



# Social Protection Operations Manual

Developed by Swasti Health Resource Centre

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## LIST OF ABBREVIATIONS

AAP	Annual Action Plan
AAY	Anna AnthyodayaYojana
AIDS	Acquired Immuno Deficiency Syndrome
ART	Anti Retro Viral Treatment
BCC	Behaviour Change Communication
CABA	VishshaPalanaYojana
CSS	Care and Support Services
CBOs	Community-based organisations
CDPO	Child Development Project Officer
CEO	Chief Executive Officer
CMIS	Computerised Management of Information Systems
DAPCU	District AIDS Prevention and Control Unit
DC	District Collector
DLN	District-level Network
DRDA	Department of Rural Development Authority
FSW	Female Sex Worker
HIV	Human Immunodeficiency Virus
HR	Human Resources
ICDS	Integrated Child Development Scheme
ICTC	Integrated Counselling and Testing Centres
IDUs	Intravenous Drug Users
IEC	Information, education and communications
JD	Joint Director
JSY	JaniniSurakhshaYojna
MARPs	Most at-risk populations
MD	Managing Director

M&E	Monitoring & Evaluation
MEAL	Monitoring Evaluation and Learning
MIS	Management Information System
MSM	Men having Sex with Men
NACO	National AIDS Control Organization
NACP	National AIDS Control Programme
NGO	Non Governmental Organisation
OBC	Other Backward Castes
NFBS	National Family Pension Benefit Scheme
OIs	Opportunistic Infections
PD	Project Director
PDS	Public Distribution System
PHLV	People Living with HIV
PPTCT	Prevention of Parent-to-Child Transmission (of HIV)
PWN+	Positive Women Network
QA	Quality Assurance
RSBY	RashtriyaSwasthyaBimaYojna
SAATHII	Solidarity and Action against the HIV Infection in India
SACS	State AIDS Control Societies
SC	Schedule Caste
SIMS	Strategic Information Management System
SMO	State Monitoring Officer
SNA	Situational Needs & Analysis
SP	Social Protection
SPHD	Social Protection Help Desk
SPO	Social Protection Officer
ST	Schedule Tribes

STI	Sexually-transmitted infections
TG	Trans Gender
TIs	Targetted Interventions
TNA	Training Needs Assessment
ToR	Terms of Reference
ToT	Training of Trainer
TSU	Technical Support Unit
UNDP	United Nations Development Programme

## CHAPTER I: BACKGROUND

People Living with HIV (PLHIV) face various vulnerabilities such as job insecurity, poor access to health care facilities, low access to nutritional support and education for children. In addition, HIV-related social stigma and discrimination diminishes their access to work and medical treatment, and also lowers their self-esteem to even seek government entitlements.

Given these realities and the need for regular income for the PLHIV to meet their escalating expenses for treatment and care, there is a need to plan for a comprehensive and creative livelihood response for those living with HIV and AIDS.

India's HIV and AIDS prevention and control programme has over the past years incorporated strategies that not only contribute towards HIV prevention but also improve the quality of life of most at-risk populations (MARPs) and PLHIV. The current-generation Targeted Intervention (TI) focuses on behaviour change communication (BCC), sexually-transmitted infections (STIs) detection and treatment, condom promotion and the creation of an enabling environment. It focuses also on reducing the incidence of violence, addressing stigma and discrimination, and on empowering collectives of MARPs and PLHIV. These thrust areas have made an immense contribution towards effective HIV prevention outcomes.

Given its limited mandate and scope, the National AIDS Control Organization (NACO) will find it a challenge to provide the above services and products directly. However, there are government departments that specialise in providing these services to those eligible. NACO, through its vast intervention, can facilitate the creation of demand for SP services among community members, while also engaging the relevant government departments and other stake-holders to ensure those demands are met.

While this is encouraging, it may not comprehensively address other needs of the community in question. Unaddressed needs include access to food rations through public distribution systems (PDS), financial support to widows, insurance, housing, educational support to children of the community (which will reduce chances of their entry into sex work), etc.

Livelihood responses – whether it is employment facilitation or enterprise promotion – is an effective strategy for risk reduction amongst MARPs like the Female Sex Workers (FSW), Men having Sex with Men (MSM) and Intravenous Drug Users (IDUs). Most women end up in sex work for economic reasons increasing their vulnerability to HIV and other health hazards. Because of high levels of social stigma against FSW, MSM and IDUs, they have limited employment opportunities and are often denied basic access to entitlements prompting them to indulge in risky behaviour even at the cost of getting HIV-infected and the same factor very often diminishes the impact of any of the behaviour-modification interventions. Therefore livelihood interventions and entitlement facilitation have proved to be successful strategies for risk reduction among MARPs.

Yet, while these interventions in the form of government livelihood schemes and entitlements are available for MARPs and PLHIV, the most marginalised groups are not adequately accessing them. The following are some of the reasons for not accessing, which go beyond scheme efficacy and awareness:

They may not know how to apply for these schemes/entitlements in spite of being aware of them. They may not have adequate documentation, as prescribed by these schemes.

Most processes, especially those which require dealing with the government system, are so daunting that MARPs tend to give up rather than try.

Low self-confidence is a big deterrent in accessing entitlements. Corruption at various levels not only affects uptake but also increases transaction costs. In many local situations, gatekeepers and power brokers control benefits. Social stigma and moral judgments contribute to denying the marginalised their rightful benefits.

The marginalised community faces several challenges in getting jobs due to lack of the right contacts, appropriate qualifications and skills, confidence and experience.

Given these problems, there is a need for active facilitation of benefits for the marginalised groups, in partnership with them. There is a need to capture data and lessons arising out of these facilitation efforts and use them for further advocacy and influencing policies.

Thus there arises a need to develop an intervention model that will address these major gaps and facilitate improved access to livelihood and entitlements by PLHIV. So far there has been no documented intervention model focusing on ensuring social protection schemes for PLHIV and MARPs. In view of this, Swasti, in partnership with NACO and the United Nations Development Programme (UNDP) and along with Solidarity and Action Against the HIV Infection in India (SAATHI) and Positive Women Network, PWN+), has built intervention models designed to provide MARPs and PLHIV access to social protection schemes. Swasti has developed and tested the Single Window approach to facilitate access to livelihood options and entitlements for the PLHIV through the existing schemes of the government or other donor programmes.

The **goal** of the Swasti project is to contribute to impact mitigation of HIV and AIDS of the most marginalised communities who are affected by HIV (MARPs and PLHIV).

The project has the following **objectives**:

1. To set up, test and prove a model, which successfully increases access to employment options and facilitate uptake of social protection schemes and entitlement for the PLHIV and MARPs
2. To facilitate creation of a right environment through advocacy and sustainability of the effort
3. To document the model, disseminate its learning and support inclusion of lessons into the National AIDS Control Programme IV (NACP)
4. To facilitate social and legal protection mechanisms and services for the marginalised communities (PLHIV, MSM and TG), through a series of actions including research, advocacy, capacity building and knowledge management.

**Swasti and its partners, SAATHI and PWN+, have worked on three single-window models:**

- 1) District AIDS Prevention and Control Unit (DAPCU)-led model
- 2) NGO-led model, and
- 3) Network-led model

The focus of these efforts is on providing information to the development sector, and NACO in particular, regarding a viable model which would help achieve better HIV prevention outcomes and improve the quality of life of MARPs and PLHIV.

The model-building process has provided deeper insights into strategies that work and which do not. The process has also provided information that will help identify strategies that are most likely to produce the required outcomes within the given resource constraints.

This operational manual serves to inform NACO and other stakeholders about a viable intervention model; it provides step-by-step processes and guidance to programme designers and implementers.

The manual is written primarily keeping in mind the position of the Social Protection Officer (SPO) within the DAPCU structure. The key role of the SPO is to ensure the needy can access social protection schemes, and to ensure that stakeholders enable that access.

This manual is derived from the experiences of Swasti's partners in implementing social protection Models. This manual is not prescriptive in nature – rather, we strongly recommend that policymakers and stakeholders make revisions to the stated processes in order to ensure that they suit local needs and realities.

This document is organised as follows:

#### **BACKGROUND**

The chapter discusses HIV mitigation efforts and the role of SP, TI focus, the gaps in addressing vulnerabilities, and the need for sustained efforts towards ensuring sp for MARPs and PLHIV

#### **FACILITATING SOCIAL PROTECTION: STRUCTURES AND ROLES**

The chapter discusses the current structures that can be leveraged for SP outcomes. This section examines the structures at three levels – DAPCU (including Social Protection Officer), SACS and NACO, and the implementing partners. At each level, the section examines key roles stakeholders can play to ensure ideal social protection outcomes

#### **SOCIAL PROTECTION IN THREE STATES**

This chapter examines the current SP Initiative, the model-building processes, and the key outputs and outcomes and experiences of facilitating SP in three states

#### **STAGES OF EXECUTION**

Discusses the key stages involved in implementing the Social Protection Initiative

#### **PREPARATORY PHASE**

This chapter focuses on key activities leading to implementation of SP-related work. The important aspects discussed are: identifying needs, gaps, creating baseline, stakeholder consultation, planning, and getting ready for the actual implementation

#### **IMPLEMENTATION PHASE**

This chapter focuses on how to roll out the plan of action; implementation strategies; SP Help Desks, capacity building, demand generation, demand aggregation

#### **ENABLING ENVIRONMENT**

This chapter covers the scope of what constitutes environment, who are the stakeholders who needs to be involved, and the degree of involvement - how, how much, how soon and how long.

#### **BUILDING OF CBOS AND NGOS INVOLVED IN TIS**

This chapter covers what constitutes capacity building; what needs to be done; who will do it? What is the best way to sustain the capacities; training module and content?

#### **MONITORING, EVALUATION AND LEARNING SYSTEM**

The chapter examines the basic Management Information System (MIS) that needs to be maintained in existing monitoring systems of NACO / DAPCU / SACS

#### **BUDGETS**

A standard template of cost/budget that DAPCU/SACS/NACO may incur in implementing SP at the district level

## CHAPTER II: FACILITATING SOCIAL PROTECTION: STRUCTURES AND ROLES

Swasti's social protection (SP) model-building experiences were accomplished with reference to existing structures and systems, in order for replication and scale-up to remain a reality. Our experience indicates that a number of key structures and systems can be leveraged to ensure the mainstreaming of social the protection agenda into HIV prevention and control. Specifically, these structures and systems are:

Targeted interventions (TIs) including projects sponsored to PLHIV Networks (e.g. drop-in centres)

- District AIDS Prevention and Control Units (DAPCU)
- District Administration, primarily focusing on the District Collectors Office.
- State AIDS Control Societies (SACS)
- National AIDS Control Organization (NACO)

This chapter examines how each structure has the potential to contribute toward mainstreaming the social protection agenda.

### TARGETED INTERVENTIONS AND CARE AND SUPPORT SERVICES

Targeted Interventions and Care and Support Services (CSS) are the key platforms through which to engage and empower community groups with accessing social protection benefits. It is the NGOs and CBOs that run these services, particularly the ones most trusted by MARPs. Given this fact, the best possible way to reach out to MARPs with social protection messages is through NGOs and CBOs implementing TIs and CSS.

Targeted interventions should proceed in accordance with the following objectives:

- Aggregate demand for social protection through the existing TIs team
- Aggregate application filing with respective departments
- Address misconceptions about and mistrust of social protection
- Redress grievances at the field level, and escalate unresolved issues to next level for resolution
- Sensitise secondary stakeholders under the leadership of DAPCU

### DISTRICT AIDS PREVENTION AND CONTROL UNIT (DAPCU)

DAPCU systems and structure mandate the provision of technical and management support (such as monitoring and coordination) to implementing organisations. This means the DAPCU is another key structure that will be engaged in ensuring effective implementation of SP at the district level.

#### **The DAPCUs should be engaged in the following manner:**

The DAPCU/Social Protection Officer (SPO) should be the programme leader in implementing social protection

The SPO should be responsible for district-wide social protection planning and implementation

The DAPCU should monitor outputs and outcomes, and perform high-level reporting to stakeholders at district and other levels

The DAPCU/SPO should coordinate and liaise with other government departments to facilitate access to SP services with fewer challenges to the community

Ensure grievance redressal at all levels

#### **DISTRICT ADMINISTRATION, PRIMARILY FOCUSING ON DISTRICT COLLECTORS OFFICE**

The Collector's Office is a key catalytic structure that can make a huge difference to the integration of MARPs and PLHIV agenda and provide much needed visibility to their social protection needs. The Collector's Office is mandated to ensure that government programmes and schemes reach the neediest. Given this mandate, the social protection initiative (under the DAPCU/SPO's leadership) should leverage the Collector's Office for mainstreaming SP for MARPs and PLHIV.

The District Administration should be engaged with the following objectives in mind:

- Should take a leadership role to bring together other departments on SP for MARPs and PLHIV
- Monitor and redress grievances
- Allow formal directions and approvals so as to benefit the MARPs and PLHIV for quick and easy access to schemes
- Scheme modification and process revision to benefits MARPs and PLHIV
- Redress grievances at all levels

#### **STATE AIDS CONTROL SOCIETIES (SACS)**

As apex state-level body, SACS focuses on HIV prevention and treatment, including the creation of an enabling environment in which MARPs and PLHIV can practise learnt behavior without fear of stigma and discrimination. SACS can play a major role in advocacy, anti-stigma and anti-discrimination actions, coordinating various state-level officials, etc.

**The key priorities of SACS should be the following:**

- The provision of supportive supervision and support for DAPCU / SPO
- The creation of a stigma-free environment by engaging state-level stakeholders and advocacy for issuance of MARP- and PLHIV-friendly guidelines
- Advocacy with relevant stakeholders for revising existing schemes to make them more suitable to MARPs and PLHIV, designing new schemes, and ensuring that existing schemes are implemented well.
- Issuing necessary guidelines to other partners in order to ensure the inclusion of SP agenda into existing TI programmes, and to include the SP agenda in their Annual Action Plan (AAP)

#### **NATIONAL AIDS CONTROL ORGANIZATION**

The national body is committed to containing the spread of HIV in India by building an all-encompassing response that reaches diverse populations. It endeavours to provide people with

accurate, complete and consistent information about HIV, promote the use of condoms for protection, and the emphasise correct treatment of sexually-transmitted diseases.

NACO believes that people need to be aware, motivated, equipped and empowered with knowledge so that they can protect themselves from the impact of HIV. NACO is built on a foundation of care and support, and is committed to consistently develop strategic responses for combating HIV/AIDS in India.

**NACO's key priorities should be to ensure that:**

- The social protection agenda is part of the efforts to empower the MARPs and PLHIV in the fight against HIV and AIDS
- Appropriate guidelines and inter-ministerial coordination are available, so that scheme benefits reach their constituency
- SACs and DAPCU/SPO have access to appropriate budgets and technical support
- Implementers and stakeholders engage in cross-learning and sharing of best practices, and that these are adopted for future replication
- All stakeholders work to create a stigma-free environment, and advocate for the issuance of MARPs- and PLHIV-friendly guidelines
- Relevant stakeholders revise existing schemes to make them more suitable to MARPs and PLHIV, in addition to designing new schemes and ensuring that existing schemes are implemented in an effective manner
- Necessary guidelines are issued to SACs, DAPCUs, TIs and other partners in order to maximise the inclusion of the SP agenda into the existing programme, and to ensure that they include the SP agenda in their AAP

The above structure will maximise and leverage a broad array of stakeholders to enable synergy with regard to effective social protection outcomes. Furthermore, there are a number of existing systems that can be further utilised to strengthen the SP Initiative.

For example, monthly NGO and CBO meetings can be called by the DAPCU, and the ICTC meeting can also be utilised for monitoring and SP capacity-building.

The district-wide meeting of Departments called by the DC is a good place to discuss the SP agenda. This meeting is an ensemble of all Department Heads, and will give the DAPCU/SPO greater access to support, and opportunities to advocate.

The above structures and systems need to be utilized to a greater extent in order to mainstream the SP agenda into other departments' work, and to ensure a specific focus on MARPs and PLHIV.

## CHAPTER III: SOCIAL PROTECTION MODELS IN THREE STATES

This chapter discusses Swasti's experiences with model building. It focuses on conceptualisation, model implementation, challenges and key lessons. These insights form the basis for recommendation for an intervention model involving the SP within the DAPCU structure.

Three distinct models of social protection intervention are detailed below:

**SINGLE WINDOW MODEL:** the key feature of this model is to aggregate demand for social protection among MARPs and PLHIV through SP Help Desks (SPHD). MARPs and PLHIV are fully assisted by SPHD in generating demand for the scheme, in filling the application, submitting the application to various departments, and in follow-up.

There are two variants of the single window model. The first is led by the DAPCU, and will be called the DAPCU-led model. The other model is led by NGOs and CBOs.

In the **DAPCU-led model**, the officer and the DAPCU office act as the single window and help desk. All correspondence, decisions and coordination are initiated by DAPCU.

In the **NGO-led model**, NGOs play the lead role in generating demand, aggregating demand, and facilitating the filing of applications and follow-up through a single window approach.

The above models were implemented in the state of Karnataka.

**NETWORK LED MODEL:** In this model, the PLHIV network plays the lead role in generating demand, aggregating demand, facilitating application-filing and follow-up.

This model was implemented in Gujarat.

**NGO/CBO-LED MODEL:** In this model implemented in Uttar Pradesh, Swasti primarily worked with NGOs and CBOs associated with MARPs and PLHIV. Swasti provided technical and management support in order to enhance these organisations' capacity to provide access to social protection schemes.

**Each of the above models is discussed here in detail.**

### SINGLE WINDOW MODEL - KARNATAKA

The goal of the "Single Window" model is to facilitate social protection and employment access to PLHIV and MARPs. It was developed as part of project Utkarsha, an ongoing intervention in the state of Karnataka, and aims to improve access to livelihood entitlements through existing government and donor schemes targeting MARPs and PLHIV.

In Karnataka the single-window model was implemented in four selected districts. The districts covered are, Bangalore Urban, Bangalore Rural, Kolar and Chickballapur.

"Single window" refers to a single access point which serves to aggregate the collection and logging of applications within the district Social Protection Facilitation Centre.

The single window model in Karnataka had two kinds of interventions:

**NGO/CBO LED INTERVENTION:** In this model, the project worked directly through NGOs.

The community institutions / NGOs/CBOs/Networks collected the necessary forms and logged them in and they also asked the community members to approach the single-window centre directly. The single-window system 'bunched' the received applications (e.g. 10-20 applications) and logged them with the concerned departments. The social entitlement officers provided initial screening and support to the community members to complete the application in all respects. This process enabled trouble shooting both with the departments as well as applicants, and it ensured that no member dropped out.

The project staff also provided awareness on social protection schemes with NGO/CBO's in the districts. They worked with the district-level service providers to reduce stigma and sensitised them toward MARPS and PLHIV.

**DAPCU-LED INTERVENTION:** Bangalore Rural and Kolar districts were selected for the DAPCU-led model through Project Utkarsha. The overall objective of the DAPCU-led model was to provide district-level leadership in developing the single window model.

**Under the DAPCU-led model:**

The DAPCU provided guidance and leadership to the project; it was involved in key decisions with regard to project implementation, and also provided support and troubleshooting to ensure smooth implementation

The DAPCU guided the project team to liaise with various departments, TI NGOs, CBOs, PLHIV networks, employers and skills training centres

The DAPCU served as a highly effective platform to interface with government departments to enable facilitation of access to various schemes

The DAPCU performed direct advocacy through the District Commissioner with various departments (including legal services) to make necessary changes in the various schemes to address the needs of the PLHIV and MARPs

The process for approaching beneficiaries and collecting applications and basic documents are quite similar to the NGO/CBO-led model. The major difference is that, the bunched applications will have a covering letter from DAPCU instead of the NGO or CBO. The DAPCU's covering letter prioritises the applications with the government department, who trust that the applications logged have been validated by the DAPCU. The team later did a follow up with respective departments to ensure application clearance and the receipt of benefits (with the support of the DAPCU when needed).

**LEARNING**

- The single-window approach reduces the barriers for MARPs and PLHIV, and improves demand for schemes
- The DAPCU-led intervention model ensures quick access to schemes, and helps build rapport with government department officials

- Working through CBOs and NGOs will build capacities to facilitate SP programme and help in institutionalising the capacities at local level
- Aggregation of demand for social protection through single window will help better advocacy with the concerned department and will help in follow-up on the applications filed
- With the involvement of DAPCU, the other official platform will have easy access to discuss social protection issues. The platform such as meetings of NGO coordinators, counsellors, meeting with District Collector, etc, will help in further advocacy
- DAPCU-led models provide opportunity for sustained monitoring of the SP at NGOs and CBOs
- Scale-up and replication
- Mainstreaming agenda to TIs NGOs, DAPCU, TSUs, NGO networks and the corporate sector

#### CHALLENGES

- Non-existence of DAPCU structures across India to replicate the model
- DAPCUs unwillingness to broaden the agenda from HIV prevention to include vulnerability reduction activities for HIV prevention.
- Reluctance of NGOs and CBOs due to work pressure on delivering TI components. Most often they perceive that SP work as an additional job and fail to see a connect between SP and HIV prevention.
- Perceived and actual stigma and discrimination reduces the motivation to access SP
- DAPCU-led model reduces incidence of discrimination and corruption but this phenomenon still exists. In NGO-led model there is increased incidences of wilful barrier created by stakeholders
- Window of opportunity – Short time to apply and schemes open during specific time of the year

#### NGO-LED MODEL IN UTTAR PRADESH

In Uttar Pradesh, the NGO-led model is implemented in four selected districts, Mau, Deoria, Gorakpur and Varanasi.

In this model, the appointed district social protection officer worked with NGOs and CBOs implementing TIs. The key focus was on providing technical support in social protection, capacity enhancement, and support in planning and demand generation. The officer also engaged government departments to sensitise them about issues faced by MARPs and PLHIV. In all, these officers worked as catalyst in ensuring access to SP schemes through NGOs and government departments.

In this model one state program officer for the state level and two junior program officers (JPO) for two districts were appointed. Junior Program officers worked on the demand generation and awareness building regarding social protection schemes with community groups. They also worked with the district-level service providers to reduce stigma and prepared them to be sensitive towards the MARPS and PLHIV. JPOs also addressed the issues of barriers at service delivery points. The state program officer monitored the activities of the JPO and conducted advocacy activities, coordinated with the state departments and State AIDS Control Societies. The junior program officers co-ordinated and conducted programs in collaboration with NGO/CBO in their respective districts.

#### LEARNING

- Mainstreaming the agenda of SP within TIs can be effective way of reaching out to MARPs. This is most cost-effective strategy
- In many cases, MARPs and PLHIV have allegiance to particular NGOs and CBOs. Working through these institutions give quick access to the communities and makes it easier to roll out the SP agenda
- While the above is true, it is still important to prioritise the broader SP agenda. NGOs and CBOs are more likely to prioritise the TI agenda, than the broader SP agenda
- Constant follow-up with CBOs and NGOs is needed to maintain priority on SP as an intervention area

#### **CHALLENGES**

- Without formal letters and direction from the SACS/NACO, NGOs and CBOs are less likely to work on SP agenda
- Regular capacity building is needed to combat attrition among peer educators and outreach workers

#### **NETWORK MODEL IN GUJARAT**

In Gujarat, the network-led model is implemented in four districts, Surat, Vadodara, Rajkot and Bhavnagar.

The network-led model means that state-level HIV positive networks will implement the activities through district-level networks for conducting awareness and training on social and legal protection services and facilitate the services for collection and logging the applications within the district government departments in collaboration with NGO/CBO and TI partners.

#### **NETWORK MODEL INTERVENTION**

In this model, the state-level network with technical assistance from the Swasti team was involved in coordination, advocacy, and capacity building and information management with various departments providing social protection services to PLHIV and MARPs.

The state-level network implemented the activities using district-level networks for providing training and awareness to the NGO/CBO/TI. After the training, a resource desk was created to allow community members to collect and log applications in the respective departments through NGO/CBO/TI. The NGO/CBO/TI performed follow-up with respective departments to ensure that scheme benefits reach community members.

Within districts, district-level networks were involved in providing information to the community (PLHIV and MARPs) to generate demand and sensitise the service providers (government departments).

## LEARNING

- Working with state-level networks provides access to their membership base and other programme infrastructure, contributing to outputs and outcomes
- The network model is strong on advocacy, will be helpful in strongly positioning the SP agenda in government circles and among other civil society organisations.
- Multiple access points for schemes were created on the existing network infrastructure, which provided the required access and visibility to SP activities
- Able to build strong evidence base to bolster advocacy

## CHALLENGES

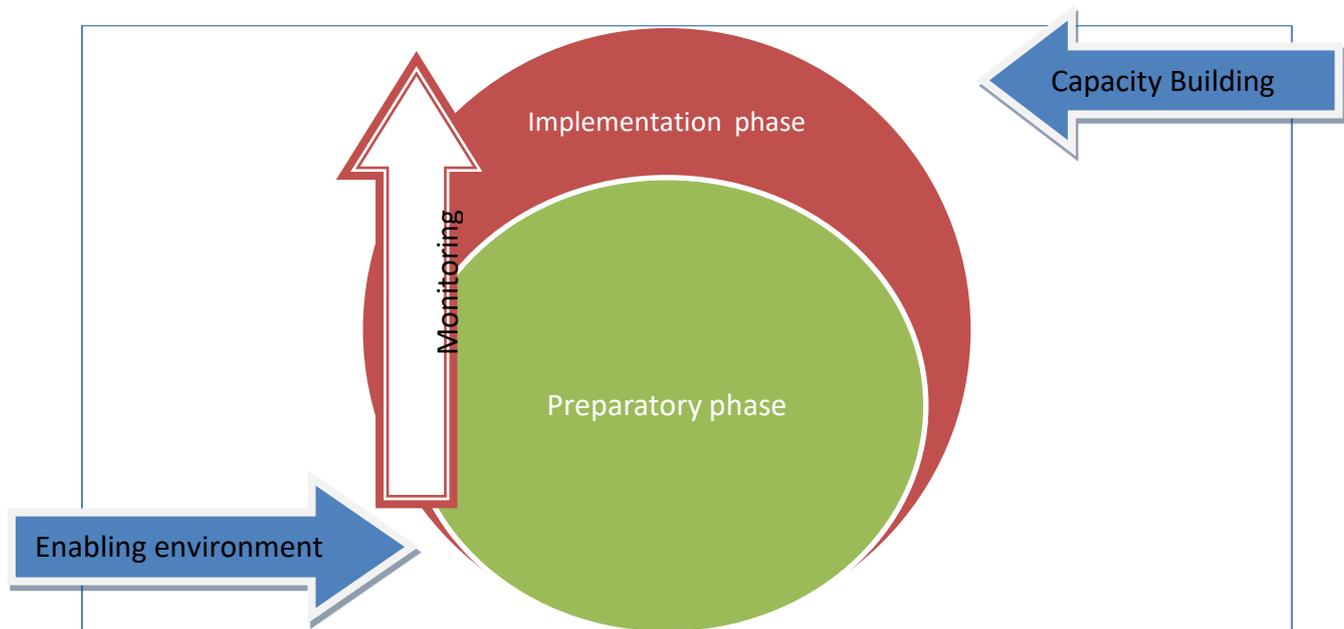
- SP-related demand-generation is second priority among TIs, who remain more focused on their regular work
- There are not many SP schemes for MARPs. Though PLHIV network is able to influence SP schemes for the PLHIV community, it is unable to do so for both, i.e. for PLHV and MARPs.

## CHAPTER IV: STAGES OF EXECUTION

This chapter discusses the key stages involved in implementing the Social Protection initiative. Each stage has a distinct character, processes and challenges. In each stage, there are tools that can be used to increase effectiveness.

There are five distinct stages of execution. They are:

- 1) Preparatory phase
- 2) Implementation phase
- 3) Creating Enabling Environment
- 4) Capacity Building
- 5) Monitoring



The different stages of execution of the SP initiative are explained in detail in this manual

## Chapter 4.1: Preparatory Phase

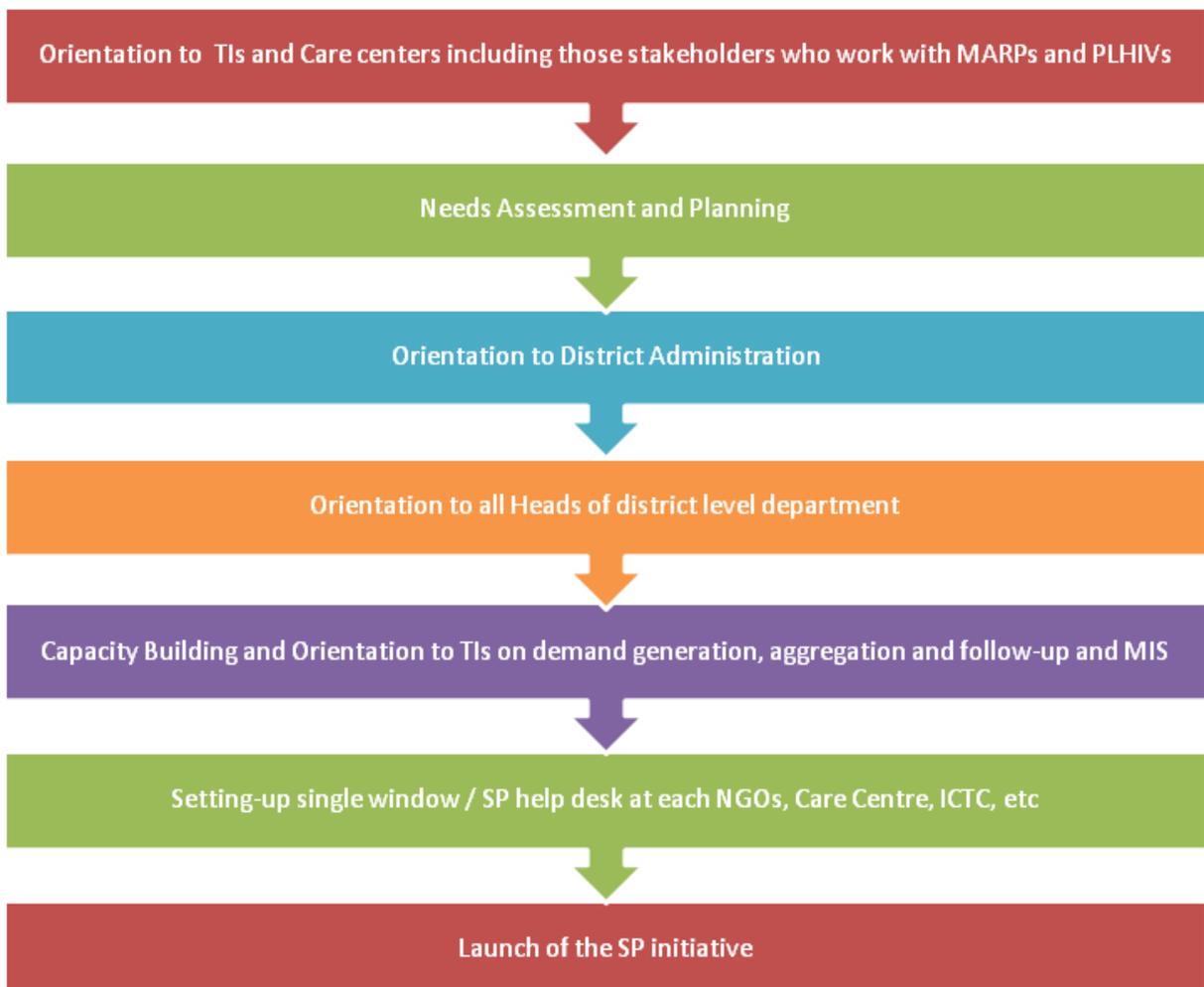
This chapter discusses key step DAPCU /SPO should initiate prior to the actual implementation of the SP agenda among MARPs and PLHIV at the district level.

The DAPCU/SPO, in order to integrate the SP initiative, needs to execute certain activities that will strengthen the actual implementation processes. These are listed below.

**Objective:** The key objective of this meeting is to share the DAPCU/SPO's road map to ensuring access to social protection for MARPs and PLHIV, as well as the role of other stakeholders (TIs, NGOs, CBOs, district-level departments and the district administration)

**PARTICIPANTS:** The DAPCU / SPO should invite the following stakeholders:

- NGOs and CBOs who are implementing Targeted Interventions



- NGOs and CBOs implementing Care and Support interventions
- NGOs and CBOs who are working on social protection agenda
- Network of MARPs and PLHIV
- Heads of district government departments

**INVITATION:**The meeting should be called through the District Collector (DC) in order to maximise the probability that government department heads will attend the meeting.

**DURATION OF THE MEETING:** The meeting should ideally be held for a day.

**MEETING PROCESS AND EXPECTED OUTCOMES:**

- The meeting should be ideally inaugurated by the DC. The DC should be requested to set the platform and instruct the department heads to collaborate and cooperate. The overall meeting should be facilitated by the DAPCU/SPO
- The DAPCU / SPO should present the current status of HIV in the district and include an estimation of MARPs and PLHIVs
- The presentation should also cover MARPs' vulnerabilities in detail, including HIV infections, and explain how social protection can mitigate the issues of primary stakeholders
- The meeting should provide stakeholders a platform through which to discuss the following:
  - The current status of social protection and the extent of access by MARPs and PLHIV
  - The current SP programme with details about how MARPs and PLHIV can derive SP benefits
  - Issues of basic documents (residential proof, identity proof, income certificate, etc.)
  - The DAPCU/SPO should also share the roadmap on SP for MARPs and PLHIV and the expected role of each of the stakeholders
  - The meeting should end with a plan of action.

**The basic actions are**

- TIs will support the DAPCU / SPO in conducting the needs assessment and planning
- TIs will identify at least two senior persons who can be trained on SP and can support in setting up the SP help desk
- The government department heads should ensure that their staff is well trained on MARP/PLHIV issues.

**2.NEEDS ASSESSMENT AND PLANNING**

**FOCUS OF THE NEEDS ASSESSMENT:** It is vital to know the current social protection scenario with regard to MARPs and PLHIV. This manual proposes that a short study be undertaken to understand the ground situation better. In this regard, the DAPCU / SPO can initiate quick assessments to understand the following:

- What are the needs of MARPs and PLHIV, from a social protection perspective? What is MARPS/PLHIV's level of awareness on the available schemes, and what are their perspectives in terms of appropriateness, sufficiency and level of satisfaction with schemes?
- What are the estimated numbers of beneficiary groups in the project area, their current socio-economic status, their barriers/challenges, and the benefits they perceive in the programme?
- What is the current extent of SP realisation in comparison to the actual needs?
- What are the current schemes running in that district? What is the status of funds and sanctions?

- How can we further understand the structural barriers – corruption, stigma and discrimination, etc?
- What is the perspective of service providers towards beneficiary groups accessing social protection, and what are the capacities of government departments, legal service providers and NGOs/CBOs working in the sector imparting SP services?
- What are the existing platforms which can be leveraged, and who are the key leaders and champions within the communities?

**TOOLS AND METHODOLOGY:** Please refer to Annexures 2.A to 2.A-8 for methodology and tools on Needs Assessment.

**WHO WILL IMPLEMENT:** The DAPCU / SPO should be overall in-charge of the study. However the study will be implemented through NGOs and CBOs working with MARPs and PLHIV.

The DAPCU should consolidate and analyse the data it should then lead in disseminating the study results.

**BUDGET:** The study's expenses will be borne by the DAPCU/SPO budget. Please refer to Chapter X on Budget.

**PLANNING PROCESS:** On completion of the study, a two-day meeting of stakeholders will be called by the DAPCU/SPO in order to understand the data and plan for the next set of actions

**The key outputs of the meeting are:**

- A clear understanding of the current status of SP access/realisation among MARPs and PLHIV
- An understanding of the key challenges faced while accessing SP schemes or reasons for not accessing them
- Knowledge of the top five needs of the group, which will help in prioritising the schemes that meet those requirements.
- A plan of action to setup the SP helpdesk
- Development of demand-generation strategies (refer to next chapter for more details)
- Development of a training programme and schedule
- Systems for monitoring and review

**3. DISTRICT ADMINISTRATION ORIENTATION AND NEED FOR INTEGRATION**

**THE NEED:** This initiative needs the total support of the head of the district administration. The lack of such support can negatively affect the outcomes of the SP initiative. Given this, it is vital to obtain sponsorship from the head of the district administration. The DAPCU / SPO should meet the district collector(DC) for SP orientation and to seek the support of the DC office.

**THE AGENDA:** The meeting between the DAPCU/SPO and the DC should have the following basic agenda:

- An introduction to the SP initiative, the need to work with MARPs and PLHIV, and the relationship between HIV prevention, quality of life and social protection
- The role of the DAPCU/SPO in this initiative, as well as the roles of NGOs and CBOs

- The SP initiative’s expectation from the district administration and government departments, such as:
  - DC to chair the quarterly meetings
  - Send formal letter to the department heads to cooperate
  - Address the issues of stigma, discrimination, delays and corruption
  - Address the special needs of MARPs and PLHIV by revising existing schemes and designing new schemes

**MEETING FREQUENCY:** The first meeting should be held before the launch of the SP Initiative. Subsequent meetings should be held at least once in a quarter.

The DAPCU/SPO should document the proceedings of the meeting and share copies with the DC office for reference and follow-up.

**REPORTING:** On commencement of SP Initiative, the DAPCU/SPO should send monthly reports to the DC office.

#### 4. ORIENTATION FOR HEADS OF DISTRICT-LEVEL DEPARTMENTS

**THE NEED:** This meeting is necessary to provide comprehensive, complete and accurate information about MARPs and PLHIV and their vulnerabilities. This orientation will also focus on the key roles of the district-level departments.

**OBJECTIVES:**

The objectives of the orientation are to:

Introduce the SP initiative – goal, assumptions, strategies, outputs, expected outcomes, stakeholders

- Introduce partners and make them aware of their roles.
- Articulate the relationship between HIV mitigation and social protection
- Understand current issues of MARPs and PLHIV in accessing and securing the SP schemes
- Fully understand the expected roles and support from each department in enabling these groups to derive SP benefits
- Create a platform and an opportunity for interaction between the heads of the departments and community members

At this meeting, it is good to have NGOs and CBOs for an introduction and exchange of views and, it will also help to have community members who can articulate what they need to access, and challenges they face.

**PARTICIPANTS:** DAPCU / SPO should invite the deputy directors of government departments. Invitation should be extended to all departments. However some departments have more relevance and priority. They are; Department for Women and Child Development, Housing, Health and Family Welfare and Revenue.

**DURATION AND FREQUENCY:** A day-long meeting is a must to cover the entire agenda effectively.

This orientation needs to be conducted before the launch of the Initiative. This meeting should be held at least once in a quarter.

Invitation, facilitation and chairing of meetings: Ideally, the invitation / instruction should go to heads of the department through the DC. This will be effective in ensuring appropriate persons participate for the full duration of the meeting

Ideally, the meeting should be chaired by the DC. Given the DC's time constraints, it is good to invite the DC to open the meeting.

The meeting should be facilitated by DAPCU / SPO.

## **5. CAPACITY BUILDING AND ORIENTATION TO TIs**

The DAPCU / SPO should draw a capacity- building plan for TIs and others based on the needs assessment and discussions held so far. The plan of action so developed will guide stakeholders in enhancing capacities to help mainstream the SP agenda.

Before the launch of the Initiative, SPO / DAPCU should conduct an intensive training to the selected staff of TIs and Care Centres including others work for PLHIV. The selected TI staff will then train others within their organisation and their services can be drawn later to train other organisations.

The focus of the training will include, but not be limited to, the following topics:

- What is the Social Protection initiative, and what are the various schemes that beneficiaries can avail?
- Which are the key departments and how should they be approached for scheme realisation?
- How can the initiative generate demand for SP among MARPs and PLHIV? What are the key messages?
- What is the SP help desk? What are its features, and how will it be managed?
- Monitoring, including maintenance of MIS of SP activities
- Grievance redressal
- How to identify barriers and address them?

This is not a one-time activity – it will have to be repeated periodically Swasti's model-building experience indicates that at least one training per quarter is necessary for it to be effective. For further details on capacity-building, please refer to Chapter VIII on capacitybuilding.

## **6. SETTINGUP SINGLE WINDOW / SP HELP DESK AT NGO/CBO's, CARE CENTRES, ICTC**

**THE NEED:** The success of any system lies in its simplicity, effectiveness and responsiveness to the needs of community members. The systems so established should support community members in filling their applications, logging the filled application with respective departments, follow-up with departments on the status of the application, and ultimately in securing benefits. This will help in reducing the efforts for MARPs and PLHIV who otherwise will have to run from one department to another, increasing their transaction cost and thereby reducing their interest in accessing SP benefits.

-----BOX-----

## Single Window Operations

- Forms for different entitlement schemes should be readily available for access
- Staff of the centre should be capable of assisting people in completing the applications and be knowledgeable about the schemes themselves
  - If possible, centre staff should train MARPs/PLHIV to assist others. The benefits of having MARPs/PLHIVs operating the centres are two-fold
    - Employment of someone who would otherwise face difficulty in finding a job
    - These populations do not need sensitisation training and are able to not only assist others in an understanding way, but also encourage other members of the community to come to the centres
- Hours of operation and other special considerations should be discussed with stakeholders, especially those within the beneficiary group
- These centres should provide access to other requirements, such as
  - Referrals to health centers
  - Rapid HIV testing
  - Condoms available
  - Support group information
- Once applications are received, the single window system will ‘bunch’ applications (e.g. 10-20 applications) and log them with the concerned departments.
- They will also provide initial screening and support to the community members to complete the application in all respects.
- Then follow up will be carried out with the respective departments to ensure clearance of the applications and receipt of benefits.
- In this process trouble shooting both with the departments as well as applicants will ensure that no dropouts happen.

-----END OF BOX-----

**IDENTIFYING LOCATIONS TO SET-UP SP HELP DESK:** The DAPCU/SPO, in consultation with NGOs and CBOs, should identify locations that are convenient to MARPs and PLHIV. The following criteria can be applied to identify suitable locations.

Locations such as Drop-in-centers, Counselling Centers (ICTCs/PPTCT), Care Centers, Networks of PLHIV, MARPs are ideal to set-up SP help desk (SPHD).

The locations should be free from stigma and discrimination and should also provide privacy to ensure confidentiality of data and clients

### **The locations should be easy to access for MARPs and PLHIV**

- Locations can serve one category of MARPs or multiple groups. For example, a help desk can serve more than one category of MARP – FSW, MSM, transgender (TG) and IDUs including PLHIV.
- The location so identified can be discontinued if the TIs, DAPCU / SPO feel that it is not serving its purpose
- Ideally, each TIs, network of PLHIV and Care Centres should run at least one SPHD .

- Please refer to Annexure 6 – Social Protection Help Desk for frequently-asked questions on SPHD.

## **7. LAUNCH OF THE SP INITIATIVE**

The launch of the SP initiative is important because it provides visibility and credibility among influential stakeholders. Given the potential impact it can have on stakeholders, the event needs to be planned well and implemented systematically so that maximum outcomes can be derived.

The launch event needs to be led by DAPCU / SPO in coordination with the district administration and the implementing partners.

**THE OBJECTIVES:** In order to provide visibility and to herald the integration of SP into the existing TIs and Care Management, a formal launch at district level should be planned.

**PARTICIPANTS:** All NGOs, CBOs and the project working directly with MARPs and PLHIV; all government department heads and staff; district administration; networks of PLHIVns and networks of MARPs;

**CHIEF GUESTS:** The District Collector, Chief Executive Officer (CEO) – ZillaPanchyat, PD of SACS (if possible), Joint Director (JD)– TI of SACS.

**INVITATIONS:** The invitation / instructions should be issued by DC's office.

### **Key agenda of the launch event:**

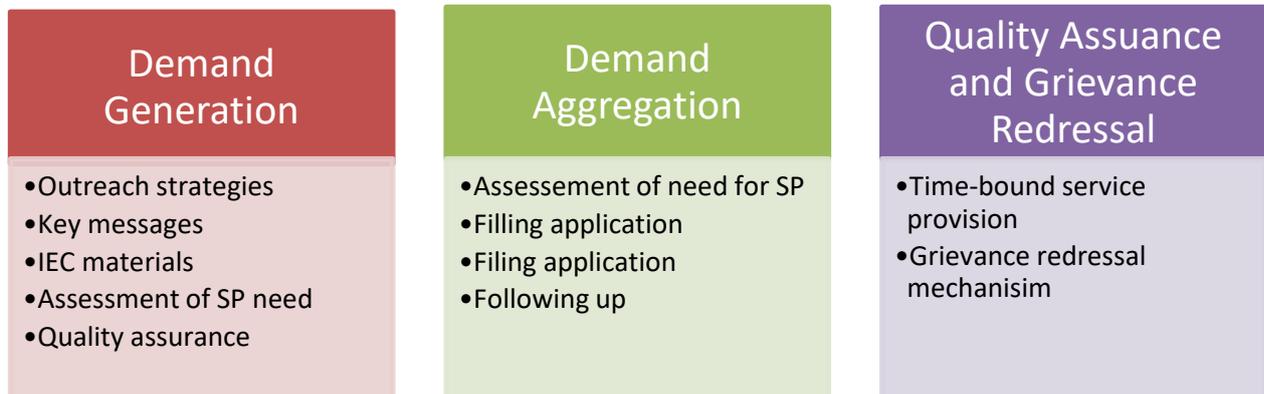
- Context / background setting by DAPCU
- Inauguration of the SP Initiative through DC along with community representatives
- Sharing the details of SP Initiative by DAPCU
- Community Interactions – Why they need SP and how they will benefit from it
- Government department heads share their thoughts about SP Initiative and focus on what they need to do
- Key action point emerging out of the meeting

Please refer to Annexure 7 for Launch Checklist and list of invitees.

## CHAPTER 4.2: IMPLEMENTATION STAGE

This chapter discusses the steps involved in implementing a social protection initiative, specifically, key activities contributing to creation of awareness, filling and filing of applications, and follow-up procedures.

The following are the key components of the implementation stage



### Demand Generation for social protection

The key reason for this focus is to generate demand in order to increase the uptake of social protection schemes by MARPs and PLHIV. In order to achieve this, the following activities will need to be implemented at TIs, Care Centres and any other project that work with MARPs and/or PLHIV:

- Outreach strategies
  - Key messages
  - IEC (Information, Education, & Communications) materials
- Outreach plan execution
- Quality assurance

**Outreach strategies:** will focus on reaching the neediest of the community group with complete, correct and up-to-date information about social protection schemes and the process involved in securing them.

The key steps that will need to be taken are as follows:

- Develop/adopt key messages and IEC materials to aid demand generation
- Field staff to develop action plan to reach out to community members through one-to-one, one-to-group, and mass communication sessions
- Assessment to understand the needs for SP and develop an action plan for individuals
- Referral of services to Social Protection Help Desk (SPHD)

### **Develop and adopt communication strategy and IEC materials to aid demand generation:**

Having understood the needs of the MARPs and PLHIV through the needs assessment study, a communication strategy that addresses the gaps in their awareness/knowledge will have to be developed.

The field staff (peer educators, community mobilisers and outreach workers) will have to be trained on key messages that need to be shared with communities. Please refer to Annexure 3 – IEC Materials.

**The key messages that need to be disseminated to the community are as follows:**

- Beneficiaries have a right to social protection
- SP schemes can be accessed by anybody, irrespective of sex and sexual orientation provided they meet other scheme-eligibility criteria
- Completing of information, support in assessing eligibility, filling and filing of applications and follow-up will be done by SPHD established in each organisation. Provide complete information on the locations, contact details and timings
- Those eligible for a SP scheme must produce basic documents to access the scheme, such as identity proof, residential proof, income certificate, caste certificate, gender certificate (applicable for transgender) etc. These documents are vital to file applications
- Confidentiality of information and identity is assured and will not be compromised by service providers
- Services are provided by the concerned organization are free of cost. However, the cost of application fees (if any), court fees (if any) or any other incidental cost that needs to be paid to the third party must be borne by the applicant

**The above messages which need to be shared through multiple mediums and methods are as follows:**

- Inter-personal communications through field staff (mainly one-on-one communication)
- IEC materials that are pictorial and easy to understand – handbill, posters, visiting card of the SPHD, SMS messages, voice SMS, etc. Please refer to Annexure 3 on IEC materials - Posters
- During community events where larger numbers of community members come together
- Counseling sessions during visit to Drop-in Centres, ICTC, Care and Support Centres, etc.

**Outreach plan execution**

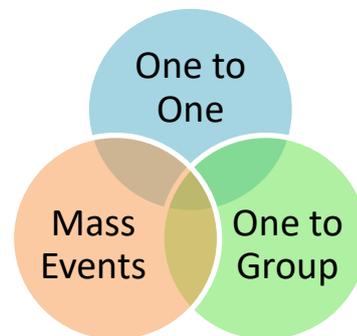
**Plan Outreach:**

Field Staff to develop a plan of action to reach out to their community members through one-to-one, one-to-group, one-to-mass

The field staff will have to develop a plan of action to conduct outreach with specific messages related to Social Protection. Here are the suggested ways to reach the neediest populations:

- Embed social protection agenda into existing outreach plans: There is no need to develop a new outreach plan specifically for SP outreach – instead, existing outreach plans should be revised to reach out to the neediest on social protection messages. The key checklist to ensure this is:
  - Are the most vulnerable groups reached? (Vulnerable groups: younger and older sex workers, homeless, alcohol dependent, persons living with HIV and AIDS, persons subjected to repeated violence, etc)
  - Are they reached more frequently than others?

- Are the neediest accompanied to the SPHD or are they referred? The best option would be to have an accompanied visit to the SPHD
- Revise the outreach planning and monitoring format to include data regarding SP outreach and realisation.
- Revise Form B to include key information on SP-related outreach and other activities.
- Track the following information
  - SP-related outreach. This can be indicated by a circle, other than the usual tick mark
  - Visit to SPHD: This can be again indicated by a circle than the usual tick mark used for visit to a drop-in-centre (DIC)
  - Besides the name and ID, another indication that the person needs SP-related support will help to determine the total number of persons who need to access SP. The organisation should thus have the details of the total number of people who would like to access SP services and it should track them and follow-up systematically and regularly
- The field staff meeting, besides the usual agenda, should include focused discussions on SP-related progress. Some of the key questions for review and reflection are:
  - How many persons were reached by SP-related messages?
  - How many persons were referred to the SPHD?
  - How many persons were accompanied to the SP Help Desk?
  - How many persons were met how many times in a month? They are expected to be twice in a month.
  - How many persons have stated their need to access social protection schemes? (This will become the cohort and a denominator for follow-up and monitoring)
- The outreach plan will have to clearly state how the cohort will be reached. The usual practices are:
  - **One-to-one:** The best way to reach a person is individually. This provides adequate scope for effective interactions and will help the person clarify issues and address doubts.
  - **One-to-group:** A group is comprised of more than one but not more than seven to eight persons. This process will help field workers to reach out to more people in a shorter timespan, while still retaining scope for interactions and clarifying doubts. These group meetings need to be conducted in a place that is considered safe for the community group – typically; these include the DICs, Care and Support Centers or any other place that the community feels comfortable.
  - **Massevents:** WhenTIs and other projects conduct community mobilisation events in which large number of community members participates; SP-related messages can be relayed. The advantage is that a large number of community members can be reached in short time, allowing for rapid awarenesscreation.



### **c) Quality assurance**

The demand-generation activities are vital since they create awareness and pave the way for realisation of the benefits of SP schemes. Any wrong or incomplete information given at this stage can have severe adverse impact on other outputs and outcomes. In order to ensure that information is accurate and is reaching the neediest, certain processes need to be followed. They are:

- The project manager should make field visits accompanied by field workers to assess the interaction. The assessment will focus on whether the information provided is complete, correct, comprehensive and up-to-date
- The project manager should also focus on ensuring whether the persons reached are those with the highest need
- Ensure that IEC materials used provide accurate information and referrals
- The project manager should interact with persons who have been reached by field workers to understand absorption levels, and to identify any discrepancies in information provided
- The project manager will conduct at least four such visit in a month

### **Demand Aggregation**

Once adequate demand for SP is created through effective field processes, then it is the role of the SHPD and associated facilitators to provide support in the following areas:

1. Assessing the need for SP, and develop a plan of actions for individuals
2. Filling up applications
3. Filing applications
4. Following up on the status of applications and ensuring that they are being processed with in an appropriate span of time

#### **1) Assessment to understand the need for SP and develop a plan of action for individuals**

Once the community members visit the SPHD, the help desk facilitator should make a detailed assessment on the need for accessing SP schemes.

**The process of assessment should lead to the following:**

- Top needs/gaps of community members
- Schemes that address these needs and gaps
- Whether individuals are eligible to apply to schemes
- If eligible, whether individuals have all the required documents that establish identity, caste, income levels, etc.

#### **2) Filling application**

On identifying the needs, the SPHD facilitator should make a plan of action specific to that person. The plan should include details of the schemes the person is applying for, and the status of the applications. Filling up applications Please refer to Annexure 2.D.2 – Scheme Access Register

Based on the assessment, the SPHD facilitator should fill up the appropriate forms. The forms will have to be filled in a manner that is complete and accurate, and should have all required annexure contents.

As a good practice, the SPHD facilitator should collect the application formats from key department and have sufficient copies in stock to address demand.

Please refer to the Annexure 6 on Social Protection Help Desk for details.

### 3) Filing applications

After filling the application, the SPHD facilitator has to log the same application with the concerned department. As a good practice, it is effective to log bunches of application rather than one or two. For example, instead of logging in one or two applications, the SPHD facilitator can wait till he/she collects 10 applications for a particular scheme. This will help the facilitator by saving travelling time to departments to file and check up on applications. Furthermore, a sizable number of applications are easy to process and have greater visibility.

However, it is not advisable that the facilitator wait for extremely long durations to collect 10 applications. The following rule is effective: **File applications when they reach a bunch of 10, or within seven days from the date of receipt of the first application, whichever is earlier.**

The SPHD facilitator should get an acknowledgement from the concerned department stating the number of applications received, from which organisation, and the schemes applied for. This acknowledgment of receipt needs to be filed safely for future reference and follow-up.

### 4) Following up:

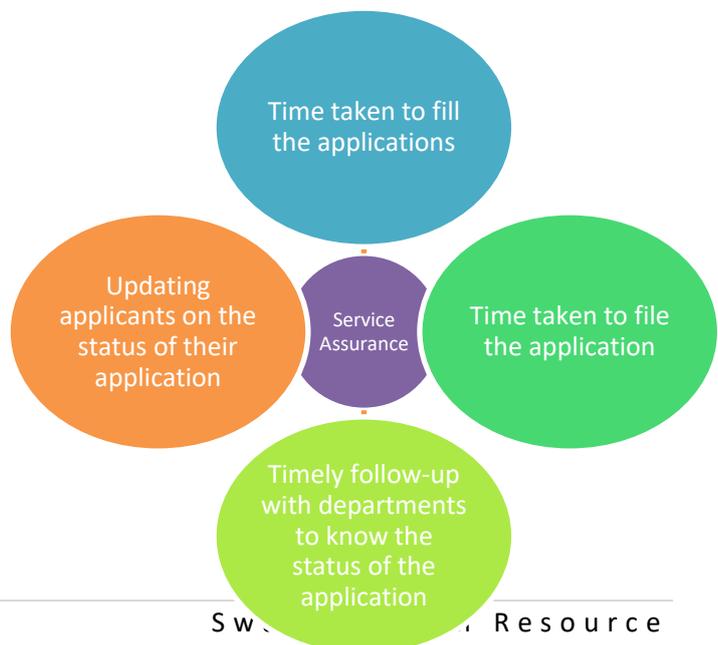
Follow up on the status of applications and ensuring that they are being processed in an appropriate span of time. The SPHD facilitator will have to maintain an **SP Access Register** that will have information on the number of applications filed, department-wise. The facilitator will have to make follow-up visits once a week to pursue the status of the application. The follow-up visit should ideally happen in person. If that is difficult due to time constraints, then follow-up over the phone is permitted. However, the facilitator must make a personal visit at least twice a month without fail.

### Quality Assurance and Grievance Redressal Mechanism

**QUALITY ASSURANCE:** The social protection help desk will have to maintain certain set protocols and standard operating procedures. Please refer to Annexure 6 on Social Protection Help Desk for more details.

**The four key aspects the SPHD should manage are:**

- Time taken to fill the application
- Time taken to file the application



- Timely follow-up with departments to accelerate the status of application(s)
- Updating applicants on the status of the their applications

**The standards set by the model for each of the aspects are as follows:**

ASPECTS	PRE-CONDITIONS	TIMEFRAME
Time taken to fill the application	The applicant will have all necessary supporting documents such as identity proof, residential proof, Income certificate, caste certificate or any other documents required to be annexed to the application	One day
Time taken to file the application	The model suggests bunching of 10 applications of each schemes to log it with the respective departments	Between same day to within seven days
Timely follow-up with departments to know the status of the application	On filing the application	Once in a week. Follow-up over the phone permitted. In-person follow-up atleast once in a month
Updating applicants on the status of their applications	The contact details are accurate	Once in a 15days over the phone or any other suitable medium to reach the applicant.

**GRIEVANCE REDRESSAL MECHANISM:**The host organisation that is implementing the help desk should formalise a grievance redressal committee comprised of the project director, project manager, SPHD facilitator and representatives from each community group

The committee's objectives should be to assure quality of services, address challenges and to respond to any complaints from the end users.

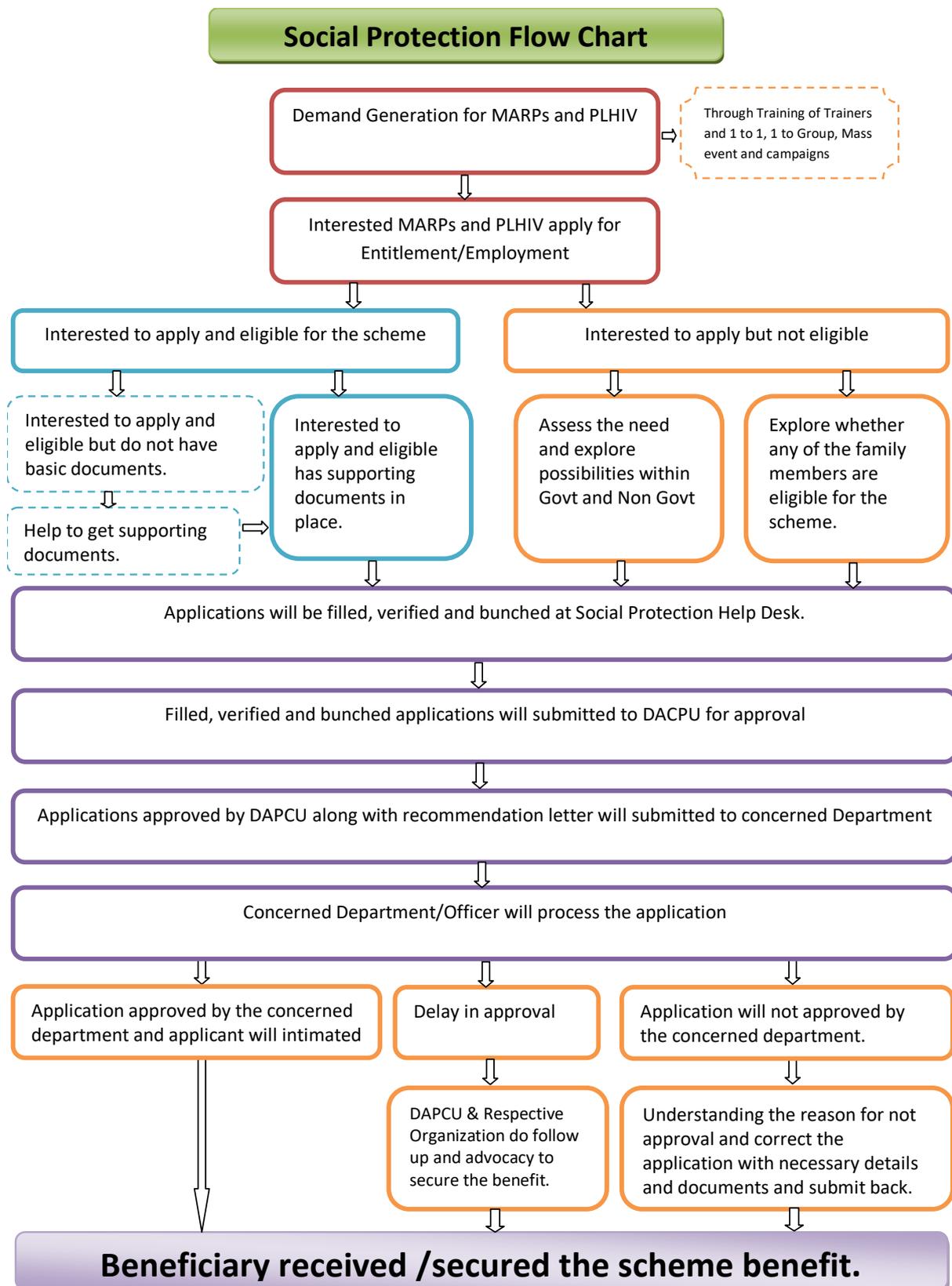
This committee should meet once in a month to discuss and review progress and complaints received from applicants.

The SPHD should display transparent information about the Grievance Redressal Committee – names of the members and phone numbers.

The committee's meeting minutes should be shared with DAPCU every month.

DAPCU / SPO should attend at least one meeting in a quarter.

Flow chart depicting the process from Demand Generation to Scheme Realisation:



## CHAPTER VII: ENABLING ENVIRONMENT

The biggest challenge faced by PLHIV and MARPs is stigma and discrimination from key stakeholders, especially government departments. The systemic challenges of red-tapism, corruption and delay in realisation of schemes deter them from accessing the much-needed services.

In order to ensure that key stakeholders can access social protection services, all players in the social protection ecosystem need to ensure that **the environment in which they operate is encouraging, empowering and devoid of stigma and discrimination.**

Given this goal, this chapter discusses the key role of the DAPCU/SPO in ensuring an enabling, encouraging and empowering environment in which MARPs and PLHIV can access social protection schemes without fear and humiliation.

**The DAPCU/SPO will take the following steps towards creating enabling environment:**

- 1) Identify key stakeholders who can influence project outputs and outcomes
- 2) Analyse stakeholders to understand each stakeholder's role and interest
- 3) Sensitise and orient each stakeholder involved in the process
- 4) Create a platform for interaction
- 5) Engage and recognise stakeholders



These five steps are discussed in detail below.

## 1) IDENTIFICATION OF KEY STAKEHOLDERS WHO CAN INFLUENCE THE PROJECT OUTPUTS AND OUTCOMES

In consultation with local NGOs and CBOs, the DAPCU/SPO should generate a key list of stakeholders who wield considerable influence with MARPs and PLHIV and can thus exert an influence on the outputs/outcomes of the SP initiative.

From Swasti's past experience, high-value stakeholders are listed below. These stakeholders should be engaged in the various stages of project implementation.

Stakeholders		
SI No	Designation	Name of the Department
1	Deputy Commissioner	Deputy Commissioner office
2	Member Secretary	District Legal Service Authority
3	Managing Director / District Representative	Women Development Corporation
4	CEO	ZillaPanchyat
5	President/Secretary/Projects Managers	NGO/CBO
6	Community Leaders - MARPs and PLHIV	NGO/CBO
7	Deputy Director	Food and Civil Supply
8	Deputy Director	Labour Department
9	Deputy Director	Social Welfare Department
10	Deputy Director and CDPOs	Women and Child Department
11	District Health Officer	Health and Family Welfare
12	Development Commissioner	Urban Development cell
13	Development Commissioner	District Rural Development Department
14	Deputy Director	Department of Public instructor Education Department
15	Project Director	Rajeev Gandhi Housing Corporation Ltd.
16	Managing Director / District Representative	Hand Loom & textiles corporation
17	Commissioner	Urban Local Bodies
18	Chairman	NABARD Bank

19	HR Manager/MD	From Companies / corporate operating in the district
20	Head of the Institutions/Training officers	Skills Training Institutions
21	Brokers who facilitate SP access for a fee	N/A

## 2) CONDUCTING STAKEHOLDER ANALYSIS TO UNDERSTAND EACH STAKEHOLDER'S ROLES AND INTERESTS

Once key stakeholders are identified, the next step is to calculate the interest of each stakeholder in order to decide how the DAPCU/SPO can engage them in the SP initiative.

**Generally there are four levels of engagement:**

- **INFORM** – To keep the stakeholder informed about key happenings on regular basis
- **CONSULT** – To seek opinions and suggestions on strategies, programme challenges and programme design
- **PARTNER** – To work closely in development and implementation of the SP initiative
- **AVOID/CONTROL** – To avoid the partners from getting associated with SP initiative since they would have only negative interest in the SP initiative

**List of Stakeholders for Launch Program**

Sl. No	Designation	Name of the Department	Levels of engagement			
			Inform	Consult	Partner	Avoid
1	Deputy Commissioner	Deputy Commissioner office			✓	
2	Member Secretary	District Legal Service Authority			✓	
3	Managing Director/ District representatives	Women Development Corporation			✓	
4	CEO	ZillaPanchayat			✓	
5	President/secretary/Project Managers	NGO/CBO			✓	
6	Community Leaders – MARPs/PLHIV	NGO/CBO			✓	
7	Deputy Director	Food and Civil Supply		✓		
8	Deputy Director	Labour Department		✓		
9	Deputy Director	Social Welfare Department		✓		
10	Deputy Director and CDPOs	Women and Child Department		✓		
11	District Health Officer	Health and Family Welfare		✓		
12	Development Commissioner	Urban Development cell		✓		
13	Development Commissioner	District Rural Development Department		✓		
14	Deputy Director	Department of Public instructor Education Department		✓		
15	Project Director	Rajeev Gandhi Housing Corporation Ltd.		✓		
16	Managing Director/ District representatives	Handloom & textiles corporation		✓		
17	Commissioner	Urban Local Body		✓		
18	Chairman	NABARD Bank		✓		
19	HR Manager/MD	From the companies operating in the districts		✓		

20	Head of the institutions/Training officers	Skill Training Institutions			✓	
21	Brokers who facilitate SP access for a fees	N/A				✓

The above matrix builds on Swasti's experiences to suggest different ways in which stakeholders need to be engaged.

The following table indicates the potential of key stakeholders to influence the outputs and outcomes of the SP initiative.

Stakeholder	Geo/Area of Influence	Potential to Influence
NGOs/CBOs implementing HIV prevention and care interventions	Intervention area, and within their own organisation	Evolve guidelines to address stigma and discrimination Establish grievance redressal mechanism and ensure its effective functioning Celebrate success of scheme realisation, thus giving confidence to others
Networks of CBOs	Intervention area and among member organisations	Take up issues of stigma and discrimination Advocate for MARP- and PLHIV-friendly schemes and processes Grievance redressal and acting as a pressure group
DAPCU / SPO	NGOs/CBOs, Intervention area	Sensitisation of government department and other stakeholders Provide platform for community and government interactions Ensure grievances are addressed
District Administration	Government Department	Issuance of guidelines to all government department and other stakeholder to cooperate with MARPs and PLHIV Take up issues of stigma and discrimination against MARPs and PLHIV
SACS	DAPCU / SPO, state-level department heads	Advocacy with state-level officer on issues of MARPs and PLHIV Media campaign and media interface
NACO	Other Ministries	Advocacy with Ministry for designing and implementing national schemes with focus on needs of MARPs and PLHIV

### 3) SENSITISE AND ORIENT

Government department personnel are crucial – sensitising them will require utmost attention and careful planning. As per Swasti’s model-building experiences, winning the support of heads of government departments at district level is ideal – however, given the actual situation, getting their attention is a herculean task. The following steps may help address this challenge:

- The sensitisation meetings will ideally be chaired by the DC. This will contribute to visibility and enhance the agenda’s importance within the District Administration.
- The sensitisation meeting should be facilitated by DAPCU/SPO. They are more likely to accept accountability if one of their own speaks about rights and needs of MARPs, rather than MARPs and PLHIVs stating it.
- At least two sensitisation programme to be conducted in a year
- An integrated methodology needs to be adopted – training, attitude assessment through activities, interactions with MARPs and PLHIV, field visits, etc
- One-to-one meeting with department officials will reinforce positive attitudes.

**Sensitisation and Orientation under the leadership of DC**

**Meeting at least once in a quarter**

**One-to-one meeting with Head of the Department is ideal**

**Face-to-face interaction between stakeholders critical for sensitisation.**

Please refer to Annexure 5 – Training Manual for Government Officers

### 4) CREATING PLATFORM FOR INTERACTION

It is essential to create a platform in which the entire stakeholder, including MARPs and PLHIV representatives, are brought together to discuss the social protection agenda.

This platform should provide opportunities to clarify each stakeholder’s standpoint, and to measure the level of support they expect. This platform should take a close look at the challenges faced by the primary constituency, and evolve actionable solutions that will reinvigorate the faith of MARPs and PLHIV in the system.

The DAPCU and the SPO, under the leadership of the DC, should convene the meeting at least once per quarter.

The key objectives of the meeting are to:

- Share progress on the social protection initiative with all the concerned stakeholders
- Present the challenges, and seek support in resolving them
- Provide space for face-to-face to interaction between stakeholders
- Develop an action plan, and follow through
- All stakeholders listed above who fall into the categories of “Inform”, “Consult” or “Partner” need to be invited.

### 5) ENGAGE AND RECOGNISE:

The DAPCU/SPO should explore the potential for engaging stakeholders in the process of planning, implementation, monitoring, capacitybuilding or any areas that benefit the Initiative.

The DAPCU/SPO should clearly specify the expected roles and timelines. This will ensure clarity of roles and expectations.

The DAPCU/SPO should also recognise stakeholders who significantly contribute to outputs and outcomes of the Initiative. This recognition can be provided in the following ways:

- Acknowledging the contribution with examples in the forums/meetings
- Letter of appreciation
- A token of appreciation in kind (a small, inexpensive gift)

This process will encourage significant contributors to sustain their interest, and motivate others to follow suit.

## CHAPTER VIII: CAPACITY BUILDING

This chapter focuses on building and strengthening the capacities of NGOs and CBOs. NGOs and CBOs have considerable influence on the outputs and outcomes of any social protection initiative, and it is essential to ensure that they are able to deal with contextual challenges in order to accomplish the programmatic mission. The chapter covers details of capacitybuilding requirements, methodology and content.

Capacitybuilding, in this context, refers to equipping the project staff of NGOs and CBOs with complete and accurate knowledge about social protection, as well as appropriate skills in delivering outputs and positive, enabling attitudes.

The table below provides details of the scope of training.

TARGET AUDIENCE	OBJECTIVES	KEY TOPICS	KEY METHODOLOGY	WHO WILL LEAD
Selected staffs of NGOs and community leaders	<p>To connect the dots between social protection and HIV mitigation</p> <p>To facilitate the integration of SP into their TIs</p> <p>To know about SP (various schemes and how to access them)</p> <p>Monitoring, quality assurance and grievance redress</p> <p>Dealing with challenges</p>	<p>Connection between risk reduction and vulnerability reduction</p> <p>Programme planning to include SP agenda</p> <p>Awareness on various schemes and ways to access them</p> <p>Orientation to MIS formats and standard operating procedures</p> <p>Dealing with common challenges</p>	<p>Training-of-trainers (ToT) approach</p> <p>Reorientation and refresher training</p>	DAPCU SPO

**FREQUENCY OF TRAINING SESSIONS:** As discussed in the chapter on Preparatory Stage section, the first round of training needs to be conducted before launching the SP initiative. Training sessions should be repeated at least once every six months.

**LEAD TRAINERS:** The DAPCU and SPO, along with senior NGO and CBO trainers, will perform the training sessions to an audience of selected field staff and community leaders.

**PARTICIPANTS:** Senior and potential NGO/CBO staff will be identified and trained on social protection, programme design, implementation strategies and quality assurance. The trained trainers will in turn train the remaining field staff.

**THE BUDGET:** The first level of training will be conducted by DAPCU / SPO. Expenses will be borne by the DAPCU office.

## Curriculum

A detailed curriculum will be developed. Broadly it will cover the following aspects:

Session 1: Welcome and introduction

Session 2: Rights for human dignity

Session 3: Need for social protection

Session 4: Schemes for poor and marginalised

Session 5: Reality check about schemes

Please refer to Annexure 4 -Capacity Building Modules for NGO and CBO Field Staff.

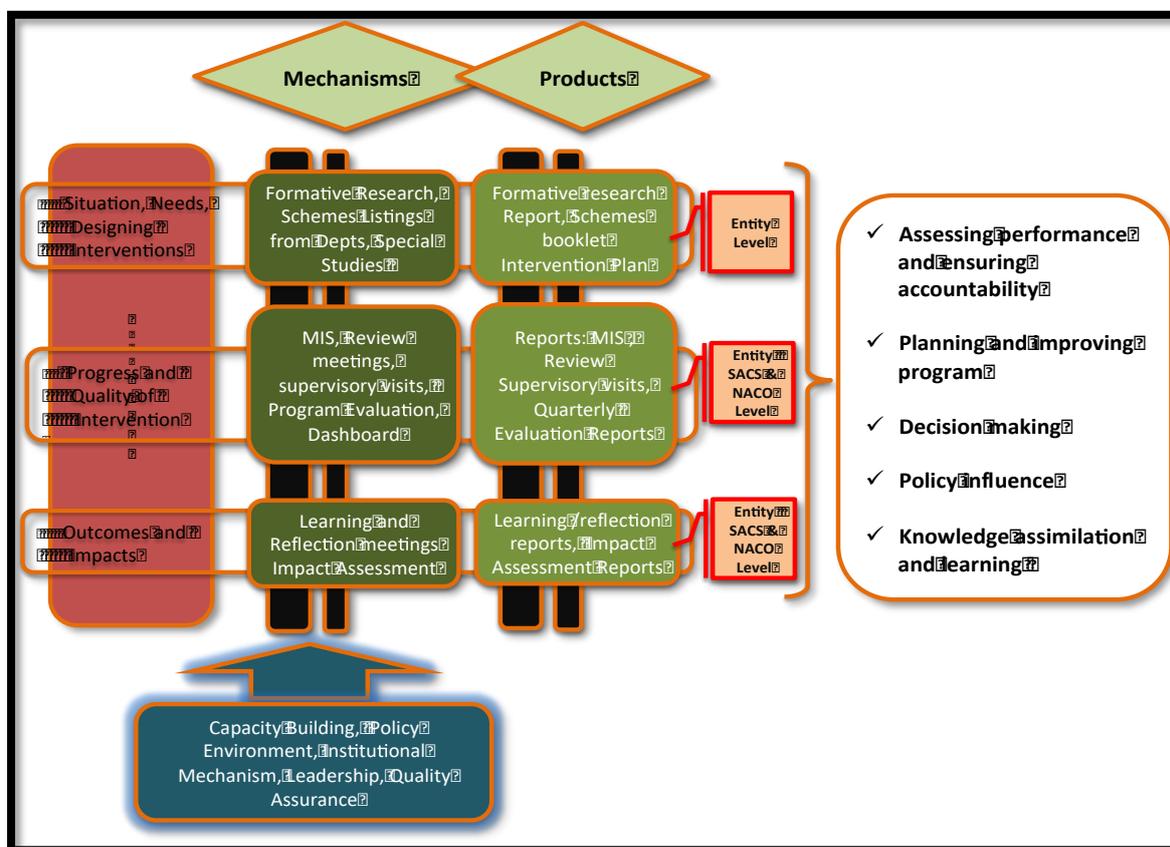
## CHAPTER IX: MEAL FRAMEWORK

In order to generate accurate and high-quality information on how to access social protection services and schemes, Swasti, SAATHI and PWN+ have evolved a comprehensive Monitoring, Evaluation and Learning (MEAL) framework based on our experiences implementing the pilot models. It is hoped that this framework will help strengthen services that enable PLHIV and MARPs to access social protection schemes within NACP. The proposed MEAL framework will help:

**PERFORMANCE IMPROVEMENT AND ACCOUNTABILITY** – at programme, project and entity levels (national, state, district); and accountability to PLHIV, MARPs and other stakeholders

**LEARNING AND REFLECTIONS** – about good practices, approaches and methods, and about ways to minimise performance errors

**PLANNING AND DECISION-MAKING** at the programmatic, project and entity levels



**\*\*Entity – Implementation entity – Social Protection Officer and DAPCU**

An effective monitoring system will cover the following three stages of the programme as shown in the above diagram.

**ASSESSMENT OF NEEDS AND DESIGNING INTERVENTION:** Formative research is required to assess community needs and the current uptake of social protection services. It is important to complete this research before starting the intervention, because the results will provide better insights into the needs of the community and help evolve a comprehensive design. This assessment will also set the baseline against

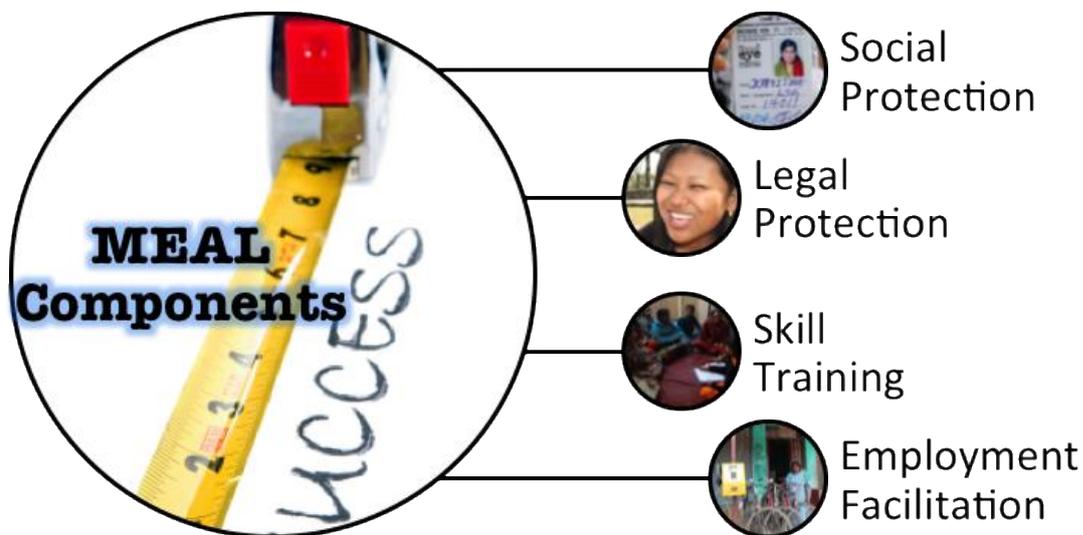
which the progress of the programme can be assessed. The assessment will be undertaken at the implementation stage.

**PROGRESS AND QUALITY OF INTERVENTIONS:** The MEAL framework will build and complement existing systems and structures for monitoring the progress and quality of interventions that facilitate access to social protection schemes for HIV-affected communities. NACO already implements the Computerised Management Information System (CMIS), and additional indicators and fields will be added to this system to capture data related to SP. Data generated at the implementation entity level should be shared with SACS and NACO.

**OUTCOMES AND IMPACTS:** It is important to continuously track the quality of intervention by ensuring that programmes are delivering improved access to social protection, and improving the quality of life for PLHIV and MARPs.

### MEAL Components

Programme components and critical information needs are described below:



Critical Information under each of the components

#### 1) Social Protection

- What schemes are available?
- What schemes are relevant to the target group?
- What is the demand for available schemes?
- How many persons have accessed the schemes with project assistance?
- How has access led to improved health/economic/other outcomes?
- What is the awareness level among the target communities?
- What is the awareness level of providers?
- What is the need for modifying schemes?
- What health services (beyond HIV) do the target communities need?
- What are the barriers to accessing these healthservices (beyond HIV)?

- How many persons, with project assistance, have accessed non-HIV health services?

## 2) Legal Protection

- How many individuals are aware of their fundamental rights?
- How many individuals are aware of procedures and services to redress violations of their rights?
- What legal services are available in each district (legal services authorities, protection officers, Swadhaar homes, family counseling centres, etc.)?
- What legal issues afflict the target groups
- How many people want access to legal services?
- How many have accessed these legal services?
- How has access led to improved health/economic/etc outcomes?
- What are the barriers to accessing these legal services?
- How aware are legal service providers of the target communities and their need for the services?

## 3) Skills Training

- How many centres have been identified and oriented to the needs of the target population?
- How many individuals from target populations have been trained?

## 4) Employment Facilitation

- What are the existing market opportunities?
- What are priority sectors?
- How many members of target communities need jobs?
- How many get employed?
- How many drop out?
- What is the average duration of employment?
- How much income has increased?
- Has access to services changed? (HIV, health, schemes, etc.)
- How have the target group's vulnerabilities changed?

Please refer to Annexure 2.C.: Monitoring and Evaluation Components.

## METHODOLOGY AND TOOLS

### STAGE 1: Situational Assessment and Designing Interventions

**FORMATIVE RESEARCH:** The Situational Needs Assessment (SNA) tool should be used to gather information on the needs of the community in the context of access to social protection, legal protection, employment facilitation and skills training. The study will be conducted by the project team within the district (TI NGOs, PLHIV Networks). The following are key steps in conducting the SNA:

- DAPCU SP Officer, along with the NGO and networks, should adapt the SNA tools prepared by Swasti to measure and address local needs

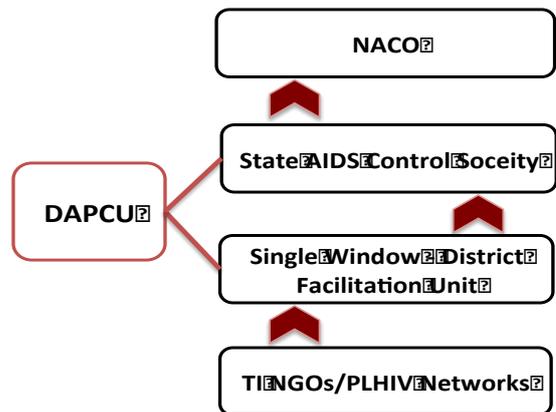
- Once the tools and methodology are finalised, the staff should be trained in collection of data
- NGOs and networks should engage in data collection
- Data entry, analysis and reporting should be conducted
- Project plans and targets should be revised based on SNA findings

See Annexure 2.A.1 to 2.A.8- Needs Assessment Tools

**STAGE 2:** Progress and Quality of Intervention

**Management Information System:**

a. Management Information System (MIS) will be set up to systematically collect, store, process, analyse and report all the critical information related to project services. This will help monitor the project’s progress and performance. Data will be collected, processed and aggregated at various levels – sub district, district, state and national. MIS for social protection projects will be added to the existing SIMS of NACO. Additional tracking indicators (as given in this document) will be added to Computerised SIMS of NACO. Key steps will include the following:



- Updating the NACO SIMS to include social protection-related programme indicators and related fields. This will be done by the NACO SIMS unit.
- Training the State Mainstreaming Officer in SACS and the DAPCU SP officer on SIMS data entry and analysis by the NACO SIMS unit
- Training NGO and network staff to enter data into SIMS and the various back-end documents that need to be maintained. This training will be done by the State Mainstreaming Officer, along with the DAPCU SP officer.
- Maintaining and regularly updating all the back-end documents by the NGO/network staff, which should be checked monthly, and verified by DAPCU Officers during the visits.

Critical indicators and formats needed to gather various data are included in Annexures 2.D. to 2.D.4.

b. **Annual Programme Review:** An external evaluator will undertake an annual review of the social protection work done by the DAPCU along with NGO/network partners within the district. This review can also be clubbed with any annual reviews DAPCU reviews being undertaken by SACS. The annual programme review will focus on assessing the achievements of project deliverables relating to social protection activities, reflecting on facilitatory and inhibitory factors, strengths and weaknesses in project strategies and the need for redesigning, community participation, stakeholder feedback, etc. The annual review budget will be included within the DAPCU social protection budget. The review process will be the responsibility of the state mainstreaming officer at SACS.

The DAPCU SPO, along with NGO partners, will also participate in annual state-level experience-sharing review meetings organized by SACS in order to share lessons learned from leading social protection activities.

### KEY STEPS IN CONDUCTING THE ANNUAL REVIEW:

- Preparation of the Terms of Reference (ToR) for the annual programme review by state mainstreaming officer at the SACS
- Contracting of the external evaluator by SACS
- District-level internal annual reflection by DAPCU SP officers and NGO/network representatives
- External review of social protection activities at the district level and submission of the report by the reviewer

### STAGE 3: OUTCOMES AND IMPACTS

a. Learning and Reflection Meetings: In order to reflect on progress and signs of change within the SP initiative in the district, a half-yearly reflection exercise will be carried out using the reflection tool. The first reflection exercise will measure the baseline; progress related to outcomes will be tracked during subsequent reflection exercises.

- Who will attend the reflection exercise: Reflection exercise will be primarily facilitated by the DAPCU SPO. This will be attended by the DAPCU officers, officers from various line department providing various SP services, TI NGO representatives, Network representatives, CBOs, NGOs providing skills training or any other SP services.
- Organising the reflection exercise:
  - The DAPCU SP officer will invite various stakeholders (as listed above) to join the reflection exercise well in advance.
  - All the partners will be given a brief note on the reflection exercise (as provided in the annex) and will need to come prepared to share successes, best practices, challenges, failures, and to reflect on what facilitated success or failures.
  - The DAPCU SP officer will need to be trained in facilitating the reflection exercise – this will be done as part of the M&E training.
  - The DAPCU SP officer will also be responsible for ensuring the process is documented, and for preparing a report of the reflection exercise.

A detailed explanation of the Learning Systems approach is given in Annexure 2.E.

b. Impact Assessment: An impact assessment study will be conducted in order to assess the outcome- and impact-level changes that result from the project. The study will be conducted at the TI/network level, and facilitated by the DAPCU SPO. The for conducting the study will be included within the DAPCU SP budget. Key steps will include the following:

- Providing training to TI/network team on the impact assessment methodology and tool by the SP officer
- Data collection by TI NGOs/network
- Data collation and analysis
- Creation of a final report (to be facilitated by the DAPCU SP officer)

The methodology and tools for conducting impact assessment are included in Annexures 2.B.1 to 2.B.6.

- c. Case Study Documentation: As part of documenting signs of change in the community in accessing social protection schemes and changes in the system to improve accessibility of the community to various schemes case study documentation tool will be used. TI and network staff will be trained to gather such case studies from time to time.

## ROLES

### DAPCU MODEL

- Weekly reporting to the DAPCU officer by SPO. Reports should closely monitor project progress, and provide feedback and guidance for strengthening the intervention strategies
- Monthly supervisory visit to the TI/network field to check the quality of services provided, as laid out in the SP implementation plan. Regular monitoring of project progress as against deliverables and targets (as described in the work plan) will be done by the DAPCU SPO
- Monthly report to SACS on the progress of the project through the existing reporting system

### STATE FACILITATION TEAM (SACS/TSU)

- Train all DAPCU SP Officers on the M&E (Monitoring & Evaluation) System. Training will be done by Mainstreaming and M&E units of SACS
- Quarterly supervisory visit by the mainstreaming team of SACS to the field to check the quality of services provided through DAPCU and NGOs/networks as laid out in the implementation plan.
- Facilitate annual learning reflection with the DAPCU and NGOs on SP deliverables
- Consolidated quarterly progress report (to be submitted to NACO)

### NACO SIMS UNIT:

- NACO SIMS unit will ensure incorporation of the reporting indicators and fields into the existing computerised SIMS
- NACO SIMS unit will also train all SACS/TSU representatives (M&E and Mainstreaming Unit) on the M&E system
- Periodically check the quality of reporting, and provide regular feedback to SACS

### QUALITY ASSURANCE SYSTEMS

The need for a comprehensive quality assurance (QA) system is critical to ensure effective MEAL implementation. The QA team will be formed by SACS and TSU teams. The suggested QA process is as follows:

- Random Verification: In order to check the quality of data entered in the SIMS, the QA team will verify the SIMS data by cross-checking in the field once during the quarterly supervisory visit. If any serious anomalies (of more than 10% of the data) are found after checking 5 percent of the total entries, more detailed reviews of the system will be undertaken, and corrective actions taken.
- The QA team will take part in the TI/network staff's interactions with different stakeholders, attending as silent observers in order to review the quality of processes and suggest corrective actions.

- The QA team will conduct quarterly review of all the formats to check quality of data, completion of fields, consistency etc. Any anomalies will be reported for corrective actions.
- Regular capacitybuilding on MEAL will be provided to staff, particularly with regard to filling in formats and conducting review meetings. This will ensure the staff will have the necessary skills to directly implement the MEAL framework effectively, and ensure the success of the project.

## CHAPTER X: BUDGET

This chapter discusses the budget required to execute the integration and implementation of the SP initiative at the district level.

The following are the assumption on which the proposed budget is evolved:

- The cost of hiring SPO is already budgeted under NACP IV
- The government officers who attend the training are not paid the TA and DA since it is government-sponsored training which are conducted within the district
- The cost of travel of project staff are met from the TI budget
- The cost of capacity building of project staff is not configured within TIs and hence a separate budget is made
- The training programmes will be conducted at government buildings hence no separate cost for venue budgeted.
- No cost of resource persons since the SPO and the project staff who are TOTs will lead the training
- For calculation purpose, it is assumed that there are not more than six TIs, one care centre and one network of PLHIV per district.

### Proposed budget for DAPCU / SPO for mainstreaming SP at district level

#### SUMMARY BUDGET

Sl No	Particulars	Budget to NGOs	Retained Budget at DAPCU	Amount in Rupees	Remarks
1	Preparatory Stage	162,800	98,800	261,600	The cost includes setting up of Social Protection Help Desks
2	Implementing Stage	799,200	-	799,200	Most of the costs are covered under existing TI budget and time cost required budgeted in the preparatory stage
3	Enabling Environment	-	55,200	55,200	Cost towards sensitising
4	Capacity Building	11,800	-	11,800	Cost towards capacity building of NGO / CBO staff
5	Monitoring	-	-	-	Time cost budgeted and part of the regular activities of DAPCU / SPO and NGOs and CBOs

	<b>Total Budget</b>	<b>973,800</b>	<b>154,000</b>	<b>1,127,800</b>	
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In order to arrive at a costing of implementing the SP Initiative a detailed work-plan for the district is developed. Please refer to Annexure 1: Work Plan.

This workplan lists all key activities that need to be performed by the DAPCU / SPO. Based on the activities a detailed budget is drawn-up.

## Budget Working

Proposed budget for DAPCU / SPO for mainstreaming SP at district level						
SI No	Particulars	Unit of Measure	Number of Units	Units Cost	Total Rupees	Notes
<b>I</b>	<b>Preparatory Stage</b>					
A	Orientation to TI's, Care and support centers including any other stakeholders who work with MARPs and PLHIV	Number of training	2	5,900	11,800	Government or NGOs venue to be used for the orientation. Refer to budget working 1
B	Needs Assessment	Number of rounds	1	20,000	20,000	Refer to budget working 2
C	Dissemination of findings and Programme Planning	Number of planning documents	1	8,850	8,850	Refer to budget working 3
D	Orientation to District Administration on Social Protection	Number of training programmes	4	6,400	25,600	Refer to budget working 4
E	Capacity building of selected staff's of TI's and C&S on demand generation, help desk facilitation and monitoring	Number of training programme	2	5,900	11,800	Refer to budget working 5
F	Setting up the help desk at each TI's	Number of help desks	6	97,200	583,200	Refer to budget working 6

G	Launch of Social Protection Initiative at the district	Number of events	1	25,700	25,700	Refer to budget working 7
<b>Total for Preparatory Stage</b>					<b>686,950</b>	
<b>II</b>	<b>Implementing Stage</b>					
A	Develop / adopt key messages on Social Protection to be used in the outreach and other communication	Communication strategy n'ote	0	0	0	Budget not required. This will be done at DAPCUs / SPOs office with a small team of representatives. The SP operational manual has already evolved key messages. The same needs to be revised to suit the local context
B	Develop / adopt IEC materials in local languages	Number of IEC materials developed/adopted (Posters)	0	0	0	IEC materials (Poster) is already developed. The same will be printed by respective SACS from its IEC budget.
C	Revise the outreach plan per NGO/CBO to incorporate plans to reach the neediest on SP messages	Revised outreach plans	6	0	0	Budget not required. This activity will be done at each NGO and CBO as part of their regular outreach planning and monitoring
D	Conduct outreach as per the plan	Percentage of MARPs and PLHIV reached	80% of total estimates	0	0	Budget not required. This is a regular activity of CBOs and

						NGOs as part of their HIV prevention efforts.
E	Field visit by project manager of TI's and C&S to check quality of outreach and communication	Number of visits	48	0	0	No separate budget required. The Project Manager as per the role will have to make visit to the field. During such visit the PM will also look into SP related activities
F	Assessment of SP needs of those who visit SP help desk	Number of assessments	90% of all visit to help desk	0	0	No separate budget required. The time cost of SP help desk facilitator is budgeted
G	Filling up application by help desk facilitator	Number of application filled	100% of needs expressed	0	0	No separate budget required. The time cost of SP help desk facilitator is budgeted
H	Logging of application by help desk facilitator	Number of application logged	100% of completed applications	0	0	No separate budget required. The time cost of SP help desk facilitator is budgeted
I	Help desk facilitator following up on the application submitted	Number of follow-up	48	0	0	No separate budget required. The time cost of SP help desk facilitator is budgeted
J	Formation of grievance redressal committee per NGO / CBO	Number of committee formed	6	0	0	No separate budget required.

K	Meeting of grievance redress committee. (one meeting per month per NGO /CBO)	Number of meetings	72	0	0	No separate budget required. This committee will meet during the TI's and C&S routine monthly meetings.
<b>Total for Implementation Stage</b>					<b>0</b>	
<b>III</b>	<b>Enabling Environment</b>					
A	Conduct stakeholder analysis	Existence of stakeholders engagement plan	1	-	-	This cost is budgeted under the needs assessment and planning, hence no separate cost required
B	Sensitise and orient stakeholders	Number of training	2	7,200	14,400	Government or NGOs' venue to be used for the orientation. Refer to budget Working 8
C	Meeting of all key stakeholders (including community reps) to review the progress, challenges and plans	Number of meetings	4	10,200	40,800	Government or NGOs venue to be used for the orientation. Refer to budget working 9
D	Identify potential stakeholder who can play key roles in SP Initiatives	Number of persons	3	-	-	No separate budget required.
E	Identify and recognise stakeholders who have significantly contributed to SP outputs and outcomes	Number of persons	3	-	-	No separate budget required. The recognition of significant contributors is through acknowledging their efforts in

						key forums and issuance of appreciation letter
<b>Total for Enabling Environment</b>					<b>55,200</b>	
<b>IV</b>	<b>Capacity Building</b>					
A	Training of selected staff from TI's, C&S and other projects associated with MARPs and PLHIV	Number of training	2	-	-	Budget under line item in preparatory stage sections. Refer budget working 5
B	Training of all field staff of TI's, C&S and other projects	Number of training	2	5,900	11,800	Refer to budget working 10
<b>Total for Capacity Building</b>					<b>11,800</b>	
<b>V</b>	<b>Monitoring</b>					
A	Submission of monthly reports by implementing partners	Number of reports	72	-	-	No separate budget required
B	Conduct monthly meetings	Number of meetings	12	-	-	No separate budget required
C	Field visit to implementing partners and to the witness field work	Number of visits	24	-	-	The expenses incurred by DAPCU will be included in the regular travel budget allocated for field visit to NGOs and CBOs

D	Attend Grievance Redressal Committee meetings	Number of meetings	24	-	-	The expenses incurred by DAPCU will be included in the regular travel budget allocated for field visit to NGOs and CBOs
<b>Total for Monitoring</b>					<b>0</b>	
<b>Grant Total</b>					<b>753,950</b>	



b	Develop / adopt IEC materials in local languages	Number of IEC materials developed/adopted (Posters)	5	DAPCU / SPO with support from Project Managers															
c	Revise the outreach plan per NGO/CBO to incorporate plans to reach the neediest on SP messages	Revised outreach plans	6	DAPCU / SPO with support from Project Managers															
d	Conduct outreach as per the plan	Percentage of MARPs and PLHIVs reached	80% of total estimates	Implementing NGOs and CBOs															
e	Field visit by Project Manger of TIs and C&S to check quality of outreach and communication	Number of visit	48	Project Manager of implementing NGOs															
f	Assessment of SP needs of those who visit SP help desk	Number of assessments	90% of all visit to help desk	Help Desk Facilitator															
g	Filling up application by help desk facilitator	Number of application filled	100% of needs expressed	Help Desk Facilitator															
h	Logging of application by help desk facilitator	Number of application logged	100% of completed applications	Help Desk Facilitator															
i	Help desk facilitator following up on the application submitted	Number of follow-up	48	Help Desk Facilitator															
j	Formation of Grievance redress committee per NGO / CBO	Number of committee formed	6	Project Manager of implementing NGOs															



ANNEXURE 2: MONITORING AND EVALUATION SECTION





ANNEXURE 2.C : MONITORING AND EVALUATION COMPONENTS

Components	Elements	Information required	Details of information	Source of information	Disaggregation	Frequency	Product (feeding into)
Social Protection	Schemes	What schemes are available and relevant to target group	List of all SP schemes (universe)	Various Department and listing by Swasti	By Department and target group applicability	Once. Updated every year	Scheme booklet
Social Protection	Schemes	What schemes are available and relevant to target group	List of SP schemes relevant to PLHIV, including eligibility and exclusions	Various departments and listing by Swasti	By Department and infected and affected PLHIV	Once. Updated every year	Scheme booklet
Social Protection	Schemes	What schemes are available and relevant to target group	List of SP schemes relevant to MARPs, including eligibility and exclusions	Various departments and listing by Swasti	By Department and individual MARP groups (FSW, MSM, IDU, TG)	Once. Updated every year	Scheme booklet
Social Protection	Schemes	What is the demand for the schemes	Estimate of how many of the target members find the scheme relevant and want the scheme	Baseline	Scheme-wise, target group-wise	Once during start of project	Baseline report
Social Protection	Schemes	What is the demand for the schemes	Of those who want, how many have access (estimate)	Baseline	Scheme-wise, target group-wise	Once during start of project	Baseline report
Social Protection	Schemes	What is the demand for the schemes	Of those who want, how many <u>do not</u> have access (estimate)	Baseline	Scheme-wise, target group-wise	Once during start of project	Baseline report

Social Protection	Schemes	What is the demand for the schemes	How many have <u>no</u> interest in the scheme (estimate)	Baseline	Scheme-wise, target group-wise	Once during start of project	Baseline report
Social Protection	Schemes	With help of Project, how many persons have accessed the schemes	No and % of persons who have gained access to schemes	MIS	Scheme-wise, target group-wise	Monthly	Monthly report
Social Protection	Schemes	With help of Project, how many persons have accessed the schemes	No and % of persons who have <u>not</u> gained access to schemes	MIS	Scheme-wise, target group-wise	Monthly	Monthly report
Social Protection	Schemes	With help of Project, how many persons have accessed the schemes	Top five reasons for lack of access	MIS	Scheme-wise, target group-wise	Monthly	Monthly report
Social Protection	Schemes	How has access led to improved health/economic/social outcomes?	What benefits (outcomes) have resulted from the increased access	Evaluation	Scheme-wise, target group-wise, Department-wise, Gender, Age	Once, EOP	Evaluation report
Social Protection	Schemes	Awareness of communities	What is the level of awareness of the existence of schemes (and its benefits)	Baseline and End line	Scheme-wise, target group-wise, Department-wise, Gender, Age	Once in start and end of project	End line report
Social Protection	Schemes	Awareness of Providers	What is the level of awareness of the Providers to the needs of communities	Baseline and End line	Department-wise, Scheme-wise	Once in start and end of project	End line report
Social Protection	Schemes	Need for changes in schemes	Which schemes need to be modified to make them accessible?	Quarterly reflection and MIS	Department-wise, Scheme-wise, Target group-wise	Quarterly	Quarterly reflection report

Social Protection	Non-HIV health services	What health services (beyond HIV) do communities need?	List of preventive and curative/treatment (including surgical) health services other than HIV needed	Baseline (FGD)	Target group-wise	Once during start of project	Baseline report
Social Protection	non-HIV health services	What are the barriers to accessing these health services (beyond HIV)	List of barriers identified (including perceived or enacted stigma, distance, cost, fear of disclosure) and instances of denial of services	Baseline , Evaluation, and MIS	Facility-wise and target group, gender and age-wise	Project beginning, ending and monthly	Baseline report
Social Protection	Non-HIV health services	With help of Project, how many persons have accessed non-HIV health services?	No and % of persons who have gained access non-HIV health services	MIS	Facility -wise and target group, gender and age- wise	Monthly	Monthly report
Legal Protection	Legal literacy of community	How many aware of their fundamental rights?	% of persons aware of their fundamental rights	Training reports with pre-test knowledge assessment prior to legal literacy session for each group in each district	Target group, Gender and age- wise	During first training for each group	Baseline report

Legal Protection	Legal literacy of community	How many aware of procedures and services for redressal of rights violation?	% of persons aware of procedures and services for redressal	Training reports with pre-test knowledge assessment prior to legal literacy session for each group in each district	Target group, gender, age and redressal mechanism-wise	During first training for each group	Baseline report
Legal Protection	Legal literacy of community	What legal services are available in each district (services of legal services authority, protection officer, Swadhaar home, family counseling centres)	List of services available	Baseline mapping exercise	Services wise	Once during start of project	Services booklet
Legal Protection	Legal literacy of community	What legal issues are faced by the target groups	List of issues that can be potentially addressed through law	Baseline	Services-wise and Target group-wise, gender, age	Once during start of project	Baseline report
Legal Protection	Legal literacy of community	How many people want access to legal services?	% of individuals seeking to access legal services	Baseline	Services-wise and Target group-wise, gender, age	Once during start of project	Baseline report
Legal Protection	Legal literacy of community	How many have accessed?	No and % of persons accessed legal services	MIS	Legal services-wise (e.g. counseling, mediation, lokadalat,	Monthly	Monthly report

					family court, etc.) and Target group-wise		
Legal Protection	Legal literacy of community	How has access led to improved health/economic/social outcomes?	Evidence of increased income, improved health and other indicators of Quality of Life	Evaluation	By target group, gender, age and type of service for which access has been increased	End of the project	Evaluation report
Legal Protection	Legal literacy of community	What are the barriers to accessing these legal services	List of barriers identified (including perceived or enacted stigma, distance, time-taken for legal action, cost, fear of disclosure) and instances of denial of services	Baseline, Evaluation, and MIS	Facility-wise and target group, gender and age-wise	Project beginning, ending and monthly	End line report
Legal Protection	Legal literacy of community	How aware are legal service providers of the focal communities and their need for SP services	What is the level of understanding existence with legal service providers on focal communities and their need	Baseline	Target community-wise	Once during start of project	Baseline report
Employment facilitation	Market analysis	What are existing market opportunities?	Listing of different sectors for employment.	Market scan and Staff interactions with companies	As per sector. i.e. Garment factories, beauty parlours	Once during start of project	Baseline report
Employment		What are priority sectors?	Listing of top five sectors for employment	Market scan and	As per sector. i.e. Garment	Once during	Baseline report

facilitati on				staff interacti ons with compan ies	factories, beauty parlours	start of project	
Employ ment facilitati on	Employ ment needs analysis	How many need jobs?	Estimate of how many of the target members are in need of job	Baseline and MIS	Sector-wise, target group- wise	Monthl y	Baseline report
Employ ment facilitati on	Skills training	How many trained?	No and % of persons provided training	MIS	Sector-wise, target group- wise	Monthl y	Monthl y report
Employ ment facilitati on		How many get employed?	No and % of persons provided employment	MIS	Sector-wise, target group- wise	Monthl y	Monthl y report
Employ ment facilitati on		How many drop out?	No and % of persons staying in jobs and those leaving	MIS	Sector wise, target group wise	Monthl y	Monthl y report
Employ ment facilitati on		Duration of employment	No and % of persons period of employment, reasons for leaving jobs.	MIS	Sector-wise, target group- wise	Monthl y	Monthl y report
Employ ment facilitati on		How much has income increased?	No and % of persons showing increase in their income and quantum	Baseline and End line	Employment - wise, target-group wise, Sector- wise, Gender, Age	Once, EOP	End line report
Employ ment facilitati on		Has access to services changed? (HIV, health, schemes, etc.)	What benefits (outcomes) have resulted from the increased access	Evaluati on	Employment - wise, target group-wise, Sector-wise, Gender, Age	Once, EOP	Evaluati on report

Employment facilitation		How have your vulnerabilities changed?	What benefits (outcomes) have resulted from the increased access	Evaluation	Employment - wise, target group- wise, Sector-wise, Gender, Age	Once, EOP	Evaluation report
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## ANNEXURE 2.C.1: CHECKLIST OF FIELD VISIT FOR SUPPORTIVE SUPERVISION

### 1. General (before the visit)

- 1.1. Put in place the to-do list at the project and in the field.
- 1.2. Send in advance to the organisation information regarding visit, travel details, objectives and expected outcomes to be sent in advance.
- 1.3. Send copy of visit intimation mail to the project holder and retained copy in the regional office of SS.
- 1.4. Prepare all relevant documents related to the project need to be prepared
- 1.5. Take copies of the documents not the original ones.
- 1.6. Take vouchers, bill format, and other basic documents that are needed for personal accounting purpose.
- 1.7. Take a copy of the proposal or separate document having project objectives, plans and achievements.
- 1.8. Take copy of the CMIS. Also study and understand better each statement made in the CMIS and translate to the project team so that the data provided is relevant and useful.
- 1.9. Study the report of the project thoroughly.
- 1.10. Take project's activity report, financial report and letters of queries or clarifications, if there are any and needs if any.

### Meeting the organisation staff

- 1.11. Carefully study and understand the proposal and interventions needed
- 1.12. Organise a meeting with the head of the organisation to understand historical development of the organisation.
- 1.13. Share the proposal details and expected roles & responsibility of the staff.
- 1.14. Understand the reason for choosing to work in the area of social protection.
- 1.15. Understand the background of the chief functionaries of the organisation and their current participation in the activities of the organisation.

- 1.16. Understand the professional and technical background of the project holder as she/he needs to mentor and hand hold the team that helps the organisation to make sustainable/perceptible positive changes in the identified area.
- 1.17. Understand educational and experiential background of the team members.
- 1.18. Understand the relation between the staff and the head of the organisation.
- 1.19. Understand the method and frequency of review and monitoring meetings take place in the organisation.

## **2. Interaction With Staff**

- 2.1. Introduce the objectives and the agenda for the particular field visit and ask for their feedback and suggestions on the agenda.
- 2.2. Incorporate their suggestions in to the agenda and set the time frame for the visit
- 2.3. Prepare a brief report by the project coordinator on the reporting period
- 2.4. Discuss the gaps and challenges the team is facing in related to SP, whether it's dealing with the MARPs or PLHIV's or whether it's working with the government department.
- 2.5. Clarify and workout the possible ways to address the issues. In case the team is not able to suggest anything, then the supervisor should provide the strategies to address the problems.
- 2.6. Clarification on the monthly MIS report (MIS) sent by the project and cross check whether it matches
- 2.7. Financial analysis
  - Vis-à-vis the programme – utilisation
  - Clarification on costing and also check on expected budget required for the coming month
- 2.8. Discussion on the internal Capacity Building Plan of the Project staff
- 2.9. During the meeting assess clarity on concepts and project objectives of the staff.

## **3. Planning System**

- 3.1. Ensure that the work plan based on SNA is in place
- 3.2. Monitor Work Plan progress during every visit

## **4. Needs Assessment Report and the Area Map**

- 4.1. Findings of the needs assessment report and its applicability in the implementation plan
- 4.2. Check if the project utilise the area map for drawing up implementation plan and for better coverage.

## **5. Interaction with per eucators**

- 5.1. Conceptual clarity and information on social protection
- 5.2. Assess their communication and interpersonal skills.
- 5.3. Involvement and commitment to the project.
- 5.4. Involvement and attitude towards the sustainability of the programme.
- 5.5. How do they document information?
- 5.6. Understand field strategies and the plans from them.

## **6. Monitoring the effectiveness of SP progress**

- 6.1. Clarify the level of awareness and information on SP schemes among project staff, community and department
- 6.2. Check the number of application filled and logged in the department.
- 6.3. Number of people benefited from the project
- 6.4. Check the level of increase in demand for SP schemes
- 6.5. Total number of people voluntarily visiting the department to log application

## **7. Review of reports and stock registers**

- 10.1 Review reports against promises in the proposal.
- 7.1. Check all the documents as per the log frame to verify the proposed indicators.
- 7.2. Has the project succeeded in capturing all the relevant and required qualitative and quantitative information? Check the appropriateness of the formats used.
- 7.3. Have the reports and documents been regularly maintained? Are all documents updated?

## **8. Ratio analysis**

- 8.1. People reached through awareness to people registered with the project for SP scheme
- 8.2. Number of applications filled to applications logged
- 8.3. Application logged to benefits secured

## **9. Trend analysis**

- 9.1. People reached through awareness
- 9.2. Applications filled
- 9.3. Applications logged
- 9.4. Services secured
- 9.5. Increment in demand

## **10. Capacity building**

- 10.1. What is the plan for the follow up training?
- 10.2. Capacity building needs assessment

10.3. Reports of the training.

10.4. Training module.

10.5. Participation in the centralised trainings.

10.6. Impact of Swasti training vis-à-vis increase in staff performance and improvement in their information level and skills.

10.7. Ensuring the internal training plan based on TNA

10.8. Ensuring the implementation of internal training plan

10.9. Ensuring the reports for the internal training plan

## **11. Research and documentation Plan**

11.1. Identification of research problems

11.2. Research protocols

11.3. Implementation plan

## **12. Field visit**

12.1. Visit to the department

12.2. Visit to DAPCU

12.3. Visit community members

## ANNEXURE 2.D: MANAGEMENT INFORMATION SYSTEM (MIS) FORMAT

### ANNEXURE 2.D.1.

### Monthly Progress Report

**State: Karnataka**

**Districts:**

<b>Click to view/enter data</b>	<a href="#">Jan-12</a>	<a href="#">Feb-12</a>	<a href="#">Mar-12</a>	<a href="#">Apr-12</a>	<a href="#">May-12</a>	<a href="#">Jun-12</a>	<a href="#">Jul-12</a>	<a href="#">Aug-12</a>	<a href="#">Sep-12</a>	<a href="#">Oct-12</a>	<a href="#">Nov-12</a>	<a href="#">Dec-12</a>	<a href="#">Jan-13</a>	<a href="#">Feb-13</a>	<a href="#">Mar-13</a>
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- a) Applications filed
- b) Scheme accessed
- c) Applications rejected
- d) Applications status

**Dec-11**

**No of applications filed/ Scheme accessed/ Applications rejected/ Applications status (separate column for each section)**

Scheme / Service	Target for the month	Achieved for the month	Total Target	% Target Achd	Gender				Typology (Cumm)					District Total for the month		
					PLHIV		IDU		PL HIV	FSW	MSM	IDU	TG		Family members/Others	
					Male	Female	Male	Female								
		0		#DIV/0!												
Ration card									0			0				0
Widow Pension									0			0				0
Karnataka Minority corporation									0			0				0
Housing Scheme									0			0				0
Voter ID									0			0				0
Adhar Card									0			0				0







## ANNEXURE 2.E: LEARNING SYSTEMS

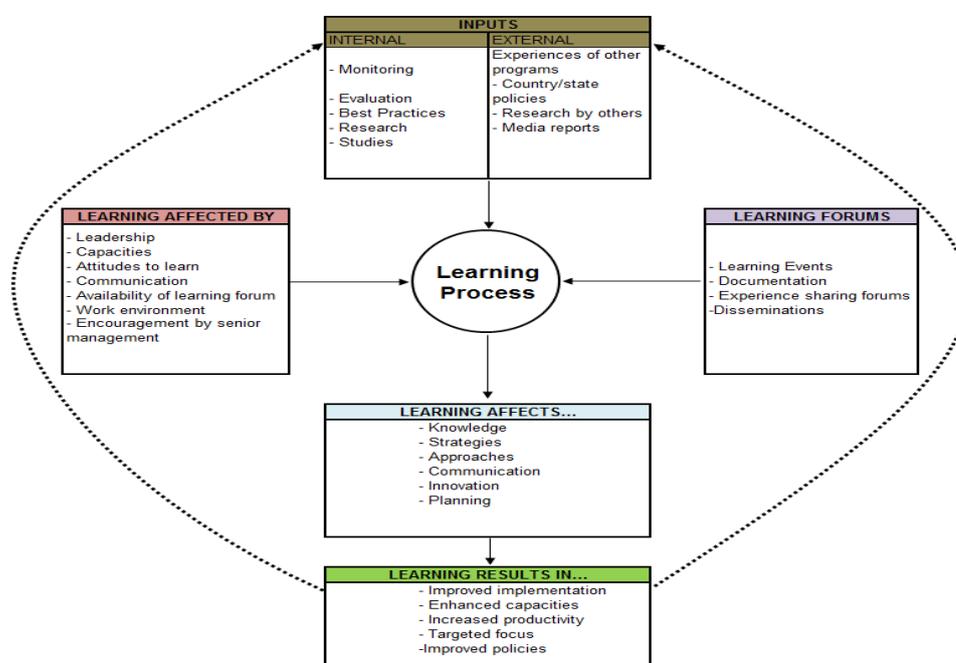
### Why is a learning system important for a programme like this?

As the Social Protection intervention programme evolves, it is necessary to document and identify the challenges / barriers / bottlenecks and relevant remedies are taken. Regular programme reviews and learning events, brainstorming sessions, etc are needed to deliberate on the course, pace and investments as well as on the levels and trends in input, process, output and outcomes.

### The Learning Framework

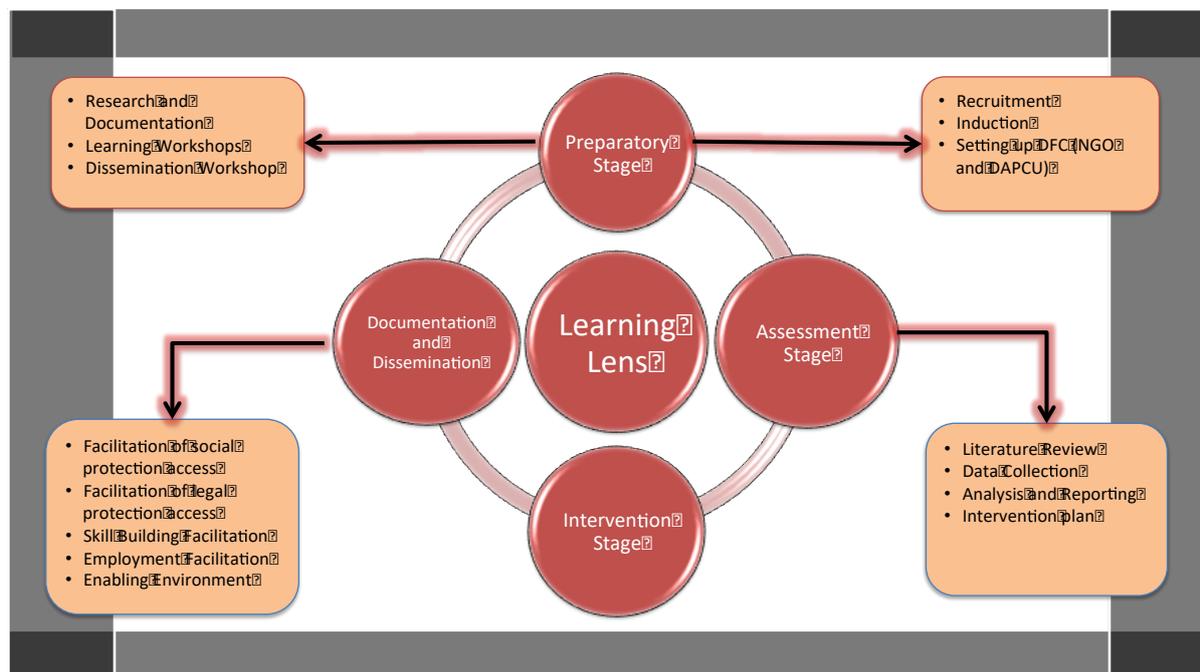
Having a learning framework provides a clarity on the learning process as well as interlinks of various activities and the learning environment. Diagram below illustrates the learning framework of Swasti's programme to advocate and enhance social protection to PLHIV and MARPs.

#### The Learning Framework of Social Protection Programme



Establishing a strong MEAL system, identifying best practices, commissioning research/studies are few internal mechanisms to gather data and insights from the programme. This coupled with learning forums such as learning events, documentation, dissemination, development of knowledge repositories, etc., in the context of a facilitating environment where there is active involvement of senior management with an open attitude for constructive criticism and learning can have a positive effect on the improvement in knowledge, programme planning, communication, implementation strategies and innovations. This in turn can lead to enhanced capabilities, improved implementation, increased productivity and target efficiency, cost effectiveness ultimately leading to better policies and larger health impact. Diagram below briefly captures the learning lens for the programme. The subsequent sections explain in detail, the major learning mechanisms that will be leveraged by the pilot programme.

## Learning Lens of Social Protection Programme



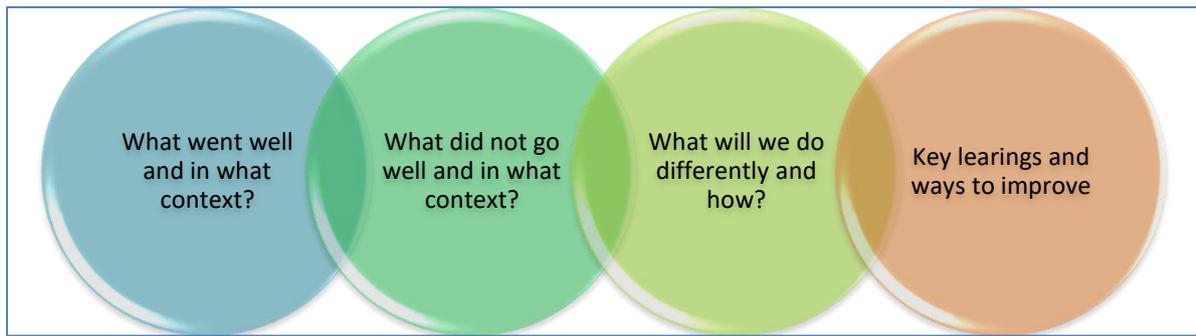
### Learning Mechanisms

#### a. Organise learning events

Learning events will be organised once six months at district level. These events will address critical learning questions as detailed in the diagram below. Such events will not only be attended by field staff from the programme, but also key officials involved in the strategic planning, the DAPCU/SACS officials, TI NGOs, CBOs, DLNs, representatives from the government departments with whom efforts are made to facilitate entitlements, etc.

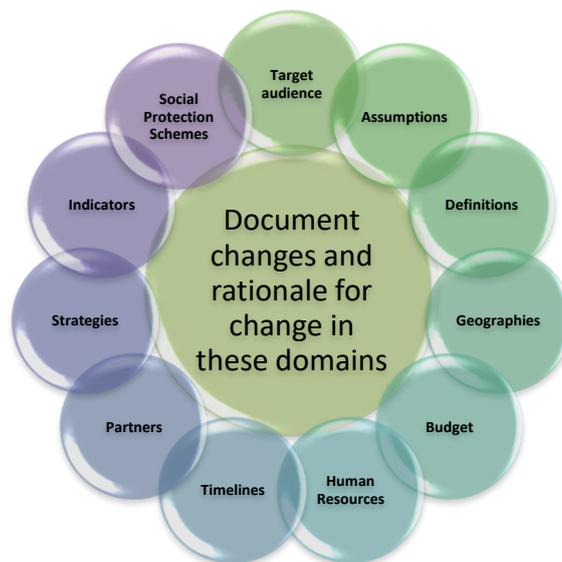
**Exercise:** Prepare a learning events calendar which will help you organise your learning sessions effectively.

## Learning Questions



### b. Documentation

Social Protection intervention within the National AIDS Control Programme is just being evolved and various approaches will always be tried out and hence there will be several course corrections needed through the action-reflection process. Hence, for learning, scale up and replication, it is important to document the programme process, course corrections and their rationale, lessons learnt, etc which will leave a trail of the programme evolution. Some potential areas where changes are likely to occur which need to be documented are given below.



### Annexure 3: IEC MATERIALS

Documents required for SP

Poster on RTI

### सामाजिक सुरक्षा सुविधायें

#### सुविधाओं का लाभ उठाने के लिए आवश्यक दस्तावेज

**निर्वाचन कार्ड**



**राशन कार्ड**



**आय प्रमाण पत्र**



**निवास प्रमाण पत्र**



**हाल में खींचा गया फोटो**



**जन्म एवं मृत्यु प्रमाण पत्र**



**विवाह का प्रमाण पत्र**



**विकलांगता प्रमाण पत्र**



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## सूचना का अधिकार अधिनियम

आप किसी भी लोक प्राधिकरण (सरकारी संस्था या सरकारी सहायता प्राप्त संस्था) से सूचना का अधिकार अधिनियम-2005 के अंतर्गत जानकारी प्राप्त कर सकते हैं।

**चरण 1** आवेदन फार्म इच्छित डेवेलपमेंट पॉइंट से डाउनलोड कर सकें हैं या स्थानीय स्वयं सहायता से प्राप्त कर सकते हैं।

**चरण 2** हिन्दी, अंग्रेजी या स्थानीय भाषा में हॉथ से लिखा हुआ या टाइप किया हुआ किया जा सकता है।

सूचना का अधिकार अधिनियम के तहत सूचना प्राप्त करने के लिए आवेदन शुल्क का प्रावधान है। लेकिन अनुसूचित जाति/अनुसूचित जन जाति और बीपीएल परिवार को शुल्क जमा करने में छूट दी गई है, जो छूट वाले हैं उन्हें अनुसूचित जाति/अनुसूचित जन जाति और बीपीएल प्रमाण पत्र की फोटो जमा करनी होगी।

**चरण 3** आवेदन करने से पहले सहायक लोक सूचना अधिकारी/जन सूचना अधिकारी, निर्दिष्ट फीच और शुल्क का मुद्रांतरण क्रिय प्रकर करना है, जो जांच करें।

आवेदन प्राप्त से मा वक्य द्वारा मा ई-मेल के द्वारा किया जाना चाहिए। यदि आप वक्य द्वारा आवेदन भेज रहे हैं तो पंजीकृत वक्य सेवा का उपयोग करें। कोरिक्टर सेवा से हमेशा करें। आवे के सदस्य के लिए मुख्य आवेदन, शुल्क जमा करने के बहुत, हान से मा वक्य द्वारा आवेदन पत्र प्रस्तुत करने का बहुत की फोटो कायी रहे।

**चरण 4**

**चरण 5**

**अपने आवेदन में निम्न जानकारी प्रदान करें:**

1. सहायक लोक सूचना अधिकारी (ASCI)/जन सूचना अधिकारी के नाम और कार्यालय का पता 0900
2. विषय: आवेदन सूचना का अधिकार अधिनियम-2005 के अंतर्गत धारा 4(1) की तहत
3. जानकारी जो आप लोक प्राधिकरण से चाहते हैं।
4. आवेदक का नाम
5. पिता/पति का नाम
6. सेमो-अनुसूचित जाति/अनुसूचित जन जाति/अन्य विकलांग वर्ग
7. आवेदन शुल्क
8. आप आप बीपीएल परिवार के अंतर्गत आते हैं-हां/नहीं
9. वक्य पता नोमबदल नं० के साथ और ई मेल आईटी नोमबदल और ई मेल आईटी जानकारी नहीं है।
10. रिनांक एवं स्थान
11. आवेदक के हस्ताक्षर
12. संलग्नकों की सूची

परिस्थिति	असकती प्रदान करने की अवधि
सूचना प्राप्त करने के लिए सूचना मिलने की अवधि	30 दिन में
सूचना के अधिक एवं स्वतंत्रता से संबंधित सूचना मिलने की अवधि	40 दिन में
यदि आवेदन सहायक जन सूचना अधिकारी के माध्यम से प्राप्त होता है/अधिकारी निकले का स्थान	अधिकतम दोन सप्ताहों में 60 दिन का समय और सूचना प्राप्त

सूचना स्वयं से आप राष्ट्रीय सुरक्षा से संबंधित जानकारी छोड़कर किसी भी समय किसी भी जानकारी के लिए पूछ सकते हैं।

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Social Protection is our Right



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## ANNEXURE 4: CAPACITY BUILDING MODULES FOR PROJECT STAFF OF NGOS AND CBOs

### Agenda

Sl. NO	Duration	Name of the session	Objective	Facilitator
1	30 minutes	Session 1: Welcome and introduction	a) To get to know each other b) To know the objectives of the training d) To know their expectations from the training	
2	30 minutes	Session 2: Rights for human dignity	To understand the rights, equity and equality	
3	1 hour	Session 3: Need for social protection	To understand the importance of social protection	
4	2.5 hours	Session 4: Schemes for poor and marginalised	To understand and know more about the social protection schemes	

5	45 minutes	Session 5: Reality check about the schemes	To understand how SP works and the challenges after logging application	
6	45 minutes	Session 6: Sakala - Meaning and need for it	To know Sakala and process for applying and its uses	
7	15 minutes	Conclusion and feedback		

## ANNEXURE 5 TRAINING MODULE FOR OFFICIALS FROM GOVERNMENT DEPARTMENT

### Agenda

Training Module for Officials from Government Department					
Sl. No	Time	Duration	Session	Objectives	Methodology
1	10:00 - 10:30 am	30 minutes	<b>Session 1:</b> Welcome, familiarisation and training objectives, understanding the expectations from the participation.	To be familiar with the session objective and outcomes	Game & brainstorming
2	10:30 - 10:45	15 minutes	<b>Session: 2</b> Understanding the govt officers level of awareness on HIV, PLHIV and MARPs	Brainstorming	
	10:45 - 11:00	<b>Tea Break</b>			
3	11:00 - 11:45	45 Minutes	<b>Session 3:</b> Key facts on HIV prevalence, services and efforts/programs.	<ul style="list-style-type: none"> <li>To understand the history of HIV, mode of transmission and key facts in HIV and AIDS,</li> <li>To aware on programs exist for HIV prevention, care and support and community system strengthening efforts.</li> </ul>	Brainstorming & PPT
4	11:45 - 12:15	30 minutes	<b>Session: 4</b> Dealing with myths & misconceptions on HIV/AIDS	To address the myths and misconceptions and stigma and discrimination against PLHIV and AIDS.	Group activity & discussion
5	12:15 - 1:30	1 hours 15 minutes	<b>Session 5:</b> Sharing of testimonials from each community (FSW, PLHIV, MSM, TG and IDU)	Understand each community and their issues	Personal sharing by community members

	1:30 - 2:15	<b>Lunch Break</b>			
6	2:15 - 2:30	15 minutes	<b>Session 6:</b> Need for facilitating social protection services to PLHIV and MARPs in the context of HIV prevention and reducing vulnerabilities.	1) To make the participants realise the needs for SP and reasons for not accessing it  2) Impact of having and not having social protection 3) SP in relation with reducing vulnerabilities	
7	2:30 - 2:45	15 minutes	<b>Session 7:</b> Challenges faced by PLHIV and MARPs to access SP	The current process and challenges they face while applying for schemes and how the schemes play an important role in changing their life	PPT and discussion
8	2:45 - 3:15	30 Minutes	<b>Session 8:</b> Plan of action to move forward		
9	3:15 - 3:30	15 minutes	Closing remarks	Senior officer	Discussion
		<b>Tea Break</b>			



## ANNEXURE 6: SOCIAL PROTECTION HELP DESK

- **What is Social Protection Help Desk?**

Social Protection Help Desk (SPHD) is a single window operating system that is managed and owned by community to provide high quality information and services about social protection schemes to MARPs and PLHIV. The support includes assessing the needs, identifying and suggesting appropriate schemes, help in filling and filling the application and support in following up until the application is successful.

- **Where is SPHD located? How do we identify the best location?**

SPHD will be located in every TI sites, Care and support centres, ICTCs or any location that is most convenient to MARPs and PLHIV.

The factors stated below will have to be considered while identifying the best locations.

- The above locations should be free from stigma and discrimination. These location should also provide privacy and ensure confidentiality of their presence
- The locations should be easy to access for MARPs and PLHIV
- The location so identified can serve one category of MARPs or multiple groups. For example, a help desk can serve more than one category of MARPs – FSW, MSM, TG and IDUs including PLHIV.
- Ideally, each TIs, Network of PLHIV and Care Centers should run at least one SP help desk.
- The process of identifying and finalising should be jointly done by DAPCU/SPO and programmes/projects associated with MARPs and PLHIV.

- **Who will manage the SPHD?**

SPHDs will be managed by designated staff of TIs, Care and Support Centre or any other project/programme that works with MARPs and PLHIV.

- **What is the structure of SPHD?**

The help desk will be staff with one facilitator who is either full-time or part-time. The person will be reporting to the project manager on day-to-day functions.

- **What is the eligibility and pre-requisites to be a SPHD facilitator?**

- The person selected should be from ideally from the community. If it is difficult to find, then it should be someone who understands the community needs and has the community's acceptance
- The person should be able to read and write local language including the state-specific language. Knowledge of English is desirable.
- Should have worked with MARPs and PLHIV at least for a minimum of one year.

- **What are the functions of SPHD?**

The SPHD have the following functions:

- Providing updated, comprehensive, completed and correct information about social protection schemes to MARPs and PLHIV. The services are related to Government sponsored social protection schemes, referral to vocational training institute, employment facilitation to Government and Private sector and legal aid referrals.
- Supporting MARPs and PLHIV in assessing their 'real needs' and suggesting best schemes accordingly
- Provide support in filling the applications with correct details so that there is reduced incidence of application being rejected due to wrong/incomplete information
- Provide support in filing the application to appropriate government departments
- Provide support in following-up the application status leading towards securing the benefits

- **What is the time of operations?**

The SPHD will operate according to the timings of the host project / organisation. For example, if the host project / organisation operate from 9.30 am to 5.30 pm, then the associated SPHD will operate likewise.

- **Are services chargeable?**

The services provided by the SPHD are completely free. However, the cost of application fees, affidavits, court fees will be as applicable.

- **What is the roles and responsibilities of SPHD facilitator?**

Roles and responsibility of the SPHD facilitator are;

- Responsible to visit departments for social protection services and update the information regularly
- Maintain and manage the help line service on SP
- Provide information to the community on social protection and social entitlement and collect details of beneficiaries.
- Maintain and update the database of people enrolled for social entitlement facilities and employment opportunities.
- Submit applications with the covering letter from DAPCU
- Attend NGO/CBO coordination meetings and present the updates
- Manage MIS for SP
- Managing TI level SPHD facility Maintain the display materials of the SPHD facility

- Prepare reports and monthly updates for Social Protection Officer (SPO) Any other task, as may emerge during the project period.

**Dos and don'ts of SPHD facilitator:**

- Maintain confidentiality
  - Maintain the records/ registers and documents safely
  - Keep all the acknowledgement copies of applications logged and secured
  - Attend all the meeting and provide updates of SP activities
  - Be available at the office hours
  - Listen and understand the problems of the community and do not make false commitment
  - Explain how the government departments work and do not promise them providing services within short period of time
  - Do not collect any money from the community members apart from the fee prescribed for application and other things. Give receipt for every transaction
  - Respond to the problems of the community and help the person to solve problem by themselves.
  - Do not deviate from the stated process
- **Who will monitor and review SPHD and the frequency?**

SPHD will be monitored by the host project manager on day to day basis. SPHD will be part of the monthly meeting agenda.

The DAPCU /SPO will monitor and review the progress on monthly basis.

- **What are the materials (IEC) materials and MIS formats?**

The SPHD is required to maintain the following documents/materials/reports all time:

- Application format of the schemes to be collected from each government department and ensure adequate copies are available.
- Contact details of the government departments, NGOs/CBOs, corporate or any others who are associated and can provide services and products
- To have a flow chart of processes that indicates key steps from awareness creation to application secured.
- Maintain Master Register and other MIS formats for recording details
- Maintain appropriate IEC materials that provide details on the services, schemes and products. Along with these posters that states the 'services are free of cost', 'Confidentiality of Data provided' and 'Helpline phone numbers' needs to be displayed prominently.
- A grievance redressal. mechanism details along with contact details of person who will accept complaints against SPHD
- The help desk should have basic and adequate stationeries to ensure smooth functioning of the desk.

- **Budgets: What is the cost implication? If any who will bear it? (Establishment and running cost)**

Provision should be made in the project budget to fund the SPHD. This should include the cost towards hiring a full-time SPHD facilitator and cost of stationary and telecommunications.

Please refer to the chapter on budgets for more details.

ANNEXURE 7: SOCIAL PROTECTION HELP DESK - ASSESSMENT AND PLANNING FORMAT

Full name of the person:

Date of Registration:

Name of Spouse/ Father/ Mother/Guardian:

Gender:  Male  Female  Transgender

Person Living with HIV: Yes  : If  on ART? Yes  No

Category:  MSM  FSW  TG  IDU  Family members of MARPs/PLHIV

Date of 

<input type="text"/>							
D	D	M	M	Y	Y	Y	Y

 Birth: Age:   mpleted years

Marital status  Married  Unmarried  Widow  Deserted   
Others (Specify)

Education:  Illiterate  Literate; If literate,  School (1 – 7<sup>th</sup> STD)  High school (8<sup>th</sup> – 10<sup>th</sup>)  
 College (PUC – Degree)  Post grad

Religion:  Christian  Muslim  Hindu; Caste   C  ST   
Others (Specify)

Occupation: <sup>1</sup>  Employed If Yes, Specify:     
Full time  Part time  
 Self employed If Yes, Specify:     
Full time  Part time

What Basic Documents you have:  Voter ID  Ration Card  Consent Agreement   
LPG Passbook      
PAN Card  Passport  Driving License  Photo ID card  
issued by State  Central Govt  National   
Any Other (Specify)

<sup>11</sup>Other than sex work.

Schemes already accessed:      Ration Card      AAY      Housing      Widow Pension

Loan Scheme

Health Insurance

Education scheme

Any Other (Specify)

Number of dependents in the family:  
Children      No of Adults

No of Male Children

No of Female

Unmet needs / Schemes needed:  
service      Employment

Ration Card

Housing

Loan Scheme

Legal

Any Other (Specify):

Current Address:

Permanent Address:

Phone


Number:

Alternate Ph No:

Assessment:

*"To be filled in consultation with the applicant"*

What are the Top 5 Schemes which applicant wants to prioritize and secure: (Specify?)

- 1.
- 2.
- 3.

- 4.
- 5.
- 6.

**Basic Documents which required support to access:**

Voter ID

Aadhar Card

Caste

& Income Certificate

**Any Other (Specify):**

**Next step of actions:**

- 1.
- 2.
- 3.

**Remarks (If any):**

**Signature of the Applicant:**

**Name of the person filled:**

**e of verification:**

**Data Entered By:**

**Date of Data Entry:**

**Data Entered By:**

**Date of Data Entry:**

## ANNEXURE 7: LAUNCH CHECKLIST

SI No	Check List	Person Responsible	Status (Done, Not Done)
1	A detailed write-up on the agenda, guests and participants finalised		
2	Event Date Finalisation in consultation with Deputy Commissioner		
3	Venue Finalised; ideally a government venue		
	<b>Presentation and other resource materials</b>		
4	Presentation on HIV and AIDS scenario at the district		
5	Presentation on Social Protection		
6	Hand-outs / reading materials for participants		
7	Press note finalized		
	<b>Guest List and Invitees</b>		
8	Guest list finalised		
9	Participants list finalised		
10	Invitation to media		
	<b>Publicity and Invitation</b>		
11	Printing of Invitation / Letter of Invitation		
12	Personal Invitation by DAPCU / SPO to chief guest and others		
13	Invitation sent to all the participants as per the finalized list		
14	Follow up over the phone to extend personal invitation by DAPCU office		
15	Pre-event or Post-event press conference (as per the need)		
	<b>Stage Management &amp; Decoration</b>		
16	Moderator / MC identified and oriented on the roles		
17	Photographer and Video (if needed and if budget permits)		
18	Stage Setting		
19	Sound System		
20	Back up electricity (if needed)		
21	Flower bunch		
22	Lamp to light and matches plus candle		
	<b>Hospitality</b>		
23	Catering Contractor identified and contract issues as per norms		
	<b>Reception</b>		
23	Reception Committee formed and oriented for registration		
	<b>Equipment</b>		
24	LCD projector and Screen		
25	Laptop		
26	Pen, Pencils, Books		
27	Name badges		
28	Camera		
	<b>Furniture</b>		
29	Furniture		
30	Shamiana / Pandal		
31	Seating arrangement plan		
	<b>Budget</b>		
32	Budget finalised and approval taken as per the existing protocols		

List of Stakeholders for Launch Program		
SI No	Designation	Name of the Department
1	Project Director	SACS
2	Deputy Commissioner	Deputy Commissioner office
3	Member Secretary	District Legal Service Authority
4	Managing Director / District Representative	Women Development Corporation
5	CEO	ZillaPanchyat
6	President/Secretary/Project Managers	NGO/CBO
7	Selected representatives from the community	NGO/CBO
8	Deputy Director	Food and Civil Supply
9	Deputy Director	Labour Department
10	Deputy Director	Social Welfare Department
11	Deputy Director and CDPOs	Women and Child Department
12	District Health Officer	Health and Family Welfare
13	Development Commissioner	Urban Development cell
14	Development Commissioner	District Rural Development Department
15	Deputy Director	Department of Public instructor Education Department
16	Project Director	Rajeev Gandhi Housing Corporation Ltd.
17	Managing Director / District Representative	Hand Loom & textiles corporation
18	Commissioner	Urban Local Bodies
19	Chairman	NABARD Bank
20	HR Manager/MD	From Companies / corporate operating in the district
21	Head of the instituions/Training officers	Skills Training Institutions

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