Format for Application

For

Link Worker Scheme (LWS)

2018-19

KSAPS
KARNATAKASTATE AIDS PREVENTION SOCIETY
2nd Floor, Sir C V Raman General Hospital, Indiranagar, Bangalore – 560 038.


SUB.: ADVERTISEMENT FOR INVITING APPLICATIONS FROM NGOs/CBOs FOR EMPANELMENT

State Government is initiating Link Worker Scheme (LWS) for HIV/AIDS prevention and care and support in rural areas of the state. This EOI is floated to invite applications from interested civil society Organisations in the State of Karnataka for implementing LWS in the following districts.


Specific Format for application along with other details is available at web-site www.ksaps.gov.in (click on “LWS empanelment format”) or would be mailed on request. The last date for submission of EOI is 25th August 2018.

Project Director
Karnataka State AIDS Prevention Society
Bangalore.
Instructions to Bidders

Section A:
Minimum Eligibility Criteria

The bidder, who fulfills the following minimum criteria, shall only be considered for JAT assessment.

1. NGO should have a minimum turnover of Rs. 15,00,000/- (Rupees fifteen lakhs) per year in each of the three previous years (2015-16, 2016-17, and 2017-18).

2. For the applications to be considered the NGO/CBO who are applying must submit the following documents with self attestation by competent authority of the organization.

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Name of the Documents</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>Society/Trust Registration Certificate</td>
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<tr>
<td>2</td>
<td>Memorandum of Association and Bylaws/Trust Deed</td>
</tr>
<tr>
<td>3</td>
<td>Activity Report/Annual report of the organization for the last three years</td>
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<tr>
<td>4</td>
<td>Annual Audit Report of the organization for the last three years</td>
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<tr>
<td>5</td>
<td>Income Tax Registration and Exemption Certificate if any</td>
</tr>
<tr>
<td>6</td>
<td>FCRA Registration Certificate if any</td>
</tr>
<tr>
<td>7</td>
<td>List of Board / Governing Body members with Contact details and occupation</td>
</tr>
</tbody>
</table>

3. The bidder must be implementing or have implemented a project in the district between April 2015 – March 2018 for which the bidder is applying to implement LWS (Serial No. 1 of Application Form)

Section B:

After Joint Appraisal Team’s exercise final selection of the successful bidder will be done as per the following criteria.

1. Selection will be done on the basis of JAT assessment score, the NGO/CBO getting maximum marks (out of the maximum of 33) will be preferred first.

2. The NGO/CBO who scored 17 or less marks will not be considered for empanelment.
APPLICATION FORM

Section C:
NOTE: Filling of all information is mandatory. Forms that are not filled up / partially filled up will be rejected. In case a point / cell is not applicable, please mention “NA”

A. Basic Information:
District Applied for: (Mark ‘✓’ in the column against the district, which you are applying for)

<table>
<thead>
<tr>
<th>District</th>
<th>LWS (✓)</th>
<th>Details of the projects implemented between April 2015 – March 2018</th>
<th>Year of implementation</th>
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<tbody>
<tr>
<td>Bagalkote</td>
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<td>Vijayapura</td>
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<tr>
<td>Gadag</td>
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Agency Status:

1. Name of the Organization:

2. Postal Address:
   - PIN
   - District:

3. Telephone Landline:
   - Mobile:
   - Fax
   - Email

4. Legal status:
   - ( ) Society
   - ( ) Company
   - ( ) Others (specify)
### Registration Details:
- Registered on (Date):
- Registered By:

5. Contact person for the NGO/ CBO:

Designation of the contact person:

### B. Organizational Background:

<table>
<thead>
<tr>
<th>Category (movable, immovable etc.)</th>
<th>Assets/Infrastructure of the organization (for eg: Land, Building, vehicles etc.)</th>
<th>Approximate Value in Rs.</th>
</tr>
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</table>

Please provide details of activities undertaken during last three years: (attach the detailed audited statement for 3 years):

<table>
<thead>
<tr>
<th>Year</th>
<th>Source of funding</th>
<th>Amount</th>
<th>List of activities</th>
<th>Activities similar to the TOR/Scope of Work</th>
<th>Location of activities as mentioned in column no. 5</th>
</tr>
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<tbody>
<tr>
<td>2017-18</td>
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<td>2016-17</td>
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<td>2015-16</td>
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Whether blacklisted/debarred by any agency (both government, private or World Bank / UN bodies) in the past?
- If yes, provide details in an Affidavit.

Whether any staff or board member of your organization is part of any SACS/TSU staffs currently or in the past. Please provide the above information in the form of an Affidavit.

### C. Bidder’s Experience:
[Using the format below, provide information on each assignment for which your firm/organization, was legally contracted for carrying out consulting services similar to the ones requested under this assignment. Details of each assignment to be given in a separate sheet.]

<table>
<thead>
<tr>
<th>Assignment name:</th>
<th>Approx. value of the contract in Rupees:</th>
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<tbody>
<tr>
<td>Country: Location within country:</td>
<td>Duration of assignment (months):</td>
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<tr>
<td>Name of Client:</td>
<td>Total N° of staff-months of the assignment:</td>
</tr>
<tr>
<td>Address:</td>
<td>Approx. value of the services provided by your firm under the contract in Rupees</td>
</tr>
<tr>
<td>Start date (month/year): Completion date (month/year):</td>
<td>N° of professional staff-months provided by associated Consultants:</td>
</tr>
<tr>
<td>Name of associated Consultants, if any:</td>
<td>Name of senior professional staff of your firm involved and functions performed (indicate most significant profiles such as Project Director/Coordinator, Team Leader):</td>
</tr>
<tr>
<td>Narrative description of Project:</td>
<td></td>
</tr>
<tr>
<td>Description of actual services provided by your staff within the assignment:</td>
<td></td>
</tr>
</tbody>
</table>

Name of the person who filled this form:
Designation:
Address and contact # (Phone and mobile)

Declaration
I / we, the undersigned do hereby declare that the information given in the empanelment format – Section A, B and C are true to the best of my/our knowledge. In the event of any such information pertaining to the aforesaid matter found to be false at any given point of time either during the course of the bidding or at the contract stage, my bid/contract shall be liable for truncation / cancellation / termination without any notice at the sole discretion of KSAPS and will be liable for further procedures.

Signature:
Name:

Address of the office bearer/signatory of the organization:

Place:
Date:
TERMS OF REFERENCE
FOR
Link Worker Scheme

Introduction
The Link Worker Scheme seeks to address the need for HIV prevention, support and care services at the rural level through capacity building of rural community. The scheme envisages sensitization of the rural population on issues of HIV/AIDS, gender, sexuality, STIs. It includes motivating and mobilizing difficult-to-reach, especially vulnerable sub populations including high risk individuals, youth and women and linking these marginalized sub populations to the public health services for STI, ICTC, ART and their follow up. Generating volunteerism among the community for fighting HIV/AIDS and inculcating health values is another cornerstone of this strategy. It is a short term scheme that aims to build a self reliant rural community, which can make HIV prevention and care sustainable.

The Link Worker Scheme funded by GOK will be implemented in 10 districts, as per the existing NACO guidelines, through NGOs/CBOs with management and technical support from KSAPS. The NACO guidelines restrict implementation of LWS to 100 most at risk villages in a district. The LWS by GOK will differ with the NACO guidelines in this regard and will be implemented in either more or less than 100 villages in a district depending upon the need. As such the most vulnerable or at risk villages in the district would be considered for intervention. In general the LWS supported by GOK would be focusing on the following aspects of HIV prevention and Care:

- Prevention among Female sex workers.
- Prevention with at-risk General Population.
- Prevention with HIV positives (PwP).
- Care outreach with PLHIV.
- Care outreach with orphans and vulnerable children (OVC)
- Integration with Panchayat Raj Local self-governance for sustainale program implementation

It is proposed to start work in at least 100 villages in each of the districts. In due course of time the villages for intervention in each district will be increased as per the need to cover all the most at risk villages.

The intervention at the district level will be done by NGOs/CBOs who in turn will be selected through an EOI and JAT assessment. The staffing pattern at the implementing partner’s level will be as per the NACO guidelines.

As per the data provided by the implementing agencies, who were implementing LWS in the proposed 04 districts, the details are as follows:
<table>
<thead>
<tr>
<th>District</th>
<th>No. of most at risk villages</th>
<th>No. of FSW</th>
<th>Vulnerable Male</th>
<th>Vulnerable Female</th>
<th>PLHA Male</th>
<th>PLHA Female</th>
<th>OVC</th>
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<td>58197</td>
<td>61397</td>
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<td>8368</td>
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Proposed Budget, as per NACO guidelines, for the LWS in the 5 districts covering 100 villages in each districts will be about Rs. 27.00 lakh approx. per year.

I. Objectives of the Link Worker Scheme:

The scheme will make an effort to build a community-centered model for rural areas. This will include an outreach strategy to address the HIV prevention, care and support and treatment requirements in 187 high prevalence and highly vulnerable districts. The specific objective of the scheme includes Reach out to HRGs and vulnerable men and women in rural areas with information, knowledge, skills on STI/HIV prevention and risk reduction. This entails:

- Increasing the availability and use of condoms among HRGs and other vulnerable men and women.
- Establishing referral and follow-up linkages for various services including treatment for STIs, testing and treatment for TB, ICTC/PPTCT services, HIV care and support services including ART.
- Creating an enabling environment for PLHA and their families, reducing stigma and discrimination against them through interactions with existing community structures/groups, e.g. Village Health Committees (VHC), Self Help Groups (SHG) and Panchayati Raj institutes (PRI).

The population groups that are at-risk and vulnerable to HIV infection as well as persons living with HIV/AIDS include:

1. High-risk groups (HRGs):
   a. Female sex workers (FSWs): An adult woman who engages in consensual sex for money or payment in any kind as a means of livelihood. It includes women who live and practice sex work in and outside the village and also those who come from outside to practice sex in a particular village. The definition excludes women who used to be sex workers in the past and are currently not entertaining clients.
   b. Men having sex with men (MSM): All men who have sex with other men as a matter of preference or practice, regardless of their sexual identity or orientation and irrespective of whether they have sex with women or not. It includes men who live and engage in anal sex with other men in and outside the village and also those who have anal sex with men in casual partnerships or in commercial relationships. The definition also includes Transgender (Hijras).
   c. Injecting Drug Users (IDUs): IDUs are not injectors at all times in their injecting life span. They may inject, then fall back onto non injecting (e.g. oral) drug use, or abstinence and then return to injecting. Thus, IDUs are defined as those who used any drug through injecting routes in the last three months. It includes those who live and inject drugs in and outside the village and also those who come from outside the village to inject drugs.

2. Vulnerable groups:
   a. At-risk men including clients of FSWs: Include commercial drivers and cleaners who live in the village and work within or outside the village, migrant workers (single men or
women) who come to the village for work or go outside the village for work/business including short duration migration also.
b. At-risk women: Women who have casual multiple partners.
c. Partners/spouses of migrant/mobile men and women
d. Partners/spouses of commercial drivers/cleaners
e. Partners/spouses of FSWs/MSMs/IDUs
f. Women in women-headed households
g. Persons infected and affected by HIV
h. Men who have sex with men (not necessarily anal sex)
i. IDUs (not necessarily sharing needles)
j. Youth Population

II. Services Provided Under Link Worker Scheme:
1. Community outreach to establish linkages with services: Link Workers will reach out to those at risk and vulnerable individuals or groups who are at present not able to access to HIV related information and services. The scheme will promote risk reduction and motivate community members to adopt behaviour change. The outreach services provided under the scheme will ensure reaching out to key populations, linking them up with programmes and services and educating them about the modes of prevention. The Link Workers will provide HIV related information, demonstrate condom use, distribute condoms, refer patients for appropriate services and do follow-up to monitor and facilitate the consistent use of these services.
2. Advocacy: The focus will be on advocating for availability of quality services and reduction of stigma and discrimination against HRG and PLHA.
3. Community mobilization: Community members will be facilitated to develop ownership and sustain the scheme beyond the life of the programme. Formation of youth groups, Red Ribbon Clubs and involvement of volunteers will be encouraged to ensure that the efforts are sustained.

III. Role of Implementing NGOs:
Implementing NGOs will be selected by the SACS in coordination with the Lead NGO. The number of implementing NGOs per state will depend upon the design provided for the clustering of villages in one district or a number of districts.
The role of Implementing NGO will be to:
1. Ensure selection of DRPs, Supervisors and Link Workers as per selection criteria mentioned in the Operational Guidelines.
2. Ensure training of staff at all levels in coordination with Lead NGOs/ SACS/DAPCU.
3. Coordinate development and implementation of the District Implementation Plan activities as described in Chapter -3 of the Operational Guidelines.
4. Establish systems for fund management, programme management, information flow, monitoring and supervision.
5. Manage timely reporting of financial and programme performance to KSAPS/DAPCU.
6. Ensure field visits by the DRPs, M & E officer to handhold the Supervisors and Link Workers for effective implementation of the scheme.
7. Coordinate with KSAPS to develop a set of villages as demonstration site.
8. Coordinate with KSAPS in networking with allied government departments in order to create an enabling environment.
9. Organize analysis and use of information generated by the scheme to address gaps.
10. Coordinate with ART/ DOT/ ICTC centers for calculating the reports and ensuring further referral.

To channel this effort a four-tier structure is proposed:

District Resource Person (DRP) – Supervisor – Link Worker – Volunteers
The implementing NGO in each district will have the following human resource positions:

1. DRP (Programme) - (1)

2. M & E cum Accounts assistant (1)

3. Supervisor (2) i.e. (1 for 10 Link Workers and 2 per district)

4. Link Worker (2 in number - male and female, each district will have about 20 Link Workers)

**DISTRICT IMPLEMENTATION ACTIVITIES:**

The Link Worker Scheme will be implemented in the districts through implementing NGO with management and technical support from KSAPS. This scheme considers the district as a unit and based on mapping at the district level identifies most at-risk villages for intervention. At the village level, the scheme will work towards creating awareness about risk and vulnerability to HIV, developing a stigma and discrimination free environment for PLHA and their families, establishing linkage with services and facilitating community ownership. It is a short term scheme that aims to build a self-reliant rural community which can make HIV prevention and care sustainable.

The human resources at the district level will be recruited in a phased manner:

a) The DRP (Programme), DRP (Training) and the Supervisors will be recruited in the beginning. They will initiate the process in the selected villages.

b) The Link Workers will be recruited after the Supervisors enter the selected villages and build rapport with the community and involve the community in the process of need assessment.

c) The Link Workers will select the volunteers after starting the initial intervention in the villages.
Implementation Activities:
District level implementation includes a series of activities. Some of these activities will overlap depending on the need of the community and the working pace of the implementation team. Following activities will be done as part of the implementation of the scheme:

Activity 1: Clustering of villages for operationalizing the scheme:
The first task will be to cluster the implementation villages for placement of Link Workers. Village clusters will be defined according to target population size (estimates of population, HRG and PLHA) and geographic proximity. Each cluster will consist of 4-6 villages covering about population of 5000 – 10000 people. One cluster will be assigned to a team of 2 Link Workers (one male and one female) which will become their operational area. This will help the Link Workers to prioritize their outreach and organize linkage to services.

Community Entry Level Activities:
Activity 2: Initial rapport building:
The project team will meet the village leaders and key informants to introduce the scheme and explain its features. The project staff will conduct a community meeting (Gram Sabha) with a group of village leaders (both formal and informal), in which information about the project and the activities and preparations for the SNA will be discussed. The venue for the public gathering will be fixed and a commitment on the time of the meeting will be obtained from the village leaders. During this process, it is important to ensure the participation of women and young people. If need be, separate meeting with these groups will be conducted to ensure that they understand the scheme. The Supervisors will also identify the SHGs and youth groups in the villages and meet them to introduce the team and the project. The Supervisors will ensure that she/he meets the other influential people in the village like the teachers, anganwadi workers, ANM, ASHA etc. It is important for the Supervisors during these initial visits to also visit the SC/ST colony and discuss the scheme with them. The Supervisor will have to build confidence among the people and convince them that scheme will also address their health needs.

Activity 3: Social Mapping of the villages:
One of the key entry level activities will be to develop a social map of the villages. This will enable the Supervisors to understand the villages for which they are accountable and responsible. The social mapping will adopt Participatory Rural Appraisal (PRA) tools to facilitate participation of the community where the scheme will be implemented. Social mapping will enable the facilitator and the participants to understand the social and geographic structure of the village. In the context of this scheme, the social map will include location and understanding of health care services, condom availability and accessibility, important places in the village, the caste structure and the way it is organized in the villages (e.g. lanes where SC/ST caste people stay). It will also note the religious make up of the village and the location of religious sites, places where people often meet, the panchayat office and any other spots that the community thinks is important. Social mapping is seen as a quick and effective way of understanding the landscape and dynamics of the villages. It will also help the Supervisor to build rapport with the community, plan outreach and identify possible Link Workers and Volunteers. When this exercise is over, the social maps will be shared with the community. The Supervisor will give copies of these maps to the office for documentation.

Activity 4: Village level situation and Needs Assessment:
In selected villages, a detailed SNA will be carried out by the Implementing NGO, involving the Supervisors and the Link Workers. The main objectives of this SNA are:

- To understand the community’s needs and priorities.
- To help in building rapport with the community.
- To involve the community in programme planning and monitoring.
- To validate the information gathered through social mapping.

1. Link Worker will mobilize the key informants having representation from each street/segment of the village, caste, gender and age, to collect at a pre-determined venue. A series of focus
group discussions will be conducted to make each of the group understand their priorities and explain how their priorities fit within the scheme.

2. Following the discussions held in focus groups, Link Workers will use the social maps developed by Supervisors to create segment and focus maps. Link Workers will go back to the community with the social maps and will elicit their support to develop segment maps.

Segment Maps

A segment map is prepared with the help of representatives from that particular segment. Each house is marked on each street, with the name of the head of household at the beginning of the street and end of the street. This process uses a participatory method. A village can be divided into segments comprising of group of 80-100 households in village. A segment map divides the village into manageable geography, which will help the Link Worker to prioritize and plan outreach. Sometimes the village is naturally divided into segments like the SC colony (can be one segment) or the Brahmin gali. The segment map is developed to also ensure that all the segments in the villages and all the households in the segments are identified. Segment maps will be created by involving community members staying in different segments of the village.

For Example: Link Worker will go to the SC colony to develop the SC colony segment map. After the segment mapping, the Link Worker will develop focus maps using the segment maps to mark the households and identify the target population. Such maps help the Link Worker to identify and prioritize the households for effective outreach. These maps need to be updated regularly as new target groups may get added in the villages while the old ones may move out. Focus maps should be kept safely in the offices as they carry sensitive information. Instead of mentioning names, the maps should use symbols to indicate target populations. These maps will be passed on to the new Link Worker if the old one leaves. The Link Worker will conduct a household survey to collect demographic details of each household. A standard format will be used to collect this information. This survey will help the Link Worker to validate the data collected through the PRA process, line listing the target population and build rapport with each household. If the Link Worker comes across specific needs of the community during the survey, she/he will have to establish linkage with services that address those needs in order to gain the trust of the community.

Focus Maps The male Link Worker in the village will focus on male members of the target groups and the female Link Worker will focus on the females in the village. Initially, Link Worker will be able to identify only the less sensitive target groups (pregnant women, migrants, female/child headed households, TB/STI, migrant cases). With repeated visits/contacts/meetings, Link Worker will manage to identify other sensitive target group members as well. The process of SNA will also help in estimating the target population that Link Worker will haveto reach out to in each village.

Developing Village Level Action Plan:

Activity 5: Identify groups and initiate HIV related discussions:

Link Worker will have to identify the existing groups like youth group, women’s group and farmers’ group in the village. These groups will act as ready platforms for the Link Worker to start work. She/he will attend meetings of these groups to introduce the topic of HIV and link it with the issues identified by these groups during the needs assessment. The Link Worker will make use of communication materials and dialogue based communication skills to discuss issues like HIV, sexuality and addiction in the groups. Link Worker will form new groups in villages where there are no groups. Groups of young girls and adult men will be formed if such groups do not exist in the villages. Link Worker will initiate discussions on HIV and their vulnerability to HIV after organizing 5-6 meetings of the new groups. Stepping Stones training will be introduced as a tool in these groups as soon as the Link Worker makes an assessment of the sustainability of the groups. Some of the group members can be chosen as volunteers for the scheme over a period of time. There will be 1000 volunteers per district.
Activity 6: Develop outreach plan for target population:

Based on the focus map and household survey, Link Worker will be able to prioritize the community needs and facilitate linkage with institutions to address these needs. Though these needs may not be directly linked with HIV prevention or care, the Link Worker will have to facilitate these linkages to build the confidence of the community and provide some tangible benefits. Using the data generated through the focus map and household survey, Link Worker will start identifying the ‘at risk’ population in the villages. After validation, Link Worker will draw up a list of the risk population as per risk profile (reasons of risk: sex work, addictions, violence, multiple partner sex, male to male sex etc). In consultation with Supervisor, she/he will later prepare a micro plan for each at-risk individual in the village. Link Workers will maintain target group-wise calendars in each village where they will record and assess their performance in terms of outreach. Micro planning will ensure that the scheme reaches out to the target groups effectively. The line listing and individual micro planning will be done for HRI/HRG. Vulnerable populations will be reached out through groups like SHGs, youth groups, Red Ribbon Clubs etc. Communication is an integral part of outreach. The outreach team will be equipped with communication skills and made aware of the key messages that need to be communicated. Micro planning will be conducted to ensure that effective media plans are developed and implemented across districts

Activity 7: Develop a condom/ lubricants/ needle/syringe distribution plan and implement it:

The Link Workers will identify the locations where the target populations reside and develop condoms/ lubricants/needles/ syringes depots in these sites in consultation with the target groups. They will encourage both male and female community representatives to establish condoms/lubricants/needles/ syringes depots for ease and comfort of all target groups. Condoms/ lubricants/needles/ syringes will also be distributed directly by the Link Workers. They will prioritize the HRGs and based on their needs will distribute condoms/ lubricants/needles/ syringes. They will also provide information about the availability of condoms/lubricants/needles/ syringes in all group meetings and one-to-one discussions. Condom demonstration is a key feature of condom distribution. It is important because in correct use of condoms can be unsafe. Link Worker will demonstrate condom use during one to one interaction and group meetings. The male Link Worker will do condom demonstration in the male groups and the female Link Worker will demonstrate in the women groups. Link Worker will also train the women in condom negotiation skills. As the volunteers are identified and trained, they will also keep condoms/ lubricants/needles/syringes with them for distribution.

Activity 8: Develop linkages with services and do follow ups:

Link Workers will act as facilitators to generate awareness and enhance utilization of prevention, care and support services (especially STI, ICTC, PPTCT, ART and DOT). If required, they will facilitate the visit of the patients and also do follow-ups. Implementing NGOs will seek support from existing public and private sector health care providers within the villages and district to ensure linkages and accessibility to services. Referral systems will be strengthened to create a seamless link of the various services of the scheme, institutions and staff of the programme with the community. They will promote the use of these services and ensure that target populations are aware of the services and their availability. Accompanied referrals will be done if required. The Link Workers will identify HIV positive persons through mapping, train their families in home based care and provide ongoing support.

Strengthening Community Structures

Activity 9: Selecting Volunteers and building their capacity:

Volunteers are a key cadre of the Link Worker Scheme. They will serve as peer educators and will represent different segments in the village like SHGs, micro-credit groups, youth groups, women’s group, HRGs and PLHA. There is no specified target for the number of volunteers to be selected. The scheme will aim at developing at least one volunteer for every 20 households in
the village, essentially representing and having reach to the different segments of the village population. A total of 1000 volunteers per district will be the minimum target. The shortlisted persons volunteering to work for the scheme will undergo a formal training process to equip them with skills and information required to fulfill their role as volunteers of the scheme. Once they agree to volunteer for the scheme, they will be registered with Link Worker. The Link Worker will report to Supervisor and DRP (Programme) every month on the status of the volunteers selected and registered. She/he will provide regular orientation and training to the volunteers to strengthen their skills in communication and advocacy. Volunteers will create awareness about HIV in the village, provide support in managing the information centres, provide referrals and do follow ups. They will also mobilize community members to participate when events or outreach camps take place in the village. The volunteer has been added as a cadre in the scheme to sustain this process in the future. When the scheme will end, the village will have enough trained individuals to sustain the change process.

Activity 10: Forming Red Ribbon Clubs:
Forming groups have proved to be an effective strategy in all social development processes. In the HIV prevention and care interventions too, group formation strategy has worked very well for spreading awareness among youth. Youth learn best through peer learning and group processes. As part of the Link Worker Scheme, young people in the villages will be motivated to form Red Ribbon Clubs. These clubs will take lead in creating awareness on HIV/AIDS in the community. These clubs will also support Link Workers in implementing the scheme and extend support for advocating against stigma and discrimination towards HRG or PLHA. Red Ribbon Clubs can be formed in schools and colleges. The club will also include school and college drop outs. There will be fair representation of young girls in these clubs. If necessary, separate Red Ribbon Clubs will be formed for girls.

5. MONITORING AND EVALUATION
5.1 Areas of Monitoring:
Under the Link Worker Scheme, the following key areas will be monitored:

a. Inputs: Resources invested in the scheme for the recruitment and training of the project staff at various levels. These are monitored through a set of recording and reporting formats.

b. Outputs: Immediate achievements of the programme in terms of the deliverables, such as the number of individuals reached out to, number of condoms distributed, number of individuals effectively linked to the services etc. These are monitored through a set of recording and reporting formats.

c. Outcomes: Changes observed in the communities covered by the scheme including the trends in the percentage of different target groups using condoms, accessing services, experiencing reduced stigma and discrimination etc. The outcomes are monitored through a series of outcome studies including polling booth surveys and focus group discussions at regular intervals during the implementation of the scheme.

d. Impacts: The long term impact that occurs in the larger community as a result of implementing a programme, including changes in the prevalence of HIV and incidence of STIs in districts covered by the scheme. This will be carried out through special analysis of the secondary data.

5.2 Key Indicators:
The key indicators that will be considered during the monitoring include:

1. Programme Rollout Indicators
2. Output Indicators for Key Population Groups
3. Output Indicators for Vulnerable Groups (Youth, Women)
4. Human Resource, Training and other indicators
5. Outcome Level Indicators
6. Impact Level Indicators
5.2.1 Programme Rollout Indicators:
During the implementation of the scheme, indicators to be monitored include:

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

5.2.2 Output Indicators for Key Population Groups:
Key Population groups covered under the scheme include High-risk and at-risk population groups (refer to Chapter 10 of Operational Guidelines for the different target groups). The monthly village-wise report will include indicators reporting on each risk group, separately for males, females and transgender. The indicators to be covered include:

- Estimated number of members in the risk group: The number will remain the same across all the reporting months, unless updated based on identification of new members and members who are lost to follow-up (either because of migration, death, or change in status).
- Total number of members in the risk group that were contacted/provided BCC by the Link Worker in the reporting month.
- Total number of members (new) in the risk group that were contacted/provided BCC for the first time.
- Total number of condoms distributed directly to members of the risk groups in the reporting month.
- Total number of members in the risk groups that were referred separately for each type of services including STI treatment, ICTC/PPTCT, TB diagnosis/treatment, ART and district level network of the PLHA.
- Among the members in the risk groups who were referred, the number that received/utilized the services, separately for each type of services including STI treatment, ICTC/PPTCT, TB diagnosis/treatment, ART, district level network of the PLHA.

5.2.3 Output Indicators for Vulnerable Groups (Youth, Women):
The monthly village-wise report will include the following indicators, to be reported for each vulnerable group:

1. Estimated number of members in the vulnerable group: The number will remain the same across all the reporting months, unless updated based on identification of new members and members who are lost to follow-up (either because of migration, death, or change in status).
2. Total number of active groups continuing in the report each month. The groups can be in the form of SHGs, Red Ribbon Clubs, and other groups including Life Skill Education groups.
3. Total number of meetings held by the groups on monthly basis.
5.2.4 Human Resource, Training and other Indicators:
The following human resource and training indicators will be monitored:
1. Category-wise number of persons in position at district/supervisor and village level (DRPs, Supervisor, Link Workers, Volunteers, M&E officers, Admin/Finance officers).
3. Capacity building sessions in review meetings. Other indicators monitored every month, at the district and village levels will include the following:
4. Number of villages - Number of villages mapped and selected for implementation of the scheme (at the district level, core and peripheral/satellite).
5. Condoms: Number of condom outlets (new and continuing).
6. Stigma-reducing activities - Number and type of events organized theme wise.
7. Linkages developed with other organizations (like Nehru Yuva Kendra, Panchayati Raj Institute) including those with the Lead/Implementing NGO - Linkages established for community mobilization, developing infrastructure, training, providing services related to health & education, de-addiction, social welfare schemes, Integrated Child Development Scheme (ICDS), Public Distribution System (PDS), existing communication campaigns, legal services etc.
8. Number of meetings held with the VHSC.
10. Number of high-risk and vulnerable groups receiving social welfare schemes.

5.2.5 Outcome Level Indicators:
The outcome and impact indicators that will be monitored under the scheme are:
1. High-risk groups
   a. Consistent and correct condom use
   b. Utilization of services (testing, care and support and other social schemes)
2. PLHA and affected persons
   a. Utilization of services (care and support and other social schemes)
   b. Reduction in stigma and discrimination-related experiences
3. General population (identified separately by sex, age and marital status)
   a. Knowledge and attitudes
   b. Behaviour – Number of partners, safe sex practices
   c. Utilization of services (testing, care and support and other social schemes)

5.2.6 Impact Level Indicators:
Apart from the outcome studies, the Lead NGO in each state will carry out a regular analysis of the data available from ART centres, ICTC, PPTCT, DOTs for referrals and other trends to understand the impact of the scheme on the following indicators:
- Prevalence of HIV in the rural areas
- Incidence of STIs in the rural areas
- Percentage of young people, both men and women aged 15-24, reporting the consistent use of condoms with non-regular partners
- Percentage of young women and men of 15-24 years of age correctly identifying ways of preventing the sexual transmission of HIV and rejecting major misconception about HIV transmission.

5.3 Mechanisms for Monitoring:
Key monitoring mechanisms under the LWS will include the following:
- Recording and Reporting Systems
- Review Meetings
- Supportive Supervision Field Visits
- Research Studies and Reports
5.3.1 Review Meetings:

- Regular internal review meetings will be conducted once every fortnight at the district level convened by DRP (Programme) and attended by the DRP (Training) and the Supervisors.
- Review and reflection workshops will be organized once in three months for all the Link Workers at the district level by the DRP (Programme). During these meetings, key input, output and process related indicators will be monitored through presentations and group reflection exercises. Minutes of the meeting will also be prepared after the meetings by the DRP (Programme).
- Review meetings will also be conducted once in six months at the state level by the KSAPS. These meetings will be attended by all DRPs and representatives of Link Workers and Supervisors from the district for sharing the progress and learning of the work at the district level. During these meetings, key input, output and process related indicators will be monitored through presentations and group reflection exercises.

5.3.2 Supportive Supervision Field Visits:

Supervisory field visits are an important monitoring mechanism that will provide first hand information on the quality of implementation of the activities and ensuing results in the field. The issues identified and solutions provided. It will be used for the preparation of the DRP’s Monthly Report. DRP’s Monthly Reporting It will contain summary of the activities in Report (see the district carried out through the Link Annexure 14G) Worker Scheme. Quantitative reports will be generated from the software. Additional qualitative information and analysis of other activities done at the district level during the reporting month will be added to it. Training Register Recording The Training Officer will have to maintain Officer (see Annexure a register of all the training programmes14H) conducted/coordinated by her/him under the scheme. This register will contain the information related to training objectives, training curriculum and duration of training and the list of individuals participating in the training. This register will be used by the DRP in the preparation of the DRP Monthly Reports. field visits will not only help to identify implementation bottlenecks in the Link Worker Scheme but also help in getting feedback from stakeholders on the progress and quality of the programme. The visits will be utilized to build capacities of the staff in technical and programme management at the field level. Supervisory visits for the Link Worker Scheme within a state will happen at three levels:

1. Village level supervisory visits:

Village level supervisory visits will be done by the Supervisors appointed at the district level. Supervisors will make visits to monitor the work of the Link Workers and provide technical inputs to build their capacity. Each Supervisor will supervise 20 villages (preferably 1 supervisor per cluster) and will monitor and support 5 link worker teams. Each team will have 2 Link Workers (1 male & 1 female), which mean the Supervisor will monitor the work of a total of 10 Link Workers. Each Supervisor will make at least one visit with each of the Link Worker teams in a month covering a minimum of 10 villages. Frequency of visit to villages will be monthly. However, in case of poor performing Link Worker teams or villages, more than one monthly visit will be done.

2. DRP (Programme) supervisory visit:

DRP will make field visits to the programme villages within the district. Key objective of these visits will be to monitor the work of the Supervisors and provide technical inputs in the areas of HIV, BCC, STI management, identify field level bottlenecks and suggest remedies, verify and cross check registers and other field documents. Through this process, DRP will facilitate effective delivery of programme services by the Link Workers. DRP will be meeting each of the 4 Supervisors every month. Minimum of 10 days will be set aside for supervisory visits to villages every month.
3. KSAPS supervisory visit:
The Project officers from KSAPS at the state level will make district level supervisory visits. Key objective of the visit will be to monitor and provide technical assistance to DRP (Programme), DRP (Training) and Supervisors. One Project Officer will be supervising around 10 -12 districts and will ensure 12 to 14 days of field visit in a month. Project Officers will ensure a minimum of one field visit to every district once in two months.

5.3 Data Flow:
The following levels of institutional support are envisaged to successfully implement the M&E plan for the Link Worker Scheme:

- Computerized Management Information System (CMIS) at state and national level ensuring strategic M & E of project.
- Supervision system acting as M&E oversight placed within the SACS/Lead NGO.
- Supervision system within the Implementing NGOs through DRPs and Supervisors to provide field level monitoring support.