Module 2

A FACILITATORS' GUIDE FOR TRAINING SUPERVISORS UNDER THE LINK WORKER SCHEME

Outreach and Advocacy

NATIONAL AIDS CONTROL ORGANISATION
MINISTRY OF HEALTH AND FAMILY WELFARE • GOVERNMENT OF INDIA
NEW DELHI
APRIL 2011

Compiled by: Ujjwala Jatkar

Edited by: Paro Chaujar

Designed by: Essence Communications, Bangalore

Special thanks to Mr. Ashok Shetty and Mr. K.V. Balasubramanya from KHPT.

Outreach and Advocacy

A facilitators' guide for training
Supervisors under the Link Worker Scheme

Table of Contents

Acronyms

AIDS	Acquired Immuno-Deficiency Syndrome
BCC	Behaviour Change Communication
BCCO	Behaviour Change Communication Objectives
DRP	District Resource Person
FSW	Female Sex Worker
HIV	Human Immunodeficiency Virus
HRG	High Risk Group
IDU	Injecting Drug Users
ICTC	Integrated Counseling and Testing Centre
IPC	Interpersonal Communication
LW	Link Worker
LWS	Link Worker Scheme
MSM	Men having Sex with Men
NACO	National AIDS Control Organization
NACP	National AIDS Control Programme
OVC	Orphan and Vulnerable Children
PLHIV	People Living with HIV/AIDS
RRC	Red Ribbon Club
SACS	State AIDS Control Society
SHG	Self Help Group
SNA	Situation Needs Assessment
STI	Sexually Transmitted Infection
TI	Targeted Intervention

सत्यमेव जयते

NACO

K. Chandramouli
Secretary & Director General
Department of AIDS Control, NACO, Ministry of Health and Family Welfare, Government of India

Preface

The National AIDS Control Programme III has been launched with the objective to halt and reverse the spread of the HIV/AIDS epidemic in India by 2012. The evidence that about 57 percent of the PLHIVs are in rural areas confirms the movement of the epidemic from urban centres to rural ones. This evidence demands a specially designed strategy that can help in reaching out to these significant numbers residing in rural areas and saturating their coverage.

The HIV response in rural areas required a localised approach as it is influenced by the unique socio-culture structures present in these areas. For example, ensuring access to healthcare for PLHIVs and detecting and treating HIV infections become a grater challenge in rural areas because of the culture of silence surrounding issues of sex and sexuality, drug use, and HIV, as well as the stigma and discrimination towards the PLHIVs.

NACP III has therefore conceptualised the Link Worker Scheme to meet the challenges in reaching out to rural communities and to saturate their coverage. It is designed to build the competencies of rural communities to take the onus of responding to the epidemic in an informed and responsible manner. Recognising the reach and capacity of the local people, the Link Worker Scheme envisages identifying villages-level personnel to work as Link Workers. These Link Workers will play the roles of catalysts, identifying the high-risk and vulnerable populations, linking them to appropriate services (such as prevention, testing, care and support) and following up with them on a regular basis. They will also motivate local community volunteers, who will join them in fighting the HIV epidemic.

In the Link Worker Scheme, Link Workers have a critical role that demands an enhanced capacity in terms of knowledge about HIV and related issues as well as skills to interact and communicate with the community in an effective manner, involving it dynamically in various activities. The Link Workers themselves require positive changes in their attitudes to respect and understand the PLHIVs and other high-risk and vulnerable groups.

Hence, greater emphasis has been given to building the capacities of this local human resource along with building capacities of the District Resource Persons and the Supervisors who provide direction to and support the Link Workers in achieving their goals. NACO has visualised a series of training programmes for the development of this human resource that includes Link Workers, DRPs, Supervisors and Community Volunteers.

It is a pleasure to present the series of 'Facilitators' Guides, which aim to assist the facilitators in undertaking these training programmes effectively and efficiently.

I hope that these Facilitators' Guides will strengthen the key functionaries in SACS, regional-level Lead NGOs and the District Implementing Partners, to train the human resource in their respective areas and roll out the scheme in an effective manner.

I also take this opportunity to acknowledge the contributions made by technical experts at UNDP, Karnataka Health Promotion Trust, SPYM and the LWS team of NACO in preparing these guides.

I would also like to acknowledge various agencies and individuals mentioned in the acknowledgment section for their valuable inputs.

(K. Chandramouli)

19/x/10

6th Floor, Chandralok Building, 36 Janpath, New Delhi -110001, Phones : 011-23325331, Fax : 011-23731746
E-mail : nacoasdg@gmail.com

सत्यमेव जयते
Aradhana Johri, IAS
Joint Secretary
Department of AIDS Control, NACO, Ministry of Health and Family Welfare, Government of India

Foreword

Linking rural communities to HIV programmes and providing them with access to existing services has emerged as a crucial need in recent times. Despite the large infrastructure spread across the length and breadth of the country to address HIV and related issues, the number of positive persons in rural areas has reached an alarming high. It is now clear that along with establishing programmes and services, it is important to work closely with rural communities to ensure that they shed their inhibitions and resistance and are motivated to access the services.

These is a need for personnel who can understand the local culture and the scenario in rural areas, which is marked by poor access to healthcare, presence of stigma and discrimination and socio-cultural taboos that prevent people from discussing sensitive issues such as sex and sexuality. NACO has, therefore, rolled out the Link Worker Scheme in "A" and "B" districts as one of the key strategies in NACP III, with special attention to rural areas.

The Link Worker Scheme identifies Link Workers from the local areas as catalysts. The responsibility of these Link Workers is to link rural communities with existing services, and create an environment where people can discuss critical yet sensitive issues such as HIV, sexuality and drug use, thereby allowing rural communities to effectively combat the epidemic.

The scheme is founded on the capacity of the Link Workers to motivate communities to take ownership of the programme and to initiate the behaviour change process in them. Hence, capacity-building of the Link Workers has been weaved in as an in-built component while designing the Link Worker Scheme.

The capacity-building component of the scheme aims to equip Link Workers with the understanding and skills required for their work, and to increase their access to information, knowledge and training that enables them to perform effectively. Several training programmes have been designed to help Link Workers meet the challenge thrown towards them during various phase of implementation.

A team of District Resource Persons (DRP) and Supervisors, who are appointed to oversee the programme, will conduct the training programs. They will also provide handholding support on a continuous basis by providing direction to the Link Workers throughout the programme. Hence, capacity-building programmes for the DRPs and Supervisors are designed as a prelude to training of the Link Workers.

NACO believes that capacity-building is the crux of this initiative as it will equip the team of DRPs, Supervisors and Link Workers to initiate community participation and meet the targets of the scheme by overcoming all barriers and bottlenecks.

NACO is thankful to the Karnataka Health Promotion Trust, which has successfully implemented a forerunner to the Link Worker Scheme. They have subsequently identified capacity-building needs, designed appropriate training modules and prepared guides for training facilitators. These modules will help in standardising capacity-building initiatives across the country and result in better performance of the Link Workers in all the states.

NACO is proud to present these modules to facilitators across the country. I am sure the facilitators will use these modules to the best of their capacities. I wish them all success.

(Aradhana Johri)

9th Floor, Chandralok Building, 36 Janpath, New Delhi -110001. Phones : 011-23325343, Fax : 011-23325335
E-mail : aradhana.johri@nic.in

सत्यमेव जयते
Dr. Sunil D. Khaparde
M.D. Ph.D
Deputy Director General
(NACO)
Tel. : 91-11-23736851
Fax : 91-11-23731746
E-mail : sdkhaparde.naco@gmail.com

भारत सरकार
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
एड्स नियंत्रण विभाग
राष्ट्रीय एड्स नियंत्रण संगठन
9वां तल, चन्द्रलोक बिल्डिंग, 36 जनपथ, नई दिल्ली -110001
Government of India
Ministry of Health & Family Welfare
Department of AIDS Control
National AIDS Control Organisation
9th Floor, Chandralok Building,
36 Janpath, New Delhi - 110 001

Acknowledgement

The Link Worker Scheme is a short-term community-based intervention designed to address the HIV prevention and care needs of the rural community, with a special focus on High Risk populations and other vulnerable groups. Under National AIDS Control Programme III, the Link Worker Scheme was formulated with the premise that there are significant High Risk populations present in rural areas that need to be reached. This scheme is designed to be implemented in all 'A' and 'B' category districts across the country.

The training modules on the Link Worker Scheme for the district teams have been the result of long, coordinated and concerted efforts of various organisations, individuals and professional bodies. The importance of the vision and constant encouragement of Ms K SujathaRao (IAS, Secretary, Health & Family Welfare) cannot be understated. I would also like to acknowledge the able leadership of Shri K Chandramouli(IAS, Secretary and Director General, NACO) and MsAradhanaJohri (IAS, Joint Secretary, NACO), under whose guidance these training modules have been developed.

Formulated jointly by the National AIDS Control Organisation (NACO), the Karnataka Health Promotion Trust (KHPT), the Society for Youth and Masses (SPYM) and the United Nations Development Programme (UNDP), these comprehensive training modules owe a lot to the involvement of certain individuals. I would like to acknowledge, in particular, the contribution of Dr Ajay Khera (Joint Commissioner, MCH, Ministry of Health & Family Welfare).

I would also like to recognise Smrity Kumar and Neha Chauhan from NACO; Chandrakantha Maddur from the Karnataka State AIDS Prevention Society (KSAPS); Alka Narang and Shashi Sudhir from UNDP; and Parinita Bhattacharjee, Arup Kumar Das, Dr Srinath Maddur, Gururaj Kulkarni, Poornima BS, Venkatesh Sabnis, Sandeep H, and Gautam Sudhakar from KHPT. These training modules are a product of their dedication and enthusiasm.

Finally, I would like to thank the Bagalkot Learning Site Team (USAID) and the Samastha Project; the SPYM team for providing invaluable technical support; the Uttara Kannada and Shimoga teams of the Christian Council for Rural Development and Research (CCOORR) for implementing the Link Worker Scheme in Karnataka; and the team at MAMTA for developing the original fourteen-day manual for the Link Worker Scheme.

On the behalf of NACO, I wish the best of success to all the facilitators who will be using these training modules across the nation.

(Dr. Sunil D Khaparde)

I. Introduction

The Link Worker Scheme, proposed under the National AIDS Control Programme III, is specifically designed to address the sub-populations that have the highest risk of exposure to HIV in the rural areas. Though the primary focus of the scheme is on preventive efforts, it attempts to integrate prevention with care, support and treatment, with a strong emphasis on community ownership and sustainability.

The scheme has envisaged a new cadre of trained and motivated local personnel who are introduced at the village level as link workers. During the selection of the link workers, priority is given to people who are acceptable to the village community and who have a comfort level to discuss intimate human relations, sexual practices, sexuality and issues related to drug use with the community. The role envisaged for these link workers is to help equip the high-risk individuals and vulnerable young people with information and skills to combat the pandemic. These link workers are supported by District Resource Persons (DRP), Monitoring and Evaluation officers, supervisors and volunteers from the villages.

One of the key components of the scheme is capacity building of the implementing team, through a series of intensive training programmes. These training programmes aim to equip them with knowledge and understanding about the situation and dynamics in the rural areas, importance of community participation, the HIV issue and their roles in this scheme.

The two training modules designed for the supervisors include:

Module 1: Induction and Mapping
Module 2: Outreach and Advocacy

The current guide is the second in the series of these training modules for supervisors. It has been developed as a facilitators' guide for conducting training programmes for supervisors on outreach and advocacy.

Overview of the module

The ideal duration for conducting training under the current module is five days. The module succeeds the previous module (Module 1 on Induction and Mapping) and is built on the premise that the link workers have already started working in their respective areas and have identified issues on which advocacy is required as a tool to resolve issues. This module aims to build the capacity of supervisors to guide and provide direction to the link workers to conduct outreach activities in their respective villages in an effective manner.

The module also aims to build communication skills for effective interaction with the community members, to bring about desired positive change in their behaviour. This module aims to build the understanding of supervisors on taking up advocacy efforts at different levels. It further aims to give them theoretical information on the importance of advocacy as a part of the LWS and steps in advocacy, as well as, build their skills in identifying issues for advocacy. Finally, the module aims to build necessary skills among the supervisors to enable them to give the link workers necessary support in advocating for relevant issues in an effective manner.

The module is developed to enable facilitators in training supervisors. Different activities and exercises are built in the module to help facilitators engage participants in a process of building sound theoretical knowledge on the issues and giving them practical exposure to ground realities and village environment. This module thus helps facilitators to prepare the participants in identifying probable bottlenecks at the field-level and plan strategies to overcome them.

How to use this guide

This guide is intended for facilitators and trainers. The stress is on using a mix of participatory methodologies, such as small group discussions, exercises and games and technical methodologies, such as power point presentations and films, as per the demand of specific topics.

The module is divided into sessions and provides guidelines for conducting each session. For building a systematic and clear understanding, the guidelines are organized into sub-heads that include:

- Topics
- Duration
- Session objectives
- Preparation
- Training materials
- Tips for facilitators
- Suggested time frame/ duration for each topic
- Suggested methodologies for each topic
- Step-by-step process for conducting the session topic

This guide helps facilitators gain clarity on the overall rationale behind the inclusion of the sessions in the module, its objectives and key content. It also helps the facilitators gain conceptual clarity and get all the relevant information with the aid of background material. It offers valuable tips to the facilitators for preparing for the session, becoming aware of possible bottlenecks and suggests ways to identify appropriate solutions. The guide also includes various formats for data collection and consolidation, which can be adopted according to the state-specific scenarios.

The guide suggests duration and methodologies for each session and step-by-step guidelines for conducting different processes during the sessions. However, there is space for the facilitators to adopt the methodology of their choice and extend the duration, as per the needs of the participants.

Checklist for training

✓ Training Materials

- Copies of schedule for facilitators, documentation in-charge and Resource Persons (RPs)
- Material for participants kit, including folder, writing pad, pen, badge and a copy of the schedule
- Registration book
- Detailed list of confirmed participants
- Banner and rope
- Flip chart board and clips
- Flip chart sheets
- Chart papers of different colours
- Brown sheets
- Permanent markers
- White board with duster
- White board markers – 4 colours
- Clips and rope for hanging sheets
- Chart paper with objectives of the training written on it
- Scissors
- Cutter
- Glue
- Gem clips (big and small)
- Scale
- Double tape
- Transparent tape / brown tape
- Stapler with extra pins
- Pencils, sharpeners and menders
- Camera and battery
- Laptop / PC
- Projector and screen
- Extension wires and board
- Pointer
- A range of IPC / BCC materials
- IPC materials approved for usage in LWS
- Dummy data as per requirement

✓ Tools

Tool 1: Briefs for role-plays

Tool 2: Case studies – outreach

Tool 3: Case studies - understanding advocacy

Tool 4: Case studies for crisis and conflict management

✓ Background material

Background material 1: Outreach.

Background material 2: Advocacy

Background material 3: Crisis management

Background material 4: Conflict management

Background material 5: Guidelines for M & E Reporting

Background material 6: Ethical issues in the context of the LWS

✓ Formats

Format 1: Pre and post-tests

Format 2: Opportunity gap analysis

Format 3: M & E Reporting Formats

Format 4: Feedback format

✓ Power point presentations

PPT 1: Outreach

PPT 2: Village Outreach Model

PPT 3: Micro-planning

PPT 4: What is advocacy?

PPT 5: Why advocacy?

PPT 6: Opportunity gap analysis

PPT 7: Monitoring and Evaluation

PPT 8: Indicators of the LWS

✓ Films

Early Challenges

Link Worker's Journey

Kalajatha: a step forward.

II. Module at a glance

Session 1 Setting the ground

Duration **1 hour 15 minutes**

Topics:

- Welcome
- Participants' expectations and objectives of the training
- Ground rules
- Experience sharing of the previous module

Session 2 Entry-level activities

Duration **3 hours 15 minutes**

Topics:

- Identification of key stakeholders
- Entry-level activities and early challenges
- Establishing rapport with HRGs

Session 3: IEC and mid-media activities

Duration **2 hours 30 minutes**

Topics:

- Different components of mid-media activities
- Planning for mid-media activities
- Establishing Village Information Centers

Session 4: Outreach

Duration **2 hours 30 minutes**

Topics:

- Definition and objectives of outreach
- Key principles of outreach
- Barriers to outreach

Session 5 Interpersonal Communication

Duration **5 hours 30 minutes**

Topics:

- Concept and objectives of behaviour change communication
- Essential communication skills
- Introduction to Link Worker Communication Kit
- Practice of presenting IPC materials to individuals
- Practice of presenting IPC materials to groups

Session 6 Micro-planning

Duration **6 hours 15 minutes**

Topics:

- Definition, objectives and advantages of micro – planning
- Types of micro planning
- Tools for micro planning
- Population-based micro-planning and mid-media activities

Session 7 Advocacy and networking

Duration **6 hours**

Topics:

- What is advocacy
- Steps in advocacy
- Setting goals and objectives for the advocacy issue
- Understanding government structures at district level
- Skills for advocacy

Session 8 Supervisory skills

Duration **3 hours**

Topics:

- Supportive supervision
- Conflict resolution
- Time management

Session 9 Monitoring the Link Worker Scheme

Duration **4 hours 30 minutes**

Topics:

- Opportunity gap analysis
- Sharing indicators of the LWS
- Re-familiarization with reporting formats
- Analyzing reports vis-a-vis indicators

Session 10 Ethical issues

Duration **1 hour**

Topics:

- Ethical issues in the context of the LWS

Session 11 Concluding session

Duration **1 hour 30 minutes**

Topics:

- Consolidation of training
- Feedback
- Post-test
- Closing

III. Suggested schedule

Supervisor Module 2 Outreach and Advocacy			
Day 1			
Session No.	**Title of the session**	**Topics**	**Time**
Pre-session			
Registration			
Pre-test			
Session 1	**Setting the ground**	**Total duration**	**1 hour 15 minutes**
		Welcome	5 minutes
		Participants' expectations and objectives of the training	15 minutes
		Ground rules	10 minutes
		Experience sharing of the previous module	45 minutes
Session 2	**Entry-level activities**	**Total duration**	**3 hours 15 minutes**
		Identification of key stakeholders	1 hour 15 minutes
		Entry-level activities and early challenges	1 hour
		Establishing rapport with HRGs	1 hour
Session 3	**IEC and mid-media activities**	**Total duration**	**2 hours 30 minutes**
		Different components of mid-media activities	45 minutes
		Planning for mid-media activities	1 hour
		Establishing Village Information Centers	45 minutes
Day 2			
Session No.	**Title of the session**	**Topics**	**Time**
Pre-session		Recap and evaluation of the previous day	45 minutes
Session 4	**Outreach**	**Total duration**	**2 hours 30 minutes**
		Definition and objectives of outreach	1 hour 30 minutes
		Key principles of outreach	30 minutes
		Barriers to outreach	30 minutes

Session No.	Title of the session	Topics	Time
Session 5	**Interpersonal Communication**	**Total duration**	**5 hours 30 minutes**
		Concept and objectives of behaviour change communication	1 hour
		Essential communication skills	1 hour
		Introduction to Link Worker Communication Kit	1 hour
		Practice of presenting IPC materials to individuals	1 hour 15 minutes
		Practice of presenting IPC materials to groups	1 hour 15 minutes
Day 3			
Session No.	**Title of the session**	**Topics**	**Time**
Pre-session		Recap and evaluation of the previous day	45 minutes
Session 6	**Micro-planning**	**Total duration**	**6 hours 15 minutes**
		Definition, objectives and advantages of micro – planning	2 hours
		Types of micro-planning	2 hours 30 minutes
		Tools for micro-planning	1 hour
		Population-based micro-planning and mid-media activities and add duration	45 minutes
Session 7	**Advocacy and networking**	**Total duration**	**2 hours 30 minutes**
		What is advocacy	1 hour 15 minutes
		Steps in advocacy	1 hour 15 minutes
Day 4			
Session No.	**Title of the session**	**Topics**	**Time**
Pre-session		Recap and evaluation of the previous day	45 minutes
Session 7 (contd.)	**Advocacy and networking**		**4 hours**
		Setting goals and objectives for the advocacy issue	1 hour 30 minutes
		Understanding government structures at district level	1 hour
		Skills for advocacy	1 hour 30 minutes

Session No.	Title of the session	Topics	Time
Session 8	**Supervisory skills**	**Total duration**	**3 hours**
		Supportive supervision	1 hour
		Conflict resolution	1 hour
		Time management	1 hour
Day 5			
Session No.	**Title of the session**	**Topics**	**Time**
Pre-session		Recap and evaluation of the previous day	45 minutes
Session 9	**Monitoring the Link Worker Scheme**	**Total duration**	**4 hours 30 minutes**
		Opportunity gap analysis	1 hour
		Sharing indicators of the LWS	1 hour
		Re-familiarization with reporting formats	1 hour 15 minutes
		Analyzing reports vis a vis indicators	1 hour 15 minutes
Session 10	**Ethical issues**	**Total duration**	**1 hour**
		Ethical issues in the context of the LWS	1 hour
Session 11	**Concluding session**	**Total duration**	**1 hour 30 minutes**
		Consolidation of training	30 minutes
		Feedback	15 minutes
		Post-test	15 minutes
		Closing	30 minutes

IV. Supervisor Module 2: Outreach and Advocacy

Introduction

Outreach is one of the primary strategies of the Link Worker Scheme to address HIV prevention, care, support and treatment requirements, in the high prevalence and highly vulnerable districts. In fact, the LWS is pivoted on reaching out to the HRGs and vulnerable men and women in rural areas with information, knowledge, skills on STI/ HIV prevention and risk reduction.

The scheme envisages that the link workers reach the key populations who are presently not able to access HIV related information and services. The link workers are expected to link these populations with programmes and appropriate services and follow-up to monitor and facilitate the consistent use of these services. LWS thus, envisages that link workers will promote risk reduction and motivate the target group members to change their behaviour.

Hence, understanding the importance of developing appropriate outreach plans and making them work is critical to the success of the programme. Link workers are entrusted with the responsibility of line listing the key population as per their risk profiles. They have to prepare micro-plans for reaching each member of the key population in the village, based on the data generated through the focus map and household survey conducted during the SNA. The supervisors (along with the DRPs) are expected to provide direction to, and guide the link workers, in preparing outreach plans that are effective and use resources efficiently.

Advocacy is another important aspect of the LWS. The focus of advocacy in the LWS is on availability of good quality services and reduction of stigma and discrimination against HRG and PLHIV. The supervisors are required to play an important role in advocacy and in creating an enabling environment for the HRG and PLHIVs in their respective areas. Therefore, Module 2 focuses on training the supervisors on the essentials of outreach and advocacy.

Total duration

The total duration of the module is five days.

Objectives of the module

- Build participants' understanding about the importance of outreach and micro-planning in the context of LWS
- Build skills to develop outreach plans
- Build knowledge about concepts of behaviour change and behaviour change communication
- Develop objectives for change and behaviour change communication
- Build skills in effective communication
- Practice dissemination of IPC materials
- Orient participants to tools of supervision

Pre-session processes

Registration

At the start of the training, ask participants to register themselves by providing details, such as their name, organization, designation, years of experience in the sector, name of the district where they work, month when they received training on the first module and their contact details. Distribute the kits to all participants.

Pre-test[1]

Pre-test is a questionnaire given to participants at the start of the training. It contains some objective-type questions on the content of this module. The same set of questions is also asked at the end of the training programme through post-test questionnaire. The difference in the scores of the participants is indicative of the effectiveness of the training and level of knowledge transferred during the training.

[1] See Format 1 for Pre and post-test

- Distribute the pre-test formats to the participants and ask them to respond individually. Encourage them to answer all the questions according to their understanding. Explain to the participants that the pre-test is not a test of their knowledge but is a tool to assess the effectiveness of the module. Hence, they should not worry if they do not know the answers to the questions posed.
- Ensure that the participants understand the meaning of the questions. If required, translate the questions in the local language. Do not explain too much or give examples, as you may suggest the right answers in that process. Collect all the forms and keep them aside carefully.

Session 1: Setting the ground

Participants have attended one training programme earlier and are familiar with the process of the first session. They are also familiar and comfortable with each other. However, this session is important for creating a conducive and enabling environment for training, helping participants shed their inhibitions and encouraging free and open participation, at the start of the training itself. Therefore, it is important to revive the bond that the participants have shared.

The session also reminds participants about the ground rules at the onset of the session- helping them recall the behaviours that are acceptable during the training programme.

Duration

Total duration: 1 hour 15 minutes

Session objectives

- Create an open and free learning environment
- Encourage participants to participate actively without inhibitions
- Help participants set ground rules for the training programme
- Assist participants to match their expectations with the objectives of the training programme

Preparation

- Ensure that all arrangements are made and all equipment are ready for use. For example; check the functioning of microphones, projector, CD of the film and the availability of pre-test formats and flip charts, etc.
- Check seating arrangements to ensure there is enough space for games.
- Ensure arrangements and logistics for drinking water, tea and lunch, etc.
- Select an appropriate icebreaker game and prepare material as required
- Start the training programme at the stipulated time
- Before the training, request all participants to fill the registration formats giving all required details.
- Distribute kits to all participants.

Training materials

Brown sheets, markers and sketch pens, chart paper with the objectives of the training written on it, material required for the icebreaker game.

Tips for the facilitator

- Use this space for reviving the bonds and raising participants' expectations for more exciting experiences. Use your creativity in designing a new icebreaker, or choose one that has not been used before so as to generate participants' interest. You may select an icebreaker from the list provided in the module on facilitation skills.
- Encourage the participants to contribute more actively given that they already know each other well and are also acquainted with field realities more closely.

Topics

- Welcome
- Participants' expectations and objectives of the training
- Ground rules
- Experience sharing of the previous module

Topic 1: Welcome

Suggested time frame -5 minutes

Suggested methodology - interactive dialogue

- Warmly welcome the participants. Briefly describe the structure of this module and expectations from the participants.

Topic 2: Participants' expectations and objectives of the training

Suggested time frame - 15 minutes

Suggested methodologies - brainstorming and large group discussion

- Through an interactive dialogue, ask participants to share their expectations from this training programme. Write their expectations down on a brown sheet, as they share. Display this sheet on the wall.
- Discuss some key expectations.
- Display the chart paper with objectives of the training programme on the wall and relate it to the participants' expectations. If some expectations do not match with the objectives of the current module, explain that these could be covered, if the time permits, or that efforts would be made to address them in the next module of training.

Topic 3: Ground rules

Suggested time frame -10 minutes

Suggested methodology - interaction in the plenary

- Participants are aware of the concept of ground rules but it is important to reiterate them.
- Explain that active participation in this learning process is important to enhance its richness. Also explain how abiding by ground rules can be effective in avoiding group tensions and minimizing the possibilities of conflicts.
- Invite participants to suggest and agree on certain acceptable behaviours.
- Refer to the agreed ground rules during the training programme when any participant(s) circumvents any rule. Remind them that these rules were agreed upon by them and were not thrust on them.

Topic 4: Experience sharing of the previous module

Suggested timeframe – 45 minutes

Suggested methodologies – small group discussion and plenary presentation and interactive dialogue

- Divide participants into district-wise groups. Ask them to write their achievements since the previous training, challenges faced by them and the strategies they used.
- Ask representatives of the small groups to present their work. Congratulate the groups for their achievements and strategies used to address the challenges. Explain that the challenges they have faced would require different strategies, some of which the participants are already using. Some of the challenges could be addressed by well-planned outreach and micro-planning and others through advocacy at different levels. Inform participants that the focus of this module would be on understanding these strategies.

Session 2: Entry-level activities

This session focuses on the entry-level activities in the field, including interaction with the stakeholders and building rapport with HRGs. It is important to make participants understand that there are several stakeholders in any sector and it is critical to work in collaboration with them, to achieve good results. Good rapport with the stakeholders helps in gaining their support for activities, especially those not planned for originally, or those outside their mandate. Often such activities are not funded but are essential for the success of the project, or can add value to the intervention. For such activities, stakeholders can become the source of funding.

Those participants who have been a part of mapping and SNA exercises understand the difficulty in, and importance of, identifying HRGs and building rapport with them. In the initial stages of implementation, this could be major concern. This session also aims to address this initial anxiety and build confidence of the participants in identifying and building rapport with the HRGs.

Duration

Total duration: 3 hours 15 minutes

Session objectives

- Orient the participants to the entry-level activities
- Orient the participants on the role and value of collaborating with various stakeholders of the project
- Help participants appreciate the importance of building rapport with HRGs

Preparation

- Identify resource persons who could share their experiences with participants. Preferably, these should be link workers who have been exposed to similar experiences. If a panel of link workers is not available, identify others who have field experience, such as, outreach workers of TI projects, or ART / ICTC centres, etc. Explain the objective of the session to the resource persons and provide them a brief on what they should share with the participants. Allot specific time for each resource person. Along with the panel of link workers, invite a panel of HRGs with whom initial contact has been established. Ensure that there is a mix of HRGs - FSWs, MSMs, IDUs and PLHIVs - as it will help in getting a holistic perspective.

Training materials

Brown sheets or chart papers, sketch pens, markers and white board. Films: Early Challenges and Link Worker's Journey.

Tips to the facilitator

This session focuses on challenges faced by link workers in identifying HRGs and the strategies designed by them to address those challenges. Experiences of link workers need to be analysed to identify patterns and principles. Hence, as the panelists share their experiences, note down important points, in terms of types of challenges and solutions, on the white board. Facilitate analysis of the same.

The HRGs may not be familiar with this kind of experience of sharing their challenges. Establish rapport with them as they arrive and create an enabling environment. Encourage them to openly share their initial responses to link workers' efforts and analyse the reasons for initial resistance. Understand how the HRGs developed confidence in the link workers and understand the efforts made by the link workers to build their trust. You might need to probe a little, to get their response.

Topics

- Identification of key stakeholders
- Entry-level activities and early challenges
- Establishing rapport with HRGs

Topic 1: Identification of key stakeholders

Suggested time frame - 1 hour 15 minutes

Suggested methodologies - inputs and small group exercise

- Explain the meaning of stakeholder. Explain that a stakeholder is any person or organization that is positively or negatively impacted by, or causes an impact on the actions of the project.
- Explain types of stakeholders as:
  - Primary stakeholders – those who are ultimately affected, either positively, or negatively by an organization's / project's actions
  - Secondary stakeholders – those who are the 'intermediaries', that is, persons or organizations who are indirectly affected by an organization's/ project's actions.
  - Key stakeholders - those who have significant influence upon, or involvement within an organization / programme (who can also belong to the first two groups)
- Explain that Stakeholder Analysis is done with the aim of developing cooperation and collaboration between the stakeholders and the project team and ultimately to ensure successful outcomes for the project/programme. Add that it is conducted when there is a need to clarify the consequences of envisaged changes, or at the start of new projects. Also explain that it is important to identify all stakeholders to understand their criteria of successful intervention and turn these into quality goals.
- Divide the participants into groups and ask them to make a list of all the key stakeholders that they think they will come across during all stages of project life cycle.
- Ask the representatives of the groups to present the list. Consolidate the lists and present them on a chart paper. In case the groups have missed any stakeholders, suggest and add them on to the list.
- Ask the participants to analyze each of the stakeholders for their level of influence and involvement in the project. Mark on the chart based on the analysis. See example below:

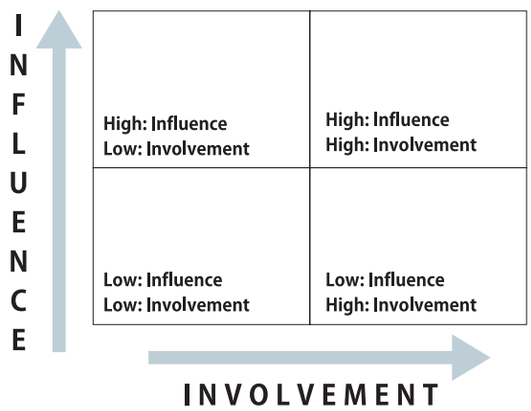
S.No	Stakeholders	Influence		Involvement	
		High	Low	High	Low
1	DAPCU officer				
2	Anganwadi worker				
3	ANM				
4	ICTC Counselor				
5	Deputy Commissioner				
6	Police Constable				
7	Police Commissioner				
8	Donor agency				
9	Research agency				
10	Gram Panchayat[2]				
11	Staff from the drug treatment centre / TI				

- Facilitate detailed discussion and debate during the process of deciding the level of involvement and influence. Explain that this is just an example and they need to do this exercise with reference to the ground realities in their respective districts, in consultation with their teams.

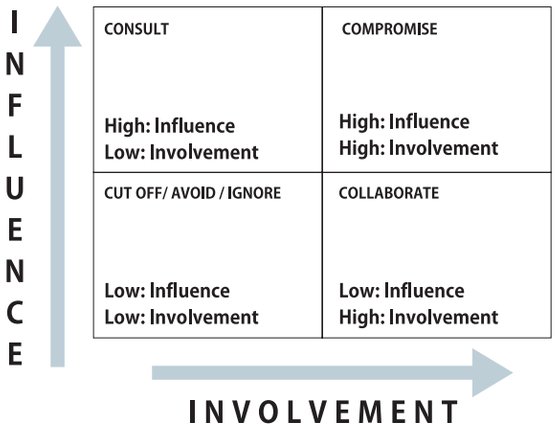
[2] In some rural areas, traditional forms of village panchayat / nyaya panchayat might be powerful stakeholders.

S.No	Stake holders	Influence		Involvement	
		High	Low	High	Low
1	DAPCU officer	3		3	
2	Anganwadi worker		3	3	
3	ANMs		3	3	
4	ICTC Counselor		3	3	
5	Deputy Collector	3			3
6	Police Constable		3	3	
7	Education Officer		3		3
8	Donor agency	3		3	
9	Research agency		3		3
10	Gram panchayats		3	3	

- Draw a 2 X 2 matrix on the board / chart paper such as shown in the following :



- Then write the following four key words below this matrix. These indicate the actions that need to be taken with key stakeholders:
  1. Cut off / avoid / ignore
  2. Consult
  3. Compromise
  4. Collaborate
- Explain each of the quadrants in the 2X2 matrix. Ask the participants to match each quadrant with one of the actions. Debate about which action needs to be written in which quadrant. Ensure that finally the matrix looks like the following:



- Explain that the participants need to think and place each stakeholder in one or the other quadrant, to decide appropriate actions. For example, the stakeholders falling in the CUT OFF quadrant can be involved on a token basis, if at all required. The stakeholders falling in the CONSULT quadrant need to be consulted for suggestions and feedback and it is important to give them updates and seek their feedback. The stakeholders falling in the COLLABORATE quadrant need to be actively involved in the project and their collaboration is of importance to the programme. The stakeholders falling in the COMPROMISE quadrant need to taken into confidence all the time. It is important to avoid conflicts with them. If conflicts arise, it is important to initiate compromise.

- Ask the participants if they have any doubts/ questions. Let other participants answer, or clarify. If required, add your inputs and clarify doubts.

Topic 2: Entry-level activities and early challenges

Suggested time frame: 1 hour

Suggested methodologies: Films titled 'Early Challenges' and 'Link Worker's Journey', large group discussions, sharing by a panel of link workers, and questions and answers.

- Introduce the films and the objectives of showing them. Show the films. Stop the film screening at strategic intervals to discuss key points. Ask the participants whether they have seen/ faced similar instances and discuss in-depth, giving them opportunity to share their own experiences. Underline learnings from the films.
- Share that participants may or may not encounter the same challenges shown in the film and hence will have to think of strategies to overcome the other challenges they face. Emphasize the learning that, in any new area there are possibilities that the community may not always respond positively and might show resistance. The DRPs, supervisors and the link workers have to be prepared to face challenges and resistance and should not get disheartened by the community response.
- Invite the panel of link workers to share their entry-level activities, challenges and the strategies they applied with the guidance of their supervisors, such as the use of folk media, group meetings of women, community meetings, meeting with elders/leaders in the village, etc. Encourage participants to raise questions and understand the experiences of the panelists.
- Summarise learnings from the film and the panelists. Consolidate participants' understanding of:
  - Challenges faced while entering the villages
  - Strategies used to address the challenges
- Ask participants whether the scenario in their district is similar and if there are possibilities of facing similar challenges. If not, ask them what other challenges could be expected. Highlight and reiterate that challenges could be different and different strategies might work. Encourage them to understand that challenges are to be expected at the entry level. The solution is to think of alternatives to address them instead of being disheartened and giving up.
- End on a positive note where participants feel prepared to face the challenges.

Optional methodology

If the film is not available, you could arrange a panel discussion with link workers/ peer educators from a TI project and supervisors to share the entry-level challenges.

Topic 3: Establishing rapport with HRGs

Suggested time frame - 1 hour

Suggested methodology - sharing by the panel

- Introduce that participants have experienced several challenges during mapping and SNA. It is important to explore what worked and what did not in identifying HRGs.

- Inform participants that a panel of experienced link workers will help in this exploration.
- Invite the panelist one by one, to share their experience of challenges in identification of HRGs and in convincing them to access services and products. Note down important points of concerns and the breakthrough. After all panelists have shared their experiences, discuss the problems encountered, the reactions of other community members and family members, strategies utilized and support sought from the programme staff.
- Ask the corresponding HRG to share his / her initial response and the reasons for the same. Ask him/ her when it changed and why.
- These challenges / problems could include the following but are not limited to:

Challenges / problems from link workers' perspective	**Reasons for resistance / community perspective**	**Breakthrough / solution**
Non-acceptance of the link workers by the community due to his/her caste	Lack of trust	Build trust by repeated house visits and accepting tea, etc. Convince them by giving different examples Be patient. Continue efforts to build rapport through listening to them and identifying solutions along with them
Resistance from the community / village elders to access services	Fear of non-maintenance of confidentiality by the link workers Fear of getting arrested by police	Regular contact Offer solutions to immediate health problems which may not be HIV Address simple problems in the beginning Motivate the groups such as SHGs / youth clubs etc., and build trust through them Provide services and organize entry level activities Accompany them to camps and referrals Create emotional appeal
Lack of understanding about the local situation		Get trained to enhance confidence Get support of co-worker
Resistance about IPC	Lack of information on taboo topics such as sex and sexuality	Get trained on using IPC material Organize Stepping Stone training which introduces the topic of sex and sexuality in a subtle manner
Lack of active participation in the programme	Lack of ownership of the programme	Create ownership by giving responsibility to community members, for instance, for managing condom depot, etc. Develop a pool of volunteers and give them responsibilities for project activities
No support in implementing HIV programme	Project not addressing felt needs or no immediate benefit is seen by community	Take support from village level functionaries such as ANM, ASHA, etc., in contacting people, understanding people's needs and implementing HIV programme Leverage benefits from other government programmes such as Village Health and Sanitation Committee, RCH, etc.

- Link this discussion with the previous discussion on barriers to outreach.
- After the discussion, create an open space where participants may ask question to the panelists and seek their responses.
- Stress that though some commonalities can be seen, it is possible to encounter a totally different problem. Emphasize the fact that a solution which has worked in one area may not work in another area. Every case is different and hence it might require a different / innovative treatment. Stress that problems are bound to come up but programme staff should not get frustrated, or lose patience. They should follow the principles of outreach, build trust and maintain regular contact with the community and target populations.
- Remind the participants that although they have targets to achieve and it is possible to get pushed by them in the project, they must remember that the community is human and has needs of their own, which could be different from the project need for HIV prevention. Addressing the feelings of the community is as important as meeting the project targets.
- Ask the link workers in the panel about the kind of support they need from the Supervisors and prepare a list. Explain to the participants that it is the duty of the Supervisor (along with DRPs) to support the link workers to ensure best results.
- Through an interactive dialogue with the participants, analyze the perspectives of both, the link workers and the HRGs, to understand that both sides have different perspectives.
- Identify and highlight commonalities in the experiences of the two and the solutions tried by the link workers, or suggested by the HRGs.
- Emphasise that as the perspectives of link workers and HRGs are different, it is important for the link workers to be patient and to understand the perspectives of the HRGs before jumping to conclusions. The link workers need not feel frustrated and assume that the HRGs would not respond positively.
- Stress that the supervisors could discuss among themselves to identify appropriate solutions, or take support from the DRPs, or other stakeholders in the sector, or the lead organization in the state. They must, however, remember that what works in one place, may not work in another and hence, they need to encourage the link workers to try different solutions to break the ice with the HRGs.

Session 3: IEC and mid-media activities

Effective use of information, education and communication material and mid-media activities, which are large group format participative communication activities, such as street plays, game shows, folk performances, etc., helps in maximizing the reach to the target population. Both the formats can be used to disseminate messages as triggers that could help overcoming barriers and change risky behaviours.

This session aims to make participants aware of the importance of mid-media activities in the LWS and build their skills to plan and carry out the activities in the villages.

Duration 2 hours 30 minutes

Session objectives

- Create awareness regarding the role of mid-media in LWS
- Facilitate understanding about how to identify local forms of mid-media activities
- Orient the participants on selecting appropriate mid-media activity and using them in the context of LWS
- Build participants' skills to plan and implement mid-media activities
- Build understanding regarding IEC and build their skills to disseminate them to the targeted populations

Preparation

On the previous night, organise a street play show in a village and take the participants to the show. Invite a local group that performs street plays on HIV/AIDS regularly. The play should be based on any relevant topic related to HIV/AIDS such as correct and consistent condom use, HIV testing, STI treatment, etc.

Training materials

Brown sheets/chart papers, sketch pens and markers, leaflets, posters, magic show material, games such as snakes and ladders, a set of FM-microphones, Film 3: Kalajatha: a step forward.

Tips for the facilitator

Make this session as interesting as possible and let participants explore different mid-media activities that are popular in their respective areas. Collect different types of IEC material for participants to explore different possibilities.

Topics

- Different components of mid-media activities
- Planning for mid-media activities
- Establishing Village Information Centers

Topic 1: Different components of mid-media activities

Suggested time frame - 45 minutes

Suggested methodologies - street play or folk performance on the previous night, interactive dialogue, small group discussion and plenary presentation

- If possible ask participants to arrive on the previous night and take them to a street play show in a village. The street play should be stopped at one or two strategic points and the Sutradhar should initiate a discussion involving the audience on possible solutions to the problem. He/she should ask probing questions which will make the audience think and answer. The process should not take long but enable the audience to make the right decision.
- Alternatively, a group that performs any folk form could be invited from a nearby village to perform on HIV/AIDS messages.
- During this session, ask participants to share what they feel about the performance and get their responses. Consolidate the responses and share that these activities are called mid-media activities. Introduce mid-media activities as large group format participative communication activities, such as street plays, game shows, folk performances, etc.

- Ask participants if such activities could help in project intervention in their respective villages. Divide the participants into three or four small groups and ask them to discuss the role that these activities can play in the project, for about 20 minutes.
- After group discussions are completed, bring the participants back in the plenary and ask them to present the gist of their discussions. Ask for feedback and any additional points from the other groups. Provide your inputs, if required, and consolidate the discussions to present the roles of these activities. Your consolidation could be:

  Mid-media activities can help the project intervention of LWS as they:

  - Create a platform for communicating key messages on HIV/AIDS and discussing various issues related to HIV/AIDS
  - The entertainment component of these activities could attract the HRGs and vulnerable populations to the programme
  - Help in creating a supportive and enabling environment by becoming instrumental in breaking the silence around HIV/AIDS and building readiness to discuss the issue
  - Create an enabling environment and encourage positive changes in the community
  - Facilitate reduction of stigma and discrimination attached to HIV/AIDS and play a significant role in prevention of HIV/AIDS
  - Educate the people and also serve as a tool for creating a knowledge base on HIV/AIDS and related services
  - Reinforce the messages conveyed by the link workers, through entertainment
  - Provide accurate information in an effective manner
  - Influence opinions and attitudes of the community leaders, families and communities towards people infected with HIV/AIDS
  - Motivate the vulnerable and HRG to overcome the resistance/ inhibition to talk to the link workers and access information and services, if need be

Topic 2: Planning for mid-media activities

Suggested time frame - 1 hour

Suggested methodologies - interactive dialogue, small group discussion and plenary presentation

- Explain that the mid-media activities can be used at different stages of the project. These could be during SNA, initial and later stages of outreach. However, unless the mid-media activities are planned carefully, it is not possible to get expected results. Planning for mid-media activities requires answering the 5 Ws and 1 H questions:
  - Who – who will perform the mid-media activity
  - When – what is the appropriate date and time for the mid-media activity
  - Why – what is the purpose of the mid-media activity
  - Where – what is the venue for conducting the mid-media activity
  - What – what activity will be appropriate
  - How – How the arrangements would be made
- Explain that effective planning requires that we should be clear about who the audience would be for the specific mid-media activity, i.e., the category of people who need to hear the messages. These could be:
  - People who have influence over the target population
  - People who have the greatest impact on the outcome of our efforts

- People with specific profiles in terms of - age group, education level, driving forces, preferences of meeting places, preferences for entertainments

- Explain that additionally, the LWS team needs to be aware of the existing traditional forms of mid-media activities that are practiced and/or those forms of mid-media activities that are popular in their respective districts.

- Divide participants into two groups. From each group request for a volunteer. Both volunteers should be from the same district and their district will serve as the case study for both groups. The tasks of each group is as follows:
  - First group – discuss and identify who would be the target audience in this district for conducting mid-media activities for conveying the message on acceptance of PLHIV in the community[3]
  - Second group – discuss and list the various appropriate mid –media activities for this district

- The role of the volunteer in each group will be to provide information about the district that the group members may need to make their selections.

- After 15 minutes, ask the first group to present the gist of their discussion and consolidate the profile of the target audience. Explain that they have just identified and profiled their target audience and that this exercise is necessary to focus on the exact individuals and communities that can bring about the desired change, using limited resources. The time and venue needs to be convenient to the target audience and the activity should be according to their preference.

- Ask the second group to present the gist of their discussion and ask the others to offer feedback and add more activities if they want to.

- Now share about all other possible mid-media activities (not just restricted to the selected district for group discussion and not restricted to the specific message discussed in the group work) Ensure that apart from listing mid-media activities such as street plays, film shows, health drives and infotainment events, local forms of entertainment and games such *asyakshagana, doddata,* and activities like magic shows, bioscope, *veeragase, bayalata, Krishna parijata, suggikunitha, bhoota kola,* rope ladder climbing, *paramapada,* etc., are included[4].

- Explain that those mid-media activities should be selected that provide opportunity for the community to participate in larger groups and enjoy, and also those that can be used to convey key messages on HIV/AIDS.

- Explain to the participants that mid-media activity should be selected based on the purpose of communication, profile of the target audience and interests of the target audience.. Ask them also to consider other factors, such as, required resources (time, energy, money and human resources), available resources, and possibility of sharing the resources within the project but outside the area, etc., before selecting the appropriate mid-media activity. Stress on the fact that that the selection could include more than one activity. They could select different activities according to the need at different stages of the project and time of the year.

- Show them various materials such as FM mikes, material for magic shows and demonstrate how these can be used in the villages at different stages in the project.

- Now ask the participants to return to the same groups and prepare a plan of the mid-media activity on a chart paper, with details on the following:
  - The purpose
  - The profile of the target audience
  - Preferences/ interest of the target audience (choice of mid-media activity they would most prefer)
  - Required/ available resources (materials, finance, human resource, etc)

•[3] The facilitator may choose any issue/ message for this exercise depending on the circumstances in the particular district and/ or the stage of LWS implementation in that district. •[4] This list is not comprehensive as the local folk forms vary from state to state and area to area. The forms that are listed here may not be present in other states. Ensure that all the local folk forms in the respective districts are included in the list.

- Division of responsibilities and tasks between group members
- Approximate budget

- Ask groups to come up with the most cost-effective plan.
- After 20 minutes, ask each group to present their plans. Provide inputs if required and conclude this exercise by saying that the participants will need to follow similar exercise for planning mid-media activity in the field.

Topic 3: Establishing Village Information Centers

Suggested timeframe - 45 minutes

Suggested methodologies - inputs and interactive dialogue

- Introduce the concept of Village Information Centre (VLC). Reiterate that the LWS aims at reaching out to the HRGs and vulnerable men and women in rural areas with information, knowledge and skills on STI/HIV prevention and risk reduction and the link workers are responsible for transferring this knowledge to the people. Explain that it not possible for the link workers to be present at every village, 24X7 and beyond the period of LWS. Hence, there is a need to establish a centre that stocks all the HIV related information in the village. This information needs to be available to the rural people even when link workers are not present in the villages. It is the responsibility of the link workers to establish the VICs in every village where the LWS is operational, i.e., in every one of the 100 villages in each district having the highest concentration of the HRGs.
- As a small proportion of the LWS budget is allocated for establishment of the VIC, the link workers have to think of creative ways to establish VICs in the villages. The link workers can identify existing structures in the villages, such as Anganwadi centre, village library, etc. and use these existing facilities as VIC. Care should be taken to ensure that the VICs are accessible to all categories of population. The supervisors should support and guide the link workers to identify appropriate spaces for establishing the VIC.
- The link workers should ensure that the VIC are stocked with all the relevant IEC and IPC material, pamphlets, brochures, booklets etc. with information on various aspects of HIV/AIDS. Registers may also be placed at the VICs to keep a record of the people visiting the centers and using the information materials. Volunteers identified by the link workers could be involved in managing these centres.

Session 4: Outreach

Outreach is one of the most important components of the Link Worker Scheme. Effective outreach is the key to identifying target groups under the scheme and linking them with services. This session aims to build the understanding of supervisors on the concept, objectives, key principles and expected outcomes of outreach. It outlines possible barriers to outreach and ways to overcome the barriers.

Duration

Total duration: 2 hours 30 minutes

Session objectives

- Orient participants to the concept and definition of outreach
- Help participant comprehend the importance of outreach in the context of Link Worker Scheme
- Explain the objectives of outreach in the Link Worker Scheme
- Describe the principles of outreach
- Help participants understand possible barriers to outreach and explore ways to overcome them

Preparation

Read Background material 1: Outreach. If you need support, invite a resource person who has experience in planning/ monitoring outreach activities in the field. Ensure that all the equipments are ready for use. Check PPT 1: Outreach. Read the case studies from Tool 1 and 2. If required, use alternate case studies from your operational area.

Training materials

Brown sheets or chart papers, sketch pens, markers; screen, projector, pointer; Tool 1: Briefs for role-plays; Tool 2: Case studies – outreach; Background material 1: Outreach; PPT 1: Outreach, PPT2: Village Outreach Model

Tips to the facilitator

Use this space for helping participants understand the importance of outreach throughout the implementation of the LWS. Ensure that they understand their responsibility in providing direction to the link workers in planning outreach activities and monitoring the outreach activities, for effective implementation of the project.

It is important for supervisors to understand the possibility of facing several barriers in outreach. But as it is their responsibility to give handholding support to link workers, they will need to plan for overcoming the barriers and take necessary steps.

Topics

- Definition and objectives of outreach
- Key principles of outreach
- Barriers to outreach

Topic 1: Definition and objectives of outreach

Suggested time frame –1 hour 30 minutes

Suggested methodologies–power-point presentation, interactive dialogue and role-plays

- Ask participants what they understand by outreach. Consolidate their responses. The responses could include:
  - o Link services with community.
  - o Offer information about services to the target group at their doorstep.
  - o A systematic attempt to reach the generally ignored segments of community and provide services to them.
- Construct a working definition of outreach. The definition could be:

  'Outreach is the act of reaching out to individuals or group of people, who may not otherwise have access to information and services'.
- Explain that outreach activities are aimed at the HRGs, vulnerable populations and PLHIV in the rural areas. Explain that it is important to understand why outreach is essential especially for the target populations. Divide the participants into four groups and give each group a brief for a role-play (see Tool 1: Briefs for role-plays).

- Ask each group to present their role-play and pause for discussion at crucial points.
- After all role-plays have been presented, ask participants to reflect over the presentations and discuss the importance of outreach, especially for the target populations. Write the key points on flip chart. These could include the following points:
    - The target population often lacks knowledge and information about the programmes and services and do not know where to go to solve their problems.
    - The target population lacks negotiation skills that can help them protect themselves from contracting HIV.
    - Often the services are not available at the time and place convenient for the target population.
    - The target groups do not access programmes and services on their own, due to the fear of stigma and discrimination.
    - Even if the target populations want to access the services and programmes, they are restrained by lack of time and long distances.
    - The target populations are often alien to the local area due to various reasons such as turnover and migration. Hence, they are not aware of local programmes and services.
    - It is often necessary to provide commodities that reduce the risk (e.g., condoms, clean injecting equipment) at the time and place where risk is present.
- Ask participants to present the role-plays with changed scenarios, where outreach addresses these issues (use the brief).
- Discuss whether outreach can address the issues faced by target populations and help them access programmes and services. Link this with the need for outreach under LWS. Link the objectives of LWS with the constraints faced by target populations and how outreach can address those constraints.
- Link this discussion to the objectives of outreach. Write the objectives on a chart paper as you discuss. The objectives should include the following:
    - Build rapport with target populations.
    - Facilitate behaviour change and risk reduction among the target population.
    - Build linkages with services needed by the target population.
    - Empower the target population to make their own informed decision.
- Share the village outreach model and explain outreach in the context of the Link Worker Scheme. Explain how the model expects link workers to reach the target communities of the LWS with different activities, such as BCC, product and service promotion and enabling environment.

Topic 2: Key principles of outreach

Suggested time frame - 30 minutes

Suggested methodology - case study followed by power-point presentation and interactive dialogue

- Divide the participants into four small groups. Give one case study (see Tool 2: Case studies–outreach) to each group. Ask group members to discuss the following:
    - The situation described in the case study.
    - Possible impact on the project activities.
    - Change required in the situation for getting a better result.
- Allot 10 minutes for discussion. Ask participants to present the gist of their discussion in the plenary. Link this discussion to the principles of outreach. Present the principles through PPT slides. The principles should cover the following:

- Respect for the community, i.e., the target population should be valued as human beings who have rights.
- Credible or trusted outreach personnel, i.e., the outreach personnel should have confidence and trust of the community.
- Oriented to the situation and needs of the community, i.e., outreach activities should be based on community needs.
- The programme activities should be delivered at a time and place convenient for the community members.
- The objectives of the outreach should be clearly stated.
- Team work is important for outreach.

• Discuss each principle in depth, emphasizing on the following:
  - The rationale behind its inclusion
  - Effect on the project, if the principle is not adhered to

Topic 3: Barriers to outreach

Suggested time frame - 30 minutes

Suggested methodologies - interactive dialogue and small group discussion

• Introduce that while planning outreach, it is useful to anticipate barriers that can affect the outreach activities and identify possible solutions.

• Divide the participants into three groups and ask them to discuss the possible barriers, identify solutions and envisage their role in applying the solution.
  - First group: barriers within the target group
  - Second group: barriers within the community
  - Third group: barriers within the programme staff

• Ask the groups to present the gist of their discussions in the plenary. Ask other groups to offer feedback and comments and add / modify the content, if required. Add your inputs and consolidate the learning. The consolidated learning should cover the following points but not be limited to:
  - **Barriers within the target group (PLHIVs, FSWs, MSM, IDU, vulnerable groups)**
    - Self stigma/ inner fear/ anger/ depression
    - Do not know the link workers
    - Previous negative experience with other projects
    - Loss of confidentiality – absence of trust
    - Fear of harassment from community/ family/ law-enforcement
  - **Barriers within the community**
    - HRG populations not visible easily in the community
    - Stigma and discrimination towards PLHIVs/ HRG
    - Fear of getting infected/ labelled by others
    - Myths and misconceptions related to HIV transmission
    - Low priority towards health and HIV
  - **Barriers within the programme staff**
    - Negative attitude towards FSWs/ PLHIVs
    - Lack of understanding of the priorities of the community
    - Staff turnover - new staff not inducted properly and not introduced to the community

• Discuss different ways to overcome these barriers and identify people who can take initiative to dissolve these barriers. Explain that it is the responsibility of the programme staff

to take proactive steps, build rapport and make efforts to help target group and community members shed their inhibitions and acquire necessary information.

- Discuss that it is the responsibility of the DRPs and supervisors to help the link workers understand that the perspectives and priorities of the communities can differ from that of the staff due to social, cultural and other differences. Also, refer to the SNA exercise, where priorities of the community were identified and stress that while planning outreach, it is important to ensure that community priorities are addressed.

Session 5: Interpersonal Communication

Interpersonal communication (IPC) materials are materials specifically prepared for assisting the link workers to convince individuals, communities and societies, to adopt positive behaviours. It is important to select appropriate IPC material for different target groups, depending on their preferences and profiles. Along with the content, the channel, type of IPC material and presentation skill, all contribute to the effectiveness of the material. This session aims to create an understanding about the IPC materials and provide tips for selecting appropriate material. This section also provides the participants with an opportunity to practice using IPC materials in individual and group contexts.

Duration

Total duration: 5 hours 30 minutes

Session objectives

- Orient the participants to the concept of IPC
- Introduce and demonstrate different IPC materials which will be used in LWS
- Practice presentation of IPC materials to individuals
- Practice presentation of IPC materials to a group

Preparation

Source a range of IPC materials. Keep sufficient copies of all relevant IPC materials to distribute to all participants. Make sure to invite sufficient representatives from among HRGs/ link workers / peer educators, or outreach workers so that each participant can be paired with one of them.

Training materials

A range of IPC materials; IPC materials approved for use in LWS; and the Link Worker Communications Kit.

Tips for the facilitators

Familiarize yourself with all the IPC materials and how each material needs to be presented.

Topics

- Concept and objectives of behaviour change communication
- Essential communication skills
- Introduction to Link Worker Communication Kit
- Practice of presenting IPC materials to individuals
- Practice of presenting IPC materials to groups

Topic 1: Concept and objectives of behaviour change communication

Suggested time frame -1 hour

Suggested methodologies - interactive dialogue and small group work

- Ask participants to raise their hands if they have ever changed any of their behaviours. Give examples such as:
    - Stopped smoking, or consuming alcohol
    - Stopped eating junk food
    - Started washing hands more regularly
    - Stopped sharing needles
    - Started exercising regularly
    - Started segregating waste
    - Started wearing helmets, or seat belts regularly
    - Adopted organic farming method
    - Started consistent use of condoms
    - Started switching off the lights and fans when leaving a room
- Congratulate them for making these positive changes. Ask participants whether they have started using a particular brand of consumable and if it was an easy change and took place overnight.

- Consolidate their responses to conclude that change is a culmination of a process that goes through several stages. We might not be aware of these processes, as the change may have occurred unconsciously. But we would have undergone several stages, such as:
    - Being aware of the problem and feeling the need to change.
    - Getting motivated to make a change.
    - Accepting a new behaviour and developing skills to prepare for the change.
    - Adopting a new behaviour, modifying a current behaviour/ abandoning an old behaviour.
    - Maintaining the new behaviour and integrating it into one's lifestyle.
- While listing these stages, ask for participants' inputs and request them to add, or modify these stages. Consolidate the understanding to conclude that behaviour change is a long process that passes through various stages and does not simply occur immediately as a result of increased awareness.
- Ask them to think and share what prompted them to change their behaviours. Collect their responses. Consolidate by saying that this could be a result of an advertisement, or appeal by loved ones, a movie or a book that inspired them, etc. All these are different tools and techniques used for Behaviour Change Communication.
- Develop a definition of behaviour change communication (BCC) as: 'any communication - interpersonal, group talks, mass media, support groups, visuals and print materials, videos - that help promote change in behaviour in individuals, families, or communities'.

Topic 2: Essential communication skills

Suggested timeframe – 1 hour

Suggested methodologies - interactive dialogue and role-play

- Building on the previous exercise, ask the participants to list the various communications skills they would need to acquire in order to enhance their capacity to communicate effectively.
- Write their responses on a flip chart paper, as they respond. Facilitate to get a comprehensive list. This list could include the following skills:
    - Active listening
    - Verbal and non-verbal communication
    - Questioning
    - Paraphrasing
    - Voice modulation
- Explain each of these skills. Include the following points:
    - Non-verbal communication can be expressed through:
        - Gestures
        - Facial expression
        - Posture
        - Body orientation
        - Body proximity/distance
        - Eye contact
        - Mirroring
        - Shifting legs
        - Tapping fingers
    - Apart from the body language there are other non-verbal elements that add meaning to the verbal communication which is called paralinguistic communication. These include:
        - Sighs
        - Grunts
        - Groans
        - Voice pitch change

- Voice volume
- Voice fluency
- Nervous giggles
- Coughs

o Active listening is listening with the intent to explore and completely understand what the other person is saying. It involves indicating or showing that you are listening, hearing and paying attention to the other person by words, expression and gestures (i.e., verbal and non-verbal communication). Active listening involves patience. It involves a relaxed posture, occasional nodding, not interrupting while the person is talking and encouraging the speaker to tell you more with verbal expression, encouraging minimally by 'mm-hmm', 'yes', etc.

o Active listening is expressed by the verbal and non-verbal cues such as

- Eye contact
- Assuming a relaxed posture
- Being attentive and responding to person's thoughts and emotions at a similar level
- Expressing understanding
- Acknowledging the person's feelings
- Demonstrating attention by nodding your head
- Encouraging the person to talk by saying, 'Mm-hmm', 'Yes', etc.
- Minimizing internal and external distractions such as TV, telephone, clock, traffic noise, sudden thoughts, ideas, worries, etc.

o Paraphrasing is repeating what the speaker has said in your own words, to show that you have understood what he is saying. It is repeated in a few words so that it gives a summary, or the essence of his/her words.

The following phrases can be used:

- In other words…
- I gather that…
- If I understand what you are saying…
- What I hear you saying is…
- Pardon my interruption, but let me see if I understand you correctly…

o Asking questions should aim to understand the other person's views clearly. Open-ended questions allow for more explanation/elaboration by the other person than closed questions that allow only 'Yes-No' answers, or answers in one word. Closed questions do not give the person an opportunity to think about what they are saying, or elaborate their feelings, thoughts and hence, do not provide more information.

o Closed question start with who, when and which. Open-ended questions begin with how, what and how come (not why) and provide opportunity to think, reflect and provide explanation. Hence, open questions are better than closed questions. Leading questions lead the respondent to particular answers that may not reflect their real thinking. Thus, questioning has to challenge the speaker to think further, clarifying both your and their understanding.

o Tips for questioning:

- Ask one question at a time,
- Look at the person,
- Be brief and clear,
- Ask questions that serve a purpose,

- Use questions to enable clients to talk about their feelings and behaviours, and
- Use questions to explore and understand issues, and not to collect 'juicy' material for gossip.

- Perform a role-play with a co-facilitator. The co-facilitator should play the role of a friend who is sharing his family problem with you. It is important for you, in this role as project staff, to demonstrate all the listed communication skills, during this role-play.
- Debrief the role-play, especially the way you communicated. Ask participants for their feedback, pointing to the good communication skills that were demonstrated. Analyse these points and explain each of the skill used - how each skill was used, its impact on the listener, etc.
- Ask participants if they would be able to use these skills while communicating. Clarify their doubts, if any. If they like, you could perform another role-play where the co-facilitator could play the role of an employee sharing a professional problem with the employer. Analyse this role-play in the same manner.

Topic 3: Introduction to Link Worker Communication Kit

Suggested timeframe - 1 hour

Suggested methodologies - demonstration and interactive dialogue

- Show different types of materials in the Link Worker Communication Kit. Explain that based on the objectives of the Behaviour Change Communication, different communication materials are used for different target groups.
- Introduce each material in terms of type of the material, its theme and format, the target group for which it is suitable and why, its special features and strengths, etc.
- Select one of the communication materials and demonstrate its use. Take care to follow all the principles of effective communication. Handle the groups with care and respect, answer all queries satisfactorily but do not get distracted. Do not go beyond 20 -30 minutes. Remember to end with a call for action.
- After completing the demonstration, ask for feedback from the participants. Ask them to list the learning points. Add your inputs, if required. The learning points should cover the following characteristics of an effective dissemination of communication materials:
  - Start the session with greeting the individuals/ audience
  - Introduce yourself, if you are meeting them for the first time or if there are new members present in the audience
  - Ensure comfortable seating and make sure you are at an equal distance from all members of the audience
  - Create interest and curiosity about the material
  - Link the session with the previous session and with the audience's need to know more
  - When using new terminology, explain it
  - Modulate your voice appropriately
  - Involve members of the audience in the process, do not make it a one-way communication
  - Ask for audience's opinions about the protagonist of the material
  - Build rapport with the members of the audience and call out to them in a friendly manner
  - Involve everybody equally
  - Handle the material carefully and ensure that it is visible to everyone
  - Paraphrase, as and where required

- Stick to the timeframe
- Utilize opportunities, create space for the audience to discuss
- Use positive body language
- Summarize key messages and end with a call for action
- Ask participants to give feedback

- If time permits, demonstrate other materials too and ask participants to practice the use of the communication material.

Topic 4: Practice of presenting IPC materials to individuals

Suggested time frame –1 hour 15 minutes

Suggested methodologies - demonstration, feedback and re-demonstration

- Pair participants with members of the HRG/link worker, or outreach worker. Ask participants to disseminate the IPC material to the HRG member they are paired with.
- If possible, arrange for some co-facilitators to take turns to observe the sessions.
- Let the participants communicate the messages to HRGs using the IPC material. Encourage them to use the communication skills they have learnt.
- After 20 minutes, ask the participants to return to the plenary. Ask them to share opinions about their own performance – what went well, what problems and challenges were encountered and how they overcame those. Write the gist of their opinions on a chart paper.
- Ask for feedback from the link workers /outreach workers in terms of skills applied by participants to present the material – voice modulations, body language, building rapport, introducing the material, answering the queries, handling problems and convincing the target individual.
- Ask participants to consider the feedback and think of ways to learn from it. Discuss how the various challenges could have been overcome.
- Give another material and ask participants to return to the same pairs and disseminate the second material, incorporating the feedback they received.
- Repeat with another material. Let the participants practice using different materials and repeat the themes again.

Topic 5: Practice of presenting IPC materials to a group

Suggested timeframe –1 hour 15 minutes

Suggested methodologies - demonstration, feedback and re-demonstration

- Ask participants to list the main learning points from the exercise of the previous topic. Consolidate their list.
- Explain that some IPC materials need to be disseminated in a group. Add, that in these cases, the link workers will be required to facilitate the group and handle the group dynamics, in addition to disseminating the material.
- Demonstrate one of the materials developed for groups.
- Ask for their feedback and learning points from the demonstration. Consolidate the learning. Add your feedback, if required. The learning points should include the following:
  - Ensure that the group is homogeneous.
  - Give respect to all the group members.
  - Ensure that all members of the group get an opportunity to express, or to ask questions. Some might be vocal, while others may be quieter. Facilitate to encourage the quieter ones to express/ask and motivate the vocal

ones to give opportunity to the others, or give them some responsibility. Do not let any one member of the group dominate or distract the others.

- o Answer their queries but where queries start to divert from the main topic, explain to the group members that the particular query could be addressed after the end of the session. Ensure that this query is answered at the end.
- o If the group members show lack of interest, try to address the cause for their lack of interest. Assure them that in case they are pressed for time, the session will end in a short while.
- o If any outsider interrupts the session, politely ask the person to leave.

- Divide the participants into two or three small groups. One group should be given the task of playing the role of link workers, disseminating the IPC material and the others should play the role of target group members.

  After 20 minutes, ask the participants to return to the plenary. Ask them to share opinions about their performance – what went well, what problems and challenges were encountered and how they overcame those. Write the gist of their opinions on a chart paper.

- Reverse the roles of the groups and repeat the exercise till everyone gets a chance to take a group session. Ask the participants if they feel confident about guiding link workers to disseminate the IPC materials. If they do not feel confident, ask them what is holding them back and identify solutions in the group. If required, repeat demonstrations with other materials.

Session 6: Micro-planning

This session focuses on micro-planning, which is a process of planning at the grassroots level and aims to tackle specific problems at the micro level. It helps in giving specific attention to the needs of the target groups. It is a process that enables effective and efficient use of resources. It serves as the foundation for implementation and hence, it is very important for the supervisors to understand the nuances of micro-planning and learn to apply this tool at the field level.

Duration

Total duration: 6 hours 15 minutes

Session objectives

- Understand the definition and objectives of micro-planning
- Gain clarity on the components of micro-planning
- Understand the various types of micro-planning

Preparation

It is better to invite a resource person who has knowledge of, and experience in micro-planning. If such a person is not available read the relevant materials carefully and prepare yourself. If there are problems that are difficult to solve, request more time to find an answer. Get clarity by referring to an expert.

Training materials

Brown sheets or chart papers; sketch pens and markers; PPT 3: Micro-planning. Link Workers' Daily Outreach Register with dummy data.

Tips to the facilitator

As this is a long session, observe the participants carefully for signs of boredom. Break the session, if required and introduce energisers.

Topics

- Definition, objectives, and advantages of micro-planning
- Types of micro-planning
- Tools for micro-planning
- Population-based micro-planning and mid-media activities

Topic 1: Definition, objectives and advantages of micro-planning

Suggested time frame – 2 hours

Suggested methodologies–power-point presentation and interactive dialogue

- Ask participants why planning is necessary. Consolidate their responses and present the definition of planning through PPT as:
  - 'Planning is a process of making informed, evidence based decisions about how to most efficiently and effectively achieve a measurable change or improvement over time.'
- Introduce the concept of micro-planning, mentioning that it is a planning process of a specific nature. Present the concept with the aid of the PPT as:
  - 'Micro-planning is planning at the micro-level. It brings the planning process to the grassroots in order to tackle specific problems at the micro region/ population level'.
- Explain that objectives of the micro-planning are:
  - To give specific attention to the specific needs of the area and people.
  - To prepare a need-based plan with people's participation for each site and each target population.
  - To decentralize the planning process at the micro region/ population level..
- Present the PPT and explain the meaning as you present.
- Generate a discussion on the advantages and disadvantages of micro-planning. Summarise the discussion using the PPT.

Topic 2: Types of micro-planning

Suggested time frame – 2 hours 30 minutes

Suggested methodologies – small group discussion, plenary presentation and interactive dialogue

- Explain that in the Link Worker Scheme, there are two types of micro-planning:
    - **Geography-based micro-planning:**

This type of micro-planning is done to ensure that priority in linking with programmes and services is given to clusters/ sub-clusters / villages / segments in the village which have the highest numbers of target populations. Community members from the segment are involved in planning and monitoring these programmes and services.

- **Population-based micro-planning:**

This type of micro-planning is done to ensure that priority is given to the most at-risk and vulnerable members of target populations in the village / segment while linking with programmes and services. Target populations are involved in planning and monitoring the programmes.

- Inform participants that in both types of micro-planning, prioritization is essential. However, the basis for prioritization is different. Explain the need for prioritization. Ask participants why the LWS is being implemented only in 100 villages in each district and not in all the villages? Try and elicit responses to describe the process of selecting the 100 villages and the characteristics of these villages, focusing on the size of the villages, number of HRGs, number of vulnerable populations and PLHIVs and other risk and vulnerability factors. Explain that to select the villages that have a concentration of HRGs is an efficient and effective way to use the limited resources of working in villages which have a scattered or low concentration of HRGs. Similar logic can be applied at the level of the clusters, sub-clusters also.
- Ask the participants whether risks and vulnerabilities in each cluster and sub-cluster are the same. If not, ask if it is important to prioritize the sub-clusters/ clusters for interventions? If the answer is yes, then tell them they would be learning more about how to prioritize. If the answer is no, try to understand the rationale and explain that prioritization is critical since resources are limited. It is important to ensure maximum results using less effort and minimum resources.
- As the team has conducted mapping and SNA already, they know that the risk and vulnerability of a cluster can be measured based on the number of HRG and PLHIVs and the challenges and concerns that they face (such as long distance from the PHC/ ART centre, high level of stigma, many widows, etc.) The higher the number of HRG and PLHIVs and higher the number of reasons creating vulnerability as per the SNA, higher would be the risk and vulnerability of the cluster. This is a simple way of prioritizing the clusters/sub-clusters and villages.
- Explain that the focus of this exercise is on learning the process of geography-based micro-planning. Divide participants into three small groups give the following data to each group
    - First group – dummy data of number of HRG populations (FSWs, MSMs, IDUs if any and PLHIVs) of 5 clusters in a district
    - Second group - dummy data of number of HRG populations (FSWs, MSMs, IDUs if any and PLHIVs) of 5 sub-clusters in a cluster
    - Third group - dummy data of number of HRG populations (FSWs, MSMs, IDUs if any and PLHIVs) of 5 villages in a sub-cluster
- Inform them that they are expected to discuss and present the list of prioritized clusters / sub-clusters / villages along with explanation of the process by which they prioritized and the rationale behind deciding on the priority.

- After 20 minutes, ask each group to present their list, process and rationale in the plenary. After each presentation, ask questions to ensure that everyone in the group agrees with the prioritization. Probe to see whom they have given preference to – clusters / sub-cluster / villages with more FSWs/MSMs/IDUs, or with more PLHIVs. Probe to ensure that they have given enough thought to all variations and have a strong rationale for prioritization. Also, ask if they would require any other information about these before finalizing the prioritization. Explain that this would include the other risk and vulnerability factors which have emerged from SNA.
- Ask other group members to critique and offer their analytical comments.
- Summarize the learning as the following:
  - The prioritization process should be systematic, giving due consideration to size of the HRG and PLHIV populations and the other risk and vulnerability factors.
- The criteria for prioritization should be:
  - Volume of HRG and PLHIV in each cluster /sub-cluster / village {Total no. of HRGs (FSWs, MSMs and IDUs) + no. of PLHIVs + no. of OVCs}. Higher the number of HRGs and PLHIVs in a each cluster /sub-cluster / village, higher is the priority of that each cluster /sub-cluster / village.
  - Proportion of HRGs and PLHIVs to the population. Higher the proportion of HRGs and PLHIVs to the population, higher is the priority of that each cluster /sub-cluster / village.
  - Risk and vulnerability factors based on SNA.
  - The focus of the prioritization process should be to reach larger target population in the district /cluster/sub-cluster.
- Through an interactive dialogue, discuss how they would use the prioritization process in planning the outreach, intervention, and monitoring. Conclude that the clusters/ sub-clusters/villages that have been prioritized should receive more attention for intervention and outreach and during monitoring visits as they are most at risk and vulnerable. Add that the link workers should leverage the monitoring visits by senior officers to the advantage of the programme and DRPs and supervisors should prepare a checklist of important things to be done during the visit to ensure that they could achieve many things during the visit. consolidate with:
  - More visits need to be planned to the prioritized clusters / sub-clusters / villages.
  - Plan more visits of supervisor/DRP and M and E officers to prioritized clusters / sub-clusters / villages.
  - Supervisors should monitor through Village Monthly Summary Report (VMSR). The VMSR should indicate more visits to prioritized villages.
  - Review VMSR at the end of the cluster meeting.
- Now, through an interactive dialogue, discuss if the link workers need to apply the same principles to prioritize segments in the village, what the criteria for prioritization would be. Conclude that the criteria for prioritization of the segments should be:
  - Volume of HRG and PLHIV population in each segment {Total no. of HRGs (FSWs, MSMs and IDUs) + no. of PLHIVs + no. of OVCs}. Higher the number of HRGs and PLHIVs in a segment, higher is the priority of that segment.
  - Proportion of HRGs and PLHIVs to the population. Higher the proportion of HRGs and PLHIVs to the population, higher is the priority of that segment.
  - Risk and vulnerability factors based on SNA.

- The link worker should ensure that higher number of HRG and PLHIV are reached out in a specific village. They should visit the segment that has more number of HRG and PLHIV as a priority. The intervention with vulnerable population should also start in these priority segments and then expand to other segments.
- Ask the groups to list the various target groups that the scheme addresses.
- Start with the 'at risk target groups'. Ask the participants the reason behind this group being at high risk and vulnerability. Ask the participants whether the risk is equal among all the HRGs, or if some HRGs are more at risk than the others.
- Rank the risk factors of each HRG as follows:
    - FSW–1) high volume of clients; 2) young FSW; 3) FSW who have HIV
    - MSM–1) high volume of anal sex clients; 2) young MSM; 3) MSM who have HIV
    - IDU–1) higher frequency of needle sharing; 2) young IDU; 3) IDU who have HIV
    - PLHIV–1)on ART; 2) with TB; 3) widows/ single women headed household
    - OVC–all OVC
- Help the participants understand that all HRGs do not have equal risk. Just as in the previous exercise where they prioritized clusters/ sub-clusters/ villages and segments within the village, in this exercise they would learn to prioritize target groups for outreach.
- Divide the participants into district-wise groups. Give them dummy registration formats of FSWs, MSMs, IDUs and PLHIVs from any village. Based on the criteria discussed above, ask them to prioritize the target population for outreach.
- Ask the groups to share their prioritization process and the list and seek critical comments to determine that the prioritization is appropriate.
- Now give a corresponding Link Worker's Daily Outreach Register containing dummy data for two months. Ask participants to refer to this register and check if all the prioritized individuals have been covered in the diary. Ask them to identify if there are any gaps, or inconsistencies.
- Discuss why such inconsistencies occur. Are high priority HRGs difficult to outreach? What could be some of the strategies?
- Discuss the prioritization and consolidate the criteria for each type of HRG. It should cover the following:
    - Need to prioritise the HRGs and PLHIV for effective outreach. Focus on the people who have higher risk, or vulnerability.
    - Need to monitor outreach by reviewing the registration formats and daily activity registers.
    - Need to support link workers who consistently face difficulty /gap in reaching out to high priority HRGs.
- Ask them if this activity of population-based micro-planning could help the project work. Consolidate their responses to conclude that this activity helps reach those people who need the most help from the project and helps in working more effectively. Lack of population-based prioritization may lead to increased work load with reduced, or absent outputs.
- Now ask the participants to prioritize vulnerable population based on their risk and vulnerability. Some of the criteria could be:
    - Men and women with STI
    - Clients of sex workers and their wives
    - Migrant men and women
    - Single women
    - Young men and women
- Again stress the need to prioritise while planning and implementing outreach for effectiveness.

[5] See Format 2 for Link Worker's Daily Outreach Register

Topic 3: Tools for micro-planning

Suggested time frame – 1 hour

Suggested methodologies –power-point presentation and interactive dialogue

- Divide participants into groups and ask them to list the tools that are available and could be used for micro-planning. Also ask them to specify the nature of such tools. Give them 10 minutes for discussion.
- After the groups to present their lists. Consolidate the list of tools. It should cover the following:
- For geography based micro-planning:
    - Link workers cluster level mapping data
    - Link worker cluster maps
    - Village maps
    - Resource maps
    - Segment maps
    - Focus maps
- For population based micro-planning :
    - Registration formats
    - Link Worker's Daily Outreach Register
- Ask why these tools are being used for micro-planning. Consolidate the answers by stating that these tools have the following qualities:
    - Simple to use
    - Based on local knowledge
    - Help users to analyze information / data collected through various methods
    - Flexible and able to incorporate ground realities
    - Have ability to help planning at the micro level
    - Are useful for planning, as well as, monitoring

Topic 4: Population-based micro-planning and mid-media activities

Suggested time frame - 45 minutes

Suggested methodology - small group exercise

- Remind participants that all HRGs do not have equal risks and that under the LWS, the groups with highest risks need to be prioritized. Also remind the participants that some of the high priority HRGs are difficult to outreach. Tell them that in this session, they will be looking at some of the strategies to reach out to hard to reach, high priority HRG.
- Through an interactive dialogue, explain that mid-media activities could be one of the strategies for reaching out hard-to-reach HRG. Explain that during SNA, mid-media activities could be used to motivate the community to understand the importance of a programme on HIV/AIDS and cooperate with the LWS, and to create awareness among the community on the need to prevent the spread of HIV. During initial stages of outreach, mid-media activities could be used to motivate the HRGs to access STI services and use condoms regularly, and to motivate them to come in contact with the link workers. The mid-media activities can also provide information about HIV, confidentiality issues, and the available services. During later stages of the LWS as well, mid-media activities may be used to motivate community members to openly discuss issues regarding sexuality and to accept OVCs and PLHIVs; to create awareness among PLHIVs that HIV is manageable if positive approach is adopted; and to motivate families of PLHIVs to take the responsibility care and support.

Session 7: Advocacy and networking

This session introduces participants to the concepts of advocacy and networking as it applies to the LWS and their role in it. It prepares participants such that they are able to identify institutions and agencies that they need to advocate with. The session also provides participants with information about existing programmes of the various line departments in their respective areas that they would need to network with to enhance the outcomes of their work. Finally, the session introduces the importance of networking with positive networks and like-minded CBOs and NGOs in their areas.

Duration

Total duration 6 hours 30 minutes

Session objectives

- Build clarity on key concepts of advocacy
- Understand the importance of advocacy in LWS
- Understand the importance of networking for advocacy
- List the individuals and agencies with whom networking needs to be established

Preparation

Read Background material 2: Advocacy. If you need support, invite a resource person who has been active in any advocacy efforts. Ensure that all the equipmentare ready for use. Read all relevant power-point presentations.

Training materials

Brown sheets or chart papers, sketch pens, markers; screen, projector, pointer; Tool 3: Case studies - understanding advocacy; Background material 2: Advocacy; PPT 4: What is advocacy?; and PPT 5: Why advocacy? Moderation cards with steps in advocacy written on them.

Tips to the facilitator

Use this space for helping participants gain clarity on the concept of advocacy. Ensure that they understand their responsibility in providing direction to the link workers in planning advocacy activities and monitoring them for effective implementation of the project. This session will be conducted over a period of 2 days, be careful about maintaining flow and continuity in the content.

Topics

- What is advocacy
- Steps in advocacy
- Setting goals and objectives for the advocacy issue
- Understanding government structures at district level
- Skills for advocacy

Topic 1: What is advocacy?

Suggested time frame – 1 hour 15 minutes

Suggested methodologies - case study or interactive dialogue, small group discussion and inputs

- Divide participants into three small groups. Give one case study to each group (See Tool 3: Case studies – understanding advocacy). Ask group members to discuss the case study based on the following questions:
  - What is the problem described in the case study?
  - What did the involved people do to solve the problem?
  - What was the process followed by the involved people to solve the problem?
  - Do you think the solution worked well?
  - Do you think that the process created problems for others?
  - What other solutions were possible for solving the problem?
- Allot 15 minutes for discussion. Ask participants to present the gist of their discussion in the plenary.
- Link this discussion with further analysis of the case studies in terms of whether the action in

the case studies were directed towards:

- Facilitating social justice, i.e., giving the deprived/marginalized groups voice and access to decision-making processes
- Changing power relations in favour of the affected people
- Empowering the deprived people in general, on a long term basis

- Create an understanding that though all the cases describe actions that were directed towards solving the problems, not all of them can be called 'advocacy'.
- Now ask the participants to work in the same small groups to draft a definition of advocacy, as per their understanding. After 15 minutes, ask the groups to write their definitions on chart papers and put them up on the wall. Read each definition and, through an interactive dialogue, encircle the common elements and ideas given in each of the definitions, with a coloured marker. Mark unique elements with a different coloured marker. Develop a working definition of advocacy in consensus with all participants.
- Show the PPT and explain the meaning of advocacy. Explain that:
  - Advocacy is both a method and a process of influencing decision makers and public perceptions about an issue.
  - Advocacy is both a science and an art.
  - Advocacy involves mobilizing community action to achieve social change and creating a favourable policy environment to address an issue.
  - Advocacy is a set of targeted actions directed at the decision makers of public/ private institutions or key stakeholders in order to influence changes in policies, laws, regulations, programmes, or decisions, in support of a specific issue.
  - Advocacy can be conducted at various levels – local, national, regional, or even international level, depending upon the scale of the problem/issue and where greater impact is envisaged, availability of resources and reach of the advocating organization.
  - Advocacy is a planned, strategic approach to solve a problem and ensure that the problem does not recur.
  - Advocacy creates an enabling environment for the HRGs by making efforts to change policies /programmes in favour of HRGs.
- Ask all participants to sit in a circle.
- Hold one end of the string of a ball, say a word or term that comes to your mind when you hear the word 'advocacy' and roll the ball across the ground to the participant sitting opposite you. Keep a tight hold on your end of the string.
- Ask the recipient to hold the string that comes to him/her so that the string makes a taut line on the ground between the two of you. Ask him/ her to roll the ball back across the ground, to another participant, saying another term/word that comes to his/her mind upon hearing the term 'advocacy'.
- Repeat this exercise with all participants, until each participant has received the ball and taut lines criss-cross across the circle.
- Ask all participants to hold on tightly to their bit of the string. The ball of string should finally be rolled back to the facilitator so that he/she can hold the beginning and the end of the string.
- Ask everyone to look at how the string connects all - like a spider's web.
- Explain that all participants depend on each other to keep this web firm and supported. If anyone was to take their hand away from the web, that part of the web would collapse.
- Ask people to suggest how this spider's web exercise relates to the concept of

'advocacy'. After all the participants share their understanding, add that this web connects all participants together and shows how they are interdependent on each other. Explain that it is essential to provide this web of support to each other while working with the communities. Explain that this web shows that it is essential to build a network and establish linkages with stakeholders for effective advocacy efforts. Inform that during this training they would learn to develop linkages / networks for effective advocacy.

- Ask the participants to put the string down on the ground and roll it up in a ball again.
- After the game is over, analyse if all the words participants used in connection with advocacy, were indeed related to the word advocacy and the kind of relationship between them. Present the PPT on advocacy and reiterate and consolidate the understanding on the meaning of advocacy.
- Conclude this exercise by stating that the following activities are part of advocacy:
    - Defending
    - Exposing
    - Changing
    - Attracting Attention
    - Sensitizing
    - Persuading
    - Communicating
    - Deciding
    - Intervening
    - Influencing
    - Selling an Idea
    - Lobbying
    - Providing a solution

Topic 2: Steps in advocacy

Suggested timeframe – 1 hour 15 minutes

Suggested methodology - small group discussion

- Divide participants into small groups of five to seven each. Give each group a set of moderation cards on which all the steps in advocacy are written. Ensure that these are not in order. Explain that each card in the set has one step of the advocacy process written on it.
- Ask each group to read the cards and discuss the order in which these steps should be undertaken to implement an advocacy campaign. Ask them to arrange and paste these cards on a chart paper in the order they have agreed upon. Ask all participants to paste these chart papers next to each other on a wall.
- Ask all participants to walk upto these charts and read the presentations of other groups. Ask them to identify similarities and differences.
- Initiate discussion on the following points:
    - Are there are any steps that could occur throughout the process.
    - Are there are any steps which are more important than others.
    - Are there are any steps which are more challenging than others.
- Consolidate the discussion and arrange the steps in a proper order. Ask participants if they agree with the sequence. This could be:
    - Step 1 Define the issue
    - Step 2 Set goal and objectives
    - Step 3 Identify target audiences
    - Step 4 Build support
    - Step 5 Develop the message
    - Step 6 Select channels of communication
    - Step 7 Raise funds
    - Step 8 Implement -the action plan

- Explain that 2 remaining steps: data collection and monitoring and evaluation, run through the process and are repeated. At the very the beginning of the process, for instance, data collection could focus on information on previous advocacy efforts – their results and numbers of beneficiaries, etc. During various stages of the process data collection would focus on current efforts. The on-going nature of the steps of data collection and monitoring and evaluation provide scope for changing strategy and avoiding wastage of time, energy and resources.
- Explain that, in practice, the sequencing could change, as the environment may not always be conducive to the systematic plan. Nonetheless, understanding importance of sequencing helps in planning advocacy campaigns wisely, using available resources efficiently and staying focused on the objectives.

Topic 3: Setting goals and objectives for the advocacy issue

Suggested timeframe - 1 hour 30 minutes

Suggested methodologies - inputs and small group discussion

- Ask participants if they have experience in establishing programme objectives. If they do, explain that their experience would be useful in helping them set objectives for advocacy. If some participants do not have this experience, explain the 'SMART' objectives to them, using the pre prepared chart on SMART, as follows:
  - o S specific
  - o M measurable
  - o A achievable
  - o R realistic
  - o T time- bound
- Explain that an objective for advocacy also needs to include the following key elements:
  - o Decision-maker or policy maker or actor - a person who takes an action on the advocacy objective (e.g., Minister for Health and Family Welfare, DAPCU officer, P.D. SACs etc.).
  - o Policy action or decision - action required to achieve the objective (e.g., a workplace policy about PLHIVs, provision of free bus-passes for PLHIVs).
  - o Time-line - deadline within which the objectives would be met.
  - o Degree of change, or a quantitative measure of change desired in the policy action.
- Ask participants to work in the same groups to develop at least three SMART objectives, in light of the goals they have drafted earlier. Reiterate that the goal has to contribute to policy change and the objectives have to be SMART and have all the key elements discussed above.
- Allot 20 minutes for group work and then ask the participants to present the objectives in the plenary. Critique each objective and ensure that all key elements have been included. Ensure that the objectives comply with the SMART criteria.
- Ask members of the other group to look critically at each objective and let them provide feedback and offer suggestions. If required, give them little more time to polish/reword/modify the objectives.
- Explain that developing SMART objectives is as important as laying the foundation for a building.

Topic 4: Understanding government structures at the district level

Suggested timeframe - 1 hour

Suggested methodology -panel discussion or inputs

- Explain that effective advocacy requires a good understanding of the government structures at various levels, since different issues require

advocating at different levels in the government. Specifically for the DRPs and supervisors it is important for them to understand the government structure at in the districts where they work. The government structure is very complex and so many details are not required but explain four important structures:

- o District administration
- o Three tier PRI structure – district panchayat, block panchayat and grama panchayat
- o Structure of department of health
- o Structure of DAPCU

- Also list important departments with which linkages are essential for creating enabling environment for the target populations. These could include education, women and child development, food and civil supplies, housing, law and order, etc. Explain which officer needs to be contacted from the concerned department at district, block and village level.

Optional methodology

Invite resource persons from district administration, PRIs, health department and DAPCU. The RPs can explain their respective structures. Allot some time for question and answer exercise, so that participants can get clarify their doubts.

Topic 5: Skills for advocacy

Suggested timeframe - 1 hour 30 minutes

Suggested methodologies - brainstorming and interactive dialogue

- Explain that a variety of skills are required for advocacy. Divide participants into three to four small groups and ask them to brainstorm to prepare a list of different skills required for advocacy.
- After 15 minutes, ask them to present the gist of their discussions in the plenary. After all groups have presented, consolidate the list of skills and add your inputs if required.
- The list of skills required in advocacy should include but not be limited to the following:
  - o Lobbying
  - o Negotiation
  - o Working with media
  - o Communication – written, oral and interpersonal
  - o Problem-solving
  - o Conflict-resolution
  - o Analysis
  - o Collaboration

Through an interactive dialogue, discuss the importance of each of the skills listed as follows:

- **Lobbying**

  The term 'lobbying' comes from the verb 'to lobby', which means an attempt by citizens to influence public officials at a high level. Lobbying is one of the most common methods used by citizens to influence public policy. It is used to put pressure on politicians and government officials to take up the interests of the people and to support their cause.

  Advocacy requires engaging actively with decision-making in the legislature (parliament), as well as, with various government officials who have an influence on policy decisions, such as for establishing a new programme, passing a new regulation, or revoking an existing provision. Lobbying, therefore, is an advocacy tactic used to persuade, or convince key members of target audience (decision makers in legislature and government officials).

  Lobbying can be done in different ways, such as, through individual meetings with decision-making, participation on committees to draft proposed legislation, testifying at legislative

hearings, and submitting written testimonies on proposed policies, etc.

- **Negotiation**

  Disputes are common in any advocacy campaign. Handling disputes effectively and cooperatively without compromising interests of any party is very important in the advocacy efforts. Differences in opinions, on key programme or policy areas, are possible even with allies. To settle the matter at the most opportune moment and in fair manner requires negotiation. Negotiation is, therefore, a skill by which one can assess how far the other party would move in the direction of a settlement. Negotiation could be a powerful tool for supporting the advocacy agenda.

- **Working with media**

  Media, such as newspapers, TV etc. is a very important ally in advocacy. Media is used to build a public discourse so as to pressurize decision-making and can change policies in the favour of one group, or another. Media can also support the building of a mass movement by informing concerned people and influencing public opinion in a simple and cost effective manner.

- **Communication – written, oral and interpersonal**

  The ability to effectively get messages across to target audiences is crucial for successful advocacy. The interests and needs of target audiences could vary to a large extent. At any point, the need might vary from speaking to a journalist, writing a letter to the editor, deliver a speech at a rally, or meet with government officials. Hence, it is important to build written, oral and interpersonal communication skills.

- **Problem-solving and conflict-resolution**

  Since advocacy is usually a long-term process, whereby various challenges crop up, advocates need to have good problem-solving skills.

  Often advocacy involves a wide range of partners that may have conflicting opinions, it is critical for advocates to have skills in resolving such conflicting opinions such that the advocacy efforts remain focused and effective.

- **Analytical skills**

  Analytical skills are the skills to evaluate existing policies and their impact on the advocacy issue. Analysis of policy and political environment helps develop sound proposals for changing policies (or other goals of advocacy). Analytical skills are therefore important for effective advocacy. They are also important for assessing the progress of the campaign.

- **Collaboration**

  Advocacy rests on interaction and collaboration with the allies on a shared goal. It involves conversation, confrontation, and compromise. Skills for collaboration – skills to establish effective communication channels, understand positions of different stakeholders and resolve conflicting agendas, or approaches, are important for advocacy.

Session 8: Supervisory skills

The LWS involves coordinated work by team members who have specific roles and different levels of responsibilities. The supervisors are responsible for supervising link workers in their assigned areas, including selection of link workers and providing supportive supervision to them. The supervisors need various skills, such as, in leadership, mentoring, supportive supervision, managing time, resolving conflicts within team, stress management, effective communication, motivating employees, giving feedback, etc., and this session provides them with these essential skills.

Duration

Total duration: 3 hours

Session objectives

- Orient participants to the concept and skills required in supportive supervision
- Provide participants with information on skills required for managing conflicts
- Orient participants to the concept and skills required for management of time.

Preparation

Prepare two briefs for role-plays – one with a traditional style of supervision and another with supportive supervision. Identify an expert in managerial skills for conducting this session.

Training materials

Background material 3: Crisis management; Background material 4: Conflict management; Tool 4: Case studies - crisis and conflict management; briefs for the role-play on supervision; screen and projector; formats with mock data; brown sheets, pen, pencils and sketch pens

Topics

- Supportive supervision
- Conflict resolution
- Time management

Topic 1 Supportive supervision

Suggested time frame - 1 hour

Suggested methodologies - interactive dialogue and role-plays

- In this session, two different styles of supervision will be demonstrated through role-plays. Ask for four volunteers and make two teams. Give both the teams their respective role-play briefs and give them ten minutes to prepare.
- Ask the first group to present their role-play. Ask participants to comment on the relationship between the two characters, their attitudes towards each other, the language used, facial expressions and possible impact of the attitudes and behaviour of the supervisor on the subordinate.
- Ask the other group to present their role-play and ask participants to give feedback in the same way.
- Ask participants to compare the styles of supervision demonstrated in the two role-plays and identify the differences between them.
- Link their responses to two different styles of supervision and highlight the difference in the result in both the situations. Introduce the first one, as the traditional style of supervision and the latter, as supportive supervision. Emphasize the positive attitude and behaviours that help the subordinate to improve.
- Present the definition, process and result of supportive supervision in the context of LWS and monitoring mechanisms under LWS. Outline supportive supervision at three levels – supervisor, DRP and lead NGO project officers.
- Explain that supportive supervision is different from the typical supervision, which comprises inspection of and control over the work of the subordinate. Clarify that in supportive supervision, the supervisor offers handholding support and guides the subordinate to perform the work in a systematic way.
- Explain that in supportive supervision, the ownership remains with the subordinate as the supervisor only facilitates the process and does not take active lead in problem-solving. Also, explain that supportive supervision produces better results because it stresses on continuous quality improvement and is not just a one-time intervention without follow-up and continuity.

- Consolidate the learning and discuss the advantages of supportive supervision.
- Invite participants to relate to their own experiences and list what changes they would like to make in their supervision styles.

Topic 2 Conflict resolution

Suggested timeframe – 1 hour

Suggested methodologies – case study, interactive dialogue and inputs

- Explain different styles of conflict management and steps involved in the process of conflict resolution. Explain that even though the 'crisis and conflict management' is not one of the components of the LWS, it is important for link workers not to ignore the crisis and conflict situations. Instead, they should think about different strategies to address the situations without going beyond their brief.
- Divide the participants into three groups. Give each group one case study (see Tool 4: Case studies - crisis and conflict management). Ask them to read the case studies and answer the following question:
    - What could be done to manage this and similar situations and resolve the conflict?
- After 15 minutes ask the representatives of the groups to present the gist of their discussions. Add your inputs if required and consolidate the learning. Conclude the discussion with the following points:
    - It is very important to handle crisis situations faced by the target populations.
    - The targeted population will feel secure and trust the link workers more if strategies are developed to address the crisis they face.
    - Linkages should be established with the PRI members and their help should be sought in resolving conflict/ crisis.
    - Involving the volunteers who represent the larger community in resolving conflict / managing crisis.
    - Meet the community/ family members, or school authorities and create awareness about the plight and rights of the targeted community members.
    - Conduct sensitization and advocacy programmes regularly for the people who influence the lives of the targeted populations.
    - Strengthen the rapport between members of the targeted population, link workers and community at large.
    - Take help from the TI programmes from the nearby urban centres.

Topic 3 Time management

Suggested time frame - 1 hour

Suggested methodologies - small group exercise and discussion; interactive dialogue and inputs.

- Introduce the need to manage time optimally, as time is precious and cannot be stored. Inform the participants that there are a number of techniques that can be used for managing time effectively. Explain that in this session they will learn one of these techniques – prioritization.
- Define prioritization as an essential skill to make the very best use of one's own efforts and those of the team. When time is limited and demands are seemingly unlimited, it helps to spend time wisely, freeing the team up from less important tasks that can be attended to later, or delegated to others. Emphasize that, with good prioritization, one can bring order to chaos, massively reduce stress, and move forward successfully.
- Explain the process of prioritization – deciding the difference between important and urgent by drawing a matrix with four quadrants:
    - High on urgency and high on importance
    - Low on urgency and high on importance
    - High on urgency and low on importance
    - Low on urgency and low on importance

	Urgent	Not urgent
Important	1	**2**
	• crises	• planning and preparation
	• pressing problems	• long-term projects
	• deadline-driven projets	• true recreation/relaxation
	Must ensure that there is enough time to do these tasks well.	• relationship-building
Not important	3	4
	• interruptions	
	• phone calls	• busy works
	• email or letters	• phone calls
	• popular activities	• junk mail or spam
	Must avoid spending too much time on these tasks.	Must avoid the temptation to do thes easy tasks,

- Divide the participants into four groups and ask them to make a list of all the tasks, including the primary and support activities, that they need to undertake for fulfilling their responsibilities.
- Ask participants to assess each activity for urgency on a scale of 1-5; 5 being extremely urgent and 1 being not at all urgent; discussing the reason behind it.
- Assess each activity for importance on a scale of 1- 5; 5 being extremely important and 1 being not at all important; discussing the reason behind it.
- Ask participants to plot their tasks on the chart showing the four quadrants.
- Let them put up the charts on the board.
- Add the following inputs:
    - The difference between which task is urgent and which is important needs to be understood for effective prioritization.
    - Marking a task as important is done on the basis of the individual's responsibilities, the goals of the project and expectations from the individual.
- Explain the four quadrants in more detail:
    - Quadrant 1: These are urgent and important. They must be done now. These are critical activities and also support the goals. They may be a mixture of problems that could have been avoided with better planning. They could also be completely unexpected. DO NOW.
    - Quadrant 2: These items are 'not urgent'. This means their deadlines are in the future. They are important and hence, must be done. The need is to plan these well for carrying out in the future. A lot of jobs will fall in this area. Ensure that these are included in the plan appropriately. Otherwise, it could result in problems at a later stage. PLAN TO DO.
    - Quadrant 3: These are 'urgent' but 'not important'. They tend to be jobs not directly related to one's own responsibilities but generated by others. These can be delegated to others, if there is less need to spend much time on these tasks. REJECT AND EXPLAIN.
    - Quadrant 4: These are neither 'urgent' nor 'important'. These tasks are time wasters and trivial tasks which need to be avoided. Otherwise, one can end up doing them just to 'get them out of the way'. Be aware, some of these tasks may be trivial now but they may move into a higher ranked category if not seen to. RESIST AND CEASE.
- Inform the participants that tasks that are of medium importance but urgent can be delegated to the team members.
- Inform participants that it is important to recognize one's peaktime / period when one is most productive and keep it for more demanding work and reserve the period when one is not so enthusiastic, for doing interesting or light work.

Session 9: Monitoring the Link Worker Scheme

The supervisors are responsible for monitoring the LWS in their respective areas and this session introduces participants to the importance of monitoring and its application in the context of LWS. It is important for any programme or intervention to determine whether it has achieved, or is on its way to achieve, its goal and objectives. Hence, certain indicators are developed at the start of the programme itself. It is important for the team members to know these indicators to monitor the progress of their interventions. The supervisors responsible for monitoring the LWS at the cluster level need to understand these indicators. They can use these indicators to monitor the progress, report on the progress to the higher authorities and ensure that the programme is going in the right direction. It is important for the supervisors to know how to use these monitoring indicators in providing direction and supportive supervision to their staff. This session aims to help supervisors understand the meaning and importance of indicators and gain clarity on the indicators of the LWS.

Also, it is important for supervisors to understand the importance of monitoring and various formats that they need to fill up. It is also important to familiarize the supervisors in filling up the monitoring formats correctly so that they would be able to fill these without mistakes and help correct reporting of data.

Duration

Total duration: 4 hours 30 minutes

Session objectives

- Introduce participants to the concept and importance of monitoring and monitoring indicators
- Inform participants about the various reporting formats under LWS and ensure understanding of proper data management

Preparation

Prepare required power point presentations and material required. Take photocopies of all registers and reporting formats. Create format with mock data for the exercise. It is very important to invite a resource person who is an expert in M & E.

Training materials

Screen and projector; formats with mock data; brown sheets, pen, pencils and sketch pens; Background material 5: Guidelines for M & E Reporting; PPT 6: Opportunity gap analysis; PPT 7: Monitoring and Evaluation; PPT 8; Indicators of the LWS; Format 2: Opportunity gap analysis: Format 3: M & E Reporting Formats.

Topics

- Opportunity gap analysis
- Sharing indicators of the LWS
- Re-familiarization with reporting formats
- Analyzing reports vis a vis indicators

Topic 1: Opportunity gap analysis

Suggested time frame - 1 hour

Suggested methodologies - inputs and practice with dummy data

- Introduce the topic by explaining that supervision is guided by data and its monitoring. Ask the participants if they are aware of any tools for supervision. Their responses might include: previous reports, data on targets achieved, etc.
- Explain that the tools of supervision should be:
  - Understandable
  - Easy to implement
  - Easy to replicate
- Add that Opportunity gap analysis is one of the tools for supervision.

  Explain opportunity gap analysis as:

  'a tool that helps in comparing the actual performance/ current performance with the targets and getting the variance between the two. At its core are two questions: "Where should we have been?" and "Where are we?" The gap analysis aims to get insights into areas where performance needs improvement. It helps in identifying the reasons for the gaps and building

strategies to address these gaps. The formula for calculating gap is:

Gap = Targeted coverage – current coverage.

In the LWS, gaps are analyzed against each indicator:

For the Project Human Resources:

1. Gap between the number of link workers planned to be recruited and the number of link workers actually in place.
2. Gap between the number of volunteers planned to be recruited and the number of volunteers actually in place.

For High Risk Group:

1. Gap between the number of HRG estimated to be present and number of HRG registered.
2. Gap between the number of HRG registered and the number of HRG regularly contacted by the outreach team.
3. Gap between the number of HRG regularly contacted and the number of HRG who have been referred to STI services.
4. Gap between the number of HRGs who have been referred to STI and the number of HRGs who have accessed STI treatment.
5. Gap between the number of HRGs regularly contacted and the number of HRGs who have been referred to ICTC services.
6. Gap between the number of HRGs who have been referred to ICTC and the number of HRGs who have received test results.

For PLHIV:

1. Gap between the number of PLHIV and OVC estimated to be present and the number of PLHIV and OVC registered.
2. Gap between the number of PLHIV and OVC registered and the number of PLHIV and OVC regularly contacted by the outreach team.
3. Gap between the number of PLHIV and OVC regularly contacted and the number of PLHIV and OVC referred to pre ART/ ART.
4. Gap between the number of PLHIV and OVC referred to pre ART/ ART and the number of PLHIV and OVC registered in ARTC.
5. Gap between the number of PLHIV and OVC regularly contacted and the number of PLHIV and OVC referred to NGO, or other services.

Vulnerable Population:

1. Gap between the number of vulnerable population estimated to be present and the number of vulnerable population contacted.
2. Gap between the number of vulnerable population contacted and the number of vulnerable population referred to STI services.
3. Gap between the number of vulnerable population who have been referred to STI and the number of vulnerable population who have accessed STI treatment.
4. Gap between the number of vulnerable population contacted and the number of HRG referred to ICTC services.
5. Gap between the number of vulnerable population who have been referred to ICTC and the number of vulnerable population who have received test results.

Enabling Environment:

1. Gap between the number of Red Ribbon Clubs to be formed and the number of RRC actually formed.
2. Gap between the number of information centres to be established and the number of centres actually established.
3. Gap between the number of condom depots to be established and the number of depots actually established.
4. Gap between the number of stakeholder meetings to be conducted and the number of meetings actually conducted.

- Divide participants into district-wise groups. Ask them to work out the gaps against the above mentioned data using the data from their districts. Ask them to also explore the reasons for these gaps and ways to address them. Give them format 2 - Opportunity gap analysis for documentation.

Data type	Source
Estimated no. of target group population	SNA
No. of target group members registered	Registration
No. of target group members regular contacted	LW Activity Register
No. of target group members who have been referred to services	Referral slips
No. of target group members who have received treatment/ test results	LW Activity Register
No. of meetings	Minutes book

- Based on this exercise, ask the participants to present the gap analysis of their respective districts and the strategies they have identified to address those gaps. Ask other participants to make suggestions on strategies.
- Discuss the appropriate stage in implementation when this exercise should be conducted and at which levels. Ask if it is possible to conduct this exercise every three months during the meetings at different levels – sub-cluster: to understand the gaps in each village, cluster level - to understand the gaps in each sub-cluster, at the district level - to analyse the gaps in each cluster.
- Discuss how this exercise could help the project performance.
- Caution that gap analysis should be a learning exercise and not an exercise in blaming, or policing the project teams and that the teams must feel motivated and not 'punished'. Show the PPT on Opportunity Gap Analysis to show that even though a larger population is estimated at the start of the project, the project ends up motivating a smaller population for behaviour change, such as, for seeking treatment for STI treatment, or testing for HIV. Explain that at all levels, the population size decreases. Remind the participants that the aim of the project is to reach everyone with quality outreach and services ensuring reduction of risk and vulnerability. This is only possible when the reasons for drop out are understood and addressed. The opportunity gap analysis helps in understanding where the gaps exist and explore ways to address them.

Topic 2: Sharing indicators of the LWS

Suggested time frame – 1 hour

Suggested methodologies- interactive dialogue, small group discussion, presentations in the plenary and power-point presentation

- Ask participants to imagine that they are going on a study tour of archeological monuments in Delhi. Ask them to share what measures they woulduse to demonstrate the effectiveness or the success of the study tour. Collect their responses. These could include:
  - Number of archeological monuments visited
  - Number of historical facts collected
  - Number of photographs of monuments taken
  - Quality of data collected at the monuments
  - Quality of artifacts collected at the monuments
  - Usefulness of the information for future direction of the study, etc.
- Explain that these measures are called indicators.
- Write down the definition of indicator on a chart paper on the wall as follows:
- "Quantitative, or qualitative factor, or variable that provides a simple and reliable means to measure achievement, to reflect the changes connected to an intervention, or to help assess the performance of a development actor[6]"

[6] Sourced from DAC Glossary of Key Terms in Evaluation, 2002, accessed on 2 May 2011 from http://www.oecd.org/dataoecd/29/21/2754804.pdf

- Explain that, in simple terms, indicators are signs of progress – they are used to determine whether the programme/ intervention is on way to achieving its objectives and goal. They are clues, signs, and markers as to how close we are to our path and how much things are changing. Explain that, generally, indicators are formulated for the overall objective(s), the purpose of the project and for the results.
- Explain that indicators can be used to:
    - Understandhow programme systems is working and how they may be improved
    - Monitor if the programme is performing to an agreed standard
    - Be accountable
- Explain that indicators can be of different types:
    - Direct indicators – These are variables, which can be directly measured. For example, number of pregnant women tested.
    - Indirect indicators, or proxy-indicators, whicharemeasuredindirectlyincaseswhere for instance quantitative measurement is not possible (ex: behavioural change) or where the indicator is too sensitive to be measured (ex: individual's practice of safe sex).
- Indicators may express quantity (how much), quality (how good), or efficiency (best output at lowest cost). Quantitative indicators and targets provide "hard data" to demonstrate results achieved. They also facilitate comparisons and analysis of trends over time. These are expressed in numbers, percentages, rates (ex: birth rate), or ratio (ex: sex ratio number of males per number of females). Qualitative indicators and targets provide insights into changes in organizational processes, attitudes, beliefs, motives and behaviours of individuals. These are expressed in terms such as quality of, extent of, or level of. Efficiency indicators should tell us if we are getting the best value for our investment and are expressed in cost per unit of target audience.
- Indicators are also classified as input, output, outcome and impact indicators.
    - Input indicators are related to inputs utilised for the programme/intervention, such as financial and physical resources. Examples are, amount spent on building linkages or adequacy of funds for testing.
    - Output indicators are related to all the goods and services generated by the programme /intervention such as number of Red Ribbon Club established or level of commitment from volunteers.
    - Outcome indicators measure the level of access to public services, use of these services, and the level of satisfaction of users. Outcomes typically depend on factors beyond the control of the implementing agency (such as the behaviour of individuals or other demand-side factors). For example, number of condoms used by the community or number of FSWs accessing STI clinics on a regular basis.
    - Impact indicators measure the ultimate effect of an intervention on a key dimension of the programme, such as risk reduction in the community etc.
- Now through an interactive dialogue discuss what could be measures of effectiveness of the LWS in their respective districts. Collect their responses. Congratulate them for going in the proper direction. Explain that it is very important for them to know all the indicators that are used in LWS as their reporting needs to capture and monitor the progress on each indicator, we will see the indicators in LWS in more depth.
- Using the PPT share the indicators used in LWS. Discuss how these indicators help in monitoring the programme and making decisions to improve it if required.

Topic 3: Re-familiarization with reporting formats

Suggested time frame – 1 hour 15 minutes

Suggested methodology – power point presentation, use of format and small group exercise

- Distribute different reporting formats to the participants, including:
  - o Staff registers
  - o Formats for link workers such as Daily Outreach Register, Activity Registers, Condom Outlet information and Village Summary.
  - o Supervisor's field visit report format
  - o Supervisor's monthly report format
- Through an interactive dialogue, discuss the information that needs to be filled in these formats in detail.
- Divide the participants into three groups and give them an exercise with mock data in LW's formats. Ask them to cross check the data and identify discrepancies. Ask them to present their observations.
- Critique their observations and see if they are able to identify wrong reporting, gaps in reporting, or fake reporting. Add comments and consolidate the learning.
- Continue with the three groups of participants. Distribute dummy reporting formats to them and ask them to prepare village summary. Ask groups to present their village summary.
- Critique the summaries and ensure that participants are able to understand the concept and develop skills to monitor the performance and to fill the reporting formats.
- Discuss the field visit formats and monthly report formats and ask participants to list the kind of observations that will be written in these formats.
- Consolidate the learning from this session.

Topic 4: Analyzing reporting formats vis-à-vis indicators of the LWS

Suggested time frame – 1 hour 15 minutes

Suggested methodologies - interactive dialogue, small group discussion and presentations in the plenary

- Through an interactive dialogue, discuss how the reporting formats are worked around the indicators and are useful in collecting data for measurement. Give examples such as:

Programme rollout indicators –

Number of village-level volunteers (male and female) identified and trained by Link Workers

In village summary report the data is to be filled for – No. of female and male volunteers currently in place and trained.

Output indicators for key populations

Total number of condoms distributed directly to members of the risk groups in the reporting month.

In LWDOR, condoms distributed to target group members are registered on a daily basis. When the total is done it gives the data for the indicator.

- Now, divide participants into five groups and distribute the list of indicators and various reporting formats that need to be filled by link workers.
- Allot each group one type of indicator such as
  - o First group — Programme rollout indicators
  - o Second group — Output indicators for key populations
  - o Third group — Output indicators for vulnerable populations
  - o Fourth group — Outcome indicators
  - o Fifth group — Impact indicators
- Ask each group to look at the list of indicators and compare it with the reporting formats and analyse how the data filled in the formats is constructed around specific indicators. Ask them to make a note of these and present the gist of their discussion in the plenary. After 20 minutes ask each representative to present the gist. Add your inputs if required.

Session 10: Ethical Issues

Members of the targeted population are often stigmatized and discriminated not only because of their HIV status, but also because they belong to a group that is associated with sex work, which is not socially accepted. The fear of stigma makes it difficult for these members to be open with the community about their HIV status. Hence, it is very important for the team members of the LWS to understand the fear of stigmatization and respect the need for confidentiality about the HIV status of these members, in their own interest and in the interest of other members too.

This session aims to throw light on the ethical standards that all the team members of the LWS need to abide by.

Duration

Total duration 1 hour

Session objectives

- Highlight the importance of human rights in the context of LWS
- Help participants understand the ethical issues in HIV/AIDS prevention work
- Build clarity on the aspect of confidentiality
- Help participants understand how confidentiality can be maintained while reporting on their work

Preparation

Understand the rationale behind the ethical issues, especially the confidentiality issue. Read the background material to get clarity on different issues and what they mean in the context of the LWS. Get familiar with the official records.

Training materials

Chart papers and markers, Background material 6: Ethical issues in the context of the LWS

Tips for the facilitators

As the responsibility of maintaining confidentiality rests with members of the LWS team, this is a very important session. Use this session to emphasize the importance of confidentiality to the supervisors, who in turn are expected to train and motivate link workers in practicing confidentiality in the field.

Topic

- Ethical issues in the context of the LWS

Topic 1 Ethical issues in the context of the LWS

Suggested timeframe – 1 hour

Suggested methodologies – inputs, interactive dialogue and small group discussion

- Explain the rationale and importance of discussing ethical issues in the context of the LWS. Ask participants whether they are aware of any ethical standards related to working on the LWS. List these on a chart paper. Add your inputs if required. These standards should include but not be limited to the following:
  - Informed consent for HIV testing and other interventions
  - Privacy and confidentiality
  - Sensitivity to the rights of members of targeted populations
- Divide participants into 3 – 4 small groups and allot a specific standard to each group. Ask them to discuss what the standard means to them and how they would translate it into practice. Ask them to list possible challenges that could emerge while abiding by these standards and how they would address them.
- After 15 minutes, ask the representatives of the groups to share the gist of their discussion in the plenary. Add your inputs if required. The challenges at the field could include but not be limited to the following:
  - Maintaining confidentiality in the records/ reports
  - Maintaining confidentiality when partner/ family testing is advised
  - Convincing other stakeholders, such as, health care providers, school principals, etc., to respect the rights of the community members

- The possible ways to address the challenges could include:
    - Emphasizing on numbers and not names in the reports, or records that are meant for sharing with DAPCU, SACS or NACO and records of names should only be maintained in registers used by the LWS team.
    - Encouraging PLHIV to disclose their status to family members/ partner in the interest of the family/ partner. But do not force.
    - Explaining the need for pre-test counseling to the partner/ family without disclosing the status.
    - Being proactive in advocacy with the stakeholders
    - Conducting sensitization programmes for the stakeholders.
- Consolidate the learning.

Session 11: Concluding session

This session concludes Module 2 for the supervisors. It aims to summarise the learnings, obtain feedback and close the training programme on a positive note.

Duration

Total duration: 1 hour 30 minutes

Session objectives

- Get feedback from participants on the relevance of content and methodologies used and the skills of the facilitator(s) and get their suggestion for further improvement.
- Consolidate learning points from the training.
- Build strong network of participants for further continuing support.

Preparation

- Keep the feedback formats ready. If certificates are to be distributed, keep them ready with the participants' names written on them and with signatures of the course in-charge.
- Keep all the training materials ready.

Training materials

Brown sheets and chart papers, sketch pens and markers; Format 1: Pre and post-test, Format 4: Feedback format and material for closing (such as certificates, etc).

Tips for the facilitator

Use this time to consolidate the learning and build a network. Ensure that the participants take back a positive memory of the training programme and look forward to the next training programme. Enquire about their travel plans and try to adhere to the time schedule to help avoid last minute tensions.

Topics

- Consolidation of training
- Feedback
- Post-test
- Closing

Topic 1: Consolidation of training

Suggested time frame - 30 minutes

Suggested methodology - small group exercise and sharing in plenary

- Ask participants to stand in a circle. Pass one of them a ball and ask him/her to mention an important learning from the training programme before passing the ball to another participant. All participants who receive the ball, should first state an important learning before passing the ball to others. Encourage participants to share a new learning and not repeat learning that has already been mentioned.
- Add if any significant learning is missing.
- Congratulate all participants for contributing to the learning process.

Topic 2: Feedback

Suggested time frame - 15 minutes

Suggested methodology - filling formats

- Distribute the feedback formats and encourage participants to write their free and frank feedback without inhibitions. Add that the feedback will help organisers improve the training programme. Inform them that writing their names on the feedback form is optional. If they do not want to be identified with the feedback, they are free to not write their names on the forms.
- Ask two or three participants to share their feedback orally. Do not defend your actions if there is any negative feedback. Note down all points for further review and reflections within the organising group.

Topic 3: Post-test

Suggested time frame - 15 minutes

Suggested methodology - filling formats

Distribute the post-test formats and ask participants to answer the questions to best of their ability.

Topic 4: Closing

Suggested time frame - 30 minutes

Suggested methodology - game

- Ask all participants to stand in a circle.
- Ask them to present the best gift to the next participant in the circle, which is appropriate to his/her personality and contribution in the training programme in a symbolic manner. The next participant has to graciously accept the symbolic gift saying thank you and present another symbolic gift to the next participant. This should continue till all participants receive the symbolic gifts.
- Thank all the participants for their active participation and cooperation and give a symbolic gift to all the participants. Tell them that the organisers will look forward to their participation in the training programme for the next module. Ask them to hold hands and end on a positive note. Thank everyone who has contributed to the training programme.

Tool 1: Briefs for role-plays

1. Meena, a beautiful girl in her twenties comes from a poor family in a small village. She works as a sex worker to make both ends meet. A client from the town visits her village for some work and approaches her for sex at night. He asks her whether she has AIDS. Though she has heard the word before, she is not able to answer his question as she does not know her status. He pulls out a condom from his pocket and says, "Thank god, I have a condom with me." Alarmed by his expressions, she asks him what he means by it. But he laughs it away and says, "I am not here to educate you. If you want to know more about it, go to the town and get the necessary information".

   Meena wants to know more about it since she is worried. But it costs Rs. 25 to cover the travelling cost. She also does not know where she should go in the town to get more information. She assumes that it will cost a lot of money to get the information and get herself checked up. Since her earnings are just enough for running the family, she cannot not afford to go to the town. Meena feels helpless.

   (Pause for discussion)

   A link worker starts working in the village. She makes a list of sex workers and gathers around six sex workers for a meeting. She narrates a story about a sex worker who convinces her clients to use condoms and rejects those who refuse / resist condoms. She also uses condoms consistently with her regular partner. She also gets herself tested once in six months.

   Meena meets this link worker after the meeting. She shares about her lack of information on testing and lack of money to travel for information and testing. She also informs the link workers about the unavailability of condoms in the village. The link worker assures her support and gets Meena tested. She also establishes a condom depot in the village.

   The discussion with the link worker and linkage to the programme and services help Meena decide about using condoms consistently and getting tested every six months.

2. Lakshman is a male sex worker from a slum. His clients come from the slum and nearby areas and belong to a close-knit network. From a friend, Lakshman has come to know that anal-sex is a high-risk behaviour as far as HIV transmission is concerned and he can avoid the risk by ensuring that every-time he has sex with a male partner he uses lubricants and condoms. Once or twice he tried to convince his clients to use condoms but the clients did not agree. He does not know how to negotiate with them so that they agree to use condoms. He is afraid that if he says 'no' to any client who refuses to use condoms, this news would spread, by word of mouth, across the network and members of the network would either suspect that he is HIV positive, or that he suspects them to be positive. In both cases, he fears that they would abstain from having sex with him, resulting in loss of income for him and perhaps end of work for him.

   Lakshman is constantly under stress.

   (Pause for discussion)

   A male link worker establishes rapport with Lakshman. Lakshman is hesitant to share his problem with the link worker. The link worker continues to show him various flip charts and narrate relevant stories. One day, Lakshman gathers courage and shares his concerns. The link worker enrolls Lakshman in a batch for Stepping Stone training. Lakshman is surprised to see many people from his network among the participants. During the training, they learn various skills, including the skill to say 'No'. Lakshman is able to understand how he could negotiate with his partners and convince them to use condoms, not only to help him, but also to protect them.

Lakshman decides to take only those clients who agree to use condoms and lubricants.

3. Rashid is one of the labourers who have migrated from different villages in Orissa to Surat in Gujrat. They stay in near-by villages and work in different factories. They are not able to go back to their villages very often. They do not know the local language and hence, hardly interact with any local people. They started consuming beedi and alcohol to overcome loneliness and graduated to consuming drugs. Since they cannot afford individual injection needles and syringes, they share them among the group. Some of them also go to local sex workers who are affordable.

   Rashid starts falling sick quite frequently. He suffers from fever and diarrhea. He takes tablets that are available at the local paan shop but does not get any better. He does not know whom to approach, as he does not know the local language and cannot interact with local people.

   (Pause for discussion)

   A link worker working in the villages comes to know about Rashid's risk behaviour and also about his sickness. He convinces Rashid and gets him tested. When Rashid is tested positive, the link worker also helps him in getting post-test counseling and pre-ART registration. Rashid is able to manage HIV and never again shares needles. He also used condoms whenever he has sex.

4. Shreedhar is a PLHIV. He is been advised to bring his wife and children for HIV testing. But he is afraid to take them for testing, fearing that all the family members and relatives of his wife will come to know about his status. He fears that this will lead to the whole village and his elder brothers coming to know about it. He also fears that they will not allow him to stay in the same house and deprive him of his property rights. He fears being ostracized.

   (Pause for discussion)

   A link worker comes to the village and organizes a community meeting. He creates awareness about HIV and the community's responsibility to take care of the PLHIVs. Shreedhar sees the favourable response of the villagers and gains courage. When the link worker contacts him, he agrees to get all the family members tested.

   The family gets tested. His wife who is tested positive also gets pre-ART registration. His children are tested negative. The village community does not deprive them of their rights to get admitted to the village school.

Tool 2: Case studies - outreach

Case 1

John is working as a link worker in Rampur village. He approaches Mohan, who is an MSM and greets him. He introduces himself and says, "I stay in Lakhanpur, which is around five kilometers away and am newly appointed to work in Rampur. As you are a local person here, I will need your help. Please introduce me to your friends in the youth club." Mohan introduces him to the youth club.

John organizes a small meeting of youth club members and talks about HIV/AIDS and routes of transmission, etc. Youths like the way John explains everything and ask him to give more information on people who are at risk and who they should approach for help. John gives them information about STIs and the available clinics in the taluk. He also promises to accompany anyone who wishes to get tested.

Mohan tells him that he has some problems and would like to get treatment but he does not want anyone to know about it. John takes him to the clinic keeping it confidential. The doctor treats Mohan but also informs him that if he does not want recurring episodes, he should also bring his partner for treatment. John continues to help Mohan throughout the process without letting anyone know about Mohan's status. John gives him information on correct and consistent use of condoms and lubricants and also shows him an outlet where he can access condoms without anyone knowing about it.

Mohan likes the confidentiality and trust John shows and changes his behaviour by consistent use of condoms. He has become a volunteer and linked John with a number of MSMs from the village.

Case 2

Lalita works as a link worker in Hosur. She comes from an orthodox family. She has undergone training and knows all the principles of outreach. She goes to the FSWs in the village and talks to them about STIs and need for regular check up. Her language is sweet and simple and she uses interesting communication material. However, her upbringing in an orthodox family makes her a little careful. She keeps on looking here and there to ensure no one has seen her talking to the FSWs. Sometimes her talks reveal that she thinks of herself as different to them and a slight judgmental tone creeps in her speech.

FSWs is the village know that she is here to help them but hesitate to talk to and confide in her.

Case 3

Tara is a link worker in a small village called Lakhimpur. She was an injecting drug user earlier and she knows their joints. She is friendly with some of the injecting drug users but fears that she may have a relapse to injecting drug use if she befriends them again.

However, she knows that it is essential to bring a behaviour change, especially in terms of not sharing the needles and in consistent condom use. She goes to the joint and revives her friendship. She tells the injecting drug users that she has a wonderful storybook that she wants to share with them. They respond that they will listen to anything as long as she does not ask them to give up the habit and does not give them a boring lecture. She agrees and shows them the flip chart. As the protagonist is an injecting drug user they get interested in the story. After the story telling is completed, Tara thanks them for listening to her patiently. The story telling session is followed by various questions from her friends on several conceptions they have. She answers most of them and tells them that she will get back with answers for the ones she is not sure about.

Her friends tell her that they were happy to get more information about safe practices but would not be able to change overnight. She says she understands and offers to be with them through the process of changing. She keeps in touch with them, tells them about different topics and gets back with the answers to their question after getting clarity on them through other experts. She accompanies those who want to access clinics and ICTCs. Slowly, over three or four months, most of them get tested and stop sharing needles. They have kept a stock of mono-use syringes and condoms at the joint. Some of them are willing to accompany her to other joints and talk to the other IDUs there.

Case 4

Shankar is a link worker in Kerur village. In this village, a couple has been infected by HIV and their two year-old baby has been tested positive. Shankar goes to their house frequently and has linked them to several services such as testing, ART and linked them to positive people's network.

After a youth club meeting, a person asks Shankar about the ICTC. This person informs Shankar that he has been engaged in a risky behaviour for a long time and has not been keeping well recently. He wants to get tested but is afraid that people in the village and his family members might outcaste him if they came to know about his status. Shankar tries to convince him about the confidentiality and trust with which he would be supported. But the person is still not convinced. In the anxiety of losing this case, Shankar tells him about the HIV positive couple and the services he has been providing them for the last couple of months.

The person is shocked to know that his neighbours are positive. He leaves the place in anxiety.

Tool 3: Case studies - understanding advocacy

Case 1

A positive FSW was denied to access to health service in a government hospital. On hearing this, the community members decided to do something about it. They immediately mobilized community members and headed to the hospital. After they reached there, they sat in front of the hospital gate shouting slogans against the health personnel and the hospital. They also pelted stones at the window panes. They blocked the entry of the public into the hospital and did not move from there until the police came.

Case 2

The government planned to construct a Dam over a river in the village, This dam would submerge the nearby villages and leave hundred homeless. The villagers wanted to do something to stop it. So they collected information, shared it with all the villagers and gathered support. They submitted a memorandum to the government. The government did not yield to their requests. In the situation, the villagers decided to protest peacefully. They decided to go on a fast until their demand was met.

Case 3

One family in an Adivasi village was entitled to a house under the Indira Awas Yojana. After giving the memorandum and also contacting many development organizations, the family did not get the house. The man in their family found out who the concerned officer was and where his office was. He started to go and meet him every single day whenever he was available. He repeatedly put forth his cause and requested for action. He showed all necessary documents and did not give up. After months of visiting this man, a house was finally allotted.

Tool 4: Case studies - crisis and conflict management

Case study 1

Sudha is a sex worker from Hosur village. She goes to a nearby town for sex work and nobody from her village knows that she is into sex work. One day, a villager sees her soliciting in the street and announces it in the village. Once the other community members come to know about her being a sex worker, they start excluding her from any function. One day they drive her away from a Puja ceremony in the village temple and insult her in front of the whole village. As a result even her husband and in-laws who were dependent on her income abandon her and throw her out-of the house.

Case study 2

9-years Raju was tested HIV positive. As he is on ART, he has to take his medicine regularly. When one of the teachers came to know about his status he started giving extra attention to him. The teacher's behaviour triggered doubt in others and in a short while everyone including the parents of children comes to know his status. All of them come together to protest against Raju being in the school. The principal has no option than to throw him out of school.

Case study 3

Chandu is a Hijra who has not revealed his identity to his family members. The family has 20 acres of land in his father's name. Chandu goes to town once in a while, wears *satla*[7] and has sex with his male friends. Once he refused free sex to one of the goondas in town. Outraged, he took Chandu's photograph in the *satla* and posted it to his village. All hell broke loose when Chandu's elder brother saw it. He told Chandu that out of compassion for him, he would allow Chandu to stay in the same house but he has to sign the papers to transfer the property in his name and threatened him to take his life if he refused. Chandu has no option.

References

http://www.nacoonline.org/upload/Basic%20Services/HIV%20Counselling%20Training%20Module.pdf

[7] Saree that is worn by hijras

Background Material 1: Outreach

Outreach is the act of "reaching out" information and services to individuals, or groups of people who might not otherwise have access to such information and services. Outreach often takes on an educational component (i.e., the dissemination of ideas or information), but it is increasingly common to conceive of an outreach strategy as a two-way street, where outreach is designed as a process of engaging individuals or groups of people, rather than solely a process of dissemination, or education. Outreach strategies are linked to the goals and objectives of the organization, or project .

Importance of outreach

Outreach to at-risk or vulnerable populations is important because prevailing stigma and discrimination and the dubious legal status of their behaviours (such as injecting drugs, practicing sex work, or engaging in male to male sex) often prevents these groups from accessing available services. Existing stigma and discrimination against sex workers, or PLHIV may discourage them from accessing services in the public domain where their identities could be revealed. Existing public services may not be available in the places and at the times convenient for the vulnerable populations. Many times, vulnerable populations are not even aware of the benefits of the services, or do not have information about the location of the services, or lack skills to use the services. Their marginal place in the society lowers their negotiation skills to access such services. Again, sometimes, such services need to be made available in the places where the risky behaviours are practiced, to ensure better usage.

Condoms made available in places where sex work takes place, increases the probability of their usage. For all these reasons, it is important to reach out to vulnerable populations, especially in the context of HIV prevention and care.

Objectives of outreach

The objective of outreach under the LWS is to facilitate community members to reduce their risk through behaviour change. There are various reasons why behaviour change may be difficult. Some of the barriers to behaviour change include poor access to information, services, commodities; occupational risk (e.g. sex workers); or low perception of risk. However, there are also other factors which make communities vulnerable to risk, such as, inequity and poverty that force communities to take risks; stigma and discrimination, which sometimes manifest in violence and harassment and disempower communities. The objective of outreach is to address both, risk and vulnerability related barriers. As the barriers are inter-linked, addressing one sometimes also indirectly address the others.

The purposes of outreach under LWS are as follows:

Build rapport with key populations and build linkages with programmes and services

Outreach under LWS aims to establish rapport with the community and link them with programmes and services. This includes building an environment of trust among key populations and ensuring that programmes and services are based on their needs. The outreach process also includes providing information about available programmes and services and helping key populations to reflect on the pros and cons of the services and benefits they would receive.

Provide means for prevention

Outreach under LWS aims to provide the community with means for prevention of HIV, such as condoms or STI services, in places where they are easily accessible to the key populations. Outreach can help link key populations with existing services in a way that

existing public and private service providers treat them with respect and provide good quality services to them.

Equip and empower the communities to make informed decisions

Outreach aims to equip and empower key populations to make informed decisions. Stigma and marginalization amplify their risks and limit their ability to protect themselves and others. Therefore, LWS aims to empower at-risk and vulnerable people

to enable improved negotiation and health-seeking practices. Creation of such an enabling environment and mobilization of the community is a key strategy for addressing such vulnerability.

Key principles of outreach

- Credible and trusted personnel
- Orientation to the situation and needs of the community
- Outreach activities planned on the basis of community needs and are delivered at a time and place convenient to the community
- Representation and empowerment of the community

Capacity building of the outreach team

Training for outreach teams is important because they are expected to facilitate behaviour change among the target population. Capacity building efforts would have to first address the knowledge, attitude and skill gaps of the outreach teams. The outreach teams under the LWS first need to accept sex workers, PLHIV, and people who are at risk in a non-judgmental way. Outreach teams need to respect community knowledge and consider outreach as an empowering process, rather than an information dissemination process.

Macro and micro level approaches

Outreach coverage needs to focus on both macro and micro levels. At the macro level, outreach should focus on covering clusters of villages in the districts that show evidence of highest risks. Macro level strategy design is important to ensure that outreach programmes reach a high proportion of key populations.

At the macro level, the project uses mapping data to ensure a maximum number of villages with evidence of high-risk behaviour are covered through outreach activities.

After the mapping exercise is completed, villages are selected according to:

- Population size
- Estimated number of PLHIV
- Estimated number of FSWs

At the district and taluk level the requirement is for identification of clusters and villages where there is high risk and high need for providing programme coverage for care and support for affected individuals. At the village level, the goal is identification of high-risk segments and individuals requiring care, support and treatment within selected villages and their coverage with programmes.

At the micro level, the project focuses on effectively reaching out to individuals engaged in high-risk behaviour within these villages. Micro level outreach processes ensure that a large proportion of the population is reached within each area.

At the micro level, in the selected villages, the following population groups are targeted:

- FSWs
- MSMs
- IDUs
- PLHIVs and OVCs
- Truck drivers/cleaners
- Migrant worker
- Partners / spouses of HRGs, migrants, mobile populations
- Young girls/women in women-headed households,

Outreach to the specific target groups (men and women with high risk, female sex workers, pregnant women, PLHIV and OVC) is carried out by various outreach teams. Link workers, both male and female, are primarily responsible for outreach to all target groups.

The main activities of outreach teams are behaviour change communication, service and condom promotion and supporting the creation of an enabling environment.

At the micro level, for high risk men and women, such as FSWs, MSMs and IDUs, the goal is to promote consistent use of condoms, treatment of STI, HIV testing and service utilization. For PLHIV and OVC, the goal is to ensure improved quality of life by utilization of services.

Need for monitoring

Any outreach activity needs to be regularly reviewed and assessed to see if it is effective. Periodic monitoring of outreach activities helps in understanding whether the project is achieving what it was meant to achieve, and if the outreach strategies are effective. Such a system can help the project make mid-course correction.

Background material 2: Advocacy

What is Advocacy?

Advocacy is a Latin term. The word 'Ad' means 'in favour of' and 'Voca' is to speak. Hence, the meaning of the word 'advocacy' is to speak in favour of someone.

Advocacy means to speak in favour of someone, and/or some issue. Advocacy places the marginalized in the centre of the efforts and is based on the principles of inclusion, social justice and human rights. Advocacy aims to influence decision makers and public perceptions to achieve social change. Policy Advocacy specifically aims to create a favourable policy environment to address the issue.

It is directed towards those who hold powers for decision-making and a degree of control over people's lives at various levels. Decision making powers within households for instance, often lies with the male head of household, at the community level, with formal and informal leaders of the community, including political/religious leaders; at the level of government, it could be with the village panchayat, the state legislature or the central government.

Various advocacy issues involve advocating with various power centres, at various levels. For instance, to raise the status of women within family and community, advocates persuade, pressurize, or negotiate with heads of households and community, to change their perception and attitude towards women. To increase government spending on health care for HIV/AIDS affected persons, advocates lobby/negotiate/pressurize central and state governments.

Advocacy thus, maybe understood as a tool for bringing about changes in perception, attitude, or policy, in favour of a certain affected group, by influencing decision makers/power centres at various levels.

Policy Advocacy is a set of targeted actions directed at decision makers in support of a specific policy issue. Advocacy comprises of delivering messages to influence the decision-making to bring about changes in public policies, legislations, services, programmes and even decisions about resource allocations of any institutions, at local, state or at national level.

Why advocacy?

Advocacy can achieve many results that cannot be achieved by other methods. In the context of LWS, through advocacy, people's attitude towards the HRGs can be changed, and stigma and discrimination against them can be reduced. Advocacy can also ensure that the rights of HRGs are not violated. Advocacy can also make the policy-makers aware of the problems and concerns of the people they represent and influence them to provide better options.

Policy Advocacy can attract attention of the policy-makers to the issues of the marginalized. By influencing the policy-makers, positive changes in favour of the marginalized can be brought about. It also creates an understanding among general public about various policies, schemes, social development programmes for the marginalized and the demands for better implementation.

Background material 3: Crisis management

What is a crisis?

A crisis is an emotional and physical response to some precipitating stressful event or series of events or traumatic change in a person's life that disrupts our normal day-to-day functioning. Everyone experiences a crisis now and then. They are a normal part of life and can occur at any stage. However, sometimes individuals or groups experience something that is so hurtful, challenging, or threatening that they feel overwhelmed. In the context of HIV prevention work, the vulnerability of the target populations leads to frequent crises and emerging issues to be dealt with, which could include:

- A blow to one's self-esteem
- Physical assault/ rejection/ sexually exploitation/ forcible snatching the belonging of members of targeted populations by police/ goondas/ community or family members
- Deprivation of the right to property/ school admission/ hold a job, etc.
- Arrest of the individuals on fake charges by the police, etc.

The outcome of crisis can result in a range of reactions, from feeling of helplessness, confusion, anxiety and lack of concentration, to attempt of suicide, depending on the following:

- The coping abilities of an individual
- The nature of the problem(s)
- Social, cultural, or environmental influences
- Matter of chance, random happenings

Persons feel that their coping resources are under great strain; thus they are often blocked by unproductive and repetitive patterns of thinking, live in a state of heightened emotions, and are unable to view dispassionately the range of options available for coping.

Generally speaking

- A crisis is a stressor or life challenge that requires an individual to adjust and adapt to an unpredicted situation or event.
- It is an acute disorganization or disruption in the functioning of an individual due to external or internal stress.
- In a crisis, a person experiences severe threat to their sense of emotional stability

Essential features of a crisis

- Personal attempts at solving the problem fail
- There seems to be no satisfactory solution to the problem
- The individual feels a sense of helplessness and loss of control
- The emotional states manifested are:
  - — panic, marked anxiety
  - — confusion and agitation
  - — depression/suicidal ideation
  - — anger, destructiveness
  - — more rarely, psychosis

The individual undergoing a crisis usually desires to be helped by others as s/he feels that coping without support is difficult. It is not always possible to avoid the crisis, but it is possible to plan so that their destabilizing effect on the programme can be minimized.

What is crisis management?

Taking an action to avert a potential crisis by early and careful intervention, deal with the crisis when it develops or make an attempt to limit the impact of an unforeseen problem or crisis or prevent it from escalating into an even bigger problem is called crisis management. The strategies needed to address three stages of the crisis are:

- Pre-crisis stage: It involves identification of potential crisis situations and developing contingency plans for responding to each of them
- Incident stage: It involves management of an ongoing actual crisis situation itself
- Post-incident stage: It includes corrective and preventive actions to preclude the recurrence of the same crisis situation

Some strategies of crisis management:

1. The best way to manage a crisis is not to have it in the first place. Planning, tracking developing situations and intervening early are good ways to avoid crises.
2. The worst way to manage a crisis is to not manage it at all.
3. Have good policies in place on key issues. Put in place a proactive process of advocacy for developing policy and guidelines on key issues.
4. Have good internal and external communication systems in place. Keep communicating as you manage the crisis so that different parts of the organization do not contradict each other. Make sure that you have a good internal filing system so that you can easily access the records and other documents you may need to assist you in responding.
5. Maintain strong linkages with key individuals and agencies, including the community members, PRI institutions, government departments, NGOs and people living with HIV/AIDS (PLHIV).
6. Conduct regular sensitization and advocacy programmes and create an environment that is conducive to the targeted populations.
7. Build up the self-esteem of the targeted populations

Background material 4: Conflict management

Conflict is a fact of life and everyone faces conflict situations where people with different goals and needs and different values come face to face. However, what is most important is to resolve it effectively and successfully and solve the problems between two conflicting parties.

The benefits of resolving the conflicts include:

- Both parties can get an insight into how the differences influence other people's lives through the process itself and are motivated to change their beliefs so that they can achieve their own goals without undermining those of other people.
- The conflict resolution process can trigger development of stronger mutual respect, and a renewed faith in their ability to work together.
- The process also makes them examine their own selves closely and help them understand what is most important to them.

- Different styles of conflict resolution can be adapted as per the need of the hour. They include:

Collaborating – Both parties jointly identify the problem, discuss pros and cons and choose a solution that can be acceptable to both.

Accommodating – Both parties agree to play down the differences and emphasize similarities.

Competing – Both parties have high concern for their own interests and less concern for the other's interest.

Avoiding – Both parties either withdraw from the problem or suppress the issue.

Compromising – A give-and-take approach involving moderate concern for both self and others. Each party has to give up something.

The conflict resolution process can take up a problem solving approach which involves the following steps:

1. Identify what each party has to say about the issue in hand.
2. Collect more information about the real reasons behind each side. Ask questions to both parties if required.
3. Brainstorm possible solutions.
4. Discuss how each solution would affect each side and figure out what compromises each would have to make.
5. Negotiate and select a solution that would give a win-win feeling to both parties.
6. Implement solutions.
7. Evaluate the impact.
8. Try other solutions if the impact is not encouraging.

Background material 5: Guidelines for M & E Reporting

A robust monitoring system is critical for measuring the progress and performance of the Link Worker Scheme. Evidence generated through M & E system will be used for consolidating learning, taking corrective actions and ensuring accountability while implementing the project. This material deals with the:

1. Aim of M & E in the LWS.
2. Indicators for monitoring project related inputs, outputs and outcomes.
3. Mechanisms for monitoring
4. Formats used for generating indicators
5. Analysis and report generation

i. Aim of M & E system in the LWS:

The aim of M & E system is to generate and process information (levels, trends and differentials) on programme coverage and service delivery on a regular basis and use it for programme review and planning. It answers three important questions using information generated through management information system (output and process level indicators), observation and through special studies, such as, polling booth survey. The three questions are:

1. What is the current level of coverage of outreach and service?

   Coverage is defined as the percentage of target group population that was reached by the programme or that received services from the programme during a specific period of time. It is measured using the formula:

$$\text{Coverage} = \frac{\text{Number of target group population reached by the programme in a particular geography during a specific time period}}{\text{Estimated number of target groups population in the same geography and during the same period of time}} \times 100$$

The advantage of using percentage over absolute number is that the latter may give a misleading result at the time of comparing two geographies or populations with different size estimations.

2. What are differentials of coverage?

   The differentials in coverage are measured by geographical coverage in terms of district, taluk, village etc.; coverage by type of target group population, such as, FSW, MSM, etc.; and characteristics of target population, such as, age and sex. The difference in geographical coverage measures whether there is any gap at any geographic division. The understanding of difference in geographic coverage would help mobilizing the appropriate resources at the places where more focus is required. Similarly, difference in coverage in any target group or characteristics would help us focusing on the groups that have not been reached.

3. What is the trend of coverage?

   The trend of coverage, overall or disaggregated by differentials, is an important parameter to measure the progress over time. Broadly, trends are classified into three types:

a. Increasing trend: if the coverage increases over time,

b. Decreasing trend: if the coverage decreases over time, and

c. Constant trend: if the coverage remains the same over time.

   A combination of all three types of trend is also observed in any time-trend data series. Programme observation, field visit and discussion with the implementing team helps in understanding the reason for a particular pattern of time-trend coverage and in taking decision for appropriate planning.

4. Indicators for monitoring project related inputs, outputs and outcomes:

   In the LWS, inputs and outputs will be monitored using routinely collected programme related data and outcomes will be measured using some special studies, such as, polling booth survey.

The indicators for programme monitoring are summarized in the following table.

Input indicators: Programme rollout indicators			
S.No.	**Indicator**	**Disaggregation**	**Source/Means of verification**
1	# of DRPs (programme & training) and supervisors recruited by the programme	-by sex, age, educational qualification	Staff register
2	# of DRPs (programme & training) and supervisors trained	- by theme/module	Training register
3	# of link workers recruited by the programme	-by age, sex, geography	Staff register
4	# of link workers trained	- by theme/module	Training register
5	# of volunteers identified by the link workers	-by sex	Staff register
6	# of volunteers trained by the link workers	-by sex	Training register
Output indicators for HRGs			
1	Estimated # of population of the HRGs	-by type of HRGs	SNA
2	Total # of members in the risk group that were contacted by the LWs in the reporting month	-by types of HRGs	LWDOR and VMSR
3	Cumulative # of members in the risk group that were contacted by the LWs in the reporting month	-by types of HRGs	LWDOR and VMSR
4	Total # of condoms distributed directly to the members of HRGs in the reporting month	-by types of HRGs	LWDOR and VMSR
5	Total # of members in the HRGs that were referred	-by type of services (STI, TB, ICTC, ART and network)	LWDOR and VMSR
6	Among referred HRGs, the # that received/ utilized services		

Output indicators for vulnerable population			
S. No.	**Indicator**	**Disaggregation**	**Source/Means of verification**
1	Estimated # of population of the HRGs	-by type of HRGs	SNA
2	Total # of active groups continuing in the reporting month	-by type of groups (SHGs, Stepping Stones, LSE)	VMSR, LW-Activity Register
3	Total # of meetings held by the groups in the reporting month	-by type of groups (SHGs, Stepping Stones, LSE)	VMSR, LW-Activity Register

Output indicators (other)			
1	# of villages mapped and selected for the implementation of the LWS	-by core, peripheral	SNA
2	# of condom outlets	-by new and continuing	VMSR
3	# of events conducted to reduce S & D	-by theme	VMSR, LW-Activity Register
4	Linkages developed with # of organizations		Minutes book
5	# of meetings held with VHSCs in the reporting month		VMSR, LW-Activity Register
6	# of incidents of violence that are addressed by the programme		-Violence and harassment register
7	# of individuals who are recipients of social welfare scheme	-by type of HRGs, vulnerable groups	Social entitlement Register

the indicators mentioned above will be generated using the standard formats mentioned in the table. The means of verification for these indicators are the formats that are mentioned.

The outcome indicators that will be monitored under the LWS are:

i. At the level of HRG

a. Consistent and correct condom use

b. Utilization of services (testing, care and support, and other social schemes)

ii. At the level of PLHIV and affected persons

c. Utilization of services (care and support, and other social schemes)

d. Reduction in stigma and discrimination-related experiences

iii. At the level of general population (disaggregated by sex, age and marital status)

e. Knowledge and attitudes

f. Behaviour – number of partners, safe sex practices

g. Utilization of services (testing, care and support, and other social schemes)

The outcome indicators will be measured, using appropriate methods from among the following:

- Polling booth surveys
- Sample survey
- Health care providers survey
- Key informants interview
- Focus group discussion

Apart from the above methods, the lead NGO in each state will carry out regular analysis of the available data from ART centres, ICTC, PPTCT, DOTs, for referrals and other trends, to understand the impact of the LWS on HIV prevalence trends.

3. Mechanisms of monitoring

The programme is monitored at three levels: village, cluster/taluk and district. Accordingly, three sets of formats are designed for three cadres of staff. The formats are used for collecting quantitative as well as qualitative data.

The village level outreach activities are carried out by the link workers and recorded using:

a. Link Worker's Daily Outreach Register

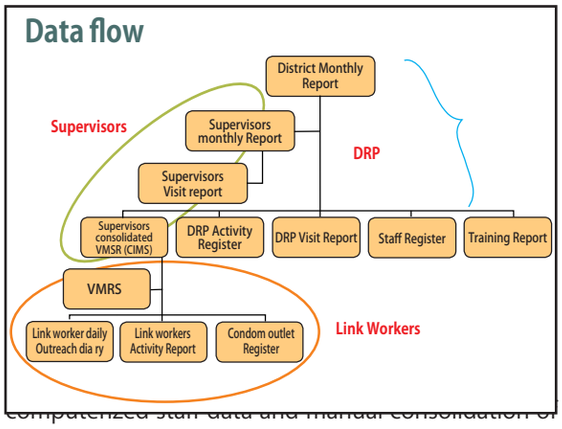
b. Link Worker's Activity Report (qualitative)

c. Condom Outlet Register

All three formats are summarized in the VMSR, by the pair of male and female link workers of the village, at the end of every month. The VMSR is computerized and used for generating monthly report.

The cluster level consolidation is generated from CMIS using village level CMIS data, supervisor's village visit report (qualitative) and DRP visit report (qualitative).

The district level report data is generated from CMIS using village level data, computerized training data, computerized staff data and manual consolidation of qualitative data.



4. Formats for generating indicators

This section contains instructions for filling the various reporting formats.

4.1 Staff Register:

At the time of joining of a new staff, details of the joining staff have to be filled in the register. The M & E officer is responsible for updating the register. The following items need to be recorded:

Name of the Staff: Record the correct name of the staff.

Type of Staff: Record the designation of the staff. There are 7 types of staff designations in the programme, including: District Resource Person, Training Officer, M & E Officer, Supervisor, Link Worker and Volunteers.

Note that this data is computerized and will be used as a source document for verifying the position of staff in the project.

Age: Record the age of the staff in completed years; refer to education document to record the age correctly.

Sex: Record sex as Male, Female, or Transgender

Education: Record information on completed education. For example, if a link worker has completed 8th standard but not qualified 9th standard, then record the education as "Secondary".

Contact Details: Record the postal address of the staff mentioning the colony, village/town, taluk, district and pin code.

Telephone Number: Record the landline number of the staff, if available. You can also record the PP (person-to-person) number in the absence of personal telephone number.

Mobile Number: Record the mobile number of the staff that s/he generally uses.

E-Mail ID: Record the email ID of the staff. In case the email is not available, you can help the staff to open an email account and then record the email address.

Date of joining: Record the date of joining of the staff in DD/MM/YYYY format.

Training date: Record the date on which the staff completed the induction training. The date format should be in DD/MM/YYYY.

Date of leaving: Update the date of leaving, if any staff leaves the job. The date of leaving is not the date of submission of resignation but the date s/he hands over the charge.

4.2 Link Worker's Daily Outreach Register:

The Link Worker's Daily Outreach Register (LWDOR) is for recording the daily outreach activities that are carried out by the link workers in the selected villages, on a daily basis. Note that the two link workers of the same village will use separate registers for recording their activities. They will consolidate both their registers in the Village Monthly Summary Report

(VMSR) at the end of every month. The link workers of the same village should meet regularly to ensure that there is no duplication of individual's records in both registers. This will help avoiding duplication of individuals reported by the programme.

The first section of the register is for filling the following items:

Name of the link worker: Record the name of the link worker who uses the register for recording activities.

Name of the village: Record the name of the village where the link worker is assigned.

# of segments: Record the number of segments in the village. The segmentation of the village is done at the time of Situation Needs Assessment (SNA).

Population: Record the population of the village as per Census 2001.

# of households: Record the total # of households in the village. You have this information from the SNA.

Month and Year: Record the month and year of reporting.

The next section is for recording the profile of the target population and details of services that were given to them on a daily basis.

Name of the target group member/ ID#: Record the name of the members of HRG/ vulnerable population and their ID number. Prepare the line list of the target groups from the previous month's register and append the name of the individuals that are newly contacted in the reporting month. This would help in monitoring the frequency and type of contact and also note the individuals that were not contacted during the month.

Sex: Record the sex of the target group member. Record "M" for male, "F" for female and "TG" for transgender. Note that the MSM should be recorded as male.

Age: Record the age of the members of the target group population in completed years, that is, the age at the time of his/her last birthday. In case the person is not able to state the correct age, probe for age by helping him/her recollect major lifetime events.

Category: Record the type of target group population using appropriate code. Record '1', if the target group member is an FSW, record '2', if the target group member is a MSM-T, record '3', if the target group member is an IDU, record '4', if the target group member is PLHIV, record '5', if the target group member is OVC and record '6', if the target group member falls under the category of "Other Vulnerable Men/Women". For definitions of target group, please refer to the Link Worker Operational Guidelines.

House #, Street/ colony: Record the usual place of residence of the person by recording house number, street or colony.

Segment: Record the segment where the person usually lives.

Service code: The services given to the target group members are recorded in the calendar using appropriate codes. In case more than one service was given to an individual on the same date, record all relevant codes using comma (,). Record the number of condoms given in the parenthesis, for instance, as: (10).

The service codes are listed below:

1. Contacted/Outreached; 2. Condoms given (also record the # of condoms in parenthesis); 3. Referred for STI treatment/consultation; 4. Completed STI treatment; 5. Referred to ICTC; 6. Obtained test result from ICTC; 7. Tested HIV+ve; 8. Referred to ART; 9. Pre-ART registered; 10. Receiving ART services; 11. Referred for TB diagnosis/treatment; 12. Accessed TB diagnosis/ treatment; 13. Referred to DLN for membership; 14. Obtained membership in DLN; 15. Referred for other services; 16. Obtained other services (specify the service in remark column)

Remarks: This column is given to record any important observation that needs to be reported. For example, you can record the new individuals that are contacted in the month, the persons who were not contacted for longer time and the reason for loss of contact, etc.

Note that the link workers will use this register and the SNA data for outreach planning. At the end of the month, the supervisor will check the format for completeness, consistency and correctness and the

VMSR will be compiled for each village using LWDOR of the two link workers working in the village.

4.3 Condom Outlet Register:

Condom Outlet Register is for recording the number of condoms that were supplied to the outlet. This provides data on how many condoms are distributed indirectly to the community. This mechanism does not provide information on condom usage. The condom distributed through the condom outlets could be either free, or through social marketing. There will be separate registers for each of the condom outlets in the village. For example, if there are 3 depots in a village, 3 Condom Outlet Registers will be maintained. The top most section is for recording details about the location and the type of outlet.

The following information should be filled at the time of opening a new condom outlet:

District: Record the name of the district where you are working.

Taluk: Record the name of the taluk where you are working.

Village: Record the name of the village where the condom outlet is situated.

Segment: Record the name of the segment where the condom outlet is situated.

Code (Segment code): Record the code number of the segment. Use the same segment codes that were assigned at the time of the SNA.

Type of depot: In the LWS, condom outlets are categorized into four categories:

(a) **Individual depot holder:** The condoms are stored and distributed by an individual, such as, an Anganwadi worker, an FSW, etc. Note that when condoms are stored by peer educators for hand-to-hand distribution, it is not considered as an outlet.

(b) **Establishment:** Condoms are stored and distributed by an establishment, such as, a grocery shop, an arrack shop, telephone booth, etc.

(c) **Public place:** If the outlet is an un-manned outlet set up in a public place. For example, a condom outlet set up at the bus-stand, or any open space.

(d) **Social Marketing:** If the social marketing programme supports the outlet. Note that in social marketing condom outlets, minimum price is charged for the condom. For example, a grocery shop sells condom on social marketing price that is less than the market price of the condom.

Name of the depot holder: Record the name of the person who holds the depot. There is no need to record this information if the depot is located in a public place.

Following information needs to be filled as and when condoms are supplied to a condom outlet:

Date: Record the date on which the outlet was visited for assessing the stock/uptake of condoms that were supplied during the last visit.

Stock: Record the number of condoms that were available in the depot on the day it was visited, to assess whether there is need to supply additional condoms.

Supply: Record the number of condoms that were supplied in the depot.

Waste: Record the number of wasted, or outdated condoms that were found in the stock, if any. Otherwise record '0'.

4.4 Link Worker's Activity Register:

This is a monthly register of the link workers and has to be submitted to the supervisor at the end of every month. The Link Worker's Activity Register is meant for recording the community level activities that were carried out by link workers in the village. The register needs to be filled as and when the link workers conduct any activity in the village.

In the top section of the register, record the name of the district, taluk and village where the reported activity was conducted; and the month & year when

the report was prepared.

Complete the following information:

Activity: Record the type of activity that has been conducted. Example of such activities are: any community level activities, such as, community meeting, meeting for Red Ribbon or Stepping Stones group, meeting with village functionaries, community level events, etc.

Date: Record the date on which the activity was conducted.

Theme: Record the main theme of the activity.

Objective: Record the main objective/s of the activity.

# of participants: Record the number of participants in the activity.

Remarks: Record any major observation that you would like to share. For example, if you are able to identify some volunteer for the project.

4.5 Village Monthly Summary Report [VMSR]:

The Village Monthly Summary Report is a consolidated report of the activities that a pair of link workers carried out in a village. At the end of every month, the male and female link workers should compile the VMSR together. The VMSR data is entered in the CMIS to generate consolidated monthly report for the district. The formats that are needed to compile the VMSR are:

(1) Link Worker's Daily Outreach Register

(2) Link Worker's Activity Register

(3) Condom Outlet Register

Use the following instruction table to compile the VMSR for a particular month:

S. No.	Indicator	Category	Instruction	Source document
1	Village Name		Record the name of the village for which you are preparing the report	
2	Taluk name		Record the name of the taluk under which the village falls	
3	District name		Record the name of the district under which the village falls	
4	Reporting month		Record the name of the month for which you are preparing the report. Note that you have to compile this report at the end of every month	
5	Reporting year		Record the year of reporting	
PART-1: OUTREACH INDICATORS (For capturing the output level indicators for the programme)				
6	Estimated number - Total	-FSW -MSM -IDU -Vulnerable men -Vulnerable women -PLHIV -OVC	Record the estimated of population, separately for each target groups (HRGs and vulnerable population, PLHIV and OVC). Note that this number will remain constant for the whole year, or unless jointly revised by the NGO and the lead NGO.	Mapping Document

7	# of individuals contacted in this month – Total	-FSW -MSM -IDU -Vulnerable men -Vulnerable womenPLHIV -OVC	Count the total number of individuals that are contacted for any services at least once during the reporting month. Note that you are counting individuals not the number of times individuals are contacted. For example, if an individual is contacted twice in a month, you should report it one individual.	LWDOR
8	# of individuals contacted in this month - New	-FSW -MSM -IDU -Vulnerable men -Vulnerable women -PLHIV	Count the number of NEW individuals that were contacted for any services at least once during the reporting month. You should count the name of the individuals that were newly appended in the Link Worker's Daily Outreach Register. Note that you are counting individuals, not the number of times individuals are contacted. For example, if an individual is contacted twice in a month, then you should report it as one individual.	LWDOR
9	Number of condoms distributed directly	-FSW -MSM -IDU -Vulnerable men -Vulnerable women -PLHIV -OVC	Count the total number of condoms that were distributed to the individuals that were contacted in the reporting month. The number of condoms distributed is recorded in the LWDOR.	LWDOR
10	Number referred during the month	STI treatment	Record the # of individuals that were referred for STI treatment. The STI treatment is coded as '3' in the LWDOR.	LWDOR
		ICTC	Record the # of individuals that were referred to ICTC for counseling and testing of HIV. The referral for HIV testing is coded as '5' in the LWDOR.	LWDOR
		TB Diagnosis / Treatment	The suspected cases of TB are identified during outreach using 'Ten point scale'. Record the # of individuals that were referred to DMC/DOTS center for TB diagnosis and, if found positive, referred for initiation of TB treatment. The referral for TB diagnosis /treatment is coded as '11' in the LWDOR.	LWDOR

		ART	The HIV +ve individuals from the villages are referred to ART centers for pre-ART registration. Record the # of HIV infected individuals (NEW) referred to ART centers for pre-ART registration. Note that under this indicator only individuals that were referred to ART center for the first time are counted. The repeat referrals are not counted under this indicator. If the person does not visit the center after first referral, then you should follow-up and motivate him/her to visit the ART center.	LWDOR
		DLNs	Record the # of individuals (NEW) that are referred to DLN for DLN membership. Note that under this indicator, only individuals that were referred to DLN for the first time are counted. The repeat referrals are not counted under this indicator.	LWDOR
		TI	Record the # of HRGs (FSWs, MSMs and IDUs) referred to any targeted intervention programme (TI) for accessing prevention, education and services, such as, STI treatment and condoms.	LWDOR
		Other	Record the # of individuals referred for services that are not listed in the MIS format. The services may include, linkages to any social entitlement programme, government development programme, other HIV and non-HIV related programme run by NGOs or government.	LWDOR
11	Number of individuals who accessed (services) during the month Note: This indicator measures the number of individuals who received services after being referred by the link workers from the selected villages.	STI treatment	Record the # of individuals who were referred by you (link worker) for STI treatment/consultation and who completed STI treatment. The completion of STI treatment is coded as '4' in the LWDOR	LWDOR
		ICTC	Record the # of individuals who were referred by you (link worker) for HIV testing at ICTC and obtained their test result. The obtaining of test result from ICTC is coded as '6' in the LWDOR	LWDOR
		TB Diagnosis / Treatment	Record the # of individuals who were referred by you (link worker) for TB diagnosis/ treatment and accessed TB diagnosis/ treatment services. The obtaining of TB related services is coded as '12' in the LWDOR	LWDOR

		ART	Record the # of newly identified PLHIV who were referred to ART center and received pre-ART enrolment services.	LWDOR
		DLNs	Record the # of PLHIV who were referred to DLN and obtained DLN membership.	LWDOR
		TI	Record the # of HRGs (FSWs, MSMs and IDUs) referred to any targeted intervention programme (TI) and received education and/ or services, such as counseling, STI treatment and condoms.	LWDOR
		Other	Record the # of individuals referred for other services, such as, linkages to any social entitlement programme, government development programme, other HIV and non-HIV related programme run by NGOs or government and obtained such services.	LWDOR
12	Number of individuals identified as HIV +ve	Male, Female	Record the # of individuals in the village that were tested HIV +ve during the reporting month. This number includes individuals that were referred by you to ICTC and were found to be HIV +ve and also other HIV +ve individuals that you were able to identify in the village. The testing of HIV +ve is coded as '7' in the LWDOR.	LWDOR
13	Total # of active group -continuing	SHGs, Red Ribbon club, and other (Stepping Stones)	Record the # of groups that were formed and were active in the reporting month. The number of groups reported should be disaggregated by type of groups, such as, SHGs, Red Ribbon club, Stepping Stones, etc.	Link Worker's Activity Register
14	Number of meetings held by the group	SHGs, Red Ribbon club, and other (Stepping Stones)	Record the # of group meetings held during the reporting month. The number of meetings reported should be disaggregated by the type of groups, such as SHGs, Red Ribbon club, Stepping Stones, etc.	Link Worker's Activity Register
15	Total number of condom depots in the village	Continuing	Record the # of condom outlets that were operational in the village in the reporting month. The reported number includes the condom outlets that were established in the reporting month and also the condom outlets that were established in the previous month/s and were operational. The condom outlets are considered operational if they were monitored on a regular basis and condoms were supplied as per need.	Condom Outlet Register

16	Total number of condom depots established in the village	New	This is a subset of indicator number 15. Record the # of condom outlets that were newly established in the village in the reporting month.	Condom Outlet Register
17	Total number of condoms distributed through condom depots		Record the # of condoms that were supplied to the condom outlets located in the village.	Condom Outlet Register
18	Number of volunteers identified	Male, Female	Record the # of volunteers that were identified by the programme in the village. The identification of volunteers implies that the volunteers should be willing to provide support to the project on a sustainable basis.	Staff Register
19	Number of volunteers trained	Male, Female	Record the # of volunteers from the village who received training on the project.	Staff Register and Training Register
PART-2: ACTIVITY INDICATOR				
This section is for recording the community participation activities carried out in the village during the reporting month. Examples of such activities are: a. Social Mapping, b. Household Survey and SNA, c. Meeting with village functionaries, d. Community meeting with SHGs, Red Ribbon club etc, e. Formation of information center, f. Formation of Red Ribbon/ Stepping Stones groups, etc.				
20	Activity	# of meetings	Record the # of meetings conducted for the activity in the reporting month	Link Worker's Activity Register
		# of participants	Record the # of individuals who participated in the meetings in the reporting month	
		Theme	Specify the theme of the activity	
		Objective	Specify the main objective/s of the activity	
		Remarks	Record any major observations and the level of community participation	

4.6 Supervisor's Visit Register:

Every time a supervisor visits a village s/he has to fill a new report. For example, if the supervisor visits a village 3 times in a month, s/he should prepare 3 reports. At the end of the month, all visit reports should be consolidated in the Supervisor's Monthly Report. Following are the items that need to be filled for every visit:

Name of the district/state: Record the name of the district where you are working.

Name of the supervisor: Record your name (the supervisor who is preparing the report after

completion of village visit).

Date of visit: Record the data of visit in DD/MM/YYYY format.

Village visited: Record the name of village that has been visited.

Activities carried out: Specify the list of activities that have been carried out on the date that you visited the village. Note that one of the major activities is to cross verify the VMSR with other source documents used by the link workers to compile VMSR, such as, outreach diary, condom outlet register, activity register, etc.

Issues identified: List down the major programme and data related issues that were discussed during the meetings/ activities.

Solution provided: List down the solutions that emerged during interactions with the community members, to improve the programme and to improve the quality of reporting.

4.7 Supervisor's Monthly Report:

This is a Supervisor's Monthly Report. The instructions are clearly mentioned in the Supervisor Monthly Report format itself. At the end of every month, the supervisor should compile all visit reports into Supervisor's Monthly Report and submit to the DRP. Following items need to be filled by the supervisor:

Name of the district/state: Record the name of the district and state assigned to you (the supervisor).

Name of the Supervisor: Record your name (the name of the supervisor who is compiling the monthly report).

Reporting month and year: Record the name of the month and the year of reporting. Note that you have to prepare the report on the last date of the month.

Total number of villages under the supervisor: Record the number of villages that you are responsible for monitoring and supervising.

Total number of village reports received by the supervisor: Record the number of villages for which you have received VMSR for the reporting month.

Following section is for recording village-wise information for all villages that the supervisor is responsible for:

Name of the village: List the names of the villages that come under your supervisory jurisdiction, in the first column.

# of times visited: For each village, record the total number of visits you made in the reporting month, in column 2. This information should come from the Supervisor's Visit Register. Note that you should have one Supervisor's Visit Register filled in for each village visit you made.

Inputs provided: For each village, record the type of inputs provided for the LWS in the village, in column 3. The inputs provided should be summarized from the Supervisor's Visit Register.

# of target group members met: Record the total number of specific target group members you have met in the villages you visited during the reporting month. This again comes from the Supervisor's Visit Register.

Whether monthly report is received on time: Indicate whether you have received the monthly report on time or not. Record `YES' for villages for which you have received VMSR on time. Record `NO' for villages for which you have not received VMSR for the reporting month.

Whether the monthly report is verified against LWDOR and other source documents: Record `YES' for villages for which you have verified the monthly reports against the Link Workers' Daily Outreach and Activity Registers and Condom Outlet Register. Otherwise, record `NO'.

4.8 DRP Visit Report:

Every time a DRP visits a village s/he has to fill a new report. For example, if you have visited a village 3 times in a month, you should prepare 3 reports. Following are the items that need to be filled in for every visit:

Name of the district/state: Record the name of the district assigned to you (the DRP).

Name of the DRP: Record your name (the DRP who is preparing the report after completion of village visit).

Date of visit: Record the data of visit in DD/MM/YYYY format.

Village visited: Record the name of village that you have visited.

Activities carried out: Specify the list of activities that

you have carried out on the date you have visited the village.

Issues identified: List the major programme and data related issues that were discussed during the meetings/ activities.

Solution provided: List the solutions that emerged during interactions with the community members, to improve the programme and to improve the quality of reporting.

4.9 Training Register:

Training is conducted at two levels (1) Implementing NGO level and (2) Lead agency level. The implementing partner is responsible for submitting the training reports for trainings that are conducted by them. The lead agency will prepare separate reports for trainings conducted at the state level. All trainings conducted in the district for the project staff and volunteers should be recorded using the Training Register. Prepare separate reports for each of the training conducted in your districts. The DRP (Training) is responsible for submitting the Training Register to the lead agency Training Officer at the end of every month. Do not use this register for recording any meetings or discussions.

Note that before conducting any training, you should get prior approval from the Training Officer of the lead NGO, stating the objective/s, curriculum and list of participants. Be sure that the staff should attend trainings that are relevant to their area of work and the training should be able to strengthen skills for delivering project related outputs.

The Training Register has two sections: the first section is for capturing the details of the training agenda and curriculum, and the second section is for recording the profile of the participants who attended the training. The details of each section are discussed below:

Agenda and curriculum: following items should be filled up in this section:

1. Name of the institution that conducted the training: Record the name of the implementing NGO or lead NGO that has conducted the training.
2. Name of the training: Record the name of the training. Refer to the LWS Operational Guidelines to record the suitable name of the training. Examples of names of trainings are: Orientation to the LWS, Stepping Stones training, etc.
3. Whether a new or refresher training: Record the type of training as NEW or REFRESHER training. The details of new and refreshers trainings are given in the LWS Operational Guidelines.
4. Objective of the training: Record all the main objectives of the training, in bullet points.
5. Training curriculum: Record the session wise details of the training curriculum, including session details, time and resource person(s).
6. Venue: Record the venue of the training programme. You should specify the detailed address of the venue, including the place, town and district name.
7. Dates of the training: Record the start date of the training against the field `From' and the end date of the training in the field `To'. You should use DD/MM/YYYY format for recording dates. In case of one-day training programme, record the same date of training in both fields (`From' and `To').
8. Duration of training: Record the duration of training in days. Include start and end days of the training while counting the number of days.
9. Number of trainees: Record the number of male, female and total individuals that completed the training. You should not count those individuals who did not complete the entire training.

List of the participants:

This section is for recording the profile of the trainees who attended the training programme. Following are the fields that need to be filled up:

(1) Name: List all staff/volunteers who attended the training.

(2) Sex: Record the sex of the trainees against each name.

(3) Institution affiliated to: Record the name of the organization where the trainee is working as staff or volunteer.

(4) Designation: Record the designation of the trainee. Use the appropriate terminology using the Operational Guidelines to record the designation.

(5) New/Repeat: Specify whether the person has already attended the same training programme previously, in the same organization, or in other places.

5. Analysis and Report

The data generated from the MIS system will be used for generating monthly report of the districts and shared with the lead agency and NACO. In addition, more detailed analysis of the village level data will be done to identify the programme response gaps.

5.1 District Monthly Report:

The monthly report for submission to NACO will be automatically generated from CMIS, VMSR data, staff data and training data. The indicators for the monthly reports are the same as the VMSR and discussed in the previous sections. The following table describes the computation process for each of the indicators in the monthly report. In the absence of CMIS, one can generate the monthly report manually, using the instruction given in the table.

District Monthly Report format (field)	Source document	Fields/ comment
1. Estimated number as per the mapping (this number will remain static)	VMSR	Estimated number based on SNA, static for the whole year
2. Total contacted this month		
3. Cumulative contacted		
Category of the staff		
DRP (Programme)		
Number approved - 1		This number will remain constant for a project year
Number in place	Staff Register	Check that the staff has not left the project in the reporting period
Trained	Training Register	Check that the staff has received at least one training
Cumulative Trained	Training Register	Record the number of times the staff received training
Training Officer		
Number approved - 1		This number will remain constant for a project year
Number in place	Staff Register	Check that the staff has not left the project during the reporting period
Trained	Training Register	Check that the staff has received at least one training
Cumulative Trained	Training Register	Record the number of times the staff received training

District Monthly Report format (field)	Source document	Fields/ comment
M&E Officer		
Number approved - 1		This number will remain constant for a project year
Number in place	Staff Register	Check that the staff has not left the project during the reporting period
Trained		
	Training Register	Check that the staff has received at least one training
Cumulative Trained	Training Register	Record the number of times the staff received training
Supervisors		
Number approved- 4		This number will remain constant for a project year.
Number in place	Staff Register	Check that the staff has not left the project during the reporting period
Trained	Training Register	Check that the staff has received at least one training.
Cumulative Trained	Training Register	Record the number of times the staff received training.
Link Workers		
Number approved - 40		This number will remain constant for a project year.
Number in place	Staff register	Check that the staff has not left the project during the reporting period
Trained		
	Training register	Check that the staff has received at least one training.
Cumulative Trained	Training register	Record the number of times the staff received training
1. Condom		
a. No. of condom depots established	VMSR	Add the following two fields to get the value: 1. Total number of condom depots in the village-CONTINUING 2. Total number of condom depots established in the village-NEW
b. Uptake of condoms through condom depots	VMSR	Total number of condoms distributed through condom depots.
c. Uptake of condoms through free distribution	VMSR	Number of condoms distributed directly.

District Monthly Report format (field)	Source document	Fields/ comment
2. Involvement of Volunteers		
Number approved -		KEEP THE FIELD BLANK (WE WILL PROVIDE THE DETAIL SUBSEQUENTLY)
Number in place	VMSR	Number of volunteers identified: (COUNT THE TOTAL OF MALE AND FEMALE)
Trained	VMSR	Number of volunteers trained: (COUNT THE TOTAL OF MALE AND FEMALE)
Cumulative Trained	VMSR	Count cumulative till the reporting month: The cumulative for the reporting month will include the number trained in the present month and number trained in previous months.
3. Linkages and utilization of services		
a. ICTC (Total)		
Referrals	VMSR	Number referred during the month-(ICTC): The number includes total from all target groups: FSWs, MSMs, IDUs, other men at risk, other women at risk, PLHIV male, PLHIV females, OVC male and OVC female.
Tested /Treated	VMSR	Number accessed during the reporting month-(ICTC): The number includes total from all target groups: FSWs, MSMs, IDUs, other men at risk, other women at risk, PLHIV male, PLHIV females, OVC male and OVC female.
Cumulative Referrals	From Referred	This number includes number referred in the reporting month and number referred in all previous months. Take total of all target groups (FSWs, MSMs, IDUs, other men at risk, other women at risk, PLHIV male, PLHIV females, OVC male and OVC female)
Cumulative tested/service provided	From Tested / Treated	This number includes number tested in the reporting month and number referred in all previous months. Take total from all target groups (FSWs, MSMs, IDUs, other men at risk, other women at risk, PLHIV male, PLHIV females, OVC male and OVC female)

District Monthly Report format (field)	Source document	Fields/ comment
b. ICTC (only HRG population)		
Referrals	VMSR	Number referred during the month-(ICTC): The number includes total from three target groups: FSWs, MSMs and IDUs.
Tested /Treated	VMSR	Number accessed during the reporting month-(ICTC): The number includes total from three target groups: FSWs, MSMs and IDUs.
Cumulative Referrals	From Referred	This number includes number referred in the reporting month and number referred in all previous months. Take total from three target groups (FSWs, MSMs and IDUs).
Cumulative tested/service provided	From Tested / Treated	This number includes number tested in the reporting month and in all previous months. Take total from three target groups (FSWs, MSMs and IDUs).
c. STI (Total)		
Referrals	VMSR	Number referred during the month-(STI): The number includes total from all target groups: FSWs, MSMs, IDUs, other men at risk, other women at risk, PLHIV male, PLHIV females, OVC male and OVC female.
Tested /Treated	VMSR	Number accessed during the reporting month-(STI): The number includes total from all target groups: FSWs, MSMs, IDUs, other men at risk, other women at risk, PLHIV male, PLHIV females, OVC male and OVC female.
Cumulative Referrals	From Referred	This number includes number referred for STI in the reporting month and number referred in all previous months. Take total of from all target groups (FSWs, MSMs, IDUs, other men at risk, other women at risk, PLHIV male, PLHIV females, OVC male and OVC female)
Cumulative tested/service provided	From Tested / Treated	This number includes number received treatment for STI in the reporting month and number treated in all previous months. Take total from all target groups (FSWs, MSMs, IDUs, other men at risk, other women at risk, PLHIV male, PLHIV females, OVC male and OVC female)

District Monthly Report format (field)	Source document	Fields/ comment
d. STI (only HRG population)		
Referrals	VMSR	Number referred during the month-(STI) The number includes total from three target groups (FSWs, MSMs and IDUs).
Tested /Treated	VMSR	Number accessed during the reporting month - (STI): The number includes total from all target groups (FSWs, MSMs, IDUs, other men at risk, other women at risk, PLHIV male, PLHIV females, OVC male and OVC female).
Cumulative Referrals	From Referred	This number includes number referred for STI in the reporting month and number referred in all previous months. Take total from all three target groups (FSWs, MSMs and IDUs)
Cumulative tested/service provided	From Tested / Treated	This number includes number received treatment for STI in the reporting month and number treated in all previous months. Take total from all three target groups (FSWs, MSMs and IDUs).
d. TB referrals (DMC center)		
Referrals	VMSR	Number referred during the month-(TB Diagnosis / Treatment): The number includes total from all target groups (FSWs, MSMs, IDUs, other men at risk, other women at risk, PLHIV male, PLHIV females, OVC male and OVC female).
Tested/Treated	VMSR	Number accessed during the reporting month - (STI). The number includes total from all target groups (FSWs, MSMs, IDUs, other men at risk, other women at risk, PLHIV male, PLHIV females, OVC male and OVC female).
Cumulative Referrals	From Referred	This number includes number referred for TB Diagnosis / Treatment in the reporting month and number referred in all previous months. Take total of all target groups (FSWs, MSMs, IDUs, other men at risk, other women at risk, PLHIV male, PLHIV females, OVC male and OVC female)

District Monthly Report format (field)	Source document	Fields/ comment
Cumulative tested/service provided	From Tested / Treated	This number includes number tested for TB and diagnosed as TB cases in the reporting month and in all previous months. Take total from all target groups (FSWs, MSMs, IDUs, other men at risk, other women at risk, PLHIV male, PLHIV females, OVC male and OVC female)
e. TI NGO/CBO (only for HRG population)		
Referrals	VMSR	Number referred during the month-(TI NGO/ CBO): The number includes total from three target groups: FSWs, MSMs and IDUs
Tested /Treated	VMSR	Number accessed during the reporting month - (TI NGO/CBO): The number includes total from three target groups (FSWs, MSMs and IDUs).
Cumulative referrals	From Referred	This number includes number referred to TI NGO/CBO in the reporting month and number referred in all previous months. Take total from all three target groups (FSWs, MSMs and IDUs)
Cumulative tested/service provided	From Tested / Treated	This number includes number linked to TI NGO/CBO programme in the reporting month and number linked in all previous months. Take total from all three target groups (FSWs, MSMs and IDUs).
f. PLHIV network		
Referrals	VMSR	Number referred during the month-(DLN): The number includes total of all target groups: FSWs, MSMs, IDUs, other men at risk, other women at risk, PLHIV male, PLHIV females, OVC male and OVC female
Cumulative Referrals		This number includes number referred to DLN in the reporting month and number referred in all previous months. Take total from all target groups (FSWs, MSMs, IDUs, other men at risk, other women at risk, PLHIV male, PLHIV females, OVC male and OVC female)

District Monthly Report format (field)	Source document	Fields/ comment
g. Identified positive		
Number	VMSR	Number of individuals identified as HIV +ve: this number includes total of both male and female
Cumulative		This number includes number identified as +ve in the reporting month and in all previous months
h. ART referral		
Number	VMSR	Number referred during the month-(ART): The number includes total from four target groups (PLHIV male, PLHIV females, OVC male and OVC female).
Cumulative		This includes number referred in the reporting month and also all previous months.
4. Outreach activities:		
Advocacy meeting with district level stakeholders		
a. Meetings with other village functionaries (Panchayat/NYK, etc.)	VMSR	Meetings with other village functionaries
Total Number		Record # of meetings
Cumulative Number		Show cumulative # of meetings including meetings in reporting month
Objectives		PROVISION FOR MANUAL TEXT ENTRY
Key Outcomes		PROVISION FOR MANUAL TEXT ENTRY
Number of participants		# participated
b. Community events and meetings organized with SHG/Youth clubs	VMSR	Community meetings with SHGs/Youth Clubs/ Red Ribbon Clubs, etc.
Total Number		Record # of meeting
Cumulative Number		Show cumulative # of meetings including reporting month
Objectives		PROVISION FOR MANUAL TEXT ENTRY
Key Outcomes		PROVISION FOR MANUAL TEXT ENTRY
Number of persons participated		# participated
c. Number of information centers established		# of information centers established
d. Number of Red Ribbon clubs/Stepping Stomes groups formed and operational		# of Red Ribbon clubs/ Stepping Stones group formed and operational

5.2 Programme response gap analysis:

The routine analysis and reporting mechanism provides information on overall performance of the project at the district and state level. The village level time-trend data entered in the CMIS gives us an opportunity to analyze the data at village level. The village level data will be used for identifying the pockets where there are gaps in programme response. The indicators for such analysis will be computed against pre-decided targets. The examples of such indicators (milestone indicators) are:

1. % of villages where 100% of the estimated HRGs were contacted in the project year
2. Mean # of condoms given to HRGs that were contacted in the month
3. % of villages where 70% of HRGs received condoms as per their needs
4. % of villages where 90% of HRGs were referred for STI
5. % of villages where 90% of HRGs were referred for ICTC
6. % of villages where 80% of PLHIV were referred for TB diagnosis/treatment
7. % of villages where 80% of the referred individuals received services
8. % of villages that have at least 2 condom depots
9. % of villages that have identified at least one male and one female volunteer
10. % of villages that have formed at least 4 groups (e.g., Stepping Stones)

Background material 6: Ethical issues in the context of the LWS

Rationale

HIV/AIDS has gone beyond just being a medical condition. It is an epidemic that touches multiple dimensions of life such as social, economic, legal and human rights. HIV/AIDS has brought the inequalities among communities, stigma and discrimination, and deprivation/denial of basic human rights that exist in the communities to the surface. Rights of people who are infected or affected by HIV/AIDS are often violated by the families, communities and even in health-care settings, places of employment, educational institutions. On the other hand people from certain marginnalised communities and populations such as FSWs, MSMs and IDUs become more vulnerable to HIV/AIDS than others.

People who are vulnerable to HIV are also discriminated on account of their sexual orientation, gender, socio-economic status, etc. It is very important for the LWS team members to understand the various discriminations faced by people infected/ affected by HIV/AIDS and their vulnerabilities. In the course of implementation of the LWS, the team members need to ensure that all interventions are undertaken in the interest of the targeted populations and do not intentionally or unintentionally increase discrimination against them or their vulnerabilities.

Issues

Following are some of the ethical issues to be considered:

- Informed consent for HIV testing and other interventions
- Privacy and confidentiality
- Sensitivity to the rights of members of targeted populations

Informed consent for HIV testing

This principle demands that people have a right to be informed about the reasons why HIV testing is being recommended, the clinical and prevention benefits of testing and the potential risk of transmission. The principle also asserts that everyone has the right to decline the test. Those declining the tests should not be disallowed access to services on account of their declination. While establishing linkages for STI/ pre-ART registrations / ART services etc., service providers are duty-bound to explain the procedure, nature, purpose, reasons, benefits, etc., of the service and take the consent of the patient for linking him/her to the service.

Privacy and confidentiality

This principle means that everyone has the right to keep their identity and personal information, including medical information such as HIV status, reports, etc., exclusively with themselves. Only the person concerned has the right to disclose or sanction disclosure of personal information, except in exceptional circumstances such as where the information has to be shared with the health care provider. This is done to prevent discrimination or stigmatization.

The wards in hospitals/ health care centres, patient files or reports are required to not be labeled in anyway that indicates HIV status of the patients.

Sensitivity to the rights of members of targeted populations

This principle requires that the LWS team members should be sensitive to the rights of HRGs to dignity, safety, welfare, access to health care, education, and so on, irrespective of their HIV status.

Format 1: Pre and post-tests

Date: Venue:

Pre / Post test Questionnaire

This is to give us a feedback about the beliefs, opinions and knowledge you hold. This will help us to help you better during the training. Please fill out to the **BEST OF YOUR KNOWLEDGE** and try and answer all the items/ questions. All information can be given to you as feedback. Should you have any doubts regarding the items/ statements, please feel free to ask the facilitator.

Full Name: _____ Sex: Male / Female

Designation:_____

Name of the organization: _____ District: _____

1. Which of the following is the key principle in outreach:

a. Self Representation and Empowerment: Making community the natural owners of the programme

b. Disseminating ideas or information by outreach team, which the community trusts and often selected by the community

c. Both of the above

d. None of the above

2. Outreach can be effectively done by

a. Engaging the participants

b. Disseminating information, or ideas

c. Informal chat with participants

d. None of the above

3. Micro plans are developed for

a. Everybody in the selected village

b. Each at-risk individual in the village

c. Everybody in the age group of 15 – 45 years

d. All Self Help Groups in the village

4. Which of the following is NOT used for micro planning:

a. Segment maps

b. Focused maps

c. District map

d. Social maps

5. Under which circumstances are IPC/ communication materials NOT effective

a. One-to-one

b. One-to-small group

c. One-to- very large gathering

d. All of the above

6. Effective communication requires which of the following:

a. Strong dialogue skills

b. Ability to use IPC/communication materials correctly

c. Technical knowledge on the issue

d. All of the above.

7. Which of the following is the outreach format to be filled by the link worker:

a. Link Worker Daily Outreach Register

b. Link Worker Activity Register

c. Village Monthly Summary Report

d. All of the above

8. Opportunity gap analysis is:

a. To look for job opportunities

b. A tool for planning & supervision

c. Analysis done to improve training methodologies.

9. Advocacy is important in the HIV prevention programme to:

a. Understand the dynamics between various stakeholders

b. Provide protection to the target groups

c. Build a good relationship with the government departments

d. All of the above

10. The expected result of advocacy is:

a. Reduction in the challenges faced by the HRG members

b. Identification of individuals /agencies working for HIV prevention programme

c. Meet the annual targets of the project

d. None of the above

11. Advocacy includes the following:

a. Defending and sensitizing

b. Exposing and communicating

c. Changing and deciding

d. All of the above

12. Prioritization of advocacy issues is an important activity because:

a. It provides an approach that can help a network or organization decide which issue they should focus on and why

b. It helps advocate the need that is very important to the target audiences.

c. It helps advocate an area on which the advocating group has more experience

d. None of the above

13. An advocacy goal is:

a. What you hope to achieve over a long period

b. Subject of your advocacy efforts

c. Both (a) and (b)

d. None of the above

14. Advocacy objectives should be:

a. Specific, Realistic and Measurable

b. Specific, Measurable, Action oriented, Realistic, Time-bound

c. Simple, Realistic and Target oriented

d. None of the above

15. Advocacy messages should:

a. Ideally include only one main point

b. Always be pre-tested with representatives of the target audience

c. Should describe the action that the audience is being encouraged to take

d. All the above

16. Face-to-face communication in advocacy provides opportunities to:

a. Build relationships with decision makers

b. Make the public aware of the work of your organization

c. Bring your issue to the attention of the for future action

d. Assess the views of the target audience and provide their information needs

17. The indicators of LWS include the following

a. Programme rollout, output for high-risk and vulnerable groups, human resource, training and other indicators, outcome and impact level Indicators

b. Output, outcome and impact indicators only

c. None of the above

18. It is very important for any one working in the HIV/AIDS sector to

a. Respect the right of the members of the targeted populations to confidentiality

b. Respect the right of the members of the targeted populations to informed consent

c. Sensitivity towards rights of the targeted populations

d. All the above

e. None of the above

Format 2: Opportunity gap analysis

Period From: To:

Name of the sub-cluster : _____

Name of the female link worker : _____

Name of the male link worker : _____

Name of the supervisor : _____

	Target group	# of Target group members	Current status	Gap	Reason	Plan
# of target group members – Estimated	FSWs/ MSMs / IDUs / PLHIVs					
# of target group members - Registered	FSWs/ MSMs / IDUs / PLHIVs					
# of target group members - Regular contact	FSWs/ MSMs / IDUs / PLHIVs					
# of target group members - Accessed service	FSWs/ MSMs / IDUs / PLHIVs					
# of target group members - Changed behaviour	FSWs/ MSMs / IDUs / PLHIVs					

Format 3: M & E Reporting Formats

Staff Register

									Staff register (Link W	
S. No.	Name	Type of staff	Age	Sex	Education	Contact details	Telephone number	Mobile number	Email	
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										
26										
* Date of first induction training										

								Module1			Module2			Module3			Module4		
ink Worker Scheme)																			
		Date of joining			Trained on date*			Trained on date*			Trained on date*			Trained on date*			Date of leaving		
		DD	MM	YYYY	DD	MM	YYYY	DD	MM	YYYY	DD	MM	YYYY	DD	MM	YYYY	DD	MM	YYYY

Link Worker's Activity Register

2010-2011					
L. W. Activity Register					
Village					
Taluka	Reporting Month				
Cluster					
District					
State	Name of Link Worker				
Activity	Date	Theme	Objective	Number of Participants	Remarks
Social Mapping					
Condoms distributed					
Uptake of condoms through free dsitribution					
Uptake of condoms through Social Marketing Condom Promotion					
Meetings in the Village					
Government					
NGO					
CBO					
Village health and sanitation committee					
PRI					
Others (specify)					
Bodies and groups formed at village level					
	Cumulative number till date	Number of members	Objectives of the meeting		
Red Ribbon clubs					
SHGs					
Information centers					
Village Health and Nutrition days					
Others (Specify)					

Condom Outlet Register

Condom outlet register			
District		Taluk	
Village			
Segment code			
Depo Code:		Name of the depotholder	
Date	Stock	Supply	waste
* Code -1=Individual Depot holder, 2=Establishment, 3= Public place, 4=Social marketing			

Village Summary Report

					Village summa
District Name:					Reporting month:
State Name:					Reporting year:
Number of Villages Assigned					
Number of Villages visited during the month					
PART 1: Out reach indicators.					
LW Summary Activity					
Number of link workers in place					
Number of Link Workers (cummulative)					
Number of Link Workers Trained till now (Out of those in place)					
Number of training sessions of volunteers supervised					
Number of villages visited for supervisory visits (during the month)					
Number of Link workers observed on site (quality of services)					
Indicators	Category				
		FSW	MSM	IDU	T
Estimated Number no. Based on SNA, static for the whole year	Total				
No. of individual exisiting contacted in this month	Total				
No. of individual (New) contacted in this month	New				
No. Referred during the month	STI Treatment				
	ICTC				
	TB Diagnosis/treatment				
	ART				
	DLNs				
	Other (specify)				
No. of individuals who Accessed services during the month	STI Treatment				
	ICTC				
	TB Diagnosis/treatment				
	ART				
	DLNs				
	Total identified positive				
	Cumulative no. of individuals identified positive since inception of the programme				

mmary Report			
ıth:			
:			
Target Group			

Truckers		Migrant		Vulnerable		PLHIV			
		Male	Female	Male	Female	Male	Female	OVC	Pregnant women

SERVICES	CONDOMS						
	No. of free condom depots established		No. of Social Marketing condom depots established		Uptake of condoms through free condom depots		Uptake condom through free dsit bution
	During the month	Cumulative	During the month	Cumulative	During the month	Cumulative	During th month
	Number of Information centers						Numb
	During the month	Cumulative				During the month	
Groups formed							
Meetings held							
PART: 2 Activity Indicators							
Activity	Date	Objective					
Social Mapping							
House hold survey and situational assessment							
Meeting with other village functionaries							
Meeting with Government							
Village Health and Sanitation committee							
community event conducted							
community meetings with CBOs/ NGOs							
Others(specify)							

				VOLUNTEERS							
take of ndoms ough e dsitri-ion		Uptake of condoms through Social Marketing Condom Promo-tion		No of volunteer currently in place		Cumula-tive no.		Trained	Cumu-lative Trained		
Dur-g the nonth	Cumula-tive	Dur-ing the month	Cumula-tive	Female	Male	Female	Male				
lumber of red ribbon clubs strated and operational						Other groups/commitees (if any) eg SHGs,VHC etc					
		Cumula-tive				Dur-ing the month		Cumula-tive			
	Key outcome					No. of Person Partici-pated	Remarks				

Supervisor's Visit Register

SUPERVISOR'S VISIT REGISTER		
Name of the District:	Name of the State:	Name of the Supervisor:
Date of visit		
Village visited		
Activities carried out		
Issues identified		
Solutions provided		

Supervisor's Monthly Report

Note: (1) List the names of the villages that come under your supervisory jurisdiction, in the first column							
(2) For each village, record the total number of visits you had made in the reporting month in column 2. This information should come from the Supervisor's Visit Format. Note that you should have one Supervisory Visit Form filled in for each village visit you made.							
(3) For each village, record the type of inputs provided for the Scheme in the village, in column 3. The inputs provided should be summarized from the Supervisor's Village Visit Form.							
(4) Record the total number of specific target group members you have met in the villages you visited during the reporting month. This again comes from the Supervisor's Village Visit Forms.							
(5) In column 7, indicate against each village, whether you have received the monthly report on time or not.							
(6) In column 8, record YES for villages for which you have verified the monthly reports against the Link Workers' Outreach and Activity Registers							
Name of the District			Name of the State				
Name of the Supervisor			Reporting Month				
Total number of villages under the Supervisor			Reporting Year				
Total number of village reports received by the Supervisor							
Name of the Village	# of times visited	Inputs provided	# of target group members met			Whether the monthly report is received on time (YES/NO)	Whether the monthly report was verified against the LWDOR (YES/NO)
			FSWs/MSM-T/IDU	PLHIV/OVC	Other vulnerable individuals		

DRP's Visit Register

DRP's Visit Register		
Name of the District:	Name of the State:	Name of the DRP:
Date of visit		
Village visited		
Activities carried out		
Issues identified		
Solutions provided		

DRP's Activity Register

DRP'S Activity Register								
S. No	Name of the activity*	Date			Number participated	Objective	Key outcome	Remarks (if any)
		DD	MM	YYYY				
*a. Advocacy meeting with district level stakeholders b. Meetings with other village functionaries (Panchayat/NYK etc) c. Community events and meetings organised with SHG/ youth clubs d.Information centers established e. Number of Red Ribbon clubs formed and operationalised f. Others (specify)								

NACO District Montlhy Reporting Format

								NACO
								DISTRICT MONTLHY RE
	Month:							
	District:							
	number of villages getting covered in the district							
	Name of the District Implementing Unit / NGO							
	Name of the Reporting Officer:							
	Designation:							
		HRG			Bridge Population			
		FSW	MSM	IDU	Truckers	Migrant		
						Male	Female	
1	Estimated number as per the mapping (this number will remain static)							
2	Estimated number (as per SNA) (The SNA will be conducted every six months and the data will be updated accordingly.)							
3	Total new contacted this month							
4	Total contacted this month							
5	Cumulative new contacted (Unique individuals contacted for the first time since the beginning of the programme)							
6	Cumulative contacted							
	A. Human Resource:							
	Category of the staff	Number approved	Number in place	Cumulative number in place (Since the beginning of the programme)	Training (Basic Orientation)	Cumulative Trained (Basic Orientation)	Modular Training I	
1	DRP (Prog)							
2	Training Officer							
3	M&E Officer							
4	Supervisors							
5	Link Worker							
	B. Service Delivery:							
	1. Condom							
		Total Number this Month	Cumulative Number	Remarks (if any)				
i	No. of free condom depots established							
ii	No. of Social Marketing condom depots established							
iii	Uptake of condoms through free condom depots							
iv	Uptake of condoms through free dsitribution							
v	Uptake of condoms through Social Marketing Condom Promotion							

NACO

IY REPORTING FORMAT

STATE:

	Vulnerable Population		PLHIV		OVC						
			"Coverage" to PLHA networks will be defined as providing any of the following: Family Counselling, Social Support, Nutritional Support, and other HIV-Related services.								
nale	Male	Female	Male	Female							
lular ing I	Cumulative Trained (Modular Training I)	Modular Training II	Cumulative Trained (Modular Training II)	Modular Training III	Cumulative Trained (Modular Training Iil)	Modular Training IV	Cumulative Trained (Modular Training Iv)	Remarks			

Training Register

TRAINING REGISTER						
1. Name of the institution that conducted the training:						
2. Name of the training:						
3. Whether a new or refresher training						
4. Objectives of the training:						
5. Training Curricula:						
6. Venue:						

7. Date/s of the training:	From		To			
8. Duration of training						
9. Number of trainees	Female		Male	Total		
List of participants						
Sl. No.	Name	Sex (M/F/T)	Institution affiliated to	Designation	New/Repeat	Module

Format 4: Feedback format

Feedback form

Kindly take some time to fill this form. Your answers will help us improve future training programmes.

Name (optional)

Designation

District and state

Kindly mark your opinions on the scale of one to five for each statement:

Strongly Disagree 1, Disagree 2, I am neutral 3, Agree to a large extent 4, Strongly agree 5

1. The goals and objectives of the training programme were clearly stated	1	2	3	4	5
2. The training content and activities were effective in meeting the stated objectives	1	2	3	4	5
3. The flow of the content was logical and well organized	1	2	3	4	5
4. The information was clearly presented	1	2	3	4	5
5. The Resource Persons demonstrated thorough knowledge of the subject matter	1	2	3	4	5
6. The time allotted for each session was adequate for the content covered	1	2	3	4	5
7. The environment was conducive to learning	1	2	3	4	5
8. Opportunities for participation were created	1	2	3	4	5
9. The training programme was enjoyable	1	2	3	4	5

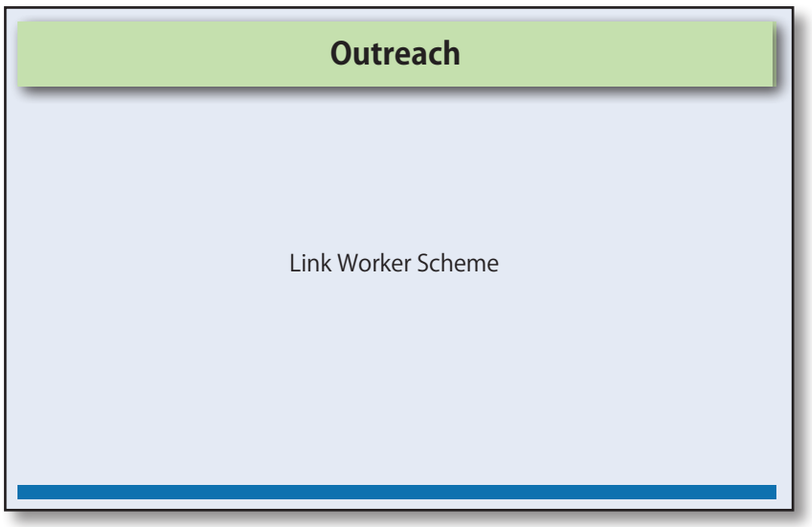
Kindly answer the following…

1. What are the three most important things [or topics] you learned during this training?
   a.
   b.
   c.
2. What are the three most important things [or topics] you wanted to learn more in this training?
   a.
   b.
   c.
3. To what extent do you expect this training will make a difference in the way you do your job? Please tick the appropriate response
   - ☐ To a great extent
   - ☐ To considerable extent
   - ☐ To some extent
   - ☐ Not at all
4. Any other comments / suggestion:

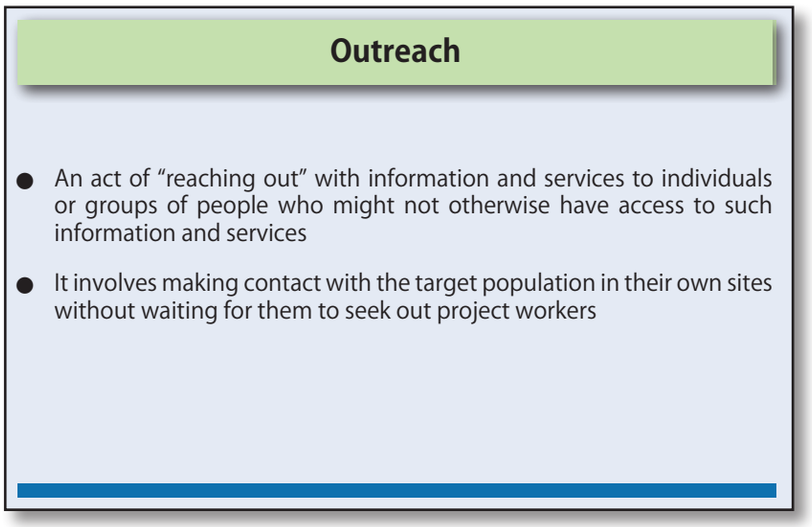
Thank you for your valued feedback.

PPT 1: Outreach

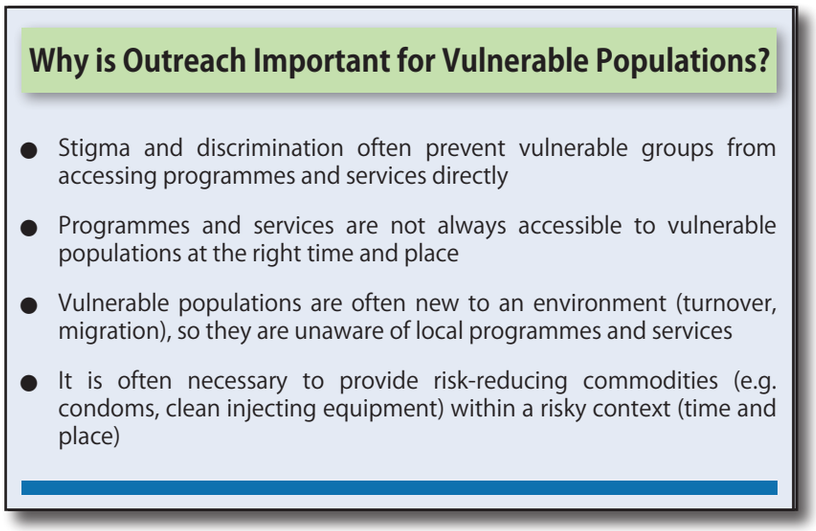
Slide 1



Slide 2



Slide 3



Slide 4

Purpose of Outreach

- Build rapport with target populations and build linkages with programmes and services
- Directly provide means of prevention and care
- Empower the target population to make their own informed decision

Slide 5

Key Principles in Outreach

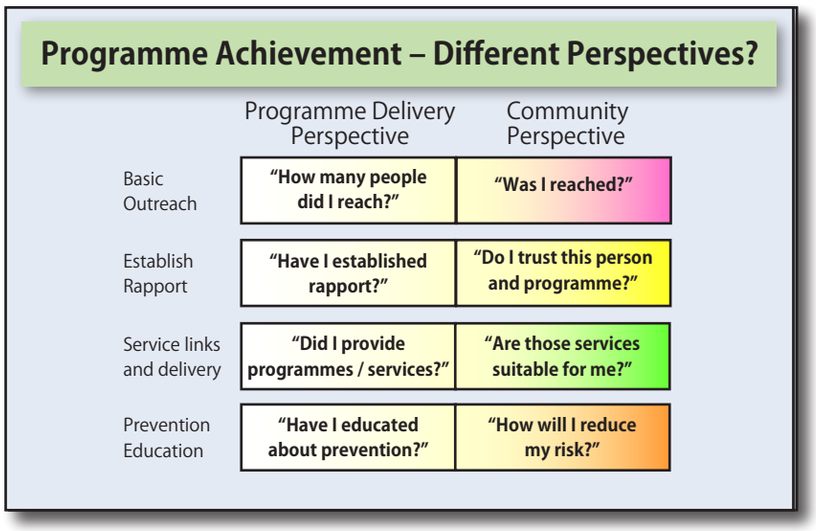
- **Respect to community:**
  - Target population valued as human beings with rights
- **Credible, trusted outreach personnel:**
  - Peers
  - Trusted community members
- **Oriented to community situation and needs:**
  - Right time, right location

Slide 6

Key Principles in Outreach

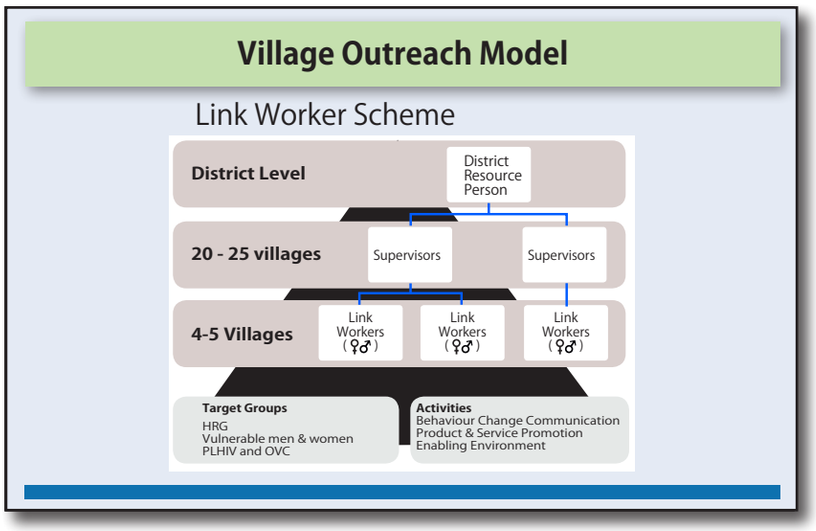
- **Has clear objectives:**
  - Reducing risk and vulnerability
  - Building community strengths
- **Team work**
  - Bridging the gaps between different cadres
  - Building relationships of mutual respect, trust, and acceptance

Slide 7


Programme Achievement – Different Perspectives?
Programme Delivery Perspective
Community Perspective
Basic Outreach
"How many people did I reach?"
"Was I reached?"
Establish Rapport
"Have I established rapport?"
"Do I trust this person and programme?"
Service links and delivery
"Did I provide programmes / services?"
"Are those services suitable for me?"
Prevention Education
"Have I educated about prevention?"
"How will I reduce my risk?"

PPT 2: Village Outreach Model

Slide 1



PPT 3: Micro-planning

Slide 1

Micro-planning

- Planning is a process of making informed, evidence based decisions about how to most efficiently and effectively achieve a measurable change or improvement over time.
- Micro-planning is planning at the lowest level of development. It brings planning process to the grassroots to tackle specific problems at the micro region/ population

Slide 2

Objectives of micro-planning

- Programmes are geared more towards the specific needs of the area
- Specific attention can be given to the needs of specific priority population
- To decentralize the planning process
- A closer partnership with the community and the planners

Slide 3

Elements of micro-planning

- Micro-planning in the LWS has two crucial elements:
  - Village based planning – This ensures that each of the segment in the village is covered with programmes and services based on priority. Community members from the segment are involved in planning and monitoring these programmes and services
  - Population based planning – This ensures that each target population in the village / segment is reached with programmes and services based on priority. Target populations are involved in planning and monitoring the programmes

Slide 4

Nature of Tools

- Simple to use
- Value local knowledge
- Help users to analyze information gathered
- Flexible and able to incorporate ground realities
- Encourage planning at micro level
- Should be useful for planning as well as monitoring

Slide 5

Tools for micro-planning

- Village based planning
  - Village Maps
  - Resource Maps
  - Segment Maps
  - Focus Maps
- Population based planning
  - Registration formats
  - Link Worker's Activity Register

Slide 6

Advantages of micro-planning

- Enhances the efficacy and quality of coverage through outreach.
- Ensures that priority groups are outreached regularly based on their need.
- Helps assess and analyze the coverage of outreach, reflect on gaps and improve the programming.
- Helps monitoring outreach and further planning by project and community.
- Larger deliverable is converted to simpler activity which is easily understood by ground level workers for implementing.

PPT 4: What is advocacy?

Slide 1

What is advocacy?

Slide 2

- Advocacy is both a science and an art.
- From a scientific perspective, experience has shown that advocacy is most effective when it is planned systematically.
- Networks, coalitions, or other groups of advocates must follow and include specific steps when designing and implementing an advocacy campaign; each step requires distinct knowledge and skills.

Slide 3

Advocacy is also an art

Successful advocates are able to articulate issues in ways that inspire and motivate others to take action. Successful advocates are skilled negotiators and consensus builders who look for opportunities to win modest but strategic policy gain.

Slide 4

- There is definitely a difference between sensitization programme and advocacy
- Framing becomes very important while dealing with advocacy
- Both written and unwritten policies exist
- Advocacy can be taken up at different levels
- It is important to ensure that services are available to the key population
- Empowering the key population is a must and advocacy needs to be carried out for that section of the population which creates problems for the programme.
- Advocacy will be delivered for people working outside the programme

Slide 5

Defining Advocacy

Slide 6

Definition

Advocacy is a method and a process of influencing decision makers and public perceptions about an issue or concern, of mobilizing community action to achieve social change and creating a favourable policy environment to address the concern

Slide 7

- Advocacy is a set of targeted actions directed at decision makers in support of a specific policy issue.
- Advocacy means putting across your message to other people to bring about wider public understanding about HIV and other issues, changes in policies, laws and services.
- Advocacy work can involve action at all levels, locally and through representation at national decision-making bodies.

Slide 8

- Advocacy is not just about getting to the table with a new set of interests; it is about changing the size and configuration of the table to accommodate a whole new set of actors. Effective advocacy challenges imbalances of power and changes thinking.

Slide 9

- Advocacy is an action directed at changing the policies, positions, and programmes of any type of institution.

Slide 10

Advocacy is a tool for bringing about change such that the lives of target and vulnerable groups are made more meaningful.

Slide 11

Advocacy is an Art which helps create an enabling environment among HRGs

Slide 12

Advocacy campaign

- Defending
- Sensitizing,
- Persuading
- Exposing
- Communicating
- Changing
- Deciding
- Intervening
- Influencing
- Attracting Attention
- Selling an Idea
- Lobbying
- Providing a solution

Slide 13

Advocacy and related concepts

Approach	Target Audience	Objectives	Indicators
Behavioural Change Communication	All risk group segments of community	Raise awareness and change Behaviour	Increased usage of condoms Increased patients' visits of HRG to clinics Large number of people involved in voluntary testing
Community mobilization	Community members and leaders	Build community's capacity to rank the needs and take action	Issue specific process and outcome indicators Quality and quantity of participation
Advocacy	Public Institutions and Policy Makers	Change policies, programmes and resource allocation	Process indicators Media scan Key informant interviews, Focus Group Discussions and opinion surveys

PPT 5: Why advocacy?

Slide 1

Human rights that are important in the context of HIV

- Rights to comprehensive HIV and AIDS prevention, treatment, care, and support services;
- Rights to non-discrimination based on HIV status, including in health-care services, housing and work;
- Rights of all to equality in laws, policies and programmes (in particular women and girls);
- Rights of children to education and the services necessary for their health and life;
- Rights to privacy (including sexual privacy), confidentiality of HIV status, and informed consent to HIV testing;
- Rights to liberty, freedom of movement, and protection against arbitrary and oppressive laws and policies;
- Rights to security of the person and freedom from violence, including gender-based violence; and
- Rights of PLHIV and those vulnerable to HIV to participate in planning and delivery of programmes and advocacy efforts

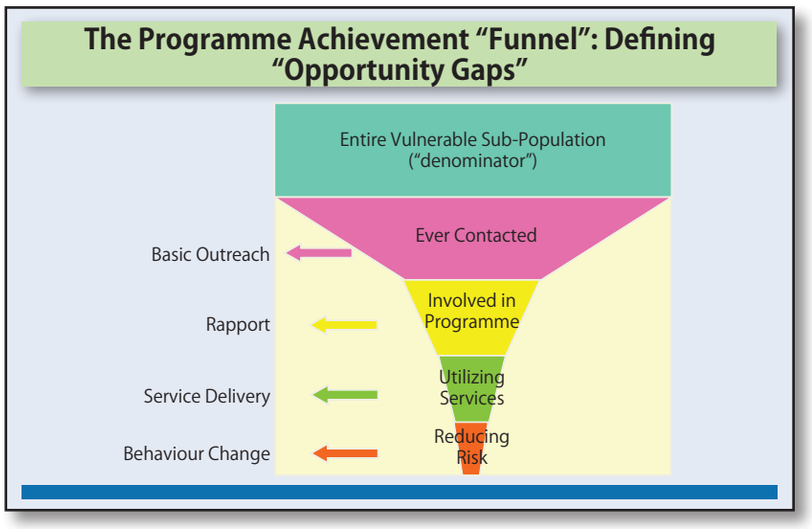
Slide 2

Why Advocacy?

- To create favourable policy environment with different stakeholders
- To reduce stigma and discrimination (to claim legitimate rights of the MSMs)
- To ensure that the programme runs without any hindrances
- To gain ownership in the relevant departments

PPT 6: Opportunity gap analysis

Slide 1



PPT 7: Monitoring and Evaluation

Slide 1

Monitoring and Evaluation Framework

Monitoring and Evaluation

Slide 2

Objectives of the LW Scheme

- Reach out to HRGs and vulnerable men and women in rural areas with information, knowledge, skills on STI/HIV prevention and risk reduction. This entails:
  - ❑ Increasing the availability and use of condoms among HRGs and other vulnerable men and women
  - ❑ Establishing referrals and follow-up linkages for various services including treatment for STIs, testing and treatment for TB, ICTC/PPTCT services, HIV care and support services, including ART
  - ❑ Creating enabling environment for PLHIV and their families, reducing stigma and discrimination against them through interaction with existing community structures/groups, e.g. VHCs, SHGs and PRIs.

Slide 3

Target groups

- 1. High-Risk Groups (HRGs)

  a. Female Sex Workers (FSWs)

  Definition: An adult woman who engages in consensual sex for money or payment in any kind as by principle means of livelihood. It includes women who live and practice sex work in and outside village and also those who come from outside to practice sex work in a particular village.

Slide 4

Target groups

- b. Men having Sex with Men (MSMs)

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

Slide 5

Target groups

- b. Injecting Drug Users (IDUs)

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

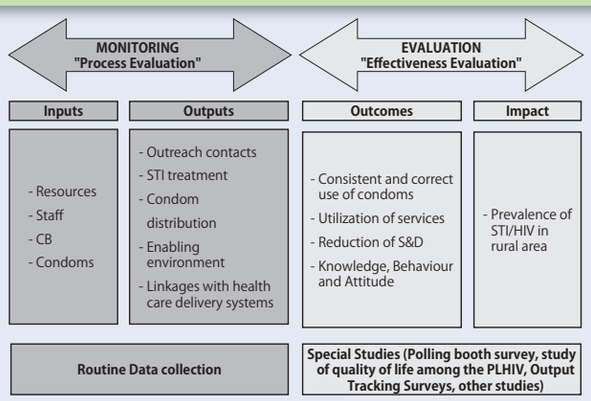
Slide 6

Target groups

- 2. Vulnerable groups
  a. At-risk men including clients of FSWs
  b. Partners/spouses of migrant/mobile men and women
  c. Partners/spouses of commercial driver/cleaners
  d. Partners/spouses of FSWs/MSMs/IDUs
  e. Women in women headed households
  f. Youth Population
- Bridge Population
  a. Migriants
  b. Truckers
- People living with HIV/AIDS (PLHIV)

Slide 7

Monitoring and Evaluation



Slide 8

Management Information System

- Generate and process information (levels, differentials and trends) on programme coverage and service delivery on a regular basis and use it for programme review and modifications
  - ❑ Current levels of coverage – outreach and services
  - ❑ Differences in geographical coverage (district, *taluk*, village, segment)
  - ❑ Differences in coverage by type of target population (FSWs, PLHIV, GP, OVC, etc.)
  - ❑ Differences in coverage by characteristics of target population (age, sex, etc.)
  - ❑ Time-trends in coverage – outreach and services

Slide 9

Input and Output Monitoring

Input and Output Monitoring

Slide 10

Programme Rollout Indicators

Input indicators			
S. No.	**Indicator**	**Disaggregation**	**Source/Means of verification**
1	# of DRPs (programme & training) and supervisors recruited by the programme	-by sex, age, educational qualification	Staff Register
2	# of DRPs (programme & training) and supervisors trained	- by theme/module	Training Register
3	# of link workers recruited by the programme	-by age, sex, geography	Staff Register
4	# of link workers trained	- by theme/module	Training Register
5	# of volunteers identified by the link workers	-by sex	Staff Register
6	# of volunteers trained by the link workers	-by sex	Training Register

Slide 11

Output Indicators for HRGs

Output indicators			
S.No.	**Indicator**	**Disaggregation**	**Source/Means of verification**
1	Estimated # of the HRGs	-by type of HRGs	SNA
2	Total # of members in the risk group that were contacted by the LWs in the reporting month	-by type of HRGs	LWDOR and VMSR
3	Cumulative # of members in the risk group that were contacted by the LWs in the reporting month	-by type of HRGs	LWDOR and VMSR
4	Total # of condoms distributed directly to the members of HRGs in the reporting month	-by type of HRGs	LWDOR and VMSR
5	Total # of members in the HRGs that were referred	-by type of services (STI, TB, ICTC, ART and network)	LWDOR and VMSR
6	Among the referred HRGs, the # that received/ utilized services		

Slide 12

Output Indicators for Vulnerable Groups

Output indicators			
S.No.	**Indicator**	**Disaggregation**	**Source/Means of verification**
1	Estimated # of the HRGs	-by type of HRGs	SNA
2	Total # of active groups continuing in the reporting month	-by type of groups (SHGs, Stepping Stones, LSE)	VMSR, LW-Activity Register
3	Total # of meetings held by the groups in the reporting month	-by type of groups (SHGs, Stepping Stones group)	VMSR, LW-Activity Register

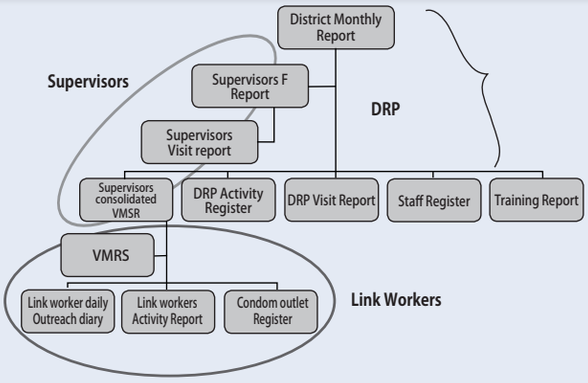
Slide 13

Other Output Indicators

Output indicators			
S.No.	**Indicator**	**Disaggregation**	**Source/Means of verification**
1	# of villages mapped and selected for the implementation of the LWS	-by core, peripheral	SNA
2	# of condom outlets	-by new and continuing	VMSR
3	# of events conducted to reduce S & D	-by theme	VMSR, LW-Activity Register
4	Linkages developed with # of organizations		
5	# of meetings held with VHSCs in the reporting month		VMSR, LW-Activity Register
6	# of violence that are addressed by the programme		
7	# of individuals that received social welfare scheme	-by type of HRGs, vulnerable groups	

Slide 14

Formats for reporting



Slide 15

Link Worker's Daily Outreach Register

- Each link worker will fill segment wise LWDOR, separately for male and female link worker
- Prepare the line list of the target groups in the segment from the last month report
- Append the name of the newly contacted individuals in the line list and in the remark column mention "New"
- No need of recording "1. contact/outreach" in case other service is given or referral/follow-up is done
- Note that 'any services' is also counted as contact at the time of compiling VMSR
- The data from the register needs to be compiled into VMSR

Slide 16

Village Monthly Summary Report

- It's a consolidated report of Link Worker Daily Outreach Register, Link Worker's Activity Register and Condom Outlet Register
- The Link Worker's Activity Register is for recording the community mobilization activities in the villages such as SNA, meeting with village functionaries, etc.
- At the end of the every month link workers will submit the report to supervisors

Slide 17

District Monthly Report (DRP)

- The monthly report is compiled using consolidated VMSR, DRP activity register and the staff data
- In addition to that the major highlight of the project and the plan for the next month is also included in the report

Slide 18

Supervisor's Report

- Every visit made to the village will be recorded in 'Supervisor's Visit Register'
- Summary will be recorded in the supervisors monthly report with following detail
  - ❑ # of times visited the village
  - ❑ Inputs given
  - ❑ # of target group members met
  - ❑ Whether monthly report received
  - ❑ Whether monthly report verified

Slide 19

Training Report

- Share the training plan well in advance with regional manager with following
  - ❑ Specific objective
  - ❑ Curriculum
  - ❑ List of participants
- Send the training report to regional manager at the end of the month
- Relevant staff should be trained on specific subjects

Slide 20

Group Work

- Identify the inconsistencies in the Link Worker's Daily Outreach Register (LWDOR)
- Fill up the village level activities of the last 2 months in the "Link Worker's Activity Register"
- Compile VMSR for 2 months using the LWDOR and Link Worker's Activity Register (separately for each village)
- Compile DRP monthly report using VMSR and DRP activity register

Slide 21

Data quality

- The data quality is measured in terms of
  - ❑ Correctness of the information
  - ❑ Completeness of the information
  - ❑ Consistency of information
- The role of the M & E officer, DRP and the supervisor includes
  - ❑ Ensure timely reporting
  - ❑ Conduct data quality check

PPT 8: Indicators of the LWS

Slide 1

Indicators of the LWS

Slide 2

Role of indicators in the LWS

- Measure progress and performance of the LWS.
- Consolidate learning and take corrective actions
- Ensure accountability while implementing the project

Slide 3

Key areas for monitoring in the LWS

- **Inputs:** Resources invested in the scheme for the recruitment and training of the project staff at various levels.
- **Outputs:** Immediate achievements of the programme in terms of the deliverables, such as the number of individuals reached out to, number of condoms distributed, number of individuals effectively linked to the services etc.
- **Outcomes:** Changes observed in the communities covered by the scheme including the trends in the percentage of different target groups using condoms, accessing services, experiencing reduced stigma and discrimination etc.
- **Impacts:** The long term impact that occurs in the larger community as a result of implementing a programme, including changes in the prevalence of HIV and incidence of STIs in districts covered by the scheme.

Slide 4

Key indicators

- Programme Rollout Indicators
- Output Indicators for Key Population Groups
- Output Indicators for Vulnerable Groups (Youth, Women)
- Human Resource, training and other indicators
- Outcome Level Indicators
- Impact Level Indicators

Slide 5

Programme rollout indicators

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

Slide 6

Output indicators for key population groups

- Estimated number of members in the risk group
- Total number of members in the risk group that were contacted/ provided BCC by the Link Worker in the reporting month.
- Total number of members (new) in the risk group that were contacted/ provided BCC for the first time.
- Total number of condoms distributed directly to members of the risk groups in the reporting month.
- Total number of members in the risk groups that were referred separately for each type of services including STI treatment, ICTC/ PPTCT, TB diagnosis/ treatment, ART and district level network of the PLHIV.
- Among the members in the risk groups who were referred, the number that received/ utilized the services, separately for each type of services including STI treatment, ICTC/ PPTCT, TB diagnosis/treatment, ART, district level network of the PLHIV.

Slide 7

Output indicators for vulnerable groups

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

Slide 8

Human resources and training indicators

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

Slide 9

Other indicators

- Number of villages - Number of villages mapped and selected for implementation of the scheme (at the district level, core and peripheral/ satellite).
- Number of condom outlets (new and continuing).
- Stigma-reducing activities- Number and type of events organized theme-wise.
- Linkages developed with other organizations (like Nehru Yuva Kendra, Panchayati Raj Institutions including those with the Lead/Implementing NGO). Linkages established for community mobilization, developing infrastructure, training, providing services related to health & education, de-addiction, social welfare schemes, Integrated Child Development Scheme, Public Distribution System, existing communication campaigns, legal services etc.

Slide 10

Other indicators - continued

- Number of meetings held with the VHSC.
- Violence and redressal mechanisms.
- Number of high-risk and vulnerable groups receiving social welfare schemes

Slide 11

Outcome indicators

High-risk groups
a. Consistent and correct condom use
b. Utilization of services (testing, care and support and other social schemes)
PLHIV and affected persons
a. Utilization of services (care and support and other social schemes)
b. Reduction in stigma and discrimination-related experiences
General population

- a. Knowledge and attitudes
- b. Behaviour – Number of partners, safe sex practices
- c. Utilization of services (testing, care and support and other social schemes)

Slide 12

Impact indicators

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

References

References

Anthony J. and Parinita Bhattacharjee et al. (2008): Reaching out to MSM-T, Karnataka Health Promotion Trust, Bangalore, India.

Bhattacharjee, P. and J. DeNormandie (2008): Outreach Strategy and Design, Karnataka Health Promotion Trust, Bangalore, India.

Bhattacharjee, P. and S.K. Murugan (2005): Planning with the community, Karnataka Health Promotion Trust, Bangalore, India.

Community-based health and first air in action (CBHFA): Facilitator Guide, Vol. 2, International Federation of Red Cross and Red Crescent Societies, March 2009.

http://www.globalhealthcommunication.org/tool_docs/15/an_introduction_to_advocacy_-_training_guide_(pages_31-45).pdf (as accessed on 19 November 2010)

KHPT (undated): Dialogue Skills: A ToT Hand Book, Karnataka Health Promotion Trust, Bangalore, India

Mohan H.L. and G. Meghana et.al.(2009): Developing Skills among Vulnerable Communities for Advocacy with Government Departments and Media for social Entitlements, Karnataka Health Promotion Trust, Bangalore, India.

NATIONAL AIDS CONTROL ORGANISATION

MINISTRY OF HEALTH AND FAMILY WELFARE • GOVERNMENT OF INDIA

NEW DELHI

APRIL 2011