JEET Initiative

The Journey of Enhancing Targeted Interventions in Uttar Pradesh

FHI 360 Aastha Project

JEET
Joint Endeavor for Enhancing TIs
A joint NACO-BMGF-FHI 360 Aastha-UPSACS Initiative

FOREWORD

Aastha, supported by the Bill and Melinda Gates Foundation (BMGF), is a pioneering project implemented by FHI 360, focusing on STI and HIV prevention among male, female and transgender high-risk groups (HRGs) in Mumbai and Thane, Maharashtra and has been recognized for its community engagement approach and superior quality intervention at the strategic as well as at the grass roots level. The best practices and innovations of Aastha have also been included in the National Guidelines for Targeted Interventions. The key partnerships with UPSACS, TSU and the Learning Sites (Targeted Interventions) on the ground form the crucial foundation based on which the Joint Endeavor for Enhancing TIs (JEET Initiative) has been built.

The JEET Initiative focused on providing technical expertise and assistance to strengthen the Uttar Pradesh HIV prevention response with High Risk Groups. A 14 month initiative, based on a request from the Department of AIDS Control and BMGF, JEET initiative aimed to replicate the innovations from the model Aastha Project intervention in Mumbai and Thane districts, Maharashtra and further enhance capacities of existing UPSACS Targeted Interventions. This milestone initiative marked a paradigm shift in the way in which TI activities were conducted and has sowed the seeds of change in development of an enthused, energized and trained cadre of staff including Peer educators.

This document captures the processes involved in the conceptualization and implementation of the approaches and strategies involved in the initiative. This includes a detailed look into the development of the learning sites as well as the value additions introduced to the existing interventions.

This document can be used by organizations working with HRGs to ceaselessly reach beyond their standards and find new avenues to achieve their targets.

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ACKNOWLEDGEMENTS

CONTENTS

LIST OF TERMS

ANC	Ante –natal Care
ART	Antiretroviral Therapy
BCC	Behavior Change Communication
BMGF	The Bill and Melinda Gates Foundation
CBO	Community Based Groups
DAC	Department of AIDS Control
FSW	Female Sex Workers
JEET	Joint Endeavour for Enhancing Targeted Interventions
HIV	Human Immunodeficiency Virus
HRG	High-risk groups
IDU	Intravenous Drug Users
LS	Learning Site
MSM	Men-who-have-sex-with-men
NGO	Non-Government Organization
ORW	Outreach Worker
PE	Peer Educators
PLHIV	Persons living with HIV/AIDS
SBC	Strategic Behavioral Communication
STI	Sexually Transmitted Disease
TA	Technical Assistance
TI	Targeted Intervention
TSU	Technical Support Unit
UPSACS	Uttar Pradesh State AIDS Control Society

Chapter 1: Introduction

Background

Population mobility and migration for work to regions with high HIV prevalence, along with sex work, drives the HIV epidemic in the northern states of India. Though the epidemic is at a low level in most of the northern states, a few states including Uttar Pradesh, Bihar, Rajasthan, Madhya Pradesh, Odisha and Jharkhand are witnessing a marginal rise in the HIV prevalence over the last few years.

After consolidating the success achieved in curbing the epidemic in the southern and north-eastern states of India through the extensive support of the Bill and Melinda Gates Foundation (BMGF), through its state lead partner FHI 360 and the Department of AIDS Control(DAC, formerly known as NACO) emphasized the need to improve the quality of intervention among the most-at-risk populations (MARPs) in the northern states. DAC requested BMGF to extend support to the six northern states of Uttar Pradesh, Bihar, Rajasthan, Madhya Pradesh, Odisha and Jharkhand, through its state lead partners. This initiative was termed as "Support to North Initiative" (S2N).

Based on a request from DAC and BMGF, the FHI 360 Aastha project proposed to engage with Uttar Pradesh State AIDS Control Society (UPSACS) and provide technical assistance (TA) for the scaling-up of effective implementation of HIV prevention programs with High-Risk Groups (HRGs) for 14 months, starting from January 2013.

The FHI 360 Aastha project (2004-2014) is a pioneering project working towards HIV/STI prevention of male, female and transgender sex workers in Mumbai and Thane since 2004. The project had developed innovative strategies, customized service delivery and holistically integrated prevention of HIV with care and support for the MARPs and effectively reduced the HIV prevalence among MARPs in Mumbai and Thane.

The aim of this FHI 360 Aastha engagement with UPSACS was 'to focus on building the capacity of the Targeted Interventions (TIs) outreach teams and staff of the select TIs to implement scaled-up HIV prevention programs with HRGs with quality and enable them to function as learning hubs for similar interventions in their vicinity'.

The objectives of this initiative were:

- To provide TA to UPSACS to develop nine learning sites (LS) in the state

- To provide TA to UPSACS to develop plans to facilitate the transfer of learning from these LS to the linked TIs

- To capacitate Non-TI NGOs to successfully and systematically learn about TIs and be able to apply to UPSACS for grants

Situational analysis: Uttar Pradesh (UP)

Uttar Pradesh is the fifth largest state in the Union of India and the most populous state in the country, with a population of 199,581,477 as per Census 2011. The first case of HIV infection was identified in UP in 1987. The state has a 0.09% HIV prevalence with an estimated 1,09,352 persons living with HIV/AIDS (PLHIVs) (DAC Factsheet 2011). Ante-natal care (ANC) HIV prevalence in the general population is 0.18% and prevalence among female sex-workers (FSWs) is 0.86%, intravenous drug users (IDUs) is 0.50%, men-who-have-sex-with-men (MSM) is 1.40% and among

JEET: A 14 month initiative (Jan 2013-Feb 2014) under the Aastha II grant supported by the Bill and Melinda Gates Foundation

Implemented in collaboration with Uttar Pradesh State AIDS Control Society (UPSACS) and its Technical Support Unit

JEET focuses on building the capacity of UPSACS, its TSU and their TI NGOs towards enhanced quality of HIV prevention interventions with Key Populations.

the attendees of sexually transmitted infection (STI) clinics is 4.17%. The route of transmission is largely through heterosexual encounters (81.19%).

Government Response

UPSACS is implementing 96 TIs among core populations (FSWs, MSM & Transgender) in the state through a network of non-government organizations (NGOs)/community based groups (CBOs). The predominant typology of sex workers is home-based female sex workers and majority of the interventions provide services to a composite group of MARPs; that is female sex workers (FSWs), men having sex with men (MSMs) and Intravenous drug users (IDUs).

Core groups	No of TIs	Mapping estimate	Coverage	Percentage Coverage
FSWs	11	22,414	20,450	91%
MSM	5	10,922	9,550	87.5%
IDUs	16	13,946	11,150	80%
Composite	47			
Total	79	47,282	41,150	87%
Truckers	8	105,000		
Transit Interventions	12 Districts		Railway Stations & Bus stand	

Table 1:Size Estimation of HRGs in UP and coverage by TIs

As per UPSACS assessment and priorities, the A' category districts include Mau, Deoria, Banda, Etawah and Allahabad and additional priority districts are Varanasi, Gorakhpur, Kushinagar, Maharajganj, Agra, Kanpur, Gautambudh Nagar, Ghaziabad, Rai-Bareilly and Azamgarh.

Figure 1: High Priority District in Uttar Pradesh

High Priority Districts in Uttar Pradesh

■ 'A' Category District
■ 'Priority District
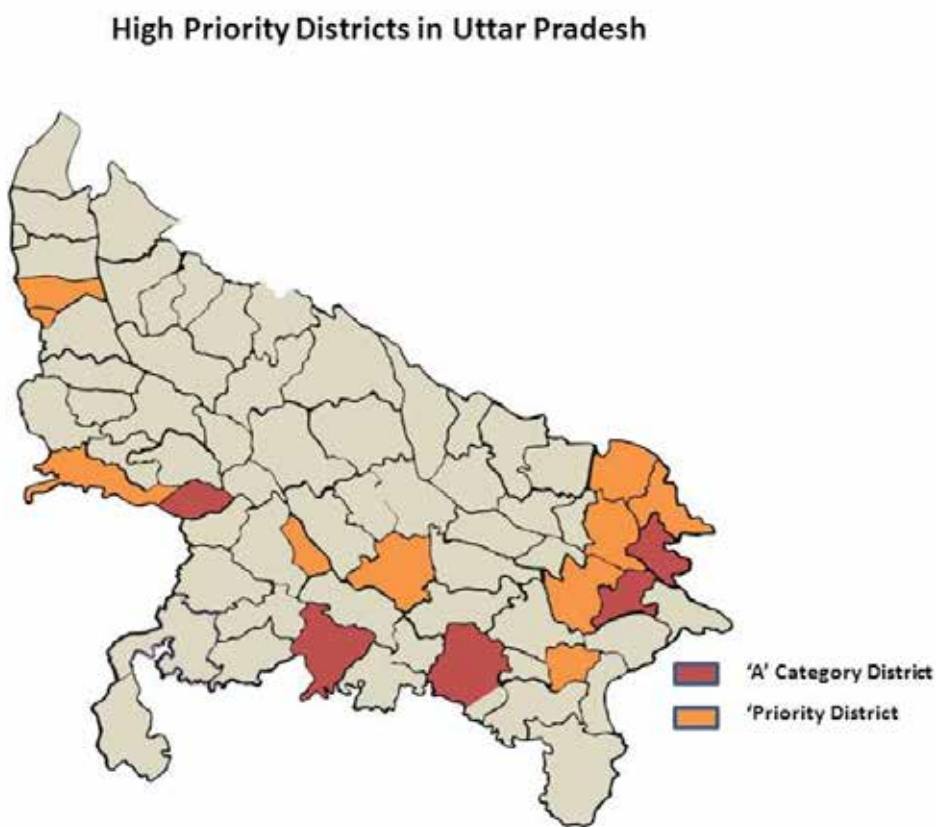
Working in Collaboration with UPSACS and TSU

UPSACS is supported by a Technical Support Unit (TSU) through the Futures group, wherein the TSU staff mentor the TIs to become effective interventions. TIs are further divided within nine zones and each zone is mentored by one Program Officer. Each zone has approximately 10 TIs each, based on their geographical proximity.

FHI 360 Aastha worked in close collaboration with the TSU in order to understand the existing strengths of the TIs and to identify areas requiring further enhancement. This model of developing learning sites through active involvement and equal partnership with TSU ensures the sustainability of the initiative. FHI 360 focused not only on building the capacity of the NGO staff but also on honing of skills and enhancement of knowledge of the SACS/TSU officials.

Approach

FHI 360 provided TA to UPSACS and TSU for scaled-up and improved HIV prevention programming, by developing nine learning sites among FSW and MSM TIs and capacitating Non-TI NGOS to take up the implementation of TIs. FHI 360 developed the learning sites through direct on-site technical support and through mentoring support to the TSU. A clear strategy focusing on specific value additions to the existing program was designed and implemented. Similarly, a strategy to build the capacity of Non TI NGOs was developed.

The approach used for rolling out the JEET initiative, rested on the foundation of a strong collaboration with UPSACS and TSU. The mainstay of the approach was:

• Joint Selection of Learning Sites

• Participatory development of the engagement plan

• Branding

• Initial Site Assessment Visits

• Exposure Visit of UPSACS, TSU and TI staff to Aastha Global learning Sites at Mumbai and Thane

• Capacity Building Activities

Figure 2: JEET Approach
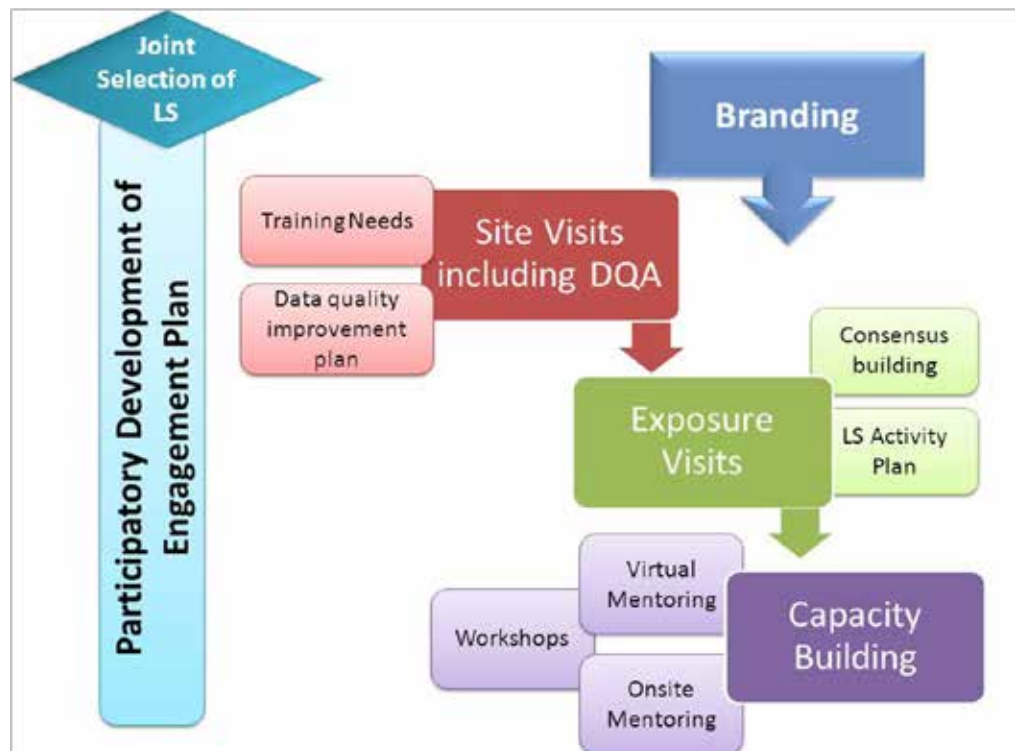
Selection of Learning Sites

The selection of learning sites was based on the following criteria:

• Performance based on dashboard indicators for the last two years

• Program Officer Assessment for the last four quarters

- Geographical Distribution/Location
- Organizational Capacity of the NGO
- Willingness of the NGO to function as a Learning Hub

Based on these criteria, the following TIs were jointly identified to be developed as learning sites.

Table 2: Selected Learning Sites with districts, typology and coverage

Name of the NGO	District	Type of TI	Population
Tharu Janjati Manila VikasSamiti	Bahriach	Core Composite	500
CREATE	Lucknow	Exclusive FSW	600
Purvanchal Sewa Sansthan	Deoria	Core Composite	350+300
Bal Vani Evam NirbalSewa Nari Kala kendra Samiti	MAU	Core Composite	250
Grameen Vikas Sansthan	Meerut	Exclusive FSW	41,150
Progressive Agency to Humanity	Azamgarh	Core Composite	300+300
Raza Husain Memorial Charitable Society	Kanpur	Core Composite	500+350
ChetanaSeva Sanstha	Rampur	Core Composite	250+100
Jan Chetna Sewa Samiti	Agra	Core Composite	700+300

Figure 3: Geographical Location of Learning Sites and Linked TIs
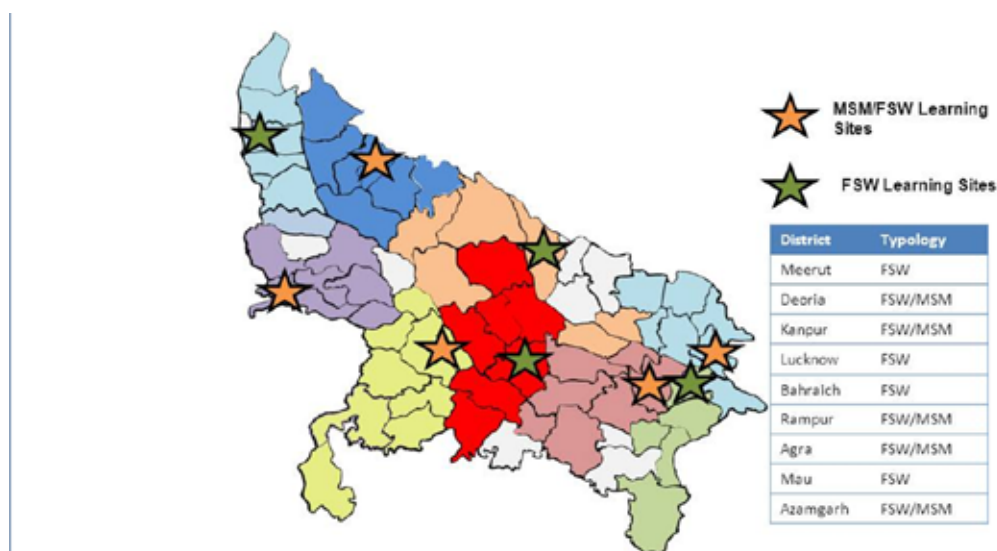
TI clusters around the LS have been jointly identified and demonstration visit to LS are planned by UPSACS/TSU as a part of regular training for TI staff.

Participatory development of the engagement plan

Uttar Pradesh has a combination of committed UPSACS officials supported by a strong TSU. The team was already effectively mentoring the TIs. The FHI 360 Aastha approach was to build upon the existing strengths and bridge the identified gaps through the participatory development of an engagement plan with UPSACS and TSU.

Branding

This initiative was unique due to the number of partners/stakeholders involved. Working together with diverse partners was a challenge which could only be addressed by joint ownership by all the stakeholders. Branding was introduced right at the commencement of the initiative, so as to build ownership among all the stakeholders including learning site NGOs and the community.

The FHI 360 Aastha engagement with UPSACS (South to North Initiative) was branded as

"JEET- Joint Endeavour for Enhancing TIs"

A Joint NACO- BMGF- FHI 360 Aastha - UPSACS Initiative

The branding strategy was further scaled-up by using custom designed JEET folders, JEET CD covers, JEET Mugs, JEET Key rings and use of the JEET logo on all communication material and certificates.

Site Assessment Visits

The initial site-visits included a joint assessment of the intervention and focused on:

- Existing strengths of the intervention
- Identifying gaps and training needs
- Data quality audit

At the end of this visit, a comprehensive customized plan, including the data quality improvement plan, was drawn for each learning site.

Exposure Visit to Aastha Global Learning Sites

An exposure visit was planned with an aim for consensus building. This visit aimed to provide UPSACS, TSU and LS NGO staff an opportunity to learn about the Aastha interventions, strengthen the TIs and encourage the customization of approaches to enhance the reach of the services. The methodology used was a specially designed five- day plan, which comprised of daily half-day interactive sessions followed by field visits to Aastha interventions.

The objectives of the visit were:

- To strengthen the knowledge and enhance the capacity of the SACS/TSU/TI NGOs for scaling-up effective implementation of HIV prevention programs with HRGs and development of learning sites.

- To strengthen the capacity of the SACS/TSU/TI NGOs to set up quality assurance and quality improvement systems.
- To identify strategies for replication at UPSACS

A learning site development activity plan was designed at the end of the visit through a participatory approach.

Capacity Building Activities

Capacity building activities were tailor-made to enhance project service delivery at the learning sites. They included workshops, on site mentoring and virtual mentoring. Capacity building activities were developed to address the identified needs of each cadre of LS staff and the officials from TSU/SACS. These organized activities were followed by onsite, virtualmentoring andrefresher workshops.

Figure 4: Type of Capacity building for various levels of staff
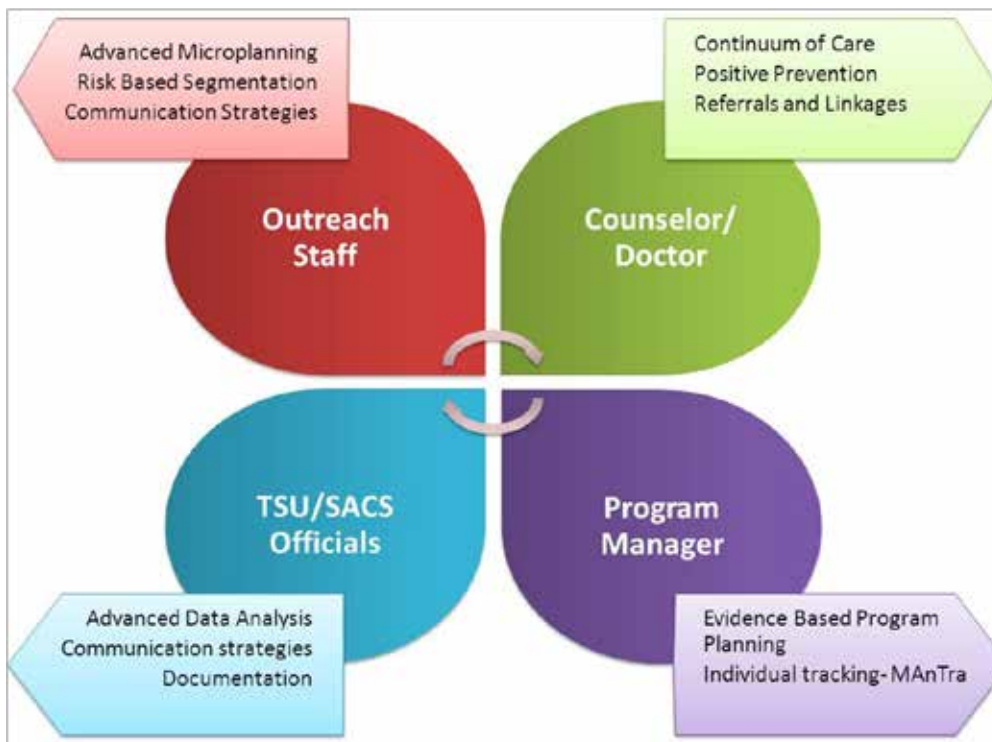
Innovative approaches,which included a Community to Community learning visit and PE "Pratispardha" were introduced to address the training needs of the staff and PEs of the learning sites.
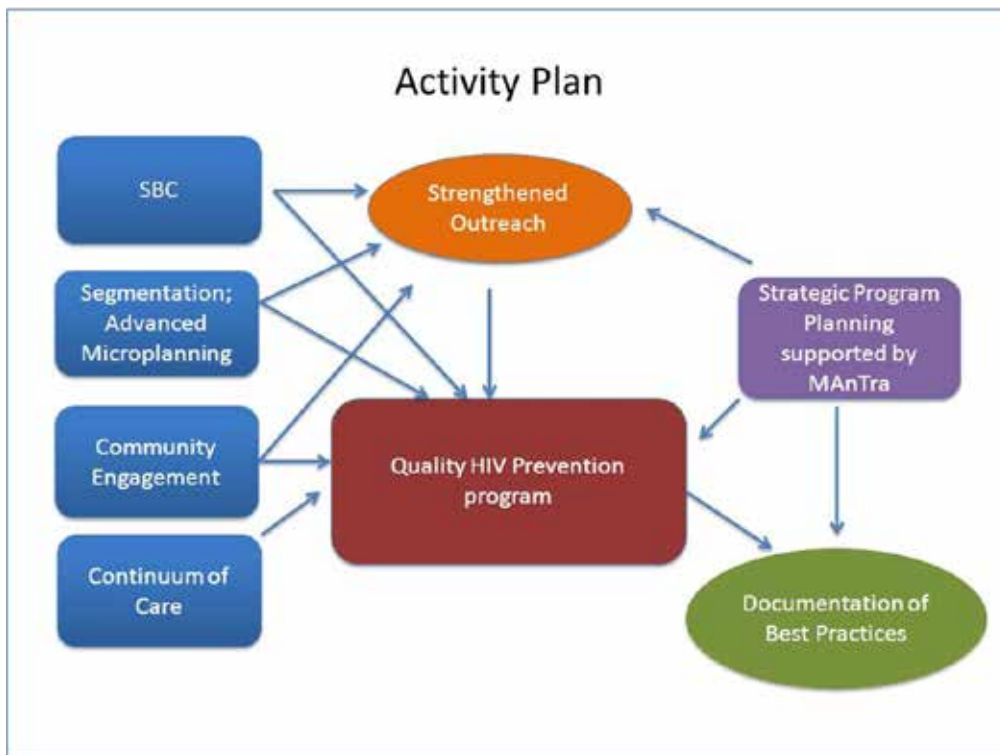

Capacity Building Activities

Chapter 3: Developing Learning Sites

**Figure 5: Activity Plan with learning Sites**

Peer Educators (PE) as Site Managers

The transient and dispersed nature of how HRGs live and work has always posed major challenges to outreach services in HIV/STI prevention intervention. PEsare knowledgeable "insiders", and their involvement enhances trust and communication. Hence, PE strengthening is an effective way of reaching within the communities and effecting a change in norms.

As site manager, the PE is responsible for service delivery, management and monitoring of services of his/her site. Each PE was therefore capacitated to track the risk profile of each HRGs within her/his site and customize services as per the need. This ensured an effective, strengthened and sustainable service delivery.

Each PE was also capacitated as a site manager to be in charge of service delivery, management and monitoring of services in his/her site. S/he was able to provide and present the site level service delivery strategy, track changes in the risk profiles and plan the service uptake in that site. This led to strengthened service delivery.

Figure 6: Components that make PEs site managers towards scaled services
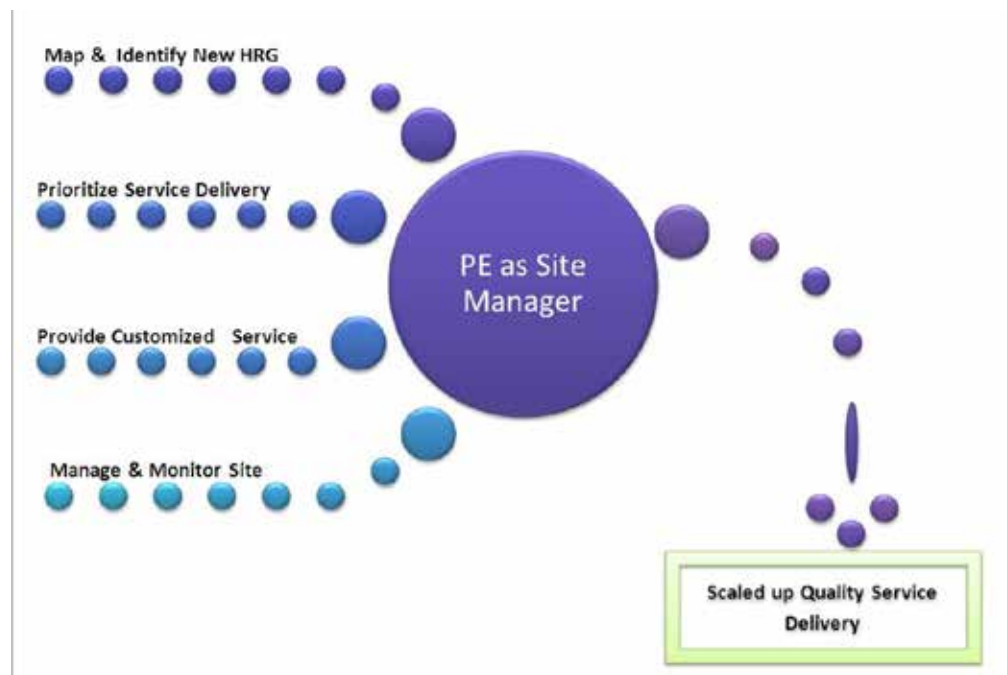
Advanced Micro-planning supported by Risk Based Segmentation

For any TI, it is necessary to not only register all HRGs in the project but also individually track the uptake of essential services by every HRG. In Aastha, microplanning, as a planning and monitoring tool, has enabled the outreach team to register every HRG and plan, reach out and track the movement, uptake and coverage of services.

Figure 7: Segments of HRGs tracked by PE while using the Microplan
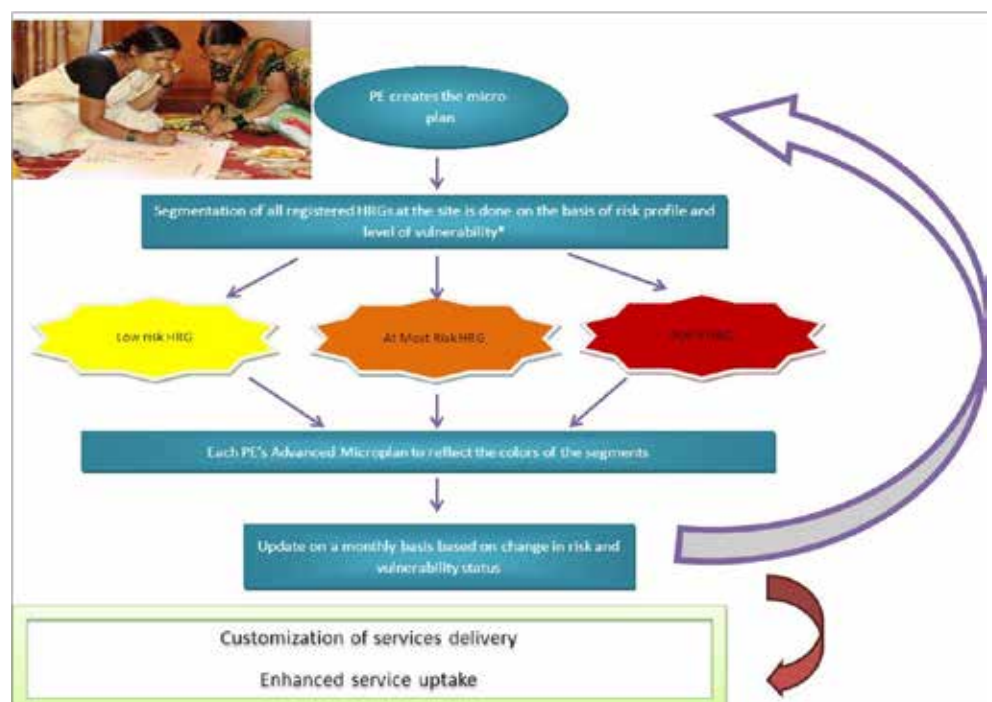
Also since each HRG has a different level of HIV transmission risk, **segmentation** based on the risk and vulnerability profile is imperative to customize and prioritize service delivery packages.

The outreach team was therefore capacitated to segment the HRGs and trained in the use of **advanced microplanning;** an approach that used a field level visual monitoring tool which showed the changing profile of HRGs, movement of HRGs and enabled the outreach team to categorize and plan service delivery accordingly. This led to customization of service delivery and enhanced service uptake.

Communication hooks, interactive Strategic Behavioral Communication (SBC) materials and enhanced IPC

The outreach team was capacitated in the use of relevant and 'attention-grabbing' communication hooks and materials to capture the imagination of HRGs and increase retention of messages. The SBC material was interactive in nature, promoting dialogue. Segmentation of target audience, based on risk and vulnerability levels, sharpens the focus and consequently maximizes communication impact. The team was trained to conduct need based, interactive communication sessions which were based on the segmentation of HRGs. This increased and sustained the demand for project services.
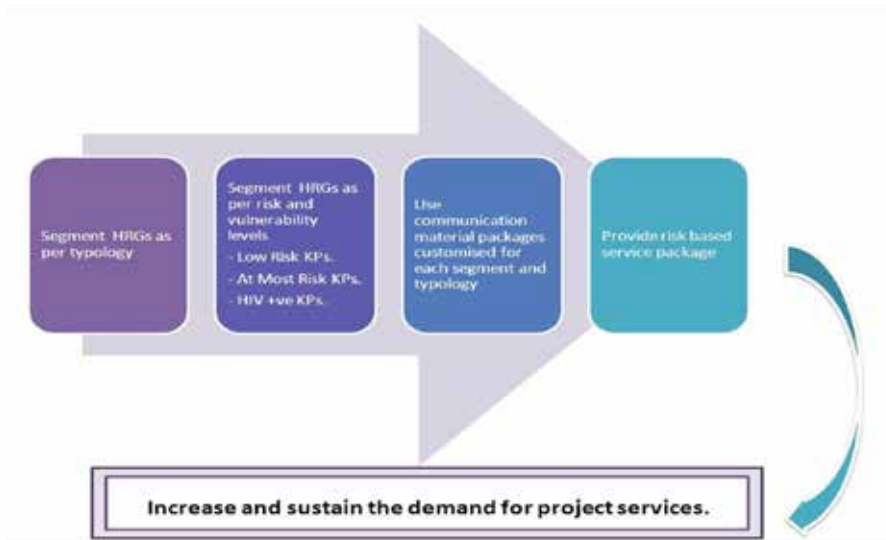

Money as a hook with HRGs   **Building community togetherness**

**Figure 8: Use of Communication materials corresponding to the risk segments**

Continuum-of-Care Package

Sex workers being a highly vulnerable and marginalized community, are highly susceptible to acquiring STIs, including HIV. A core intervention strategy to effectively prevent and reduce HIV transmission is to increase the uptake of HIV screening at regular intervals among HRGs and link HIV infected HRGs to the nearest government Antiretroviral Therapy (ART) centers. Owing to the stigma associated with their profession, the HRGs were hesitant to access the health services.

A strong referral service, dedicated staff, psycho-social support from community, other PLHIVs and treatment buddies are essential components for care of PLHIV HRGs. A Continuum-of-Care package of services for PLHIVs was anchored by the project counselor. It included providing services to PLHIV HRGs as per their needs, through strong referral mechanisms. The referral staff assisted the PLHIV in determining medical, nutritional and social needs and how best to meet them. FHI 360 Aastha developed a tool to facilitate the process (Annexure 3).

**Figure 9: Components of Care and Treatment for HRGs**
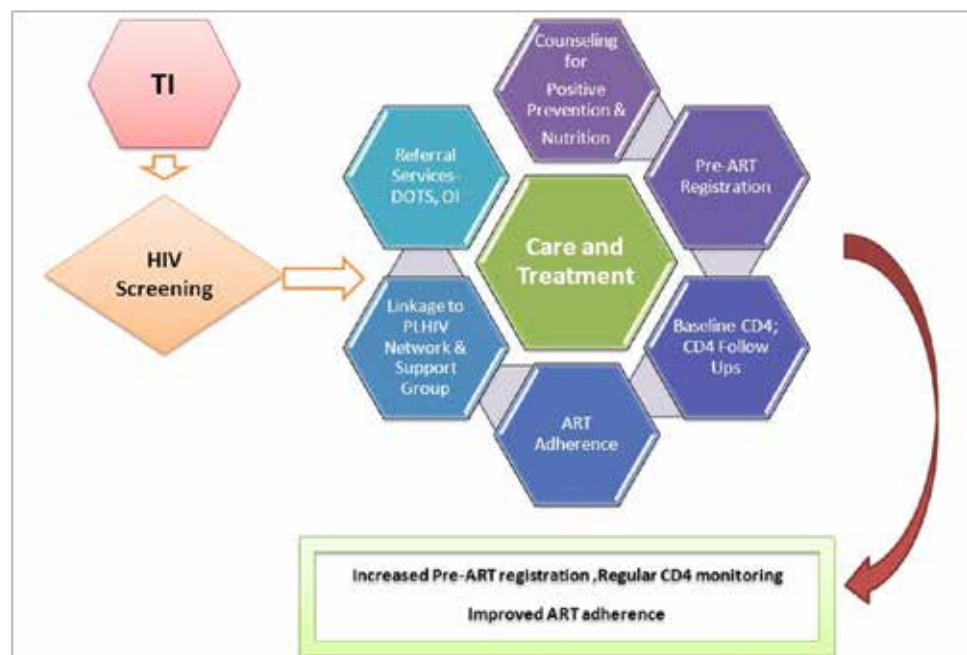
Strategic Evidence-Based Program Planning

A robust data management system supported by effective monitoring and evaluation is essential to provide strategic direction to a TI NGO in order to ensure goal oriented progress.FHI 360 Aastha developed customized tools to empower the program manager to identify program gaps and develop evidence based program plans on a regular basis. Two such tools, MAnTra and a monthly program monitoring and planning tool were introduced at these learning sites (Annexure 4).

As a strategy, being able to track the services provided to each HRG, collect/collate the data and interpret the same facilitates customization of services to HRGs based on their risk and vulnerabilities. MAnTra, a tool developed by FHI 360 to monitor, analyze and track services provided to each individual HRG was used to identify program gaps at the outreach worker (ORW)/PE/site level. The program managers

were capacitated to analyze and interpret the program data and develop evidence based plans for each cadre of staff leading to effective program steering.
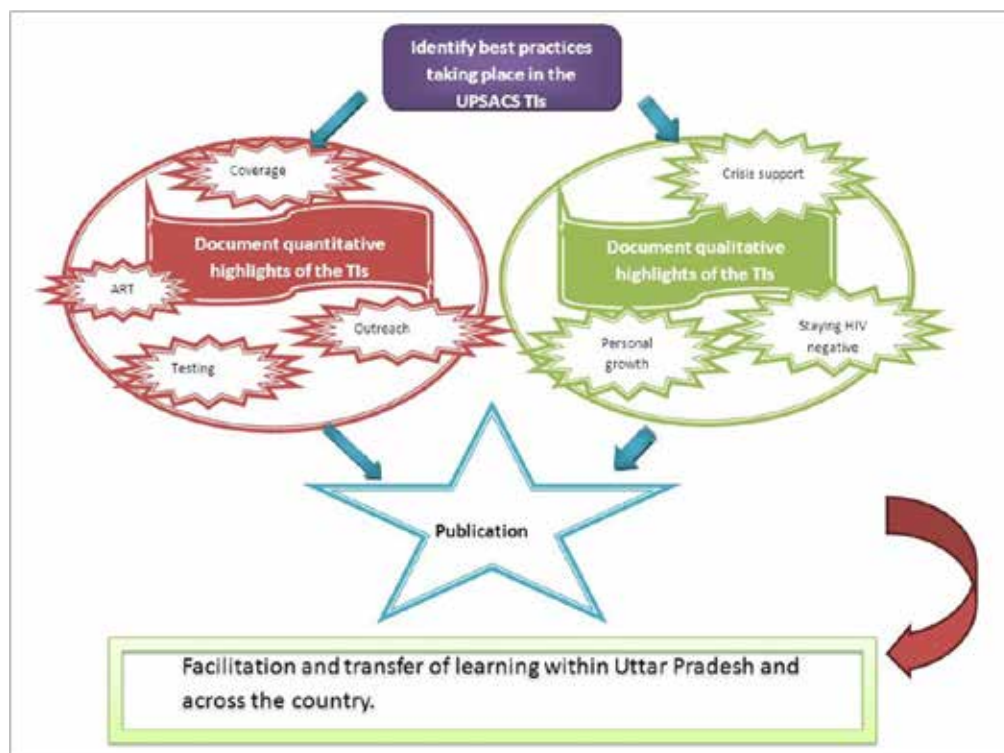
Figure 10: Use of MAnTra for program planning
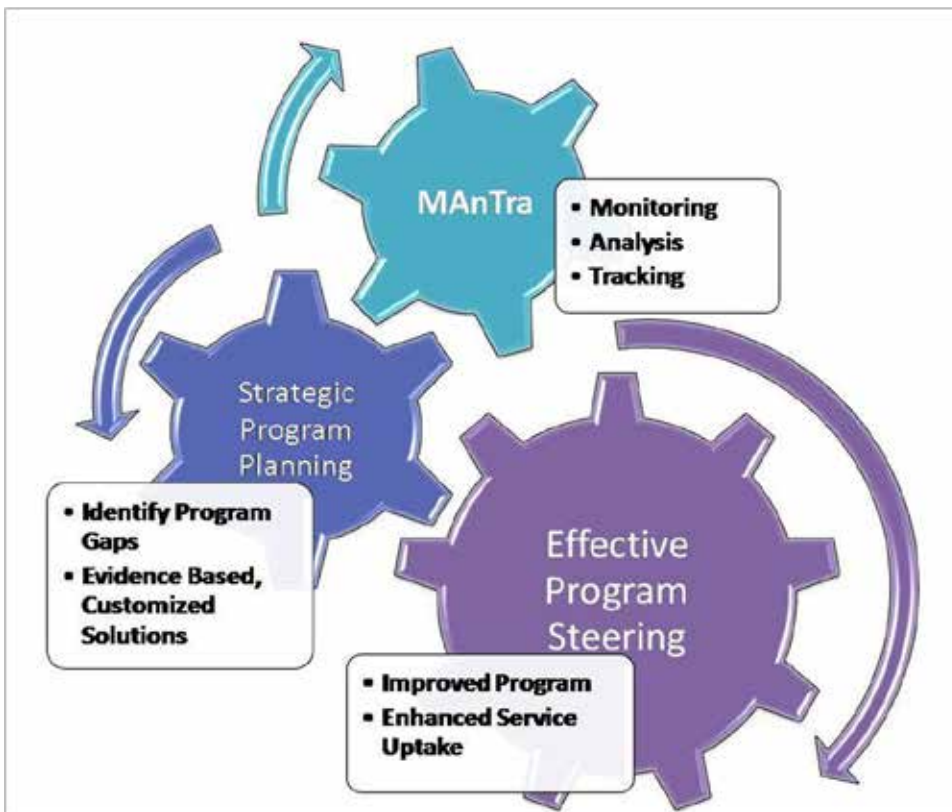
Documentation

UPSACS and TSU staff was supported to identify, document and disseminate State level Best Practices and case studies for HIV prevention interventions with HRGs.

Figure 11: Process of documentation of best practices in JEET

### Capacitating Non TI NGOs to learn about TIs

With the evolving strategies in TIs and the need to scale-up the coverage among HRGs, UPSACS needed to identify and empanel a higher number of NGOs continuously who could implement a TI program. Uttar Pradesh has approximately 9,163 NGOs registered with the government; however these NGOs are unaware of the National AIDS Control Program, especially the targeted interventions. Also, their knowledge about the process of empanelment and basic requirements for applying to UPSACS for a TI was low.

The process followed for identifying and capacitating Non-TI NGOs was:

- Desk review to identify potential NGO partners to capacitate to take up TI interventions with UPSACS

- Workshop with non-TI NGOs on basics of HIV, organizational development and system strengthening to develop their ability to take up TIs.

- Virtual Mentoring of NGOs to prepare for applying to UPSACS

Figure 12: Capacitating Non TI NGOs on NACP and TI Guidelines
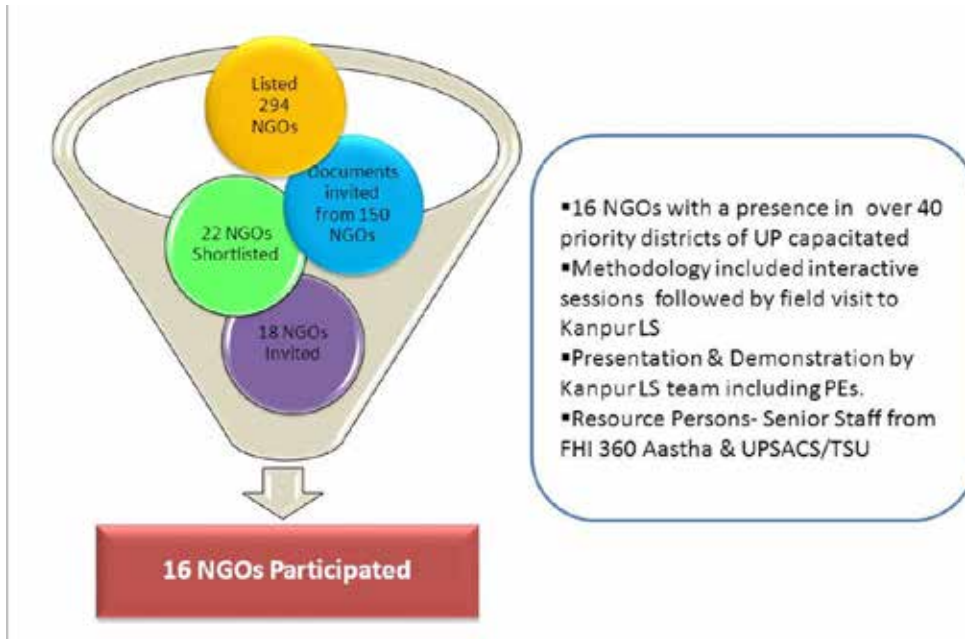
Indicators

Structured indicators were used to calculate progress at the learning sites. In addition to the regular indicators, few quality indicators such as measuring the provision of complete HIV prevention package to the HRGs and successive asymptomatic clinic visits were developed and introduced at the LS and they were mentored to monitor the quality of services based on these indicators.

Figure 13: Dashboard Indicators for assessing the progress of LS

PE Pratispardha

The PE Competition, branded as "PE Pratispardha" was a unique initiative to enhance the skills of the PE wherein, the PEs and the LS program managers worked together to hone the newly taught skills, especially presentation and public speaking skills which were of utmost important for their interaction with the community and allied members/organizations. It also enabled the state to identify a group of master trainers to facilitate transfer of learning's to other interventions and ensure sustainability. The prime objectives were:

- To facilitate and motivate the peer educators to be "Site Managers" (prepare their site micro plans, interpret the site data, provide HIV preventive services based on the risk profiles of the HRGs and present their site planning).
- To facilitate the correct use and complete condom demonstrations during the Behavior Change Communication (BCC) sessions
- To facilitate the use of interactive BCC material based on the risk profiles of the HRGs
- To prepare a cadre of master trainers among the outreach staff to facilitate the transfer of learning's to other targeted interventions in the state.
- To recognize and felicitate the "Best PEs" for their active contribution to the HIV prevention services in their areas.

The PE Pratispardha was conducted at two different levels, which included the LS level and the state level. The contestants were judged on the three core skills:

Best PE Award

- PEs as Site Managers- the ability to map their sites, segment their HRGs, describe the risk based service packages and present their site micro plan.
- Condom Demonstration – Correct Condom Demonstration (manual, oral and blindfolded)
- Use of interactive BCC Material- ability to effectively use the interactive BCC material (Gift Box/ Litmus Paper/Cream Bottle) based on the risk profile of the HRG.

Community to Community Learning Visit

The objective of the Aastha community member's engagement with LS community members was to facilitate the community to community transfer of learning based on the sharing of the field level experiences to effect the desirable change.

Figure 14: Community-to-Community (C2C) Learning Concept

Focus Areas

- Effective use of BCC material in the field for demand generation
- Micro-planning supported by Risk Based Segmentation
- Community involvement in program planning, implementation
- Continuum of Care to PLHIV HRGs
- Crisis response
- Aastha Parivaar and CBO Formation

Community to Community Engagement

Outcomes

- Enabling HRGs to assess their self-risk and take steps to reduce their risk.
- Use of SBC material based on need assessment and risk profiles
- Strategies to bring HRGs together regularly into formal/informal groups to discuss and address the issues that affect them such as issues with stakeholders, microcredit, local issues.
- Developing a community led crisis response system
- Advocacy and networking with Police to reduce violence and harassment. Strengthening relations with police and techniques of rapport building
- Formation of committees like Task Force and Clinic Advisory Committee for better involvement of HRGs

While the impact of the initiative was substantial, there were several challenges at multiple levels.

The prime task was to deliver tangible outputs within a short period of 14 months. This was especially challenging, as these were organizations and individuals who had been working in the sector for over four years and had substantial experience with strong systems in place. FHI 360 Aastha project, strongly believed in nurturing the partnership through value based additions and working in collaboration to further enhance the existing system.

Throughout the project period, a churn of trained workers was witnessed, especially PEs leading to ever increasing and continuous capacity building needs. In addition to onsite mentoring by UPSACS TSU and FHI 360 Aastha senior staff, the master trainers at the LS level addressed this challenge and onsite training was organized at the site level. Formal training in the form of refresher training programs were also organized wherein the entire team had an opportunity to fine tune their existing skills.

Stock outs and intermittent supply of the HIV Test Kits/ Syphilis Test Kits/ STI Kits also hampered the clinical uptake. UPSACS team intervened and streamlined the supply chain management.

This transfer of learning from LS to linked TIs was addressed by efficient mediation by the UPSACS/Program Officers TSU who encouraged the NGOs to fund the visits for their staff to these learning sites. The Learning site NGOs also volunteered to host the visiting team.

Chapter 6: Accomplishments
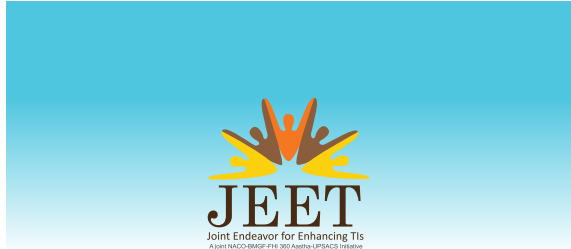
A key accomplishment of this initiative was the comprehensive, customized knowledge and skill enhancement of the human resource related to these interventions, with specific focus on the development of peer educators as site managers. Outreach workers and program managers have become skilled in evidence based program planning to facilitate enhanced program delivery. TSU staff skills have been enhanced through regular capacity building and mentoring.

The learning sites have become learning hubs to the neighboring targeted interventions. In addition, a pool of NGOs was identified and capacitated on HIV prevention guidelines to equip them to take up TIs with UPSACS in the future. This endeavor resulted in increased outreach and clinical services uptake amongst HRGs.

Key Outcomes

Within the short span of 12 months (January- December 2013) JEET has achieved the following:

- HRGs receiving the complete HIV prevention package rose from **8 percent to 60 percent.**
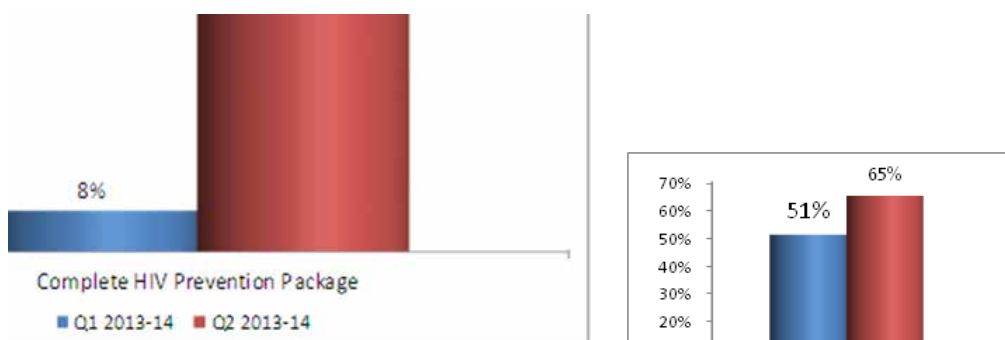
- Voluntary HIV testing among HRGs increased from **73 percent to 83 percent**

- Syphilis screening increased from **40 percent to 65 percent**

- Internal examinations, during regular medical checkup, increased from **1 percent to 20 percent**

Impact

This initiative has sowed the seeds of change in UP through the development of an enthused, energized and trained cadre of staff and peer trainers. Belief has set in that systemic change is the way forward.

The following FHI 360 Aastha project value additions were incorporated at UPSACS TI NGOs :

- Advanced Micro-planning supported by risk based segmentation implemented by all LS.

- Aastha SBC material is replicated and in use at all LS as well as in numerous other Non LS TIs.

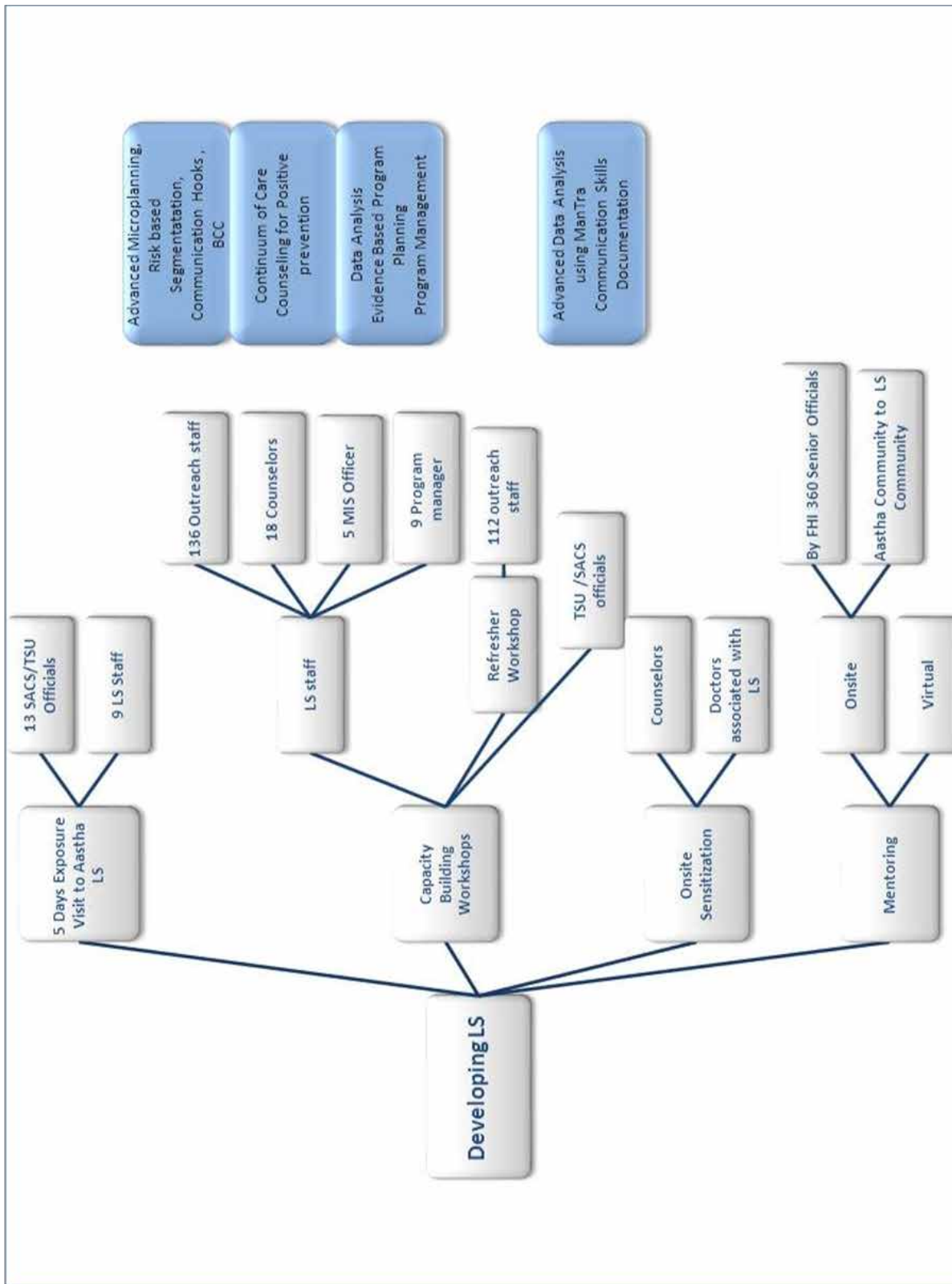**SBC Material Replicated at UPSACS NGOs**

- Tracking of PLHIVs for continuum-of-care initiated across all LS and will be gradually scaled up across the state.
- Evidence based program planning initiated at all 9 LS.

This initiative through its strategic approach, focuses on innovative value additions with strengthened partnerships forming a key pillar, has high replicability in any setting.

Annexures

Annexure 1: Activities for Developing Learning Sites

Annexure 2: Risk Based Segmentation

वर्ग	परिभाषा	बी.सी.सी. सामग्री	सेवा पैकेज
निम्न (न्यूनतम) जोखिम	• पिछले 6 माह से कोई एस.टी.आई. लक्षण नहीं • अपने नियमित साथी एवं सभी ग्राहकों के साथ कण्डोम का प्रयोग • प्रत्येक 6 माह पर एच.आई.वी./सिफिलिस की जांच (पिछले 12 माह में कम से कम 2 बार) • प्रत्येक 3 माह पर एस.टी.आई. जांच (पिछले 12 माह में कम से कम 4 बार)	• कलर्ड स्लीप • मेकअप किट • मैच व घोटेक्शन	• एस.टी.आई. के लिए तीनमाह में कम से कम एक बार जांच • तीनमाह में कम से कम एक बार एस.टी.आई. का परामर्श • तीनमाह में कम से कम एक बार व्यवहार परिवर्तन हेतु एस.बी.सी.सी. सत्र • छह माह में कम से कम एक बार किसी चॉट स्पॉट मीटिंग में भागीदारी • एच.आर.जी. की मांग के अनुसार हर 15 दिन में कण्डोम का वितरण • हर 6 माह में सिफिलिस/एच.आई.वी. की जांच
मध्यम जोखिम	• किसी प्रकार का नशा न करना और एक स्वस्थ जीवन शैली • ग्राहकों को जांच एवम केंद्रों इस्तेमाल के लिए प्रेरित करती है • पिछले 3 माह से कोई एस.टी.आई. लक्षण नहीं • नियमित रूप से एस.टी. आई जांच (पिछले 6 माह में कम से कम 2 बार) • सभी ग्राहकों के साथ नियमित कण्डोम का प्रयोग • कभी-कभी नियमित साथी के साथ कण्डोम का प्रयोग नहीं	• निमेट बॉक्स • लिटमस टेस्ट • फेस मास्क • हेंड हुक • हेड्स ऑफ च्वायस • ज्वाइनिंग रेट रिस्क	• एस.टी.आई. के लिए तीनमाह में कम से कम एक बार जांच • तीनमाह में कम से कम एक बार एस.टी.आई. का परामर्श • माह में कम से कम एक बार व्यवहार परिवर्तन हेतु एस.बी.सी.सी. सत्र • तीनमाह में कम से कम एक बार किसी चॉट स्पॉट मीटिंग में भागीदारी • एच.आर.जी. की मांग के अनुसार हर सप्ताह कण्डोम का वितरण • हर 6 माह में सिफिलिस/एच.आई.वी. की जांच
उच्च जोखिम	• पिछले 6 माह में एच.आई.वी./सिफिलिस की जांच • किसी प्रकार का नशा न करना और एक स्वस्थ जीवन शैली • पिछले 3 माह में एस.टी.आई. लक्षण का होना/लगातार यौन संक्रमण • प्रत्येक 3 माह पर एस.टी. आई. जांच न कराना • ग्राहकों की अधिक संख्या (दैनिक) • ग्राहक/नियमित साथी के साथ अनियमित/कण्डोम का कम प्रयोग • अनुरक्षित यौन संबंध बनाना • शराब/अन्य नशीले पदार्थों का सेवन हिंसा	• क्रीम बॉटल	• संक्रमण का पता लगने के एक माह के अन्दर ए.आर.टी. सेंटर से सक्रमण का अन्य प्रकार के रेफरल • संक्रमण का पता लगने के अन्दर ए.आर.टी. सेंटर में पंजीकरण • संक्रमण से बचाव (पॉजिटिव प्रिवेंशन) हेतु परामर्श • तीनमाह में कम से कम एक बार एस.टी.आई. का परामर्श • एच.आर.जी. की मांग के अनुसार हर सप्ताह कण्डोम का वितरण • हर 6 माह में पी.डी.आर.एल./सी.डी.4 की जांच
कोर एवं ब्रिज	• परियोजना क्षेत्र में नया एच.आर.जी. • परियोजना द्वारा इसी माह पंजीकृत		
एच.आर.जी. संक्रमित एवं भेद्य आबादी	• एच.आई.वी. संक्रमण का पता चला और एवर को अपनी स्थिति की जानकारी दी	• पेयानो फोल्ड • प्लास्टर पेटल	

Annexure 3: Continuum-of-Care Tracking Sheet

एच.आई.वी. संक्रमित व्यक्ति की देखभाल हेतु ट्रैकिंग शीट Page 1			
नाम		आयु	
पता		हॉटस्पॉट का नाम	
आई.डी. संख्या		उपवर्ग	जेण्डर	
टी.आई. परियोजना में पंजीकृत होने की तिथि		वैवाहिक स्थिति		पति / पत्नी / नियमित साथी की एच.आई.वी. जांच हुई	
एच.आई.वी. संक्रमण का पता लगने की तिथि		पी.आई.डी. संख्या		पति / पत्नी / नियमित साथी की एच.आई.वी. जांच का परिणाम	
प्री ए.आर.टी. पंजीकरण की तिथि		प्री ए.आर.टी. पंजीकरण संख्या		संक्रमित होने की जानकारी दी या नहीं (ओ.आर.डब्लू. / पियर / परिवार)	
पहली बार कराई गई CD4 गणना (count) की तिथि		पहली बार CD4 गणना (count)		यदि ए.आर.टी. पर हैं तो ए.आर.टी. शुरू करने की तिथि	
क्या डी.एल.एन. से जोड़ा गया		डी.एल.एन. से जुड़ने की तिथि		ए.आर.टी. संख्या	

सी.डी. 4 गणना का फॉलो–अप		क्लिनिक विज़िट		सिफलिस स्क्रीनिंग	
तिथि	सी.डी.4 काउन्ट	तिथि	जाने का कारण (एस.टी.आई. / अवसरवादी संक्रमण / टी.बी.)	तिथि	परिणाम (रिएक्टिव / नॉन रिएक्टिव)

एच.आई.वी. संक्रमित व्यक्ति की देखभाल हेतु रजिस्टर
Page 2

	अप्रैल	मई	जून	जुलाई	अगस्त	सितम्बर	अक्तूबर	नवम्बर	दिसम्बर	जनवरी	फरवरी	मार्च
एच.आई.वी. संक्रमित एच.आर.जी. की काउन्सलर से भेंट (एस.टी.आई./अवसरवादी संक्रमण/टी.बी.)												
साप्ताहिक मांग के अनुसार कण्डोम मिला (हां/नही)												
आखिरी यौन क्रिया में कण्डोम का प्रयोग किया (हां/नहीं) (ग्राहक/नियमित साथी/पति–पत्नी)												
परामर्श मिला (ए.आर. टी.रजिस्ट्रेशन, निमित रूप से ए.आर.टी. दवा लेना, पोषण संबंधी, सकारात्मक बचाव, पार्टनर/परिवार की जांच और एस.टी.आई. के लिए परामर्श)												
यदि ए.आर.टी. पर हैं तो नियमित रूप से ए. आर.टी. सेन्टर पर आना व दवा लेना												
रेफरल सेवाएं (डॉट्स केन्द्र, ज़िला अस्पताल, सी.सी.सी., कानूनी व अन्य)												
डी.आई.सी. /हॉटस्पॉट/जीपा मीटिंग में भाग लिया (हां/नही/हुई नहीं)												

Annexure 4: Program Monitoring and Planning Tool

Annexure 5: Useful Links

Program Component	Training Manuals	Description	Resource Link
Peer Education	Training manual for new Peer Educators on STIs and strategic behavioral change communication	Training manual for new Peer Educators on STIs and strategic behavioral change communication.	http://www.fhi360.org/resource/saath-saath-peer-educators-basic-training-manual
	Peer Educator Intermediate Training Manual	Training manual for Peer Educators who have completed six months in the project on advanced inter-personal communication skills, micro-planning and community mobilization skills.	http://www.fhi360.org/resource/peer-educator-intermediate-training-manual
	Peer Educator Advanced Training Manual	Training manual for Peer Educators who have completed twelve months in the project on Dynamic micro-planning, Risk based segmentation of the KPs, Service delivery packages for each segments, ICTC, Continuum–of-care and Aastha Gat as unit of intervention.	http://www.fhi360.org/resource/peer-educators-advanced-training-manual
Outreach	Outreach Workers Basic Training Manual	Training manual for new Outreach Workers on STIs and strategic behavioral change communication.	http://www.fhi360.org/resource/outreach-workers-basic-training-manual
	Outreach Workers Supportive Supervision Training Manual	Training manual for Outreach Workers on advanced interpersonal communication skills, supportive supervision skills and community mobilization.	http://www.fhi360.org/resource/supportive-supervision-training-manual
Condom Programming	Training manual for new Peer Educators on STIs and strategic behavioral change communication	Training manual for new Peer Educators on STIs and strategic behavioral change communication.	http://www.fhi360.org/resource/saath-saath-peer-educators-basic-training-manual
Communication	Strategic Behavior Communication Material: User and Technical Manual	Training Manual for the outreach team on effective usage of strategic communication material with sex workers in Aastha	http://www.fhi360.org/resource/aastha-strategic-behavioral-communication-manual
	Strategic Behavioral Communication: A User and Technical Manual of Material and Tools	The manual describes the HIV prevention communications strategies used by peer educators among sex workers in India and provides a user guide for each customized communication.	http://www.fhi360.org/resource/strategic-behavioral-communication-user-and-technical-manual-material-and-tools

Program Component	Training Manuals	Description	Resource Link
Community Mobilization	Training Manual for Community Development Officers	Training Manual for the Community Development Officers (in charge of community mobilization efforts) in advanced community mobilization skills.	Not available
	CBO Management Committee Training Manual Series: Basic & Advanced	This series of CBO Management Committee Training Manuals – Basic and Advanced – have been developed to equip the CBO members undertake their roles and responsibilities as per their bylaws. Networking, advocacy and employment generation need training and mentoring.	http://www.fhi360.org/resource/cbo-management-committee-training-manual-series-basic-and-advanced
Quality Assurance/Quality Improvement Systems	Aastha Continuous Quality Approach: Cyclical Quality Improvement for Prevention Interventions with High Risk Groups	Techno-descriptive document detailing the incorporation of CQI in Aastha, including the strategies, innovations, processes and tools.	http://www.fhi360.org/resource/aastha-continuous-quality-approach-cyclical-quality-improvement-prevention-interventions
Others	Standard Operating Procedures: Aastha I: An STI/HIV Prevention Program with Sex Workers in Mumbai and Thane, India	A How to Manual with SOPs for implementing an STI prevention program with sex workers in Mumbai and Thane	http://www.fhi360.org/resource/standard-operating-procedures-aastha-i-stihiv-prevention-program-sex-workers-mumbai-and
	New Dimensions to HIV/AIDS Programming in Aastha II	Techno-descriptive document detailing innovations in the second phase of Aastha, including dynamic micro-planning, focused outreach planning for HIV counseling and testing etc. The document includes the SOPs for replication.	http://www.fhi360.org/resource/new-dimensions-hivaids-programming-aastha

अनुशंसा पत्र

यह बड़े हर्ष एवं गर्व का विषय है कि **Joint Endeavor For Enhancing TIs (JEET)** का शुभारम्भ NACO, BMGF, FHI360 एवं UPSACS द्वारा संयुक्त रुप से किया गया। JEET के लक्ष्य की प्राप्ति हेतु विशेष प्रयास करने के लिए FHI360 धन्यवाद एवं प्रशंसा की पात्र है।

एच0 आई0 वी0/एड्स की रोकथाम हेतु जहां UPSACS, TSU एवं TI NGOs की भूमिका महत्वपूर्ण रही है वहीं FHI360 द्वारा प्रदान किया गया तकनीकी ज्ञान प्रशंसनीय है, जिसके माध्यम से टी0 आई स्टॉफ, विशेष रुप से पियर एजुकेटर की क्षमतावृद्धि में विशेष मदद प्राप्त हो रही है, जिसके परिणाम स्वरुप लक्ष्य की प्राप्ति और सुगम हो गयी है।

उत्तर प्रदेश में एच0 आई0 वी0/एड्स की रोकथाम हेतु सर्वप्रथम प्रदेश की 9 लर्निंग साइट्स के माध्यम से JEET के द्वारा शुरु किया गया यह सफर सराहनीय है। JEET के इस सफर को 9 लर्निंग साइट्स तक ही न सीमित रखते हुए UPSACS/TSU द्वारा प्रदेश के सभी TIs तक पहुचाने का सफल एवं सार्थक प्रयास किया जा रहा है। क्योंकि हम सभी का एक मात्र लक्ष्य है– "एच0 आई0 वी0 मुक्त भारत"

हमारा विश्वास, JEET का यह लक्ष्य "एच0 आई0 वी0 मुक्त भारत" का सपना साकार करने में मील का पत्थर साबित होगा।

धन्यवाद।

–समस्त लर्निंग साइट्स, उ0प्र0

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