LINK WORKER SCHEME
OPERATIONAL GUIDELINES

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

K.Sujatha Rao
Secretary & Director General
National AIDS Control Organization, Ministry of Health & family Welfare, Government of India

Over 57% of the HIV positive persons in India are estimated to be living in rural areas. The fight against HIV/AIDS particularly in rural areas becomes more pronounced in view of stigma and discrimination surrounding HIV, resulting in poor access to health care, gender inequality and above all infections going undetected or treated by unqualified practitioners. The existing primary health care system has limited scope and capacity to deal with the sensitive issues like HIV, sexuality and drug use. Keeping this in mind, Link worker Scheme has been conceived for building the capacity of the rural community in fighting with HIV.

The scheme envisages identifying and training, this village level workforce of Supervisors, Link Workers and volunteers on issues of HIV/AIDS, gender, sexuality, STIs and above all on mobilizing difficult-to-reach, especially vulnerable sub populations including high risk individuals, youth and women. Linking these marginalized sub populations to the public health services for STI, ICTC, ART and then their follow up back to communities is one of the key areas that is expected to be addressed by theses Link Workers, generating volunteerism among the community for fighting HIV/AIDS and inculcating health values is another cornerstone of this strategy.

In order to achieve the desired objectives of the scheme, the Operational Guidelines were revised following the national consultation. The present guidelines describe the phase wise work plan for various cadres of human resource involved in scheme. Also greater emphasis has been laid on, building skills of human resource by enhancing the mode of training. In preparing these Guidelines, thought has been given to State-Specific variations in the capacities and needs that may influence the roll out of the scheme. Implementers are urged to conceptualize the "how to implement" part to best respond to the risk and vulnerability patterns specific to their Sate and Districts.

I take this opportunity to acknowledge the contribution made by the technical experts and LWS team of NACO in preparing these guidelines. I would also like to acknowledge various agencies mentioned in the acknowledgment section for their valuable inputs.

I hope that these guidelines will help the SACS, Regional Level Lead NGOs and the District LWS Units for rolling out the Link Worker Scheme more effectively.

6th Floor, Chandralok Building, 36 Janapth, New Delhi-110011 Phone 011-23325331 Fax: 011-23731746
E-mail: nacoasdg@gmail.com

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LIST OF ACRONYMS

AIDS	Acquired Immuno Deficiency Syndrome
ANM	Auxiliary Nurse Midwife
ART	Anti Retroviral Therapy
ASHA	Accredited Social Health Activist
AWW	Anganwadi Worker
BCC	Behavioural Change Communication
CABA	Children affected by HIV and AIDS
CBO	Community Based Organization
CHC	Community Health Centre
CSO	Civil Society Organization
DAPCU	District AIDS Prevention and Control Unit
DHM	District Health Mission
DIC	Drop In Centre
DOT	Directly Observed Treatment
DRP	District Resource Person
EOI	Expression of Interest
GP	Gram Panchayat
HIV	Human Immunodeficiency Virus
HRG	High Risk Group
HRI	High Risk Individual
IEC	Information, Education & Communication
ICDS	Integrated Child Development Scheme
ICTC	Integrated Counseling and Testing Centre
KPG	Key Population Group
LW	Link Worker
LWS	Link Worker Scheme
MoHFW	Ministry of Health and Family Welfare
MoHRD	Ministry of Human Resource Development
MoYAS	Ministry of Youth Affairs and Sports
MPW	Multi-Purpose Worker
MSM	Men having Sex with Men

M & E	Monitoring & Evaluation
NACO	National AIDS Control Organization
NACP	National AIDS Control Programme
NFHS	National Family and Health Survey
NGO	Non-Governmental Organization
NIPCCD	National Institute for Public Cooperation and Child Development
NIMS	National Institute of Medical Statistics
NRHM	National Rural Health Mission
PHC	Primary Health Centre
PLHA	People Living with HIV/AIDS
PPTCT	Prevention of Parent to Child Transmission of HIV
PRI	Panchayati Raj Institution
PRA	Participatory Rural Appraisal
RCH	Reproductive and Child Health
RRC	Red Ribbon Club
SACS	State AIDS Control Society
SC	Scheduled Caste
SHG	Self Help Group
SIMS	Strategic Information Management Unit
SNA	Situation Needs Assessment
ST	Scheduled Tribe
STI	Sexually Transmitted Infection
STRC	State Training and Resource Centre
STRI	State Technical Resource Institution
TB	Tuberculosis
TI	Targeted Intervention
TOR	Terms of Reference
TOT	Training of Trainers
TRG	Technical Resource Group
TRI	Technical Resource Institution
TSU	Technical Support Unit
VHSC	Village Health and Sanitation Committee
VHND	Village Health and Nutrition Day

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1. INTRODUCTION

1.1 Background and Rationale

India had an estimated 1.8-2.9 million HIV infected persons in 2007, with an adult HIV prevalence rate of 0.34%. The pattern of HIV infection in the country is heterogeneous and concentrated in nature. On the basis of the evidence related to HIV prevalence and the extent of vulnerability to HIV, 187 districts **(Annexure 1)** have been identified as priority districts for saturated coverage of HIV prevention and care services. The major mode of HIV transmission in India is through the sexual route, predominantly from unprotected sex with commercial partner . In the North East, injecting drug use is one of the major modes of transmission which is being further compounded by unsafe sexual practices.

A comparison of urban-rural data reveals that rural areas account for 59% of the total infection. According to the national HIV sentinel surveillance, 2006, HIV prevalence among antenatal clinic attendees was 0.6%, and there was no marked difference in the urban-rural prevalence rate[1]. However, in many states, rural areas either have a higher HIV prevalence rate than their urban counterparts or at the very least are at par with the prevalence rate in urban areas. There is growing evidence that HIV is no longer restricted to urban areas.

1.1.1 Rural-based Sex Work

In fact, in some parts of India, there is conclusive evidence that indicates strong presence of sex work in rural areas. For instance, the various assessments carried out by the University of Manitoba, India-Canada Collaborative HIV/AIDS Project (ICHAP), and the Karnataka Health Promotion Trust (KHPT) in rural and urban areas indicate that approximately half of all Female Sex Workers (FSW) in Karnataka live and work in rural areas. It was also observed that the distribution of FSWs varied from village to village and a majority of them were clustered around a few key villages. Recent mapping of HIV risks in rural areas in the other parts of India such as Uttar Pradesh, Bihar and Orissa have revealed a similar pattern.

1.1.2 High Economic Differentials and Mobility

Due to uneven development, many rural areas of India are economically backward, particularly drought-prone areas. Often these areas are adjacent to zones of relatively higher economic activity and opportunities. For example, many of the drought-prone areas in northern Karnataka are adjacent to areas having greater economic opportunities both within Karnataka and neighboring states, particularly Goa and Maharashtra. This results in the higher mobility of sex workers, who go to places where there is more demand, as well as extensive overlapping and mixing of sexual networks between urban and rural areas and between different rural areas. Short-term mobility is particularly important since it promotes concurrent linkages of high-risk sexual networks.

[1]Technical Report: India HIV Estimates 2006, National AIDS Control Organization (NACO) and National Institute of Medical Statistics (NIMS)

1.1.3 Gender and Youth

A substantial proportion of the clients of FSW living in urban areas tend to be from rural areas whose female sexual partners back home are at risk of contracting STI/HIV/AIDS. In India, women account for around 1 million of the estimated 2.5 million people living with HIV/AIDS (PLHA). Their heightened vulnerability has both biological and socio-cultural reasons. Prevailing gender norms in India's rural society also contribute substantially to the increased vulnerability of rural women, who often get infected during the first few years of marriage. Early marriage, poor information and lack of control over resources and their social environment make women in rural areas more vulnerable to HIV. This is particularly evident among women who are widowed, divorced, separated or deserted and those who are often the main breadwinners of the family.

Young people, particularly those in rural areas, are at persistent risk of contracting HIV. Today, young population between the age group of 15-29 constitutes about one-fourth of India's population and account for about one-third of the country's AIDS burden. Prevention through the education of young males and females is a sure way of reducing their vulnerability to HIV and other STIs.

1.1.4 People Living with HIV and AIDS (PLHA)

A large number of PLHA in rural areas experience widespread stigma and discrimination which majorly emanates from a lack of understanding of HIV. Social isolation, denial of access to social and legal services and reduced opportunities for work drastically undermines the quality of life of a PLHA. Needless to say, HIV positive women and children are even more severely impacted by the stigma and discrimination that is practiced against them.

1.1.5 Community Based Workers

There are various functionaries working at the village level such as the Auxiliary Nurse Midwife (ANM), Multi-Purpose Worker (MPW), Anganwadi Worker (AWW), and ASHA (Accredited Social Health Activist) and each has their own set of deliverables. However, high-risk groups (HRGs) are generally not the focus of these health and nutrition functionaries so they are largely left out of their gamut of activities and programmes. This is also true for vulnerable populations, especially unmarried youth who are at varying levels of risk to HIV. Issues like relationships, safe sexual practices and condoms, which are pivotal for addressing the HIV epidemic, are not adequately tackled. Basic health workers lack appropriate skills to address these issues which are largely due to the fact that reaching out to HRGs and other highly vulnerable populations is not the overarching objective of their work.

Considering the evidence of rural risks and vulnerabilities to HIV and the over-burdened rural health functionaries, NACP III has designed the Link Worker Scheme (LWS) to provide HIV prevention, referral and follow-up services to HRGs and vulnerable groups in rural areas.

1.2 Salient Features of Link Worker Scheme

The salient features of this scheme are:

1. To use the evidence-based approach and scientific tools such as mapping to identify rural

areas with greater risk of contracting HIV. Individuals/groups within the villages in need of information and services will be identified through detailed Situation Need Assessment (SNA).

2. To generate demand for various HIV/AIDS related services and strengthen access to existing services. The scheme itself will not create any service delivery points.

3. To involve a team of highly motivated and trained representatives from the community – a male and a female Link Worker- for a cluster of villages. They will link the community with HIV/AIDS related services and provide related information.

4. The scheme is a short-term, time-bound (3 years) intervention aimed at enhancing community participation, building a sense of ownership and stakes in it to enable the scheme to be sustained beyond the programme.

1.3 Objectives of the Link Worker Scheme

The scheme will make an effort to build a community-centred model for rural areas.

This will include an outreach strategy to address the HIV prevention, care and support and treatment requirements in 187 high prevalence and highly vulnerable districts. The specific objective of the scheme includes:

- Reach out to HRGs and vulnerable men and women in rural areas with information, knowledge, skills on STI/HIV prevention and risk reduction.

This entails:

- Increasing the availability and use of condoms among HRGs and other vulnerable men and women.
- Establishing referral and follow-up linkages for various services including treatment for STIs, testing and treatment for TB, ICTC/PPTCT services, HIV care and support services including ART.
- Creating an enabling environment for PLHA and their families, reducing stigma and discrimination against them through interactions with existing community structures/ groups, e.g. Village Health Committees (VHC) , Self Help Groups (SHG) and Panchayati Raj Institutes (PRI).

The population groups that are at-risk and vulnerable to HIV infection as well as persons living with HIV/AIDS include:

1. High-risk groups (HRGs)

a. *Female sex workers (FSWs)*: An adult woman who engages in consensual sex for money or payment in any kind as a means of livelihood. It includes women who live and practice sex work in and outside the village and also those who come from outside to practice sex in a particular village. The definition excludes women who used to be sex workers in the past and are currently not entertaining clients.

b. *Men having sex with men (MSM):* All men who have sex with other men as a matter of preference or practice, regardless of their sexual identity or orientation and irrespective of whether they have sex with women or not. It includes men who live and engage in anal sex with other men in and outside the village and also those who have anal sex with men in casual partnerships or in commercial relationships. The definition also includes *Transgender (Hijras).*

c. *Injecting Drug Users (IDUs):* IDUs are not injectors at all times in their injecting life span. they may inject, then fall back onto non injecting (e.g.oral) drug use, or abstinence and then return to injecting. Thus, IDUs are defined as those who used any drug through injecting routes in the last three months. It includes those who live and inject drugs in and outside the village and also those who come from outside the village to inject drugs.

2. Vulnerable groups

a. *At-risk men including clients of FSWs:* Include commercial drivers and cleaners who live in the village and work within or outside the village, migrant workers (single men or women) who come to the village for work or go outside the village for work/business including short duration migration also.

b. *At-risk women:* Women who have casual multiple partners.

c. Partners/spouses of migrant/mobile men and women

d. Partners/spouses of commercial drivers/cleaners

e. Partners/spouses of FSWs/MSMs/IDUs

f. Women in women-headed households

g. Persons infected and affected by HIV

h. Men who have sex with men (not necessarily anal sex)

i. IDUs (not necessarily sharing needles)

j. Youth Population

1.4 Services Provided Under Link Worker Scheme

1. Community outreach to establish linkages with services: Link Workers will reach out to those at risk and vulnerable individuals or groups who are at present not able to access to HIV related information and services. The scheme will promote risk reduction and motivate community members to adopt behaviour change. The outreach services provided under the scheme will ensure reaching out to key populations, linking them up with programmes and services and educating them about the modes of prevention. The Link Workers will provide HIV related information, demonstrate condom use, distribute condoms, refer patients for appropriate services and do follow-up to monitor and facilitate the consistent use of these services.

2. **Advocacy:** The focus will be on advocating for availability of quality services and reduction of stigma and discrimination against HRG and PLHA.

3. **Community mobilization:** Community members will be facilitated to develop ownership and sustain the scheme beyond the life of the programme. Formation of youth groups, Red Ribbon Clubs and involvement of volunteers will be encouraged to ensure that the efforts are sustained.

1.5 Chapterization of the Operational Guidelines for Link Workers Scheme

The Operational Guidelines for the Scheme have been explained in the following sections:

1. **Introduction** – describes the background, rationale, salient features, objectives of the scheme, specific target groups and services provided under the scheme.

2. **Management Structure** – outlines the roles and responsibilities of different organizations involved in the design, implementation and monitoring of the scheme along with the various cadres of human resources required to implement the scheme at different levels.

3. **District Implementation Activities** –lists out the different phases of the scheme and specific activities under each phase. Gives a detailed implementation schedule of activities to be conducted in the span of 3 years.

4. **Capacity Building** – describes the capacity building systems, capacity building plan and the different capacity building modules.

5. **Monitoring and Evaluation** – explains the key monitoring indicators, tools and mechanisms of monitoring and recording and reporting formats.

6. **Financial Management** – provides the costing guidelines of the Link Worker Scheme at the regional and district level.

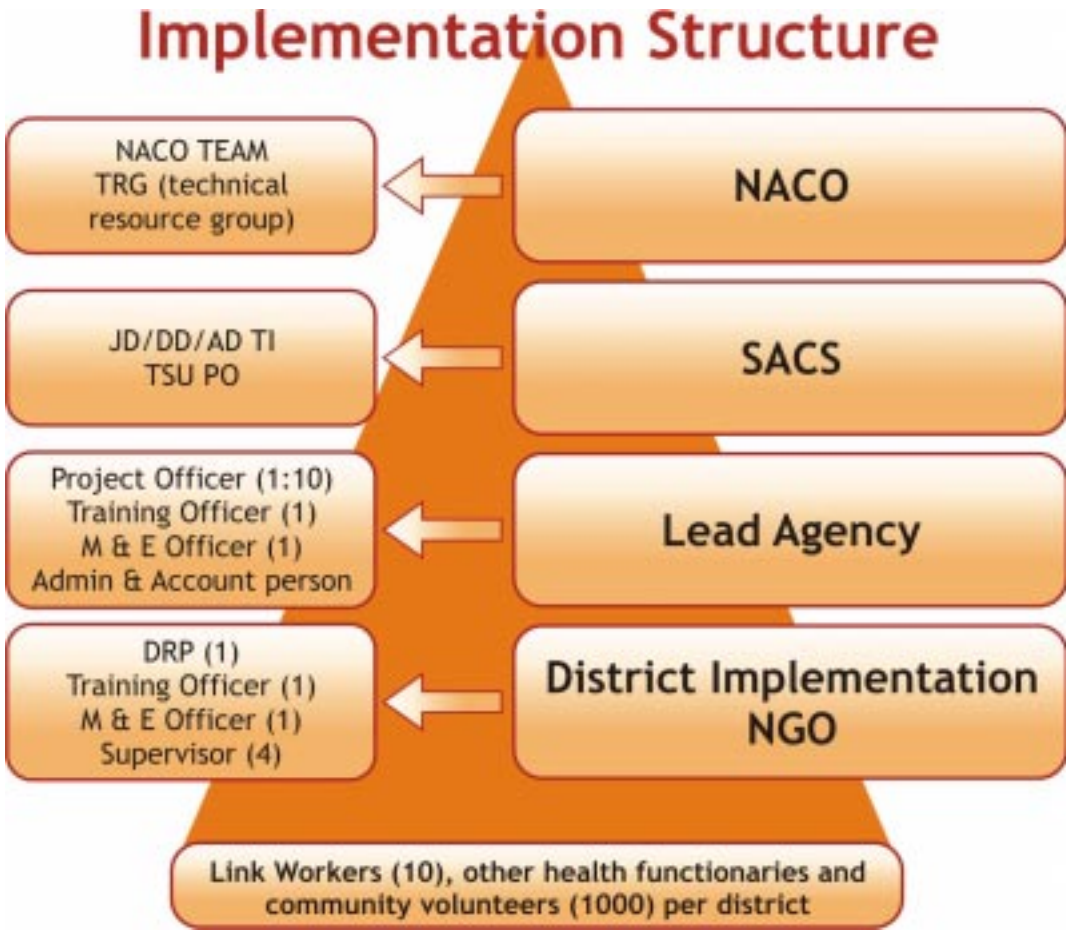
2. MANAGEMENT AND TECHNICAL SUPPORT STRUCTURE

The Link Worker Scheme seeks to address the need for HIV prevention, support and care services at the rural level. This scheme will be implemented with a strong management and technical support structure from village to national level.

2.1 Institutional Structure

The implementation of Link Worker Scheme in A & B districts will have institutional structures at the following levels:

1. Overall policy direction and supportive supervision: NACO and SACS
2. Management of the programme: SACS/Lead NGO
3. Technical guidance and support for the programme: TRG/ TRIs/STRC
4. Continuous Handholding, Monitoring and Supervision: SACS/DAPCU or Lead NGO
5. Evaluation and Quality Assessment: NACO/SACS
6. Implementation at District level: District level Implementing NGOs or DAPCUs through a cadre of skilled staff and trained volunteers.



2.1.1 Role of NACO

The role of the National AIDS Control Organization (NACO) will be to ensure the smooth roll out of the Link Worker Scheme. The specific responsibilities will include:

a. Providing overall policy directions in coordination with State AIDS Control Society (SACS) and the Technical Resource Group (TRG).

b. Conducting quarterly meetings of the TRG of the Link Workers programme to assess the quality of implementation, understand field-related challenges and gaps and decide on steps for mid-course corrections.

c. Conducting bi-annual meetings for better understanding of the issues and concerns with a select group of members from Lead NGOs and partners implementing the programme

d Ensuring a continuous two-way flow of information among all the regional and local level agencies implementing the scheme

e. Conducting operational research and evaluation of the scheme.

f. Ensuring regular fund flow to SACS and to Lead NGOs to facilitate programme implementation.

At NACO level, the scheme will be steered by the following human resource positions:

1. Programme Officer (1)
2. Technical Officer (1)
3. Monitoring & Evaluation Officer (1)
4. Administration and Accounts Officer (1)

2.1.2 Role of SACS

State AIDS Control Society (SACS) will provide an oversight to support the management in the states where the scheme is getting implemented. However in states where there is no Lead NGO, SACS will implement the Link Worker Scheme through district level implementing NGOs or DAPCUs. The fund flow to the Lead and Implementing NGOs/ DAPCUs will be routed through SACS. The specific responsibilities of SACS will include:

1. Conducting regular bimonthly/quarterly meetings with Lead NGOs, DAPCUs and Implementing NGOs to review and understand field-related challenges and gaps and provide inputs for any mid course corrections to NACO.

2. Guiding Lead NGOs/Implementing NGOs on management of expenditure and ensuring regular submission of accounts.

3. Conducting field visits in the implementing districts to review and provide technical inputs to the programme.

4. Ensuring coordination amongst all partners working in a particular district with HRGs, bridge populations and vulnerable populations.

5. Scaling up and strengthening services in the districts on a priority basis to ensure that programme outreach and demand generation is linked to availability of services.
6. Considering the mainstreaming of programmes in all districts covered in the scheme in a synergistic manner to address the issue of vulnerability.
7. Ensuring regular access to information to strengthen local decision making.
8. Collecting monthly report from lead NGOs and reporting the same for CMIS.
9. Ensuring regular training for the staff for developing their skills in implementing effectively, especially in districts where DAPCU is the implementing body.
10. Providing continuous support to the Lead NGOs in implementing the scheme effectively.
11. Selecting the Implementing NGOs in coordination with the Lead NGO.
12. Facilitating coordination of district functionaries (ICTC, TI, CCC etc.) with implementing NGOs
13. Facilitate coordination between local TI projects and LWS projects in order to avoid duplication of services to HRG and bridge population.

At SACS level, the scheme will be steered and managed by the following human resource positions:

1. TI focal person / IEC Focal person (1)

2. M&E and finance officer (1)

2.1.3 Role of DAPCUs

District AIDS Prevention and Control Units (DAPCU) plays an important role in carrying out various activities related to the National AIDS Control Programme. DAPCU has been responsible for coordinating activities of different agencies and programmes at the district level to address the HIV epidemic. Hence with regard to the Link Worker Scheme, the role of DAPCU will be to supervise and coordinate the work of district level Implementing NGOs.

In the absence of an Implementing NGO, DAPCU will have to implement the scheme. The DAPCU staff will be trained to coordinate with the Training Officer, Supervisors and Link Workers to implement the scheme in the district.

The staff of DAPCU will lead the coordination processes to ensure successful implementation of the Link Worker Scheme and District Implementation Plan along with the staff of the implementing agency.

2.1.4 Role of Lead NGOs

Under the Link Worker Scheme, state or regional level lead agencies will be identified to manage and provide technical support in states where the design of the scheme requires an overall management structure. However, in states where SACS will be implementing the scheme through

DAPCUs or directly through Implementing NGOs, the concept of Lead NGOs will not be considered.

The role of Lead NGO will be to:

1. Provide overall accountability.
2. Select and appoint district level Implementing NGOs based on the terms and conditions of the contract signed with SACS / NACO. The selection of these NGOs will follow the NACO prescribed guidelines.(Advertisement will be issued followed by short-listing of NGOs by a committee based on specified criteria)
3. Provide overall management and technical support to the district Implementing NGO.
4. Ensure and coordinate the mapping of target villages and development of the District Implementation Plan.
5. Coordinate selection of District Resource Persons (DRP), Supervisors and their involvement in the mapping process.
6. Manage the appointment of staff in the Lead NGO as agreed upon in the agreement and coordinate their induction training.
7. Direct the training of staff of Implementing NGO including the DRP (Training).
8. Coordinate the selection of Link Workers following the norms prescribed in the Operational Guidelines.
9. Ensure that the requisite systems of monitoring and supervision are established at the Lead NGO and Implementing NGO level.
10. Facilitate smooth flow of funds to Implementing NGO and ensure fund management at Lead NGO level.
11. Coordinate timely submission of financial and programme performance reports to SACS and NACO.
12. Coordinate the implementation of training programmes with the State Training Resource Institutes (STRI), if identified .
13. Ensure coordination with other allied departments including various divisions of SACS for effective implementation of the scheme through networking and regular meetings .
14. Conduct regular monitoring and supervisory visits to the field areas of the implementing NGOs.
15. Ensure establishment of learning sites.
16. Ensure coordination with IEC division of SACS and develop district level BCC and IEC plans.

The Lead NGO will have the following human resource positions:

1. Project Officer (1 for 10 districts)
2. Training Officer (1)
3. M & E Officer (1)
4. Admin and Accounts Support (1)

2.1.5 Role of Implementing NGOs

Implementing NGOs will be selected by the SACS in coordination with the Lead NGO. The number of Implementing NGOs per state will depend upon the design provided for the clustering of villages in one district or a number of districts.

The role of Implementing NGO will be to:

1. Ensure mapping activities are conducted in the district in coordination with the SACS/ Lead NGOs and the mapping agency, so as to identify 100 to 150 most vulnerable villages.
2. Ensure selection of DRPs, Supervisors and Link Workers as per selection criteria mentioned in the Operational Guidelines.
3. Ensure training of staff at all levels in coordination with Lead NGOs/ SACS/DAPCU.
4. Coordinate development and implementation of the District Implementation Plan activities as described in Chapter -3 of the Operational Guidelines.
5. Establish systems for fund management, programme management, information flow, monitoring and supervision.
6. Manage timely reporting of financial and programme performance to Lead NGOs/ SACS/DAPCU.
7. Ensure field visits by the DRPs, M & E officer to handhold the Supervisors and Link Workers for effective implementation of the scheme.
8. Coordinate with Lead NGO to develop a set of villages as demonstration site.
9. Coordinate with Lead NGO in networking with allied government departments in order to create an enabling environment.
10. Organize analysis and use of information generated by the scheme to address gaps.
11. Coordinate with ART/ DOT/ ICTC centers for calculating the reports and ensuring further referral.

To channel this effort a four-tier structure is proposed:

District Resource Person (DRP) – Supervisor – Link Worker – Volunteers

The Implementing NGO in each district will have the following human resource positions:

1. DRP (Programme) - (1)
2. DRP (Training) - (1)
3. M & E cum Accounts assistant (1)
4. Supervisor (4) i.e. (1 for 10 Link Workers and 4 per district)
5. Link Worker (2 in number- male and female , each district will have about 40 Link Workers)

2.2 Human Resources

2.2.1 Eligibility, Selection Criteria and Responsibilities of Key Staff in Lead NGO

1. PROJECT OFFICER

Position for Project Officer will be available at the Lead NGO level and she/he will be the lead person in steering the state/ regional level activities. The selection process for this position will consider the following:

Eligibility Criteria:

- Should possess a Master's degree in any discipline (preferably in Social Sciences) from a recognized university
- Should have a minimum of 5-7 years experience of development work, preferably in programme management.
- HIV positive people, especially positive women, with the required qualifications and experience should be given preference.
- The individual must have sensitivity of working with marginalized groups, including PLHA and HRG, hands on experience of working on social mobilization and community based projects and experience of working with varied partners.

Key Skill Areas:

Programme management – Ability to draw up action plans and work plans for different cadres with prioritization, review programme implementation, provide inputs to programme design tailored to the situation in each district and provide supervisory inputs to the different cadres of personnel within the Link Worker Scheme.

Linkages – Capacity to work with different departments in the government at the district level, civil society partners including positive networks and PRI members.

Reporting – Competence to interpret reports and feed back into programme implementation, share results in an easy to understand manner with Supervisors and Link Workers, compile programme updates and share highlights and challenges.

Fund management – Ability to work with allocated funds, supervise M & E and accountant on submission of accounts and budget preparation.

Selection Process for Project Officer

The selection is to be worked out by a committee constituted by SACS with representation from NACO/SACS/DAPCU, members from allied departments like Women and Child Development, Social Welfare etc. The rating will be as follows:

- Merit: 20%. This will include qualifications, the university from where the course/degree has been acquired, marks, any other professional courses or training attended related to the job.
- Interview: 20%. This will assess knowledge of HIV/AIDS, sexuality and gender; understanding of community mobilization; knowledge of organizational skills, communication skills and comfort level in discussing issues of sexuality and HIV. Person should have experience of team management and monitoring and evaluation.
- Written test: 20%. In the written test, the candidate will be asked to write a page on topics such as *Feminization of HIV/AIDS* or *HIV/AIDS and Young people*, etc. This is to assess skills in analysis and documentation.
- Any previous experience of work and training: 20% (experience of working with HRGs and vulnerable young people and women).
- Good understanding (written and spoken) of the local language: 20%.

Responsibilities of Project Officer:

1. Coordinate the selection and appointment of district level Implementing NGOs based on the agreed upon terms and conditions of the contract signed with SACS and NACO.
2. Ensure and coordinate the mapping of target villages, development of District Implementation Plan.
3. Ensure selection of DRPs and Supervisors and their involvement in the mapping process.
4. Ensure appointment of in house staff as agreed upon in the agreement and their training.
5. Develop TOTs to provide further training to the staff of the Implementing NGO including training to DRP (Training).
6. Ensure and coordinate selection of Link Worker following the norms prescribed in the Operational Guidelines.
7. Ensure that the requisite systems of monitoring and supervision at the Lead NGO are established.
8. Coordinate with Admin cum Accounts Officer to ensure smooth flow of funds to the Implementing NGO and ensure fund management at Lead NGO level.
9. Coordinate with M& E officer of the Lead NGO to ensure timely receipt of reports from districts and also ensure proper analysis and use of information. Ensure that these reports are shared with SACS officials and NACO (LWS personnel).
10. Ensure timely submission of financial and programme performance reports to SACS and NACO.

11. Ensure coordination with other allied departments including various divisions of SACS for effective implementation of the scheme through networking and regular meeting with SACS officers.

12. Ensure development of work plans for other staff at Lead NGO level and regular review of their progress. Make supervisory field visits and review activities at district level.

13. Coordinate to develop learning sites.

Expected Honorarium for the Project Officer: Rs. 25,000/- per month.

2. TRAINING OFFICER

Position for Training Officer will be available at the Lead NGO level and she/he will be the lead person in steering the state/ regional level activities related to training of in house scheme staff, development of TOT and training of DRPs, Supervisors and M & E cum Accounts Assistant. The selection process for this position will consider the following:

Eligibility Criteria:

- Should possess a Master's degree in any discipline (preferably in Social Sciences) from a recognized university
- Must have proficiency in the local language and dialects.
- Should have a minimum of 3-5 years of experience in training and pedagogy especially in social sectors like SHG movement, watershed movement, literacy etc.
- HIV positive people, especially positive women, with the required qualifications and experience should be given preference.

Key Skill Areas:

Ability to draw up action plans, prepare reports, conduct needs assessment training, handhold and mentor, design training sessions and coordinate its implementation.

Selection Process for Training Officer:

The selection is to be worked out by a committee constituted by SACS with representation from NACO/SACS/DAPCU, members from allied departments like Women and Child Development, Social Welfare etc. The rating will be as follows:

- Merit: 20%. This will include qualifications, the university from where the course/degree has been acquired, marks, any other professional courses or training related to the job.
- Interview: 20%. This will assess knowledge of basic understanding about HIV/AIDS, vulnerabilities associated with HIV, training methodologies for organizing trainings of grassroot level workers.
- Written test: 20%. In the written test the candidates will be asked to do an analytical report on a training programme that they have conducted and write an essay of 300 words on *HIV and Development and the role of community*.

- Any previous experience of work and training: 20% (experience of working with HRGs and vulnerable young people and women).
- Good understanding (written and spoken) of the local language: 20%.

Responsibilities of Training Officer:

1. Ensure training of in-house staff e.g. M & E officers, Project Officers and Admin cum Accounts officer.
2. Coordinate development of TOTs for Implementing NGO, who in turn will ensure training of staff at the district level.
3. Manage translation of Operational Guidelines, communication material and reporting formats for use by Supervisors and Link Workers at the district level.
4. Ensure training activities are conducted as per the plan defined in the Operational Guidelines.
5. Ensure development of training reports and sharing with SACS/NACO.
6. Ensure training for needs assessment to periodically address the gaps.
7. Direct implementation of BCC activities as per the District Implementation Plan.
8. Making assessment about issues for which further training is needed and coordinate acoordingly.

Expected Honorarium for the Training Officer: Rs. 21000/- per month.

3. MONITORING & EVALUATION (M & E)OFFICER

Position for M & E Officer will be available at the Lead NGO level and she/he will be the lead person in steering the state/ regional level activities related to information (programmatic and financial) flow from the district and sharing of reports with SACS/NACO/DAPCU. The selection process for this position will consider the following:

Eligibility Criteria:

- Should possess graduate degree in any discipline (preferably in Statistics, Demography) from a recognized university
- Should have a minimum of 3-5 years of experience in programme management. Must have knowledge of computer, preferably with a course in computer.
- HIV positive people, especially positive women, with the required qualifications and experience should be given preference.

Key Skill Areas:

Ability to draw up action plans, prepare reports, prepare analytical presentations and carry out in-house training.

Selection Process for M & E Officer:

The selection is to be worked out by a committee constituted by SACS with representation from NACO/SACS/DAPCU and members from allied departments like Women and Child Development, Social Welfare etc. The rating will be as follows:

- Merit: 20%. This will include qualifications, the university from where the course/degree has been acquired, marks, any other professional courses or training related to the job.
- Interview: 20%. This will assess knowledge of basic understanding about HIV/AIDS, analysis of a set of indicators on demography and health programmes.
- Written test/lab work: 20%. In the written test, the candidates will be asked to write an analytical report on a set of information on demography/ HIV/Health programmes and create a power point presentation on the same.
- Any previous experience of work and training: 20% (experience of working with HRGs and vulnerable young people and women).
- Good understanding (written and spoken) of the local language: 20%.

Responsibilities of M & E Officer:

1. Ensure analysis of information generated in the mapping activities and provide reports for developing a District Implementation Plan.
2. Coordinate timely collection of reports from district units.
3. Manage data entry and preparation of analytical reports for action.
4. Ensure timely submission of reports to SACS/NACO/DAPCU.
5. Direct implementation of protocols of outcome studies and analysis of these reports for action.
6. Ensure training and review of M & E cum account assistants of Implementing NGOs.
7. Handhold M & E cum account assistants at district level to ensure quality reporting.

Expected Honorarium for the M & E Officer: Rs. 12,000/- per month.

4. ADMIN& ACCOUNTS OFFICER

Eligibility:

- Should possess a graduate degree in Commerce with at least 2 years experience in handling accounts
- Should have working knowledge of MS-Word, Excel, Internet surfing, PowerPoint.
- The Admin & Account Officer will be reporting to the District Resource Person and will act in accordance with the general rules and regulations of the organization during her/ his tenure in the organization.

Key Skills area:

Ability to liaison with the DRP & other staff members in maintaining advance cash registers, purchase of the office items, procurement of capital assets, condom & other stock registers, making arrangement for programme related activities like review etc. It is the responsibility of the admin & accountant officer to ensure that transparency is maintained and accounting and financial systems are in place.

Selection Process for Admin & Accounts Officer:

The selection is to be worked out by a committee constituted by SACS with representation from NACO/SACS/DAPCU and members from allied departments like Women and Child Development, Social Welfare etc. The rating will be as follows:

- Merit:: 40%. This will include qualifications, the university from where the course/degree has been acquired, marks, any other professional courses or training related to the job.
- Interview: 40%. This will assess knowledge of basic understanding about Accounting, financial documentation, financial reporting, funds tracking etc.
- Any previous experience of work and training: 20%

Responsibilities of Admin & Account Officer:

- Maintain the book of accounts as per the standard accounting practices- the cash book, the ledgers, the bank books (if any).
- Ensure that adequate supporting and cross references with the activity trail in respect of each transaction are in place so as to have transparency in operations.
- Verify whether the payments are properly authorized, the payee details and to ensure that they are charged to the correct expenditure head
- Handle the petty cash amount in the office, to ensure that the average cash balance is kept at minimum levels and to ensure that the cash box is held in safe custody
- Ensure that all cash advances are accounted and to liaison with the recipients for maintaining advance registers. It is the key task of the accountant to ensure that at any point of time the cash in hand had to be tallied
- Verify that all the vouchers are attached with supporting documents and pucca bills are available as per the accounts manual guidelines
- Keep the cheque books in safe custody and to ensure that all payments received are accounted thro' pre-numbered receipts
- Undertake a bank reconciliation and prepare a bank reconciliation statement once in a month
- Assist the DRP in budgeting for the next year's/ quarter's activities in line with the long term vision and sustainability of the project

- Assist the DRP in procuring capital items, drugs, condoms, IEC/Communication materials so that the mandatory guidelines are followed- getting three quotations, maintaining capital assets inventory etc
- Coordinate with the supervisors to ensure that the condom & other stocks are updated daily
- Assist the auditors in verifying the accounts once in six months and to clarify all their queries
- Prepare financial reports on periodical basis
- Ensure proper arrangements for various programme related activities like activities like reviews, internal meetings, workshops etc.
- File management for recruitments, retention, salaries, office orders and other related issues

Expected honorarium for Admin & Accounts Officer: 15,000/- **per month**

2.2.2 Eligibility, Selection Criteria and Responsibilities of Key Staff in Implementing NGO

1. DISTRICT RESOURCE PERSON (PROGRAMME)

Position of DRP (Programme) will be available at the Implementing NGO level (1 per district) and she/he will be the lead person in steering district level activities. The selection process for this position will consider the following:

Eligibility Criteria:

- Should possess a Master's degree in any discipline (preferably in Social Science) from a recognized university.
- Should have a minimum of 3-5 years experience of development work, preferably in programme management.
- HIV positive people, especially positive women, with the required qualifications and experience should be given preference.
- The individual must have sensitivity of working with marginalized groups, including people affected by HIV/AIDS and high-risk groups, hands on experience of working on social mobilization and community based projects and experience of working with varied partners.

Key Skill Areas:

Programme management – Ability to draw up action plans, work plans for different cadres with prioritization, review programme implementation, provide inputs to programme design tailored to the district situation and provide supervisory inputs to the different cadres of personnel in the scheme.

Linkages – Competence to work with different departments in the government at the district level, civil society partners including positive networks, PRI members and other divisions under NACP-III at the district level.

Reporting – Capability to interpret reports and feed back into programme implementation, share results in an easy to understand manner with Supervisors and Link Workers, compile programme updates and share highlights and challenges.

Fund management – Know-how to work with allocated funds, supervise M & E cum accounts assistant on submission of accounts and budget preparation.

Selection Process for DRP (Programme):

The programme requires a concerted effort to be made in scaling up and consolidating the objectives of the Link Workers Scheme and bringing change through the involvement of the community. Hence it is desired that the recruitment process prioritize placement of personnel who have good experience and sense of commitment to work at the district level. The candidate should have a good understanding of rural life and dynamics, leadership and conflict resolution skills and gap analysis and strategizing skills. The following options will be part of the recruitment process:

Option 1:

- Develop a list of organizations and projects that have had impacted social mobilization in different sectors – education, rural development etc – state/region wise.
- TOR for DRP to be shared with the above and applications sought.
- Negotiate potential deputation from these organizations to the Link Worker Scheme for three years.
- Shortlist candidates for interview.
- Interview panel must comprise of representatives from Lead NGO, DAPCU, SACS, NACO/ TRG.
- Appointment of DRP may be undertaken after reference check is completed.

Option 2:

Post an open advertisement for the vacancy followed by shortlisting though the interview. The selection is to be worked out by a committee constituted by the Implementing NGO with representation from Lead NGO / NACO/SACS/ DAPCU, members from allied departments like Women and Child Development, Social Welfare etc. The rating will be as follows:

- Merit: 20%. This will include qualifications, the university from where the course/degree has been acquired, marks, any other professional courses or training related to the job.
- Interview: 20%. This will assess knowledge of HIV/AIDS, sexuality and gender; understanding of community mobilization; knowledge of organizational skills; communication skills and comfort level in discussing issues of sexuality and HIV. Person

should have experience of team management and monitoring and evaluation. Written test: 20%. In the written test, a candidate will be asked to write a page on topics such as *Vulnerability to HIV in rural settings – Indian context* or *Effective Modeling in a rural HIV programme* etc. This is to assess skills in analysis and documentation.

- Any previous experience of work and training: 20% (Experience of working with HRGs and vulnerable young people and women).
- Good understanding *(written and spoken)* of local language*: 20%.*

Responsibilities of DRP (Programme):

1. Ensure mapping activities are conducted in identified villages in coordination with the SACS/lead NGOs and the mapping agency.
2. Manage selection of Supervisors during the mapping activities.
3. Coordinate development of the District Implementation Plan based on the mapping data.
4. Ensure selection of Link Worker based on processes defined in the Operational Guidelines.
5. Coordinate development and implementation of the District Implementation Plan activities described in the Operational Guidelines.
6. Review, monitor and supervise the work of Supervisors and Link Workers.
7. Ensure training of staff at all levels in coordination with Lead NGOs/ SACS/DAPCU.
8. Ensure establishment of systems for fund management, programme management, information flow and monitoring and supervision.
9. Ensure timely reporting of financial and programme performance to Lead NGOs/SACS/ DAPCU.
10. Coordinate field visits to handhold the Supervisors and Link Workers for effective implementation of the scheme.
11. Support the development of communication campaigns at the district level and their effective implementation with a focus on creating an empathetic and non-abusive environment.
12. Coordinate with Lead NGO to develop a set of villages as demonstration site.
13. Coordinate with Lead NGO to create networking with allied government departments- Department of Women & Child Development, Rural Development, Social Justice and Empowerment, Education, etc. Promote convergence with ongoing programmes of different ministries, such as Adolescent Friendly Health Services being envisaged under RCH-II. This will help to create a better environment for networking care and support of HRIs and vulnerable young men and women.
14. Establish linkages with promotion and availability of condoms.
15. Establish connectivity with Red Ribbon Clubs wherever possible.

16. Compile Supervisors' reports and provide necessary data to DAPCU/NGO.
17. Coordinate analysis and use of information generated by the scheme to address gaps.
18. Play a strong role in advocacy and in creating an enabling environment at the district level
19. Ensure implementation of protocols of outcome studies.

Expected Honorarium for the DRP (Programme) : Rs. 21,000/- per month.

2. DISTRICT RESOURCE PERSON (TRAINING)

Position of DRP (Training) will be available at the Implementing NGO level and she/he will be the lead person in steering the district level activities related to coordinating training of Supervisors and Link workers along with DRP and Lead NGO. She/he will also be conducting field visits in order to handhold and support various cadres at the district level. The selection process for this position will consider the following:

Eligibility Criteria:

- Should possess a Master's degree in any discipline (preferably in Social Sciences) from a recognized university
- Must have proficiency in the local language and dialects.
- Should have a minimum of 2 years experience in training and pedagogy especially in social sectors like SHG movement, watershed movement, literacy etc.
- HIV positive people, especially positive women, with the required qualifications and experience should be given preference.
- The individual must have sensitivity of working with marginalized groups, including people affected by HIV/AIDS and high-risk groups, hands on experience of working on social mobilization and community based projects and experience of working with varied partners.

Key Skill Areas:

Ability to draw up training plans, prepare reports, conduct training on needs assessment, hand hold and mentor, design training sessions and coordinate its implementation.

Selection Process for DRP (Training):

The programme requires a concerted effort to be made in scaling up and consolidating the objectives of the Link Workers Scheme and bringing change through the involvement of the community. Hence it is desired that the recruitment process prioritize placement of personnel who have good experience and sense of commitment to work at the district level. The candidate should have a good understanding of rural life and dynamics, leadership and conflict resolution skills and gap analysis and strategizing skills. The following options will be part of the recruitment process.

Option 1:

- Develop a list of organizations and projects that have had an impact on social mobilization in different sectors – education, rural development etc – state/region wise.
- TORs for DRP to be shared with the above and applications sought.
- Negotiate potential deputation from these organizations to the Link Worker Scheme for three years.
- Shortlist candidates for interview.
- Interview panel must comprise of representatives from Lead NGO, DAPCU, SACS/ NACO/ TRG.
- Appointment may be undertaken after reference check is completed.

Option 2:

The selection is to be worked out by a committee constituted by the Implementing NGO with representation from Lead NGO / NACO/SACS/ DAPCU, members from allied departments like Women and Child Development, Social Welfare etc. The rating will be as follows:

- Merit: 20%. This will include qualifications, the university from where the course/degree has been acquired, marks, any other professional courses or training related to the job.
- Interview: 20%. This will assess knowledge of basic understanding about HIV/AIDS, vulnerabilities associated with HIV and training methodologies for imparting training to grassroot level workers.
- Written test: 20%. In the written test, the candidates will be asked to write an analytical report on a training programme that was conducted and write an essay of 300 words on *HIV and development and the role of community*.
- Any previous experience of work and training: 20% (Experience of working with HRGs and vulnerable young people and women).
- Good understanding (written and spoken) of local language: 20%.

Responsibilities of DRP (Training):

1. Ensure training of in-house staff e.g. M & E cum Accounts Assistants, Supervisors and Link Workers.
2. Ensure training activities are conducted as per the plan defined in the Operational Guidelines.
3. Ensure development of training reports and sharing with the Lead NGO.
4. Maintain rapport with local health units and facilitate access to services.
5. Coordinate with the Supervisors in their work.

6. Conduct orientation training of local health functionaries like ANM, ASHA, AWW, VHSC members etc.

Expected Honorarium for the DRP (Training): Rs. 15,000/- per month.

3. MONITORING & EVALUATION cum ACCOUNTS ASSISTANT

M & E cum Accounts Assistant position will be available at the Implementing NGO level and she/he will be the lead person in steering the district level activities related to information (programmatic and financial) flow from the district, report sharing with Lead NGO/SACS/NACO/ DAPCU, financial documentation, accounts keeping, funds tracking etc. The selection process for this position will consider the following:

Eligibility Criteria:

- Should possess a Bachelor's degree in Commerce/ Financial Accounting from a recognized university, with proficiency in computers.
- Must have proficiency in the local language and dialects.
- Should have a minimum of 2 years of experience in handling accounts , MIS data entry and ease in working with NGOs.
- HIV positive people, especially positive women, with the required qualifications and experience should be given preference.

Key Skill Areas:

Ability to draw up budgets, document financial activities and maintain books of accounts, consolidate district reports and data entry.

Selection Process for M & E cum Accounts Assistant

The selection is to be worked out by a committee constituted by the Implementing NGO with representation from Lead NGO / NACO/SACS/ DAPCU, members from allied departments like Women and Child Development, Social Welfare etc. The rating will be as follows:

- Merit: 40%. This will include qualifications, the university from where the course/degree has been acquired, marks, any other professional courses or training related to the job.
- Interview: 40%. This will assess knowledge of basic understanding about Accounting, financial documentation, financial reporting, funds tracking etc.
- Any previous experience of work and training: 20%

Responsibilities of M & E cum Accounts Assistant

1. Ensure consolidation of information generated in the mapping activities and sharing with M & E officer at Lead NGO level.
2. Ensure timely collection of reports, data entry and preparation of analytical reports for action.

3. Ensure timely submission of reports to Lead NGO/ SACS/NACO/DAPCU.
4. Ensure orientation of Supervisors and DRPs on the indicators outlined in the Operational Guidelines.
5. Ensure procurement process is followed as per the requirements of the scheme.
6. Orient district level and in-house staff on the requirements of procurement, fund tracking, financial documentation.
7. Ensure proper financial documentation i.e. maintaining books of accounts, regular bank reconciliation, submission of audit reports, utilization certificates.
8. Ensure administrative budget is utilized as per requirement of the programme.

Expected Honorarium for the M & E cum Accounts Assistant: Rs. 8,000/- per month.

4. SUPERVISOR

Supervisor position will be available at the Implementing NGO level. She/he will preferably be stationed at the taluka level to handhold and supervise the implementation activities of ten Link Workers. The selection process for this position will consider the following:

Eligibility Criteria:

- Must be a resident preferably of the same district or neighbouring district,
- Must have proficiency in the local language and dialect and command over local situation.
- Must be at least 10th class pass.
- Must have 3-5 years of experience in the development sector as a grassroot worker with at least 2 years of experience of working in programmes at the community level in a supervisory or mentoring capacity.
- The individual must have sensitivity of working with marginalized groups, including PLHA and HRG, hands on experience of working on social mobilization and community based projects and experience of working with varied partners.

Key Skill Areas:

Supervision – Ability to supervise and mentor groups of people.

Team player – Work as a team and motivate others.

Drive for results - Understand goals and objectives of the programme and ability to explain the implementation activities at the grassroot level.

Selection Process for Supervisor:

- The Lead NGO in close coordination with Implementing NGO will develop a list of organizations and projects that have had an impact on social mobilization in different sectors – education, rural development etc – state/region wise.

- Invite applications of potential candidates through the above network.
- Bring these candidates together for a three-day workshop facilitated by the Implementing NGO.
- Shortlist potential candidates at the end of the workshop for interview – based on grading (a non judgmental attitude, ability to speak and articulate in groups, non- discriminatory attitude).
- Interview panel must comprise of representatives from Lead NGO, DAPCU, SACS/ NACO/ TRG.
- Appointment of Supervisor may be undertaken after reference check is completed.

Responsibilities of Supervisor:

- Undertake responsibilities of Link Worker in a smaller geographical area.
- Participate in district level village mapping exercise.
- Guide the Link Workers in the village level household mapping and other mapping exercises.
- Ensure regular supply/availability of condoms.
- Coordinate orientation of ANM, MPW, AWW and ASHA on HIV/AIDS.
- Maintain rapport with local health units and facilitate access to services.
- Facilitate and strengthen STI related work being undertaken by other basic health functionaries.
- Facilitate formation of condom depots. Ensure timely supply of condoms in intervention areas.
- Support the functioning of youth corners.
- Establish linkage for services and work towards convergence at the block level with health, education and Panchayati Raj institutions.
- Establish networking with Government departments to link families for social entitlement support.
- Ensure stigma and discrimination is addressed in planned activities.
- Coordinate with Link Workers in formation of RRCs and SHGs.
- Receive and compile reports of work done by Link Workers.
- Monitor and assure a minimum standard of output expected of Link Workers.

Expected Honorarium for the Supervisor: Rs. 5,500/- per month.

5. LINK WORKER

Link Worker position will be available at the Implementing NGO level. She/he will preferably be stationed at the village level as it is proposed to have two Link Workers (one male and one female) to implement activities in 5 villages and their adjoining small villages/ hamlets. The selection process for this position will consider the following:

Eligibility Criteria:

- Women/men in the age group of 20-29 years. This age group is recommended as many HRIs, especially in sex work and drug use, are young women and men.
- Must have passed at least 8th class. (It is not advisable to take highly qualified people for this post as their retention and job satisfaction may be a challenge.)
- The individual should be vocal, enthusiastic in participating in activities, interested in working in the field of HIV/AIDS and must have sensitivity in working with marginalized groups, including PLHA and HRG.
- Should be a resident of the same cluster for which she/he is selected.
- Preference to be given to ASHA, SHG members and members of youth clubs, farmers' club and weaker sections of the society.
- PLHA, especially HIV positive women, with the required qualifications and experience should be given preference.

Key Skill Areas:

Community Worker – Ability to work in a dynamic environment

Team player - Work as a team and motivate others.

Drive for results - Understand goals and objectives of the programme and ability to explain the implementation activities at the grassroot level.

Selection Process for Link Worker:

- Implementing NGO will draw up a list of potential persons during initial visits to the villages by the Supervisor.
- These people are brought together for a three day workshop facilitated by the local NGO.
- Shortlisting of potential candidates done at the end of the three days workshop – based on grading (a non-judgmental attitude, ability to speak and articulate in groups, non discriminatory attitude.)
- Shortlist candidates for interview.
- Interview panel must comprise of representatives from Lead NGO, DAPCU, SACS, NACO/ TRG, Panchayat leaders and local leaders.
- Appointment of Link Worker may be undertaken after reference check is completed.

Responsibilities of Link Worker:

- Assist in conducting village-level social mapping (vulnerability mapping, community resource mapping, health services/facility mapping, and household mapping).
- Understand the migration patterns (both in and out migration) in the local community.
- Reach out to the un-reached HRIs/groups and vulnerable young people with information and skills relevant to HIV prevention and risk reduction.
- Provide relevant information regarding condom use, needle & syringes, lures etc. using innovative means that are contextually, locally and culturally appropriate.
- Provide youth friendly counseling/advice (maintaining confidentiality, privacy and non-judgmental attitude) to young people and women in the community.
- Work towards reducing stigma and discrimination in the community by facilitating involvement of HIV positive people, community groups like SHGs, PRI and VHC, and bringing into focus and addressing gender dimensions of stigma and discrimination. Tools like Stepping Stones Training can be used.
- Advocate with identified stakeholders for creating an enabling environment (and reducing stigma and discrimination).
- Maintain rapport with local health units and facilitate access to services.
- Recognize the rights of HIV positive people and HRIs and create more awareness regarding their rights in the community and among the concerned groups.
- Have knowledge about the key health facilities in the vicinity, at FRU and the district level, and possess necessary information about the services available at the identified facilities.
- Work towards reducing barriers to accessing services and promote STI management and partner notification, utilization of ICTC, PPTCT services by HRIs and other vulnerable groups.
- Coordinate the linkages between communities and service institutions (especially ICTC, PHC/CHC, RTI /STI clinic and district hospital).
- Identify and train volunteers.
- Facilitate formation of Red Ribbon Clubs.
- Supervise volunteers, Red Ribbon Clubs and establish condom depots.
- Develop functional linkages with CBOs/networks, organizations working with high-risk populations.
- Collect monthly data from RRC and condom depot holders.
- Prepare monthly reports according to a pre-defined format.

Expected Honorarium for the Link Worker: Rs. 1,500/- per month.

3. DISTRICT IMPLEMENTATION ACTIVITIES

The Link Worker Scheme under NACP III will be implemented in the districts through Implementing NGO/DAPCU with management and technical support from Lead NGO and/or SACS. One Lead NGO will be contracted in each state or group of states and the lead agency will in turn sub contract it to Implementing NGOs (preferably one) per district. In states, where Lead NGOs cannot be identified, the scheme will be implemented through SACS.

This scheme considers the district as a unit and based on mapping at the district level identifies most at-.risk villages for intervention. At the village level, the scheme will work towards creating awareness about risk and vulnerability to HIV, developing a stigma and discrimination free environment for PLHA and their families, establishing linkage with services and facilitating community ownership.

It is a short term scheme that aims to build a self reliant rural community which can make HIV prevention and care sustainable.

3.1 Implementation Phases of the Scheme

The Link Workers Scheme will go through two distinct phases in its period of implementation. The two phases are as follows:

Phase 1 – Start up and Scaling Phase -In the start up phase, the focus will be on hiring staff for implementation, building their capacity to undertake HIV prevention and care work in the community, mapping at the district level, identifying vulnerable villages, organizing entry level activities in the community using participatory processes, assessing vulnerability in the community and initiating outreach and linkage with services. In this phase, an enabling environment will be created to facilitate the Link Workers to implement the scheme.

Phase 2 – Continuing and Sustaining Phase - In the second phase, the focus will be to create ownership and strengthen structures within the village for greater sustainability. The activities of this phase will include identification and training of volunteers, strengthening of VHSC, training of SHGs and development of a sustainable plan. This phase will focus on making the village self reliant to access prevention and care services, whenever required.

The human resources at the district level will be recruited in a phased manner:

a) The DRP (Programme), DRP (Training) and the Supervisors will be recruited at the time of mapping so that they can participate in the mapping process and understand the process of village selection.

b) The Link Workers will be recruited after the Supervisors enter the selected villages and build rapport with the community and involve the community in the process of need assessment.

c) The Link Workers will select the volunteers after starting the initial intervention in the villages.

3.2 Implementation Activities

District level implementation include a series of activities. Some of these activities will overlap depending on the need of the community and the working pace of the implementation team.

Following activities will be done as part of the implementation of the scheme:

3.2.1 Mapping and Assessment

Activity 1: Conducting mapping and identify risk villages

Mapping HIV/AIDS risk in rural areas will be an important step in planning and designing the scheme in a district. The main objective of mapping will be to collect information on the size and distribution of HRGs across villages, so as to prioritize villages for this scheme. Since this scheme is time-bound and a resource-limited activity, it will not be implemented in all the villages of a district. The villages will be filtered through the process of mapping and only villages that have a considerable presence of HRGs/vulnerable population and are not covered by TI, will be included in the scheme.

The mapping process will help the Implementing NGOs to select 100-150 most at-risk villages in the district where the scheme will be implemented. They will also get an estimate of HRGs in each of these villages. This information will help them in developing clusters for implementation of the scheme. Mapping methodology is attached as **Annexure-2**.

Activity 2: Clustering of villages for operationalizing the scheme

After 100-150 villages are selected for intervention in the district. The next task will be to cluster the villages for placement of Link Workers. Village clusters will be defined according to target population size (estimates of population, HRG and PLHA) and geographic proximity. Each cluster will consist of 4-6 villages covering about population of 5000 – 10000 people. One cluster will be assigned to a team of 2 Link Workers (one male and one female) which will become their operational area. This will help the Link Workers to prioritize their outreach and organize linkage to services.

3.2.2 Community Entry Level Activities

Activity 3: Initial rapport building

The project team will meet the village leaders and key informants to introduce the scheme and explain its features. The project staff will conduct a community meeting (*Gram Sabha*) with a group of village leaders (both formal and informal), in which information about the project and the activities and preparations for the SNA will be discussed. The venue for the public gathering will be fixed and a commitment on the time of the meeting will be obtained from the village leaders.

During this process, it is important to ensure the participation of women and young people. If need be, separate meeting with these groups will be conducted to ensure that they understand the scheme. The Supervisors will also identify the SHGs and youth groups in the villages and meet

them to introduce the team and the project. The Supervisors will ensure that she/he meets the other influential people in the village like the teachers, anganwadi workers, ANM, ASHA etc. It is important for the Supervisors during these initial visits to also visit the SC/ST colony and discuss the scheme with them. The Supervisor will have to build confidence among the people and convince them that scheme will also address their health needs.

Activity 4: Social Mapping of the villages

One of the key entry level activities will be to develop a social map of the villages. This will enable the Supervisors to understand the villages for which they are accountable and responsible. The social mapping will adopt Participatory Rural Appraisal (PRA) tools to facilitate participation of the community where the scheme will be implemented.

Social mapping will enable the facilitator and the participants to understand the social and geographic structure of the village. In the context of this scheme, the social map will include location and understanding of health care services, condom availability and accessibility, important places in the village, the caste structure and the way it is organized in the villages (e.g. lanes where SC/ ST caste people stay). It will also note the religious make up of the village and the location of religious sites, places where people often meet, the panchayat office and any other spots that the community think is important. Social mapping is seen as a quick and effective way of understanding the landscape and dynamics of the villages. It will also help the Supervisor to build rapport with the community, plan outreach and identify possible Link Workers and Volunteers. When this exercise is over, the social maps will be shared with the community. The Supervisor will give copies of these maps to the office for documentation.

Activity 5: Village level situation and Needs Assessment

In selected villages, a detailed SNA will be carried out by the Implementing NGO, involving the Supervisors and the Link Workers. The main objectives of this SNA are:

- To understand the community's needs and priorities.
- To help in building rapport with the community.
- To involve the community in programme planning and monitoring.
- To validate the information gathered through social mapping.

The SNA process will include the following activities:

1. Link Worker will mobilize the key informants having representation from each street/ segment of the village, caste, gender and age, to collect at a pre-determined venue. A series of focus group discussions will be conducted to make each of the group understand their priorities and explain how their priorities fit within the scheme.
2. Following the discussions held in focus groups, Link Workers will use the social maps developed by Supervisors to create segment and focus maps. Link Workers will go back to the community with the social maps and will elicit their support to develop segment maps.

Segment Maps

A segment map is prepared with the help of representatives from that particular segment. Each house is marked on each street, with the name of the head of household at the beginning of the street and end of the street. This process uses a participatory method.

A village can be divided into segments comprising of group of 80-100 households in a village. A segment map divides the village into manageable geography, which will help the Link Worker to prioritize and plan outreach. Sometimes the village is naturally divided into segments like the SC colony (can be one segment) or the Brahmin *gali*. The segment map is developed to also ensure that all the segments in the villages and all the households in the segments are identified. Segment maps will be created by involving community members staying in different segments of the village. For Example: Link Worker will go to the SC colony to develop the SC colony segment map.

After the segment mapping, the Link Worker will develop focus maps using the segment maps to mark the households and identify the target population. Such maps help the Link Worker to identify and prioritize the households for effective outreach. These maps need to be updated regularly as new target groups may get added in the villages while the old ones may move out. Focus maps should be kept safely in the offices as they carry sensitive information. Instead of mentioning names, the maps should use symbols to indicate target populations. These maps will be passed on to the new Link Worker if the old one leaves.

The Link Worker will conduct a household survey to collect demographic details of each household. A standard format will be used to collect this information. This survey will help the Link Worker to validate the data collected through the PRA process, line listing the target population and build rapport with each household. If the Link Worker comes across specific needs of the community during the survey, she/he will have to establish linkage with services that address those needs in order to gain the trust of the community.

Focus Maps

The male Link Worker in the village will focus on male members of the target groups and the female Link Worker will focus on the females in the village. Initially, Link Worker will be able to identify only the less sensitive target groups (pregnant women, migrants, female/child-headed households, TB/STI, migrant cases). With repeated visits/contacts/meetings, Link Worker will manage to identify other sensitive target group members as well.

The process of SNA will also help in estimating the target population that Link Worker will have to reach out to in each village.

3.2.3 Developing Village Level Action Plan

Activity 6: Identify groups and initiate HIV related discussions

Link Worker will have to identify the existing groups like youth group, women's group and farmers' group in the village. These groups will act as ready platforms for the Link Worker to start work. She/he will attend meetings of these groups to introduce the topic of HIV and link it with the

issues identified by these groups during the needs assessment. The Link Worker will make use of communication materials and dialogue based communication skills to discuss issues like HIV, sexuality and addiction in the groups.

Link Worker will form new groups in villages where there are no groups. Groups of young girls and adult men will be formed if such groups do not exist in the villages. Link Worker will initiate discussions on HIV and their vulnerability to HIV after organizing 5-6 meetings of the new groups. Stepping Stones training will be introduced as a tool in these groups as soon as the Link Worker makes an assessment of the sustainability of the groups. Some of the group members can be chosen as volunteers for the scheme over a period of time. There will be 1000 volunteers per district.

Activity 7: Develop outreach plan for target population

Based on the focus map and household survey, Link Worker will be able to prioritize the community needs and facilitate linkage with institutions to address these needs. Though these needs may not be directly linked with HIV prevention or care, the Link Worker will have to facilitate these linkages to build the confidence of the community and provide some tangible benefits. Using the data generated through the focus map and household survey, Link Worker will start identifying the 'at risk' population in the villages. After validation, Link Worker will draw up a line list of the risk population as per risk profile (reasons of risk: sex work, addictions, violence, multiple partner sex, male to male sex etc). In consultation with Supervisor, she/he will later prepare a micro plan for each at-risk individual in the village.

Link Workers will maintain target group-wise calendars in each village where they will record and assess their performance in terms of outreach. Micro planning will ensure that the scheme reaches out to the target groups effectively. The line listing and individual micro planning will be done for HRI/HRG. Vulnerable populations will be reached out through groups like SHGs, youth groups, Red Ribbon Clubs etc.

Communication is an integral part of outreach. The outreach team will be equipped with communication skills and made aware of the key messages that need to be communicated. Micro planning will be conducted to ensure that effective media plans are developed and implemented across districts

Activity 8: Develop a condom/ lubricants/ needle/syringe distribution plan and implement it

The Link Workers will identify the locations where the target populations reside and develop condoms/ lubricants/needles/ syringes depots in these sites in consultation with the target groups. They will encourage both male and female community representatives to establish condoms/ lubricants/needles/ syringes depots for ease and comfort of all target groups.

Condoms/ lubricants/needles/ syringes will also be distributed directly by the Link Workers. They will prioritize the HRGs and based on their needs will distribute condoms/ lubricants/ needles/ syringes. They will also provide information about the availability of condoms/ lubricants/needles/ syringes in all group meetings and one-to-one discussions.

Condom demonstration is a key feature of condom distribution. It is important because incorrect use of condoms can be unsafe. Link Worker will demonstrate condom use during one to one interaction and group meetings. The male Link Worker will do condom demonstration in the male groups and the female Link Worker will demonstrate in the women groups. Link Worker will also train the women in condom negotiation skills.

As the volunteers are identified and trained, they will also keep condoms/ lubricants/needles/ syringes with them for distribution.

Activity 9: Develop linkages with services and do follow ups

Link Workers will act as facilitators to generate awareness and enhance utilization of prevention, care and support services (especially STI, ICTC, PPTCT, ART and DOT). If required, they will facilitate the visit of the patients and also do follow-ups.

Implementing NGOs will seek support from existing public and private sector health care providers within the villages and district to ensure linkages and accessibility to services. Referral systems will be strengthened to create a seamless link of the various services of the scheme, institutions and staff of the programme with the community. They will promote the use of these services and ensure that target populations are aware of the services and their availability. Accompanied referrals will be done if required.

The Link Workers will identify HIV positive persons through mapping, train their families in home based care and provide ongoing support.

3.2.4 Strengthening Community Structures

Activity 10: Selecting Volunteers and building their capacity

Volunteers are a key cadre of the Link Worker Scheme. They will serve as peer educators and will represent different segments in the village like SHGs, micro-credit groups, youth groups, women's group, HRGs and PLHA. There is no specified target for the number of volunteers to be selected. The scheme will aim at developing at least one volunteer for every 20 households in the village, essentially representing and having reach to the different segments of the village population. A total of 1000 volunteers per district will be the minimum target.

The shortlisted persons volunteering to work for the scheme will undergo a formal training process to equip them with skills and information required to fulfill their role as volunteers of the scheme. Once they agree to volunteer for the scheme, they will be registered with Link Worker. The Link Worker will report to Supervisor and DRP (Programme) every month on the status of the volunteers selected and registered. She/he will provide regular orientation and training to the volunteers to strengthen their skills in communication and advocacy.

Volunteers will create awareness about HIV in the village, provide support in managing the information centres, provide referrals and do follow ups. They will also mobilize community members to participate when events or outreach camps take place in the village. The volunteer has been added as a cadre in the scheme to sustain this process in the future. When the scheme will end, the village will have enough trained individuals to sustain the change process.

Activity 11: Forming Red Ribbon Clubs

Forming groups have proved to be an effective strategy in all social development processes. In the HIV prevention and care interventions too, group formation strategy has worked very well for spreading awareness among youth. Youth learn best through peer learning and group processes. As part of the Link Worker Scheme, young people in the villages will be motivated to form Red Ribbon Clubs. These clubs will take lead in creating awareness on HIV/AIDS in the community. These clubs will also support Link Workers in implementing the scheme and extend support for advocating against stigma and discrimination towards HRG or PLHA.

Red Ribbon Clubs can be formed in schools and colleges. The club will also include school and college drop outs. There will be fair representation of young girls in these clubs. If necessary, separate Red Ribbon Clubs will be formed for girls.

The detail work plan of the DRPs, Supervisor and the Link Worker is given in **Annexure 3, 4 and 5** respectively.

3.3 AREAS OF CONVERGENCE

As HIV/AIDS touches on many facets of life and is continually influenced by a convergence of factors, it requires a multifaceted approach particularly at two levels:

- Within the different strategies of NACP III
- Between NACP III and other programmes and initiatives

This convergence will not only make the response to HIV/AIDS more comprehensive but will also bring together the infrastructure, human resources and capacities of different programmes which are critical to ensure scale-up and effective service delivery.

The Strategy and Implementation Plan of NACP III calls for the mainstreaming of issues and convergence areas with different Ministries and their programmes. It also talks about partnerships with the private sector. However, in the Link Worker Scheme, the emphasis is more on local-level (district to village) convergence.

The DAPCU and Implementing NGOs at district level (including DRP) have a crucial role to play in this convergence. The roles envisaged under NACP III are as follows:

- Within the different strategies of NACP III:
  - Work closely with TI.
  - Coordinate and have regular meetings and experience sharing with programmes addressing HRI and bridge populations in the districts.
  - Work with the communication campaigns and initiatives undertaken to address HIV/AIDS issue.
- Between NACP III and other programmes and initiatives:
  - Work with district-level departments for prevention, treatment and impact mitigation.

- Manage the integration of services with the general health system and other non-health interventions.
- Work with PRI and local NGOs on social mobilization for HIV prevention and management.
- Work with officers of RCH, TB, MoHFW and NRHM effectively to integrate HIV/AIDS in their functions.
- Facilitate and monitor integration of support and treatment with prevention in the district.
- Promote synergy between HIV/AIDS initiatives supported by SACS and other donor organizations that are being implemented in the district.
- Facilitate social support to PLHA and their families through district level programmes of Government and NGOs.

The framework[2] for convergence under NRHM will also be followed, wherein DAPCU and DRP will make efforts to integrate HIV/AIDS into NRHM activities. One of the core strategies of the NRHM is to empower local governments to manage, control and be accountable for public health services at various levels. Link Workers and Supervisors can work with the PRIs and basic health functionaries to support this strategy. The detail about available human resources for convergence is appended as **Annexure-6.**

In order to ensure sustainability of the scheme, Village Health and Sanitation Committee (VHSC) will be involved from the beginning of the implementation of the scheme. The VHSC will be strengthened to take the responsibility of HIV prevention and care in their villages. This committee will gradually be empowered to assess the performance of Link Workers and Volunteers, ensure all marginalized groups and at-risk groups get access to services, work on building community norms around prevention and care and prevent stigma and discrimination.

[2] Framework includes formation of the VHSC. Standing committee of the Gram Panchayat (GP) and VHSC will provide oversight of all NRHM activities at the village level and be responsible for developing the Village Health Plan with the support of the ANM, ASHA, AWW and SHGs. Block-level Panchayat Samitis will co-ordinate the work of the GP in their jurisdiction and will serve as a link to the District Health Mission (DHM). The DHM will be led by the Zila Parishad and will control, guide and manage all public health institutions in the district. States will be encouraged to devolve greater powers and funds to PRI.

3.4 Implementation Schedule

The implementation schedule of the activities mention in section 3.2 is given below:

IMPLEMENTATION SCHEDULE														
No.	Activities	Year I (Months)												
		M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	YEAR 2	YEAR 3
1.	Conduct mapping and identify risk villages														
2.	Create cluster of villages for operationalizing the plan														
3.	Initial rapport building														
4.	Social Mapping of the villages														
5.	Villages level situation and Needs Assessment														
6.	Identify groups and initiate HIV related discussions														
7.	Develop outreach plans for Target Population														
8.	Develop a condom/ lubricants/ needle/syringe distribution plan and implement it														
9.	Develop linkages with services and do follow ups														
10.	Select volunteers and building their capacity														
11.	Form Red Ribbon Clubs														

4. CAPACITY BUILDING

Capacity building of human resources is a key aspect of the Link Worker Scheme. Around 1200 senior and middle management staff and around 8000 Link Workers will be engaged in the implementation of the scheme through various implementing partners. Building capacity of the implementing team to bring change in community perspective in the context of HIV can be challenging. Link Worker Scheme under the NACP III aims to work on HIV prevention and care in the rural areas with the focus on community ownership and sustainability. To fulfill this objective, efforts will be made to train the staff in this scheme to make them understand the situation and dynamics in the rural areas and realize the importance of community participation. Their skills will also be developed to involve community members in the change process. Hence, the capacity building agenda under this scheme will go beyond providing technical knowledge of HIV and STI to making the community self-reliant and sustaining the change process.

The responsibility of capacity building of the staff will lie mainly with the Lead NGOs that have been selected on the basis of their extensive experience in the field. Appropriate Training Resource Institutions (TRIs) will also be identified by NACO to support the Lead NGOs in training the staff. Learning sites will be developed on priority basis for the staff to learn through practice.

Given the diversity of languages and the cultural settings of communities in India, the key challenge will be to standardize the training scheme. It will have to take regional differences into account and provide adequate operational flexibility for incorporating local needs and issues. The training will be given in the local language and the methodology will be adapted to suit the various cultural ethos and practices.

4.1 Groups Identified For Capacity Building

Capacity building will be carried out at various levels. Following institutions/ personnel will be trained:

1. **Lead NGOs/Implementing NGOs/SACS/TSU** – Since the role of these organizations will be to supervise and support the implementation of the scheme so they will be trained on conceptual understanding of the scheme and its context.
2. **Project Personnel – DRP (Programme, Training), Supervisors and Link Workers** – These are the people who will carry out the actual implementation of the scheme. Hence, their capacity building will focus on developing their understanding, attitudes and implementation skills.
3. **Volunteers** – They will undergo prescribed training to qualify as volunteers.

4.2 Capacity Building System

All the capacity building strategies will be coordinated by the Lead NGOs or identified State Training and Resource Centres (STRC/ Training Resource Institute) and monitored and supported by NACO and SACS. The Lead NGOs will be trained and supported by TRI.

TRI will develop training modules for all the planned trainings. Each module will have training/ facilitator's manuals and a participant's handbook that the participants can carry with them and refer to later on, if need be. These manuals and resource materials will be standard across the country. The trainers using these manuals will be trained to adapt to the local realities in their district/state. The list of capacity building materials and resources is given in **Annexure 7.**

Personnel involved in implementing the Link Worker Scheme will undergo modular training. While some of the sessions in the training will be conducted in a classroom setting to make them understand theory and concepts, the other sessions will provide field based experiences (both of the intervention villages and service centres). The first module will include immersion programmes where the participants will visit an intervention site or learning site and live with the community to get first-hand experience of rural life. The subsequent trainings will be conducted as close to the villages as possible to ensure that the participants get a chance to address implementation related issues.

In the first year, the capacity building sessions will have 3 modules based on district implementation activities:

Module 1: Understanding of HIV in the rural context, NACP III, rationale and features of the scheme, risk and vulnerability in the rural context, facts of HIV/ AIDS, prevention and care issues and learning to use mapping data for developing a District Implementation Plan.

Module 2: Understanding theory and concepts of community mobilization, entry level activities in villages, building trust and community ownership, conducting participatory assessments, understanding community needs and developing plans to address them. Conducting household surveys, converging with other programmes in the villages, establishing linkages with institutions, project monitoring, reporting and documentation.

Module 3: Developing outreach plans, profiling at-risk and vulnerable populations in the villages, conducting behavior change communication, referrals and linkages with services and follow up, forming interest-based groups, selecting and motivating volunteers, strengthening community groups like VHSC, project monitoring, reporting and documentation.

4.3 Capacity Building Plans

The capacity building plan will have to follow the phases of implementation. In the scaling-up phase, the capacity building plans will be very intensive. In the continuing phase, capacities of staff will be built based on the needs emerging from the field. Stress will be placed on keeping the workforce motivated and sustaining the change.

Following trainings will be given under the scheme:

No.	Key Trainings	No. Of Days for Training	Expected Outputs	Agencies responsible for Training
1	**Lead NGOs/ SACS/TSU**	4 days orientation and 3 days refresher training for Lead NGOs, SACS and TSU Total of 7 days training in year 1 3 days refresher training in subsequent years	All Lead NGOs, SACS and TSU will develop a common understanding of the expected outcomes of NACP III and the Link Worker Scheme. The training and capacity building process will strengthen capacity in Project Management, Training, and Financial Management and enhance their knowledge and skills in technical areas related to HIV prevention Projects. The details about capacity building of these institutes are given in **Annexure 8**.	TRI/ NACO
2	**Implementing NGO/DAPCU**	4 days orientation and 3 days refresher training for NGOs and DAPCU Total of 7 days training in year 1 3 days refresher training in subsequent years	All Implementing NGOs and DAPCU will develop a common understanding of the expected outcomes of NACP III and the Link Worker Scheme.	Lead NGOs/ STRC/ SACS
3	**DRP (Programme)**	3 modular residential trainings of 7 days each Total of 21 days training in year 1 7 days of refresher training subsequently in year 2 and 3	**Concepts**: In-depth understanding of HIV in the rural context, social mobilization, process of marginalization in the rural context, rationale and role of Link Worker in the community and understanding of various schemes will be developed.	Lead NGOs/ STRC/ SACS

			Skills: Learn to use mapping data to develop village clusters, skills for using PRA tools, acquire mentoring, supervision and advocacy skills. **Programme Management:** Acquire skills to do gap analysis and independently conduct review meetings with Supervisors and Link Workers, conflict resolution, develop perspectives and provide strategic direction at the district level, document and report. The trainings will be interspersed with field implementation. The details about capacity building of DRP (Programme) are given in **Annexure 9**.	
4	**DRP (Training)**	▯ 3 modular residential trainings of 7 days each. Additionally there will be 12 days of *Stepping Stones* training ▯ Total of 33 days training in year 1 ▯ 7 days of refresher training subsequently in year 2 and 3	**Concepts:** In-depth understanding of HIV in the rural context, social mobilization, rationale and role for Link Worker in the community, understanding of sex & sexuality, gender, HIV and STI, risk and vulnerable groups will be developed. **Skills:** Acquire skills to assess needs, design training plans, conduct, manage and monitor trainings, document best practices. The trainings will be interspersed with field implementation. The details about capacity building of DRP (Training) are given in **Annexure 10.**	Lead NGOs/ STRC/ SACS

5	**Supervisors**	▯ 3 modular residential trainings of 7 days each. Additionally there will be 12 days of *Stepping Stones* training ▯ Total of 33 days training in year 1 ▯ 7 days of refresher training subsequently in year 2 and 3	**Concepts:** Develop understanding of key HIV/ AIDS issues in the context of high risk and vulnerable groups. Understand the process of marginalization in the rural context, their roles and responsibilities and technical knowledge of HIV/ AIDS **Skills:** Learn skills to conduct mapping and situation needs assessment using PRA tools, knowledge on various schemes and skills in developing linkages, skills to conduct BCC, group formation processes, analysis of risk and vulnerability, skills for referrals and follow ups, condom/lubricant/needle syringes planning, distribution and demonstration. **Programme Management:** Learn skills to do gap analysis and independently conduct review meetings with Supervisors and Link Workers, develop perspectives and provide strategic direction at the cluster level, skills in reporting and documentation. The trainings will be interspersed with field implementation. The details about capacity building of Supervisor are given in **Annexure 11.**	Implementing NGOs with support and supervision from Lead NGOs
6	**Link Workers**	▯ 3 modular residential trainings of 6 days each for Link Workers. Additionally there will be 12 days of *Stepping Stones* training	**Concepts**: Develop understanding of key HIV/ AIDS issues in the context of high risk and vulnerable groups, understand the process of marginalization in the rural context, their roles and responsibilities	Implementing NGOs with support and supervision from Lead NGOs

		▯ Total of 30 days training in year 1 ▯ 6 days of refresher training subsequently in 2 and 3 year	**Skills:** Acquire skills necessary to function as key messengers and community mobilizers on issues of sexuality and condom use, conduct referrals and follow ups. Learn to fight for rights of PLHA against stigma and discrimination, skills to conduct mapping and situation needs assessment using PRA tools, knowledge on various schemes and skills in developing linkages. Technical knowledge of HIV/ AIDS, skills to conduct BCC, group formation processes, analysis of risk and vulnerability, condom/lubricant/needle syringes planning, distribution and demonstration, skills in reporting and documentation. The trainings will be interspersed with field implementation. The details about capacity building of Link Worker are given in **Annexure 12.**	
7	**Volunteers**		Acquire basic understanding about HIV /AIDS in the context of vulnerability, information about available health services and how to create a non-stigmatizing environment. Stepping Stones Training curriculum will be used in 2-hour sessions that will be conducted every week for 18 weeks. The details about capacity building of Volunteers are given in **Annexure 13.**	Implementing NGOs (Link workers and Supervisors)

The Operational Guidelines outline the training plan for year I. The training plan for year II and III will be developed based on emerging needs of the staff, volunteers and the community. Regular reviews will help the Lead NGOs/SACS to develop need based training plans.

As the scheme starts getting implemented, it is visualized that the community will begin to make various demands from the Link Workers which they will be expected to meet. Hence, the capacity building process will have to be continuous, in order to equip the Link Workers with skills and knowledge to enable them to fulfil the demands of the community. Shorter training modules will be developed keeping in mind the work plans of the Link workers, Supervisors, DRP (Training) and DRP (Programme) so that need specific capacity can be built. Besides the dedicated modulated training, the monthly meetings will be also used as a platform to build capacity.

4.4 Keeping the Workforce Motivated

The bulk of the workforce in the Link Worker Scheme will be from the rural areas. They will be expected to address challenging issues of community dynamics, gender, sexuality and HIV/AIDS. It is extremely important to maintain the motivation levels of the Supervisors, Link Workers and Volunteers. This will promote sense of personal commitment towards the scheme and enhance the personnel's output.

It is really very challenging to retain the staff as the scheme majorly consists of interventions made with little or negligible financial resources. Some recommendations for keeping the Link Workers and Supervisors motivated are:

- Develop a clear understanding of the strategic imperatives and vision of NACP III and the Link Worker Scheme by all partners and implementers. This common understanding and vision can bind the people together and provide a purpose in life to all of them.
- Increase frontline autonomy by allowing key implementation decisions to be made by Link Workers and Supervisors under the supportive supervision of DRPs. Reward rather than punish frontline creativity and willingness to take risks during implementation.
- Encourage grassroot innovations and provide incentives to explore the potential for improvement in their day-to-day activities.
- Encourage them to identify "failures" encountered while achieving their objectives and to communicate these failures. This will prevent them from hiding their mistakes and thereby reduce misreporting.
- Develop **esprit de corps** among them. Encourage camaraderie with respect to their everyday work. Create opportunities for Link Workers and Supervisors or other basic health functionaries doing similar work to develop trust and cohesiveness.
- Build a dynamic volunteer group. Give them an identity card and specific roles and also link them with employment or educational opportunities within the scheme or outside if possible.

Rewards or incentives need not be financial. Appreciation in the presence of co-workers or a citation will help in encouraging them to do better work. Opportunities for capacity building, exposure to similar programmes elsewhere in the state or country and opportunities for presenting one's work before seniors from SACS or NACO will also serve as good incentives.

The branding of the Link Worker Scheme will also help in mobilizing young women and men to get associated either as Link Workers or as Volunteers.

Often in Government programmes, very little growth has traditionally been seen for frontline workers or basic health functionaries. Providing opportunities for growth may not always mean a promotion. Offering learning opportunities or job expansion (adding responsibilities, which are an indication of the faith of seniors in a worker) will be a good way to keep the staff motivated.

Similarly, wherever possible the first choice for filling vacant positions in the scheme will be given to an existing worker at a lower rank. For example, if there is a vacancy for the post of Link Worker, Volunteers in her/his area will get first consideration for the position. Since these Volunteers have already received the capacity building training, so money and time to be spent on training new recruits can be saved..

5. MONITORING AND EVALUATION

A robust monitoring system is critical for measuring progress and the performance of the Link Worker Scheme. It will also help in consolidating learning, taking corrective actions and ensuring accountability while implementing the project. This chapter of the Link Worker Operational Guidelines deals with the indicators, aspects and mechanisms for monitoring.

5.1 Areas of Monitoring

Under the Link Worker Scheme, the following key areas will be monitored:

a. **Inputs:** Resources invested in the scheme for the recruitment and training of the project staff at various levels. These are monitored through a set of recording and reporting formats.

b. **Outputs**: Immediate achievements of the programme in terms of the deliverables, such as the number of individuals reached out to, number of condoms distributed, number of individuals effectively linked to the services etc. These are monitored through a set of recording and reporting formats.

c. **Outcomes:** Changes observed in the communities covered by the scheme including the trends in the percentage of different target groups using condoms, accessing services, experiencing reduced stigma and discrimination etc. The outcomes are monitored through a series of outcome studies including polling booth surveys and focus group discussions at regular intervals during the implementation of the scheme.

d. **Impacts**: The long term impact that occurs in the larger community as a result of implementing a programme, including changes in the prevalence of HIV and incidence of STIs in districts covered by the scheme. This will be carried out through special analysis of the secondary data.

5.2 Key Indicators

The key indicators that will be considered during the monitoring include:

1. Programme Rollout Indicators
2. Output Indicators for Key Population Groups
3. Output Indicators for Vulnerable Groups (Youth, Women)
4. Human Resource, Training and other indicators
5. Outcome Level Indicators
6. Impact Level Indicators

5.2.1 Programme Rollout Indicators

During the implementation of the scheme, indicators to be monitored include:

- Number of DRPs (Programme & Training) and Supervisors recruited (by sex, age distribution, educational qualification) – to be monitored on *quarterly* basis.
- Number of DRPs (Programme & Training) and Supervisors trained (by theme/module) - to be monitored on *quarterly* basis.
- Number of Link Workers (male and female) recruited (by age, sex, geography – block, district, state) – to be monitored *monthly* in the first year and then later on *quarterly* basis.
- Number of Link Workers trained (by theme/module) - to be monitored *monthly* in the first year and then later on *quarterly* basis.
- Number of village-level volunteers (male and female) identified and trained by Link Workers - to be monitored *monthly* in the first year and then later on *quarterly* basis.
- Number of replaced/newly recruited DRPs/Supervisors/Link Workers trained - to be monitored on a *quarterly* basis.

5.2.2 Output Indicators for Key Population Groups

Key Population groups covered under the scheme include High-risk and at- risk population groups (refer to Chapter 1of Operational Guidelines for the different target groups)

The monthly village-wise report will include indicators reporting on each risk group, separately for males, females and transgender. The indicators to be covered include:

- Estimated number of members in the risk group: The number will remain the same across all the reporting months, unless updated based on identification of new members and members who are lost to follow-up (either because of migration, death, or change in status).
- Total number of members in the risk group that were contacted/provided BCC by the Link Worker in the reporting month.
- Total number of members (new) in the risk group that were contacted/provided BCC for the first time.
- Total number of condoms distributed directly to members of the risk groups in the reporting month.
- Total number of members in the risk groups that were referred separately for each type of services including STI treatment, ICTC/PPTCT, TB diagnosis/treatment, ART and district level network of the PLHA.
- Among the members in the risk groups who were referred, the number that received/ utilized the services, separately for each type of services including STI treatment, ICTC/ PPTCT, TB diagnosis/treatment, ART, district level network of the PLHA.

5.2.3 Output Indicators for Vulnerable Groups (Youth, Women)

The monthly village-wise report will include the following indicators, to be reported for each vulnerable group:

- Estimated number of members in the vulnerable group: The number will remain the same across all the reporting months, unless updated based on identification of new members and members who are lost to follow-up (either because of migration, death, or change in status).
- Total number of active groups continuing in the report each month. The groups can be in the form of SHGs, Red Ribbon Clubs, and other groups including Life Skill Education groups.
- Total number of meetings held by the groups on monthly basis.

5.2.4 Human Resource, Training and other Indicators

The following human resource and training indicators will be monitored:

- Category-wise number of persons in position at district/supervisor and village level (DRPs, Supervisor, Link Workers, Volunteers, M&E officers, Admin/Finance officers).
- Cadre-wise, module-wise training status.
- Capacity building sessions in review meetings.

Other indicators monitored every month, at the district and village levels will include the following:

- Number of villages - Number of villages mapped and selected for implementation of the scheme (at the district level, core and peripheral/satellite).
- Condoms: Number of condom outlets (new and continuing).
- Stigma-reducing activities- Number and type of events organized themewise.
- Linkages developed with other organizations (like Nehru Yuva Kendra, Panchayati Raj Institute) including those with the Lead/Implementing NGO- Linkages established for community mobilization, developing infrastructure, training, providing services related to health & education, de-addiction, social welfare schemes, Integrated Child Development Scheme (ICDS), Public Distribution System (PDS), existing communication campaigns, legal services etc.
- Number of meetings held with the VHSC.
- Violence and redressal mechanisms.
- Number of high-risk and vulnerable groups receiving social welfare schemes.

5.2.5 Outcome Level Indicators

The outcome and impact indicators that will be monitored under the scheme are:

- High-risk groups
  a. Consistent and correct condom use
  b. Utilization of services (testing, care and support and other social schemes)
- PLHA and affected persons
  a. Utilization of services (care and support and other social schemes)
  b. Reduction in stigma and discrimination-related experiences
- General population (identified separately by sex, age and marital status)
  a. Knowledge and attitudes
  b. Behaviour – Number of partners, safe sex practices
  c. Utilization of services (testing, care and support and other social schemes)

5.2.6 Impact Level Indicators

Apart from the outcome studies, the Lead NGO in each state will carry out a regular analysis of the data available from ART centres, ICTC, PPTCT, DOTs for referrals and other trends to understand the impact of the scheme on the following indicators:

- Prevalence of HIV in the rural areas
- Incidence of STIs in the rural areas
- Percentage of young people, both men and women aged 15-24, reporting the consistent use of condoms with non-regular partners
- Percentage of young women and men of 15-24 years of age correctly identifying ways of preventing the sexual transmission of HIV and rejecting major misconception about HIV transmission

5.3 Mechanisms for Monitoring

Key monitoring mechanisms under the LWS will include the following:

- Recording and Reporting Systems
- Review Meetings
- Supportive Supervision Field Visits
- Research Studies and Reports

5.3.1 Recording and Reporting Formats

The following table summarizes the various recording formats (that are not reported directly) and reporting formats (that are compiled based on the recording formats) to be used by the different project staff:

Staff	Format	Type	Description
Link Worker	Link Worker-Daily Outreach Register **(see Annexure 14A)**	Recording	This format of line list of HRG and at risk individuals will be used to record the services provided to individuals on a daily basis. Each Link Worker will use this format for computing the indicators for the Village Monthly Summary Report, as well as to review and plan her/his own outreach activities.
	Link Worker Activity Register (see Annexure 14B)	Recording	In this register, the Link Worker will maintain all the activities (other than one-to-one outreach activities) that she/he will organize or coordinate in the village. This register will be used in the preparation of the Village Monthly Summary Report.
	Village Monthly Summary Report **(see Annexure 14C)**	Reporting	This report will capture all the outreach indicators for specific target groups. It will be a summary of the Link Workers Daily Outreach Register and the Link Workers Activity Register. This report will be computerized by the district Implementing NGO/DAPCU. There will be one report per village every month. The report will be submitted by the Link Worker to the Supervisor by the 1st of every month.
Supervisor	Supervisory Visit Register **(see Annexure 14D)**	Recording	Every visit made by the Supervisor to the villages will be recorded in this format, along with the description of the activities carried out, issues identified and solutions provided. It will be used for the preparation of the Supervisor's Monthly Report.
	Supervisor's Monthly Report **(see Annexure 14E)**	Reporting	Apart from the details of the supportive and supervisory field visits made by the Supervisor, this report will also provide information on the reporting regularity and data quality checks. This report will be computerized by the district Implementing NGO/DAPCU. It will be submitted by the Supervisor to the DRP by the 3rd of every month.
DRP	DRP's Visit Register **(see Annexure 14F)**	Recording	Every visit made by the DRP to the villages will be recorded in this format, along with the description of the activities carried out,

			issues identified and solutions provided. It will be used for the preparation of the DRP's Monthly Report.
	DRP's Monthly Report **(see Annexure 14G)**	Reporting	It will contain summary of the activities in the district carried out through the Link Worker Scheme. Quantitative reports will be generated from the software. Additional qualitative information and analysis of other activities done at the district level during the reporting month will be added to it.
Training Officer	Training Register **(see Annexure 14H)**	Recording	The Training Officer will have to maintain a register of all the training programmes conducted/coordinated by her/him under the scheme. This register will contain the information related to training objectives, training curriculum and duration of training and the list of individuals participating in the training. This register will be used by the DRP in the preparation of the DRP Monthly Reports.

5.3.2 Review Meetings

- Regular internal review meetings will be conducted once every fortnight at the district level convened by DRP (Programme) and attended by the DRP (Training) and the Supervisors.
- Review and reflection workshops will be organized once in three months for all the Link Workers at the district level by the DRP (Programme). During these meetings, key input, output and process related indicators will be monitored through presentations and group reflection exercises. Minutes of the meeting will also be prepared after the meetings by the DRP (Programme).
- Review meetings will also be conducted once in six months at the state level by the SACS and the Lead NGO. These meetings will be attended by all DRPs and representatives of Link Workers and Supervisors from the district for sharing the progress and learning of the work at the district level. During these meetings, key input, output and process related indicators will be monitored through presentations and group reflection exercises. Minutes of the meeting will also be prepared after the meeting by the Project Officer from the Lead NGO.

5.3.3 Supportive Supervision Field Visits

Supervisory field visits are an important monitoring mechanism that will provide first hand information on the quality of implementation of the activities and ensuing results in the field. The

field visits will not only help to identify implementation bottlenecks in the Link Worker Scheme but also help in getting feedback from stakeholders on the progress and quality of the programme. The visits will be utilized to build capacities of the staff in technical and programme management at the field level. Supervisory visits for the Link Worker Scheme within a state will happen at three levels:

1. **Village level supervisory visits** – Village level supervisory visits will be done by the Supervisors appointed at the district level. Supervisors will make visits to monitor the work of the Link Workers and provide technical inputs to build their capacity. Each Supervisor will supervise 20 villages (preferably 1 supervisor per cluster) and will monitor and support 5 link worker teams. Each team will have 2 Link Workers (1 male & 1 female), which mean the Supervisor will monitor the work of a total of 10 Link Workers. Each Supervisor will make at least one visit with each of the Link Worker teams in a month covering a minimum of 10 villages. Frequency of visit to villages will be monthly. However, in case of poor performing Link Worker teams or villages, more than one monthly visit will be done.

2. **DRP (Programme) supervisory visit -** DRP will make field visits to the programme villages within the district. Key objective of these visits will be to monitor the work of the Supervisors and provide technical inputs in the areas of HIV, BCC, STI management, identify field level bottlenecks and suggest remedies, verify and cross check registers and other field documents. Through this process, DRP will facilitate effective delivery of programme services by the Link Workers. DRP will be meeting each of the 4 Supervisors every month. Minimum of 10 days will be set aside for supervisory visits to villages every month.

3. **Lead NGO supervisory visit**. The Project officers from the Lead NGO at the state level will make district level supervisory visits. Key objective of the visit will be to monitor and provide technical assistance to DRP (Programme), DRP (Training) and Supervisors. One Project Officer will be supervising around 10 -12 districts and will ensure 12 to 14 days of field visit in a month. Project Officers will ensure a minimum of one field visit to every district once in two months.

5.3.4 Research Studies and Reports

The outcome indicators will be measured, once in 6 months, using the outcome study protocol which will include the following tools:

- Polling booth methodology: A brief note on polling booth surveys is provided in **Annexure 15**
- Focus group discussions

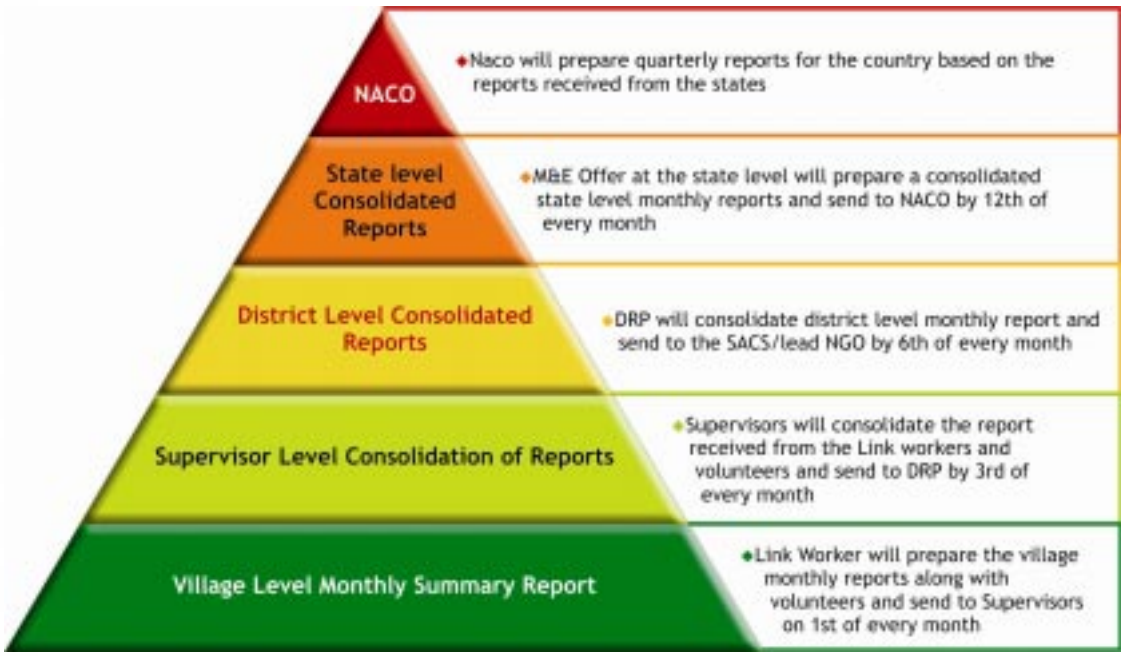
The outcome study protocol will be developed by NACO. Lead NGOs will be trained in these protocols to carry out these outcome studies with the help of an independent team of field/ research investigators. The first outcome study will provide the baseline data against which the progress of these indicators will be measured through the subsequent outcome studies.

5.4 Data Flow

The following levels of institutional support are envisaged to successfully implement the M&E plan for the Link Worker Scheme:

- Computerised Management Information System (CMIS) at state and national level (ensuring strategic M & E of project).
- Supervision system acting as M&E oversight placed within the SACS/Lead NGO.
- Supervision system within the Implementing NGOs through DRPs and Supervisors to provide field level monitoring support

Figure 4: Data Flow Mechanism and the Timeline for Reporting



6. FINANCIAL GUIDELINES

A set of institutional structures have been envisaged to ensure effective management and technical support as well as effective implementation of the activities of the Link Worker Scheme. The costing guidelines for various levels are explained in this chapter. The costing units mentioned under different headings are the maximum allowable unit costs.

6.1 Costing Guidelines at Lead NGO level

This costing is indicated in an ideal situation wherein 1 Project Officer, 1 Training Officer, 1 M & E Officer and 1 Admin cum Accounts Officer will be appointed in states having management responsibility for a maximum of 10 districts. Another Project Officer will be appointed for additional 10 districts so as to provide regular supportive supervision.

The costing includes recurrent cost towards salary (Human Resources), expenses towards training of staff, review of the activities and administrative expenses. This one-time cost includes expenses to be incurred for training and infrastructure.

However, these are the maximum allowable costs. Based on the need of the Lead NGO, budget allocations for the Human Resources (Project Officer), Infrastructure (Computers) and Training (number of districts vis-a-vis training load) will be made.

Costing Details of different categories in Lead NGO

Regional Budget for LWS				
A. Personnel Cost				
Regional Manager				
Particulars	**No of Units**	**Unit Cost**	**No of Month**	**Total Amount**
Project Officer	2	12	25,000	600,000
Training Officer/Capacity building officer	1	12	20,000	240,000
M&E officers	1	12	12,000	144,000
Admin and accounts Officer	1	12	15,000	**180,000**
Office Assistant				
Total	**5**			**1,164,000**
B. Administration Expenses				
Rent	1	5,000	12	60000
Office maintenance	1	250	12	3000
Electricity and utilities	1	300	12	3600
Postage and couriers	1	150	12	1800

Mobile Phones	1	550	12	6600
Land line	1	750	12	9000
Xerox charges	1	500	12	6000
Printing and stationery	1	500	12	6000
Insurance	1	500	12	6000
Computer Maintenance	1	500	12	6000
Internet costs	1	500	12	6000
Other Contingencies	1	500	12	6000
Travel costs		10,000	12	120000
Total				**240000**
C. One time cost (Infrastructure Costs)				
Table	4		3,500	14,000
Meeting tables	1		6,000	6,000
Chairs	7		1,000	7,000
Almirah and filing racks	2		2,500	5,000
Computer-Desktop	4		35,000	140,000
Printer	1		10,000	10,000
UPS	4		5,000	20,000
Softwares				
Total Amount				**202,000**
D. Capacity Building				
Induction to lead NGOs staff				
Training for DRP and Supervisors- Training 1	7			43,108
Training for DRP and Supervisors- Training 2	7			43,108
Training for DRP and Supervisors- Training 3	7			43,108
Training for DRP and Supervisors- Training 4	7			43,108
Total				**172,432**
E. Monitoirng and Evaluation	**2**		**150000**	**300,000**
SUM TOTAL				**2,078,432**

6.2 Costing Guidelines at District Implementing NGO level

This costing is indicated in an ideal situation wherein 1 DRP (Programme), 1 DRP (Training), 1 M & E cum Accounts Assistant, 4 Supervisors and 40 Link Workers will be appointed in one district or a cluster of districts covering 100 vulnerable villages.

The costing includes recurrent cost towards salary (Human Resources), mid – media activities, meeting expenses and administrative expenses. The one-time cost includes training, infrastructure and recruitment expenses.

However, these are the maximum allowable costs and will vary based on the local district plan.

Costing Details of different categories at District Implementing NGO

DISTRICT BUDGET FOR ROUND 7					
		Revised Budget			
	Particulars	**No of Units**	**Unit Cost**	**No of Month**	**Total Amount**
A.	**A.Personnel Costs**				
A 1	DRP 1	1	20,000	12	240,000
A 2	DRP 2	1	15,000	12	180,000
A 3	Link supervisor	4	5,500	12	264,000
A 4	M&E and Account Assistant	1	10,000	12	120,000
A 5	Link workers	40	1,500	12	720,000
A 6	Support to Management	1	6,500	12	78,000
	Total Personnel Costs				**1,602,000**
B.	**Administrative Costs**				
B 1	Rent	1	2,500	12	30,000
B 2	Office maintenance	1	250	12	3,000
B 3	Electricity and utilities	1	300	12	3,600
B 4	Postage and couriers	1	150	12	1,800
B 5	Mobile Phones	1	550	12	6,600

B 6	Land line and Internet	1	1,000	12	12,000
B 7	Xerox charges	1	500	12	6,000
B 8	Printing and stationery	1	750	12	9,000
B 9	Insurance	1	500	12	6,000
B 10	Computer Maintenance	1	500	12	6,000
B 11	Internet costs				
	Other Contingencies				
	Travel costs for Link workers	1	16,000	12	192,000
B 12	Travel costs (Rs. 1000/- per Supervisor and Rs. 1500/- per DRP)	1	12,000	12	144,000
	Total Administrative Costs				**420,000**
C.	**One time cost**				
	Infrastructre Costs				
C 1	Table	7	3,500	1	24,500
C 2	Meeting tables	1	6,000	1	6,000
C 3	Chairs	10	1,000	1	10,000
C 4	Almirah and filing racks	2	2,500	1	5,000
C					
5	Computer-Desktop	2	30,000	1	60,000
C 6	Printer	1	10,000	1	10,000
C 7	UPS	2	5,000	1	10,000
C 8	Recruitment- One time charges	1	80,000	1	80,000
	Total Infrastructre Costs				**205,500**

D.	**Community Outreach**				-
D 2.1	Advocacy with leaders and networking	20	950	1	19,000
D 2.2	Local Body meeting	10	1,000	1	10,000
D 2.3	Establishment of systems to Monitor access of information	2	2,000	1	4,000
D 2.4	Establishment of information centres	2	2,000	1	4,000
D 2.5	Condom depots	5	375	1	1,875
D 2.6	Peer educators- Award	1	5,000	1	5,000
D 2.7	Promotion of Red ribbon clubs	10	700	1	7,000
D 2.8	Coordinate and faciliation of PLHA networks	10	700	1	7,000
	Total community outreach				***57,875***
	Total				**2,285,375**

	Communication Materials				
	Mid Media Campaign	**1**	**400000**	**1**	**400,000**

Capacity Building					-
1	Training of Link workers- training 1				160,500
2	Training of Link workers- training 2				160,500
3	Training of Link workers- training 3				160,500
4	Training of Link workers- training 4				182,500
5	Training of Link workers- Refresher				
6	Training of Volnteers				39,250
7	Induction training DRP				
8	Refresher training DRP				
9	Induction training Supervisor				
10	Refresher training Supervisor				
11	Induction traing M&E Officer				
	Total capacity building cost				**703,250**

ANNEXURE-1 : DISTRICT CATEGORIZATION

S. No	States	Type A	Type B
1	Andhra Pradesh	22	0
2	Andaman & Nicobar	0	0
3	Arunachal	0	0
4	Assam	0	1
5	Bihar	0	3
6	Chandigarh	0	1
7	Chhattisgarh	4	0
8	D&N Haveli	0	0
9	Daman and Diu	0	1
10	Delhi	1	4
11	Goa	1	1
12	Gujarat	2	4
13	Haryana	0	0
14	Himachal	1	0
15	J & K	0	1
16	Jharkhand	0	0
17	Karnataka	27	0
18	Kerala	0	4
19	Lakshadweep	0	0
20	MP	3	1
21	Maharashtra	29	1
22	Manipur	9	0
23	Meghalaya	0	0
24	Mizoram	3	1
25	Nagaland	11	0
26	Orissa	1	2
27	Pondicherry	0	1
28	Punjab	2	0
29	Rajasthan	2	5
30	Sikkim	1	0
31	Tamil Nadu	16	7
32	Tripura	0	1
33	Uttar Pradesh	3	2
34	Uttaranchal	0	0
35	West Bengal	2	5
	Total	**140**	**47**

ANNEXURE-2 : MAPPING METHODOLOGY

Mapping HIV/AIDS risk profile in rural areas is an important step in planning and designing the Link Worker Scheme (LWS) in a state. The key objective of mapping is to collect information on the size and distribution of key population groups and other groups vulnerable to HIV within a village. This data will be used to prioritize villages for implementing the scheme. Since the scheme is a time-bound and resource-limited activity, prioritization of villages is a critical process. The villages will be filtered through the process of mapping, and 100 villages having considerable presence of HRGs will be selected to implement it within a district.

Following are the key steps in the implementation of the mapping exercise in rural areas:

1. **Inception meeting with key stakeholders:** An inception meeting should be organized with key stakeholders, primarily the State AIDS Prevention Societies (SACS), NGO representatives involved in implementation of the LWS and other district level key stakeholders involved directly or indirectly. In the inception meeting, the purpose, methodology and limitations of mapping in the rural areas should be discussed and clarified. Improved clarity with all the stakeholders in this regard will help to enhance the quality of mapping as well as effective utilization of mapping data for implementing the scheme in the state.

2. **Selection of villages for mapping:** The selection of villages for mapping should be based not just on the population size of the village but also be based on an analysis of evidence from ART centre data, ICTC/PPTCT data, STI data and data on key population groups from targeted intervention projects, data on socio-cultural factors leading to increased vulnerability to HIV and any other information that is available with the SACS. The percentage of scheduled caste and scheduled tribe populations in the village could also be a criterion for the selection of villages for mapping. Analysis based on data from secondary source of information will minimize the chances of omitting any highly vulnerable villages within a district.

   Keeping in mind the time and budget constraints, the current mapping methodology proposes to cover 100 to 200 villages from each selected district to conduct mapping exercise based on the criteria given below:

   - Select 100 villages having highest population by using the census data
     - Collect details (Name, Population and Block name) of all the villages in the district
     - Arrange them in descending order and select the top 100 villages.
   - Select villages based on the ICTC, PPTCT and ART data. (those villages from where people are coming for testing and treatment)
   - Select the villages in consultation with the local NGOs working in the district with KPG who will be able to provide a list of villages known to be vulnerable.

3. **Training of NGO personnel:** Training is one of the key steps in the process of mapping. The three days training will focus on introducing the tools and methodology and building

skills in using these tools. The training will include background on mapping, basics of HIV/AIDS, data collection methodologies, field sensitivities and field management, process of validation and cross checking etc. It will also include skills in interviewing as well as filling up data forms/questionnaires. This classroom training will be conducted by holding mock trials and role-plays.

4. **Data collection process**: The next step in rural mapping is collection of data from the field. Key steps in data collection at the village level will include: (a) Transect Walk/Observation Walk (b) 10 to 15 field interviews of Key Informants (c) Compilation of village level data.

5. **Data entry and Analysis:** The preliminary analysis will be done by the field team at the village level after the completion of field work. The team will sit together and fill the village level consolidated data format by compiling all the key informant interviews conducted in that village. The consolidated data format will then be sent to the concerned NGO's office at the district level where the data will be entered in the excel sheets. The DRP and his team will then do the data analysis and prepare a summary report on the district.

6. **Selection of priority villages:** First 100 villages having a maximum number of KPGs as well as other vulnerable groups will be selected to initiate the scheme.

7. **District level LWS roll out plan:** The mapping data will provide directions for planning interventions within a district. It will also help to determine the number of clusters and sub clusters per district depending on factors such as:

   - Number of villages in the districts from where high-risk activity is reported.
   - Estimated number of key population reported in the district.
   - Estimate of different types of key population groups operating in the district.
   - Number of deaths due to HIV/AIDS in the last one-year.
   - Number of people living with HIV (PLHIV).
   - Spread of villages having a high risk and vulnerability profile.

Using the mapping data a comprehensive District Implementation Plan will be made. The plan will essentially provide the following details which are important for a roll out of the scheme within the district:

- The villages where interventions should be prioritized for initial coverage and subsequent expansion.
- Number of clusters (group of 15 to 20 villages) where supervisors should be placed.
- Number of sub-clusters (group of 4 to 5 villages) where link workers should be placed.
- The strategy to cover all Key Population Groups, particularly FSW based on profiles/typology of the operation.

- Strategies to address the needs and concerns of PLHIV at the village level.
- Networking with the nearby urban interventions.

Process to follow while clustering villages in the district:

1. Prepare an A4 size map of the district listing Block details.
2. Mark the selected targeted villages on the map.

Divide the district into clusters (consisting of clustered Blocks) depending on:

- Distance between the villages.
- Connectivity between the villages.
- Population size – the village with the largest population in the group shall be the one where the Link worker will be stationed.

HRG population (number) – The priority will be given to the villages having higher number of HRG This division will result in identification of 2-3 Blocks per cluster. Accordingly Supervisors and Link Workers will be placed in the villages with the highest population.

The table below depicts an example of how the clustering was done:

S. No.	Cluster Name	Number of Blocks	Number of Villages	Total Population	Total KP estimated in the block	% of HRG estimated in the cluster	Required number of LWs
1	Waraseoni Cluster	2	34	124301	497	32%	12
2	Khairlanji Cluster	2	24	86384	358	23%	9
3	Lanji cluster	2	21	82961	317	21%	8
4	Balaghat Cluster	4	21	85843	369	24%	9
	Total	**10**	**100**	**379489**	**1540.5**	**100%**	**38**

In the above case scenario – the four Supervisors will be placed in the four clusters. In 1, 2, 3 and 4 cluster; 12, 9, 8 and 9 Link Workers will be placed respectively.

ANNEXURE-3 : WORK PLAN FOR DRP (PROGRAMME)

DRP(Program) is the leader of the team. She/he will lead the team of Supervisors and Link Workers to achieve the desired goal of the project. It is important that the DRP not only understands or has experience of rural community work but also has leadership and team building skills. The DRP is also the link between the rural community and the policy makers at the district level. She/he should have the ability to work with the district level health structures like the DAPCU, DHO and ART medical officer to ensure that the demand created by the Link Worker in the field is met at the district level. The role of the DRP is expected to do gap analysis in the district and Blocks to support the supervisors and the Link Workers in understanding the programme gaps and developing strategies to address them.

To undertake this responsibility, the DRP should have a good understanding of rural life and dynamics, leadership and conflict resolution skills and gap analysis and strategizing skills.

Following work plan is developed for the DRP:

S.No.	Activity	Capacity Required	Remarks
1	**Introducing the project to district officials** - Identify the important district officials (health and other line departments) and meet them and introduce the scheme - Map and identify the existing health care services in the district - Identify institutions for various government schemes and social entitlements - Visit these institutions and introduce the project - Build rapport with the people in the institutions	- Understanding of various schemes and services available in the public domain - Skills to build linkages with the existing services	The Implementing NGO will support the DRP in this effort

2	**Identification of villages for intervention and finalization of clusters** - Support the Supervisor to make clusters of villages for implementation of the scheme - Support the Supervisors to take up the mapping data in their clusters and validate the villages selected in the cluster - Accompany the Supervisors to a few villages in the process of validation	- Understanding of process of clustering - Skills to form clusters of villages based on mapping indicators	The Link Worker cluster formation has to be done well. This will ensure that Link Workers can work effectively and efficiently. Distance, presence of risk groups etc. are factors that need to be kept in mind while developing Link Worker clusters. DRP should supervise and support the Supervisors in this activity.
3	**Introduction of the project in the selected villages** - Support the Supervisor to introduce the project to the village leaders, Panchayat, AWW, ASHA, non-formal leaders etc - Help the Supervisor to organize meeting of all village level functionaries for introducing the project. Supervisors will have to take permission and consent from the villagers to conduct social mapping in the villages to understand the village better. She/he will seek participation from community members in this process. DRP should attend some of these meetings to understand the capacity of the Supervisor and to provide support if needed	- Understanding of HIV as a development issue in the rural Indian context - Skills to conduct group meetings, individual meetings/ discussions	

4	**Understanding the village and building trust with the community members**- - Accompany and support the Supervisors in conducting transect walk or social mapping in the village - Support the Supervisors in improving their skills by providing inputs	- Understanding the process of marginalization in the rural context (gender, caste, addiction) - Understanding the principles of participation - Skills of using participatory tools like transect walk, social mapping, group discussions and other PRA tools	
5	**Attend District level coordination meetings** - Attend the district level coordination meetings organized by the DHO/DAPCU	- Skills in analysis and presentation	It is important for the district officials to understand how the project is helping in creating demand for services and helping in achieving the health outcomes of the taluka
6	**Conduct district level sharing meetings** - Conduct district level meetings fortnightly/ monthly with Supervisors to share experiences and plan for the future. - Analyze the data, do a gap analysis and present the same in the meeting. Develop a plan to address the gaps. - Use these forums as learning forums to learn from other Supervisor's experiences.	- Skills in conducting meetings	District level meetings can be used as learning and knowledge sharing forums. Based on the gap analysis, the Supervisor can take up training / skill building sessions during these meetings.
7	**Report to the lead NGO/SACS/DAPCU**- Compile all the reports and send it to the lead NGO, SACS, DAPCU on a monthly basis in the required format	- Skills in documenting and reporting	

Continuing Activities

- Mentor and handhold Supervisors to conduct the segment and focus mapping in the villages. Help the Supervisors and Link Workers to analyze the maps or conduct focus group discussion and analyze the discussions.
- Ensure that the Household survey is completed and do data quality checks to ensure that the survey has been done well. Also ensure that the analysis of the survey is done and reported back to the Supervisors and Link Workers for planning.
- Monitor the understanding of the Supervisor and Link Workers on HIV and risk and check if plans are being developed based on risk profile analysis.
- Address the problems faced by the Supervisor in addressing issues related to linkages with entitlements etc.
- Organize district level meetings to share experiences and analyze the gaps.
- Attend the district level meetings organized by the DAPCU and report back to lead agency
- Understand areas of problem from the Supervisor (non-cooperation of the counselor, non-availability of test kits etc) and advocate for it at the district level with relevant officials.
- Support in conducting group meetings. Supervise the group meetings and give inputs to build the skills of Supervisors and Link Workers.
- Meet the district level officials and service providers at least once in a month to understand the expectations, gaps and challenges that the Link Worker Scheme need to address in the field.
- Address problems that the Supervisor may be facing in addressing issues related to linkages with social entitlements etc.
- Supervise the plans developed for outreach and linkages to services.
- Monitor the linkages to services and help the Supervisors to identify gaps and address them (e.g. gap between those who were referred and who reached the service centres).
- Monitor supervisory and support plan of the Supervisors.
- Identify the cluster of Supervisor who needs more support and mentor him/ her to fulfil his role.
- Support the Supervisor in managing conflicts that may arise while doing focused work.
- Analyze the performance and capacity of the Supervisor and Link Worker and develop his/her monitoring plan.
- Support the Supervisor in documentation and do data quality check to understand gaps and fill them.
- Send the monthly report to Lead NGO/SACS/DAPCU.

Year 1 activities will be interspersed with 3 modular trainings.

ANNEXUR-4 : WORK PLAN FOR SUPERVISOR

A Supervisor plays a key role in the Link Worker Scheme. Since the Supervisor is the mentor for the Link Worker, it is very important for her/him to be skilled in mentoring and supportive supervision. Another key role of the Supervisor is to establish and nurture the linkages at the Block level. These linkages could be with the health services, with the village and Block level functionaries like ANM, AWW, ASHA, VHSC, PHCs or other PRIs. The third key area of work for the Supervisor is to analyze the gaps in the programme, devise strategies and support the Link Worker in addressing the gap.

To undertake this responsibility the Supervisor should have a good understanding of rural life and dynamics, leadership and conflict resolution skills and gap analysis and strategizing skills.

Following work plan is developed for the DRP:

S.No.	Activity	Capacity Required	Remarks
1	**Identification of intervention villages and finalization of clusters** - Take up the mapping data in the supervisor cluster and validate the villages selected in the cluster - Based on geography and work load divide the village into clusters. Each cluster will consist of five villages which will be looked after by a male and female Link Worker.	- Skills to form clusters of villages based on mapping indicators - Understanding of process of clustering	The Link Worker cluster formation has to be done well keeping in mind distance and presence of risk gaps. This will ensure that Link Workers can work effectively and efficiently.
2	**Identification of service centers and building rapport** - Map and identify the existing health care services in the Block - Identify institutions for various government schemes and social entitlements	- Skills to build linkages and understanding various schemes and services available in the public domain	This is a key role of the Supervisor. As the Supervisor is working at the Block level, it becomes important for him to build the service linkages.

	- Visit these institutions and introduce the project - Build rapport with the institutions and people in the institutions		While the Link Worker generates the demand for services, it is important that formal linkages with services are established and quality services are provided.
3	**Introduction of the project and self in the selected villages** - Personally introduce the project to the village leaders, Panchayat, AWW, ASHA, non formal leaders etc - Organize a meeting of all village level functionaries during which the project can be introduced - Take permission and consent from the villagers to conduct social mapping in the village to understand the village better. She/ he seeks participation from community members.	- Skills to conduct group meetings, individual meetings/ discussions. - Understanding of HIV as a development issue in the rural Indian context	
4	**Understanding the village and building trust with the community members** Following strategies can be used to understand the village and build trust with the community members: - Undertake a transect walk with the community members (ensure that community members from diverse	- Understanding the process of marginalization in the rural context (gender, caste, addiction) - Understanding of the principles of participation - Skills for using participatory tools like transect walk, social mapping, group discussions and other PRA tools	

	gender, caste, religious and socio – economic backgrounds are involved) to understand the history and geography of the village - Develop a volunteer group who can help in mobilizing people and conducting the social mapping. - Undertake social and resource mapping process in the village to ensure that the village is understood well along with its resources. - Engage the informal leaders, senior citizens, young people, women leaders, caste leaders in one to one discussion to understand the village and its dynamics.		
5	**Identifying and selection of potential Link Workers** Following strategies can be used: - During the social mapping and discussions held with various groups, the Supervisor could select potential Link Workers in the village. - Supervisor can participate in the selection of Link Workers as per the guidelines laid out.	- Understanding of the selection guidelines	The Link Worker selection guidelines are stated earlier in the chapter on of the Operational Guidelines

6	**Attend taluka level coordination meetings**- Attend the taluka level coordination meetings organized by the DHO/DAPCU	- Skills in conducting meetings	It is important for the taluka officials to understand how the project is helping in creating demand for the services and in achieving the health outcomes of the taluk
7	**Attend district level sharing meetings** - Attend district level meetings organized fortnightly/ monthly to share experiences and plan for the future - Use these forums as learning forums to learn from other supervisors' experiences	- Skills in documenting and reporting	These district level meetings can be used as learning and knowledge sharing forums. Based on the gap analysis Supervisor can take up training / skill building sessions during these meetings

Continuing Activities

- Conduct training for the new Link Workers.
- Introduce the Link Worker to the villages. Identify the Link Worker who is comparatively weak and support her/him more. Alternatively identify the village, which is large or has complex dynamics and support the Link Worker there. The Supervisor has to ensure that the Link Worker is well accepted by the villages and provide support.
- Mentor and handhold if needed to conduct the segment and focused mapping in the villages. Help the Link Workers to analyze the maps or conduct focus group discussion and analyze the discussions.
- Ensure that the Household survey forms are in place and do supervisory checks to ensure that the forms are being filled properly.
- Help the Link Worker to understand risk profile and analyze the data collected to develop a plan.
- Use the linkages developed in the first phase to facilitate the needs of the community (like entitlements, government schemes etc.).
- Organize cluster level meetings to share experiences and analyze the gaps.

- Support the Link Worker in developing linkages with institutions to address community needs. Take the Link Worker along and show the process if need be/if need arises/as per need/situational demands.
- Initiate meeting with the group and support the Link Worker in conducting these meetings. Mentor the Link Worker to conduct group meetings by doing and showing and sharing inputs on the performance of the Link Worker.
- Understand the capacity of Link Workers in the cluster and support the ones who need more handholding.
- Build capacity of the Link Worker using successful and challenging experiences in the field during the cluster meetings.
- Help the Link Worker in validating the at-risk individuals and update the focus maps.
- Help the Link Worker to do a good risk profile and facilitate the analysis and prioritization based on risk.
- Organize cluster meetings and attend district meetings.
- Support the Link Worker to develop an outreach plan based on priority.
- Monitor the outreach plan of Link Worker and address the gaps, if any.
- Support the Link Worker in managing conflicts that may arise while doing focused work.
- Follow up with the service centres to ensure that all the referred patients are reaching the centre. This report should be discussed during the cluster meetings and plans developed if there are gaps.
- Analyze the performance and capacity of the Link Worker and develop the monitoring plan.
- Support the Link Worker in documentation and do a data quality check for understanding and rectifying the gaps.
- Support the Link Worker to establish depots and check the existing depots periodically.
- Take specific/ difficult sessions during the group sessions and support the facilitator. Also observe the sessions undertaken by Link Worker and provide inputs to improve the quality.
- Meet the ICTC counselor, ART, CHC in-charge and visit addiction treatment centres and continue to build rapport.
- Attend the district level meetings and update the DRP on the work done in the cluster.

ANNEXURE-5 : WORK PLAN FOR LINK WORKER

The Link Workers (both male and female) are visualized as a social mobilizer/change agent for the assigned five villages. She /he will be seen as a facilitator who will create awareness, give confidence to the community members, support and facilitate behaviour change and help the community members specially the marginalized ones to negotiate for an enabling environment. It is expected that Link Worker will spend lot of time in the village understanding the socio – economic structure of the villages, concerns/ problems of various communities in the villages and facilitate change. She/ he will be a good listener and will focus on listening and understanding community issues. She/ he will also have the skills in facilitation as the Link worker is expected to work in coordination and collaboration with existing community support structures like the AWW, ASHA, ANM, VHSC etc. Undertaking work in relation to sex, sexuality and HIV is difficult in many districts which have not yet seen or experienced the impacts of the HIV epidemic. In such cases the Link Worker will have to build a relationship of trust with the community.

The first 6 months plan has been developed keeping the above role of Link Worker in mind. This is a suggested plan and has to be adapted depending upon the district reality. The work plan clearly defines the expected outputs from the Link Worker. The implementation agency will be expected to adhere to these outputs. The process adopted and time taken to achieve these outputs will have to take the district reality into consideration.

Following work plan is developed for the Link Worker:

S.No.	Activity	Capacity Required	Remarks
1	**Introduction of the LW in the assigned villages.** Depending on the situation in the district, the programme will adapt the following strategies to introduce the Link worker to the assigned villages: - Conduct a Gram Sabha, introduce the project through a film and then introduce the Link Workers - Supervisors will take the Link Workers along and personally introduce them to the village	- Skills to conduct group meetings, individual eetings/ discussions. - Skills to handle audio-video equipments. - Understanding of HIV as a development issue in the rural Indian context	Depending on the situation in the district (high prevalent vs. medium or low prevalent), Link Worker will be introduced either as a HIV worker (applicable to high prevalent district) or a health/ development worker (low prevalent/ medium prevalent districts). This decision and strategy will be devised by the implementing agency based on the situation in each district.

S.No.	Activity	Capacity Required	Remarks
	leaders, Panchayat, AWW, ASHA, non formal leaders etc - Organize a meeting of all village level functionaries during which the Link Workers will be introduced		
2	**Understanding the village and building trust with the community members** Following strategies will be used to understand the village and building trust with the community members: - Undertake a transect walk with the community members (ensure that community members from diverse gender, caste, religious and socio – economic back grounds are involved) to understand the history and geography of the village - Undertake focus group discussion with diverse community groups to understand their issues and needs and assess the risks and vulnerabilities - Engage the informal leaders, senior citizens, young people, women leaders, caste leaders in one to one discussion to understand the village and its dynamics	- Skills for using participatory tools like transect walk, social mapping, group discussions and other PRA techniques. - Understanding the process of marginalization in the rural context (gender, caste, addiction) - Understanding the principles of participation	

S.No.	Activity	Capacity Required	Remarks
	- Try to identify excluded and marginalized population within the village, and also issues related to addiction (both drug and alcohol) - Undertake segment mapping using the social maps (e.g. Harijan colony could be one segment.) Each segment normally has 80-100 households. Segmentation is done to help the Link Worker develop micro plans for the village to ensure that all the segments are understood well (ensure not to leave out the schedule caste / Harijan colonies)		
3	**Identifying the at-risk and vulnerable populations** Following strategies will be used: - Update the segment maps to develop focus maps to identify the vulnerable households like women headed household, migrant household, child headed household, pregnant woman household, household with TB etc - Organize a folk show programme or do village entry programme to give information on some of the issues or to create awareness about the project and the issues - Conduct a household survey in each of the village segments to understand each	- Development of the survey tool and skills to use and analyze it. - Documenting the process and maintaining a file	The priority issues may be general development issues like the need for widow pension and ration cards. To build the trust of the community, it is important to address these issues in the first phase. Link Worker will be expected to facilitate the process of addressing these needs with support from Supervisor. This will be even more important in the low / medium prevalent districts where Link Worker will be expected to build a very good rapport with community members before introducing topics related to HIV.To initiate this activity, Link Worker will have to build considerable

S.No.	Activity	Capacity Required	Remarks
	household, their needs including risks and vulnerability - Share the findings/ maps with the community members specially leaders (including religious) and Panchayat. Prioritize the needs and develop a plan to address the needs. - Document the process and the maps/ plans properly and maintain a file of each of the assigned villages.		trust with the community. In some villages/ districts, this activity will be undertaken in phase 3. However keeping the larger project goal, this activity is important and hence the skills of Link Worker will be built to conduct this activity effectively.
4	**Operationalize the plan to address community needs** - Prioritize the community needs and identify related institutions to address these needs - Facilitate documentation and linkage of the community members with the institution to address the need - Develop a community response around specific needs applicable to the majority of the community - Document the success stories if any - Based on the focus map and household survey, the Link Worker will start validating the information and identifying the at-risk population in the villages	- Information on different development schemes/ social entitlements - Skills in developing linkages - Understanding of various risk and vulnerability factors - Skills to analyze various levels of risk. The training plan will include skills in identifying risk and vulnerability if not already included and develop a plan for outreach and linkages	

S.No.	Activity	Capacity Required	Remarks
	- Risk profile (reasons of risk: sex work, addictions, violence, multiple partner sex, male to male sex etc) of the individuals will be developed - A line list of the at-risk population will be developed for planning outreach		
5	**Identify existing groups in the villages and initiate HIV related discussions:** - Identify the existing groups in the villages (youth groups, women's groups, farmers' groups etc.) These groups will act as ready platforms to start work - Attend group meetings and introduce the topic of HIV in these group meetings clearly linking it up with the issues identified by these groups during the assessment phase - Use communication materials and dialogue based communication skills to discuss HIV and addiction in the groups	Technical knowledge of HIV, addiction, STI, condoms etc ▯ Understanding of the linkages between various issues identified by the community and HIV ▯ Skills to facilitate groups, initiate dialogue based communication ▯ Skills to use communication materials	

S.No.	Activity	Capacity Required	Remarks
6	**Develop/ form new groups wherever needed:** - Link Worker will have to form new groups in villages where there are no groups at all - Link Worker will have to form groups of young girls, adult men if such groups do not exist in the villages. - Initiate discussion on HIV and their vulnerability to HIV after 5-6 meetings of the new groups.	- Skills to form groups based on interests - Skills to sustain group interests and linkage with financial institutions/banks	Link Worker will have to start forming groups in villages where there are no existing groups. Forming groups will help in making outreach easier and building community support for their work. This will also mark the beginning of the development of the volunteer programme in the village. Groups always help in giving momentum and ownership to the change process.
7	**Drawing a line list of at risk population and developing an outreach plan :** - After validation, Link Worker will draw up a line list of the risk population as per risk profile (reasons of risk: sex work, addictions, violence, multiple partner sex, male to male sex etc) - A plan for each individual at risk will be drawn up in each village in consultation with the Supervisor - This plan will be implemented in partnership by the Link Worker pair and will be regularly	- Skills to develop outreach plans based on risk profiles - Skills in conducting BCC - Skills in documenting - Understanding of risk profiles and prioritizing risk groups	The line listing and developing of individual plans is very important for any prevention activity that needs behaviour change. The plan for a sex worker with more clients will be very different from a plan for sex worker with fewer clients. The plan for a pregnant woman in her first trimester will be different from a plan for a pregnant woman in third trimester..

S.No.	Activity	Capacity Required	Remarks
	discussed with the Supervisor to address challenges and gaps - Conduct behaviour change sessions with identified at risk individuals to motivate safe behaviour - Document outreach activities		Similarly an intervention plan for alcohol dependent will be different from an IDU. Hence, within a village, development of individual plans by Link Worker for the target and at risk population will be an important activity. Reporting formats will be in place for this phase.
8	**Establishing linkages with services, referrals and follow up** - Identify the services (STI, ICTC, ART, DMC, DOTS, DIC/ addiction treatment Centres) in and around the villages for linkages - Refer the community members to the services and follow up the same - If need be, conduct accompanied referrals - Document the referral activities	- Skills to motivate and help people get a perception of risk. - Skills in documenting. - Understand and experiences the services provided by each service centre	
9	**Distribution and demonstration of condoms/needle/syringes** - Make efforts to understand the condom/ needle/syringes need of each individuals in the line list and distribute these based on the need	- Skills to demonstrate condom and negotiate condom use - Skills to identify potential depot holders and convince them to start a depot - Skills in documenting. - Understand how to access the need of condoms/needle/syringes	Experience show that the first generation users need more support to sustain behaviour change. Hence the at risk individuals who may be using condoms for the first time will need continous support and encouragement.

S.No.	Activity	Capacity Required	Remarks
	- Demonstrate the use of condoms/needle/ syringes in group or in one to one sessions. Repeat demonstrations will be stressed - Train the women at risk on skills to negotiate condoms - Establish condom depots in villages which are accessible to at risk populations - Document the activities		
10	**Strengthen the groups formed in phase 2** - Continue meeting the groups formed in phase 2 - Initiate Stepping Stones Training in the groups as a tool to improve communication skills, gender and behaviour change - Identify the volunteers in the group	- Skills to facilitate Stepping Stones Training	Stepping Stones Training will act as a tool to encourage reflection within the group, facilitate identification of issues and help the group to find solutions. The tool will help in addressing issues related to gender, communication and relationships. Members who will go through this process will be best suited to be volunteers of the programme.
11	**Attend cluster level sharing meetings** - Attend cluster level meetings organized fortnightly/ monthly to share experiences and plan for the future - Use these forums as learning forums to learn from other Link Workers experiences - Analyse the data from all 5 villages and develop plans to address the gaps	- Skills in documenting, analyzing and reporting	These cluster level meetings will be used as learning and knowledge sharing forums. Based on the gap analysis supervisor will take up training / skill building sessions during these meetings.

Year 1 activities will be interspersed with 3 modular trainings

ANNEXURE-6: AVAILABLE HUMAN RESOURCES FOR CONVERGENCE AT DISTRICT LEVEL

Criteria	ANM	MPHW	ASHA	AWW
Job Responsi-bilities	▯ Providing services, giving medicines, tendering advice ▯ Safe pregnancy and delivery, contraception (FP) and immunization ▯ Screening and reporting of diseases, e.g. leprosy, TB, malaria and filaria ▯ Weekly mobile schedule visiting villages and houses	▯ Malaria prevention and sanitation ▯ As far as the implementation of the RCH programme is concerned, male health workers have a role in popularizing the male methods of family planning among men and educating as well as counselling men on RTI/STI and HIV (AIDS)	▯ Create awareness and provide information to the community on determinants of health such as nutrition, basic sanitation and hygienic practices, healthy living and working conditions, information on existing health services and the need for timely utilization of health and family welfare services ▯ Provide primary medical care for minor ailments such as diaorrhoea, fevers, and first aid for minor injuries ▯ Counsel women on birth preparedness, importance of safe delivery, breastfeeding and complementary feeding, immunization, contraception and prevention of common infections including RTIs/	▯ Supplementary nutrition feeding; record weight organize non-formal pre-school activities in the Anganwadi ▯ Health nutrition education and counseling on breastfeeding/ infant and young feeding practices ▯ Carry out a survey of all the families in work area once a year ▯ Undertake home visits

Criteria	ANM	MPHW	ASHA	AWW
			STIs and care of the young child ▯ Keeping and updating eligible couple register of the village concerned	
Focus Group	Men, women and children	Men	▯ Village communities	Pregnant and lactating women, and children under 6 yrs
Interface	▯ Strengthen and 'mainstream' ASHA and the health care facilities	▯ Expected to help female health workers in immunization sessions	▯ Work with the Village Health and Sanitation Committee of the Gram Panchayat to develop a comprehensive village health plan	▯ Assist PHC staff in immunization, health check-up, ante-natal and post- natal check-up, distribution of IFA and Vitamin A, etc. ▯ Motivate married women to adopt family planning measures
Other responsi-bilities	▯ Maintain contact with PHC/CHC and District hospital for attending meetings, procuring essential supplies ▯ Part of implementation of various schemes– Balika Samridhi Yojana,		▯ Escort pregnant women and children requiring treatment/ admission ▯ Provider of DOTS and primary health care ▯ Depot holder for ORS, IFA, chloroquine,	▯ Assist in implementation of Kishori Shakti Yojana – Nutrition Program for Adolescent Girls ▯ Identify disabilities among children during her home visits and refer

Criteria	ANM	MPHW	ASHA	AWW
	Janani Suraksha Yojana, etc. ▯ Involve in data collection part of many surveys ▯ Under the community needs assessment approach (CNAA), ANM is expected to prepare plans for her area (bottom-up approach) ▯ Act as a resource person for the training of ASHA		Disposable Delivery Kits, Oral Pills & condoms ▯ Inform about the births and deaths in her village and any unusual health problems/ disease outbreaks in the community to the Sub-Centres/Primary Health Centre ▯ Promote construction of household toilets under Total Sanitation Campaign	cases immediately to the nearest PHC or District Disability Rehabilitation Centre ▯ Act as a resource person for the training of ASHA
Identified problems	▯ ANM are exposed to community politics and it is at this juncture that their gender, age, marital status, social image, caste and political affiliations (if any) are crucial. ▯ Sub-centres are set in isolation at varying distances from primary health centres and ANMs			▯ AWW are inadequately trained, supervised and supported

ANNEXURE-7 : CAPACITY BUILDING MATERIALS AND RESOURCES

This is a suggested list to be finalized in consultation with SACS based on a review of available material that has potential for use. In addition, States are encouraged to use locally developed communication material and work closely with Jan Shikshan Sansthan-JSS adult literacy centres for developing low-cost materials for working with communities.

	Name of the Tool	Issues Addressed	Target group
1	**Slide and Ladder Board Game** Board Game with counters and dice	Risk behaviour, myths and misconceptions, HIV transmission	▯ Unmarried, young boys and girls ▯ For community-level activities
2	**Phad** Stories on flex	Monogamy/ faithfulness; condom use; supporting partner for HIV testing	▯ Married young couples and those in committed partnerships ▯ Vulnerable populations
3	**Colour TV** Picture Game	Stigma, discrimination	▯ All sub-groups of young people ▯ For community awareness and creating an enabling environment ▯ Enhancing access to services among HRGs and highly vulnerable populations
4	**Jaankari ki minar** 15" tall tower made of playing cards	ICTC, High-risk behaviour	
5	**Transmission Game** Sunboard on acrylic with different colour threads	HIV transmission and how it is not transmitted	
6	**Flip book** (***under production***)	Key messages covering transmission, testing, stigma and discrimination. Gender aspects are also covered.	

Other materials that can be included as Job Aids

Penis model, model of female reproductive organs. Condoms		▯ For condom demonstration and to build skills of HRIs and in the community
Golmal (Unifem-Charca)	Masculinity, gender, HIV/AIDS	▯ For all sub-groups of young people ▯ For community awareness and creating an enabling environment
Song books (JHUCCP)	Key messages covering a range of issues	
Jasoos Vijay (BBC)	Key messages covering a range of issues	

ANNEXURE-8 : TRAINING PLAN FOR LEAD NGOS, SACS AND TSU

The scheme will be implemented in the districts through Lead NGOs and Implementing NGOs. One Lead NGOs will be contracted in each state (or more) and in turn they will sub-contract the implementation to Implementing NGOs, one per district. As they would be implementing the scheme, it is important that they understand the context, objectives, process and expected outcomes of the scheme. The Lead NGOs have been selected keeping in mind their experiences in the areas of social/ rural development. It is expected that these Lead NGOs will be able to provide leadership and quickly scale up the implementation of the scheme in the states. The Lead NGOs will also be expected to train and build capacity of the Implementing NGOs in partnership with technical training institutions. Hence it is important that the Lead and the Implementing NGOs clearly understand the scheme. Similarly at the state level the SACS and the TSU will be supervising and monitoring the implementation of the scheme. Hence the SACS and the TSU staff need to clearly understand what the scheme aims to achieve.

The first training will include Project Manager, Training Officer and the M&E officer from the lead NGO and one SACS and TSU representative.

The first year training plan includes:

Training	**Objectives/ Topics for Training**	**Number of days for Training**	**Frequency of the training**
Training 1	**Objectives:-** - Provide an understanding of the context of the scheme and features of the scheme - Provide an understanding of expected outcomes and roles of Link Worker Scheme - Develop skills and expertise of the Lead NGOs to provide technical support to the Implementing NGOs - Draw out a role of the institutions in mentoring and supporting the scheme	4 days	soon after sanction of the project

	Topics:- - HIV as a development issue, HIV in the rural context, NACP III, sex, sexuality and gender - Objectives and outcomes of the scheme, implementation process, - Role of each of the partners - Target groups including FSW, MSM, IDU and bridge populations - Skills to break into the community conduct assessments and rapport, train the implementing agencies, mentor and supervise		
Training 2	- Share experiences of implementing the project - Understand the need for strategic changes if required		3 days after 9 months of implementation

In Year II and III, refresher training/ sharing meetings will be conducted every 6 months. The agenda will be defined based on the need and objectives of the implementation phase.

ANNEXURE 9 : TRAINING PLAN FOR DRP (PROGRAMME)

DRP (Programme) will be expected to play a leadership role in the scheme at the district level. She/he will be expected to possess strategic planning, supervision and mentoring skills. Besides this, She/he will have skills to advocate with the district health officials (DAPCU, DHO) to ensure good quality services for the rural population. DRP will also have the skills to advocate for the rights of the target population especially in case of stigma and discrimination at the district level.

As this scheme attempts to prevent HIV in the rural areas and in the process facilitate community ownership and sustainability, DRP will require the understanding and skills to engage the rural community, specially the leaders in this scheme.

In the first year, DRP will undergo three trainings of 7 days each. Each module will provide concepts, understanding and skills to the DRP to enable the person to take up a leadership role at the district level for the scheme. The schedule will be organized in such a way that the DRP gets 3-4 months of time to implement the skills learnt in the training in the field. After 3-4 months of training field staff, She/he will be provided another 7 days of training to undertake activities in the next 3-4 months. By the end of one year, the DRP would have undergone 21 days of training interspersed with field implementation.

The first year training plan includes:

Training	**Objectives/ Topics for Training**	**Number of days for Training**	**Frequency of the training**
Training 1	- HIV as a development issue within a rural context - Theory and concept of social mobilization through an "immersion programme" - Understanding on data mapping and developing district/ cluster and village plans - Technical knowledge related to HIV/ AIDS, STI and addictions - How to mobilize the community and seek their participation to own the scheme - Skills to advocate with district officials and community leaders to introduce the scheme	7 days	Within first month of joining

Training 2	- Skills to analyze risk and vulnerability factors in the community and link it with existing structures - Understanding of the need to prioritize the at risk population and linkage with services - Development and implementation of outreach plans - Ability to supervise, support and mentor - How to conduct review meeting	7 days	After 3-4 months of joining and field implementation
Training 3	- How to advocate for good quality services and the rights of marginalized populations (FSW, IDU, MSM and PLHIV) - Gap analysis and action planning - Conflict resolution - Develop skills to network and build coalition - Ability to supervise, support and mentor	7 days	After 7-8 months of joining and field implementation

In Year II and III, refresher training will be conducted every 6 months. The agenda will be defined based on the need and objectives of the implementation phase.

ANNEXURE 10 : TRAINING PLAN FOR DRP (TRAINING) AT DISTRICT LEVEL

The responsibility of the DRP (Training) is to build the capacity of the district team to implement the scheme effectively. She/he possess skills to train project staff on various topics. Her/his role will be to identify training needs of the personnel implementing the scheme, design training plans, manage training at the district level, identify various resource persons for conducting these trainings and document best practices in the field.

In the first year the DRP (Training) will undergo three trainings of 7 days each. Additionally, they will undergo Stepping Stones Training of 12 days. Each module will provide concepts, understanding and skills to coordinate and undertake training at the district level keeping in mind the needs of various cadres of personnel in the scheme. The schedule has been organized in such a way that DRP (Training) will get 3-4 months of time to implement the skills learnt in the training in the field. After 3-4 months of training field staff, she/he will be provided another 6 days of training to undertake activities in the next 3-4 months. By the end of one year the DRP (Training) will also be trained as trainers in Stepping Stones. This methodology has been devised keeping in mind the need to provide space to practice what she/he learns in the classroom. Frequent capacity building sessions will facilitate cross learning and enhance her/his skills.

The first year training plan includes:

Training	**Objectives/ Topics for Training**	**Number of days for Training**	**Frequency of the training**
Training 1	- HIV as a development issue within a rural context - Theory and concept of social mobilization through a "immersion programme" - Technical knowledge related to HIV/ AIDS, STI and addictions - Sex, gender, sexuality, risk and vulnerability among different groups - How to conduct SNA using PRA tools and develop village plans - Skills to map service providers and build a referral network - How to mobilize the community and develop a sense of ownership among them - Skills to conduct training needs assessment and design training programmes - Ability to train the different personnel in the scheme - Documentation skills	7 days	Within first month of joining

Training 2	- How to analyze risk and vulnerability factors in the community and link it with existing structures - Skills to identify institutions to address community needs other than HIV - Develop outreach plans for target group at the village level - Inter personal communication - Formation of groups for outreach - Strengthen skills as a trainer - Documentation skills	7 days	After 3-4 months of joining and field implemen-tation
Training 3	- Gap analysis and action planning - Conflict resolution - How to engage the leaders in the community and develop a sense of ownership in them - Skills to advocate for good quality services and the rights of marginalized populations (FSW, IDU, MSM and PLHIV) - Networking and coalition building - Skills to document good practices	7days	After 7-8 months of joining and field implemn-tation
Training 4	**Stepping Stones Training** – a training package on HIV/AIDS, gender, communication and relationship skills, designed both for existing HIV/AIDS projects and in general development projects that plan to introduce an ongoing AIDS component. The participants will be trained as trainers.	12 days	After 10 months of joining and field implemn-tation

In Year II and III, refresher training will be conducted every 6 months. The agenda will be defined based on the need and objectives of the implementation phase.

ANNEXURE- 11 : TRAINING PLAN FOR SUPERVISOR

The Supervisors in a Link Worker Scheme is the key to effective implementation of the scheme. She/ he will connect the field level activities to the district level management. Her/his role will be to supervise and mentor the Link Workers in the villages. They will also develop plans at the cluster level and advocate with the block level officials for quality services. At the block level, Supervisors will be expected to possess the skills to conduct gap analysis and support Link Workers in addressing these gaps. One of the roles of the Supervisor will also be to advocate with the village leaders and build their ownership and capacity to sustain the scheme.

In the first year, Supervisor will undergo three trainings of 7 days each. Each module will provide concepts, understanding and skills to the Supervisor to undertake the supervisory and mentoring tasks in his/ her cluster of villages. The schedule will be organized in such a way that the Supervisor gets 3-4 months of time to implement the concepts and skills learnt in the training in the field. After gaining field experience, the Supervisor will be provided another 7 days of training to undertake activities in the next 3-4 months. By the end of first year, the Supervisor will also be trained as trainer in Stepping Stones.

This methodology has been devised keeping the need to provide space for the Supervisor to practice what they learn in the classroom. Frequent capacity building sessions will facilitate cross learning and will ensure that the Supervisors put concepts to practice and come back to clarify concerns and challenges.

The first year training plan includes:

Training	**Objectives/ Topics for Training**	**Number of days for**	**Frequency of the training**
Training 1	- HIV as a development issue within a rural context - How to mobilize the community and seek their participation to own the scheme - Skills to advocate with district officials and community leaders to introduce the scheme - How to conduct SNA using PRA and develop plans based on the assessments - Learn to map service providers and build referral network - Ability to analyze risk and vulnerability factors in the community and link it with existing structures - Identify institutions to address community needs other than HIV	7 days	Within first month of joining
Training 2	- Technical knowledge related to HIV/AIDS, STIs and addictions - Sex, gender, sexuality and identify at risk and vulnerable groups	7 days	After 3-4 months of joining and field

	- Develop outreach plans for target group at the village level - Inter personal communication - Formation of groups for outreach - Gap analysis and action planning - Skills to supervise, support and mentor and train Link Workers - Documentation skills		implementation
Training 3	- How to advocate with village leaders and Block level officials - Build the capacity of VHSCs - Conflict resolution - Refresh the skills of supervision and mentoring	7 days	After 7-8 months of joining and field implementation
Training 4	**Stepping Stones Training** – a training package on HIV/AIDS, gender, communication and relationship skills, designed both for use in existing HIV/AIDS projects and in general development projects that plan to introduce an ongoing AIDS component. The participants will be trained as trainers.	12 days	After 10 months of joining and field implementation

In the year II, the Link Workers will undergo 12 days training on Stepping Stones and any other training based on emerging needs.

ANNEXURE- 12 : TRAINING PLAN FOR LINK WORKER

The training for Link Workers will be organized again as per their roles and tasks. These trainings will be facilitated by the DRP (Training) and Supervisors. The Lead NGO/ Implementing NGOs will mentor these district level Link Worker trainings and ensure quality.

In the first year, the Link Worker will undergo three modules of 6 days each. Each module will provide concepts, understanding and skills to undertake tasks in the villages. The schedule has been organized in such a way that the Link Worker will get 3-4 months of time to implement the concepts and skills learnt in the training in the field. After gaining field experience, the Link Workers will be provided another 6 days of training to undertake activities in the next 3-4 months. By the end of first year, the Link Workers will also be trained as trainers in Stepping Stones.

This methodology has been devised considering the need to provide space for the Link Workers to practice what they learn in classroom. Frequent capacity building sessions will facilitate cross learning and will ensure that the Link Workers put concepts to practice and come back to clarify concerns and challenges.

Besides the formal training, the capacity of Link Workers will be built during monthly meetings through sharing of experiences and inputs in certain key areas. Learning sites will be developed in each state or at least in the regions to provide exposure to Link Workers and enhance their understanding and skills.

Based on the roles and tasks of Link Workers, the following training plan has been drawn up:

Training	**Objectives/ Topics for Training**	**Number of days for Training**	**Frequency of the training**
Training 1	- HIV as a development issue - Understand the process of marginalization in the rural context, specially of at-risk population and PLHA(gender, caste, addiction) - Principles of participation - Skills of using participatory tools like transect walk, social mapping, group discussions and other PRA techniques - How to conduct the household survey - Documenting and reporting skills	6 days	Within first month of joining
Training 2	- Linkages between various issues identified by the community and HIV - Different risk and vulnerability factors - Information on different development schemes/ social entitlements - Technical knowledge of HIV, addiction, STI, condoms etc - Skills to facilitate groups and initiate dialogue based communication	6 days	After 3-4 months of joining and field implementation

	- How to use communication materials - Formation of interest based groups - Ability to sustain group interests and establish linkages with financial institutions/banks - Skills to analyze various levels of risk and develop a plan for outreach and linkages - Documenting and reporting skills		
Training 3	- Understanding of risk profiles and prioritizing risk groups - Services provided by various service centres - How to assess the need of condoms/ needle/syringes - Develop outreach plans based on risk profiles - How to conduct BCC - Ability to motivate and help people to perceive risk - Condom demonstration and negotiating condom use - Identify potential depot holders and convince them to start a depot - Skills in documenting	6 days	After 7-8 months of joining and implementation
Training 4	**Stepping Stones Training** – a training package on HIV/AIDS, gender, communication and relationship skills, designed both for use in existing HIV/AIDS projects and in general development projects that plan to introduce an ongoing AIDS component. The participants will be trained as trainers.	12 days	After 10 months of joining and field implementation

In Year II and III, refresher training will be conducted every 6 months. The agenda will be defined based on the need and objectives of the implementation phase.

ANNEXURE- 13 : TRAINING PLAN FOR VOLUNTEERS

Volunteers are a very important part of the scheme. This scheme is visualized as a short term intensive scheme, focusing on HIV prevention and care in the rural area. Sustainability of this mobilization and change process becomes very important in a scheme like this. The community needs to own the process from the beginning. At the same time for any change process to gain momentum and sustain itself, the scheme will need more than just two Link Workers per village. This is where the volunteers play an important role.They will ensure that the change process gets support and acceptance in the community.

However, it is not enough to form a volunteer group. This group needs to have a fair representation of the village population and include people from the existing caste, class and gender. This scheme will help this group to develop their expertise and role.

Within the scheme the volunteers will be given training in Stepping Stones. Stepping Stones is a training packaged on HIV / AIDS, gender, communication and relationship skills designed both for use in existing HIV / AIDS projects and in general development projects that plan to introduce an ongoing AIDS component. This training package has been successfully used in Africa and Asia including India. The Indian adaptation of Stepping Stones was implemented in the community with various groups over a period of 4-5 months using a 2 hour weekly module.

Stepping Stones grew out of a need to address the vulnerability of women and young people when it comes to decision-making about sexual behaviour. The ABC of AIDS (Abstain! Be faithful! Use Condoms!) on its own does not work and lectures on AIDS are too simplistic. The training package is designed to enable people to explore the huge range of issues which affect their sexual health – including gender roles, money, alcohol use, traditional practices, attitude to sex, death and personalities, addressing behavioural issues, particularly in the area of sexually transmitted diseases such as HIV / AIDS, calls for greater sensitivity. Stepping Stones is a participatory tool that aims to bring behavioural change for the prevention and control of STD / HIV/ AIDS.

Of course, people cannot be expected to change their approach to life on the basis of 4-5 months of work. This workshop can only be seen as a starting point for bringing desired changes within a community. So workshop participants/ volunteers will be encouraged to continue meeting on their own after the last session is completed. These continued meetings will enable volunteers to sustain the changes that they have decided to make in their lives and act as a support group.

Training	**Objectives/ Topics for Training**	**Number of days for Training**	**Frequency of the training**
Training 1	**Stepping Stones Training** – a training package on HIV/AIDS, gender, communication and relationship skills, designed both for use in existing HIV/AIDS projects and in general development projects that plan to introduce an ongoing AIDS component.	4 months. 2 hour session every week for 12 – 16 weeks	After 5-6 months of implementation

ANNEXURE-14A: LINK WORKER DAILY OUTREACH REGISTER

Name of the link worker		
Name of the village		No. of Segment
Population (2001 Census)		No. of Households

S. No.	Name of the Target Group Member/ID #	Sex	Age	Category*	House # /Street/ Colony	Segment	Outreach and service details — Month :																						Year :									
							1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Remarks
1																																						
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25																																						

* **Category:** 1.FSW 2. MSM-T 3. IDU 4. PLHIV 5. OVC 6.Other Vulnerable Men/Women

Service Code: 1. Contact/Outreached, 2. Condom given (also record the No. of condoms given) 3.Reffered for STI treatment/consultation, 4. Completed STI treatment 5. Referral to ICTC, 6.Obtained test result from ICTC, 7.Referred to ART 8. Pre-ART registered 9. Receiving ART services 10. Referred to TB Diagnosis/Treatment 11. Accessed TB Diagnosis/Treatment 12. Obtained membership in SLN

ANNEXURE-14B: LINK WORKER ACTIVITY REGISTER					
Village:					
Taluk:	Reporting month:				
District:	Reporting year:				
State:	Name of the Link Worker:				
Activity	Date	Theme	Objectives	# of persons participated	Remarks
Social mapping					
Household survey and situational needs assessment					
Meetings with other village functionaries					
Community events coordinated					
Community meetings with SHGs/Youth Clubs/Red Ribbon Clubs etc.					

ANNEXURE-14C: VILLAGE MONTHLY SUMMARY REPORT

Village:	Reporting Month:										
Taluk:	Reporting Year:										
District:											
State:											
PART 1:OUTREACH INDICATORS											
		TARGET GROUPS									
INDICATOR	CATEGORY	FSWs	MSM-T	IDU	Other vulnerable men	Other vulnerable women	PLHIV Male	PLHIV Female	OVC Male	OVC Female	TOTAL
Estimated number based on SNA, Static for the whole year	TOTAL										
Number of individuals contacted in this month	TOTAL										
Number of individuals (new) contacted in this month	NEW										
Number of condoms distributed directly											
Number referred during the month	STI treatment										
	ICTC										
	TB Diagnosis / Treatment										
	ART										
	DLNs										
	Other (Specify)										
Number accessed during the month	STI treatment										
	ICTC										
	TB Diagnosis / Treatment										
	ART										
	DLNs										
	Other (Specify)										
Total number of active groups:Continuing	SHGs										
	Red Ribbon Clubs										
	Other (Specify)										
Number of meetings held by the groups	SHGs										
	Red Ribbon Clubs										
	Other (Specify)										
Total number of condom depots in the village	CONTINUING										
Total number of condom depots established in the village	NEW										
Total number of condoms distributed through condon depots											
Number of volunteers identified	Male										
	Female										
Number of volunteers trained	Male										
	Female										
PART 2: ACTIVITY INDICATORS											
Activity	Date	Theme	Objectives	No. of persons participated	Remarks						
Social mapping											
Household survey and situational assessment											
Meetings with other village functionaries											
Community events coordinated											
Community meetings with SHGs/Youth Clubs/Red Ribbon Clubs etc.											
Other (Specify)											

ANNEXURE-14D: SUPERVISOR'S VISIT REGISTER

Name of the District:	Name of the State:	Name of the Supervisor:
Date of visit		
Village visited		
Activities carried out		
Issues identified		
Solutions provided		

ANNEXURE-14E: SUPERVISOR'S MONTHLY REPORT

Note: (1) List the names of the villages that come under your supervisory jurisdiction, in the first column
(2) For each village, record the total number of visits you had made in the reporting month in column 2. This information should come from the Supervisory Visit Format. Note that you should have one Supervisory Visit Form filled in for each village visit you made
(3) For each village, record the type of inputs provided for the scheme in the village, in column 3. The inputs provided should be summarized from the Supervisory Village Visit Form.
(4) Record the total number of specific target group members you have met in the villages you visited during the reporting month. This again comes from the Supervisory Village Visit Forms.
(5) In column 7, indicate against each village, whether you have received the monthly report on time or not.
(6) In column 8, record YES for villages for which you have verified the monthly reports against the Link Workers' Outreach and Activity Registers

Name of the District
Name of the Supervisor
Total number of villages under the Supervisor
Total number of village reports received by the Supervisor

Name of the State
Reporting Month
Reporting Year

Name of the Village	No. of times visited	Inputs provided	No.of target group members met			Whether the monthly report is received on time (YES/NO)	Whether the monthly report was verified against the LW Daily Registers (YES/NO)
			FSW/MSM-T/IDU	PLHIV/OVC	Other vulnerable individuals		

ANNEXURE-14F: DRP'S VISIT REGISTER		
Name of the District:	Name of the State:	Name of the DRP:
Date of visit		
Village visited		
Activities carried out		
Issues identified		
Solutions provided		

ANNEXURE-14G: DRP (PROGRAMME) - MONTHLY REPORT

DISTRICT MONTLHY REPORTING FORMAT

Month:					STATE:			
District:								
Name of the District Implementing Unit								
Name of the Reporting Officer:								
Designation:								
	FSW	MSM	IDU	Vulnerable man	vulnerable women	PLHIV Male	PLHIV Female	OVC
1. Estimated number as per the mapping (this number will remain static)								
2. Total contacted this month								
3. Cumulative contacted								

A. Human Resource:

Category of the staff	Number approved	Number in place	Trained	Cunulative Trained	Remarks
DRP (Prog)					
Training Officer					
M&E Officer					
Supervisors					
Link Worker					

B. Service Delivery:

1. Condom

	Total	Remarks (if any)
a. No. of condom depots established		
b. Uptake of condoms through condom depots		
c. Uptake of condoms through free dsitribution		

2. Involvement of Volunteers

	Number approved	Number in place	Trained	Cunulative Trained	Remarks
Identification of volunteers					

3. Linkages and utilization of serivces

	Referrals	Tested/ Treated	Cumulative referrals	Cumulative tested/service provided	Remarks (if any)
a. ICTC(Total)					
b. ICTC (only HRG population)					
c. STI (Total)					
d. STI (only HRG population)					
e. TB referrals (DMC center)					
f. TI NGO/CBO(only HRG population)					
g. PLHA network					
	Number		Cumulative		
h. No. identified positive					
i. ART referral					

4. Outreach activites:

	Total Number	Cumulative no.	Date	Objectives	Key Outcomes	No. of person particpated	Remarks (if any)
a. Advocacy meeting with district level stakholders							
b. Meetings with other village functionaries (Panchayat/NYK etc)							
c. Community events and meetings organized with SHG/Youth clubs							
d. No. of information centres established							
d. Others (Specify)							

5. Major Highlights (if any)- annex the detail reports of the events

6. Activities planned for next month:

7. Needs/ Issues, if any:

ANNEXURE-14H: TRAINING REGISTER

TRAINING REGISTER

1. Name of the Institution who conducted the training:
2. Name of the training:
3. Whether a new or refresher training
4. Objectives of the training:
5. Training Curricula:
6. Venue:
7. Date/s of the training: From ____ To ____
8. Duration of training
9. Number of trainees Female ____ Male ____ Total ____

List of participants

S. No.	Name	Sex (M/F/T)	Institution affiliated to	Designation	New/Repeat

ANNEXURE-15: LEAD AGENCY (MONTHLY REPORT)

MONTLHY REPORTING FORMAT

Month:					State:				
Number of Districts:									
Name of the implementing Unit									
Name and contact number of the Reporting Officer:									
Designation:									
	FSW	MSM	IDU	Vulnerable Young Men	Vulnerable women	PLHIV Male	PLHIV Female	OVC	Remarks (Additional Information, if any)
District 1									
1. Estimated numberas per the mapping (this number will remain static)									
2. Total contacted this month									
3. Cumulative contacted									
District 2									
1. Estimated number as per the mapping(this number will remain static)									
2. Total contacted this month									
3. Cumulative contacted									
TOTAL									
3. Sum total of estimates in the state as per the mapping									
4. Sum Total contacted in the reporting month									
5. Total cumulative contacted in the reporting month									

A. Human Resource:

Category of the staff	Number approved	Number in position	Trained in this month	Cumulative Trained	REMARKS
Project Officer					
Training Officer					
M&E Officer					
Total DRP					
Total Supervisors					
Total M&E Officer					
Total Link workkers					

B. Service Delivery:

	Condoms			Volunteers				a. iCTC referrals						b. STI referrals								d. TB referrals (DMC center)				e. ART		
	No. of condom depots established	Uptake of condoms through condom depots	Uptake of condoms through free distribution	No. appr-oved	No. in position	Trained	Cumul-ative Train-ed	Total Refe-rrals	HRG Refe-rrals	Total tested	HRG tested	Cumul-ative refe-rrals	Cumul-ative HRG refe-rrals	Cumul-ative tested	Cumul-ative HRG tested	Total Refe-rrals	HRG Refe-rrals	Tested	HRG tested	Cumu-ulati-ve refe-rrals	Cumu-ulati-ve HRG refe-rrals	Cumu-ulati-ve tested	Cumu-ulati-ve HRG tested	Total refe-rrals	HRG refe-rrals	Tested	HRG Tested	Cumu-ulati-ve refe-rrals	Cumu-ulati-ve HRG refe-rrals	Cumu-ulati-ve tested	Cumu-ulati-ve HRG tested	ART refe-rrals	On ART treat-ment	Cumul-ative ART treat-ment
District 1 (with name)																																
District 2 (with name)																																
District 3 (with name)																																
TOTAL																																

C. Outreach activites:

	Field visits by the Programme Officier/Training Officer /M&E Officer (with Tour report)		b. Training Conducted (along with training report)		c. Advocacy and other community even organised at the district level		d. No. of information centers/ Red ribbon club established			
	Date	Objective & Key Observations	Date	Objective & No. of participants	Date	Objective & Key outcomes	Number of information centers	Cumulative information centers	Number of red ribbon clubs strated and operational	Cumulativered ribbon clubs established
District 1										
District 2										
District 3										

5. Major Highlights (if any): annex the detail reports of the events

6. Activities planned for next month:

7. Needs/Issues, if any:

ANNEXURE -16: NOTE ON POLLING BOOTH SURVEY

Monitoring Behavioural Outcomes in General Population

Polling Booth Survey -A Concept Note

1. Introduction

Considering the various limitations associated with the interview method to study changes in sexual and related behaviour, the Polling Booth Survey (PBS) method is used for the purpose of monitoring changes in knowledge, attitude and behaviour among the general population covered in the project.

Polling booth survey is a method more suitable to collect information on sensitive and personal issues related to sexual health in a confidential and anonymous manner. Unlike a survey or in-depth interview or 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 among the respondents which may reduce the biases in reporting sensitive and personal information.

Polling booth is conducted with a homogenous group of about 10-12 individuals. Members of the group are separated from each other in a polling booth environment created by cardboard sheets. Each participant is given three coloured ballot boxes (Green, Red and White) as well as a stack of cards, each card having the question numbers printed on them. The PBS moderator reads out the questions/attitude statements one by one and the participants answer each question or indicate their agreement with the attitude statement by dropping the card carrying the question number into either of the three ballot boxes [into Green box if the answer to the question is YES (or s/he AGREES with the statement), into Red box if the answer to the question is NO (of s/he DISAGREES with the statement), and into the White box if the answer to the question is NOT APPLICABLE or if the respondent DOES NOT WANT TO ANSWER (or if the respondent does not know whether to agree or disagree with the statement)]. If the participant does not understand the question/statement, the moderator will repeat the question/statement and clarify the doubts regarding the question/statement. Responses to each question/statement will be tabulated based on the total number of cards that are found in Red, Green and White boxes.

The polling booth sessions will be conducted in a sufficiently large hall (such as a school, anganwadi center, village community center, temple courtyard, etc.) where the participants can sit apart from each other facing a wall to get enough privacy.

2. Sampling of respondents

With the assumption that the knowledge, attitude and behaviours vary significantly by sex, age and marital status, the polling booth surveys will be carried out on a random sample of individuals in the following six demographic groups in each selected village:

1. Unmarried men of age group 15-24 years

2. Unmarried women of age group 15-24 years
3. Married men of age group 15-29 years
4. Married men of age group 30-49 years
5. Married women of age group 15-29 years
6. Married women of age group 30-49 years

The respondents for the PBS will be selected using a three-stage cluster sampling method: selection of villages, selection of segments from the selected villages and selection of respondents from the selected village segment.

3. Selection of villages

Considering the time and resources available, a total of 200 villages are selected randomly from the total number of villages in the state where LWS is implemented.

The 200 villages are selected on the basis of the number of LWS villages in each district.

Half of the 200 villages will be the "cohort" villages, i.e., will continue to be in the sample in subsequent rounds of PBS. In the subsequent rounds, a fresh set of 100 villages will be selected.

4. Selection of village segments

The village maps prepared for the Link Worker Schemes during the SNA will be used to select the 6 segments specific to the 6 demographic groups. The segments will be selected using one of the following three methods, depending on the number of segments in the village:

- **If the number of segments in the village is greater than 6**, total of 6 segments will be selected randomly using the sampling interval and a random number. Each of the 6 demographic groups will be assigned to the segments in the order of their selection. For example, the unmarried males of age group15-24 will be selected from the first selected segment, the unmarried females of age group 15-24 will be selected from the second selected segments and so on.
- **If there are exactly 6 segments in the village**, each of the 6 demographic groups will be assigned serially, starting with the north-most segment.
- **If the number of segments in the village is less than 6**, the north-most segment will be assigned for the first demographic group, and the other groups will be assigned to each segment serially. Note that more than one demographic group will be assigned to the same segments.

5. Selection of individual respondents

The following procedures will be followed for the selection of individual respondents from the selected segments for the PBS:

- A household within the selected segment will be selected randomly

- A list of all household members (usual residents) along with each individual's name, sex, age and marital status will be prepared with the help of the head of the household or any responsible adult in the household, using a household listing format.
- If any of the listed individuals satisfy the eligibility criteria to be included in the PBS for the demographic group assigned to that segment, that person will be invited to participate in the PBS, giving the details of the venue and time of the PBS.
- If the person is not participating in the PBS, the reason thereof will be documented in the household listing format.
- Similar household listing will be continued within the selected segment, moving clock-wise, until a total of 12 individuals (assuming that at least 10 will finally participate in the PBS) are available and have consented to participate in the PBS.

Overall, there will be a total of 1,200 PBS sessions across the state, covering a total of about 12,000 individuals, with about 2,000 individuals per demographic groups.

6. PBS Questions

The following five different sets of questionnaires are developed to measure the knowledge, behaviour and attitude in the 6 demographic groups:

- Knowledge and behaviour questionnaire for the married males (a total of 32 questions)
- Knowledge and behaviour questionnaire for the unmarried males (a total of 29 questions)
- Knowledge and behaviuor questionnaire for the married females (a total of 26 questions)
- Knowledge and behaviour questionnaire for the unmarried females (a total of 20 questions)
- Attitude statements (a total of 36 statements, common for all demographic groups)

The questions are formulated keeping in view the different outcome domains and the different demographic groups. The following table give the domains, questions in each domain as well as the groups in which these questions are included for the knowledge and behaviour questions.

Domain/outcome	Question	Group
Increased knowledge of HIV		
Heard about HIV	Have you ever heard of HIV/AIDS?	ALL
and knows how it is transmitted	Have you received any information about HIV/AIDS from someone?	
	Can HIV be transmitted by mosquitoes?	
	Can HIV be transmitted through sex?	
	Do you think you can tell by looking at someone if they have HIV?	
Knows about specific risky	Some people say condoms can protect against HIV. Do you think it is true?	ALL
sex act	If someone has more than one sex partner, it is not necessary to use condom every time with every partner. Do you agree?	
	Do you think anal sex is safe and a way to avoid catching HIV?	
Knows about	Do you know where to get condoms?	ALL
Condom	Have you ever seen a demonstration of how to put on a condom?	
Changed behaviour: Less risk sex		
Less premarital sex	Did you ever have sexual intercourse with a woman who is not a sex worker?	UM
	Did you ever have sexual intercourse with a man?	UF
	Did you ever have sexual intercourse with a woman before your marriage?	MM
Fewer sexual partners	Have you had more than one sex partner in the last 6 months?	UM/UF
	After your marriage, did you ever have sexual intercourse with a woman other than your wife?	MM
	Have you had sex with someone other than your wife in the last 6 months?	MM
	After your marriage, did you ever have sexual intercourse with a man other than your husband?	MF
	Have you had sex with someone other than your husband in the last 6 months?	MF

Safe sex practices	Was a condom used every time (if you had sex with more than one partner in last 6 months)?	UM/UF
	The last time you had sex outside marriage, was a condom used?	MM/MF
Less (unsafe) sex with FSWs	Did you ever have sex with FSW?	UM/MM
	Have you had sex with a FSW in the last 6 months?	UM/MM
	The last time you had sex with an FSW, was a condom used?	UM/MM
	Does your husband go to sex workers?	MF
Less unsafe MSM	Did you ever have anal sex with another man?	UM/MM
	Have you had anal sex with another man in the last 6 months?	UM/MM
	The last time you had anal sex with another man, was a condom used?	UM/MM
Less alcohol use	Do you consume alcohol?	UM/MM
	Does your drinking cause problem at home?	UM/MM
	When you have been drinking, have you ever had sex?	UM
	When you have been drinking, have you ever had sex outside marriage?	MM
	Does your husband consume alcohol?	MF
	Does your husband's drinking cause problems at home?	MF
Changed behaviours: Increased gender equity/less gender-based violence (GBV)		
Less forced sex or other acts of abuse	Have you ever forced any woman to have sex?	UM
	Have you ever forced any woman, including your wife, to have sex?	MM
	Have you forced any woman to have sex in the last 6 months?	UM
	Have you forced any woman, including your wife, to have sex in last 6 months?	MM
	Were you ever forced to have sex?	UF
	Were you ever forced to have sex by anyone, including your husband, against your will?	MF
	Have you been forced to have sex in the last 6 months?	UF/MF

More discussion of key issues/decisions	Have you discussed sex with your wife in the last 6 months?	MM
	Do you share decisions about money with your wife?	MM
	Have you discussed sex with your husband in the last 6 months?	MF
	Do you always have to ask your husband about spending money?	MF
Changed behaviours: Increased testing		
Willingness to be tested for HIV	Have you been tested for HIV?	ALL
	Would you be willing to be tested for HIV?	ALL
Changed behaviours: Participation in community support		
Personally involved with PLHA	Do you know anyone who has HIV/AIDS?	ALL
	Have you ever provided any help to anyone with HIV/AIDS?	ALL
	Have you been to a community meeting about HIV/AIDS in the last 6 months?	ALL

In the following table, the statements included in each outcome domain are listed

Domain/outcome	Statement
Improved attitude: Less stigma around HIV and condom use	
Better attitude to PLHA	If my relative is sick with AIDS, I would be willing to care of him/her in my home.
	I would not buy vegetables from a person if I knew s/he had HIV/ AIDS.
	A child with HIV should not be allowed to go to school.
	Families with HIV should be left alone to deal with it.
	If a woman has HIV, it is a reflection of her moral character.
Improved attitude:	Easy access to condoms promotes promiscuity.
to condom	It's OK for women to suggest condom use.
	There is never any need for a man to use condoms with his wife.
	Women who carry condoms are "promiscuous".
Improved attitude: Improved gender attitude:	
Improved attitude	Women get into sex work because they like sex.
to female sex	Sex workers spoil morality in society.
workers	Women should be allowed to sell sex if they want.
	Sex workers should have the same rights as everyone else.
Better attitude to	You don't talk about sex, you just do it.
sharing and caring	It is a woman's responsibility to avoid getting pregnant.
	A man should have the final word about decisions in the home.
	Men who cook are real men.
	Women should feel free to show their husbands when they want sex.
Better attitude to	Men cannot control their sexual urges.
GBV and forced sex	It's OK for a man to force his wife if she does not want to have sex with him.
	There are times when a wife deserves to be beaten.
	Women who are raped are usually at fault.
	It's immoral for a woman to seek pleasure in sex.

Better attitude to women and girl children	We should feel sorry for people who only have daughters. Women who work should give their earnings to their husbands. If girls have too much education, they do not make good wives. Women should be blamed for spreading HIV/AIDS. We should not marry our daughters to families who demand dowry, however small the dowry is.Girls should be married as early as possible. It's OK for girls to be sexually experienced before marriage.
Better attitude to masculinity	If the wife is away for an extended period of time, it is acceptable for men to have sex with others. It's immoral for men to have sex with men.Real men don't cry. It's OK for boys to be sexually experienced before marriage. An ideal husband is one who can control his wife.

Fieldwork:

A total of 3 field teams, each consisting of one supervisor, 3 male field researchers and 3 female field researchers will complete the data collection in the selected 200 villages in about 2 and a half months. A pair of male and female researchers will complete the 6 PBS sessions in a village in 2 days. Fieldwork will be carried out simultaneously in 3 districts.

The M & E Officer of the Lead NGO and the DRPs in each district will be in charge of the PBS in one or two districts. Fieldwork will be assisted by the Link Workers and Supervisors of the villages selected for the PBS.