DIVA – Innovations and Learning Site Project

Implementation Guidelines for Dera Led Network Model

Reference Manual for CBO

VHS-MSA DIVA Project
The Voluntary Health Services,
T.T.T.I Post, Taramani, Chennai – 600 113 , Tamil Nadu, India
Ph: +91 – 44- 2254 1965
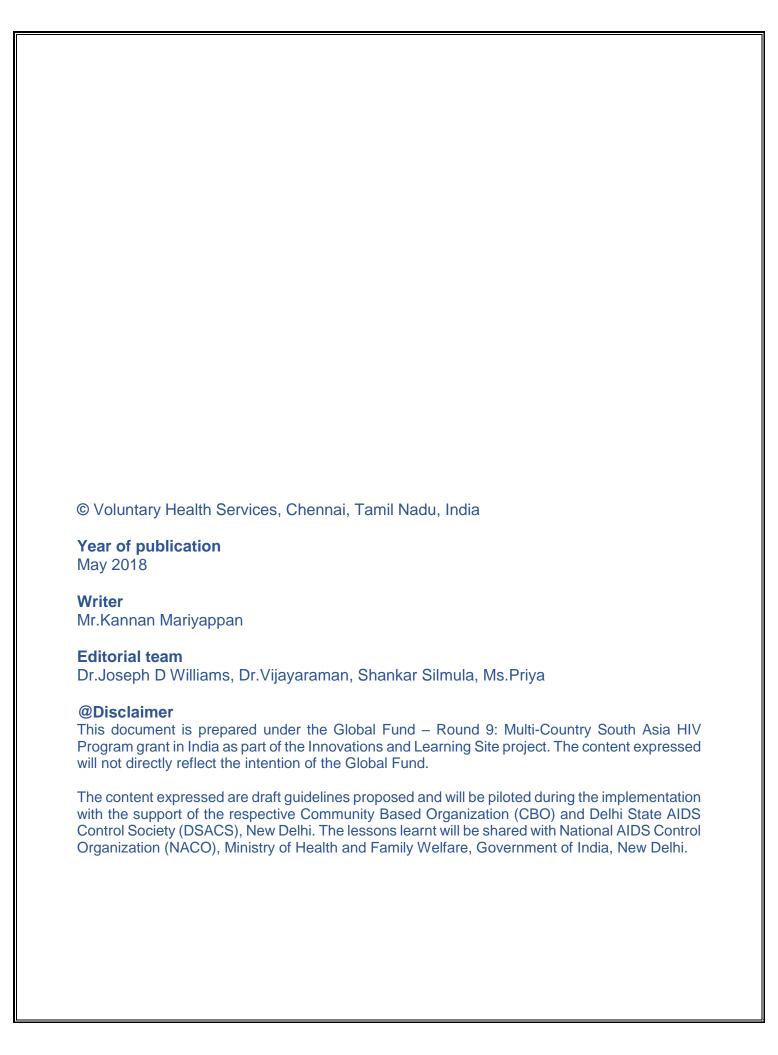Email: admin@vhsprojects.org | facebook: vhsdivaproject
Website: www.vhsdiva.org

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 the Dera-led network model piloted in New Delhi.

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 Dera-Led Network 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 a Dera-led network model in the TG-TIs that helps to reach the un-reached TG/H people in New Delhi. The model is being piloted with active support from the Delhi State AIDS Control Society and in collaboration the CBO - Kinnar Bharti, New Delhi.

Voluntary Health Services extend its gratitude to the entire MSA-DIVA Team for bringing up this guidelines for piloting the Dera led HIV services 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 Delhi State AIDS Control Society (DSACS), New Delhi. They have been supportive and provided valuable inputs in decision making, policy level advocacy and capacity building of various cadres of personnel, especially the law enforcement officials.

VHS thank the active participation of Transgender and Hijra population, Dera Leaders and system, stakeholders like respective ICTC, ART, STI centers and its staff, etc. Special gratitude and thanks to the Project Director - DSACS, Additional Project Director - DSACS, Joint Director – DSACS, 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.

Dr.A.Vijayaraman
Deputy Director, VHS-MSA DIVA Project,
Voluntary Health Services

Contents

Acronyms

AIDS	Acquired Immuno-Deficiency Syndrome
ART	Anti-retroviral Treatment
CBO	Community Based Organization
CBT	Community Based HIV Testing
CBS	Community Based Services
DAPCU	District AIDS Prevention and Control Unit
DIC	Drop-In-Centre
DSACS	Delhi State AIDS Control Society
DSRC	Designated STI/RTI Clinics
GFATM	The Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV	Human Immuno-deficiency Virus
HTC	HIV Testing and Counseling
ICTC	Integrated Counseling and Testing Centre
IEC	Information, Education and Communication
IPC	Inter Personal Communication
ITS	Individual Tracking Sheet
LS	Learning Site
LST	Learning Site Team
M&E	Monitoring and Evaluation
MDG	Millennium Development Goal
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
PO	Program Officer
PrEP	Pre-Expopsure Prophylaxis
PEP	Post-Exposure Prophylaxis
RTI	Reproductive Tract Infection
S-DIC	Satellite Drop-In-Center
SA	Stand-Alone
SACS	State AIDS Control Society
SDG	Sustainable Development Goal
SRS	Sex Reassignment Surgery
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
TG-H	Transgender – Hijra
TI	Targeted Intervention
TTI	Transfusion Transmissible Infection
TSU	Technical Support Unit
VCT	Voluntary Counseling and Testing
VHS	Voluntary Health Services

Implementation Guide : Dera Led Network Model

A. Background

The National AIDS Control Program is in its extended fourth phase (2012-2019) of activity. The first three phases of activity undertook the ambitious objective of laying down the infrastructure required for providing comprehensive services for Prevention, Care & treatment with massive scale up in Phase III. In the current phase, National AIDS Control Organization (NACO) seeks systematic and evidence based scale up of HIV service delivery. India through its National AIDS Control Program stands committed to Millennium Development Goal (MDG), further to Sustainable Development Goal (SDG) of reversing the spread of HIV/ AIDS by 2020 and 2030 along with UNAIDS and other partners.

To accomplish these goals, NACO plans to decentralize the management of HIV/AIDS control activities, giving greater responsibilities to the state and district level, while emphasizing its own role to coordinate, guide, monitor and facilitate sharing of best practices and innovations across the SACS programs. This approach requires significant investment in piloting innovative ideas/approaches at the state level and strengthening the SACS's ability to monitor the performance of their program in terms of addressing the needs of the HIV epidemic in their state.

Voluntary Health Services (VHS) is a sub-recipient of Global Fund's Multi-Country South Asia HIV Program. VHS is one among the collaborating partner agency for National AIDS Control Organization (NACO), Ministry of Health and Family Welfare, Government of India in strengthening the Transgender/Hijra interventions in the country. As part of innovations and learning site project, the baseline CBO needs assessment had been carried out in the selected States of Andhra Pradesh, Delhi, Karnataka and Odisha. Further, this was brainstormed in a meeting to formulate innovative HIV service delivery strategies for reaching the hard to reach Transgender-Hijra (TG-H) people in four sites – Delhi, Bhubaneswar, Machlipatnam and Bangalore in India.

VHS proposed to incorporate newer strategies within the existing intervention framework and implement four community-driven, innovative ideas to improve the overall HIV service delivery program and encourage community-led advocacy. The

overall purpose of the community-driven innovation project is to create safe physical and online avenues and link the unreached TG-H people with intervention services, facilitating quality health services and social protection opportunities, which will support the national program in identifying newer avenues to reach the key population and strengthen National Strategic Plan of NACP in India.

The implementation guide is designed to assist you to implement the techniques and ideas that make the innovation executable in the field. The prerequisite to use this guideline is for you to understand the core principles and key strategies. Remember that you don't need any new skills to be more productive, and probably you don't need to get loads of new tools. What you might want, however, is a guide to step you through the process and provide encouragement along the way. This implementation guide is intended for this purpose.

B. Rationale

Mid Term Assessment of NACP[1]IV, clearly articulates that the program needs to reach out new avenues to reach the unreached key population. It also talks about the differential care approach and NACO recently taken up the community based testing across the country, especially concentrating and piloting among the key population to strengthen first 90 of UNAIDS 90:90:90 target. Further National Strategic Plan also highlights the importance of community participation and community ownership.

VHS has committed under the Global Fund program and has come up with various innovative approaches for pilot learning site program. As part of this learning site program, a Dera led community mobilization and service delivery mechanism planned to pilot the initiative with the active support from Dera Leaders, CBO and Delhi State AIDS Control Society at Delhi.

The entire innovation and learning site program will address the key priority areas and national HIV strategic framework of Transgender Operational Guideline published by NACO[2]. The Key priorities are as follows based on the guidelines;

- Scaling up of a comprehensive prevention package to achieve significantly increased coverage
- Improving the quality and intensity
- Building the technical skills and organizational capacity of CBOs and provide support for effective implementation of prevention activities
- Strengthening the involvement of Transgender – Hijras population and Hijras in HIV/AIDS response through community development and mobilization

---

[1]1 National AIDS Control Program (NACP)
[2] National AIDS Control Organization (NACO), India

4

- Strengthening the partnership between Government, CBOs, Transgender – Hijras and technical assistance providers
- Reducing stigma and discrimination and creating an enabled environment
- Vulnerability reduction interventions as well as addressing multiple vulnerabilities
- Flexibility to design locally responsive interventions

C. Preparedness

The beginning is half of every action – Greek Proverb.

This Implementation Guide is intended to help you organize and carry out many activities that are involved. This implementation guideline is prepared to help and facilitate the learning site program implementing CBO, Field Mentor, Regional Managers of DIVA project, Technical Support Unit, State AIDS Control Society, National AIDS Control Organization[3] and VHS Team. Many of the steps must be accomplished more or less concurrently. The activities begin early in the planning stage and continue through the day of training and afterward, until the event's follow-up activities have been completed. For each step, or module, you will find a description followed by a list of activities involved in accomplishing that step. The activities are labeled according to when they are carried out: pre-course tasks, day-of-event tasks, and post-course tasks.

The implementing agency and stakeholders must be positive about this new pilot activity as part of learning site program under this grant. The implementation of the steps to process and adequate positive intention in every action is the need of the hour in the entire national program. The positive and proactive communication between the players is the key to success and documenting the entire process for finalizing the guideline and innovative learning site activity under this MSA-DIVA-GFATM grant.

Based on the initial discussion with DSACS, the scope has been broadened to the entire Delhi instead of 5 Deras of the actual plan. Further, the community mobilizer needs to be selected from Dera leaders on a voluntary basis and they will be incentivized. The Dera leaders will be developed as Goodwill Ambassador for the program. The Dera leaders capacities and knowledge on HIV related issues will be developed.

Since every activity, sponsoring organization and audience has their own set of needs and expectations, the steps are designed to be flexible and adaptable. Each step is important, however, and should be addressed as you design and implement Learning site program.

---

[3] NACO may not be directly involved during the pilot process and the lessons from this pilot innovation program will be shared with NACO for further decision at their discretion.

D. Step-by-Step approach

D.1. Establishing Leadership

- The Learning site team ensures that the perspectives of key stakeholders from every level of the service system are included as a part of a needs assessment of the current service delivery system. All available data describing current challenges and need for change should be gathered and shared with stakeholders. Stakeholders help to build a common understanding of the current status and the desired changes in practices and outcomes.
- The team needs to be oriented with all set of guidelines and purpose of this pilot intervention
- Oriented team should be motivated and encouraged to share the information and knowledge without any boundaries during these periods
- The Project coordinator and Field mentor will take lead in ensuring the leadership and entire communication of this pilot intervention
- The entire team has to maintain proper leadership and listen to the instructions from higher authorities to implement the activities
- The Project coordinator will be given a chance to present the entire initiatives to the targeted intervention in the state for better understanding
- Articulate the purpose and rationale for change, including any supporting data.
- Clarify stakeholder group's purpose, responsibilities and projected timeline for involvement.
- Decide and recommend to final decision makers, which innovation or set of practices are most promising and whether or not to proceed with implementation.
- Consider which innovation can best address the identified needs, has evidence of producing desired outcomes, and aligns with the service system's mission, values and resources.
- Identify administrators and decision makers whose buy-in will be needed to assure necessary support and resources for implementation and sustainability.
- Use multiple strategies to help key individuals become champions who will promote the new practices or innovation.
- Develop a plan for the involvement and continued support of these individuals.
- Towards the end of learning site innovation work, at least two Dera leaders will be equipped with all HIV related information and will coordinate with SACS for further implementation of this leadership to facilitate Dera based Transgender-Hijra intervention.
- Form a state level team and ensure that the State Leadership Team has the capacity, resources and commitment to oversee the implementation process for this pilot period

D.2. Smart Outreach

- The entire outreach team that is Community Mobilizer/Volunteers needs to be equipped with technology usage and reaching the capacity to young TG/H population in the Dera system
- The outreach team should have full knowledge of Dera system and advocate them for HIV service delivery
- Identify feasible five Deras in the state for the pilot intervention and the CBO will conduct clearly defined interaction with them. Based on the discussion, four Deras will be finalized for full identification and service delivery as per the mandate of Learning site program
- Initiate discussion with Deras and seek their willingness to participate in the pilot learning site activity
- Profile them with the details of estimated TG/H population in those Deras and clearly document the process. The CBO needs to undertake the basic information of those TG/H population and find out how many are already linked with targeted intervention program and not. It is very important in the learning site and the entire team should ensure that there is no duplication in identification and registration. There is no mandatory in identifying the targeted population, unless there is no TG/H population in the field. The data should have quality and this learning site should show some meaningful performance to the national program.
- The volunteers have to be allotted and will be in-charge for each Dera based on the accepted terms.
- The volunteers have to undertake regular visits to Dera and interact with the young TG/H population.
- Profile and shortlist them according to the criteria and initiate one to one discussion. Further the Inter Personal Communication tool has to be administered for establishing the rapport between the CBO and Deras
- The newly identified young TG/H population needs to be registered based on the existing HRG Registration format
- The registered TG/H population will be taken for HIV service delivery; first for counseling and community based testing at the Dera and later for further follow-up services at the nearby HIV service delivery point
- The registered population should be provided with counseling and detailed information chart about community based testing at Dera
- The TG/H population should be provided with information about the time and duration of the community based testing and its benefits
- The community based testing details should be kept confidential as per the NACO protocol and the learning site team should maintain appropriate communication at all levels in this regard

- The main aim of the HIV service delivery under this learning site program will be reducing the time gap between identification and HIV testing of TG/H population to strengthen the HIV services and continuum care with adequate counseling and follow-up facilities
- HIV counseling, testing and treatment related information video will be shared with TG/H population for more active engagement
- The outreach team will develop the Dera led Whatsapp group information and knowledge sharing. This will be further encouraged by volunteers. The needed messages and videos needs to be developed
- The IPC tools needs to be developed on the area of safer sex, condom use, testing, STI screening and living healthy.

Apart from the above mentioned, the following mandatory services have to be offered as per NACO guidelines.

- Differentiated outreach based on risk and typology
- Promotion/distribution of free condoms and other commodities
- Provision of basic STI and health services (oral/anal STI services for MSM/TGs)
- Linkages to other health services (e.g. for TB) and ICTC
- Provision of safe spaces (drop in centres or DICs)
- Advocacy with key stakeholders/power structures
- Crisis management systems
- Legal/rights education
- Collectivization
- Creation of a space for community events
- Building capacity of the TG/H population to assume ownership of the program

D.3. Community Based HIV Testing (CBT)

The 90-90-90 target set by UNAIDS for achieving the vision of "Ending the AIDS Endemic by 2030" provides a new perspective in the control of transmission of human immunodeficiency virus (HIV) with a main key strategy being early diagnosis. HIV testing and counselling (HTC) are the only entry points to HIV prevention, care, support, and treatment. Facility-based HTC (i.e. Standard HTC carried out in a permanent health facility) services are considered to be insufficient to meet the national and global targets, and furthermore, they are not suitable for marginalized populations. Fear of stigma, lack of knowledge about HIV, low perceived risk of HIV infection, mis-perception about the benefits, and lack of social support have been identified as possible factors preventing the populations at risk to utilize facility-based HTC services.

The effectiveness and efficacy of community-based HTC has been piloted through various studies around the world. It is considered as an effective HTC approach with high acceptance and utilization, helping to reduce stigma and discrimination, especially for hard to reach populations, and contributing to the removal of the structural, logistical, and social barriers to HTC.

Community-based HIV testing and counselling (HTC) has been recommended for improving access to prevention, care, and treatment services in at-risk populations. Compared to the health facilities-based HTC, community-based HTC approaches have been shown to improve the uptake of HIV testing from 5.8 to 37 percent, and improve HIV testing in men and their partners together from 6.8 to 34 per cent. The community approaches also detected lower HIV-positive cases (0.29 per cent as compared to 4 percent), improved access to treatment services from 0.3 to 25 percent, demonstrated higher cluster differentiation 4 count in newly diagnosed patients (median of 400-438 cells/µl), and increased the rate of first-time HIV testing from 9 to 11.8 per cent. Community-based HTC combined with behavioural interventions have been found to be more effective in increasing the uptake of HIV testing as well as other outcomes as compared to the conventional health facilities-based testing and counselling approaches[4].

Community Based Services (CBS) is important for improving early diagnosis, reaching first-time testers and people who seldom use clinical services. Evidence shows that community-based HIV testing helps reduce stigma and discrimination, encourages greater uptake of services and ensures greater protection of human rights[5]. Further, as per a global study in four countries on the effects of community-based HIV counselling and testing on HIV incidence, it has shown to reduce the HIV incidence by 14 percent[6]. However, one of the biggest challenges of community-based HIV testing and counselling is to get HIV positive persons into the continuum of care to ensure that the transmission is been reduced and that the person can learn about positive prevention. The five different ways in which CBS can be conducted include:
  (a) Mobile HCTS
  (b) Screening by Ancillary Healthcare Providers
  (c) Screening for HIV by targeted intervention (TI-ICTC)
  (d) HCTS for prison inmates
  (e) HCTS at the workplace

Steps to be followed

[4] https://www.emeraldinsight.com/doi/full/10.1108/JHR-01-2018-015
[5] http://www.who.int/hiv/pub/guidelines/arv2013/clinical/testingintro/en/index3.html
[6] http://www.sciencedirect.com.ezproxy.is.ed.ac.uk/science/article/pii/S2214109X14702049

- Organizations planning to set up CBT services should have adequate knowledge of the resources required for successful implementation.
- The following need to be well planned before the actual activity takes place:
  - Community entry process
  - Time and timing
  - Resources; finance, service providers and other supporting staff, commodities, and other materials
  - Logistics
  - Coordination of all activities
- A very important aspect to be followed in the CBT process is the organization and Learning Site team should adopt the "Bottom-up Approach", which is participatory planning from the community in the field. This is to identify actual community needs, create demand for HTC services, and ensure ownership.
- Learning Site (LS) to develop detailed micro-plan, which should include identification of screening site/s, estimated number of individuals to be screened, date, time, mobilization activity, and referral site for confirmatory testing and proper linkages.
- Screening sites needs to be prioritized in hotspots/locations. The TG/H population needs to be informed in advance about the health camps
- The LS should take efforts to organize it as health camps along with other health facilities, so that the TG/H population will get more health related benefits
- The LS should take efforts to collaborate with nearby health facilities for availing the testing facilities at one go.
- Site-wise list of HRGs who need to undergo HIV screening needs to be generated based on the individual tracking sheet (ITS) before the day of screening, and it should be prepared by Community Mobilizer and Data Analyst.
- Individually contact eligible high-risk populations and ensure that they reach the HIV screening site on the planned day
- HIV testing kits: LS Team will place an indent and collect their weekly supply (need based) from the nearest SA-ICTC/DAPCU/SACS
- The TG/H population needs to undergo HIV testing after pre-test counseling.
- If the test result found HIV positive, the particular case or TG/H population needs to be referred to nearby ICTC for confirmatory tests as per the mandate of NACO. So, the LS should take efforts to provide the post-test counseling, accordingly.
- If the test result found to be HIV negative, the risk and vulnerability reduction counseling has to be provided to the TG/H population. They should be informed about the service provider availability and available services at nearby health facilities/Hospital.

- The LS team should take precaution and efficient steps to identify high risk areas where they are identifying more HIV positives; those areas needs to undergo thorough HIV screening with all available TG/H population irrespective of age, occupation and risk patterns.
- The partner and regular sexual partners of the TG/H population needs to be provided with HIV related prevention and treatment counseling. They have to be encouraged to go for HIV testing, if their partner is found to be HIV positive.
- All the TG/H population and their partners need to be oriented about prevention methods like usage of condom, availability of condoms, lubricants, testing facilities, PrEP, PEP etc.
- The testing results and identity of the TG/H population should be kept confidential throughout the course of HIV related services through their lifetime. The information can be used with prior consent of the TG/H population for the research and official purpose of the program. The written consent of the TG/H population is mandatory for using their information.
- The team has to ensure protocols to be followed for maintaining universal safety precautions
- Standard Work Precautions: Standard work precautions refer to the precautions consistently used on the presumption that all blood and body fluids are potentially infectious for blood borne pathogens.
- Similarly, all instruments and other equipment that comes in contact with blood are assumed to be potentially infectious and must be properly handled, cleaned, sterilized/ disinfected or safely disposed of.
- Minimize the chance of getting injury while collecting blood (needle prick)
- Do not recap the needles

Cold Chain Management
- Cold chain will be strictly maintained throughout the supply chain (2–8°C)
- LS will collect test kits in icepack-lined carriers from nearest SA-ICTC/DAPCU on need basis; these will be stored in refrigerator; in case of load shedding for over 4 hours, LS will shift kits to nearest SA-ICTC/DAPCU to maintain cold chain
- On the day of HIV screening, test kits have to be collected and transported to the site in a carrier ensuring cold chain maintenance
- Before use, TTI in each kit will be checked for any color change. A temperature log should be maintained in the refrigerator and also at the testing site.
- The LS should collect the cooling box from nearby TIs and/or from ICTC for collecting and storage of testing kits. If it is not maintained as per protocol, there is a possibility of providing false testing results to the TG/H population, which should not happen in the field due to negligence in maintaining the cold chain as per NACO protocol.

- The LS should not keep the balance testing kits and it should be returned to ICTC or nearby TIs for further usage.
- The cold chain has to be managed in all the places where the testing kits are transported for testing services.
- If the testing kits are not maintained under prescribed cold chain, the test result will be false in nature.

Benefits of Community Based HTC
- Increase access to HIV testing (reduced cost of transportation to VCT sites or health facilities; convenient for family members; enhances privacy; helps reduce stigma)
- Promote behavior change leading to the reduction of HIV transmission
- Increase access for couples/partners HTC and enhance disclosure
- Provides an opportunity to address HIV discordance among couples/partners
- Promotes early HIV diagnosis, referral and linkage to care and support services
- Improve adherence to care and treatment

D.4. Dera Leaders Meet
- A very important activity of this learning site program. The meeting has to be organized by involving maximum Dera leaders/Gurus in Delhi with coordination of SACS.
- This should be a day meeting involving all the stakeholders
- The communication and discussion with Dera leaders should be initiated at least 15 days before to make the purpose of the meeting clear to the leaders
- This will be a milestone meeting, so necessary communication from SACS and CBO will yield good results
- The CBO and DIVA team should plan the content of the meeting and design the methodology
- Clearly defined session on how to work with Dera leaders and discussion during the meeting is planned
- The details of social entitlement schemes and provisions are to be sensitized during the meeting. Required facilitators may be informed and hired in advance, according to the meeting of Dera leaders
- Inform the Dera leaders about the purpose of the meeting and proposed participants list of this particular meeting
- Prepare the detailed provisional participants list, according to the need of the learning site program
- The Goodwill Ambassadors needs are to be identified based on the interest and commitment from Deras. The selection process needs to ensure the Goodwill Ambassadors selected from all Deras shortlisted, for the learning site program

- The DIVA and CBO team will present the draft roles and responsibilities of Dera leaders and the Goodwill Ambassadors in the program. This needs to be discussed and agreed by both partners
- This meeting will explore the next meeting of Dera leaders and update the progress
- The meeting minutes/report has to be prepared by CBO and the team. The final minutes/report will be shared with SACS for further advocacy avenues and follow-up with Dera leaders.
- The minutes/report should be short and will have clearly defined action points with timeline. This will be one of the responsibilities of Field Mentor.
- The organizing team should anticipate the risks and challenges of this meeting and come out with a mitigation plan. The opportunities need to be thought of and engage the stakeholders very respectfully.

D.5. Dera Led Services

Three types of major activities to be conducted in Deras with various purposes.

- **Dera Led Meeting:** The purpose of Dera led meeting is to mobilize the community for HIV related services, which is led by Deras
- Two meetings to be conducted every month under the leadership of Dera Guru and Team.
- The meeting will assess the community mobilization process. It will ensure the reach of young TG/H population from the Dera system.
- The young TG/H population should be motivated to participate in the meeting and the concern Goodwill Ambassadors are to be part of the meeting
- The Deras, Chelas and concern TG/H population along with CBO team will participate in the meeting
- **Dera Led Community Based Testing:** The CBO should select the safety and adequate space for the community based testing at the Dera.
- The Dera leaders to be informed in advance about the entire formalities of community based testing and the importance of confidentiality
- It is advised to refer the detailed community based testing guidelines issued by NACO, specific to Key population
- The outreach and learning site team should mobilize 90% of the identified new population to HIV services. The time gap should be reduced and ensure quality HIV service delivery to these identified young TG/H population
- The confidentiality of the entire testing results to be maintained as per NACO guideline.
- The local TI and ICTC coordination plays major role in the entire process.
- The kits have to be under a lap specified cooling system and cooler box has to be used for taking the testing kits to the field

- Letter of communication has to be sent to respective SACS for seeking permission of conducting CBT camp and testing kits from local ICTC.
- The confirmatory test is mandatory as per the guideline as per the need for those who identified as HIV positive.
- **Dera Led Social Entitlement Camps:** The newly identified TG/H population's profile of needs to be updated with the information of availability about their bank account, PAN card, Aadhar card, insurance and other related details.
- Based on the baseline information, the scale up plan has to be prepared to ensure all registered TG/H population avail social entitlement schemes during these camps
- The camps have to be organized at the feasible locations of TG/H population and respective line departments have to be informed, officially; very professional communication channel to be maintained with these departments for the schemes and services
- The conduct of camp to be announced to the respective TG/H population well in advance and the documents required for the same has to be mobilized/facilitated for the successful entry in the schemes.

D.6. Stakeholder Engagement

- A very important aspect of this learning site program
- The DAPCU[7], ICTC[8], STI[9]/DSRC[10] and ART[11] staff team has to be informed about the pilot innovation project
- Needed technical assistance should be sought from Technical Support Unit (TSU). The respective Project officer (PO) of TSU has to be updated and involved in the entire process. The PO of TSU will be the designated representative from SACS
- The progress and challenges will be informed and updated periodically to SACS for further necessary guidance and administrative direction
- The stakeholders will be invited in the respective program and will be acknowledged for their contributions
- The line department officials will be involved in all the events and Advocacy Episode activity. They should be provided adequate space and time to present the Government programs and schemes available for the TG/H population
- The active stakeholder engagement and contributions are encouraged. This has to be monitored and mobilized by the Field Mentor.

---

[7] District AIDS Prevention and Control Unit (DAPCU)
[8] Integrated Counseling and Testing Centre (ICTC)
[9] Sexually Transmitted Infection (STI)
[10] District STI and RTI Clinic (DSRC)
[11] Antiretro viral Treatment (ART)

Volunteers Training

- The volunteers training will be conducted at the CBO site
- The training plan and schedule will be facilitated by Field Mentor
- The training program will be provided by concern Project Officer of TSU and or M&E Officer of SACS, who has the knowledge of risk assessment form and registration process as per the NACO protocol and guidelines prescribed
- The training will be participatory in nature and participants should be engaged with more activity based learning exercise. The Field Mentor needs to facilitate appropriate learning activity, exercises, according to the content of the training
- The entire DIVA team and stakeholders are requested to ensure that the formats are as issued by NACO. There should not be any duplication and error in this regard.
- The Field Mentor will help and facilitate the Project coordinator and / or Data analyst to write volunteers training report with adequate supporting documentation

Thematic Based Training

- The Field Mentor will finalize the theme for the training along with CBO and DIVA team. There are two thematic training provisioned to the leaning site team
- The theme base training should have clearly defined objective, agenda and draft contents in advance prior to the execution of training programs
- The first thematic training should be organized during the second month and second training to be organized during third month of learning site program
- The thematic training details, date and venue should be informed to TSU, SACS and DIVA team in advance
- One thematic training should be on Dera system and related information. Even this training may be organized based on the willingness of Dera leaders for more access and encouragement

Project Orientation

- The project orientation meeting needs to be organized during the first month of the program
- This will be facilitated by Field Mentor and Regional Manager of DIVA program
- The project orientation will be held at CBO premises
- The staff ideas and suggestions to be documented during the orientation
- Background of the DIVA project should be one of the mandatory sessions

- SACS and TSU officials to be part of this orientation program. They should be encouraged to provide their input.

D.8. Communication and Knowledge Products
- The communication channel will be the key to success of this leaning site program
- The CBO will be directly facilitated by Field Mentor and Regional Manager.
- The learning site team will work under the guidance and technical inputs from Field Mentor
- The Field Mentor will work under the supervision and direction of Lead Consultant
- The knowledge products should be simple and short
- The knowledge products should be verified and agreed by the concern officials before it has been circulated in the media group
- The video messages will be recorded from Dera leaders and circulated among the Whatsapp group for more coverage and reach out of the TG/H population. The video message has to be planned about the information to be put up in the video.
- The video message can be encourageable to the TG/H population from their Dera leaders
- The Dera leaders will actively participate in the entire communication process and be well informed about the pilot activity development. The Dera leaders needs to be oriented and informed about the testing, counseling, treatment and complete follow-up process. This will help them to discuss the above, in their internal meeting and inform the TG/H population to access the complete HIV related services.
- SACS and TSU will be on loop for all communication regarding information and administrative directions
- The CBO has to submit timely monthly report as per the prescribed format

D.9. Youth Mela – An Advocacy Episode
- This is the major advocacy episode of the entire learning site program
- The Advocacy Episode preparation should be started one month in advance from the date planned.
- The entire learning site team, CBO, SACS, TSU, Field Mentor and DIVA team will be involved in the planning, designing, implementing, monitoring and executing the plan for better service delivery and reach to the Dera based TG/H population in Delhi
- A team of committee will be formed to organize and coordinate entire advocacy process

- This Advocacy Episode team will decide the purpose and intended audience for this program
- This event will include the Government officials from SACS, Social Welfare Department, Education Department, Police and Law enforcement officials, representatives from NACO, Learning site team and other major stakeholders.
- The maximum Dera leaders should be encouraged to participate and they will be provided appropriate recognition during the event
- The team has to finalize the participation of general public and event location for smooth functioning
- The advocacy event should have appropriate IEC materials, Audio and Video facility

D.10. Strategy Checkpoint

- A leadership meeting at every fortnight to assess the progress and the strategies planned
- Review the activities and list out the incomplete activities for the next fifteen days
- Seek guidance, suggestion and ideas from the 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 points and ideas discussed during the meeting have to be documented as the minutes of the meeting and to be shared with the learning site team
- Ideas could be shared by anyone in this meeting and hierarchy should not be a hindrance to new ideas and sharing of thoughts
- The Dera leaders will take a lead in Dera led meetings and services. The review meetings will be held under their leadership and facilitated by Field Mentor and CBO.
- The Dera leaders could request some of the educated TG/H population to document the meeting points, this will educate the management of HIV related services to the TG/H population in the Dera led services.

D.11. Whatsapp Messaging

- This is a pilot initiative and any kind of community reach should be encouraged
- Profiling of smart phone users among the TG/H population
- Whatsapp messaging will be facilitated by the Project Coordinator of the learning site
- DIVA team has to finalize the information that has to be shared
- The information and content has to be framed in simple message form
- The simplified messages need to be transferred as an applicable format for sending it in mobile applications

- The simplified messages can be developed into 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 and the original purpose and content might be diluted. So it is the main duty and responsibility of CBO to ensure quality discussion.
- The Whatsapp groups will not be shared with anyone other than the learning site team, since it is a pilot innovation activity; every input into the program does 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 related information

E. Procurement and Financial process
- The CBO will ensure the guidelines of NACO for procurement and financial guidelines issued.
- The auditing process will be executed as per the terms by the reputed Charted Accountant, independently to audit the entire expenditures of the learning site program to ensure the systems and procedures
- All cheque payment procedure has to be strictly adhered, which is mandatory being a supporting partner under the Global Fund program and NACO
- The financial payments have to be paid as per the norms and deviation in which the CBO is eligible for disallowance to the expenditure without any questions
- The learning site program will not entertain any cash payments
- The Field Mentor will monitor the payments as per the norms of SACS and NACO to ensure that the systems are well maintained
- The CBO will take 100% effort to make the payment more meaningful and ensure value for money as strongly advocated in the Global Fund programs.

F. Performance Monitoring Indicator

All developmental program activities have fixed time period to achieve a set of objectives. All the programs are planned to do a certain set of activities to accomplish the objectives leading to achieve the ultimate goal.   Hence a periodic monitoring of activities have to be conducted once a project has been initiated, to track progress and determine whether ongoing and proposed activities are in accordance with approved plans and in line with requirements. Monitoring is a systematic process of

tracking/measuring the progress in relation to an implementation plan, on a regular basis (inputs, activities, outputs).

An effective monitoring system leads to:

- ❖ Effective use of resources
- ❖ Planned execution of work (time-bound completion)
- ❖ Identification of problems and provision of solutions
- ❖ Identification of opportunities
- ❖ Documentation of events
- ❖ Verification of the process of development
- ❖ Building of database for future evaluations
- ❖ Purpose-driven use of human resource
- ❖ Better program management

Tracking trends over time to improve our understanding of the epidemic, of risk behaviors and factors that are driving it, is extremely important. Strong monitoring and evaluation systems have the capacity to track these trends and factors and strengthen the evidence based programming. Such system once established and functional would guide program managers to focus efforts on interventions that have the greatest impact on the HIV epidemic.

S. No	Performance Monitoring Indicator	Target
1.	Number of new TG/H population identified	
2.	Number of new TG/H population registered	
3.	Out of new, enrolled number of young TG/H (18-25 yrs)	
4.	Number of new young TG/H population tested for HIV	90%
5.	Number of new TG/H tested HIV positive	
6.	Number of TG/H population availed HIV testing service within 24 hrs of identification	
7.	Number of new TG/H population screened for STI	90%
8.	Number of STI cases detected	
9.	Number of new TG/H population screened for Syphilis	90%
10.	Number of new HIV positive TG/H population linked to ART	100%
11.	Number of new HIV positive TG/H population initiated on ART	100%
12.	Number of Dera led leaders who has become Goodwill Ambassadors	
13.	Number of TG/H reached through DIC meetings	
14.	Number of TG/H reached through events	
15.	Number of TG/H population who availed social entitlement scheme services	

16.	Number of DAPCU and ICTC meetings held	
17.	Number of Dera leaders' meetings conducted	
18.	Number of Volunteers training programs conducted	
19.	Number of mobile based messages developed	
20.	Number of mobile based messages circulated after approval	
21.	Number of mobile based videos developed	
22.	Number of mobile based videos circulated after approval	
23.	Number of review meetings conducted	
24.	Number of stakeholder meetings conducted	
25.	Number of minutes and reports submitted	

G. Time Management

Key Activity	Number of days planned
Recruitment of Learning site team	
Learning site team orientation	
Training of volunteers	
Meeting with Dera leaders	
Dera led community meetings	
Dera led counselling and testing (CBT)	
Dera led social entitlement camps	
Meeting with SACS and Government Stakeholders	
Meeting with DAPCU and ICTC	Need Based
Thematic trainings	
Review meetings	
Development of IPC tools	
Messages	
Videos	

H. Risk mitigation plan

S. No	Expected Risks	Possible solution
1.	Dera leaders may not participate in the learning site program as expected	Effective IPC has to be used and Kinnar Bharati experience of working with Dera leaders will be of useful.
2.	Conducting Dera led meetings will be a challenge	Focus on developing goodwill ambassador, which may motivate the Dera leaders to participate in the program.
3.	Ensuring confidentiality during CBT	The pre-test counseling and Dera leaders needs emphasis among the community about the

		importance of confidentiality.
4.	Quality of reports and minutes of all meetings, events and advocacy episode	Key role will be played by Field Mentor and they will guide and ensure these documentation process are adopted.
5.	Lack of time to implement the planned activity	Maximum efforts will be taken to utilize all manpower and they will be oriented on the basic skill set, which is to be implemented, immediately.
6.	Expenditure of budgeted activities	Delayed initiation and forseen less expenditures. The project may use the resources for appropriate activities in consultation with DSACS and VHS.

I. Follow-up assessment / evaluation

1) Review of progress reports and overall learning site program report
2) Focus Group Discussion with Dera leaders by the Regional Managers
3) In-Depth Interview with PO TSU and Joint Director of SACS
4) This assessment plan will be executed during second week of August 2018 for better understanding and clarity of information
5) Review of email communications from SACS and quality of IPC tools developed

****