STANDARD OPERATING PROCEDURES

Male Sex Workers

Aastha I:
An STI/HIV Prevention Program
With Sex Workers In Mumbai
and Thane, India

In July 2011, FHI became FHI 360.

fhi360
THE SCIENCE OF IMPROVING LIVES

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FOREWORD

Funded by the Bill & Melinda Gates Foundation's India AIDS Initiative, FHI has been implementing Aastha in partnership with 18 grass-root NGOs to reduce the spread of HIV/STIs amongst Sex Workers and their regular partners in the Mumbai and Thane districts of Maharashtra State, India. Through the first phase of this project, the project maintained its momentum by continually introducing innovations, termed later as *'international best practices'* by an External Review team in 2009. Aastha project experiences were incorporated in the National Guidelines for Targeted Interventions for core High Risk Groups, including Female, Male and Transgender Sex Workers. The project was also designated as a 'learning site' for the National AIDS Control Organization and FHI Global. In November 2009, the Aastha team was awarded the 2009 FHI Program Excellence Award. These innovations were synthesized into Standard Operating Procedures to ensure quality of implementation across all sites.

The Standard Operating Procedures for the first phase of the Aastha Project (2004 – 2009) herein provide detailed steps for every program aspect of interventions with Male Sex Workers, providing the reader with the context for the development of the strategy/activity as well as the structure, individual responsibilities and monitoring plan. While these Standard Operating Procedures are based on the Aastha Project in Mumbai and Thane, Maharashtra State, India, they can be replicated with Male Sex Workers in any setting, as they explain the fundamental concepts of each strategy. Each Standard Operating Procedure has been written to provide the reader with a comprehensive understanding of that specific strategy as well as is linked to others related to it, for a broader perspective. Additionally, an inbuilt progression plan for the strategy to become community owned and managed has been included.

Our Partners and community members have been instrumental in the testing and implementation of the strategies described herein. These Standard Operating Procedures for Male Sex Workers have formed the very strong foundation of the project, based on which Aastha has entered its second phase in 2009. HIV testing, care and support components have been further strengthened in this phase, diversifying the service delivery and completing the circle of care for High Risk Groups. The Sex Worker community already has great ownership over the project and is moving towards greater leadership roles and a vision beyond 2013, when the project funding ceases. Following the spirit of the Aastha Anthem, "Aao, Haath Badhao. Aastha ke Saath Chalo", meaning "Come, let's join hands and move forward with Aastha!" we are happy to share this document with all those who are involved in the development sector.

Dr Sanjeevsingh Gaikwad,
Director Maharashtra Program, FHI

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LIST OF TERMS

AIDS	Acquired Immune Deficiency Syndrome
AMP	Aastha Minimum Package
AMR	At Most Risk
AG	Aastha Gat
AO	Advocacy Officer
AP	Aastha Parivaar
ART	Anti Retroviral Treatment
C&T	Care and Treatment
CAC	Core Advisory Committee
CBO	Community Based Organization
CEF	Clinic Encounter Form
CV	Community Volunteer
DIC	Drop in Center
DICC	Drop in Center Committee
GO	Government Organization
FIR	First Information Report
FC	Field Coordinator
MSW	Male sex worker
HIV	Human Immuno Deficiency Virus
HRG	High Risk Group
ICTC	Integrated Counseling and Testing Center
ID	Identification Document
IDU	Intravenous Drug User
IEC	Information Education Communication
IP	Implementing Partner
ITS	Individual Tracking Sheet
KP	Key Population
LT	Laboratory Technician
LRP	Legal Resource Person
M&E	Monitoring and Evaluation
MDACS	Mumbai District AIDS Control Society
MIP	Main Implementing Partner
MIS	Management Information System
MOA	Memorandum of Association

LIST OF TERMS

MOU	Memorandum of Understanding
MSACS	Maharashtra State AIDS Control Society
MSM	Men having Sex with Men
NACO	National AIDS Control Organization
NGO	Non-Governmental Organization
ORW	Outreach Worker
PC	Project Coordinator
PD	Project Director
PE	Peer Educator
PA	Peer Advocate
PAG	Project Advisory Group
PLHIV	People Living with HIV
PPP	Public Private Partnership
RPR	Rapid Plasma Reagin
RNTCP	Revised National Tuberculosis Control Programme
RRS	Rapid Response System
SBC	Strategic Behavior Communication
SHG	Self Help Group
SOP	Standard Operating Procedure
STI	Sexually Transmitted Infection
SW	Sex Worker
TB	Tuberculosis
TFC	Task Force Committee
TI	Targeted Intervention
ToT	Training of Trainers
VCT	Voluntary Counseling and Testing
WB	Western Blot
WHO	World Health Organization

CONTENTS

<u>NOTES</u>

INTRODUCTION

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Aastha Phase I

The Aastha project is being implemented by FHI, India since 2004, with funding support from the Bill & Melinda Gates Foundation (BMGF)'s Avahan India AIDS Initiative. Through 18 implementation partners (IPs), Aastha aims to reduce the incidence of HIV and sexually transmitted infections among 30,000 Sex Workers (SWs) and their partners in Mumbai and Thane. Aastha has been consistent with international good practice for targeted interventions for SWs, i.e. combining prevention services (Strategic Behavior Communication, condom programming and clinical sexual health services) with contextual interventions (advocacy and community building and empowerment).

Rationale and objectives for the development of the Standard Operating Procedures for Male Sex Workers

Aastha has been providing technical assistance and exposure to Targeted Interventions (TIs) from around the country as well as representatives from FHI Global. In order to disseminate the project's learning and experiences, the need for a detailed document outlining the development and specific steps of project strategies and activities used with all typologies of sex workers was felt. Additionally, given their uniqueness in terms of their hidden nature, interventions with Male Sex Workers (MSWs) needed to be customized and separately documented for dissemination and replication.

Objectives

- To provide contextual clarity on the development of project strategies and activities with MSWs.

- To provide information about essential requirements and detailed processes for the development, delivery and monitoring of activities, keeping in mind the risk levels of the MSWs.

- To provide guidance towards building of the community empowerment process to build ownership of each activity.

This document was developed in consultation with key community members, IP and MIP staff through on-site discussions and detailed review of existing project documentation. The Standard Operating Procedures (SOPs) have been written in the Indian context and more specifically, the Mumbai context. They would need to be adapted to suit the local context.

Who will use the SOPs

The SOPs in this document would be used by any organization working towards the prevention of STIs/HIV amongst MSWs of differing risk levels. The SOP would provide specific clarity for the design and implementation of a comprehensive combination prevention services program with an inbuilt monitoring mechanism. The SOPs will serve as a code of instructions in designing and implementing similar projects. Specific SOPs might interest individuals with a certain background; for example clinic team member, lawyer, social worker, etc but the language has been kept simple to ensure that individuals of all backgrounds would understand and feel confident to apply the same in their settings.

Background

In the first phase, the Aastha project was implemented at the grass root level through two Main Implementing Partners: FPA India and Society for Service to Voluntary Agencies (SOSVA). They in turn, partnered with the following NGOs in order to reach out to the SWs.

- Asha Mahila Sanstha (AMS)
- Sanmitra Trust (SMT)
- Nagari Seva Prabodhini (NSP)
- Social Activities Integration (SAI)
- Center for Development Initiatives (CDI)
- The Humsafar Trust (HST)
- FPAI Bhiwandi
- Committee of Resource Organization (CORO)
- ALERT India
- Social Advancement through Health Initiatives (SATHI)
- Vijay Krida Mandal (VKM)
- Rashtra Swasthya Prabodhini (RSP)
- Society for Human and Environmental Development (SHED)
- Saryajani Mahila Utkarsha Sanstha (SMUS)
- Navnirman Samaj Vikas Kendra (NSVK)
- Dai Welfare Society

HST was the specific NGO that provided services to approximately 2,200 MSWs.

Highlights

In the first phase (2004 – 2009), more than 67,942 male, female and transgender SWs were reached with Strategic Behavior Communication (SBC) sessions and condoms. STI syndrome prevalence in the clinic attendees reduced from 90% to 7%, while STI syndrome prevalence decreased from an average of 22.8% in new SWs to 12.9% in SWs with intervention for more than one year. SWs came together and formed Community Based Organizations (CBOs) at the project level and representatives of these 15 CBOs further united to form a federation, the Aastha Parivaar at the district level. Aastha project experiences have been incorporated in the National Guidelines for Targeted Interventions for core High Risk Groups, including Female, Male and Transgender Sex Workers. The project has also been designated as a 'learning site' for the National AIDS Control Organization and FHI Global. In November 2009, the Aastha team was awarded the 2009 FHI Program Excellence Award.

In January 2009, Aastha was reviewed by an external multi-partner team. The review findings highlighted several aspects of the project as best practices. Some excerpts were:

- *"Several aspects of Aastha project design are strong and can be used for international benchmarking."*
- *"Aastha has rigorously adhered to international best practice for sex worker targeted interventions."*
- *"Achievements measured against quantitative indicators as per the proposal and Avahan minimum package indicators are very impressive."*

What's Ahead

Aastha intends to consolidate its gains while moving on to refining project strategies for Care & Treatment (C&T) amongst SWs, building on the trust developed by the project amongst the SWs community in the first phase. Service packages for most at risk SWs are being fine tuned to cater to SWs who are new to the project, at higher risk and mobile. While maintaining the strategies for advocacy, community mobilization and program outreach, Aastha has strengthened strategies around early HIV testing, linkages for C&T and the conceptualization of new SBC materials and strategies towards these. As a first step in early 2009, Aastha formed a public private partnership with the government and started 15 integrated counseling and testing centers (ICTCs) in its STI clinics.

As increasing community participation and peer progression have been inbuilt into Aastha from the beginning, the Aastha Gats or self help groups who have come under the larger umbrella of the Aastha Parivaar (Aastha Family which is a Federation of CBOs), will become the unit of intervention for service delivery. Empowerment of the new CBOs formed will involve a process of further engaged mentoring to build capacities of the community to take care of themselves. HST, given their achievements of the first phase and the uniqueness of the MSW typology was made into a learning site. A gradual alignment of the project TIs towards the government systems is planned so that while maintaining its scale and quality, the TIs are right sized for handing over to the government by end of Aastha Phase II as a measure of sustainability.

Context: Male Sex Worker Typology

Male Sex Workers: Men who provide paid sexual services to another man/woman, irrespective of their sexual orientation, cruise from one place to another and solicit clients at any suitable public place including street corners, highways, bus stops, bus depots, public gardens, railway stations and other such pick up points. MSWs also operate out of a network of agents or through various internet sites.

MSWs have multiple partners and their risk is compounded by the fact that their condom negotiation skills tend to diminish during monetary transactions. Also, MSWs who learn about their HIV status conceal it, resulting in a hidden population of HIV+ MSWs in the already invisible world of Men who have Sex with Men. The public settings in which they operate expose the MSWs to dangers, such as police detention/harassment, physical violence by clients, goons and anti-social elements thereby further pushing them into isolation/ marginalization making them a largely hidden and stigmatized population.

MSWs operate within the context of having to negotiate between what they are prepared to do and what clients want them to do. Street based MSWs are less educated, frequently consume alcohol prior to sex, are more likely to have financial problems, are less likely to be tested for HIV and STIs, resort to self treatment of STIs and face multiple levels of stigmatization. Non-street based MSWs (independent SWs; professional masseurs operating through parlours or on call, film extras etc) tend to be more educated, face fewer financial problems and are less likely to see sex work as a long-term occupation.

Challenges

Interventions with MSWs can be challenging as they are spread out across the district, are rarely found in specific locations and rarely come together. They see sex work as a profession that would generate regular income and not as an identity. They also distinguish themselves from the MSM category as they see themselves in a more 'macho' light. They may or may not take clients on a regular basis, depending on their earnings in their other professions. They have multiple regular partners who change frequently as well, making partner tracing and treatment in the case of STIs or HIV difficult. Use of condoms with their partners, which includes wives, is extremely low.

<u>NOTES</u>

OUTREACH

1.1 PEER SELECTION

Context

Greater involvement of MSWs has been the focus of Aastha project, the process of which involves participation of MSWs in project implementation. Individuals with strong leadership skills were informally elected by the community members and project staff as peer leaders. These leaders need to be true peers and should be individuals from the same geographical community, speak the same language, belong to the same age group and work in the same profession. It is essential that a PE needs to be a practicing MSW so that she has regular access to other MSWs, has active linkages and understand the present needs.

Peer education is one of the most widely used strategies in intervention projects, as a peer is a MSW who has an equal standing and belongs to the same societal group especially based on age, grade or status. Peer involvement is an effective way of reaching out to communities and affecting change in norms. Peers are knowledgeable "insiders", and their involvement enhances trust and communication. They constitute a credible source of advice and can be powerful role models who can help change social norms. Peer networking and the sharing of information leads to community mobilization around issues of concern.

The outreach workers (ORWs) identify MSWs as peers on the basis of feedback from other MSWs. SWs are appointed as peer leaders on the basis of their participation in the project activities and their interactions with other MSWs, thus the peer leaders are not just selected but also elected individuals with strong leadership qualities. In a setting where community mobilization is at an advanced stage, a panel of PEs would select new PEs. The processes already in place have resulted in an increase in the confidence levels of the MSWs involved in the project. Their involvement is not only as project participants but also as implementers.

Key features

- Effective strategy to ensure that project services are provided to all MSWs through peers who can reach out to other MSWs in situations beyond the reach of project staff.

- Greater involvement of MSWs in project implementation through PEs as site managers.

- Sustainability of project activities by increasing ownership of MSWs.

SOP Objectives

- To provide contextual clarity on the strategy for selecting peers from among the MSWs.

- To provide information about essential requirements and detailed processes for peer selection.

- This SOP will be complemented by SOPs on Sex Worker progression and Micro-plan.

Advantages of selecting Peer Educators

- Contact and sensitization of maximum number of MSWs through interpersonal communication.

- Peers effectively motivate other MSWs to practice safer sex behavior and access health services through a credible and acceptable channel of communication based at the project's working area.

- Peers increase project sustainability as they will remain in the area even after the project phases out.

Criteria for selection of Peers Educators

■ Individuals who are practicing MSWs and have not retired from the profession nor should they quit the profession just because they have become 'social workers'.

■ MSWs from the same geographical community.

■ MSWs who speak the same language.

■ MSWs of the same age group.

■ MSWs with leadership qualities.

■ MSWs belonging to the same typology.

■ MSWs who show willingness to work for the community on a volunteer basis.

■ MSWs who demonstrate self confidence and show potential for leadership.

■ MSWs who have good communication and interpersonal skills.

■ MSWs who listen to other SWs and represent their voice at small and large forums.

■ MSWs who understand cause and are committed to the goals of the project.

■ MSWs who are knowledge of problems and difficulties of the community.

■ MSWs who are recommended by other SWs for peer positions.

Pre-requisites for Peer Selection

■ Strong belief of all the members of the NGO staff in this philosophy and implementation of the strategy to ensure readiness and support.

■ Geographical area of intervention to be divided into micro-sites of 50 MSWs.

■ Criteria for the selection of MSWs as peers to be in place.

■ Induction and training strategy to be developed and pre-tested.

■ Monitoring mechanisms to be established

■ MSWs to be identified to become unpaid Community Volunteers and support ORWs in implementing project activities in each site.

■ MSWs to have worked in a position for a minimum of three months as a Community Volunteer before being considered for a Peer Educator position.

Role of the Peer Educators

Peers are an interface between the MSWs and the project team. As site managers, their main responsibilities are:

■ To map MSWs in their area of operation and regularly update this information.

■ To collect and analyze data related to the project to help in planning and implementation.

■ To ensure that services are provided to MSWs as per the Aastha Minimum Package.

■ To identify new MSWs as soon as they come into their site and register them with the project.

- To ensure that services are provided to new MSWs within one week of registration

- To identify and ensure that services are provided with priority to those with a higher risk profile

- To prepare and regularly update the Micro-plan

- To support condom promotion activities undertaken

- To play an active role in the activities of community led committees

- To play an active role in the CBO activities

- To support ORWs and project team in project activities.

- To provide support to MSWs in their site in times of crisis within 30 minutes.

- To act as eyes and ears of the project and keep it updated on developments in their site

- To provide feedback from the MSWs to the project and voice their concerns.

Procedure

Selection of Peer Educators should be taken up as an intentional strategy to make the project sustainable and increase community ownership.

- MSWs to be inducted and trained to work as community volunteers with minimal responsibilities.

- ORWs and project staff to observe the performance of community volunteers in the project and identify MSWs who have leadership qualities and commitment towards project activities.

- ORWs and project staff to observe the community volunteers' linkages within the community and level of respect received and given. A list of the existing network to be shared.

- Unpaid community volunteers to be considered for promotion only after a minimum of three months of performance.

- In the initial stages, Project Coordinator or senior representatives from the organization to interview each MSW being considered and then appoint.

- As the project develops, a panel of PEs to be formed to interview every potential PE and give recommendations. This panel is to include PEs who have been involved with the project since its inception or a defined minimum time period. The panelists to interview potential candidates for the post of PE on the basis of a selection criteria developed by them. The PEs in the selection panel to discuss job responsibilities, honorarium etc with the candidate and make the final decision about the appointment.

Strengthening of Peer Educators

- PEs to be oriented to the mission, vision and objectives of the project.

- PEs to be explained the commitment needed as well as the number of hours expected and outputs expected

- A cadre of motivated PEs to be developed and encouraged.

- An attempt should be made to form a CBO of this cadre in order to sustain project activities in the future.

- PEs to be organized in formal or informal groups depending upon the context and most importantly based on the active participation of the peer educators.

- Training mechanisms to be in place with modules on the following topics:

  - Sex and sexuality

  - Sexual and reproductive health

  - STIs and peer role in STI management

  - Basics of HIV/AIDS

  - Providing AMP/AMP + *(Refer SOP No. 1.4)* to all registered SWs in the micro plan *(Refer SOP No. 1.3)* area

  - Condom promotion

  - Negotiation skills

  - Self esteem

  - Care for PLHIV

  - Peer-led monitoring and decision making

  - Advocacy

  - Community mobilization *(Refer SOP No. 4.1, 4.2 and 5.3)*

- Support to build additional networks amongst stakeholders, key individuals and points of assistance to be given.

- PEs to be promoted to various peer positions depending on their potential, interest and performance.

- Peer progression and career growth plan to be shared with all PEs

- Recognition for performance plays a major role in the motivation of PEs. Therefore, appropriate recognition systems such as certificates, medals, special mentions, citations etc to be institutionalized.

- Mechanisms for regular interactions amongst peers as well as between peers and key stakeholders, including government counterparts in order to facilitate their ownership to be established.

Phased transition of MSWs in the PE selection process is to be planned for and implemented. The time period and conditions of this process is flexible and dependent on the prevailing local conditions, existing level of community ownership.

Phased Peer Selection

PHASE 1
Staff Driven Stage
1 year

- ORWs identify MSW as Community volunteers
- ORWs identify CVs as potential PEs
- PC/ Senior NGO representative to interview and appoint PEs

PHASE II
Transition Stage
6 months

- ORWs and existing PEs to identify potential PEs from amongst CVs
- A panel of PEs to interview potential PEs and appoint

PHASE III
Community Driven Stage
1 year

- Existing PEs to identify potential PEs from amongst CVs
- CBO members to interview potential PEs and appoint

1.2 SEX WORKER PROGRESSION

Context

In order to achieve the vision of community involvement, it is necessary to have a specific strategy to involve the community in program implementation and management. Additionally, opportunities for community members to take on leadership and staff roles in the project should be available and advocated. This would lead to the gradual building of capacities of community members and an increased role of the community in defining the project direction, which is crucial for transfer of project activities to the community.

Aside from the regular involvement of MSWs as PEs, Aastha went beyond the generally understood concept of peer education and increased it from service delivery to site management. For those with interest and skills, special peer positions such as peer counselors, peer trainers, peer nurses etc were created. PEs being considered for promotion to these positions were provided with regular training and on-site technical guidance and performed additional responsibilities. MSWs in Aastha currently hold many staff positions in HST as the organization is itself a CBO promoting the involvement of their community members. The peer progression strategy is part of the overall community involvement strategy of the project, which includes Self Help Groups (Aastha Gat) (Refer SOP No. 4.1), Mechanisms of Community Mobilization (Refer SOP No. 5.3), CBO development (Refer SOP No.4.2) etc and is part of the long term vision of transfer of ownership.

Key features

- Strategy to increase the involvement of the MSW community in project implementation and management

- Specially created PE positions taking into consideration their skills and inclination, elevating the involvement of community members to beyond regular peer education.

- Strategy to involve MSWs leading to sustainability and transfer of ownership.

SOP Objectives

- To provide contextual clarity on the strategy for MSW progression

- To provide essential requirements and detailed processes of MSW progression

- This SOP will be complemented by SOP on Peer selection. (Refer SOP No.1.1).

Pre-requisites of a SW Progression Strategy

- Enrollment of all members of the NGO staff in this philosophy and implementation of the strategy to ensure readiness and support.

- Geographical area of intervention to be divided into micro-sites

- Responsibilities of PEs and special PE positions to be in place

- It is necessary for MSWs to have worked in a position for a minimum time period (e.g. 6 months) before they are to be considered for other position. This will provide an opportunity to the ORWs to observe their performance, their skills levels and their leadership abilities.

- Having this kind of tier system in place ensures that migration of MSWs does not affect the performance of the project. Should a MSW holding a position leave the site, there are many on a lower rung who have been functioning for a while who are ready to be considered for promotion.

- These are honorary positions, receiving stipends, except for the staff positions.

- Monitoring and documentation formats to be created, keeping in mind the low literacy levels of the community.

- On-site guidance and training mechanisms in place to ensure regular support to those being elevated.

Procedures

The procedures for vertical MSW progression are best explained through the diagram below:
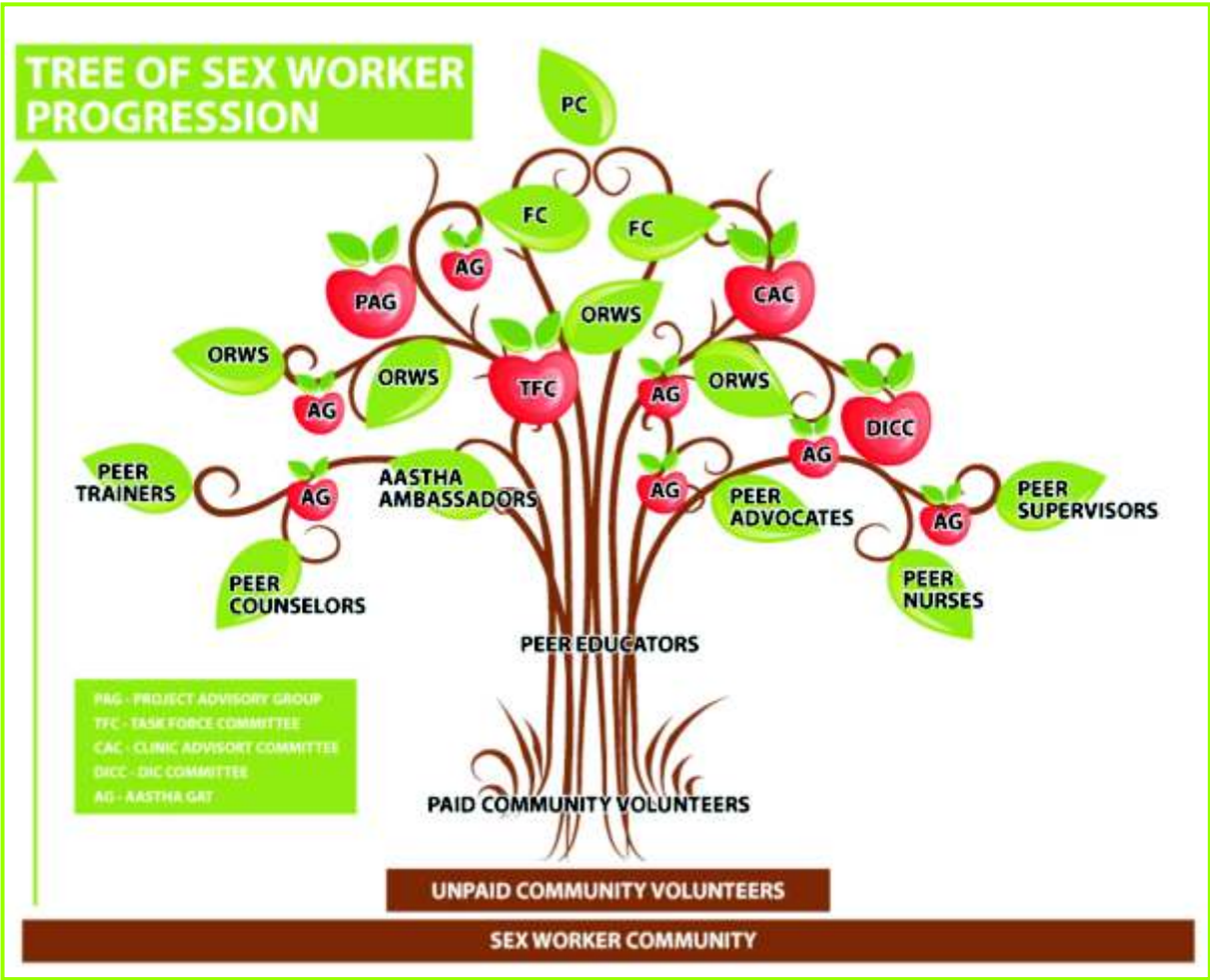
Level 1: Unpaid Community Volunteers (CVs)

- MSWs who show interest in the program and are willing to participate in delivering key project services.

- These should be MSWs who are willing to give time to the project and have or are capable of developing strong networks amongst the community.

- This is a completely honorary position and the individual does not receive any compensation.

Responsibilities:

- Promote the brand of Aastha;
- Motivate MSW for treatment of STIs; and
- Accompanied referral.

Level 2: Paid Community Volunteers

- To be chosen from amongst the unpaid CVs
- To have a minimum experience of 2 months as an unpaid CV
- To get an honorarium of Rs 500 only.
- No specific numbers of hours are fixed.

Responsibilities:

- Promote the brand of Aastha;
- Ensure regular access to condoms among MSWs;
- Educate and motivate MSWs for treatment of STIs; and
- Accompanied referral.

Level 3: Peer Educators

- To be chosen from amongst the Paid CVs
- To have a minimum experience of 3 months as a Paid CV
- To get a monthly honorarium of Rs 1,500 only and expected to work for 4 hours a day at a time that suits them.
- This individual to be someone who has shown constant dedication to the delivery of services to the community and an aptitude for people management.

Responsibilities:

- Conduct SBC sessions with MSWs regular distribution of condoms;
- Assist in forming Aastha Gats and conduct site events for MSWs;
- Extend support for visiting the project clinic and make referrals for STI treatment, VCT services; and
- Educate and motivate MSWs for treatment of STIs and follow up.

Level 4: Special Peer Positions

- To be chosen from amongst the PEs
- To have a minimum experience of 6 months as a PE
- To get a monthly honorarium of Rs 2,500 only and expected to work for 4 hours a day at a time that suits them and the project staff.

- This individual will be a site manager as well as will have specific responsibilities that make use of her unique skills. This individual will work along with a specific project staff member e.g. Peer counselor will work closely with the Project counselor, Peer nurse will work closely with the Project nurse and so on.

- This individual to have shown constant dedication to the delivery of services to the community and an aptitude for that specific job that she is being considered for.

The list of qualities that each individual should have as per the position is below but is indicative and not exhaustive:

Peer Counselors: should be one who shows empathy towards others and is a good listener

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Responsibilities

- Provide counseling to MSWs in health camps and sites;

- Meet vulnerable population and ensure treatment compliance;

- Motivate MSWs for an internal proctoscopic examination (using a proctoscope) and

- Coordinate with Aastha Gats to mobilize SWs for access to clinic.

Peer nurse: should be interested in helping others, is not scared of the sight of blood and needles, has some basic literacy level and has a good memory.

Responsibilities

- Provide on-site support to the nurse and doctors in health camps and satellite clinics;

- Prepare MSWs for an internal proctoscopic examination ;

- Giving first aid to MSWs; and

- Help staff nurse in sterilization of equipment and distribution of medicines.

Peer trainer: should be someone who has good oratory skills, likes to explain and teach others, is patient and has a good memory.

Responsibilities

- Conduct trainings for new PEs and Community Volunteers at sub-partner level;

- Attend training programs conducted by the MIPs and FHI;

- Identify vocational skill needs of MSWs and share with Project Advisory Group; and

- Provide support to PEs by conducting quality SBC session and Aastha Gat meetings.

Peer Advocate: should be someone who has good networking skills, has an existing rapport with the stakeholders and has a history of supporting others in times of crisis.

Responsibilities

- Provide legal literacy education to MSWs with Task Force Committee members;
- Provide Aastha Tatkal Seva to the MSWs in crisis; and
- Identify needs related to ration card, pan card and opening of bank accounts.

Peer Supervisor: should be someone who has good management skills, has good people management skills, can multi task and is a leader amongst the PEs.

Responsibilities

- Supervise the PEs in implementing field activities;
- Assist PEs to collect data for monthly, quarterly and annual progress reports;
- Organize coordination meetings with peers and other stakeholders; and
- Ensure all activities of the programs are implemented by the peers as per the work plan.

Level 5: ORWs and other staff up the ladder

- The MSW being considered for this position should undergo a test/detailed interview to ensure the necessary literacy level and knowledge level.
- Once hired as part of the staff, they are to be considered on par with all staff members and given opportunities accordingly.

1.3 MICRO PLANNING

Context

In Aastha, a micro plan is a crucial tool in planning, implementing, monitoring and strategizing service delivery for community outreach interventions. Micro plan is a live tool that facilitates a PE to do individual-level planning and follow up on prevention service uptake based on the individual risk, vulnerability, profiles of MSWs and their partners. Micro-planning at each site is done by PEs. A micro plan gives a visual picture of the site that a PE is managing. It helps to understand the extent to which program services have reached the MSWs and also helps to identify and monitor problem areas.

To ensure the effective execution of a micro plan, the outreach team prepares a plan by keeping in mind definite responsibilities of individuals involved in project implementation.

Key features

- Planning activities to meet the needs of the MSWs and the project.

- Implementing the plan by executing the strategy planned at the micro level.

- Regular monitoring at the site level .

SOP Objectives

- To provide contextual clarity on the strategy for developing a micro plan for the effective implementation of an outreach program.

- To provide information about essential requirements and detailed processes for the development, implementation and monitoring of a micro plan.

Pre-requisites for developing a Micro Plan

- Project Staff at the implementation organization level – PC, Field Coordinator (FC) and ORWs.

- ORWs to identify a team of PEs in their site area.

- One PE to have 50 MSWs in her site area. Each PE to be responsible for two AGs.

- PE training module

- A detailed site map of the area

Uses of a Micro Plan

- Defined area of operation by PE – This helps to avoid duplication of effort and diffusion of responsibility. Demarcation of a site responsibility for that site rests with an individual PE.

- Repeat visit for monthly screening- The PE is able to monitor clinic visits for monthly screening of the MSW in the given site.

- Individual Tracking – PEs are able to track how many MSWs are being reached out to during a given month. This tracking is done by reviewing delivery of various Aastha services such as: clinic/camp attendance, one to one sessions, contacts, group sessions, condom distribution and Aastha Gat (SHG) membership.

- The PE is able to collect, analyze and act upon data – using the PE daily activity report.

- The PE is able to generate data and use it to provide minimum services to all MSWs in hisr site.

- The PE becomes the site manager –PEs decide and budget for activities to be conducted in their site and take responsibility to ensure service provision to all MSWs in their site. Also as site manager, he is best placed to track individuals and their service uptake.

- Community ownership – A sense of belongingness and ownership is cultivated by addressing the felt needs of the community and encouraging active involvement and decision making by the MSWs in all aspects of the program.

- Shift from delivering services (push) to demand generation for services from the community (pull). The project services are then community driven rather than NGO driven.

- To aid the PEs, the program has developed a "minimum package of services" that should be offered to each MSW. The package includes STI treatment, one to one SBC, providing condoms every week and membership in Aastha Gats (Self Help Groups) to each of the fifty MSWs in a site of a PE.

Institutionalization of a Micro Plan

It is important for the PEs to be able to develop their micro plans as it capacitates them as site managers and help them own the plan.

Micro Planning Competition: In order to institutionalize the concept of micro-planning, holding a competition was found useful. During this competition, each PE develops her own micro plan and presents the same to a panel of judges who selects the best micro plan. Each PE also needs to explain her micro-plan, the benefits and how she will use it for regular planning and monitoring. This creates healthy competition among the PEs as well as ensures that the process is ingrained.

Procedure

- The concept of micro planning is to be explained to the implementing partner.

- The ORWs to train the PEs to develop micro plans for their site area. These need to be updated on a monthly basis.

- A Micro plan is developed in the following manner,

  - Geographical area of operation to be defined at the organizational level

  - Area demarcation is to be done at the ORW level. The ORW Micro-plan to consist of the areas of the PEs under him.

  - PEs to be capacitated to make their specific area map, enroll and track registered MSWs individually

  - Regular collection and action on data.

- PEs need to be equipped to be able to implement their micro plans.

- The implementation of the micro plan is to be monitored on a weekly basis.

- The implementation of micro plans is to be documented by the PE in the form of individual tracking sheets and weekly reports.

- Data is documented and is tracked through a smooth flow of various interconnected documents. Field data is to emerge from the micro-plan.

Micro Plan of a PE
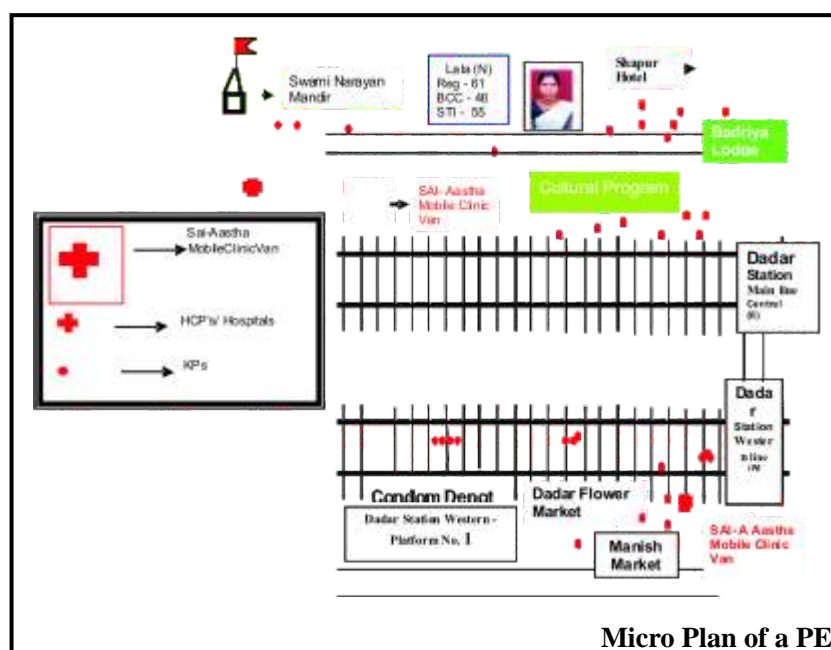
Procedure when faced with a situation of trafficking

It is necessary for the organization to conduct a workshop for orienting all staff members and PEs about the procedures and also about laws related to trafficking and minors. It should be explained that any minor (below 18 years of age) found to be involved in sex work is deemed to have been trafficked and redressal is required. Phone numbers of help lines and the Anti-trafficking cell is to be given to all.

In the micro-plan area, if a PE is confronted with a situation of trafficking:

- The PE to contact the Child Helpline or the Anti trafficking Cell within the Commissionerate of Police, Mumbai (all Mumbai jurisdictions) /local police station or a Child welfare committee appointed by the Government and working with the Social Welfare department to make referrals for rescue of minors trafficked.

- If a rescue is taking place, the PE to leave the process to those in charge.

In case the above procedure cannot be followed due to any circumstances; the information is to be provided to any NGO working against trafficking, through the PC, with the required details.

Phased transition of micro planning from being staff driven to being community driven is to be planned for and implemented. The time period and conditions of transfer of ownership is flexible and dependent on the prevailing local conditions and existing level of community ownership in the program.

Phased transition of Micro Planning

PHASE 1 Staff Driven Stage 1 year	PHASE II Transition Stage 1 year	PHASE III Community Driven Stage 1 year
■ PC, FC and ORWs train PE to develop their site level micro plans ■ ORWs support PEs in preparing their micro plans ■ ORWs monitor the micro plans of the PEs	■ PEs prepare their micro plans independently ■ ORWS monitor the implementation of the plans on a weekly basis	■ PE trains AG leaders to develop site level micro plans ■ AG leaders prepare micro plans along with the PEs

1.4 MINIMUM PACKAGES OF SERVICES

Context

In Aastha, service delivery to all MSWs is of prime importance and an entitlement. The project focuses on ensuring that all MSWs receive the minimum services required to be able to develop health seeking behavior as well as reduce the incidence of STIs and thereby the spread of HIV. During the conception of the project, the team conceptualized the Aastha Minimum Package (AMP), the minimum services that every MSW registered in Aastha is entitled to get on a monthly basis. It is the PE's responsibility to deliver the minimum services to every MSW in his site.

The AMP includes the following services:

- One quality SBC session provided each month to all registered MSWs

- Clinical services offered to all registered MSWs every month.

- Aastha Gat membership to all registered MSWs

- Quality condoms provided every week to all registered active MSW in the Aastha project. *(Refer the corresponding SOPs No: 2.1, 3.1, 3.2, 1.7 and 4.1)*

Once a MSW is a member of the Aastha Gat, he also gets the other peripheral services provided by the project.

If a MSW is deemed to be at a higher risk to contracting STIs as per set criteria, the following services are provided in addition to the minimum package:

- Special efforts on proactive partner tracing and management

- Focused counseling to address their individual vulnerabilities

- Monthly routine checkups in clinical settings, including an internal proctoscopic examination.

MSWs at higher risk are known as an 'Aastha Gulab', a non-stigmatizing term, or MSWs who are AMR (At Most Risk). As a result, this special package is known as the AMP+. This ensures service delivery tailored to the risk level of the MSW, leading to a more focused outreach strategy.

Key features

- Strategy to ensure that minimum services are provided to each MSW on a regular basis

- Specialized services based on the risk level of the population

- In-built mechanism to ensure regular monitoring of site performance

SOP Objectives

- To provide contextual clarity on the strategy for developing a minimum package of services for an HIV/STI prevention programme.

- To provide information about essential requirements and detailed processes for the development, delivery and monitoring of packages of services as per the risk level of the MSWs.

- This SOP will be complemented by SOPs on Micro-planning, Condom Depots, Communication Sessions, Satellite Clinics and Self Help Groups.

Pre-requisites for developing a minimum services package

- Area to be divided into sites of 50 MSWs

- Each site to have a PE responsible for service delivery to his registered MSWs

- Micro-plans to be developed for each site (Refer SOP No.1.3)

- Service delivery package to be decided based on the goal of the project and the minimum services needed on a regular basis to achieve it.

Development of the Minimum service package and Special service package

In the context of an HIV prevention program, it is necessary to have a combination of services, focusing on increasing health seeking behavior and encouraging safer sex practices.

Things to keep in mind while designing the packages:

- Client Volume – Understanding volume of sex work is important. It is important to ensure that MSWs with high volume (high volume = more than 10 clients/week, medium volume = 5-9 clients/week, low volume = 4 or fewer clients a week) are reached with specific purpose and at specific periods. This is important because, in the context of HIV, male sex workers (MSWs) with more clients are most vulnerable and at most risk.

- Type of Sex – Type of sex influences risk and vulnerability of MSWs. Anal sex is more risky than oral sex. Therefore, packages would also have to address those who are involved in higher risk activities.

The Minimum package for MSWs (known as the Aastha Minimum Package, AMP):

- One quality SBC session provided each month to all registered MSWs

- Clinical services offered to all registered MSWs every month.

- Aastha Gat membership to all registered MSWs

- Quality condoms provided every week to all registered active MSWs

Special Package for vulnerable MSWs (Aastha Minimum Package +, AMP+):

Criteria for selection: MSWs are considered to be at higher risk (Aastha Gulab) if they access clinical services for:

- Repeated STIs

- For an STI after a previous asymptomatic visit

- Show a raised titer for RPR after successfully receiving treatment for a previous reactive RPR.

In addition to receiving the AMP of services, these MSWs are to be further prioritized for:

- Special efforts on proactive partner tracing and management

■ Focused counseling to address their individual vulnerabilities

■ Monthly routine checkups in clinical settings, including an internal proctoscopic examination

These MSWs are individually tracked to ensure that they receive these essential services towards better health.

Monitoring: the AMP score

The Aastha Minimum Package has a specific scoring and monitoring system in order to ensure that all MSWs are reached, namely, the Aastha Minimum Package Score (AMP score)

AMP score

The score is derived on the basis of the number of services a PE has been able to provide to the 50 MSWs in her site. A matrix will be devised to capture this data. In the AMP matrix, the scoring system is such that one point is allotted for every service given in a month to each registered MSW:

1. One quality 1-1 session – 1 point

2. Visited clinic for any service – 1 point

3. Attended Aastha Gat meeting – 1 point

4. Received condoms every week - 1 point (0.25 point for each week of condom received)

The score gives a clear picture of the number of MSWs reached during a given month for various services.

Using the Individual Tracking Sheet (ITS) and the AMP score of PE zones in all the IPs it is possible to identify problem areas as follows:

1. **Red** : Needs Attention (below 40% of the AMP score)

2. **Orange** : Moderate but still need attention (40 %-70% of the AMP Score)

3. **Green** : Doing well need to encourage the zone manager (PE) and the ORW to continue their efforts (Above 70% of the AMP Score).

Once these identifiers are flagged, attention can be directed to these areas in a focused manner.

Peer Educator Zone wise performance of Aastha Minimum Package (AMP) Score

- In order to monitor the Aastha Gulabs, a list of ID numbers is to be generated and shared with the outreach team. The outreach team must bring the MSW to the clinic for services (as per the special package).

- To ensure no discrimination and to maintain confidentiality, the reason for the MSW being brought to the clinic is not shared with the outreach team.

Procedure

- PE to create micro-plan for every site.

- PE to ensure that every MSW gets each service of the minimum package

- ORWs to monitor each PE as per the AMP matrix and score

- Based on the AMP score, areas for strengthening to be decided and action plan to be formulated.

- AMP scores to be discussed on a monthly basis with the all the PEs in an M&E cell meeting (Refer SOP No. 1.5)

1.5 PROGRAM COORDINATION MEETINGS

Context

Aastha works to develop health seeking behavior among MSWs in Mumbai and Thane districts of Maharashtra. MSWs have limited access to health services due to their profession, which also makes them vulnerable to STI/HIV. The project staff and community volunteers need to be capacitated to motivate the MSWs to access health services. It is not possible for individual program teams to ensure provision of all the project services to all MSWs. The Aastha project has hence been designed to have focused meetings between the various program teams of the project to ensure smooth coordination between them. These meetings are held at FHI, at the IP level as well as at the MIP level. These meetings are synergized processes and are not held in isolation. These meetings aim towards improving the quality of services and reaching out to the highest possible number of MSWs regularly. The process facilitates cross learning between the project teams and individuals. These meetings help the IPs to help them to use innovative strategies and rethink their resource allocations for overall project implementation.

Key features

- Cross learning between various organizations involved in conceptualizing, planning and implementing the project.

- Encourage implementing organization to be innovative while using strategies and allocating resources.

- Building the capacity of the project team and individuals to ensure quality services to the MSWs.

SOP Objectives

- To specify the rationale, agenda and objectives of the program coordination meetings.

- To specify who will participate in the meetings.

- To specify the frequency of the meetings.

- To institutionalize the process of conducting the meeting.

Procedure

Monitoring and Evaluation (M&E) Cell Meetings

At the IP level

Frequency: Once a month.

Participants: The entire outreach team comprising of the PC, FC, MIS officer, all the ORWs and PEs to participate in the meetings. A Program Officer (PO) from the MIP, who is the point person of the IP to be present to observe the discussions and facilitate the discussion wherever required.

- Day and timing of the meeting to be fixed and is usually the same for each month.

- The agenda for the meeting is to be set in advance.

- Before the meeting, the PEs and ORWs analyze their performance for the month and come prepared with data. The MIS officer facilitates data extraction and analysis.

- The PEs to make presentations to their ORWs

- A person is to be designated to minute the meeting and obtain names and signatures of everyone in attendance.

- The tasks set forth in the previous meeting and their progress is to be discussed first.

- This is to be followed by discussions on the agenda for the day.

- The discussion is to take place under the leadership of the PC and MIS officer.

- The ORWs to make presentations of their sites using the AMP matrix.

- The AMP scores are to be presented using a color coded matrix, which needs to indicate a color progression.

- The participants discuss the AMP scores and need to suggest and discuss plans to progress within the matrix.

- Any other topics on the agenda or requiring attention are then to be discussed.

- At the end of the meeting, the tasks that need to be done, people responsible for it and timelines are to be noted.

- The minutes and action points of the meeting are to be circulated within the team.

At the MIP level

Frequency: Once a month.

Participants: The PCs from all the IPs, the POs, the M&E Officer and Project Director (PD) from the MIP to participate in the meetings. A representative from the MIP team to be present to observe the discussions.

- Day and timing of the meeting to be fixed and is usually the same for each month.

- The agenda for the meeting is to be set in advance.

- A person is to be designated to minute the meeting

- The meeting is to be led by the M&E officer and PD of the MIP.

- The tasks set forth in the previous meeting and their progress is to be discussed first.

- This is to be followed by discussions on the agenda for the day.

- The M&E officer and PD from the MIP to bring out important issues of each IP.

- The issues are to be discussed, analyzed and resolved.

- Any other topics on the agenda or requiring attention are then to be discussed.

- At the end of the meeting, tasks set forth for each IP, with persons responsible and timeline are to be discussed.

- The minutes of the meeting are to be circulated to everyone later.

- Action points are shared with the team.

At FHI level

Frequency: Once a month.

Participants: PD, POs, Senior POs, Technical Officer (TO), Senior TOs, M&E Officer from the MIPs and representatives from the M&E team of FHI to be present for the meetings.

- Day and timing of the meeting to be fixed and is usually the same for each month.

- The agenda for the meeting is to be set in advance.

- A person is to be designated to minute the meeting

- The meeting is to be led by the Head of the M&E team from FHI.

- The tasks set forth in the previous meeting and their progress is first to be discussed.

- This is to be followed by discussions on the agenda for the day.

- The M&E at FHI to bring out important issues. The same are to be discussed at the FHI level with the MIPs. The issues are analyzed and resolved.

- Any other topics on the agenda or requiring attention are then to be discussed.

- At the end of the meeting, tasks set forth for each MIP, with persons responsible and timeline are to be discussed.

- The minutes of the meeting are to be circulated to everyone later.

- Conclusion and action points are shared with the team

Lab Technicians and Nurses Meetings

At the MIP level

Frequency: Once a month.

Participants: Lab Technicians and Nurses from all the IPs and Senior TO or TO from the MIP to participate in the meetings.

- Day and timing of the meeting to be fixed and is usually the same for each month.

- The agenda for the meeting is to be set in advance. The agenda needs to focus on the clinical aspects of the project.

- A person is to be designated to minute the meeting and obtain names and signatures of everyone in attendance.

- The tasks set forth in the previous meeting and their progress is to be discussed first.

- This is to be followed by discussions on the agenda for the day.

- The discussion is to take place under the leadership of the Senior TO or TO from the MIP.

- Any other topics on the agenda or requiring attention are then to be discussed.

- At the end of the meeting, the tasks that need to be done, people responsible for it and timelines are to be noted.

- The minutes of the meeting are to be circulated within the team.

Counselors Meetings

At the MIP level

Frequency: Once a month.

Participants: Counselors from all the IPs and Senior TO or TO from the MIP to participate in the meetings.

- Day and timing of the meeting to be fixed and is usually the same for each month.

- The agenda for the meeting is to be set in advance. The agenda needs to focus on the clinical aspects of the project.

- A person is to be designated to minute the meeting and obtain names and signatures of everyone in attendance.

- The tasks set forth in the previous meeting and their progress is to be discussed first.

- This is to be followed by discussions on the agenda for the day.

- The discussion is to take place under the leadership of the Senior TO or TO from the MIP.

- Any other topics on the agenda or requiring attention are then to be discussed.

- At the end of the meeting, the tasks that need to be done, people responsible for it and timelines are to be noted.

- The minutes of the meeting are to be circulated within the team.

Community Development Officer (CDO) Meetings

The responsibilities of the CDO and the Advocacy Officer (AO) are very similar and therefore they overlap. For example, the AO may not be able to help the SWs with community related issues. In such situations it becomes important to involve the CDO to coordinate the same. Therefore building the capacity of the CDO to fulfill the responsibilities of the AO is essential.

At the MIP level

Frequency: Once a month.

Participants: CDOs from each IP and the point person for community mobilization from the MIP and FHI to participate in the meeting.

- Day and timing of the meeting to be fixed and is usually the same for each month.

- The agenda for the meeting is to be set in advance. The agenda needs to focus on the following,

  - Vibrancy of the Aastha Gats (self help groups)

  - Formation and activities of the CBOs

  - Formation and activities of the Aastha Parivaar

  - Activities of the Task Force Committees

  - Evaluation of the Rapid Response System

  - Future plans

- A person is to be designated to minute the meeting and obtain names and signatures of everyone in attendance.

- The tasks set forth in the previous meeting and their progress is to be discussed first.

- This is to be followed by discussions on the agenda for the day.

- The discussion is to take place under the leadership of the point person for community mobilization from the MIP.

- Any other topics on the agenda or requiring attention are then to be discussed.

- At the end of the meeting, the tasks that need to be done, people responsible for it and timelines are to be noted.

- The minutes of the meeting are to be circulated within the team.

Aastha Gat (AG) and Task Force Committee Meetings

At the IP level

Frequency: Once a month.

Participants: AG leaders, TFC members, CDO, AO, PEs, Core Group members from the IP and the point person for community mobilization from the MIP (when possible) need to participate in the meetings.

- Day and timing of the meeting to be fixed and is usually the same for each month.

- The agenda for the meeting is to be set in advance. The agenda needs to focus on the following:

  - Vibrancy of the Aastha Gats

  - Formation and activities of the CBOs

  - Formation and activities of the AP

  - Activities of the TFC

  - Evaluation of the Rapid Response System

  - Future plans

- A person is to be designated to minute the meeting and obtain names and signatures of everyone in attendance.

- The tasks set forth in the previous meeting and their progress is to be discussed first.

- This is to be followed by discussions on the agenda for the day.

- The discussion is to take place under the leadership of the CDO.

- Any other topics on the agenda or requiring attention are then to be discussed.

- At the end of the meeting, the tasks that need to be done, people responsible for it and timelines are to be noted.

- The minutes of the meeting are to be circulated within the team.

PC, CDO and AO Meetings

At the MIP level

Frequency: Once a month.

Participants: The PCs, AO and CDO from all the IPs, the point person for community mobilization from the MIP and the PD from the MIP to participate in the meetings.

- Day and timing of the meeting to be fixed and is usually the same for each month.

- The agenda for the meeting is to be set in advance. These meetings need to focus on sharing, cross learning and capacity building.

- The meeting is to be led by the point person for community mobilization from the MIP

- A person is to be designated to minute the meeting

- The tasks set forth in the previous meeting and their progress is to be discussed first.

- This is to be followed by discussions on the agenda for the day.

- The point person for community mobilization from the MIP to bring out important issues of each IP.

- The performance of each IP is discussed

- The issues are to be discussed, analyzed and resolved.

- Any other topics on the agenda or requiring attention are then to be discussed.

- At the end of the meeting, tasks set forth for each IP, with persons responsible and timeline are to be discussed.

- The minutes of the meeting are to be circulated within the team.

Field Coordinator meeting

At the MIP level

Frequency: Once a month.

Participants: The FCs from all the IPs and the point person responsible for outreach from the MIP to participate in the meetings.

- Day and timing of the meeting to be fixed and is usually the same for each month.

- The agenda for the meeting is to be set in advance. These meetings need to focus on the AMP and AMP+ achievement.

- The meeting is to be led by the point person for outreach from the MIP.

- A person is to be designated to minute the meeting.

- The tasks set forth in the previous meeting and their progress is to be discussed first.

- This is to be followed by discussions on the agenda for the day.

- The point person responsible for outreach from the MIP to bring out important issues of each IP.

- The issues are to be discussed, analyzed and resolved.

- Any other topics on the agenda or requiring attention are then to be discussed.

- At the end of the meeting, tasks set forth for each IP, with persons responsible and timeline are to be discussed.

- The minutes of the meeting are to be circulated within the team.

MIS meetings

At the MIP level

Frequency: Once a month.

Participants: The MIS Officers from each IP, M&E Officer from MIP and Senior TO, TO, Senior PO or PO from FHI to participate in the meetings.

- Day and timing of the meeting to be fixed and is usually the same for each month.

- The agenda for the meeting is to be set in advance. These meetings need to focus on MIS related topics such as,

  - Milestones

  - Data collection

  - How to avoid errors

  - Generating outputs

  - Documentation

- These meetings need to be facilitated to build the capacities of MIP staff.

- The meeting is to be led by the M&E officer of the MIP.

- A person is to be designated to minute the meeting

- The tasks set forth in the previous meeting and their progress is to be discussed first.

- This is to be followed by discussions on the agenda for the day.

- The M&E officer from the MIP to bring out important issues of each IP.

- The issues are to be discussed, analyzed and resolved.

- Any other topics on the agenda or requiring attention are then to be discussed.

- At the end of the meeting, tasks are set forth, with persons responsible and timeline are to be discussed.

- The minutes of the meeting are to be circulated within the team.

Partners Meetings

At the MIP level

Frequency: Once a month.

Participants: PCs from all the IPs, point person for each IP from the MIP and PD from the MIP, point person responsible for the MIP from FHI to participate in the meetings.

- Day and timing of the meeting to be fixed and is usually the same for each month.

- The agenda for the meeting is to be set in advance. This meetings need to focus on partnership issues and budget related discussions and resolutions.

- A person is to be designated to minute the meeting and obtain names and signatures of everyone in attendance.

- The tasks set forth in the previous meeting and their progress is to be discussed first.

- This is to be followed by discussions on the agenda for the day.

- The discussion is to take place under the leadership of the PD of the MIP.

- Any other topics on the agenda or requiring attention are then to be discussed.

- At the end of the meeting, the tasks that need to be done, people responsible for it and timelines are to be noted.

- Documentation of every program coordination meeting is to be maintained in separate registers in specially designed formats.

1.6 DROP IN CENTRE

Context

The Drop in centre (DIC) as a concept was used to attract the MSWs to a place which would be considered safe and a place to be used for the facilitation of project related activities. This place needs to be easily accessible with all the necessary facilities to conduct project activities in a non-threatening, clean and friendly environment. A DIC needs to be community centric and orientated to meet the project objectives.

In Aastha, the DIC has to be a 'one stop' centre to address various needs of the MSW. Keeping in mind the limitations and challenges the project faces at the ground level, the DIC has to be flexible in its implementation. This calls for creativity, innovation and needs to be strategized in keeping with the requirements of the MSWs to make the DIC functional and meaningful. The DIC would be a place within the project area where the MSWs can easily access and seek services as per their specific needs. It should be a place where the MSWs feel secure from potentially threatening persons such as the police, local goons etc. It should also have a clinic in the same premises where medical services, especially STI treatment, would be provided. Apart from the project clinic the DIC is to provide entertainment in the form of 'infotainment'. This is the unique facility of providing key messages along with entertainment. The DIC is not necessarily a house of all the facilities but needs to have strong and meaningful linkages with other service providers. Linkages with referral centers need to include service providers from hospitals, legal help, police department, educational institutes, ration card authorities, etc. A good DIC should be able to cater to the felt needs of the MSWs by providing the services directly or by referring them to the appropriate service centers.

While setting up a DIC it is important to consider the requirements of MSWs. It is important to maintain confidentiality and train the staff to be sensitive to them. For example, while working with MSWs it is important to understand that they are a hidden population who are spread across the city. It is also essential to understand that MSws are not MSM and therefore need to have a separate DIC that is not linked with an MSM group. The DIC for MSWs is to be set up in a location that would be accessible to majority of the MSWs.

Key features

■   A safe place for MSWs.

■   A one-stop space for all the needs of the MSWs who live in the community.

SOP Objectives

■   To provide contextual clarity on the strategy for setting up and running a DIC for the effective implementation of an outreach program.

■   To provide information about essential requirements and detailed processes for setting up and running a DIC.

Potential of the DIC

The DIC as a strategy has the scope to reach out and mobilize MSWs. The DIC needs to be a place where the MSWs would feel safe. The DIC is not to be restricted to being a 'service provider' place but a 'centre to mobilize the MSWs.' The DIC should be 'the most sought after place for the MSWs.'

Pre-requisites for setting up a DIC

- Project Staff at the implementation organization level – PD, PC, FC, ORWs and PEs.

- Involvement and participation of SWs in setting up the DIC.

- Activities of the DIC to be established as per the needs of the MSWs.

- A DIC committee to be formed to manage the DIC (Refer SOP No. 5.3).

Activities of the DIC

The activities of the DIC may vary but they all need to function with the single objective of community involvement. The DIC should be able to provide services to address the felt needs of the MSW. These activities/services can be addressed directly or through referral linkages developed for the project. The implementing organization should take help from other social and professional persons and institutes in implementing the activities of the DIC.

Some of the activities could be as follows:

- Dissemination of key messages using Participatory Learning Action techniques

- Entertainment of MSWs along with giving information

- Providing medical services, especially STI treatment, to the community. The medical services provided by the project clinic should also include:

  - Treatment for persons with STI symptoms and their regular partners.

  - Regular screening and management of asymptomatic STIs.

  - Treatment for common illnesses such as fever, cough and cold, diarrhea, scabies etc.

  - Laboratory tests for anemia, blood group, pregnancy test, routine urine examinations and common STIs.

  - Referral services for voluntary counseling and testing (VCT), STI complications, opportunistic infections (OI) and other diseases which cannot be managed at the clinic level.

- Providing comprehensive counseling. The counseling component of the project needs to be different from routine HIV/AIDS/STI counseling. It needs to include general health, family matters, relationship, nutrition, education and any other felt need of the MSWs

- Providing simple pathological tests
- Condom distribution (condom depots)
- Organizing meetings
- Legal aid
- Core group meetings
- Meeting with the Legal Resource Person (LRP)
- Conducting training programs
- Organizing community get-togethers
- Skill building exercises
- Games
- Grooming courses
- Self help group development

- Income generation activities
- Self help group development
- Self help group meetings
- Activities to mobilize community members.
- Meetings with other stake holders
- Referral to other services
- Nutritional support to any PLHIV MSW
- Positive prevention counseling
- Skill development activities in the form of vocational training
- Support group meetings
- Organizing events, festivals and other activities
- Aastha Gat meetings
- Elections of CBO
- CBO meetings
- Any other community mobilization activity

Activities to be avoided in the DIC:

There are some activities which need to be strictly avoided in the DIC. These activities can compromise the entire process and can harm the project as well as the MSWs. The following things can undermine the project and should be totally avoided in the interest of the MSWs.

- Gambling
- Storing and consumption of alcohol and illegal drugs
- Solicitation of clients by the community
- Any illegal activities

Procedure

Setting up the DIC:

- The MSWs are to be involved at every level in setting up the DIC. The organization is to ensure that MSWs participate in choosing the location, painting/renovating and the planning of activities in the DIC.
- The DIC is to be completely community centric.
- The DIC is to be located in the project area at a place which is easily accessible to the MSWs, where they can 'drop in' or could be referred to easily. It is to be a safe, non threatening environment with no stigma attached.
- The DIC is to be clean, neat and tidy.
- The DIC is to have basic facilities such as regular supply of clean drinking water, clean toilet, fans, safe environment etc.
- Keeping in mind the limitations of space, the organization needs to be innovative.
- Entertainment, participatory equipment and tools to be kept in the DIC for facilitating sessions with the community.

Promoting the DIC in the community:

- The DIC is to be promoted in the community in order to make it well known. One of the means of promoting the DIC among the community is by involving the MSWs at every step of setting up and planning the activities in the DIC.

- The DIC is to be popularized within the community by actively advocating its services and the advantages of utilizing services at the DIC.

- There needs to be a strategy to advertise and popularize the DIC in the project area. The partner organization can popularize the DIC through word of mouth, brochures, pamphlets, site maps, street plays etc. This is to be done by the outreach team and community members who have successfully utilized the DIC services.

- One of the strategies could be to use 'hooks', for instance, literacy classes, yoga classes, dance classes etc to attract MSWs to the DIC. The specific needs and interests of MSWs need to be kept in mind while planning activities. Apart from felt needs, activities such as English classes, opening of bank accounts, getting ration cards etc need to be actively promoted to attract maximum number of MSWs to the DIC.

- A clear indicator of a popular DIC is an increased number of MSWs visiting the DIC and making meaningful utilization of the services offered, especially the clinic services.

- The organization to involve potentially threatening stakeholders such a pimps, police, local leaders (political, religious, business), preferred health care providers etc. to 'neutralize the power structure'. The neutralization of the power structure leads to increased active participation of the MSWs in the project.

Attracting community members to the DIC:

- The IP is to use 'hooks' to get the community interested in visiting the DIC frequently.

- The MSWs need to know the exact location, timing and services that are being provided in the center. This needs to be done by the project staff and PEs by popularizing the DIC in the community.

- The project staff to motivate and encourage the community members to utilize the services from DIC and specify the advantages of using the project DIC.

- Some of the activities to be carried out in the DIC to attract MSW are as follows

  - Entertainment activities

  - Games

  - Grooming courses

  - PLA (Participatory Learning Activities) exercise with the community members

  - Health camps

  - Medical facilities

  - Meetings

  - Film shows

  - Cultural activities

  - Various participatory activities with the community to increase their involvement

Expanding the scope of the DIC in the project:

- The philosophy of a comprehensive approach of providing services to the MSWs and a centre for involving and mobilizing the MSWs is to be adopted by the IP.

- All the activities planned are to be in the interest of the MSWs.

Monitoring and documentation of the DIC activities:

- All activities of the DIC to be documented.

- The DIC register is to be maintained to record details of MSWs visiting and utilizing the DIC services.

- Similarly any event, meeting, occasion and activity are to be recorded in the respective registers.

- The counseling records and the clinic records to be maintained separately as per the designed formats.

- The DIC is to be a good monitoring ground to evaluate the number of MSW utilizing the services.

- Some of the indicators for monitoring are:

  - The number of MSWs visiting the DIC

  - Number of MSWs utilizing services at the DIC

  - Number of MSWs undergoing a regular health check up

  - Number of MSWs visiting the DIC and agreeing to undergo a regular health check up

  - Number of MSWs bringing other MSWs along with them

  - Number of times a MSW visits the DIC

  - Average time spent in the DIC.

- The participation of MSWs in the project activities will increase if the DIC as a strategy is implemented correctly. This should lead to more community mobilization and enable the MSW to participate in project activities.

Phased transition of the DIC from being staff driven to being community driven is to be planned for and implemented. The time period and conditions of transfer of ownership is flexible and dependent on the prevailing local conditions and existing level of community ownership in the program.

Phased transition of Drop in Centre

PHASE 1 Staff Driven Stage 6 months	PHASE II Community led DIC 6 months	PHASE III Community Driven Stage 1 year
■ The project team to identify MSWs who can take over the responsibility of setting up the DIC and provide on- site support to the MSWs in managing the DIC.	■ A DIC Committee is formed to monitor the working of the DIC.	■ Aastha Gat (AG) leaders to be involved in taking care of the DIC. ■ The DIC is handed over to the AG leaders.

1.7 CONDOM DEPOTS

Context

The focus area of Aastha programming is to make health services accessible to MSWs and to promote health seeking behaviour among them. MSWs are vulnerable to HIV and STI infections due to their regular exposure to sex and the nature of their profession. Sexual acts with multiple partners who may or may not be infected by HIV or STIs make it vital to use a condom at the time of every encounter.

MSWs find it difficult to carry condoms on their person as this increases the risk of being arrested or harassed by the police. MSWs who live with their familiy members find it difficult to keep stock of condoms at their residence, as it might lead to suspicion and conflict. The Aastha condom package has been specially designed keeping this is mind and the package appears like a shampoo sachet.

In keeping with the need to ensure a sufficient and regular supply of condoms that are easily available for MSWs, the thrust of condom distribution being to reach out and to fill any gaps, the Aastha project along with the MSWs established conventional and non-conventional places where condoms would be available at all times. These condom depots cater to the weekly or monthly condom requirement of the MSWs. Under the Aastha Minimum Package (Refer SOP No.1.4), every MSW is entitled to easy access to his requirement of condoms.

Establishing and monitoring the performance of condom depots is a challenge as the individual/s who operate condom depots need to be sensitized and enrolled into the program. It is also a challenge to train them to maintain records of every transaction and to document the frequency of each transaction as most of them are not educated and are generally employed elsewhere.

It is also essential that condom depots are community owned and managed to ensure that access is continuous and at the very site of sex work. Aastha Gat (Refer SOP No. 4.1) members should be trained to do the same and can be involved in the selection of individuals/locations to become depots.

Key features

■ Document proper steps to be followed while establishing or setting up condom depots.

■ Participation of MSWs is crucial in identifying condom depots, in keeping with their safety issues with the police and also to protect their professional identity

■ Ascertaining the demand for condoms as per the need of the MSWs.

SOP Objectives

■ To provide conceptual clarity about the need to establish condom depots involving maximum participation of MSWs.

■ To provide detailed information about the criteria to be followed while setting up condom depots.

■ To demonstrate the method and process of setting up condom depots.

Classification of Condom Depots

Conventional condom depots	Non conventional condom depots
■ Local paan shops	■ Public toilets ■ Restaurants ■ Tea stalls ■ Hair Salons ■ Bus stops ■ Pharmacies

Condom depots can also be manned or un-manned. An example of an un-manned condom depot is a public toilet where condoms are placed so that MSWs can access as and when necessary. Manned condom depots are those which have an individual monitoring the supply and distributing the condoms, e.g. local shop keeper etc.

Calculating the unmet condom need

Assessing the condom requirement at any given site of intervention is critical in order to ensure condoms are not being "dumped" or stock-outs are not occurring. Ultimately, condom availability depends on the risk profile of the individual site and cannot be averaged or aggregated.

The following formula can be used to calculate condom requirement for MSW at a given site:

$$D = (S \times I \times N) - C$$

Where,

D is the condom requirement

S is the number of MSWs operating in the area

I is the number of sex acts per day

N is the number of days a MSW is "active" in a given month

C is the number of condoms brought by clients from other sources

S, I and **N** can be determined through the processes of site assessment and outreach planning. C can be determined by local partner organizations, through special surveys of MSW. If such surveys have not yet been carried out, the NGO can estimate the proportion of condoms brought by the clients by polling a random sample of MSWs. An additional question while talking to the MSWs could be to know the brand of their preference.

Once the condom demand has been fixed, there is a need to calculate with the PEs, the number of condoms they will distribute per MSW in their micro-site in a month. This will form the thrust of condom distribution as condoms given directly to MSWs are more likely to be used and less likely to be wasted. Additionally, condoms to be kept at the DIC and clinic need to be fixed based on the attendance at the same. Condoms demand minus the condoms distributed through outreach, DIC and clinic, will give an estimate of the condoms needed to be kept at the condom depots.

Procedure

- The ORWs, PE and PA along with key community members to identify conventional and non-conventional condom depots in their sites. Locations should be chosen carefully to minimize wastage or the chance of the condoms being sold

- The condom depots to be established on the basis of the preference expressed by MSWs. The MSWs to decide the places and people they would prefer as condom depots.

- It is necessary to build rapport and establish relationships with potential individual/s who serve as condom depots or managers and to explain the purpose of setting up condom depots.

- Educate individual/s condom depots to document and keep track of condoms being distributed.

- Condom depot managers to provide condoms to MSW as they ask for them and make note of the same.

- The condom depot to be visited by the PE on a daily basis to check on the stock. If the condom depot manager is unable to maintain records, the PE to ask questions related to the condoms being taken and the details of the same.

- The condom depot stock is to be replenished on a weekly or monthly basis, as is decided between the PE and the condom depot manager.

- The unmet need to be calculated along with the MSW on a regular basis to ensure that the needs have not changed.

The phased transition of the condom depot from being staff driven to being community driven is to be planned for and implemented. The time period and conditions of transfer of ownership is flexible and dependent on the prevailing local conditions and existing level of community ownership in the program.

Phased transition of the Condom Depot

PHASE 1 **Staff Driven Stage** **6 months**	PHASE II **Transition Stage** **6 months**	PHASE III **Community Driven Stage** **6 months**
■ ORWs, PEs and PA along with SWs ascertain the unmet demand of condoms ■ ORWs, PEs and PA along with MSW identify potential condom depots and build rapport. ■ Setting monitoring mechanisms to measure the performance of condom depots	■ PEs and key community members are capacitated to function as condom depots managers ■ Staff members to provide support	■ AG members are capacitated to function as condom depot managers. ■ PEs to provide support as and when necessary.

COMMUNICATION

2.1 COMMUNICATION SESSIONS

Context

Aastha aims to develop health seeking behavior among MSWs living in vulnerable circumstances and who face harassment and abuse by their partners, clients, police and local goons. Effective SBC sessions with MSWs are a very necessary strategy in the context of an STI/HIV prevention project as it is necessary to encourage MSWs to register with the project, avail the services, participate in project activities and ultimately develop health seeking behavior.

The process of registering new MSWs and improving health seeking behavior among them is carried out through communication sessions.

1.   One to one communication sessions – one PE to one MSW.

2.   One to group communication sessions – one PE to group of maximum four to five MSWs.

Key features

■   SBC sessions facilitate and enhance participation of the MSW to initiate dialogue with them to improve self risk perception of STI/HIV transmission and to identify the ways and mean to reduce the risk.

■   SBC sessions serve as an effective strategy to provide on-site and grass root support to MSWs

■   SBC sessions build the capacity of community members as MSW who are trained as leaders.

SOP Objectives

■   To provide contextual clarity on the strategy for conducting communication with the MSWs in the project. To provide information about essential requirements and detailed processes for planning, conducting and evaluating communication sessions.

■   This SOP will be complemented by SOPs on SBC Packages.

Pre-requisites for Communication Sessions

■   Trained PEs to conduct the sessions

■   A project team: PC, FC and ORWs to provide supportive supervision to PEs.

■   Technical team to develop and monitor the communication sessions within the program context.

■   Relevant Training Manuals.

■   A check list to evaluate the performance of PEs. This needs to be used by the ORW to give feedback to the PEs.

■   SBC packages (Refer SOP No 2.2) that can be followed while conducting one to one and one to group communication sessions.

Procedure

■   The PE should take prior appointment to fix the session at a time convenient to the MSWs.

- The PE is to identify appropriate place to conduct one to one/one to group sessions keeping in mind privacy and proper visibility and audibility.

- The PE to decide on the appropriate SBC material or message to be discussed based on the prior session.

- The PE to prepare speaking points for the session with the MSW.

- The PE to build rapport with the MSW before initiating a discussion on STI/HIV.

- The PE to use appropriate SBC material in an interesting way.

- The PE to teach every MSW, three different ways to use a condom correctly with the help of a demonstration and re-demonstration on the penis model.

- The PE to use appropriate language and dialect while communicating with the MSW.

- The PE to have appropriate body language and tone of voice tone during the sessions.

- The PE to give correct technical information related to STI/HIV and must record the unanswered queries raised by MSWs.

- The PE to listen to the current STI/HIV knowledge of the MSWs.

- The PE to address the myths and misconceptions of the MSWs.

- The PE to initiate a dialogue with the MSW on risk reduction.

- The PE to respect the MSW and should be non judgmental.

- The PE to treat every MSW registered under him/her with equality.

- The PE to refer MSWs to other government health institutions to as per their needs as and when required.

- The PE to thank the MSWs for their time and participation.

- The PE to fix an appointment for the next session.

Additional points:

- Each PE to conduct one to one session with minimum one and maximum three MSWs per day.

- Each one to one session should not exceed more than 20 to 30 minutes.

- Each PE must conduct at least one, one to group session everyday.

- Every MSW needs to get a minimum of a one to one session and a one to group session every month.

- PE must report her activities on day to day and weekly basis.

Interpersonal Communication Methods

Interpersonal communication (IPC) methods are to be developed by the SBC team of the project. The main objective behind using these techniques is to improve rapport with the MSWs. The IPC methods are to be used to help the project staff understand the MSWs, their sexual orientation, choices and issues. The method is also used to facilitate problem solving and analysis of the causes and effects of various problems faced by the MSWs. The IPC techniques are to be used by the PEs once a month with every MSW.

The IPC methods are as follows,

1.   Types of sexual methods (*Khajur Raho or Bhiti Chitra or Sex Ke Prakaar*) - This method is to be used to initiate and carry out a discussion with the MSW about their methods of performing sex. The session is to enable the process of identifying risks associated with different sexual positions/methods. IPC methods are also to be used to identify ways of reducing risks by bringing out alternative techniques.

2.   Body Mapping (*Sharir ka Chitra*) – As the name implies, in this method the MSWs are to be asked to make pictures of various body parts that they feel attracted towards in a person of the opposite sex. The facilitator should help to reduce inhibitions among the participants by cracking jokes and making the atmosphere lively. This helps to make the MSWs feel comfortable with the facilitator and creates a platform to discuss issues related to sex and various body parts.

3.   Resolution circles (*Sallahgaar Chakar or Chuha Billi*) – This is a method used to resolve community issues as and when they occur. The group should be asked to make two circles, one inner circle and one outer circle. The inner circle is to raise an issue/question for the outer circle. All the members of the outer circle are to give their response and help to resolve the problem. This action is to be repeated and then the outer circle is to become the inner circle and give suggestions to resolve the problem.

4.   Why? (*Aisa Kyun*) – This method is to follow the problem tree technique. Causes and effects of a problem are to be analyzed during this session.

Transition

PEs have low literacy levels and work on an honorarium for four hours a day. Their attention span is low and they have low retention. Regular training and reorientation helps them retain the knowledge and practice helps them to improve their skills to be able to conduct the sessions effectively. After two years in the project, the PEs are expected to have basic knowledge and necessary skills to conduct sessions with the MSWs on prevention issues.

2.2 COMMUNICATION PACKAGES

Context

SBC is the integration of marketing principles and behavioral social science. With an evidence-based theoretical foundation grounded in behavioral science, SBC is to utilize the best practices from the marketing sector and integrate a number of key marketing principles. These also include the four Ps of marketing which are, Price, Product, Place and Promotion. The SBC packages are to be used to pull the MSWs towards a positive behavior instead of pushing them or forcing them towards change. The pull factor ensures that the change is internalized and sustainable. Effective advertising principles such as AIDA (Attention seeking, creating Interest, Desire creating and promoting Action) can also be used while developing SBC packages.

FHI applies SBC across all of its public health programs, from HIV/AIDS prevention and treatment to reproductive health and other infectious and chronic diseases. The goal is to increase knowledge and skills to adopt health seeking behavior. SBC drives environmental as well as individual change in an effort to create enabling environments that make health-seeking and low-risk behaviors achievable. To ensure the impact of SBC, FHI has developed planning tools and quality criteria from inception to evaluation.

Packages for SBC are to be developed after conducting thorough needs assessments and situational analysis. The purpose of this analysis is to get an idea about the availability of the existing SBC material available for different target groups, prevailing information and communication hooks necessary for the development of new SBC package.

Key features

- Consumer focus where participation of MSWs is a crucial part of the process.

- The exchange theory which recognizes that change involves giving up a current behavior in exchange for another and the marketing mix which goes beyond promotion to designing strategies that make healthy choices easier choices.

- Division of MSWs into groups as per their risks and need to plan develop effective SBC packages.

- Based on needs and situational analysis of the existing packages and the target groups.

SOP Objectives

- To provide contextual clarity on the strategy for developing SBC packages for the effective implementation of the project. To provide information about essential requirements and detailed processes for the development, implementation and monitoring of an engaged mentoring plan.

- This SOP will be complemented by the SOPs on Capacity Building and Communication Sessions.

Pre-requisites for Strategic Behavior Communication

- Division of the MSWs into groups depending on their vulnerability and risks. This helps to plan need based SBC packages.

- Situational analysis on the availability of existing material and the communication needs of different MSWs.

- An understanding about the areas of interest of the MSWs is important. This information can serve as communication 'hooks' which need to be developed with creativity.

- A creative communication team to develop the prototypes of the SBC materials. This team needs to ensure that the sessions are participatory and involve sharing of ideas that are feasible to the MSWs.

- The SBC material is to be planned in a way that would not restrict its use due to the lack of knowledge of a particular language. It should ideally be in a language that is known to the PE and MSW.

- The SBC material needs to generate a dialogue between the PEs and the MSWs.

- Field testing of the materials is to be done with a sample of MSWs and changes to be made where necessary.

- A master trainer from the IP is to be trained to use the SBC material.

Procedure

At the onset of the project, existing IEC material can be modified for use in the project. This material is to be used to educate/inform the target group and the interaction is largely to be on the part of the PEs with little participation from the MSWs.

In Aastha, SBC is to be facilitated through the use of the SBC minimum package which includes six quality SBC sessions to be conducted with every new registered MSW, using the first seven SBC materials described later. The first three materials could be used to built rapport and establish a dialogue with the MSWs.

First Three sessions (Refer SBC material user and technical manual for details)

- Who is the most beautiful? (Sabse khoobsurat kaun?)

- Your beauty parlor (Aapka beauty parlor)

- Beauty tips booklet (Khoobsurti nikharneke aasan tarike)

Later, the following SBC materials should be used to provide information in interesting ways to facilitate behavior change. These SBC materials are to be used sequentially, as per the manual. (Refer SBC material user and technical manual for details)

- Before/After (Achhi sehat khoobsurti ki buniyad)

- Gift box method

- Magnet game (Bina condom ke sex bilkul nahi)

- Flip book

The MSW are to be further classified as:

1. Aastha Ambassadors: These are MSWs who are regular with their monthly clinic visits, take their weekly supply of condoms from the PEs and attend monthly Aastha Gat meetings. These MSWs also go to the clinic for the syphilis tests once in six months.

2. Aastha Gulaab: These are MSWs who are not regular for Aastha Gat meetings, MSWs who do not take their regular supply of condoms and are irregular for clinic visits. Aastha Gulaab MSWs are 'most at risk'.

The Aastha SBC special package for the MSWs 'at most risk' and their regular partners includes four extra SBC sessions to be conducted using the following SBC materials. (Refer SBC materials user and technical manual for details).

- Cream bottle method - Andruni janch yane sahi pahechan

- Condom ka istemal yane sachha pyar (Puppet show)

- Litmus test - Andruni janch ka mahatav

- Love garden.

In addition to the SBC session, a quality counseling session by the project counselor is to be conducted. This is to help the MSWs and their regular partners modify their behavior to reduce their risk of STI/HIV transmission. It is necessary to have an SBC material user and the technical manual developed to help those who want to use or replicate these interactive materials effectively for the STI/HIV prevention, especially with the MSWs who have low literacy. This manual is to guide the PEs step by step while conducting the SBC sessions with the use of the SBC material.

The SBC package is to be used to sensitize stakeholders and establish linkages with them (Refer SOP No 5.1).

- SBC packages with detailed information about each session are to be outlined.

2.3 CONDOM DEMONSTRATION

Context

MSWs are at risk of contracting STIs/HIV due to the nature of their profession. They are exposed to sexual relationships with multiple partners, who could be infected by STIs/HIV and therefore it is imperative for them to use condoms at the time of every encounter. It is important to additionally consider that condoms need to be correctly and consistently used in order to be an effective means for prevention.

MSWs are vulnerable to harassment and exploitation by their partners/clients, which directly affects their ability to negotiate the use of condoms. The lack of awareness and proper knowledge about how to use a condom amongst clients compounds their vulnerability. To address this, it is essential to demonstrate the proper use of condoms in all circumstances. This would include the techniques needed to wear a condom in the dark; as is needed in a lodge or in a place without light and to correctly put a condom on the client orally without him knowing it. MSWs have also shared that being able to put on a condom orally helps them convince the client to wear the condom as they find it pleasurable.

Key features

- Steps to be followed while correctly using a condom, thus ensuring protection from STIs/HIV.
- Innovative techniques to demonstrate the use condoms in the dark or orally in keeping with the circumstances in which the MSWs work.

SOP Objectives

- To provide a detailed step by step demonstration on the proper use of a condom
- To demonstrate steps involved to use a condom in the dark and orally

Requisites

- Penis model
- Adequate supply of condoms
- Flavoured condoms if doing the oral condom demonstration
- Adequate light
- Private surroundings

Dos and Don'ts while using a condom

Do…..	Don't…..
move the condom to one side of the package before opening to prevent it from tearing	use a knife or sharp objects to open the package
make sure you use a condom throughout the sexual act	wear the condom just before ejaculation
withdraw the penis when it is still hard.	withdraw the penis when it is soft, as withdrawing it immediately after ejaculation may lead to slippage and leakage

hold the rim of the condom against the base of the erect penis when withdrawing	pull the condom out from the tip of the penis like a sock
use sufficient water-based lubricant to prevent breakage, incase you are using any other condom other than the Aastha condom. This is more specific to anal sex.	use oil-based lubricant with the condom as this causes condoms to break
leave enough space at the tip of the condom for ejaculation, to ensure that the condom does not tear at the time of ejaculation	forget to leave enough space at the tip of the condom for ejaculation
check the expiry date of the condom	use a condom beyond its expiry date
make sure you are sober at the time of every sexual act in order to use the condom properly	use a condom when under the influence of alcohol or drugs. This will lead to wearing it improperly because of impaired judgment.

These should be shared with the MSWs and give them an opportunity to clarify their doubts.

Procedure

- The condom demonstration will be done using a penis model. The steps as shown in the three methods of condom distribution have been written in the manner of explanation to the SWs on the correct use of the condom.

- Each method can be shown on separate occasions or together.

- Each method to be followed by a reverse demonstration, where the MSWs themselves re-demonstrate the method. The outreach team member to provide support and clarify doubts.

Regular use of a condom

1. Move the condom in the package from one end to other in order to check the lubrication. This serves as an indicator to check the expiry date of the condom, especially for MSW who have low literacy levels and are unable to read the date of manufacture and expiration.

2.   Move the condom to the side of the package. This is to ensure that the condom does not tear while opening the package.

3.   With the help of thumb and finger tear the package from one side.

4.   Gently remove the condom from the package.

5.   Squeeze air out from the tip of the condom by twisting it from the tip.

6.   Unroll the condom slightly to make sure it unrolls properly.

7.   Place the condom on the tip of the erect penis.

8.   Unroll the condom down to the base of penis with the help of a finger and the thumb.

9.   Make sure that no air is trapped.

10.   Insert the penis for the sexual act with the condom on.

11.   After ejaculation, hold on to the condom at the base of penis, while withdrawing the penis.

12.   Withdraw the penis while still erect.

13.   Unroll the condom gently from the penis.

14.   Tie the condom to prevent spills or leaks.

15.   Wrap the used condom carefully in tissue.

16.   Dispose the condom safely after use by burying it or throwing it in the garbage bin.

17.   Conduct reverse demonstration.

Use of a condom with eyes closed (in the dark)

Steps mentioned in italics are specific to this method of using a condom

1.   *Feel the condom package to ensure there is enough lubrication inside. This helps to ascertain the expiry of the condom without actually reading it.*

2.   Move the condom in the package to one end. This is to ensure that the condom does not tear while opening the package.

3.   With the help of the thumb and a finger, tear the package from one side.

4.   Gently remove the condom from the package.

5. *Blow on the condom to make the right side point outwards. This will help to make the tip come out.*

6. Squeeze air out from the tip of the condom by twisting it from the tip.

7. *Feel the rim of the condom to ascertain the right side of the condom.*

8. Unroll the condom slightly to make sure it unrolls properly.

9. Place the condom on the tip of the erect penis.

10. Unroll the condom down to the base of the penis, with the help of a finger and the thumb.

11. Make sure that no air is trapped.

12. Insert the penis for the sexual act with the condom on.
13. After ejaculation, hold on to condom at the base of the penis, while withdrawing the penis.
14. Withdraw the penis while still erect.
15. Unroll the condom gently from the penis.
16. Tie the condom to prevent spills or leaks.
17. Wrap the used condom carefully in tissue.
18. Dispose the condom safely after use by burying it or throwing it in the garbage bin.
19. Conduct reverse demonstration.

Putting on a condom with the mouth (orally)

Steps mentioned in italics are specific to this method of using a condom

1. *Use a flavored condom for this type of method.*

2. *Feel the condom package to ensure there is enough lubrication inside. This helps to ascertain the expiry of the condom.*

3. Move the condom in the package to one end. This is to ensure that the condom does not tear while opening the package.

4. With the help of the thumb and a finger, tear the package from one side.

5. Gently remove the condom from the package.

6. Squeeze air out from the tip of the condom by twisting it from the tip.

7. *Feel the rim of the condom to ascertain the right side of the condom.*

8. Unroll the condom slightly to make sure it unrolls properly.

9. *Place the condom inside your mouth so that the tip of the condom faces inwards and the rim is between your teeth and lips. This will help to hide the condom from view.*

10. *Place the tip of your tongue on the tip of the erect penis, with the condom still inside your mouth.*

11. *Unroll the condom down to base of the penis using your lips*

12. Place the condom on the tip of the erect penis

13. Make sure that no air is trapped till the base of the penis.

14. Insert the penis for the sexual act with the condom on.

15. After ejaculation, hold on to the condom at the base of the penis while withdrawing the penis.

16. Withdraw the penis while still erect.

17. Unroll the condom gently from the penis.

18. Tie the condom to prevent spills or leaks.

19. Wrap the used condom carefully in tissue.

20. Dispose the condom safely after use by burying it or throwing it in the garbage bin.

21. Conduct reverse demonstration.

<u>NOTES</u>

CLINIC
SERVICES

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IMPROVING LIVES

3.1 SATELLITE CLINICS

Context

MSWs differ in their working hours, priority towards health and proximity of the clinic to their homes/work places. Therefore, the static clinic model of service delivery, which involves a fixed clinic providing services at fixed hours on all days, is not effective in providing clinical services to these SWs.

To reach out maximally to MSWs with clinical services, the Aastha project designed the satellite clinic model of service delivery to supplement the static clinic. This model was developed based on initial feedback of MSWs through PEs, focus group discussions and anecdotal evidence. In this model, clinical services are taken closer to the MSWs when they are unable to access services at the static clinic, common reasons for which being unsuitable clinic timings, distance of clinic from their homes/work place and low priority given to health. This model has shown potential in increasing the reach to these MSWs with clinical services.

SOP Objectives

- To define a satellite clinic

- To describe the process and essential requirements for conducting a satellite clinic

- To describe the minimum set of services that is given in a satellite clinic

Definition

A satellite clinic is a need based model of service delivery. In this model, clinical services are provided usually to a group of 50 to 200 MSWs in adjoining sites who find it difficult to access services at the static clinic. In this model, the clinic structure is fixed and can be any suitable place at the site e.g. a PE/ MSW's home, a rented space or even the Aastha mobile van. The day and timing of the clinic is fixed and is decided jointly by the outreach and clinic team. The frequency of the clinic can vary from once a month to once a week.

Essential Requirements

- **Clinic Team** comprising of a doctor, nurse and counselor. Whenever possible a laboratory technician will also be a part of the team. When not possible, either the doctor or the nurse will perform the duties of the laboratory technician.

- **Outreach Team** comprising of the PE and community volunteers of the site/s. If needed, the ORW can also accompany this team.

- **Drugs** that include all STI and general drugs. The STI drugs should be packed in the color coded treatment packs.

- **Equipments** required for general physical examination of the patients as well as for internal examination.

- **Laboratory consumables** required for syphilis screening either with RPR kits or Syphicheck WB kits.

- **Infection control** material such as soap for hand washing, disposable gloves, and bleaching solution for disinfection of gloves and speculums/proctoscopes and garbage bags for infectious and non infectious wastes. The laboratory technician will carry a puncture proof container for safe disposal of sharps.

- **Counseling aids** such as IEC material, speculum, proctoscope, penis model and condoms.

- **Documentation** material such as Client Encounter Forms, individual patient files and all registers.

- **Posters and Job aids** such as project logo with name, confidentiality statement and those required by the clinic team.

- **Clinic space** that will provide facility for history taking, physical examination including internal examination, individual counseling and blood collection.

Process

- The site/s for a satellite clinic are decided by the clinic and the outreach team together.

- The outreach team along with the MSWs of the site decides on a suitable place for the clinic.

- The days and timing of the clinic are again fixed by the outreach and the clinic team.

- The outreach team informs the MSWs well in advance about the place, days and timing of the satellite clinic.

- On the day of the clinic, the outreach team will visit the site a few hours before the satellite clinic and motivate the MSWs to access clinical services.

- The clinic team will arrive at the designated site 15 minutes before the clinic is scheduled to begin and set up the clinic.

- The patient flow at the clinic will be as below….

```
┌─────────────────────────┐
│      Outreach Staff     │
│    ◆ Gives ID No.       │
│    ◆ Documentation      │
└─────────────────────────┘
              │
              ▼
┌─────────────────────────┐
│        Counselor        │
│  ◆ Individual STI counseling │
│    ◆ Documentation      │
└─────────────────────────┘
              │
              ▼
┌─────────────────────────┐
│         Doctor          │
│    ◆ History taking     │
│  ◆ Physical examination │
│   ◆ Patient education   │
│    ◆ Documentation      │
└─────────────────────────┘
              │
              ▼
┌─────────────────────────┐
│          Nurse          │
│   ◆ Dispenses drug      │
│    ◆ Assists doctor     │
│   ◆ Patient education   │
│    ◆ Documentation      │
└─────────────────────────┘
              │
              ▼
┌─────────────────────────┐
│  Laboratory Technician  │
│  ◆ Draws blood sample   │
│    ◆ Documentation      │
└─────────────────────────┘
```
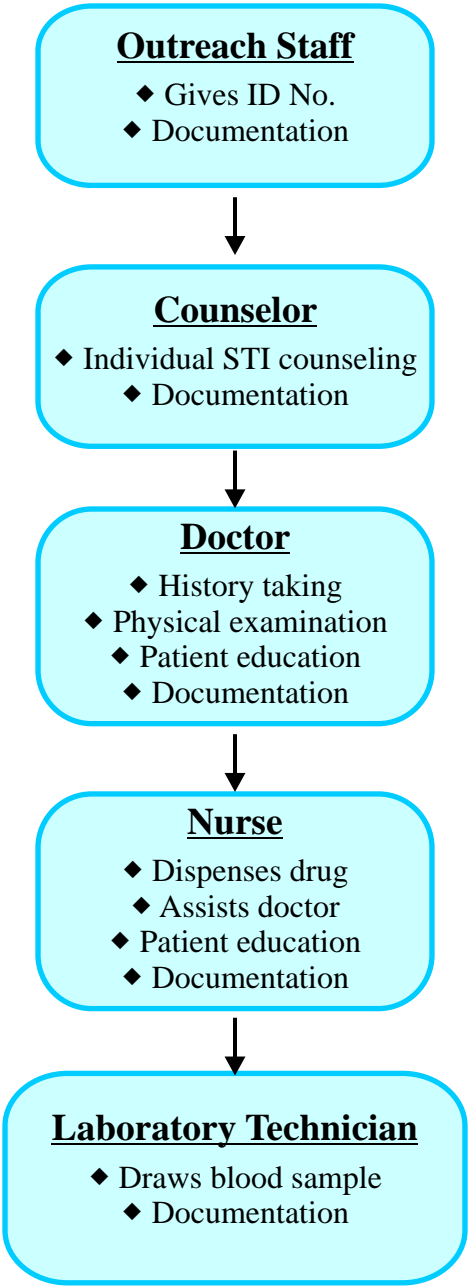
Services

- Individual STI counseling.
- Thorough history taking and physical examination, including internal examination.
- Syndromic case management for symptomatic STIs.
- Treatment for asymptomatic STIs, if first visit.
- Specific screening by doctors for suspected TB cases.
- Laboratory screening for syphilis.
- Treatment of general ailments.
- Referrals for higher STI services or services not provided at the outreach clinic.
- Referrals to ICTC for HIV testing.

Documentation

Clinic Staff	Documents / Registers maintained
Project Doctors	- CEF - Referral Pad
Staff Nurse	- STI Register (Clinic/Camp) - CEF (ID no.. etc) - Referral Register - General Register - Drug book - Monthly Drug Consumption Report - Drug Inventory - Follow up Diary - Referral Directory - Meeting Registers(CAC & Clinic Outreach) - Individual Patient files
Project Counselors	- Counseling Case Records - Counseling Registers - PLHIV Register - ICTC Registers - PID Registers - ICTC Register - PID Slips - HIV-TB Register - Consent forms
Lab Technicians	- RPR/ Syphi check Registers - Notebook for Quality Control - Monthly Lab Consumption Report - SOP Manuals - ICTC Registers - Lab. ICTC Register - ICTC Stock Register - File for ICTC reports

3.2 OUTREACH CLINICS

Context

MSWs differ in their working hours, priority towards health and proximity of the clinic to their homes/work places. Therefore, the static clinic model of service delivery, which involves a fixed clinic providing services at fixed hours on all days, is not effective in providing clinical services to MSWs.

To reach out maximally to MSWs with clinical services, the Aastha project designed the outreach clinic model of service delivery. This model was developed based on initial feedback of MSWs through PEs, focus group discussions and anecdotal evidence. In this model, clinical services are taken to the doorstep of the MSWs when they are unable to access services at the static clinic, common reasons for which being unsuitable clinic timings, distance of clinic from their homes/work place and low priority given to health. This model has shown great potential in reaching out maximally to these MSWs with clinical services.

SOP Objectives

- To define an outreach clinic.

- To describe the process and essential requirements for conducting an outreach clinic.

- To describe the minimum set of services that is given in an outreach clinic.

Definition

An outreach clinic is a need based model of service delivery. In this model, clinical services are provided usually to a group of 20 to 50 MSWs in one or more adjoining sites who are unable to access services at the static clinic. In this model, the clinic structure is not fixed and can be held at any convenient and suitable place at the site e.g. home of a PE/ MSW or a mobile van. The day and timing of the clinic is again not fixed and is decided jointly by the outreach and clinic team every month.

Essential Requirements

- **Clinic Team** comprising of a doctor, nurse and counselor. Whenever possible a laboratory technician will also be a part of the team. When not possible, either the doctor or the nurse will perform the duties of the laboratory technician.

- **Outreach Team** comprising of the PE and community volunteers of the site/s. If needed, the ORW can also accompany this team.

- **Drugs** that include all STI and general drugs. The STI drugs should be packed in the color coded treatment packs.

- **Equipments** required for general physical examination of the patients as well as for internal examination, wherever the clinic facility is conducive for it.

- **Laboratory consumables** required for syphilis screening either with RPR kits or Syphicheck WB kits.

- **Infection control** material such as soap for hand washing, disposable gloves, and bleaching solution for disinfection of gloves and speculums/proctoscopes and garbage bags for infectious and non infectious wastes. The laboratory technician will carry a puncture proof container for safe disposal of sharps.

- **Counseling aids** such as IEC material, speculum, proctoscope, penis model and condoms.

- **Documentation** material such as Client Encounter Forms, individual patient files and all registers.

- **Posters and Job aids** such as project logo with name, confidentiality statement and those required by the clinic team.

- **Clinic space** that will provide facility for history taking, general examination, blood collection and group counseling at the minimum. Ideally it should provide audio visual privacy for internal examination and individual counseling too.

Process

- The site/s for an outreach clinic along with day and timing will be decided by the clinic and the outreach team together at the beginning of the month.

- The outreach team along with the MSWs of the site decides on a suitable place for the clinic.

- The outreach team informs the MSWs well in advance about the day, place and timing of the outreach clinic.

- On the day of the clinic, the outreach team will visit the site a few hours before the outreach clinic and motivate the MSWs to access clinical services.

- The clinic team will arrive at the designated site 15 minutes before the clinic is scheduled to begin and set up the clinic.

Services

- Individual or group STI counseling.

- Thorough history taking and physical examination. Internal examination, if the clinic facility allows.

- Syndromic case management for symptomatic STIs.

- Treatment for asymptomatic STIs, if first visit.

- Specific screening by doctors for suspected TB cases.

- Laboratory screening for syphilis.

- Treatment of general ailments.

- Referrals for higher STI services or services not provided at the outreach clinic.

- Referrals to ICTC for HIV testing.

The patient flow at the clinic will be as below:

Outreach Staff
- ◆ Gives ID No.
- ◆ Documentation

Doctor
- ◆ History taking
- ◆ Physical examination
- ◆ Patient education
- ◆ Documentation

Counselor
- ◆ Groupl STI counseling
- ◆ Individual STI counseling
- ◆ Documentation

Nurse
- ◆ Dispenses drug
- ◆ Assists doctor
- ◆ Patient education
- ◆ Documentation

Laboratory Technician
- ◆ Draws blood sample
- ◆ Documentation
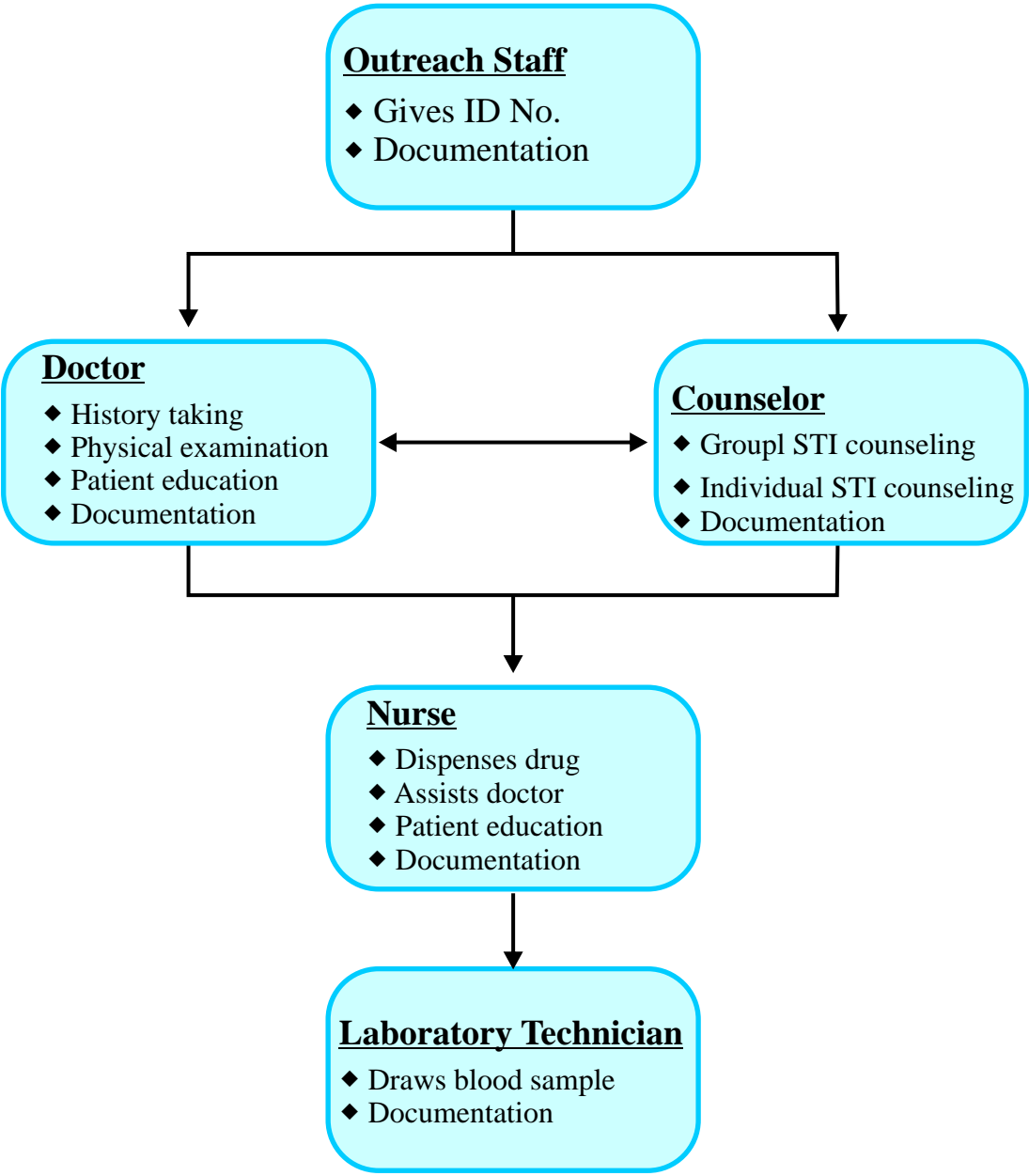
3.3 CLINIC SERVICES AND OUTREACH COORDINATION MEETING

Context

MSWs don't give high priority to their health and it is extremely difficult to get them to access clinical services on their own. Therefore, PEs and ORWs are recruited to visit the MSWs and motivate them to access clinical services. Apart from just accessing clinical services once, it has to be ensured that the MSWs repeatedly access services and follow up for treatment, tests, test reports, progress of illnesses and referrals.

It is not possible for either the clinical or the outreach team alone to ensure provision of all the above services to all MSWs. Therefore, the Aastha project designed regular meetings between the clinical and outreach teams to ensure coordination between them. These meetings are held at both the IP as well as the MIP level. These meetings have helped in improving the quality of services, the coverage of MSWs with clinical services and have promoted cross learning between IPs. These meetings have also helped the IPs to innovate on their strategies and rethink their resource allocations.

SOP Objectives

- To describe who should participate in the clinic services and outreach coordination meeting and how often it should be held

- To describe the process of conducting the clinic services and outreach coordination meeting

- To describe the purpose or agenda of the clinic services and outreach coordination meeting

Meeting frequency and who should participate

IP Level Meeting

Frequency: Ideally this meeting should be held once a week.

Participants: The entire clinic team comprising of the doctor, nurse, counselor and laboratory technician and the outreach team, where each site is represented by either the ORW or the PE. The PC can also participate.

MIP Level Meeting

Frequency: Ideally this meeting should be held once a month.

Participants: The doctor and PC of each IP and the technical and program officers of the MIP. The technical and program officers of FHI can also participate.

Process

IP Level Meeting

- Day and timing of the meeting is fixed and is usually the same for each week.

- The agenda for the meeting is set in advance.

- Before the meeting, the clinic and the outreach teams analyze their performance for the previous week and come prepared with data.

- The meeting is usually led by the doctor or the PC, if present.

- A person is designated to minute the meeting and obtain names and signatures of everyone in attendance.

- The tasks set forth in the previous meeting and their progress is first discussed.

- This is followed by discussions on the agenda for the day.

- At the end of the meeting, the tasks that need to be done, people responsible for it and timelines are noted.

MIP Level Meeting

- The day, timing and agenda for the meeting are fixed.

- The IPs analyze their performance for the previous month and come prepared with a presentation showing the data.

- The meeting is led by the TO/s of the MIP and minutes are maintained by them.

- Presentations are made by each IP based on the agenda and is followed by a discussion.

- Any other topics on the agenda or requiring attention are then discussed.

- At the end of the meeting, tasks set forth for each IP, with persons responsible and timeline are discussed.

- The minutes of the meeting are circulated to everyone later.

Purpose of the Meeting or Agenda

IP Level Meeting

- To discuss site wise coverage of MSWs with clinical services.

- To discuss the follow up of patients for various reasons e.g. to provide treatment, to monitor compliance with treatment, to monitor progress of disease, to follow up on referrals made.

- To answer medical queries coming up in the field that cannot be answered by the outreach staff.

- To provide feedback to both the teams to improve services.

- To strategize for the forthcoming weeks to improve coverage and quality of services.

MIP Level Meeting

- To discuss the performance of the IPs on various clinical indicators.

- To discuss the challenges faced and achievement of each IP.

- To promote cross learning between the Ips.

- To strategize for the forthcoming months to improve coverage and quality of services.

NOTES

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THE SCIENCE OF
IMPROVING LIVES

*COMMUNITY
MOBILIZATION*

4.1 SELF HELP GROUP

Context

MSWs are a hidden population. They are marginalized and vulnerable to abuse, violence, arrests and coercion. They rarely come together as their networks are largely through telecommunication. It is imperative to bring MSWs together to help them recognize and address their problems and use their collective strength to derive solutions and reduce exploitation. Being together also gives them a group identity, leading to increased self esteem and therefore improved negotiation skills, health seeking behavior and safer sex practices.

Aastha Gats (AGs); the site- level support groups formed as part of the Aastha project, take on a proactive role in solving personal as well as community problems of the MSWs. THe MSW AGs do not include non MSW members and during meetings, the AG members discuss problems such as being cheated by clients, conflicts with regular partners, arrests by police, harassment by local leaders, goons, legal information needed etc. The true success of AGs is achieved when every member of the Gat understands the importance of being self dependent and working for each other, along with each other.

Key features

- Cohesiveness and stability among MSWs through a supportive environment, leading to empowerment and greater leadership

- Support to MSWs from MSWs through interactions, sharing of experiences and learning from each other.

SOP Objectives

- To provide contextual clarity on the formation and working of the AGs.

- To provide essential requirements and detailed processes on the functioning of the AGs.

- This SOP will be complemented by SOPs on CBOs, Aastha Parivaar, RRS and Mechanisms of Community Management.

Essential elements of AGs

- All AG members to be MSWs only.

- All the AG members to imbibe the Aastha core values and vision in community mobilization:

  Aastha Core Values
  To come together (unity)
  To solve difficulties
  To give respect and dignity to all

Aastha Vision

Every registered MSW to lead a healthy life

Every registered MSW to be a member of the AG

- Each AG needs to have three leaders: a President, a Secretary and a Treasurer.

- The PE to be a member of any one of his AG but cannot hold any post.

- AGs to have monthly meetings

- Minutes of every monthly meeting to be documented in a register

- Leaders of all AGs in the NGO to have quarterly meetings in order to increase interaction and build the foundation for the formation of the CBO.

- An event for all the AGs at the NGO level to be organized once in a quarter to provide a common platform for interaction.

Roles and responsibilities of the AGs

- AGs to motivate their members to access prevention services.

- Issues of MSWs to be discussed in AG meetings to find viable solutions. Responsibilities and follow up plans to be reviewed

- Problem solving responsibilities and crisis support to be delegated among AG members. Issues not solved or resolved by the AGs to be taken up by the respective TFC (Refer SOP No. 5.5) in the operational area

- One member of each AG to be a member of the TFC in their area to facilitate coordination between AGs and TFC (One TFC at each ORW level).

- AG to open a bank account. This is optional and is dependent on the role of the AG; e.g. if the Gat becomes a micro-credit group, receives donations etc.

- AG to provide support during other needs e.g. providing food which a member is sick, opening an individual's bank account etc.

Roles and responsibilities of the AG leaders: President, Secretary and Treasurer

- AG leaders to ensure monthly meetings of the Gat take place with maximum attendance.

- AG leaders across all sites to meet every quarter to discuss the formation of the CBO (Refer SOP No. 4.3) at the organizational level.

- AG leaders to be involved in designing the program activities and strategies (budget and activities) by being members of the Project Advisory Group (Refer in SOP No.5.3).Their feedback to be incorporated in the project.

President:

- The President will preside at, conduct and regulate all meetings of the AG.

- The President in addition to her right to vote as an AG member shall have a casting vote in the case of a tie.

- The President's decision on any point of order shall be final and conclusive.

- The President has the authority to act as per the rules and regulations of the AG.

Secretary:

- To maintain a register with the names of the AG members and their addresses.
- To convene the meeting of the AG.
- To keep detailed minutes of the proceedings of the AG meetings
- To conduct the correspondence on resolutions passed by the AG.
- To supervise the activities of the AG on a day-to-day basis.
- To issue notices as and when required.

Treasurer:

- To handle financial transactions and maintain accounts.
- To operate the AG bank account jointly with the President or Secretary. In case of her absence, the Secretary to manage the responsibilities of the Treasurer.

Procedures for formation and strengthening of AGs

- Community events to be organized at the PE site level to bring the MSWs together and build rapport.
- During the events, build awareness related to common needs e.g. the need to provide support in times of crises, the need to be self dependent and the effectiveness of collective action.
- ORW and PEs to form AGs of MSWs in their operational area and take the support of the AO and CDO as needed.
- Each PE to have 50 MSWs under them, therefore the size of an AG should not exceed 20 MSWs.
- Each PE to have all registered MSWs under her in an AG. There could be up to two – three AGs under each PE.
- Each AG to democratically elect three leaders during an AG meeting: President, Secretary and Treasurer. If any post holder leaves the AG, a new election for that post is to be held immediately.
- The PE to conduct at least one monthly meeting with their respective AGs with support from their ORW.
- The meetings to be held in the house of any AG member/PE/ORW or even an open space in the area of solicitation.
- Regular exposure visits to police stations, relevant government offices, hospitals, banks to be organized for the AG members to familiarize them with the personnel and services available.

Procedures of conducting an AG meeting

Introduction:

- Each meeting to start with an introduction session, where all the members introduce themselves.
- The introduction is to be repeated if there are any new members.
- A song to be sung by the group, too create a feeling of togetherness, cohesiveness and empowerment among the members.

Issues taken up by the AG:

- Last meeting minutes to be read and follow up action to be discussed.

- Discussions about any issue that the AG wants to take up.

- Information related to Aastha project services to be shared

- AG members, PE and ORW to plan and prepare in advance for a session on the issue of discussion.

Entertainment:

- Games, songs or other activities as per the interest of the MSW to be conducted in order to facilitate interaction among the members.

Planning for the next meeting:

- Date, time, place and issues to be discussed to be finalized before the close of the meeting.

Procedures for an Exposure Visit

- ORW/PE/PA to identify and list the site level-key service providers and stakeholders and build rapport.

- AG leaders to be taken to visit the service providers and stakeholders in order to build rapport and increase awareness related to existing services. The ORW/PE/PA to accompany.

- AG leaders to share their observations and experiences with other AG members in the next AG meeting

- AG members to be taken to visit the service providers and stakeholders in small groups (two – five members) depending on their availability and the space at the stakeholder site. AG leaders to lead these visits with support from the PE/PA.

- All AG members to visit each service provider and stakeholder once every six months, keeping in mind possible transfers of personnel, changes in services and registration of new MSWs in the AG.

Phased transition of the AG from being staff driven to being community driven is to be planned for and implemented. The time period and conditions of transfer of ownership is flexible and dependent on the prevailing local conditions and existing level of community ownership in the program.

Phased transition of the AG

PHASE 1 Staff Driven Stage 6 months	PHASE II Transition Stage 1 year	PHASE III Community Driven Stage 1 ½ year
- ORWs take the lead in identifying MSW to form Gats - PEs are capacitated to form Gats in their operational area.	- PEs form new Gats - AG Leaders are identified and capacitated to take on greater roles - AO, ORWs, PE and PA provide support as and when needed	- AGs leaders conduct meetings and take leadership roles in implementation of project activities in their sites - PEs to provide support as and when needed - ORWs and AO monitor and document

4.2 COMMUNITY BASED ORGANIZATION

Context

MSWs are marginalized and their rights get violated as they are unable to assert themselves or unite. Being a vulnerable population, they face cheating, harassment, abuse, arrests etc. by clients, police, local leaders, goons, regular partners etc. and require support to deal with profession related discrimination. Organizing them into small groups can unite those living/working in close proximity; however, for MSWs who are scattered or in order to bring about change/awareness of broader level issues, it is necessary to have a larger body to ensure impact. While self help groups (Refer SOP No. 4.1) work towards change at a local/site level, organizing MSWs into community based organizations (CBOs) ensures interventions at a systemic level; while also giving the movement, size and legitimacy; e.g. approaching a Minister to bring to his notice the problems related to specific laws..

An organization formed and led by the MSWs themselves would be able to address all need based issues, in addition to health for eg. discrimonation faced by sexual minorities in public health care settings etc. The CBO would also serve as a common forum to capacitate MSW leaders to guide and implement project interventions in their geographical area. This is an effective strategy towards ultimate sustainability and empowerment.

The Aastha project intends to transfer project implementation to the CBOs and the Aastha Parivaar (Refer SOP No. 4.4) by the end of the current project period.

Key features

- Increasing meaningful participation of community members in the program

- Building the capacities of community leaders in the AGs towards sustainability

- Facilitating communication and collective action among AGs and Gat leaders at a local and systemic level

- Community ownership and local governance of activities to empower MSWs.

SOP Objectives

- To provide contextual clarity on the formation and working of the CBOs.

- To provide essential requirements and detailed processes on the functioning of the CBOs.

- This SOP will be complemented by SOPs on Self Help Groups (AGs) and the Federation of CBOs: Aastha Parivaar.

Pre-requisites

- AGs to be formed by PEs in their project area.

- All the AGs to elect leaders: President, Secretary and a Treasurer.

- AG leaders across all sites to meet once in every quarter to share program activities and progress.

- Guidelines and constitution for CBOs to be developed by the NGO staff and shared with all AGs for their feedback. Their feedback to be incorporated.

- By- Laws, Memorandum of Association (MOA), guidelines and constitution of CBO to be drafted by the NGO staff to be shared with the CBO Governing Body once elected.

- The MOU will establish a monitoring and supportive relationship between the NGO and the CBO for a period of 10 years.

Procedures: CBO formation

<u>Phase I: Formation</u>

- The three Gat leaders from each AG to come together to form the General Body (e.g. in the case of an NGO that has fifty AGs, three leaders from each AG to come together to form the General Body of 150 leaders)

- Members from the General Body to elect 20 members from among themselves to form the Governing Body (e.g. 150 members of the General Body to elect 20 members from among themselves).

- The Governing Body to also include five additional members from amongst the PEs and any Community positions; such as Peer Nurse, Peer Counselor, Peer Trainer and Peer Advocate (PA). These five members should be from the community.

- The Governing Body members to elect the Managing Committee members from amongst themselves by means of an election; e.g. Seven members of the Managing Committee to be elected from amongst the twenty-five members of the Governing Body with the following posts:
  - President
  - Vice President
  - Secretary
  - Joint Secretary
  - Treasurer
  - Member
  - Member

- The Governing Body members to select a name for their CBO.

- By-laws and Memorandum of Association (MOA) to be formulated and shared with all the Governing Body members.

- Governing Body members to meet every month for a minimum of three months to discuss the by-laws.

- Registration process of the CBO to be initiated.

- The name of the CBO and names of Managing Committee members to be shared with all AGs during their meetings.

- A logo for the CBO to be developed through a drawing competition among the AG members, thus ensuring participation from the entire community.

- The final logo to be shared with all AGs during their meetings.

- A CBO letter head, identity cards, visiting cards and receipt booklets to be printed.

- A Bank Account to be opened in the name of the CBO.

- The President, Secretary and Treasurer of the CBO to be registered as signatories for all bank transactions.

- All bank transactions should have the provision of two signatories to sign cheques and important documents. Secretary to be a compulsory signatory. The other signatory could be either the President or the Treasurer).

- A post box number to be obtained in the local post office.

- An Advisory Committee of the CBO is to be formed. Members could be from the NGO or any other external individual who has interest and is willing to devote time to the CBO.

- A letter head comprising of the name and designation of major members of advisory committee and Managing Committee of the CBO should be designed and printed.

- Meetings registers, stock registers, membership registers, accounts, assets, correspondence and other related documents should be prepared.

PROCESS OF CBO FORMATION

ORW Site

ORW Site   **ORW Site**   **ORW Site**

PE   **PE**   **PE**   **PE**

AG AG
AG

AG AG
AG

AG AG
AG

AG AG
AG

Same Process to be followed as shown in the diagram

L L
L

L L
L

L L
L

L L
L

Three leaders from each AG to be elected

AG leaders meet every quarter

All the AG leaders become members of the General Body of the CBO

Governing Body = 25 members

**Elect 20 members from amongst AG leaders to represent in the Governing Body of the CBO
+
5 members from amongst the PEs and PE positions**

Managing Committee = 7 members

Elect 7 members from amongst the Governing Body and decide the office bearers

The Governing Body members meet every month for a minimum of three months before registration

Phase II: Post Formation

- Build the capacity of the Managing Committee members through regular training programs on:

  - Management skills

  - Finance management

  - Program implementation

  - Administration

  - Team work

  - Documentation

  - Organizational Processes - Communication, Conflict Resolution, Decision Making, Leadership, Participation, Vision Building of CBO, Linkages with other institution.

- Build the capacities of the Managing Committee members in Networking and support to establish their linkages with:

  - Local Police Station

  - Local Administration and Municipal Corporation

  - Local Health Service providers

  - Local NGO and NGO forum or networks

  - Training institutions

  - State and District AIDS control societies

  - Media

  - Other donors

  - Postal department

  - Banks

  - Local leaders and other stakeholders

- Integration of Aastha Project activities and transition of responsibility

  - Gradual transfer of project activities in partnership with the NGO as per a plan jointly decided

  - NGO to provide technical support and monitor progress

Roles and responsibilities of the CBO Managing Committee Members:
President, Vice President, Secretary, Joint Secretary, Treasurer and two Members

President

- The President of the Managing Committee to be the President of the CBO and to preside at, conduct and regulate all meetings of the Managing Committee

- His rulings on any point of order and decisions as to the result of voting to be final and conclusive.

- The President in addition to her right to vote as a member; to have the casting vote in case of a tie.

- The President at the Governing Body Meeting shall have the authority to interpret the provisions of the rules and regulations of the by-laws for the purpose of conducting and regulating the meeting and deciding any issues/questions.

Vice President

- In the absence or vacancy of the President, the Vice President to perform the ordinary duties of the President.

- He is to convene the Governing Body Meeting within a period of three months and in the case of a vacancy, to ensure the election of the President.

- In the absence of both the President and the Vice-President at any meeting, the members present at the meeting to appoint any member amongst them to be the President for the specific meeting.

Secretary

The Secretary to look after the affairs of the CBO under the directions and in accordance with the resolutions passed by the Managing Committee from time to time.

- To keep and maintain a register of the members of the CBO along with their addresses.

- To convene the meeting of the Managing Committee with previous approval or intimation to the President.

- To keep detailed minutes of the proceedings of the Annual Governing Body Meeting/ Extra Ordinary Governing Body Meeting, Ordinary Governing Body meeting of the CBO and the Managing Committee meetings and give effect to the resolutions passed.

- To conduct the correspondence of the CBO on resolutions passed by the Managing Committee and the Annual Governing Body Meeting and to keep proper records and place before the Managing Committee and the Governing Body Meeting such materials and information as may be necessary or as may be required by the Managing Committee.

- To keep or cause to be kept all records of the CBO at a specific place as determined by the Managing Committee.

- To supervise the working of the Managing Committee and the activities of the CBO on a day-to-day basis.

- To issue notices of the Governing Body Meeting as and when required.

Joint Secretary

In the absence of the Secretary, the Joint Secretary shall exercise all powers of the Secretary as above and also assist the Secretary in discharge of her duties under the guidance of the President.

Treasurer

The Treasurer is to act under the directions and as per the resolutions passed by the Managing Committee. She is responsible to the Managing Committee for all accounts.

- To collect CBO membership fees, to receive donations and to keep accurate accounts of such donations that may be marked for any special purpose by the donor.

- To deposit any amount exceeding Rupees 1000/- which is not required for immediate use in the bank account of the CBO.

- To receive all payments made to the CBO and to pass all necessary receipts and to maintain proper books of accounts under the supervision and direction of the Managing Committee.

- To exercise all such powers and do all such acts as may be required for the proper conduct of ordinary business administration of the properties, movable and immovable, of the CBO under the general supervision of the President or Vice President.

- He shall operate the bank account jointly with the President or the Secretary. In case of his absence, the Secretary shall look after the affairs of the Treasurer.

Procedures of the CBO related meetings

Governing Body Meeting

- The Governing Body meeting of the CBO shall be called four times (quarterly) on any date of every year, as may be decided by the CBO.

- The term of the Governing Body will be one year.

- The Governing Body members shall be entitled to vote at the Governing Body Meeting and elect the Managing Committee

- The intimation of the Governing Body Meeting along with all necessary documents such as statement of accounts, balance sheet etc. as per agenda shall be intimated in writing to all the members of the Governing Body not less than 15 days prior to the date of the said Governing Body Meeting. The Managing Committee shall convene the Governing Body Meeting of the CBO through the Secretary to conduct the following business:

  - To receive and adopt the audited statements of Accounts and annual report from the Managing Committee.
  - To elect the Managing Committee of the CBO.
  - To vote for the formation of the new Managing Committee
  - To appoint auditors or Auditor and to fix their or her remuneration.
  - To appoint an Advocate, Legal Advisor of the CBO and fix their remuneration.
  - To look after and check the activities of the CBO.
  - To appoint an auditor for accounting and audit of the CBO and fix her remuneration.
  - To approve the Annual financial Reports and Annual Budget.
  - To approve the annual report & progress report of the CBO for previous year.
  - To consider and decide matters put for the approval by the Managing Committee.
  - To transact any other issue/matter/business, which may be forwarded by any member of the Managing Committee or the CBO with the prior permission of the President.

Extra Ordinary Governing Body Meeting

- An Extra Ordinary Governing Body Meeting may be convened by the Managing Committee of its own motion or upon requisition made in writing by not less than 1/10th of the total members of the CBO who are entitled to vote.

- Such requisition shall specify the objects of the meeting proposed to be called and must be signed by the members and shall be delivered or sent to Registered Office of the CBO.

- If no such meeting is convened by the Managing Committee within a month of the date of delivery of the requisition, the members may thereafter convene such meeting after one month from the date of delivery of such requisition and any resolution adopted by a majority of 2/3rd of the total members of the CBO present and voting in the said meeting, shall be final and binding on the Governing Body and Managing Committee as well as the members of the CBO.

Quorum of the meeting

- Three fourth (3/4th) of the total members of the CBO who are entitled to vote shall form a quorum at the General and Governing Body Meeting.

- If no quorum assembles within 30 minutes from the time appointed/fixed for the said meeting, then the meeting shall stand adjourned for another 30 minutes on the expiry of which; the persons so present shall be the quorum and the meeting shall be proceeded with and any decision/resolution adopted therein shall be valid and binding on all members of the CBO.

Managing Committee Meeting

- The Chairperson of the Managing Committee shall be the President.

- If h/she is not available the Vice-President presides over the meeting.

- The quorum of the meeting of the Managing Committee is 3/4th members.

- Questions arising in the Meeting shall be decided upon by the majority voted either by voice (Show of Hands) or by the polls and if needed the President has a second or casting vote.

Phased transition of the CBO from being staff driven to being community driven is to be planned for and implemented. The time period and conditions of transfer of ownership is flexible and dependent on the prevailing local conditions and existing level of community ownership in the program.

Phased transition of the CBO

PHASE 1 Staff Driven Stage 6 months	PHASE II Transition Stage 4 years	PHASE III Community Driven Stage 1 year
- AG leaders are elected - Governing Body and Managing Committee are formed and members are capacitated - PC, AO and ORWs closely guide the process	- Governing Body and Managing Committee meet regularly - Gradual transfer of responsibilities and activities to the CBO - PC, AO and ORWs provide technical support and hand holding and guidance	- Governing Body and Managing Committee implement the program independently. - NGO staff provide support as and when needed.
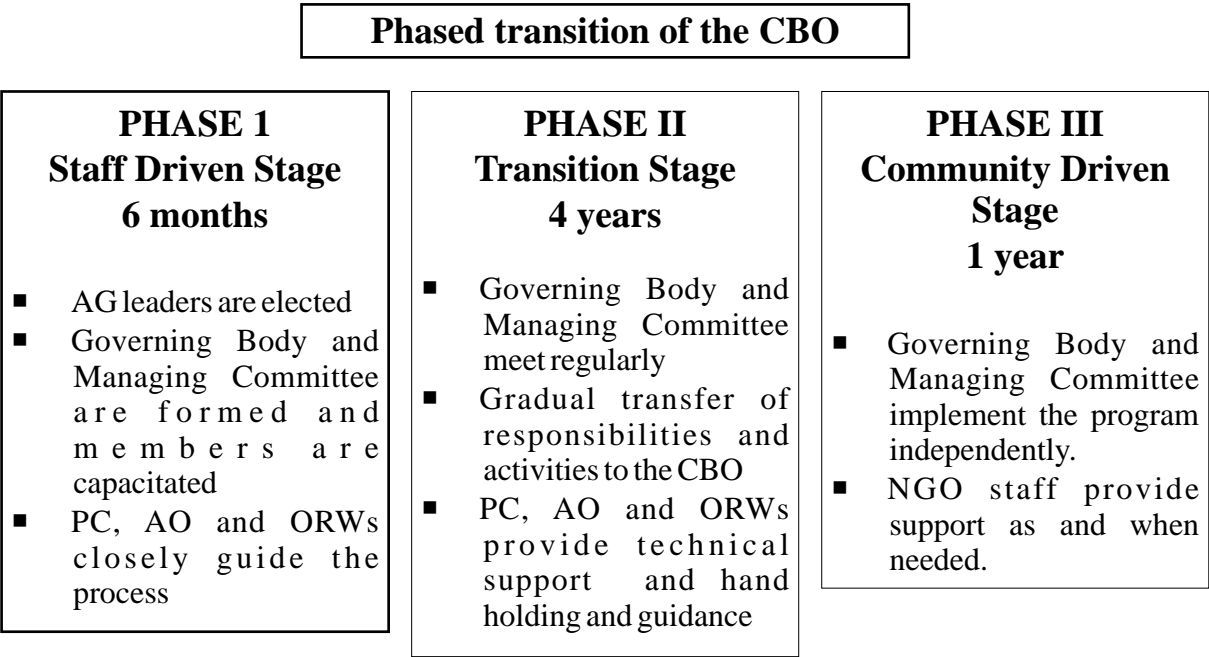
4.3 ELECTION PROCESS FOR FORMATION OF A FEDERATION OF CBOS

Context

It is essential to have the meaningful involvement of all SWs in programs in order to ensure that they are need-based and sustainable. One clear strategy would be to include the SWs themselves in the planning and implementing of programs in order to increase ownership.

In Aastha, fifteen CBOs (Refer SOP No. 4.3) were democratically formed representing every typology of SWs (male, Female and Transgender). These CBOs further came together to form a federation called the Aastha Parivaar (Refer SOP No 4.4) at the district level. This federation enabled SWs to voice their opinions regardless of religion, race, background, geography, language or sexual orientation and to band together to ensure that their needs were met. A unique aspect of the formation of the federation of CBOs was the democratic election that took place, including the building of voting booths, presence of voting officers etc. The true spirit of democracy could be seen and has been repeated every year.

Key features

- Formation of a elected body of representatives of the SW community through a democratic process, towards increased ownership and leadership

- Meaningful participation of community members in a democratic process to form an organization that unites individuals of different religions, races, backgrounds, geographical areas, languages or sexual orientations

SOP Objectives

- To provide contextual clarity on the democratic process of electing leaders for the AP.

- To provide essential requirements and detailed procedures to be followed during the AP elections.

- This SOP will be complemented by SOPs on Self Help Group: Aastha Gat, CBOs, and Federation of CBOs: Aastha Parivaar.

Pre-requisites

- Self help groups (AGs) to come together to form CBOs.

- CBOs to come together to form AP - a federation of CBOs at the district level.

- Consent letter for persons involved in the election process

  - Observation Committee – SWs from each CBO who will observe the election process and vouch for the integrity and accuracy

  - Governing Body members – to vouch for the authenticity of the process as well as provide their approval

- Nomination form for individuals contesting the elections.

- Appoint an Election Committee, Voter Management Committee, Security Committee, Observation Committee, Crisis Management Committee and Vote counting Committee.

- Appoint Voting and Booth Officers

Responsibilities of the Election Committee

- To be overall in charge of the election process and provide support whenever needed
- To coordinate with all the other committees and activities in the election process

Responsibilities of the Voter Management Committee

- To give the voters the necessary instructions
- To ensure that the voters come to the right booths
- To ensure that the voters maintain a queue

Responsibilities of the Security Committee

- To overall ensure that proceedings take place smoothly.
- Members to be placed at different points of the venue, specifically at the entry and exit to the voting area.
- To manage any altercations/ protests that take place as a result of the election results of the process itself.

Responsibilities of the Observation Committee

- To ensure integrity in the election process
- To ratify that the ballot boxes have not been tampered with and have been opened in front of them.
- To ratify all invalid votes.
- To confirm that counting of the votes were fair and that the results are accurate.

Responsibilities of the Crisis Management Committee

- To manage any emergency cases

Responsibilities of the Vote counting Committee

- To open the ballot box and verify the votes for validity/invalidity
- To highlight the invalid votes so that they do not get counted.
- To do data entry in a previously prepared excel sheet
- To do cross verification of votes

Responsibilities of the Voting Officer

- To check the voter ID
- To check the CBO ID card
- To take the signature of each voter on a list, indicating the individual's name and CBO
- To take the voter slip from the voter
- To put ink mark across the end of the nail and the finger
- To allow the voter to enter the polling booth.

Responsibilities of the Booth Officer

- To provide the ballot paper to each voter

- To give proper instructions regarding the voting and what constitutes an invalid vote or invalid ballot paper.

- To seal and sign the ballot box once all voters on the list have voted or the time period has ended.

- To ensure that no one leaves the counting premises till the vote counting is completed and the results are finalized.

- To ensure that no unauthorized person is allowed to come into the counting premises.

Procedure

Preparation

- One representative to be elected from the Managing Committee of all the CBOs to contest elections. Therefore, a total of 15 representatives to be elected from each CBO to contest for election of the Managing Committee of AP.

- The 7 members (President, Vice President, Secretary, Joint Secretary, Treasurer and two other members) of the Managing Committee of the CBOs to exercise their right to vote in the AP election.

- All the voters to hold a valid identity card (I- Card) and voter slip of their respective CBO. Any voter without I-Card and voter slip to not be allowed to vote in the election.

- All the 15 representatives from 15 CBO to meet to know each other

- The representatives to be oriented about the election process and prepared for campaigning

- Speeches of all the representatives to be video recorded.

- All the representatives contesting for the election to get an election symbol.

- Ballot papers to be prepared once all the symbols are finalized

- Voting slips with the following information to be prepared and given to all CBO Managing Committee members:

  - Voting Booth Number

  - Name of Individual

  - Name of CBO

  - Name of geographical area

- All 15 representatives to get approximately one month for the election campaign. The campaign to be supported by the PC and staff in charge of Community mobilization activities.

- Phone numbers of the members of all the CBOs to be given to those contesting elections.

- Election campaigns to be conducted through:

  - Video recordings – speeches to be recorded focusing on the representatives' vision, strengths. This would be an opportunity to canvass votes.

- Video conferencing - Each representative to fix a time with each CBO and through the web camera address the CBO members

- Telephone calls

- Posters - to contain the photograph of the contestant with their election symbol, name of their CBO and their mobile number

- Cross visits to every CBO

- Mass awareness meetings conducted specifically for the purpose of campaigning

■ The election campaign to stop 24 hrs before the date of election.

Election

■ Every voter to be allowed seven votes. The voter to stamp against the symbol of desired contestants on the ballot paper.

■ If the voter stamps or elects more than 7 contestants, the vote is to be treated as cancelled/null/void/invalid.

■ If the voter stamps against 7 or less than 7 contestants, the vote is to be treated as valid.

■ Any stamp found on the line of the ballot paper is not to be considered while counting the votes.

■ All the voters need to show their valid voter slip and CBO Identity Cards and sign the attendance sheet.

■ A non removable ink mark should be made on the index finger of her left hand by the Voting Officer before the voter enters the polling booth to vote.

■ The duration of the voting needs to be for two hours and 10 minutes (if there are four booths working simultaneously with 105 voters to vote).

■ Any voter wanting to vote after the stipulated time of voting should not be allowed to vote. The entrance of the voting booth should close immediately after 2 hrs and 10 minutes. Individuals already waiting in the queue within the stipulated time should be allowed to vote. Voters who reach the polling area after 2 hrs and 10 minutes should not be allowed to enter and join the queue.

■ Maximum time for a voter should not exceed 5 minutes. This is to include:

- Identity verification

- Signature

- Marking on the index finger by the Voting Officer

- Taking voting instructions

- Taking the ballot paper

- Voting

■ There needs to be a sufficient number of polling booths for the voters. E.g. there should be 4 polling booths for every 105 voters. The voters need to be divided into 4 groups, so that there are approximately 26 voters for each polling booth.

- Voting at all the booths should be undertaken simultaneously, thus the voting time across all the sites should be 130 minutes, i.e., 2 hrs and 10 minutes.

- The voters to cast their votes in the booths assigned to them. No voter to be allowed to vote in a booth not assigned against their name.

Vote Counting

- Crisis Management Committee and Security Committee members to ensure that, nobody is allowed to enter the counting premise while the counting is in progress. This security needs to be maintained till the results are declared.

- All the ballot boxes to be sealed and signed by the respective Booth (Returning) Officer after the voting is over and to be handed over to the Vote Counting Committee.

- There will be two Vote counting Committee and will count the votes simultaneously as per the number of (two each) ballot boxes assigned.

- All the ballot boxes to be opened in front of the Observation Committee and signatures to be taken for ratification.

- Counting to be done in a sequence of the first ballot box 1; second ballot box 2; third ballot box 3 and fourth ballot box 4.

- Appoint an individual from the Election Committee to segregate all the valid votes and invalid votes. All the invalid votes need to be shown to the observation Committee. The invalid votes to be highlighted so that they are not counted.

- All the ballot papers to be given fresh numbers and handed over to a member of the Vote counting committee.

- Appoint an individual to dictate all the votes for counting. The votes to be entered into the computer.

- As a counter check, each vote to be dictated again to the individual entering the votes by a different person.

- Appoint an individual to manually enter the votes in the counting sheet developed simultaneously.

- The individual appointed to enter votes manually has to enter the votes as per the numbers assigned to each ballot paper. (Fresh numbers to be assigned to each the ballot paper and should match with the number of row in excel).

- Results to be displayed on a screen after every ballot box is counted.

- Once the counting is concluded members of the Observation Committee to sign a consent letter to certify that the counting of votes was fair and that they agree with the results.

- Additionally, members of the Governing Body to certify the results of the voting and accept the newly elected Managing Committee in writing.

Sample of nomination application

vkLFkk ifjokj ds puko ds fy, ukekadu i=

1½ mEehnokj dk uke %_____

1) Name of the Candidate: _____

2½ mEehnokj ds laLFkk dk uke % _____

2) Name of the CBO of the Candidate: _____

3½ mEehnokj ds laLFkk dk irk %

_____

_____

3) Address of the CBO:

_____

_____

4½ mEehnokj dk laLFkk esa in dk uke %_____

4) Post of the Candidate in the CBO: _____

eS _____ tks vius laLFkk esa_____ gW
vkLFkk ifjokj dsaustej dfefV ds puko dsfy, [kMh @ [kMh gbZ@gvk gwa eqs vius laLFkk esa
eustej dfefV @ xofua cksMh ds lnL;kauslos'Zl gefr lsvkLFkk ifjokj dsaustej dfefV ds
puko dsfy, puk gSvkj eSHkh blds fy, lger gwa

(I _____ who is on the post of _____ in
my CBO, have stood for contesting elections for the Management Committee of the Aastha
Parivaar. I have been elected with consensus of the members of my Management
Committee/Governing Body of the CBO and I have also agreed for the same).

/kU; okn

¼gLrk{kj½

; gkWij
QksVks yxk,W

Sample Ballot Paper

vkLFkk ifjokj ds puko & er i=

dz l a[; k	puko fpUg	iR; kl h dk uke	egqj yxk,¡
1	lwjt eq[kh		
2	eqfcyl l ykdy		
3	>kM+@ isM+		
4	dkj		
5	xSl pwYgk		
6	nh; k		

Polling Booth Layout

Voting Booth – I	Voting Booth – II	Voting Booth – III	Voting Booth – IV

Booth Officer

Voting table

Voting Officer

Voters

Sample voting slip

Booth No. 1
Name of Individual
Name of CBO
Name of geographical area

4.4 FEDERTION OF CBOS: AASTHA PARIVAAR

Context

Meaningful involvement of SWs in planning and implementing programs to prevent HIV and STIs is an effective empowerment strategy. The process of empowering SWs starts with organizing them into small self help groups (Refer SOP No.4.1). Capacitated SW leaders amongst the small groups hold positions of leadership and represent their groups' as a CBO (Refer SOP No.4.2) at the geographical level.

In Aastha, fifteen CBOs were democratically formed representing every typology of SWs. These CBOs further came together to form a federation called the Aastha Parivaar at the district level. This federation enabled SWs to voice their opinions regardless of religion, race, background, geography, language or sexual orientation and to band together to ensure that their needs were met. As SWs, the federation leaders understand the risks that community members face on a regular basis and are well equipped to provide program direction. Through the formation of the AP, a cadre of leaders was created to address issues of SWs and manage and implement programs independently.

This federation formed and led by the SWs themselves, ensures sustainability and capacitates the SWs to address issues at a broader, more systemic level.

Key features

- Meaningful participation of community members in program implementation regardless of religion, race, background, geography, language or sexual orientation

- Organization of SWs to address their needs themselves

- Building leadership and capacity of SWs to be able to represent their community at larger forums.

SOP Objectives

- To provide contextual clarity on the formation and working of the federation.

- To provide essential requirements and detailed processes on the functioning of the federation.

- This SOP will be complemented by SOPs on Self Help Groups and the formation of CBOs.

Pre-requisites

- SWs to be organized into small self help groups (Refer SOP No. 4.1).

- Self help groups to come together to form CBOs (Refer SOP No. 4.3).

- CBOs to come together to form a federation of CBOs at the district level.

- Management of the federation is coordinated by a General Body, Governing Body and Managing Committee.

- Federation leaders representing all the CBOs meet every month to share program activities and progress.

- Guidelines and constitution for the federation to be developed by the CBO leaders and shared with all CBOs for their feedback. Their feedback to be incorporated.

- By-Laws, Memorandum of Association (MOA), guidelines of the federation to be drafted by the federation leaders and to be shared with the federation Governing Body once elected.

Procedures: Aastha Parivaar formation

Phase I: Formation

- 105 members of the 15 CBO Managing Committees form the General Body of the federation.

- Each CBO to elect one representative from their CBO Managing Committee to be part of the 15 member Governing Body of the federation.

- The 15 members of the Governing Body contest elections and all the members of the General Body vote to elect the federation Managing Committee.

- Seven members of the Managing Committee would thereby be elected from amongst the fifteen members of the Governing Body with the following posts:

  - President

  - Vice President

  - Secretary

  - Joint Secretary

  - Treasurer

  - Member

  - Member

- By-laws and Memorandum of Association (MOA) to be formulated and shared with all the Governing Body members.

- Governing Body members to meet every month for a minimum of three months to discuss the by-laws

- Registration process of the federation to be initiated.

- The names of the federation Managing Committee members to be shared with all CBOs during their meetings.

- The logo for the federation to be designed with the Governing Body members and to be shared with all CBOs during their meetings.

- The federation letter head, identity cards, visiting cards and receipt booklets to be printed.

- A Bank Account to be opened in the name of the federation.

- The President, Secretary and Treasurer of the federation to be registered as signatories for all bank transactions.

- All bank transactions should have the provision of two signatories to sign cheques and important documents. Secretary to be a compulsory signatory. The other signatory could be either the President or the Treasurer)

- A post box number to be obtained in the local post office.

- A letter head comprising of the name and designation of the members of the Managing Committee of the federation should be designed and printed.

- Meetings registers, stock registers, membership registers, accounts, assets, correspondence and other related documents should be prepared.

Phase II: Post Formation

- Build the capacity of the Governing Body members through regular training programs on:
  - Management skills
  - Finance management
  - Program implementation
  - Administration
  - Team work
  - Documentation
  - Organizational Processes - Communication, Conflict Resolution, Decision Making, Leadership, Participation, Vision Building of the federation, Linkages with other institution.

- Build the capacities of the Governing Body members in Networking and support to establish their linkages with:
  - Police Department
  - Municipal Corporation
  - Health Department
  - NGOs and NGO forum or networks
  - Training institutions
  - State and District AIDS control societies
  - Media
  - Other donors
  - Postal department
  - Banks
  - Political leaders and other stakeholders

- Integration of project activities and transition of responsibility
  - Gradual transfer of project activities in partnership with the federation as per a plan decided with the CBOs
  - NGOs to provide technical support and monitor progress

Roles and responsibilities of the federation Managing Committee Members: President, Vice President, Secretary, Joint Secretary, Treasurer and two Members

President

- The President of the Managing Committee to be the President of the federation and to preside at, conduct and regulate all meetings of the Managing Committee

- Her rulings on any point of order and decisions as to the result of voting to be final and conclusive.

- The President in addition to his right to vote as a member; to have the casting vote in case of a tie.

- The President at the Governing Body Meeting shall have the authority to interpret the provisions of the rules and regulations of the by-laws for the purpose of conducting and regulating the meeting and deciding any issues/questions.

Vice President

- In the absence or vacancy of the President, the Vice President to perform the ordinary duties of the President.

- He is to convene the Governing Body Meeting within a period of three months and in the case of a vacancy, to ensure the election of the President.

- In the absence of both the President and the Vice-President at any meeting, the members present at the meeting to appoint any member amongst them to be the President for the specific meeting.

Secretary

The Secretary to look after the affairs of the federation under the directions and in accordance with the resolutions passed by the Managing Committee from time to time.

- To keep and maintain a register of the members of the federation along with their addresses.

- To convene the meeting of the Managing Committee with previous approval or intimation to the President.

- To keep detailed minutes of the proceedings of the Annual Governing Body Meeting/ Extra Ordinary Governing Body Meeting, Ordinary Governing Body meeting of the federation and the Managing Committee meetings and give effect to the resolutions passed.

- To conduct the correspondence of the federation on resolutions passed by the Managing Committee and the Annual Governing Body Meeting and to keep proper records and place before the Managing Committee and the Governing Body Meeting such materials and information as may be necessary or as may be required by the Managing Committee.

- To keep or cause to be kept all records of the federation at a specific place as determined by the Managing Committee.

- To supervise the working of the Managing Committee and the activities of the federation on a day-to-day basis.

- To issue notices of the Governing Body Meeting as and when required.

Joint Secretary

- In the absence of the Secretary, the Joint Secretary shall exercise all powers of the Secretary as above and also assist the Secretary in discharge of her duties under the guidance of the President.

Treasurer

The Treasurer to act under the directions and as per the resolutions passed by the Managing Committee. He/She to also be responsible to the Managing Committee for all accounts.

- To collect membership fees, to receive donations and to keep accurate accounts of such donations that may be marked for any special purpose by the donor.

- To deposit any amount exceeding Rupees 1000/- which is not required for immediate use in the bank account of the federation.

- To receive all payments made to the federation and to pass all necessary receipts and to maintain proper books of accounts under the supervision and direction of the Managing Committee.

- To exercise all such powers and do all such acts as may be required for the proper conduct of ordinary business administration of the properties, movable and immovable, of the federation under the general supervision of the President or Vice President.

- He shall operate the bank account jointly with the President or the Secretary. In case of her absence, the Secretary shall look after the affairs of the Treasurer.

Procedures of federation meetings

Governing Body Meeting

- The Governing Body meeting of the federation shall be called every month.

- The term of the Governing Body will be one year.

- The Governing Body members shall be entitled to vote at the Governing Body Meeting

- The intimation of the Governing Body Meeting along with all necessary documents such as statement of accounts, balance sheet etc. as per agenda shall be intimated in writing to all the members of the Governing Body not less than 15 days prior to the date of the said Governing Body Meeting. The Managing Committee shall convene the Governing Body Meeting of the federation through the Secretary to conduct the following business:

  - To receive and adopt the audited statements of Accounts and annual report from the Managing Committee.

  - To elect the Managing Committee of the federation.

  - To vote for the formation of the new Managing Committee

  - To appoint auditors or Auditor and to fix their or his remuneration.

  - To appoint an Advocate, Legal Advisor of the federation and fix their remuneration.

  - To look after and check the activities of the federation.

  - To appoint an auditor for accounting and audit of the federation and fix his remuneration.

  - To approve the Annual financial Reports and Annual Budget.

  - To approve the annual report & progress report of the federation for previous year.

  - To consider and decide matters put for the approval by the Managing Committee.

  - To transact any other issue/matter/business, which may be forwarded by any member of the Managing Committee or of the federation, with the prior permission of the President.

Extra Ordinary Governing Body Meeting

- An Extra Ordinary Governing Body Meeting may be convened by the Managing Committee of its own motion or upon requisition made in writing by not less than 1/10th of the total members of the federation who are entitled to vote.

- Such requisition shall specify the objects of the meeting proposed to be called and must be signed by the members and shall be delivered or sent to Registered Office of the federation.

- If no such meeting is convened by the Managing Committee within a month of the date of delivery of the requisition, the members may thereafter convene such meeting after one month from the date of delivery of such requisition and any resolution adopted by a majority of 2/3rd of the total members of the federation present and voting in the said meeting, shall be final and binding on the Governing Body and Managing Committee as well as the members of the federation.

Quorum of the meeting

- Three fourth (3/4th) of the total members of the federation who are entitled to vote shall form a quorum at the General and Governing Body Meeting.

- If no quorum assembles within 30 minutes from the time appointed/fixed for the said meeting, then the meeting shall stand adjourned for another 30 minutes on the expiry of which; the persons so present shall be the quorum and the meeting shall be proceeded with and any decision/resolution adopted therein shall be valid and binding on all members of the federation.

Managing Committee Meeting

- The Chairperson of the Managing Committee shall be the President.

- If he/she is not available the Vice-President presides over the meeting.

- The quorum of the meeting of the Managing Committee is 3/4th members.

- Questions arising in the Meeting shall be decided upon by the majority voted either by voice (Show of Hands) or by the polls and if needed the President has a second or casting vote.

Phased transition of the federation from being staff driven to being community driven is to be planned for and implemented. The time period and conditions of transfer of ownership is flexible and dependent on the prevailing local conditions and existing level of community ownership in the program.

Phased transition of the Federation

PHASE 1 Staff Driven Stage 6 months	PHASE II Transition Stage 4 years	PHASE III Community Driven Stage 1 year
- Federation General Body, Governing Body and Managing Committee are formed - NGO staff closely guide the process	- General Body, Governing Body and Managing Committee meet regularly and are capacitated. - Gradual transfer of responsibilities and activities to the federation. - NGO staff provide technical support and hand holding and guidance	- General Body, Governing Body and Managing Committee implement the program independently. - NGO staff provide support as and when needed.

<u>NOTES</u>

ADVOCACY

5.1 NETWORKING AND LINKAGES

Context

Networking and linkages are an essential component of any intervention with MSWs as they provide synergies for the project to build upon; from a point of challenge to advantage to a point of strength. Networking involves forming formal and informal partnerships and ties with various stakeholders with different/mutual areas of interest and/or benefits.

Any one project cannot provide every service needed/wanted by the beneficiaries. Therefore, networking and establishing linkages with stakeholders' brings the community closer to services needed that go beyond the scope of the project. It also supports the facilitation of the creation of an enabling environment, in which MSWs would be able to practice healthy behaviors and utilize health services, making these processes sustainable. The networks work independently and together to ensure that MSWs enjoy their fundamental rights and avail services without the stigma and discrimination associated with their profession.

In the context of MSWs in Aastha, networking with stakeholders and establishing linkages needs a specific strategy, keeping in mind community dynamics and local conditions. Due to the nature of MSW sex work and their higher vulnerability to HIV; they are in constant need of health services beyond the scope of the project. As MSWs are spread across the city, linkages with government hospitals and health centres close to their place of solicitation and /or residence would be needed. Networking activities with stakeholders at the government and local level need to be conducted on a regular basis and should focus on building community linkages.

Key features

- Building of bridges between the community and services not provided by the project, thereby establishing sustainable community linkages
- Extending additional services to the MSWs, as per their needs, through linkages and networks
- Creating an enabling environment for MSWs to be able to access services without stigma and discrimination.

SOP Objectives

- To provide contextual clarity on the networking efforts needed with stakeholders while working with MSWs.
- To provide essential requirements of networking and detailed processes for establishing linkages.

Development of a Networking Strategy

- Create a team of individuals (PC, AO, FC, ORW, PA and PEs) and experts responsible for the planning and implementation of the strategy.
- Assess the needs of the community, through minimum three group discussions conducted by the PC and AO. The number of group discussions will be dependent on the variances in typology, background of the MSWs in the project area.
- Prepare a document, enumerating the following:
  - Needs of the community being reached by the project
  - Needs of the community outside the scope of the project, requiring linkages

- Conduct mapping of potential linkages, to enable access to need-based services not being provided by the project (including listing and categorization). Listing should include services in (within a 15 – 30 minutes walking distance) and outside the project area (nearest possible location).

Government level	Local level
■ Health post	■ Local service providers (local private hospitals and clinics)
■ Government hospitals	■ Lawyers
■ Anti Retroviral Centers (ART) Centers	■ Local NGOs
■ Revised National Tuberculosis Control program (RNTCP)	■ India Network for Sexual Minorities (INFOSEM)
■ Rationing Committee	
■ Member of Legislature Assembly (MLA)	
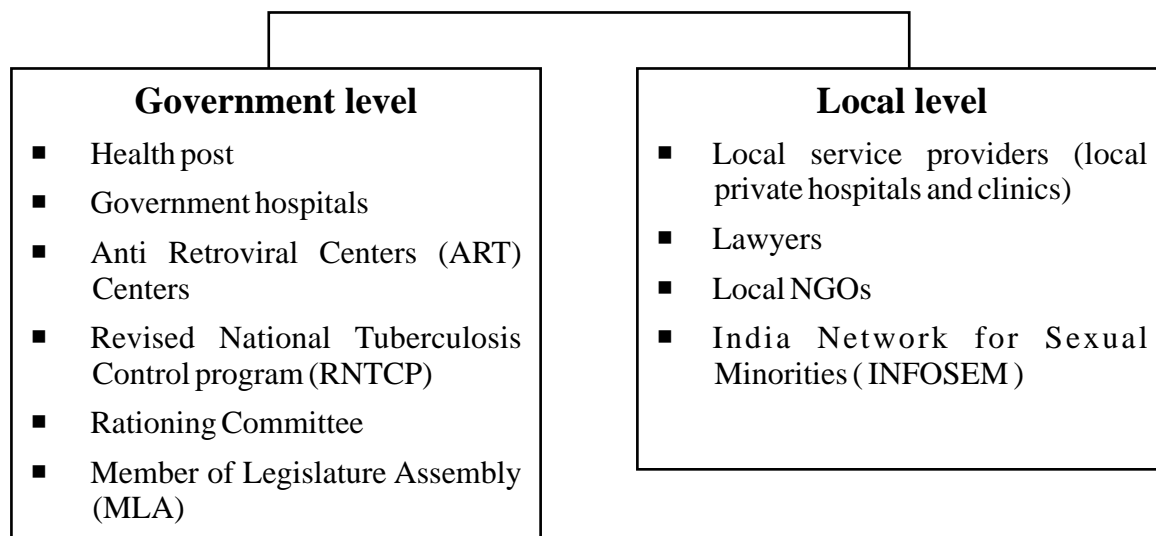
- Develop a system for initiation of linkages with stakeholders and strengthening the same.

- Develop a relationship building system to facilitate regular exchange of views and updates to sustain their interest in project activities and get feedback. This will ensure continuous support and access of services to the MSWs.

- Discuss the networking strategy with key community members and staff.

- Review strategy on a periodic basis – decide the time period of the review with the team.

Procedures

- **Networking at Government level**

Government hospitals, ART Centers, RNTCP, and MLAs

- Identify the local Government functionaries and facilities as per the needs assessment (services not being provided by the project). Keep in mind the travel time as specified.

- Build rapport with local Government representatives and those in change of services of the area. This needs to be done by the PC and Aos.

- On a regular basis, the project staff to visit the offices of the functionaries to build rapport and give them information about the project and the role they can play in the implementation. The agenda of meetings needs to include the following,

  ◆ Information about Aastha project activities

  ◆ Difficulties faced by the project team during project implementation.

- Invite them to participate in community and project events and acknowledge them.

- **Networking at the Local level**

Local hospitals and health care providers

- Make a list of hospitals and health centers near major clusters of areas of solicitation and / or residence.

- Regular visits to the identified hospitals and health centers to build rapport with health care providers

- During the visits the PEs and ORWs need to talk to the health care providers' about Aastha project activities. This makes it conducive for MSWs to access health care services.

- In partnership with the hospital/health care center, have a specified space in their premises for a staff member. This is to create an enabling environment in which MSW would be able to practice healthy behaviors and utilize health services, without stigma and discrimination.

- Staff/key community members responsible for the linkages, to accompany MSWs in need of services.

Lawyers

- Each organization needs to appoint a Legal Resource Person (LRP).

- The LRP is an expert lawyer (consultant to Aastha project) who trains the Core Group members (Refer SOP No.5.4) on legal provisions for MSWs.

- The training conducted by the LRP needs to include information about,

  - ♦ Fundamental rights

  - ♦ Procedure of filing a FIR

  - ♦ Rights at the time of arrest.

- The LRP could also provide her legal services as and when required. Expenses to be borne by the MSWs.

Local NGOs, and INFOSEM

- Team to identify NGOs, and networks that provide services the MSW need and/or are interested in (especially those not provided by the project; e.g. psychiatric councelling etc).

- Staff/community members to visit the NGOs, forums and networks on a regular basis to develop contact and strengthen the same. Two individuals to preferably focus on each relationship (to ensure continuation in the case of one individual not being available).

- Visits to local NGOs to be made initially on a monthly basis. This can be reduced to once in a quarter as the relationship strengthens.

- Staff and SWs to attend network meeting of INFOSEM regularly to be updated about services available for MSWs.

- Staff/key community members responsible for the linkages, to accompany MSW in need of services.

Phased transition of the Networking Activities		
PHASE 1 Staff Driven Stage 6 months	**PHASE II Transition Stage 1 year**	**PHASE III Community Driven Stage 1 year**
▪ PC, AO and ORWs take the lead in identifying the linkages needed ▪ AO and ORWs conduct visits and meetings. ▪ PEs and PA to be capacitated.	▪ PEs and PA take the lead and conduct meetings ▪ AG members to be capacitated to take on greater roles ▪ AO and ORWs provide support as and when needed	▪ AG members and other MSW take the lead ▪ PEs and PA provide support as and when needed ▪ ORWs and AO monitor and document

5.2 SENSITIZATION OF STAKEHOLDERS

Context

Sex Work as a sector often operates at the periphery of the law. It is important to ensure that project activities do not lead to either tacit or implicit acceptance of any criminal activities/persons. Sensitization of gatekeepers and stakeholders while working with MSWs is a crucial activity, as it serves two main purposes. In the short term, it creates opportunities for continuous access to the MSWs for the provision of services. Long term benefits would be the creation of an enabling environment in which MSWs can access services themselves. In this manner, MSWs would be able to practice healthy behaviors and utilize health services, making these processes sustainable. MSWs would be able to enjoy their fundamental rights and avail services without the stigma and discrimination associated with their profession.

MSWs have an established network of pimps, who are the primary gatekeepers. As a result working with the pimps becomes imperative in order to provide services and empower the community. Additionally, due to the illegal status related to the nature of MSW sex work, they face continuous harassment and violence from the police and railway police. They are also vulnerable to abuse from local mafia/goons. Sensitization efforts with the gatekeepers and key stakeholders need a specific strategy, keeping in mind community dynamics and local conditions. These activities need to be conducted on a regular basis and should focus on building community linkages.

Key features

- Building of a supportive environment, leading to vulnerability reduction and safer sex practices amongst MSWs.

- Specific strategy leading to increased involvement of key stakeholders and gatekeepers and therefore regular access to MSWs, especially new MSWs and gaining support for project activities.

- Enrolment of the stakeholders and gatekeepers in the vision and objectives of the project, leading to sustainability.

SOP Objectives

- To provide contextual clarity on the sensitization efforts needed with stakeholders and gatekeepers while working with MSWs.

- To provide essential requirements and detailed processes on the content and implementation of a sensitization strategy.

- This SOP will be complemented by the SOP on Networking and Linkages and Mechanisms for Community Management.

Development of a Sensitization Strategy

- Create a team of individuals (PC, AO, FC, ORW, PA and PEs) and experts responsible for the planning and implementation of the strategy

- Conduct stakeholder mapping (including listing and categorization)

  - Gate Keepers: Individuals with whom rapport is needed to identify MSWs as well as gain and maintain access to MSWs. These are individuals who have direct and regular contact with the MSWs and are instrumental while conducting project activities.

  - Key Stakeholders: individuals with whom rapport is needed to identify MSWs and create an enabling and supportive environment, thereby making services accessible to the MSW. These are individuals who have direct and regular contact with the MSW and are instrumental while conducting project activities.

- Other stakeholders: individuals with whom rapport is needed to create an enabling and supportive environment. These are individuals who are on the periphery but have contact with the MSWs. These individuals are supportive while conducting project activities e.g. provide space to conduct health camps, serve as condom depots etc. These individuals are also potential/existing clients of the MSWs.

Gatekeepers	Key Stakeholders	Other Stakeholders
■ Pimps	■ Local Police ■ Railway Police ■ Local Leaders ■ Local Mafia/goons ■ Local Service Providers	■ Paanwalas (shopkeepers who sell cigarettes etc) ■ Istriwalas (who have an ironing business) ■ Clients
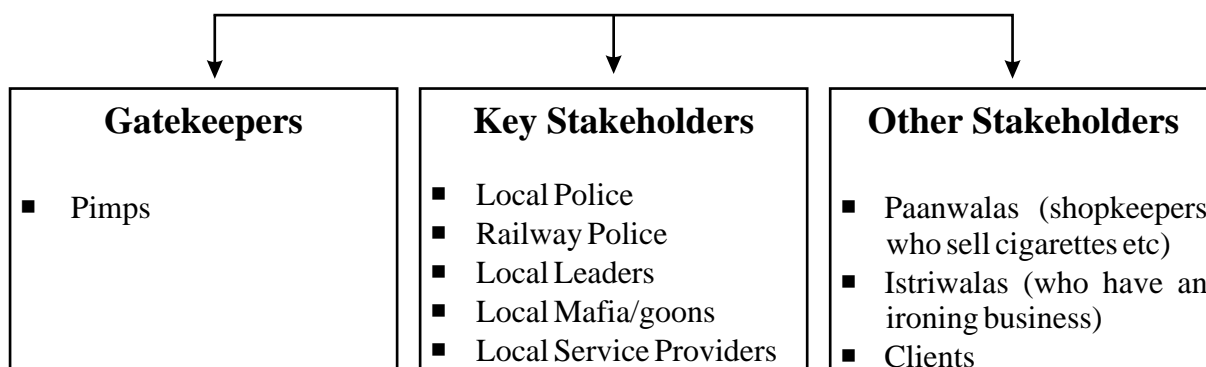
- Identify areas where support is needed from the stakeholders

- Develop a system for initiation of contact with stakeholders, maintaining contact and monitoring of the same

- Develop a format for conducting a sensitization program (including frequency, content, resource persons etc)

- Make project services such as condom distribution, HIV/AIDS and STI testing, health check-ups etc available for them. The frequency and the extent of services to be made available is to be decided earlier by project staff.

- Discuss the strategy with key community members and staff

- Review strategy on a periodic basis – decide the time period with the team

Procedures

- **Sensitization of Gate Keepers**

Pimps

- Identify the gate keepers

- Analyze the role played by each gate keeper in the program

- Enlist the ways in which each gate keeper can contribute to the implementation and effectiveness of project activities

- Highlight the potential threats that could be expected from the gate keepers

- Plan strategies to minimize the threats and gain support from gate keepers

- Conduct regular (monthly) visits and meetings to give project updates and also to discuss difficulties faced in project implementation, thus get their inputs and support to resolve problems.

- Invite them to participate in community and project events and acknowledge their contributions to the project.

■ **Sensitization of Key Stakeholders**

Local Police and Railway Police

- Build rapport with the Head of the police in the project district/zone (in the Indian context, the Commissioner of Police). This is to be done by senior project officials. This is to gain permission to conduct sensitization programs with all the police stations in their jurisdiction.

- Prepare a list of all the police stations and beats in the project area.

- Inform the local police in advance regarding events and health camps on a regular basis. This helps develop rapport and builds trust.

- PC and AO to lead exposure visits to local police stations in order to demonstrate the process of rapport building with police officials to the ORWs.

- Project staff to visit local police stations for individual meetings with the police station in-charge. These meetings need to involve facts and figures to help them understand issues related to HIV/AIDS, sex workers and the incidence of HIV/AIDS among police staff.

- In case of Railway Police, it is important for PEs and ORWs to visit the railway stations periodically and build rapport with the officers.

- Monthly visits to be conducted as there are constant transfers of officials.

- Obtain written approval from the police station in-charge to conduct a sensitization program on HIV/AIDS for their staff

- Prepare power point presentations and develop resource material for the sensitization programs.

- Conduct sensitization programs at police stations and facilitate training of project staff who will later conduct similar sessions at other police stations

- During the sensitization visits/programs, the PEs and ORWs sensitize the police personnel on:

  - Issues and information about HIV/AIDS

  - Modes of transmission

  - Myths and misconceptions

  - Methods of STI/HIV prevention

  - Information about Aastha project activities

  - Incidence of HIV amongst police personnel and addressing risk perceptions

- Distribute some reading material on HIV/AIDS in the local language for participants to refer after the sessions

- Project services such as condom distribution, STI testing and treatment etc to be made available for them at the time of the sensitization program to increase their interest and involvement.

Local Leaders

- Identify the local leaders

- Analyze the role played by each local leader in the program

- Build rapport with local Government representatives and those in change of municipal services of the area. This needs to be done by the PC and Aos.

- On a regular basis, the project staff to visit the offices' of the party members/ local leaders to build rapport and give them information about the project and the role they can play in the implementation. The agenda of meetings with local leaders needs to include the following,

  - Information about HIV/AIDS

  - Information about Aastha project activities

  - Difficulties faced by the project team during project implementation.

- Invite them to participate in community and project events and acknowledge their contributions to the project.

Local mafia/goons

- Identify the stakeholders

- Analyze the role played by each stakeholder in the program

- Invite them to participate in community and project events and acknowledge their contributions to the project.

- Build rapport through regular visits to their locations. This is to be done by ORWs and PEs.

- Project services, such as condom distribution, STI testing and treatment etc, to be made available for them at the time of the sensitization program to increase their interest and involvement.

- **Other Stakeholders**

Paanwalas ,Iistriwalas and Clients

- Give information about HIV/AIDS, thus reduce myths and misconceptions and their risk perceptions as potential/existing clients.

- Conduct regular (monthly) visits and meetings. This is to be done by the PEs and ORWs.

| Phased transition of the Sensitization Activities |

PHASE 1 Staff Driven Stage 6 months	PHASE II Transition Stage 6 months	PHASE III Community Driven Stage 1 year
■ AO and ORWs take the lead in identifying the gatekeepers and stakeholders ■ PEs and PA to be capacitated ■ AO and ORWs conduct the visits, meetings and sensitization programs.	■ PEs and PA take the lead and conduct meetings and programs ■ AG members to be capacitated to take on greater roles ■ AO and ORWs provide support as and when needed	■ AG members and other SWs take the lead ■ PEs and PA provide support as and when needed ■ ORWs and AO monitor and document

5.3 MECHANISMS FOR COMMUNITY MANAGEMENT

Context

It is essential to have meaningful involvement of the community in programs in order to ensure that services are tailor made, increase access and make programs sustainable. Meaningful involvement can only take place when MSWs guiding and managing the program is not a novelty or an isolated activity but a regular practice. Involvement of the community should be an intrinsic part of any strategy, plan or activity being conceived so that community members take on management roles.

In order to achieve this, mechanisms for increasing community management were devised, which included the following MSW led committees:

1.   Drop In Centre Committee (DICC)

2.   Clinic Advisory Committee (CAC)

3.   Project Advisory Group (PAG)

These committees are comprised of proactive MSWs who take on leadership roles and guide various program aspects. In the case of interventions, non MSW are not involved in the committees. The involvement of non MSWs in the program is restricted because of the sensitive and hidden nature of the profession. MSWs do not feel comfortable discussing their sexual and health concerns in front of non MSWs. Only organizational staff who may be non MSWs participate in CAC, DICC and PAG meetings.

MSWs involvement in the experience of Aastha has lead to the creation of a supportive and enabling environment in which they are able to practice health seeking behavior and establish community systems to create sustainable support.

Key features

■   Specific strategy to increase the meaningful involvement of MSWs in the program towards sustainability and the program being community owned and led

■   Committees led by MSWs taking on management roles related to overall program direction and components.

■   Creating an enabling environment, leading to improved access to health services and safer sex practices amongst MSWs.

SOP Objectives

■   To provide contextual clarity on the working of the mechanisms for community management.

■   To provide essential requirements and detailed processes on the functioning of the mechanisms for community management.

■   This SOP will be complemented by SOPs on Micro-planning, Drop In Centers, Task Force Committees, Self help groups and Clinic Services and Program Coordination Meetings.

Objectives, formation and functioning of the Drop In Centre Committee

Objectives

■   To improve the activities of the DIC through direct community inputs

- To ensure maximum access of MSWs to the DIC

- To involve MSWs in DIC related planning and implementation and imbibe their ownership

- To build the capacity of MSWs to take a leadership role on related issues

Formation

- Each static DIC (Refer SOP No 1.6) to have one DICC.

- In the event that an NGO has more than one DIC, two – three representatives from each to be involved in the DICC.

- The DICC to have representatives from the MSW community and the NGO staff.

- The total number of members to be between ten to twenty.

- The number of non MSWs to not exceed five.

- The DICC to include Aastha Gat (Refer SOP No. 4.1) members, and can also include non MSWs.

- Non MSWs to only be from among the NGO core team, clinic team and important stakeholders offering health services.

- MSW members of the DICC to not be members of any other committee. This does not include the PAG.

Functioning

- The DICC to meet at least once in a month

- The meeting to always include the participation of MSWs.

- The minutes of all meetings to be documented and to include signatures of the participants.

- Inputs and decisions taken during the meetings to be immediately incorporated in the project.

- The DICC to review developments as per minutes of the previous meeting.

- The DICC to motivate MSWs to participate in the activities of the DIC

- The DICC to also monitor and supervise the DIC activities of the project.

Objectives, formation and functioning of the Clinic Advisory Committee

Objectives

- To improve health services through direct community inputs.

- To ensure that MSWs have maximum access to health services.

- To improve linkages for referrals and follow up of cases at the field level

- To involve MSWs in clinic related planning and implementation

- To build the capacity of MSWs for taking leadership in clinic operation and management

Formation

- Each static clinic (Refer SOP No.3.1) to have one CAC.

- In the event that an NGO has more than one clinic (static or satellite), two – three representatives from each to be involved in the CAC.

- The CAC to have representatives from the MSW community and the NGO staff.

- The total number of members to be between ten to twenty

- The number of non MSWs to not exceed five

- The CAC to include AG members and can also include non MSWs.

- Non MSWs to only be from among the NGO core team, clinic team and important stakeholders offering health services

- MSW members of the CAC to not be members of any other committee. This does not include the PAG.

Functioning

- The CAC meeting to be held at least once a month

- The meeting to always involve the participation of MSWs

- The minutes of all meetings to be documented and to include signatures of the participants.

- Viable inputs and decisions taken during the meetings to be immediately incorporated into the project.

- The CAC to review developments as per minutes of the previous meeting.

- The CAC to motivate MSWs to access health services.

- The CAC to also take up other issues of MSWs

- The CAC to also monitor and supervise health services of the project.

Objectives, formation and functioning of the Project Advisory Group

Objectives

- To provide larger exposure and opportunities to MSWs with leadership qualities

- To involve MSWs in larger issues and management to increase project ownership.

- To create a common platform for MSWs to facilitate learning from experts from the field
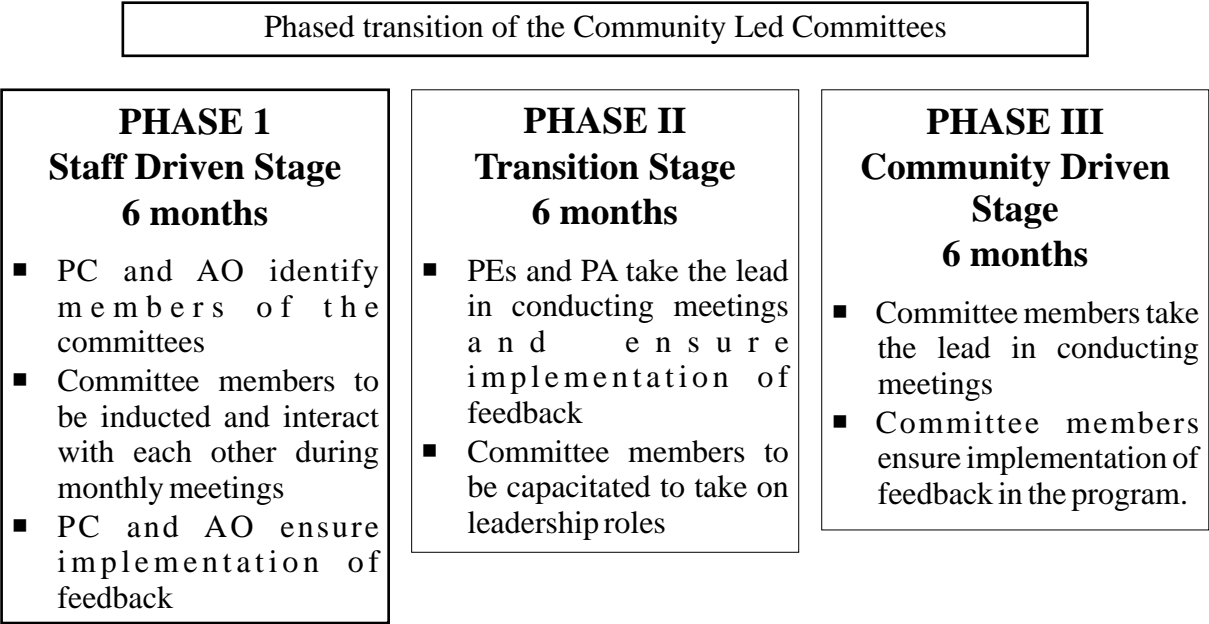
Formation

- Every NGO to have one PAG as a core advisory committee

- Core SW members of CACs, DICCs, Task Force Committees (TFCs – Refer SOP No. 5.5) and AG (Refer SOP No. 4.1) leaders to be members of the PAG.

- Total number of members to not exceed twenty, including five non SW members selected by the NGO

- The organization to select non MSW members who are influential, proactive and sensitive or members of the NGO staff.

Functioning

- The PAG function is of a core advisory committee.

- The PAG to meet at least once a month and minutes of every meeting to be recorded.

- Inputs and decisions of the PAGs to be incorporated in the project

- The PAG to coordinate with other community led committees at the NGO level.

- The PAG to guide and supervise other community led committees to work for the well being of MSWs.

- The PAG to also arrange meetings with local gatekeepers and stakeholders to resolve issues of MSWs at a local level.

Phased transition of these mechanisms for community management from being guided by the community to being completely community driven is to be planned for and implemented. The time period and conditions of transfer of ownership is flexible and dependent on the prevailing local conditions and existing level of community ownership in the program.

Phased transition of the Community Led Committees

PHASE 1 Staff Driven Stage 6 months	PHASE II Transition Stage 6 months	PHASE III Community Driven Stage 6 months
- PC and AO identify members of the committees - Committee members to be inducted and interact with each other during monthly meetings - PC and AO ensure implementation of feedback	- PEs and PA take the lead in conducting meetings and ensure implementation of feedback - Committee members to be capacitated to take on leadership roles	- Committee members take the lead in conducting meetings - Committee members ensure implementation of feedback in the program.

5.4 LEGAL LITERACY

Context

Due to the nature of their profession, MSWs are at risk of being harassed and exploited by police, goons, local leaders, pimps and sometimes even the general public. They are stigmatized and marginalized, which prevents them from seeking legal redress against discrimination, non payment, abuse, etc. It is difficult for them to access services and their rights, which are not only denied but also violated. Arrests and punishment on false pretexts due to lack of awareness about the legal system and their rights as women worsens their situation. MSWs are vulnerable to other forms of exploitation such as being cheated by clients, conflicts with lovers and regular partners and family members. Legal literacy works as a tool to build the capacity of MSws to protect themselves. It is a tool that brings about qualitative change at the grass root level. While devising the project's advocacy strategy, a need was felt for generating awareness of legal rights and increased information about pertinent laws as knowledge is a source of power.

The legal literacy component was developed to prevent exploitation of MSWs and does not imply that the project supports crime. The component keeps in mind the country's legal framework and the focus of the legal support provided by the project is to ensure that legal rights are upheld and justice is served. In Aastha, this component complements the crisis intervention components; such as the Rapid Response System (RRS) (Refer SOP No. 5.6) and Task Force Committees (TFCs) (Refer SOP No. 5.5).

Key features

- Capacity building of MSWs with information on the legal system, basic and fundamental rights.

- Creating informed leaders and community advocates who work to ensure legal justice to all MSWs

SOP Objectives

- To provide contextual clarity on the legal literacy component for MSWs

- To provide essential requirements and detailed processes on the functioning of the legal literacy component.

- This SOP will be complemented by SOPs on Self Help Group Aastha Gat, Sensitization of Stakeholders, RRS and TFC.

Development of a Legal Literacy Strategy

- Create a team of individuals (PC, AO, FC, ORW and PA) and experts responsible for the planning and implementation of the strategy at the project level.

Key components:

Legal Resource Person

- Appoint two Legal Resource Persons (LRPs); lawyers; as consultants who would conduct two legal literacy sessions a month with the Core Group.

- The LRPs should be sensitive, be comfortable working in the NGO set up and be familiar with the laws related to MSWs and their rights.

- The LRPs should be willing to commit to two sessions per month at the NGO site

- It is necessary to keep a list of possible LRPs on hand who could be contacted at a short notice.

Core Group

- The Core Group to consist of ORWs, PEs, AG members, active TFC members, active stakeholders and PAs.

- The Core Group is responsible to share legal information gained during the sessions with the LRPs, with other MSWs during AG meetings (Refer SOP No. 4.1), DIC meetings (Refer SOP No. 5.3), special events etc.

- The Core Group is to conduct sessions on a monthly basis with as many MSWs as possible.

- Coverage plans to be made along with the outreach team to ensure that all MSWs are covered within a quarter.

Legal Literacy Module

- Develop a Legal Literacy module in the local language used everyday, based on the local context and citing local examples or anecdotes.

- The module should include information on fundamental rights granted by the country's constitution, fundamental responsibilities, First Information Report (FIR; process of filing a police complaint) related rights, rights during the time of arrest and detention (especially for women), rights during police interrogation, free legal support rights, right to get bail.

- Additional laws pertaining to MSWs need to be included eg. laws related to begging, immoral sex acts, solicitation in public etc. These laws have to be listed and shared with the LRPs before they conduct the sessions.

- It is important to clarify that while legal information is being shared, legal cases that arise would need to be handled directly by the MSW. The LRPs could be contacted for support but is not mandated to take the case. The NGO would also not be liable for legal fees. However, support can be provided to the MSW under the RRS as per the situation.

Procedures

- Prepare and finalize roles and responsibilities of the LRPs

- Prepare the terms of reference for the selection of the LRPs.

- Review applicants for the position of LRPs.

- Appoint two LRPs.

- Develop a legal literacy module. This module needs to be prepared in consultation with experts from the legal system and development workers with experience of working with MSWs. It is also important to involve MSWs while preparing the module.

- A Core Group should be formed by the organization at the project level.

- The LRPs should impart legal literacy to the core group. Two sessions are to be conducted every month.

- The Core Group members are to be capacitated as trainers and should be able to educate all other MSWs and answer relevant questions.

- The Core Group members to conduct legal literacy sessions at the project sites in order to ensure that all the MSWs have complete legal knowledge. Repeat sessions to be conducted as per the need.

Phased transition of the legal literacy program from being staff driven to being community driven is to be planned for and implemented. The time period and conditions of transfer of ownership is flexible and dependent on the prevailing local conditions and existing level of community ownership in the program.

Phased transition of the Legal Literacy Component

PHASE 1 Staff Driven Stage 6 months	PHASE II Transition Stage 6 months	PHASE III Community Driven Stage 1 year
■ LRPs build the capacities of core group members to share legal information ■ LRPs, PA and staff provide support to Core Group members and MSW during legal emergencies	■ Core group members build the capacities of AG members and other MSW on legal issues. ■ Core group takes lead role in providing support to MSW during legal emergencies. ■ PA and LRPs provide guidance when needed.	■ AG members share legal information with other MSWs ■ AG members and MSW provide support to each other during legal emergencies. ■ Core group, PA and LRP provide guidance when needed.

5.5 TASK FORCE COMMITTEES

Context

MSWs are vulnerable to stigma and discrimination associated with their profession. Additionally MSWs face a double stigma. They are in conflict with the law under section 377, as they are men who have sex with men and therefore are subject to arrests. They face harassment, violence and coercion, by police, goons and local leaders which directly affect their condom negotiation and health seeking behaviours. Additionally, there are emergency situations e.g. conflicts with regular partners, lovers, being cheated by clients, abuse, problems within the family due to their profession, stigma and ridicule by the general public etc. that need assistance and intervention. Under these circumstances, it is important to build the capacity of MSWs to handle situations themselves and provide instant help to other MSWs when needed.

TFCs are formed of MSWs as a rapid crisis management group at the local (site) level. These MSWs are members of site level AGs (Refer SOP No.4.1) and peer and community leaders. The focus is on the creation and strengthening of community members to provide immediate support in times of need. As TFC members are in the same site, they are able to provide on the spot support in a short time frame.

The building of the TFCs is a definitive step towards program sustainability and community empowerment as it is a platform for MSW to take initiative and in the shortest possible time manage issues of stigma, discrimination, harassment, arrest and violence by police, goons, family members, clients and other stakeholders and any other emergencies.

Key features

- Creating and strengthening leaders from among the MSWs and facilitating their empowerment, leading to vulnerability reduction and safer sex practices amongst MSWs.

- MSWs help each other in times of need, leading to greater unity and sustainability.

- Crisis support provided within 30 minutes from the time of intimation.

SOP Objectives

- To provide contextual clarity on the working of the TFC

- To provide essential requirements and detailed processes on the functioning of the TFC

- This SOP will be complemented by SOPs on AG, Networking and Linkages, Sensitization of Stakeholders, Mechanisms for Community Management, RRS and Legal Literacy.

Pre-requisites

- All sites to have PEs

- Each PE site to have one TFC.

- Ideally the total number of TFC members' should be between 5 and10.

- TFC members should preferably be proactive members of Aastha Gats.

- Non AG members can also be in the TFC e.g. local community leaders etc

- The TFC members should be the first point of contact for the MSWs at times of crisis.

- Proactive members of the AG should be given priority while forming the TFC

- TFC member should not be members of any other advocacy committee. This does not apply to the Project Advisory Group (Refer SOP No. 5.3).

- TFC members to be provided legal literacy by the Core Group members (Refer SOP. NO. 5.4)

- All MSWs to know their respective TFC members and have the mobile numbers of the TFC members.

Formation and strengthening of the TFCs

- PEs form AGs in the project sites

- Potential TFC members to be identified in each PE site; keeping in mind that preferably AG members are to be included

- Pro-active individuals (non- AG members) to be identified for inclusion in the TFCs

- The frequency of the TFC meetings should be need based and regular. A minimum of once a month is necessary.

- TFC members need to be equipped with information related to legal rights and provisions, It is important for the TFC members to understand the issues related to MSM populations.

- TFC members to share their contact information with other MSWs

- Respective PEs and PA to provide on-site guidance on the provision of crisis support to TFC members

Procedures

- MSW to contact the TFC during a crisis

- TFC members to reach the crisis site immediately; within 30 minutes from the time of intimation

- PE and PA to provide support to the TFCs as and when needed

- TFC members to take the support of local AGs and project staff as and when needed in order to provide a better response

- TFC members to develop rapport with local MSWs and stakeholders to strengthen linkages required for rapid response at time of crisis.

- ORWs, AO and PA to monitor and document the activities of the TFCs.

- Procedures to provide specific crisis support to be followed as per RRS (Refer SOP No. 5.6).

TFCs are community driven as they are formed by SWs themselves. The process of forming the TFCs needs to focus on increasing community responsibility. The initial stages focus on the identification and capacity building of the TFC members to take leadership in crisis response. In the final stage of community ownership, this process should be lead by the AG members themselves and specific crisis support groups would then not be needed. The time period of crisis support would also decrease as community members get more involved in the system and rapports get strengthened. The time period and conditions for ownership is flexible and dependent on the prevailing local conditions and existing level of community ownership in the program.

Phased transition of the TFC

PHASE 1 **Initial Stage** **6 months**	**PHASE II** **Transition Stage** **6 months**	**PHASE III** **Self Help Group** **Driven Stage** **6 months**
■ PEs and PA take the lead in crisis response ■ AO and ORWs provide support as and when needed ■ AGs to be formed ■ TFC members to be identified and TFCs formed in each PE site ■ Initiation of legal literacy sessions	■ TFC lead the crisis intervention component of the program ■ AGs and TFCs to be strengthened and leaders to take on greater roles ■ PEs and PA provide support as and when needed ■ Continuation of legal literacy sessions with the Core group and SWs	■ AG members and other SWs take the lead ■ PEs and PA to provide support as and when needed ■ ORWs and AO monitor and document ■ Continuation of legal literacy sessions with the Core group and SWs

5.6 RAPID RESPONSE SYSTEM

Context

SWs face harassment, violence and coercion which directly affect their condom negotiation and health seeking behaviours. Stigma and discrimination is a causative and compounding factor that also affects their ability to seek help. To address this problem, the Aastha project designed a system based on community and project action: The RRS or as it's called by the SWs, the Aastha Tatkal Seva, featuring the Aastha Task Force Committees . The RRS has shown wide scope for SWs to take direct initiative and enable themselves to handle issues of harassment and violence by police, goons and other stakeholders; situations of arrest of SWs on false charges of solicitation and carrying condoms; and stigma and discrimination on their own.

The type of crisis incidents faced and the nature of the response possible differs for each typology of SWs. In the context of Aastha, MSWs are defined as men who provide sex in exchange for cash or kind. This is irrespective of their orientation and some MSWs emphatically feel that they are not gay and simply provide a service for money. They are largely single men, who are in this profession as a temporary arrangement to make ends meet, while they pursue other goals' e.g becoming actors, models etc. Some are masseuses and gym instructors who consider this as an additional source of income. MSWs could be married or in relationships and this aspect of their profession could be hidden from their partners and families. MSWs have specific points where they solicit sex, e.g. railway stations, near the Taj Mahal hotel etc and these are spread out throughout the city. These sites are the same as those for MSM who are mostly their clients. The nature of crisis incidents faced are generally related to being cheated or abused by clients and harassed by the police and local goons.

The RRS has shown wide scope for MSWs to take direct initiative and enable themselves to handle issues of harassment and violence by police, goons, family members, clients and other stakeholders; situations of arrest of MSWs on false charges of solicitation and carrying condoms; disagreements amongst themselves and others; emergencies and incidents of stigma and discrimination on their own.

Key features

- Building of a supportive environment, leading to vulnerability reduction and safer sex practices amongst MSWs

- Provision of crisis support to MSWs from MSWs within the shortest possible time i.e. 30 minutes from the time of intimation of crisis

- MSWs themselves help each other in times of need, leading to greater unity and sustainability

SOP Objectives

- To provide contextual clarity on the working of the RRS with MSWs

- To provide essential requirements and detailed processes on the functioning of the RRS

- This SOP will be complemented by SOPs on AG, CBOs, Networking and Linkages, Sensitization of Stakeholders, Legal Literacy and TFC.

Formation of the Rapid Response System

Creation of a supportive environment

- The Advocacy Committees like PAGs, CACs and DICCs (Refer SOP No. 5.3) at the Implementing Agency level and site-level TFCs (Refer SOP No. 5.5).

- Linkages to be developed between the AGs (Refer SOP No. 4.1) and the Advocacy committees to ensure their understanding of the project objectives and establish the MSW direct interface with the stakeholders.

- Legal awareness to be regularly generated to MSW through community-level legal literacy sessions. The agency would appoint two LRPs as consultants, who would conduct legal literacy sessions with the community and advises the MSW on legal issues. A Legal literacy module should be developed by the project in the local language. The module should have information related to the rights of the individual and all laws related that have any bearing on them. With respect to MSWs, the information that is essential is their Fundamental Rights, Fundamental responsibilities, FIR related rights, Rights during arrest and detention, Rights during police interrogation, free legal support rights and the Right to get bail. Need based training on the decided curriculum is to be given on a regular basis to a Core Group, selected at each IP, consisting of ORWs, PEs, selected AG members, active TFC members, active stakeholders and PAs. This core group further is to conduct training at every site.

- Networking with local gatekeepers and stakeholders through regular sensitization programs, visits and events to ensure their timely support in times of crisis.

Pre-requisites/Essential elements of the RRS

- All sites to have PEs

- Each PE site to have one TFC. The TFC members should be members of the AGs and would be the first point of contact for the SWs in times of crisis.

- One PA to be trained in legal issues and motivated to support SWs in crises

- A Core Group for legal literacy to be established.

- AO to have a Mobile phone

- Two LRPs to be enlisted who should immediately respond when called

- Police stations and hospitals to be visited once a month

- Major stakeholders to be met once in two months

- All PEs to have ID cards

All AGs to know their respective TFC members, PE and ORW and additionally have the mobile number of the TFC members, PE, PA, AO, FC and PC.

Inter relationships in the RRS
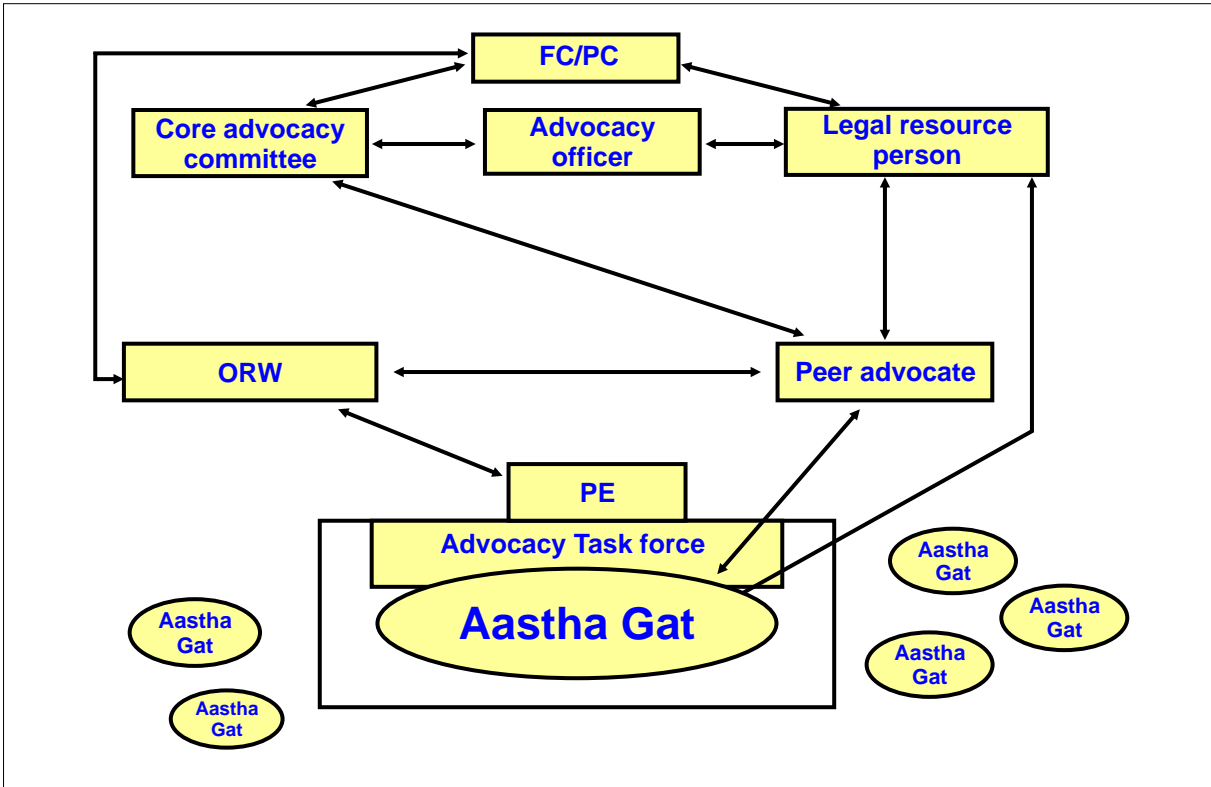
Procedures

■   When a crisis incident takes place, the MSW to approach the following individuals/groups in the suggested order:

First loop of support - Community members:

1.   The MSW in crisis to contact other MSWs for immediate support.

2.   The MSW in crisis or other MSWs to contact the TFC members for immediate support .

3.   The MSW in crisis or other MSWs to contact to contact PE, PA and/or AGs for immediate support

Second loop of support - Staff:

1.   The MSW in crisis or the other individual/s intimated to contact the ORW for support.

2.   The MSW in crisis or the other individual/s intimated to contact the AO for support.

Third loop of support - External support:

1.   The MSW in crisis or the other individual/s intimated to contact the Legal Resource Person for support

Direct action by the MSWs

First loop of crisis response

Second loop of crisis response

Third loop line of crisis response
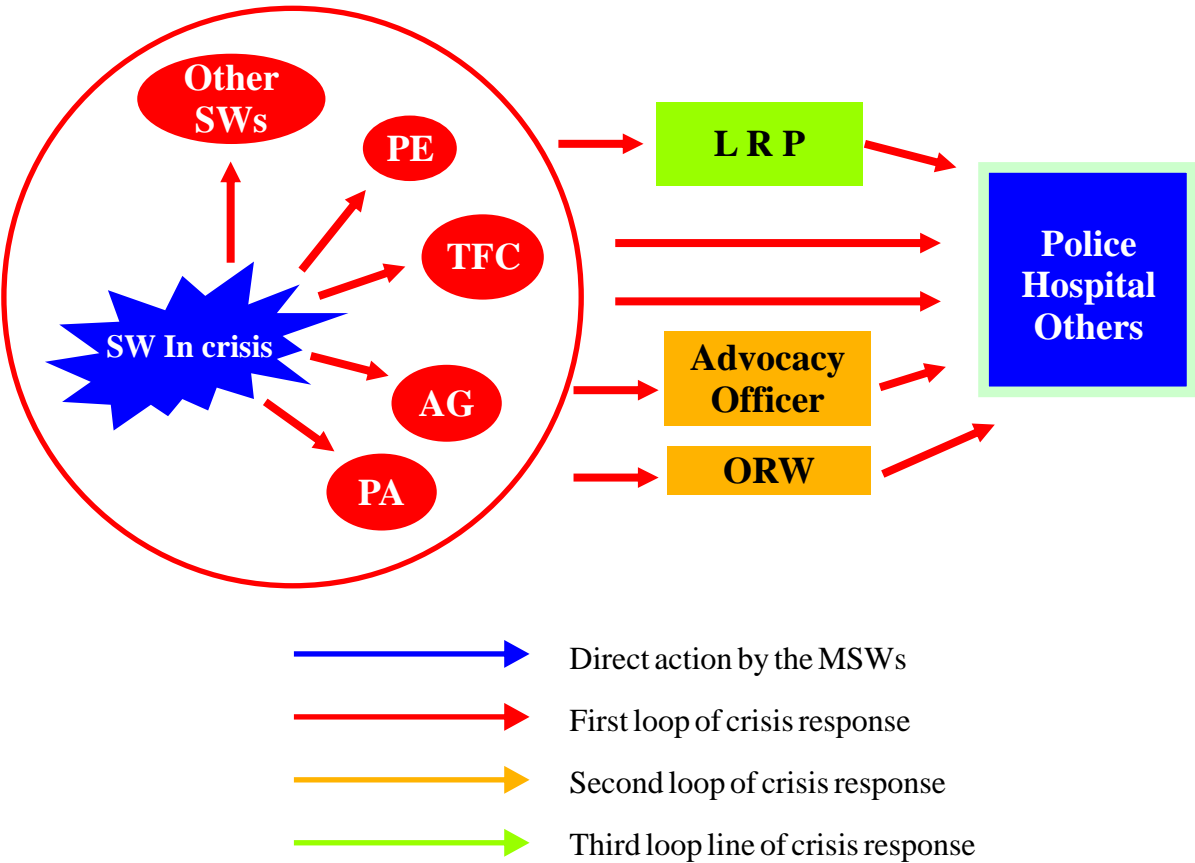
■ The loops of support as mentioned above are from the point of sustainability of the community systems. If the community members are not available or feel that they need additional assistance; then staff members and lastly the LRPs are to be contacted. This will ensure that assistance reaches the SW from some source or the other even if some people fail to act in time or appropriately. This can be implemented flexibly as per the prevailing local situation.

■ Instant support is to be provided by those contacted, within 30 minutes from the time of intimation

■ The PE to follow up with the MSW within 24 hours to ensure the quality of support and provide guidance, if necessary

■ The project to decide the extent of support that they are willing to provide in every situation before hand and communicate to the MSWs.

■ Keeping sustainability in mind, any financial support that a MSW in crisis might need, could be borne by community members, as per their discretion, and not the project.

The following procedures are to be followed once intimated of crisis:

Harassment emergency

- In the case of a situation of harassment, the individual/s contacted need to provide the necessary support, including visiting the family, police station and location of harassment (e.g. if from clients, pimps, local goons etc).

Arrest

- In the case of police arrest, the individual/s contacted needs to visit the MSW/s in question at the police station or place of arrest.

- If the arrested MSW/s is in contention with the law, only emotional support is to be provided and it should be ensured that she receives a fair trial.

- If the charges are false or can be refuted, the individual/s contacted to provide support and evidence as necessary
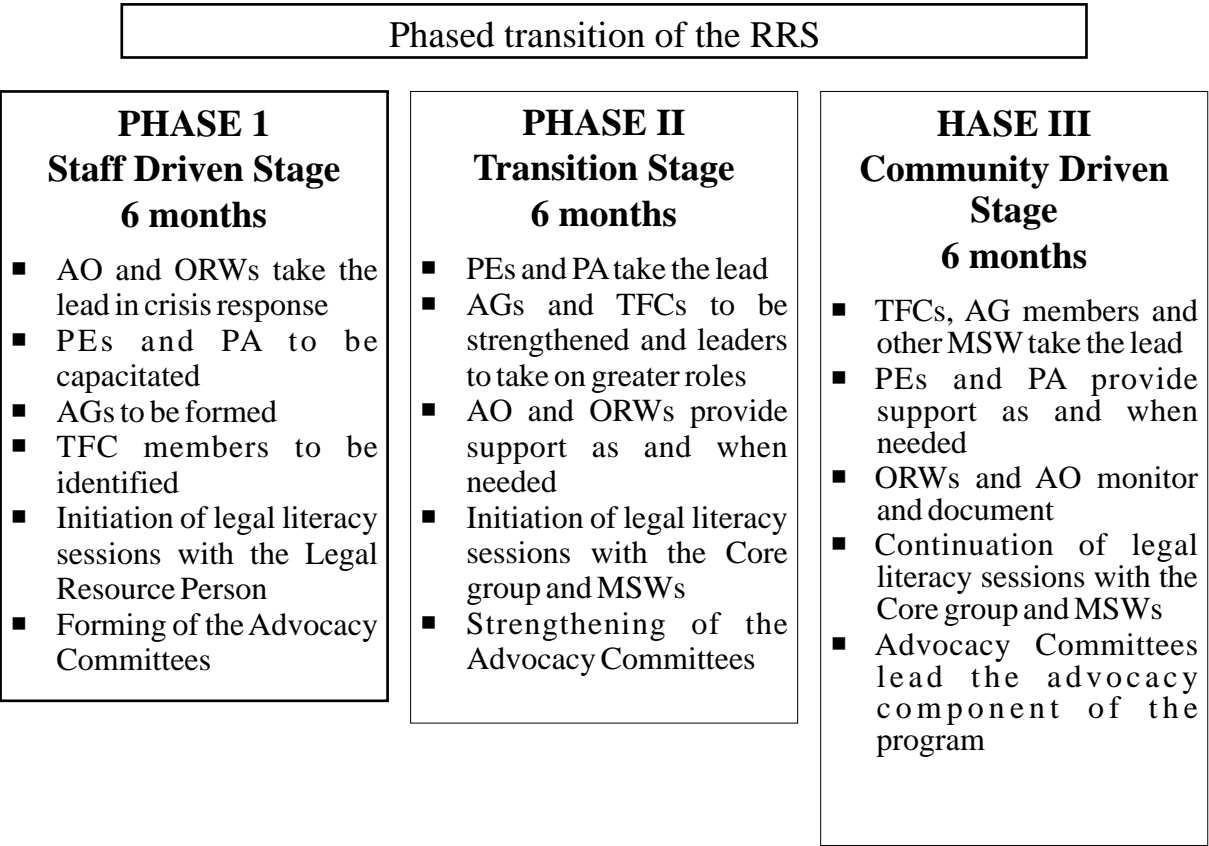
Medical emergency

- In the case of a medical emergency, the MSW to be taken to the nearest hospital or medical center

- If the emergency is of a minor nature (e.g. minor cuts, bruises etc) and takes places during the project clinic timings, the MSW can be taken there.

Other emergencies

- The individual/s contacted to provide support for any emergency, including settling disputes amongst MSW, settling disputes amongst family members, support in times of death of a loved one etc.

Phased transition of the RRS from being staff driven to being community driven is to be planned for and implemented. The time period and conditions of transfer of ownership is flexible and dependent on the prevailing local conditions and existing level of community ownership in the program.

Phased transition of the RRS

PHASE 1 Staff Driven Stage 6 months	PHASE II Transition Stage 6 months	HASE III Community Driven Stage 6 months
■ AO and ORWs take the lead in crisis response ■ PEs and PA to be capacitated ■ AGs to be formed ■ TFC members to be identified ■ Initiation of legal literacy sessions with the Legal Resource Person ■ Forming of the Advocacy Committees	■ PEs and PA take the lead ■ AGs and TFCs to be strengthened and leaders to take on greater roles ■ AO and ORWs provide support as and when needed ■ Initiation of legal literacy sessions with the Core group and MSWs ■ Strengthening of the Advocacy Committees	■ TFCs, AG members and other MSW take the lead ■ PEs and PA provide support as and when needed ■ ORWs and AO monitor and document ■ Continuation of legal literacy sessions with the Core group and MSWs ■ Advocacy Committees lead the advocacy component of the program

NOTES

CAPACITY BUILDING

6.1 TRAINING NEEDS ASSESSMENT

Context

Aastha aims to establish health seeking behavior among SWs. The sustainability of the project activities is achieved through the involvement of SWs as PEs. There is a high level of importance attached to performance. Aastha strives for proficiency through capacity building in the form of theoretical as well as on-job training.

The project staff or PE needs to achieve a set standard of performance. The gap between standard performance and actually performance helps to identify training needs. The process of analyzing the reasons for the gaps in performance facilitates training needs assessment.

Training needs assessment needs to be carried under the following conditions:

- New Recruitments - Induction and orientation to all new employees.
- If a new activity is included in the project.
- Difference between actual performance and standard performance.
- In case of attitudinal problems among the team members.
- If there is a need expressed by the project team.

Key features

- Identifying difference between standard performance and actual performance.
- The training needs that have been identified need to be addressed by imparting knowledge and skills through formal trainings and coaching during supportive supervision sessions.
- Observation of performance serves as an effective strategy to identify training needs.
- Need based capacity building helps in reaching out to all staff and helps them to achieve high performance standards.

SOP Objectives

- To provide contextual clarity on the strategy for carrying out training needs assessment for the development of need based training manual and programs. To provide information about essential requirements and detailed processes for assessing the training needs.
- This SOP will be complemented by SOPs on Designing of a Training, Direct Trainer Skills and Evaluation of Training.

Pre-requisites for Training Needs Assessment

- Project staff comprising of a Technical team and an Implementing team. The implementing team needs to include PC, FC, ORWs and Pes.
- Roles and responsibilities of all staff members to be documented and explained to them.
- Standard performance to be established and documented.
- A training team needs to be established in order to assess training needs.

Procedure

The training needs assessment needs to be carried out by the supervisors. For example, the training needs assessment of the PEs is to be done by the ORWs. The PC and FC need to assess the training requirements of the ORWs. Thus the implementing agency is to have a team to assess performance of staff as per the project hierarchy.

In the context of Aastha the technical team from FHI supervises the staff at the main implementing organization and assesses their training needs. The technical team of the main implementing organization supervises the implementing organization to identify their training requirements.

The following steps are followed while assessing training needs:

- Review micro plans of the PEs

- Analyze the AMP scores

- Analyze the SBC scores

- Observe the performance of the staff while conducting communication sessions and meetings

- Discuss training needs with the supervisor and the concerned staff to assess the gaps in performance. Problem solving sessions are an important tool to identify the reasons for gap in performance. These sessions help to bring out internal as well as external factors that cause difficulties in performance. For example, the staff may require skill training in communication or there may be a problem due to lack of communication material. This problem can be solved by communicating the same to the supervisors.

- Conduct Program Coordination meeting to discuss the execution of various components of the project. Problems related to program implementation are to be discussed and resolved in program coordination meetings (Refer SOP No 1.5). This helps in assessing needs of the staff executing the programs.

- Supportive supervision - demonstration and re-demonstration the activity to provide on-site training.

For example, if a PE is facing problems in conducting a group communication session, the ORW needs to demonstrate the session to provide on-site training to the PE. The PE is to be encouraged to conduct group sessions under the supportive supervision of the ORW. These sessions are to be observed by the ORW and followed with feedback.

6.2 DESIGNING OF A TRAINING

Context

SWs work in vulnerable conditions that put them at risk to STI/HIV infections. Aastha works to establish health seeking behavior among SWs. Maximum involvement of SWs in project activities is very important to ensure the sustainability of the project. Quality training is to be imparted to staff at every stage and level of project implementation. Designing of these trainings is an important element as it stages the way for quality performance.

Key features

- The training is to be designed to impart knowledge, skills, practice and attitudes (KAPS) of the participants.

- The designing of a training is based on the profile of the participants, needs of the training, objectives, methodology, time required, materials required, expected outcomes and most important of all profile of the trainer.

- The objectives of any training design need to be SMART (specific, measurable, accurate, realistic and time bound).

SOP Objectives

- To provide contextual clarity on the strategy for designing a training for the effective implementation of the project. To provide information about essential requirements and detailed processes for designing a training.

- This SOP will be complemented by SOPs on Training Needs Assessment, Evaluation of Training, Direct Trainer Needs.

Pre-requisites for Designing a Training

- A training needs assessment team to be established.

- Training needs to be identified

- A master trainer to design the training.

- Creativity is an important requirement as the training should to be participatory and it needs to cater to participants who may be illiterate or semi literate.

- The training material and formats need to be pictorial and easy to use for all the participants.

- The entry level behavior of the participants is to be documented and studied before designing the training.

Procedure

The steps to be followed while designing training programs are as follows,

- Finalize the list of training participants

- Analyze the profile of the participants

- The trainer needs to study the training needs of the group (Refer SOP No. 6.1).

- Formulate SMART training objectives.

- Categorize the training as knowledge oriented or skill oriented

- Set learning objectives

- Set the time, duration and venue for the training

- Decide on the methodology to be used for the training: Most training programs involve learning by listening to information. The process of seeing and above all getting a chance to practice the new skills helps to internalize the knowledge received. Group discussions and activities, stimulation exercises, role play, games, film shows etc help to facilitate participatory trainings.

- Prepare a detailed plan of activities to be conducted as part of the training

- Prepare a detailed schedule of the training session

- List down key learnings of the training. These can be estimated before the training or even documented later on the basis of the outcome of the training.

6.3 DIRECT TRAINER SKILLS

Context

Aastha aims to inculcate health seeking behavior among MSWs. Participation of MSWs at every stage, especially in the process of training is important for the sustainability of the project. In Aastha, training is carried out through one to one sessions, group sessions, formal trainings and engaged mentoring in the field. These trainings need to be conducted by the project staff and external trainers, who are effective and have direct trainer skills.

Key features

■ Training of trainers with emphasis on imparting knowledge, developing skills through practice resulting in attitudinal change (KAPS).

■ Developing participatory

■ Respect to all – the trainer needs to respect all the trainees. Everyone should be respected for their experience.

SOP Objectives

■ To provide information to help the organization identify good trainers to achieve high impact and retention, leading to field results

■ To provide information on the process of organizing and conducting of a training program

■ This SOP will be complemented by SOPs on Designing of a Training, Evaluation of Training and Engaged Mentoring.

Pre-requisites of a good Trainer

■ The trainer needs to be an expert on the subject of training.

■ The trainer needs to be equipped to be able to answer all the questions raised during the training.

■ The trainer should be able to link the various topics to be covered in the training

■ The trainer should focus on improving the ability of the team members to work effectively and help them achieve performance standards.

■ The trainer should think out of the box – the trainer should not have limited and restricted thinking.

■ The trainer needs to be innovative while planning and conducting the sessions. The trainer needs to be able to retain the interest of the participants.

■ The trainer needs to be a good listener

■ The trainer should have the correct tone of voice and positive body language.

■ The trainer needs to be able to communicate in the most common language understood by the participants.

■ The trainer should be polite and respect the participants and organizers of the training.

Procedure

<u>Steps to be followed by a good trainer</u>

- The trainer to read the training and SBC manual prior to the training

- The trainer to come prepared and rehearse the sessions before conducting the training. This rehearsal needs to aim at overcoming inhibitions, if any.

- The trainer needs to adopt a participatory approach to ensure involvement of all the participants. An outsider observing the session should not be able to identify the trainer from the participants. The training needs to be held in the style of a workshop and involve group activities and discussions.

- When a question is raised by the participants:

  - In case of questions that cannot be answered, due to lack of time the trainer should be very polite and say that it would be answered later in person or in the group depending on the availability of time

  - In case the question is about a subject/topic not known to the trainer, the trainer should be polite and say that she would read about it and get back to the participants.

- The training needs to include energizers after every two hours to revive the mood of the participants and also to ensure everyone is attentive during the session.

- The trainer should paraphrase while talking to the participants to ensure that everyone understands the concepts and discussions that are taking place.

- The trainer needs to create a conducive environment for the training. The trainer should encourage all the participants to speak and facilitate cross learning.

- The venue, timing, temperature of the surroundings, food, toilet facilities, water etc need to be selected careful in keeping with the profile of the participants.

- The trainer should eat with the participants and also stay with the participants if possible.

6.4 ENGAGED MENTORING

Context

Speed, result and impact are very important in the Aastha project. The sustainability of the project activities is achieved through the involvement of MSWs as PEs. There is a high level of importance attached to performance. Aastha strives for proficiency by giving priority to marketing, branding, planning and rolling out. In order to achieve high standards of performance mentoring is very important. This mentoring is done by demonstrating the task, supervising/observing followed by feedback. High levels of performance are achieved by setting standards and maintaining uniformity in the same. Engaged mentoring is carried out by engaging a person in an activity and facilitating the experience by providing an opportunity to do the task.

An engaged mentoring plan is to be made in keeping with the requirements of each typology. It is important to maintain confidentiality and train the staff to be sensitive to the typology. For example, while mentoring ORWs and PEs working with MSWs, it is important to understand that they are a hidden population and face certain issues related to sexuality.

Key features

- Planning activities and rolling them out by achieving and maintaining speed.

- Training through on site demonstrations and supervision thus creating a cascading effect.

SOP Objectives

- To provide contextual clarity on the strategy for developing an engaged mentoring plan for the effective implementation of a program.

- To provide information about essential requirements and detailed processes for the development, implementation and monitoring of an engaged mentoring plan.

Pre-requisites for Engaged Mentoring

- Project Staff at the implementation organization level – PD, PC, FC and ORWs.

- Willingness among the Aastha team members to transfer technology. For example, the ORWs to be willing to train the Pes.

- Setting performance standards and stressing on uniformity.

- Developing quality assessment tools to be developed by FHI and operationalization of the same.

Procedure

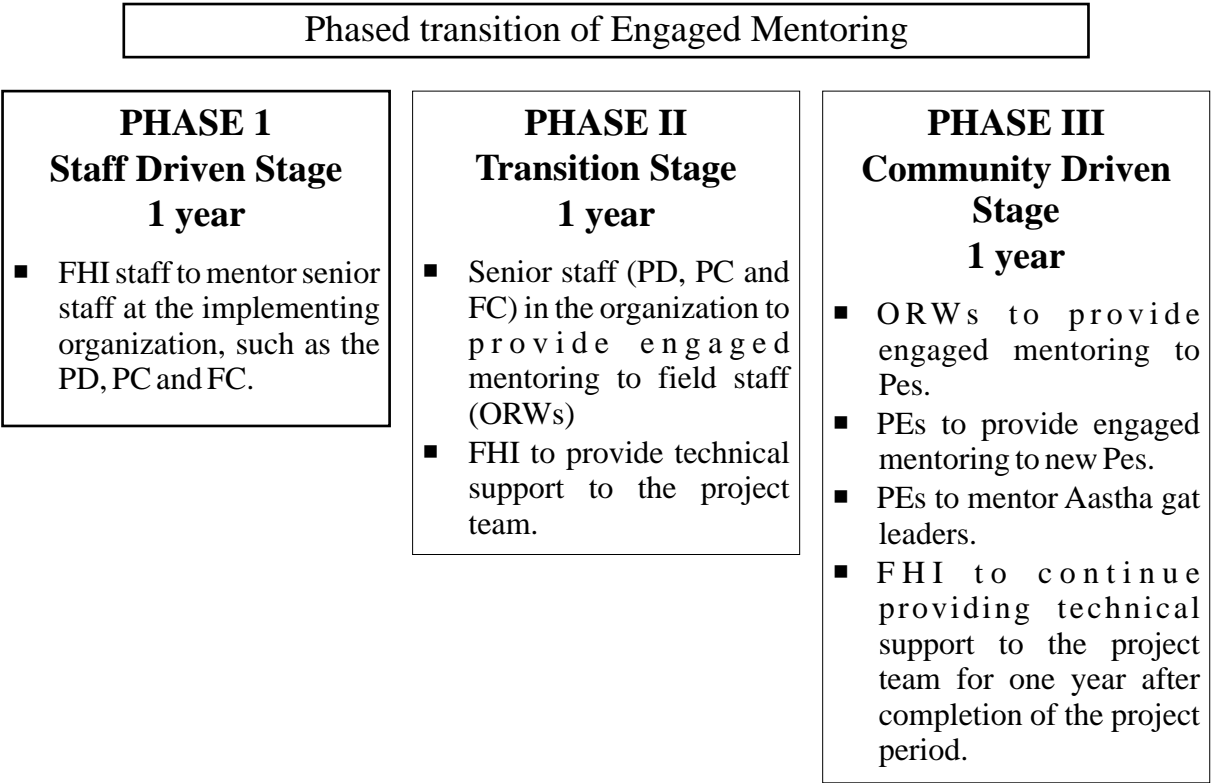### AASTHA IMPLEMENTATION DESIGN
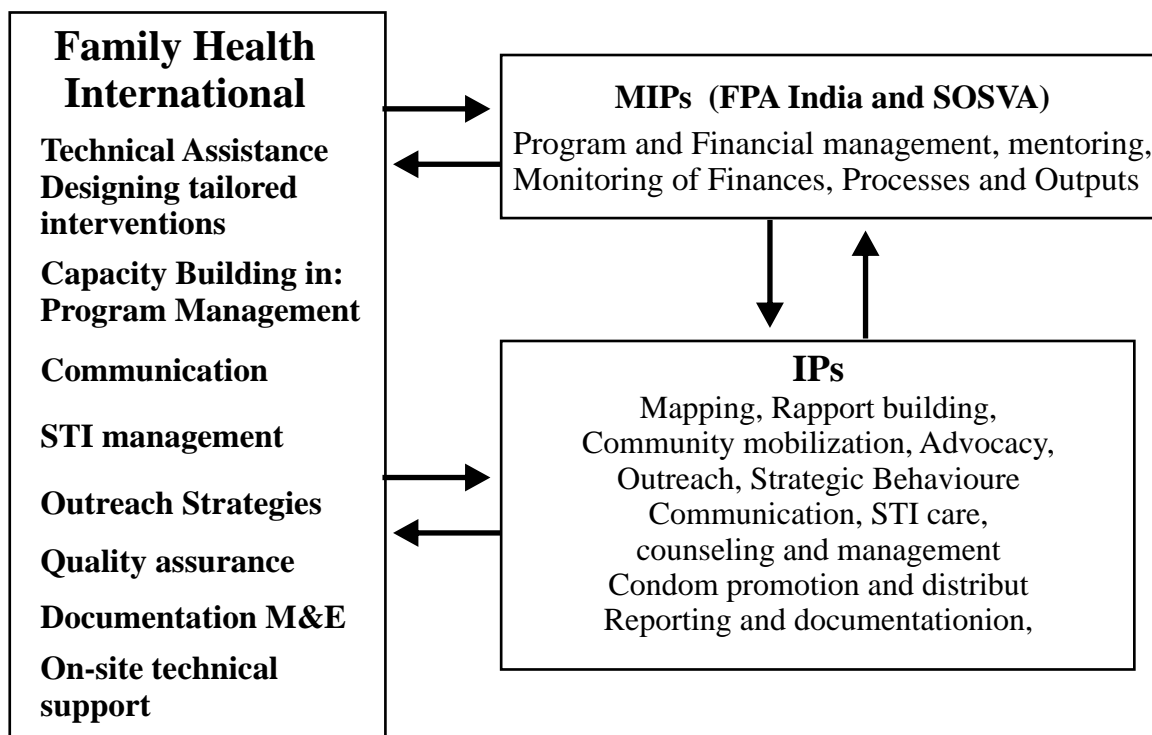
- The Aastha team at FHI to train senior staff at the implementing organization

- The senior staff at the organization to mentor field staff through on site demonstration.

- The Aastha team at FHI to develop a monthly visit schedule to provide technical support through on site support to the senior staff and field staff at the implementing organizations.

- The FHI staff to provide on-site coaching to field staff through demonstrations

- FHI staff to conduct field visits to supervise performance and provide feedback and technical support

- The quality assessment tools are to be used at the time of supervision to assess performance standards.

- The process of engaged mentoring is to be facilitated by training the project team, especially the field staff. The field staff (ORWs) train the PEs.

- In order to mentor the ORWs the process of training the PEs also needs to be demonstrated. The ORWs to then take over the role of engaged mentoring with the PEs.

Quality Assessment Tools

- Once the tools are developed the project staff is to be trained on the use of the tool. This training is to be imparted by demonstrating the administration of the tool. The results are to be analyzed along with the staff.

- The next step is for the staff to administer the tool. The process of mentoring is to be carried out by comparing the previous results at the time of training.

- The process of mentoring is to be continued by reviewing and fine tuning the results and giving feedback.

- The project team needs to strive for highest quality of performance.

- Once the highest quality is achieved the responsibility of mentoring the next level staff is to be taken up. For example, once ORWs achieves high levels of performance she is to train the PEs.

Phased transition of engaged mentoring from being staff driven to being community driven is to be planned for and implemented. The time period and conditions of transfer of ownership is flexible and dependent on the prevailing local conditions and existing level of community ownership in the program.

Phased transition of Engaged Mentoring

PHASE 1 Staff Driven Stage 1 year	PHASE II Transition Stage 1 year	PHASE III Community Driven Stage 1 year
■ FHI staff to mentor senior staff at the implementing organization, such as the PD, PC and FC.	■ Senior staff (PD, PC and FC) in the organization to provide engaged mentoring to field staff (ORWs) ■ FHI to provide technical support to the project team.	■ ORWs to provide engaged mentoring to Pes. ■ PEs to provide engaged mentoring to new Pes. ■ PEs to mentor Aastha gat leaders. ■ FHI to continue providing technical support to the project team for one year after completion of the project period.

6.5 EVALUATION OF A TRAINING

Context

Evaluation is the process of critically examining trainings in terms of immediate and long term learning. Training is a process of imparting knowledge and skills which would result in positive actions and attitudinal change. An evaluation is carried out by observing and analyzing the process as well as the changes at the field level in order to assess if the training has lead to the desired outcomes.

Feedback is essential for people to know how they are progressing, and also, evaluation is crucial to the learner's confidence. People's commitment to learning relies heavily on confidence and a belief that the learning is achievable. Evaluations are designed and managed, and results are presented back to the learners. This is the most important part of the learning and development process.

Aastha works towards sustainability by imparting training to the project staff and MSW in a participatory manner. The aim of the participatory approach is to help the trainees internalize the contents of the training. An evaluation also reviews if the training was participatory in nature and the process of evaluating trainings also needs to be participatory.

Key features

- A participatory process of reviewing the strengths and areas of improvement.

- Enhancing the confidence of the staff through feedback resulting in improved performance.

- Building the capacity of the project team through need based training programs and on-site supportive supervision.

SOP Objectives

- To provide contextual clarity on the strategy for evaluating training programs to ensure capacity building and effective implementation of the project.

- To provide information about essential requirements and detailed processes for evaluating trainings

- This SOP will be complemented by SOPs on Designing of a Training and Direct Trainer Skills.

Pre-requisites for the Evaluation of a Training

- A team to be established to conduct the evaluation.

- A pre and post training evaluation format to be developed, which captures feedback related to the session as well as the facilitator's style of delivery.

- The evaluation form needs to be revised and adapted as per the subject of the training.

- The format needs to be revised to evaluate the knowledge, skills and attitudes of the trainees.

- An external organization or person to evaluate the trainer, methods and material used for the training.

Procedure

- A pre evaluation form is to be filled by the trainees

- The training contents need to be adapted and revised as per the results indicated in the pre evaluation form.

- The post evaluation feedback is to be filled by the trainees.

- The post training evaluations need to focus on assessing the level of knowledge, skills and attitudes that have been imparted during the training.

- Evaluation needs to be a process. It is important to ensure that the learnings of the training reach the field. After two months of the training the trainers need to observe the performance of the trainees in the field. This needs to involve assessment of the Aastha Minimum Package (AMP) scores, Strategic Behavior Communication (SBC) and Quality Assurance Quality Improvement (QAQI) scores achieved by the trainees.

- Improvement in performance is to be evaluated as an outcome of training.

- An evaluation of the training is to be conducted by an external organization or person in order to get objective feedback. This feedback needs to focus on the facilitation skills of the trainer, training material, methodology, time, duration, venue, seating arrangements, food, water supply and toilet facilities. This feedback is to be communicated to the SBC team. The SBC team conveys the feedback to the trainers.

<u>NOTES</u>

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