



Save the Children



C C L N M

Connect, Community Link Networking Model

(Intensive drive to reach the unregistered TG/Hijras in rural areas and linking with the existing TI)

DIVA – Innovations and Learning Site Project

Reference Manual for CBO

VHS – MSA DIVA Project

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@Disclaimer

This document is prepared under the Global Fund – Round 9: Multi-Country South Asia HIV Program grant in India as part of the Innovations and Learning Site project. The content expressed will not directly reflect the intention of the Global Fund.

The content expressed are draft guidelines proposed and will be piloted during the implementation with the support of the respective Community Based Organization (CBO) and Andhra Pradesh State AIDS Prevention and Control Society (APSACS), Andhra Pradesh. The lessons learnt will be shared with National AIDS Control Organization (NACO), Ministry of Health and Family Welfare, Government of India, New Delhi.



Foreword

The National AIDS Control Programme (NACP) has always taken proactive and progressive steps to control the HIV epidemic and strived to address the unmet needs of key populations. India is committed to the 2016 Political Declaration on 'Ending AIDS: On the Fast-Track to accelerate the fight against HIV and to end the AIDS epidemic by 2030' and the same is reflected in the National Strategic Plan for HIV/AIDS and STI with the goal to reduce 80% of new infections by 2024. In the ongoing extended NACP IV phase, intensive efforts are undertaken to control the spread of HIV infection within the TG-H groups. However, the community remains one of the most at risk for HIV, with a national average HIV prevalence of 7.5% (2014-15, Source: IBBS, NACO).

The gap areas mentioned in the National Strategic Plan for HIV and STI, clearly indicates that flexible and innovative models need to be introduced to reach the unreached KPs and to redo the size estimations for fresh targets. Additionally NACP-IV Mid-Term Assessment Report 2016 emphasised the need to revise the existing HIV prevention guidelines matching changes in social and sexual dynamics of key populations and based on typology and coverage area.

VHS under the Multi-country South Asia (MSA) DIVA Project has piloted various innovations under the DIVA – Innovation and Learning Site project. This module highlights the implementation guidelines for “Connect Community Link Networking” model piloted in Andhra Pradesh.

I hope the guidelines will be helpful in piloting the innovation model with the support of State AIDS Control Society and active collaboration of the CBO.

Dr. Joseph D Williams,
Director - Projects,
Voluntary Health Services



Preface

The implementation guidelines for Connect Community Link Networking model forms part of the process of DIVA – Innovation and Learning site project. This model suggest newer strategies within the existing intervention framework to implement innovative ideas for improving the overall HIV service delivery program and encourage community-led advocacy.

The draft guidelines details out the step-by-step approach in implementing Connect Community Link Networking model in the TG-TIs that helps to reach the un-reached TG/H people in Andhra Pradesh. The model is being piloted with active support from the Andhra Pradesh State AIDS Control Society and in collaboration the CBOs – KYSS & SGS, Andhra Pradesh.

Voluntary Health Services extend its gratitude to the entire MSA-DIVA Team for bringing up this guidelines for piloting Making the Invisible visible model to Transgender and Hijra population in the country.

VHS takes this opportunity to acknowledge the support provided by the National AIDS Control Organization (NACO), New Delhi and Andhra Pradesh State AIDS Control Society (APSACS), Odisha. They have been supportive and provided valuable inputs in decision making, policy level advocacy and capacity building of various cadres of personnel.

VHS thank the active participation of Transgender and Hijra population, key community members & leaders, stakeholders like respective ICTC, ART, STI centers and its staff, etc. Special gratitude and thanks to the Project Director - APSACS, Additional Project Director - APSACS, Joint Director – APSACS, Team Leader – TSU and his team for extending their full support and monitoring the progress of DIVA innovation and learning site program.

VHS acknowledges the significant contributions of Mr.Kannan Mariyappan in developing these guidelines with inputs from VHS-MSA DIVA team.

I owe my sincere thanks to the Director – Projects, VHS Management and the PR agency – Save the Children International, Nepal for encouraging us to have this innovations as part of the MSA initiative and for their continuous support and motivation.

A handwritten signature in blue ink, appearing to read 'Dr. A. Vijayaraman'.

Dr.A.Vijayaraman
Deputy Director, VHS-MSA DIVA Project,
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Acronyms

AIDS	Acquired Immuno-Deficiency Syndrome
BCC	Behaviour Change Communication
BSS	Behaviour Surveillance Survey
CBO	Community Based Organization
CC	Core Composite
CCLNM	Connect, Community Link Networking Model
CDC	Centers for Disease Control and Prevention
CLA	Community Link Agent
CM	Community Mobilizer
CSO	Civil Society Organization
DAPCU	District AIDS Prevention and Control Unit
DIC	Drop-In-Centre
HCP	Health Care Provider
HIV	Human Immuno-deficiency Virus
HRG	High Risk Group
ICTC	Integrated Counseling and Testing Centre
IDU	Injecting Drug User
IEC	Information, Education and Communication
IPC	Inter Personal Communication
KYSS	Krishna Yuvajana Sankshema Sangam
LST	Learning Site Team
LWS	Link Worker Scheme
M&E	Monitoring and Evaluation
MLM	Multi Level Marketing
MPR	Monthly Progress Report
MSA DIVA	Multi-country South Asia - Diversity in Action
MSM	Men who have Sex with Men
NACO	National AIDS Control Organization
NACP	National AIDS Control Program
NGO	Non-Governmental Organization
ORW	Outreach Worker
PE	Peer Educator
PHC	Primary Health Centre
PLHIV	People Living with HIV/AIDS
RMC	Regular Medical Check-up
RNTCP	Revised National TB Control Program
RTI	Reproductive Tract Infection
S-DIC	Satellite Drop-In-Center
SACS	State AIDS Control Society
SGS	Sneha Godavari Society
SRS	Sex Reassignment Surgery
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
SACS	State AIDS Control Society
TG	Transgender
TI	Targeted Intervention
TSU	Technical Support Unit
VHS	Voluntary Health Services

1. STI/HIV/AIDS prevention program among TG/Hijras – An overview

1.1. Existing approaches and best practices in the ongoing prevention programs

Some of the key approaches and best practices found in the ongoing HIV/AIDS prevention program among Key Population (KP) will include but not limited to:

- Community led initiatives
- NGO/CBO driven models / managed TIs
- Engagement of community representatives as peer educators
- Community mobilization as an integral part of the ongoing intervention
- Evidence based and hotspot based interventions
- Standardized comprehensive package of services
- Individual tracking with unique ID
- Face to face interventions
- Systematic follow-up
- Consistency in service uptake through systematic reminder and follow-up
- Supported with guidance and mentorship from outreach workers and counselors for promoting and sustaining behavior change
- Mentorship support from TSU
- Systematic monitoring, mentoring, evaluation and guidance.
- Proven models for more than 10 years in effective management of TI program in the entire country
- Coordinated efforts of multiple stakeholders

1.2. Emerging sex work patterns and operations

From the recent MTA, operational researches undertaken, field level observations and experience sharing by the Civil Society Organizations, it is envisaged that, there is a change in the sex work patterns. Some of the emerging sex works patterns will include but not across the country. This sex work pattern changes varies from region to region, theme to theme, etc.:

- Transgenders are operating in non-hotspot based areas.
- Operating through mobile phone / technology based operations and not visiting hotspots (almost 100% of them are using mobile phones with 62% of them are using mobile phones with internet facility).
- The TG/Hijras enrolled in TI are also in the process of moving from hotspot to non-hotspot and operating through mobile phone contacts (in select locations).
- Community members move from district to district within the state and move from state to state for a short / long period due to various reasons such as: participation in cultural program, seasonal migration, undergoing SRS for about 45 days, necessitated to save money to SRS / GTRS and other livelihood options (not common across the country).
- High end personnel are operating through technology both visible and invisible.
- A move from conventional way of sexual operations to modern operations through technology / mobile operations.

VHS-MSA DIVA project proposed to evolve plans to address these emerging sex patterns considering the need & importance of providing services to all TG/Hijras in the intervention area / geographical location.

1.3. Challenges in reaching the KPs-TG/Hijras

Some of the key challenges observed in the ongoing TI program among TG/Hijras will include:

- Reaching the unreached – difficult to reach the unreached population operating through mobile phones / technology enabled.
- Some of the Jamath leaders discourages or not supporting the TG/Hijras for participation in TI program.
- Difficulties in reaching the new entrance, young TG/Hijras and high-end TG/Hijras.
- Peer educators are unable to (or) find it difficult to reach the high profile TG/Hijras, unable to reach the TG/Hijras due to various timings of operations, operating within the district but beyond the TI area, living in rural areas, etc.
- Some of the TG/Hijras, they live in TI area, but operating in different areas (which may be within TI or beyond TI area).
- Some of the peer educators are working for more than five years and reaching the same population and providing services. Some occasions, peer educators find difficulty to reach the unreached due to lack of skills, monotony in providing services, different timings, inconsistency in visit to hotspots by the community members, etc.
- Some of the TG/Hijras moved away from involving in sex work and indulging in other activities such as padhai, involving in livelihood program, other income / salaried activities, etc.
- Some of the TG/Hijras are associated with the TI for more than 4-5 years and requires innovative approaches and providing graded messages.

The above challenges are very elaborative and the challenges will vary from TI to TI, region to region, district to district, TI to TI, etc. This may not be uniform in all TIs in the country.

Note: The information on this chapter has been derived from MTA reports, study findings of operational research, suggestions emerged during FGD, field observations, experiences of VHS-MSA DIVA project, review of reports, suggestions and concepts shared by VHS-MSA DIVA project team, etc. This information should not be quoted anywhere.

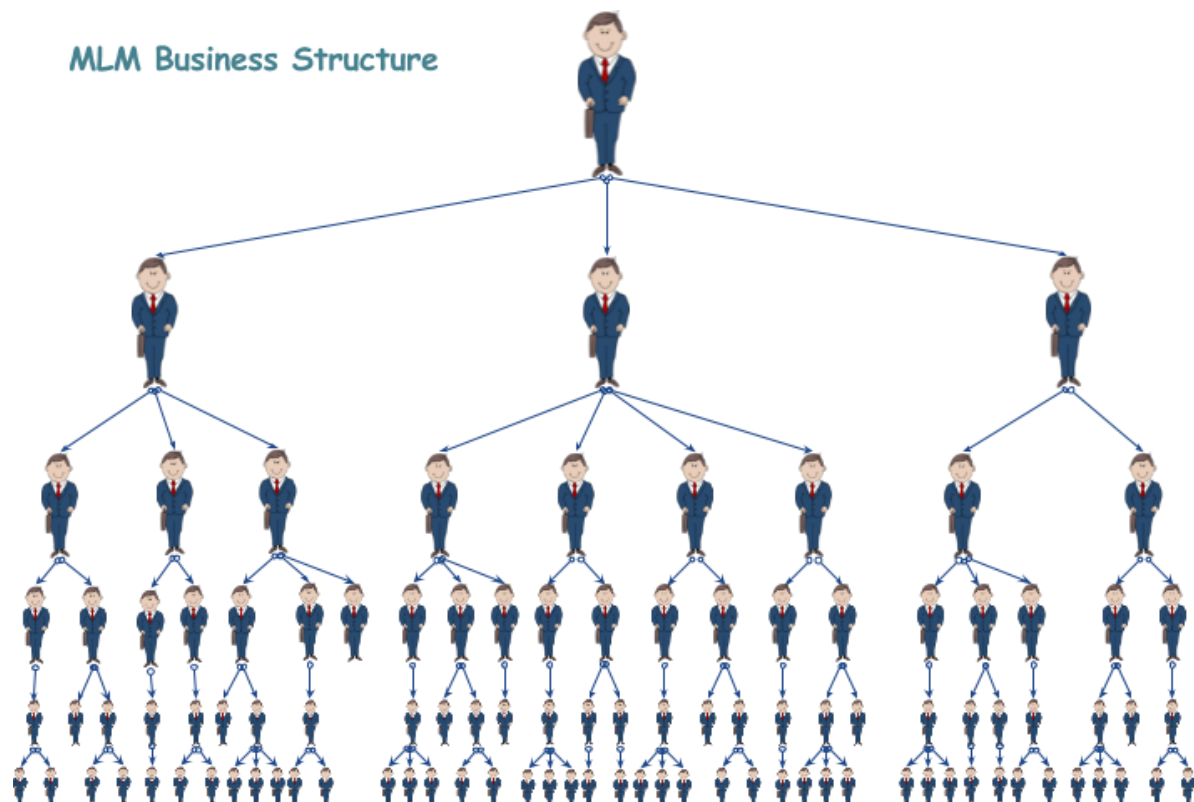
2. Multi Level Marketing (MLM) – An introduction

2.1. Definition

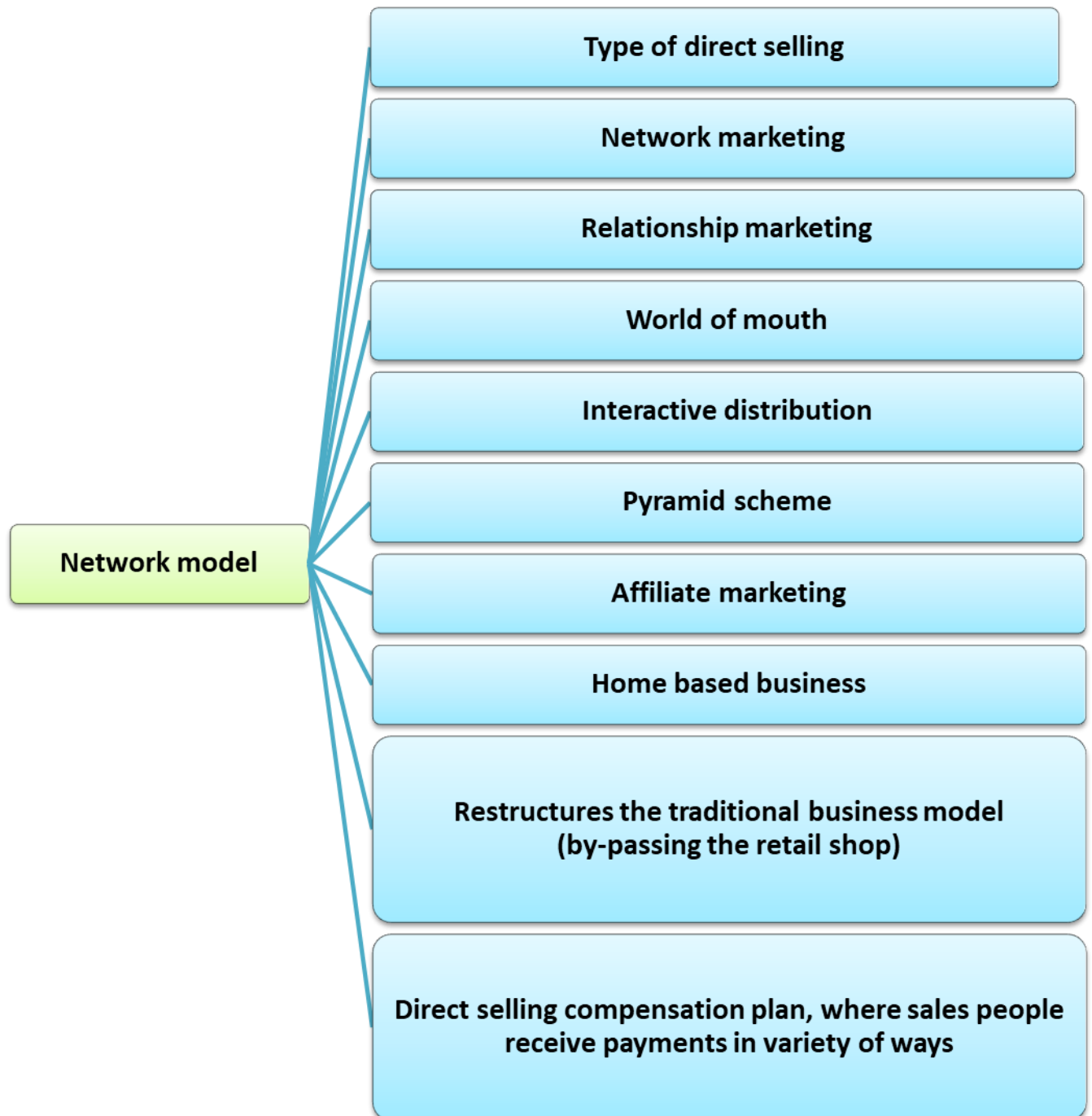
The **Multilevel Marketing** is the marketing strategy wherein the direct sales companies encourage its existing distributors to recruit new distributors to facilitate the sale of goods and services. The distributor is compensated not only for the sales generated by him but also gets a percentage of sales revenue of the other distributor that he recruits.

Thus, a multilevel marketing is a type of direct selling wherein the distributor sells the product via relationship referrals and word-of-mouth marketing. Here, the salespersons or distributor not only sell the products but also encourages others to join the company. The recruits are called as the **participant's "Downline"** or **distributor's "Downline"**. Example, Tupperware, and Amway are the direct sales companies that use the multilevel marketing.

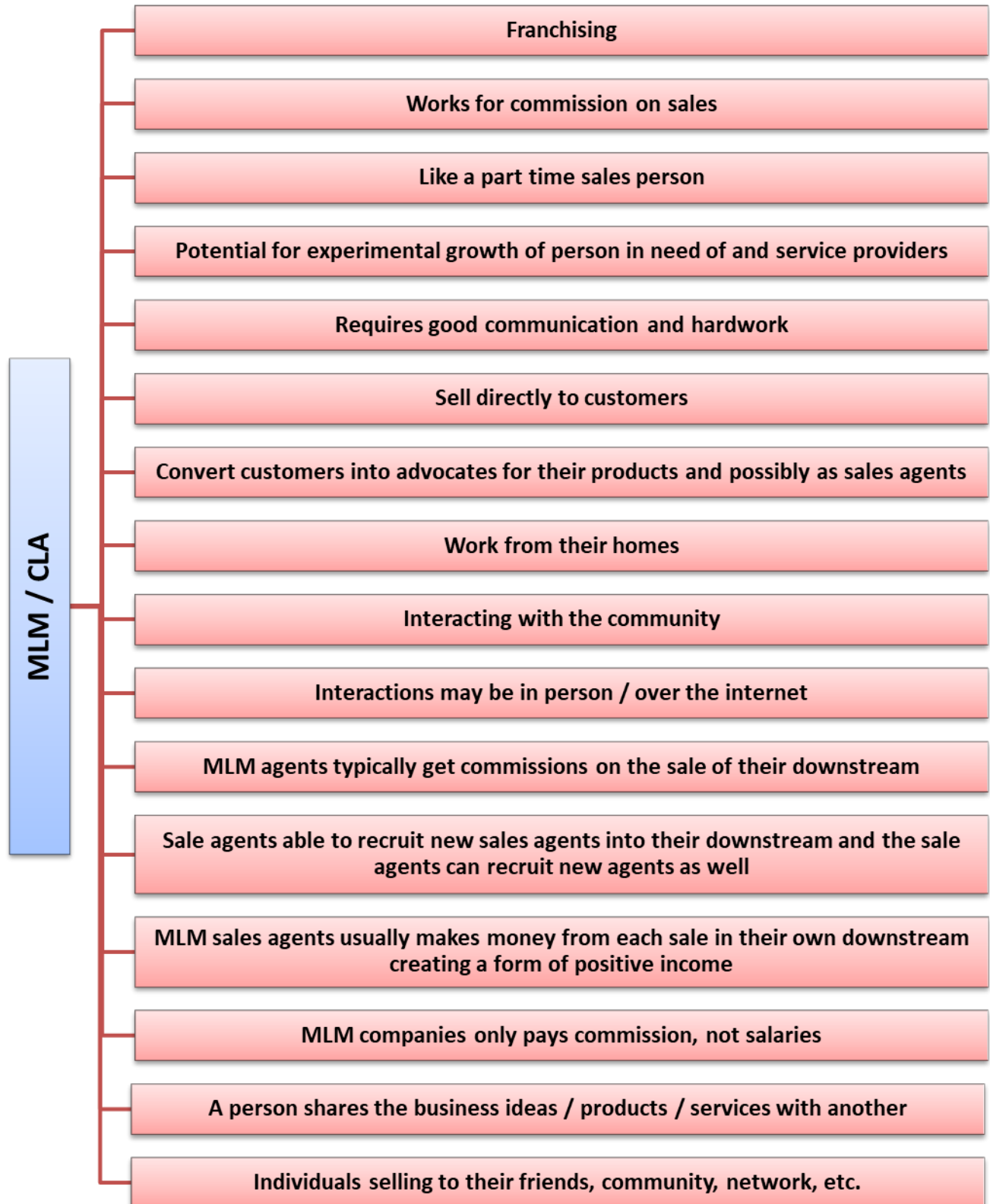
The multilevel marketing is also called as a **network marketing, referral marketing or pyramid selling**. Though this is a legitimate business strategy, it is subject to criticism and lawsuits because of its similarity to the illegal pyramid schemes. Since the compensation is determined on the basis of recruitments done by the distributors, there are chances that more emphasis is laid on the recruitment and less on the product sales. Hence, there is more emphasis on the recruitment of others over the actual sales (*Business Jargons Marketing Multilevel Marketing*).



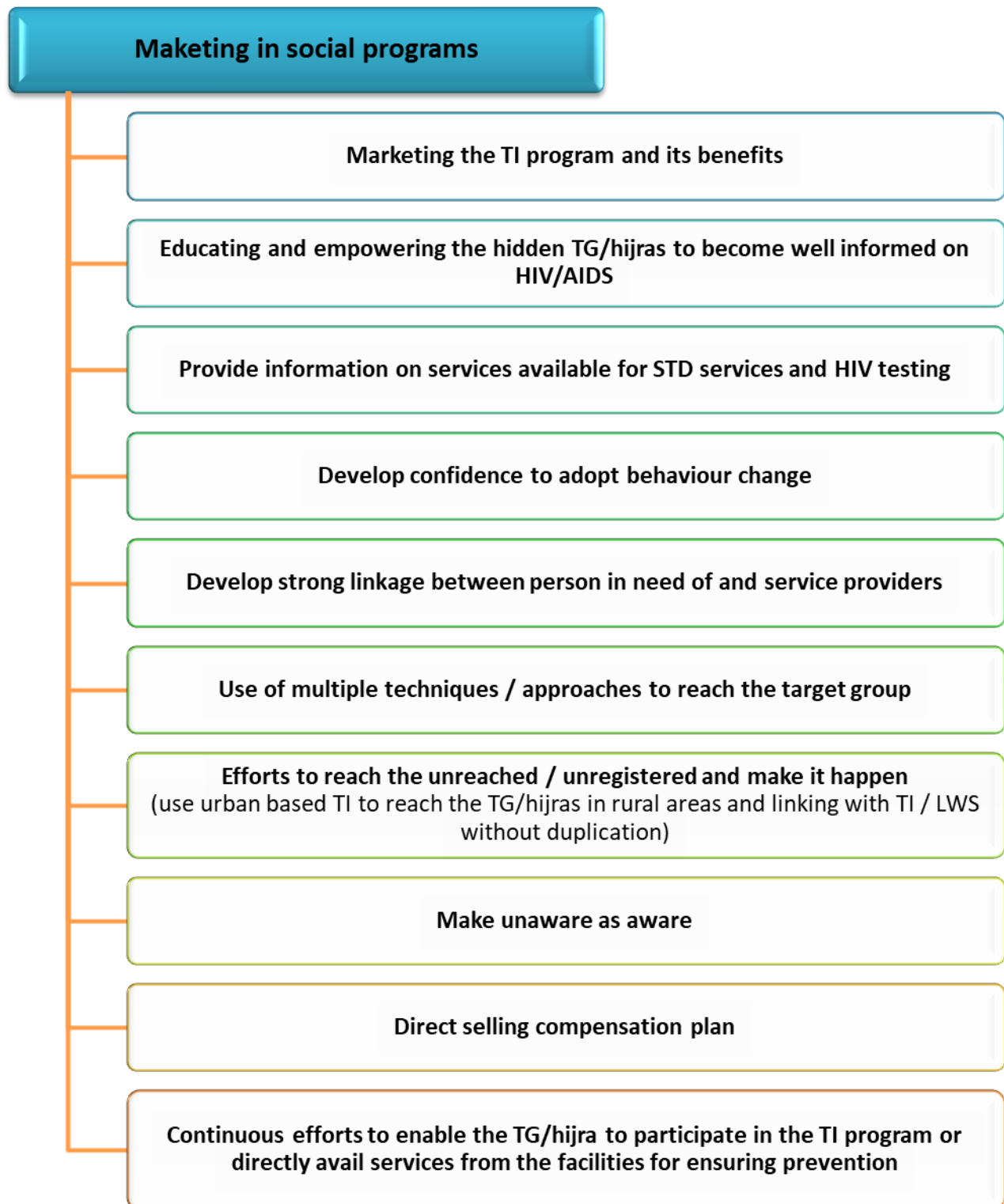
2.2. Understanding network model



2.3. MLM agent



2.4. Marketing in social programs



2.5. Direct marketing vs. MLM

Direct sales can be understood as face-to-face selling. Products and services are presented to consumers at work or home by an independent salesperson. Multilevel marketing is not actually marketing, but an additional technique to systematize and compensate direct salespeople. According to the World Federation of Direct Selling Associations (WFDSA), multilevel marketing is better depicted as a direct selling compensation plan where salespeople receive payment in a variety of ways”.

- by Rhonda Abrons

2.6. Important success models in MLM

Some of the important successful multilevel marketing models will include:

✚ Amway (M) Sdn. Bhd.	✚ Tupperware marketing (M) Sdn. Bhd.
✚ Avon Cosmetics (M) Sdn. Bhd.	✚ R2 Corporation Sdn. Bhd.
✚ Cosway (M) Sdn. Bhd.	✚ Zhulian marketing (M) Sdn. Bhd.
✚ Elken (M) Sdn. Bhd.	✚ Attitude trading pvt. Ltd.
✚ Extra Excel (M) Sdn. Bhd.	✚ Modi Care
✚ Hai O Marketing Sdn. Bhd.	✚ HLL
✚ Herbalife products (M) Sdn. Bhd.	✚ RMP

2.7. Challenges in MLM

- Initially, more time needs to be invested for preparedness.
- It requires dynamic leadership for providing motivation and clarity to healthy team competition.
- Actual success in sales / contacts may be hard to come by: because of rejections from the customers.
- Not all MLMs are legitimate.
- Not every sales agent will be successful. Need to be realistic in planning the estimation.
- Initial enthusiasm will be high. Needs continuous mentoring, motivation and handholding to engage and make it success.
- MLMs are also criticized for being unable to fulfill their promises for the majority of the participants.
- The exploitation of personal relationship for financial gain.
- Enough care need to be taken while using MLM model in marketing and in other areas.

“IF MLM is done the right way, MLM can be extremely profitable and rewarding experience”.

**“Change your focus from making money to serving people....
Serving more people makes the money come in”**

– Robert Kiyosaki

Note: Select aspects in MLM model will be used appropriately in undertaking the enrollment drive for reaching the unreached and registering with TI.

3. Introduction of CCLNM in HIV/AIDS prevention program among TG/Hijras

VHS-MSA DIVA project is in the process of undertaking learning sites for implementing four (04) community driven innovative ideas to improve the overall HIV service delivery program by incorporating newer strategies within the existing intervention framework and encourage community led advocacy. As a part of this piloting learning sites, VHS-MSA DIVA project has identified KYSS-CBO based in Krishna district in Andhra Pradesh for piloting Connect, Community Link Networking Model for three (02) months in select Mandals in West Godavari districts for piloting the multi-level marketing model.

The overall **goal** of DIVA innovations and Learning Sites project is “Innovative HIV responses to reach the unreached TG-H people stepping towards 90-90-90 targets in India”.

The expected **outcome** of this pilot initiative is “Increased coverage, testing and treatment services of untapped TG/hijra people”.

In line with this, CCLNM model has been evolved for piloting in KYSS-CBO in coordination with SGS in select Mandals in West Godavari district. Detailed plan on the same is given in this and subsequent chapters.

3.1. Purposes of introducing CCLNM

To pilot innovative model to evolve new approaches to reach the unreached / unregistered population (including rural, high end, mobile based, non-hotspot based, invisible groups, etc.) and linking with the existing TI program.

To pilot new models to undertake intensive drive to enroll the unregistered TG/hijras in the existing TI to initiate services without delay.

4. Profile of CBO, target and coverage plan under CCLNM

4.1. CBO profile

Name of the CBO implementing : *Krishna Yuvajana Sankshema Sangam (KYSS)*

Name of the coordinating CBO : *Sneha Godavari Society (SGS)*

Name of the district : *West Godavari, Andhra Pradesh*

Project is implemented from : *2014*

Krishna Yuvajana Sankshema Sangam (KYSS) is a Community Based Organization working towards for the empowerment of the vulnerable group for the last three years.. KYSS have been associated with the design and implementation of numerous programs aimed at the development and empowerment of the vulnerable group of MSM, TG & Hijras.

Its chief functionary Mr.Mubarak Hussein has 11 years of experience in the field of community development and the organization has strongly committed staff members working in various projects. KYSS has good experience in the field of prevention of HIV/AIDS.

KYSS propose to develop a Partnership with APSACS – Targeted Intervention for 1675 FSW/MSM/TG-H to accomplish the stated Goal of ***Halt and Reversal of HIV Epidemic, Getting to Zero*** in the Krishna District and thus reduce the risk of transmission of HIV to the general population in the Krishna District.

About our KYSS- PEDANA TI project: KYSS- PEDANA T.I. Project has been working with 1675 FSW/MSM/TG-Hs in PEDANA and its surrounding 15mandalsnamely,Pedana, Challapalli, Kikaluru, Vuyyuru, Mudinepalli, Mandavalli,Kalidindi,Gudlavalleru,Pedaparupudi,Movva, Mopidevi, Pamarru, Pamidimukkala and Thotlavalleru.

Achievements and lessons learnt on the last years' activities:

- Self-esteem levels of the community have been ascended to considerable heights even though it is not that much easy to achieve self-esteem due to violence, fear and anger in the routine professional life of the community.
- Condom usage has been enhanced to greater heights. If at all Regular Partners to promote condoms.
- Male condom plays a crucial role in prevention and control of HIV/ AIDS. There is an essentiality to push the Male condom deep into the Community.
- Community has gone up to the stage of conducting community events independently which has become feasible through the indelible efforts made by APSACS and NGOs pertaining to empowerment, collectiveness , Self-esteem and awareness on Human rights
- Communities started generate demand for services and they realized the need to save better for tomorrow.
- Community has been little bit strengthened in Managing crisis. With support of KYSS CBO.

- Service delivery at the door steps of community made possible with the intervention of strengthened peer educator system.
- Peer educators and CBO leaders have been, to a larger extent sustained with regard to BCC (Behavior Change Communication)
- In our TI 24 HRGs Have Re trained as a Para Legal Volunteers and giving legal services to community and the public.

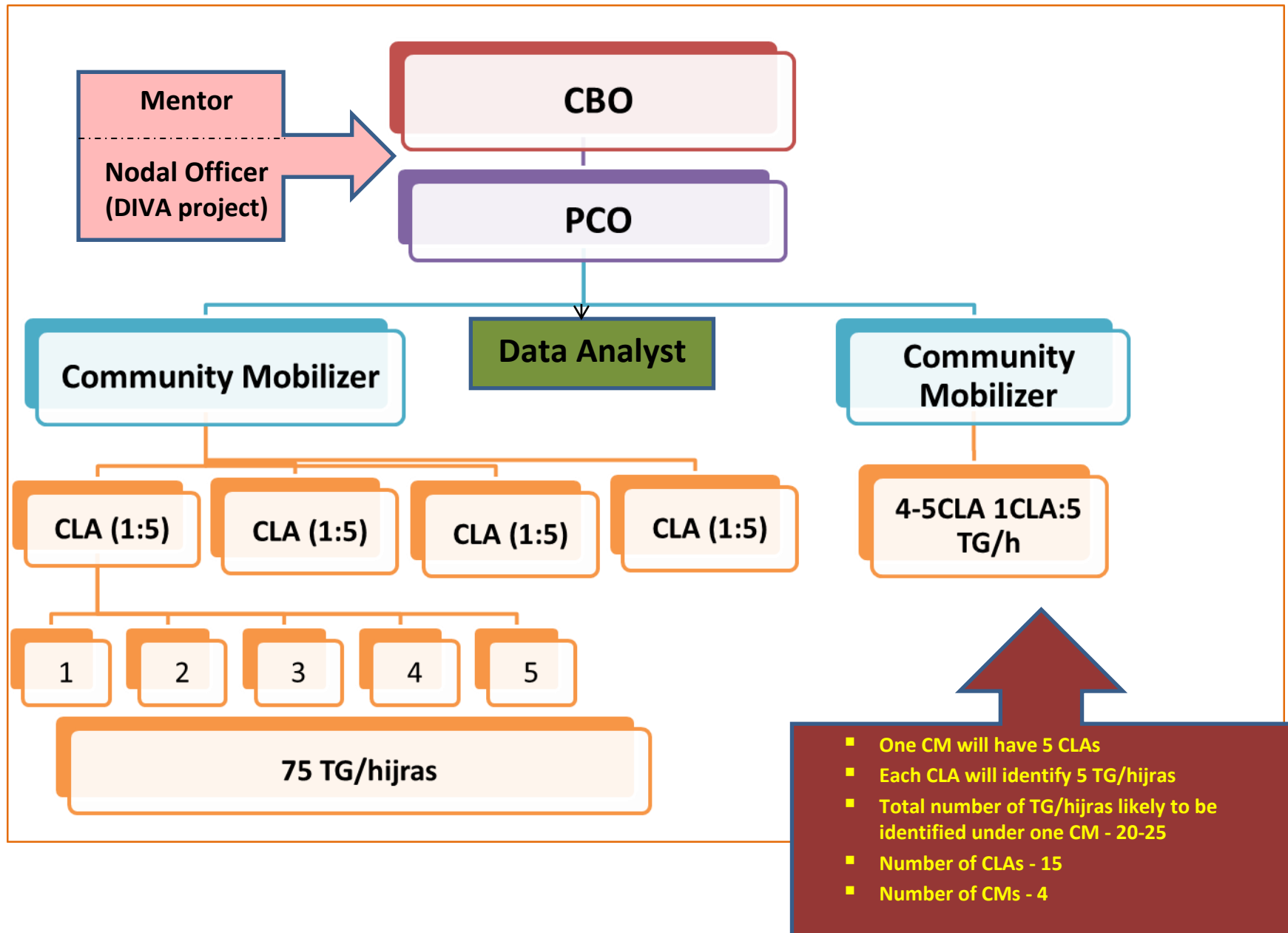
Current year's strategies and organizational analysis:

- Supportive supervision will take place with regard to outreach by Peer educators and outreach workers based on NACO 7 tools & Micro planning.
- Social marketing along with account keeping will completely be entrusted to the CBO with a motto to promote accountability and Transparency among them.
- Prominence will be given for co-ordination and co-operation between NGOs and CBO for effective, fruitful and result oriented program as well as service delivery as ours is a strengthened and sustained CBO which is going to handle the program independently.
- After various committees already formed like Crisis management committee, Advocacy committee, Project Advisory committee, Clinic monitoring committee, will further be strengthened and play a major role in project program implementation
- The entire program implementation goes on based on hotspot wise P.E. Led outreach tools and Micro plan
- Implemented deferent types of Micro plans in CGA and Risk assessment tool in every 3 months. And also every month track the HRGs on Tracking tool in 3 levels (TI, ORW, PE level)
- The DIC as a strategy has the scope to reach out and mobilize FSW/ MSM/TG-Hs. The DIC needs be a place where the FSW/ MSM/TG-Hs would feel safe. The DIC is not to be restricted to being a 'Service provider' place but a 'center to mobilize the FSW/ MSM/TG-Hs 'The DIC should be 'the most sought after place for the FSW/ MSM/TG-Hs We will engage FSW/ MSM/TG-Hs community members to setting up and maintenance of DIC
- Some of the activities to be carried out in the DIC to attract FSW/ MSM/TG-Hs are by Entertainment activities, Games, Grooming course, meetings and cultural activities.
- Conducting weekly Peer Educator review meetings and monthly Staff weekly review meetings to identify gaps and improving the service delivery to HRGs to achieve objectives of the project.
- Identified potential private labs for Syphilis testing in our working area for PPP referrals.
- Identified in gaps on knowledge, every quarter conducted trainings in periodically

4.2. Target and coverage plan under CCLNM

Type of intervention	:	Composite intervention
Supported by	:	APSACS
Target groups covered	:	MSM & TG/Hijras
Total number of target population	:	300 (TG/Hijras)
Target group reached through the existing intervention / peer led approach	:	120 (TG/Hijras)
Target group to be reached	:	180 (TG/Hijras)
Total number of gaps in the existing target	:	180 (TG/Hijras)
No. of targets proposed to be reached through CCLNM modles	:	75 (TG/Hijras)
Proposed Intervention area	:	Selected Mandals in West Godavari district
Staff structure:		
No. of peer educators	:	7
No. of ORWs	:	1
No. of data analyst	:	1
Plans for engaging CLA (to reach out to 75 new TG/Hijras):		
Proportionate for engaging CLA	:	1:5
Proportionate for engaging CM	:	1 CM 5 CLAs
No. of CLAs proposed to be engaged	:	15
No. of CMs proposed to be engaged	:	4
Total no. of TG/Hijras proposed to be reached	:	75 (15 CLA x 5 per CLA)
Maximum number of TG/hijra can be reached by 1 CLA	:	10

5. Implementation structure – draft plan



6. Steps involved in introducing CCLNM



7. Target - primary audience - to be reached and not to be reached

Target group

To be reached

Focus:

Rural TG/hijra (living / operating, and associated with Jamaths)

TG/hijras not enrolled in TI

Living in intervention area or operating in the intervention area

High end TG/hijras

TG/hijras associated with Jamath but not participating in TI

Visible TG/hijras, but not interested in joining TI

TG/hijras operating through mobile network

TG/hijras operating in the hotspots but unable to reach by TI due to various factors.

TG/hijras operating in the newly emerged hotspots in the intervention areas (not part of TI).

Not enrolled in LWS.

Not to be reached

TH/hijras already enrolled in TI

TG/hijras already availed package of services either partly / fully through TI.

TG/hijras identified and tested positive - PLHIV

TG/hijras those who are on ART

TG/hijras who is currently serving as peer educator, counselor, ORW or those who has served earlier and presently a community member (part of TI).

CBO office bearers who is managing the TI program.

Identify and enroll 75 new TG/hijras from rural areas for achieving 90-90-90.

8. Role of Community Mobilizer and Community Link Agents

8.1. Criteria for enrolling Community Link Agents (CLA)

8.1.1. Criteria for identifying CLA

Some of the basic criteria may be considered in the process of identifying CLA. However, the criteria suggested are broad guidelines but not necessary that, every CLA should have all criteria:

- Motivation and willingness to dedicate time
- Basic understanding on HIV/AIDS and understanding / positive attitude about the TG/Hijras
- Communication and marketing skills
- Influential with peers / network members
- Voluntary support
- Possibly living or operating in the same area
- Preference to the person from the same community or influential with community members
- Willingness to dedicate specific hours in a day / week
- Living in the intervention area and other criteria as per the local requirements.

8.1.2. Criteria for recruiting / enrolling CLA

The envisaged basic criteria for enrolling CLA to complement the ongoing TI program will include:

Primary criteria:

- TG/Hijras not enrolled in TI and operating through: high end, mobile, jamath based, engaged in sex work through social network, etc.
- TG/Hijras living or operating in rural areas and willing to network with other TG/Hijras

Secondary criteria:

- Influential members or in contact with TG/Hijras such as: Clients of TG/Hijras, Agents, Lodge boys and Massage centers.
- Health Care Providers like RIMPs, APPs, etc., those who are serving as a community preferred HCPs and providing services to the TG/Hijras not enrolled in TI.
- Any other person who is directly or indirectly related to community

The project will provide utmost priority for engaging the community members to demonstrate the community led intervention models. However, will also explore all possible efforts to reach the unreached considering the emerging sex work patterns.

8.1.3. Criteria for engaging CLAs

- Initially encourage **each CLA to identify five new TG/Hijras** (not enrolled in TI).
- On completion of initial five (05), the same CLA may be **encouraged to reach additional TG/Hijras** through the enrolled membership.
- Overall, a CLA may be encouraged to reach out **maximum of ten (10) TG/Hijras** in the intervention areas.

One CLA : five (05) TG/Hijras

8.1.4. Basic skills required for CLA for effective marketing and reach

Some of the basic skills required for effective marketing and reaching the unreached by CLA will include:

<ul style="list-style-type: none">▪ Communication skills▪ Listening skills▪ Openness to try new things▪ Creativity▪ Presentation skills	<ul style="list-style-type: none">▪ Analytical thinking▪ Negotiating skills▪ Counseling skills▪ Reporting skills
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The CLA need not have all the skills. However, it will be ideal to have the above skills and additional skills for effective marketing of our program, reaching out to the unreached TG/Hijras, linkage with TI program and services.

8.1.5. Benefits for CLA

By participating in this pilot initiative, each CLA will gain benefits such as:

- Undergoing training – developing knowledge and skills
- Aware of HIV/AIDS prevention methods and adopting the preventive efforts (promoting behaviour change and health seeking behaviour)
- Social service and sense of satisfaction
- Recognition among the TG/Hijras in the intervention areas / social acceptance
- Possibilities for emerging as a peer educator in the existing TI program when vacancy arises
- Contributing to the national priorities
- Opportunity to develop strong community linkages and networks
- Certificate and recognition for the contribution made.

8.2. Role of CLA

Direct role:

- **Participation in the training programs** and understanding of the ongoing TI approaches / package of services, etc.
- Extend **support in identifying the TG/Hijras** (including visit to rural areas).
- Provide support in mapping the population available, possibilities to establish satellite DICs, identification of key stakeholders and other details with CM.
- Provide specific role in facilitating meeting with Gurus, Jamath Leaders, influential leaders for interactions by CM to enlist the support and evolve plans for registering the TG/Hijras.
- Coordinate with CM for reaching out the unreached, providing services and extend support in the events planned in the intervention area.
- Share experience and suggestions for achieving the project priorities and achievements.

Support role:

- Coordinate with CM in providing the following services to each of the identified and enrolled TG/Hijras:
 - IPC for TG/Hijras (one to one, one to group on need based).
 - Providing IEC materials
 - Demonstrating condom and distribution of condoms

- Referral and linkage with STI services and HIV testing
- Providing other services such as SRS
- Follow-up interactions and services
- Participation along with CM as an accompanied visit to the intervention areas in facilitating interactions with the target community members.
- Provide needed information for developing and consolidating the reports by the CM.
- Any other related and follow-up activities.

8.3. Similarities and differences between peer educators and CLA

Peer Educators:

- The peer educators are specifically from the community members and continue to undertake key activities and the responsibilities on day-to-day basis in coordination with the project team members.
- The peer educators are also part time workers and provided with honorarium for their time and contribution.
- The peer educators are encouraged to reach out to about 40 TG/Hijras and provided services on regular intervals.
- The peer educators' operates in their own area of jurisdiction and reach out to the TG/Hijras available in the same area.
- PEs provides package of services including IPC, condom demo, condom promotion, STI treatment, HIV testing, etc.
- PEs will work with the overall supervision and guidance of ORW who is part of TI.

CLA:

- CLAs are also part time based workers and supporting the ongoing TI program on voluntary spirit.
- CLAs are encouraged to support the ongoing TI and complement the peer educator initiatives.
- CLAs will operate anywhere in the intervention area beyond the existing hotspot.
- CLAs will also involve in identifying & enrolling with the TI and facilitate in providing IPC and other services by CM (CLA will not undertake direct behaviour change communication related activities).
- CLAs are free to enroll any number of TG/Hijras (enrolling un-registered TG/Hijras).
- CLAs will work beyond hotspots and use all social networks for reaching the unreached.
- CLAs will work with the support and guidance of community mobilizer (initially only during this learning site period).
- CLAs are temporary – however, PE will be part of the project and continue for long time.

8.4. Role of Community Mobilizer (CM)

Identifying and capacity building of CLAs:

- Mapping of possible intervention areas and prioritizing the areas.
- Identification of CLAs, engaging CLAs and motivating.
- Capacity building of CLAs.
- Conducting planning meeting with the entire project team with the leadership of PCO & CBOs.

Registration with TI:

- Develop systems for systematic registration.
- Facilitate in undertaking field visits along with CLA to meet different stakeholders, leaders, target communities, etc.
- Interactions with target community with the help of CLA, motivating to join and enroll in TI.
- Provide basic information on the package of services available in TI and services planned on Prevention Plus including SRS.

Field level activities:

- Undertake accompanied visits along with CLA to the field.
- Based on the CLA identification, interact with target community members, provide basic information, etc.
- Provide comprehensive package of services to each TG/hijra identified through this process.
- Facilitate follow-up meetings with the TG/Hijras registered with TI.
- Coordinate with CLA in providing needed update and facilitating the field level coordination.
- Providing follow-up interactions and support for promoting, sustaining behaviour change and health seeking behaviour.

Advocacy and enabling environment:

- Undertake advocacy efforts with key stakeholders in intervention area to enlist their support.
- Organize sensitization meetings, satellite DIC level meetings and other meetings as planned.
- Organize mega events in intervention area for identifying the unregistered TG/Hijras, engaging policy makers in the program, enlisting the support of the Govt. for social entitlements, etc.
- Organize health camps, community meetings, special events and other meetings for identifying, engaging, providing services and sustaining their participation.

Consolidation and reporting:

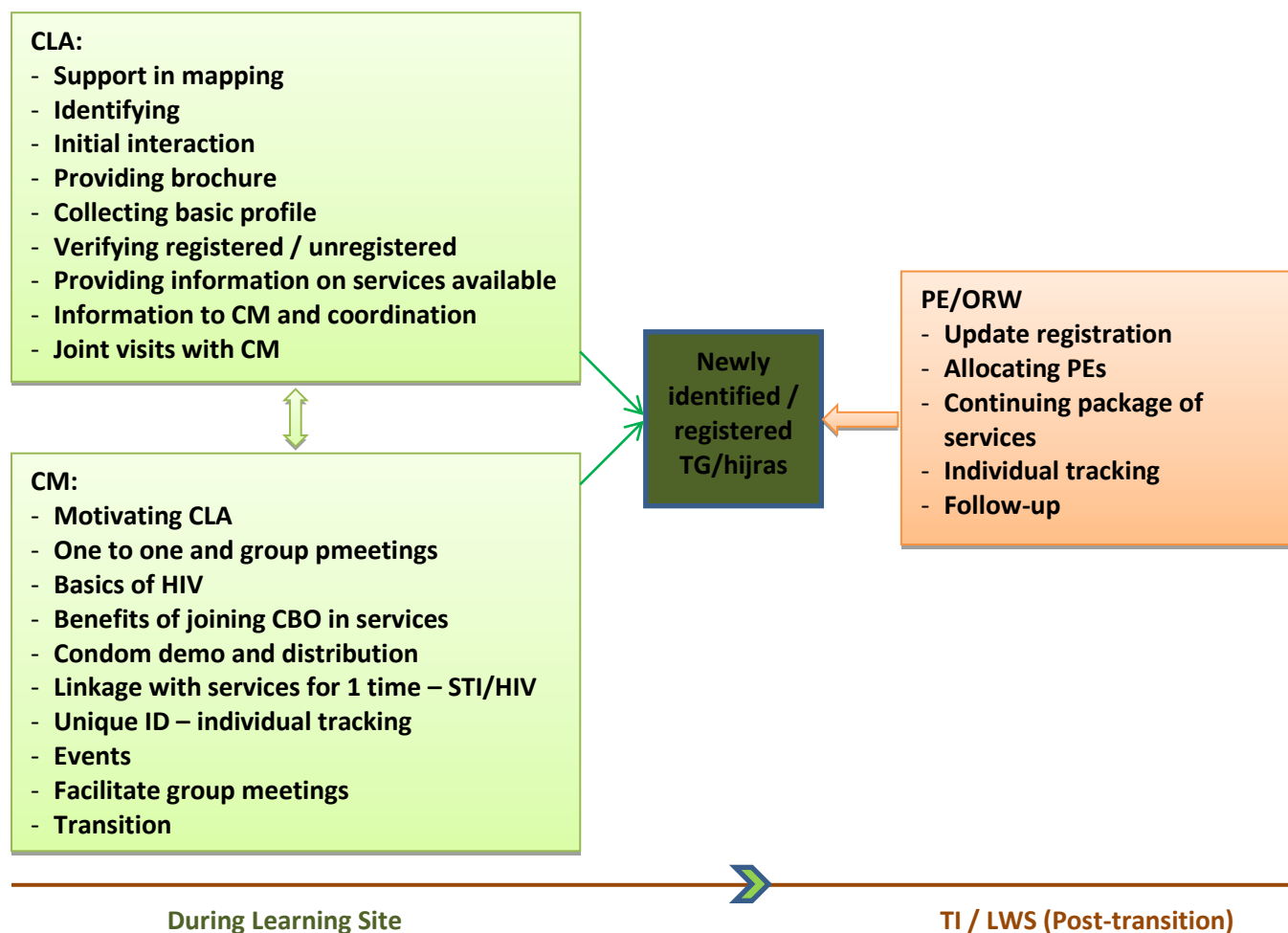
- Collect and submit reports in the prescribed format to the PCO.
- Extend support to data analyst in consolidating the data and preparation of comprehensive report for the learning site activities.
- Conduct weekly / bi-monthly / monthly meetings with CLAs and facilitate cross learning, experience sharing, recognizing the CLAs, collecting reports, etc.
- Extend support in preparation of final technical report to submit to VHS-MSA DIVA project by ensuring data quality and data validation.

Documentation and transition:

- Introduce and integrate systems for process documentation.
- Collect case studies, best practices, learnings, etc.
- Undertake efforts to undertake photo documentation, video clippings, feedbacks, special messages, etc., for incorporating into the documentation.
- Facilitate coordination meetings with TI team for planning for transition.
- Coordinate with TI team and transition the registered TG/hijra details and tracking sheet / other reports.
- And any other activities emerged during the process of the piloting, suggested by mentors / CBO / VHS-MSA DIVA project and any other initiatives.

The Community Mobilizer overall will undertake responsibility in identifying and engaging CLA, engaging CLA in reaching out to the new TG/Hijras and undertake efforts to register with TI. The CM will also provide other needed services to each of the registered TG/hijra population in accordance with the project priorities and guidelines.

8.5. Roles of CM and CLA during LS and support of TI team after transition in providing services



The community based organizations and the project team need to orient the CM and CLA to have a clear understanding on the roles and responsibilities for complementing the ongoing TI initiatives. This will also help in ensuring clarity at every level and coordination. The following aspects should not be undertaken by the CM and CLA:

- Should not give false promises and hopes for identifying and enrolling the TG/Hijras.
- Some of the TG/Hijras may have dual names. In such situation, do not re-enroll the same person in different name.
- Do not undermine or discourage the efforts of the peer educators and the project team members.
- Do not incentivize the TG/Hijras for enrolling in TI or LWS for availing services.
- Do not identify / enroll the TG/Hijras enrolled in the same TI, other TIs, TIs in other districts.
- Do not encourage general population as TG/Hijras for achieving the targets.
- Do not communicate with already enrolled TG/Hijras to avoid conflicts in messages, services, etc.

9. Package of services provided in the existing TI

The package of services provided in the existing TI program for the TG/Hijras as per the NACO guidelines will include:

- Providing Inter-Personal Communication including one-to-one, one-to-group and counseling.
- Condom demonstration and free condom distribution.
- Distribution of IEC materials.
- Referral and linkage with services:
 - STI services – once in three months
 - HIV testing – once in six months
 - Syphilis screening – once in six months
- Follow-up services.
- Promoting positive prevention among core PLHIV.
- And other services.

The same package of services will also be provided by the CM to the newly identified / enrolled peers.

9.1. Envisaged packages of services proposed to be provided by CM in 3 months – pilot period

S. No.	Activity	No. of interactions / services
1	IPC (basics of HIV and SRS)	1
2	Condom demonstration and condom distribution	1
3	Distribution of IEC	1
4	Free condom distribution (based on need analysis)	Once in 15 days – 6 times
5	Referral and linkages for STI services (1 st visit)	1
6	Referral and linkages for ICTC – HIV testing (1 st visit)	1
7	Follow-up interactions (once in 15 days other than initial interactions)	5
8	Extend support in identifying prevention plus needs on social protection and coordinate with PCO for linkage	1

10. Other key activities planned as a part of the Learning Site during the pilot initiative



11. Identifying geographical areas for piloting Learning Site in West Godavari district

Suggestions for identifying focus areas:

- Identify and prioritize Mandals in West Godavari district based on the presence of the TG/hijra population.
- Prioritize possibly in the cluster areas for intensive coordinated work.
- Consult with the CBO, local CBO, mentors and other stakeholders to prioritize the intervention areas without having any duplication of efforts.
- Avoid the cluster districts being managed by PEPFAR partners in collaboration with SACS and NACO.
- Prefer the non-intervention areas of LWS and target intervention program.

Area map:



Note: As a part of the Learning Site, it is planned to prioritize 1 to 3 Mandals and focus our activities. The LS will not cover the entire district.

12. Important aspects to be considered in CCLNM

The team needs to undertake utmost care in the process of enrolling the unregistered TG/Hijras and providing services. Some of the aspects needs to be taken care of as part of the engaging CM will include:

- ✓ Identifying and engaging the **right persons as CLA** (preferably from the same area / same community).
- ✓ Attend **network events** to meet people, identify and enroll.
- ✓ **Capacity building of the CLA** and develop basic knowledge and skills.
- ✓ Provide **prevention plus** services integrating with HIV (including SRS).
- ✓ Facilitate in **linkage with social protection**.
- ✓ **Concurrent mentoring support** to enable to perform in accordance with the expectations.
- ✓ **Need based accompanied visits** to field for providing IPC, group meetings and other services.
- ✓ Facilitate **experience sharing** between:
 - Peer educators and CLAs
 - CLAs and CLAs
 - Community mobilizers and CLAs.
- ✓ **Systematic tracking of registered TG/Hijras and follow-up** on the activities undertaken.
- ✓ **Encourage and guide** to use existing networks and new networks to reach the unreached.
- ✓ To **use multiple approaches** for identifying and reaching the intended target group.
- ✓ **Develop team spirit**, encourage, guide and do not criticize.
- ✓ Provide platforms for **recognition and motivation**.
- ✓ **Facilitate regular interactions** over the phone and personal visits for initial encouragement, adopting proper approaches and motivated to perform effectively.

13. Suggested possible approaches in identifying and registering new TG/Hijras



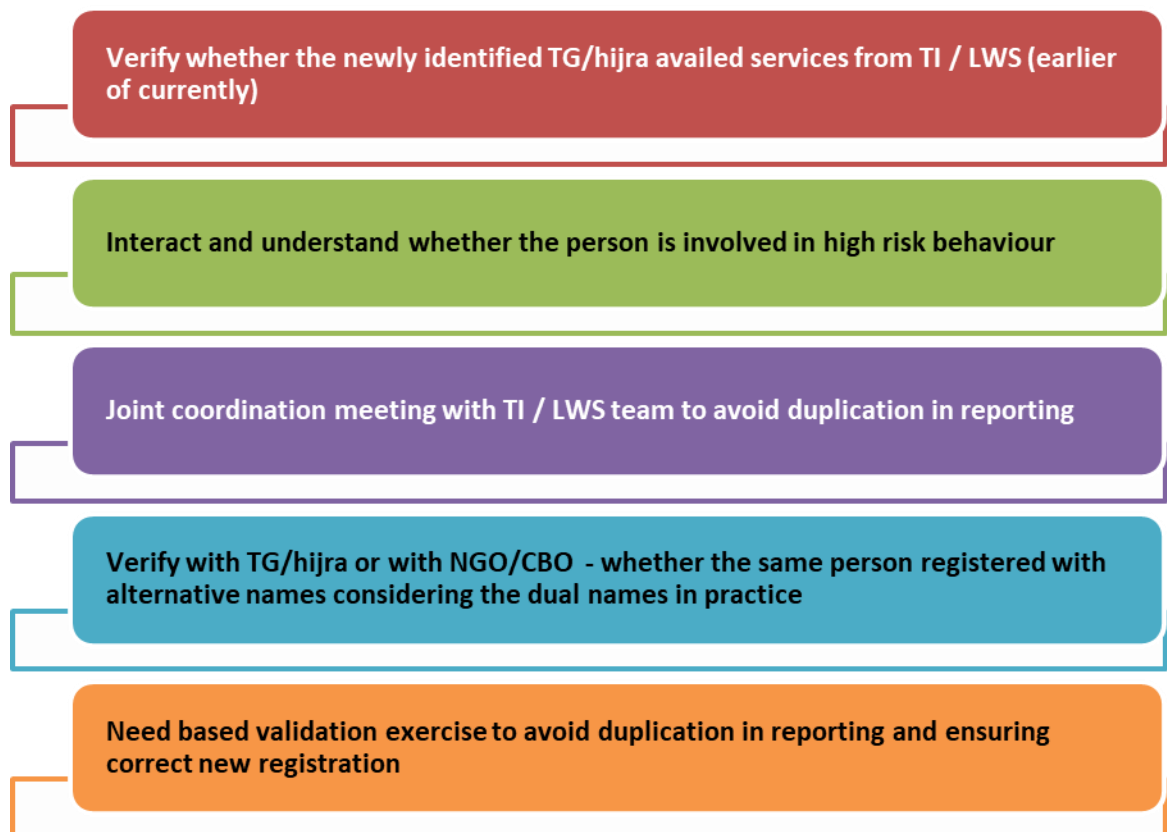
- Engage CLAs from rural areas.
- Undertake advocacy with Jamath Leaders / Gurus and explore on the possibilities to engage them as CLA.
- Use social media networks.
- Focus on the newly emerging hotspots.
- Use technology enabled communication and networks.
- Encourage referrals by the registered TG/Hijras to reachout to the unregistered TG/Hijras.

- Adopt client based approach to understand the presence of the TG/Hijras.
- Focus on reaching out to TG/Hijras not linked with TI / LWS.
- Explore on the possibilities to elicit information from the community preferred HCPs and encourage them to share or motivate TG/Hijras to join in TI.
- Recognize CLAs and sustain the interest of CLAs.
- Organize consultation meetings between CBOs and with communities to understand the other possible reach out mechanism and evolve plans accordingly.

13.1. How CCLNM complements the HIV/AIDS prevention program?

- CCLNM program is intended to provide value addition to the ongoing TI program for reaching the unreached, enhancing the coverage, enhancing the uptake of services, etc.
- CCLNM is primarily focusing on how to reach out the unreached through mobilizing existing influential groups and networks within the short period of time.
- This CCLNM is also will complement the ongoing TI by reaching the unreached operating in the non-hotspots and TG/Hijras operating through mobile networks (difficult to reach by the existing TI or by the peer educators).

13.2. How to avoid duplication in reach / enrollment by CLA?



This Learning Site pilot initiative very much focuses on the process than the target driven approach. Considering the same, the CBO and the team will undertake utmost care in enrolling only unregistered TG/Hijras.

14. Frequently Asked Questions (FAQs) in implementing CCLNM

1. Which is the focus area for CLA to work – is it rural or urban?

Ans: The CLAs with the support of community mobilizers will work in reaching out the TG/hijra in rural areas especially in selected Mandals in West Godavari district – wherever TG/hijra population is available.

2. Whether priority areas for intervention have been identified or need to be identified?

Ans: The CBO has identified and prioritized the district in consultation with APSACS. The CBO will identify the specific Mandals for implementing the intervention by prioritizing the focus areas.

3. Is there a time frame in which the identification and enrollment need to be achieved by CLA?

Ans: Yes. This CCLNM model is being piloted for a limited period. Hence, series of activities need to be undertaken within the time frame. Considering this, required to identify and enroll more number of TG/Hijras from the unreached population within two months period. However, the services for identified and enrolled TG/Hijras may be continued throughout the year as a part of the TI program.

4. Whether CLA has to undertake activities on their own or the project team members will accompany and provide needed support?

Ans: The project team members will accompany the CLA on need based to any places to interact with group of TG/Hijras, Jamath leaders, influential leaders, network leaders and others. This will be an accompanied visit to help CLA in identifying and enrolling. Eventhough CM has accompanied the CLA, this cannot be claimed by the project as identified and enrolled directly by the project. This identification and enrollment will be claimed by CLA.

5. Whether CLA need to perform on part time / full time basis?

Ans: The CLA will need to undertake these activities on part time basis. However, if the CLA wish to contribute more time, the same will be encouraged.

6. Whether the CLA can use WhatsApp messages for reaching out the unreached / unregistered TG/Hijras by using the existing networks?

Ans: The CLA can send WhatsApp messages to their own network with the intention to identify, enroll the new TG/Hijras. However, it is encouraged to verify the content of the messages with the project team for ensuring correctness, avoiding false hopes / promises.

7. While the CLAs are encouraged to identify and enrolled the new TG/Hijras in the TI, whether the existing peer educators will continue to identify and enroll the new TG/Hijras in the intervention as a part of their regular work?

Ans: The peer educators are encouraged to continue to undertake all key responsibilities assigned as a part of the TI program. Peer educators will continue to enroll new TG/Hijras available in the intervention areas, hotspots and in other places within geographical location. CLAs will identify and enroll in other geographical locations. The CLAs will be complementing to the PE initiatives. Primarily, the PEs are encouraged to identify and enroll.

8. Whether same individual can perform as CLA and peer educator?

Ans: No. Only one role can be performed by a person.

9. Whether CLA can become a peer educator if performed efficiently and demonstrated results?

Ans: Yes. The CLAs can become peer educator based on the successful performances. However, the CLA should be the community member. Opportunity may be provided whenever the vacancy arises.

10. Whether the project will provide any incentives to the newly enrolled TG/Hijras?

Ans: The project will not provide any incentives to the newly enrolled TG/Hijras. The newly enrolled TG/Hijras will be provided with package of services in accordance with prevention package and other services.

11. Whether incentives can be provided to the newly enrolled TG/Hijras?

Ans: The project will never encourage the provision of providing incentives for identifying, registering and providing services to the newly enrolled TG/Hijras.

12. Whether CM can identify directly the new TG/Hijras and enrolled in TI?

Ans: Yes. The Community Mobilizer can identify and enroll the TG/Hijras in TI. However, project will not provide any incentives.

13. Whether these Learning Sites will continue to demonstrate community led model?

Ans: Yes.

- ✓The Learning Site initiatives are being managed by the KYSS and SGS – CBOs.
- ✓The CMs will be appointed from the same community.
- ✓The CLAs will be appointed preferably from the TG/Hijras.
- ✓All the registered TG/Hijras will be followed up by the TI based peer educators in providing all services as per NACO guidelines.
- ✓The community led interventions will be an integral part of the LS initiatives.
- ✓The LS is a two months drive for complementing the ongoing community led initiatives of managing TIs and providing services to all community members in a geographical areas.

15. Role of CBO, Mentor & Data Analyst

15.1. Role of CBO

Some of the envisaged roles and responsibilities of CBO in the process of planning, managing, coordinating and monitoring the CCLNM model will include but not limited to:



- Initial discussions with VHS – MSA DIVA team on the proposed CCLNM model.
- Participation in the orientation meeting on Learning Site.
- Coordination with mentors and engaging with mentors.
- Community consultation meetings to understand the existing achievement, gaps, target to be reached, existing issues and possible mechanisms.
- Discuss and convince the existing project team on the proposed CCLNM model and provide needed clarity.
- Appoint CMs and Data Analyst for planning, coordination and management of LS activities.
- Identify and engage CLAs through a process.
- Capacity building of CMs / CLAs.
- Introduce the project team and service providers to the CMs.
- Provide need based IEC and demo kit for effective communication.
- Extend support to CLA to perform their roles effectively and efficiently.
- Document the experiences on CCLNM.

- Facilitate in conducting events, sensitization programs, meeting with influential groups, etc., for enlisting the support, creating enabling environment, identifying and enrolling TG/Hijras.
- Facilitate for linking TG/Hijras to avail social protection schemes.
- Facilitate cross learning between Peer educators and CLAs; CLAs and CLAs; and Community mobilizers and CLAs.
- Monitoring and mentoring.
- Data validation and data quality audit.
- Focus on the process than target driven / activity based efforts.
- Submit specific reports on the initiatives of learning site to VHS – MSA DIVA project as per requirements.
- Undertake all possible effort to address the emerging field level challenges.
- Develop systematic plans for transition and facilitate the process of transition.
- Share learnings and experiences with mentor, VHS-MSA DIVA team, etc.
- Providing strategic guidance to the project team and undertake the capturing of experiences and learnings for supporting the documentation (including photos, video clippings, cast studies, etc.).
- Continue to manage the ongoing TI as per the guidelines:
 - Fulfill all reporting requirements as per NACO, SACS, DAPCU and other key stakeholders – as a part of the ongoing TI programs.
 - Undertake all the other regular works as per the TI guidelines and guidance from SACS and TSU.
- Ensure financial systems as per the guidelines provided by VHS – MSA DIVA project.
- Coordinate with SGS – CBO in systematic roll-out of the LS initiatives to achieve the desired results and learnings.
- Do not participate / organize or share any of the CCLNM experiences at any point of time with press and media, with any high level officials considering the pilot initiatives.

Note: These additional activities should not affect the ongoing TI initiatives in accordance with the guidelines issued by NACO and SACS.

15.2. Role of Mentor in Learning Site

VHS-MSA DIVA project has proposed to engage one dedicated mentor to each learning site. The mentor will be an experienced professional / community member and having experience in the TG/hijra intervention and in the proposed innovative approaches. Some of the envisaged roles and responsibilities of mentor in developing, mentoring, demonstrating, documenting and disseminating the learning site experiences may include:

Participate in the mentors planning and coordination meeting

Providing concept clarity and operational plan to the CBO and the team

Briefing and capacity building of the new team identified for this learning site

Undertake regular field visits to CBO and to the intervention areas

Providing hands-on experience and mentoring support both through internal meetings and accompanied visits

Technical Assistance for establishing systems, avoiding duplications in reporting, standardizing reporting formats, ensuring quality audit, establishing database, etc.

Identifying field level challenges, organizing consultative meetings, evolving strategic innovative approaches to overcome the challenges

Participate in the review meetings at periodical intervals and focus on progress made, plans, gaps and guidance for overcoming the gaps

Providing virtual technical assistance to the CBO and to the team (phone, email, whatsapp, etc.) on need based at regular intervals.

Providing strategic guidance to the project team in capturing the experiences and learnings for supporting the documentation (including photos, video clippings, cast studies, etc.).

Facilitate in sharing the experiences and learnings within the project team, between project and VHS-MSA DIVA team.

Facilitate cross learning between the learning sites on need based (as per the project requirements, if any)

Provide strategic support in developing process documentation, best practices, learnings, etc., for dissemination with NACO.

Share feedback and suggestions to the nodal officer designated for learning site in VHS-MSA DIVA project.

And any other support to demonstrate the learning site as a model and successfully implementing the innovative approach.

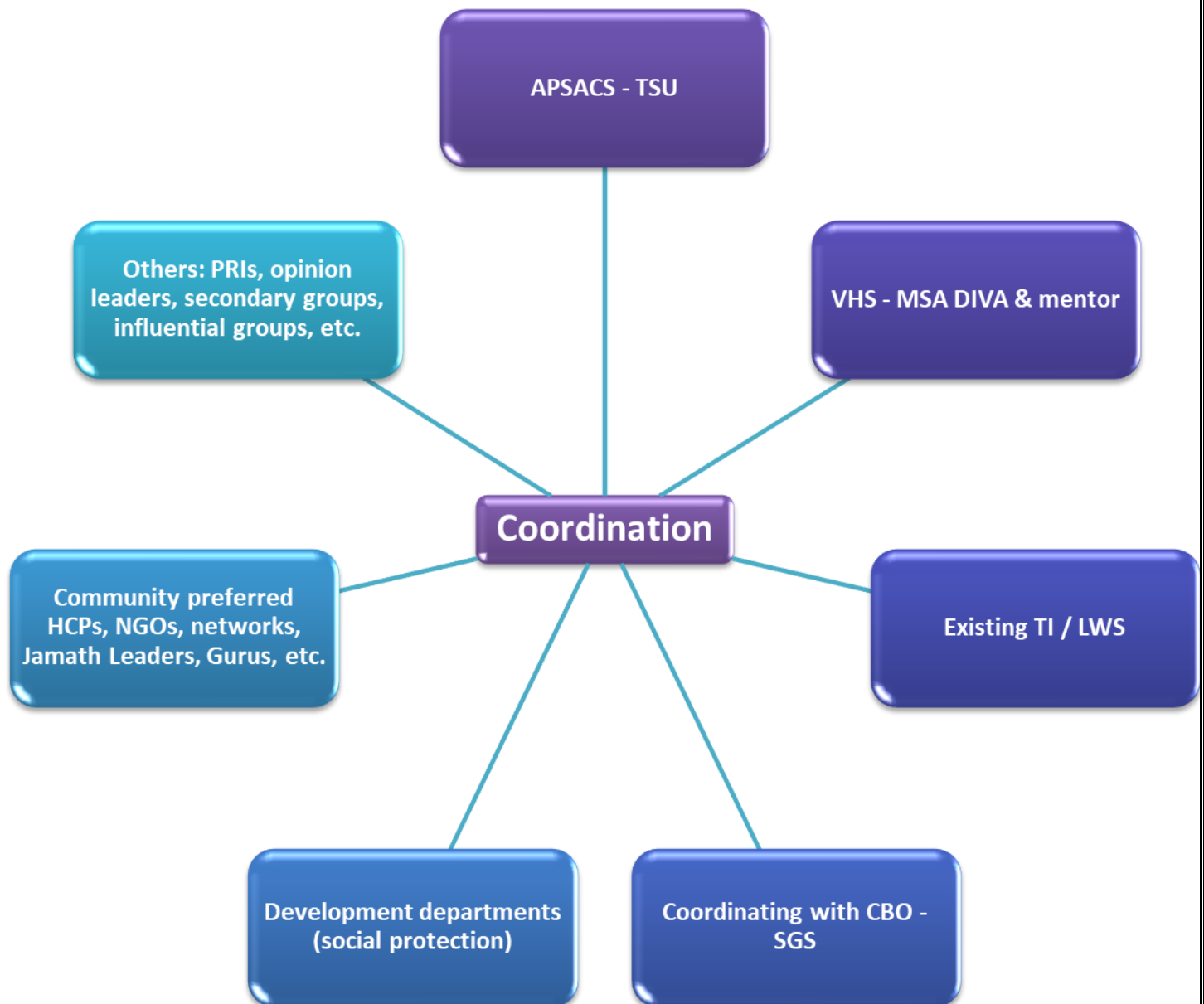
15.3. Role of Data Analyst

VHS-MSA DIVA project has provided a provision to the CBO to appoint a Data Analyst for providing support in monitoring, consolidation of data, data quality audit, preparation and submission of reports to VHS-MSA DIVA project in coordination with PCO and the team appointed for the learning site.

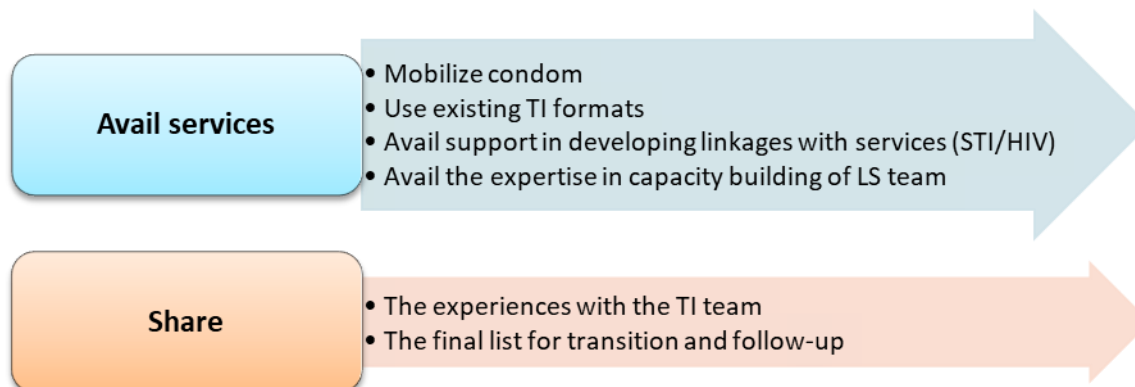
The envisaged roles of the Data Analyst will include:

- ✚ Develop and customize the reporting indicators for the learning site intervention;
- ✚ Develop the reporting formats at CLA level, community mobilizer level and project level;
- ✚ Facilitate in building the capacities of the LS Team (LST) in understanding the indicators and reporting formats, procedures in filling up the forms, periodicity of reporting, etc.;
- ✚ Collect periodical report (weekly, bi-monthly, monthly) as per the requirements of the project;
- ✚ Participate in the review meetings organized by the CBO;
- ✚ Undertake data quality audit and ensure in avoiding discrepancies in data, duplications in enrolment and reporting, etc.;
- ✚ Need based field visits to verify the data, collecting any additional data, etc., (possibly accompanied with community mobilizer);
- ✚ Consolidation of the data, preparation of MTR and other reports as per the requirements of CBO and VHS-MSA DIVA project;
- ✚ Develop and share any critical data based on special request to VHS-MSA DIVA project ;
- ✚ Analyze the data, identify the gaps, share the feedback and suggestions with the PCO and the team to evolve concurrent / mid-course corrections for addressing the field level issues, strengthening the program and achieving the targets within the time frame;
- ✚ Evolve systems for verifying the achievements;
- ✚ Extend support in collecting both quantitative and qualitative data;
- ✚ Extend support in developing process documentation with data, case studies, infographics, etc.;
- ✚ Coordinate with the mentor during the visits - in sharing the needed information and data;
- ✚ Overall, the data analyst will be in-charge of:
 - ✓ Data collection
 - ✓ Data quality audit
 - ✓ Data consolidation
 - ✓ Data analysis
 - ✓ Preparation and submission of reports
 - ✓ Submit additional data and reports as per requirements
 - ✓ Facilitate review meetings
 - ✓ Inform the team for programmatic decision
 - ✓ Undertake accompanied visits
 - ✓ Coordinate with PCO in the entire process of data collection and data management
- ✚ Evolve systems, evidences and documents for transition to TIs / LWS; and
- ✚ Any other responsibilities assigned by the CBO, PCO or VHS-MSA DIVA project (nodal officer, mentor, etc.).

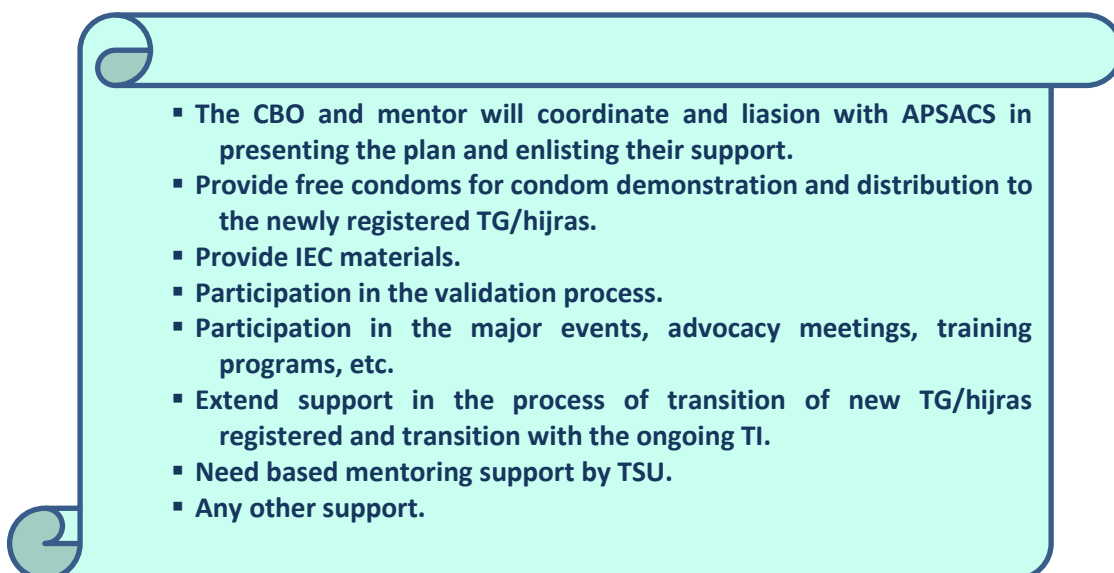
16. Coordination with key stakeholders in execution of activities related to Learning Site by CBO



16.1. Coordination and working with the existing TI team /LWS for achieving targets



16.2. Support from APSACS



17. Strategy Checkpoint

- A leadership meeting at every fortnight to assess the progress and check the strategy planned
- Review the activities and list out the pending activities for next fifteen days
- Seek guidance, suggestion and ideas from leadership team to improve and strengthen the learning site implementation
- Field mentor will be responsible to facilitate the “Strategy Checkpoint” meetings
- At least 4-5 Strategy Checkpoint meetings to be conducted during this period
- The meeting points and ideas needs to be documented as minutes of the meeting and share with learning site team
- Ideas can be shared by anybody in this meeting and hierarchy should not be hindrance to new ideas and sharing of thoughts
- The review meetings will be held under their leadership and facilitated by Field Mentor and CBO.

18. Whatsapp Messaging

- This is a pilot initiative and any kind of reaching the community should be encouraged
- Profiling of smart phone users among the TG/H population
- Whatsapp messaging will be facilitated by Project Coordinator of learning site
- DIVA team has to finalize the information to be shared
- The information and content has to be framed as messaging and simplified
- The simplified messages needs to be transferred as applicable format for sending it in mobile applications
- The simplified messages can be developed as small videos. The video should be 2-3 minutes maximum and should be easily transferable and viewable in the mobile application
- It is highly advised not to share any regular message in this Whatsapp group, which will pamper the purpose of this virtual media effort. The original purpose and content will be diluted, so it is the main duty and responsibility of CBO to ensure quality discussion.
- The Whatsapp groups will not anybody other than the learning site team, since it is a pilot innovation activity; every input into the program is matters.
- The working chart or tasks will be reminded / shared as discussed in the Strategy Checkpoint meeting and review meetings held under this project.
- The stakeholders should be informed well in advance about the TG/H population visit for seeking HIV related services and other information

19. Possible products envisaged as a part of the Learning Site

- Brochure along with services and confirmation slip.
- Video film for use in Androd mobile phones for effective communication.
- Standardized WhatsApp messages to share to the TG/hijras through village specific Whats App groups.
- Case studies.
- Report on each of the major activities.
- Data validation reports.
- Process documentation.
- Transition document.
- Monthly technical and financial reports.
- Document on social entitlements

20. Suggested indicators

S. No.	Indicators	Number planned	Number conducted or achieved	% of achievement
1	Program management:			
	No. of CMs	4		
	No. of CLAs	15		
	Total number of CM & CLAs trained	19		
	No. of Mandals	3		
	No. of new TG/Hijras registered	75		
2	Meetings with Jamaths:			
	No. of meetings with Jamath Leaders			
	No. of Jamaths reached through LS			
3	Satellite DICs:			
	No. of Satellite DICs established			
	No. of Satellite DIC level meetings conducted			
4	Mega event:			
	No. of mega events planned			
	No. of policy-makers invited and participated			
	No. of departments represented			
	No. of participants			
5	Sensitization meetings:			
	No. of sensitization meetings			
	No. of departments / stakeholders sensitized			

S. No.	Indicators	Number planned	Number conducted or achieved	% of achievement
	No. of individuals participated			
6	Social entitlements			
	No. of departments contacted			
	No. of TG/Hijras availed benefits			
7	Review meetings:			
	No. of review meetings planned with CLAs			
	No. of monthly meetings			
	No. of experience sharing and cross learning meetings			
8	Mentors support:			
	No. of days mentor provided support			
	No. of days undertaken field visits / hands on training			
9	Products:			
	Brochure along with services and confirmation slip			
	Video film for use in Androd mobile phones for effective communication			
	Standardized WhatsApp messages to share to the TG/Hijras through village specific Whats App groups			
	Case studies			
	Report on each of the major activities			
	Data validation reports			
	Process documentation			
	Transition document			
	Monthly technical and financial reports			
	Document on social entitlements			
10	Others:			

Note: Suggested indicators for capturing the report. However, the actual indicators can be discussed with CBO and evolved.

21. Limitations

- CCLNM model is being piloted in one intervention as a part of the learning site for experimenting the pros and cons associated with.
- This is primarily meant for complementing the existing TI model and peer educators approach. This is not an alternative model to peer educators approach.
- This CCLNM initiative is only a pilot, not meant for immediate scaling up.
- This CCLNM model is being piloted with the intention to reach the unreached / unregistered considering the emerging sex patterns / operations, etc.
- Learning Site will ensure the package of services as per the TI requirements and other prevention services.
- Selected aspects in network model has been taken into account, but, the holistic aspects of network model has not been adopted in the Learning Site.

22. Annexure - Average cost for reaching out the TG/hijra through peer educator program

Details	Cost
Average honorarium per month / per peer educator	3,000.00
Travel allowances per month per peer educator	1,500.00
Total amount per peer educator per month	4,500.00
Total amount per peer educator per year	54,000.00
Total number of peers reached by each PE (TG program)	40.00
Average cost for reaching out providing services to per peer in a year (in addition to time provided by outreach worker and counselors)	1,350.00
Average cost per peer per month	112.50