

### **Notable Achievements in Targeted Interventions 2009-2010**

At the beginning of NACP III, there were a total of 789 TIs in the country. It was envisaged that a total of 2100 TIs would be required to achieve the goal of 80% saturation. With HRGs becoming the focus in NACP III, TIs implementing both core and non-core groups were discontinued. In addition, external evaluation exercises have been conducted annually to ensure that all the TIs have been assessed on parameters laid down by NACO.

<b>Type of interventions</b>	<b>Existing TI in April 2009</b>	<b>Cumulative target ending March 2010</b>	<b>Achievement as on March 2010</b>
FSW	439	478	446
MSM	130	156	135
IDU	219	250	235
Core Composite	243	261	220
Migrants	192	211	203
Truckers	48	76	72
<b>Total SACS funded TIs</b>	<b>1271</b>	<b>1432</b>	<b>1311</b>
<b>Total Donor funded TIs</b>			<b>220</b>
<b>GRAND TOTAL TIs</b>			<b>1531</b>

The major shortfall in achievement in SACS funded TI targets was due to administrative difficulties faced in states such as Haryana, Bihar, Madhya Pradesh, and Manipur. A number of visits from NACO have taken place in these states to remove the administrative hurdles.

### **3.2 Service delivery**

Along with scale-up in the number of TIs, there have also been efforts on improving the quality of delivery of services by the TI. As may be seen from the graphs below, there has been a considerable improvement in the delivery of services on most of the parameters.

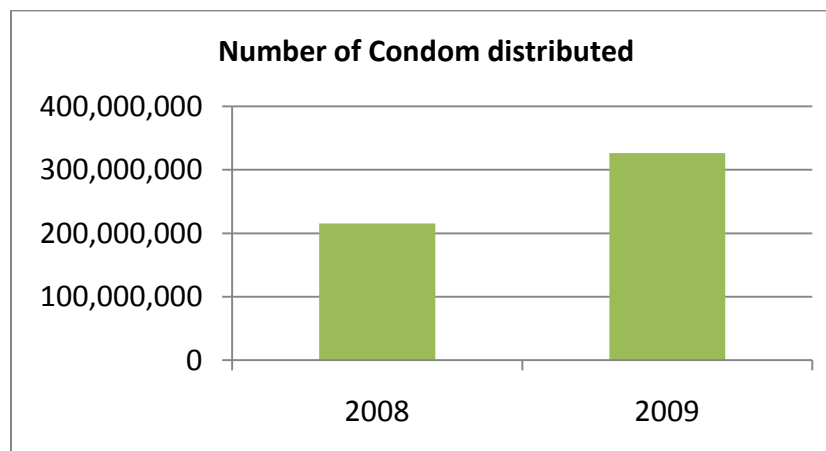
### 3.2A Coverage of HRGs

With expansion of the number of TIs, there has also been an increase in the coverage of HRGs across the states.

Type of interventions	Population as per NACP III size estimation (in Lakhs)	Population as per latest mapping (in Lakhs)	Coverage in Lakhs	Percentage coverage in comparison to latest mapping
FSW	12.63	8.68	6.80	78.30
MSM	3.51	4.12	2.90	70.30
IDU	1.86	1.77	1.35	76.20
Migrants	42.0	42.0	15.60	37.14
Truckers	35	20	7.70	38.50

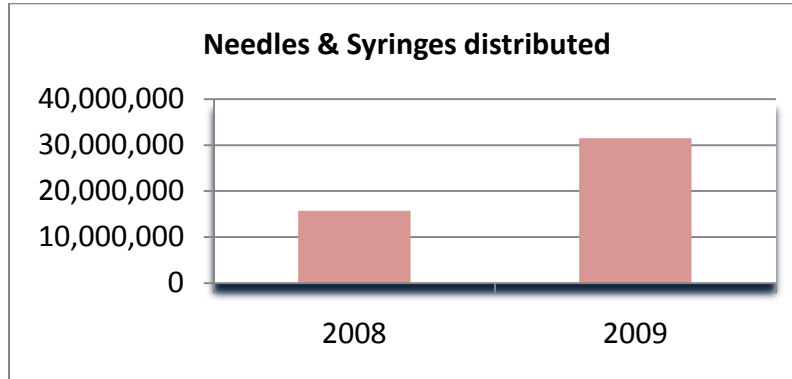
### 3.2B Condom distribution

In case of TIs for HRGs, both free and socially marketed condoms are promoted, while for the bridge population TIs, only socially marketed condoms are promoted. In category A and B districts, there has been an effort to create a liaison between the condom Social Marketing Organisations (SMOs) operating in the states and the TIs to promote social marketing. It has been seen that there has been an increase in the distribution of the condoms as may be seen below:



### 3.2C Needle syringe distribution

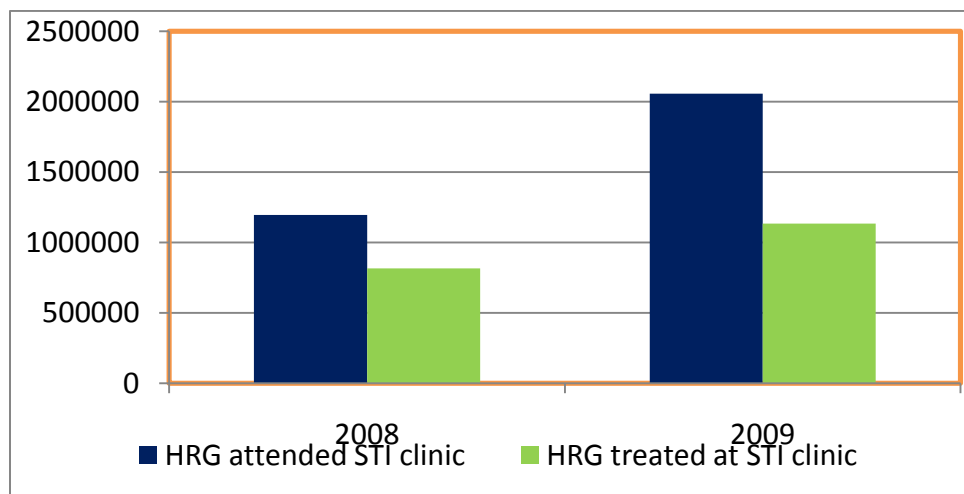
There has been an increase in the number of needles / syringes distributed in the current year as compared to the last year.



To ensure that there is a proper system of disposal of used needles and syringes, a guideline has been prepared, which has been uploaded on the website as well as distributed to the IDU TIs. In addition, a short film of 15 minutes duration has been prepared using animation and live shoots to educate the TI staff on proper system of disposal of used needles and syringes.

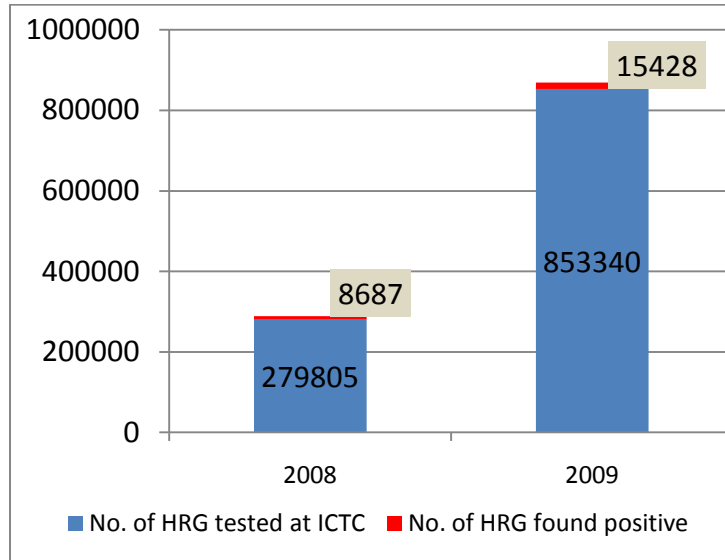
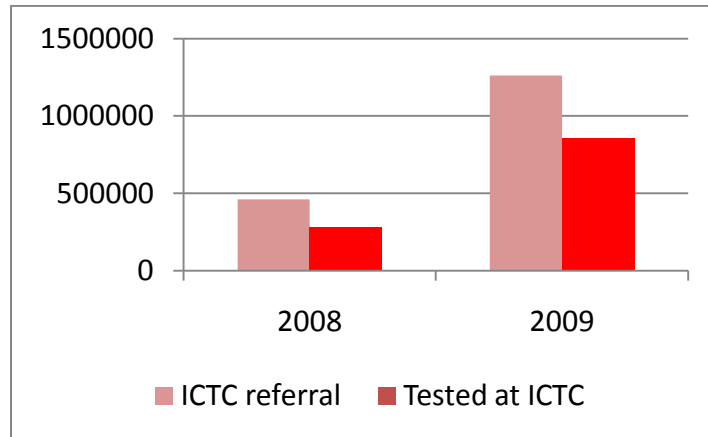
### 3.2C STI service

To enhance the reach of STI service provision for the HRGs, various models of delivery have been used. There has been a shift from static NGO TI based clinic to using private providers preferred by HRGs (PPP) in case of HRG population size below 800 per TI. Also in cases of TIs with scattered HRG population, PPP model has been allowed. The PPP are trained before allowing for STI service delivery by STI team at state. There is an improvement in the STI services as seen below:



### 3.2D ICTC referral and testing

There is now major emphasis placed on this aspect of service delivery. To ensure that those referred are being tested, there has been a system of triplicate slips issued at TIs. This would help in minimising drop-outs from those referred to those tested at ICTC. Consequently, more number of HRGs has also been detected positive.



## **Capacity building**

### **4.1 Institutional set up**

For providing ongoing and regular training to the TI staff for effective delivery of services, the training component has been institutionalized by setting up State Training Resource Centres (STRC). Currently there are STRCs in place to take care of training of 14 States: Kerala, Karnataka, Tamil Nadu, Gujarat, Delhi, Punjab, Haryana, Chandigarh, West Bengal, Sikkim, Manipur, Nagaland, Mizoram, Arunachal Pradesh, Chhatisgarh.

Based on the evaluation recommendations and experts visit reports, the TOR and deliverables has been re-drafted to strengthen the STRC activities. New activities such as operational research to improve the skills of out reach team, learning site development and development of resource centres are prioritized in the revised deliverables for the STRC.

Initiatives has been made to place STRCs in states of Maharashtra, Goa, Andhra Pradesh, Orissa, Bihar, Jharkhand, Uttar Pradesh, Uttarakhand, Himachal Pradesh, Assam, Meghalaya, Tripura, Rajasthan and Madhya Pradesh. STRCs in the States of Rajasthan, Madhya Pradesh, Orissa, Himachal Pradesh and Uttarakhand have been discontinued based on independent evaluation reports. Due to lack of suitable agency in other states, the process has been delayed.

An operational guideline for STRCs is being prepared, and will be finalised by May 2010.

### **4.2 Training materials**

Training modules have been prepared for various staff of TI to ensure standardization of training imparted by STRCs. These include:

- Module for Programme Managers
- Out Reach module
- Module on working with IDUs

These modules have been field tested, and suggestions from the field have been incorporated to finalize the modules. In addition, the following modules are being finalized for effective training

- Module for Counselors/ANMs
- Module for Peer Educators,
- Module for M & E officers

For the finalized modules, Master trainers have been identified region-wise and trained on the modules for rolling out training at TI level. It is planned that training for Peer Educators will be conducted in their own setting by the master trianers.

### 4.3 Training achievements

Based on feedback reports and annual evaluation reports, the capacity building activities are planned for States. Out of total 24369 TI staffs of different category, 23598 (96.83%) have been trained during the F.Y. 2009-10 on various aspects of TI programme. The staff-wise details are as below:

<b>Overview : Training under TI Programme</b>				
Category	Total Number	Trained	To be trained	% Trained
Project director	1311	1240	71	94.6
Project manager	1311	1200	111	91.5
M&E Officers	489	489	0	100.0
ANM	236	150	86	63.6
Accountants	1311	1176	135	89.7
Counsellor	1075	996	79	92.7
ORW	4571	4482	89	98.1
PE	14066	13865	201	98.6
<b>TOTAL</b>	<b>24369</b>	<b>23598</b>	<b>771</b>	<b>96.8</b>

The pending training is in progress for the TIs which were contracted towards the end of March 2010. Besides State level training, NACO has organized following training at regional level to ensure quality programming:

- a. Training of SACS and TSU officers on MIS tools
- b. Training of SACS officers on STI-TI linkages

Programme Officers appointed under TSU and SACS are also supporting the capacity building efforts by providing hands on skill training for TI staffs. This is one of their major deliverables to strengthen the quality of intervention.

## **Thematic Updates**

### **5.1 Opioid Substitution Therapy**

Currently, there are a total of 51 centres in the country implementing OST programme in IDU TI settings by NGOs. A total of 4800 IDUs are being reached out with OST using Buprenorphine. The centres are accredited centres and are integrated with the existing IDU TI programme. The supply-chain mechanism set up in place is fully functional with no reportage of stock out in any of the states, except two states where measures for diverting stocks from another state have been taken. The monitoring and supervision reportage is in place, and all the states are sending reports to NACO on physical achievement as well as stock updates are provided on a monthly basis.

For expansion of OST programme, it is envisaged that the existing Government hospitals will be tied up with IDU TIs located in the vicinity. The operational guideline prepared in this regard has been approved by the Technical Resource Group. For determining the operational feasibility of the scheme, a pilot is planned in the state of Punjab, and 5 centres have been shortlisted on the basis of priority districts and co-location of IDU TI in the vicinity. A meeting with the stakeholders is planned in the first week of May 2010 for implementation of the scheme. The Technical Assistance Support Team (TAST) funded by DFID is tasked with co-ordination of the implementation of the scheme. It is planned that the delivery of OST will commence by July 2010.

For initiation of methadone as another modality of OST, UNODC has initiated the pilot project with technical assistance from NDDTC, AIIMS. NACO is also involved as a stakeholder, and will review the results thereof, before taking the methadone implementation at programme level.

### **5.2 TI Programme for Truckers**

Based on the mapping report (2008) submitted by IMRB, there are 133 TSLs covering 2 million long distance truckers. All these sites have been further assessed by the Technical Support Group (TSG) for truckers to design the gaps and requirements for handholding. To increase the cost effectiveness of the programme, only 81 sites were found to be eligible for full fledged interventions with Targeted Intervention (as the no. of truckers were >5,000), while the remaining 42 TSLs, are to be covered by Condom Social Marketing and focused IEC programme (as the no. of truckers are <5000).

Currently there are 69 truckers interventions are being implemented covering 7.02 lakhs long distance truckers, which includes 15 interventions managed by TCIF.

The training for trucker intervention is being done in a cascade model. Initially master trainers from each site were trained at TCIF sites by the TSG and further these master trainers train the TI staffs at the implementation level.

STI clinics at truckers sites have been implemented through hybrid model, i.e. inclusion of both preferred private providers in the vicinity and project level clinic. Co-branding of STI clinics (Khushi- Suraksha) has been initiated to mainstream the STI programme.

### **5.3 TI programme for Migrants**

Based on the recommendations of previous JIRM, consultation meeting was held in NACO to develop and revise the current migrant strategy which was focused only on destination sites. Based on the recommendations and various studies done by ILO and NLI, the migrant strategy has been revised. The strategy was further revised with feedback from SACS and other experts.

As per the revised migrant strategy, migrants will be targeted at source, transit and final destination. The strategy will be implemented in two phases. Phase one will concentrate on 100 districts which have been categorized as high volume migrant source districts with corridors to high HIV prevalence destination districts. Phase two will concentrate on 101 districts with low volume migration – high volume source districts with corridors to high prevalence destination districts.

The strategy will target migrants (both male and female of all categories i.e. potential, outgoing and returnee) and their spouses through existing structures like link worker scheme, ASHA, Anganwadi workers, labour contractors and volunteers. There will be provision of information on risk perception and risk reduction with referral services for STI and ICTC. Activities like linkages with RSBY, JSY, NREGA to address vulnerabilities. At transit locations (especially large congregation points at railway stations, bus stops) the migrants will be provided reinforcement of risk reduction messages through mid media and mass media programmes. Finally at destination sites, the focus will be on strengthening linkages with HRG TIs, ensuring demand generation through use of RSBY, strong linkages with source districts/ interventions to address and design specific risk pattern.

The proposed strategy will cover about 1.86 million of high risk migrants in different sectors with sector specific strategy to reduce risk and vulnerability.

## **Monitoring and Evaluation**

### **6.1 Institutional mechanism**

For improving the quality of interventions provided by the TIs, a structure of Technical Support Units (TSU) has been built. In addition, a North-East Regional Office (NERO) was set up for providing technical and programme support to the 8 North-Eastern states.

Apart from this, it was felt that a mechanism has to be established for providing handholding and supervisory support to TIs. This was required to ensure quality with the rapid scaling up of TIs taken up to achieve saturation of the HRGs and to improve the quality of services rendered. Thus the proportion of supportive supervision to TIs in a proportion of 1 PO for 10 TIs and the proposal of having regional supportive structure to handhold the TIs was formulated. In difficult terrains, such as hilly areas, and in those states where the TIs are far flung, the ratio of 1:10 has been relaxed to provide better services. All POs placed in regions in the vicinity of TIs, and not in state headquarters.

- 123 POs sanctioned by NACO in 26 States
- 81 POs in 15 TSU states
- 42 POs in 11 Non TSU States (direct recruitment by the states).
- 112 POs are in position as of 30th April 2010.

To ensure that POs are dedicatedly available to the TIs for program strengthening, the following measures are taken:

- Uniform Terms of Reference: The Terms of Reference (TOR) for the POs was developed and has been implemented by all 26 States which emphasizes that POs should focus on ensuring TI quality implementation.
- Ensuring that all POs have been placed at regions within the state and not in the state headquarters. POs were directed to undertake extensive touring of at least 20 days per month and provide support to their respective NGOs/TI on constant basis.
- Ensuring uniformity in reporting by POs by developing standard visit tool

As a consequence, TI visit reports in standard format are being received monthly by the respective SACS in all 26 states. NACO trained the POs on mentoring TIs through supportive supervision. Four rounds of training have been conducted till date.

A TI quality assessment tool has been designed at NACO and all POs have been trained on the same. The tool is being used every quarter for assessing progress of functional aspects of TI and its outcome. The quality assessment tool is a simple tool of 10 indicators, with additional 3 indicators for IDU TI. The indicators are on programme delivery such as Active Line Listing, Registering HRGs, Prioritization for Intervention, Condom supply vs. demand, STI management, HIV testing, Community Mobilization, Enabling Environment, Needle/Syringe Distribution (supply vs. demand), Needle/Syringe return rate and Waste Disposal Management. As per this assessment done for 412 TIs, it was seen that majority of the TIs were in above average or above category in terms of performance. The analysis has also provided insight into the gaps at a particular TI, which will be focused in the coming months.

## **6.2 Supervisory visits by NACO and NTSU**

In addition to the above measures taken, NACO as well as NTSU conducts periodic visits to the states and TIs to ensure that the programme is being implemented. During such visits, a one day review of the TI programme implementation on issues of scale-up, fund release, performance of TIs as per CMIS and visit reports is conducted. This is then followed up with field visit to select TI sites along with SACS and TSU. The visits also serve to handhold the SACS and TSU officers in conducting supervision of programme implementation of TIs. More than 50 visits have been made by the TI staff to the states to improve the performance.

A system of monthly meeting at state level with the Project Director, SACS as chair has been developed. In this meeting, the TI programme implementation is discussed with TI officers of SACS, TSU, project officers, Regional coordinator of Truckers TSG, Condom social marketing officer, representative from STRC and other officers of SACS as may be required (for e.g. STI, ICTC officers of SACS). In the initial meetings, efforts have been made to have a NACO TI representative.

## **6.3 Evaluation:**

As agreed to in the last Mid-term review, an approval was sought from the National AIDS Control Board (NACB) for extending the contract of TIs for duration of two years, instead of the existing one year. As the approval was in January 2010, it is decided that those TIs who were contracted after December 2009 would be given a two-year contract, while those TIs who were contracted prior to December 2009 would be evaluated. Those clearing the evaluation would then be contracted for a two-year period. A mechanism of internal monitoring has been developed, so that those who are not seen to be performing or improving after giving feedback and handholding would then be discontinued prematurely.

For conducting annual evaluation of all the TIs, the existing evaluation tool was modified. Emphasis has been placed on programme deliverables. The TI officers from SACS along with TSU Team Leader have been oriented on the tool at NACO, who are then expected to train the evaluators locally. These evaluators are selected by SACS and approved by NACO. An evaluation debriefing exercise is also planned, wherein a TI officer from NACO will review the evaluation results with the team leader of the evaluation along with SACS and TSU. During such meeting, strategies for important gaps observed in the evaluation will be developed in consultation with SACS and TSU.

## **6.4 CMIS**

There has been an effort to improve the CMIS reporting by the TIs through constant reminders and feedback to the state. As a result, it is observed that the reporting has improved from 79.8% in the year 2009 – 10 as compared to 58% in the previous financial year.

## **6.5 AAP and Implementation plan development**

In order to plan for activities to be conducted in the FY 2010-11, discussions and meetings were held with SACS. Herein, the performance of the state in the FY 2009 -10 was reviewed, and action plan for the FY 2010 – 11 was developed in consultation with SACS. In states where more focus was required, TI officers from NACO went to the respective states to handhold the SACS in AAP development.

In addition to the above, an implementation plan has also been developed for each state. In this, the annual targets (physical, financial and performance) have been broken into quarter-wise targets, which will aid the state as well as the PD, SACS to monitor the progress regularly.