India Health Action Trust

Annual Report 2010–2012

India Health Action Trust
4/13-1, Pisces Building, Crescent Road, High Grounds, Bangalore 560001.
Tel: +91 80 22201237-9, Fax: +91 80 22201373

SRL	Supranational TB Reference Laboratory
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infections
TI	Targeted Intervention
ToT	Training of Trainers
TSU	Technical Support Unit
UNICEF	United Nations International Children's Emergency Fund
UoM	University of Manitoba
VCTC	Voluntary Counselling and Testing Centre

India Health Action Trust

Annual Report 2010-2012

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India Health Action Trust

IHAT	India Health Action Trust
KHPT	Karnataka Health Promotion Trust
KSAPS	Karnataka State AIDS Prevention Society
LWS	Link Worker Scheme
M&E	Monitoring & Evaluation
MIS	Management Information System
MSM-T	Men who have Sex with Men- Transgender
NACO	National AIDS Control Organisation
NACP	National AIDS Control Programme
NGO	Non-Governmental Organisation
NIMHANS	National Institute of Mental Health and Neuro Sciences
NRHM	National Rural Health Mission
NTSU	National Technical Support Unit
OVC	Orphans and Vulnerable Children
PE	Peer Educator
PHC	Primary Health Centre
PIP	Project Implementation Plan
PLHIV	People Living with HIV
PM	Programme Management
PPTCT	Prevention of Parent to Child Transmission
RCH	Reproductive Child Health
RRE	Red Ribbon Express
RSACS	Rajasthan State AIDS Control Society
RTI	Reproductive Tract Infections
SAARC	South Asian Association for Regional Cooperation
SACS	State AIDS Control Society
SCBRB	Save the Children, Bal Raksha, Bharat
SIHFW	State Institute of Health and Family Welfare

Acronyms

AAP	Annual Action Plan
AIDS	Acquired Immuno Deficiency Syndrome
ANC	Antenatal Clinic
ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
CBO	Community Based Organisation
CDPO	Child Development Project Officer
CHC	Community Health Centre
CMIS	Computerised Management Information System
CGPH	Centre for Global Public Health
DAC	District AIDS Committee
DAPCU	District AIDS Prevention Control Unit
DWCD	Department of Women and Child Development
FBO	Faith-based Organisation
FB	Face Book
FSW	Female Sex Worker
HIV	Human Immunodeficiency Virus
HRG	High Risk Group
ICDS	Integrated Child Development Services
ICTC	Integrated Counselling and Testing Centre
IDU	Injecting Drug Users

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Current Assets, Deposits, Loans & Advances

Particulars	Bangalore	Jaipur	Amount
1. Cash on Hand	18,907.00	6,130.00	25,037.00
2. Bank Balances - HDFC Bank Ltd	35,35,677.19	23,39,675.00	58,75,352.19
3. Fixed Deposits	-	-	-
4. Loans & Advances			
IHAT - Jaipur Account	54,560.00	(54,560.00)	-
Population Research Centre - PRC	25,000.00		25,000.00
Staff Advance	71,781.00		71,781.00
Rental Deposit	-	22,000.00	22,000.00
Garg Scientific & Gen Agency	-	23,625.00	23,625.00
4. Other Current Assets			
TDS Receivable	61,806.00	95,030.00	1,56,836.00
Total	37,67,731.19	24,31,900.00	61,99,631.19

Schedule - 3

Current Liabilites and Provisions

Particulars	Bangalore	Jaipur	Amount
Sundry Creditors for Expenses			
Expenses Payable	8,00,941.00		8,00,941.00
Cholamandalam Gen Insurance	18,326.00		18,326.00
Statutory Liabilities Payable			-
- Professional Tax	3,150.00		3,150.00
- TDS Payable	53,014.00		53,014.00
- Providend Fund	95,235.00		95,235.00
Total - A	9,70,666.00	-	9,70,666.00
Sundry Creditors for Others			
Staff Advance- Travel Claims Payable	2,55,739.00		2,55,739.00
Advance - Anu Graphics	41,160.00		41,160.00
Karnataka Health Promotion Trust	7,35,044.00		7,35,044.00
Karnataka State AIDS Prevention Society	8,82,595.00		8,82,595.00
Sri Manjunatha Enterprises	4,697.00		4,697.00
Total - B	19,19,235.00	-	19,19,235.00
Provisions			
Provision for Management Fees and other fees	18,13,975.00		18,13,975.00
Provision for Gratuity	8,74,155.00		8,74,155.00
Total - C	26,88,130.00	-	26,88,130.00
Total A + B + C	55,78,031.00	-	55,78,031.00

For India Health Action Trust

M Senthil Kumaran
Managing Trustee

Trustee

Schedule - 1 Fixed Assets - Bangalore

Sl No.	Asset	Opening Balance as on 01.04.2011	Additions made		Sale / Deletions made	Total as on 31.03.2012	Depreciation		W D V as on 31.03.2012
			Before Sep'11	After Sep'11			Rate	For the year	
	TSU account								
1	Office Equipment	6,080.00	560.00	-	-	6,640.00	15%	996.00	5,644.00
2	Furnitures & Fixtures	2,788.00	-	-	-	2,788.00	10%	279.00	2,509.00
3	Computers	45,940.00	-	-	-	45,940.00	60%	27,564.00	18,376.00
	Total - A	54,808.00	560.00	-	-	55,368.00		28,839.00	26,529.00
	FCRA Account								
	Computers :								
1	Computers - u level	321.51	-	-	-	321.51	60%	192.91	128.60
2	IDD External 250GB - IOMEGA	145.26	-	-	-	145.26	60%	87.16	58.10
3	TFT Moniotors,Compaq Presario,Mouse,Keyboard	2,824.21	-	-	-	2,824.21	60%	1,694.53	1,129.68
4	Memory 256MB DDR	41.01	-	-	-	41.01	60%	24.61	16.40
5	TFT Monitor, Mouse & Keyboard	216.68	-	-	-	216.68	60%	130.01	86.67
6	Computers	2,04,842.25	-	-	63,987.00	2,68,829.25	60%	1,42,101.45	1,26,727.80
7	Data Card	327.68	-	-	-	327.68	60%	196.61	131.07
8	VPN Server	4,309.38	-	-	-	4,309.38	60%	2,585.63	1,723.75
9	Printer	15,112.48	-	-	14,070.00	29,182.48	60%	13,288.49	15,893.99
	Total - A	2,28,140.46	-	-	78,057.00	3,06,197.46		1,60,301.40	1,45,896.06
	Office Equipment								
10	Refrigerator	11,543.61	-	-	-	11,543.61	15%	1,731.54	9,812.07
11	Refrigerator(Installed at Belgaum)	21,221.01	-	-	-	21,221.01	15%	3,183.15	18,037.86
12	EPBAX	10,126.56	-	-	-	10,126.56	15%	1,518.98	8,607.58
13	Speakers	2,491.83	-	-	-	2,491.83	15%	373.77	2,118.06
14	Airconditioner Unit	18,102.96	-	-	-	18,102.96	15%	2,715.44	15,387.52
15	ACER - Projector	22,200.00	-	-	-	22,200.00	15%	3,330.00	18,870.00
	Total - B	85,685.97	-	-	-	85,685.97		12,852.88	72,833.09
	Furnitures & Fixtures								
16	Chairs,Filing Cabinet	18,002.64	-	-	-	18,002.64	10%	1,800.26	16,202.38
17	Wooden Table	10,229.09	-	-	-	10,229.09	10%	1,022.92	9,206.17
	Total - C	28,231.73	-	-	-	28,231.73		2,823.18	25,408.55
	FCRA Total - A + B + C	3,42,058.16	-	-	78,057.00	4,20,115.16	-	1,75,977.46	2,44,137.70
	Grand Total - Local + FCRA	3,96,866.16	560.00	-	78,057.00	4,75,483.16	-	2,04,816.46	2,70,666.70

For India Health Action Trust
Trustee

For
M. Senthilkumaran
Managing Trustee

Introduction

The **India Health Action Trust (IHAT)** was established in 2003 to improve public health in India and abroad by extending proven techniques, insights and principles pivotal to the success of projects of the University of Manitoba(UoM) and Karnataka Health Promotion Trust(KHPT). IHAT specializes in providing comprehensive technical assistance and training in programme planning and management. With emphasis on incorporating science in programme design and monitoring, it aims to maximize both efficacy and efficiency of interventions.

Programme Science is best defined as the systematic application of theoretical and empirical scientific knowledge to improve the design, implementation and evaluation of public health programmes. The endpoint of programme science is the population level impact on incidence of infections by optimising the choice of right strategy for the right populations, at the appropriate time, by doing the right things the right way, and by ensuring appropriate scale and efficiency (James F Blanchard and Sevgi O Aral, 2011).

With the University of Manitoba's Centre for Global Public Health, IHAT has assisted the national governments of Bhutan and Sri Lanka to initiate and scale up HIV prevention. IHAT manages the designated Technical Support Unit (TSU) for the Karnataka State AIDS Prevention Society. It has provided technical assistance to government agencies in Maharashtra, Bihar, Rajasthan, Andhra Pradesh, Tamil Nadu, and Goa. IHAT has also received support from UNICEF and Save the Children India, for projects in Rajasthan to protect infants from HIV, to provide life skill education for adolescents, and to provide community outreach services to rural children.

IHAT has provided technical assistance to governments in surveying and mapping vulnerable communities to define, locate and prioritize needs; in the use of data triangulation to create a reliable base of evidence for HIV programming; in training service providers to harmonize case management procedures with NACO's guidelines; in documentation; in advocacy; and in public awareness and human resource development.

Core Organizational Strengths

Project planning, appraisal, implementation, monitoring and evaluation: IHAT and UoM have successfully designed and implemented several large, complex HIV/AIDS projects in Rajasthan and Karnataka. These projects have provided evidence of our skills in project planning, implementation and evaluation, including:

- Analysis of sentinel surveillance data and other indicators, and collaboration with RSACS and KSAPS to re-prioritize HIV programmes and services.
- Development and evaluation of innovative district-wide, integrated programme models in Rajasthan and Karnataka that have demonstrated how integrating an outreach model with improved serves can substantially increase the utilization of VCT and HIV care services.
- Design and implementation of state-wide capacity building systems for HIV counsellors and health care

providers. The supportive supervision system for counsellors is seen as a model for ongoing capacity building and quality improvement for counselling services. Regionally distributed medical colleges have been brought into a network of "Regional Resource and Training Centres" which now form an important backbone of a decentralized training system for doctors and other health care providers in Karnataka. A key feature of the system involves mapping private practitioners who have a high volume of STI and HIV patients, and prioritizing them for training.

- Development of a comprehensive strategy for rapidly scaling up targeted interventions by defining macro and micro level coverage needs. This has involved developing innovative methods for geographic mapping to define macro level coverage needs, and community-friendly tools to assist sex workers and field level outreach workers to engage in micro-planning of outreach and service delivery.

- Establishment of an integrated monitoring and evaluation system for targeted interventions for sex workers, that measures achievement from the field level to the state level. Innovative tools for illiterate peer educators have been developed to empower them to track their work and measure their achievements in outreach, education and mobilization of sex workers to services..

Capacity Building of NGOs/Civil Society Organizations

IHAT and UoM have extensive experience in building the capacity of NGOs and other civil society organizations (CSOs), especially in the context of targeted interventions. Evidence includes:

- Building networks of NGOs and CBOs in Rajasthan: Our team has worked with large grassroots NGOs in 7 districts of Rajasthan to build networks that provide integrated prevention programmes for high-risk and vulnerable groups, including FSWs, MSM, IDUs, truckers and high-risk migrants. Through building and supporting these networks, a cohesive district-level programme was developed wherein NGOs and CBOs worked in synergy. One result of this process was the establishment of the first FSW CBO in Rajasthan.

- Contribution towards training TIs: Currently, IHAT professionals are also contributing significantly towards training in TIs for Rajasthan state through workshops for training of trainers (ToT)s, supported by SACS.

- Capacity building of CBOs and NGOs: In Karnataka, we support a wide range of NGOs and CBOs through formal capacity building and mentoring. The projects involve more than 1,300 peer educators, many of them illiterate. Majority of the peer educators have developed the capacity for micro planning, outreach, behaviour change communication and programme monitoring.

- Supporting CBOs of FSWs: We also support several CBOs of female sex workers to implement targeted interventions, including one that is reaching more than 4,000 FSWs in northern Karnataka. We have worked closely with RSACS and KSAPS to develop advocacy programmes that are effective at different levels, ranging from the grassroots, to the senior political level. We have a well-defined advocacy strategy for marginalized groups that includes three main elements:
  - Reducing stigma and discrimination
  - Reducing violence
  - Responding effectively to violence

- Improving access to social entitlements: To achieve objectives, we have developed strategies such as media advocacy workshops, large-scale police sensitization programmes and the establishment of crisis response programmes in each district. For communication, we have employed unique strategies, such as a systematic awareness and education programmes with RSACS at all major fairs and festivals and the use of folk media to mobilize rural populations. We emphasise dialogue-based interpersonal communication techniques with sex workers and MSM.

Schedule - 1 Fixed Assets - Jaipur

Sl No.	Asset	Opening Balance as on 01.04.2011	Additions made Before Sep'11	Additions made After Sep'11	Sale / Deletions made	Total as on 31.03.2012	Depreciation Rate	Depreciation For the year	W D V as on 31.03.2012
Jaipur - Local Account									
1	Computer	1,066.00	-	-	-	1,066.00	60%	640.00	426.00
2	Office Equipment	8,452.00	-	-	-	8,452.00	15%	1,268.00	7,184.00
3	LCD projectors - Local	12,880.00	-	-	-	12,880.00	60%	7,728.00	5,152.00
4	Computer Laptop - Local	19,740.00	-	-	-	19,740.00	60%	11,844.00	7,896.00
	Total - A	42,138.00	-	-	-	42,138.00		21,480.00	20,658.00
Jaipur - FCRA Account									
1	Computers	16,440.00	-	-	-	16,440.00	60%	9,864.00	6,576.00
2	Office Equipment	1,05,867.00	-	-	-	1,05,867.00	15%	15,880.00	89,987.00
3	Vehicle	2,25,250.00	-	-	-	2,25,250.00	15%	33,788.00	1,91,462.00
4	Furniture	1,74,825.00	-	-	-	1,74,825.00	10%	17,483.00	1,57,342.00
	Total - A	5,22,382.00	-	-	-	5,22,382.00		77,015.00	4,45,367.00
	Grand Total - Local + FCRA	5,64,520.00	-	-	-	5,64,520.00		98,495.00	4,66,025.00

For India Health Action Trust

M. Senthil Kumaran.
Managing Trustee

INDIA HEALTH ACTION TRUST
No.4/13 - 1, Pisces Building, Crescent Road,
High Ground, Bangalore - 560 001

CONSOLIDATED INCOME & EXPENDITURE FOR THE YEAR ENDED 31ST MARCH 2012

EXPENDITURE	Bangalore	Jaipur	Amount	INCOME	Bangalore	Jaipur	Amount
To AMC for Equipments	45,232.00		45,232.00	" Grant Received	1,82,94,989.60	61,58,603.00	2,44,53,592.60
" Audit Fee	55,206.00	12,133.00	67,339.00				
" Bank Charges	1,806.64	331.00	2,137.64	" Fund transfer to Jaipur Branch for SCBR Project	(25,37,195.00)	25,37,195.00	-
" Communication Expenses	4,60,789.00		4,60,789.00				
" Computer Maintenance	57,005.00		57,005.00		1,57,57,794.60	86,95,798.00	2,44,53,592.60
" Consultancy Charges/Fee etc	14,11,702.00	-	14,11,702.00				
" Contribution to Provident Fund	6,96,001.00	-	6,96,001.00				
" Depreciation	2,04,816.46	98,495.00	3,03,311.46	By Interest received - Savings Bank & FD	3,15,609.64	-	3,15,609.64
" Electricity & Water	2,35,400.00	10,401.00	2,45,801.00				
" Insurance on Assets	19,406.00		19,406.00	" Excess of Expenditure over Income carried down	40,87,242.86	36,349.00	41,23,591.86
" Journals & Publications	3,67,496.00		3,67,496.00				
" NGO Meeting Expenses	84,458.00		84,458.00				
" Office Expenses	73,196.00	46,738.00	1,19,934.00				
" Postage & Courier	65,073.00		65,073.00				
" Printing & Stationery	4,45,793.00		4,45,793.00				
" Project Expenses	-	76,25,952.00	76,25,952.00				
" Refund of Grant	4,87,660.00		4,87,660.00				
" Rent	15,32,232.00	99,450.00	16,31,682.00				
" Repairs & Maintenance	1,186.00	19,150.00	20,336.00				
" Receivable Written off	1,70,100.00	-	1,70,100.00				
" Rates and Taxes	4,377.00		4,377.00				
" Salaries & Establishment	83,19,531.00	7,13,749.00	90,33,280.00				
" Staff Insurance	2,86,379.00	77,061.00	3,63,440.00				
" Staff Orientation - Workshops & Training	61,497.00		61,497.00				
" Staff Recruitment & Relocation	78,860.00		78,860.00				
" Staff Welfare Expenses	61,269.00		61,269.00				
" Travel Expenses-Staff & Consultants	47,28,248.00	2,900.00	47,31,148.00				
" Vehicle repair & maintenance	2,05,928.00	25,787.00	2,31,715.00				
	2,01,60,647.10	87,32,147.00	2,88,92,794.10		2,01,60,647.10	87,32,147.00	2,88,92,794.10
To Excess of expenditure over Income brought down	40,87,242.86	36,349.00	41,23,591.86	By Excess of income over expenditure brought down			-
" Balance transferred to Capital Fund Account	-			" Balance transferred to Capital Fund Account	40,87,242.86	36,349.00	41,23,591.86
	40,87,242.86	36,349.00	41,23,591.86		40,87,242.86	36,349.00	41,23,591.86

For India Health Action Trust

M. Senthil Idumaran.
Managing Trustee

Trustee

Date : 26.11.2012
Place : Bangalore

Per Report of Even Date

(N Suresh)
Chartered Accountant
MM No. 023804

- Managing interdisciplinary team on complex project: An assessment of our key personnel reveals that our team brings together strengths from multiple disciplines, including epidemiology and public health, social sciences, demography, medicine and communications. This has allowed us to successfully manage complex projects. This process of engaging multi-disciplinary teams is a hallmark of our approach.manage complex projects. This process of engaging multi-disciplinary teams is a hallmark of our approach.

Message from Managing Trustee

Trustees

Parinita Bhattacharjee, Managing Trustee

Ms Bhattacharjee has 16 years of extensive experience in designing and managing programmes for sexual health, HIV prevention and care. Her recent experiences include scaling up HIV prevention interventions with sex workers and MSM-T in India. A strong believer in planning with the community, she has developed participatory tools on sexual health and has provided technical support to Bhutan, Sri Lanka and Ethiopia to design, scale up and evaluate their HIV prevention interventions. Ms Bhattacharjee received a Master's in Medical and Psychiatric Social Work from Tata Institute of Social Sciences, Mumbai.

H.S. Sukathirtha, Treasurer

An accredited member of the Institute of Chartered Accountants of India, Mr Sukathirtha has more than 20 years of professional experience managing the finances of non-governmental organizations. He provides overall leadership to financial management systems for UoM-affiliated projects in India, including IHAT.

Dr B. M. Ramesh, Trustee

Prior to joining KHPT, Dr Ramesh was the director of the Population Research Centre, Dharwad, and a faculty member of the International Institute for Population Sciences, Mumbai. He is a demographer with 20 years' experience in teaching and research in the fields of demography, reproductive health, and HIV/AIDS. His main areas of interest are management information systems, reproductive health and HIV/AIDS programmes. He was a coordinator of the first round of the National Family Health Survey—one of the largest household surveys in the country. While at the International Institute for Population Sciences, he taught research methodology, population structure and characteristics, population education, and population psychology, and completed several research studies. While director of the Population Research Centre, Dr Ramesh performed programme evaluations, implemented a reproductive health programme in the district, and developed a management information system for that programme. He was a recipient of a Population Council postdoctoral fellowship in 1996. Dr Ramesh received his Ph.D. from Mumbai University.

Dr Priyamvada Singh, Trustee

Dr Singh is a development professional with 25 years of demonstrated experience and commitment in addressing societal inequalities, particularly concerning health, education and development of women and children. With a background in social sciences, she has to her credit Master's in History and Philosophy, along with LLB, MBA and PhD. She has been passionately involved in developing and managing innovative education, health and HIV-AIDS programmes for most in need populations, working closely with International Development Aid Agencies, CSOs, community structures and Government systems. Since 2002, Dr Singh is associated with University of Manitoba and is leading the UoM-IHAT programme team in Rajasthan. She has worked for SIDA and DFID funded Education for All Project "Lok Jumbish", 'Girls Primary Education' project of CARE, Maternal and Child Health projects

INDIA HEALTH ACTION TRUST
No.4/13 - 1, Pisces Building, Crescent Road,
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CONSOLIDATED BALANCE SHEET AS AT 31ST MARCH, 2012

LIABILITIES	Bangalore	Jaipur	AMOUNT	ASSETS	Bangalore	Jaipur	AMOUNT
CAPITAL FUND ACCOUNT	25,47,609.75	29,34,274.00	54,81,883.75	FIXED ASSETS (Schedule 1)	2,70,666.70	4,66,025.00	7,36,691.70
Add : Excess of Income over Expenditure from Income & Expenditure account	(40,87,242.86)	(36,349.00)	(41,23,591.86)	CURRENT ASSETS, LOANS & ADVANCES (Schedule 2)	37,67,731.19	24,31,900.00	61,99,631.19
	(15,39,633.11)	28,97,925.00	13,58,291.89				
CURRENT LIABILITIES & PROVISIONS (Schedule 3)	55,78,031.00	-	55,78,031.00				
The Accompanied notes are an integral part of the Financial Statements (Schedule 4)							
Total	40,38,397.89	28,97,925.00	69,36,322.89	Total	40,38,397.89	28,97,925.00	69,36,322.89

Per Report of Even Date
(N Suresh)
Chartered Accountant
MA No. 023866

For India Health Action Trust
M. Senthil Kumaran
Managing Trustee

Date : 26.11.2012
Place : Bangalore

Balance sheet (2010-11 and 2011-12)

N. Suresh
B.Com, F.C.A, Phd. Taxation
Chartered Accountant

AUDIT REPORT

We have examined the Consolidated Balance Sheet of **INDIA HEALTH ACTION TRUST, PISCES BUILDING, #4/13-1, CRESCENT ROAD, HIGH GROUNDS, BANGALORE-560 001**, as at 31.03.2012 and the Consolidated Income and Expenditure Account for the year ended on that date, which are in agreement with the books of accounts maintained by the said Trust. These Financial statements are the responsibility of the Trust's Management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted audit of India Health Action Trust, Bangalore, Pisces Building, #4/13-1, Crescent Road, High Grounds, Bangalore - 560 001, Bangalore office, in accordance with auditing standards generally accepted in India. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

We did not audit the Financial Statements of Jaipur Branch, whose Financial Statements reflect total assets of Rs. 29,52,485 as at 31st March, 2012 and the total income of Rs. 87,32,147 for the year then ended. These financial statements and other financial information have been audited by other auditors whose report has been furnished to us, and our opinion is based solely on the report of the other auditor.

We have obtained all the information and explanation, which to the best of our knowledge and belief were necessary for the purpose of our audit. In our opinion, proper separate books of accounts have been kept by the above Trust in respect of Bangalore office, so far as appears from our examination of the Books.

Based on our audit and on consideration of report of other auditor on separate financial statements, and to the best of our information, and according to explanations given to us, we are of the opinion that the attached consolidated Financial Statements, ***subject to item IV (1) and (2) of Notes forming part of accounts***, give a true and fair view and are in conformity with the accounting principles generally accepted in India:

a. In case of Consolidated Balance Sheet, of the State of Affairs of the above named Trust, as at 31st March 2012, and

b. In case of the Consolidated Income and Expenditure Account, the Excess of expenditure over income of its Accounting year ended 31st March 2012.

PLACE: BANGALORE
DATE : 26.11.2012

(N.SURESH)
CHARTERED ACCOUNTANT
M No. 023866

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supported by PSS, SCBR and UNICEF. These projects have influenced broader policy framework at the state and national level. Dr Singh has been a member of NACO's Technical Resource Group on Targeted Interventions, NACP-III and an author of several publications on education and HIV/AIDS. She received her Ph.D. from University of Rajasthan, Jaipur.

H. L. Mohan, Trustee

Mr Mohan has spent more than two decades working in government and non-governmental sectors, especially in the areas of education, health, decentralization and adolescent education. During his tenure he has worked extensively with grass-roots communities, using information and communications technology for empowering community members. Mr Mohan has been a consultant for development projects in India and other countries, working with UNFPA, UNESCO and UNICEF. He has developed, implemented and managed several communications campaigns, and leads KHPT's communication and community mobilization initiatives. He earned a Master's Degree in Social Work from the School of Social Work, Roshni Nilaya, Mangalore.

Projects

Karnataka

1. Technical Support Unit

Recognizing IHAT's strong management and human resource capabilities, the National AIDS Control Organization (NACO) identified IHAT as a technical consultant for setting-up a Technical Support Unit (TSU) in Karnataka. IHAT is effectively deploying its experience and learning to support the HIV/AIDS intervention programme in Karnataka since 2007, by providing technical support to the State AIDS Prevention Society in areas like targeted intervention (TI), capacity-building, and strategic planning. The primary objective of the TSU is to support the development and implementation of HIV/AIDS strategies, in particular support the targeted intervention initiatives in the state and provide technical support.

In keeping with the objective of providing technical support, IHAT's TSU is involved in assisting KSAPS in identifying and building capacities of NGO, CBO and civil society partners. The broad purpose of the Technical Support Unit is to extend technical assistance in specified areas to KSAPS and help it achieve the goals and objectives of NACP III.

2. Program Scale-up

a. Targeted interventions

One of the key roles of the TSU is to provide supportive supervision to the targeted intervention programs under KSAPS to help improve the TI performance. Every month, the Project Officers of the TSU meet Joint Director,TI to share through a power point presentation, the status of each TI program, the support provided to the TI, outstanding issues, follow up actions and issues that need to be resolved by KSAPS. Based on the monthly feedback sessions, suggestions are pooled and outstanding issues are resolved.

b. Evidence based planning

With the Mapping support for TSU, KSAPS was able to scale up its MSM T programs from 4043 MSMs to 7207 MSM T. Increased coverage was achieved by having new TI, revising TI coverage and having core composite TIs. We are one of the few states to achieve saturation of program coverage among FSWs and MSMs. Based on the new NACO guidelines; it became important to map the entire state of Karnataka to select the districts that would need the migrant interventions. To do so, the TSU coordinated with KSAPS to initiate a migrant mapping and developed the protocols and methodologies based on the revised guidelines. A small technical team was formed to oversee this mapping process.

Karnataka did not have an IDU program or even estimates of IDUs. However, anecdotal evidence showed presence of IDUs in Karnataka, especially in Bangalore. Based on this, the TSU in coordination with KSAPS initiated an IDU mapping for the state of Karnataka. Protocols and methodologies were developed and districts mapped. Kolar and Bangalore were identified for IDU interventions and TIs were initiated. From having no IDU-TI in Karnataka until 2008, KSAPS now has 4 TIs covering 1750 IDUs with one OST site to be initiated by December 2011.

Publications

Karnataka State Report :

HIV/AIDS Situation and Response in Karnataka: Epidemiological Appraisal Using Data Triangulation

Maharashtra State Report :

HIV/AIDS Situation and Response in Maharashtra: Epidemiological Appraisal Using Data Triangulation

Andhra Pradesh State Report :

HIV/AIDS Situation and Response in Andhra Pradesh: Epidemiological Appraisal Using Data Triangulation

Brochures :

- Village Health Committee
- Maternal and Child Health n Nutrition Day
- Health and Nutritional Care for Pregnant Women
- Health and Nutritional Care for Lactating Mothers
- Newborn and Neonatal
- Malnutrition in children and care
- Health and Nutrition care for children
- Respiratory infections and care in children
- Immunisation

Publications :

- Assare and Sahachara Case Studies
- Evaluation of STI services and use of STI syndromic case
- HIV/AIDS Prevention Intervention in Parappana Agrahara Central Prison
- Scaling up HIV Prevention Intervention in Bhutan
- Sexual Behaviours and Networks in Bhutan
- Implementing Model Clinic program final proof
- LAKSHYA : Link Workers For Building Awareness, Knowledge, Skills on HIV - AIDS amongst Youth and Adults
- LAKSHYA - Listening the Voices: Plights and Possibilities
- A Systematic Approach to the Design and Scale-Up of Targeted Interventions for HIV Prevention among Urban Female Sex Workers
- Scaling Up Success - Putting Knowledge to work in global public health Programming

regular male customers and female entertainment workers), there is the still the potential for dense partner overlapping, despite individual practices of serial monogamy.

- The self-reported experience of STIs is quite substantial, and referral services for STI related counselling and treatment at the venues may be an important part of the HIV prevention programs. . Field notes described how sexual partnering occurs between men and women at the end of the night while being extremely intoxicated.

Sri Lanka

Teams from IHAT and the CGPH have provided technical support to the Royal Government of Bhutan in mapping high-risk sexual activity in two towns and building the capacity of Bhutan's National AIDS Control Programme to plan, implement and monitor targeted interventions.

IHAT also supported mapping of FSW in 3 districts of Sri Lanka (Colombo, Anuradhapura, Nuwara Eliya), mapping MSM in 2 districts (Colombo, Anuradhapura) and beach boys in the district of Colombo. The mapping was done in partnership with Community Strength Development Foundation (CSDF) and Companion Of Journey COJ, two NGOs in Sri Lanka.

Based on the mapping exercise, areas have been selected for intervention in the pilot project based on the high estimation of FSW and MSM in these areas.

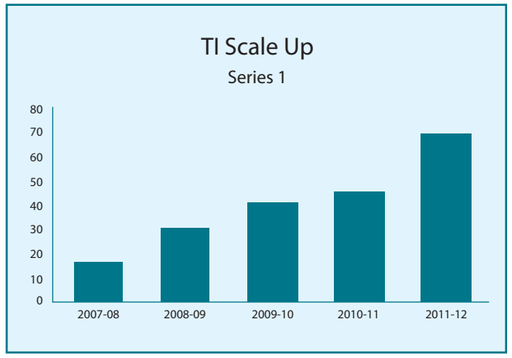
For the Female sex worker interventions area selected in Colombo, is Dehiwala with an estimate of 1224 FSW in 130 spots and in Anuradhapura it is NPE with an estimate of 345 FSW in 30 spots

The current program is covering 2500 CSW in Colombo and 225 in Anuradhapura. The proposed project would increase the coverage from 30% to 44% of total estimated sex workers in Colombo and 20% to 35% in Anuradhapura.

For MSM interventions areas were selected in Colombo to include District 2A with an estimate of 1185 MSM in 91 spots and Anuradhapura: NPE with an estimate of 359 MSM in 28 spots. The current program is covering 150 MSMs in Colombo and none in NPE. The proposed project would increase the coverage from 2% to 14% of estimated MSM in Colombo and by 49% in Anuradhapura.

In addition, the TSU also pioneered development of evidence building methodologies like Risk Assessment Studies amongst migrants, Migrant Validation Tools, Polling Booth Surveys and Informal Confidential Voting Interviews.

The Technical Support Unit is also now supporting KSAPS in the process of transitioning Avahan supported TIs to KSAPS.



c. Strategic planning

IHAT team develops Annual Action Plan for KSAPS every year since 2008. With approval from NACO, Activity Plans were done based on 2009-10 AAP for all departments for PD review, monthly monitoring of TI CMIS reports for KSAPS and donor TIs. Monitoring and Quality Check of other programme data, TI reporting, monthly dashboards for KSAPS. TSU also supports HIV Sentinel Surveillance and Operations Research (Migrant TI Risk Assessment Study, Annual Polling Booth Surveys, Informal Confidential Voting Interview and in Data Triangulation) for NACO.

d. Clinical services

The TSU ensured that all TI staff members are trained according to NACO guidelines. Counsellors were trained on the STI formats as well as on the management of clinical documentation. Based on the training, all clinics are providing Special Clinical Service package. The TSU ensured that all required clinic infrastructure and human resources are in place at clinics providing STI services in TIs. Regular mapping of clinical service providers and training has ensured that choice of convenient STI facilities is available for the community to access the services.

The TSU ensured a ratio of 130:1 for HRG: STI facilities in all the KSAPS led TI. POs ensured that all the facilities are located in convenient places with easy access for the community. The TSU ensured quality program documentation and timely reporting (both physical and financial) to SACS. TSU also ensured that all the TIs understand the CMIS reporting correctly and despatch by 4th of every month. It was ensured that NGOs are following World Bank Guideline for financial management, procurement of drugs, consumables and clinic equipment.

Special efforts were made to increase the STI screening in the migrant population working in coffee plantations. The TSU developed a guideline note for of the Staff Nurses, Field Officers and the Estate Staff to screen migrants in the coffee plantations. .

The TSU trained about 400 doctors on the NACP III guidelines and the Syndromic Management of STI cases. The training is a continuous and on-going process to cope with constant turnover in PPP doctors. By end November 2011, 345 clinical facilities were providing services to KSAPS TI, majority of these as Public-Private Partnerships (PPP).

TSU continued hand holding for all the TI doctors for the treatment of the HRG at field level. If any problems were seen in the field, they were promptly rectified. The TSU coordinated between the PP and the TI NGO partners for rapport development and maximum utilisation of the clinic by the HRGs. TSU also developed a guideline for the role of the Project Manager in the clinical program and presented it in the PO training organized by NTSU at Bangalore.

Scaling up clinical services was one of the biggest challenges and was overcome by taking appropriate steps to provide clinic access: TSU along with the TIs ensured that there were enough clinics in places where sex workers operate. These clinics were a mix of static clinic and PPP clinics, the latter numbering more.

Once the clinics were identified, the TSU involved its medical POs to train all the clinic doctors on the Syndromic Management Protocols. These clinics were then linked to the TIs. On the demand side, all Peers, ORW and Program Managers were trained on the importance of clinical programming and RMC. The PO was also instructed to specially focus on the clinical aspects of programming and discuss with each peer if need be, to communicate the message that clinical programming is an important aspect of HIV programming. With increased TI focus and additional clinics, the uptake of services improved over time. There is significant scale up of clinical services for FSW. In April 2008, clinical uptake was hardly 19-26 % per quarter. This has substantially increased to 72% by the last quarter of 2011. Similar trends are also seen among the MSM and T populations as well.

Among MSM-T, there has been a significant scale up of clinical services from a low of just 3.3 % uptake of services in April 2008 to a 78 % high in the quarter ending September 2011. This increase is one of the highest achievements recorded in the country programs.

e. Reporting

TSU supported KSAPS to get all the TIs reported on time. 100% reporting is ensured from all the SLP TIs as well. The concerned program officers cross-check and verify the data reported by the TI to be entered into the CMIS format by the M&E section of TSU. The M&E officer along with the strategic planning team leader analyse the data and give feedback to the TI section of TSU and KSAPS. This is discussed in the PO review meeting and suggestions given to the POs to improve the TI. The TI section of TSU shares this information with TIs through the Program Officers for further directions to improve the performance. Every month, TI performance is also shared internally within KSAPS with JDTI, PD, APD and other program officers.

f. Capacity building

Major functions of Capacity Building Unit during the year 2010-12 included identification of training institutes, development of training materials, modules, kits and translations required by SACS, development of training calendar, resource pool coordinating and conducting training programmes at state, region and district levels and supporting DAPCU in organising trainings.

The Unit was able to create a resource pool of 400 trainers across the State who are competent to handle sessions for different groups. Between January 2009 and 2012, 3706 batches comprising of 125410 participants were trained on the basics of HIV and services available through KSAPS in 30 districts of Karnataka. A number of other trainings for diverse sectors covered blood safety, legal services and other related services.

g. Communication support to TI and IEC

In last two years, KSAPS has seen remarkable change in the HIV epidemic and increase in the uptake of HIV prevention and care services. TSU has played a major role in this positive change. New ways of working, developing new concepts, implementing strategy, starting door to door campaigns and branding the HIV services at various places have brought results.

Web support

- Developed content and timely website updates to the current domain (www.ksaps.in / http://stg1.kar.nic.in/ksaps/Aboutus/Aboutus.htm) like Annual Reports, Annual Action Plan, RTI query, staff details, data and error correction.
- Supported unique domain registration of KSAPS with government domain register in Delhi (www.ksaps.gov.in) for a period of two years and developed the website which is hosted in NIC by Health Secretary, Karnataka, Shri. E V. Ramana Reddy.
- Supported launching of Legal Service Centre(LSC) in Karnataka on 30th December
- Was successful in putting KSAPS on-line for volunteer information seeking population, and importantly, in social networking website face-book (http://www.facebook.com/pdksaps) and (http://www.facebook.com/profile.php?id=100003262948535#!/)

Other States: Maharashtra and Andhra Pradesh

Data Triangulation Project

Through this project IHAT provides support to the SACS to better understand the evidence and data in the state and design an evidence based programme for the state. In Andhra Pradesh, IHAT provides technical support to Indian Institute of Public Health (IIPH), Hyderabad in implementing this project.

IHAT provides technical support through various mechanisms. At the National level, IHAT has been involved in Data Triangulation Project under the leadership of NACO. In this project, IHAT was primarily responsible for HIV data triangulation in the states of Karnataka and Maharashtra, and providing technical support to IIPH. The project was undertaken to enhance evidence-based programming and policy for dealing with the HIV epidemic. The project was implemented in selected states initially as a pilot. Learning's from these pilots have guided NACO to scale up the process in other states and encourage an environment of evidence based planning.

International Work

IHAT's work has extended beyond India to neighbouring countries like Bhutan and Sri Lanka. Teams from IHAT and the CGPH have provided technical support to the Royal Government of Bhutan in mapping high-risk sexual activity in two towns and building the capacity of Bhutan's National AIDS Control Programme to plan, implement and monitor targeted interventions. In Sri Lanka, IHAT supported the mapping of high-risk groups and highly vulnerable group of beach boys as part of a pilot project in selected districts.

In both Bhutan and Sri Lanka, IHAT also supported capacity building of government and non-governmental organizations to conduct evidence-based planning as well as administer and monitor the targeted intervention programmes. Details of work in the two countries supported by IHAT are outlined below:

Bhutan

A pilot rapid situation assessment was carried out in Thimphu by the Centre for Global Public Health (CGPH), University of Manitoba, Canada and India Health Action Trust during October 2009 to January 2010, with funding support from Government of Bhutan. Some of the **key findings** of the assessment were:

- The mapping estimates a total of around 242 FSWs on a typical day and around 390 FSWs on a busy day in Thimphu. It is also estimated that about 580 men visit different venues on a typical day seeking female sexual partners, and about 470 women visit seeking male sexual partners.
- The sexual behaviours in terms of the number and mix of sexual partners, as reported by the respondents in the survey, suggest the presence of a local sexual network that has the potential of transmitting STIs including HIV within the network.

1. A substantial proportion of men (45%) and women (24%) interviewed have reported more than one sexual partner in the past 12 months.
2. An analyses of both the types of sexual partnerships in the past 12 months and the respondent's relationship to the most recent sexual partner indicate that although the spouses and lovers (regular, long-term partnerships) dominate the sexual network of the respondents, a substantial part of the network also includes casual sexual partnerships (with strangers and known persons other than lovers and spouses), and more importantly, commercial partnerships (female sex workers or clients).
3. Regularly changing one's sexual partners was considered desirable among most of the 40 respondents for reasons that varied according to gender: for women, multiple sexual partners ensured the continued flow of money and material items; for men, frequent partner change provided a source of pleasure and "variety". Because sexual partner networks appear to overlap with social networks (i.e., core groups of

- To follow up the mother–baby pair till baby's attaining 18 months of age; imparting knowledge to the mother and family about the immunization, infant feeding options, as well as HIV testing for the baby.

Strategies

Step 1: ORW approaches ICTC-PPTCT Counsellor, Aanganwadi Workers, ASHA, ANM, PRIs and DLN

Step 2: Case information and consent for follow ups

Step 3: Tracing of proper address

Step 4: Home visit at residence of case

Step 5: Case is taken under regular follow up.

Step 6: Baby referred for HIV testing (linking with ART Centre, if detected positive).

Annual Evaluations and Performance Deliverables

IL & FS ETS contracted Partners in Development Initiatives to review the implementation of the Global Fund, RCC 2 Program for PPTCT in Delhi, Haryana, Goa, Mumbai, Madhya Pradesh, West Bengal, Rajasthan, Gujarat, Ahmadabad and Himachal Pradesh. The objective of this review was to identify areas in each project, in which further improvement needs to be brought about in terms of service delivery, organizational capacity and financial management.

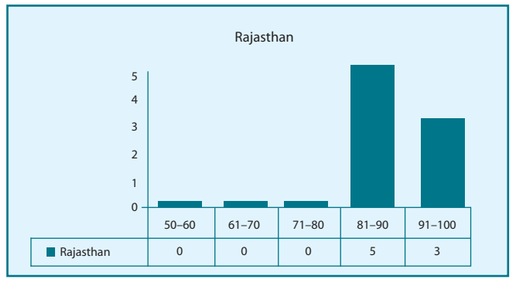
The review, conducted in the months of June, July and August 2011, focused mainly on the current project period, commencing from the date of signing of MOU with IL & FS ETS. The review was completed by 25 Field Investigators consisting of Program Experts and Finance Experts. The period for evaluating each NGO was considered to be 2 days- about one and half day for the field visit and remaining half day for report writing.

The Field Investigators interacted with the ORWs, Project Coordinators, Key Staff and NGO Chief Functionaries involved in the PPTCT programme. The Field Investigators also visited sites in the designated project areas as identified and selected by them. NGO partners were advised to make available all project related documents, registers, records along with books of accounts and all other financial records to the Field Investigators at the project office. The Field Investigators visited and met with the primary stake holders of the programme like staff of DAPCU, ICTC, CCC and ART Centres.

Based on the review, the project agreement was extended for one more year.

Key Findings

Three of the eight projects implemented by IHAT in Rajasthan have got above 91 per cent scores and the remaining five projects have scored between 84 to 90 per cent. Rajasthan is rated one among the best performing states out of the 9 IL&FS supported states having the PPTCT programme.



Sl.	District	Name of NGO	Scores	Percentage
1	Ajmer	India Health Action Trust(IHAT)	87	91.35
2	Alwar	IHAT	83	87.15
3	Barmer	IHAT	86	90.3
4	Bhilwara	IHAT	81	85.05
5	Jaipur	IHAT	87	91.35
6	Jodhpur	IHAT	87	91.35
7	Tonk	IHAT	86	90.3
8	Udaipur	IHAT	80	84

IHAT communication support to IEC activities with mass media

- Supported mass media activities by coordinating with resource persons and with TV and Radio Station, for shows to be aired and also in monitoring the shows.
- Supported budget development for Annual Action Plan and Strategy.
- Media coordination and preparing Press note/ Press releases and having them published in frontline media houses for maximising outreach.
- Supported in developing 14 new radio scripts.

Printing of IEC materials

- Supported developing/replicating/editing 68 new and varied IPC and IEC materials through information sourced from various organisations like NACO, TNSACS, NAZ foundation of India, Engender health, Fountain head etc.
- Development of timely report for IEC division(for NACO/NACO visitor/PDs review in Delhi/ other visitor to SACS and for other forums)
- Supported translation of documentaries and TV spots into local language and developed new documentary on KSAPS services
- Developed concept note, budget and implementation guideline for Bagalkot campaign 2011-12
- Supported capacity building team in developing new IEC materials and creative banners
- Supported development of newsletter by writing articles, providing photographs and updating news report for publishing in NACA newsletter.

Training Materials Developed

- Video training Material on Services (Kannada)
- Induction training of 24x7 PHC Staff Nurses (Kannada) Induction Training Manual for ANMs (Kannada)
- ToT Mannual for Volunteers Training (Door to Door Campaign)
- Training guidelines for DAPCU (Guidelines for District level Trainings – Kannada)
- PPTs on Services, Youth Vulnerability, Team Building, Role of Stakeholders
- Translation of Shaping our Life (Kannada)
- Training Module for training Youth, Women/ Girls, Auto Drivers, Jail Inmates, Journalists, Hotel Workers (PPTs and Reading Materials in Kannada)
- Mainstreaming Training Guide for RPs (Kannada)
- Training Guidelines for Trainers on Satellite Based Trainings (Kannada)

Outdoor mid-media

- Supported in strategic and district level planning, monitoring and documenting for 'Onde Hejje' (meaning 'Same Steps') Campaign in Karnataka.
- Strategic planning, monitoring and documenting the door-to -door campaign in which 1.35 lakh households were reached through six days of door-to-door campaign implemented in Mudhol and Jamkhandi talukas of Bagalkot district. 58,564 houses in Mudhol Taluk and 76,318 houses in Jamakhandi Taluk were covered keeping youth and women as the main focus. The campaign directly showed significant increase in access to services and reduction in new infections.

- Supported state-level Folk Media Campaign workshop and implemented and monitored the campaign in phases in all talukas in 30 districts. Currently Nodal officer for three districts (Bangalore urban and rural, Chickbalapur)
- Supported Tribal Action Plan: six workshops were conducted in six ITDP districts of Karnataka to develop a district action plan to prevent HIV among the tribal population. About 200 representatives from Department of Social Welfare, Department of Women and Child Development, ITDP and Lamp Societies participated.
- Supported in getting celebrities and religious leaders to endorse messages on HIV prevention and on reducing stigma and discrimination.

Event support

- Mobilised corporate support to increase the outreach of KSAPS through different means of communication. In 2010 and 2011, 27 million SMS messages (13.5 million through Airtel and 13.5 million through Reliance) were sent across the State. 15 million out bound diallers (Airtel) and 0.65 million` e-mailers (Airtel) also proved to be effective in taking messages to wider population. These services at an estimated worth of 2.5 crore were free of cost.
- Brought in funding support from UNICEF India for World AIDS Day (WAD) 2011 to the tune of rupees seventy thousand and 150 T-shirts.
- Supported scaling up mainstreaming initiatives by training auto-drivers (999 persons) garment workers (9250 persons) and hotel workers (140 persons) and conducting prison intervention (3312 persons), in Karnataka. Supported in organising events like World Blood Donor's Day, Voluntary Blood Donation Day and World AIDS Day 2009, 2010 and 2011 and contributing directly in their activities like:
  - Developing Press-note
  - Coordinating with media
  - Venue preparation
  - Venue branding
  - Venue logistics planning
  - Coordination with partners
  - Documenting proceedings

Other areas of support

- Monitored and documented the Mysore Dasara folk performances.
- Coordinated with agency to develop documentation on KSAPS Prison Intervention which pioneered in Karnataka.
- Supported in getting timely quality work from emplaned creative agencies.
- Supported in writing annual reports of KSAPS each year since 2007.
- Documenting all the meetings of IEC and NACO and sharing minutes with the team.
- Supported in brand building through IEC and IPC materials like role-up banners, standees, table-tops, T-shirts etc.
- Developed a concept and guideline for direct procurement of IEC requirements (for auto-top displays, wall paintings, hoardings and printing), through the agency empanelled with Directorate of Audio Video Publication(DAVP), thereby reducing the time taken in hiring the agency while achieving effective output.
- Developed the concept of mobile ICTC, designed the compartment and supported procurement through the SACS policy, supported in developing proposal and implementation guide for out-of-school youth programs along with monitoring indicators for SACS.

h. Advocacy and community mobilisation

Orientation was given on community committees and action plans were prepared to form the community committees. Discussions were held with TI staff, peers as well as community members. These discussions

Mobile Health Programme: Recent Initiative of the Project 'Saving Children's Lives through Community Empowerment'

A pre-pilot was initiated with training 10 selected ASHAs of PHC Rupangarh on 30-31 May 2011. After training, they worked efficiently with Commcare -a mobile application developed by Dimagi Inc. As a result, the scale up pilot began from 15th Nov 2011 with 70 ASHAs of Kishangarh Block. These 70 ASHAs were trained in three batches, from 15th to 25th Jan 2012, with technical support by Dimagi. After the training all the ASHAs have developed the skill of using Commcare which can be seen during the home visits. ASHAs are now able to spend more time with the client because the audio-visual Commcare gives lot of scope for conversation. Community's acceptance of the behaviour change messages has been more forthcoming due to mobile use reinforcing the same messages that have been communicated by the ASHAs. This has also enhanced credibility of ASHAs.

Services through Mobile Use	Status as on 30 April 2012
Total Numbers Of clients	1082+920=2002
Current Clients (open cases)	867+886=1753
60-day client follow-up percentage	75%
Average number of all forms completed per client	20.91
Forms submitted	2002
Total Follow up	1753
Total Close cases	249
Active CHWs	67
1Inactive CHWs	3

Prevention of Parent to Child Transmission of HIV (PPTCT)

Under the implementation of Global Fund - RCC-2, Program for PPTCT was initiated in Rajasthan in partnership between IL & FS and IHAT. Initiated in November 2010 as a six month pilot, the program was extended till July 11 and based on external evaluation, further extended for one more year (i.e. Aug. 2011 to July 2012).

In terms of structure, function and coverage,

- The project is in line with the NACP-III PPTCT guidelines and supported by NACO and RSACS.
- The project coverage is across eight districts namely Jaipur, Ajmer, Udaipur, Tonk, Alwar, Barmer (categorized as 'B'), Jodhpur and Bhilwara (categorized as 'C').

Objective

The PPTCT project aims to prevent HIV transmission and mitigate the impact of HIV by expanding access to services for HIV testing and counselling, leading to Prevention of Parent to Child Transmission. **The sub objectives** of the project are:

- To track and report the number of HIV infected pregnant women and their babies receiving complete course of ARV prophylaxis to reduce the risk of mother to child transmission.
- To follow up HIV positive women ensuring institutional delivery. This will include regular home visits with couple and family counselling. Prior consent has to be obtained from the client through the ICTC counsellors before carrying out home visits.

Model Centres Established	April 11 to September 11	October 11 to March12
Model Angan Wadi Centres (AWCs)	Five (Rupangarh II, Barna II,Udaipur Kala, Tikawara,Beeti)	Five (Mordi, Silora, Nayagaon, Kheda, Dhani Purothian)
Model Sub centre	Two at Beeti and Mundalov	
Model VHSC	Five Beeti, Mordi, Barna, Tikawara, Udaipur Kala	

Highlights: Project Data at a Glance			
Activity	April 10 - April 11	May 11 – Jan 12	Total
IPC & Family Contact	9580	5242	14822
Contact with Pregnant Ladies	3329	1951	5280
Contact with lactating mothers	2826	4340	7166
Contact with the parents (0-6)	13789	7087	20876
Complete ANC	766	507	1273
Complete PNC	217	254	471
Home Deliveries	191	110	301
Institutional Deliveries	478	531	1009
Total Deliveries	669	632	1301
Vaccination – children	3463	2491	5954
Participants, VHSC Meetings	1292	1816	3108
Participants, M&WSG Meeting	2684	2238	4922
Number of Children Age 0-6 years Currently Covered Under Health & Nutrition Issues: 2700			
Malnourished children reported: Nov 2011-Jan 2012	144 14	Identified after the AWW training on growth monitoring	
Severely Malnourished reported: Nov 2011- Jan 2012	8	Identified after the AWW training on growth monitoring	

No. of VHSC Members & Men & Women Support Group (M&WSG) Members Participated in the Refresher Training					
VHSC Members Trained in 28 Project Villages			M&WSG Members Trained in 28 Project Villages		
M	F	Total	M	F	Total
50	138	188	47	354	401

shed light on various aspects of the community needs regarding community mobilization.

One day workshop/meeting was organized in Chitradurga. Community Mobilization Officer and PO of TSU attended the meeting. The workshop made the board of directors aware of their role and responsibility to implement the TI programme.

Three days training on Organization Development and CBO Strengthening was organized by the STRC. Conducted baseline assessment of Community Committees in all TI's and facilitating TI's to improve community involvement

Conducted one day training of trainers (ToT) programs for 35 resource persons identified and selected from all four regions of Karnataka. Trained resource persons facilitated different training programs that are being conducted by DAPCUs at their district levels.

i. Mainstreaming

Specific mainstreaming activities and programs were implemented. Activities are classified under four broad categories:

1. Mainstreaming Training Program
2. Red Ribbon Club Program
3. Out of School Program
4. Tribal Action Plan

For each of the above activities, various training and TOT programs have been conducted for various departments. Three training sessions have already been conducted at the training institute in Bangalore for Department of Road Transport where 301 staff members of KSRTC were oriented on HIV and AIDS.

Satellite based HIV sensitization program was conducted for the SHG Federation members and the Leaders of Self Help Groups. 7920 women, 8800 teachers and 3782 persons participated in the program. Also, 4 Regional Training of Trainers program were conducted for Department of Health and Family Welfare in the cities of Bangalore, Mysore, Belgaum and Gulbarga.

Rajasthan

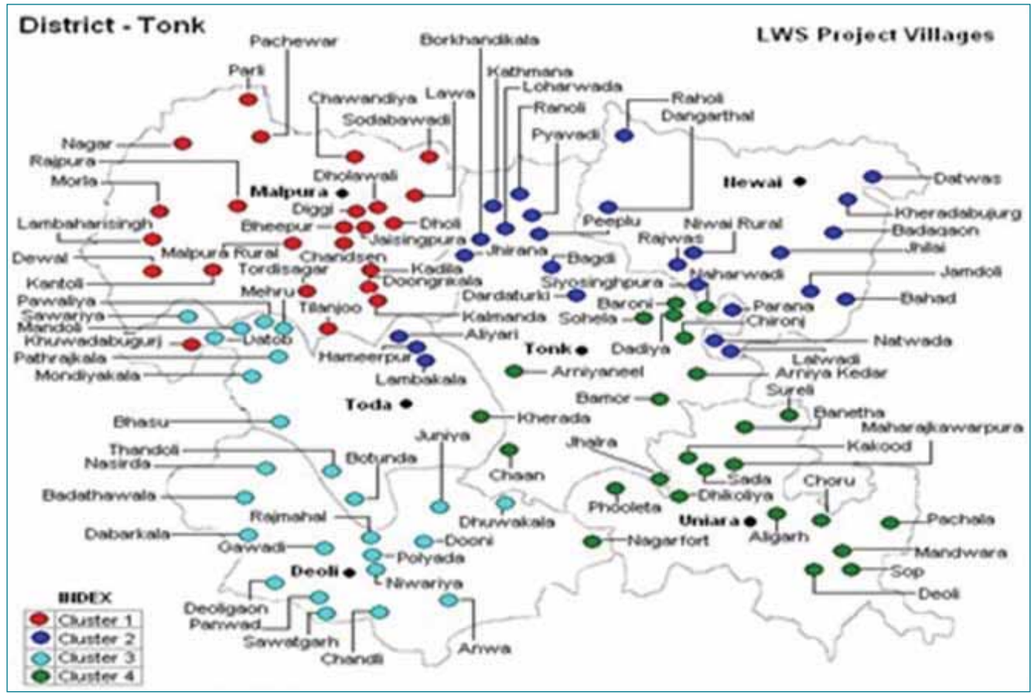
Link Workers Scheme in Rajasthan

IHAT with funding support from UNICEF has initiated implementation of the Link Workers Scheme (LWS) in Tonk district with 3 main aims:

- Saturate HRGs coverage through Link Worker Outreach in the TI un-reached areas,
- Identify and link bridge & vulnerable populations with the services, in remote & un-reached areas,
- Support PLHA in these areas.

The project covers 100 villages selected after mapping in the district Tonk (categorized as 'B' district) and prioritised as most vulnerable in the context of HIV risk and vulnerability. The target populations are the HRGs, long-distance truckers and their associates who make regular stops in the project areas, vulnerable young women, youth and adults at greater risk of HIV. The project used several approaches to changing high-risk sexual behaviour including inter-personal communication activities, increasing demand for and access to condoms, treating sexually transmitted infections (STIs) and HIV testing and counselling by linking target populations with government health services.

Distribution of Link Worker Scheme Project Villages in Tonk District

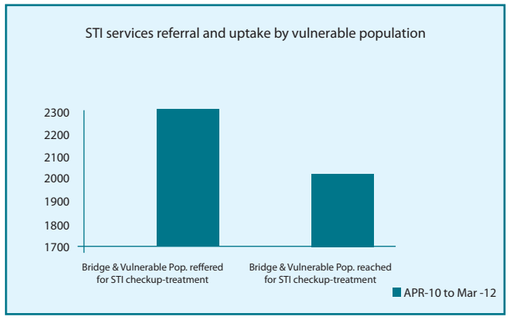


For reaching out to MARA (Most at Risk Adolescents) and EVA (Especially Vulnerable Adolescents) populations in schools and out of schools, IEC sessions have been conducted in all the project villages as a regular activity. Identification, training and involvement of Village Youth Volunteers (VYV) and RRC members have also been a focus in the project. Establishment of condom depots and VIEC centres at the Gram Panchayat Bhawan is a continuous effort for creating HIV awareness while engaging the PRIs in all the project villages. Rally, Exhibition & MNREGA sessions at the work sites have been conducted. MCH&N days have been monitored by the project staff to reach out to pregnant women by providing counselling on HIV-AIDS, STI, RTI and motivating them to go for HIV testing in nearby ICTC-PPTCT centres. In case of HIV positive detections, due follow-ups were done in coordination with the ICTC-PPTCT Counsellors.

After initiating and scaling up during the first two quarters of LWS project, continuing focus was on creating ownership & strengthening village structures for sustaining the change process. Interactions with key informants, stakeholders, village leaders, PRIs, VHSC, SHG members, youth groups, CBOs, NGOs, services providers i.e. ANM, ASHA, AWW, school teachers and doctors continued. Group meetings were done with different groups to introduce them to the scheme and initiate HIV related discussion with village youth, adolescents' girls, SHG members, HRGs, truckers, VHSC members, Meena Manch members, farmers and MNREGA labourers. Through contact drives, MNREGA labourers were covered and provided with information on HIV/AIDS, STI/RTI & referral services. To reach out to youth populations, in schools and out of schools, IEC sessions were conducted. Mohalla (small locality) meetings & one to one contacts have been organized to reach the target population in all the project villages.

Expected Outcomes	Key Activities	Outcomes Achieved
Village mapping and household survey in project villages	Village mapping and household survey planned and started in all 28 project villages	Village mapping and household survey completed in all 28 project villages
Training of all ASHAs, ANMs, AWWs on maternal and newborn child care issues	Service provider Training organized with the service providers (ASHA, AWW, ANM,GNM) of the project area	**Reinforcement Training of Service Providers- ANMs, ASHAs & AWWs** was organized on 29th May and 9th July 2010, covering 29 ANM ASHA participants and 44 AWW & others respectively. Second refresher training of 32 AWWs was completed on 19 Jan. 2012.
In 28 villages, VHSC formation/ activation and training; development of village health plans; and monitoring of its execution	In 27 villages, VHSC were formed and one day village level training was organised for 40 men and 117 women members. The next round of training with 50 men and 138 women is planned in Dec- Feb 2012	Formation and training of VHSC members in all the 28 project areas completed in two rounds, with additional training of Model VHSC members. Monthly meetings of VHSCs at village level are an on-going regular activity. The VHSCs are now strengthened as they have started conducting regular meetings, executing their expected role with utilization of VHSC funds.
Formation and training of 28 Women and Men's Support Groups(SG)	SG for women and men are formed in 28 villages, having 300 female and 91 male members, all trained during July and August 2010. Reinforcement training on maternal and child health issues was done from Nov. 2011 to Jan. 2012 with 47 male and 354 female members, using booklet, flip book and a check list on the roles of VHSC. Continuing support has been provided to all these groups by conducting regular monthly meetings.	All the 28 SGs are functioning and having regular monthly meetings discussing the current problems of their village along with discussion on related health topics. Members are assigned responsibility as for e.g. counselling families not coming for vaccination, weight monitoring of their children, ANC, PNC etc. Some SGs have made the midwives aware of the need for institutional delivery and are taking pregnant women to institutions. They have also started demanding health services. The support groups have been active and have corresponded with authorities on the need for ANM in Sargaon panchyat.

STI Referral and Treatment Uptake by Bridge & Vulnerable Populations



Mid-term Evaluation

In July-August 2011, concurrent assessment covering programmatic, management and financial aspects related to LWS project implementation was conducted by an external agency - ICRA Management Consulting Services Limited (IMaCS). The assessment shows good progress on all the Key Result Indicators (KRI). The final assessment report has been submitted to UNICEF and NACO. Based on the assessment, the project agreement has been extended till March 2013.

Saving Children's Lives through Community Empowerment in Rajasthan

India Health Action Trust (IHAT) in partnership with Save the Children has initiated the project named **'Saving Children's Lives through Community Empowerment'** in Ajmer district. The project is covering Roopangarh PHC area in Kishangarh block comprising 28 villages from eight panchyats with a total population of 41113. The project aims **'To reduce under five mortality and rate of under-nutrition among children aged 0-5 years'**, while achieving the following sub objectives:

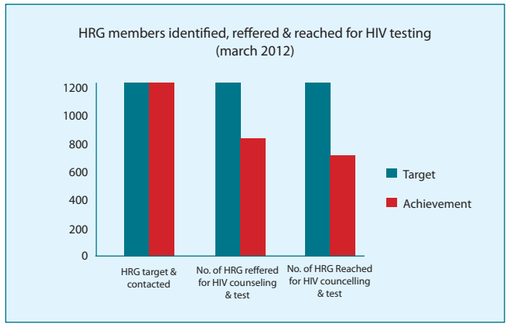
- Improving the access and utilisation of basic maternal, new-born and child health and nutrition services in the defined geographic area.
- Improving the quality of these services by enhancing the skills and capacities of grass-root level workers.
- Empowering the communities by improving their awareness level and thereby helping them to demand for quality maternal, new-born and child health and nutrition services.
- Building the capacity of community based organizations/local NGOs, and government system to improve basic maternal, new-born and child health and nutrition related service delivery, with emphasis on its quality.

The project started in Kishangarh on 5th April 2010' by establishing village contacts in the 28 project villages of Roopangarh PHC. The project area is divided into four clusters and five sub-clusters, based on the geography and the population size; with each cluster assigned to a Cluster Coordinator, who is supported and monitored by the Program Coordinator.

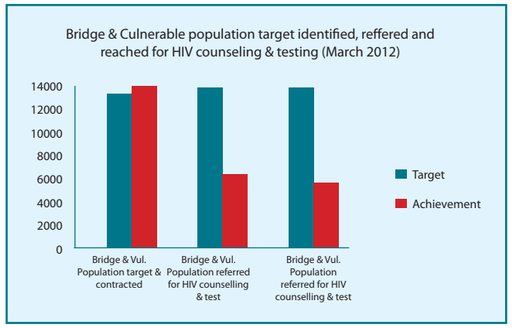
During community outreach, 1007 village youth volunteers were identified and oriented on the LWS for providing support to the Link Workers for carrying out project activities in their respective villages. Volunteers provided their active support in developing the village maps and in the whole process of Social Mapping of the project villages. Social mapping was done with community participation using Participatory Rural Appraisal (PRA) tools to understand the social and geographical structures of their village for developing village plans.

Key results so far include reaching out to 3505 women and men with HIV prevention & care messages in 59 MNREGA sessions; organising 1185 structured BCC sessions with 9455 MARA-EVA; 2568 STI referrals (with 2248 treatment and follow-ups), 6213 ICTC referrals (with 5353 HIV tests), establishing 189 condom depots, 77 Red Ribbon Clubs and 91 VIECs (Village level Information & Education Centre) placed in Gram Panchayat Bhawan by a formal circular issued by the CEO, Zilla Parishad.A system of monthly review and planning meeting with DAPCU is institutionalised and our project team is included as an integral part of the district/block level health sector. Apart from participating in monthly meetings, the team supports and helps monitor the MCH&N day activities in all the project villages. The project results against the key indicators are given below:

High Risk Group Members Contacted & Linked with the ICTC Services



Vulnerable Population Contacted & Linked with ICTC Services



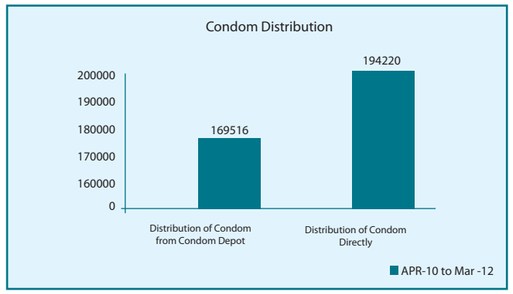
Linkages with Government Services

Link Workers act as facilitators to generate awareness about available services and thereby enhance utilization of prevention, care and support services especially for ICTC, PPTCT, STI, DOT, ART and Link ART. By increasing awareness about social entitlements, PLHIV are linked with District Level Networks of positive people (DLN), Department of Women & Child Development (W&CD), and with other relevant departments and schemes.

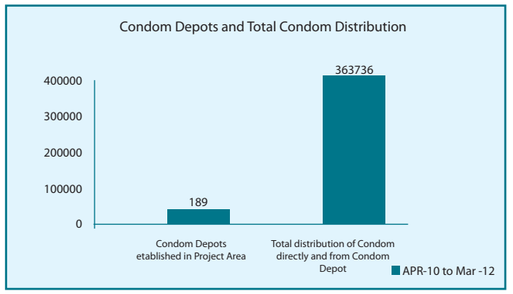
Condom Promotion Programme

To increase the accessibility and availability of condoms, condom depots are established in each village covered under the Link Worker Scheme. So far 189 condom depots have been established and are easily accessible by "at risk" populations with over 169516 condoms distributed through condom depots. Condom demonstrations are done by male Link Workers in the men's groups and by female Link Workers in the women groups. Sessions on correct and consistent use of condom is an essential part of daily outreach. Link Workers are trained to further train women in condom negotiation skills.

Distribution of Free Condoms through Condom Depots and Direct Distribution



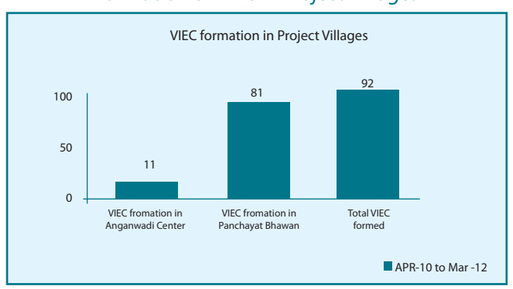
Establishment of Free Condom Depots and Condom Distribution



Village Information & Education Centres

To provide information on HIV to the rural population, Village Information and Education Centres (VIEC) have been established in project villages in Gram Panchayat Bhawans & Anganwadi Centres. As part of this scheme, 92 new VIEC have been opened or were shifted into Gram Panchayat Bhawans (81) & Anganwadi Centres (11). These centres were established with the support of local Panchayats and Zilla Parishad, Tonk. This is one of the measures to increase PRI and community ownership in the HIV response.

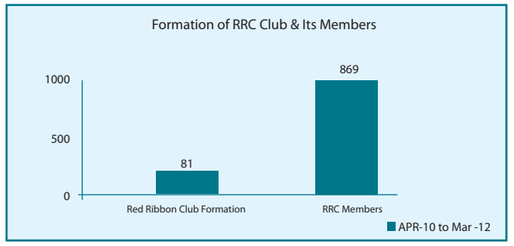
Formation of VIEC in Project Villages



Red Ribbon Clubs (RRC)

As youth are more vulnerable to HIV infection, the LWS gives importance to address the information needs of rural youth and children, including out of school adolescents. In order to ensure participation of youth in HIV prevention programmes, Village Youth Volunteers were identified and motivated to engage their peers, forming the Red Ribbon Clubs in project villages. 81 RRC have been formed with 869 members. Timely Capacity building of clubs by project staff has made them active. The activities of RRCs include information dissemination, voluntary blood donation, condom promotion, cultural programmes and referrals to health service centers, including for STI and HIV testing and counselling.

Formation of RRC & Membership in the Project Villages



Development of Training Modules

The important role and responsibility of Link Workers in the scheme demands an enhanced capacity in terms of knowledge on HIV and related issues, and skills to interact and effectively communicate with the community so as to actively involve them in various activities under LWS. They further require positive change in their attitudes to respect and understand PLHIV, high-risk and vulnerable groups. Therefore, greater emphasis has been given on building the capacities of local human resource for achieving the goals of project. Training modules developed by NACO were used to train the human resource that included Link workers, Supervisors and M & E Officer.

Selecting Volunteers & Building Capacity

Volunteers are the key to the success of LWs and its sustainability beyond the project term and hence, they have been identified from various existing village structures like SHGs, Women groups, HRG populations, NYK and members. Onsite support to volunteers was given by the Link Workers/Supervisors/DRP's to strengthen their communication skills & enhance motivation levels. Volunteers started providing information on HIV/AIDS & doing referrals and follow ups as well. Volunteers mobilize community members to participate in the events organized under LWS. They also take responsibility to establish & manage VIEC centers at Panchayat Bhawan's & AWCs and organize periodic meetings.

Village Youth Volunteer Trained and Supporting Project in Villages

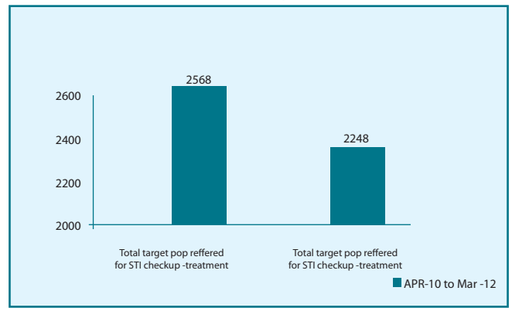
IEC Materials

A series of communication materials have been used under Link Worker Scheme for different sets of target groups. IEC materials published by IHAT, RSACS were used for effective dialogue based communication to discuss issues like HIV/AIDS, STI, sexual health and hygiene, sexuality, safer sex, and de-addiction. Information brochures are distributed and used by the Link Workers to convey appropriate messages to groups.

Mid-media Programmes

For providing information on HIV and thereby promoting service uptake, 355 IEC programmes were conducted including the 'Nukkad Natak' (Street Theatre) shows in the villages and hot spots. The shows were followed by question-answer sessions and magic shows in the villages. These programmes were organized in coordination with RSACS, DAPCU and district support team. Event-based exhibition & rallies on HIV and AIDS were also organized in the project villages and at the district headquarters. All programmes were well supported and attended by the villagers, PRIs and village youth volunteers. The main focus of the IEC programmes was to reach out to the rural people, especially the vulnerable and high risk populations, with HIV prevention and care messages.

Total STI Referral and Treatment Uptake by HRG & Vulnerable Population



Sexually Transmitted Infections (STIs)

There is a RSACS designated "suraksha clinic" in Tonk district for testing and treatment of STI. During April 2010 to March 2012, total 2568 clients were counselled out of which 2248 received STI treatment & 1770 RPR (Rapid Plasma Regain test I to ascertain STI positivity-for syphilis) have been tested; of those tested, total 04 RPR were reported positive. Data on STI services for vulnerable and HRG population is given in the charts below.

STI Referral and Treatment Uptake by HRG