setting models through
Innovation
a document of APAC's experiences

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APAC-VHS
TANSACS

setting models through

Innovation

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ACKNOWLEDGEMENT

The book of "Setting models through Innovations" is an initiative of APAC to bring out its experiences in the past 17 years. It is based on the work of a large group of individuals, NGO partners, consultants, staff and others. APAC would like to thank all the collaborators for their whole hearted support and involvement in showing the models. We acknowledge the contribution of following persons in bringing out the book:

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FOREWORD

The APAC project has played a crucial role in engaging civil society in HIV/AIDS programs in Tamil Nadu. APAC's systems and approaches for behaviour change, service delivery and targeted interventions themes are well recognised and several of them have been adopted by other state and the national program. The project working with the government and the NGOs has played a pivotal role in controlling the HIV epidemic in Tamil Nadu, The HIV prevalence has declined steadily since 2001 (from 1.13%) to 0.25% in 2008. APAC is recognized for its cost-effective approaches, close-collaboration with the government, robust systems, technical assistance, innovations, and evidence-based interventions. In the first two phases, the project focused on direct implementation of HIV/AIDS prevention and care services, while in the third phase the emphasis has been on providing technical assistance to SACS and other agencies.

APAC project has been a flagship project of USAID, and the USAID India mission is keen that the knowledge and the successful experience of APAC project is converted as a strategic asset to benefit others in the region. In the last 15 years the project has extensively engaged the civil society and the private sector for HIV/AIDS programs; undertaken several innovative Behavior Change Communication initiatives; supported assessments and research studies; and facilitated integrated health programs, all of which can provide critical insights to program planners and policy makers.

innovations: A documentation of APAC's experiences is a small example of many innovations tried in APAC. This documentation on innovation is compiled with the purpose of disseminating the innovative initiatives for replication.

I take this opportunity to thank USAID for providing financial support to experiment and challenged APAC to innovate and be different! I also thank TANSACS and NACO for their active support.

I appreciate my team of staff for their efforts to bring out this book in a short span of time.

I also thank all APAC partners including NGOs, CBOs, capacity building institutions, communication agencies, research agencies, peer educators and all the stakeholders who has extended support to develop these innovations

Please give your feed back. My colleagues will be more than happy to extend their support.

Dr. Bimal Charles
Project Director
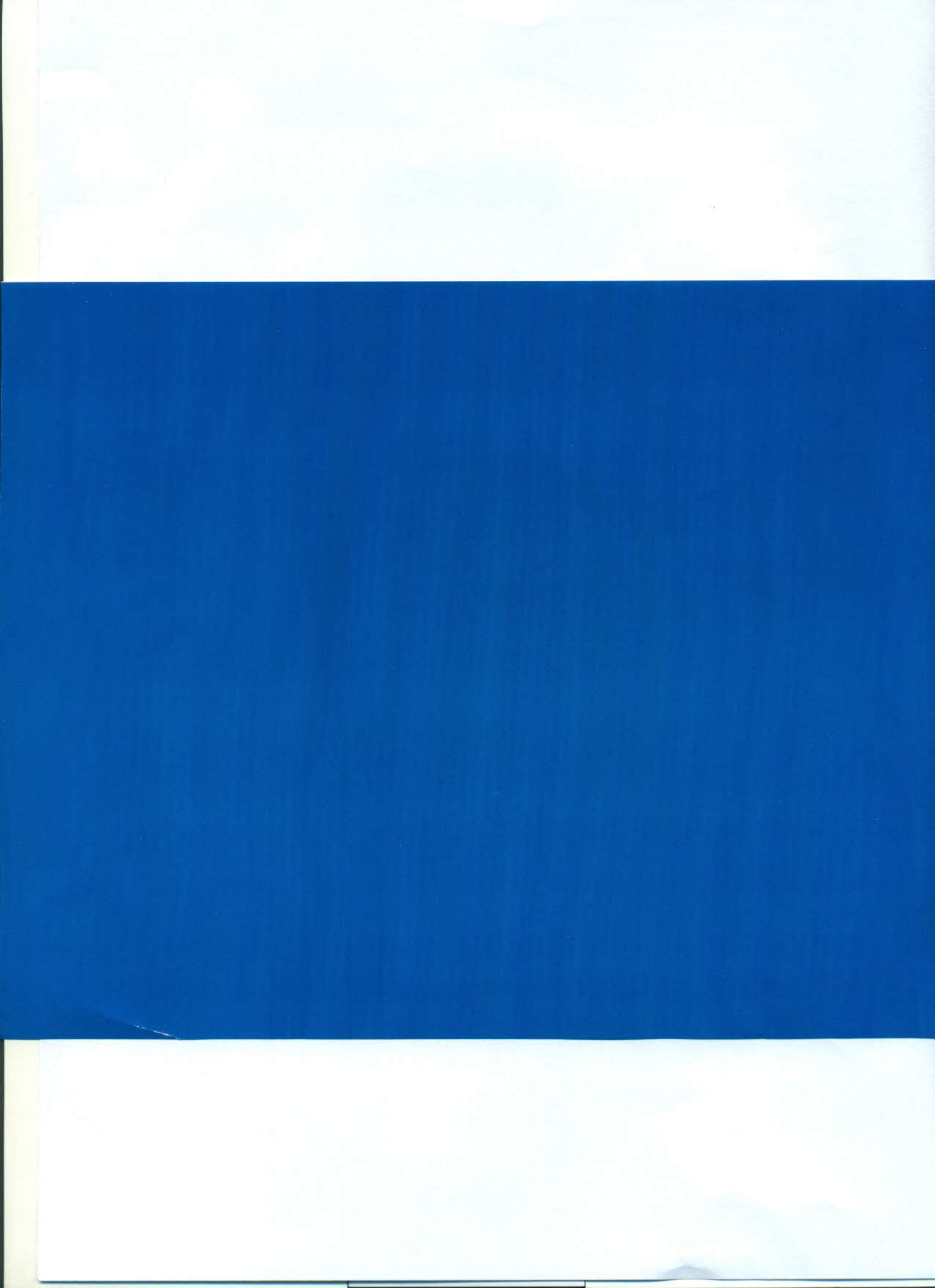
CONTENT

1. Improving Access to Services

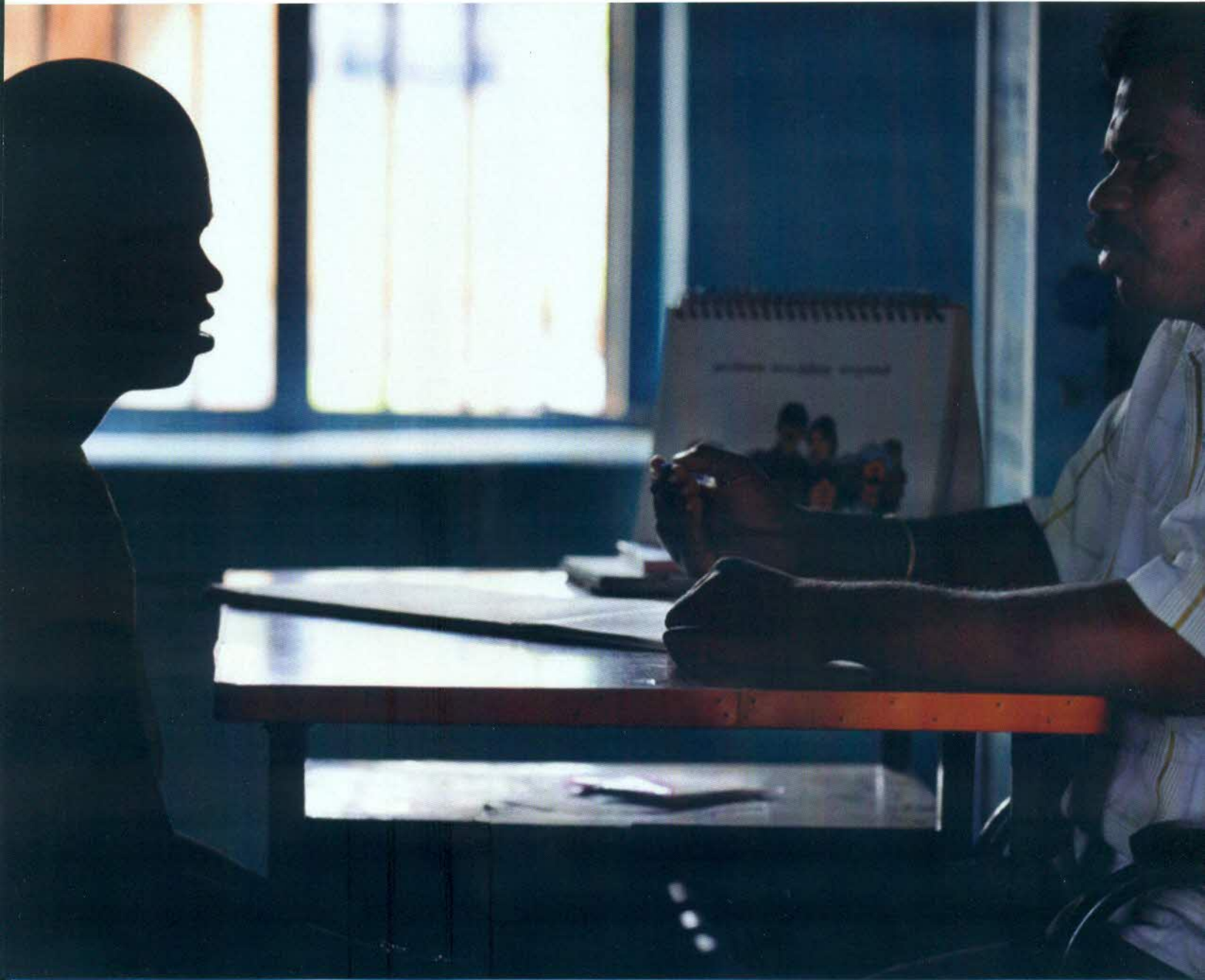## a. Master Health Check up – Access to Comprehensive health care for Most At Risk Populations (MARPS)

Context:
- Limited use of public Sexually Transmitted Treatment centers by MARPS.

Geographical Focus:
- Tamil Nadu, India

Partners:
- Tamil Nadu State AIDS Control Society
- Tamil Nadu AIDS Initiative – BMGF
- Institute of Venereology, Madras Medical College
- National Institute of Epidemiology, Chennai
- Christian Medical College, Vellore

Key features:
- First of its kind in India to ensure referral of MARPs to 95 Government STI clinics.
- Provision of comprehensive clinical/health services under one roof.
- 16 lab investigations worth Rs 4,500 (US$100) provided free of cost to MARPs. Unique individual identification system helped revalidate and line list 88,000 MARPs.
- Soft skills & technical training for STI health care providers.

Results
- Facility assessment and improvement of all government STI clinic facilities.
- 47,000 (54% of line-listed MARPs) provided MHC services
- District-specific data on STI, HIV, Hep B, C and VIAVILI (Visual Inspection with Acetone, Visual Inspection with Lugol Idoine) on MARPs

- Over 400 trained and health care providers
- All STI clinics remodeled as per NACO norms

Innovation and Scale-up/Transition:

- Task sharing by nurses to provide clinical services for MARPs.
- Dynamic partnership between NGOs and Government STI clinics established.
- Scale up of STI services to additional 50 clinics in primary health centres.
- Coordination and partnerships between government and community preferred private health care providers.
- Innovations in demand generation and on-site monitoring in public health facilities

Take-Home Messages:

- Engaging all government STI clinics at the same time results in greater ownership and fosters healthy competition.
- Comprehensive health care services, convenient timing and positive attitude leads to greater footfalls to public health care facilities.
- Onsite mentorship improves quality of treatment.

b. Project Nakshatra:
Co-payment model for STI clinical servies in private sector

Context:
- Access to public sector STI clinics is limited by distance long waiting hours and unfriendly environment.

Geographical Focus:
- Seven districts in Tamil Nadu, India

Partners:
- Tamil Nadu State AIDS Control Society (TANSACS)
- Solidarity and Action Against The HIV Infection in India (SAATHII)

Key features :
- 112 private health care facilities partnered for clinical services for MARPs & PLHA.
- Unique co-payment arrangement with the community paying 50% for the services.
- Quality improvement and onsite mentorship support introduced in private settings.
- Robust data sharing systems from private sector to government CMIS established.
- STI drugs and test kits leveraged from Government.
- Branding of private clinics as Nakshatra Plus clinics.

Results:

- Over 350 private health care providers trained on STI & HIV care.
- Over 14,000 individuals received STI treatment. An additional 5000 pregnant women received PMTCT services and over 250 PLHAs regularly avail care services.
- Private health care facilities have started conducting deliveries for HIV positive women at subsidized rates.

Innovation and Scale-up/Transition:

- Based on the experience an additional 100 private hospitals contracted by the state government to provide STI/ICTC/PPTCT services.
- Seamless transition of Nakshatra clinics to TANSACS for sustainability.
- Training and onsite mentorship strategies for private providers adopted by other states.

Take-Home Messages:

- Selection of community friendly health care providers is essential.
- Onsite mentorship improves quality of treatment.
- Strengthening private sector compliments access to health care.

c.   Mobile ICTC

Context and rationale:

- Poor access to ICTC services among rural people due inconvenient timings, fear of identity in local health care settings

Key features

- Piloted in 2006 in three districts
- Provided counseling & testing in a mobile van using NGO counselors & lab technicians
- Able to reach out to the unreached rural population
- Test kits were leveraged from TANSACS

Results

- Covered 24000 population within a span of 45 days
- Identified 325 HIV infected persons and linked then to the ART services

Take-Home Messages:

- Improved access to Counseling & testing services for working population
- Cost effective model to reach the unreached rural populations
- Possible identify and refer cases early for treatment
- Promoted positive living among HIV infected people and prevent further transmission.

d.   Tamil Nadu Trust for Children Affected by HIV/AIDS

Context:
- Lack of sustainable support for children affected with HIV/AIDS.

Geographical Focus:
- Tamil Nadu

Partners:
- Tamil Nadu State AIDS Control Society (TANSACS)

Key features:
- A trust governed by the State government of Tamil Nadu.
- Focuses on orphan children affected by HIV/AIDS.
- Corpus of Rs. five crores ($1.25 million USD) provided by the State.
- District administration involved monitoring the program.
- Children supported for educational, nutritional, medical and socioeconomic assistance.
- Sustained support till children complete 18 years of age.
- Community involvement in the activities of the Trust.

Results:
- Nearly 1500 single and double orphans (15% of state's estimated HIV/AIDS affected children) received financial assistance from the Trust.
- Comprehensive documentation on health, education and soci-economic needs of OVC children.
- Private sector and voluntary donations leveraged to support Trust activities.
- Greater emphasis for OVC programs in the state and country

Innovation and Scale-up/Transition:

- First ever cash transfer program in the country for children affected by HIV/ AIDS.
- A sustainable model that does not depend on external funding.
- A cost effective program that addresses the needs of children.
- Mainstreaming innovations and systems initiated by bilateral donor has ensured ownership of the government.
- The State government plans to increase the corpus to reach more children.

Take-Home Messages:

- Involvement of the government ensures sustainability.
- Systems development ensures accountability.
- Greater scope for expansion and scalability.

e. Reaching Most at risk population in rural areas through Link Workers Scheme HIV/AIDS - Village Information Centre

Context :

- People living in rural area do not have access to HIV information and clarification on myths and misconception. The State have library and strong Panchayat Raj system

Geographical Focus:

- 21 districts of Tamil Nadu

Partners:

- 21 Implementing NGO partners of APAC in Tamil Nadu
- Village Libraries (Established in Anna Marumalarachi Thittam and Panchayat Libraries)
- District Administration
- PRI members

Key features:

- Established information centre for disseminating awareness information on STI, HIV/AIDS, TB and other health related messages.
- Information center adresses myths and Misconceptions on HIV
- Youth use the Village information centre

Results:

- 2946 centre established by LWS in Tamilnadu.
- All the librarian sensitized as education volunteers in the village
- Potential volunteers and RRC members were identified
- Peer education happens in village information centre among youth.
- Local resource were mobilized for establishing information board in the village.
- Direct referrals for ICTC and STI was reported from VIC'
- Librarians were enrolled as one of the member in village health committees
- Increased the number of visitors in all libraries by the youth and women'

Innovation:

- All village information Centers have question box and FAQ register. The main purpose of QB and FAQ is to address the myths and misconception of the villagers and disseminate information.
- The question box will be placed in the village library the functioning of the question box will be the to clear the doubts of any individual related to STI, HIV/AIDS will be written in a paper and dropped into the box. The answer for the question is written in the information board near by the library and bus stop.
- The librarian will collect the questions and volunteers in-charge writes the answer on the board.
- A separate register keeps track of all questions and answers and updated every week.
- Feedback collected on IEC materials on the register which `helps in improving the information provided.

Take-Home Messages:

- Easiest and effective way of disseminating information
- Addressing myths and misconception
- Partnership PRI, YOUTH CLUBS, Fan clubs and SHGS.
- Easiest way of reaching the youths
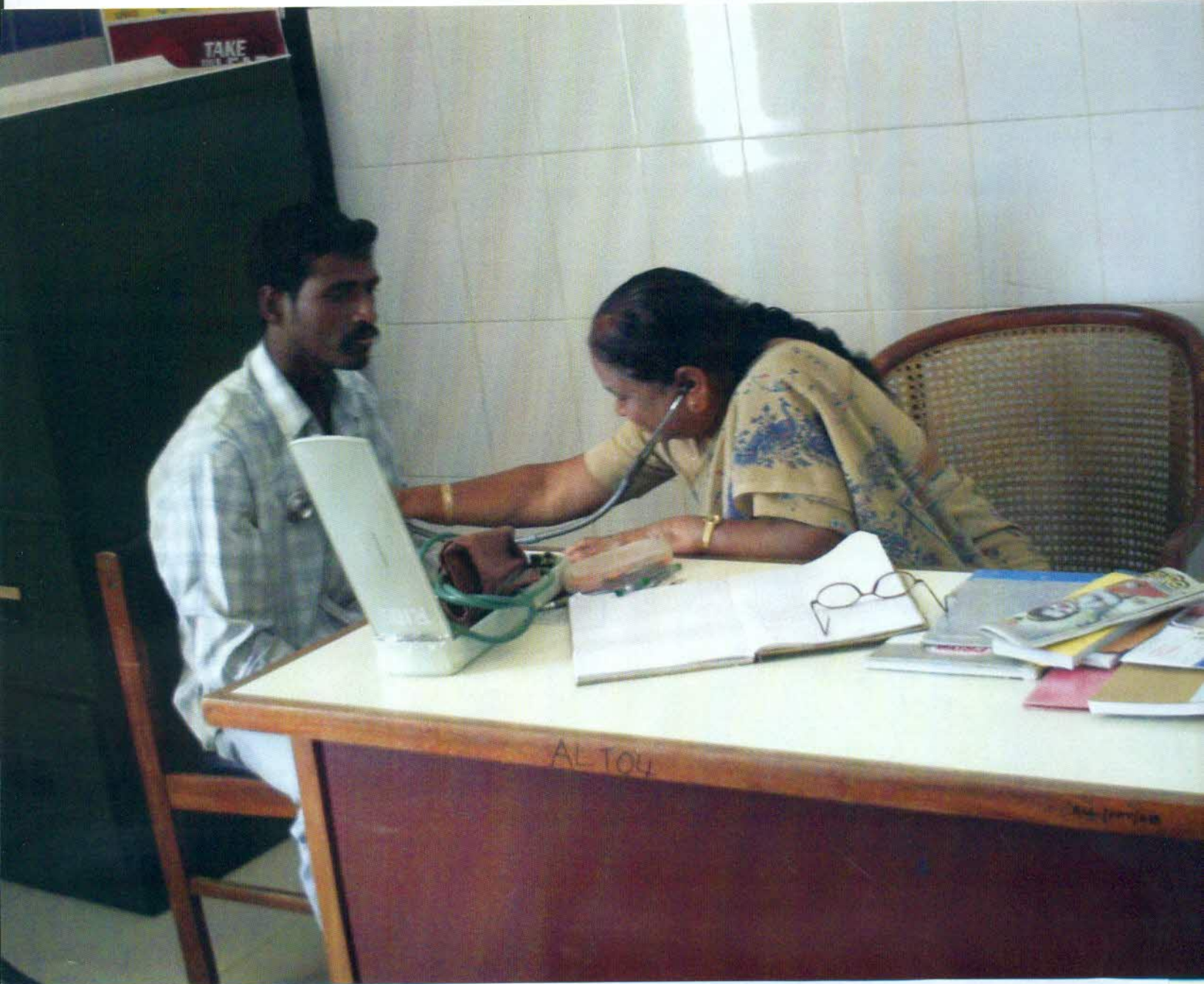
f. Arokya Clinic-
A PPP model for risk reduction and STI care among truck crew

Context:

- Behaviour studies indicate vulnerability of truck crew to sexuality transmitted diseases and HIV. Access to STI care is limited.

Geographical Focus:

- Upto 15 km in and around Hosur Industrial Town: Stretch between Ashok Leyland Plant I to Ashok Leyland Plant - II) Chennai – Bangalore High way, Krishnagiri District, Tamil Nadu

Partners:

- Ashok Leyland a commercial truck manufacturing company
- Tamil Nadu State AIDS Control Society
- District Administration
- NGO

Key features:

- Ensured comprehensive health care with special focus on HIV/ AIDS industrial workers.
- Arockya Health Clinic- a comprehensive health centre for truckers and helpers addressing health needs including STI and HIV
- Outreach and clinical services provided with a clinic situated in a government allocated space funded by Ashok Leyland in collaboration with APAC- USAID.
- Services provided to long distance truckers at transshipment point and truckers halt points.
- Prevention to Care Continuum services were provided to Truckers and Helpers through outreach, IPC, STI, ICTC services and follow up by outreach team and peer educators.
- HIV/AIDS information was integrated during induction training for the core team associated with Arockia Health Clinic.
- Secondary target groups including booking agents, lorry owners association, and brokers were sensitized on the program.
- Financial contribution of each partners were

Ashok Leyland (Rs. 25 lakhs)	APAC Contribution (Rs. 3 lakhs)
Budget Sharing	
District Administration (Rs. 1 lakh – Place)	NGO contribution (Rs. 50,000)
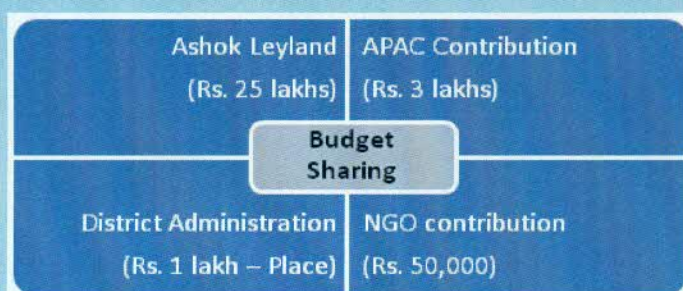
Significant role played by each partners were

Ashok Leyland

	District Administration
Financial support for establishing and managing Advocacy and training for industrial workers Deputing two officers and monitoring the project.	Sponsoring a place for Arokia clinic Conducting meeting with all industrial owners association Advocacy , Press and Media Coordination
TANSAS	
HIV Testing Kit Testing Protocols, Guidelines	**NGO**
APAC	Facilitating outreach and field monitoring. Demand generation and linkage with services.
capacity building of staff and peer Educators IEC materials Technical support for developing systems and protocols	Capacity Building Advocacy and related activities.

- Advocacy initiatives were undertaken with the management personnel to main stream HIV/AIDS.
- Core Group population in the area were also contacted in the project with the support of the local TI NGOs.

Results:

- Reached about 1.5 lakh truckers and helpers.
- 2240 truckers underwent HIV testing of which 20 tested positive.
- Immediate referral and service uptake was observed among Truckers.
- All services such as general health- up, STI, ICTC services provided under one roof.
- Multi-partner and coordinated response have demonstrated a sustainable model as Ashok Leyland still continues the project .

Innovation and Scale-up/Transition:

- Demonstrated the capability to bring core partners together, foster strong trust and leverage significant resources.
- Built strategic partnerships with corporations ensures longer term buy-in and resource commitments.
- The ratio between APAC and Ashok Leyland was 1:8 which sets a high standard for PPP.

Take-Home Messages:

- Advocacy with corporate results in sustained commitment for HIV/AIDS.
- Capacity building and Technical Assistance helps in optimal and long term utilization of resources.
- Access to services helps in risk reduction among Truckers.
- Integrating HIV/AIDS in the industrial training program helps in cost effective and sustained awareness.
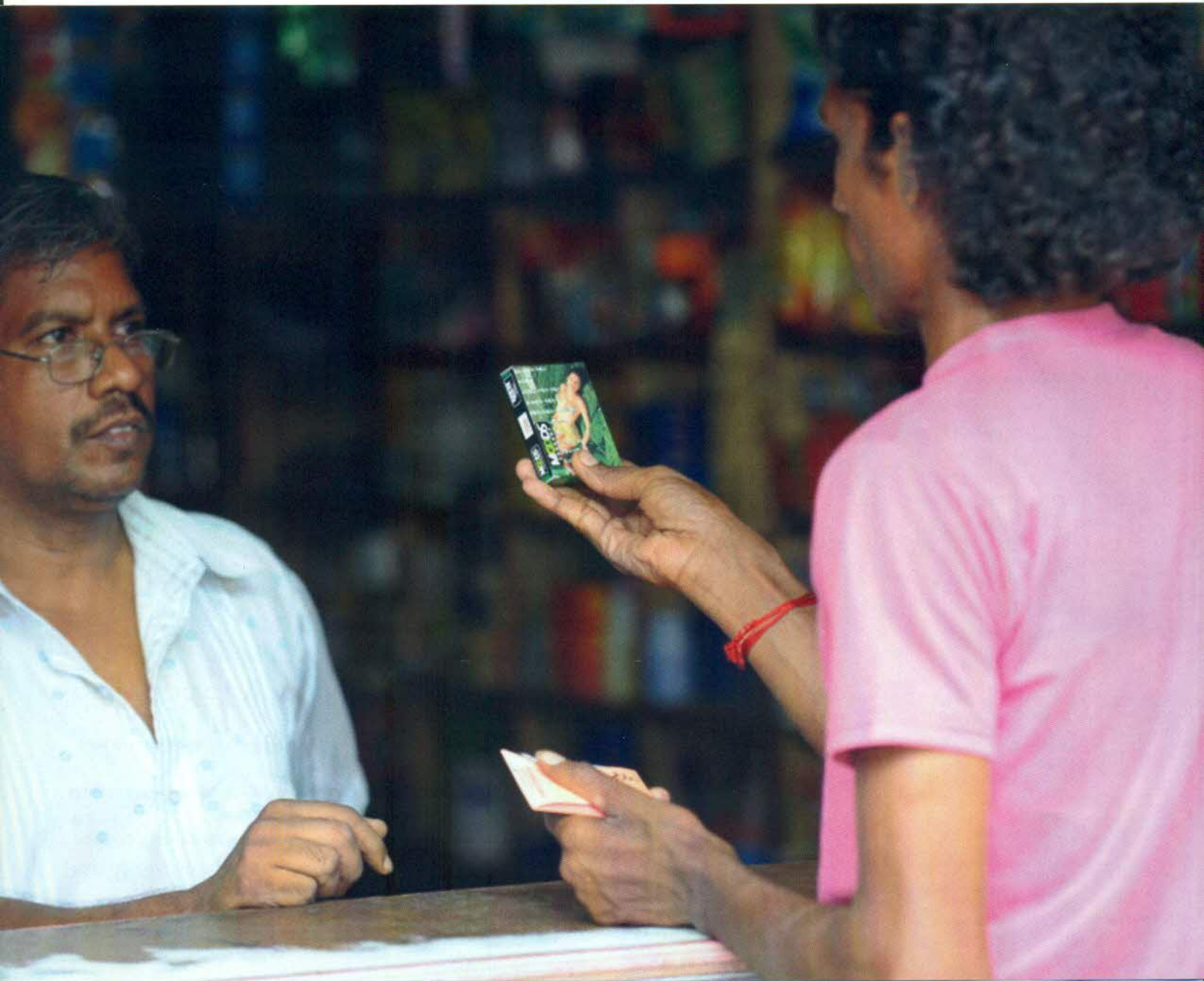
g. Private Sector Participation in increasing Condom accessibility in Tamil Nadu

Context:
- Private sector sale outlets concentrated only in urban locations and limited to chemist shops and super market. There was need for condom access for Most at risk groups and their clients in small shops and non traditional out lets

Geographical Focus:
- Tamil Nadu

Partners:
- JK Ansell and Co
- Hindustan Latex Corporation

Key features:
- The market of private sector in condom sale studied
- Private sector engaged to increase access through small shops nearer to hot spots and locations visited by clients of sex workers
- Private sector offered subsidy to place condoms in small shops
- Training started to train small shops owners to place condom as a public health product.
- The list of trained shop owners shared with condom distributors
- The training activity and the condom distributors closely monitored and incentive offered based on performance
- The subsidy withdrawn once the market sustained on its own.
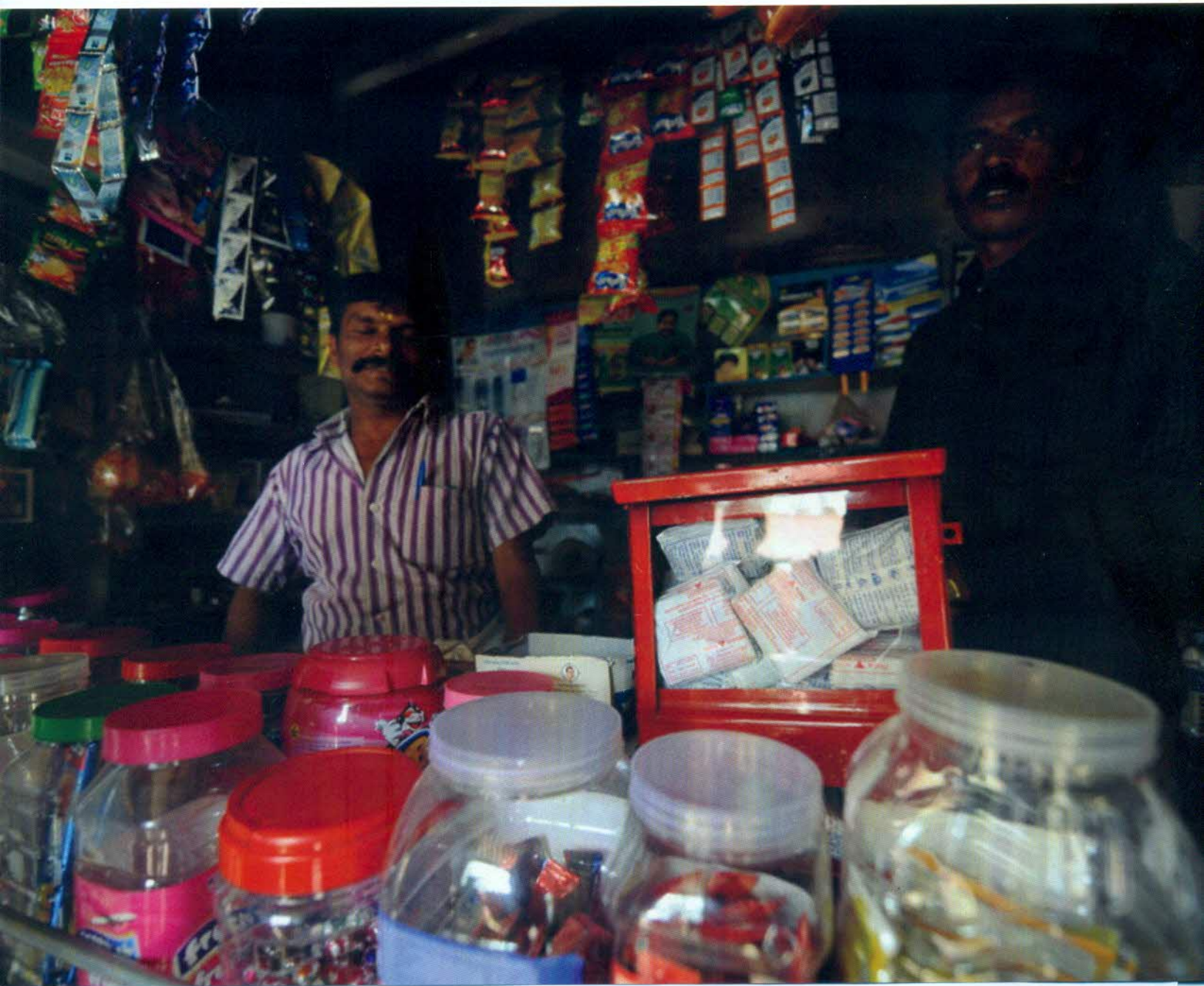
Results

- The condom out lets selling condom grew from 17500 in 1998 to 35000 in 2002
- The sale of condom increased from 17 million pieces to 35 million pieces during the same time

Innovation and Scale-up/Transition:

- The condom sale continued to grow and the market sustained on its own even after the subsidy was withdrawn.
- NGO continued to train more nontraditional out lets owners and continued to link them to private manufacturers.

Take-Home Messages:

- Private sector can increase access
- Use of subsidies to private sector as appropriate helps in building sustainable system
- Training and monitoring form an important element in motivating the private sector.

2. IMPROVEMENT OF QUALITY

APAC DQA
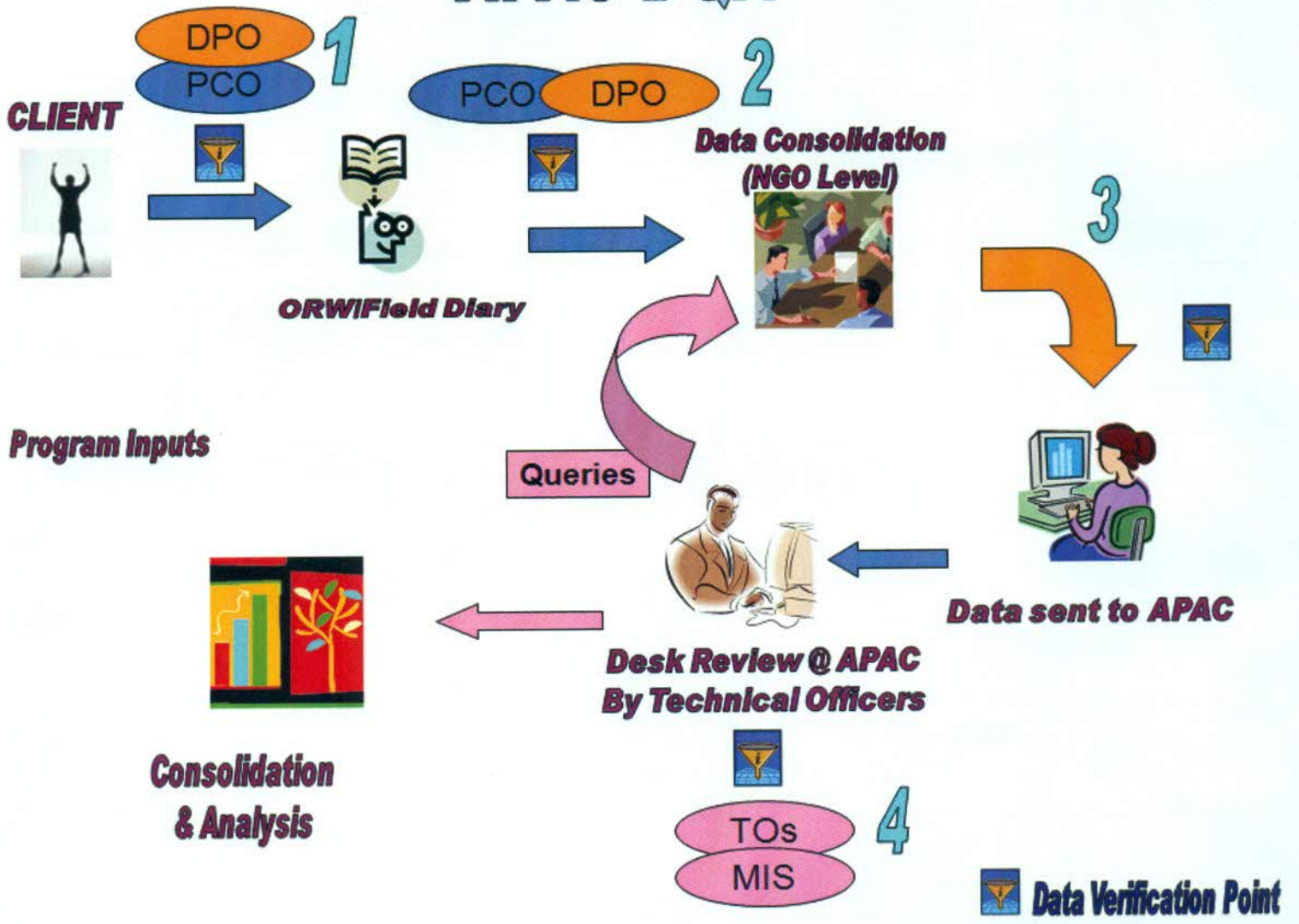
a. Data Quality Assurance (DQA)

Context: Limited validation of data from NGO led interventions in HIV prevention work

Geographical Focus: Tamil Nadu, India

Partners:

- AIDS Prevention and Control Project (APAC), funded by USAID • NGOs and CBOs in Tamil Nadu

Key features:

- Robust system for Data Quality Audits (DQA). • Panel of data quality auditors.
- Standardized data collection, consolidation and reporting forms. • Established process for data collection, consolidation and reporting. • Established standards for data quality. • Capacity building on DQA to over 150 NGO staff. • Micro-planning, decision making and target coverage.

Results:

- Accuracy on critical indicators increased from 60% to 90%. • DQA now an integral part of NGOs and the state system. • Dedicated panel of 10 data quality auditors. • Facilitated micro-planning to achieve project plans.

Innovation and Scale-up/Transition:

- Standardized forms of APAC used by State AIDS Control Society (SACS) of Tamil Nadu for designing their forms for similar interventions.
- Data training method adopted by M&E division of SACS for verifying data from Integrated Counseling & Testing Centers (ICTC) and District AIDS Prevention & Control Units (DAPCU).

Take-Home Messages:

- DQA facilitates improve micro planning and achieving project plans.
- DQA process and systems are easily replicable in any setting.
- Data Quality systems is not cost intensive.

BUREAU VERITAS
Certification

Certification
Awarded to

**AIDS PREVENTION AND CONTROL PROJECT –
APAC / VHS VOLUNTARY HEALTH SERVICES**

USAID | INDIA

APAC-VHS

**RAJIV GANDHI SALAI, T.T.T.I.POST, ADYAR,
CHENNAI – 600 113, TAMILNADU – INDIA.**

*Bureau Veritas Certification (India) Private Limited certify that the
Management System of the above organisation has been audited and found
to be in accordance with the requirements of the standard detailed below*

STANDARD

ISO 9001:2008

SCOPE OF SUPPLY

Creating awareness on HIV / AIDS prevention and control by
a)TARGETTED INTERVENTION - providing intensive outreach result oriented programs to facilitate access to
STI treatments,testing services,counselling,and increasing engagements through internal interpersonal
communication and communication initiatives.
b) TECHNICAL SUPPORT UNIT - providing technical assistance in the areas of strategic planning, targetted
intervention and capacity building by developing and strengthening systems for effective implementation of
HIV/AIDS awareness programs to State AIDS Control Societies (SACS)
c)PUBLIC PRIVATE PARTNERSHIP (hello Plus Help line) - Providing on line counselling and information on
HIV/AIDS related services.
d)LINK WORKER SCHEME - Addressing high risk groups of individuals and
young people in rural areas to create awareness of HIV/AIDS .

PERMITTED EXCLUSION (S)
7.3 – Design and development.
7.6 – Control of monitoring and measuring equipments.

Original Approval Date: 24 March 2011
Next Recertification Due Before   22 February 2014

Subject to the continued satisfactory operation of the organisation's Management System,
this certificate is valid until: 23 March 2014
To check this certificate validity please call: +91 22 6695 6300
Further clarifications regarding the scope of this certificate and the applicability of the
Management System requirements may be obtained by consulting the organisation.

Certificate Number: **IND11.6021U**

R. K. SHARMA
Director

Bureau Veritas Certification
using the accreditation
certificate number 008

UKAS

008

Certification / Managing Office Address: "Marwah Centre" 6th Floor, Krishanlal Marwah Marg,
Opp. Ansa Industrial Estate, Off Saki Vihar Road, Andheri (East), Mumbai – 400 072, India.

b. ISO CERTIFICATION (ISO9001-2008)
A Quality Assurance Cerficate on Process Documentation

Context:

- APAC project has innovated several unique processes in its work. These processes required to be tested against industry management practices and accredited

Geographical Focus:

- Tamil Nadu

Partner:

- Bureau Veritas India Pvt Ltd

Key features :

- Quality Audit conducted on processes which include key components of the project including
- Targeted Intervention (TI)
- Technical Support Unit (TSU-TN)
- PPP (Hello Plus help line-Public Private Partnership)
- Link Worker Scheme (LWS)

Results/ Benefits:

1. Enhanced customer satisfaction (periodic assessment)
2. International recognition
3. Enhancement of process performance
4. Adherence to international standards for quality / process compliance
5. Continual improvement of the management system of the organization
6. Consistency in service
7. Compliance with regulatory requirements
8. Enhancement in the competence level of employees / partners
9. Employer-employee-customer satisfaction

Innovation and Scale-up/Transition:

- Quality audit will be conducted on new programs and will added to the existing quality
- Assurance certificate

Take-Home Messages:

1 Comply with process documentation

2 Quality assurance on documentation
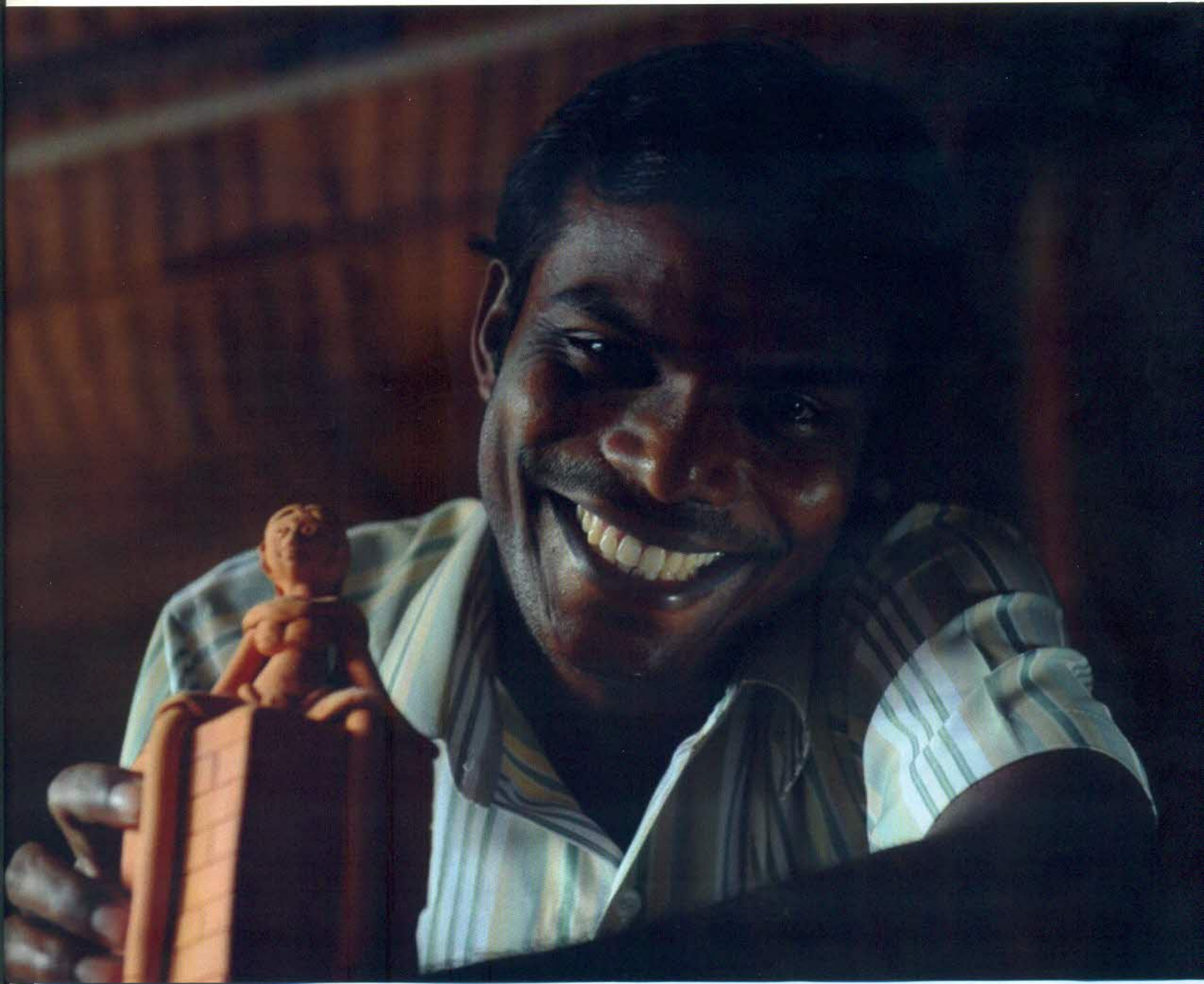
3. PROGRAM MANAGEMENT AND PROCESS IMPROVEMENT

a. Establishment of system for financial management and administration for DAPCU in Tamil Nadu

Context:
- The state was required to introduce District AIDS Prevention Control Unit. (DAPCU) as a management structure. This is a new structure in the government system that required strong system related processes and development of protocols. APAC offered this support to establish the DAPCU

Geographical Focus:
- 29 A and B Category Districts of Tamilnadu

Partners:
- Tamil Nadu State AIDS Control Society

Key features:
- To establish a strong financial management system
- To establish a good administrative system
- Fund flow mechanism
- Internal control procedures designed to promote efficiency, clearly defining flow of authority ,checks and balances, arrest ,leakage of funds and help accomplish goals and objectives of the programme
- Delegation of Financial powers
- Financial monitoring and utilization of funds
- Reporting

Results:

- Developed separate manual for financial management and Human Resources and Administration
- 80 DAPCU Staff comprising District Programe Manager, Admin assistant, Finance assistant were trained on Financial management and Administration
- Established system for Financial management and HR Management
- Developed tools for Admin and Financial Monitoring

Innovation and Scale-up/Transition:

The state has recognized the developed systems and protocols and started using the system. The system is studied and adopted by other states.

Take-Home Messages:

- Strong Internal Control Systems for Finance and Admin need to be developed for new structures
- External support facilitates early adoption and usage
- Better systems helps in increased fund utilization

HIV burden at Taluk level in Kerala

Relative HIV Density per Lakh Population

DISTRICTS

1. Thiruvananthapuram
2. Kollam
3. Pathanamthitta
4. Alappuzha
5. Kottayam
6. Idukki
7. Ernakulam
8. Thrissur
9. Palakkad
10. Malappuram
11. Kozhikode
12. Wayanad
13. Kannur
14. Kasarod

50-100 per Lakh
VERY HIGH

30-50 per Lakh
HIGH

Below 30 per Lakh
LOW

Kozhikode
Thalappally
Chavakkad
Thrissur
Mukundapuram

Palakkad
Chittur
Alathur

Peerumedu
Ranni
Thiruvalla
Adoor
Karthikappally
Kozhenchery
Pathanapuram
Kottarakkara
Chirayinkeezhu
Neyyattinkara
Thiruvananthapuram
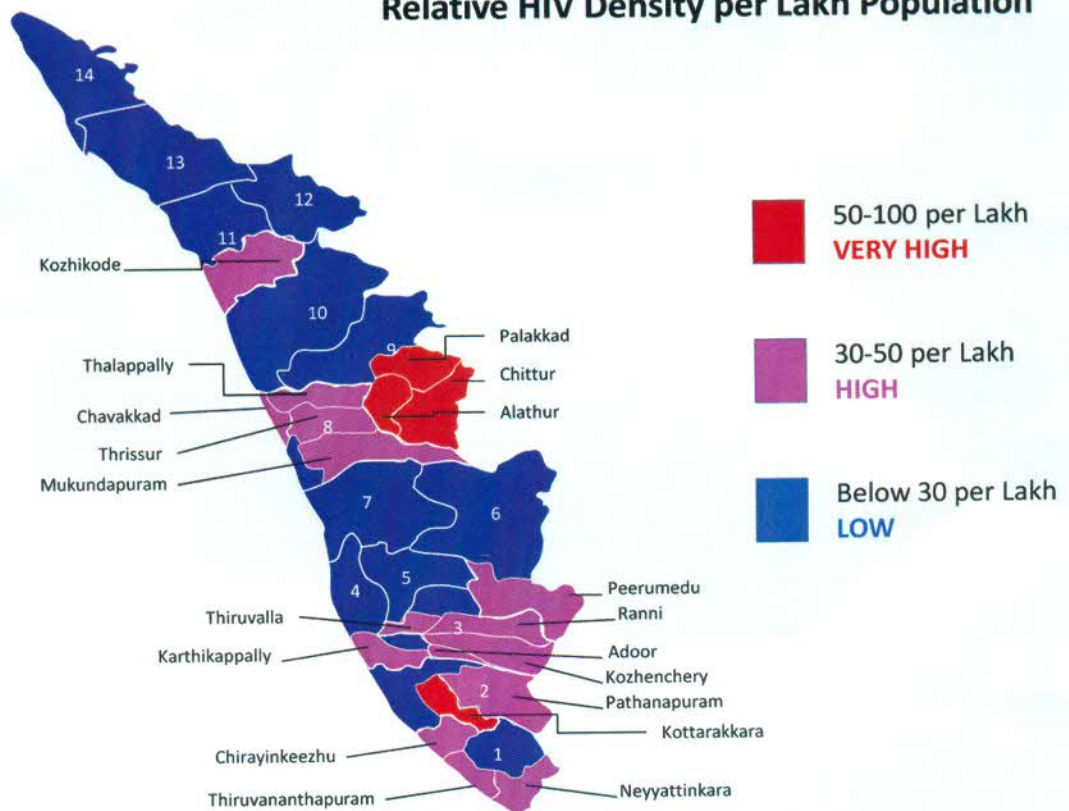
b. Mapping of the geographical distribution of HIV burden in Kerala

Context :
- Inadequate knowledge of geographical burden of HIV Infection in Kerala

Geographical Focus:
- Kerala

Partners:
- Kerala State AIDS Control Society

Key features:
- First state to use ART registration data to study geographical distribution of HIV burden.
- Kerala has an estimated HIV burden of 40060 (NACO)
- 14000 have registered at ART centres
- The registration data of 9617 ART attendees with identifying data removed was used to map their geographical distribution
- ART registrants were located to their taluks
- Rates of HIV burden per 100,000 population was calculated for all 63 taluks as well as mean rate for the state
- Thematic HIV density maps prepared, assigning a sequence of colours for the high, medium and low taluks (subdsitricts).
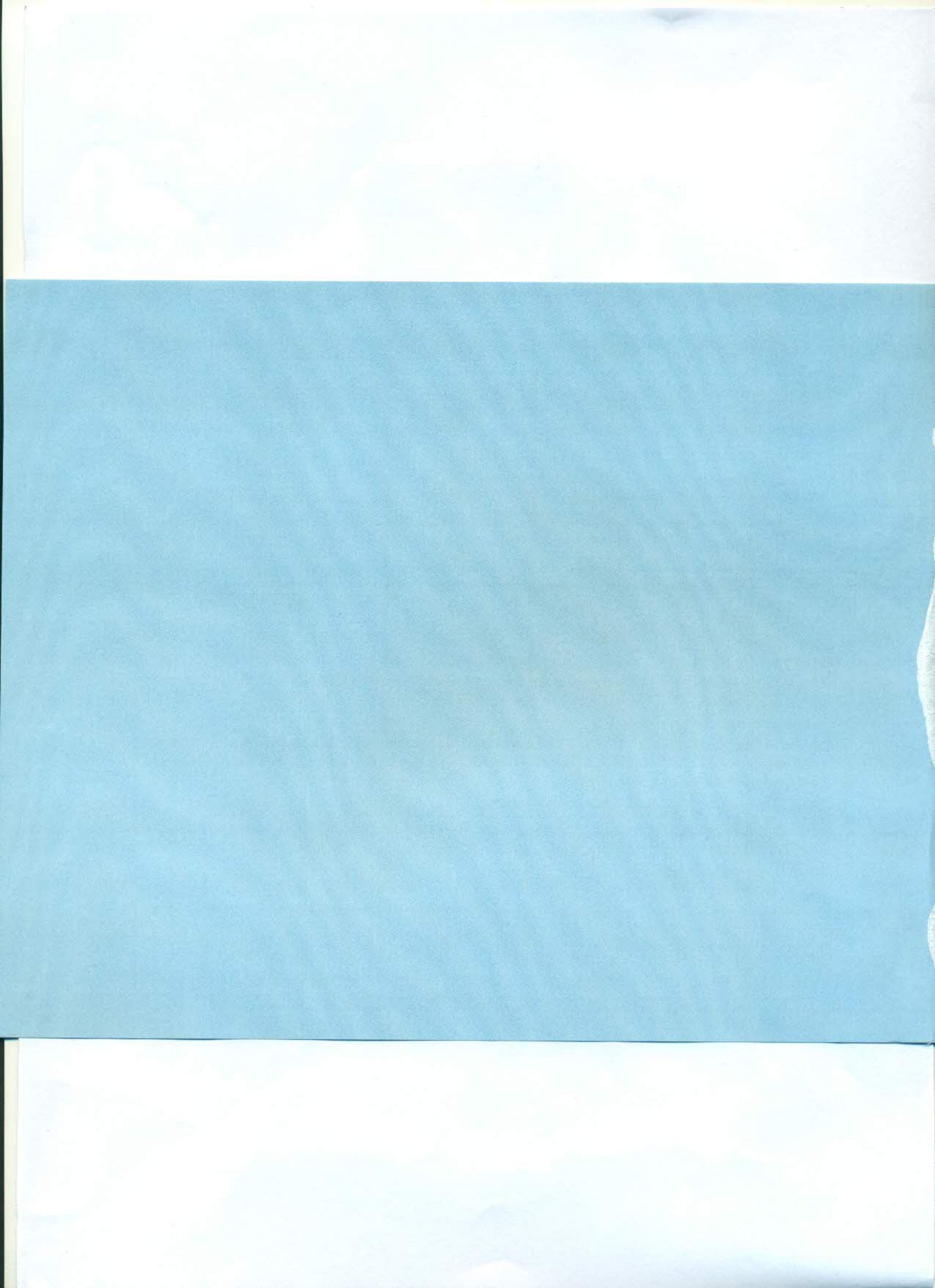
Results

- Palakkad district was identified as the district with maximum HIV burden
- Taluks adjacent to Tamil Nadu were found to have higher HIV burden
- Categorization of high HIV burden districts through sentinel surveillance proved erroneous.
- Panchayat level mapping showed small communities near border with high HIV burden - thirty times the state average.

Innovation and Scale-up/Transition:

- NACO requested to recategorize and prioritize districts according to this analysis by Govt. of Kerala
- Interventions begun in areas identified as high prevalence in this study
- Other states plan to do similar analysis

Take-Home Messages:

- Geographical Mapping –shown to be a proactive way to identify clusters of PLHA and at-risk population in low prevalent areas.
- Sentinel surveillance cannot capture clusters of epidemic in small geographic areas.

c. Data Quality Assurance Using Open Source Software Implementation

Context:
- The need for simple instructions to fill data formats by reporting units staff to improve accuracy of reporting

Geographical Focus:
- Tamil Nadu, India

Partners:
- Tamil Nadu State AIDS Control Society
- Pondicherry AIDS Prevention and Control Society

Key features:
- Use of free Open Source Software (OSS)
- Voice- based video files used to describe various data collection tools.
- Video files developed in the local language.
- Ensures uniform understanding of multiple indicators used in data collection tools.
- Easy to understand and user friendly.

Results:
- The accuracy of reporting improved considerably.
- Uniform understanding and reporting of different indicators in each data collection tool, formats & registers.
- Improvement in the quality of data collection and entry.

Innovation:
- No cost – free open source software used for developing the voice over video demos.

Take-Home Messages:
- No cost for software
- Uniformity
- Adaptability

d. Establishing State Health Data Resource Center (SHDRC)

Context:

- Establishment of state health data repository for utilizing data from the public health and private institutions for re search and policy action.

Geographical Focus:

- Tamil Nadu, India

Partners:

- Tamil Nadu Health System Project, Govt. of Tamil Nadu

Key features:

- Robust system for centralized health information from 18 health verticals.
- GIS of all public health care facilities in the state.
- Alert systems on core indicators to policy makers.
- Data triangulation features (within facilities, departments, census and other reports)
- Training on data quality, analysis and publications

Results:

- Proof of concept piloted with four verticals.
- Implementation plan and operational roadmap developed.
- Repository of research studies and assessments established.
- Research studies on HRH, equipment maintenance, gender and completed.
- US$ 2 million grant mobilized from ICMR, Government of India for state-level scale-up.

Innovation and Scale-up/Transition:

- Potential for national and international scale-up.

Take-Home Messages:

- Technical assistance to Govt. creates more opportunities for innovation
- Institutionalization of evidence based planning in health sector
- ICT integration.

e. State Health Communication Resource Centre (SHCRC)

(An inter-sectoral coordination initiative to address health communication requirements in Tamil Nadu)

Context:

- The state required a comprehensive center to integrate communication needs of all directorates in the health department and provide technical support to health communication.

Geographical Focus:

- Tamil Nadu

Partners:

- Department of Health and Family Welfare, Govt. of Tamil Nadu
- Tamil Nadu Health System Project
- Tamil Nadu State AIDS control Society

Key features:

- Building a Leading Knowledge Management Centre on Health Communication or efficient health communication
- A one stop shop for health communication needs.
- A robust Governing body with Principal Secretary, Health and Family welfare as the chair, Project Director of TNHSP as Member Secretary, and head of Departments in Health Ministry. An executive committee with Project Director, TNHSP as chair is also constituted.
- State IEC Technical Committee formed with Joint Director (PH&PM) as Chair and all the heads of IEC sections as members.
- A state level experience sharing, planning meeting with all the IEC officers organised.
- SHCRC provides only technical support and does not involve in monitoring, evaluation and implementation.
- Facilitates utilization of resources, coordination in communication of messages, standardization of messages, uniformed communication initiatives and effective utilization of network.
- Pioneering initiative that has demonstrated as a model to the country.

Results:

- Enhanced capacity towards managing public health issues with the changing dynamics of the situation at the state level.
- Network among the IEC officers result in mutual exchange of expertise among health programmes toward enhanced effectiveness

Innovation and Scale-up/Transition:

- SHCRC will be integrated within the health sector as a network model.
- Core Team of IEC identified for sustainability.
- Nodal agency would meet out the operational costs as part of state health budget.

Take-Home Messages:

- Coordination among directorates of Health and family welfare department is essential.
- Networking of Health IEC/ Communication officers result in exchange of expertise and scale up communication initiatives.
- External expertise is required for updates and improves the quality of health communications.

f. Strategic Information Management Unit (SIMU)- Technical Support to TANSACS on Strategic Information

Context:

- The state has large volumes of data which was not adequately used for programme planning. The data reporting units are not reporting on time and the source data not being validated.

Partners:

- Tamil Nadu State AIDS Control Society

Key features:

- Provide Technical support to Consultants SACS and capacitate M&E division for data collection, mining, validation, and analysis.
- Training to improve data input and analyse district level data.
- Capacity building of the State and District officers on M&E.
- Analysis of state level data and to programme managers for planning.
- Use evidence to prepare annual plans.

Results:

- Prepared Epidemiological profiling for 32 districts at granular level.
- Timely reporting of quality data at district level.
- Improved data quality and 100% reporting to NACO.
- Data Triangulation and situational analysis for evidence based planning.
- Special Reports of Data analysis for evidence based plan and programming.

Innovation and Scale-up/Transition:

- Created a platform and enhanced the capacity of the state and district level officers on Data Collection, Data analysis and Data utilization.
- Quality data collection and analysis.
- Other states have started similar approaches following Tamil Nadu model.

Take-Home Messages:

- Created a plat form for Data Utilization at the state, district and granular level
- Ensured sustainability by capacity building of the staff
- Information dissemination enhanced the

g. Consultant Development

Context :

- The state had very few professionals involved in HIV work.

Partners:

- Individual in technical experts

Key features :

- Robust and transparent systems for consultant empanelment.
- Systematic process of mentoring and inducting consultants.
- Periodic training for knowledge and skill enhancement based on field/community feedback.
- Multi-lingual and multi-specialty experts as consultants.
- Pan-Indian consultancy services.

Results:

- More than 100 technical experts developed by APAC.
- Experts used by the government and development partners.
- Expertise used by field projects for training and advocacy.

Innovation and Scale-up/Transition:

- Minimal staff in management agency.
- Part time experts bring in skills from allied fields.
- Model adopted and used by other partners and states.
- Permanent human resource.

Take-Home Messages:

- Minimal staff at management agency-Develop part time experts
- HIV work requires multiple skills that can be hired

h. Network Marker and Development of Advocacy Calendars (NeM–DAC)

Context:
- Need for developing partners for HIV work at district level

Geographical Focus:
- Tamil Nadu

Partners:
- NGOs supported by APAC
- CBOs / Peer Educators Association, Industrial associations

Key features:
- Creating enabling environment for t he community to access services where there is no stigma.
- Developing conducive relationship between the project, the community and service providers.
- The community members with the guidance of the outreach team at the intervention site through the networking diagram developed plans for bridging the existing gap.
- Mapping of resources through observation inventory, community consultations, discussion with stake holders, and periodical review of field issues reported.
- Networking diagram was prepared by the Out Reach Team with community representatives based.

Take-Home Messages:

- Network mapping enables the project team to identify the gaps , priorities for mobilizing the support of stakeholders
- Community involvement enhances the ownership and enabling environment
- Community consulted advocacy calendar helps in mobilizing support of all stake holders to achieve the project goals
- Tracking of the progress made in enlisting the support of stake holders motivates sustained actions on advocacy.
- Capacity building of the community members on advocacy is crucial

Networking Diagram:

Stakeholder	Degree of support											
	Green (Strong support)				Orange (Moderate support)				Red (no support)			
	Quarter wise progress review											
	01	02	03	04	01	02	03	04	01	02	03	04
Police									Red	Red		
Lawyer		Green	Green	Green	Orange							
District Administration			Green	Green	Orange	Orange						
NGOs	Green	Green	Green	Green								
Condom Outlets				Green		Orange	Orange		Red			
Govt. STI Clinic			Green	Green	Orange	Orange						
Govt. ICTC			Green	Green	Orange							
Private ICTC		Green	Green	Green								
Private Health care provider		Green	Green	Green	Orange							
Any others												

Green	Indicates that the stakeholder is very supportive and no advocacy initiatives are required
Orange	Indicates that the stakeholder provides only moderate support ,advocacy required
Red	Indicates that the stakeholder is having negative attitude which requires intensive advocacy .

Community members developed a networking diagram for each quarter. The same was reviewed as the project progressed. The diagram captures stake holders and the distances depict the depth of partnership with the project. The projects as it progressed preferred to have stakeholders moving closer towards the community and the project. Example: For the 01st Quarter developed by the community is given below:

Results:

- Gaps in uptake of services were addressed.
- Enabling environment resulted in increased service settings with respect and care for the community .
- Resources were leveraged for the project.

Innovation and Scale-up/Transition:

This experience is being used in the Link workers program implemented by APAC in 21 districts. The panchayt raj institutions currently participate in HIV programs and help in rural HIV prevention.

4. MONITORING AND EVALUATION SYSTEM

a. M&E System

- **Participatory Site Visits (PSV)**

- **Experience Sharing & Review Meetings (ESRM)**

- **Cluster Meetings (CMs)**

- **Field Observation Community Understanding and Strengthening (FOCUS)**

Context:
- NGO staffs require participatory reviews which are system oriented. There was no capacity building during reviews, and reviews generally resulted in fault finding.

Geographical Focus:
- Tamil Nadu, Puducherry

Partners:
- HIV/AIDS/STI intervention implementing partners of APAC - VHS

Key features:
- Unique combination of performance assessment and capacity building. Intensive and participatory monitoring.
- PSVs involve desk review for assessing performance and visits to implementation areas.
- ESRMs also provide opportunity for NGOs to share their experiences.
- PSV & ESRM follow a cyclic pattern and are scheduled once in 6 months to ensure continuous monitoring.
- PSV, ESRM, FOCUS lead to a specific action plan as a follow-up.
- 25% of time allocated for capacity building and mentoring on areas that need improvement.
- Cluster meetings to address collaboration within a district to facilitate program implementation.

Results:

- Ensured that the time lag between gap identification and correction is minimized.
- Capacity building as part of these monitoring exercises helped in addressing gaps and to ensure enhanced performance.

Innovation and Scale-up/Transition:

- PSVs and ESRMs exercises have been adopted at the national and state level.
- Tamil Nadu State AIDS Control Society (TANSACS) conducts a similar exercise to ESRM called as TESPIM.

Take-Home Messages:

- Unique combination of performance assessment & capacity building
- Robust and participatory monitoring technique
- Adapted at state and national levels

5. COMMUNICATION AND COMMUNITY MOBILIZATION

a. Peer graduation:
a key for community empowerment and mobilization

Context:

- Prevention interventions required community members participating as educators to reach hidden members of the community. The project wanted to train large number of volunteers from marginalised population to ensure sustainability.

Geographical Focus:

- Tamil Nadu

Partners:

- Implementing partner NGOs in Tamil Nadu • Capacity building partner NGOs of APAC

Key features:

- Voluntary participation as educators and no payment for peer education services.
- Standardised process for capacity building of peer educators along the value chain.
- Motivation and recognition of services through promotion as staff and to leadership position in community.
- Field, district and state-level platforms created for experience sharing.
- Peer graduation system motivated new members to join as peer educators and further developed capacity to function as independent organizations

Results:

- A large network of over 10,000 peer educators engaging in HIV/AIDS programs.
- 60 community based organizations promoted and linked with state level network of community based organizations.

Empowerment through Peer Education

Financial support to CBO for intervention (ACE, SWAM, Sahodaran, TDPS)

Promotion of well performing PE networks as CBO (ACE, Natchathra, IFPEC

Promotion of well performing PE as ORW or leaders in committees

Mentoring and monitoring by ORW

Motivation, building capacity and recruitment

Identification of persons who had undergone behavior change
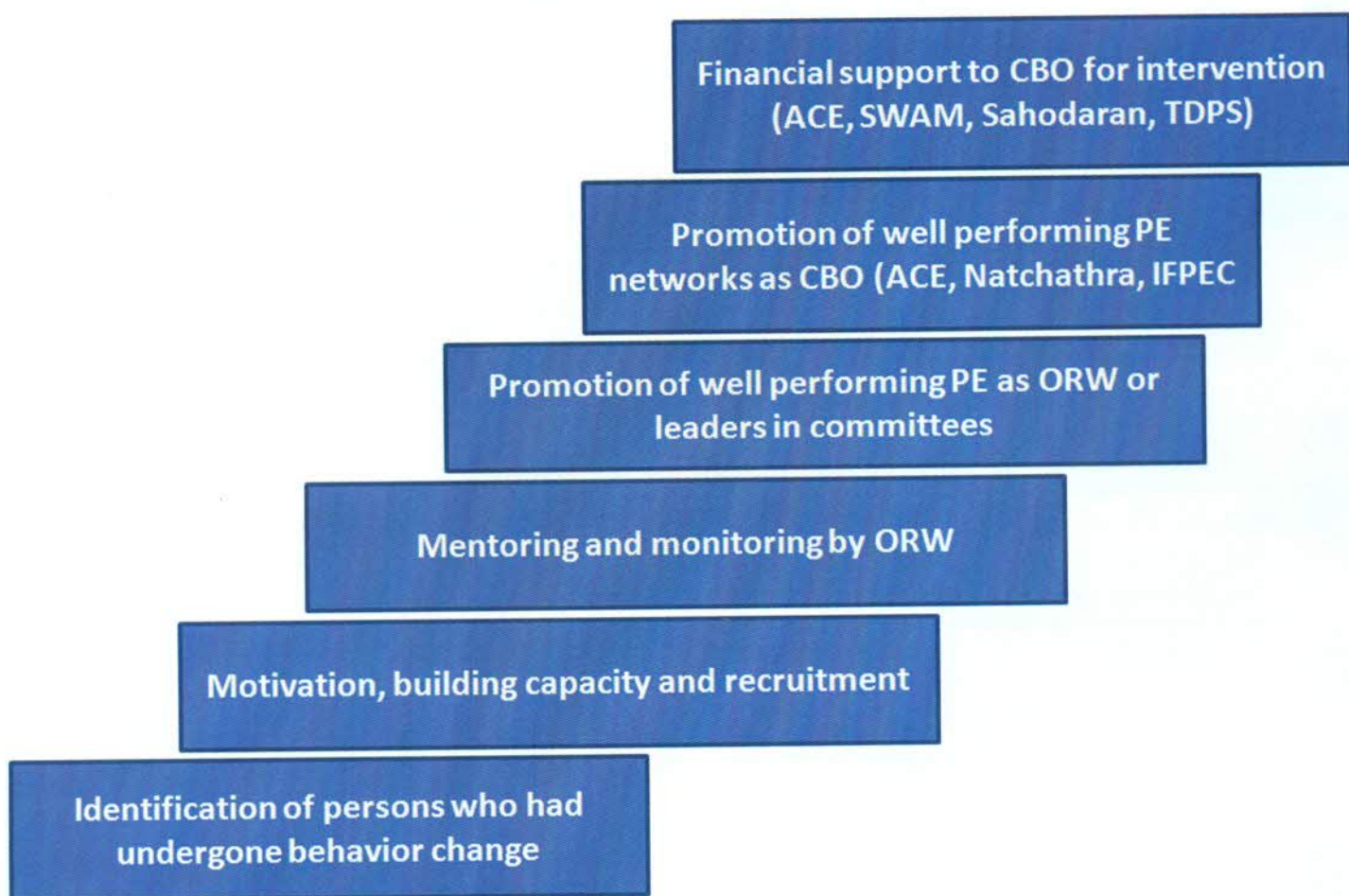
Innovation and Scale-up/Transition:

- Cost effective an d sustainable empowerment model that can be replicated globally.
- Peer education ensured community ownership and community members serve as key players in epidemic management and control.

Take-Home Messages:

- Spirit of voluntarism
- Motivation and recognition
- Enhancing positional power

b. Shakthi Plus: Comprehensive Care and Livelihood Support Reducing the vulnerability of HIV Positive Sex Workers through empowerment programs

Context:
- Five percent of Female Sex Workers (FSWs) are HIV positive in Tamil Nadu. Counselling services for positive prevention to prevent further transmission and alternative income options to maintain quality of life is limited.

Geographical Focus:
- Tirchy, Tamil Nadu

Partners:
- Sevai - Implementing NGO partner in Trichy
- Department of Women's studies, Bharathidasan University
- District Administration

Key features:
- Focused on positive sex workers.
- Equipping FSWs with skills to engage in alternative and sustainable livelihood.
- Combination of psycho-social support and vocational training.
- Scientifically proven tools to observe behavior change and quality of life.
- Randomized control trial to observe change in behaviour.
- Enhancement of cognitive and life skills to reduce vulnerability.
- Improving quality of life through psychosocial intervention and expanding choices.

Results:

- 50% of beneficiaries have shifted to alternate livelihood opportunities such as ironing, food processing, tailoring...) Other FSWs have reduced client load and practice of safe sex.
- Gross earnings with alternate occupations have significantly increased.
- Comprehensive care and livelihood support intervention had enhanced cognitive abilities; modification in behaviour and decreased vulnerability and disease progression.
- All domains of Quality of Life (Physical, Psychological, level of Independence, Social Relationship, Environment and personal beliefs) have improved significantly compared to counterparts in the control group.

Innovation and Scale-up/Transition:

- A scientific intervention to prove that psycho social intervention can bring a significant change in the lives of the vulnerable community to improve their quality of life.
- Continuous follow up and mentoring for a year after the intervention is critical for the success of the program.
- The partnership of NGOs with University and the District administration had provided a sustainable environment for transition.
- Exploring funding opportunities to scale up across other districts and states.

Take-Home Messages:

- Livelihood opportunities reduce vulnerability
- Psycho social intervention paves way for behavior change
- Partnership with academic institutions, civil society organizations and local government facilitate concrete outcomes

c.   Thozha Thozha (Friend to Friend) District Level Communication Campaign (DLCC) for MSMs.

Context:
- Men having sex with men show poor compliance to safe sexual practices. The stigma against MSM is high and therefore MSM participation in prevention and communication with the community is a challenge.

Geographical Focus:
- Six districts in Tamil Nadu and Puducherry.

Partners
- Tamil Nadu State AIDS Control Society (TANSACS)

Key features:
- A bold mid media campaign to reach hidden Men having Sex with Men (MSMs) and promote HIV/AIDS prevention and care services.
- Health care providers near campaign areas sensitized and trained on health care services for MSMs.
- Advocacy with law enforcement agencies and local leaders for an enabling environment.
- 2000 MSM peer educators trained on new and intensified approaches of outreach and interpersonal communication.
- Community members developed a list of lingos by MSMs and use of these in the interpersonal communication.
- Mentorship provided by external consultants.

Results:
- Around 700 MSMs were newly identified and enrolled.
- Increase by 40% of service utilization during campaign period.

Innovation and Scale-up/Transition:
- Greater involvement of community members (MSMs) in the implementation of the campaign.
- IEC materials with MSM language designed by the community.
- Strategically linked MSMs to counselling and testing services offered by the government.

Take-Home Messages:

- The novel approach of involving community as ambassadors has resulted in capacity building and also in reaching out to hidden MSM population.
- An effective strategy of sustaining behavior change and follow-up.
- Linking community with government
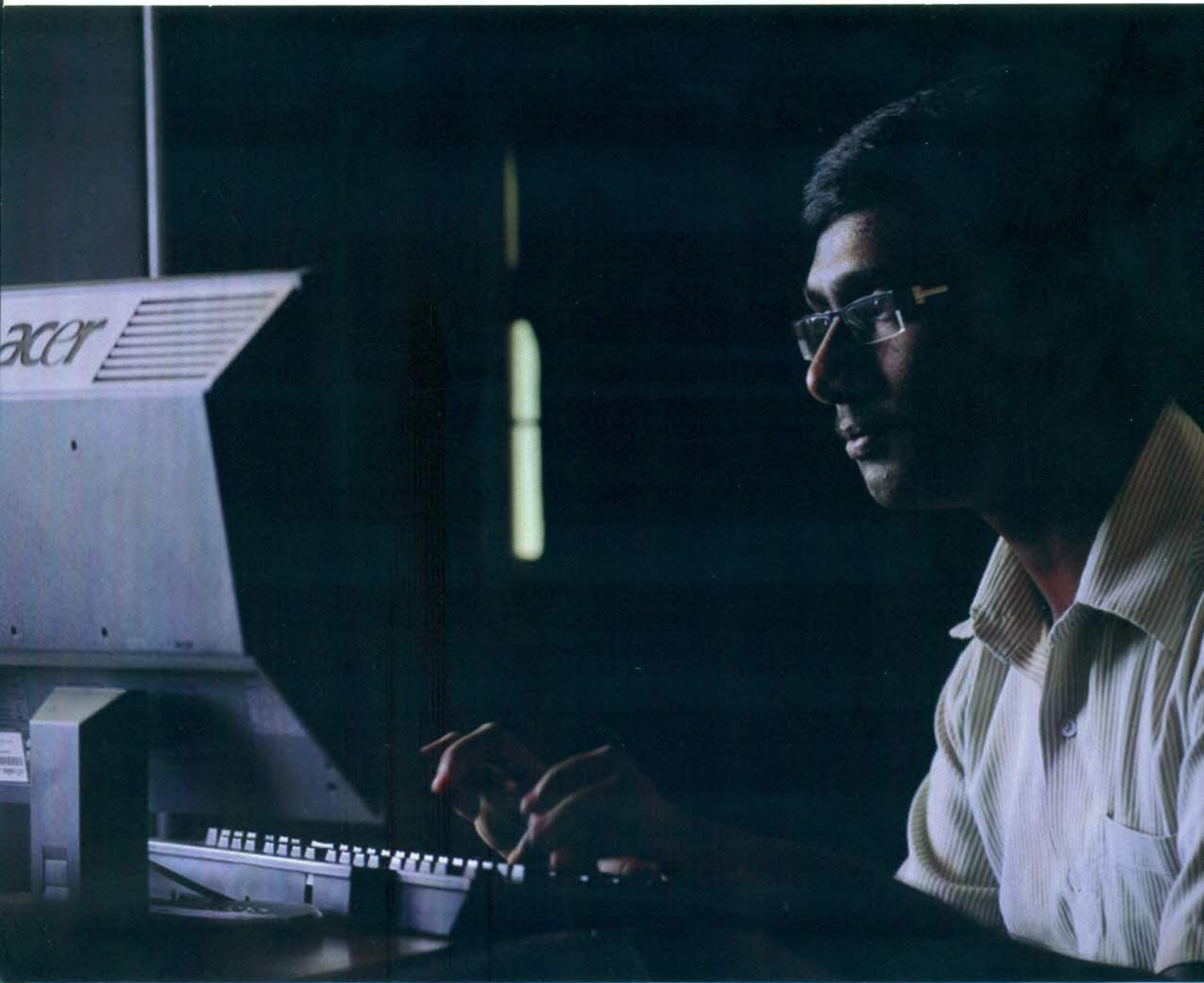
6. TECHNOLOGY

a. Hello+ A toll-free helpline on HIV/AIDS

Context:

- Anonymous access to up-to date HIV/STI information on services and simple prevention and care related questions was not available. The services were required by most at risk groups, youth, women and persons living with HIV over phone.

Geographical Focus:

- India mainly Tamil Nadu

Partners:

- Tata Business Support Solutions • Tamil Nadu State AIDS Control Society

Key features:

- Toll-free calls • Anonymous • Multi-lingual language options available,Male and female counsellors..
- Ability to connect to the same counsellor when subscriber calls back. • Quality control of counselling sessions.
- Geo-location of nearby facilities provided to subscribers via SMS, to facilitate access to services.
- 16 x 7 services (16 hours per day, 7 days per week)

Results:

- 700,000 calls in two years; approximately 30,000 per month (including HIV+ and -, youth, pregnant women, etc)
- In June 2011, the service was transitioned by APAC to TANSACS (TANSACS is partnering with TBSS to operate the service)

Innovation and Scale-up/Transition:

- Strategic partnership with one of India's leading business conglomerates Tata Business Support Solutions.
- TBSS funds 50% of the total operational cost of the service.
- TBSS is now exploring pan-India and international scale up of the service, including African countries.
- TBSS experience with Hello+ has catalyzed their interest in providing other tele health services.
- TBSS exploring development of business models that generate multiple revenue streams to sustain services.

Take-Home Messages:

- Helpline is a must in public health
- Technology reaches to more than traditional interventions
- PPP vital for cost effective interventions

b. Voice based Short Messaging Service (SMS)

Context:

- Educating MARP using SMS technology was non-existent.

Geographical Focus:

- Tamil Nadu

Partners:

- Indian Community Welfare Organization (ICWO) • Voice Integra – Service provider for voice SMS • Rakshashe Communication – Voice message recording

Key features:

- 10 messages covering range of topics including Sexually Transmitted Infections (STI), Condom, HIV/AIDS, Cervical Cancer to Regular Medical Check-ups and testing for HIV were developed.
- Branded as messages from a lady called as "Arokya Anjalai" (meaning healthy anjalai)
- Each message was for duration of 30 seconds. The message ended with a reference to Hello+ helpline number.
- Piloted among Female Sex Workers (FSWs) who were registered with ICWO and who have consented to receive these messages.
- Voice SMS was sent to 135 FSWs every day. One message was sent each day and a FSW got to hear 10 unique messages over a period of 10 days and the same voice SMS were sent again after 10 days.
- Robust system to ensure confidentiality of mobile numbers was ensured.

Results:

- Average call pick-up rate was 65% and it was better when the calls were scheduled in the afternoons compared to mornings and evenings.
- 45% of FSWs who picked up the call listened to more than 75% of the message duration. On a more positive note the cohort who belonged to this group remained the same for all the messages and even during the repeat broadcasts.

Innovation and Scale-up/Transition:

- Effective in reaching out to MARPs especially FSWs as the change in their modality of operation (adopting mobile phones to solicit clients) has changed.
- Targeting individuals who are scheduled for service uptake encourages services use.
- Proposed to be transitioned to Tamil Nadu State AIDS Control Society (TANSACS) for further piloting and roll out in other districts in the state.

Take-Home Messages:

- Helpline is a must in public health
- Technology reaches to more than traditional interventions
- PPP vital for cost effective interventions

c. Information System for APAC NGOs (ISAN)

Context:

- Tamil Nadu did not have a web based monitoring reporting tool for Prevention and care and support for community based interventions. However technology available in the state to build a web based platform for reporting, data analysis and monitoring.

Geographical Focus:

- Tamil Nadu, Puducherry & Karaikal

Partners:

- Search International – ISAN/ISAN+ • Kavin Corporation – CMIS-Targeted Intervention (TI)/CMIS- Link Worker Scheme (LWS)/ CMIS - Migrant

Key features:

- ISAN was a Computerized Management Information System (CMIS) for NGOs. • Pioneer in introducing computers and electronic data management for NGOs in Tamil Nadu. • Integrated data consolidation, reporting and analysis.
- All service delivery components converted into standardized entry formats. • Evolved into ISAN+ and recently CMIS for Targeted Intervention (CMIS-TI) in line with changing guidelines andreporting requirement. • CMIS-TI software is bundled into a single package consisting data consolidation, report generation and analysis. • CMIS-TI enables tracking of services right from individual level, employee performance, institution performance, geographical analysis, indicator wise analysis, stock management and also provides alerts for program managers on progress on key indicators.

Results:

- Aided in data management by cutting down the time on data retrieval drastically and contributed significantly in generating reports quick time.
- User friendly menu's and navigation has ensured that NGOs becoming adept at using this software in short time.
- Internal validations built in the software has ensured data validity

Innovation and Scale-up/Transition:

- ISAN has evolved into CMIS-TI with significant improvements in technology and as well as user friendliness.
- CMIS-TI has been transitioned to Tamil Nadu State AIDS Control Society (TANSACS) and is being currently piloted in two districts in Tamil Nadu and in Puducherry.
- CMIS-Link Worker Scheme (LWS) is being implemented in more than 5 districts in Tamil Nadu

Take-Home Messages:

- Track from individual level services accessed to geographical/institutional level
- ERP tool for NGOs