Save the Children

M8A Multi Country South Asia HIV Program

DIVA – Innovations and Learning Site Project

Implementation Guidelines: Making the Invisible Visible

Reference Manual for CBO

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Year of publication
May 2018

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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 Odisha State AIDS Control Society (OSACS), Odisha. 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 "Making the Invisible, Visible" model piloted in Odisha.

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,
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Preface

The implementation guidelines for Making the Invisible Visible 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 Making the Invisible Visible model in the TG-TIs that helps to reach the un-reached TG/H people in Odisha. The model is being piloted with active support from the Odisha State AIDS Control Society and in collaboration the CBO - SAKHA, Odisha.

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 Odisha State AIDS Control Society (OSACS), 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 - OSACS, Additional Project Director - OSACS, Joint Director – OSACS, 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.

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Acronyms

AIDS	Acquired Immuno-Deficiency Syndrome
ART	Anti-retroviral Treatment
ARV	Anti-retroviral
CBO	Community Based Organization
CBT	Community Based HIV Testing
CBS	Community Based Services
DAPCU	District AIDS Prevention and Control Unit
DIC	Drop-In-Centre
DSRC	Designated STI/RTI Clinics
GFATM	The Global Fund to Fight AIDS, Tuberculosis and Malaria
GIS	Geographic Information System
HIV	Human Immuno-deficiency Virus
HTC	HIV Testing and Counseling
ICTC	Integrated Counseling and Testing Centre
ICMR	Indian Council of Medical Researrch
IEC	Information, Education and Communication
IPC	Inter Personal Communication
ITS	Individual Tracking Sheet
LS	Learning Site
KP	Key Population
M&E	Monitoring and Evaluation
MDG	Millennium Development Goal
MSA DIVA	Multi-country South Asia - Diversity in Action
MTA	Mid-Term Appraisal
NACO	National AIDS Control Organization
NGO	Non-Governmental Organization
NIE	National Institute of Epidemiology
OSACS	Odisha State AIDS Control Society
OST	Opioid Substitution Therapy
PO	Program Officer
RM	Regional Manager
SA	Stand-Alone
SACS	State AIDS Control Society
SDG	Sustainable Development Goal
SRS	Sex Reassignment Surgery
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
TB	Tuberculosis
TG-H	Transgender – Hijra
TI	Targeted Intervention
TTI	Transfusion Transmissible Infection
TSU	Technical Support Unit
VCT	Voluntary Counseling and Testing
UNDP	United Nations Development Programme
VHS	Voluntary Health Services

Implementation Guide

A. Background

The National AIDS Control Program has evolved through three phases of implementation and is currently in its fourth phase, and is globally acclaimed as one of the most successful programs. The unique strengths that contributed to the success of NACP in India include prevention focused policies, evidence-driven strategies, community-centric approaches, designs for scale, dynamic multi-stakeholder response, openness to innovation and country stewardship. NACP IV aims to consolidate the gains made till now while making further strides with a goal of accelerating reversal and integrating response.

In India, the national program for hijras and transgender populations has to be scaled up with adequate quality, so that HIV prevalence can be reduced and prevention and care services are made available to these populations[1].

Hijras and other transgender populations have been recognized by the National AIDS Control Organization (NACO) as important core populations for whom appropriate HIV intervention programs need to be developed. In NACP-III strategic plan and in the draft report of the NACP-IV working group on Hijra/TG populations, NACO has clearly articulated the need to 'saturate' the coverage of 'key populations' by scaling up prevention interventions in all the states in India. For effective planning and strategy building for up-scaling targeted interventions to the core group of Hijras/TG populations, it is necessary to have evidence-informed planning (NACO Annual Report 2012-13).

B. Rationale

One among the top five states which reported the highest number of sites for undertaking Transgender/Hijra (TG/H) mapping in India were Uttar Pradesh (825), West Bengal (752), Odisha (696), Tamil Nadu (649) and Maharashtra (586). These five states combinedly had about 60% of all the sites that were mapped in the 17 states. Of all the states, only Odisha reported having more rural sites than urban. In the state, of the total of 696 sites that were mapped, 391 sites were located in the rural areas (around

[1] Operational Guidelines for Implementing Targeted Interventions among Hijras and Transgender People in India

56.2%), and the rest 305 sites were located in the urban areas (43.8%)[2]. Based on the mapping finding it is estimated that at least 7854 TG/H population should be there in the state of Odisha. The following are the detail of the mapping study conducted by NACO, UNDP and NIE-ICMR.

Point Estimate: 7854	Lower Estimate: 6629	Upper Estimate: 9228

The state of Odisha has shown recent period progress with regards to the work for Transgender/Hijra population by the SACS and CBOs. This has motivated the OSACS to engage with VHS and discussed estimating the TG/H population, so that the high risk population can be provided with HIV related prevention and treatment services through CBOs in the state of Odisha. It is also highly emphasized that young TG/H population needs to be identified and provided with services with some pilot on recent technology development.

The pilot learning site program will contribute to the National Strategic Plan of NACP, which aims for a reduction in new infection, linking of 95% estimated PLHIV to services, early initiation and retention of 90% PLHIV, reduction and control of STI and Syphilis and elimination of stigma and discrimination by 2020. The recently concluded Mid-term assessment of NACP IV also recommends that, "TIs and district level stakeholders should be encouraged to put in place more systematic and well-coordinated efforts to re-map hotspots and estimate the size of key populations annually, using multiple data sources, GIS tools, etc. encourage conduction of annual district level situation analysis and strategic planning meetings with program and SI/M&E staff from SACS, TSU, DAPCU, TI and community representatives"[3]. It further goes to recommend that improve the coverage, strengthening referrals, capacity building and reinforce community partnerships. With this evidence, the pilot innovation may provide some evidence to existing challenges and possible options with solutions.

[2] Technical Report Mapping and Size Estimation of Hijras and other Transgender Populations in 17 States of India - A study conducted under the aegis of NIE-ICMR, UNDP and NACO: http://nie.gov.in/images/leftcontent_attach/NIE-Executive_Summary_for_the_NIE_web_site_02_04_14_187.pdf

[3] http://www.naco.gov.in/sites/default/files/Report%20of%20the%20MTA%20of%20NACP%20IV%20-%20August%202016.pdf

C. Preparedness

The CBO and learning site team have to be ready for a Project Mode activity for a planned period and ready to implement the approach. This Implementation Guide is intended to help you organize and carry out the 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[4] and VHS Team.

The implementing agency and stakeholders are 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 document the entire process for finalizing the guideline and innovative learning site activity under this MSA-DIVA-GFATM grant.

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.

The volunteers and community mobilizer have to be ready for extensive travel. The CBO has to provide their networking links to reach the unregistered TG/H population from urban and rural as envisaged. This will facilitate reaching to achieve the aim of pilot activity with some evidence on size estimation or profiling of available TG/H population in the state.

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

[4] 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.

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
- The oriented team should be motivated and encouraged to share the information and knowledge without any boundaries during this period
- The Project coordinator and Field mentor will take the lead in ensuring the leadership and entire communication of this pilot intervention
- However, the project accountability and responsibility will be held with the CBO management or the Project Director and the implementation of the project under their leadership is essential
- 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
- The CBO and Focal person who signed the contract will have overall ownership and leadership to deliver the agreed deliverable and the entire coordination with all stakeholders.
- The Project Coordinator can have second line leadership under the guidance of CBO to take additional activities planned under this learning site activity
- The Field mentor, RM, DIVA and SACS will facilitate and help the CBOs to achieve the same.

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 who are not registered with any other TIs programme
- The outreach team should have full knowledge of tablet usage, new TG/H population identification and advocate with them for HIV service delivery
- Identify possible TG/H population site in the state for the pilot intervention as size estimation and the CBO will conduct clearly defined interaction with them. Based on the discussion, possible sites to be finalized for identification and service delivery
- Profile them with the details of estimated TG/H population in those sites and document the process. The CBO needs to undertake the basic information about those TG/H population and find out how many are already linked with targeted intervention programs and not. It is very important in the learning site, and the entire team should ensure 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 of the national program.
- The volunteers have to be allotted and will be in-charge for each site. The volunteers will be oriented about the online enrollment forms for easy access and data entry
- The volunteers will develop at least 10 Whatsapp groups based on the area and develop information sharing habits among the TG/H

population. The group will have clearly defined administrator and approved messages and videos for circulation.

- The volunteers have to undertake a regular visit to sites and interact with the young TG/H population. The population needs to be between 18 and 24 years old as per the pilot and learning site program.
- The identified population details will be entered from the field in a google document with the use of a tablet, which will ensure the regular reporting and monitoring of newly identified TG/H population.
- The volunteers and community mobilizers will divide the areas of available TG/H population and divide the target to reach at least 250 new identifications without any duplication
- Profile and shortlist them according to the criteria and initiate one to one discussion.
- The newly identified young TG/H population needs to be registered based on the new HRG Registration format
- The registered TG/H population will be taken for HIV service delivery at the nearby HIV service delivery point
- The registered population should be provided with TG/H specific counselling and detailed information about HIV related services
- 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 the TG/H population to strengthen the HIV services and continuum care with adequate counselling and follow-up facilities
- HIV counselling, testing and treatment related information video will be shared with the TG/H population for more active engagement
- The IPC tools need to be developed and broadcasted through WhatsApp, You Tube or during community meetings/events in the areas of safer sex, condom use, testing, STI screening and living healthy.

D.3. Community Based HIV Testing (CBT)

- 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

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.4. Online Enrollment Module

- The pilot initiative will provide online regular real time information about the availability of TG/H population in the sites/areas with necessary details
- The format will be extended one of existing HRG registration format available in NACO guideline
- The exercise should also provide estimated number of TG/H population site wise for further expansion of services by OSACS and NACO. This should have details like name, age, education, occupation, gharana/non gharana, location, number of contacts, condom usage, alcohol and drug usage, violence, stigma and violence faced, etc. based on the requirement. This should provide some qualitative and evidence based information details to OSACS and CBO.
- The CBO will use the extended HRG registration format as developed under the Project DIVA, which will have some additional information about the dera/guru/gharana details and occupation, etc.
- The data analyst will be instructed to analyze the received information and provide feedback to the learning site team

D.5. Sub Events

- The mainstream activities are highly encouraged in the state of Odisha under this pilot activity
- The CBO has to list out small events list to reach the TG/H population to cover the uncovered areas
- The event may be social entitlement camps, police advocacy programs, community events to encourage new TG/H population into the HIV program, health care meeting, law enforcement official meeting, PRI sensitisation, etc. should be planned and executed based on the local needs
- The events can be branded in local name for better visibility, and the information should be circulated across the state and country for information
- If possible depending on the nature of the event, media coverage and release would be essential to create project visibility and mainstreaming of TG/H issues and needs

- The volunteer and mobilizer will mobilize the participants for the events, and it should be ensured that only new identified TG/H are part of the events.
- Field Mentor will be incharge to facilitate all these events and link these events with concern departments and create adequate visibility to TG/H population
- One event can be conducted at the educational institution to pilot and reach the educated youths and/or TG/H population
- The sub events to be fully used for providing all HIV related services; starting from DIC meeting, IPC, counseling, condom promotion, networking, testing, referral, treatment and follow-up. The community should feel comfortable by the kind of enabling environment provided by these events and CBO.

D.6. Stakeholder Engagement

- A very important aspect of this learning site program
- The Field mentor will develop the stakeholder matrix, which will be used by CBO
- The DAPCU[5], ICTC[6], STI[7]/DSRC[8] and ART[9] 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 to the respective program and will be acknowledged for their contributions and support
- The line department officials will be involved in all events and Advocacy Episode activities. 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.

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

D.7. Capacity Building

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 inputs.

Volunteers Training

- The volunteers training will be conducted at the CBO site
- Field Mentor will facilitate the training plan and schedule
- The M&E 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 in more activity based learning exercise. The Field Mentor needs to facilitate appropriate learning activity, exercise, according to the content of the training
- The Field Mentor will help and facilitate the Project coordinator and/or Data analyst to write volunteers training report with adequate supporting documentation

Health Care Provider Training

- The Field Mentor will finalize the theme for the training along with CBO and DIVA team.
- The doctors (plastic surgeon and endocrinologist) training clearly defined objective, agenda and draft contents in advance before the execution of training programs
- The field mentor and CBO will identify the doctors for the training with the help of SACS. Regarding this training, communication may be sent

from SACS so that the response will be good and these important doctors can be engaged for orientation

- The thematic training details, date and venue should be informed to TSU, SACS and DIVA team in advance
- This training needs to be planned according to the schedule of doctors. The field mentor needs to assess the situation and the feasible time for doctors. Based on the field assessment the training has to be planned and timed. Even the training can be planned in the afternoon. There is a possibility of conducting 3-5 hrs training program for doctors. This needs to be explored and decided, locally.

D.8. Communication and Knowledge Products

- The communication channel will be key to the success of this leaning site program
- The communication process for the CBO will be facilitated by Field Mentor and Regional Manager.
- The learning site team will work under the guidance and technical inputs from Field Mentor in line with the agreed activity plans and budget
- The Field Mentor will work under the supervision and direction of Lead Consultant and will keep the Regional Managers in the loop and communication
- The SACS will be updated on a weekly basis about the progress made in online enrollment
- The knowledge products should be up to the point, readable and simple to understand
- The knowledge products should be verified and agreed by the concern officials before it has been circulated in the media group or shared with any stakeholders
- SACS and TSU will be in the loop for all communication, for information and administrative direction
- The CBO has to submit a timely monthly report as per the prescribed format based on the deadline agreed in the signed contract.

D.9. Youth Mela – An Advocacy Episode (An innovation to pilot the Festival Based Identification Approach)

- This is the major advocacy episode in 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 with the planning, designing, implementing, monitoring and executing the plan for better service delivery and reach out to the concerned line departments in the state
- A team of the 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, a representative from an educational institution, community leaders, Learning site team and other major stakeholders.
- The team has to finalize the participation of general public and event location for a smooth function
- The advocacy event should have appropriate IEC materials, Audio and Video facility
- Adequate communication to the local authorities for supporting the events and to ensure smooth conduct of events
- This mega event is planned to be held on the occasion of "Sitalsasti", which is to be held at Sambalpur district of Odisha where thousands of the TG/H population come together to render their worship to God.
- All community mobilizers are to be available in the district and on the occasion of festival to do community mobilization.
- Rigorous efforts to be taken to identify and register the maximum TG/H population for this pilot work.
- The Transgender/Hijra Registration Format to be used for recording the information (Refer to Annex 1 for the Registration format).
- The identified TG/H population should be encouraged to go for HIV screening at the festival location
- The HIV testing kits have to be taken from local and nearby ICTC center.
- The Community based HIV testing services should be made available with the support of local ICTC and TIs for better coordination.
- The underline benchmark for the Advocacy Episode is to showcase the evidence and power of community mobilization and its advocacy skills.

D.10. 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 the leadership team to improve and strengthen the learning site implementation
- Field mentor will be responsible for facilitating the "Strategy Checkpoint" meetings
- At least 4-5 Strategy Checkpoint meetings to be conducted during this period
- The meeting points and ideas need to be documented as the minutes of the meeting and to be shared with the learning site team
- Anybody in this meeting and hierarchy can share ideas which should not be a hindrance to new ideas and sharing of thoughts.

D.11. Whatsapp Messaging

- This is a pilot initiative, and any action reaching the community should be encouraged
- Profiling of smartphone users among the TG/H population and volunteers
- Project Coordinator of learning site will facilitate Whatsapp messaging
- 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 need to be transferred to an 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 unwanted message in this Whatsapp group, which will dilute the original purpose of this virtual media effort. So it is the main duty and responsibility of CBO to ensure quality discussion and linking new members to the group
- The Whatsapp groups will not have anybody other than the learning site team since it is a pilot innovation activity; every input into the program does matter.

- 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

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 of 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 maintained in place.

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 indicators

MTA recommends to introduce and monitor quality indicators. The program needs to focus on critical quality indicators which need to be monitored on a regular basis, for example, consistent condom use, clinical examination of all STI cases, OST adherence, ***number of KP availing social protection services, beneficiary/community satisfaction on service delivery,*** number of days essential for prevention of commodities (condom, lube, needle-syringe) was not available, duration for which linked services were not available (HIV testing, ARV, CD4 testing) etc.

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 the 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 TG/H reached through DIC meetings	
13.	Number of TG/H reached through events	
14.	Number of TG/H population who availed social entitlement scheme services	
15.	Number of DAPCU and ICTC meeting held	
16.	Number of TG/H trained through the volunteers training program conducted	
17.	Number of mobile-based messages developed	
18.	Number of mobile-based messages circulated after approval	
19.	Number of mobile-based videos developed	
20.	Number of mobile-based videos circulated after approval	
21.	Number of review meetings conducted	
22.	Number of stakeholder meetings conducted	
23.	Number of minutes and report submitted	

G. Time Management

Key Activity	Number of days planned
Recruitment of Learning site team	
Learning site team orientation	
Training of volunteers	
Site and Area visit by 10 volunteers	
Sub community events	
Counselling and testing linkage with services	
Social entitlement camps	
Health care provider training	

Meeting with SACS and Government Stakeholders	
Meeting with DAPCU and ICTC	Need Based
Thematic training	
Review meeting	
Development of IPC tools	
Messages	
Videos	

H. Risk mitigation plan

S. No	Expected Risks	Possible solution
1.	Identification of potential site and area	CBO has to be clear on the pilot location in advance as OSACS open to undertake this process across the state
2.	Knowledge and usage of the tablet by TG/H population for online enrollment	Still under consideration, should we go for tablet procurement for registration process.
3.	Identification and conducting Healthcare provider training	High level advocacy effort has to be taken up with OSACS for organizing this training and facilitating the same.
4.	Reaching the target within limited time and provide a scientific estimate	As requested by OSACS, the exercise aims to provide a rough estimate of available TG/H population in the state
5.	Availability of knowledgeable TG/H population to join as a volunteer and undertake this pilot initiative	Interested and experienced community has to be motivated for participating in this process and they should be rewarded. The reward and recognition process should be intimated to them

I. Follow-up assessment / evaluation

1) Review of progress reports and overall learning site program report
2) Group Discussion with newly service availed TG/H population
3) In-Depth Interview with PO TSU and Joint Director of SACS
4) This assessment plan will be executed during the 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

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Annex 1: Transgender/Hijra Registration Format

DIVA Innovations and Learning Site – TG/H Registration Form

1. Name of the TG/H :
2. Date of Registration :
3. Present address & site/details :
4. Age : Mobile Number :
5. Marital Status : Married / Unmarried
6. Education :
7. Nature of Employment/Occupation :
8. Do you have Regular Partner? Yes / No
9. Do you engage in Commercial Sex work? Yes / No
10. Number of years in Sex work :
11. Do you consume Alcohol? Yes / No
12. Do you use drugs and inject drugs? Yes / No
13. Are you linked with Gharana/Dera/Hamam? Yes / No
14. Have you ever tested for HIV? Yes / No When?:
15. Social Entitlement Services Availed (Kindly tick)

Bank A/C		Aadhar Card		Pan Card	
Pension Card		Insurance/Mediclaim		Free Housing	
Free Education		Employment Card		Passport	
SHG/JLG Links		Business Loan		Free SRS	
Any other schemes availed, please specify:					

Name of the Community Mobilizer **Signature**