACP III to improve linkages between TI and ICTC + improvement of HIV testing + improvement in linkage to ART**

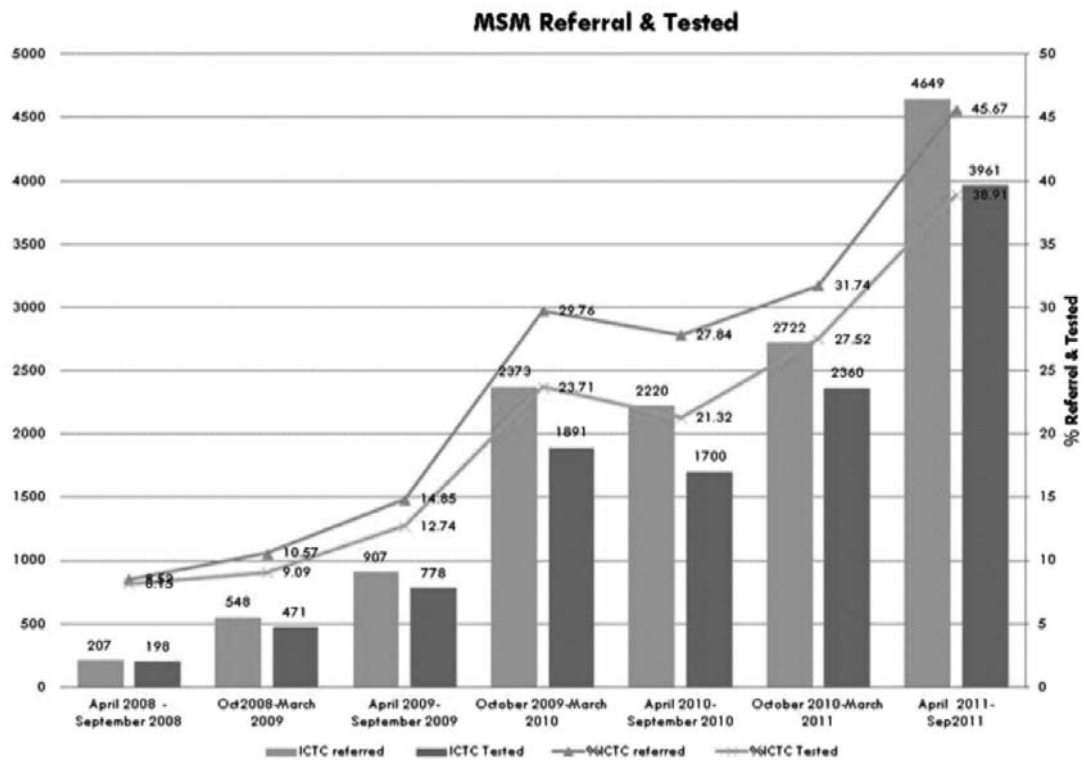
The TSU wrote concept note on referral mechanism.

During NACP II, prevention was the focus of TI. This included provision of condoms and STI services. However, in NACP III, TIs are now looked at not merely providing prevention services, but also acting as effective channels to link the communities to Treatment, care and support services. Given this shift, strong referral services between prevention, treatment care and support become quite important.

The TSU in coordination with KSAPS has helped to ensure that the DAPCU sit with the TI NGOs and CBOs and coordinate referrals from TIs to the ICTC centers and also onward linkages to the ART. There has been progress in the uptake of ICTC services over a period of time however; this is still work in progress:



Results





**m. Effort taken to develop Learning sites in the state**

Along with the STRC Karnataka TSU identified 5 learning sites in different themes as given below.

1. BIRDS MSM TI Tumkur
2. BCT Truckers TI, Nelamangala, Bangalore
3. HKNS FSW Dakshin Kannada
4. PRAWARDA Migrant TI

Suggested to develop the following TIs as learning sites

1. PSI IDU TI 1 – Lingarajpuram
2. VMS FSW TI - Bangalore

We networked with KHPT Knowledge Unit to support the TIs for developing best practices and supporting the learning site development. Two primary level meetings conducted with KHPT KM unit with the presence of representatives from NACO, KSAPS and STRC. KHPT KM unit is already started to work in the area of Best Practice Documentation.

**n. Efforts taken to conduct site validation**

The TSU introduced a system of peer micro-plans and site load maps that validates the estimates of HRGs per site and the same is then reflected in the site estimates, line lists and program estimates. This process is done with the peers every six months. For the migrant groups TSU initiated site assessments that actually capture the amount of populations available in each site for programming. This is done annually as part of project proposal development.

**o. Efforts taken towards improving quality of TI data , analysis and feedback**

TSU supported KSAPS to get all the TIs reported on time. 100% reporting is ensured during TSU period from all the SLP TIs as well. The program officers concerned crosscheck and verify the data reported by the TI. The same will be entered into the CMIS format by the M&E section of TSU under the supervision of TSU M&E officer. The M&E officer along with the strategic planning team leader will analyse the data and give feedback to the TI section of TSU and KSAPS. The same will be discussed in the PO review meeting and suggestions will be given to the POs to improve the TI. The TI section of TSU will share the same with TIs through the Program officers for further directions to improve the performance. Every month TI performance is shared also internally within KSAPS with JDTI, PD, APD and other program officers as well.

**p. Other support provided to SACS****Strategic Planning**

- ◆ Annual Action Plan: For past three years based on program evidence
- ◆ Activity Plans 2009-10: Based on AAP 2009-10, activity plans developed for all departments for PD review
- ◆ Monthly Monitoring of TI CMIS reports for KSAPS and donor TIs

- ♦ Monitoring and Quality Check of other Programme Data: TI reporting, Monthly dashboards for PD reviews
- ♦ Support HIV Sentinel Surveillance:
- ♦ Operations Research:
  - ♦ Migrant TI risk assessment study
  - ♦ Annual Polling Booth Surveys (PBS)
  - ♦ Informal Confidential Voting Interview
  - ♦ Support Data Triangulation for NACO

### Capacity Building

- ♦ Identified and signed MoU with 27 training institutions in 22 districts
- ♦ Orientation on training procedures to all training institution heads and Accountants
- ♦ Developing Training Guidelines
- ♦ Developing a pool of Trainers and Resource persons at District level
- ♦ Developing and translating training Modules, presentations, session plans and reading materials
- ♦ Coordinate with Training institutions and DAPCUs in organizing trainings
- ♦ Field visit to training institutions as observers and supporters
- ♦ Develop training plans for different groups and programmes such as PHC doctors, ANMs, Nurse, Mainstreaming stakeholders, Door To Door campaigns, RRC, Out school youth, DIC etc
- ♦ Handling sessions
- ♦ Operational Guidelines for Training Institutions
- ♦ Induction training of 24x7 PHC Staff Nurses (Kannada)
- ♦ Induction Training Manual for ANMs (Kannada)
- ♦ To Manual for Volunteers Training (Door to Door Campaign)
- ♦ Training guidelines for DAPCU (Guidelines for District level Trainings – Kannada)
- ♦ PPTs on Services, Youth Vulnerability, Team Building, Role of Stakeholders
- ♦ Revision of Shaping our Life (Kannada)
- ♦ Training Module for training Youth, Women/Girls, Auto Drivers, Jail Inmates, Journalists, Hotel Workers (PPTs and Reading Materials in Kannada)
- ♦ Mainstreaming Training Guide for RPs (Kannada)
- ♦ Facilitator's guide for Satellite Training (Kannada)

### Clinical Trainings

- ♦ **Training of TI doctors:** Trained around 400 doctors on the NACP III guidelines and the Syndromic management of the STI cases.
- ♦ **Training of Regional resource persons:** Trained the Regional Resource persons from the medical college, District hospital and the Centre of Excellence on the NACP III guidelines and the Syndromic management of the STI cases.

- ◆ **Training of DAPCU on NACP III guidelines and Syndromic management of STI:** Trained the DAPCU from the state on the NACP III guidelines and the Syndromic management of the STI cases. Trained PHC doctors in the basics of HIV and the NACP III guidelines and the Syndromic management of the STI cases.
- ◆ **Training of TI Staff on the STI formats including STI CMIS format:** All the TI NGO staff (PM, ORW, Monitoring and Evaluation officer, Counselor, and Peer educators) are trained on the STI formats to be used and also on the STI CMIS.
- ◆ **Field Level Hand holding of the doctors:** Done the field level hand holding for all the TI doctors for the treatment of the HRG. If any problems are seen in the field level then tried to find the solutions for the same. Trained doctors on the documentation of the STI cases seen by them at the field level. Coordinated between the PP and the TI NGO partners for the rapport development and the maximum utilisation of the clinic by the HRGs post training.

#### **Information Education and communication**

- ◆ Coordinate with celebrities to endorse HIV message to TIs and GPs
- ◆ Developed KSAPS services in video documentary
- ◆ Provide creative and technical inputs, coordinate and assist in developing and printing of IEC materials for TI (brochures, posters, small booklets, flip charts, pocket dairies, wall papers)
- ◆ Developed KSAPS website and its ready for hosting [www.ksaps.in](http://www.ksaps.in)
- ◆ Provide Technical Assistance and creative inputs to on-going radio and TV Programs (Interviews, drama, documentary, spots, quiz and call-in programs) for TI and IEC
- ◆ Wrote and published about SACS activities to NACO newsletter and got it published periodically
- ◆ Assist and Coordinate the events and communication activities for World AIDS Day 2010-11, Voluntary Blood Donation Day, National Youth day etc.

#### **HRG Community Involvement Initiatives**

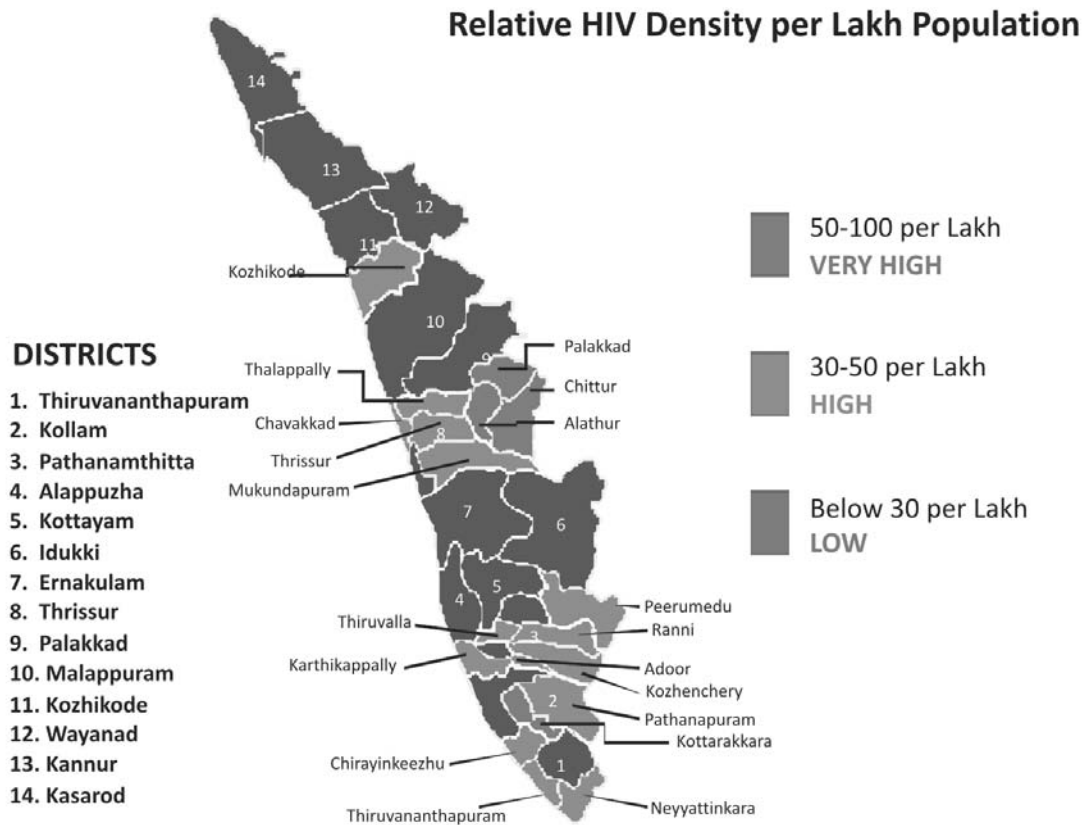
- ◆ Developed Concept note on Community Committees and circulated to TIs
- ◆ Conducted baseline assessment of Community Committees in all TIs and facilitating TIs to improve the community involvement
- ◆ Developed the roles and responsibilities of Community Staff in the CBO led TIs.
- ◆ Prepared a documentation on community committees.
- ◆ Developed a checklist for documents to be maintained by the CBO.
- ◆ Community Conventions (All Districts with all Tis)
- ◆ Stakeholder sensitizations (All Districts with all Tis)
- ◆ SATCOMS: FSWs

TI Groups	Number of TIs	Kind of groups
# of TIs with one functional TI thematic group	4	Crisis Committee
# of TIs with at least Two functional TI thematic group	6	Clinic Committee DIC Committee
# of TIs with at least Three functional TI thematic group	7	Social Entitlements Comm. Staff Recruitment Comm. Program Management Comm.
# of TI with More than Three TI thematic functional groups	34	Admin Comm. Cultural Comm.
Total committees as on Oct	290	Training Comm. Purchase Comm.
Total members in the committees	1450	Monitoring Comm.

S.No.	Indicators	Values
1	# of TIs that have a CBO association	37
2	# of TIs that have sub groups (SHGs, FLG, SG, etc)	48
3	Number of Sub Groups	781
4	# of HRGs part of CBOs	14528
5	% age HRG part of CBOs	43%

# Technical Support Unit (TSU) Performance Report – NACP III

HIV burden at Sub-district level in Kerala



## AIDS Prevention Control Project(APAC-VHS) Kerala

**1. Address**

Kerala State AIDS Control Society,  
 IPP Building, Red Cross Road  
 Trivandrum, Kerala

**2. Supported by USAID**

**3. Working as a TSU since: 3rd December 2007**

**4. Budget and Expenditure in INR**

Dec. 2007 -2008-09		2009-10		2010-11		2011-12	
Budget	Expense	Budget	Expense	Budget	Expense	Budget	Expense
12342860	7874596	11565676	10380563	12409028	9356335	7796965	2139061

**5. Current Staff for 2011-12 – 14 on board against 16**

Sr. No.	Name	Designation	Place of Posting for POs
1	Dr. M. Prasanna Kumar	Team Leader TSU & SP	
2	Mr. Rajeenald. T. D	Team Leader-CB	
3	Mr. Vimal Ravi	Team Leader – TI	
4	Mr. Sudheer K. B	Program Officer- TI	Trivandrum
5	Bardot. S. V	Program Officer- TI	Kozhikode
6	Mr. Binu George	Program Officer- TI	Ernakulam
7	Mr. Anantha Sivan.K	Program Officer- TI	Palakkad
8	Dr. Babu Chekku	Data Analyst	Calicut
9	Mr. George Kutty	Finance Manager	
10	Mrs. Nisha Chandran. N	Secretarial Asst.	
11	Mrs. Sudha T. M	Secretarial Asst.	
12	Ms. Shynymol P. A	Secretarial Asst.	
13	Mrs. Lijimol V	Clerk	
14	Mr. Ranjith G I	Clerk	
15	Mr. Ajikumar. A	Office Asst./ Security	
16	Mr. Robinson. C	Office Asst./ Security	

**6. Trainings conducted in-house, exposure visits for the TSU staff (2011-12)**

There is no specific training conducted during 2011 -12. During 2008-09 and 10-11, all staff got trainings and sent them to various learning sites. Trainings conducted in –house for the TSU staff

includes - Induction training conducted by APAC, Exposure visits to various learning sites (IDU site SPYM Delhi, MSM site Sangama, FSW site Belgaum), UNODC training in Bombay, Polling booth training in Trivandrum, SACS-TSU Team Building Programme (3 programs conducted), APAC-TSU team building programme & experience sharing, and sent one person to the ICAAP 10 Conference 2011 at Busan, Korea.

## 7. Number of TIs in state currently

Typology wise Target of TIs

Total No. of TIs in the State	Typology wise Target				
	FSW	MSM	IDU	Migrant	Trucker
52	28386	19963	5842	80000	20000

## 8. Program Performance

### a. Support provided for regional location of the POs

TSU Kerala has been functioning since 3 December, 2007. Its mandate has been to provide technical expertise in evidence based strategic planning/ resource planning, targeted interventions and in capacity building. The TSU is located in the same premises as KSACS, which helps it coordinate activities with KSACS easily. The TSU Kerala is fortunate that it had forerunners like the Project Support Unit (2005-2007) and the State Management Agency (1998-2005), which were coordinating targeted intervention activities in the state. The strategies and systems these agencies had introduced in the field had made the task of TSU easier. The first year of the TSU was devoted to getting the TI program on stream, by inducting new staff, providing training, ensuring fund flow and introducing regular monitoring of the projects. Eighteen new TI projects were begun, thus enhancing coverage of the core population. In the second year of the program, TSU was mostly concerned with consolidating the gains made and improving the quality of the services provided by the program. Five regional program officers were appointed, a system of intensive field visits, and regular one-day visits were instituted, so that all projects were visited, at least once a month.

Each PO is allotted 10 to 11 TIs and their distribution was done by considering the expertise of POs in thematic areas and accessibility. One secretarial staff is attached with two POs to provide necessary clerical and administrative assistance.

Experiences, learning and innovation of TI projects should be uniformly shared and understood for replication across regions. Moving towards ensuring quality of TI projects, TSU had supplemented the ongoing handholding support with periodical Thematic Experiential Sharing and Review Meeting (TESRM). Earlier it was done at the districts jointly participated by the TI projects working within the district and adjoining districts. In order to focus the learning towards a theme, TESRAM has been facilitated, where in IDU, FSW, MSM, Migrant and Truckers interventions participated in separate programs. Based on the learning and feedback from the partnering NGOs/CBOs, district reviews were replaced by TESRM and the shift proved to be more effective for focused learning mutually. Each of these programs were conducted for two days focusing on major achievements and milestones, specific observations, learning, best practices, innovations, etc. These meetings also focused on the gaps, quality concerns and

stakeholders involvement. Each of the programs also has a technical session substantiated with scientific analysis of CMIS data, findings and recommendations that would reinforce the capacity of the implementation team. Every program was analyzed for its merits, documented and shared with implementing partners for strengthening quality implementation and scaling up of TIs. The whole process has been complemented through monthly appraisal of POs by TSU.

In 2010 -11, TSU has introduced regional level Participatory Site wise Gap Analysis as one of the regional support initiatives, where in site functionaries at a common platform share and reflect on their performance and constraints. In this backdrop, specific objectives of this exercise with the Outreach teams of TI projects were to:

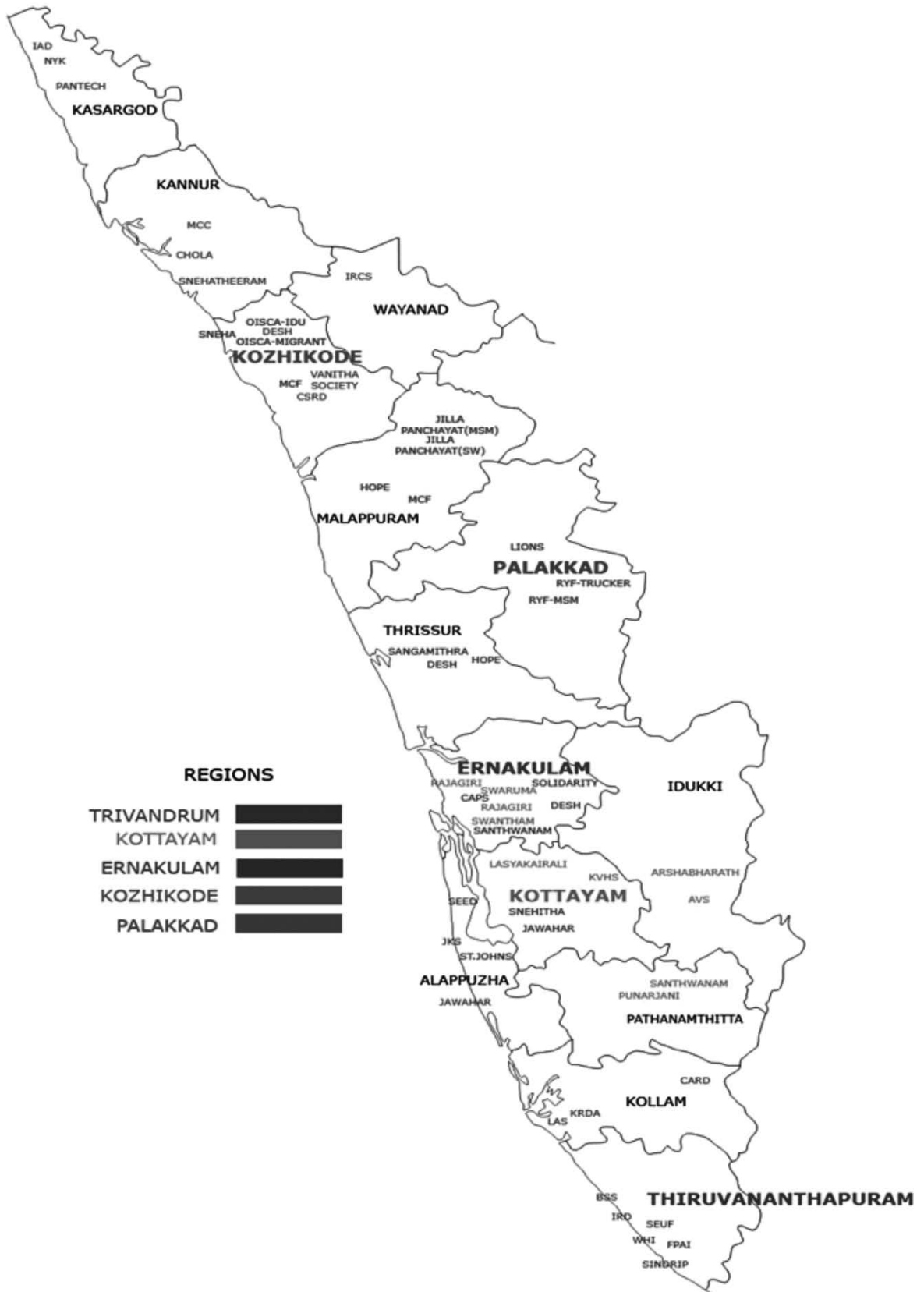
- ◆ Self examine accomplishments and gaps in each of their sites
- ◆ Share replicable strategies followed by each project and themselves to tackle common issues
- ◆ Create and sustain a platform of mutual sharing on their constraints and seek request for technical assistance in addressing those
- ◆ Sensitize on the urgency for quality improvement across each of the project components
- ◆ Plan specific actions to overcome their constraints and address critical gaps across their interventions.

Based on the analysis of previous quarter achievement and shortfalls in each area all project teams in the region planned Site wise Operational Strategy (SOS). Situation in each site was critically looked at and appropriate strategies to enhance performance were framed. Each project documented the same. Implementation in the specific site is carried out based on the strategies in SOS. If any strategy specified in SOS is not yielding results team will revisit the same during the monthly analysis and subsequent participatory regional review to be conducted in the next quarter.

PO meetings were organised on monthly basis or bi monthly. Need based trainings and exposure visits conducted to sharpen their skills. Joint field visits were done to weaker TIs. Motivated the POs to write papers based on their experiences and publish the same in various journals as well as submit them to international conferences. Several papers were accepted at the international conferences.



b. Map indicating regional location of POs and number of TIs managed by them



c. Month wise visits by each PO from April to November 2011

Staff Type	Apr-11		May-11		Jun-11		Jul-11		Aug-11		Sep-11		Oct-11		Nov-11	
	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit
PO1	8	8	8	10	6	18	11	16	9	15	6	15	11	16	9	16
PO2	12	12	7	17	4	13	14	21	4	7						
PO3	8	11	9	18	9	14	9	17	10	21	11	19	11	20	8	16
PO4	10	12	10	17	7	13	17	21	9	15	9	16	14	14	9	18
PO5	11	11	9	24	5	15	11	18	12	18	12	14	9	18	13	19
TL TI	5	5	9	9	6	6	5	5	10	10	5	5	5	5	6	6

This excel sheet captured only TI visits. Other visits named district level reviews, regional meetings, thematic experience sharing etc was not included.

**d. Feedback by TSU to PO , TL TI visit reports**

In line with the monitoring mandate prescribed by NACO, TSU POs have been allotted with specific TI projects for continued monitoring, supportive supervision and hand holding. Visit reports were developed and shared with concerned partners, KSACS, NACO and TSU as designed and proposed by NACO. TL -TI is reviewing the visit reports shared by the POs. Complementing the support and guidance by POs, there were joint visits made both by TSU members as well as TI team of KSACS to the weak performing TI projects. Project staff and the visiting team experienced the synergized effects produced by the joint visits when faced with critical implementation issues, technical expertise, management issues, and issues concerning the community as a whole.

Monthly or bi monthly PO meetings were facilitated to give feedback to the POs. Salient features of the meetings include assessing performance of the core indicators of TI projects, sharing of detailed quarterly progress report of all TI projects, review of TSU activities and approval of plans. TSU team and KSACS TI team participated in the meeting. Besides this individual visit reports were reviewed by the Team Leader -TI and specific feedback was given to the POs and partners.

In order to rectify the gaps observed by the POs, special action plans with corresponding checklists were developed by the TSU -TI division to fulfill the observed gaps. For example, in the third phase of NACP, OST has been included as an important service to reduce the transmission of HIV among IDUs. It is observed that, in Kerala, all three OST centers were not as per the guideline issued by NACO and the footfalls of IDU were also very low. Therefore as a preliminary step, TSU has developed a detailed check list to streamline the OST services and build it as per the guideline. Similarly, the waste management system was also streamlined.

This portion is describing certain important issues observed through POs reported to TL -TI and the action taken by TSU TI division. The NGO wise detailed information is available in the quarterly progress reports produced by TSU (8 reports available for reference).

Sl. No	Major issues/concerns	Action taken	Current status
1	Non adherence to statutory norms from the side of CBOs.	Needs analysis done Individual action plans developed SOP and manuals developed for CBOs	All CBOs are adhering to statutory norms.
2	Line list updating, identification and enrolling of new sex workers in the project net is not as per the plan.	Rolled out “Know your HRG Campaign”	New identification increased. Since the young sex workers have been enrolled in the project net, the average age of sex workers have also decreased.
3	Individual tracking system not in place	Special colour coded excel based tracking sheet was designed and shared with partners.	Individual tracking system ensured in all TIs
4	Care of positive HRG. In many TIs the identified stakeholders have no pre ART registration.	Needs assessment done. Insisted the TIs to maintain separate line list of positive HRGs. Separate health check up card introduced. Counselors are instructed to visit the positive HRG at least once in a month.	More than 90% of identified stakeholders have pre ART registration.
5	Non availability of structured outreach communication scripts and tools	Proto types developed and shared with IEC division. Training given to the field staff.	Rolled out.
6	Project Manager’s filed visits were not as per the NACO guideline.	Special checklist cum reporting format developed for PMs and held training to the PMs on how to use this checklist in the field.	Rolled out
7	TI data management	Target group specific data bank developed at TI level to track the quarter wise risk and vulnerability level of line-listed stakeholders.	Rolled out. A data bank of all HRGs in the State is being prepared.
8	Changes in the work environment of commercial sex work in Kerala.	A detailed study conducted among FSWS and the changing trends documented properly.	Modifications brought in the outreach strategies as per the changes observed.

Sl. No	Major issues/concerns	Action taken	Current status
9	PE management	Ensured PE photo directory at TI level. All line listed PEs were trained.	Rolled out.
10	Poor CMIS Reporting	Directed POs to review the CMIS reports on monthly bases and given feedback to partners.	100% reporting ensured.
11	STI service – it is observed that all TIs are concentrating only on targets, the quality attributes of the targets have been left out. It was also noticed that the major chunk of the target have been met at the end of the month. This is one of the major reasons affecting the quality of service, because at the end of the month the clinics are overloaded and the doctors do not get enough time for physical examination. It is also noted that more than 80% of STI static clinic in the TI site are functioning only four times in a month and in some cases only twice a month.	Spot wise STI service linkage was analyzed in 42 core TIs. All the projects are instructed to hold a minimum of three clinics per week to reduce the clinic load. Clinic facilities were audited using a checklist and observed gaps were rectified. Refresher trainings arranged for all STI providers.	STI management improved.
12	Drop in at DIC is still a major problem.	Held FGDs with community members to identify the facilities to be established in the DIC.	Rolled out community friendly facilities at DIC to increase the drop in and service utilization.
13	Waste disposal management at TIs.	Held discussion with IMAGES and tie up established with them.	Rolled out at all TIs.
14	NGO involvement	Special meetings and reviews held with TI project directors. All POs regularly sending feedback to the NGO heads.	NGO involvement improved.

Sl. No	Major issues/concerns	Action taken	Current status
15	Monthly review meetings focusing on single themes.	Monthly review meetings at regional level have been designed in an innovative manner. Theme specific discussions were only facilitated in these programmes.	The core themes completed are out reach planning, STI programme and CBO strengthening.
16	Non availability of monthly implementation plans at TI levels.	This system was introduced among TI partners. A specific format has been in place in all projects. This is being used by each staff to prepare the implementation plan for their site.	Rolled out in all TIs
17	Project teams are not often aware of the guidelines/materials produced by NACO, TSU etc. Though all these materials are available in the projects they have not been properly utilized.	To solve this problem a reference corner was set up at all DICs. An open and accessible place at DIC was selected for this purpose.	Rolled out.
18	Non availability of detailed annual action plan at TI level	A guideline cum template developed and the NGOs were oriented.	Detailed annual action plans made available at TI levels.

In order to update KSACS regarding the status of TI project and the performance of TSU TI division, quarter wise progress reports (QPRs) were developed and shared. This report consists of the activities under taken by TI division and status of core indicators against the set indicators and the feedback given to the TIs. This has helped KSACS to track the progress.

**e. Efforts taken in mapping of HRGs in NACP III**

A very comprehensive site assessment study was undertaken in 2006 by M/s Catalyst Management Services (Bangalore) in Kerala. This was done at pre TSU period. Most of the hot spots where FSWs/MSMs congregate were identified and the sex work-related dynamics was investigated and described in detail. Soon after, the findings were revalidated by the project staff and a fairly dependable Line-list was prepared on the basis of which, targets for establishing contacts and intervention were fixed for each partner agency.

In the context of increasing HIV/AIDS prevalence among drug users and in particular Injecting Drug Users (IDUs) in Kerala, the IDU programme needed to scale up to ensure maximum coverage. Therefore, as a preliminary step, TSU did a mapping exercise to build a database through a participatory site assessment. This exercise was carried out with the technical guidance and financial support of APAC.

**f. Efforts taken to scale up the number of TIs**

The initial challenge of the TSU was bringing to track of the targeted intervention program that was in disarray for some months due to the phase out of the erstwhile PSU, which was managing the entire TI program till September 2007. The existing partner contracts had also expired. The project had not received any funds for four months and the staff strength was down by a third due to non- recruitment of staff who had left. The first task taken up the TSU was the re- contracting of all 34 projects, release of funds to them, clearing the backlogs, and selection of staff for the vacant positions. It was also left to the TSU to orient the staff of the project on the essentials of NACP3.

As a stopgap arrangement, all projects were given two extensions of contracts and this was facilitated by TSU. The project staff were also equipped for working as per the guidelines of NACP 3 through induction training to all categories of staffs. Through these trainings and frequent monitoring visits, TSU was able to get the TI projects on stream.

While the prevention initiatives among FSWs and MSMs show visible benefit, the data indicate that more effort is required for controlling HIV infection among IDUs. Therefore, TSU has given importance to the following strategic directions to address the gaps in TI programmes.

- ◆ **Increase the coverage of risk population** – TSU identifies rapid and total coverage of High Risk Sexual Behaviour Group (HRBG) as mandatory for reversing the epidemic. 5 new IDU projects and 1 MSM project were started. Through this, it was possible to cover most of the estimated urban core risk population and also extend the geographical coverage of the projects. Initiating new bridge population interventions was yet another step taken under this strategy. In 2008-09, the number of projects was expanded from 34 to 53 including new thematic interventions for the bridge population.
- ◆ **Bridge population interventions:-** In line with the prevention policies in NACP III of NACO, the Kerala TSU has taken steps to initiate bridge population interventions in the state. Accordingly, intervention among Migrants, Truckers and link worker program were started in the state in 2008-09.
- ◆ There are **8 migrant interventions** planned contracted and completed during the reporting year. The programs have initiated mapping and needs assessment in the respective areas. The operational strategies for immigrants from different states have been planned.
- ◆ There are **3 truckers interventions** planned contracted and completed during 2008-09. The strategies and operational modalities in different areas based on the nature of the truckers have been planned. All the trucker's projects plan for an effective networking with other states as well.
- ◆ **Link worker Intervention:** Has been initiated in Kozhikode, one of the two B category districts in the state. The contracting is completed and work initiated by the project in 2008-09.

Based on the request from KSACS, assistance was provided to select NGOs/CBOs through JAT visits and proposal development guideline and format were developed for FSW, MSM and IDU interventions. This guideline helped the partners to develop well structured project proposals. Separate template also was developed for enabling partner NGOs to develop quarter-wise implementation plan. This guideline and templates helped KSACs to standardize the project proposals to ensure their quality. Two-day workshops were facilitated in this regard prior to project contracting.

**Reconfiguration of Core composite TI:** Some of the existing Core composite TI projects were unwieldy because the number of the core population addressed by them was several thousand. The project areas of some projects were overlapping. It was found in the evaluation that the project staff of composite projects was using the same strategies for different core groups in their projects and it was better for a project to address only a single core group where feasible. In 2008-09, out of the 13 core composite TI projects, 8 have been converted to theme specific projects addressing a single core population; 5 projects are retained as core composite projects. In 2009 -10, all core composite TIs were converted as single thematic interventions covering one core population only.

Period	No. of FSW TI	No. of MSM TI	No. IDU TIs	No. of Mi-grant TI	No. of Compos-ite TI	No. Trucker TI
Pre TSU Period	14	11	3	0	6	0
2007-08	14	11	3	0	6	0
2008-09	15	13	5	8	5	3
2009-10	19	14	8	8	1	2
2010-11	20	14	8	8	0	2
2011-12	20	14	8	8	0	2

**g. Efforts taken in prioritisation of ‘at most risk’ HRGs for service delivery and institutionalising of individual tracking system**

TSU has developed a special excel based colour coded tracking tool for tracking the services provided to each HRG. In this tracking tool, the high volume HRGs were marked in red colours , medium volume as in yellow colour and low volume primary stakeholders marked in green colour. This design helped the TI functionaries to prioritise the high volume HRGs. Besides this, it helped POs to evaluate the site wise performance very quickly. Design of the format allows anyone to get information on any HRG within seconds from their computer. This facilitated planning in the project to be individual HRG based rather than hotspot level, site or project area based.

**h. Efforts taken towards improving STI service delivery mechanism and quality**

Timely treatment of Sexually Transmitted infections and Reproductive Tract Infections among High Risk Groups (HRGs) that include Female sex workers and Men having sex with men reduces HIV transmission significantly. Stigma, judgmental attitude of the health care providers, long distances to service sites, inconvenient hours and lack of awareness about STIs and their symptoms, lead to poor STI/RTI service uptake by the HRGs covered by Targeted intervention (TI) programs in the state of Kerala.

STI/RTI care to HRGs by 21 government designated clinics in Kerala has poor service utilization. In 2009, TI projects started providing STI/RTI services through 33 static clinics which made minimal progress. To overcome these issues, the following successful steps were initiated:- According to a national plan, a Preferred Private Practitioners (PPP) model was introduced in the state in October 2009. 257 Doctors were contracted by the TI projects to provide STI/RTI care to HRGs at easily accessible and convenient locations to HRGs. All



HRGs are referred to the PPP for free STI/RTI consultation, screening, treatment and follow-up services. Complementary services are provided through static clinics and linkage with government hospitals.- 257 doctors were trained on PPP model of STI/RTI care to HRGs at three levels; i) 3 state level training, ii) 9 district level training and iii) 12 project level training. Newly identified PPP doctor is trained at the project level as and when needed.

Following this, spot wise STI service linkage was analyzed in 42 core TIs and the quality of service delivery and clinic functioning assessed. This helped us to understand the clinic accessibility at each spot. It is also observed that all TIs are concentrating only on targets, the quality attributes of targets have been left out. When we analyzed the data, it was also observed that the major chunk of targets have been met at the end of the month. This is observed as one of the major reasons affecting the quality of services, because at the end of the month, the clinics are over loaded and the doctor does not get enough time for physical examination. It is also noted that more than 80% of STI static clinics in the TI sites are functioning only 4 times in a month and in some cases only twice a month. Therefore, it is decided to increase the number of clinic days and all the projects were instructed to hold a minimum of three clinics per week. Further to this, clinic facilities are also reviewed and observed gaps were rectified. Thus, all static clinics were designed as per the guideline issued by NACO.

Month wise stock position of colour coded drug kits at individual TI level was reviewed and timely supply of drug kits ensured. All the 21 medical officers, nurses and lab technicians of DSRC are trained during 2010 and 2011. **Supportive Supervision of STI clinics:** 10 selected medical officers were trained on supportive supervision to STI clinics and in turn the team provided supportive supervision to all the 34 TI run static clinic and 21 DSRC.

#### **i. Efforts taken towards improving condom utilisation**

The Kerala State AIDS Control Society along with various supportive machinery has been implementing extensive and intensive condom promotion programmes and had opened a good number of condom distribution channels. In spite of these massive efforts, condoms seem to be still unacceptable to a large section of the stakeholders, especially the clients of FSWs and the pleasure-seekers among MSMs.

Currently, there is no reliable mechanism to measure the actual usage of condoms. TI projects in the State measure the level of condom usage through physical verification of the number of condoms distributed. This is not authentic or reliable.

Most of the project units are unfamiliar with the right methods to track the exact level of condom usage and assessment of sex behaviour. Behaviour Change Communication (BCC) strategies need to be recast based on the correct assessment of the level of condom usage and other service utilization, to optimize positive behaviour change and in turn, reverse the epidemic. In this context, an authentic tool such as the "Polling Booth Survey" (PBS) was selected to assess the level of condom usage among FSWs and MSMs in Kerala. Systematic random sampling was used and sample size is (FSW- 2733 & MSMs 1749). The survey was aimed at understanding the extent of regular condom use among FSWs and MSMs with different categories of partners. Several face-to-face interviews have been conducted as part of various studies and the evaluation results are often found to be doubtful, because most of the issues discussed are related to sexual activities and condom usage, which obviously are highly sensitive and personal. Many of the respondents refused to open up and tell the truth. Considering the above mentioned limitation associated with the face-to-face interview method, the PBS method is used for monitoring changes in knowledge, attitude and behaviour

and to study changes in sexual and related behaviour. PBS serves as an authentic and better alternative because it preserves one's anonymity, thereby enabling the respondent to express his/her thoughts and opinions, without any reservations and fear of judgment. Unlike a survey, in-depth interview or a focus group discussion, the responses to questions are unlinked (an individual respondent is not linked to the response), and thus the respondent remains anonymous. The method thus increases the sense of confidentiality and anonymity among the respondents, which reduces the fear in revealing sensitive and personal information.

Thus, the hidden practices not known previously served in designing effective communication strategies. Based on the findings, TSU has developed and shared target groups specific communication tools to the TI partners.

Regarding condom requirement analysis, every quarter each TI will work out their condom requirement on last week recall method. The estimate calculated through this exercise is considered as the requirement.

On weekly basis, the TSU will review the stock position at TI level and ensure the supply of free condoms. All the TI projects were instructed to procure the possible number of condoms from various service centers under the state health services to fill the gap, besides all TI projects were instructed to increase their share in social marketing condoms.

**j. Effort taken to improve syphilis screening**

Each TI project in the State has been linked with clinical labs to do syphilis screening at subsidized rates. In order to create better awareness on syphilis screening among core HRGs, special communication tool kits were developed through BCC development workshops with the involvement of primary stakeholders and distributed the same to the outreach team. All identified cases were treated properly and tested to know their HIV status. All identified cases were motivated to test after 6 months. Here also site wise facilities were audited and service gaps were analysed in 42 core TIs and worked out measures to improve access to syphilis screening.

**k. Efforts taken to improve linkages between TI and ICTC + improvement of HIV testing + improvement in linkage to ART**

Two rounds of site wise gap analysis were carried out at each TI to assess the service linkage, wherein site functionaries at a common platform shared and reflected on their performance and constraints. Based on the analysis of previous quarter's achievement and shortfall in each site, the situation in each site was critically looked and appropriate strategies to enhance the performance were framed. Thus, the service coverage with regard to ICTC improved a lot. Apart from this, in certain district, TSU facilitated TI- ICTC coordination meetings to strengthen the working relationships and cross referrals.

The TI programme in Kerala has identified more than 300 primary stakeholders who are HIV positive. A close look at the present field situation reveals that the projects are not giving due attention to the identified HIV positives except linking them with positive networks. While examining the networks, it is found that the HRG are not accessing services from networks also. In order to resolve this situation the following measures were taken. (1) Separate line list is maintained at TI level to track their service linkage. (2) Separate files opened for all infected core group members. Counselors/ ANMs are maintaining this file. This file consists of registration form, Master health checkup card & counseling details. (3) Counselors will do

contact tracing and motivate them to access the services. (4) Counselors are instructed to meet the infected stakeholders at least once a month on a regular basis. (5) Linkages are established with PRIs and civil organizations to satisfy their welfare needs.

**I. Efforts taken to conduct site validation**

A very comprehensive site assessment study was undertaken in 2006 by M/s Catalyst Management Services (Bangalore) in Kerala. This was done at pre TSU period. Most of the hot spots where FSWs/MSMs congregate were identified and the sex work-related dynamics was investigated and described in detail. Soon after, the findings were revalidated by the project staff and a fairly dependable Line-list was prepared on the basis of which, targets for establishing contacts and intervention were fixed for each partner agency. This set-up has been functioning more or less satisfactorily. Meanwhile, the project personnel are aware of the entry of a good number of women and men into the sex circuit and most of them are elusive and difficult to establish contact with. So also the new IDUs. Besides this, the existing line list had duplication of names.

Obviously, these new people have to be identified and brought under the project net. Hence, as a preliminary step, TSU has initiated a “Know Your HRG” in a campaign mode to fill up the coverage gap. Accordingly, a small questionnaire was provided to the ORWs. They got it filled up through interviews with all the available stakeholders as per the present list and beyond. The ORWs collected certain facts and figures about each primary stakeholder (as mentioned in the diagram) personally known to them and new ones identified by the spot leader. Here, spot leader means, active and dependable sex worker in that particular spot. Spot leader (with or without the particular ORW) is expected to get in touch with the local auto/taxi drivers, petty shopkeepers, condom vendors, head load workers, mamans and mummies (pimps and senior FSWS) and identify maximum number of sex workers and clients currently active in the area. The facts and figures collected about each primary stakeholder was consolidated, and out of this, an updated, dependable Line-list is prepared for fixing targets and developing appropriate strategies for more effective coverage and intervention.



**m. Efforts taken towards improving quality of TI data , analysis and feedback**

Target group specific data bank was developed at individual TI level to track the quarter wise risk and vulnerability level of all line listed FSWs, MSMs and IDUs. This will also help to track the service linkages of each line listed core group member.

A data bank of all HRGs in the state (FSWs, MSMs, and IDUs) which contains demographic information (age, sex, duration of registration) risk factors (no. of clients, no. of sexual encounters, no. of clients per month, high risk/ low risk) is being prepared. It will be capable of instant updates as new data is received and can output real time reports when completed.

Another database of monthly reports from all projects in the state is also being prepared which contains service delivery from all the TI projects in the state, in a month. These reports are now scattered in various Excel spread sheets. This database can also be updated instantly and reports and outputs can be produced in real time. These databases will serve as our main data banks of service delivery and interventions.

Micro target (PE) wise monthly Analysis: Achievement in the project area has been subdivided into micro targets for each PE. Excel based format has been designed to help the implementation team to look into the achievements every month. During the staff meeting M&E officer will present analysis based on this data and target based activity planning is facilitated. It also enhances competitive spirit among outreach teams. Reward for better performance also is given to projects.

On monthly bases, POs reviewed the CMIS report of each TI and send feedback to the TIs.

**n. Efforts taken towards capacity building**

**Needs Assessment:** Capacity Building Need Assessment was facilitated during 2008 through a participatory process involving TI staff. Training need analysis of KSACS & TSU team was facilitated during 2009. State level training calendar for KSACS divisions was developed every year.

**Development of Training of Trainers:** Developed ToTs to conduct Vision Building Induction on NACP III and coordinated 23 batches of training during 2008 for all stream of TI staff. Facilitated ToT workshop on Polling Booth Survey participated by 132 staff.

**Workshops:** Designed and facilitated workshops on i) regional level (4 numbers) workshop for 52 Project Managers and 52 Accountants on Cost Effectiveness and Productive use of Budget, ii) Dissemination and strategy development workshop on the study 'Changing trends in Female Sex Work in Kerala', iii) Dissemination and strategy development workshop on the study, 'Positive Prevention, iv) Cross Boarder Intervention Initiatives involving TI projects working in Trivandrum and Kanyakumari districts in Kerala and Tamil Nadu respectively and v) Situational Assessment of HIV Epidemic in Palakkad district, involving TI projects working in Palakkad and Coimbatore districts in Kerala and Tamil Nadu respectively, besides the participation of KSACS, TNSACS, APAC, and DAPCU, Coimbatore.

**Coordination with KSACS:** Coordinated in identifying external experts and engaged 46 subject specific experts to act as Consultants for various requirements relating to TI management, training and evaluation. Coordinated and facilitated all the process relating to Evaluation of PLHA Drop-in-Centre. The secretarial staff of TSU was given training in Tally and in MS Office.

**Skill Building for KSACS/TSU:** Designed and facilitated team building and performance enhancement programs for both the team, facilitated induction of PO-TI-TSU, facilitated the process of one KSACS staff getting trained on Research Methodology by Rajagiri Institute of Social Sciences.

**Development of Operation Strategy:** i) Developed operation strategy on Peer Led Outreach Planning (PLOP) and facilitated ToT to conduct field based workshop. Coordinated 52 workshops at project level, ii) Developed field based mentoring plan for building leadership skills of CBO leaders.

**Evolving Newer Methods of Capacity Building:** Building skills among the TI project staff including through i) On-site training, ii) hands-on induction training at project level, iii) E-sharing, etc.

**Human Resource Management:** Strengthened the system for uninterrupted human resource accessible to TI project through a centralized assessment and recruitment process. State/regional/district level advertisements, written examinations, and personal interviews conducted to arrive at a final list of around 1000 candidates suitable for the post of Project Manager, Counsellor, ANM, M&E Officer and Accountant. Developed human resource directory and ensured timely supply of staff to the projects.

**Development of Module and Resource Documents:** i) 'Guidelines for TI Project Implementation', ii) Migrant Intervention induction module based on the revised strategy, iii) CBO skill building module 'Leadership Reinforcement and Strengthening, iv) Staff assessment tool 'Performance Appraisal and Grading of Staff, v) Tool for Evaluation of Drop-in-Centres for PLHA, and vi) Induction module for DAPCU team.

**Coordination with STRC:** Coordinated with STRC reviewing and developing training plan, modules, etc., on regular basis. Contributed towards developing and implementing strategies for on-site training for inter and intra projects, need based trainings, building capacities of field staff and strengthening them as ToTs and utilizing their skills in conducting field based training on Peer Education, Dialogue Based Interpersonal Communication, etc.

#### **o. Other support provided to SACS**

TSU has helped to understand the epidemiological pattern of HIV epidemic in the state by the following efforts.

- ◆ Geographical distribution of HIV burden through analysis of ART data. An analysis of the data of about 9700 registrants at ART centres in the state was done. This provided a HIV burden map at the taluk level thus focusing prevention activities.
- ◆ The HIV burden at the taluk level was correlated with the migration rates from the taluks obtained from elsewhere and the very close linkage of HIV infection in Kerala with outmigration was established.
- ◆ An analysis of the incidence of HIV infection by modes of transmission was done as per the UNAIDS 'MOT' spread sheet model and the fact of the greater contribution of the general population to the HIV burden established.
- ◆ TSU visualised and organised Peer Conference, "SNEHASANGAMAM", in Kerala during 12th to 14th June 2008. It turned out to be a mega event, which stood out to be the only one of its kind, a model for the future program. Visualisation, structuring, and design of the programme resulted an overwhelming success. The program was visualised as a

“participatory exercise, facilitating cross learning, and adaptation of successful models and there by accelerating community mobilisation and empowerment process”. Three such conferences had organised during the last three years.

- ◆ TSU has conducted a situation analysis of Palakkad district to understand the drivers of the epidemic there. The results of the analysis indicate that the HIV prevalence is more in the panchayaths bordering Tamil Nadu. This is due to these panchayaths having a largely Tamil population and having very close inter linkages with the neighbouring Coimbatore district in Tamil Nadu, which is a high prevalence district. Most families in these panchayaths have members who have marital ties to Coimbatore. A large proportion of men in these panchayaths are employed in cotton mills, jewellery making and other industries in Coimbatore. AIDS awareness is low. Hence intensive IEC work is required in this district.
- ◆ TSU coordinates the preparation of evidence based Annual Action Plan for every year following several discussions with SACS officers/NRHM/TB programme/Health dept/NGOs etc. A micro plan is also prepared. 3 AAPs have been prepared.
- ◆ TSU assists in the review of programme expenditure of KSACS and provides inputs for optimum expenditure. When required, report for reallocation of funds/ request for additional funds prepared.
- ◆ TSU assists KSACS in preparing strategies and proposals. Proposals have already been prepared in the areas of Nutrition support for HIV infected women and children in the state, Shelter workshops for PLHA, utilization of UNICEF funds for GIPA, evaluation of DICs for PLHA in the state, study on the prevalence of STIs among the general population in Kerala, greater involvement of local self government institutions in the AIDS programme etc.
- ◆ An innovative programme for providing legal assistance to PLHIV through the Kerala legal aid society (KELSA) has been initiated by KSACS. TSU has assisted in developing the proposal and its documentation
- ◆ TSU also supports KSACS in the analysis of data. A data bank of HRGs based on their registration details has been created and profiles of FSWs and MSMs in all TI projects in the state have been prepared through analysis of data. TSU has prepared HIV/AIDS district profiles for all districts in the state for all service outlets (TI, ICTC, STI & Blood bank) at the district level. Analysis of ICTC data of 2010-11 has also been done.
- ◆ TSU has identified and engaged State level Nodal Officers from 10 key departments.
- ◆ TSU has developed HIV/AIDS intervention strategy for prison in 2009-10. Facilitated capacity building of 210 Prison Officials on HIV related issues. Established 6 ICTCs in prison.
- ◆ Draft document on Work place Interventions prepared
- ◆ Provided technical assistance to KSACS for PPP and helped to establish 25 ICTCs in the private sector
- ◆ Coordinated with industry (Techno Park, Trivandrum) for adopting Work Place Policy on HIV/AIDS.

**Certain efforts as detailed above, were acknowledged and selected for presentation at the XVIII International AIDS conference and three abstracts accepted for presentation at the ICAAP 10 Conference 2011 at Busan, Korea.**

## ***Publications***

### **Trends and Spot Lights on the Changing Scenario of Commercial Sex Work in Kerala –**

The title indicates the Central theme of this document. An attempt was also made to assess the impact of the Targeted Intervention projects in Kerala on the attitude and behavior of FSWs in respect of safe sex practices.

**CBO Development and Strengthening – A Practitioners’ Guide-** TSU has brought out this guide, which elucidates various aspects of CBO development and strengthening. CBO conceptual frame work, model and structure suitable for sexual minority groups, roles and responsibilities of management, model bye-law and on site monitoring and support requirements for continuous surveillance of the functioning of CBO are focused in the guide.

**Quarterly Progress Reports (QPR) –** Three QPRs were developed during this financial year. These report captures the entire activities of each quarter, covering the performance of essential indicators, value additions and strategic directions provided by TSU, besides capturing NGO/CBO performance review and achievements against deliverables.

**Guideline for Project Implementation –** TSU has come out with a manual to help the implementation team in understanding and initiating project activities in accordance with the national guidelines. The manual has taken care to include all the areas that require additional interpretation. This document would act as a ready to refer guide for teams in planning and implementing programmes at grass root level. It is expected that greater clarity in the guidelines will minimize the problem of disallowance of expenses and consequent financial loss to the implementing organizations, besides ensuring common standards in implementation of TI across the state. This manual has been disseminated to the TI projects in the state.

**Polling Booth Survey (PBS) Report –** In order to assess the condom usage among FSWs and MSMs PBS has been conducted and the findings followed by the analysis has been documented and disseminated. This would, in future, help in evolving appropriate strategies for enhancing condom usage among core group population.

**Core Group Positive Prevention –** This document highlights the present sex practice among the HIV infected core groups and their willingness to withdraw from sex work and take up alternate income generation activities with support from Governmental and Non-Governmental agencies.

**Proposal Development Guideline –** Proposal Development Guideline - TSU has designed a detailed guideline to enable the partners to draft their project proposals.

**Mapping of Client Data from Antiretroviral Treatment (ART) Centres to Geographic Areas in Kerala State to Estimate the HIV Burden and Build HIV/AIDS Profiles –** this document contains in-depth analysis of standardized HIV burden for the population in each taluk of Kerala calculated from data obtained from ART centres and census population data.

**NGO/CBO financial Review Tools –** Financial management is one dimension where NGOs and CBOs find it hard to meet the requirements and standards. TSU has developed financial monitoring tools to enable and equip partners to maintain uniform standards in finance management.

**Review and Evaluation Reports –** Experienced consultants in the field of HIV/ AIDS and other developmental field have undertaken evaluations and monitoring visits to TI NGOs/ CBOs. Their reports are consolidated and compiled as a reference document for partners.

**Behaviour Change Communication (BCC) Tool Kits** – Proto types of BCC tool kits on STI management and ICTC service uptake were developed through a series of consultative processes with primary stakeholders.

**Thematic Experience Sharing And Review Meeting (TESRM) Reports** – Major achievements, milestones, specific observations, learning, best practices, innovations, implementation gaps, quality concerns and stakeholders involvement with TI projects were shared and reviewed in TESRM. Every program was analyzed for its merits, documented, and shared with implementing partners for strengthening quality implementation and scaling up of TIs.

**Translation – Course Material** – Two books (1) TI- OG induction and (2) PLOP. These two books discuss the basic technical and operational dimensions of TI implementation. The translated documents will enable the grass root level functionaries to understand the project better thereby ensuring deliverables.

**Document on CBNA in Kerala TIs-** This technical document discuss the process and findings of a methodologically completed Training Needs Assessment by the Kerala TSU. It has valuable information on the content and methodology part of the training for different sectors of functionaries in TI. This would be of help to different TI projects in the state and other TSUs as well.

**PLOP (peer led outreach planning) Strategy Document-** Consolidated PCU (peer communication unit)) level issues and strategies developed by projects. This gives a clear picture of issues and concerns prevailing in each project and the strategy proposed by them to address the same. This is a guide for the monitoring team to suggest alternative strategies as well as ensure that the planned strategies are adopted.

**Short Listed consultants' directory-** This is the directory that includes the technical consultants whose service could be hired for specialized consultancy services in times of need. The document would be of relevance and importance to KSACS and different programs and program officers.

**Format and Tools:** This document includes various formats and specimen tools developed by TSU for the training program. The tools could be used for conducting various trainings and conducting training needs, assessing the effectiveness of training etc.

**CBO Led Female Sex Worker Intervention in Kerala-** a vision document based on learning from CBO led projects. This document discusses the strengths and weakness of the currently operating CBOs working on the FSW projects. This can guide the target population through a process that would help them to make achievements.

**Project implementation manuals:** The manuals on different dimensions of project implementation that would help the partner officials, project staff and the community. The different reports documents and roles and responsibilities of different staff members have been discussed clearly

**NGO financial review tools:** Financial management is one dimension where NGOs and CBOs find it hard to meet the donor standards. TSU has taken this as an opportunity to support and develop different implementation structures in the state.

**CBO assessment reports:** TSU has completed the assessment of the High Risk Sexual Behavior Group CBOs in the state to assess their organizational capacity and competence in managing



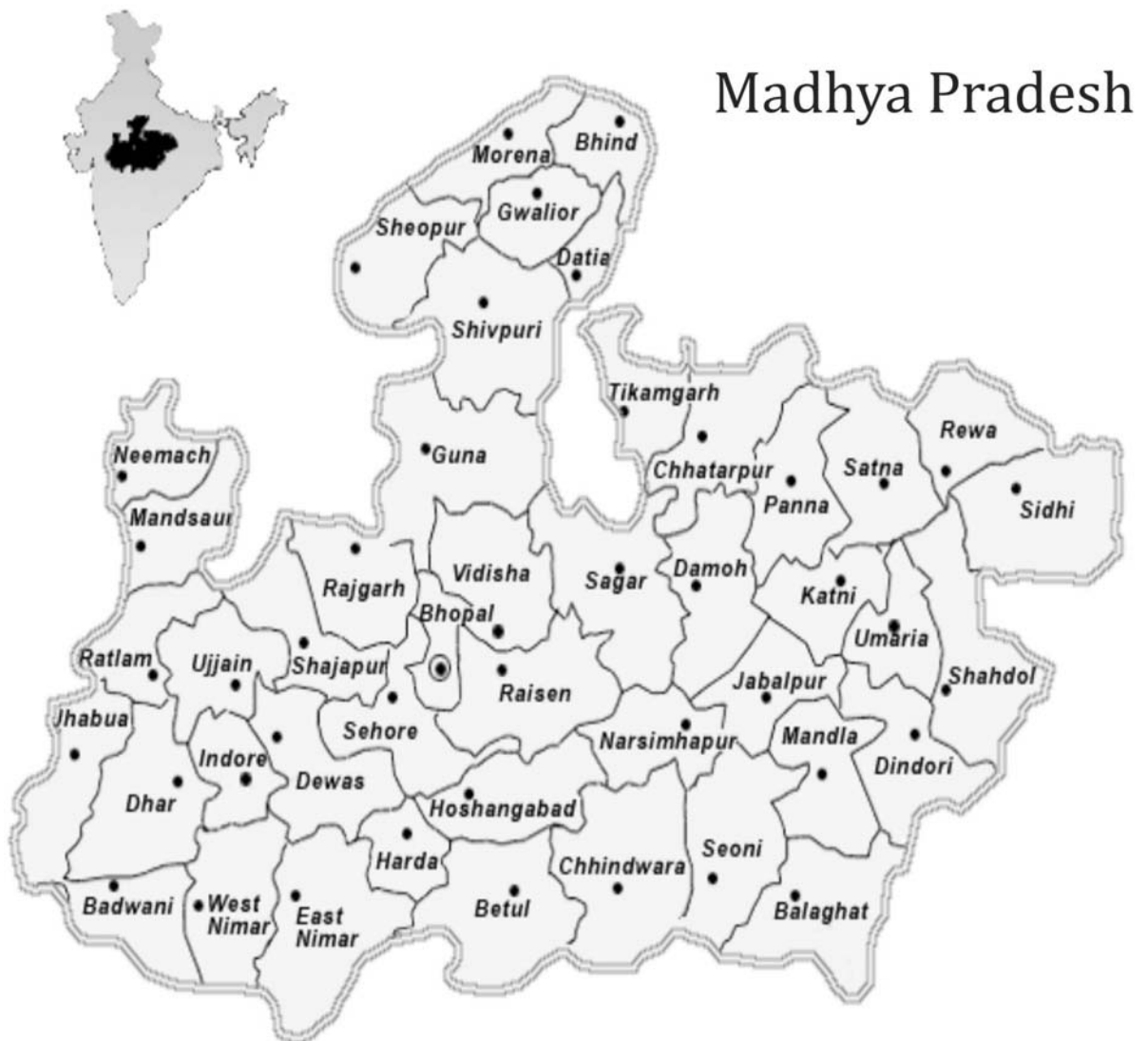
intervention programs. This publication could be of great help in those budding CBOs in the country and their facilitators.

**Transition CBO assessment reports:** CBO translation of the Targeted Intervention projects is a non negotiable objective. TSU has taken the role of constantly monitoring the transition process and providing supportive inputs as and when needed. The reports in this regard were compiled and published. This would be of benefit to the TI Program Managers.

**Report of Peer Conference:** Peer conference is one major activity that the Kerala TSU has planned and implemented with sustainable results. The technical sessions as well as cultural events were centered on perceptions and talents of the key population community. Each of the activities intended at long-term results that could be achieved. The document is a good reference to the states, which intend to have community empowerment and transfer of ownership.



# Technical Support Unit (TSU) Performance Report – NACP III



Hindustan Latex Family Planning Promotion Trust (HLFPPT)  
Madhya Pradesh

**1. Address**

Technical Support Unit  
 C/o MP State AIDS Control Society  
 2nd Floor, Oilfed Building  
 No.1, Arera Hills, Bhopal – 462 011.

**2. Supported by – UNICEF**

**3. Working as a TSU since – November 2007**

**4. Budget and Expenditure in INR (Figure in Lakhs)**

1st year (Nov07- Jul09)		2nd year (Aug09- Jun10)		3rd Year (Jul10- Jun10)		4th year (Jul11- Mar12)	
Budget	Expenditure	Budget	Expenditure	Budget	Expenditure	Budget	Expenditure
137.43	161.16	175.07	122.86	127.18	104.29	109.71	27.68

**5. Current Staff for 2011-12 :**

Name of the Post	Sanctioned	On Board
TL-TSU	1	0
TL-TI	1	1
TL-CB	1	1
PO-TI	8	7
PO-STI	1	1
PO-M&E	1	1
Finance and Admin Officer	1	1
Admin Assistant	1	1
Office Assistant	1	1
Total	16	14

*\*TL-TSU(i/c) has been appointed in October 2011*

### 6. Trainings conducted in-house, exposure visits for the TSU staff (2011-12)

Sr. No	Designation	Place of Training/ Exposure	Dates/Month	Focus of Training/ exposure	Focal person of exposure/ responsible person
1	All POs and TL- TI	Bhopal	April 11	Data integrity, data validation	NTSU
2	Newly joined PO-TI	Delhi	25th- 26th April 11	Orientation to TI program and supportive supervision	NACO
3	All PO-TI	TSU-Bhopal	May 11	Ms-Excel	TL-TI
4	PO, STI	Hyderabad, Swagti program of HLPPT	16th- 20th May 11	Understanding the mainstreaming initiative, vis-à-vis facility assessment, mapping of services for STI	Dr. Laxminarayan
5	3 PO-TI and TL-TI	Delhi	23rd- 27th May 11	OST – program and an exposure visit at Sharan, Delhi	TSU- Delhi
6	TL- CB	Hyderabad	29th May -3rd June 11	CBO formation	Swagati, Hyderabad
7	All PO-TI	Bhopal	13th- 15th June 11	Finer aspects of MSM and IDU TIs	Mr. Shivkumar Mr. Muthukumar
8	PO-M&E	Hyderabad	June 11	Data triangulation and interpretation	Mr. Amit Nagraj , APTSU
9	Ms. Ranu Arora, PO-TI	Delhi	June 11	Harm reduction among female partners of IDUs	UNODC
10	TL-TI	Chandigarh	September 11	PPP model on OST	DFID- TAST
11	Ms. Sheeba Rehman, PO-TI	Chandigarh	26th- 28th October 11	International conference on drug abuse	National Network on hram reduction
12	PO-M&E	Vellore	November 11	SPSS	CMC, Vellore
13	Staff of TSU	Bhopal	15th Nov 11	Orientation on OST	DFID- TAST

Sr. No	Designation	Place of Training/ Exposure	Dates/Month	Focus of Training/ exposure	Focal person of exposure/ responsible person
14	PO-STI	Delhi	Nov 11	International Conference on STI management	National Conference of Indian Association for the study of STDs and AIDS
15	TL- CB	Chennai	Dec 11	ToT on Harm reduction	DFID- TAST
16	All PO-TI	Bhopal	Jan 12	Operationalization of migrant TIs with respect new guidelines	Mr. Ved Shukla, CGTSU Mr. Sanjeev Jain, NTSU
17	TSU staff	Bhopal	Jan 12	Team building, program management	HLFPPT

### 7. Number of TIs in state currently (Typology and coverage)

Typology	Existing Projects	Coverage				
		FSW	MSM	IDU	Migrants	Truckers
FSW (including 2 UNFPA)	20	13738				
MSM	10		7037			
IDU	8			4524		
FSW+MSM	14	7619	3153			
FSW+MSM+IDU	4	1234	727	475		
FSW+IDU	1	217		385		
MSM+IDU	2		365	485		
Destination Migrants	3				34000	
Truckers	4					75000
<b>Total</b>	<b>66</b>	<b>22808</b>	<b>11282</b>	<b>5869</b>	<b>34000</b>	<b>75000</b>
Transit Migrants	7	Target 500 per day				



- ◆ The current allotment of TIs to the POs of various regions is as follows:

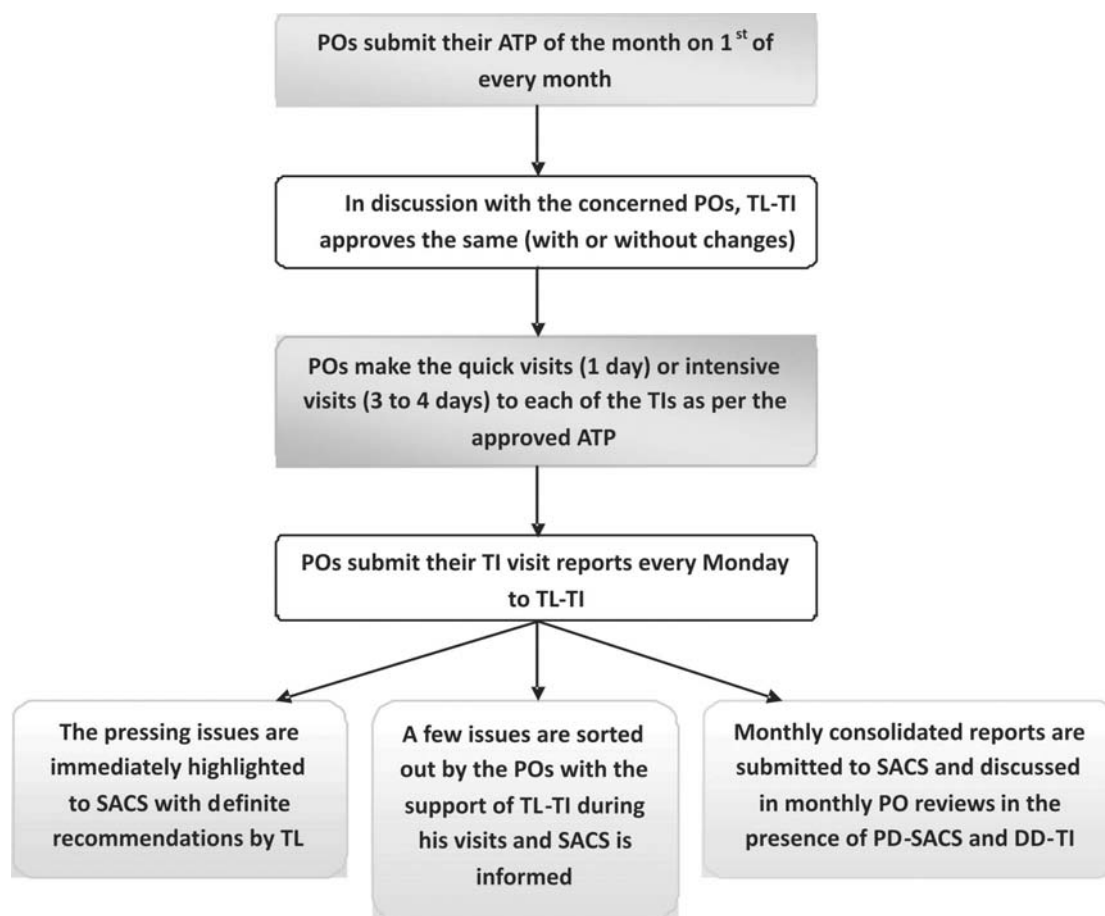
PO Name (Region)	Ranu Arora (Bhopal-1)	Sheeba Rehman (Bhopal-2)	Rajiv Verma (Jabalpur)	Sangeeta Verma (Gwalior)	A.B. Gautam (Rewa)	Gyanendra Bais (Ujjain)	Snigdha Sen (Indore)	(Chhindwara)	Subhodh Karnik (Truckers)	Grand Total
FSW (including 2 UNFPA)	2	0	2	2	2	5	4	3		21
MSM	1	2	1	2	1	2	1			10
IDU	2	1	3		1	1				8
FSW+MSM	2	3	1	3	1		1	3		13
FSW+MSM+IDU			1		1	2				4
FSW+IDU					1					1
MSM+IDU					2					2
Destination Migrants		1					2			3
Truckers									4	4
Total	7	7	8	7	9	10	8	6	4	66
Transit Migrants			1	1		1	1	3		7



c. Month wise visits by each PO from April to November 2011

TSU Officer Name	Region	Apr-11		May-11		Jun-11		Jul-11		Aug-11		Sep-11		Oct-11		Nov-11	
		No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit
Ms. Sheeba Rehman, PO-TI	Bhopal-2	6	9	5	6	7	15	6	18	5	13	8	16	2	6	6	17
Mr. A.B.Gautam, PO-TI	Rewa	9	14	9	15	9	14	9	16	9	16	9	16	5	4	9	23
Mr. Gyanendra Singh, PO-TI	Ujjain	9	16	9	18	9	9	9	18	10	18	10	19	8	15	9	19
Mr. Naveen Satle, PO-TI	Chhindwara	7	15	6	11	4	7	5	5	6	15	6	13	Resigned			
Ms. Ranu Arora, PO-TI	Bhopal-1	4	7	8	13	5	10	6	19	6	13	7	16	4	7	7	18
Ms. Sangeeta Verma, PO-TI	Gwalior	7	12	9	17	7	12	7	15	7	12	7	14	6	11	5	17
Ms. Snigdha Sen, PO-TI	Indore	6	11	6	13	7	15	6	18	7	10	7	23	3	4	5	8
Mr. Rajeev Verma, PO-TI	Jabalpur	1	1	7	11	8	16	9	19	7	14	8	17	5	5	7	16
Mr. Paul Jeyaraj, TL-TI	Full State	3	3	12	12	6	6	5	5	4	4	11	11	5	5	13	13
Mr. Farooq Ahmed, PO M&E	Full State	0	0	5	6	0	0	5	5	2	3	4	4	1	1	2	3
Dr. Shailendra Meena, PO STI	Full State	3	3	7	6	3	3	12	10	9	8.5	7	6	1	1	12	8

**d. Feedback by TSU to PO, TL TI visit reports**



**e. Efforts taken by TSU in mapping of HRGs in NACP III**

- ◆ TL-TSU was the member of the planning committee which was constituted in 2008 for mapping activities.
- ◆ The following activities were done by TSU for effective mapping:
  - Identification of the resource persons, field workers (including the HRGs) and the team who had undertaken mapping
  - Mentoring of the selected persons
  - Monitoring of the mapping process
  - Co-ordination with the mapping agency Raman Data Consultancy (RDC)
  - Support for finalisation of report was done by TSU.

No. of Sites			Estimation		
FSW	MSM	IDU	FSW	MSM	IDU
490	273	151	28148	13346	7021

- ◆ TSU has since insisted on the revalidation of mapping data especially of IDUs. A letter in this regard has been sent to NACO in September 2011 through PD-MPSACS.

S. No	Old NGOs in the state	Place of operation- District and block	Typology	TI for Scale up of Coverage
1	Pradeepan	Hoshangabad	FSW+MSM	Hope Centre, Hoshangabad
2	SOPAN	Chhindwara	FSW	IDYWC, Chhindwara
3	FPAI	Raisen	FSW+MSM	ISRD, Mandideep, Raisen
4	SUPPORT	Bhopal	IDU	MCM, Bhopal
5	New Migrant TI	Dhar	Migrants (Destination)	Public Welfare, Pitampur, Dhar
6	Parhit Samaj Sewa Sansthan	Tikamgarh	FSW	Swami Chetanya, Tikamgarh

#### f. Efforts to scale up the number of TIs

- ◆ TSU has given definite inputs for the scale of TIs as per the AAPs of each year as mentioned below:

Year	Current TIs	Proposed Scale of new TIs	Total	End Year Total after evaluation
2007-08	0	29	29	18
2008-09	18	50	68	68
2009-10	68	9	77	55
2010-11	55	25	80	67
2011-12	67	17	84	NA

(Total 67 TIs in 2011-12 is not inclusive of 2 UNFPA TIs, 3 TIs have been terminated/ surrendered in the current year – total current TIs – 66)

- ◆ TSU constituted the panel of evaluators for each year.
- ◆ TSU has prepared the evaluation plan, process and the conduct of evaluation.
- ◆ After the evaluation, a number of TIs have been terminated as mentioned above.
- ◆ In November 2011, PD-MPSACS have instructed that instead of scale up of TIs, the existing TIs may be asked for scale-up of coverage. The TSU has prepared the plan for the same and it is currently under process

**g. Efforts taken in prioritisation of ‘at most risk’ HRGs for service delivery and institutionalising of individual tracking system**

- i. The prioritization of ‘at most risk’ HRGs is being done through the prioritization process developed by TSU. The ORWs are using the Peer Weekly Planning sheet - form B for the prioritization of services to HRGs at most risk. The brief details of Auto prioritization is mentioned as below.
- ii. The due and over-due status calculation was done through the prioritisation work.
- iii. The NACO format “Form B” was kept intact except one unused column. The formula was placed for auto calculation of risk indicators of each HRG, so that at one glance the risk score of each HRG is visible to ORW for effective outreach planning.
- iv. Benefits: Easy and user friendly, takes less time to calculate the risk of each HRG, easier to prioritize the population of at most risk HRG, enhances quality of outreach planning by addressing the at most risk HRG population, easier for Peer Educator to approach and access t most risk HRGs.
- v. The glimpse of Auto- Prioritization tool developed by TSU is as below:

फॉर्म B PE सप्ताहिक नियोजन एवं गतिविधि चार्ट (एफ एस डब्ल्यू/एम एस एम)																						
PE का नाम	पिया राठी	जिला	रायसेन	हॉट स्पॉट के नाम, फरिय, सूछा करार, चौक बाजार												सप्ताह	1	2				
ORW का नाम	संजय शर्मा	माह	दिसंबर													सप्ताह की अवधि						
क्र.	HRG का नाम	स.आइ.डी. नम्बर	PE का नाम	रकारल गेप	खतरे/जोखिम का जांचकलन										सेवाए					जन्मिन बार	रदन रखा	
					खतरे/जोखिम	खतरे/जोखिम बढ़ाने वाली स्थितिया	प्रति	प्रतिरत	साथिय	सोशिय	पितरित	सबके का प्रकार	रिफरल (STI एवं अन्य कन्डी एर)	STI	ICT	CAR						
1	कमल	0001	9	3	1	1	1	1	1	0	1	0	15	12	0	25	2	1	1	0	0	1
2	सहा बाई	0002	7	2	1	1	1	0	1	1	0	0	5									
3	समिता	0003	5	2	2	0	0	0	1	0	0	0	7									
4	रसा	0004	5	0	2	1	1	0	1	0	0	0	5									
5	सला	0005	5	1	1	1	1	1	0	0	0	0	10									
6	कमला बाई	0006	4	0	2	0	0	1	0	0	1	0	8									
7	रहाना	0007	7	2	3	0	0	0	1	0	1	0	5									
8	सावरदा	0008	7	0	2	1	1	0	1	1	1	0	3									
9	नूलसा बाई	0009	3	1	0	0	0	1	0	0	0	1	10									
10	सोना बाई	0010	5	2	0	1	1	0	1	0	0	0	8									

Formula placed here to calculate the at most risk

## **h. Efforts taken towards improving STI service delivery Mechanism and Quality**

### **1) *Setting up of PPPs***

- ◆ Convinced PD MPSACS about requirement and benefits of PPPs Model.
- ◆ In 36 TI-NGOs STI service delivery is going on through PPP Model.
- ◆ In 6 TI-NGOs STI service delivery is going on through Hybrid model.
- ◆ In 3 Migrant TI-NGOs STI service delivery is going on through Health camps.
- ◆ In 3 trucker projects Khushi Clinics are functional.
- ◆ Remaining 11 TI-NGOs are availing STI services through Nearby Govt. health facility. In these TI-NGOs PPP model will start within this month.
- ◆ At present 142 doctors are functional as PPPs, among them 97 are MBBS doctors and 45 are Qualified Ayush doctors.
- ◆ From these 142 PPPs 118 are trained doctors, remaining 24 will be trained soon (most of them are recently appointed by the NGOs).

### **2) *Static Clinic Setup***

- ◆ Currently 3 Static Clinics are functional and one more is planned.
- ◆ TI-NGOs are facilitated in the establishment of Static Clinic wherever required.
- ◆ No. of Static clinics are less in the State because TI-NGOs are working with HRGs scattered over large area, Brothel culture is not prevalent in the State and most of the TIs are allotted target below 800 HRGs.

### **3) *Support towards STI Drug Kits***

- ◆ Monthly status of STI Drug Kits available in the DSRCs and TI-NGOs is collected, compiled and shared with STI division of SACS.
- ◆ Deficiency of STI drug kits is overcome by reallocation of Kits among DSRCs and TI-NGOs.
- ◆ Data analysis done to find out TI and District wise prevalence of various syndromes to find out requirement of particular Kit in that District.
- ◆ Another data analysis to find out consumption pattern is in process.

### **4) *Training of doctors***

- ◆ TSU continuously involve with STI division in planning and implementation of trainings for doctors.
- ◆ PO-STI itself worked as resource person and Evaluator for various trainings organized in 10-11 and 11-12 for Medical officers of DSRCs.
- ◆ PO-STI also collect and compiled study material for the participants.
- ◆ In 2010-2011 and 2011-2012 total 139 PPPs were provided training on SCM of STI.

### **5) *Clinic Visits***

- ◆ Quarterly visits were planned and executed to ensure the quality of STI service delivery to the HRGs.
- ◆ Hands on training were provided to the doctors and TI staff regarding Syndromic case management of STI/RTI.

- ◆ Total 62 visits made in 2011-2012.
- ◆ Efforts taken to improve clinic access and reduction of STI
- ◆ Identify and established most suitable STI service delivery modality in each TI-NGOs.
- ◆ Continuous orientation of TI Staff done on basics of STI/RTI, sign and symptoms, management, its relation with HIV and complications so that they can motivate HRGs to avail clinical services.
- ◆ Monthly reviewing the status of clinical services in TIs done and necessary inputs were given to improve the status.
- ◆ Quarterly analysis of status of clinical services in TIs done and report was shared with TI and STI division of SACS.
- ◆ All the TI-NGOs were facilitated in the development of linkages with nearby Govt. health facilities to avail clinical services in order to develop a sustainable model; initially HRGs within 5-10 km of Govt. health facility will be linked.
- ◆ Under NACO-NRHM convergence, STI drug kits made available at sub district level hospitals and training of Medical officers posted at sub district level hospitals already started.
- ◆ But Delayed fund release, high staff turnover in TI-NGOs and poor infrastructure in sub district level Govt. hospitals are some of the major hurdles in quality STI/RTI service delivery.
- ◆ A draft on Clinical services in destination migrant projects was prepared and shared with respective TIs and POs to make them understand the process of STI/RTI service delivery to the migrant populations.
- ◆ Result of all the interventions is as follows:-

Year	Total Clinic access	Total STI positive	Percentage
2009-2010	34082	13872	40.70
2010-2011	53978	2609	23.36
2011-012(Till Oct.)	35904	7651	21.31

**j. Efforts taken towards improving condom utilisation**

- ◆ The Condom need analysis is emphasised for accuracy in each TI and it is updated on the quarter basis.
- ◆ The weekly condom stock utilisation report is being called from TIs and the compiled report is being sent to NACO every week.
- ◆ The SMO is coordinated for the condom stock status at TI level. The stock out positions as well as places where the condom stock is at alarming position, is being reported immediately to SMO.
- ◆ The management of condom stock out position is addressed either through supply of condom stock from the SMO level or transfer of required quantity of condom from one nearby TI to another TI.

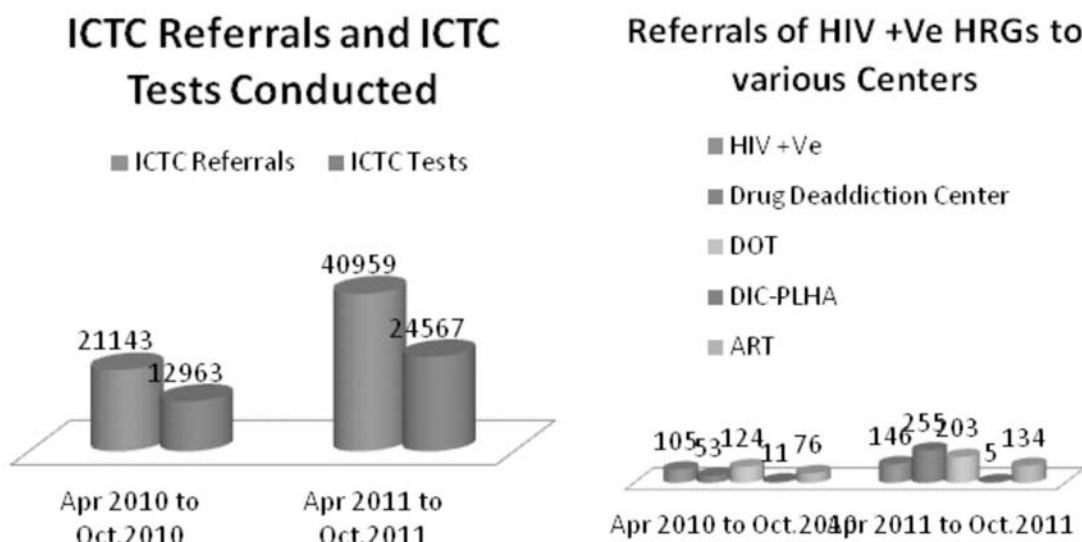
**k. Efforts taken to improve Syphilis screening and treatment of positive cases**

- ◆ RPR test kits are made available in all the District hospitals and the status is monthly monitored.
- ◆ Instructions issued to all the TI-NGOs to take help from private labs in the areas where the travel distance to the Govt. health facility is large.
- ◆ Under NACO-NRHM convergence program meetings done with the State RCH officers and request is being made regarding availability of RPR test kits at Sub district level hospitals. This will help in providing RPR test facilities to all the ANCs and STI attendees.
- ◆ Availability of STI drug Kit no. 3 is ensured and monthly monitored at all the centers where VDRL/RPR test going on to ensure treatment of all positive cases. Due to this exercise sufficient amount of Kit no. three is available in all the Districts.
- ◆ During STI/RTI training of Doctors special focus is given on the use of Kit no. 3 to treat Syphilis.
- ◆ Impact of all the interventions is as follows:-

S No.	Year	VDRL/RPR Test done	VDRL/RPR Re-active	No. of patients treated
1	2009-2010	9134	584	DNA
2	2010-2011	23202	565	DNA
3	2011-2012 (Till Oct.)	19053	137	102

**l. Efforts taken to improve linkages between TI and ICTC + improvement of HIV testing + improvement in linkage to ART**

The continuous feedback and mentoring mechanism to TIs have given the better result particularly in improving the linkages with facilities. In below chart, the positive changes can be seen while comparing the referrals data for the duration of Apr 2010 to October 2010 and Apr 2011 to October 2011. The referrals and HIV testing is improved as compare to the same duration in last year. Similarly the referrals to drug de addiction center, DOT and ART is also can be seen with improvement as compare to same duration in last year.



**m. Efforts taken by TSU in NACP III to develop Learning sites in the state**

- ♦ Mahila Chetna Manch (MCM), Bhopal and Samarthan, CG have been given responsibility to implement the training for PEs and other TI staff respectively at the learning sites developed by them. TSU extended support to both the learning sites in terms data sharing, coordination, inputs in planning and finalization of schedule and trainers for the trainings. The trainings accomplished by MCM are as follows:

S.No	Name of the training	Training load	Level	No of batches	Date
1	Training of PEs	49	State level	3	Sept - Nov 11

**Training at learning site for Q- 4 (Jan11-Mar12)**

Sr. no	Name of the training	training load	Level	No of batches	Date
1	Harm reduction training to PEs	61	State	3	Jan-March 12
2	Harm reduction training to other staff		State	1	Feb 12

- ♦ TSU is supporting to develop a Truckers learning site at Kavach, Indore with SACS/TCIF.
- ♦ All the POs have been assigned a task of developing at least one learning site in their respective regions and the typology-wise assignment has also been shared with the deadline of March 2012.

**n. Efforts taken to conduct site validation**

- ♦ POs validate the line-listing of HRGs every time during their TI visits using random sampling methods.
- ♦ Sites are validated and re-aligned quarterly as per the Hotspot Analysis.
- ♦ While increasing the coverage/targets to the TIs, an exclusive site validation has been undertaken by TSU

**o. Efforts taken towards improving quality of TI data , analysis and feedback**

To improve the quality of data, the steps taken by TSU are as under:

- ♦ Round the year, during the visits to the TIs, on the field training is imparted where ever there is gap identified specially in the use of CMIS tools as well as CMIS reporting.
- ♦ Every CMIS report sent by TI is being checked by PO (M&E) for the correctness of reporting and simultaneous feedback is given to TIs either through email or over the phone.
- ♦ CMIS analysis on various indicators is also shared with TIs. The data is particularly checked for Outreach done, Clinic Access, Condom distribution, Counselling done to STI patients, NS distributed and returned etc.



- ◆ CMIS report status as well as analysis document is disseminated to TIs either through email or TSU's website – www.tsumpcg.web.com

**p. Efforts by TSU towards capacity building**

The SACS had put on hold all training programs conducted by STRC from April 11 to Oct 11. NACO instructed to implement the training program from Nov 11 to staff of TIs with the help of TSU. Thus TSU was asked to play the major role in planning, implementation and monitoring of training programs. The total load for the training for 11-12 was as follows:

S. No	Details	Training load
1	Training load of old TIs	1229
2	Training load of new TIs with 25% turnover	703
3	<b>Training load</b>	<b>1932</b>

**TSU as directed by SACS has started implementing the training from Q- 3 and the training completed are as follows**

S. No	Name of the training	Training load	Level	No of batches	Date
1	Basic Training of PEs on outreach	183	TI level	17	23rd Nov to 31st Dec 11
2	Thematic training of counsellors	51	State level	2	28th Nov 11 to 9th Dec 11
3	Thematic training to accountants	66	State level	3	15th Dec 11- 30th Dec 11

**Other trainings implemented by TSU**

S. No	Name of the training	training load	Level	No of batches	Date
1	Orientation of Master trainers	8	State level	1	14th Nov 11
2	Sensitization of officers from Police/ health / social justice dept on OST	105	State level	1	15th Nov 11
3	Advocacy workshop on Female condom	30	State level	1	18th Nov 11
	<b>Total</b>	<b>143</b>			

**Training proposed for TI staff by SACS for Q- 4 (2011-12)**

S.No	Name of the training	training load	Level	No of batches	Date
1	Modular training to PMs	64	State	2	Jan 12
2	ToT for MTs	30	State	1	Feb 12
3	SIMS training to PM& M&E/ Accountant	126	State	6	Jan- Feb 12
4	C. N.A training to staff new TIs	96	State	4	Jan- Feb 12
5	ToT for MTs on MSMS	30	State	1	Feb12
6	Basic training to PE	150	TI level	15	15th Jan -15th Feb 12
7	ORWs at district level	117	district	6	Jan - March 12

**q. Other support provided to SACS**

- ◆ Successive planning of AAP was done for each year from 2007.
- ◆ Preparation of budget for all TIs
- ◆ Preparation of budget and indicators for Link Worker Scheme (LWS)
- ◆ Implementation of Performance-based fund release program (being implemented as per the instruction of PD-MPSACS from October 2011)
- ◆ Enquiry conducted on different TIs with respect to non-performance, financial misappropriation, etc.
- ◆ Launching of Female condom program in 2 districts from November 2011.
- ◆ 167 Migrant Health Mega Camps and 298 folk troupes performances were coordinated and monitored specially in 14 Source Migrant Districts in October 2011 – November 2011.
- ◆ Red Ribbon Express / Bus activities were coordinated through planning and support at various stoppages of the train with the help of TIs in 2008, 2010 and 2011 (to be executed)
- ◆ World AIDS Day was celebrated in district Indore where the various important activities were planned and coordinated by the TSU as a support to SACS.
- ◆ The support in short listing and analysis of EOI, sent by various NGOs, were also extended to SACS on its request.
- ◆ The formulisation and development of Performance Indicator for TIs staff was done on the instruction of PD SACS.
- ◆ The coordination with the Pehchan Project (Round-9) and the TI projects was strengthened by TSU by attending Quarterly State Oversight Committee (SOC) meetings and by conducting the coordination meeting in December 2011.
- ◆ All the TI stakeholders are asked to take part in the monthly DAPCU meeting from August 2011 where DAPCU's present.
- ◆ All the TI stakeholders are asked to take part in the monthly District Health Reviews.
- ◆ The CBO formation process has been rolled in all TIs and 3 CBOs have been successfully formed in Gwalior-FSW, Jhabua-FSW and Indore-MSM)

- ◆ The setting-up of OST centres in 4 Government facilities in Bhopal, Itarsi, Narasinghpur and Jabalpur has been continuously followed up.
- ◆ The plan for IEC distribution to all TIs have been made and accordingly ensured the distribution of IEC to all TIs.
- ◆ The erection of IEC hoardings in different places of the state was ensured through the TIs.
- ◆ Folk troupe have been identified with the IEC division in each of the district and facilitated the conduct of the program in July 2011 – August 2011.
- ◆ Translation of manuals for OST in Hindi was done and periodically the same activities have been done by TSU.
- ◆ TSU-MP was part of the various consultation meetings held for NACP-4 at national level and state-level.
- ◆ CMIS tools and TI Quality guides were translated in Hindi
- ◆ CMIS training to the TIs was conducted
- ◆ Selection Committees formed in all TIs in order to smoothen correct recruitment process.
- ◆ Ms. Ranu Arora was the National Trainer for the NACO's PO Induction Training.
- ◆ Best Practices Document has been prepared in all TIs.
- ◆ State-wide database of HRGs has been maintained and updated periodically.
- ◆ State-wide database of Positive HRGs has been maintained and updated periodically.
- ◆ Regional review meetings are proposed and conducted by TSU PO-TIs initially every month and now quarterly.
- ◆ POs have been involved in the research activities. The base documents on various topics are being prepared by the POs. Some of the topics are follows:
  - a. Analysis of Rural HRGs (LWS) with Urban HRGs
  - b. No. of years in the profession and the base conditions on the same.
  - c. Analysis of Cell phone usage among HRGs and the effect of it in the Service Delivery.
  - d. HRGs in Tribal Districts and their practices.
- ◆ NACO forms like Form B and C have been computerised in all TIs and Form C1 in 70% of the TIs.
- ◆ Polling booth surveys have been conducted in 2 phases as follows and the findings were submitted to SACS:

Year	Phase	No. of TIs participated
2009-10	1	2
2010-11	2	5

- ◆ Quarterly Grading of the TIs has been done and progress in the quality of TI is seen over the quarters

	<b>C</b>	<b>B-</b>	<b>B</b>	<b>B+</b>	<b>A</b>	<b>A+</b>	<b>A++</b>
	<b>Poor</b>	<b>Below Average</b>	<b>Average</b>	<b>Above Average</b>	<b>Good</b>	<b>Very Good</b>	<b>Excellent</b>
Dec 2009	11%	19%	38%	19%	13%	0%	0%
June 2011	0%	13%	17%	39%	24%	7%	0%

- ◆ TL-TSU and TL-TI are the member of Technical Support Committee on TI and contributed for the smooth decision-making process on various issues.
- ◆ Mentoring support given to 2 UNFPA TIs regularly from August 2011.
- ◆ POs have facilitated the Asset Recovery Process from the terminated TIs.

**Technical Support Unit (TSU)**  
**Performance Report – NACP III**

Maharashtra Avert Society

**1. Address**

Avert Society, Acworth Complex,  
R.A.Kidwai Road, Wadala,  
Mumbai, 400031

**2. Supported by USAID**

**3. Working as a TSU since April 2008**

**Budget and Expenditure in INR**

2007-08		2008-09		2009-10		2010-11		2011-12	
Budget	Expense	Budget	Expense	Budget	Expense	Budget*	Expense	Budget*	Expense
NA	NA	1,46,91,000	1,12,99,714	1,31,51,000	86,38,368	1,34,23,000	1,06,21,422	1,83,36,855	56,35,563

*\*Apr 10-Jun 10 – No cost Extension. Next budget Sanctioned for Jul 10 – Jun 11 & Jul 11 – Mar 12. Budget figures for 2010-2011 & 2011-2012 worked out accordingly*

**4. Current Staff for 2011-12**

No.	Staff – Budgeted	Staff – On Board
01	Team Leader – Overall & Strategic Planning	Mr. G. S. Shreenivas
02	Team Leader – Targeted Intervention	Vacant – Recruitment in Process
03	Program Officer TI (Mumbai)	Mr. Sanjoth Sankpal
04	Program Officer TI (Mumbai)	Ms. Jyoti Raskar
05	Program Officer TI (Mumbai)	Ms. Poonam Patre
06	Program Officer TI (Mumbai)	Ms. Asha Bhatt
07	Program Officer TI (Mumbai - New)	Vacant – Recruitment in Process
08	Program Officer TI (Pune)	Mr. Deepak Nikam
09	Program Officer TI (Nashik)	Mr. Neeraj Mahajan
10	Program Officer TI (Latur)	Mr. Nageshkumar Ganji
11	Program Officer TI (Nagpur)	Mr. Rajiv Bobade
12	Program Officer TI (Amravati)	Mr. Ketan Pawar
13	Program Officer TI (Konkan)	Mr. Jagadish Patil
14	Program Officer TI (New)	Vacant
15	Program Officer TI (New)	Vacant
16	STI Specialist	Vacant – Recruitment in Process
17	Program Officer - STI	Dr. Vaibhav Gharat
18	Team Leader – Capacity Building	Ms. Shrutika Badgujar*

No.	Staff – Budgeted	Staff – On Board
19	Finance & Administration Manager	Mr. Anil Mundhada
20	Accounts Assistant	Mr. Sanjay Ajagekar
21	Program Assistant Cum Secretary	Ms. Nilam Berde
22	Program Assistant cum Secretary	Mr. Manisha Gangurde
23	Support Service Assistant	Mr. Rupesh Salvi

\* Resigned – Last day of working 07.12.2011

### 5. Trainings conducted in-house, exposure visits for the TSU staff (2011-12)

In the year 2011-12 following trainings were scheduled based on the requirements and needs came from Program officers.

- ♦ **Workshop on Targeted intervention program & Data analysis for PO (TSU) and TO (STRC):** In Maharashtra 10 PO's are looking after 10 TIs respectively, as mentioned there was common requirement among all PO's to provide inputs on data analysis and process documentation. The STRC set up was new and it was state requirement to build common understanding among all training officer's and program officers. However with the help of FHI the 3 day workshop was scheduled followed by PO review. As the outcome of the workshop PO started analysing their own TI data and gave feedback to their TI's. Based on the same experience of workshop one of the PO had done analysis about double condom use among female sex workers and his analysis was presented through poster presentation recently in Delhi.
- ♦ **Orientation on Revised Migrant strategy:** As Maharashtra is major destination for India, it was equally important for TSU to give insight to all program officers for quality intervention. The Migrant strategy was revised by NACO and there was suggestion to implement the same one in entire Maharashtra. However a one day orientation was scheduled for PO's of TSU and Avert society (as Avert is also implementing Migrant intervention in Thane). In the workshop the exercise on District profiling of migrant, occupation category, PO's role in the region and District was discussed and introduced.
- ♦ **Orientation of PO's on Revised Reporting formats:** All TIs across Mumbai and Maharashtra had done the district profiling. As part of rolling out revised migrant strategy the new documentation formats were introduced to all TI staff and program officers. During the orientation the PO Dr. Subash from NACO had done web based presentation and he directly discussed with all participants. In the same orientation another PO Mr. Manilal was also present; the TIs presented their district and migrant profile. He also had discussion with all Maharashtra POs. It was very informative discussion, and for the first time all TI staff had directly discussion with NACO officers. Many of the doubts were clarified during the same training.

## 6. Number of TIs in state currently (typology wise and coverage)

### MSACS

Sr. No.	Typology	No of intervention	Target	Coverage
1	FSW	28	22300	22300
2	MSM	08	5600	5600
3	TG	-	-	-
4	IDU	2	550	550
5	Migrant	22	2,45,000	2,45,000
6	Truckers	07	140000	-
<b>Total</b>		<b>67</b>	<b>168450</b>	<b>273450</b>

### MDACS

Sr. No.	Typology	No of intervention	Target	Coverage
1	FSW	14	15300	14512
2	MSM	7	8800	7867*
3	TG	5	4200	3847**
4	IDU	4	1600	1910
5	Migrant	14	140000	156419
6	Truckers	2	15000	-
<b>Total</b>		<b>46</b>	<b>184900</b>	<b>184555</b>

\*One TI is new contracted in Oct'11

\*\* One TI is new contracted in Oct'11

## 7. Program Performance

### a. Regional Location of Pos

The TSU POs were initially placed at the head office for 6 months. But considering the need for enhanced monitoring of the TIs it was decided to place the POs at the districts. For Maharashtra the responsibility for the AIDS Control and Prevention has been divided into 2 units. Mumbai District AIDS Control Society has the responsibility of providing HIV prevention and Care & Support Services to the 2 districts of Mumbai (Mumbai and Mumbai Suburban).

The Maharashtra AIDS Control Society has the responsibility for the other 33 districts of the state. The POs hence are divided into the 2 societies. There are 46 TIs in the MDACS area of which 2 are trucker TIs which are monitored by the POs of Trucker TSG. The remaining 44 TIs are monitored by 4 POs who are placed in Mumbai.

The MSACS has contracted 67 TIs of which 7 TIs are for the Truckers. The Trucker TIs are monitored by the POs of the Trucker Technical Support Group. The remaining 60 TIs for the core group and the Migrants are monitored by 6 TSU POs. The TIs are placed in 24 districts and the POs are placed in 6 of these 24 districts. The PO positioning is planned in such a way



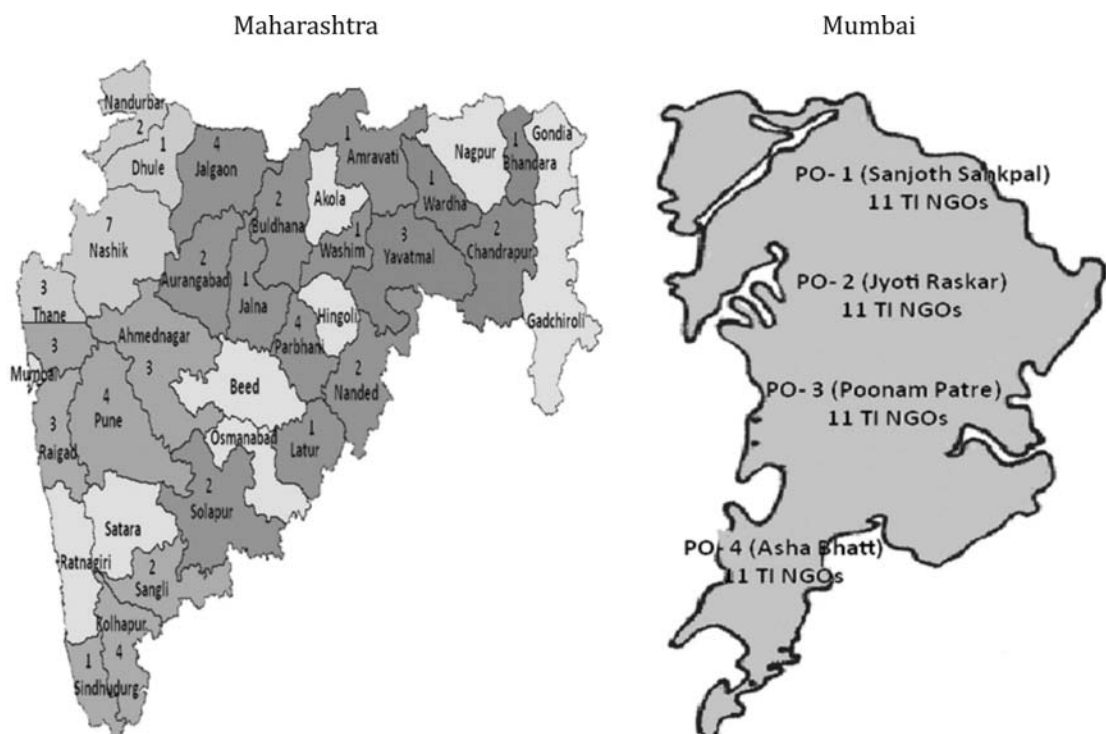
that the PO has access to the maximum number of the TIs in that particular district. In addition to the TI visits the PO visits the respective District AIDS Control Units during his intensive visits. The POs for MSACS are stationed in the DAPCU office of his station. His attendance and travel plans are reviewed by the TL O&SP in consultation with the DAPCUs so that the visits have a maximum effect and coordination with the other district health services is maximised.

As per norms each PO is responsible for 10 TIs in certain instances like the POs placed in the District of Nashik and Pune are given additional responsibility of 2 TIs each in Thane District. This is done because of the close proximity of these 3 districts and the inability to place 1 PO for the Thane district for 4 TIs.

In a month the PO visits all the 10 TIs allotted to him once either through a Quick 1 day visit or an Intensive 2-4 days visit. The visit plan for entire year has been developed in the consultation with JD/TI of SACS and DACS in the beginning of the year. While developing the visit plans, each TI's last year performance was seen, based on the requirement the visit plan was finalised. The POs are giving more time to new, transition and poor performing TIs.

Maharashtra has 4 State Lead Partners in the form of Family Health International, Karnataka Health Promotion Trust, Pathfinder International and Avert Society. In the year 2008 at the behest of the PD SACS an entire re-structuring of the TIs was carried out with the support from the TSU. Through this re-structuring a principle of 1 Partner per district was implemented. Thereby currently each district has only 1 partner in the form of either MSACS/MDACS or 1 of the 4 SLPs. The TIs that are implemented by the SLPs are monitored by their POs. However in view of the transition of these TIs to the MSACS/MDACS, the TSU has initiated joint visits to all partner TIs from the month of April 2011.

**b. Map indicating regional location of POs and number of TIs managed by them**



	<b>Name of Po</b>	<b>No. of Tls</b>	<b>Districts</b>
	Neeraj Mahajan	13	Dhule, Nashik, Thane & Nandurbar
	Deepak nikam	10	Pune, Thane & Ahmednagar
	Jagdish Patil	10	Raighad, Kolhapur, Sangli & Sindhudurg
	Ketan Pawar	8	Jalgaon, Buldhana, Amravati & Washim
	Rajiv Bobade	7	Bhandra, Chandrapur, Yavatmal & Wardha
	Nageshkumar Ganji	12	Parbhani, Naded, Aurangabad, Solapur, Jiana & Latur
	<b>Total</b>	<b>60</b>	<b>24 Districts</b>

c. Month wise visits by each PO from April to November 2011

Staff Type	Apr-11		May-11		Jun-11		Jul-11		Aug-11		Sep-11		Oct-11		Nov-11	
	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit
PO TI 1	8	12	8	13	6	10	9	9	4	4	9	15	9	11	9	11
PO TI 2	5	13	6	12	9	14	10	12	4	4	10	18	10	13	11	13
PO TI 3	7	15	8	15	8	19	8	16	1	3	6	15	7	17	10	12
PO TI 4	7	13	7	14	6	13	5	5	3	3	5	15	6	11	6	12
PO TI 5	3	13	5	14	6	9	6	12	3	5	8	14	8	11	8	11
PO TI 6	8	14	9	18	9	15	9	17	4	5	9	14	10	16	10	13
PO TI 7	8	11	11	13	11	17	11	17	9	15	9	14	10	10	10	10
PO TI 8	8	11	12	21	10	13	12	19	9	13	10	15	9	9	11	15
PO TI 9	9	9	14	19	11	15	16	18	11	14	10	14	10	10	10	13
PO TI 10	Appointed in July'11															
TL O&SP						3	3	3		8		3				4
TL CB				1		2	6	6		6		2		1		
PO STI	Appointed in June'11															
						1	5	5		8		4		3		1

**d. Feedback by TSU to POs visit reports**

As part of the supportive supervision visits to the TIs the POs have a routine checklist which is filled for every intensive and quick visit. These checklists track the findings/gaps of the previous visits and the number of gaps that have been addressed in the interim period by the TI. These visit reports are sent to the TL O&SP within 48 hours of the visits. Initially it was found that some of the cells in the checklist were not filled regularly as most of the gaps that were found would remain unaddressed. In order to better understand the functioning of the TIs the POs were asked to list out the main findings separately while sending the reports. After this system was adopted the TSU immediately responds to the mail by sending out the necessary instructions to the PO and the TI on how best to address these gaps. For e.g. when POs reported that Internal Examination was not being done in many districts in Maharashtra and Mumbai the STI focal person was immediately sent to the districts to meet the PP doctors and train them on the importance of internal examination. The PO STI carried a video of Internal Examination which helped in demonstrating the ease with which this can be done.

This support generated a lot of enthusiasm among the POs and slowly they became competent in talking to the PP doctors on the importance of conducting Internal Examination. All the reports are marked to the JD TI and in case there are certain issues like non availability of test kits or non compliance by a TI then this matter is taken up with the SACS by the TL O&SP immediately and addressed.

The second level of support is through data quality assessments. A format was developed by SACS/DACS with support from the TSU in which all the TI related data is captured. This format and the NACO CMIS is analysed and on a monthly basis and the POs are given TI specific feedback on main focus areas for their next visits. This feedback is sent at the beginning of the month so that the POs can very easily focus on key areas of improvement for the TIs.

At the beginning of every month 3 days are spent with the PO and the TI. The 1st day is spent in reviewing the POs where the quality of their visits is reviewed through a mechanism which checks the following:

- ◆ Rationale for visiting a particular TI
- ◆ The status of the TI after the previous visit
- ◆ Specific issues that were addressed during the visit
- ◆ Technical support provided to the TI through any innovative approaches
- ◆ Any support needed by the PO from TSU/SACS

After the PO review the TIs are reviewed based on typology on the next 2 days. This system is very useful as it gives the SACS/TSU an understanding of the TIs before the actual TI review.

**e. Efforts taken in mapping of HRG in NACP III and scale up of TIs**

In the year 2009 Synovate was contracted to map the HRGs in Maharashtra. Based on the Synovate report received on 17th February, 2010 all the hotspots listed out have been seen. Verification of the hotspots by POs and TI-NGOs already in the field was completed. There were four combinations on which the upscaling took place:

1. Existing hotspots being covered by the TI-NGOs revalidated by the TI-NGOs due to the difference in the coverage shown by Synovate and the TI-NGO.

2. New hotspots that were found in the Synovate data with significant number of HRGs were proposed for new TI-NGOs.
3. New hotspots came up in the Synovate data which were in the area already existing TI-NGO sites were looked into. Existing TI population being covered were up scaled to cover the gaps seen by the Synovate data.
4. New hotspots that were not being covered by the TI-NGOs and had not been proposed in the Synovate data were also be looked at, once revalidation was done.

Synovate had mapped 21,135 FSWs. As per the revalidation the new figures were 22154 of which 15700 were covered by the TIs and 5442 were covered by the LWS.

**TG Population**

For to this exercise another revalidation exercise was carried out to assess the exact number of TGs in Maharashtra. It was found that the Synovate had mapped the TGs at both their residences and cruising spots. Because of this the total number of TGs mapped by Synovate was 4523. A process was followed where all the TG TIs and the stake holders were called and over a week the exact residential areas of the TGs was mapped.

A social map was drawn up to correctly understand the number of TGs that could be covered and the population of TGs that were uncovered. The findings of this exercise were as follows:

District	Synovate TG & MSM	Revalidated TG & MSM	TG Coverage	Uncovered TG
Mumbai	35317	18561	4187	2808

This exercise gave a clear understanding of the number of Hard to reach TGs and uncovered TGs and based on this exercise 2 new MSM TIs and 1 new TG TI was contracted to saturate the TGs.

**Revised Migrant Strategy**

To successfully implement the Revised Migrant Strategy a district profiling of the migrants was undertaken to understand the nature of the migrants and their source districts in April 2011. A detailed format was prepared which captured the source district, the profession, the hotspots and the congregation sites of the migrants. This exercise helped SACS/DACS in scaling up the existing migrant TIs in all districts, in alignment with the Revised Migrant Strategy. In Yavatmal district where the STI and HIV positivity rates among the migrants was very high SACS was asked to propose for a smaller unit of 5000 migrants to meet the needs of the population. Apart from this the districts like Parbhani, where there was more of transit migrants the TIs were closed down.

In order to track services to the migrants a Migrant Tracking sheet was institutionalised where on a daily basis the Peers monitor services to each and every migrant. This sheet feeds into the counsellor’s sheet, who monitors the ORW and Peers and provides feedback on the number of migrants that have been contacted and the number of migrants that are due for contacting.

**f. Efforts taken in Prioritization of most at risk population for service delivery and institutionalization of Individual tracking system**

Through site revalidation exercises for core group and district profiling of Migrant TIs, the denominators were re assessed. This exercise gave a clear understanding of hard to reach TGs and FSWs. For e.g. in Raigad district where there was a movement of Bar girls after increased police raids the TIs had to be scaled down. But through constant monitoring it was assessed in July 2011 when the Bar Girls had slowly started returning. Fresh efforts were made with the Police and Hotel Owners association for gaining access to these bars and the TI was again scaled up following assessment of the sites.

Similarly due to police raids in brothels in Ahmednagar district there was a sudden drop in clinical attendance. Immediately data was checked to see if there were any relative new registrations in the other districts. It was found that Budhwarpeth brothel in Pune and the red light areas of Sangli were showing a sudden increase in the number of clinical visits. Visits were made to these districts by TSU with the POs and it was found that the Ahmednagar FSWs had moved to these sites. This was possible because of the constant monitoring of the peer tracking sheets.

Similarly for the migrants it was found that it is very difficult to track the services to each migrant. A special tracking sheet was developed which is being used in the entire state. This tracking sheet is provided to each peer who enters the services provided to the migrants on a daily basis. As this sheet is linked to the ORW and Counsellor tracking sheets they can easily monitor the number of contacts made on a weekly basis and give feedback to the outreach team on the migrants that have not been contacted. This sheet is also very useful in figuring out the gaps in service provision and in generating the condom gap analysis. This sheet was presented in the National TSU Experience Sharing meeting in January 2011.

**g. Efforts taken towards improving STI service delivery mechanism and quality**

- ◆ Sensitization of 44 MSACS & 40 MDACS NGOs representatives (Project Coordinator, Counselor, M&E Officer) with NACO STI Team in 3 batches on Preferred Provider approach for STI management in HRGs
- ◆ 48 master trainers were trained for district level training of Preferred Providers for the TI NGOs.
- ◆ Facilitated training of Preferred Provider in STI management in HRGs in 21 districts of Maharashtra & 2 districts of Mumbai
- ◆ 215 preferred Providers were trained in 21 districts of Maharashtra & 35 Preferred Providers from Mumbai
- ◆ Workshop of 40 TI NGOs of MSACS on CMIS reporting of STI
- ◆ Training of all core group NGOs on new clinical MIS formats for NGOs and preferred providers
- ◆ Training of doctors of STI clinics from TI projects was facilitated for strengthening STI services related to HRGs. The emphasis was given mainly on presumptive treatment, infrastructure, drug purchase, Treatment cards & monthly reporting formats.
- ◆ Facilitated the one day workshop of TI team on STI/RTI services & linkages with government services, preferred providers.
- ◆ If the allopathic doctors not available then developing linkages between designated STI clinics & TI projects.

**h. Efforts taken to improve clinic access and reduction of STI**

- ◆ The training program of medical college faculties for syndromic management of STI/RTI was organized and facilitated. From each medical college, one teacher from Department of PSM, Microbiology, Skin & VD, Ob-Gy was selected & trained. Total 55 teachers from 12 medical colleges were trained.
- ◆ In this training programs emphasis was given on correct syndromic management & supervision of designated STI/RTI clinics by standardized monitoring tool provided by NACO. The plan for the monitoring of 48 designated STI clinics was prepared.
- ◆ Three training programs for medical officers of designated STI/RTI clinics of MSACS was organized and facilitated. Total 70 Medical Officers were trained from 48 Clinics. The main focus was on correct syndromic management of STI/RTI, documentation & regular monthly reporting.
- ◆ Coordinated for the training of nurses & lab technicians of designated STI/RTI Clinics of MSACS on syndromic case management. Total 27 nurses & 23 lab technicians were trained.
- ◆ Conducted two trainings programs for medical college faculties for syndromic management of STI/ RTI at Mumbai organised by DD STI, MDACS. The participants were from departments of Skin VD, OBGY, PSM, and Microbiology. The plan for the monitoring and assessment of 24 designated STI clinics was prepared by the participants to improve the STI services.
- ◆ Supportive supervision of designated STI/RTI clinics was facilitated with the help of regional recourse team to strengthen the STI/RTI services. The issues identified at STI clinics were resolved with the help of authorities at respective clinics.
- ◆ Training of counsellors of STI/RTI Clinic was arranged with TISS & Nirmala Niketan for MSACS & MDACS respectively on STI Counselling and total 69 counsellors were trained. The emphasis was on the STI counselling, role & responsibility of STI counsellor, documentation and reporting.
- ◆ Regular review meetings of the counsellors of STI Clinics on STI/RTI services provided at the designated STI/RTI Clinics.

**i. Efforts taken towards improving condom utilisation**

In order to maximise the availability of condoms and understand the supply chain issues at the TIs a process of weekly monitoring of the condoms is being followed with support from the condom TSG. Because of the absence of a SMO in Maharashtra the TIs were asked to procure the condoms from the stockists directly and wherever needed support was provided by the TSU. Specific strategies were also developed in Nashik district for social marketing of condoms to migrants. These strategies helped in increasing the Social Marketing of condoms to 65% of the demand in the district. This is the highest in the state.

A special training was conducted by the TSU for the POs on the female condom programme and a system has been developed where the TSU POs share their visit plans with the FC POs. The TSU POs assist the POs of the FC programme in promoting Social Marketing of the Female Condom. This has resulted in greater acceptance of the FC among the KPs. Strategies like providing FC to KPs who come for RMC has further enhanced the FC programme. This resulted in the sales of FC increasing from 1,02,000 in April 2011 to 2,54,000 in November 2011.

There were instances of Double Condom use among the KPs in Jalgaon, Amravati and Akola districts. In order to scientifically understand the prevalence of Double Condom use and its

implication on the population a study was conducted by the TSU in these districts. Based on this study a systematic BCC tool has been devised which is being implemented in all the districts to address the double condom use.

**j. Efforts taken to improve syphilis screening**

Syphilis screening was a continuous problem for the core group and the migrants because of various reasons like, unavailability of kits, difficulty in getting the KPs to test for HIV and syphilis testing. A strategy was developed with DAPCU where Syphilis screening kits were placed at the ICTC and all the core groups who came to ICTC for HIV testing were routinely screened for Syphilis. This resulted in an increase in Syphilis screening for FSWs from 44% in April 2011 to 80% in September 2011. This was as a result of coordinated effort by TSU, SACS and DAPCUs. Similarly for the migrants a strategy to test all the STI treated cases for syphilis has been developed.

**k. Efforts taken to improve linkages between TI and ICTC + improvement of HIV testing + improvement in linkage to ART**

ICTC and ART linkages were a problem because of the KPs reluctance to reach the ICTC. In order to improve the linkages the ICTC field visits was increased through interventions from TSU and DAPCUs. The ICTC tests increase from 44% in April 2011 to 85% in September for the FSWs. 63% of the PLHAs were linked to ICTC. The ART linkages for migrants and MSM are currently 64% and 70% respectively.

This mechanism has been further enhanced by the TSU routinely analysing the typology wise HIV and STI positivity among the different groups. This has helped in understanding the changing nature of sex work in the state and focussing efforts in designated areas.

**l. Efforts taken to developing Learning sites in the state**

The process of learning site development was started with the exposure visit to another learning site- to Bangalore by POs and TL-CB. During the visit, the objective and process was introduced to all TSU PO's. There was detail discussion about the process and nurturing the TI as learning site. After coming back from the visit, the desk review of existing TI performance was done by TL-CB, at the same time the suggestions were asked to JD/TI, POs to suggest name of their respective TI's who were performing constant well and had done some innovations. The 15 TIs were shortlisted for the visits, while short listing the TI's it was also considered that it should be near by the Regional Training institutes under STRC in the state. After this exercise the joint visits were done to shortlisted TIs (which includes FSW, MSM, IDU and Migrant interventions). During the visits the overall performance, organisational capacity, innovations done by TI were assessed. The outcome of the visits were as follows:

No.	TI name Core	Officers	Recommendations
1	RSP - Migrant TI	TL,CB & PO	Require time
2	Nirman	TL,CB , M & E officer & PO	Recommended for LS
3	Lokparishad (Panvel)	TL & PO	Recommended for LS
	Sathi Nepal	TL,CB , M & E officer & PO	Require time



No.	TI name Core	Officers	Recommendations
4	NMP (Pune)	TL,CB , TO & PO	Require time
5	Baglan Seva samiti (Nashik)	TL,CB & PO	Recommended for LS
6	Godavari Foundation MSM (Jalgaon)	TL,CB , JD/TI & PO	Recommended for LS
7	Sankalp - IDU	TL,CB , JD/TI & PO	Require time
8	SEDT Unit I	TL,CB & PO	Recommended for LS

From the entire list 5 TI's were selected and recommended for learning sites with specific inputs. After completing the above entire process the same was discussed with Project Director MSACS and MDACS. The findings were also discussed and then the proposal for additional budget was recommended to SACS and DACS.

#### m. Efforts taken towards improving quality of TI data , analysis and feedback

The data quality assessment and analysis is done at 2 levels:

##### *At State Level*

- ◆ Feedback of TSU visits are shared with SACS & DACS officials.
- ◆ Data is regularly collected from all partners within SACS and DACS. All partners send data on a monthly basis to the TSU and SACS/DACS to have timely review of state performance.
- ◆ All data that is sent is refined and cleaned. POs and other officials at the district level are involved in this process. For Maharashtra, DAPCU are actively involved in performance of TIs at district level.
- ◆ All the visits reports of the TSU POs and TIs are analysed and feedback given to the POs and the SACS on priority issues that need to be addressed

##### *At NGO level*

- ◆ Grading of all TIs serves as a good benchmark for all TIs. It throws light on monthly performance of each TI. The system highlights any administrative or governance issues that are seen in the TI. Intensive visits are planned accordingly planned with priority given to under performing TIs.
- ◆ TIs that are being transitioned have joint monitoring visits made to them.

#### n. Efforts towards capacity building

TSU has supported to SACS, STRC and Avert society capacity building in throughout.

- ◆ Support to STRC: The STRC was came on board in Oct'10 and new, so the following support was provided
  - Provided support in Induction training of 7 Training officers under STRC.
  - Supported in developing resource pool for the trainings and were also part of TOT program
  - Developed Training checklist for the trainings, to assess the quality of the training course, resource person and logistic support.

- Developed training curriculum for new and transition TI's in the state for STRC.
- Supported in TOT for IDU and harm reduction training of Resource person and training officer's of Maharashtra and Goa.
- Conducted 2 trainings on NACO CMIS, Documentation format, data analysis and process documentation for Training officer's and program officer's of Avert society.
- Assisted in developing the Trainings Need assessment of TI staff and CBO staff.
- Supported in developing Regional training institutes and STRC evaluation tool done by NACO
- Supported in identifying the learning sites in the state and done joint visits along with STRC officers.
- ♦ Support to SACS/DACS: following support was provided to SACS/DACS
  - Assisted in proposal development workshop
  - Conducted orientation on revised migrant strategy program to MDACS and MSACS TIs.
- ♦ Module development: Avert society has developed training module for Migrant intervention NACO. As a part of the training kit the facilitator note, session plan, handbook/handouts and PPT's were developed for each module. The TL-CB from TSU was involved in following module development
  - Training module for PM – Source intervention
  - Training module for Health worker – Source intervention
  - Training module for PM – Transit intervention
  - Training module for ORW – Destination intervention
  - Training module for Counsellor – Destination intervention
  - Training module for Peer leader – Destination intervention

### **o. Other support provided to SACS**

- ♦ AAP preparation
- ♦ Detailed Implementation plan based on AAP and TI wise deliverables
- ♦ JAT visits for new TI's- MDACS
- ♦ TAC meeting for new TI's- MDACS, MSACS
- ♦ Proposal development workshop for new TIs
- ♦ District profiling for Migrant TI's of MDACS, MSACS
- ♦ Orientation about need assessment for new TI's.
- ♦ Orientation of TIs on Revised Migrant Strategy
- ♦ Pre transition assessment of all the SLP TIs

## NACO North East Regional Office

### Performance Report – NACP III

North Eastern Regional Office of NACO, known as NERO is a multi funding agency providing Technical support to all the functions of NACP-III to all the eight states of NE Region. The office was started from October 2007 and was functioning from New Delhi, mainly for establishment of an office. It got functional from its present location at Guwahati w.e.f February 2008. NERO primarily functions as TSU for the entire 8 states in the North eastern States of India.

#### *The main objectives of the office are*

- ◆ To facilitate improvement in performance of the SACS and key stakeholders to deliver quality programmes with a special focus on the 25 high prevalent (A and B category) districts
- ◆ To strengthen existing systems ensuring quality management processes and better implementation of the National AIDS Control Program by the states
- ◆ To create an enabling environment in partnership with other donor agencies.

#### *Key areas of technical support to SACS*

- ◆ Facilitate development of Project Implementation Plans, Annual Action Plans for HIV prevention, treatment and care for the eight North East states
- ◆ Support implementation of Annual Action Plan by providing strategic technical assistance at the local level and establishing close collaboration with the other programs of the Government of India and civil society
- ◆ Facilitate establishment of coordination mechanisms at districts, states and regional levels and ensure effective deployment of technical and financial resources from all partners
- ◆ Coordinate between Institutions identified for capacity building of the states and program components and State AIDS Control Society to ensure training programs gets completed on time and equipping the training institutes to monitor the quality of the training programs.
- ◆ Facilitate formation and roll out of DAPCU in the category A and B districts

States covered by NERO – **8 North East States (Manipur, Nagaland, Mizoram, Assam, Arunachal, Tripura, Meghalaya and Sikkim)**

**1. Address**

Beltola Road, Near House Fed.  
Bhanphool Path, Guwahati, Assam

**2. Supported by** UNAIDS, PHFI, UNDP, BBC and NACO

**3. Working as a TSU** since April 2008

**4. Budget and Expenditure in INR**

The main funding agency for office maintenance, activities and a major portion of the staff is AusAID & SIDA through UNAIDS. However, human resource support is there from EHA (BMGF) – 6, UNAIDS – 1, BBC – 1, UNDP – 1, GF RCC – 2, DFID- 1,

The status of budget provision and utilisation other than the direct placement of the Human resource is as below;

Funding Agency	Period	Amount	Utilisation	% achived
UNAIDS	August 2007 to July 2010	30,890,605/-	28,031,374/-	90.74%
UNAIDS	August 2010 to March 2013	63,422,182/- Only one instalment has been released so far	15,407,796/-	24.29% Likely to be 100% at the end of the term

**5. Current Staff for 2011-12**

Sr. No.	Name	Designation	Email ID	Funding Agency	Present Status
1	Ms. Huidrom Rosenara	Team Leader	rosenara.h@gmail.com	NACO	Continuing
2	Mr. Pankaj Sarma	Finance & Admin Manager	pankajsarma@gmail.com	NACO	
3	Dr. Rebecca Sinate	Regional Programme Adviser, TI	rebeccasinate@gmail.com	EHA	
4	Mr. Pankaj Choudhury	Reginal Programme Officer, TI FSW	panassam@gmail.com	NACO	
5	Vacant, Selected-yet to join	Regional Technical Adviser, TI IDU		EHA	Vacant
6	Vacant, Selected-yet to join	Finance Officer		NACO	Vacant

Sr. No.	Name	Designation	Email ID	Funding Agency	Present Status
7	Mr. Raju Tamang	Regional Programme Adviser- Planning & M&E	rajutamang1@gmail.com	NACO	Continuing
8	Mr. Phungreiso Varu	Regional Communication Officer-IEC	varusteeve@gmail.com	BBC	
9	Dr. Lincoln Choudhury	Programme Officer-UNAIDS	lincolnchoudhury@gmail.com	UNAIDS	
10	Ms. Tushimenla Imblong	Regional Programme Adviser- Mainstreaming UNAIDS	tushimen@gmail.com	UNDP	Resigned, interview over for the new
11	Ms. Arpana Barman	Regional Programme Officer- Basic Services	arpanarpobs@gmail.com	NACO	Continuing
12	Mr. Shobhagaya Chokroborty	Regional Technical Officer- IDU	babin.chakrabarty@gmail.com	EHA	
13	Dr. DJ Borah	Regional coordinator-CST	dj_b20@yahoo.com	RCC - IV	
14	Mr. Shantanu chowdhury	Regional Coordinator- DAPCU	chowdhury_shantanu@rediffmail.com	EHA	
15	Mr. S Gautom Singh	Regional Coordinator- DAPCU	gautamsalam@rediffmail.com	EHA	
16	Mr. Anjal Dutta	IT cum Administrative Officer	anjalangel@sify.com	NACO	
17	Sanjib Chakraborty	Regional Programme Officer, TI MSM	sanjibc2076@gmail.com	NACO	
18	Ms. Ashimananda Bordoloi	PA to TL	ashimananda1980@gmail.com	NACO	

Sr. No.	Name	Designation	Email ID	Funding Agency	Present Status
19	Dr. Chiranjeev Bhattacharjya	RPO-STI	chiranjeev.nerosti@gmail.com	NACO	
20	Progya jyoti Boruah	DA, RC-CST	pboruah24@gmail.com	RCC - IV	
21	Mr. Deepak Kshetri Leikai	RTO-OST		EHA	
22	Mr. Rezzaque Hussain	RTO_M&T		NACO	
23	VACANT	RPA-Training		NACO	Vacant
24	28 nos. of Pos all over NE	Project Officer (TI)		NACO	Continuing

## 6. *Trainings conducted in-house, exposure visits for the TSU staff (2011-12)*

Review meeting cum reorientation training for all POs: In the month of May 2011, a three days review of the POs support to TIs cum reorientation was organised by NERO. During this in house training cum review, analysis of POs reports was discussed, gaps and barriers were identified and follow up measures were drawn up.

Orientation to Link Workers Scheme: In the month of June 2011, a one day orientation workshop for NERO staff on Link Workers Scheme was organized by NERO conducted by LWS Division NACO. After the orientation, NERO team (especially DAPCU Coordinator) started actively involved in coordinating with SACS, Lead Agency and NACO for facilitating effective implementation of LWS

Exposure visit to Chandigarh for OST : In the month of August 2011, a three days exposure visit was organized by NACO TI division during which NERO staff (Team Leader, Regional Program Advisor-TI and Regional Technical Officer TI) were attended. Following this exposure visits, NERO TI team has been actively facilitating the roll out of OST in NE states

## 7. *Number of TIs in state currently (typology wise and coverage)*

In the North East there are 66 FSW TI. As per HRG mapping conducted in 2007 there was an estimate of 32356 FSWs. The current target coverage is 44663 which is 138% of the estimated number. Except for the state of Nagaland and Tripura, the remaining 6 states had saturated FSW coverage.

There are 127 IDU TI. HRG mapping shows an estimate of 42758 IDUs. The current target coverage is 72016 which is 128% of the estimated number. Except for Tripura all the states had saturated IDUs coverage.

There are 14 MSM TI. HRG mapping shows an estimate of 3977 MSM. The current target coverage is 7100 which is 178% of the estimated number. In Sikkim MSMs are yet to be covered. Remaining states had saturated MSM coverage

The IDU, FSW and MSM coverage is inclusive of Project ORCHID- Avahan supported project in Manipur and Nagaland

There are 46 core composite TIs and its specific coverage are included in the overall state coverage for FSW, IDU and MSM.

There are 20 Migrant TIs with coverage of 120000 and there are 2 trucker TI with coverage of 10000 truckers. No mapping was conducted for bridge population.

HRGs Validation exercise was conducted in all the states in 2010 based on which some of the TI target were readjusted in 2011. An updated figure for HRG is yet to be consolidated and it is expected to be completed by December 2011.

FSW TI Status				
Name of the state	FSW estimate as per mapping	Current Coverage	TI Number	% Coverage
<b>Manipur</b>	3320	6920	6	218%
<b>Nagaland</b>	3413	1850	2	42%
<b>Mizoram</b>	750	1470	2	196%
<b>Assam</b>	10646	19560	38	183%
<b>Arunachal</b>	2536	3472	4	136%
<b>Tripura</b>	9144	8650	9	94%
<b>Meghalaya</b>	1647	1839	3	111%
<b>Sikkim</b>	900	902	2	100%
<b>TOTAL</b>	<b>32356</b>	<b>44663</b>	<b>66</b>	<b>138%</b>

IDU TI Status				
Name of the state	IDU estimate as per mapping	Current Coverage	TI Number	% Coverage
<b>Manipur</b>	3320	6920	6	218%
<b>Nagaland</b>	3413	1850	2	42%
<b>Mizoram</b>	750	1470	2	196%
<b>Assam</b>	10646	19560	38	183%
<b>Arunachal</b>	2536	3472	4	136%
<b>Tripura</b>	9144	8650	9	94%
<b>Meghalaya</b>	1647	1839	3	111%
<b>Sikkim</b>	900	902	2	100%
<b>TOTAL</b>	<b>32356</b>	<b>44663</b>	<b>66</b>	<b>138%</b>

MSM TI Status				
Name of the state	MSM estimate as per mapping	Current Coverage	TI Number	% Coverage
Manipur	1031	1900	4	184%
Nagaland	999	1200	3	120%
Mizoram	0	600	1	
Assam	905	2400	5	265%
Arunachal	120	0	0	0%
Tripura	842	800	1	95%
Meghalaya	0	200	0	
Sikkim	80	0	0	0
<b>TOTAL</b>	<b>3977</b>	<b>7100</b>	<b>14</b>	<b>178%</b>

Core Composite	
Name of the state	TI Number
Manipur	9
Nagaland	17
Mizoram	8
Assam	2
Arunachal	8
Tripura	1
Meghalaya	1
Sikkim	0
<b>TOTAL</b>	<b>46</b>

MIGRANTS		
Name of the state	Current Coverage	TI Number
Manipur	15000	2
Nagaland	5000	1
Mizoram	20000	2
Assam	55000	6
Arunachal	35000	6
Tripura	20000	2
Meghalaya	10000	1
Sikkim	0	0
<b>TOTAL</b>	<b>160000</b>	<b>20</b>



TRUCKERS		
Name of the state	Current Coverage	TI Number
Nagaland	5000	1
Assam	5000	1
<b>TOTAL</b>	<b>10000</b>	<b>2</b>

## 8. Program Performance

### a. Support provided for regional location of the POs

NERO has been facilitating recruitment of POs for all the North east states. Each of the SACS Project Director or senior level staff and NACO staff were member of the recruitment board. SACS put up the advertisement at the state level and short listing is done by a committee formed at NERO. After recruitment, locations of the PO were decided in consultation and coordination with SACS.

In 4 of the major state like Manipur, Nagaland, Mizoram and Assam where TI number are large each of the PO are allocated 8-10 SACS supported TIs. In smaller state like Arunachal, Tripura, Meghalaya and Sikkim the ratio is 6 to 8 per PO.

### b. Show the map indicating regional location of POs and number of TIs managed by them-



c. Month wise visits by each PO from April to November 2011

Name of state	Name of the PO	Apr-11		May-11		Jun-11		Jul-11		Aug-11		Sep-11		Oct-11		Nov-11	
		No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit
Assam	Kamal kishor Hazarika	4	5	8	19	8	16	7	13	8	19	8	15	7	10	8	15
	Richard	3	12	5	6	8	15	6	16	4	8	3	11	4	6	11	15
	Rezzaque Hussain	9	14	9	20	9	13	4	8	9	20	9	18	6	12	6	8
	Manash Kumar Gogoi	5	9	10	21	9	21	10	21	9	20	10	19	9	15	9	16
	Riad Hussain	7	18	9	24	8	21	9	21	11	15	11	20	6	17	10	19
	Gauri Nandan Saikai	8	15	10	22	9	21	9	17	9	16	9	20	8	15	8	16
	Asha	4	13	5	19	7	16	7	21	6	22	7	21	7	20	7	20
	Tadang Tamut	Join in the month of July, 11															
	Napi Meto	6	16	5	10	6	20	5	14	5	17	7	19	6	17	6	17
	Banjop Kharwanlang	5	20	7	15	7	19	6	22	7	22	5	20	5	12	6	15
Arunachal Pradesh																	
Meghalaya																	

Name of state	Name of the PO	Apr-11		May-11		Jun-11		Jul-11		Aug-11		Sep-11		Oct-11		Nov-11	
		No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit
Manipur	N. Prithviraj Singh	7	22	6	13	8	23	5	18	6	21	6	16	6	19	7	22
	H. ISHWAR CHANDra Singh	5	12	5	14	7	20	7	18	7	15	5	14	9	18	7	13
	O. Harikumar Singh	3	10	4	13	6	21	6	18	4	17	4	16	6	14	2	6
	Naorem Jiten	8	23	9	21	9	24	9	21	9	20	8**	16	9***	19	9	14
	Gilbert	4	13	8	16	8	18	8	18	6	16	7	16	7	16	6	17
	Mr Darthakunga	5	10	7	11	7	11	4	9	6	10	6	11	4	13	5	12
Mizoram	Alan Lalmuan puia	Joined at the end of the month		9	21	6	21	6	15	6	19	5	21	6	19	9	25
	R. Lalruait luanga	2	6	2	6	5	14	4	9	9	17	4	12	5	14	6	16
	Rebecca	4	14	9	17	7	14	5	21	7	23	6	13	5	15	8	20
Sikkim	Anooj Pradhan	3	12	6	22	6	24	6	10	6	21	3	12	6	15	6	23

Name of state	Name of the PO	Apr-11		May-11		Jun-11		Jul-11		Aug-11		Sep-11		Oct-11		Nov-11	
		No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit
Tripura	DIPAK SHOME	4	8	5	15	5	17	3	9	6	14	4	12	2	6	6	16
	Pankaj Chakraborty	Joined at the end of the month		6	12	6	16	6	17	7	20	6	19	2	6	5	14
	Ayutemjen	3	11	2	10	6	16	8	16	5	11	7	17	4	10	5	15
Nagaland	Rimi Ghose																
	ILLIKA AYEH	5	10	4	10	5	14	8	14	7	17	8	16	5	7	8	16
	Ketholelie Angami	3	15	6	14	5	16	5	14	5	14	4	10	7	10	4	12

**d. Feedback by TSU to PO, TL TI visit reports**

- ◆ There are 28 POs in the north east. 6 in Manipur, 5 in Nagaland, 4 in Mizoram, 6 in Assam, 3 in Arunachal, 2 in Tripura and 1 each in Meghalaya and Sikkim.
- ◆ All the POs are oriented on the roles and responsibilities and the reporting format they are suppose to submit soon after a visit is conducted to a TI sites. This TI visit reports are submitted to NERO and SACS on regular basis. Feedbacks are provided as and when the reports are received by NERO TI staff. State Coordination Committee is formed which consist of NERO TI staff, SACS JD/DD/AD TI and POs. PD of each SACS attendee the meeting as and when they are available. Regular meeting has been held where each PO shares their detail TI visit and highlighting key issues that needs SACS attention.
- ◆ The state based POs are allocated reporting officer at NERO TI division who on regular basis work out their monthly movement plan, provide feedback to their reports and consolidate their monthly and quarterly PO reports. The reporting officer also keeps track of their TA/DA report for reimbursement by the finance division.
- ◆ As and when the senior TI staff of NERO/NTSU/NACO visits the states, meeting with the concerned state POs are is conducted which serves a very fruitful feedback mechanism.

**e. Efforts taken in mapping of HRGs in NACP III**

The HRG mapping data was provided to all SACS where mapping was conducted by an agency identified by NACO, HRG Mapping was conducted in 2007 in Manipur, Nagaland, Assam, Meghalaya, Tripura and Sikkim. No mapping was conducted in Mizoram and Arunach

It was observed there is huge discrepancies and disparity between the HRGs mapping figures and the number of HRGs recorded by the TI NGOs. Mapping was conducted to a limited number of hotspot sites identified by the agency hence many of the hotspot areas covered by the TI were left out due to which the mapping figures is reflecting much lower number of HRGs as compare with those registered with the NGOs. In order to obtain more authentic figures, in 2010 after the appointed of the 28 POs in North East, revalidation of HRGs was conducted by POs in coordination with the NGO staff. The various methods used were hotspot wise mapping, interaction with PEs and tracking the HRGs registered with each PEs and line-listing active HRGs registered with the TIs. This updated list was submitted to SACS for reference.

**f. Efforts to scale up the number of TIs**

- ◆ In consultation and coordination with SACS TI number has been increased gradually since 2008 to ensure saturation of coverage of HRGs and this increase in TI number and increase coverage was proposed in the state AAP for final approval.
- ◆ IDU TI number has increased from 109 in 2007-08 to 127 in 2011-12
- ◆ FSW TI number has increased from 47 in 2007-08 to 66 in 2011-12
- ◆ MSM TI number has increased from 6 in 2007-08 to 14 in 2011-12

Below in the TI status in 2007-08 and 2011-12:

**TI NUMBER IN NORTH EAST STATES IN 2007-08**

Name of State	IDU	FSW	MSM	CORE COM- POSITE	MIGRANT	TRUCKERS	TOTAL	Project ORCHID
MANIPUR	39	5	2	0	3	2	51	IDU= 7, CC=8, MSM=1
Project ORCHID	7	0	1	8	0	0	16	
NAGALAND	26	0	0	3		1	30	IDU=5, CC=5, FSW= 2, MSM=1
Project ORCHID	4	3	1	7	0	0	15	
MIZORAM	24	2	1	7	7	2	43	
ASSAM	4	23	1	0	6	6	40	
ARUNACHAL	3	5	0	5	0	0	13	
TRIPURA	0	6	0	0	4	0	10	
MEGHALAYA	0	1	0	0	0	0	1	
SIKKIM	2	2	0	0	0	1	5	
<b>GRAND TOTAL</b>	<b>109</b>	<b>47</b>	<b>6</b>	<b>30</b>	<b>20</b>	<b>12</b>	<b>224</b>	

**TI NUMBER IN NORTH EAST STATES IN 2011-12**

Name of State	IDU	FSW	MSM	CORE COM- POSITE	MIGRANT	TRUCKERS	CBO	TOTAL
	Exist ing	Exist ing	Exist ing	Exist ing	Exist ing	Exist ing	Exist ing	Exist ing
MANIPUR	46	6	3	1	2	0	0	<b>58</b>
Project ORCHID	7	0	1	8	0	0	0	<b>16</b>
NAGALAND	27	0	2	10	1	1	0	<b>41</b>
Project ORCHID	4	2	1	7	0	0	0	14
MIZORAM	23	2	1	8	2	0	0	36
ASSAM	8	38	5	2	6	1	0	60
ARUNACHAL	3	4	0	8	6	0	0	21
TRIPURA	2	9	1	1	2	0	0	15

Name of State	IDU	FSW	MSM	CORE COM- POSITE	MIGRANT	TRUCKERS	CBO	TOTAL
	Exist ing	Exist ing	Exist ing	Exist ing	Exist ing	Exist ing	Exist ing	Exist ing
MEGHALAYA	3	3	0	1	1	0	0	8
SIKKIM	4	2	0	0	0	0	0	6
<b>GRAND TOTAL</b>	<b>127</b>	<b>66</b>	<b>14</b>	<b>46</b>	<b>20</b>	<b>2</b>	<b>0</b>	<b>275</b>

**g. Efforts taken in prioritisation of 'at most risk' HRGs for service delivery and institutionalising of individual tracking system**

NERO facilitated completion of TI data collection training in all the 8 NE states. This is again followed up at the field level by state based POs and Regional NERO TI staff during the supervisory visit. Regular follow up is done for ensuring setting up of outreach planning system in each TI sites. In most of the TI sites individual tracking system are in place and POs are constantly handholding the outreach team with focus on reaching out to the most at risk HRGs.

**h. Efforts taken towards improving STI service delivery mechanism and quality**

NERO staffs were constantly involved during training of the STI state resource team and during training of the identified PPP doctors at state level. During the TI site visit it is regularly emphasized that SOP procedure is maintain in the entire STI clinic. Hands on training were provided to the nurses, PM and doctors to ensure that the entire clinic related form and register are maintain appropriately. PO assisted during identification of the PPP doctors and they are helping out the TI in providing consumption pattern wise list of STI medicines required by the TIs for indent from SACS. During field visit if any new nurse, doctors or PM identified this is immediately reported to SACS for ensuring that formal induction training are conducted.

**i. Efforts taken to improve clinic access and reduction of STI**

- ◆ NERO Team conducted training for all TI staff on STI management Operational Guidelines in coordination with STI division NACO and SACS officials with focus on significance increased identification and referral for timely treatment
- ◆ During PE, ORWs and Nurses training, the importance of recognizing basic signs and symptoms, timely treatment and consistent use of condoms was reinforced so that the information is incorporated into the ongoing counselling, awareness and other BCC activities.
- ◆ During every supportive supervisory visits to the TI sites, interaction with the project staff especially PEs, clients and service providers is made mandatory in order to assess the gaps/barriers in clients accessibility to clinic access and the facilitated for necessary measures to be taken up by the service providers, clients, project staff, SACS and NERO officials.

With such efforts, there has been evidence of increase in service uptakes. For specific information, please refer to the NERO quarterly report attached herewith for reference. (analysis of quarter wise comparison).

### **j. Efforts taken towards improving condom utilisation**

- ◆ To improve condom utilization all the PO hand hold and orient TI staffs on how to calculate condom demand analysis (calculating each HRG wise sexual encounter per week then calculate the demand of condom for the month), Now all the TI have condom demand analysis and on that basis they maintain buffer stock (if there is no stock out in SACS). To prevent stock out a weekly condom monitoring system is developed in collaboration with Condom TSG. Whenever there was stock out of condom in state we relocate condom from nearby state who has condom stock.
- ◆ Regarding use of condom PEs are collecting information from the HRGs on the basis of last week recall, some of them use Polling both method also
- ◆ Regarding female condom two district of Assam were selected as pilot basis, NERO has facilitated to conduct sensitization and stock holder meeting along with HLFPPT the implementing agency. Regular support is provided by PO of NERO to the implementing agency (HLFPPT) to collect data, organize training etc.
- ◆ nmh To improve social marketing condom in NE states NERO is regularly conducting coordination meeting with Social Marketing Agency, PO, STRC and SACS. Social Marketing agency PO and NERO share their work plan to joint program implementation.

### **k. Effort taken to improve syphilis screening**

- ◆ During the TI review meeting and during the TI site visit, NERO continually reinforce on the need for testing all the HRGs for syphilis bi annually. NGOs were continually assist in working out their monthly target, tracking dues for testing and linking them the ICTC centres for availing the syphilis testing facilities available at the centres
- ◆ In order to scale up the syphilis screening rate which is low all across the states, it has been suggested to SACS for training up the Mobile ICTC staff in syphilis screening. This suggestion is yet to be implemented.
- ◆ In some of the TI sites where surveillance sites are located, site level screening of syphilis is conducted by the nurse. It was suggested to SACS to train up all the nurse in syphilis screening to enhance achievement of the target but this suggestion is yet to be considered and roll out

### **l. Efforts taken to improve linkages between TI and ICTC + improvement of HIV testing + improvement in linkage to ART**

- ◆ NERO staff has initiated working out target based planning for achieving target for HIV testing and for linkages of all the positive cases to ART by training all the POs and this is follow up at the field.
- ◆ Joint review has been conducted with TI and ICTC division to address to the issues identified at the field level. Main key issues highlighted to SACS are: timing of the ICTC,



stock out of testing Kit at ICTC and non availability of Syphilis testing kit in most of the ICTC.

- ◆ NERO staff and POs were involved in facilitating the route map development for mobile ICTC for enhancing coverage for HRGs
- ◆ During state visit NERO staff ensure that along with TI supervisory visit other facilities like DSRC, ICTC, ART are also visited to enhance linkages with the TIs

**m. Effort taken to develop Learning sites in the state**

- ◆ There is no direct involvement of NERO in development of the learning sites. Each POs has identified TI site for development of “Thematic Learning Sites”. STRC and GFATM Rd 9 has selected list of learning sites in the region. Key role of NERO will in ensuring that competency based training are focus upon during the TI staff training.

**n. Efforts taken to conduct site validation**

- ◆ Ti site validation was conducted by the POs in all the sites in 2010 and the report was shared with respective SACS for reference during the AAP preparation. Quarterly updation of the HRG list is being roll out in most of the states.
- ◆ NERO has initiated joint validation of TI and LWS target in the district where LWS programme has been implemented
- ◆ NERO is planning for joint revalidation exercise with other TI agency/ development partners working in the district to minimise overlapping issues

**o. Efforts taken towards improving quality of TI data , analysis and feedback**

TI data feedback system has been set up at NERO for providing feedback to the state CMIS reports. All POs are taught how to analyse the data and they are constantly following up with the PMs in each TI sites.

It is still observed in some TI sites there is no uniformity in understanding the TI data collection tools hence on site training is provided in such a situation. NERO M&E point person and NERO TI staff also provide feedback to the CMIS data in related to consistency, completion and timeliness in submission of the reports.

NERO TI staff along with POs participated in the state TI Review during which feedbacks are provided in term of status of achievement of target both for physical and financial target. Focuses are set on the key TI performance indicators. Follow up action points are develop for each TI for ensuring that the key gaps areas are focus upon by both TI staff with the help of POs.

**p. Efforts taken towards capacity building**

- ◆ NERO TI staffs are member in the STRC academic committee meeting for STRC-MSDRB for Mizoram & Arunachal and STRC-EHA for Manipur and Nagaland. Till the time STRC was not identified for Assam, Meghalaya and Tripura in July 2011, NERO TI staff has been facilitating completion of training in these three states by closely coordinating with SACS and sometime by providing training directly to the TI staff as and when needed.

- ♦ NERO coordinates with STRCs and SACS for preparation of training plans, creating database for Master Trainers, Release of fund from SACS to STRCs and submission of SOEs by STRCs to SACS.
- ♦ Observation of training conducted by STRCs and feedback to STRC for training quality assurance

**q. Other support provided to SACS**

The North East Regional Office continued to play a vital role of facilitating effective implementation of NACP III in the region not only for TI component but the entire program components of NACP.

Salient accomplishments are highlighted below:

**1. PLANNING**

- ♦ Provided strategic technical assistance for development of State Annual Action Plan 2011-12 and implementation of 2010-11 work plan, in close collaboration with the other programs of the government of India, development partners and civil society organizations
- ♦ Facilitated preparation of District Action Plan of Dimapur district of Nagaland and Aizwal district of Mizoram for 2011-12, involving the NACP facilities, NRHM, PLHIV and government department with support from NTSU. The DAPCU team members are involved in the state AAP preparation in their respective states.

**2. SYSTEM STRENGTHENING AND CAPACITY BUILDING**

**2.1 HUMAN RESOURCE SUPPORT**

- ♦ In order to strengthen the prevention program in the states 28 full time Project Officers are placed at field level in respective states. A team of fifteen NERO staff based at Guwahati office is providing need based support to the states in improving the quality of program implementation in the states.
- ♦ NERO officials facilitate recruitment of SACS officials in Assam, Meghalaya, Tripura, and DAPCU officials in all 25 districts of NE states.

**2.2 TRAINING**

One of the most important roles that NERO plays is coordination with SACS and NACO identified training institutes to ensure accomplishment of training targets for all components of NACP-III and training quality assurance. In order to do so, the following measures were taken up:

- ♦ Development of training calendars and coordination with SACS for timely release of training funds to the respective training institutes.
- ♦ In coordination with GFATM R7 SR and 3 SSRs in the NE states, a total of 438 counsellors working at ICTC, ART, CCC and STI clinics were trained through 26 no. Of training batches. Facilitated roll out of HIV-TB intensified TOT for the states of Meghalaya, Tripura, Sikkim and Arunachal Pradesh. A regional level TOT on Community based HIV testing through Whole blood finger prick test was also organized and conducted resulting in roll out of state level training.

- ◆ In coordination with NACO and other agencies, this office facilitates filling up the gaps in the training program for TI NGOs especially where there is no STRC identified by NACO (Meghalaya, Assam, Tripura, Sikkim and Arunachal Pradesh). In addition taking lead role in organizing and conducting TI data collection tools and roll out of SIMU training for the entire NE states.
- ◆ Strengthening the capacity of resource pool members (Master trainers, TOT, adult learning principles) through participation in Academic committee meetings and regular orientation and experience sharing platforms working towards improving quality of the trainings by maintaining minimum standards of organizing and conducting training.
- ◆ The office facilitates cross learning between the states with particular reference to finance, TI, ICTC and CST to improve the service delivery

### 2.3 SUPPORTIVE SUPERVISION

NERO staff in coordination with SACS have made supportive supervisory visits to the facility centres in the states for the necessary on site technical assistance to the service providers as well as facilitated meeting with key stakeholders which gives overview of the progress made by the states in implementation of approved annual action plan along with feedback to the states on the processes to improve the performance. The supportive supervision plans are developed on the basis of CMIS report analysis and gathering relevant feedbacks from NACO to the SACS.

### 3. *ASSESSMENT/ EVALUATION*

The NERO team members are involved in the evaluation of TI, JAT and annual performance evaluation for CCC, ART in all the NE states, SRL feasibility assessment in Arunachal Pradesh, ICTC- PPP assessments in Nagaland and Arunachal and Sentinel site evaluation in Nagaland, Manipur and Meghalaya TI

Feasibility assessments for implementing migrant TI in Mizoram, Manipur and also for setting up of OST in Govt. Set up were also conducted by NERO.

### 4. *COORDINATION MECHANISM*

In order to improve the coordination between various agencies and institutes in the region to reduce communication gap and to improve the performance of institutions/ service delivery points platforms for coordination has been established between

- ◆ SACS, training institutes and resource pool
- ◆ SACS , NERO and Project officers
- ◆ SACS, NERO and other donor partners, especially in Manipur and Nagaland many of the development partners support for TI program.
- ◆ NERO, SACS, RNCTP and NRHM
- ◆ LOGISTICS FOR TIMELY REALLOCATION OF NECESSARY CONSUMEBLES

NERO team also facilitated reallocations of the testing kits, ART drugs and condoms between the states in case of surplus availability at any state and non availability of the above consumables and drugs to ensure non disruption of services in the states.

#### SPECIAL HIGHLIGHTS

##### 1. Operationalization of DAPCU in 25 A and b category districts in NE states

- ◆ NERO team facilitated the roll out of DAPCU in the 25 districts with formation of DAPCC, Orientation and Capacity building of District teams
- ◆ Handholding support to the district teams to facilitate district level review meetings, coordination meetings with NRHM and field visit to the service delivery points for supervision
- ◆ NERO also facilitated timely submission of district reports to NACO and review of the DAPCU performance in the region.

**2. Multimedia Campaign:** Taking forward the initiative of multimedia campaign in the states of Nagaland, Mizoram and Manipur in previous year , NERO under the guidance of NACO facilitated the conceptualization, development of roadmap, implementation and completion of multimedia campaign in all the 8 NE states

**Technical Support Unit (TSU)**  
**Performance Report – NACP III**

**Care India Trust**

**1. Address**

Technical Support Unit (CARE India Trust)  
Odisha State AIDS Control Society,  
1st Floor, Oil Orissa Building,  
F-Nayapalli, Unit- VIII, Bhubaneswar  
ODISHA, Pin- 751012

**2. Supported by World Bank (Pool Fund)****3. Working as a TSU since July, 2008****4. Budget and Expenditure in INR for Odisha TSU**

2008-09		2009-10		2010-11		2011-12 (Till Sept'11)		Total	
Budget	Expense	Budget	Expense	Budget	Expense	Budget	Expense	Budget	Expense
8859671	4412766	10680282	7470582	11943493	9209587	13491968	3834641	44975414	24927576

N.B.

- ◆ Financial Year is April to March
- ◆ Expenditure for 2011-12 is till September 2011
- ◆ Above expenditure is the actual amount reimbursed by NACO

**5. Current Staff (Budgeted vs. on board) for 2011-12**

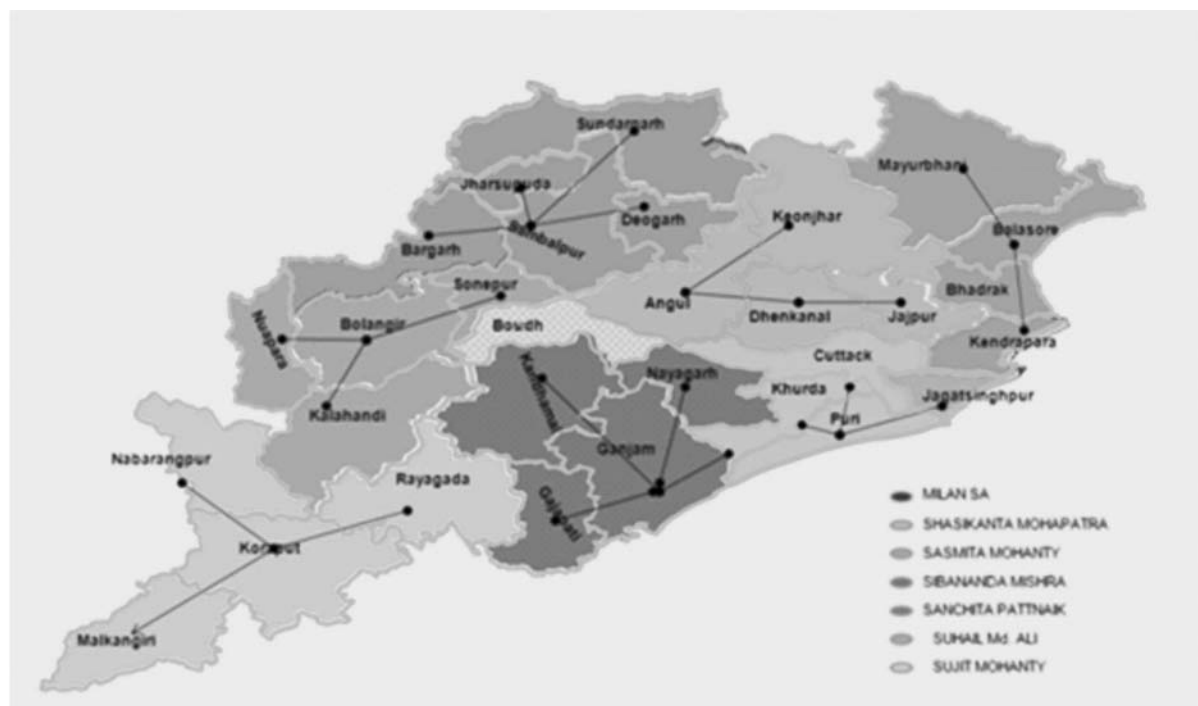
SL No	Designation	Name of Staff
1	Team Leader- SP	Dr. Susanta Kumar Swain
2	Team Leader - TI	Vacant
3	Clinical Officer (STI)	Dr. Laxmidhar Pradhan
4	PO (TI), TSU	Mr. Shashikanta Mohapatra
5	PO (TI), TSU	Mr. Milan Kumar Sa
6	PO (TI), TSU	Dr. Sibananda Mishra
7	PO (TI), TSU	Ms. Sanchita Pattnaik
8	PO (TI), TSU	Mr. Suhail Mohammad Ali
9	PO (TI), TSU	Mr. Sujit Mohanty
10	PO (TI), TSU	Ms. Sasmita Mohanty
11	PO(TI), TSU	Vacant
12	PO (DM),TSU	Mr. Parwaiz Alam

SL No	Designation	Name of Staff
13	Programme Associate(Accounts)	Mr. Prafulla Kumar Pradhan
14	Programme Associate (M&E)	Mrs. Srilekha Mishra
15	Programme Associate (Communication)	Ms. Sucheta Moharana
16	Programme Associate (Logistics)	Mr. Shankar Kumar Samal

The Team Leader (TI) resigned from the post on 4th June 2011. After June 2011, contract of five PO(TI)s and one PO(DM) was not renewed by CARE due to some administrative and financial irregularities. Five new PO(TI)s and one new PO(DM) joined TSU in September 2011.

**Distribution of POs and the TIs under their mentoring**

**Placement of Programme Officers (TI), TSU, OSACS**



SI No	Head Quarters	Name of the PO	Districts to cover	TIs to cover
1	Anugul	Mr. Shashikanta Mohapatra	Anugul	The Medics - MSM, Anugul
				The Medics- FSW, Anugul
				SARC-ML, Boinda, Anugul
				USS-ML, Similipada, Anugul
			Dhenkanal	AIRA (FSW+MSM), Dhenkanal
				ABAHANA- ML, Meramunduli, Dhenkanal
			Jajpur	TSRDS-FSW, Sukinda, Jajpur
				NISW-FSW , Jajpur Rd, Jajpur
				NISW-ML, Jajpur Rd., Jajpur
				Hope Foundation- IDU, Jajpur
Keonjhar	The Medics - (FSW+MSM), Joda, Keonjhar			
	Nature's Club - FSW+MSM), Keonjhar			
2	Balasore	Ms. Sasmita Mohanty	Balasore	CWSD-FSW, Balasore
				PVO-(FSW+MSM), Jaleswar, Balasore
				Fellowship (FSW+MSM), Bhogarai, Balasore
			Bhadrakh	Fellowship (FSW+MSM), Bhadrakh
				NUHASS (FSW+MSM), Basudevpur, Balasore
			Mayurbhanj	CWSD-FSW, Rairangpur, Myurbhanj
				RRDC- (FSW+MSM), Baripada, Mayurbhanj
			Kendrapada	VARRAT-FSW, Kendrapada
3	Bolangir	Suhail Mohammad Ali	Bolangir	RYS - (FSW+MSM), Bolangir
				SAI - MSM, Titlagarh, Bolangir
			Sonepur	JJSS - (FSW+MSM), Sonepur
				VJSS - IDU, Sonepur
			Nuapada	SAI - (FSW+MSM),Khariar, Nuapada
				SRUSTI - FSW, Komna, Nuapada
			Kalahandi	DAPTA - MSM, Bhawanipatna
				BSA - (FSW+MSM), Kesinga
4	Ganjam	Mrs. Sanchita Pattnaik	Ganjam	ARUNA - (FSW+MSM) - Berhampur, Ganjam
				Jana Sadhana - (FSW+MSM) - Bhanjanagar, Ganjam
			Gajapati	SWWS - (FSW+MSM), Paralakhemundi, Gajapati
			Kandhamal	SWATI- FSW, Phulabani, Kandhamal



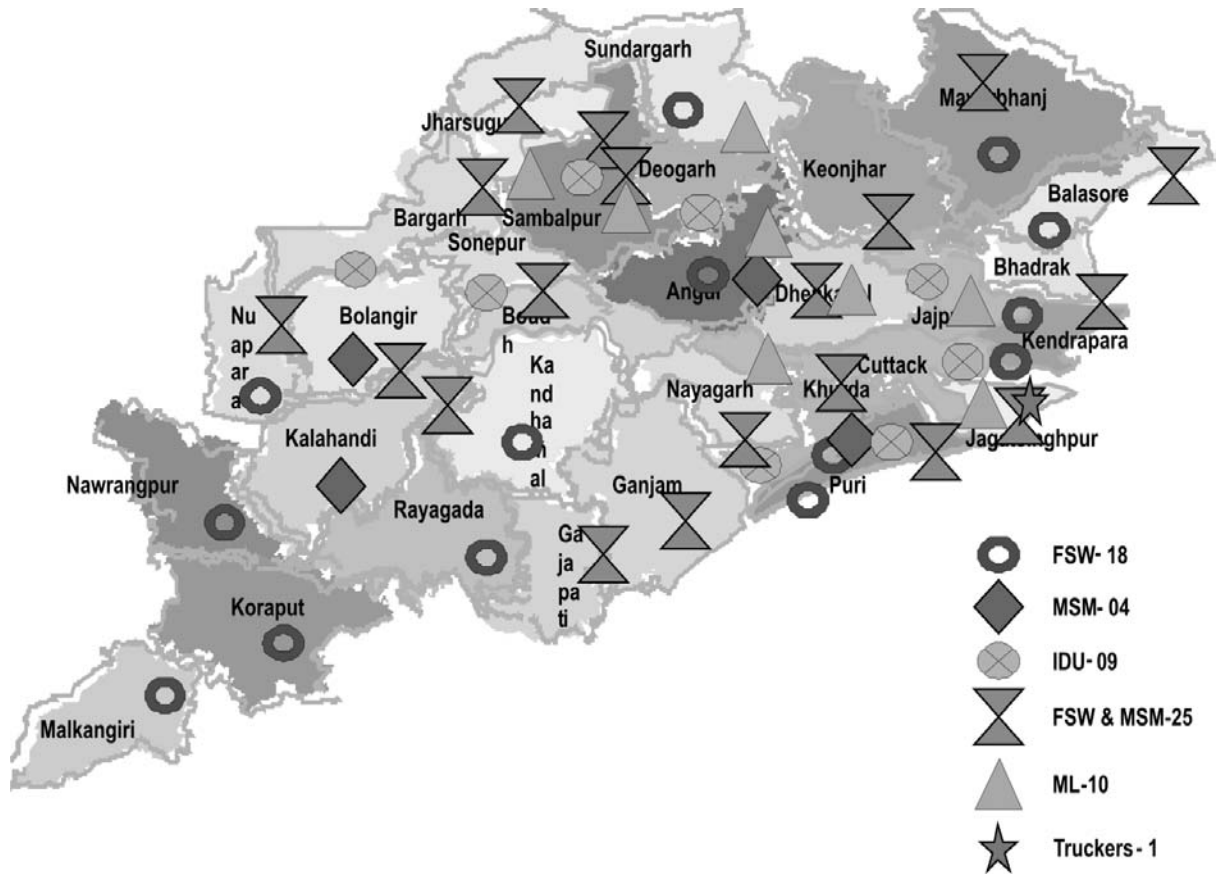
SI No	Head Quarters	Name of the PO	Districts to cover	TIs to cover
			Nayagarh	GUC-(FSW+MSM), Nayagarh
			Khurdha	VJSS - MSM, Khandagiri, Bhubaneswar
				OPUS-(FSW+MSM), Khurdha town, Khurdha
5	Koraput	Mr. Sujit Kumar Mohanty	Koraput	LEPRA- FSW, Koraput
				EKTA - FSW, Sunabeda, Koraput
			Malkanagiri	Paribartan - FSW, Malkanagiri
			Raygada	USO-FSW, Raygada
				USO - FSW, Muniguda, Raygada
				BISWA-FSW, Gunupur
			Nawarangpur	CGL-FSW, Nawarangpur
6	Puri	Dr. Shibananda Mishra	Puri	AVA- IDU, Puri
				Pencode- (FSW+MSM), Puri
				NSP-FSW, Konark, Puri
			Khurdha	LEPRA - IDU, Bhubaneswar, Khurdha
				VJSS- IDU, Old Town, Bhubaneswar, Khurdha
				OPUS- FSW, Bhubaneswar, Khurdha
			Cuttack	OMRAH - IDU, Cuttack
				SWAPNA- ML, Cuttack
				SRUSTI, (FSW+MSM), Cuttack
			Jagatsinghpur	CASD- ML, Paradeep, Jagatsinghpur
				IRDMS- (FSW+MSM), Paradeep, Jagatsinghpur
				TCI- Truckers), Paradeep, Jagatsinghpur
7	Sambalpur	Mr. Milan Kumar Sa	Sambalpur	AIRA-(FSW+MSM), Sambalpur
				IRDMS-IDU, Sambalpur
				GVS, Rengali, Sambalpur
			Jharsuguda	LAVS- (FSW+MSM), Jharsuguda
				AVA-ML, Jharsuguda
			Bargarh	IRDMS-(FSW+MSM), Bargarh
				RYS-IDU, Bargarh
			Deogarh	Bikalpa Bikas- IDU, Deogarh
			Sundergarh	SEWAK- (FSW+MSM), Sundergarh
				VARRSA- ML, Rourkela, Sundergarh
				Sohum Foundation - (FSW+MSM), Rajgangpur
				MAWA-ML, Biramitrapur, Sundergarh

## 6. Trainings conducted in-house, exposure visits for the TSU staff (2011-12)

Trainings and Exposure visits conducted for TSU staff (2011-12)		
Sl No	Training conducted	Remarks
1	Training of PO(TI) and PO(DM) on TI CMIS and STI CMIS at TSU conference hall by Team Leader-SP. Team Leader- TI and M&E Officer of OSACS	In-house training along with monthly PO review programme
2	Field based training of PO(TI) , PO(DM), Clinical Officer (STI), TL(SP) and TL(TI) by Dr. Rajan Kabragode-Team Leader and Dr. Deepak Dhobal, Dr. Sanjeev Jain-Technical Experts of NTSU visiting different districts	At TSU/OSACS conference hall and in the field at different category of Tis in Balasore, Sambalpur, Anugul, Sundergarh, Khurdha, Ganjam and Puri district
3	Training of PO(TI), PO(DM), Clinical Officer(STI), TL-SP and TL-TI on Syndromic STI management and monitoring of TI and STI CMIS by Technical Experts of NTSU (Dr. T.L.N. Prasad and Dr. Aman Singh)	Learned about outreach plan monitoring TI activities , validating CMIS, individual HRG tracking, risk assessment, increasing service uptake and establishing referral and linkages
4	Training of PO(TI) and PO(DM) on revised guidelines of Transit Migrant intervention(Destination, Transit and Source migrant strategies) by TL-SP and AD(TI)	Helped in feasibility assessment, implementation of destination migrant intervention and transit migrant interventions at different railway stations
5	Induction training of some POs at NTSU, NACO, New Delhi	Learned about roles and responsibilities of POs and many basics of Targetted intervention programmes
6	Exposure visit of POs to learn about best practices in TIs of West Bengal	Visited FSW, MSM and IDU TIs of West Bengal in and around Kolkata
7	Training on Harm Reduction among IDUs by DFID-TAST for eastern region	Three POs and TL-SP attended the same for 3 days.
8	Training and exposure visit to Amritsar, Punjab for OST (DFID-TAST)	TL-SP attended along with AD-TI of OSACS
9	Training on Site Validation of all POs and TL-TI along with JD-TI, AD-TI and State Epidemiologist of OSACS by TL-SP, TSU	Orientation of Site validation tool developed for the state and participated in Pilot testing of the tool in field. After that the POs conducted site validation of 20 core group Tis in the state and report submitted to OSACS
10	Training on Pooling Booth Survey among FSWs for POs was conducted in house by TL-SP	All the new POs were trained and planned PBS in January 2012
11	Cross leaning by joint visit of TIs by old and freshly appointed PO-Tis	Hands on training of newly appointed POs by old POs, TL-SP and AD-TI
12	Interactive training with STRC to solve the issues of difference in level of understanding among Training coordinators of STRC and POs of TSU	Conducted for two days at STRC

**7. Number of TIs in state currently (typology wise and coverage) Annexure:1**

*Distribution of TIs in Odisha:*



Month wise visits made by by TSU staff (April – November 2011)

Field visit by TSU staff April - November 2011																
Staff Type	Apr-11		May-11		Jun-11		Jul-11		Aug-11		Sep-11		Oct-11		Nov-11	
	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit
Shasikanta PO TI	5	14	9	21	8	15	13	11	19	8	14	7	8	7	13	13
Umesh Ch. Routray	8	18	7	18	NIL	NIL	RESIGNED									
Ramesh Ch. Das	6	18	8	19	6	12	17	12	17	1	3	RESIGNED FROM 16TH SEPT'11				
Saswati Nayak	3	11	8	20	NIL	NIL	RESIGNED									
Milan Sa PO TI	7	17	7	20	6	18	8	8	23	5	14	10	12	9	20	20
Srimaya Paramanik	5	12	8	20	NIL	NIL	RESIGNED									
Priyadarshini	7	17	7	17	NIL	NIL	RESIGNED									
Sanjay Swain	6	16	5	16	NIL	NIL	RESIGNED									
PO M&E – Manoj	2	4	3	4	NIL	NIL	RESIGNED									
Suhail Md. Ali										4	6	5	10	8	13	13
Dr. Sibananda Mishra										6	9	9	10	7	10	10
Sujit Mohanty										6	8	6	11	7	12	13
Sanchita Pattnaik										6	8	6	11	7	12	12
Sasmita Mohanty										4	6	4	6	8	16	16
TL TI (Nandita Nayak)	1	1														
TL – SP Dr. S. K. Swain	7	9	6	11	10	12	8	10	12	6	10	9	10	8	11	11
PO M&E – Perwaiz										2	2	5	7	3	5	5
PO STI							3	5	4	6	9	10	12	6	8	8

## **8. Program Performance**

### **A. Support provided by TSU for regional location of the POs**

TSU had recruited five new POs during August –September 2011. This time the head quarters for POs were consolidated and re-configured. Regional head quarters were decided as per geographical distribution of TIs, considering their connectivity by road / rail and HRG load per TI. Capacity and experience of individual PO was considered during their placement in different regional head quarters. Though there was a plan for increase the number of TIs to 85, currently 67 TIs are in place. There is plan to consolidate the TIs and re-configure them as per their location instead of increasing the number of TIs in next year. As the TI numbers is restricted in 67 TSU planned to have 7 POs instead of 8 sanctioned. TSU prepared the placement list with discussion with TI division of OSACS and finally placed them at regional level.

### **B. Feedback by TSU to PO, TL TI visit reports**

- ◆ Every month there is a POs' review meeting conducted at TSU conference hall in presence of Project Director, Addl. Project Director, JD-TI, AD-TI and other Programme Officers of OSACS. During that meeting performance of individual POs and the TIs under their mentoring are reviewed using their CMIS indicators and 13 indicators collected from each TI. Most of the feedbacks are shared during the review meeting.
- ◆ In addition to that, regular feedbacks are shared with the POs and JD-TI / AD-TI after receiving reports of regular and intensive visit of POs to TIs.
- ◆ Quarterly Performance Assessment is submitted by each PO for each TI under their jurisdiction. These QPA reports are used for half yearly and yearly performance assessment of NGO-TIs.
- ◆ Real-time feedback is provided over telephone to each PO as and when necessary.
- ◆ Summary visit report of each PO is shared with TI division of SACS with suggestions and recommendations.
- ◆ Visit reports of TL-TI and TL-SP are shared with OSACS regularly.
- ◆ TL-TI, TL-SP, PO-DM, Clinical Officer (STI), PO-TI and Accountant of TSU are involved in half-yearly and yearly performance appraisal of TI-NGOs regularly and they submit their reports with recommendations.

### **C. Efforts TSU taken in mapping of HRGs in NACP III**

During Mapping of HRGs in 2008-09 by DMSC, Kolkata the TL-TI and TL-SP were actively involved along with JD-TI and AD-TI in developing the process of HRG mapping. During validation of mapping by IIPS, Mumbai both the Team Leaders were involved too. Dissemination of report by DMSC at OSACS was participated by TSU staff. The summary report of HRG mapping is attached below.

**HRG Mapping Estimate, DMSC (2008-09)**

Sl. No.	District	FSW	MSM	IDU	In Migrants	Out-Migrants
1	Angul	280	789		6552	
2	Balasore	520	16		2700	
3	Bargarh	376	331	443		1199
4	Bhadrak	590	342			
5	Boudh	179	8			435
6	Bolangir	856	462			2196
7	Cuttack	260	42	575		
8	Dhenkanal	78	25		242	
9	Deogarh	104		89		
10	Ganjam	290			650	23118
11	Gajapati	382	1			
12	Jajpur	676		125	300	
13	Jagatsingpur	260				
14	Jharsuguda	117	32		273	
15	Kalahandi	307	585			
16	Kandhamal	137		4		1730
17	Kendrapara	205	119			
18	Keonjhar	532	251		5770	
19	Khurda	525	96	812	1038	
20	Koraput	451				2700
21	Mayurbhanj	616	416			
22	Malkanagiri	136	16		1610	
23	Nuapada	539	256		197	6573
24	Nayagarh	267	103			6670
25	Nawarangpur	655	32			
26	Puri	234	104	389	1064	
27	Rayagada	1207			2712	
28	Sonepur	56	11	127		
29	Sambalpur	262	181			
30	Sundargarh	934	12		6265	707
	<b>Total</b>	<b>12031</b>	<b>4230</b>	<b>2564</b>	<b>29373</b>	<b>45328</b>

**D. Efforts in scaling up number of TIs**

Prior to NACP III there were 20 NGO-TIs operational till April 2008 during Phase I. After April 2008, in Phase II another 21 were added. During Phase III since October 2009 another 17 TIs were included. During Phase IV since September 2010 another 3 TIs were added. During Phase V since December 2010 additional 13 new TIs were added.

During this process of evolution of TIs, the Team Leaders of TSU were actively involved in Joint Appraisal Team visit for empanelment of suitable NGOs. They were actively involved in selection of new NGOs for TI programme and contracting them. This was a very exhaustive exercise in scaling of the number of TIs from 20 to 67 till date. Team leaders analysed the mapping data, Need Assessment reports and project proposals of each NGO who had applied for the TI programme. Finally 67 TIs were in board in 2011.

In addition to that there was consistent monitoring of TIs by half yearly and annual performance appraisal by Team Leaders and other SACS officials and six TIs were discontinued from contract due to non-performance. Out of 73 proposed TIs during NACP III only 67 exist now.

**E. Efforts taken in Prioritisation of 'Most at Risk' HRGs for service delivery and institutionalizing of individual tracking system**

Peer Educator / ORW and Counsellors are explained in detail to assess the risk of individual HRG. It was prioritised to bring the high risk and most vulnerable HRGs to service points regularly for Regular Medical Check-up, Treatment of STI episode, Presumptive treatment of new HRGs, free condom supply and creating condom reach environment by opening adequate number of condom outlets. The TI staffs calculate the due and over-due for services by TI and prioritise to reach them within next week by following them with individual tracking system. Each Peer Educator is allocated nearly 50 HRGs to provide regular service in the nearby hotspots. The due overdue is illustrated in weekly PE tracking sheet. The PO-TIs also educate them time to time how to prioritise the individual tracking.

**F. Efforts taken towards Improving STI service delivery mechanism and quality**

PO-TIs guided the TI-NGOs to identify the Preferred Private Providers for STI service among HRGs covered by targeted intervention. About 199 PPP doctors (MBBS, BHMS, BAMS and RMPs) identified by TI partners were trained by Clinical Officer (STI) in 1st Phase during 2009-10 in regional training workshops at different districts with support of travel and contingencies from OSACS TI division. During 2011 it was observed that most of the PPP of many TIs have been changed and new PPPs are not aware of Syndromic STI treatment and use of colour coded STI kits. Again second round of PPP training was conducted with a view to provide training for new PPPs and refresher training of old PPPs. During the second round 115 PPPs were trained out of 184 enlisted. The refresher training of old PPPs are still continuing.

During the training it was emphasized to increase the STI service utilisation, RPR testing and referral to ICTC and other service facilities. It was ensured that the PPPs understand the categories of services like Regular Medical Check-up, Presumptive Treatment and Syndromic Treatment of STI episode. The doctors working with IDU TIs working in static clinic set up are also trained on Syndromic management of STI. Difficult STI cases were referred to nearby DSRC and Medical Colleges.

Single prick HIV and Syphilis testing was advised for each HRG attending ICTC. It is seen that in most of the ICTCs the Lab Technicians are performing both HIV and Syphilis screening in single prick. It has faced a setback in some ICTCs due to vacancies of Lab Techs at ICTCs.

Colour coded STI kits were also made available with NRHM STI care facilities at block CHCs. The doctors of NRHM STI care facilities are sensitised about Syndromic STI Case management. In addition to that condom was made available at all possible STI care facilities in public or private health facilities around hotspots.

In the PMC level meetings at TI-NGO attended by PO-TIs it was highlighted to increase RMC coverage as a result more and more STI episodes were treated and tested for Syphilis (RPR). During half yearly and annual performance appraisal strict remarks were given to increase RMC utilisation and regular coverage of HRGs. The PPP doctors were educated to rule out over reporting of STI episodes. New PPP were identified to increase their access. During health camps for destination migrant TI programmes the STI episodes are emphasized to provide service. Intensive IEC campaigns were made to increase access to STI care. New TIs had enrolled new HRGs and provided Presumptive treatment to them during last two quarters. New TIs in Nuapada, Kandhamal, Sonapur and Nawarangpur district reported more STI episodes treated. STI prevalence among general population in these districts is also higher in comparison to other parts of the state (HSS 2008-10).

#### **G. Efforts taken towards Improving condom utilisation**

TSU played an important role by motivating TI partners to open more and more number of condom outlets (at least four condom outlets for each hotspot). In addition to that they had buffer condom stock with each Peer Educator. During condom stock out for three months in the state, some of the POs could procure free condoms from Family welfare wing of the district by local arrangement through proper advocacy. Social marketing of condom is not operational in full swing in the state. Absence of field staff of the agencies promoting social marketing of condom could not reach the needy pockets of the state. Currently each TI is sending weekly condom stock report to prevent further condom stock out in the state.

Condom demand estimation is revised as per recent guideline. Currently the TI partners are calculating condom demand as per actual need of the FSW, MSM registered with their client load profile in the master register of the TI project. This HRG profile is updated every quarter with discussion with the Peer Educators.

The POs including the new ones are trained with Pooling Booth Survey tool and they will be performing PBS in each FSW TI to assess actual condom usage behaviour in January 2012.

Condom social marketing is currently covering 16 districts of the state. In addition to that PSI is working in close coordination with POs of TSU for scaling up female condom utilisation among FSWs in 8 districts.

#### **H. Efforts taken to Improve linkages between TI and ICTC + improvement of HIV testing + improvement in ART linkage**

All the TI partners are sensitised to refer each PLHIV detected at ICTCs to ART Centres for baseline CD4 count and Pre-ART registration. Coordination with nearby DIC and PLHIV network is also facilitated during district level coordination meetings and visit to Drop in centres. POs also visit ART centres to coordinate Care & Support activities as most of the POs are placed in high prevalent A and B category districts.



Pos also coordinate other social service schemes like “Madhu Babu Pension Yojana” monthly Rs.200/- pension for each PLHIV and “Mo Kudia Yojana” free homes for homeless PLHIVs. The District Magistrate and District Social Welfare Officer review it in regular interval and POs attend those meetings too to represent the TI partners and TSU.

POs and Team Leaders also visit Community Care Centres to ensure admission of PLHIVs among HRGs in their area. Their advocacy has helped many HRGs to access the CCC services.

TL-SP and TL-TI attend the review meeting of Care & Support division of OSACS regularly to discuss about issues with PLHIVs among HRGs and other TI partners.

#### **I. Efforts taken to conduct site validation**

TL-SP developed a standardised tool for Site validation in different TIs to ensure coverage of HRGs by TI partners. As most of the TIs of Odisha have population below 400, the sampling methodology was used very judiciously. As per Project Director’s recommendation all the hotspots of the TIs were covered. The validation team consisted of TL-SP, TL-TI, POs of TSU, JD-TI, AD-TI, State Epidemiologist etc. The team had to validate 50% of HRGs line listed for each hotspot in three consecutive days. The factors of mobility and seasonality were considered too. The head counts from each hotspot, interview of PEs, Key informant interview, in-depth interview of Key Population and verification of clinical, DIC service registers of the TI project were considered for validation of HRG size covered. HRG estimate from different mapping rounds were referred before concluding the observation of site validation.

None of the TI project could show additional number of HRGs for increasing the HRG size estimate. Rather the TI partners were recommended to increase their regular coverage. During the first phase of site validation we could cover 20 TIs. Another 28 Core group TIs will be covered during next quarter.

#### **J. Efforts taken towards Improving the Quality of TI data, analysis and feedback**

TL-SP, PO (DM) and PO(TI) of TSU regularly coordinate the collection and compilation of CMIS data by deadline regularly. Due to high turn-over of staffs of TI partners at times TIs face crisis in transmitting CMIS in time.

On quarterly basis the PO(DM) and TL-SP sit with the TI CMIS data and make analysis reports and share it with SACS officials during review meetings especially with M&E Officer and State Epidemiologist. Clinical Officer (STI) also look into the STI CMIS of TI partners and provide regular feedback to TIs and POs.

To ensure quality of TI CMIS and STI CMIS of TI partners, hands on training for Project Managers and Counsellors of TI was arranged at STRC training hall for two days. In addition to that the PO (DM) has been visiting TIs personally to provide on-site training to TI staff on CMIS.

During POs review meeting individual TI CMIS are analysed in presence of POs and other programme Officers.

After roll out of Destination Migrant TIs and Transit Migrant interventions the TI staffs are provided hands on training on CMIS by TL-SP, AD-TI, PO (DM) and M&E officer of OSACS.

In addition to that TL-SP attends every review meeting of SACS for different programmes like ICTC, STI, TB-HIV, ART. TL-SP (An epidemiologist by profession) is a part of the review team and gives his analytical observations and feedback to each service facilities. He reviews the achievement of each programme division meticulously and provides feedback and recommendations.

In addition to regular CMIS, TSU is collecting information of TIs on 13 indicators and analysing it regularly and giving feedback. The 13 indicators include all service utilisation and regular coverage of HRGs by TI programme. These analytical reports are also used during half-yearly and annual performance appraisal of TI programmes. Previously TSU was collecting information on 13 indicators only from the TI partners of Khurdha and Ganjam. But currently we are collecting information from nearly 33 core group TI partners regularly.

### **K. Efforts towards capacity building**

TL-TI, TL-SP, Clinical Officer (STI), PO (DM) and PO (TI) are regularly involved as resource persons in regular training activities conducted in OSACS and STRC for different categories of staff of TI programme i.e. PM, Counsellors, ORWs, PEs. In addition to that TL-SP, TL-TI and clinical Officer (STI) are involved in imparting training to different categories of staff i.e. Medical Officers, Counsellors, Data Managers of ICTC, STI clinic, DSRC, Art Centres, Link ART Centres, Govt Hospitals on HIV /AIDS epidemiology, transmission dynamics, STI / HIV prevention, Care & Support, Reduction of Stigma and discrimination and PPTCT etc.

TSU conducted training of ICTC counsellors and STI counsellors with the updated and revised modules. TL- SP was involved in training of HRG sites for HIV Sentinel Surveillance. He had shared his authorship in writing the operational guideline for HSS in ANC/ STD and HRG sites at NACO with help of WHO and ICMR.

TSU developed a tool for site validation and trained all POs and OSACS staff for implementing site validation exercise in Odisha. TL-TI developed guidelines for formation of Project Management Committee, STI Management Committee and Crisis Management Committee and circulated it among all TIs of the state to implement it.

TL-SP and Clinical Officer (STI) developed a module for one-day training of Medical Officers working in Govt health facilities and imparted training to Medical Officers in Nayagarh, Bolangir and Ganjam district funded by UNFPA.

TSU developed a module to train ESI Medical Officers on HIV/AIDS prevention and Care & Support facilities available with NACP III.

TSU and AD-TI jointly developed half yearly and annual performance appraisal tools for evaluation of TI programmes in the state incorporating suggested recommendations for the TI.

TSU also developed monitoring visit tool for Supportive supervision planned by different programme officers of SACS.

## **L. Other support provided to SACS**

### ***Preparation of Action Plans:***

TSU is actively involved in preparing the Annual Action Plan for 2011-12 for Odisha. TL-SP had been instrumental in writing the AAP incorporating evidence based planning with more focussed approach after giving analytical inputs of previous years' achievements. After approval of AAP at NACO quarterly implementation plan was also developed and incorporated with the revised AAP write up.

### ***Establishment of OST Centre at Govt Health facilities***

TL-TI and TL-SP conducted feasibility assessment of proposed OST centre for IDUs at Govt Health facilities i.e. at SCB Medical College, Cuttack, District head Quarters Hospital, Bargarh and District Head Quarters Hospital, Puri. Two sites were approved by NACO for OST centres by NACO. Dist Head Qrs. Hospital, Bargarh is planned to be replaced by VSS Medical College, Burla in Sambalpur district.

### ***Implementation of Project PEHCHAN***

With support from HIV Alliance, TSU and TI division of OSACS identified eight districts for TI-Plus and six districts for Pre-TI activities through Project "PEHCHAN".

### ***Development of Learning Sites***

With help of STRC and OSACS, TSU has identified 10 TIs to develop them as learning sites for training and exposure visit of different TI staff.

### ***Other activities:***

- ◆ Celebration of World AIDS Day
- ◆ Celebration of Voluntary Blood Donors Day
- ◆ Capacity building and sensitisation of different categories of service providers working with SACS
- ◆ Implementing Intensive IEC campaign for returnee migrants and their spouses during festivals in 11 source migrant districts
- ◆ Updating SACS staff with new guidelines and recent information during different workshops and review meetings
- ◆ Preparing fact sheets and reports for District Magistrates, Chief District medical Officers and other stakeholders for dissemination
- ◆ Preparing presentation for different review programmes at NACO and state level

Support Provided by POs of TSU at regional level		
Sl No	Type of Support	Details
1	Capacity Building of TI Staff	Capacity building of TI staff i.e Programme Manager, Counselor, Outreach Workers, Peer Educators, Accountants/ M&E Assistants, Peer Leaders and stake holders of TI is done regularly during every visit of NGO-TIs and visit to corresponding ICTCs, STI clinics.
2	Hand-holding support to NGO-TI	PO-TIs provide consistent support to the NGO-TIs by helping the TI staffs in understanding the hotspot analysis, social map, service map, risk assessment of individual HRGs and their clients. POs help them in developing action plan, road map for outreach plan for next month. Build their capacity in identifying due and over-due of services for HRGs on individual basis.
3	Validation of CMIS	POs visit respective ICTCs, PPP clinics, ART Centres to validate the CMIS data reported by each TI. They also solve the issues with respective referral centres by interacting with district health authorities and DAPCUs if any.
4	Building rapport with other stakeholders	POs take active part in helping the NGO-TIs to build rapport with other stake holders like district health authority, Dist. Labour Officer, Corporate Sectors (Industries, Mines). Attend the district coordination meetings and encourage the NGO-Tis to take part in the coordination meeting and solve the issues with facility centers. Disseminate information regarding TIs achievement and performance at district coordination meetings. Interact with PRI members and local power structures for enabling environment for HRG intervention and reduction of stigma and discrimination.
5	Problem solving	In many instances POs have been instrumental in solving issues like unavailability of Hiv testing kits, STI kits and condoms by providing real-time solution in expediting its availability.
6	IEC campaigns	POs have been providing proactive support in intensive and regular IEC campaigns in different parts of the state.

Quarterly Assessment score sheet of each TI mentored by our Programme Officers (TI) is stated in Annexure-3 which depicts the improvement of TIs under their mentorship.

## Quarterly PO Assessment of TIs of Orissa

Sl. No.	Name of TI	District	Type of Intervention	Target as per the Contract	Quarter-wise scores assessed			
					Oct-Dec'10	Jan-Mar'11	Apr-Jun'11	Jul-Sep'11
1	SARC	Angul	In Migrants	500	B+	B+	B+	NA
2	The Medics	Angul	MSM	500	A	A+	B+	NA
3	USS	Angul	ML	10000	B+	B+	B-	B
4	THE MEDICS	Talcher	FSW	250	A+	A+	A+	B+
5	AIRA	Dhenkanal	FSW & MSM	200 & 150	B+		A+	A+
6	AABAHANA	Dhenkanal	ML	10000	B	B	B	B-
7	SAI	Bolangir	MSM	250	A	A+	-	A+
8	RYS	Bolangir	FSW & MSM	200 & 250	A+	A+		NA
9	SHRUSTI	Nuapada	FSW	250	NA	NA	NA	NA
10	SAI	Nuapada	FSW & MSM	200 & 150	A	A+		A+
11	PVO	Balasore	FSW & MSM	200 & 150	-	-	-	A++
12	CWSD	Balasore	FSW	375				A+
13	Fellowship	Balasore	FSW & MSM	200 & 150				A+
14	VARRAT	Kendrapara	FSW	250				A++
15	The Medics	Keonjhar	FSW & MSM	250 & 150	A	B+	B+	NA
16	Natures Club	Keonjhar	FSW & MSM	200 & 150	A	B+	B+	NA
17	Fellowship	Bhadrak	FSW & MSM	300 & 200				A++
18	NUHAS	Bhadrak	FSW & MSM	200 & 150				A+
19	RYS	Bargarh	IDU	250	B+	A+	-	A+
20	IRDMS	Bargarh	FSW & MSM	250 & 150	A	A		A
21	SWAPNA	Cuttack	In migrant	4000	C	C	-	NA
22	SRUSTI	Cuttack	FSW & MSM	200 & 150	B+	B	-	B+
23	OMRAH	Cuttack	IDU	300	A+	B+		A++
24	ARUNA	Ganjam	FSW & MSM	200 & 150	B	B+	-	A
25	JANA SADHANA	Ganjam	FSW & MSM	200 & 150	B-	B+		A+
26	SWWS	Gajapati	FSW & MSM	350 & 100	B-	B+		A+
27	SWATI	Kandhamal	FSW	250				A
28	IRDMS	Jagatsing pur	FSW & MSM	200 & 150	-	B+	-	NA
29	SAMADHAN	Jagatsing pur	Truckers	5000	-	-	-	NA
30	CASD	Jagatsing pur	ML	10000				NA

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Sl. No.	Name of TI	District	Type of Intervention	Target as per the Contract	Quarter-wise scores assessed			
					Oct-Dec'10	Jan-Mar'11	Apr-Jun'11	Jul-Sep'11
31	TSRDS	Jajpur	FSW	400	-	B+	-	A
31	TSRDS	Jajpur	FSW	400	-	B+	-	A
32	NISW	Jajpur	ML	10000				B+
33	NISW	Jajpur	FSW	250				A
34	HOPE	Jajpur	IDU	150				NA
35	LAVS	Jharsuguda	FSW & MSM	200 & 150	-	B+	B+	B+
36	AVA	Jharsuguda	ML	5000				B+
37	OPUS	Khurda	FSW & MSM	200 & 150	A+	B+	-	B+
38	VJSS	Khurda	MSM	350	B+	B+	-	A+
39	VJSS	Khurda	IDU	250	B+	A	-	NA
40	LEPRA	Khurda	IDU	600	A	B+		NA
41	GUC	Nayagarh	FSW & MSM	250 & 200				A+
42	PENCODE	Puri	FSW & MSM	200 & 150	B+	B+	-	NA
43	AVA	Puri	IDU	200	A	A		NA
44	NSP	Puri	FSW	250				NA
45	BISWA	Rayagada	FSW	250	B+	B+	B+	B+
46	USO	Rayagada	FSW	400		B+	B+	B+
47	USO	Muniguda	FSW	250				B
48	EKTA	Koraput	FSW	250		A	A+	A+
49	LEPRA	Koraput	FSW	300		A+	A+	A+
50	PARIBARTAN	Malkangiri	FSW	250			A	B+
51	CGL	Nabaranga pur	FSW	500		A	A	NA
52	BSA	Kalahandi	FSW & MSM	200 & 250		B+	A	B+
53	DAPTA	Kalahandi	MSM	250		B+	A	B+
54	IRDMS	Sambalpur	IDU	150	-	A	A	A+
55	AIRA	Sambalpur	FSW & MSM	250 & 250			A	A+
56	GVS	Sambalpur	ML	10000			A	B+
57	VJSS	Sonepur	IDU	150				NA
58	JJJS	Sonepur	FSW & MSM	200 & 150				NA
59	BIKALPA BIKAS	Deogarh	IDU	150				A+
60	RRDC	Mayurbhanj	FSW & MSM	250 & 200				A+

Sl. No.	Name of TI	District	Type of Intervention	Target as per the Contract	Quarter-wise scores assessed			
					Oct-Dec'10	Jan-Mar'11	Apr-Jun'11	Jul-Sep'11
61	CWSD	Mayurbhanj	FSW	250				A++
62	SWEAK	Sundergarh	FSW & MSM	200 & 150	-	A	A	A+
63	VARRSA	Sundergarh	In migrant	4000	-	A	A	B+
64	SGUP	Sundergarh	FSW	300				A+
65	SOHUM FOUND.	Sundergarh	FSW & MSM	200 & 150				A
66	MADANI	Sundergarh	ML	10000				B+

STATUS OF TI PROJECT - ORISSA (Annexure:1)												
Sl	District	Name of the NGOs & Address & Tel. No.	Operational Area	Typology	Nos. of Target Population						Actual Covered	
					FSW	MSM	IDU	ML	TRK	Total		
1		THE MEDICS, At./ PO. Simlipada, Dist. Angul - 759122.	Angul, Talcher, Banarpal	MSM		500					500	700
2		The Medics, At. Bihar Chhhack, Po. Talcher, Dist. Angul.	Angul Town, Talcher, Banarpal	FSW	250						250	250
3	Anugul	Society for Advancement of Rural Community (SARC), Kishoreganj, Boinda, Angul-759127	FCI, Southern Balanda, TTPS, Talcher, & Banarpal (NALCO Site)	ML				5000			5000	5000
4		Utkal Sevak Samaj (USS) At- Simlipada, Dist.- Angul	Nisha, Chhendipada, Patrapada & NTPC	ML				5000			5000	5000
5		CENTRE FOR WEAKER SECTION DEVELOPMENT (CWSD), At:Brahmapur, Po:Kharasahapur, Via:- Anantapur, Dist: Balasore-756046.	Remuna, Phuladi, Kalma, Bampada, Chandipur, Godhibasa, Gopalpur	FSW	375						375	375
6	Balasore	Punaruthan Voluntary Organization, (PVO) At. Bara Bazar, Po. Jaleswar, Dist. Baleswar.	Jaleswar, Laxmannath & NAMPOH.	FSW & MSM	200	150					350	300
7		FELLOWSHIP At/Po-Dehurda, Way to Deula Road, Bhograj,Dist:- Balasore	Chandaneswar and Bhogarai	FSW & MSM	200	150					350	500



STATUS OF TI PROJECT - ORISSA (Annexure:1)												
Sl	District	Name of the NGOs & Address & Tel. No.	Operational Area	Typology	Nos. of Target Population						Actual Covered	
					FSW	MSM	IDU	ML	TRK	Total		
8	Bhadrak	FELLOWSHIP, At. Tarini Bhawan, women's College Road, Santhia, P.O. Box No.-34, Bhadrak-756100 .	Bhadrak town, dharnagar, Tihidi	FSW & MSM	300	200					500	646
9		Nikhila Utkal Harijan Adivasi Seva Sangha (NUHAS) At- Apartipur, P.O.-Matipaka, Via:- Basudevpur, Dist.- Bhadrak	Basudevpur, Chandbali, Dhamara	FSW & MSM	200	150						350
10	Bargarh	INSTITUTE OF RURAL DEVELOPMENT AND MANAGEMENT STUDIES (IRDMS), At. Khajurtikira (Satpathy villa), P.O. /Dist. Bargarh	Lahurchati, Bargarh town, Sohela Block, Bhatli, Atabira, Barpali.	FSW & MSM	250	150					400	400
11		Rajendra Yubak Sangha At- Hatapada Para, P.O./Dist.- Bargarh Pin- 768028	Baragarh, Sohela, Atabira.	IDU			250					250
12	Bolangir	RAJENDRA YUVAK SANGHA, (RYS) At: Railway Station Road, PO / Dist. Bolangir-767001.	Bolangir Municipality, Loisingha & Agalpur Block	FSW & MSM	200	250						
13		Social Awareness Institution (SAI), At. Jagannath Para, near Fci Office, Old Employment Exchange Office Building, Po:- Titlagarh, Dist. Bolangir-767033.	Patnagarh, Kantabanji, Titlagarh	MSM		250						

STATUS OF TI PROJECT - ORISSA (Annexure:1)											
Sl	District	Name of the NGOs & Address & Tel. No.	Operational Area	Typology	Nos. of Target Population					Actual Covered	
					FSW	MSM	IDU	ML	TRK		Total
14		ORISSA INSTITUTE OF MEDICAL RESEARCH AND HEALTH SERVICES (OMRAH), At. Friends Colony, Po. Bajrakabati Road, Cuttack-753 001.	Slums of Cuttack town, Choudwar Municipality	IDU			300				
15	Cuttack	Society for Universal Rural Technology implementation (SRUSTI) Orissa, At. House No.16, Bhavani Duplex, Sector 9 CDA Colony, Cuttack-14.	Cuttack city and Choudwar Town	FSW & MSM	200	150				350	389
16		Save the World Against Pollution, Narcotics & Ammunition (SWAPNA), Plot No. 1 / M/ 2, Arunodaya Nagar, Link Road, Cuttack-753012.	Cuttack (Cuttack city including industrial area, Jagatpur, choudwar & Nirgundi area)	ML			10000			10000	5000
17	Deogarh	Bikalpa Bikash At.Odakapa, PO. Tukuda, 759127, Dist. Angul	Deogarh town	IDU			150			150	175
18	Dhenkanal	Arun Institute of Rural Affairs (AIRA) At- Old LIC Colony (Near Nehru Yuvak Kwendra), Amalapada, Dist.-Dhenkanal.- 759001	Dhenkanal Town, Caltex & Utkal Asbestos, Shakti Sugar area, Bye pass & both side of NH-42 (10 Kms.)	FSW & MSM	200	150				350	350

STATUS OF TI PROJECT – ORISSA (Annexure:1)											
Sl	District	Name of the NGOs & Address & Tel. No.	Operational Area	Typology	Nos. of Target Population					Actual Covered	
					FSW	MSM	IDU	ML	TRK		Total
19		AABAHANA At- Malyabanta, P.O.- Nachuni, Dist.- Khurda	Both sides of NH from Meramundali to Banarpal Industrial Sites	ML			5000			5000	
20	Gajapati	Society for Welfare of Weaker Section (SWWS), At. Forest Office Road, P.O. Parlakhemundi, Dist. Gajapati - 761 200	Gosani Block of Gajapati District	FSW & MSM	350	100				450	737
21	Ganjam	ASSOCIATION FOR RURAL UPLIFTMENT & NATIONAL ALLEGIANCE, At. Plot No.20, Phase-II, Nilachal Nagar, Berhampur-760010.	Berhampur, Gopalpur & Chhatrapur	FSW & MSM	200	150				350	350
22		Janasadhana At- 3339/A, Chakeisiani, Rasulgarh, Bhubaneswar, Dist.- Khurda	Bhanjanagar, Belaguntha & Aska (Ganjam)	FSW & MSM	200	150				350	391
23	Jajpur	TATA STEEL RURAL DEVELOPMENT SOCIETY (TSRDS), At/ Po: Kalarangiatta, Dist Jajpur, PIN - 755028.	Kalarangaita, Duburi, Sukinda mines area of Jajpur disterict	FSW	400					400	400
24		Natural Institute for Social Welfare (NISW)V. N. College Chhack,Dhabalagiri, Jajpur Road Dist.- jajpur – 755018	Kalinga Nagar and Jajpur Road Industrial Area (Jajpur) Office at Jajpur Road	ML			10000			10000	10000

STATUS OF TI PROJECT - ORISSA (Annexure:1)												
Sl	District	Name of the NGOs & Address & Tel. No.	Operational Area	Typology	Nos. of Target Population						Actual Covered	
					FSW	MSM	IDU	ML	TRK	Total		
25	Jaipur	Natural Institute for Social Welfare (NISW) New Jamuposi, Sukinda, Dist.- jaipur - 755018	Chandikhoh, Jajpurroad, Panikoili, Jaraka, Manpur railway site	FSW	250						250	
26		HOPE Foundation Plot No:- 543/1054, Uttaramunda Muhana, Janla, Dist:- Khurda-752055	Jajpur town. Chhhatia, Chandikhoh, Badchana	IDU		150					150	150
27		Institute of Rural Development and Management Studies(IRDMS), At- Plot No.- 912, Choudhury Market Complex, Near United Bank of India, Bhutmandei, Via- Kujang, Dist.- Jagatsinghpur- 754141	Kalarangaita, Duburi, Sukinda mines area of Jajpur disterict	FSW & MSM	200	150					350	350
28	Jagatsinghpur	Centre for Awareness & Social Development (CASD) At- Dihasaibiri, P.O.- Baradia, Via- Anakhia, Dist.- Jagatsinghpur	Kalinga Nagar and Jajpur Road Industrial Area (Jajpur) Office at Jajpur Road	ML			10000				10000	10000
29		TCL, Paradeep, Dist:- Jagatsinghpur		Truckers					5000			

STATUS OF TI PROJECT – ORISSA (Annexure:1)												
Sl	District	Name of the NGOs & Address & Tel. No.	Operational Area	Typology	Nos. of Target Population						Actual Covered	
					FSW	MSM	IDU	ML	TRK	Total		
30	Jharsuguda	Life Academy of Vocational Studies, At. Plot No.-505/6108 , Mauli Nagar, BTM Po:- Industrial Estate, Dist. Jharsuguda-768203	NH Sites, Jharsuguda & Brajaraj Nagar.	FSW & MSM	200	150					350	350
31		ASSOCIATION FOR VOLUNTARY ACTION (AVA) , At. Harihar Vihar, Backside of Gundicha Mandir, Puri-2.	Jharsuguda town and peripheral areas	ML			5000				5000	
32	Kandhamal	Social Welfare Agency and Training Institute (SWATI), At. Malerimaha, Po. Paburia, Dist. Kandhamal-762112	Tikabali, Phiringia, Phulbani NAC, Darigbadi, K. Nuagaon	FSW	250						250	
33	Khurda	ORISSA PATITA UDHAR SAMITI, At. Pl.No – 1446, Shastrinagar, Unit -4, Bhubaneswar.	Bhubaneswar city and it's peripheral area.	FSW	300						300	
34		LEPRA SOCIETY-BHUBANESWAR, At. Plot No.N1/89, IRC Village ,Nayapalli Bhubaneswar -15	BHubaneswar city,	IDU			600				600	676
35	Khurda	Viswa Jeevan Seva Sangha (VJSS), At. Jagamara, Plot No.- 40, P.O.- Khandagiri, (Near Petrol Pump) , Dist: Khurda.	Bhubaneswar City, Balipatana & Baliana	IDU		350					350	420
36		Viswa Jeevan Seva Sangha (VJSS), At. Gandhipada, P.O.-Palla-hat , Dist: Khurda.	Old Town, Baliana, Balipatna	MSM			250				250	250

STATUS OF TI PROJECT - ORISSA (Annexure:1)											
Sl	District	Name of the NGOs & Address & Tel. No.	Operational Area	Typology	Nos. of Target Population					Actual Covered	
					FSW	MSM	IDU	ML	TRK		Total
37	Khurda	ORISSA PATITA UDHAR SAMITI, At. Pl.No - 1237, Shastrinagar, Unit -4, Bhubaneswar.	Khurda, Jatni & Jankia	FSW & MSM	200	150				350	350
38	Koraput	Lepra Society (Koralep), Plot No:- 183, Kella Nagar, Canal Road, Jeypore, Koraput - 764003	Koraput & Jeypore town, Sunabeda, Semiliguda, Damonjodi, Kotapada	FSW	300					300	300
39		EKTA, 1st Lane, Gautam Nagar, Dist.- Koraput - 764020	Koraput, Sunabeda, Semiliguda & Damonjodi	FSW	250					250	250
40		BRUNDABAN SANSKRUTIKA ANUSTHAN (BSA), At. Agannathpara, Kesinga, Kalahandi-766012.	Kesinga town, Loitara, Bhawanipatna Block	FSW & MSM	200	250				450	450
41	Kalahandi	Development Agency for Poor and Tribal Awakening (DAPTA) At- Stadium Road(Near old cinema hall), Po:-Bhawanipatna, Dist.- Kalahandi	Bhawanipatna, Junagarh & Jayapatna	MSM		250				250	250
42	Keonjhar	THE MEDICS, At. Qrs. No. 2RA-33, Hirakud Colony, PO. Baneikala, Joda, Dist. Keonjhar.	Zoda, Barbil of Keonjhar district	FSW & MSM	250	150				400	350
43		Natures Club, At- Mahipal, P.O./ Dist.- Kendrapara - 754211	Keonjhar and Anandpur	FSW & MSM	200	150				350	350

STATUS OF TI PROJECT – ORISSA (Annexure:1)												
Sl	District	Name of the NGOs & Address & Tel. No.	Operational Area	Typology	Nos. of Target Population						Actual Covered	
					FSW	MSM	IDU	ML	TRK	Total		
44	Kendrapara	Voluntary Association for Rural Reconstruction & Appropriate Technology (VARRAT) At-Boulakani, Po-Baradang, Via- Mohakalpara, Dist-Kendrapara-754224	Kendrapara, Pattamundai and both the sides of NH 5 (A)	FSW	250						250	250
45	Malkangiri	PARIBARTAN, At/Po. Kudumuluguma, Dist. Malkangiri	Kalimela, Malkangiri, Kodkunda	FSW	250						250	
46	Mayurbhanj	Rural Research Development Council (RRDC), At. Baghra Road (Near JD Cinema Hall), Ward No. 17, Dist. Mayurbhanj-757001.	Baripada town, Bisoi, Palbani, Bhatachatra, Jasipur	FSW & MSM	250	200	0	0			450	450
47		Centre for Weaker Section Development (CWSD), At- Purunaghaty, P.O.- Rairangpur, Dist.-Mayurbhanj-757043	Rairangpur, Bisoi, & Jasipur	FSW	250						250	250
48		CENTRE FOR GOOD LIVING (CGL), At. Gandhinagar (Kasturba Marg), P.O/ Dist. Nawarangpur-764059.	Nawarangpur	FSW	500	0	0	0			500	500
49	Nayagarh	GANIYA UNNAYAN COMMITTEE (GUC) At. Belpadapatna, Po/ Dist. Nayagarh-752085.	Nayagarh & Daspalla Block	FSW & MSM	250	200	0	0			450	450

STATUS OF TI PROJECT - ORISSA (Annexure:1)												
Sl	District	Name of the NGOs & Address & Tel. No.	Operational Area	Typology	Nos. of Target Population						Actual Covered	
					FSW	MSM	IDU	ML	TRK	Total		
50	Nuapada	Society for Universal Rural Technology implementation (SRUSTI) , At/Po:- Khariar, Dist:- Nuapada-766107	Nuapada, Komna, Khariarroad	FSW	250						250	
51		Social Awareness Institution (SAI), At. Tulsinagar, Po/ Dist. Bolangir-767001.	Khariar NAC, Sinapalli, Boden	FSW & MSM	200	150					350	
52		ASSOCIATION FOR VOLUNTARY ACTION (AVA) , At.Harihar Vihar,Backside of Gundicha Mandir,Puri-2.	Puri town	IDU			200	0			200	200
53		Nilachal Seva Pratisthan (NSP) At/ Po. Dayavihar (Kanas), Dist. Puri	Konark, Nimapara	FSW	250						250	
54	Puri	Peoples Empowerment and Need Based Community Development (PENCODE), At Waterworks Road, In front of Block office, Puri.	Railway Station, Pentakota, Nolia Sahi, Chakratirtha Road, Gokha Sahi , Hospital Chhak, TB Hospital area of Puri Town, Konark NAC	FSW & MSM	200	150					350	350



STATUS OF TI PROJECT - ORISSA (Annexure:1)											
Sl	District	Name of the NGOs & Address & Tel. No.	Operational Area	Typology	Nos. of Target Population					Actual Covered	
					FSW	MSM	IDU	ML	TRK		Total
55		UNIVERSAL SERVICE ORGANIZATION, At: B. Devadal (Basuguda Road), Po.: Komotolpeta, Dist. Raygada-765017.	Raygada Municipality, Kotpeta, JK Pur, Therubali	FSW	400	0	0	0		400	400
56	Raygada	UNIVERSAL SERVICE ORGANIZATION, At: B. Devadal (Basuguda Road), Po.: Komotolpeta, Dist. Raygada-765017.	Muniguda, Chandrapur, Bisam Katak, Block of Raygada district.	FSW	250					250	
57		Bharat Integrated Social Welfare Agency (BISWA), Near Jyotimahar Hotel, At/Po. Raygada, Dist: Raygada.	Gumpur, Muniguda & Gudari.	FSW	250					250	250
58		ARUN INSTITUTE OF RURAL AFFAIRS, At: Behind Aditya Kalyan Mandap, Mahavirpada, Dhanupalli, Sambalpur-768100.	Sambalpur town, Hirakud Industrial Area, Burla & Rairakhol NAC.	FSW & MSM	250	250	0	0		500	500
59	Sambalpur	Institute of Rural Development and Management Studies (IRDMS), At- SWASTI NIBAS, Kainsir Road, P.O.- Ainthapali , Dist.- Sambalpur; Pin- 768004	Sambalpur Town, Burla, Hirakud	IDU			150			150	247
60		Gramya Vikash Sangathan (GVS), At- Totasahi, Dist.- Nabarangpur, Pin- 764059.	Rengali, Sasan, Bhusan Steel Plant and Other Industrial Sites of Sambalpur	ML				5000		5000	5000

STATUS OF TI PROJECT - ORISSA (Annexure:1)												
Sl	District	Name of the NGOs & Address & Tel. No.	Operational Area	Typology	Nos. of Target Population						Actual Covered	
					FSW	MSM	IDU	ML	TRK	Total		
61	Sonepur	Viswa Jeevan Seva Sangha (VJSS), At. Jagamara, Plot No.- 40, P.O.- Khandagiri, (Near Petrol Pump), Dist: Khurda.	Sonepur, Tarava, Birmaharajpur	IDU			150				150	
62		Juba Jyoti Yubak Sangha (JJJS), Plot No. 461, Gokarneswarpara, Ward No. 2, Dist. Subarnapur	Sonepur, Tarava, Birmaharajpur, Binika	FSW & MSM	200	150					350	
63	Sundergarh	Sundergarh Gramya Unnayn Pratisthan-(SGUP) Sundergarh, At/ Po. Lahunipara, Dist. Sundergarh-770 040.	Banei Subdivision and Lahunipara Block	FSW	300	0	0	0			300	305
64		Self Employed Workers Association Kendra (SEWAK), EM/2, Basanti Colony, Rourkela - 12, Dist.- Sundergarh	Basanti Colony, Chhend, Railway Colony, Panposh Rourkela Old town area, plant sites and slums.	FSW & MSM	200	150					350	417
65		Voluntary Association for Rural Reconstruction and Social Advancement (VARRSA), At/Po-L2/185, Kalinga Vihar, (Chhend) Rourkela, Dist. Sundergarh-769015.	Kalugaon, Bandhamunda and peripheral area of Rourkela City. (Office at Panposh or Vedavyas)	ML				4000			4000	5000

STATUS OF TI PROJECT – ORISSA (Annexure:1)												
Sl	District	Name of the NGOs & Address & Tel. No.	Operational Area	Typology	Nos. of Target Population						Actual Covered	
					FSW	MSM	IDU	ML	TRK	Total		
66		SOHUM Foundation, At- Idgah Mahalla, P.O.- Rajgangpur, Dist.- Sundergarh, Pin- 770017	Sundargarh, Rajgangpur	FSW & MSM	200	150					350	350
67	Sundargarh	Madani Welfare Association, Plot No.- 2631, Badagada Canal Cotlony, B.J.B. Nagar, Bhubaneswar, Dist.- Khurda.	Biramitrapur, Kuanrunda, Vedvyas, and Nearby Mining and Industrial Sites (Sundargarh)	ML				5000			5000	5000
					108 25	5500	2200	64000	5000		81525	71278



# Technical Support Unit (TSU) Performance Report – NACP III



Society for Promotion of Youth & Masses

**1. Address**

Technical Support Unit  
 # 3308, Sargodha  
 Housing Society Sector 50-D  
 Chandigarh, PIN: 160047

**2. Supported by-** World Bank(Pool Fund)

**3. Working as a TSU since** May, 2008

**4. Budget and Expenditure in INR for Punjab TSU**

2007-08		2008-09		2009-10		2010-11		2011-12	
Budget	Expense	Budget	Expense	Budget	Expense	Budget	Expense	Budget	Expense (Expected)
NA		138.28	116.33	115.05	100.89	131.94	121.07	114.60	105

**5. Current Staff (Budgeted vs. on board) for 2011-12**

Budgeted - 15 On Board - 14

Sr. No.	Name	Designation	Place of Posting for POs
1	Manish Kumar	Team Leader -TSU & CB	
2	**Vacant	Team Leader -SP	
3	Ashutosh Kumar	Team Leader - TI	
4	Sevanand Vats	Program Officer-TI	Ludhiana
5	Vijay Kumar	Program Officer-TI	Jalandhar
6	Sunil Mekale	Program Officer-TI	Mohali
7	Umesh Routray	Program Officer-TI	Amritsar
8	Parveen Kumar	Program Officer-TI	Jalandhar
9	Sumit Arora	Program Officer-TI	Bathinda
10	Dr. Kanwal Vilku	Program Officer-STI	
11	Manoj Kumar	MIS Officer	
12	Pawan Kataria	Accounts cum Admin Officer	
13	Mukesh kumar	Accountant	
14	Alka Pandey	Receptionist cum Computer Operator	
15	Birender	Office Assistant	

**6. Trainings conducted in-house, exposure visits for the TSU staff (2011-12)**

Need based trainings have been organised for the staff of TSU. Training on following issues has been imparted:

- ◆ Harm Reduction
- ◆ Opioid Substitution Treatment
- ◆ Data analysis

Data tracking tool has been developed as part of the training and the same is being used at the TI level for the data analysis and program planning.

**7. Number of TIs in state currently (typology wise and coverage)**

The detail of TI with coverage is given in Table 1:

**Table 1**

Typology	No. of TIs	Coverage
FSW	11	15,950
MSM	2	2,933
IDU	22	10,788
Composite	18	-
Migrants	3	33,572
Truckers	3	34,657

**8. Program Performance**

**a. What support has the TSU provided for regional location of the POs**

At present there are 59 TIs operational in 19 districts of Punjab. The state has been divided into 6 zones as per the geographical location of TI's. Each zone has 10 TIs and one PO has been assigned responsibility of the TIs of that zone. Zone wise distribution of TIs is given in Table 2:

**Table 2**

Zone	No. Of Districts	No. Of TIs	Regional Location of PO
Zone 1	02	10	Amritsar
Zone 2	02	10	Jalandhar
Zone 3	04	10	Hoshiarpur
Zone 4	02	10	Ludhiana
Zone 5	05	10	Mohali
Zone 6	04	09	Bathinda

- ◆ Each PO is spending 18-20 days in field on monthly basis. The field visit includes intensive visits of 3-4 days of each TIs once in a quarter followed by one day follow up visit.

- ◆ During the visit support in extended to the TI team for improvement in quality and coverage of the intervention.
- ◆ Apart from the handholding of TIs, regional location of POs has also helped in strengthening the linkage between TIs and health care services i.e. ICTC, Govt. STI clinic, ART centre, DOT centre, OST centre, De-addiction centre and DAPCUs.
- ◆ POs have been facilitating the coordination meeting between the service providers which has resulted in better understanding among health care providers for targeted intervention programme and HRGs. This process has also strengthened the service uptake among HRGs.

**Zonal distribution of TI is given in Table 3**

**Table 3**

Zone	Districts	No. Of TIs
Zone 1	Amritsar and Tarn Taran	10 (4 FSW, 03 IDUs, 01 Migrant 01 Trucker and 01 Core composite)
Zone 2	Jalandhar and Kapurthala	10 (02 FSW, 01 MSM, 05 IDU, 01 Trucker and 01 core composite)
Zone 3	Gurdaspur, Hoshuarpur, kapurthala, Nawashahar	10 (05 IDU, 02 FSW, 03 core composite)
Zone 4	Ludhiana and Patiala	10 (03 IDu, 02 FSW, 01 MSM, 01 trucker, 01 Migrant and 02 core composite)
Zone 5	Barnala, Fatehgarh Sb, Moga, Mohali and Ropar	10 (06 Core composite, 01 migrant and 03 IDU)
Zone 6	Bathinda, Ferozepur, Faridkot, mansa, Muktsar	9 (05 Core composite, 03 IDU, 01 FSW)



b. Show the map indicating regional location of POs and number of TIs managed by them



c. Month wise visits by each PO from April to November 2011

Staff Type	Apr-11		May-11		Jun-11		Jul-11		Aug-11		Sep-11		Oct-11		Nov-11		Remarks
	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit	
PO TI 1	9	13	8	17	8	14	8	11	6	9	11	18	8	17	9	11	OST visits, Meetings and trainings are not included in this sheet
PO TI 2	9	14	8	11	8	18	7	16	8	14	8	14	9	10	10	14	
PO TI 3	11	15	11	20	10	12	11	19	10	15	7	13	13	10	19	19	
PO TI 4	8	14	10	17	10	17	8	12	9	19	9	18	9	13	10	16	
PO TI 5	7	18	7	10	7	9	7	11	7	13	7	9			5	5	

**d. Feedback by TSU to PO , TL TI visit reports**

The process of the development of visit plan and feedback on visit reports can be summarised as follows:

- ◆ TI visit plan of the month is prepared by 3rd day of every month by POs and shared with TL-TI, TSU
- ◆ The visit plan of PO-TI, PO-STI and TL-TI is compiled and the consolidated visit plan is shared with SACS for their reference
- ◆ TL-TI visits the TI along with the PO-TI to provide onsite support to the PO-TI and to strengthen the coordination between TI and other services.
- ◆ Visit report of TI is submitted to the TL-TI for feedback within 4 days of the visit. The report is also shared with SACS and TI for necessary action.
- ◆ Feedback on the report of PO-TI is given in a week's time. Issues which requires SACS's attention is shared in order to ensure timely intervention from SACS.
- ◆ Based on the visit report, if required TI implementing NGO is called for meeting by SACS to address the issues in timely manner

**e. Efforts taken in mapping of HRGs in NACP III**

HRG mapping in the state of Punjab was done prior to the establishment of TSU. However, TSU has facilitated in the site validation of the HRGs which has resulted in initiation on need based intervention in the state.

**f. Efforts taken to scale up the number of TIs by providing support to SACS**

Efforts have been made by TSU and SACS to scale up the intervention among HRGs in the state of Punjab. In order to ensure evidence based program planning and scale up it was important to analyze the HRG data available with the SACS from various sources i.e. mapping data, program data etc. The following steps were followed as part of the process:

**A. Steps in data acquisition**

- ◆ Step 1: Hotspot level HRG Mapping data
- ◆ Step 2: Collection of hotspot level data from TIs
- ◆ Step 3: desk comparison of both data – hotspots and no. of HRGs
- ◆ Step 4: Desk review of data from other mapping studies conducted in the state

**B. Process of data analysis**

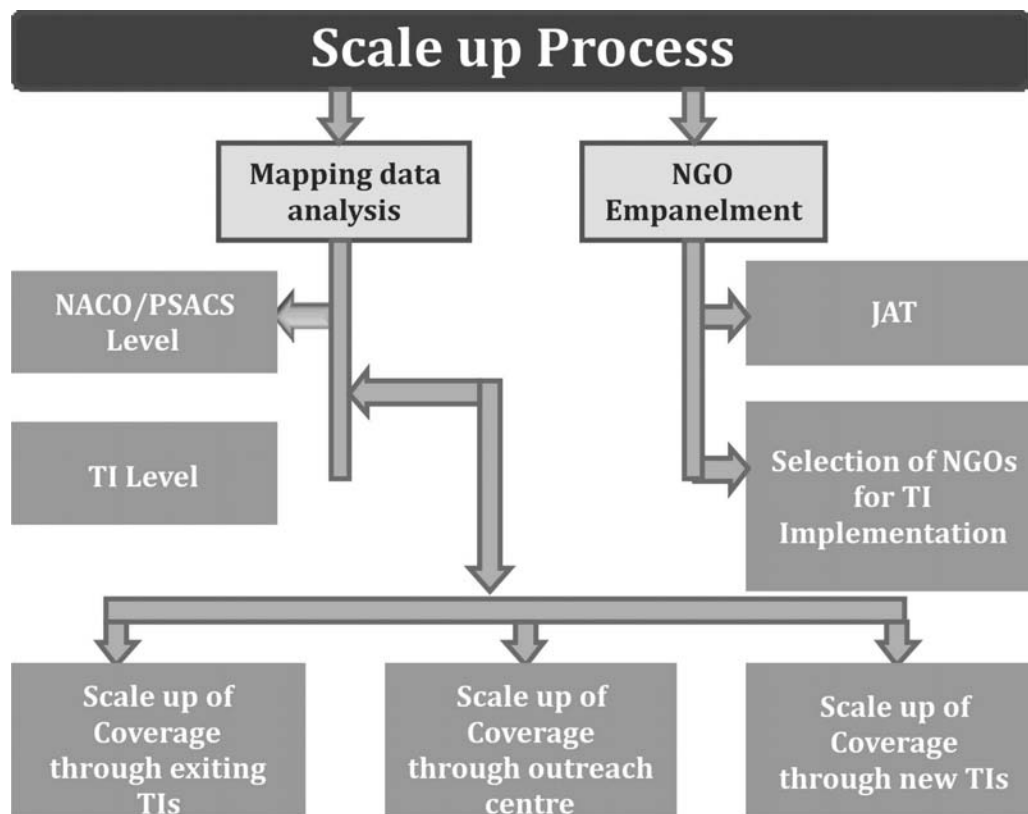
- ◆ Consolidation of various data
  - Validation of new hotspots and no. by consultative meeting with TIs
  - Random spot checks of new hotspots and hotspots with large numbers by TSU-POs
  - Consultation meetings with PSACS and NACO to finalise the HRG estimates in accordance with mapping data and existing coverage

**Planning scale-up**

The above said process facilitated in deriving the HRG estimates for the core group population for the program planning and scale up. Series of consultative meeting were held with the TI and SACS for the program scale up in order to saturate the coverage as per the NACP-III objectives. The following steps were taken to determine the scale up in HRG coverage:

- ◆ **1st step: Possibility for increasing the coverage through existing TIs:** Hotspot level data was analyzed to identify the hotspots which can be additionally covered through existing TIs. This facilitated in increasing the HRG coverage through existing TI by increasing the geographical coverage of the project.
- ◆ **2nd step: Possibility for increasing the coverage through setting up new outreach centres by existing TIs:** Data was analyzed to identify the hotspots which are at some distance from existing TIs (for e.g. 4 – 5 k.m.). These hotspots were covered through the existing TI by setting up outreach centre with additional infrastructure and service facilities.
- ◆ **3rd step: Possibility for increasing the coverage through new TIs**

The scale up process can be summarized as below



The details of scale up can be summarised in Table 4

**Table 4**

Typology	2009-10	2010-11	2011-12
FSW	6	9	11
MSM	-	2	2
IDU	11	20	22
Core Composite	9	12	18
Migrants	3	4	3
Truckers	2	3	3
Total	31	50	59

**g. Efforts taken in prioritisation of 'at most risk' HRGs for service delivery and institutionalising of individual tracking system**

MIS system at the TI has been rolled out at all TIs as per the NACO guidelines. Following steps have been taken to prioritise 'at most risk' population for service delivery.

- ◆ Quarterly risk assessment is done by all the TIs. The process has been quantified to make it simpler and easy to understand for the TI team.
- ◆ Assessed risk is marked on peer diary in order to inform the peer about the risk status of the HRG to whom he/ she is providing the services. Risk categories have been symbolised in the peer diary as '+++' for high, '++' for medium and '+' for low. This has facilitated in better understanding among peers for prioritisation of at most risk population for service delivery.
- ◆ Tracking sheet is maintained at project level. Referral slip is generated by ANM and MEO for ICTC, Syphilis and clinic visit after prioritising the HRGs who are most at risk followed by medium and low risk population.
- ◆ Referral data from health care facility i.e. ICTC, STI clinic is collected by ANM on weekly basis and the same is entered in the tracking sheet if the HRG has taken the services or else overdue is marked in tracking sheet and peer diary.
- ◆ Follow up of the left out cases is ensured by ORWs at field level along with peer educator
- ◆ Format of the tracking system is given as **Annexure -II**

**h. Efforts taken towards improving STI service delivery mechanism and quality**

STI services are being provided through the static clinic and Preferred Private Provider (PPP) model in the state of Punjab as per the NACO guidelines. Out of 46 TIs, 26 has static clinic in place whereas remaining 20 are providing STI services through Preferred Private Provider model. TSU has played an important role in setting up and strengthening STI services at the TI level. The support has been extended in the following manner.

### ***Setup of STI clinic***

- ◆ Facilitation in setting up of static clinic at the 26 TI sites
- ◆ Facilitation in identification of Preferred Private Providers at the TI site in consultation with the HRG community. A total of 58 PPPs have been identified at 20 TI sites for the STI service delivery.
- ◆ Ensuring the availability of BCC material i.e. job aid (STI management chart), algorithm of service delivery, sign and symptoms of STIs, steps of condom use in local language at all STI clinics.

### ***Availability of STI drug kits***

- ◆ Calculation of STI drug requirement on quarterly basis and sharing the same with SACS for distribution of kits to the TIs
- ◆ Assessment of drug consumption and stock position at the TI level on monthly basis to ensure uninterrupted supply of drug to the TIs

### ***Training of Doctors***

- ◆ Doctors of the static clinic and Preferred Private Providers have been trained on syndromic case management as per the NACO guidelines.
- ◆ Refresher training for the doctors and counsellors have been conducted

### ***DSRC linkages***

- ◆ Linkages between the TI and DSRC has been established and strengthened. Chronic STI cases are referred to DSRC for treatment

### ***Clinic Visit***

- ◆ Regular monitoring and onsite support is being provided to the STI service providers for quality service delivery
- ◆ Visit to the PPPs and DSRC is made by PO-STI to assess the program performance and provide onsite support wherever required. Visit report is shared with SACS so that the necessary action could be initiated to strengthen the program as per the need.

## **i. Efforts taken to improve clinic access and reduction of STI**

Following steps have been taken by TSU to improve the clinic access and reduction of STI in the TI setting:

- a) Assessment of Static or PPP model: Assessment to setup STI service under static clinic model or PPP was made on the basis of geographical spread of the TI project area. This exercise was done in FSW, MSM and composite TIs. This has resulted in improved accessibility of services to the HRG population. Even TI with more than 1000 FSWs was asked to go for PPP model as their area was wide spread and static clinic model would have restricted the access of clinical services to the HRGs of certain pockets.

- b) Tracking system: Referral tracking system was developed to track HRGs for 3 services i.e. ICTC STI and syphilis and this data sheet are being managed by MEO or accountant with the help of ANM. Due and overdue is seen from this sheet and the same is marked on the peer diary on weekly basis. Referral slip is generated accordingly and is provided to PE along with weekly peer diary. This has resulted in improved tracking of HRGs who are yet to access clinical services. The follow up of these cases are done through ORWs and ANM.

Analysis of data pertaining to RMC for two quarters i.e. April to June '11 and July to September '11 among FSWs, MSMs and IDUs suggest 48% increase in clinic visit among FSW whereas the increase is 51% among MSM. RMC has also been started among IDUs on six monthly basis in order to promote health seeking behaviour among the IDUs.

- c) Reduction in STI: The data suggests that in last two quarters the STI cases have gone down from 1168 to 622 due to increased access of clinical services. Though there is no provision of partner treatment in FSW and MSM TIs, partners are being counselled at TIs and are referred to DSRCs for treatment. Peer educators are asked to motivate the HRGs on drug adherence and condom usage to avoid the recurrence of the STIs.
- d) Condom promotion: Quarterly condom demand is being assessed among HRGs and the same is reflected in peer diary so that peer should know the demand of each individual and distribute condom as per demand. Condom outlets have been developed at hotspot level. These outlets can be accessed round the clock. Peer are also emphasising on negotiation skills during their BCC sessions in order to motivate the HRGs for correct and consistent use of condom.

**j. Efforts taken towards improving condom utilisation**

Following steps have been taken to improve services pertaining to condom distribution and condom utilisation:

- ◆ Condom demand assessment is done on quarterly basis to estimate the requirement of condom at TI level. The assessment is done based on sexual encounters of an individual.
- ◆ Supply of condom is ensured as per the condom demand at regular interval in order to ensure uninterrupted supply of condom to HRGs. Plan has been developed at the SACS level to ensure the regular supply of condom to TIs, ICTCs, STI clinics, ART centres as per the requirement.
- ◆ Condom stock position is monitored at TSU and SACS level on monthly basis in order to ensure the timely replenishment of the stock. PO's are also visiting the outlets to check the availability of condoms.
- ◆ Linkage has been established with the NRHM and Hospital administration to ensure supply of condom, if need be.
- ◆ Female condom program has been initiated in two districts of Punjab i.e. Amritsar and Ludhiana.
- ◆ Meeting with SMO is being done on monthly basis and data of free and social marketing condom is being shared and analyzed. Social marketing of condom is being ensured in seven districts by HLFPPPT and support has also been sought for remaining districts.

- ◆ Traditional and non traditional outlets near the hotspots have been identified by the TIs and the list has been shared with the agency. SMO is ensuring the supply of condom and other promotional activities in the area. The data pertaining to condom sale is being shared with the TI. Condom vending machines are also proposed to be installed at the place identified by the TIs.
- ◆ In order to assess condom utilisation Polling booth survey has been planned in 5 districts of the state in the month of January '12.

**k. Effort taken to improve syphilis screening**

Syphilis screening at the TI is ensured through two pronged strategy:

- a) Mobilisation of HRG community members: HRG population is encouraged to screen themselves for syphilis once in six months. Messages related to vulnerability factors related to syphilis are given to HRGs through PEs.
- b) Strengthening of linkages for service uptake: Syphilis screening is done either through ICTC (single prick testing) or through private labs. Depending on the availability of services HRG is referred to various facilities for syphilis screening. Linkage with the private labs has been established to ensure easy accessibility of the syphilis screening services near the hotspots.

In order to treat the syphilis positive cases, linkage with the Govt. STI clinics have been established. All the positive cases are referred to the Govt. STI clinics for treatment. Follow up of the cases is done for treatment compliance through PEs and ORWs.

These facilities are frequently visited by the TSU representatives to ensure the quality of services to the HRG population. If any gaps are observed in the service delivery the same is brought into the notice of STI division of PSACS for corrective action.

**l. Efforts taken to improve linkages between TI and ICTC + improvement of HIV testing + improvement in linkage to ART**

The following steps have been taken to improve the linkage between TI, ICTC and ART:

- ◆ Annual work plan has been developed at TI level and targets of testing have been defined so that TI staff should know how many HRGs need to be sent for testing in monthly basis. Performance plan has been developed which shows the monthly gaps of different components and the gap in achievement is added in the next month's target.
- ◆ Centralised referral tracking system has been established in all the TIs so that monthly targets and follow up should be ensured. Peer educators and ORWs know at the beginning of the month about the individuals who need to be tested for HIV. Follow up visits of the overdue cases is responsibility of the ORW.
- ◆ Weekly review meetings with peers are held at field level to identify the gaps and the same is addressed through ORW.
- ◆ Regular meeting is held between TI, ICTC and ART to strengthen the linkage. The meetings are facilitated by the PO-TI/TL-TI. This has helped in reducing the barriers for HRGs in accessing ICTC services.



- ◆ Coordination meeting is also held between ICTC and TI at the SACS level to address testing related issues. This has helped them in understanding each others issues and concerns.
- ◆ Referral tracking system is also used to track HIV positive people who need to be linked with ART centre.
- ◆ Data of last two quarters indicates that in the first quarter of 2011-12, 5722 HRGs were tested for HIV out of which 93 were found positive and 81 were linked with ART centre. Where as in second quarter 8325 HRGs were tested out of which 100 were found to be positive and a total of 114 were linked with ART.

**m. Effort taken to develop Learning sites in the state**

As per the approved Annual Action Plan 2011-12, 3 learning sites (IDU-2 and FSW-1) are proposed to be developed in the state of Punjab. Out of the two IDU learning sites, one will be established in the district with more than 5% HIV prevalence among IDU and another in district with less than 5 % HIV prevalence among IDU. The following steps have been taken so far for the development of learning sites in the state:

- ◆ Development of performance criteria/indicators for the learning sites
- ◆ Development of tool for selection of potential TI to be developed as the learning site
- ◆ Short listing of potential TIs for the field level assessment based on their past performance
- ◆ Field level assessment of the TIs for the selection of potential learning sites

TSU has been involved in all stages of the planning and implementation process. Based on the performance of past one year, six TIs have been shortlisted for the site assessment. Site assessment process is likely to be completed in the month of December '11. The process to develop the selected TI as the learning site will be initiated in the month of January '12.

**n. Efforts taken to conduct site validation**

Site validation has been done by TSU in consultation with SACS to validate the presence of HRGs in different pockets of the state as per the mapping data in order to plan appropriate intervention for them. The specific objective of the site validation is to ensure that the hot spots as per the mapping data are active and has sizable number of HRGs for intervention purposes.

***Data validation Process***

The whole process of validating the data of HRGs has been done through 4 stage approach.

Stage 1: Compilation of hotspot level HRG mapping data and TI data

Stage 2: Desk comparison of both data – hotspots and no. of HRGs

Stage 3: 10 % physical verification of the HRGs as per master register in field

Stage 4: Validation of new hotspots and hotspots with significant number of HRGs

The detailed process and outcome of the each stage of data validation is mentioned below.

**Stage 1: Compilation of hotspot level HRG mapping data and TI data:** As part of the process hotspot level data of HRG mapping and existing intervention has been collected and collated. The steps followed for this purpose include-

- ◆ Compilation of name of the hotspot with estimated number of HRGs as per the mapping data
- ◆ Collection and collation of hotspot level estimated number of HRGs being covered through existing TIs

**Stage 2: Desk comparison of both the data - hotspots and no. of HRGs:** The data collected from the HRG mapping and existing TIs has been compared to find out -

- ◆ Hotspots common to the mapping data and existing TI coverage
- ◆ Hotspots yet to be covered by the TIs
- ◆ Hotspots not covered under mapping but being covered through TIs

**Output:** Detail of a) hotspots which has been saturated through the existing TIs and b) hotspots which need to be covered through intervention.

**Stage 3: Physical verification of 10 % HRGs on field (hotspot wise) as per HRG Master Register:** In order to validate the existing coverage through TI, validation of the HRG master register has been done. 10 % of the HRGs covered at each hotspot (as per Master Register) has been randomly selected to conduct physical verification.

**Stage 4: Validation of new hotspots and hotspots with significant number of HRGs:** Validation of new hotspots (as per the information received from TI) and hotspots with significant HRG population as per the mapping data has been done. The steps followed in the process are as follows:

- ◆ Site visit of the hotspot
- ◆ Identification of the Key Informant from the area and collection of relevant information from the KIs about HRGs through one to one interview and FGD
- ◆ Data from NGOs /Health Service Providers/HIV service providers etc. working in the vicinity about the HRG population

**Output:** Validation of the sites having presence of HRG population to initiate the intervention.

The process has facilitated SACS in initiating need based intervention in different parts of the state.

### **o. Efforts taken towards improving quality of TI data , analysis and feedback**

TI data quality is being ensured at two different levels i.e. TI and SACS. The following steps have been taken to improve the data quality, analysis and feedback to the TIs.

- ◆ Formats i.e. Form C, Form E, Form H, Form I, Form FF, form N, Form G are maintained on computer. Apart from this, data base of Form C, quarterly risk assessment is also being maintained on computer in order to analyse service uptake of an individual during the project cycle.
- ◆ A consolidated tracking sheet is maintained at TI level to assess the number of individuals who have accesses clinical services along with ICTC. Left out HRGs for particular service

are being tracked from this sheet and process of due, overdue is being followed accordingly. A list of due and overdue HRGs is prepared by the MEO/ANM and names of these HRGs are mentioned in the PE diary in the due - overdue column, in order to ensure the referrals of individual HRG on priority basis during the month.

- ◆ A flow chart of data management has been designed and displayed in TI office indicating the documents to be maintained at each level. Flow of data from PE level to ORW, ORW to MEO and further from MEO to CMIS is categorically mentioned on this chart along with time line of submission monthly reports.
- ◆ Flow of data from PE diary to form C, and form C to PO sheet and further to CMIS is being facilitated by the POs at TI level. The quality of data is checked during the PO visit.
- ◆ CMIS report is validated at the PO level and sent to SACS through PO-TI.
- ◆ CMIS report is compiled at TSU and SACS level separately and cross checked before submitting the same to NACO. This has ensured the data quality at all the levels. Similarly the ICTC data submitted by TI and ICTC units are cross checked before sending the final report to NACO.
- ◆ TI team is encouraged to analyse the data so that the intervention could be made need based and strengthened accordingly.
- ◆ Data sheet containing 30 indicators has been developed and shared with the TI in order to facilitate the data analysis at the TI and TSU level. Month wise performance is updated on this tool and accordingly gaps are analysed and feedback is given to the TI for corrective action.

**p. Efforts taken towards capacity building**

TSU has been instrumental in planning and organising the capacity building trainings for the service providers of Targeted Intervention Projects of the state. The following process has been facilitated by the TSU team:

- ◆ Assessment of the training needs of the service providers of TIs. The training need is primarily assessed through the visit reports of the PO-TI.
- ◆ Development of training plan in consultation with SACS
- ◆ Training of Trainers for the capacity building of staff at the TI level
- ◆ Conducting the training at various levels i.e. state and district. In the financial year 2011-12, the following trainings have been conducted by TSU and SACS
  - Training on Program Management
  - Training on Outreach Planning
  - Training on Communication and Counselling
  - Training on Financial Management
  - Training on Peer Education
- ◆ Providing support to ensure the quality of training
- ◆ Facilitating the training as per the need particularly sessions on Management Information System and Outreach
- ◆ On site training support is also provided to the TIs in orienting the newly recruited staff of the TIs.

**q. Other support provided to SACS**

- ◆ TSU has been instrumental in preparation of the Annual Action Plan since its' inception. TSU has contributed in the development of Annual Action Plan for 2009-10, 2010-11 and 2011-12. As part of the process the Targeted Intervention program has been scaled up in the state from 15 (2008-09) to 59 (2010-11)
- ◆ TSU has facilitated the process of initiating the Opioid Substitution Treatment in Public Health Setting in Punjab on pilot basis. In the process OST centre setup, staff training, initiation of OST services, regular monitoring and on site support has been facilitated by the TSU. It has also supported in carrying out baseline biological and behavioural assessment study of the clients at the selected OST sites in the state.
- ◆ TSU has supported SACS in carrying out the epidemiological profiling of the state. It has supported the nodal agency of the state in collection, collation and analysis of the data on behalf of the state.
- ◆ Linkage between TI and Gurudwaras has been established to receive food support for the IDUs. Food is being provided to the IDUs visiting the DIC on bi-weekly basis in Ludhiana.
- ◆ TSU has facilitated in development of Hygienic kit/Cloth Bank to promote health & hygiene among the IDU community. Fund for the same has been generated through general community. The services have been initiated among the IDUs at TI is Ludhiana, Jalandhar and Nakodar. The kit is socially marketed among the community.
- ◆ DIC has been branded across the TI in the state of Punjab in order to promote the ownership of the community. The community has been encouraged to plan the activities as per their own need and maintain the DIC premises.

**ANNEXURE - II**

Name of TI						
District						
Date of Inception						
HRG	Typology No.	FSW	MSM	IDU	Migrants	Truckers

**Individual HRG wise HIV test and clinical services details**

S NO	Detail of HRGs (Active population)						Month of HIV Test				Clinic visit for STI				Syphilis Test					
	Name of the HRG	UID	HRG Typology F/M/I/G/T	Date of registration	Name of the Hot Spot	2008-09		2009-10		2010-11		2011-12		2010-11		2011-12		2010-11	2011-12	
						I	II	I	II	I	II	I	II	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>			1 <sup>st</sup>

## PO TI assessments

S.N.	Name of the NGO	District	Typology	QTR I	QTR II	QTR III	QTR IV	QTR V	QTR VI	QTR VII
1	All India Women's Conference	Amritsar	FSW	B+	B+	A	A+	A+	A+	A++
2	Swami Vivekanand Medical Mission	Amritsar	IDU	B	B+	B+	A+	A	A+	A+
3	Guru Teg Bahadur Charitable Society	Amritsar	IDU					B+	A	B+
4	Lok Kalyan Samiti	Amritsar	Migrants			B	B+	A	A+	A
5	Sawera	Amritsar	FSW					B+	A+	A+
6	Swami Vivekanand Medical Mission	Tarn Taran	IDU	B+	B+	A+	A+	A+	A+	A+
7	All India Women's Conference	Tarn Taran	FSW					B+	A	A
8	Sarvajan kalyan samiti	Tarn Taran	IDU							B+
9	JKSPYM BATALA	Gurdaspur	IDU	B-	B	B+	A	A+	A	A+
10	CGSS BATALA	Gurdaspur	FSW	B-	B-	B+	B	B	B+	A+
11	Anchal	Amritsar	FSW					A	A+	Discontinued
12	Child Survival India, Jalandhar	Jalandhar	FSW			B	A	A+	A+	B+
13	Aide 'et. Action (India)	Jalandhar	IDUs					A	A+	A
14	Dr Sudeep Mem.Chari. Trust, Pathankot	Gurdaspur	FSW-MSM	B+	B+	A+	A+	A+	A+	A
15	Dr Sudeep Mem.Chari. Trust, Pathankot	Gurdaspur	IDUs				B	B+	A+	A+
16	Maan Foundation, Jalandhar	Jalandhar	MSM					B	B+	B
17	Himalayan Foundation, Hoshiarpur	Hoshiarpur	IDUs				B+	A+	A+	A+
18	Sri Bhardwaj Gramodyog Sewa Sansthan	Jalandhar	IDU						B+	A
19	Abhivyakti Foundation	Jalandhar	IDU						A+	A+
20	NYDC	Hoshiarpur	Composite	B	B+	B+	A+	A++	A+	Discontinued
21	Dr DN Kotnis, Ludhiana	Ludhiana	IDUs	A	A	A+	A+	A++	A+	A+
22	Guru Gobind Singh Study Circle	Ludhiana	FSW	B	B	A	A	A+	A+	A+

S.N.	Name of the NGO	District	Typology	QTR I	QTR II	QTR III	QTR IV	QTR V	QTR VI	QTR VII
23	Aident Social Welfare	Ludhiana	IDUs					B	A	B+
24	Maan Foundation	Ludhiana	MSM						B-	B-
25	Education Welfare Society, Khanna,	Ludhiana	Migrants	C	C	B+	B+	A	A+	B-
26	The Nabha Foundation, Nabha	Patiala	FSW;MSM	B	B	A	A	A+	A++	A+
27	Democratic Youth organisation for Dev.	Patiala	IDU			B	B	B-	B	B-
28	Shape India	F.garh Sahib	FSW;MSM; IDU					B+	A	A+
29	CII, Mandi Govindgarh	F.garh Sahib	Migrants						B+	B-
30	Sharan	Jalandhar	IDU	B			Discontinued			
31	Bala Ji Charitable Trust					B+	A	A	B+	Discontinued
32	Indian Council for Social Welfare	Nawa Shahr	IDU							B
33	Morning Glory Public School	Kapurthala	FSW				B-	B+	A	B+
34	SOSVA	Kapurthala	FSW, MSM, IDU	B	B	B+	B+	A	A	A
35	Ambuja Cement Foundation MORINDA	Ropar	IDU	B	B	A	A+	A+	A	A
36	Family Planning Association of India	Mohali	IDU	B-	B-	B+	B+	A	A	A
37	JAKH YUVA MANDAL	Barnala	FSW, MSM, IDU						A	A
38	Family Planning Association of India	Mohali	FSW, MSM	B-	B-	B+	B+	A+	A	A
39	Ambuja Cement Foundation	Ropar	FSW, MSM	B-	B-	B+	B+	A	A+	A+
40	Arpan	Fatehgarh Sb	Composite	C			Discontinued			

S N.	Name of the NGO	District	Typology	QTR I	QTR II	QTR III	QTR IV	QTR V	QTR VI	QTR VII
41	Ambuja Cement Foundation	Bathinda	FSW;MSM	B+	A	A	B+	A	A+	B+
42	District Youth Welfare Association	Mansa	FSW;MSM	B	B	A	A	A+	A+	B+
43	District Youth Welfare Association	Mansa	IDU					A	B+	B+
44	Guru Gobindsingh Study Circle	Moga	IDU	B+	B+	A	A	A+	A+	B+
45	Natural's Care	Faridkot	FSW;MSM; IDU							B
46	Jan Jyoti Kalyan Samiti - Abohar	Ferozpur	FSW;MSM; IDU	B+	B+	A	B+	A	A	B+
47	Dashmesh Youth Club	Ferozpur	FSW			B+	B	B+	A	B+
48	Francis Newton Mission Hospital	Ferozpur	IDU			B	B	B+	B+	B
49	Mahila Kayan Samiti					A			Discontinued	



## List of TIs

Zones	SN	Name of the NGOs in the state	Place of operation- District and block	Type of TI	FSW	MSM	IDU	Migrant	Total
ZONE # 1	1	All India Women's Conference	Amritsar	Exclusive	1500				1500
	2	Swami Vivekanand Medical Mission	Amritsar	Exclusive			800		800
	3	Guru Teg Bahadur Charitable Society	Amritsar	Exclusive			500		500
	4	Lok Kalyan Samiti	Amritsar	Migrants				5000	5000
	5	Sawera, Ajnala	Amritsar	Exclusive	500				500
	6	Swami Vivekanand Medical Mission	Tarn Taran	Exclusive			500		500
	7	All India Women's Conference	Tarn Taran	Exclusive	500				500
	8	Sarvajan Kalyan Samiti, Patti	Tarn Taran	Exclusive			400		400
					3300	0	2200	5000	10500
	1	Himalayan Foundation	Hoshiarpur	Exclusive			400		400
	2	Sudeep Memorial Charitable Trust, Pathankot	Gurdaspur	Composite	800	200			1000
	3	Sudeep Memorial Charitable Trust, Pathankot	Gurdaspur	Exclusive			400		400
	4	JK SPYM, Batala	Gurdaspur	Exclusive			600		600
	5	Capt. Gurdeep Singh Memorial Society, Batala	Gurdaspur	Exclusive	600				600
	6	SOSVA, Phagwara	Kapurthala	Composite	600	200	150		950
	7	Morning Glory Public Society	Kapurthala	Exclusive	500				500
	8	ICSW	Nawa Shahar	Exclusive			400		400
					2500	400	1950	0	5750

Zones	SN	Name of the NGOs in the state	Place of operation- District and block	Type of TI	FSW	MSM	IDU	Migrant	Total
ZONE # 3	1	Dr DN Kotnis Health and Education Society,	Ludhiana	Exclusive			800		800
	2	Guru Gobind Singh Study Circle,	Ludhiana	Exclusive	1200				1200
	3	Education Welfare Society,	K h a n n a , Ludhiana	Migrants				5000	5000
	4	Aident Social Welfare Organization	Ludhiana	Exclusive			500		500
	5	Maan AIDS Foundation	Ludhiana	Exclusive		400			400
	6	Aide'et. Action (India)	Jalandhar	Exclusive			400		400
	7	Child Survival India	Jalandhar	Exclusive	800				800
	8	Sri Bhardwaj Gramodyog Sewa Sansthan	Jalandhar	Exclusive			500		500
	9	Abhivyakti Foundation	Jalandhar	Exclusive			500		500
	10	Maan AIDS Foundation	Jalandhar	Exclusive		400			400
					800	800	2300	5000	10900
	1	Family Planning Association of India	Mohali	Exclusive			500		500
	2	Family Planning Association of India	Mohali	Composite	650	150			800
	3	Ambuja Cement Foundation	Ropar	Composite	600	200			800

Zones	SN	Name of the NGOs in the state	Place of operation- District and block	Type of TI	FSW	MSM	IDU	Migrant	Total	
ZONE # 4	4	Ambuja Cement Foundation, Morinda	Ropar	Exclusive			400		400	
	5	The Nabha Foundation, Nabha	Patiala	Composite	600	200			800	
	6	Democratic Youth organisation for Development	Patiala	Exclusive			400		400	
	7	District Youth Welfare Association	Mansa	Exclusive			250		250	
	8	District Youth Welfare Association	Mansa	Composite	700	100			800	
	9	CII, Mandi Govindgarh	F:garh Sahib	Migrants				5000	5000	
	10	Shape India	F:garh Sahib	Composite	300	100	100		500	
					2850	750	1150	5000	10250	
		1	Jan Jyoti Kalyan Samiti, Abohar	Ferozepur	Composite	500	100			600
		2	Francis Newton Mission Hospital	Ferozepur	Exclusive			300		300
ZONE # 5	3	Dasmesh Youth Club	Ferozepur	Exclusive	500				500	
	4	Ambuja Cement Foundation	Bathinda	Composite	800	200			1000	
	5	Guru Gobind Singh Study Circle	Moga	Exclusive			300		300	
	6	Natural's Care	Faridkot	Composite	500	100	100		700	
	7	Jakh Yuva Mandal	Barnala	Composite	200	100	200		500	
					5350	1250	2050	5000	8900	
					14800	3200	9650	20000	46300	



## Technical Support Unit (TSU) Performance Report – NACP III



Rajasthan

**1. Address**

Technical Support Unit (TSU)  
 Rajasthan State Aids Control Society (RSACS)  
 DMHS, Swasthya Bhawan  
 Tilak Marg, C - Scheme  
 Jaipur - 302001, Rajasthan  
 Tel: 0141-2225532/2222452

**2. Supported by UNFPA**

**3. Working as a TSU since November 2009**

**4. Budget and Expenditure in INR: Directly paid by UNFPA**

2007-08		2008-09		2009-10		2010-11		2011-12	
Budget	Expense	Budget	Expense	Budget	Expense	Budget	Expense	Budget	Expense
									-

**5. Current Staff for 2011-12**

Sr. No	Name	Designation	Place of Posting
1	Vacant	Team Leader - TSU & Strategic Management & Planning	Jaipur
2	Reshma Azmi	Team Leader - Capacity Building	Jaipur
3	Pavan Kumar Shetty	Team Leader – TI	Jaipur
4	Samresh Kumar	Programme Officer - TI (Kota zone)	Kota
5	Ravindra Pawar	Programme Officer - TI (Ajmer zone)	Ajmer
6	Daliya Sebastian	Programme Officer - M & E	Jaipur
7	Dr. Sushila Saharan	Programme Officer – STI	Jaipur
8	Surendra Nath Nayak	Programme Officer - TI (Udaipur zone)	Udaipur
9	Akshya Srivastava	Programme Officer - TI (Bikaner zone)	Bikaner
10	Naveen Satle	Programme Officer - TI (Jodhpur zone)	Jodhpur

**6. Trainings conducted in-house, exposure visits for the TSU staff (2011-12)**

Whenever the new staff joined to TSU team, Team Leader, TSU has given the formal orientation on roles and responsibilities, scope of work, RSACS organogram and communication channel etc. Besides this, TSU team also participated in the trainings organised by NACO and RSACS and the details are given in the next page

Name of the Training	Details of staff attended	Training organised by	Remarks
PO training in March-April 10	Mr. Pavan Kumar, TL-TI	NTSU and NACO	On return, one day meeting was conducted with all TSU members, AD, JD TI and Project Director RSACS and shared major learning, role of PO and working pattern of PO
TOT on Counselling in June 10	Ms. Reshma Azmi, TL-CB	NACO	On return, training program was organised for TI counsellors on revised module
Mentors training in Sept 10	3 POs and other TSU members	RSACS/UNFPA/TSU	TI Mentors and POs are trained 4 days in house on TI programme, NACO guidelines and PO visit schedule and 4 days spent in the field to do on the job mentoring. 3 national level trainers facilitated this training
Orientation to PD and PM of TI NGOs in Oct 10	3 POs	RSACS/UNFPA/TSU	2 day orientation on TI program kept for PD and PM of TI NGOs in which POs also participated.
Visioning workshop	TSU team	RSACS/UNFPA/TSU	Two days workshop for all RSACS officers and TSU team was conducted in which NACP III, component wise activities and priorities for the year discussed
A training on supportive supervision	3 POs	NTSU/NACO	POs have attended the training conducted by NTSU/NACO on supportive supervision

### 7. Number of TIs in state currently (typology wise and coverage)

Typology	Mapping Data (Raman for HRGs & for truckers TCIF)	No. of Tis	Population Coverage in 2011-12
FSW	27533	21	23350
MSM	12460	5	7600
CC		11	
IDU	2061	7	1750
Destination Migrants	115000	11	110000
Transit Migrants		4	40000
Trucker	25000	3	25000

## 8. Program Performance

### Support provided for regional location of the POs

TSU team supported POs in all aspects of their work;

- ◆ Districts with TI interventions in the State are broadly divided in to 5 zones considering the number of TIs, geographical distance, mode of travel and preference of POs.
- ◆ Capacity of the PO was developed based on their personal expertise and areas of interest. Eg: Mr. Ravindra Pawar earlier worked as M & E person and while undertaking data analysis work, TSU team involved him.. In Udaipur, there are 4 destination TIs are there and PO of that zone was mentored as an expert in migration intervention
- ◆ When POs joined to the team, Team Leader, TSU shared the TOR in detail, oriented them on dos and don'ts, gave an over view of each TIs in the zone and also given detailed information on immediate priorities
- ◆ Sent a letter from PD-RSACS to all the NGOs, Govt department and Dist. Administration including district commissioner introducing PO and requested them to extend the possible support to PO
- ◆ TL-TI critically looked in to each report shared by POs and given feedback
- ◆ TL-TSU and TL-TI have accompanied POs to most problematic TIs and on the job trainings given to them
- ◆ Map indicating regional location of POs and number of TIs managed by them:

**Month wise visits by each PO from April to November 2011: Pl check whether this table can be re formatted**





Shashikanta PO TI	Apr-11		May-11		Jun-11		Jul-11		Aug-11		Sep-11		Oct-11		Nov-11	
	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit
Mr. Samresh Kumar	8	11	8	18	7	11	11	16	10	13	10	12	3	5	8	16
Mr. Ravindra Pawar	5	7	8	19	7	13	16	19	8	10	4	7	4	4	8	15
Mr. Agniswar Das	7	12	9	20	9	18	10	19	8	13	4	5	0	0	0	0
Mr. Akshy Srivasta													1	3	9	16
Mr. Surendranath Nayak													0	0	7	14
Mr. Naveen Satle													0	0	8	13
TL TI	5	5	0	0	1	1	3	3	4	4	0	0	2	3	2	2
PO M&E													1	1	1	1
PO STI													0	0	0	0

### ***Feedback by TSU to PO , TL TI visit reports***

- ◆ After the completion of each visit, PO-TSU summarises the observation and same is being shared with NGO PM and PD
- ◆ Major gaps in the program are identified are discussed and an action will be developed in mutual consent
- ◆ A register with all the major observation with action plan given to NGO is kept in NGO office
- ◆ If there are major deviation found in terms of finance, staff management, PO-TSU will intimate RSACS immediately over phone/email on the day itself
- ◆ Once the report is finalised, PO-TSU will share the report with TL-TI and NGO
- ◆ TL-TI will go through the report and will prepare a consolidated observations of visits and same will be shared with TI division of RSACS
- ◆ PO review meeting will be conducted with PD-RSACS periodically and each PO will do NGO wise presentation on his visit observation to PD-RSACS
- ◆ Directives issued from RSACS will be noted down and same will be communicated to TI NGOs
- ◆ All compiled report will be shared with NTSU and NACO

### ***Efforts taken in mapping of HRGs in NACP III***

Since the inception of TSU, mapping exercise not taken place in the State

### ***Efforts taken to scale up the number of TIs***

- ◆ Ramana mapping report for the state was finalised in 2008 and according to which the coverage plan was planned.
- ◆ TSU has analysed the mapping data and the coverage in 2009-10
- ◆ Information on the present coverage for each TI and quality of intervention has been given to RSACS
- ◆ Risk profile of HRGs operating area, no. of TIs operating in the area, HIV positivity rate reported in the ICTC has been thoroughly discussed and debated before deciding the coverage for the district. Eg: In Jalore district, the mapping details showed 140 FSWs where as the TI working in the area has already registered more than 200 FSWs. Raniwada is traditionally known for brothel based sex work but the mapping report shows 0 sex workers... Moreover, SS 2008 showed that Jalore district is one the emerging hotspot. Considering this, TSU proposed the coverage of 250 for the district.
- ◆ Similar to above example, TSU had submitted district wise critical analysis to RSACS and NACO which helped them in deciding the coverage for each district

*Comparison of last year coverage, mapping and the proposed coverage for the year 2010-11:*

**Total HRG coverage in the state**

Typology	Map- ping Data (EPOS)	No. of TIs 2009- 10	Popu- lation Covered in 2009- 10	% Cov- erage	Map- ping (Ra- man)	No of TIs 2010- 11	Cover- age in 2010- 11	% cov- erage
FSW	21301	28	20800	97.65	27533	25	23650	85.9
MSM	3350	3	2200	65.67	12460	6	7200	57.8
IDU	1431	3	940	65.69	2061	5	1450	70.4
MIGRANTS	93043	9	45000	64.32	69960	9	45000	64.3
TRUCKERS		2	50000	53.74	25000	4	25000	100
Core Composite		7				10		
Total	189085	52	118940		205057	59	55300	

RSACS was not able to reach the coverage proposed in AAP 2010-11 due to some technical reasons but it was taken care of in the subsequent year. Comparison between HRG coverage in last two years are given below:

Typology of TIs	Mapping	Coverage dur- ing 2009-10	% of Cov- erage	coverage dur- ing 2010-11	% of Cov- erage
FSW	27533	19850	72.1	23650	85.9
MSM	12460	1750	14.0	7200	57.8
IDU	2061	1060	51.4	1450	70.4
Migrants	69960	45000	64.3	45000	64.3
Truckers	25000	10000	40.0	25000	100.0

***Efforts taken in prioritisation of 'at most risk' HRGs for service delivery and institutionalising of individual tracking system***

- ◆ PO-TSU will have informal interaction with PEs and ORWs about prioritising HRGs based on the risk to access their knowledge.
- ◆ Why most at risk HRGs should be prioritised for our intervention will be shared with them through the example which the community can easily reciprocate and understand eg: recent entrants in to sex work are most at risk. To share this with example, PO-TSU will give an example. Two drivers of 30 years of age, one is having 10 years of experience where as another has only 10 months. Whom do you prefer to choose as your vehicle drivers? By this the community will understand the risk
- ◆ Similarly each risk and vulnerability indicator in the Format B is thoroughly discussed with PEs and ORWs to make them understand why prioritization is important
- ◆ In order to help PEs in identifying the most at risk population, names of such HRGs either on the top of the sheet or marked red in Format B

- ◆ Hand holding support has been given to Program Manager in understanding the coverage of most at risk population through format C.
- ◆ At present nearly 90% of NGOs are using format B for planning their activities and prioritizing HRGs at most risk for the intervention
- ◆ During intensive visits, PO TSU have tried to meet 10 HRGs of two PEs and understand the services provided by PEs and project Designing of tools (FGD), assessment formats, report formats, etc.

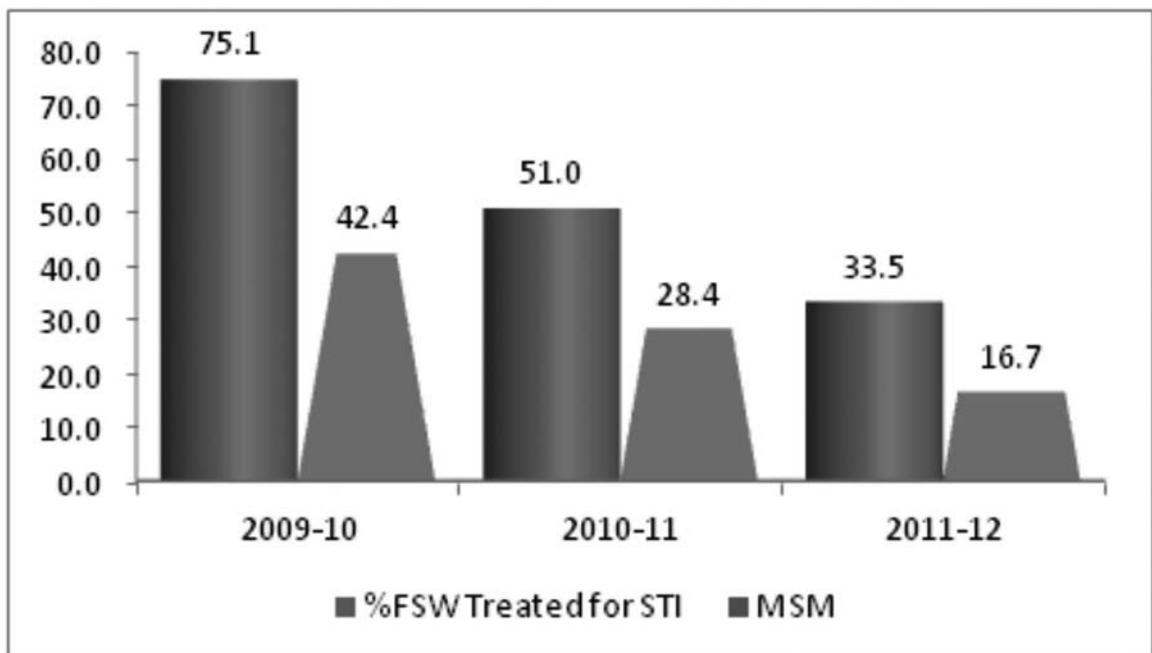
### ***Efforts taken towards improving STI service delivery mechanism and quality***

- ◆ Prior to TSU intervention, the service delivery was very poor and issues like poor procurement of medicine, poor clinical setting, incompetent service providers and clinical documentation was in pathetic condition
- ◆ During initial period, TSU team has mapped the mode of service delivery and a SWOT analysis for each district is done. Designing of tools (FGD), assessment formats, report formats, etc.
- ◆ In districts like Jaisalmer, stand alone clinic is sanctioned but HRGs were dispersed in 25-30 KM away. TSU then suggested NGO to go for hybrid model where NGO can recruit PPP doctors at local level
- ◆ TSU team shared the STI guidelines, protocols and helped NGOs in setting up clinics as per the NACO standards and clinic setup is complete in all the NGOs in Kota and Ajmer zone.
- ◆ TSU team is also monitoring the drug status in each TI through weekly online monitoring
- ◆ During every visit to NGO, PO has verified the STI kits, medicine stock register, storage etc are verified
- ◆ Facilitated 4 batches doctors training and motivated service providers to attend the training and eminent resource persons are called for facilitating the sessions
- ◆ During every field visit STI service provider are visited and provided feedback on clinic performance. Guidelines on Syndromic Case Management is shared with all the service providers and requested them to follow the same
- ◆ In every visit cases treated vs. medicine given is verified and feedback given to NGO team as well as service providers
- ◆ Newly joined PO-STI will undertake extensive field visits to support TI NGOs and designated clinic. The focal areas are:
  - Building the capacity of PEs and ORWs on STIs and importance of early treatment
  - On the job training support for NGO/PPP doctors
  - Coordination with NRHM to provide services at village level.

### ***Efforts taken to improve clinic access and reduction of STI:***

- ◆ TSU team has tried hard to appoint 'community preferred' rather than NGO preferred service providers
- ◆ Supported NGO in developing linkages with Govt. Services in PHC, CHC level

- ◆ Supported NGO team in understanding
  - Importance of counselling
  - Follow-up of STI cases
  - Prioritising HRGs for service
  - Follow-up of Ulcer cases
  - Completion of course
  - Partner treatment
  - Tracking relapse or multiple STIs
- ◆ Taking direction from NTSU, Peer wise patient treatment details are kept in the clinic which helped in follow-up
- ◆ Supported NGO in equalizing Govt. services through continuous advocacy at state and district level
- ◆ Every month feedback is given to NGOs based on CMIS and STI clinic reports with regards to no. of HRGs visiting to the clinic, STI trends etc
- ◆ All the community mobilisation events are linked with STI clinics
- ◆ NGOs are motivated to utilize those HRGs who have received STI treatment from project clinic and got cured as ‘community spoke person’ to advocate for project clinic among fellow community members



- ◆ From the data, it is evident that over a period of time, STI treatment among clinic attendees are coming down

***Efforts towards improving condom utilisation***

PO TI supported NGO in developing their Knowledge and skill to use condom.

- i. Importance of condom shared in every meeting
- ii. Condom negotiation tips were given
- iii. Utilised senior sex workers to teach condom use among younger girls on condom use
  - ◆ Format B is used for understanding the condom program and used the data 'condom use in the last sex'
  - ◆ Supported NGO in calculating condom demand for individual HRGs
  - ◆ Supported PEs and ORWs to track the distribution pattern through format B
  - ◆ Condom stock status reported to RSACS through weekly online monitoring
  - ◆ During intensive visit and quarterly PO assessment, distribution pattern is monitored and HRGs feedback on condom utilization trend was asked
  - ◆ Conducted small FGDs in ten sites on bearers for using 100% condom
  - ◆ Supported PSI in FC promotion by providing feedback on training materials, IEC, shared the best practices from other states and ensured regular coordination meeting with PSI, RSACS and TI NGOs
  - ◆ Coordinated with condom TSG to deal with supply-chain management

**K. Effort have been taken by TSU in NACP III to improve syphilis screening**

- ◆ In major trainings importance of syphilis screening was shared with team
- ◆ Highlighted the best practice of combined testing for HIV and syphilis together and promoted this best practice across the state
- ◆ Syphilis testing has scaled up from 10% to 34% among HRGs over a period of time
- ◆ Still we are facing problems as in many places the quality lab is not available and many TIs are not reporting the testing details correctly
- ◆ One big challenge in this program is that for all syphilis positive cases, doctors are not giving penicillin injection and HRGs will not take alternative regimen is not completed

**I. Efforts taken to improve linkages between TI and ICTC + improvement of HIV testing + improvement in linkage to ART**

- ◆ Situational analysis for each TI and developed a referral directory for each district
- ◆ 'Sooner is better' message predominantly communicated to HRGs visit ICTC
- ◆ Carried out advocacy meeting with district level functionaries, supervisions and staffs on the HRG's cause and requested them to provide priority during service at in their respective ICTCs

***Successfully advocated for changing the ICTC timing conducive to HRGs***

- ◆ In Sawai Madhopur, NGO has given sex workers a separate file in which they maintain all their testing reports. This has been highlighted by TSU as a best practice among other partners

**m. Effort taken to develop Learning sites in the state**

- ◆ For each zone, PO-TSU had identified the best performing TIs
- ◆ Thematic area has been identified e.g.: In Ajmer, IDU Program, destination migrant in Udaipur, Sawai Madhopur has been identified as potential site to
- ◆ Learning site. TSU team has given a detailed to NGO become learning site
- ◆ This will be consolidated next year and learning site would be developed

**n. Efforts taken towards improving quality of TI data , analysis and feedback**

- ◆ From this month onwards, all TI NGOs will send their CMIS report first to POs and then PO-TSU will look in to accuracy and program trends
- ◆ Every month TSU team is giving feedback on CMIS reporting mainly in terms of filling correct data
- ◆ In every visit of PO, source document of CMIS report has been verified
- ◆ Along with TI Program Manager, PO is visiting to ICTC every month to verify the data of ICTC check-up
- ◆ In Ajmer and Udaipur, PO is supporting DAPCU team in facilitating the monthly coordination meeting with TI NGOs, ICTC, ART and STI counsellors in the district
- ◆ Weekly online monitoring of TI reports has been initiated
- ◆ For each TI, major trends of TI program is analysed and given feedback
- ◆ PO-M&E has developed quarterly CMIS bulletin with detailed analysis of all major indicators of each component

**o. Efforts has TSU taken in NACP III towards capacity building**

Team Leader, Capacity Building is providing extensive support in all the capacity building initiatives of RSACS and same is summarised below:

- ◆ Developing training plan for the State during AAP and component wise training plan
- ◆ Designing the training agenda, curriculum and identification of resource persons
- ◆ Development of thematic resource person for each component trainings
- ◆ Coordination with NACO, NTSU, RSACS and other organization on capacity building related issues
- ◆ Developing and consolidating the training reports
- ◆ Coordination with other Govt, departments and civil society organisation to integrate HIV/AIDS issues in their training curriculum
- ◆ During 2010-11, facilitated all the trainings planned in AAP are successfully completed even in the absence of STRC.

**p. Other support provided to SACS**

- ♦ **Coordination with other partners and donor agency:** TSU team is solely coordinating with other partners and donor agencies specially for TI program. TSU has been facilitating a meeting with STRC, Condom TSG, Truckers TSG, Pehchan, Diva Project, Ashodaya Samiti, Female condom promotion program, Apollo tyres etc.
- ♦ **Preparation of annual action plan for 2010-11 and 11-12:** Preparation of Annual Action Plan (AAP) is the most crucial activity in the SACS in which the physical and financial target for the financial year will be finalized. The process of developing AAP includes the consolidation of current year achievements, lessons learnt, challenges, success stories, strategic shift in program paradigm etc. TL-SM&P worked closely with all the units of RSACS in consolidating previous year's achievements, developing proposal for next year, developing AAP presentations for PHS and NACO. TL-TI has developed action plan and financial targets for targeted interventions in the state, analyzed mapping and coverage data etc. TL-CB has developed a comprehensive training plan for all the divisions.
- ♦ **Facilitation of TI review:** NGOs implementing TI projects will undergo periodic evaluation based on NACO guidelines using the tools developed by NACO. First round of evaluation was conducted in Feb 10 and second round was on May 10. TSU team supported RSACS in identifying potential consultants for evaluation, developing schedule for evaluation, orientation of consultants, and facilitation dissemination of evaluation results to NGO partners, consolidation of evaluation report and analysed the evaluation reports.
- ♦ **Strategic development support:** TSU Team extended many strategic support to RSACS in key components. TL-SM&P has developed concept note and plan for Rapid Situation and Response Analysis for IDU intervention, guidelines for developing women and child centres for WLHIV and CLHIV, concept note on TI mentoring, concept note on visioning workshop and sensitization workshop for NGO Project Directors and Program Managers etc
- ♦ **NGO selection process:** RSACS initiated recruitment of new TI NGOs in May 10. TSU team supported TI division in orientation of consultants selected for JAT visits, extended support in consolidating the JAT reports, facilitated TAC meeting and also proposal development workshop for new TIs
- ♦ **Facilitation of review of TI NGOs:** RSACS and NACO are calling periodic review meeting of TI NGOs. So far TSU has facilitated 5 review meetings. Prior to review meeting, TSU team has developed review meeting templates for each NGO, one pager note on each NGO mentioning achievements and backlogs and handed over the concerned officials. During the review meeting, TSU team has facilitated the presentation of each NGO, documented the review meeting minutes and also developed an action plan for each NGO. This has helped RSACS to keep track of reports of each NGO and also in analyzing the performance. On a special request of RSACS, TL-SM&P, PO-TI has conducted one midterm evaluation for two TI NGOs.
- ♦ **Quarterly assessment of TI NGOs:** NTSU has devised a tool for NGO assessment and this activity will take place in each quarter. Grading will be given to NGOs based on the performance and the tool mainly talks about peer engagement, quality of services, and feedback from the community. Following table provides the details of assessment in each quarter:



Quarters	Total TIs	Poor	Below Average	Average	Above Average	Good	Very Good	Excellent
April-June10	41	17.1	56.1	22.0	4.9	0	0	0
July-Sept10	42	0	14.3	35.7	38.1	11.9	0	0
Oct-Dec10	38	0	21.05	39.47	34.21	5.26	0	0
Jan-March11	35	0	16.33	32.65	26.53	14.29	6.12	0
April-June11	49	4.08	16.33	32.65	26.53	14.29	6.12	0

Above table shows that there is a significant development in NGOs performance as NGOs falling under the category of poor and below average has been decreased. It is also worth to note here that, 18 NGOs have started working from March 11 and their performance is expected to reach at least to average state in the next quarterly review.

- ♦ **Mentoring support to TI NGOs:** For two zones, selected incumbents have declined to join for PO position and in order to do stopgap arrangement, UNFPA with support of TSU and RSACS has developed mentoring program. 5 consultants from various background are trained on TI mentorship using NACO/NTSU tools and they have provided mentoring support for 3 months. The mentoring program brought qualitative changes in TI program and at the same time, these trained consultants have served as a resource pool for TI program in the State.
- ♦ **Sensitization workshop for Project Directors and Program Managers of TI NGOs:** During the initial period of PO interaction with NGOs, it was felt that NGOs have not much clarity on TI intervention, changing trends in sex work and quality of intervention was very poor. With the support of UNFPA, TSU facilitated a workshop for Program Managers and Project Directors of TI NGOs in which issues related to TI program discussed in detail. This workshop has brought conceptual clarity among NGO partners on TI intervention as well as NACO guidelines.
- ♦ **Designed a comprehensive health camp for migrants:** Destination migrant pockets are very far from service delivery points hence service utilization in the migrant project was very poor. Taking input and guidance from PD-RSACS, TSU team developed a concept note on 'comprehensive health check up' event in which folk media performance to educate people on HIV/AIDS related issues, health check up including general and STI treatment, ICTC services promoted. In 8 such events, more than 5000 migrants are reached.
- ♦ **Support extended to DACPU team in enhancing their performance:** In Rajasthan 7 districts have DAPCUs and they are underperforming. Considering the need of the hour, TL-CB has given extensive support to DAPCU team by day to day handholding, organized two exclusive trainings, facilitated periodic review meetings of DAPCUs and followed-up on the action points given by NACO and NTSU. TL SM&P, TL-TI and PO-TI have supported the DAPCU team in field level mentoring, shared the required information on time and in districts like Ajmer and Udaipur, PO-TI is supporting DAPCUs in facilitating monthly coordination meeting. shared the required information on time and in districts like Ajmer and Udaipur, PO-TI is supporting DAPCUs in facilitating monthly coordination meeting.

Name of the activity	Support Extended by TSU
RSACS review and external visits	Consolidation of reports and data Preparation of presentation Presentation in the review/meetings
Red Ribbon Express	<ul style="list-style-type: none"> <li>◆ Overall coordination with district team</li> <li>◆ Conduct DLO meetings</li> <li>◆ Identified spots for RRE Banners</li> <li>◆ Prepared pre-press note</li> <li>◆ Conducted Media conference</li> <li>◆ Developing agenda for inauguration program</li> <li>◆ Meeting Officers &amp; made arrangements at the railway station</li> <li>◆ Meeting various department officials for mobilizing people</li> <li>◆ Identified trainee from NSS, NYK, NGOs, ASHA, SHGs, etc.</li> <li>◆ Provided messages through mass communication channels</li> </ul>
National level DAPCU training	<ul style="list-style-type: none"> <li>◆ Coordination with other units like finance, STI and basic services etc</li> <li>◆ Facilitated sessions in the training</li> </ul>
MLA Forum meeting	<ul style="list-style-type: none"> <li>◆ Supported IEC division in organizing the event</li> <li>◆ Participated in a series of meeting with Health Minister in his office and had developed program schedule</li> <li>◆ Coordination with other department in seeking their support</li> </ul>
Folk Media campaign	<ul style="list-style-type: none"> <li>◆ Involved nearly 30 folk media groups in the state and TL-CB and facilitated the meeting</li> </ul>
Special campaigns for migrants	<ul style="list-style-type: none"> <li>◆ Developing schedule for the campaign</li> <li>◆ Sharing the concept note and plan with all concerned team</li> <li>◆ Resource mapping and supporting RSACS in tapping such resources</li> <li>◆ Supervision of camp activities and consolidation of reports</li> <li>◆ Generation of reports and sharing the reports with RSACS and NACO</li> </ul>

# Technical Support Unit (TSU)

## Performance Report – NACP III



Technical Support Unit – Tamilnadu & Puducherry

**1. Address**

417, Pantheon Road,  
Egmore, Chennai - 600008

**2. Supported by APAC- VHS - USAID****3. Working as a TSU since- December 2007****4. Budget and Expenditure in INR**

Budget and Expenditure (Rs. In Lakhs)							
Budget	Expenditure	Budget	Expenditure	Budget	Expenditure	Budget	Expenditure
November 2007 to October 2008	November 2007 to March 2009	April 2009 to March 2010	April 2009 to June 2010	July 2010 to June 2011	July 2010 to June 2011	July 2011 to March 2012	July 2011 to November 2011
121.81	116.70	132.36	118.06	118.09	98.68	100.56	37.04

**5. Current Staff (Budgeted vs. on board) for 2011-12**

Sl. No	Position	Name of the Officers/Staff
1	Team Leader – TI & Head TSU i/c	Mr. K. Pramod
2	Team Leader – CB	Ms. Indhu Sivakumar
3	Manager-Finance	Mr. S. Janakiraman
4	Program Officer – TI Chennai - 1	Dr. L.Rani
5	Program Officer – TI Chennai - 2	Vacant
6	Program Officer – TI Villupuram	Mr. A. Kabilan
7	Program Officer – TI Madurai – 1	Mr. C. Swaminathan
8	Program Officer – TI Madurai – 2	Mr. S. Ravikumar
9	Program Officer – TI Tirunelveli	Mr. V. Balasubramanian
10	Program Officer – TI Namakkal	Mr. S. Swaminathan
11	Program Officer – TI Salem	Ms. Rebecca Hannah
12	Program Officer – M & E	Mr. C. Eswara Murthy
13	Secretarial Assistant	Ms. N. Amudha
14	Secretarial Assistant	Ms. E. Shyamala
15	Secretarial Assistant	Mr. R. Saravanakumar
16	Office Assistant	Mr. M. Suresh
17	Office Assistant	Mr. P. Sathiyaraj

**6. Trainings conducted in-house, exposure visits for the TSU staff (2011-12)**

- ◆ Orientation on M & E Analysis by NTSU
- ◆ Communication skills – in-house

**7. Number of TIs in state currently (typology wise and coverage)**

Targeted Interventions	Tamilnadu					Tamilnadu			
	Estimated Size	Target (2011-12)	Coverage (September, 2011)	% Coverage		Estimated Size	Target (2011-12)	Coverage (September, 2011)	% Coverage
Female Sex Worker (FSW)	59140	63116	56066	88.83		2232	1720	1622	94.30
Men who Have Sex with Men (MSM)	31854	41556	34139	82.15		2167	1657	1813	109.41
Injecting Drug User (IDU)	529	638	668	105.00					
Single Male Migrants	216758	68745	31410	46.00		20100	6000	5634	93.90
Long Distance Truckers		50000	87074	174.00					

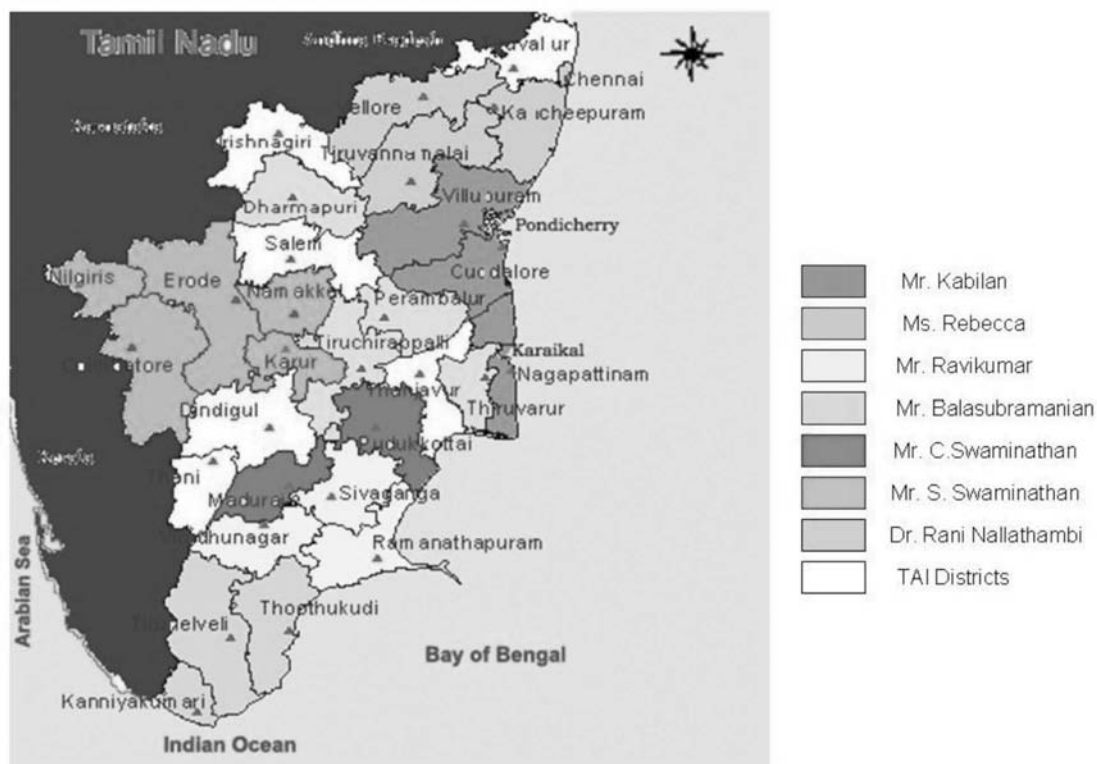
Total No of TI		
Typology	Tamil Nadu (including TAI)	Puducherry
Female Sex Worker (FSW)	23	1
Men who Have Sex with Men (MSM)	19	1
Injecting Drug User (IDU)	2	1
Single Male Migrants	6	1
Long Distance Truckers	5	0
Core Composite Sites	34	2

**8. Program Performance**

**a. Support provided for regional location of the POs**

The POs are placed in their home towns or in locations that are close to their home town. The selection of POs are made based on the regional location already identified.

**b. Map indicating regional location of POs and number of TIs managed by them**



***PO-TI's and the NGOs supported by them***

S.No	Name of the PO - TI	Name of the NGOs in the state	District	Type of TI
1	Dr Rani	Hopers Foundation	Chennai	IDU
2		Tiruvannamalai DAPCU TI	Tiruvannamalai	Comp
3		Polur DAPCU TI	Tiruvannamalai	Comp
4		Sahodaran (Unit1)	Chennai	MSM
5		Sahodaran (Unit2)	Chennai	MSM
6		ICWO	Chennai	Comp
7		ARM	Chennai	MSM
8		Shoshin Kai Academy	Chennai	FSW
9		Karunalaya	Chennai	FSW
10		SWAM	Chennai	MSM
11		DHWTVT	Vellore	Comp
12		MSDS	vellore	Comp
13		SWAM	kanchipuram	MSM
14		ICWO- STI	kancipuram	Comp
15		ICWO	kanchipuram	Comp
16		Sweden	Chennai	FSW

S.No	Name of the PO - TI	Name of the NGOs in the state	District	Type of TI
17	Mr. Balasubramanian	Empower	Tuticorin	Comp
18		Gramodhaya	Tuticorin	Comp
19		TDPS+	Tuticorin	MSM
20		SEDCO	Tuticorin	Comp
21		PEACE	Tirunelveli	Comp
22		PACHE	Tirunelveli	Comp
23		CAST	Tirunelveli	Comp
24		BAJSS	Tirunelveli	Migrants
25		CSR	Kanyakumari	Comp
26		CHARDEEP	Kanyakumari	Comp
27		CSD	Kanyakumari	Comp
28	Mr. Ravikumar	INSARD	Virudhunagar	FSW
29		VMMK	Virudhunagar	MSM
30		MASW	Virudhunagar	FSW
31		REEDA	Sivagangai	Comp
32		REEDA	Ramnad	MSM
33		AIRD	Ramnad	FSW
34		Russ Foundation	Tuticorin	Comp
35	Mr. S. Swaminathan	Gramium	Karur	Comp
36		HEADS	Karur	Comp
37		COODU	Karur	Migrants
38		CRDT	Karur	Migrants
39		SAVE	Tiruppur	Migrants
40		CSDS	Coimbatore	Migrants
41		HILLS	Erode	Migrants
42		WORD - Pandamangalam	Namakkal	Migrants
43		PMS	Ooty	MSM
44		Kalpana Chawla Memorial Trust	Ooty	FSW
45	NMCT	TIRUPPUR	Migrants	

S.No	Name of the PO - TI	Name of the NGOs in the state	District	Type of TI
46	Mr. C. Swaminathan	Russ Foundation	Madurai	FSW
47		SOURCE	Madurai	FSW
48		Pache Trust	Madurai	FSW
49		MATVT	Madurai	MSM
50		Teddy Trust	Madurai	IDU
51		Udayam	Pudukottai	MSM
52		Gramodaya	Pudukottai	FSW
53		COODU	Pudukottai	FSW
54	Mr. Kabilan	SCHOD	Puducherry	MSM
55		SFDRT	Puducherry	FSW
56		VBEDS	Karaikal	Comp
57		BAJSS	Puducherry	Migrants
58		SEED	Nagapattinam	FSW
59		PEDA	Nagapattinam	MSM
60		SCHOD	Cuddalore	MSM
61		ARM	Villupuram	Comp
62	ACE	Villupuram	Comp	
63	Ms. Rebecca	PDI	Trichy	Comp
64		Sevai	Trichy	Comp
65		Anbalayam	Trichy	Comp
66		Lead	Trichy	Comp
67		ACCT	Perambalur	FSW
68		REEDA	Perambalur	MSM
69		DHWTVT	Dharmapuri	Comp
70		RIDO	Dharmapuri	Comp
71		Sheilas	Tiruvarur	FSW
72		Venkateshwara	Tiruvarur	MSM



**c. Month wise visits by each PO from April to November 2011**

Staff Type	Apr-11		May-11		Jun-11		Jul-11		Aug-11		Sep-11		Oct-11		Nov-11		Total no. of days at field	
	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit		
Ms. Rani TI-PO	8	11	5	5	12	16	13	15	12	12	17	8	11	12	14	16	21	110
Mr. Swaminathan.C-TI-PO	8	9	7	12	11	15	12	17	12	12	16	7	20	7	15	8	18	122
Mr. Swaminathan.S-TI-PO	6	9	7	16	7	16	8	15	8	17	17	8	18	9	16	9	21	128
Mr. Bala-TI-PO	5	5	12	16	10	15	10	11	7	11	11	11	16	10	12	11	18	104
Ms.Rebecca-TI-PO	x	x	8	8	7	13	10	14	10	18	10	17	17	10	10	10	16	96
Mr. Ravi-TI-PO	x	x	x	x	x	x	x	x	6	7	6	21	21	7	14	7	21	63
Mr. Eswara murthy-TI-PO	x	x	x	x	1	1	8	8	8	11	11	x	x	1	1	3	15	36
Mr. Kabilan- TI-PO	12	14	10	17	6	11	9	12	8	16	6	11	11	9	15	9	20	116
Total	39	56	49	93	54	112	70	110	71	142	56	131	65	122	73	179	945	

### **d. Feedback by TSU to PO , TL TI visit reports**

Visits done by PO-TI are sent by the PO after completing each day's visit. The visit focuses mainly on the performance of the NGO pertaining to service delivery and programmatic support. The reports basically includes the components of STI, ICTC and condom reach, the gaps are identified and suggestions for strengthening are shared with the TI project. In each of the TI project, the PO feedback note book is maintained on completion of the visit the PO TI documents his/her observation in the feedback notebook. The reports are shared with the TL, which in turn is shared with SACS and the TI.

In case of more severe gaps the TL in consultation with the JD TI takes initiative to address the issue and same is communicated to the NGO. The issues are discussed with the TI team at TANSACS and corrective measures are communicated to the NGOs.

### **e. Efforts taken in mapping of HRGs in NACP III**

The TL TI was part of the mapping team that conducted the mapping of HRGs in Tamil Nadu. The PO-TI's facilitate the process of site validation at the project level. Line listing validation is also conducted periodically by the PO TIs. In regions where there are target areas that are in close proximity to each other duplication issues are addressed through line listing verifications by the TIs that is facilitated by the PO TIs. Line list of 690 Transgenders was got from 5 Chennai based NGOs working with MSM&T population. Duplication was identified and coverage under each of the TI was ascertained 56 TGs (35 duplication, 18 drop out, 3 internal duplication ) were dropped from the total list of TGs in Chennai and the total of 634 were listed. A detailed study of Madurai is enclosed in **Annexure 1**.

### **f. Efforts taken to scale up the number of TIs by providing support to SACS**

- ◆ The TSU identifies the gap in coverage and plans for the scale up in consultation with the SACS. The TSU supports the SACS in the process of selection as a member of the selection team.
- ◆ TSU has provided support to SACS in the transitioning of TI projects from donor agencies to SACS. Post transition of CAPACS TI NGOs to TANSACS, it was observed that the areas of Alwarpet, Royapettah, Triplicane, Egmore, Pudupet, Teynampet, Villivakkam, Perambur, Moolakadai, Pullianthoppe, Vysarpadi, Ayanavaram, ICF Colony, Pattalam Otteri, Central Station, Waltax Road, Basin Bridge, Kilpauk, Vepery, Periamedu, Choolaimedu, Mehta Nagar, Purasaiwalkam, Chintadripet, Park Town, Elephant Gate, Guindy, Velachery, Nungambakkam were not covered. It was recommended to TI division to scale up the interventions in Chennai.

### **g. Efforts taken in prioritisation of 'at most risk' HRGs for service delivery and institutionalising of individual tracking system**

Micro planning has been an effective tool in planning the service reach for the most at risk HRG's. PO-TI's have been using the Form B effectively and identifying the service load based on the risk categorisation.

- ◆ Prioritisation of HRG "at most risk" through risk and vulnerability assessment
- ◆ Condom distribution to be done every week for "at most high risk group"

- ◆ Keeping track of whether the HRG had used condom in the last sexual encounter with both regular partner and paid partner
- ◆ Assessing condom negotiation skills through role play
- ◆ Regular counselling to address the vulnerability factors.
- ◆ Promoting concepts of safer sex
- ◆ Promoting usage of female condoms
- ◆ Improving self care and treatment seeking behaviour
- ◆ Promoting regular ICTC and VDRL Testing and regular medical check up.
- ◆ Creating channels of improving partner notification and partner treatment

The follow up is done based on tracking the back log and also ensuring the backlog is cleared every week.

The screenshot shows a Google Spreadsheet titled "VPM\_Region\_HotSpot\_Wise Gap Vs Achievement". The spreadsheet tracks the performance of various Out Reach Workers (ORWs) in providing ICTC services. The data is organized by ORW, location, and time period (March 11 to April 10).

Name of the ORW	Name of the PE	Names of the Hot spot covered	Not even once From (April-10 To March-11)	ICTC - Out Reach Planning Vs Achievement					Back Log	Not even once From (April-10 To March-11)	Achievement						
				Week 1	Achieve	Week 2	Achieve	Week 3			Achieve	Week 4	Achieve	Week 5	Achieve	Week 1	Achieve
A.POONGODI	Arul	Mayiladuthrai New Bus stand	48	10	0	12	2	15	0	23	0	46	1	45	48	10	12
		Theepantha Amman Kol Street	4	1	0	1	0	1	0	2	0	4	0	4	4	1	1
		Mayiladuthrai Fly Over	5	1	1	1	0	1	0	2	0	4	0	4	5	1	1
		Total	57	11	1	14	2	18	0	27	0	54	1	53	57	11	14
A.POONGODI	Kalayarasan	Old busstand	24	5	3	5	0	7	0	11	0	21	0	21	24	5	6
		Sempanar kol busstand	15	3	0	4	0	5	0	8	0	15	0	15	15	3	4
		Karey nager	19	4	0	5	0	6	0	10	0	19	0	19	19	4	5
		Total	58	12	3	14	0	19	0	29	0	55	0	55	58	12	15
A.POONGODI	Subravel	Kutthalam bus stand	8	2	3	1	1	1	0	2	1	3	1	2	8	2	2

A consolidated service delivery register is available with the TI to track individual HRGs and the services availed by them over a period of time. The HRGs are prioritised and planning is done in consultation with the out reach team to motivate the HRGs to avail the services. The service uptake is periodically monitored to ensure that services are provided to all the HRGs.

VPM_Region_HotSpot_Wise Gap Vs Achievement														
April 2011 To October -2011														
SN	Name of the ORW	Name of the PE	Names of the Hot spot covered	HRG populati	Drop out	Ongo	ICTC		Clinic Accessed -STI					
							Net even once	1st ICTC	2nd ICTC	1st RMC	2nd RMC	3rd RMC	4th RMC	
1	J.D Bharathi Priya	Sundhari	Sankarapuram Bus stand	81	1	80	67	23	0	60	32	0	0	0
5		Ponnammal	Sankarapuram Bus stand	65	3	62	48	21	0	50	22	0	0	0
6		Chandrasekar	Thyagadurugam Bus Stand	60	8	52	41	14	0	46	10	0	0	0
7		Chandrasekar	Thyagadurugam Mount	15	15	0	0	0	0	0	0	0	0	0
8				221	27	194	156	58	0	156	64	0	0	0
9	R. Prasad	Vijaya	Ulundurpet Bus stand	68	15	53	48	8	1	42	10	3	0	0
10		Alamelu	Ulundurpet Bus stand	86	13	73	58	15	2	54	21	4	0	0
11		Poongavandm	Ulundurpet Vandimedu	38	22	16	16	0	0	10	7	2	0	0
12		Balasundharan	Ulundurpet Bus Stand	34	4	30	22	9	2	27	1	1	0	0

**h. Efforts taken towards improving STI service delivery mechanism and quality**

In Tamilnadu, taking into consideration the need for a sustainable model for providing STI treatment for HRG's, it was proposed to initiate a comprehensive health check-up programme for HRG's through the Government designated clinics. The major stake holders in Tamilnadu-TANSACS, APC, TAI along with TSU ensured various processes of line listing the HRG's hotspot wise and the same was field validated. The Master Health Check up was conducted through the government designated clinics, where a comprehensive package of services, along with STI care and Cancer cervix screening was done. 225 doctors in the designated clinics were trained on the issues regarding HRG and on SCM. In total, 46977 were benefited by through this programme, where 17100 MSM, 28112 FSW and 1765 TG accessed the services. This process built the rapport of the HRGs with the service providers ensuring repeat visits to the government hospitals by the HRGs.

In addition at the field level the PO\_ TI's ensure the tracking of individual HRG in accessing the STI and ICTC services.

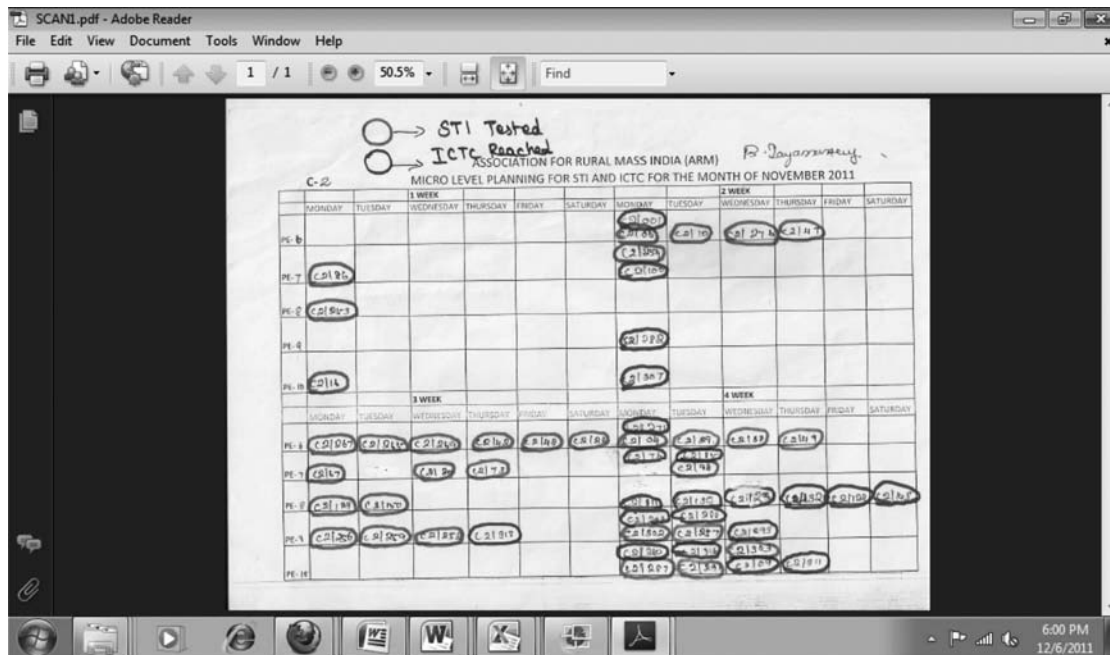
Grading Of Ngos based on Service Delivery																					
ACHIEVEMENT																					
NGO	Ongoing	Achievem- from April -11/ For At least One Time HIV Testing		No of HIV positive in 2010-11		No of HIV positive in 2011-12 Upto end of Nov)		In %	Rank	Achievem- from April -11/ At least One Time STI Clinic Visit		In %	Ranking	GAP For At least One Time - HIV Testing		In %	Ranking	GAP For At least One Time -STI Clinic Visit		In %	
		511	315	3	62	3	62			511	100			196	38			0	0		
6	ACE	511	315	3	62	3	62	100	1	196	38	0	0	0	0	0	0	0	0	0	
7	SIDRT	1048	632	2	60	2	60	62	2	650	62	3	308	47	416	40	630	60	60	60	
8	PEDA	659	351	8	53	3	158	24	7	308	47	7	308	47	501	76	501	76	76	76	
9	SCOHD- Pondy	1226	567	0	46	4	1132	92	2	659	54	2	659	54	94	8	94	8	8	8	
10	SCOHD- Cuddalo	1133	506	1	45	5	316	28	8	627	55	8	627	55	817	72	817	72	72	72	
11	SEED	698	241	1	40	6	64	11	8	367	60	8	367	60	544	89	544	89	89	89	
12	VBEDS	998	315	1	38	7	241	24	6	683	68	6	683	68	737	76	737	76	76	76	
13	ARM	1320	365	18	4	28	0	393	30	4	955	72	4	955	72	927	70	927	70	70	70
14	BAJSS	3087	403	6	0	13	0	266	9	2684	87	9	2684	87	2821	91	2821	91	91	91	

The drug indent is also maintained by the PO- TI's, thereby ensured that there is sufficient drugs at the point of treatment.

Name of District	Name of TI	Typology	HRG Contract Target	Demand of condom per month	Condom Balance on last day of the month	Balance of STI Drugs on last day of the reporting month							
						Kit 1	Kit 2	Kit 3	Kit 4	Kit 5	Kit 6	Kit 7	
Chennai	swam	msm	1064	30500	24622	0	0	0	0	0	0	0	0
	Sahodaran	msm	1150	32000	12696	0	0	0	10	44	0	0	5
	Unit 2	msm	800	24563	24833	nil	nil	nil	nil	nil	nil	nil	nil
	ICWD	Composite	2000	56746	66667	0	0	0	0	0	0	0	0
	Karunalya	FSW	1000	33452	71451	101	165	-	8	30	20	1	
Chennai	SKA	FSW	1000	41726	57000	19	20	0	0	30	0	0	
Chennai	Hoper	IDU	200	2000	4172	17	20	0	0	30	0	0	
Chennai	ARM	Composite	1940	98417	90217	43	0	0	3	79	0	1	
	TVM	Composite	1000	39175	24491	0	0	0	0	0	0	0	
	Polar	Composite	600	24450	5340	0	0	0	0	0	0	0	

**i. What efforts have been taken by TSU to improve clinic access and reduction of STI**

- ◆ Creating an enabling environment for the community to access services.
- ◆ Strengthening linkages with the government service providers through regular visits
- ◆ Creating channels of communication through committees and stake holders meetings, at hospital level & district level support through DAPCU
- ◆ Hot spot wise not tested details and STI due were taken by the TI based on that TIs prepare micro level plan.
- ◆ Micro level plan included that available time of each HRG, name of the hot spot and unique ID
- ◆ Every month TIs share the micro level plan with concern PEs and ensured 100% of clinic uptakes
- ◆ Regular interaction with doctors at the GH and CPPP to ensure that they are HRG friendly and that services are being provided
- ◆ Ensuring that there are no misconceptions about speculum examination
- ◆ Ensuring that all the STI cases are diagnosed only after proper speculum examination.
- ◆ Ensure that the HRGs are counselled on self care, health seeking behaviour and safe sex during their visit to the clinic.
- ◆ Weekly basic clinic uptakes reviewed by the TI reached HRGs circled in micro level plan by the end of the every week
- ◆ Ensuring partner treatment and adherence to the treatment protocol



**j. What efforts in NACP III have been taken by the TSU towards improving condom utilisation**

- ◆ The condom demand analysis is made a dynamic process so that it's open to the changing patterns of sex trade.
- ◆ Individual demand analysis and individual tracking done
- ◆ Physical verification is done regularly to ensure the distribution- hand to hand distribution and through outlets
- ◆ Regular field visits and interaction with the HRGs shows the reality of condom usage.
- ◆ Weekly condom stock at TI level is monitored by each PO-TI and the same is being shared with State Marketing Manager (TN).
- ◆ Condom demand is updated every month.

Firefox | Gmail - Inbox | Google Docs | TN\_Weekly\_C... | VPM\_Region... | TN\_POS\_Ment... | TN site validat... | Consolidated... | Kabilan Annadurai | Share

google.com https://docs.google.com/spreadsheets/ccc?key=0Aa7eVK-g-kzQdZMNTVWRG83b1k3amtzSS1sXRJUK&hl=en

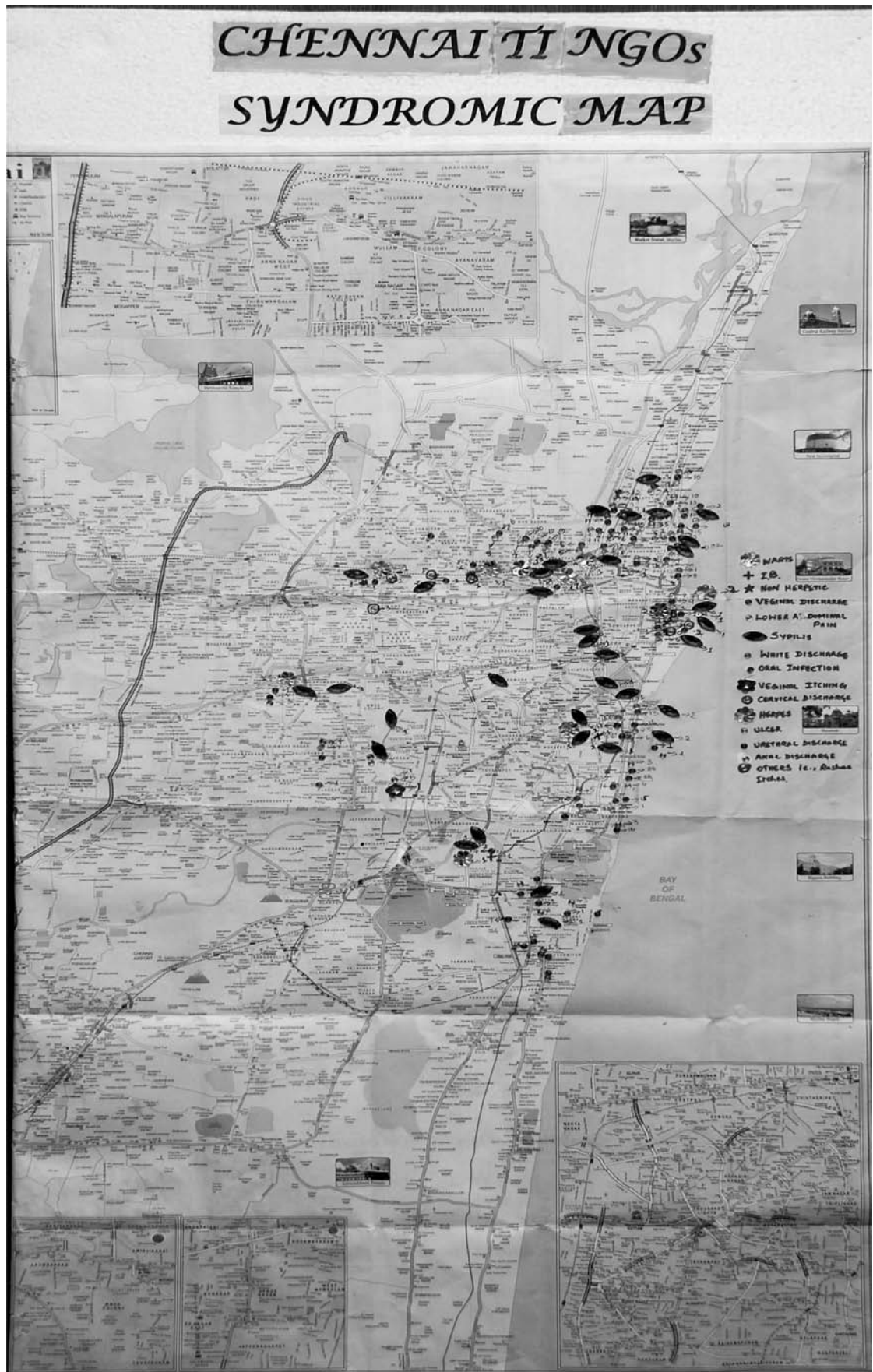
**TN\_Weekly\_Condom\_Monitoring\_of\_TIs**

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	A	B	C	D	E	F	G	H	I	J
	Name of District	Name of TI	Typology	Opening balance on Respective Month	Demand of condom per month	Closing Balance on last working day of the 1st Week (Nov 5th)	Closing Balance on last working day of the 2nd Week (Nov 12th)	Closing Balance on last working day of the 3rd Week (Nov 19th)	Closing Balance on last working day of the 4th Week (Nov 26th)	Closing Balance on last working day of the 5th Week (Nov30th)
3	Shoshin Kai Academy	Chennai	FSW	12,840		58,480	48,540	37,980	27,740	
4	Sahodaran (Unit1)	Chennai	MSM	31,656	31,386	22,979	12,715	2,931	22,814	
5	Hoppers Foundation	Chennai	IDU	3,322	2,000	3,272	3,222	2,272	1,200	
6	ARM	Chennai	MSM	75,257	32,564	56,980	48,980	42,980	37,980	
7	Karunalyaya	Chennai	FSW	60,025	32,422	52,785	45,944	49,584		
8	Sahodaran (Unit2)	Chennai	MSM	43,700	25,355	37,900	31,800	25,650	20,700	
9	SWAM	Chennai	MSM	39,624	30,750	34,385	19,664	12,665	6,665	
10	ICWO	Chennai	Comp			80,605	74,105	71,605	64,505	
11	ICWO	Kancheepuram	Comp	235,060	76,448	222,330	204,140	196,767	186,827	
12	SWAM	Kancheepuram	MSM	30,088		30,003	21,143	122,956	110,415	
13	MSDS	Vellore	Comp	211,500	75,000	198,500	164,000	145,000	140,000	
14	VNVTVT	Vellore	Comp	26,100	35,956	64,256	58,056	54,956	46,956	
15	TVM	Tiruvannamala	comp	12,138	26,304	5,044	7,759	4,257	23,304	
16	PCOLUR	Tiruvannamala	comp	37,740		33,740	29,740	14,240	13,240	
17	LEAD	Trichy	Comp	24,883	84,272	13,783	134,078	116,870	104,360	99,220

June | July | August | September | October | **November** | December | January | February | March

k. Effort taken to improve syphilis screening



- ◆ DAPCU \_ NRHM collaboration to ensure syphilis test kits were made available to the
- ◆ ICTC centres to enable testing
- ◆ Testing for syphilis was done along with HIV testing
- ◆ Focus on back log of HRG’s who had not tested in the previous year,
- ◆ wherein they were motivated through one to one interactions, hotspot meetings and by peer educators, thereby ensuring testing in a continuous manner
- ◆ Regular Medical Check up follow up through the year wherein testing was done for
- ◆ the first and third time in the Government set up ICTC’s so as to enable them have their test for Syphilis and HIV at one go
- ◆ Line list of the HRG was shared with the Counsellors of ICTC to cross verify if they
- ◆ had been tested for ICTC and Syphilis
- ◆ ORW’s linked with the other ICTCs and additional PHC’s in addition to the
- ◆ designated STI clinics

	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	
4	ite													
5	Total budget sanctioned:													
6	Budget Released along with contract													
7	Project services-Needle & Syringe				Project Services-STI									Referr
7	Reported use of condom in the last sex act	Estimated demand of needle & syringe	No. of needle & syringe distributed	No. of needle & syringe returned	No. of HRG due for RMC during the month	No. of HRGs attended the Project linked clinics (NGO clinic/ Govt STI clinic/PPP)	No. of HRGs treated for STI at project linked clinic (NGO clinic/ Govt STI clinic/PPP)	No. of HRGs provided presumptive treatment	No. of HRGs provided with RMC	No. of HRGs tested for syphilis ( on an average 18% of registered HRGs should be tested for Syphilis)	Number tested positive for Syphilis	Number of Syphilis positive treated	No. of HRG referred to the ICTC	No test
9	55/70	0	0	0	272	174	24	3	85	0	0	0	50	25
10	47/70	0	0	0	180	121	15	1	104	28	1	1	123	126
11	88/117	0	0	0	135	111	5	6	111	50	1	1	84	75
12	26/87	0	0	0	290	379	9	8	262	42	0	0	81	89
13	56/121	0	0	0	185	179	3	11	172	23	0	0	60	49
14	111/58	0	0	0	187	180	1	12	167	21	0	0	23	23
15	784	0	0	0	252	176	0	0	176	15	0	0	64	15

**I. Efforts taken to improve linkages between TI and ICTC + improvement of HIV testing + improvement in linkage to ART**

- ◆ During monthly review at DAPCU, issues are addressed and linkages have been strengthened. Tracking sheet was provided to TI NGOs to monitor the visits to each ICTC and STI clinic at cluster level. Micro plan is being done to increase the clinic visits.
- ◆ Details of ICTC and STI due/over due details are provided to ORWs and PEs for effective planning in outreach to increase the STI and ICTC visits.
- ◆ PO – TI organized a coordination meeting with DAPCU, TI Migrant NGO Staff and explained about the HIV testing coverage indicators for Migrants and worked out a micro plan for conducting on-site camps. This provided a platform for mutually understanding the need and to fill the gaps in coordination.



- ♦ TI Migrant NGOs coordinate with the respective DAPCU and conduct on-site camps with the assistance of the mobile ICTCs.
- ♦ Participation in joint coordination meetings
- ♦ DAPCU support at the district level
- ♦ Clients registered were tracked individually for DOTS, CD4, Social welfare schemes and also ART uptake.
- ♦ DAPCUs review the uptake of services and cross validates the reach data with the different service delivery points like ICTCs, STI clinics and ART centres

CONSOLIDATED SERVICE DELIVERY - MSM																
SN	ID No.	Name of the M.S.R	Age	Hot spot	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	CD4
1	SPG1053	Arav	23	Kodamb AKHAM							• • •					2610
2	SPG1053	Iqbal	25	Besan NAGDE							• • •					Gr
3	SPG1009	VENKATESH	28	Kodamb AKHAM							• • •					

Note: Please enter the details for each client serially as per the master register. Use different colours for different services provided to the clients - one red line for each interaction conducted with the client during the month, one plus sign for each 1-G session attended by the Client, one green tick mark for one counselling session attended by write numbers for the total number of condoms distributed to the client during the month, one square if the client has come to the drop in centre, one Red star for STI referral, Green star if the client has accessed clinic services for STI, one Red triangle for ICTC referral, one Green triangle if the client has tested at the ICTC, write total no of condom distribution (30U10) PT.MHC, RMC.

- ART Refo
- ART Regi
- ON ART
- - DOT Ref (RNTCP)
- ♥ RNTCP Reached.
- ♥ DOT

CD4 - 256  
GIDA - C

District	Name of the TI project	District	Name of the TI project	Typology	Total number of FSWs Covered	Total number of MSMs Covered	Total Number of IDUs Covered	Unique tested for HIV-FSW	Unique tested for HIV-MSM	Unique tested for HIV-IDU	Twice tested-F	Twice tested-MS	Twice Tested-ID	No of HRG newly infected by HIV-FSW (2010-2011)	No of HRG newly infected by HIV-IDU (2010-2011)	Positivity Rate -FSW	Positivity Rate -MSM	Positivity Rate -IDU	TPI
Chennai	Sahodaran -1	Chennai	Sahodaran -1	MSM	1134	833		82	527			211		11					1.1201822
	Sahodaran -2		Sahodaran -2	MSM										8					1.1335119
	ARM		ARM	MSM	1162				692			617		12					1.734104
	SWAM		SWAM	MSM		833			301			270		10					2.770083
	Karunaiaya		Karunaiaya	FSW	1102			902			532			6					0.67
	SKA		SKA	FSW	744			396			13			2					0.51
	ICWD		ICWD	Composit	1039	508		330	438		53	64		8	2	2.42	0.450021		
	Hopers Foundation		Hopers Four	IDU			228			88				11				1	1.136363
					3664	4770	778	1408	1963	351	1461	1341	11	41	1				

- ◆ Positive HRG line list maintained by the TI projects to track the services availed by the positive HRGs.

**m. Effort taken to develop Learning sites in the state**

TSU has been co-partnering with STRC in suggesting learning sites and utilising their expertise in supporting the NGO's. The site which has been identified will provide opportunity for other TI staffs to learn through on site field exposure. Any type of organization which has established a partnership that has benefited the community by addressing their needs through the implementation of HIV/AIDS prevention and care programs in specific areas. In this regard, RUSS foundation has been identified as a learning site which has been addressing to the needs of grass root level sectors like Health, Education, Socio Economic Development and Life –skill vocational trainings with a motto of 'Serving the deserving' since 1992.

**n. Efforts taken to conduct site validation**

- ◆ Site validation is conducted by the TI projects once every three months as per the mandate. The TSU PO facilitate the process of site assessment and also conduct validated based on the need.
- ◆ The POs along with the project staff and PE/community from each of the site along with the hotspot analysis (latest) and entered the finalized data in the data sheet that against the hotspot already available as per the mapping. In case the site is not available as per the mapping data is entered at the end of the table, which indicate new sites that were not captured during mapping.
- ◆ Desk validation is done with the data available, focus group discussion is conducted to support this process.
- ◆ 30 % of the working population cross verified at filed for field validation process.

**o. Efforts taken towards improving quality of TI data , analysis and feedback**

- ◆ Data is checked with the NGOs at a Regional level during the Regional level meeting
- ◆ M & E officer of the TI have been asked to verify the field data for 10 % of the data shown in the MTR/ CMIS
- ◆ Hotspot wise data is tracked and the same is validated by the PO-TI’s during the field visit
- ◆ PO Tracking sheet also has inference given by the PO wherein “coloured markers” are given for areas which need to be re-looked for authentication
- ◆ Feedback is given to the NGOs during each of the PO-TI’s visit and the Action Taken Report is ensured. In case of non- compliance, the issue is written again during the next mentioning visit.

**p. Efforts taken towards capacity building**

TSU has identified the lacunae of certain levels of work at the field level. Skill building was identified as the major area for training. This was where TSU and STRC works together to develop and incorporate skill building as one of the major component in trainings. Training for Counsellors were focussed on skill building and addressing field based issues to improve the performance of the counsellors. Also a module on communication was structured wherein there was focus on skill building in communicative styles. The effect of the training was well got by the participants.

**q. Other support provided to SACS**

- ◆ TSU takes a lead role in preparing the annual action plan for the state
- ◆ TSU provides support to PD SACS in conduct of periodic review of the programs
- ◆ TSU supports all the state level activities of SACS

## Annexure 1

### Validation of High Risk Groups – in Madurai

#### I. Goal

Effective utilization of resource in an efficient way

#### II. Objective

- ◆ To have a clear and updated idea about the working population in Madurai & Virudhunagar region
- ◆ To reach the un reach HRGs without duplicating services and resource
- ◆ To have centric information about the HIV, STI status

#### III. Methodology

##### 3.1 Meeting of Typology wise Project manager

- ◆ Madurai and Virudhunagar NGOs were called up for a meeting with their existing line list of HRGs
- ◆ And explained the possibility of duplication through evidence based from the obtained data
- ◆ Suggested to work on the Line list to have a uniform format. So, that the data could be used for analysis with other variable like Father and mother name , marriage status and children details (As HRGs will have alias name )
- ◆ Understanding of Dropout and practice were ensured

##### 3.2 Centralized the data and analysis were done

- ◆ All the 10 NGOs data were centralized and error were focused with the help of ORWs
- ◆ However, couldn't come to a clear idea. Since, ORWs were having the different view of saying their won't be any duplication
- ◆ Then we were need to further scrutinize the data, thus we organized a M&E training program
- ◆ Consolidated service delivery sheet were introduced and suggested to make use of it. This has helped them in addressing the lacks in service were not provide

##### 3.3 Training and orientation of M&E officers for checking data quality and uniformity

- ◆ M&E were training on the quality checks like No initial name should be written in the line listing and further Mr, Ms & Mrs should not be there for effective identification of Name by using Filter option
- ◆ This way helped the NGOs in identifying the internal duplication and doubt full name were shared with other NGOs to work on
- ◆ Individual tracking were analysed

**3.4 Developed demo video for quality check and on job training during mentoring visits**

- ◆ In advance of having many alias name M&E were trained in using the multiple way of check list comparing the possibility
- ◆ Finally the ORW and PE were organized in a collective way to have FGD to address the issue of doubt full name
- ◆ They were been brought up and delist from the line list

**3.5 Reworked with NGOs to have a defined and geographically accessible area to intervene**

- ◆ The root cause of service duplication were identified, among that we found area of intervention were not clearly defined and they were jumbled within the blocks and municipality area
- ◆ Suggested to carry out FGD for accessing the other NGOs clinic by the core group for getting healthcare services
- ◆ NGOs were shared their information among themselves ( HRGs details ,Hotspot details and DIC )
- ◆ Based on the feedback the intervention were address the service duplication

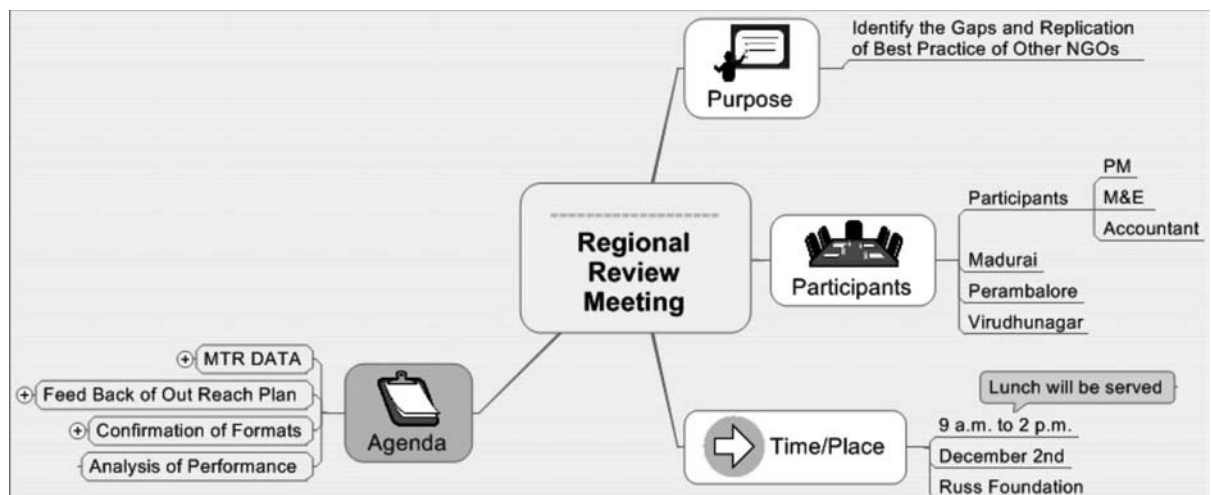
## Data scrutinizing Meeting

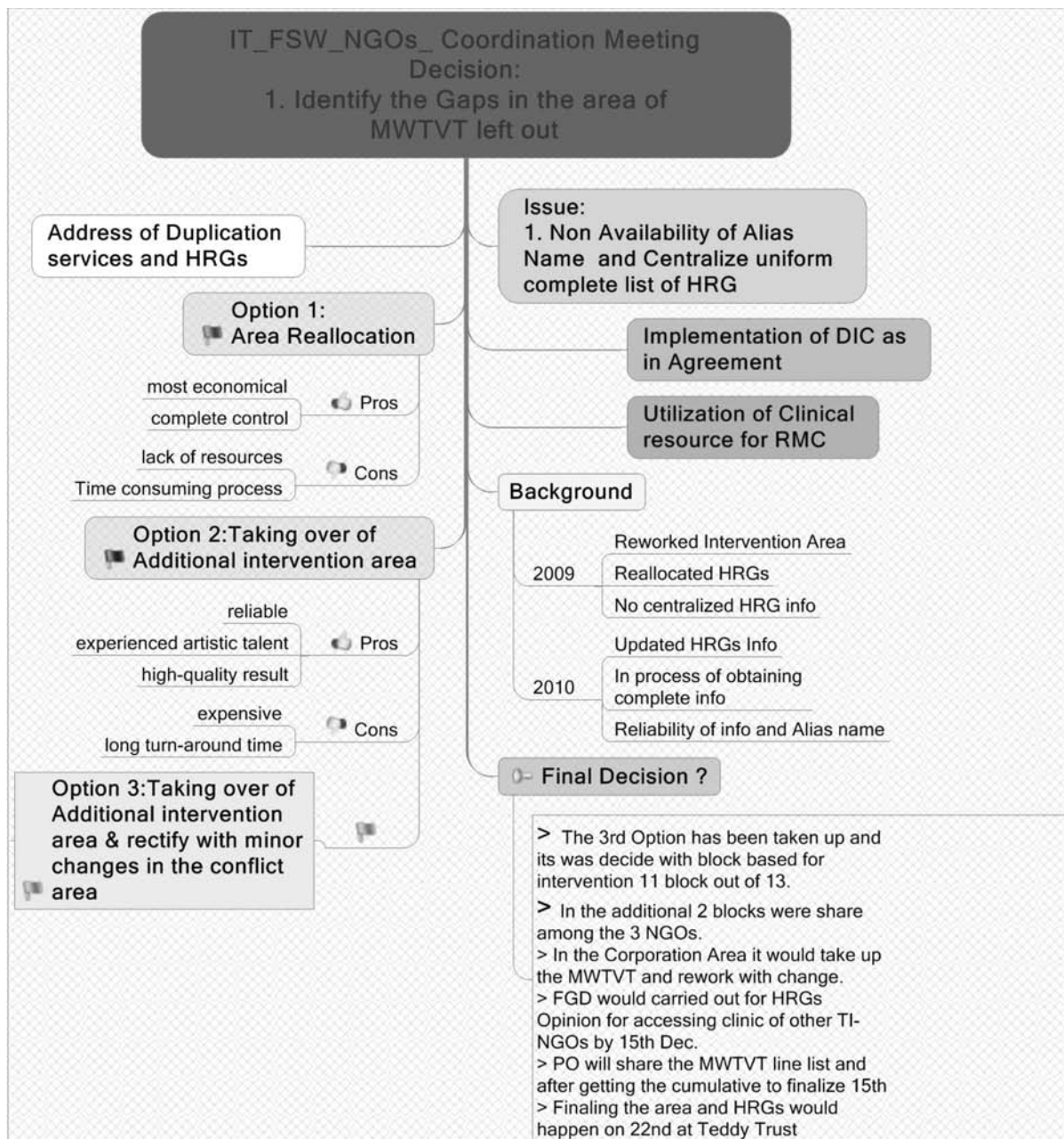
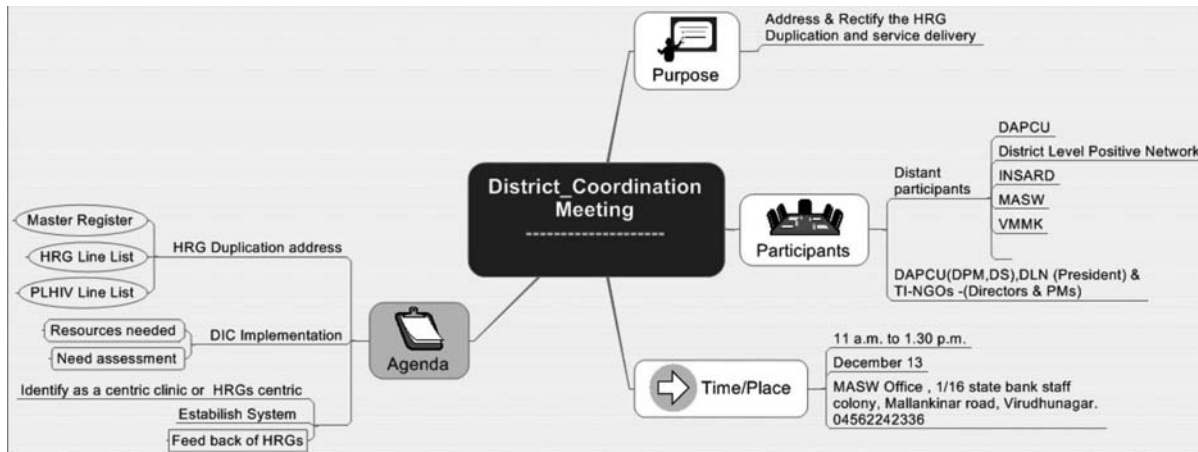
TI- NGOs – Madurai & Virudhunagar

**Venue:** RUSS Foundation, Madurai

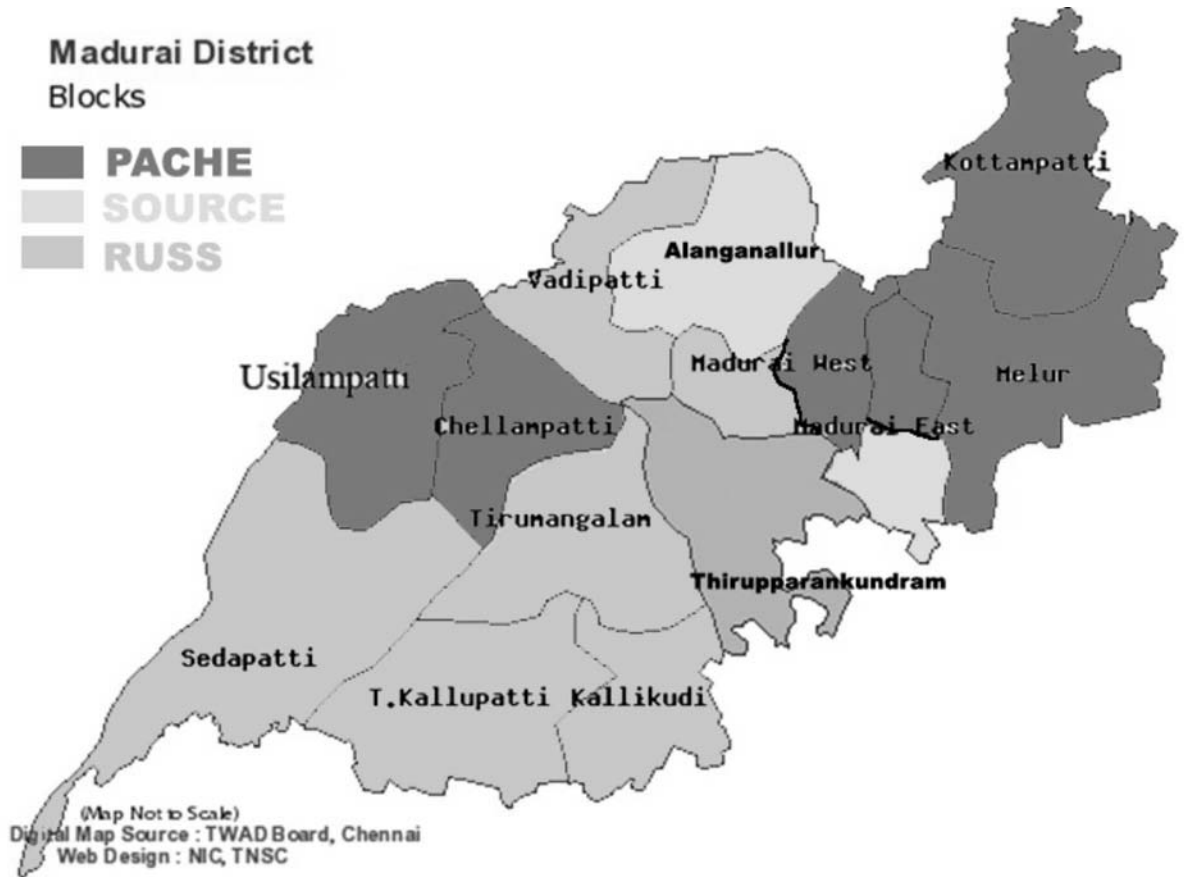
**Date:** 16th July-2010

Agenda	Discussion/ Decision made /Expected Out come
<ul style="list-style-type: none"> <li>◆ Address the HRG Duplication within the NGOs data base</li> </ul>	<ul style="list-style-type: none"> <li>◆ Found there are remarkable duplication within the organization</li> </ul>
<ul style="list-style-type: none"> <li>◆ Addressing the Overlapping HRGs among the Typologies in Madurai and Virudhunagar</li> </ul>	<ul style="list-style-type: none"> <li>◆ Once the duplication address within the NGO. Later in 25th August planning to have final securitization among the Typology NGOs along with ORW presence</li> </ul>
<ul style="list-style-type: none"> <li>◆ Developing a movie clip for common understanding of the formats</li> </ul>	<ul style="list-style-type: none"> <li>◆ Discussion with Team Leader – Will finalize the materials</li> </ul>
<ul style="list-style-type: none"> <li>◆ Train them for need of monitoring the project performance and how to evaluation with the existing tools</li> </ul>	<ul style="list-style-type: none"> <li>◆ Trained the M&amp;E and Accountant on the same day</li> </ul>
<ul style="list-style-type: none"> <li>◆ Reorientation to the PLHIV, New HRGs and Gap Analysis tools</li> </ul>	<ul style="list-style-type: none"> <li>◆ Carried out during the day itself</li> </ul>
<ul style="list-style-type: none"> <li>◆ Orientation to the Data base system operating and modification</li> </ul>	<ul style="list-style-type: none"> <li>◆ Carried out during the day itself</li> </ul>
<ul style="list-style-type: none"> <li>◆ How to replicate in the outreach planning and help the team for better outcome based on the evidence</li> </ul>	<ul style="list-style-type: none"> <li>◆ Carried out during the day itself</li> </ul>
<ul style="list-style-type: none"> <li>◆ Initiating the centralized Human Resource data system from the existing scattered information for better training plan</li> </ul>	<ul style="list-style-type: none"> <li>◆ Need to discuss with Team Leader for finalization of the centralization. E-mail has been created and explained the team how that would function and oriented the pros &amp; Cons of the same</li> </ul>











# Technical Support Unit (TSU) - UPSACS Performance Report – NACP III



Futures Group International India Limited

**1. Address**

Technical Support Unit, UPSACS  
2/60, Vijay Khand, Gomti Nagar,  
Lucknow, UP. 226010

**2. Supported by** – USAID through Samarth Project of FHI

**3. Working as a TSU since**– Dec 1, 2007

**4. Budget and Expenditure in INR (Rs. Lakh)** – Audited details are being given.

1.12.2007 - 30.11.2008		1.12.2008 - 30.11.2009		1.12.2009 - 30.11.2010		1.12.2010 - 30.09.2011	
Budget	Expenses	Budget	Expenses	Budget	Expenses	Budget*	Expenses**
96.97	86.95	97.98	101.55	167.34	144.62	231.2	136.93
	89.67%		103.64%		86.42%		59.23%

\*1.12.2010 - 31.01.2012 (14 months) \*\*1.12.2010 - 30.09.2011 (10 months)

**5. Current Staff (Budgeted vs. on board) for 2011-12**

Sr. No.	Name	Designation	Place of Posting for POs
1	Dr. Anupam Raizada	Team Leader-SP	Lucknow
2	Ms. Sadhna Mohan	Team Leader-CB	Lucknow
3	Mr. Upendra Singh	Team Leader-TI	Lucknow
4	Dr. Pratibha Joshi	Advocacy Officer	Lucknow
5	Mr. Louis A. Massey	Sr. Accounts Officer	Lucknow
6	Dr. Ajay Patle	M & E Officer	Lucknow
7	Dr. Vishakha Misra	Sr. Prog. Officer – STI	Lucknow
8	Ms. Anjali Datta	Program Officer-CB	Lucknow
9	Ms. Sangeeta Srivastava	Program Officer-TI	Lucknow
10	Mr. Atish Shrivastava	Program Officer-TI	Ghaziabad
11	Mr. Sanjay Misra	Program Officer-TI	Kanpur
12	Mr. Amiya Shanker	Program Officer-TI	Allahabad
13	Mr. Prashant Kr Patra	Program Officer-TI	Bahraich
14	Mr. Sandeep Kumar	Program Officer-TI	Bareilly
15	Mr. Arun Mavlankar	Program Officer-TI	Agra
16	Mr. Lalit S. Khariyat	Program Officer-TI	Varanasi
17	Mr. Harmendra Pal Singh	Program Officer-TI	Gorakhpur
18	Mr. Chaturanand Thakur	PO-Migrant	Lucknow
19	Dr. Rubina Aqil	STI Officer	Lucknow
20	Mr. Girish Upadhayay	Office Attendant	Lucknow

## 6. *Trainings conducted in-house, exposure visits for the TSU staff (2011-12)*

- ♦ TSU is in a practice of providing initial orientation to the new staff on board.
- ♦ During the monthly staff meetings POs are Oriented on different issues emerged from field and their capacity is also built on the various new methodologies and contents included during the various training programs for the TIs.
- ♦ Documentation including individual service tracking sheet, Outreach tools and IPC tools.
- ♦ They have also been trained on Harm reduction, program management, new financial guidelines, report writing and data analysis.
- ♦ POs were included during the TI review meeting to learn the process of cross verifying, analyzing the data presented by TI and preparing the action plan according to the gaps identified.
- ♦ POs capacity has also been built on the indicators developed for learning sites.
- ♦ On-site support is also provided to them by TL-TI, CB team and STI team.
- ♦ POs were taken for an exposure visit to Manipur to learn the best practices on IDU intervention.
- ♦ Exposure visit is also planned for all the POs to Ashodaya, Mysore for learning the process of CBO formation.

## 7. *Number of TIs in state (typology and coverage)*

SN	Name of the NGO	District	Typology	FSW	MSM	IDU	Total
1	Jan Chetna Sewa Samiti	Agra	Composite	600	300		900
2	Panchsheel Social Welfare Society	Agra	Exclusive			400	400
3	Aadarsh Sewa Samiti	Aligarh	Composite	250	200	100	550
4	Lok Smriti Sewa Sansthan	Allahabad	Exclusive			600	600
5	SWARG	Allahabad	Exclusive		900		900
6	Zila Yuva Kalyan Samiti	Allahabad	Exclusive	600			600
7	UPVHA	Ambedkarnagar	Exclusive	300			300
8	Srimati Kaushalaya Purva Madhyamic Vidyalaya Samiti	Auraiya	Exclusive	300			300
9	Progressive Agency to Humanity	Azamgarh	Composite	250	150	100	500
10	Bhartiya Gramin Vikas Sansthan	Badaun	Composite	250	100	150	500
11	Tharu Janjati Mahila Vikas Samiti	Bahriach	Composite	300		200	500

SN	Name of the NGO	District	Typology	FSW	MSM	IDU	Total
12	Amar Saheed Chetna Sansthan	Ballia	Composite	300	100	100	500
13	Mangal jyoti Mahila and Bal Utthan Sansthan	Banda	Composite	300	150		450
14	Abhoday Sansthan	Banda	Exclusive			200	200
15	Bareilly Diocesan Social Service Centre (Suchetana	Bareilly	Composite	600	200	250	1050
16	Gramin Vikas Sewa Samiti	Basti	Exclusive			250	250
17	Global Science Academy	Basti	Composite	300	200		500
18	AIDENT	Bulandshahar	Composite	250	150	150	550
19	Manav Sewa Kendra	Chandauli	Composite	250		100	350
20	Purvanchal Sewa Sansthan	Deoria	Composite	300	300	200	800
21	Sri Roop Kishore Gautam Manav Sewa Sansthan	Etah	Composite	300	200	250	750
22	Warsi Sewa Sadan	Etawah	Composite	300	100	100	500
23	Jan Kalyan Maha Samiti	Fatehpur	Composite	250	150	150	550
24	Arun Gramodyog Sansthan	Firozabad	Composite	200	100	150	450
25	Mayna Gramodhyog Sewa Sansthan	Gautam Budh Nagar	Exclusive	250			250
26	Indian Medicine development Trust	Ghaziabad	Exclusive			500	500
27	Samiksha	Ghaziabad	Exclusive		600		600
28	Mahila and Bal kalyan Uthan Samiti	Ghazipur	Composite	200	100	200	500
29	Jyoti Gramin Kalyan Sansthan	Gorakhpur	Exclusive			750	750
30	Gramin Sewa Sansthan	Gorakhpur	Composite	350	100		450
31	Sumitra Samajik Kalyan Sansthan	Hamirpur	Composite	250	100	100	450
32	Sarvodaya Ashram	Hardoi	Composite	400	300		700
33	Gramothan Mahila Sansthan	J . P. Nagar	Composite	450	150	150	750
34	Pramarth Samaj Sewi Sansthan.	Jalaun	Composite	250		300	550

SN	Name of the NGO	District	Typology	FSW	MSM	IDU	Total
35	Samaj Kalyan Gramodhog Sansthan.	Jaunpur	Composite	750		200	950
36	Hitaise Samaj Sewa Sansthan	Jhansi	Composite	450	150	100	700
37	Pragati Sewa Sansthan	Kanpur	Exclusive	750			750
38	Raza Husain Memorial Charitable Society	Kanpur	Composite	400	300		700
39	Amin Welafre Trust	Kanpur	Exclusive			400	400
40	Jan Kalyan Sewa Samiti	Kanpur	Exclusive			400	400
41	Govind Sewa Samiti	Kashiram nagar	Composite	150	100	150	400
42	Dalit Vikash Evam Samajik Utthan Samiti	Kaushambi	Composite	250		100	350
43	J.N. Bal Nikunj Samiti	Kheri	Composite	600	100		700
44	Chitranshu Samaj Kalyan Parishad	Kheri	Exclusive			400	400
45	Manav Sewa Sansthan	Kheri	Exclusive			200	200
46	SAVERA	Kushinagar	Exclusive	350			350
47	Society for Pragati Bharat	Lalitpur	Exclusive	250			250
48	Bharosa	Lucknow	Exclusive		1000		1000
49	CREATE	Lucknow	Exclusive	600			600
50	Sharanam	Lucknow	Exclusive			250	250
51	Sri Bhardwaj Gramodyog Sewa Sansthan.	Maharajganj	Composite	250	100		350
52	Asha Gramodayog Sansthan.	Mahoba	Composite	250		200	450
53	Archana Mahila Kalyan Samiti	Mainpuri	Composite	350	100	200	650
54	Savhitkari Shiksha Prasar Samiti	Mathura	Composite	250	100	100	450
55	Navchetna Gramin Vikas Evam Kalyan Sanstha	Mau	Exclusive		550		550
56	Bal Vani Evam Nirbal Sewa nari Kala kendra Samiti	Mau	Composite	250		150	400
57	Association for Social Health in India.	Meerut	Exclusive			350	350
58	Grameen Vikas Sansthan	Meerut	Exclusive	650			650

SN	Name of the NGO	District	Typology	FSW	MSM	IDU	Total
59	Nevbharat Samaj Kalyan Samiti.	Moradabad	Composite	300	150		450
60	Kartik Shikshan Sansthan	Moradabad	Exclusive			200	200
61	Grameen Vikas evam Manav Seva Sansthan	Muzaffarnagar	Composite	250	100	150	500
62	Bharttiya Gramothan Sewa Vikas Sansthan	Pilibhit	Composite	350	100	150	600
63	Caring of People and Advancing Life Society	Pratapgarh	Composite	350	200	100	650
64	Gramin Vikas Sansthan	Raebareli	Composite	250	100		350
65	Gramin Vikas Siksha Sansthan	Raebareli	Exclusive	250			250
66	Study Point Samiti	Ramabai Nagar	Composite	150	100	100	350
67	Chetna Sewa Sansthan	Rampur	Composite	250	100	150	500
68	Bharat Sewa Sansthan	Saharanpur	Composite	250	100	100	450
69	Sarvajanic Gramin Vikas sansthan	Sant Kabir Nagar	Composite	250	100	100	450
70	Upkar Mother Teresa Jan Kalyan Samiti	Shajahanpur	Composite	350	100	250	700
71	Chandra kanta Gramodyog Sewa Sansthan	Siddharth Nagar	Composite	250	100	100	450
72	Nari Jagran Sewa Samiti	Sitapur	Composite	250	150	200	600
73	Vaishnavi Shiksha Samiti	Sonbhadra	Composite	250	100	100	450
74	Pratap Sewa Samiti	Sultanpur	Composite	300	100		400
75	New Public School Samiti (NPSS)	Unnao	Composite	250	100	100	450
76	Manav Gaurav Nirman Sansthan	Varanasi	Exclusive	400			400
77	Manav Sansadhan Evam Mahila Vikas Sansthan	Varanasi	Exclusive			300	300
78	CADS	Varanasi	Exclusive		300		300
Total				19600	9150	10750	39500

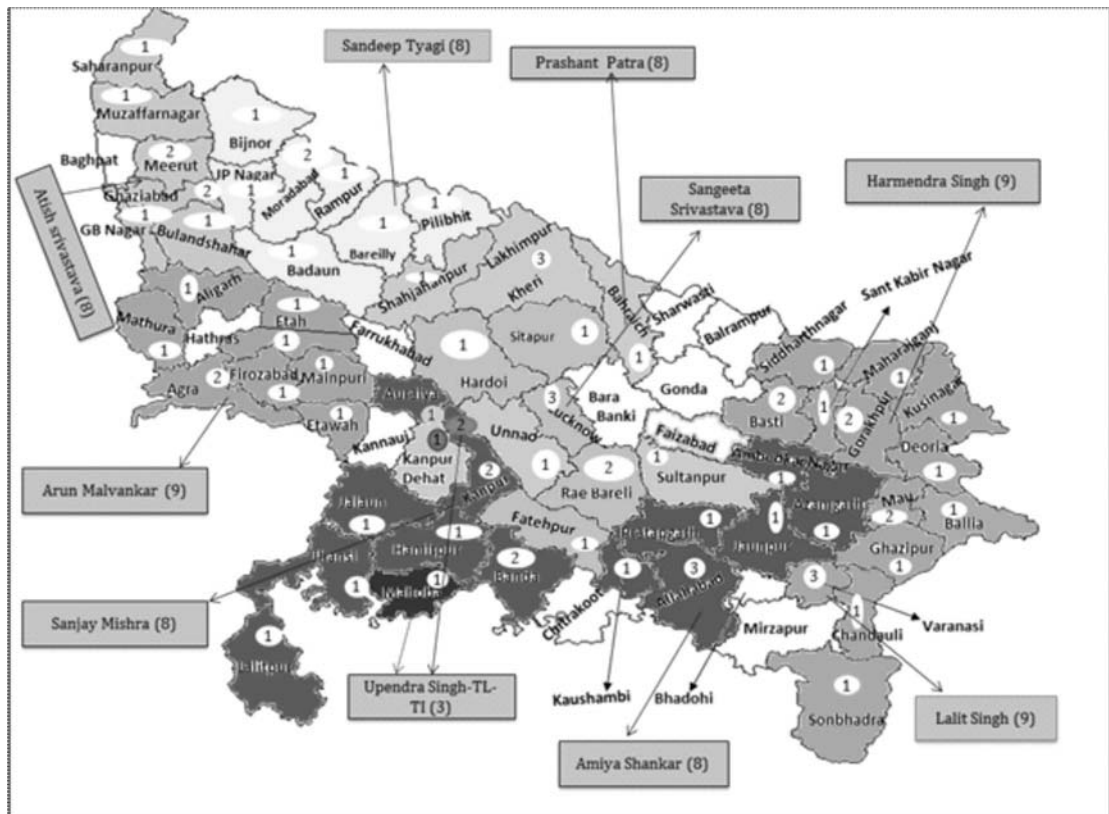


## 8. Program Performance

### a. Support provided for regional location of the POs

Clusters have been identified on the basis of the criteria including a major city, Tis in nearby districts, equal no. of TIs to each PO and preference of PO. Each PO has been provided with a laptop and a data card for timely and quality communication. They can plan their travel in consultation with TL-TI and as per the need of the TIs allocated to them.

### b. Map indicating regional location of POs and number of TIs managed by them



c. Month wise visits by each PO from April to November 2011

Staff Type	Apr-11		May-11		Jun-11		Jul-11		Aug-11		Sep-11		Oct-11		Nov-11	
	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit
Atish Srivastava	9	9	8	20	6	14	6	14	8	18	8	19	6	13	8	19
Arun Mavlankar	9	9	10	22	8	17	6	14	9	20	9	20	6	13	9	20
Amiya Shanker	9	9	8	16	6	13	7	16	6	13	7	17	6	12	7	16
Lalit Kharayat	8	8	9	19	7	16	6	16	8	17	8	18	8	15	6	13
Harmendra Pal Singh	Joined April 11		6	14	7	17	5	12	8	18	9	21	5	12	9	19
Prashant Patra	10	10	8	19	6	15	5	12	8	19	7	18	7	21	5	12
Sandeep Tyagi	9	9	6	14	6	14	7	15	8	18	8	20	6	14	7	19
Sanjay Misra	9	9	9	19	4	10	5	12	8	18	7	15	6	12	7	17
Sangeeta Srivastava	6	6	7	15	7	17	6	15	8	17	8	19	5	10	8	18
Upendra Singh, TL-TI	7	14	7	14	3	12	6	12	5	12	8	16	3	7	3	8
Dr. Ajay Patle, M&EO	Joined in October 2011															
Dr. Vishakha Misra, SPO, STI	2	2	9	10	5	5	7	7	6	6	5	5	7	7	1	1
Dr. Rubina Aqil, PO-STI	Joined in October 2011															
Chaturanand Thakur, PO-Link Worker	Joined in October 2011															
Dr. Pratibha Joshi	2	3	5	5	4	3	3	3	8	6	3	3	2	2	4	3

**d. Feedback by TSU to PO , TL TI visit reports**

- ◆ All the TI visit reports are shared with TL-TI by the concerned POs. TL-TI reviews each report extensively and also provides written feedback, if required. During the monthly staff meeting the progress and issues of TIs are discussed and feedback provided to improve the performance of POs and TIs.
- ◆ TL-TSU also reviews the reports once they are reviewed by TL TI and feedback is provided to the concerned PO before submitting the same to UPSACS, NACO/NTSU and head office.
- ◆ TL-TI also has a joint visit with each PO at least once in a quarter to provide hands on support and feedbacks to the POs.
- ◆ Hard copy of all the visit reports are signed by PO and TL-TI and then submitted to UPSACS every month.
- ◆ A summary is also prepared by the TL-TI on the points which need support and action from SACS.
- ◆ SACS also reviews the reports and letters being issued to concerned TI where there is any gap observed.

**e. Efforts taken in mapping of HRGs in NACP III**

Recent mapping of HRGs in UP was done by IMRB in 2008-09. TSU was involved in the mapping exercise since beginning, including training of Investigators to field work. All the TIs were directed to provide all support to the investigators. During TI visits, POs were also keeping an eye on the work being done by the investigators and all possible support was provided to them.

**f. Efforts taken to scale up the number of TIs**

At the time of initiation of TSY there were 51 TIs under UPSACS. During planning process for 2008-09 careful planning was done on the basis of the available data to scale up the TIs and by the end of 2008-09 there were 91 TIs in UPSACS. Then came the revised mapping data and a reconfiguration was done carefully and target number of TIs was reduced in consultation with NACO (from 140 in PIP to around 90 in 2009-10). Some of the TIs were closed and some new TIs were initiated. This also resulted in better coverage in terms of number of districts covered with a TI. TSU remain involved in the entire process of hiring NGOs for TIs starting from advertisement for empanelment, JAT and final selection of NGOs.

**g. Efforts taken to bring in prioritisation of 'at most risk' HRGs for service delivery and institutionalising of individual tracking system**

- ◆ TSU PO during their visit supports the TI in preparing the profiles of the HRGs in each hot spot. This exercise is done with the ORW and PE of a particular hot spot. Profiling of each HRG includes age, sex, number of sexual encounter, number of injecting episodes and their availability in the hot spot. Line list is prepared for each hot spot.
- ◆ After preparing the line list prioritization of 'at most risk' HRGs is prepared using the risk assessment and vulnerability assessment tool provided by NTSU in the peer diary (Form-B). The HRGs 'at most risk' are entered at the top in the peer diary and marked

with a star for delivering service on priority. Prioritization of HRGs is done by TI in every three months.

- ◆ TSU has developed an individual service tracking sheet tool and provided to each TI which helps in tracking the clinic visit, ICTC testing, Syphilis testing, each SCM treated HRG along with due dates and this tracking sheet is reviewed by PO-TI & STI team during their visit to the TI.

### **h. Efforts towards improving STI service delivery mechanism and quality, improve clinic access- reduction of STI and to improve syphilis screening**

- ◆ TIs are being supported to maintain all records on the basis of 17 Formats provided by NACO.
- ◆ In addition, a Tracking Sheet has been developed by UPTSU in consultation with NGO staffs for facilitating tracking of individual HRG with reference to STI services including RPR testing and ICTC testing. The same is being verified/reviewed regularly by PO-TI and PO-STI during their visits.
- ◆ Tracking Sheet provides information on the indicators basically seeking info on repeat STI, repeat PT and who is going where and when along with details of who is missing for services. For DSRC visits the entries are in Black pen and for PPP it is being entered by Blue pen.
- ◆ For STI service delivery among PLHIV, a separate (confidential) Tracking Sheet has been initiated recently by the TI- counsellor. At some TIs, positive HRGs are marked at routine tracking sheet and no separate tracking sheet is being maintained.
- ◆ In addition, a STI indicator Chart has been implemented for all TIs on the basis of 13 Indicator information collected for the 6 priority district.
- ◆ Also the above STI indicator chart & tracking sheet is supporting to collect the data for PO-Tracking Sheet provided by the NTSU.

### ***Issues & Challenges and Strategies to meet out PPP model***

- ◆ PPP at most places are not agreeing to report on the reporting formats. Counsellor is supporting.
- ◆ Since in the budget money allotted for PPP payment is only for two visits of HRGs but as per guidelines four visits are required, we have asked the NGOs to have two visits to PPP and two visits to DSRC. These visits alternate and visit to DSRC also include RPR and HIV testing. At places where DSRC are far from the sites, all HRGs are going to PPP four times while HRGs from sites nearby Dist. Hosp. are going four times to DH.
- ◆ In some of the TIs, there is no PPP and all the HRGs are being referred to DSRC.
- ◆ Non availability of qualified MBBS doctors in the field.
- ◆ Prescription audit is being done during visit by us during visits.
- ◆ Emphasis is given in conduction of TI coordination meeting with DSRC counsellors. ICTC & PPTCT counsellor are also involved in the meetings.

***Drug Kits***

- ◆ Discussion on timely submission of Drug indent every quarter in appropriate format during the Trainings & Review meetings
- ◆ Follow up, supported and collected drug indent from all TI partners. Numbers of drug kits were calculated on the basis of number balance and drug calculator and file was forwarded to UPSACS for approval and kits distribution

***During Review Meetings***

- ◆ More emphasis is given on timely Submission of CMIS along with STI CMIS
- ◆ During the Trainings of TI Staff: STI issues and services were also discussed in detail
- ◆ Discussion on putting data in STI indicator chart, Follow up on Reporting on STI indicator chart, provided feedback & explained relevance of these indicators
- ◆ Supported in Follow up & Collection of STI CMIs from the TIs

***To improve Syphilis Screening***

- ◆ Emphasis is given in preparing micro plan so that HRGs get syphilis testing done along with HIV screening biannually in govt hospitals also Visit to the DSRC on the same day.

***Training of Doctors***

- ◆ Three rounds of PPP training has been conducted till date.
- ◆ Also onsite orientation has been done for the PPP doctors during the visit of STI Officer

**i. Efforts taken towards improving condom utilisation**

- ◆ Condom demand estimation exercise is done by each TI on quarterly basis keeping in mind the new registration, drop outs, migration to other cities etc. to ensure availability of condom with the HRGs. The base of the calculation is the number of sexual episodes of each HRG.
- ◆ Weekly condom status is collected by the POs and reported to TSG-condom for preventing condom stock outs. Further, in the TI visit report condom demand for 3 month and stock availability is also reported by the POs.
- ◆ For improving condom utilization, all the training programs for each level include a separate session on condom promotion. This is further supported by providing the regular hands on training on condom demonstration and negotiation by the POs. Peer educators have been provided with penis model for condom demonstration in the hot spot.
- ◆ Condom usage is being monitored regularly during the hot spot meeting, group session, FGD, DIC meeting, one-to-one interaction by TI staff and also by the POs during their field visits. Polling booth survey (PBS) was conducted in 9 districts where condom usage was monitored and assessed. The detail reports of the PBS have been shared with NACO and NTSU.

**j. Efforts taken to improve linkages between TI and ICTC + improvement of HIV testing + improvement in linkage to ART**

- ◆ PO initiated monthly district coordination meeting with TI and other service providers such as ICTC, DSRC, NRHM, De-addiction centre etc. to improve linkages. This is a regular feature now in all the districts.
- ◆ During the training of ICTC counsellors, TSU facilitates sessions to sensitize the counsellor on the issues of HRGs.
- ◆ During the monthly visits to the TIs, PO also visits the ICTC and DSRC to verify and reconcile data of TI and these centres.
- ◆ PO ensures the support from ICTC, DSRC and district authorities by visiting and meeting the person in-charge along with the TI staff.
- ◆ Uttar Pradesh has put special emphasis on HIV & VDRL testing with a single blood sample by circulating the letter to all district hospitals by UPSACS.
- ◆ In spite of the limited ART facility in the state, TSU supports the TI to improve linkage to ART by meeting the authorities of ART Centre too.
- ◆ In the case of IDU, where the ART Centre requires ID proof. TSU facilitated in circulating a letter from UPSACS to all the ART Centre to accept the ID proof provided by NGO in their letter head to avail ART.
- ◆ In some districts TSU PO coordinated with the district authorities to provide government vehicle (ambulance and mobile) to transport HRGs to ART Centre in other districts (ART Centre are available in only 15 districts)
- ◆ TSU has developed individual service tracking sheet to track the clinic visit, ICTC and syphilis testing along with their due dates. PO-TI & STI team during their visits provides support in filling this tracking sheet and preparing the weekly plan for clinic visit and ICTC testing. The progress of services is also tracked through the PO tracking sheet.
- ◆ TI staff and PE were provided training on IPC to motivate HRGs to avail STI and ICTC services.

**k. Effort taken to develop Learning sites in the state**

- ◆ Presently, 78 TIs are being implemented in the state spread across 59 districts divided in nine clusters where a PO is based in each cluster.
- ◆ In total 48 TIs are composite in nature while 30 TI are exclusive.
- ◆ In the last 3 years there has been a large scale-up of TIs in the state with some of the TI being matured and functioning well while some are in the initial stage. Although regular training and visits are being conducted for capacity building of all the TI staff, yet it was felt that exposure visit of Programme Managers/staff of new interventions to those TIs which are managing the project quite effectively can serve the purpose of their field orientation and help them set objectives for their own projects in their respective districts. It would also help the participant learn how to prioritize the activities & why? What were the success factors? Where did things go wrong? How things were implemented for better results in the given time frame? They may learn how to plan & strategize their new intervention for

getting tangible results in their intervention areas too. In this backdrop, it was decided that the state should develop as many as nine (9) model TIs as learning sites in Uttar Pradesh where one learning site will be developed in each PO cluster.

- ◆ The selection of these model TIs was made based on some rational criteria as laid below.
  - i) One TI from all 9 PO area
  - ii) Top 2 TIs from each PO clusters as per PO assessment tool for the period April to June 2010.
  - iii) Year-end evaluation findings by external consultant
  - iv) At least one exclusive TI from each core group (FSW, MSM and IDU) Composite TIs must have representation from all possible core groups (FSW-MSM / MSM-IDU / FSW-IDU and FSW, MSM & IDU).
- ◆ Based on the criteria, nine proposed learning sites are given below:

S.N.	Name of the PO	Name of the TI	District	Typology
1.	Amiya Shanker	Lok Smriti Sewa Sansthan	Allahabad	IDU
2.	Harmendra	Jyoti Gramin Kalyan Sansthan	Gorakhpur	IDU
3.	Sangeeta Srivastav	Bharosa	Lucknow	MSM
4.	Sanjay Misra	Raza Husain Memorial Charitable Society	Kanpur	FSW & MSM
5.	Prashant Patra	Sarvodaya Ashram	Hardoi	MSM
6.	Arun Mavlankar	Jan Chetna Sewa Samiti	Agra	FSW & MSM
7.	Sandeep Tyagi	Chetna Sewa Santhan	Rampur	FSW, MSM, IDU
8.	Atish Srivastava	Grameen Vikas Sansthan	Meerut	FSW
9.	Lalit Kharayat	Mahila and Bal kalyan Uthan Samiti	Ghazipur	FSW, MSM, IDU

- ◆ Step followed in developing learning sites:
  - i) Selection of Intervention Sites
  - ii) Consultation with Key Stakeholders (SACS/TSU/NGOs)
  - iii) Review of Secondary data
  - iv) Polling Booth Survey
  - v) Development of Baseline Assessment Tool
  - vi) Orientation of Program Officers (TSU)
  - vii) Training Need Assessment
  - viii) Onsite training
  - ix) Final Assessment
  - x) Regular follow-up

***Status of the learning sites***

Regular follow-up process are going on for all the 9 learning sites by the respective PO with support from TL-TI and also from the capacity building team of TSU. Of the 9 sites, 2 sites namely Jyoti Gramin Kalyan Sansthan, Gorakhpur and Bharosa, Lucknow are ready to accept visitors from other TI and endorsement from NTSU is awaited. While the 3rd site i.e. Lok Smriti Sewa Sansthan, Allahabad is functioning as learning site with additional support under GFATM Rd.9 for IDU intervention. Lok Smriti Sewa Sansthan, Allahabad has started imparting training for Peer Educators of other TIs in the state.

**I. Efforts taken to conduct site validation**

TSU PO during their visit to TI conducted site validation by selecting sample of 10 % of the HRGs from the total line listed HRGs in each hot spot. These selected names are being verified by the PO in the sites. Those HRGs found and verified in the sites are re-checked and signed by the PO in the line list. It was envisaged that during one financial period a minimum of 80% of HRGs in each TI will be validated. In the current project period 2011-2012 target of some TIs was increased on the basis of this site validation conducted during last year.eg. as in case of SAVERA in Kushinagar where FSW target was increased to 350 though the mapping data shows only 194 FSW in the district.

**m. Efforts taken towards improving quality of TI data , analysis and feedback**

At the time of initiation of TSU, positions of Epidemiologist and M & E Officer in UPSACS were vacant. Hence the responsibility of streamlining the CMIS was handed over to MIS Assistant of TSU. He handled the assignment very well and within a short time whole CMIS was streamlined. During the same period, TI staffs were given training by TSU on CMIS formats and they were also monitored by TSU for quality reporting. Presently the system is that NGOs are filling the monthly data in the PO Tracking sheet and submitting to POs. POs review these sheets and provide feedback to TIs. Then after finalization, NGOs fill the CMIS with that data and submit to SACS for entry. NGOs are also followed up for timely submission of the reports and hence for many months there has been 100% timely reporting in TI unit of UPSACS.

**n. Efforts taken in NACP III towards capacity building**

In the absence of STRC in Uttar Pradesh, TSU's contribution in this stream is more than visible. To ensure quality of interventions, TSU has carried out different training programs for all the cadres of TI staffs in the light of NACP-III operational guidelines. These trainings include the induction and refresher (thematic) trainings covering all the components along with exposure visits to build the capacity of the staff. Along with providing the in house training to TI staff, CB team from TSU also visits the TI and provides hands on training on the concerned issues and assesses the impact of the training. TSU has also focused on the orientation of the staff from Truckers and transit TIs. TSU training division organized and facilitated 41 training programmes to cover 1475 professionals till 5th December 2011. Apart from training the TI staff, TSU has also contributed in the trainings of ICTC counselors for sensitizing them towards the HRGs. An additional feature of TSU also highlights the Hindi translation of various modules and handbooks.



2011 - 2012 (Till 5 December 2011)											
Training	PD	PM	PD/PM (Review Meeting)	Counselor	ORW	ORW (Thematic)			Accountant	Doctor	PE
						FSW	MSM	IDU			
Orientation/ Review			308								
Outreach Planning		31			99						
Harm Reduction		45		47				62			
Counseling				31							
Financial Management	3	17							86		
Need Assessment	5	6		1	17						
CMIS		21							11		
Project Management		25									
SCM				71						172	
Refresher Training				71		82	52				
Induction Training (Transit TI)		8			22						
Peer Training											182
<b>Total</b>	<b>8</b>	<b>153</b>	<b>308</b>	<b>221</b>	<b>138</b>	<b>82</b>	<b>52</b>	<b>62</b>	<b>97</b>	<b>172</b>	<b>182</b>

**o. Other support provided to SACS**

- ◆ Preparing the Annual Action Plan for the trainings during the year
- ◆ Preparing the Proposal for different trainings. This includes the agenda, budget and list of participants for the training
- ◆ Facilitating the training programs.
- ◆ Developing the training reports.
- ◆ Since UPSACS does not have a STRC, TSU helped SACS in identifying a govt institute for carrying out the trainings and also negotiated and initiated reimbursement of TA from the institute.

***Capacity Building plan for the months of December 2011 and January 2012***

- ◆ PM Refresher Training (2 batches)
- ◆ II Phase of Peer Training across the state
- ◆ Completion of ongoing Peer training for IDU intervention through EHA
- ◆ Exposure visit of 3 TIs to Ashodaya for learning the process of CBO formation

***CBO formation in FSW TIs***

- ◆ Coordinated with Ashodaya Samiti of Mysore for establishing FSW CBOs in selected TIs of UP
- ◆ A team from Ashodaya visited three TIs of UP for understanding the preparedness of the FSW TIs for CBO formation. Plan has been developed for capacity building and exposure visit of whole staffs and PEs for 3 TIs to Mysore – will be done during Dec 2011 – Jan 2012.
- ◆ Support to IEC Division in preparation of quarterly plans and implementation of the plans
- ◆ Finalization of IEC messages, material and organization of National Days
- ◆ Support in planning & budgeting for folk shows
- ◆ Participation in Special Gram Sabha Sessions on HIV-AIDS
- ◆ Finalization of content for ASHA training module
- ◆ Participated in ASHA Sammelan
- ◆ Assessment of blood banks
- ◆ District level sensitization of govt. service providers in 71 Districts – three consecutive years – 2009, 2010, 2011
- ◆ Semester test of Counselors and Lab Technicians of ICTC
- ◆ Supported SACS in management of Red Ribbon Express 2010
- ◆ Planning and execution of World AIDS Day activities.
- ◆ Coordination for LWS TI JAT visits.
- ◆ Participation in phone-in programs broadcasted by AIR 93.5 FM and in Kalyani Program of Doordarshan
- ◆ Training of UPSACS staffs on Documentation with support from FHI
- ◆ UPSACS Annual report preparation with support from FHI
- ◆ Supported AIIMS and CSMMU (KGMU) in Data Triangulation exercise
- ◆ Wall writings and printing of training material with support from FHI
- ◆ Joint training and exposure visit of entire UPSACS and TSU team
- ◆ Hindi translation of all CMIS formats
- ◆ Participation in NACP-IV planning process

**Advocacy Initiatives**

- ◆ To create an enabling environment for HRG and the program in a holistic manner, it is imperative to identify Secondary and tertiary Stakeholders at various levels to address the needs at the site/district and State level. Thus at the TI level Stake holder Identification & Analysis was emphasized through sessions in the training and on-site support. Development of Monthly Advocacy Plans was brought in practice. Documentation of Advocacy activities on the prescribed J Format is being regularized.
- ◆ The relevant formation of the Crisis Response Committee and its roles & responsibilities has been addressed.
- ◆ Good practices and Case studies documented for a few TIs.
- ◆ Police Advocacy has been addressed in a very systematic manner and is yielding good results. A total of over 7000 police personnel have been oriented under this initiative.
- ◆ Facilitated identification of Nodal Officers in Police Department at State level and in 72 districts.



## Technical Support Unit (TSU) Performance Report – NACP III



Futures group International India Pvt. Ltd.

**1. Address**

Hotel Mayank  
 15, Tyagi Road, Dehradun- 248001  
 Phone: 0135-2620119.

**2. Supported by- USAID**

**3. Working as a TSU since October 2009.**

Initially a combined TSU for UP and Uttarakhand (satellite office) and presently functioning independently for Uttarakhand

**4. Budget and Expenditure in INR**

2007-08		2008-09		2009-10		2010-11		2011-12	
Budget	Expense	Budget	Expense	Budget	Expense	Budget	Expense	Budget	Expense
									-

**5. Current Staff for 2011-12**

Sr. No.	Budgeted	Whether on board
1	Team Leader-Strategic Planning	Yes
2	Team Leader- TI	Yes
3	PO - Capacity building	Joining from 15th December 2011
4	Sr. PO - STI	No
5	PO - Monitoring & Evaluation	Yes
6	PO- TI (Nainital)	Yes
7	PO- TI (U.S.Nagar)	Yes
8	PO- TI (Haridwar)	Yes
9	Admin cum Account officer	Yes
10	Office Attendant	Yes

**6. Trainings conducted in-house, exposure visits for the TSU staff (2011-12)**

- a. **Exposure Visit at MSACS:** TSU facilitated the SACS/TSU exposure visit to Maharashtra.
- b. **PO Training:** All the Program officers attended the PO training conducted by NTSU at Delhi.
- c. **District Coordination meeting:** TSU initiated the District Coordination meetings. In every meeting TI staff take sessions on TI issues and they also share the performances and best practices of TIs.

- d. **Monthly PO Review meeting:** Program officers share the performances of TI projects as well as the SACS attention points in the monthly PO review meeting which is chaired by the PD.
- e. **Onsite Support by TL-TI to Program Officers:** Team leader plans the TI visits with Program officers to provide onsite support.
- f. **Online training on revised migrant strategy:** Mr. Subhash, NTSU-NACO conducted an online training on revised migrant strategy.
- g. **Exposure visit to Ludhiana:** TL-TSU and TL-TL have visited the OST centers in Ludhiana as a part of the OST workshop.

**7. Number of TIs in state currently (typology wise and coverage)**

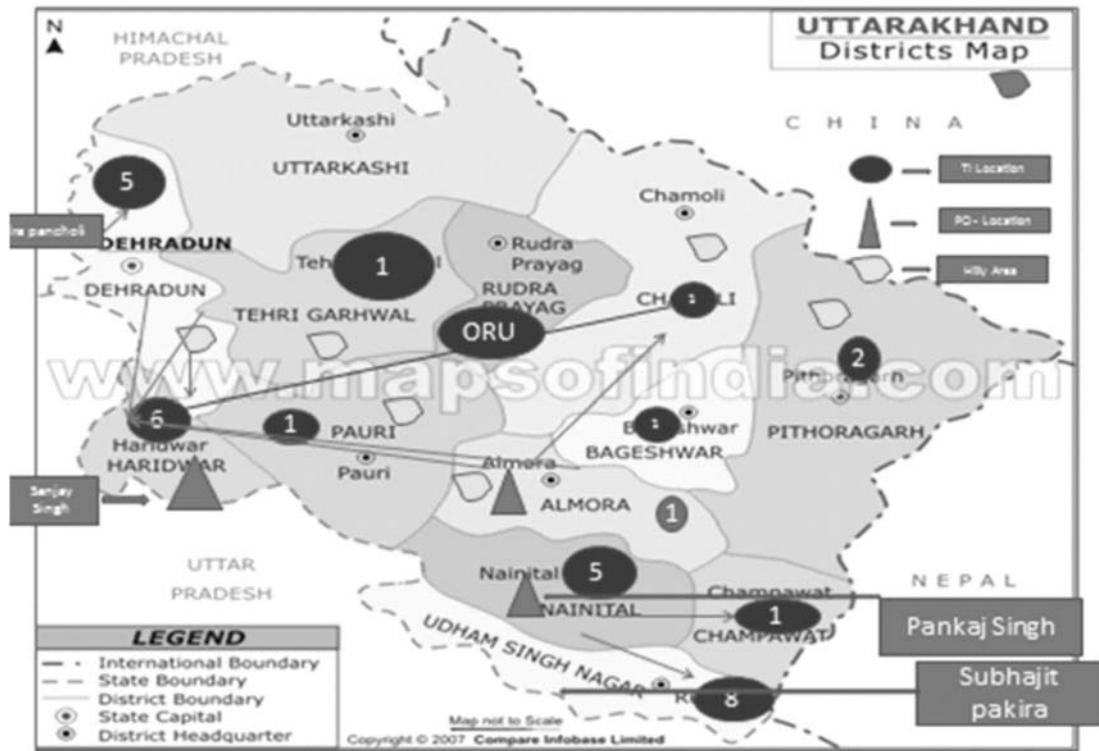
Sr. No.	Typology	Number of TIs	Coverage
1	FSW	11	6750
2	MSM	3	1640
3	Core composite	5	
4	IDUs	7	1900
5	Migrants	6	60000
	<b>Total</b>	<b>32</b>	<b>70290</b>

**8. Program Performance**

**a. Support provided for regional location of the POs**

- ◆ Region-wise TI distribution.
- ◆ Identification of suitable location for PO as per the geographically location and No. of TIs.
- ◆ Monthly Review meeting is conducted at State level on regular basis.
- ◆ TL-TI is providing handholding support to Program officers during joint visit with Program officers.
- ◆ PO-M&E also visit the NGOs to provide handholding support to strengthen MIS system and data analysis at TI NGOs.
- ◆ TSU-TL and TL-TI plan Joint visit with SACS officers especially in difficult NGOs.
- ◆ TSU -TL & TL-TI share reports and SACS attention points with Project Director, APD, DD-TI and NTSU.
- ◆ Facilitates TI Division to take actions based on PO recommendations.

b. Map indicating regional location of POs and number of TIs managed by them





c. Table of month wise visits by each PO from April to November 2011

Name of Staff	Apr-11		May-11		Jun-11		Jul-11		Aug-11		Sep-11		Oct-11		Nov-11	
	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit	No of TIs visited	No of days spent on field visit
Sanjay Kumar	7	15	8	19	9	17	9	21	9	20	9	17	9	12	10	15
Subhajit Pakira	3	8	9	19	5	13	10	18	8	18	8	18	9	16	8	15
Pankaj Singh Baghel	8	12	6	13	8	17	8	18	10	17	9	18	6	12	10	19
Mahendra Pancholi	5	9	4	7	7	7	12	15	8	11	3	6	6	14	4	8
Arvind Shukla	7	7	8	13	3	3	2	5	8	8	7	8	3	3	9	14
Vacant																

**d. Feedback by TSU to PO, TL TI visit**

- ◆ Team Leader TI provides feedback to Program Officers based on PO reports and field visits.
- ◆ PO – TI share summary sheet with NGOs within one week after completing the visit.
- ◆ TL -TI also share major issues with TI division on regular basis through mail.
- ◆ TSU – TL share reports and summary sheet with Project Director and Additional Project Director.
- ◆ TL-TI share monthly summary sheet with TI division and PO reports and discuss with them on major issues at NGO level.

**e. Efforts has the TSU taken in mapping of HRGs in NACP III**

- ◆ **Participatory Site Assessment** conducted at 7 new TI locations by trained HRG consultant. TSU facilitated five days training for HRG consultant. The trained consultants conducted field activities under the Participatory Site Assessment.
- ◆ **HRG verification** is done by Program officers and new sites are also identified during the regular visits which support in scale up process.
- ◆ **HRG profiling** is being conducted by Program officers and it would be completed by January 2012.

**f. Efforts in NACP III have been taken by the TSU to scale up the number of TIs by providing support to SACS**

**Scale up in Migrant Population:** - PO validated the existing TI sites and scaled up population from 5000 to 10000 migrants. One TI has been relocated from Tehri to Haridwar area due to less number of populations in Tehri district. IEC focused strategy has been designed for five districts viz., Bageshwar, Almora, Chamoli, Tehri and Pauri. USACS has initiated folk media activities through IEC division and condom distribution through local TI NGOs at migrant sites.

**Existing Population validation and new site identification by Program Officers:** TSU program officers visited new sites for site validation for preparation of Annual Action Plan 2011-12 and 3 New IDU TIs were proposed based on site validations in existing TI area in US Nagar and Nainital area.

**District level situational Analysis:** TSU is planning to conduct district situational analysis in the month of January 2012.

**Source migrant Mapping:** TSU is conducting source migrant mapping and it would be completed in the month of January 2012.

Typology	2010-11	2011-12	% scale-up	Year	Number of TIs	Coverage
FSW	5650	6750	19	2007-08	4	2680
MSM	1440	1640	14	2008-09	17	16390
IDUs	1500	1900	27	2009-10	24	28190
Migrants	30000	60000	100	2010-11	27	38590
				2011-12	32	70290

**g. Efforts in prioritisation of 'at most risk' HRGs for service delivery and institutionalising of individual tracking system**

- ◆ Individual tracking system is in place in the NGOs.
- ◆ Built the capacity of staff members and peer educators on prioritization.
- ◆ Regular monitoring and handholding support on Prioritization.
- ◆ Capacity building on due/overdue of HIV and STI services and also on seven risk and vulnerability indicators.
- ◆ Regular PO visit to build the capacity of the staff.
- ◆ In-house and District level coordination meetings to build the capacity of TIs.
- ◆ Strengthened the Linkages with referrals for the HRGs.

**h. Efforts towards improving STI service delivery mechanism and quality**

Indicators	No.
No. of Total Static clinic	07
No. of P. P. clinics	50
No. of DSRCs	13
No. of UHCs where STI services are provided	21

- ◆ Regular track of stock of kits and regular supply of STI kits are maintained by relocating the drugs to avoid stock-out positions.
- ◆ The Preferred providers have been trained in Syndromic STI case management.
- ◆ The focal person from SACS is regularly visiting the PPs to monitor the functioning of these clinics.

**i. Efforts to improve clinic access and reduction of STI**

- ◆ Handholding support on risk assessment.
- ◆ Hot spot wise data analysis process is done by Program Officers along with Program managers.
- ◆ Handholding support on use of pictorial IEC material.
- ◆ Regular clinic visit by program officer to discuss the HRG issues.
- ◆ District coordination meeting in Haridwar, US Nagar, Nainital and Dehradun.
- ◆ Linkages with 21 Urban Health centres in Haldwani, Haridwar, Roorkee and Dehradun.

**j. Efforts taken towards improving condom utilisation**

- ◆ Built the capacity on social marketing and about 8% condoms were socially marketed.
- ◆ Condom demand analysis of each HRGs based on recall method in HRG form A.

- ◆ Condom distribution is tracked on weekly basis.
- ◆ Condom supply is ensured from SACS and also relocated from one NGO to other NGO in same district and nearby district.
- ◆ Condoms are also mobilised from NRHM.

**k. Effort taken to improve syphilis screening**

- ◆ RPR kits are provided for syphilis testing.
- ◆ Hot spot wise tracking system is ensured.
- ◆ Linkages with DSRCs have been established.

**l. Efforts taken to improve linkages between TI and ICTC + improvement of HIV testing + improvement in linkage to ART**

- ◆ Hot spot wise data is analysed.
- ◆ Weekly data tracking system in place.
- ◆ Counsellors are involved in district coordination meeting.
- ◆ TI-ICTC Data cross checking system in place, TI NGO counsellor visits concerned ICTC on weekly basis and also visit on 1st of every month to cross check the data. The TI data is being displayed in the ICTCs NGO-wise.
- ◆ Mobile ICTC Van used for long distant sites and migrant sites.
- ◆ NRHM Mobile Medical Units are being used for HIV testing.
- ◆ Referrals ensured at FICTCs.
- ◆ Positive HRG line listing maintained at TI level including CD4 status of HRGs. The positive HRGs are being followed on one-to-one basis.
- ◆ TI NGOs are also playing role in identification of LFU cases at the ART centres.

**m. Effort taken to develop Learning sites in the state**

- ◆ TSU has initiated process of learning site development with all TI projects in the month of September 2011.
- ◆ One day training on micro-planning for preparing learning sites has been conducted for all Program managers of the TIs on 6th December 2011.
- ◆ TIs would be selected by the end of December 2011 and onsite trainings would be conducted in January 2012.

**n. Efforts taken to conduct site validation**

- ◆ Participatory site assessment has been conducted at seven TI locations.
- ◆ 10 % HRG verification exercise would be conducted by Program Officers.

- ◆ HRG Profiling is being developed along with site validation which would be completed by January 2012.

**o. Efforts taken towards improving quality of TI data, analysis and feedback**

- ◆ Monthly feedback mechanism initiated by TSU.
- ◆ Quarterly data analysis shared with NGOs.
- ◆ TOT has been conducted for Program Managers on MIS by technical expert from NTSU and these trained Program managers will provide on-going support to other NGOs.
- ◆ Refresher TOT is being conducted on 7th December 2011.
- ◆ Review meeting is conducted by Program officer at district level in district coordination meeting.
- ◆ Onsite training is conducting on various issues including MIS system.
- ◆ Data analysis exercise is conducting along with program manager like form “C” analysis, PE level assessment, PE level performance assessment, TI performance sheet etc.

**p. Efforts taken towards capacity building**

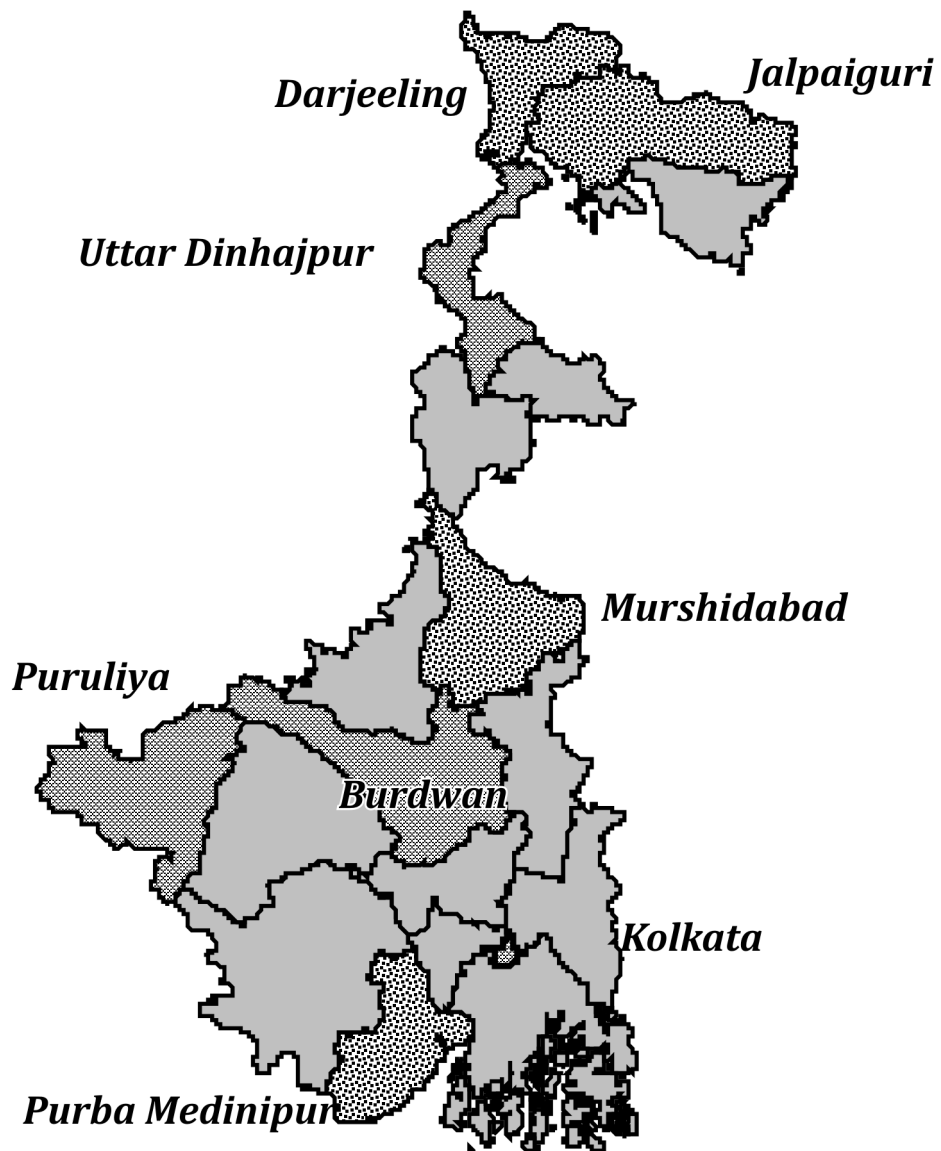
- ◆ Uttarakhand State AIDS Control society does not have STRC hence most of the trainings are conducting by Technical Support Unit.
- ◆ State specific issues are addressed in the training.
- ◆ Resource persons are mobilised for training and evaluation.
- ◆ TSU facilitates all the trainings.

**q. Other support provided to SACS**

- ◆ TSU facilitates in budget preparation for the AAP.
- ◆ TSU facilitates in NGO evaluations.
- ◆ TSU plays a major role in facilitating NRHM convergence activities.
- ◆ TSU supports in preparation and field testing of the various IEC material.
- ◆ District level situational analysis.
- ◆ Source migration mapping.
- ◆ TSU also is a part of various training apart from TI such as ICTC and mainstreaming activities.



## Technical Support Unit (TSU) Performance Report - NACP III



CARE India

**1. Address**

West Bengal State AIDS Prevention & Control Society  
 Bhawani Bhavan Complex  
 Shed C 31/1, Belvedere Road,  
 Kolkata 70027

**2. Supported by:** World Bank**3. Working as a TSU since**

Care India Working in West Bengal as the TSU since June 2008 year 2008-2009

The core team though has been working since 2004 from the time of the SMA then the PSU and thereafter SACS & the TSU

**4. Budget and Expenditure in INR (fill for whichever year that is applicable)**

2007-08	2008-09		2009-10		2010-11		2011-12	
TSU not part of CARE	Budget	Expense	Budget	Expense	Budget	Expense	Budget	Expense
	10780092	7775361	11856965	9763759	13472588	10985758	14991126	4297128

**5. Current Staff (Budgeted vs. on board) for 2011-12****TSU Staff Position**

Sl No.	Designation	Position
1	Overall TL	Post is vacant from January 2011, Ms Nilanjana Chatterjee, TL( CB) , has been given the additional (Acting) charge
2	TL (Strategy)	Filled up
3	TL ( TI)	The post is vacant from January, Mr. Palash Majumdar, PO, has given the additional (Acting) charge
4	PO (M & E)	Vacant from April 2011
5	Internal Communication	Vacant from 16th June, 2011
6	Finance & Admin	Filled up.
7	PO, STI -Two	One post is vacant as Dr Sarkar left on 22nd July, another post is filled up.
8	POs (9)	Currently all POs are in posts. PO for Hooghly district joined on 21 September 2011.



## 6. *Trainings conducted in-house, exposure visits for the TSU staff (2011-12)*

A Performance Management & Enhancement training was done in house for all TSU staff to assist them to enhance performance. Setting performance goals and benchmarks and how to meet them was the objective of this workshop.

An Internal Audit & Financial guideline input workshop was also done for TSU staff to help them meet the requirements of the audit while submitting claims for reimbursement.

2 visits were made in the previous years to Orissa SACS and TIs.

## 7. *Number of TIs in state currently (typology wise and coverage)*

Typology of the TI	Achievement	New this year	Current Coverage
FSW	38		31735
MSM/TG	9	3	5947
IDU	10		4510
ML	7		62613
Core Composite		2	Included in the respective typology
TRK	8		65000

### *PO wise /District wise break up of TIs & Sites.*

Name of the District	Name of the PO	Sl. No.	Existing TIs	Nature of TG	Population
Howrah	Palash Majumdar	1	DMSC - GBIP (Domjur, Bandhaghat)	FSW	2128
		2	DMSC - GBIP (Uluberia, Ghoradanga & Titagarh)	FSW	1485
		3	PLUS	MSM	400
		4	Calcutta Samaritans	IDU	200
Kolkata		5	FXB	ML	5000
		6	Alokendu Bodh Niketan Residential	FSW	300
		7	Society for Community Intervention & Research	IDU	1036
		8	MANAS Bangla (Kasba, Belegkata)	MSM	2340
		9	HDRI - I	ML	10000

Name of the District	Name of the PO	Sl. No.	Existing TIs	Nature of TG	Population
Kolkata	Colin Fitzgerald	1	SHDSA - SHIP (Zone 2)	FSW	4295
		2	Health Vision & Research	FSW	300
North 24 Parganas		3	Naihati Prolife	FSW	696
		4	Narayantala Mass Communication Society	FSW	307
		5	MANAS Bangla, Bongaon	MSM	389
		6	MANAS Bangla Dumdum_ Sovabazar	MSM	922
		7	DMSC Basirhat	FSW	400
		8	Prantik Jana Vikash Samity	ML	10000
		9	Bongaon PRANTIK	TG	300
Kolkata	Sudeshna Basu	1	Kolkata Socio Cultural Research Institute	FSW	300
		2	DMSC - Ultadanga	FSW	930
South 24 Parganas		3	Child In Need Institute	FSW	346
		4	MANAS Bangla (Baruipur)	MSM	500
		5	Indian Institute of Training & Development	FSW	314
		6	Chittaranjan Welfare & Research Centre	FSW	789
		7	Digambarpur Angikar	FSW	300
		8	KOSHISH	TG	300
Kolkata	Agniswar Das	1	HDRI	ML	10000
		2	SHIP (Zone -1)	FSW	5705
Hoogly		3	DMSC - GBIP (Seoraphuli, Rajgunje)	FSW	1014
		4	Women's Interlink Foundation	FSW	300
		5	MANAS Bangla (Sreerampur)	MSM	780
		6	Centre for total Development	FSW	300
		7	Naihati Prolife	FSW	360
		8	SRISTY for Human Society	FSW	500

Name of the District	Name of the PO	Sl. No.	Existing TIs	Nature of TG	Population
Darjeeling (plains)	Tapas Karmakar	1	DMSC - North Bengal	FSW	1102
		2	West Bengal Voluntary Health Association	FSW	400
		3	MANAS Bangla –Siliguri	MSM	660
		4	Naxalbari Integrated Development Society, Naxalbari	IDU	300
		5	BPWT	IDU	700
Coochbehar		6	DMSC - North Bengal	FSW	850
Jalpaiguri		7	New Bharati Club	FSW	400
		8	Jalpaiguri HRIDAY	FSW	775
		9	Naxalbari Integrated Development Society, Jaigon	IDU	150
North Dinajpur	Bibek Sarkar	1	DMSC - NB, Islampur	FSW	278
Maldah		2	DMSC - NB, Panjipara	FSW	192
			Narimukti Malila Samity	FSW	300
		3	DMSC - GBIP, Maldah	FSW	172
		4	Malda Sahayogita Samiti	FSW	300
Murshidabad	Bibek Sarkar	5	Suprova Panchashila Mahila Udyog Samity (1)	FSW	450
		6	Suprova Panchashila Mahila Udyog Samity (2)	FSW	442
		7	HDRI	IDU	300
		8	SRISTY for Human Society	IDU	300
		9	Madhya Bangla Sangram	MSM	300
Darjeeling (hills)	Sabera Fazal	1	Federation of Societies for Environmental Protection	FSW	300
		2	Hill Social Welfare	FSW	300
		3	Mirik Krishnanagar Nari Sewa Samity	FSW	300
		4	Indian Red Cross Society, Kursoeng	IDU	500
		5	Indian Red Cross Society, Darjeeling	IDU	500
		6	Indian Red Cross Society, Kalimpong	IDU	500
		7	MANAS Bangla	MSM	500
Darjeeling (Plain)		8	GUP	IDU	700

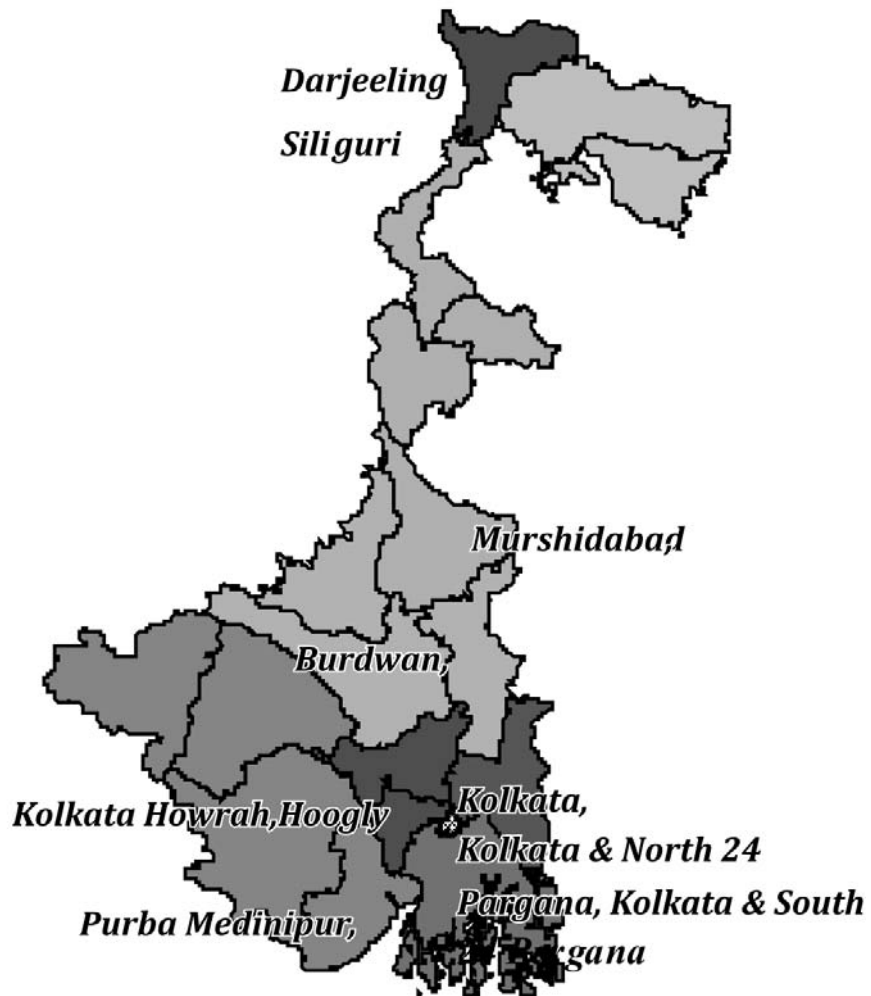
Name of the District	Name of the PO	Sl. No.	Existing TIs	Nature of TG	Population
East Midnapore	Amlam K. Trivedi	1	Vivekanada Education Society, Haldia	FSW	1100
		2	Baramohanpur Bhagabati Debi Nari Kalyan Samity	FSW	400
		3	DMSC - GBIP, Kanthi	FSW	261
West Midnapore		4	DMSC - GBIP, Kharagpur	FSW	170
		5	DMSC - GBIP, Ghatal	FSW	70+
		6	Tengunia Sanskar Kendra	ML	5000
Bankura		7	Child Support & We	ML	5000
		8	DMSC - GBIP, Bishnupur	FSW	250
Bardhaman	Avijit Mitra	1	DMSC - GBIP (Durgapur)	FSW	999
		2	DMSC - GBIP (Asansol - Chabka)	FSW	1100
		3	DMSC - GBIP (Kalna)	FSW	807
		4	Disha Jana Kalyan Kendra	FSW	1000
		5	Saheed Shib Shankar Seba Samity	FSW	800
Bardhaman		6	MANAS Bangla-Burdwan	MSM	660
		7	SPEED	ML	5000
Nadia		8	DMSC - GBIP, Shantipur	FSW	300
		9	SWIKRITI	MSM	300
Birbhum		10	Elmhirst Institute of Community Studies	FSW	800

## 8. Program Performance

### a. Support provided for regional location of the POs

1. The TSU (TL TI) provided in house capacity building and hand holding of the regional PO
2. Regular TSU team meetings were organised and input of key areas, deliverables and on ground difficulties were discussed.
3. Input sessions on M & E, IDU Interventions were given by TL-TI
4. Team building sessions were done in previous years
5. TL TI has visited regions and provided onsite capacity enhancement of the PO's
6. Setting of performance goals and subsequent appraisals are also part of the HR frame work of the TSU.
7. Logistic and administrative support is also provided

b. Map indicating regional location of POs and number of TIs managed by them



c. Month wise visits by each PO from April to November 2011

Staff Type	Apr-11		May-11		Jun-11		Jul-11		Aug-11		Sep-11		Oct-11		Nov-11	
	No of TIS visited	No of days spent on field visit	No of TIS visited	No of days spent on field visit	No of TIS visited	No of days spent on field visit	No of TIS visited	No of days spent on field visit	No of TIS visited	No of days spent on field visit	No of TIS visited	No of days spent on field visit	No of TIS visited	No of days spent on field visit	No of TIS visited	No of days spent on field visit
PO TI 1 (Tapas Karmakar)	4	4	12	12	13	7	8	8	9	9	8	12	8	10	10	15
PO TI 2 (Sabera Fazal)	2	2	9	9	7	10	8	8	6	8	5	11	5	9	6	12
PO TI 3 (Bibek Sarkark)	2	3	11	11	8	10	5	7	10	10	9	9	2	2	10	13
PO TI 4 (Amlan Trivedi)	1	1	10	10	3	6	4	4	7	9	7	10	6	6	6	12
PO TI 5 (Abhijit Mitra)	0	0	12	12	3	3	2	2	5	6	6	9	6	6	9	10
PO TI 6 (Colin Fitzerlend)	0	0	9	9	8	8	9	9	9	9	9	11	3	4	9	12
PO TI 7 (Sudeshna Basu)	2	2	10	20	8	8	6	6	10	10	9	13	5	5	10	10
PO TI 8 (Agniswar Das)											1	1	4	4	8	14
PO TI 9 (Palash Majumder acting TL-TI)	3	3	10	10	0	0	7	9	9	13	9	15	7	9	7	12
PO STI (Dr. Rekha Agarwal)	4	8	11	10	7	8	5	5	3	3	6	5	3	2	9	10
Mr.Agniswar Das had joined the WB TSU team as PO on 21st September 11																
Total no. of site validations conducted	14	42	2	6	5	15	9	27								

d. Feedback by TSU to PO, TL TI visit reports

1. Monthly TSU team meetings are held where the POs discuss the issues being faced by the PO on the field solutions or forward action is suggested by the TL TI on the programmatic issues being faced.
2. The PO's track the services provided and feedback is provided by the TL-TI on abnormalities or areas which need attention in the PO tracking reports provided by the TIs.
3. Feedback is also provided to the PO based on the PO assessments and the grading of the TI's as provided by them. TL TI reviews all the PO assessments and requests PO to focus on the weak areas.
4. Field Visit reports are also read by the TL TI and areas of concern discussed with the PO at the PO monthly meetings.

e. **Efforts taken in mapping of HRGs in NACP III**

Validation of Single Male Migrants to West Bengal: WBSAP&CS commissioned IMRB International to conduct mapping of migrants under NACP-III in the State of West Bengal 2008-09. The TSU and WBSAP&CS provided inputs on the tools developed, training, and listing of towns where the assessment was done. Representatives from the migrant TIs were also involved in the trainings the field investigators. The first draft of the report was shared on 12th March 2009 to WBSAP&CS. IMRB was given feedback on the quality of data and report. On the request of WBSAP&CS for site validation, TSU prepared the protocol consisting of the objectives, selection of towns, rationality of districts to be covered and composition of validation team consisting of team from SACS and TSU. The protocol was approved by SACS and Epidemiologist. Seven towns were selected namely Siliguri, Haldia, Howrah, Bhadreswar, Barasat-Madhyamgram, Durgapur and Rampurhaat. These cities were selected on basis of gap in lower bound and upper bound data on quantum of migrants. Some of the observations were: The estimate of in-migrant data matched only for Howrah city as per the guidelines provided by Single male migrants. On the basis of the report it became a daunting task to locate the places where the migrants congregate during peak time. As data entry was done in Delhi, hence data validation at office level was not adequate. Even the ward numbers were not provided though it was requested to the agency at the outset of the survey. Based on the validation report, the agency was asked to revalidate the data. On behalf of WBSAP&CS, TSU participated in discussion meetings with the agency, advisory committee constituted by WBSAP&CS to review the report and give feedback to the agency.

f. **Efforts taken to scale up the number of TIs by providing support to SACS**

Saturation of coverage being the focus of NACP III the state planned to cover the entire HRG population across the state. The plan was to align the LWS and the TIs so that saturation of coverage was possible.

Special focus was given to the "hard to reach" population such as the MSM & TG populations, The small pockets of HRG population found identified were to be linked to existing TIs in the vicinity rather than introduce new TIs

The scale up plan rested heavily on the existing mapping which was flawed and thus there were suggestion of redoing the same in the initial years of NACP III there after the strategy was

altered and a site and size validation was suggested which would help identify a more realistic HRG population.

Category	Year					
	2007	2008	2009	2010	2011	
FSW	28	31	31	40	38	Two replacements are pending.
MSM	2	2	2	9	12	Including 2 TG-Hizra TI.
IDU	6	8	6	10	10	
ML	5	7	7	8	7	One ML TI have been merged after feasibility study
Core Composite					2	One FSW & MSM , another one is FSW & IDU

**Inputs Given by TSU**

- ◆ Throughout the period of NACP-III, TSU provided support to SACS for up-scaling the TIs by providing information about uncovered sites. During the preparation of AAP every year TSU had given input for scaling up TIs in different new areas.
- ◆ During the field visits POs have always given feed back on the newly uncovered HRGs, so that the population can be brought under coverage.
- ◆ TSU staff specially the POs always assisted SACS by taking active role in joint visits with SACS officials for finalizing the new sites to be covered.

**Example: 1**

EICS is one of the FSW TIs working at Birbhum district among FSWs. It was covering 800 FSWs in the year 2009. During the field visit the respective PO found a new site at Santhia ( one of the town at Birbhum district) and he suggested for the inclusion of the area to SACS. The JD (TI), SACS made a joint visit to the proposed site with the respective PO & TI staff and after the visit suggested for a rapid assessment to understand the number. Finally 200 FSWs have been included with the existing TI in the year 2009 itself.

**Example: 2**

During site validation on 2010-11, few new uncovered FSW sites have been identified like, Changrabandhya RLA at Coochbehar, Bonhooghly RLA at 24- Parganas (N) and Nalhati street based FSW site. Detailed information including population estimation has been provided to the TI division, SACS. Accordingly SACS had taken initiative to visit the sites jointly and proposed in the 2011-12 AAP. Finally all the areas have been included with the nearest TIs.

**Example: 3**

The PO at Coochbehar found a group of MSM population who were not covered under any project. But the total number of population is 80-100, thus it was not possible to provide a new TI in the area. During the AAP 2011-12, TSU proposed for a core composites TI at Coochbehar



as there was already a FSW TI among the street & lodged based FSWs. NACO agreed with the proposal & accordingly the project has been sanctioned.

### ***Lessons Learnt***

- ◆ It was experienced that there HRGs specially FSWs in a very small numbers & dispersed who are really hard to reach through TI. Keeping the issue in mind TSU & SACS had discussions with LWS NGOs to cover those small pockets in remote areas.
- ◆ It was also experienced that, some of the non-brothel based population are being covered by both the TI & LWS which need to be shorted out.
- ◆ During the field visits & regular interaction with the community and secondary stakeholders it was experienced that gradually the number of FSW population at the red light areas are decreasing and the number of non- brothel based FSWs are gradually increasing.

### **g. Efforts taken in prioritisation of 'at most risk' HRGs for service delivery and institutionalising of individual tracking system**

Identifying the "at most risk" HRG and prioritising the service delivery was a major focus of NACP III ensuring HRG access services was thus a major thrust area of the NACP III strategy. To this end it was suggested that an individual tracking system be introduced to track the services received by each individual HRG.

To this endeavour, the TSU introduced a service tracking mechanism which had to be rolled out in all the TIs. The TSU format enables TIs to keep a record of all the services received by the individual and the TI team is thus aware of those you have not accessed services or those who have not been tested.

The "at most risk" HRG are also tracked quarterly through the risk assessment in the peer diary and through a combination of data (i.e STI re-infection, gap in individual condom demand and consumption etc)

Currently all TIs have introduced service tracking format and are updating the same on a monthly basis. From this data the No. of HRG accessing a kind of service is tracked and the TI performance of the No. of HRG accessing a service once twice of even thrice is also tracked. Episodes of STI and treatment can also be tracked. This data when matched with data from the MIS provide adequate information to assess the risk of each individual.

### ***Field level input:***

- ◆ The Project Officers has provided intensive support to the TIs in setting up the process of developing and regular updating of Micro plan
- ◆ Assisted TIs individual categorisation of the HRG, into high, medium and low volumes, based on the no of sexual encounters and no of injecting episodes
- ◆ Redefined the volume calculation for the IDU (HIGH: 14 injections in a week or above, MEDIUM: 7 – 14 injections in a week and LOW: less than 7 injections in a week), which has been adopted nationally. Introduced volume calculation for the ML (HIGH – 4 and above sexual encounter in a month, MEDIUM: 2 – 3 sexual encounters in a month and LOW: 1 or less encounter in a month).
- ◆ Assisted TIs in individual HRG profiling, based on risk and vulnerability of the HRGs
- ◆ Capacitated TIs in identifying the 'at most risk' HRGs, based on their individual profiling of risk and vulnerability and develop plan at the Peer-ORW level to provide services

- ◆ Capacitated TIs in identifying HRGs, who are due/ overdue to STI and ICTC service by the ORWs/ Counsellor and planning at the outreach level, to provide services
- ◆ Setting up individual service tracking system (to be updated by counsellor) to track the service provision and the due/ overdue to services to HRGs
- ◆ Weekly planning of the target/ services to be provided to the ‘at most risk’ and reviewing of the achievement at the outreaching level (following the Planning & Review template)

**Lessons learnt**

- ◆ Identification of the ‘at most risk’ HRG and planning at the outreach level has assisted in prioritisation and ensuring service provision to individual HRGs
- ◆ Weekly Planning & review meeting has assisted in developing the work plan for the Peers for the coming week and reviewing the achievements of the last week and take corrective actions.
- ◆ Individual service tracking has assisted in tracking the services accessed by the HRGs and ensuring service provision to all HRGs
- ◆ Since most of the Peers are illiterate, the ORWs are assisting the Peers in filling up the Peer Diary and therefore, important information might get lost.
- ◆ A system to filter and cross check the data available on individual HRG’s profiling based on risk and vulnerability need to be in place.
- ◆ There is a scope of analyzing the individual HRG data available at the TI level.

**h. Efforts taken towards improving STI service delivery mechanism and quality**

Enhancing the STI service delivery mechanism was again part of the strategy of the state as highlighted in the AAP over the last four years. STI services were planned to be enhanced and through the PPP model and made more accessible to the HRG across the state.

As per the guidelines TIs were awarded static and PPP clinic options and the TIs have spread out a fairly extensive network of clinics across the state. This has increased the footfall at clinics across all the HRG groups.

The TSU is also involved in calculating the demand of kits and ensuring supply of the same by placing the requisitions for kits to the TIs. Training of doctors on site was also done by the PO STI, The training load and a database of the doctors across the TI has also been maintained by the TSU.

**Achievement**

	2008 -09	2009-10	2010-11	2011-12 (6 months)
RMC		12288	66305	48414
STI Treated	41934	37844	41391	12486
PT		17214	2142	4746

***Field level input***

- ◆ Re-structuring of the clinical set up (based on population) into static and PPP mode
- ◆ Assisted SACS in redesigning the STI service provision for some of the TIs, where in, due to the scattered nature of the field/ hotspot and availability of the HRGs, TIs with more than 800 population has been encouraged to adopt the PPP mode of service delivery to increase accessibility of the service to the HRGs. MANAS Bangla, working with MSM population, at Kolkata and 5 districts of the state, had adopted PPP mode of service delivery, though the population sanctioned has been more than 800 at some sites.
- ◆ Facilitated TIs in mapping and identification of MBBS and Non MBBS Preferred providers for STI service
- ◆ Training and orientation of the new/ old preferred providers on the new guidelines of STI management
- ◆ On site orientation of the preferred providers by PO, STI
- ◆ Handholding support to the preferred providers and the clinical team (Counsellors & ORWs) by the PO & PO, STI
- ◆ Regular prescription audit at the TIs, by the respective POs and PO, STI
- ◆ Planning and distribution of STI colour coded kits to the TIs and ensuring adequate availability
- ◆ Handholding support to DSRC and setting up linkage with the district facilities and TIs
- ◆ Assisted SACS in planning and rolling out of the Supportive supervision of the STI services at TI and DSRC level (2009 – 10 & 2010 – 11).

***Lessons learnt***

- ◆ Due to restructuring and spreading of the service delivery points, the STI service is showing a rising trend.
- ◆ Achieved in taking the service delivery points to the door steps of the HRG and therefore, has increased accessibility.
- ◆ Mainstreaming of STI services through the preferred providers
- ◆ The infrastructure and quality of the STI service through the preferred providers has been a concern

**i. Efforts taken to improve clinic access and reduction of STI**

Efforts have been made to motivate the TI's in the state to encourage HRG members to visit the clinics the TSU has consistently insisted on the increase in clinic attendees, over the last four years there has been a consistent increase in the footfall in the clinics RMC and screening has increased and in most of the TIs the HRG has at least visited the clinic once in the past year this was not the case even a year ago. These indicators of increase footfall and increase in the check up figures point towards an improvement in clinic access.

There has also been a decrease in the rate of STI infections across the projects but this has been due to the high detection of STI among the HRG attending the clinic for the first time. With the increase in RMC rates there has been a reduction in the occurrence of STIs among the HRG who have visited the clinic before.

The TI's have been encouraged to conduct group meetings where these messages are enforced and the HRG are made aware of the importance of visiting the clinic.

As the TSU we have consistently struggled in trying to convince the TI to avoid indenting for general medicines. Instead the TI's are advised to use the community contribution collected at some of the clinics to make arrangements for general medicines. This at one point of time in the initial stages of NACP III was a major hurdle.

The PPP model has been rolled out fairly effectively in the state though there have been concerns about the quality of service but the acceptance in some of the TI's has been encouraging. In fact some of the TI who were granted static clinics have request on their own accord to change over to the PPP mode so that the HRG would find it convenient to attend a clinic and seek treatment. West Bengal has also shown an encouraging clinic footfall and also a good level of treatment seeking behaviour in the years gone by.

### **j. Efforts taken towards improving condom utilisation**

*Emphasis has been given in the following areas for the promotion of condom uses*

#### **Male Condom**

Assisted in developing TI wise condom promotion strategy for all the interventions in the state. As part of this the TSU helped all TIs to calculate the individual condom demand properly and make the distribution plan.

As part of the strategy in the state the TSU has driven the TI to increase the percentage of social marketing of condom among the FSW TIs. It was also the emphasis of the state to increase condom distribution at the IDU TIs.

Emphasis on the social marketing at the MSM TIs has also been a thrust area as it was found the percentage of social marketing very low.

Introduce SMO at the ML TIs to scale up the social marketing and gradually to stop the free distribution.

It was found necessary to maintain the TI wise weekly stock to ensure that there are no stock out situation. The TSU Coordinate & follow up with DACPU & Dy CMOH-II to ensure the supply to the TIs in time.

Assist the SMO for the promotional activities at the TI catchments areas

#### **Female Condom**

It was a strategy to bring all the FSW TIs under coverage and introduce FC to all FSW TIs, to fill up the gaps (wherever the FSWs are not using the male condom) by FC.

Ensure capacity building of the Peer Educators and Staff of the NGOs - refresher training, orientation to assist in the promotion of the FC and sensitisation of HRGs through IPC, hot spot level events on the way in which the FC is used.

**Achievement**

	2008 -09	2009-10	2010-11	2011-12 (6 months)
Condom (Free Distribution)	4061883	2904998	8642445	8447327
Condom (Social Marketing)	6101717	8953317	16144991	4743530
Total	10163600	12055279	24787436	13190857

**Field level input**

- ◆ Condom demand analysis based on volumes and subsequently on the number of sexual encounter has been developed at each TI level
- ◆ Set up the system of assessing the per capita condom distribution, which indicates a gap in condom demand analysis
- ◆ Set up system of condom distribution through peers, during one to one or one to group interaction and through outlets
- ◆ Capacitated TIs in identifying outlets for distributing condoms through social marketing
- ◆ The system of procurement and distribution channel for each TIs are in place
- ◆ Weekly and monthly monitoring of condom distribution vs. demand in place
- ◆ Assist DD, STI in procuring free condoms for the state and develop the distribution plan at district level
- ◆ Established linkage with the state SMO with the TIs for procuring condoms for social marketing
- ◆ Provided field level support for promoting female condom among the HRGs in the TIs

**Lessons learnt**

- ◆ The state always had a good social marketing ratio, as the focus was on social marketing, rather than free distribution. Subsequently, with the issue of inconsistent pricing, which still remains unresolved, the ratio of social marketing of condom vs. free distribution has come down. This dilutes the effectiveness of the condom programme as free condoms are not always an indicator towards usage.
- ◆ Condom demand analysis assisted in assessing the target of condom for an individual TI and therefore, the distribution can be monitored.
- ◆ Though the condom distribution vs. demand is quite high for the state, but the condom per capita distribution indicates that there is a gap in condom demand analysis, which needs to be re assessed.

**k. Effort taken by TSU in NACP III to improve syphilis screening**

Syphilis screening of the HRGs (FSWs, IDU, MSM & ML), has been an important performance indicator as per the NACP III guidelines. Early detection and treatment of STIs among HRGs, would always assist in reducing the risk of contracting STIs among the community.

The TSU, had assisted TIs in establishing linkage with the Govt./ Private facilities and implementing the programme across the state.

**Achievement**

	2008 -09	2009-10	2010-11	2011-12 (6 months)
Total no of VDRL screened	3873	20444	58258	21991
Total no of HRGs reactive	409	1014	945	327

**Field level input**

- ◆ Advocate and set up linkages and with Govt. facilities for conducting Syphilis screening with HIV testing by single prick
- ◆ Assisted TIs in establishing linkages with private institutions for conducting Syphilis screening
- ◆ Emphasis on treatment of the reactive cases and follow up
- ◆ Provided inputs on the infrastructural facilities required for administering penicillin injection to reactive cases

**Lessons learnt**

- ◆ There has been a gradual increase in the number of VDRL screened among HRGs in last two years
- ◆ There was a gap in the treatment of reactive cases, as the TI faced difficulty in reaching the mobile and street based population. With the strengthening of the tracking system, the number receiving treatment has increased, but still there exist a gap which needs to be addressed.
- ◆ There is a need to operationalise the process of collecting blood for both HIV and STI testing by single prick, since the HRGs are reluctant to give blood separately for both the test. The VDRL uptake will also increase, if this facility is extended to the community.
- ◆ The cost provided for VDRL screening, in the budget, is not sufficient, especially for cities and remote areas.

**I. Efforts taken to improve linkages between TI and ICTC + improvement of HIV testing + improvement in linkage to ART**

Voluntary testing at ICTC centre, for identifying HIV +ve among HRG, is a thrust area of NACP III, as positive prevention is one of the main objective of NACP III.

In the state, the ICTC service has been rolled down to block level over a period of last 4 years. This has resulted in increase in accessibility of ICTC services to the HRGs. However, there are still pockets of hotspot/HRGs, from where the community is not able to reach to the ICT centres.

Discontinuation of the community based ICTC has also affected the footfall at the ICTC. The state has been sanctioned 4 mobile ICTCs, which has been operationalise from this year. Effective coordination with the district TIs can improve the status of the ICTC in the state.

**Achievement**

	2008 -09	2009-10	2010-11	2011-12 (6 months)
Total no of HRGs tested	17001	18295	36768	9129
Total no of HRGs tested positive	209	541	185	152

**Field level input**

- ◆ Assisted TIs in establishing linkage with the local ICTCs
- ◆ During field visits, the Project Officers, at a regular interval, ensure a coordination meeting with the ICTC counsellor, Lab technicians and TI PM, counsellor and ORWs to strengthen the linkage and resolve issues.
- ◆ The TI counsellor is encouraged to meet the ICTC counsellor on a monthly basis to take an update of the HRGs tested in the month.
- ◆ Strengthening the linkage with ART and other facilities and encouraging pre ART registration of all identified HIV +ve cases

**Lessons learnt**

The ICTC uptake has always been poor in the state. With the scale up of ICTC services to the block level, the no of HRG accessing the service might have increased but the % achieved has been very low.

The state had community based ICTC, especially for FSWs, IDU, MSM and ML community, which was meant for the community and the uptake was fairly high. The closure of the community based ICTC, has also affected the uptake at ICTC.

Non availability of kits, timings of the ICTC centre and distance from the hotspot are some of the constraints cited by the HRG as hindrances to ICTC uptake.

The Pre ART registrations of HIV +ve cases are considerably low. There is a need to strengthen the follow up system and effective coordination between ICTC and TI counselors.

**m. Effort taken to develop Learning sites in the state**

TSU Performance Report – Learning Site Development

- ◆ The Learning Sites have been selected in consultation with WBSACS and TSU. Selection was based on last year’s evaluation report (2008-09) and some mutually agreed criteria based on which further screening had been done. The demonstrative sites are reviewed on yearly basis
- ◆ The Learning Sites had been identified based on certain criteria which had already been shared with WBSACS & TSU & NACO and awaiting observation. TSU had assisted SACS/STRC in identifying the Learning Sites across TIs in West Bengal.
- ◆ The learning sites had also been identified for their best practices in delivering any particular service (like social marketing of female condom, Outreach planning, Documentation etc).
- ◆ Some community consultants from these learning sites who are trained by STRC have already been identified. These community consultants will act as co-facilitators during the field based practical training sessions as well as onsite training programmes (which is currently going on with regards to the PE Modular training happening onsite).
- ◆ The learning site has been used by STRC to conduct Operational Research. These sites are used for pilot studies or even piloting innovative ideas developed by STRC.
- ◆ The Demonstrative sites based on the various typologies that a TI project reaches out to, namely FSW, MSM, IDU, ML and TRUCKERS. For its FSW site STRC-WB has selected both an NGO as well as a CBO. For the Truckers site, STRC shall decide for the same in consultation with TCIF.
- ◆ Learning Sites had been developed keeping in mind the below deliberated points:
  - For field visit during the Training Programmes
  - Operational Research
  - Conducting Pilot Studies
  - Testing of innovative ideas (BCC, IEC materials, Training methodology etc)

These sites are:

**North Bengal:**

FSW - WBVHA

IDU – NIDS

MSM - Manas Bangla, Darjeeling

**South Bengal:**

FSW - CINI & DMSC

IDU - TCS

MSM – Manas Bangla, Baruipur

ML – HDRI I

Truckers – Ambuja Cement



At present there are eight Learning sites functional and supported by WBSAP&CS. These learning sites had been identified in consultation with the TSU among the FSW, MSM, IDU (As per EHA), ML and Truckers (in consultation with TCIF) site. In the beginning there were six Learning Sites (in the year 2009-10) which finally developed in to 8 Learning Sites (in the year 2010-11). The Learning Sites are based on the criteria deliberated below:

- ◆ Basic Human Resource Criteria
- ◆ Monitoring & Evaluation
- ◆ Outreach Criteria
- ◆ Services
- ◆ Referral & linkage
- ◆ Community Mobilisation
- ◆ Reporting system

#### **Observation**

- ◆ The Learning Sites are being monitored primarily by STRC, though a constant vigil is provided by SACS/TSU keeping in mind the criteria for the selection. This is the very reason why Jalpaiguri Hriday (Learning Site for FSW) had changed in to WBVHA, BPWT changed in to NIDS (Learning Site for IDU in North Bengal), SCIR changed into TCS (Learning Site for IDU in South Bengal) & Manas Bangla, Kasba had changed in to Manas Bangla, Baruipur etc. CINI (Learning Site for FSW) had been added along with DMSC over the years.
- ◆ The ML & Truckers Learning Site had been functional since last year, though the Learning Sites are not strengthened enough. It requires constant monitoring & support from SACS/TSU/STRC in days to come.

#### **n. Efforts taken to conduct site validation**

The mapping exercise in West Bengal was conducted, way back in 2006-2007 and in future as it was found during field visits & monitoring visits that there was a gap between the number of target population projected by the NGOs/CBOs and the number of population actually been reached. As well as, under the NACO-III guideline NACO was proposing to cover at least 80% of the HRGs through targeted Intervention.

Therefore, the state had proposed a Mapping exercise in the Annual Action Plan 2009 – 2010 initially and again in the year 2010- 2011.

Finally, NACO had suggested to estimate the HRGs in all the districts of West Bengal through Site validation and accordingly it was sanctioned.

It was also suggested by NACO, that the study would be conducted by the Technical Support Unit of the state. Towards this end, the TSU has developed and finalized the tool and the protocol of the site validation. The tool has been shared with NACO and has been approved by the same (vide e-mail dated June 30, 2010).

**The objective of this study was**

- ◆ Validate the site and size of HRG in the TI catchment area.
- ◆ Identify new locations and estimate the HRG population in those sites.
- ◆ Understand the mobility pattern amongst the HRG population.

**Methodology for Site and size validation**

In order to list out the locations and arrive at the estimated HRG population in the district, triangulation of existing data sets available with the TI (records available, discussion with secondary, tertiary and primary stakeholders) with participant observation (site visits) would be undertaken to arrive at an estimated size of HRG for a particular district. In addition, new hotspots will be identified by adopting two approaches. The first approach, is to compare the last mapping data with the existing TI interventions and secondly by free-listing.

1	Baramohanpur Bhagobati Debi Nari Kalyan Samity	FSW	400	340	07-12-10 to 10-12-10
2	Child In Need Institute	FSW	450	346	24-11-10 to 25-11-10
3	Chittaranjan Welfare & Research Centre	FSW	1200	789	29-03-11 to 01-04-11
4	Disha Jana Kalyan Kendra	FSW	1000	750	5/7/2011(second)
5	Durbar Mahila Samanway Committee - Dinhata	FSW	852	650	12/7/2011(second)
6	Durbar Mahila Samanway Committee - Siliguri	FSW	1282	932	13-09-10 to 14-09-10
7	Durbar Mahila Samanway Committee -Ultadanga	FSW	1300	930	14-09-10 to 15-09-10
8	Durbar Mahila Samanway Committee (Basirhat)	FSW	400	392	20-04-11 to 21-04-11
9	Durbar Mahila Samanway Committee (GBP) - Asansol	FSW	1154	750	5/7/2011(second)
10	Durbar Mahila Samanway Committee (GBP) - Domjur	FSW	1460	1154	04-04-11 to 06-04-11
11	Durbar Mahila Samanway Committee (GBP) - Durgapur	FSW	1249	1082	06-04-11 to 08-04-11
12	Durbar Mahila Samanway Committee (GBP) - Santipur	FSW	1225	1006	06-04-11 to 08-04-11
13	Durbar Mahila Samanway Committee (GBP) - Seoraphuly	FSW	1363	855	11-10-10 to 12-10-10
14	Durbar Mahila Samanway Committee (GBP) - Titagarh	FSW	1485	1288	06-04-11 to 08-04-11
15	Elmhirst Institute of Community Studies	FSW	1000	727	05-10-10 to 07-10-10

16	Indian Institute of Training and Development	FSW	400	314	14-12-10 to 15-12-10
17	Jalpaiguri HRIDAY	FSW	775	707	28-09-10 to 30-09-10
18	Naihati Prolife (North 24 Parganas)	FSW	850	596	25-08-10 to 28-08-10
19	Naihati Prolife (Hooghly)	FSW	360	299	19-04-11 to 21-04-11
20	New Bharati Club	FSW	350	266	27-10-10 to 30-10-10
21	Saheed Shibsankar Seba Samity	FSW	800	600	5/7/2011 (second)
22	Society for Human Development & Social Action – SHIP	FSW	10000	10648	28-03-11 to 01-04-11
23	SRISTY for Human Society	FSW	500	279	25-08-10 to 28-08-10
24	Suprova Panchashila Mahila Udyog Samity	FSW	1200	892	15-3-11 to 17-03-11
25	Vivekananda Education Society – Haldia	FSW	1100	825	01-09-10 to 03-09-10
26	Vivekananda Education Society – Mechada	FSW	300	180	01-09-10 to 03-09-10
27	West Bengal Voluntary Health Association	FSW	400	341	14-09-10 to 16-09-10
28	Women's Interlink Foundation	FSW	350	331	19-04-11 to 21-04-11
29	Bhoruka Public Welfare Trust	IDUs	700	462	22-03-11 to 24-03-11
30	Gana Unnayan Parshad	IDUs	700	438	22-03-11 to 24-03-11
31	Human Development & Research Institute	IDUs	350	265	15-03-11 to 18-03-11
32	Indian Red Cross Society, S. D. Branch, Darjeeling & Ghoom	IDUs	600	550	10-04-11 to 12-04-11
33	Indian Red Cross Society, S. D. Branch, Kurseong & Mirik	IDUs	600	512	10-04-11 to 12-04-11
34	Indian Red Cross Society, S. D. Branch, Kalimpong	IDUs	300	249	10-04-11 to 12-04-11
35	Naxalbari Integrated Development Society	IDUs	700	547	22-03-11 to 24-03-11
36	Society for Community Intervention & Research -Park Circus & Buroshibtala	IDUs	1092	876	08-03-11 to 11-03-11
37	SRISTY for Human Society	IDUs	375	301	15-03-11 to 17-03-11

38	MANAS BANGLA (DACC)	MSM	500	414	10-04-11 to 12-04-11
39	MANAS BANGLA ZONE-1 (BARAIPUR)	MSM	600	482	08-03-11 to 11-03-11
40	MANAS BANGLA ZONE-2 (KASBA-BELIAGHATA)	MSM	1320	1123	31-03-11 to 01-04-11
41	MANAS BANGLA ZONE-3 (SOVABAZAR-DUMDUM)	MSM	1140	922	09-03-11 to 11-03-11
42	MANAS BANGLA ZONE-4 (BANGAON)	MSM	600	389	19-04-11 to 21-04-11
43	MANAS BANGLA ZONE-5 (HOOGHLY-648/ BURDWAN-460)	MSM	1320	1108	11-04-11 to 19-04-11
44	MANAS BANGLA ZONE-6 (SILIGURI)	MSM	520	444	23-03-11 to 24-03-11
45	PLUS (People Like Us)	MSM	400	337	19-04-11 to 21-04-11
46	Narayantala Mass Communication Society (NMCS)	FSW	300	310	26-05-11 to 27-05-11
47	HILL SOCIAL WELFARE SOCIETY	FSW	300	300	31-05-11 to 02-06-11
48	Federation Of Society for Environmental Protection	FSW	300	300	02-06-11 to 04-06-11
49	Mirik Krishnanagar Nari Sewa Samity	FSW	300	300	04-06-11 to 06-06-11
50	Centre for Total Development	FSW	300	300	07-06-11 to 08-06-11
51	Malda Sahayogita Samity	FSW	300	300	14-06-11 to 15-06-11
52	Nari Mukti Mahila Samity (NMMS)	FSW	300	300	16-06-11 to 17-06-11
53	Digambarpur Angikar	FSW	300	300	25-07-11 to 26-7-11
54	Alokendu Bodh Niketan Residential	FSW	300	300	27-7-11 to 28-7-11
55	Kolkata Socio Cultural & Research Institute	FSW	300	300	28-7-11 to 29-7-11
56	Health Vision & Research	FSW	300	300	11-7-11 to 12-7-11
57	The Calcutta Samaritans	IDUs	150	185	29-7-11 to 30-7-11
58	Dum Dum Swikriti	MSM	300	350	21-7-11 to 22-7-11

#### Inputs Given by TSU

- ◆ During the last couple of years TSU POs were highlighting the issues of population size at the field and motivated SACS to propose for the site validation in the AAP.

- ◆ Team Leader TI & TSU POs involved in developing the protocol & tools for the site validation.
- ◆ Had several coordination meetings with SACS for Team formulation, making the visit plan etc.

#### **Lessons learnt**

- ◆ It was an effective exercise to decide upon the population size and to find out the new sites.
- ◆ TSU & SACS experienced lot of concerns & field dynamics during the site validation. Some of these had already been addressed. SACS still need to act on some of the major issues.
- ◆ It was learnt that most of the HRGs are highly mobile and there are overlapping in the line lists. Though it was tried to capture the mobility pattern of the HRGs but could not be done properly. Further study may be undertaken separately to understand the mobility and to minimize the overlapping.
- ◆ In some cases validation team faced a lot of opposition in conducting the same and as a result the estimations may not reflect the

#### **o. Efforts taken towards improving quality of TI data , analysis and feedback**

One of the objectives of NACP III has been strengthening the MIS system of the programme. TSU has contributed in collating and managing the TI data, analysing and providing feedback to the TIs for consistent and correct reporting.

#### **Achievement**

- ◆ 95% correct and consistent reporting
- ◆ Rolling out of the new field based MIS at the TI level
- ◆ Provided feedback on the monthly reports by PO, M&E on a regular basis

#### **Field level input**

- ◆ Collation of monthly MIS reporting (CMIS, STI-CMIS, 13 indicators) at the TSU level
- ◆ Feedback provided to the TIs by the PO, M&E on a regular basis on the reporting and the quality of reporting
- ◆ Monthly reporting of PO tracking by the TIs to the individual POs
- ◆ The new field based MIS has been rolled out in the state and the TI record information in the format provided (by the NACO)
- ◆ Handholding support by the POs and PO, M&E in setting the MIS system for all TIs
- ◆ Capacitate TIs in data analysis and interpretation
- ◆ PO, M&E provides feedback to the POs based on the analysis on individual TIs
- ◆ Consultative meeting with STRC and TOT facilitators on the monthly reporting guidelines and the outreach MIS for uniform understanding

### Lessons learnt

Understanding of the Peer format among the Peers is low, since most of the Peers in the state are illiterate. The ORWs end up in filling up the format and as a result, increases the documentation load on the ORWs.

### p. Efforts taken towards capacity building

#### Strategy

- ◆ Facilitating Training Need Assessment for the partner TIs
- ◆ Revision & development of annual training plan & calendar each & every year in consultation with all the divisions of WBSAP&CS/SSACS (till 2009-10) as well as STRC
- ◆ Updating/ development of resource pool, training modules/ curriculum for the TIs in the state
- ◆ Organizing training/ TOT on Operational Guidelines for Core & Bridge HRG, Need Assessment tool & methodology, Site validation & Micro planning, Proposal development, Gender, Sex & sexuality, Behaviour Change Communication, Counselling skills, STI/RTI management, training on Harm reduction & OST management, training on Gender/ Sex & sexuality, Syndromic Case Management, Peer Card, Communication and IPC, Induction & Refresher of all the modules for PM, Counsellor, ORW & PE (Onsite), Basics of HIV & AIDS & Communication & Leadership for PLHA Network/19 DICs, M & E Training for M & E Officers & Financial Management training for Accountants & documentation for PLHA DIC Counsellors & office support staff
- ◆ Internal capacity building of TIs: Update/ Selection/ development of resource pool, training of trainers, materials & modules from the 4 zones of the state on TI project management, BCC strategy, Monitoring & Evaluation, STD management, M & E & Financial management & also assisting the TI partners for conducting their internal training
- ◆ Capacity building of CBOs: Identifying the need of training of the existing 8 CBOs & Developing training plan
- ◆ Capacity building of Positive Network/ DICs: Identifying the need of training of the existing 19 PLHA Network DICs & also Developing training plan and calendar
- ◆ Developing Post Training Evaluation tool & Providing the feedback to the concerned division: TSU also developed a post training evaluation tool for assessing the quality of training from feedback of the participants. This tool has been used for almost all the trainings organized by WBSAP&CS for assessing the quality of training & TSU also provided the feedback report to the concerned division of the SACS. At the same time, developed a Post training monitoring tool for assessing the quality of the training conducted by STRC from the feedback of the participants as part of the concurrent evaluation of the training & successfully piloted the same in Kolkata & will be completed in the last quarter of the 2011-12 of NACP III. Also provided the feedback reports to all the concerned departments
- ◆ Developing a monthly training report format for TI training and shared with all TI partners.
- ◆ Developing a template to track staff turnover in TIs.
- ◆ Developing a tool on OD & PMS for ICTC/TI Service providers: A tool was developed

namely for Counsellor, MOIC & ORW based on the NACO Operational Guidelines of Basic Services. Also developed the PMS for the TI staffs based on their respective JD/TOR on the basis of Emotional Intelligence Quotient

- ◆ Organising & Conducting Regional as well as National TOT/Orientation Workshop/Trainings for NACO/WBSAP&CS/SSACS/STRC/other organizations like: KHPT, CDC-GAP, PHFI, IIHT etc on behalf of NACO
- ◆ Providing Training Requirement to STRC: Developed training need for the TIs on the basis of Program Officers' Monthly Report & submitted to STRC for doing needful at their end

#### **Accomplishment against the strategy taken over the four years:**

The Capacity Building Plan of the TI partners was developed for the year 2008 - 09 in consultation with WBSAP&CS and SSACS. Also assisted in developing the Capacity Building Plan for the years 2009-10, 2010-11 & 2011-12. The training load was determined for all these years in consultation with WBSAP&CS (till 2009-10 with SSACS also) & STRC. An annual calendar, based on the training plan was also developed. Assisted in developing the capacity building plan for the other Departments of WBSAP&CS & SSACS, which includes, ICTC, STI, ART, Blood Safety, Mainstreaming & IEC. A comprehensive resource pool, with areas of specialization has been identified, developed and updated.

#### **The following training modules were developed based on the need of the TIs;**

1. Induction
2. Harm Reduction
3. Gender, Sex & sexuality
4. BCC
5. Communication & IPC
6. STIs for Project Managers
7. Condom Social Marketing
8. CMIS/MIS Formatting
9. Revised ML (destination) Strategy
10. Transit ML Strategy

A tool for identifying the training need of the project staff has been developed.

Developed DAPCU training agenda for their capacity building on the basis of felt need.

Based on the feedback from the monitoring visits, the following training was initiated by TSU;

- ◆ Peer Card for the Peers
- ◆ Communication & IPC for the ORWs & Peers
- ◆ PPP training for Allopath & Non-allopath doctors of TI partners in coordination with STRC
- ◆ Onsite training for CSM for ORWs in coordination with STRC

- ◆ Onsite CMIS/MIS format training for the TIs in coordination with STRC
- ◆ Transit point ML Orientation as well as revised guideline of destination ML strategy Orientation at WBSAP&CS
- ◆ Training of the Community ORW & Counsellors of 19 DICs for PLHA Network

Each training has been assessed based on the feedback from the participants as well as the resource persons. The training curriculum (agenda and the resource persons) and the methodology of the training have been revised based on the feedback.

TSU has initiated a monthly MIS training format for recording the internal training/dissemination, organized by the TI partners. This also includes a narrative format for understanding the output of the training.

**TSU had been responsible for organizing the following National and Regional training:**

- ◆ Regional and State STI/RTI management Induction training for 3/2 days
- ◆ National IDU TI Management
- ◆ Regional Induction of STRC for 9 states
- ◆ Regional GIPA Consultation Workshop for PLWHAs of all the Positive Networks of West Bengal, Orissa, Jharkhand & Bihar as well as the respective WBSAP&CS' divisional officers
- ◆ 4-days Regional PO training for the Project officers of TSU, conducted by NACO
- ◆ 2-days Regional CMIS TOT for the POs, TSU, & M & E Officer SACS, conducted by NACO
- ◆ 4 Regional ART M & E Training with 103 MOIC, Counsellors and Data Entry Operators from ART Centres of 12 States
- ◆ Training on ICTC Software for the ICTC Counsellors of North Bengal at NIIT Siliguri Centre conducted by NIIT.
- ◆ Regional/State TOT for Counsellors of TI/District ICTC Supervisors
- ◆ Regional LWS Workshop
- ◆ Regional Induction for DAPCU Team
- ◆ Regional Induction workshop of Financial Management Orientation for 14 states
- ◆ Regional NACO - NRHM convergence workshop on STI/RTI orientation for 9 states
- ◆ Regional training in Laboratory Techniques for diagnosis of STIs for Microbiologists & Technicians
- ◆ Regional NACP IV Multi Stake holders' consultation workshop
- ◆ Regional/State SIMS training

A dashboard for assessing the capacity of the project staff has been developed for understanding the level of capacity of the existing staff and identifying the gaps. TSU is also reviewing and analyzing the staff turnover at an organizational level to ensure the minimum standard for human resource development. Handholding and capacity building of the STRC, to ensure that the quality of the capacity building programmes of the TIs are maintained. TSU had also assisted in recruiting training officer for the STRC.



### Other Support

- ◆ Developed the Participants' Feedback Format for assessing the qualitative aspects of the trainings conducted by each & every division of WBSAP&CS which is part of concurrent evaluation of the trainings conducted by the training agencies of WBSAP&CS & duly provided feedback for the trainings conducted by other agencies (CU, Bishwavarati University etc.) for ICTC/STI Counsellors as well as by the Medical Colleges for ICTC/STI Lab Techs, Nurses & MOIC under the supervision of WBSAP&CS
- ◆ Developed a training report format for all the TIs to provide a quarterly report after each quarter on who all are there in the TI, what all they have been trained on, their joining date, their dates of training as well as who has organized the trainings etc.
- ◆ Designed & developed the concurrent evaluation format for the TI training impact provided by STRC & also successfully piloted the same in TIs in Kolkata with due permission from WBSAP&CS & submitted a report to JD, TI, WBSAP&CS & the same will be completed for TIs of 8 A & B districts of WBSAP&CS within the last quarter of NACP III
- ◆ Developed a monthly training report format for TI training and shared with all partners
- ◆ Developed a template to track staff turnover in TIs
- ◆ Assisted Programme Officers to establish a system of concurrent evaluation of the quality of training and grading of participants.
- ◆ Assisted WBSAP&CS in conducting a survey on prevalence of STI/RTI among HRG with the TI partners
- ◆ Assisted TI Division of WBSAP&CS/TI partners for successful recruitment of the human resource
- ◆ Assisted the STI Division of WBSAP&CS in building the capacity of the STI counsellors by organizing & conducting supportive supervision
- ◆ Assisted TI/STI/ICTC Division of WBSAP&CS/SSACS in identifying the resource pool for Master/State trainer/Supportive Supervisors for STI/ICTC clinic Counsellors
- ◆ Assisted the IEC/Mainstreaming division of WBSAP&CS to organize Mid Media/State Folk Media Workshop/State Legal Aids Workshop for PLHA & also identified the names of the resource persons for the same. Assisted IEC Dept of SSACS in organizing a 2 day workshop on orientation of theatre groups for organizing Mid Media activity on HIV & AIDS
- ◆ Attending the PPTCT workshop by UNICEF for halting the HIV infection spreading among the children/new born by early detection
- ◆ Providing support to the WBSAP&CS in carrying out Pehchan Project for MTH community as well as Hifazat project for IDU community by coordinating with the PR & SR (GFATM – Rd.9) to conduct the trainings & workshops for the staffs

The capacity building plan for the AAP (2009–10, 2010-11 & 2011-12) was developed in consultation with all the divisions of WBSAP&CS & SSACS (till 2009-10) and STRC.

### Observations

- ◆ Successfully completed all the National/Regional/State TOT/Trainings under the supervision of NACO/SACS
- ◆ Completed piloting Concurrent Evaluation of the TI Trainings provided by STRC in 5 TIs at Kolkata
- ◆ Successfully provided support to SACS/STRC in identifying Master Trainers for SACS/STRC & currently having 47+10 (community consultant). The Resource person have expertise in different thematic areas like Counselling, Peer Education, Outreach, Leadership, Programme Management, Harm Reduction, OST, Communications. While some of them have been trained by STRC on NACO Module there are others who have participated in TOT organized by NACO. Master Trainers are both from district level & from well performing TI projects. The master trainers have been identified from TIs working with different core groups (FSW, MSM, IDU, ML, Truckers).
- ◆ Almost all the TI training programme as per the AAP have successfully been completed. The refresher trainings will also be completed by December 2011. STRC has also proposed to conduct the remaining training programmes (except ML) in consultation with WBSAP&CS. All the training files have already processed for sanction of necessary budget. Following is the detailed training plan of STRC.
- ◆ Only the ML training as well as CBO training is still pending in respective TIs. The same will now be conducted by STRC in coordination with TSU. The ML trainings will be provided by TSU on site whereas the CBO trainings will be conducted by TSU in consultation with SACS/STRC.
- ◆ The Refresher training for ICTC Counsellors as well as Induction training for FI mode ICTC Counsellors are on & will be completed by January,2012
- ◆ & STI trainings are ongoing for Lab Tech & Nurses currently & MOIC as well as PPP Doctors' Refresher training will be completed by January,2012
- ◆ IEC workshops have already been completed & the Folk groups have already been capacitated by the resource pool identified by SACS/TSU with the NACO prescribed scripts & currently touring around for Mid media activity schedule of SACS.

### STRC Update

- ◆ TNA - STRC has conducted the TNA for the state of West Bengal and the report was shared with NACO, WBSACS as well as Academic Committee members . A concept note for conducting TNA for the staff of ML TI is in process.
- ◆ PD orientation workshop will be done in December,2011 under the able guidance of SACS & assistance of TSU/STRC.
- ◆ STRC has been selected as sub recipient of GFATM Rd – 9 for doing Harm Reduction training for PM, Counsellor & ORW – First training got completed by September,2011
- ◆ STRC till date has conducted two Operational Research, the reports of which was shared with SACS/TSU in Academic Committee Meetings as well as NACO and the researches are:
  1. Assessment of efficiency level (Knowledge, Skill and Attitude) of Peer Educators in filling up the prescribed peer format.

2. Assessing the Qualitative impact of the STRC Capacity Building Programme In West Bengal. The reports of the Operational Research was also shared with Academic Committee Members.

3. Socio Sexual Behaviour & Practice of Hijra/TG in West Bengal – Process will be on from November, 2011, already approved by the Academic Committee & will be completed by this financial year.

◆ Innovative approaches by STRC :

A training film on Peer Educator and ORW formats have already been developed and approved by the Academic Committee which was duly circulated to all the TIs with the help of TSU

- ◆ Best Practice on different thematic area by the TIs – Concept note is in progress in consultation with TSU & will be shared by STRC by December, 2011 in Academic Committee Meeting.
- ◆ On the basis of the comprehensive report of last year & feedback from TSU, STRC has modified the training agenda of PM, Counsellor, ORW & PE in consultation with SACS/TSU which got appreciated by NACO.

**TI Training Update by STRC - April, 2011 – September, 2011**

Staff	Target	Achievement
PM	78	63
Counsellor	108	104
ORW	212	200
PE	430	380
M&E TOT	9	9

**Lesson Learnt**

- ◆ The trainees have been categorised on the basis of knowledge, skill & attitude by marking them with A, B, C. If, a trainee is marked with C for his/her attitude & skill especially, then, that trainee needs a special guidance & mentoring from SACS/TSU since knowledge can be acquired through training but, skill & attitude need development through specific need based supportive supervision programme
- ◆ ML & IDU trainings need specific subjective trainer who can take specialised sessions in a qualitative manner
- ◆ Counsellors needs exposure visits to best ICTC counsellor’s place for having an idea about the Pre & Post Test Counselling for HIV testing
- ◆ Need to identify Master Trainers with thematic understanding. Like for eg. Specialised facilitator for Gender, Sex & Sexuality, Communication skill, Negotiation Skill, Leadership Skill, Team Building Skill, Counselling Skill, Outreach Skill etc. At the same time, STRC should increase the number of trainers & also put up the name of the trainers well in advance in the training agenda at SACS level.

- ◆ Need to identify Best Practising TIs & document the Best Practice & report back to WBSAP&CS. Ideally, the TI having more number of successfully ongoing Best Practices in the field should be identified as MODEL TI
- ◆ CBO trainings are long awaited in the field which needs to be followed up with NACO. If nothing comes up from NACO, then, with the help of Academic Council & SACS/TSU, CBO training modules (Community Mobilisation, Leadership Skill etc.) need to be developed & implemented in the field
- ◆ Organisational Development training needs to be implemented urgently (with the Project Directors of TIs) with the help of SACS/TSU
- ◆ Trainings are taken very lightly by the TIs nowadays, hence the participation is either half-hearted or not at all. Some stringent action should be taken by WBSAP&CS for not attending the trainings or doing it half way only. STRC should also take up the matter seriously with the concerned authority in SACS.
- ◆ Categorisation of training is required to be done with regards to the PM & Counsellor on the basis of working experience in TI & knowledge & skill level.
- ◆ Follow up training should be scheduled after 3 months for ORW & PE considering the retention level of the participants

### **q. Other support provided to SACS**

- ◆ Provided technical support and input to the SACS in Monitoring Committee meeting, TAC meetings, & Academic committee meetings.
- ◆ Actively involved & prepared the TI annual action plan (AAP) for the year 2011-12 and actively participated in the final AAP meeting at NACO.
- ◆ Prepared relevant documents for SACS for quarterly TI review meeting and also participated at quarterly TI review meeting at NACO
- ◆ Completed feasibility assessment for all ML destination projects.
- ◆ Assisted SACS in conducting Size & site validation and actively participated in validation.
- ◆ Collection of information from district & state level regarding source point of migration.
- ◆ Assisted SACS in identifying new areas for TI intervention and helped in designing for the coverage of those areas.
- ◆ Assisted SACS's TI division in the roll out of new TIs in different districts.
- ◆ Participated & provided technical support in LWS & DAPCU meetings.
- ◆ Assisted SACS in organising & conducting sensitisation meeting with all destination ML TIs on the revised ML strategy.
- ◆ Participated in the State Advisory Committee meeting in redesigning the methodology of Site Validation tool.
- ◆ Assisted different TIs in writing proposals & setting up their performance indicator.
- ◆ Assisted SACS by preparing OST uptake & feasibility report for the IDU TIs at Darjeeling district as per NACO demand.

- ◆ Actively participated and provided technical support in TI review meetings, TI Evaluation & debriefing meetings, JAT visits.
- ◆ Regularly coordinating and participating in the review meeting with the SMO (for condom) for the promotion of condom in TI sector.
- ◆ Developed tool for monthly TI wise deliverables with the help of POs and also had a meeting with all POs in standardising the PO assessment tool.
- ◆ Prepared OST feasibility study for initiating OST services at Govt Hospitals.
- ◆ Took part in joint visits with SACS officials for visiting new HRG sites.
- ◆ Assisted SACS & actively participated in the Health & Communication Camps at source migrant blocks identified by LWS. Also prepared the presentation & strategy for the conducting the same deliberating the job responsibilities of the respective divisions SACS, DAPCU, LWS, SMO & TSU.
- ◆ Provided technical support during the times of different divisional reviews of SACS at NACO.
- ◆ TSU coordinated preparation of Annual action plan for Sikkim SACS (2009-2010) and WBSAP&CS (2009-2011). Preparation of power-point presentation for AAP review meeting at NACO and quarterly meetings. Assisted WBSAP&CS in preparing responses on Approved AAP of West Bengal to NACO from all divisions.
- ◆ Develop and closely monitor on the monthly, quarterly basis targets achieved – physical and financial for every division on quarterly basis for WBSAP&CS in 2009; monthly basis in 2010-11.
- ◆ Prepared background material and presentation for PD for review meeting with District level officers, other department of Health.
- ◆ Prepared and updated 2 Page excel format (a ready reckoner) on various indicators at State level (Population, density, IMR, literacy rate etc) and achievements of HIV responses in the district including budget outlays and budget utilization for benefit of all divisions of WBSAP&CS.
- ◆ Provided technical support to the DAPCUs on targets and achievements pertaining to district monthly report.
- ◆ Assisted in building synergy between WBSAP&CS and DAPCUs.
- ◆ Provided feedback to PD WBSAP&CS on DAPCU performance on regular basis.
- ◆ Organized quarterly review meetings of DAPCU districts and assisted the district to prepare response to their reports.
- ◆ On behalf of PD WBSAP&CS prepared response to mails received from NTSU TL.
- ◆ Assisted DAPCU on Case studies, various reports etc. Planning and coordinating visits to DAPCU districts.
- ◆ Assisted AIIH&PH on epidemiological profiling for WBSAP&CS.
- ◆ Prepared and update the State Profiles (Ranked the districts on basis of performance) and district Profiles.

- ♦ Assisted the DAPCU districts to update the profiles.
- ♦ Assisted ICTC division in developing a correction tool in excel format for the counsellors to minimize the data errors by incorporating validation checks. The tool was shared with all counselors, district supervisors and DAPCU.
- ♦ Annual reports of WBSAP&CS 2008-09 and 2009-2010 and 2010-2011. Uploaded in the website.
- ♦ Annual report for Sikkim SACS 2009-10.
- ♦ Assisted M&E division in CMIS analysis 2009-10; shared CMIS analysis for STI, ICTC, TI with PD SACS.
- ♦ Prepared district wise plan for selecting blocks for migrant IEC campaign for SACS and shared with NACO based on census 2001 data. Attended meeting with district level partners (NGO) Migrant IEC campaign programme at Transit points and assisting IEC division in documentation.
- ♦ Assessment study of STI division for including STM as DSRC.
- ♦ Two page document on WBSAP&CS activities for sharing with NRHM.
- ♦ Assisted IEC division in preparing background material for the National convention on HIV/AIDS for Parliamentarians for WBSAP&CS – Fact sheets for State and 8 districts; power point presentation.
- ♦ Assisted WBSAP&CS in preparing response to Assembly questions 2011.
- ♦ TSU provided inputs on mapping report of HRG and Vulnerable groups in 100 villages in Murshidabad and Puruliya Districts - UNICEF.
- ♦ TSU assisted JD TI for streamlining of TI data and evaluation details for NACO in Dec 2010.
- ♦ TSU assisted in preparing the source migration strategy note on behalf of TI division of WBSAP&CS on identifying single implementation agency for NACO.
- ♦ TSU assisted WBSAP&CS in developing Polling booth protocol, tabulation plan, sample size calculation.
- ♦ Followed-up with CARE India Emphasis project for initiating a dialogue for strengthening linkages between TI projects and Emphasis.





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**National AIDS Control Organisation**

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**India's voice against AIDS  
Department of AIDS Control**

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