Contract DCI-NSAPVD/2013/ 312-430

Facilitating access to schemes and entitlements for AIDS-affected families, sexual/gender minorities, female sex workers and injecting drug users in 30 backward districts of 8 states of India

First Interim Narrative Report:
January – December 2014

Table of Contents

ACRONYMS

AIDS	Acquired Immuno Deficiency Syndrome
AMANA	All Manipur Nupi Maanbi Association
ART	Anti Retroviral Therapy
BKKY	Biju Krushak Kalyan Yojana
BOAT	Bheigyachandra Open Air Theatre
BPL	Below Poverty Line
BRGF	Backward Regions Grant Fund
CBO	Community Based Organization
CCC	Community Care Centre
CEO	Chief Education Officer
CFAR	Centre For Advocacy and Research
CSO	Civil Society Organization
CST	Care, Support and Treatment
DAPCU	District AIDS Prevention and Control Unit
DHFW	Department of Health and Family Welfare
DLSA	District Legal Service Authority
DPM	District Programme Manager
DRDA	District Rural Development Authority
DS	District Supervisor
DWCD	Department of Women and Child Development
EU	European Union
FSW	Female Sex Workers
GO	Government Order
HIV	Human Immunodeficiency Virus
HR	Human Resource
HRG	High Risk Groups
IAY	Indira Awaas Yojana
ICDS	Integrated Child Development Service
ICTC	Integrated Counseling and Testing Centre
ID	Identity
IEC	Information Education Communication
JD	Joint Director
JSY	Janani Suraksha Yojana
KNP+	Kalinga Network of People living with HIV/AIDS
LER	Local Elected Representatives
LGBTI	Lesbians, Gay, Bisexual, Transgender and Intersex
M&E	Monitoring & Evaluation
MACS	ManipurState AIDS Control Society
MSACS	Maharashtra State AIDS Control Society
MIS	Management Information Systems
MNP+	Manipur Network of Positive People
MSM	Men who have Sex with Men
MTR	Monthly Technical Report
NALSA	National Legal Service Authority

NGO	Non Government Organization
NMP+	Network of Maharashrta by People Living with HIV/AIDS
NNP+	Network of Naga People Living with HIV and AIDS
NREGS	National Rural Employment Guarantee Scheme
OSACS	Odisha State AIDS Control Society
OSTF	Odisha State Treatment Fund
PD	Project Director
PLHIV	People Living with HIV
PPP	Public Private Partners
PPTCT	Prevention of Parent To Child Transmission
PWID	People Who Inject Drugs
RCDSS	Disha-Roman Catholic Diocesan Social Service Society
RSACS	Rajasthan State AIDS Control Society
RTI	Right To Information Act
SAATHII	Solidarity and Action Against The HIV Infection in India
SACS	State AIDS Control Society
SC/ST	Schedule Caste/Schedule Tribes
SHG	Self Help Group
SLSA	State Legal Service Authority
SOC	State Oversight Committee
SRH	Sexual and Reproductive Health
SSA	Sarva Shiksha Abhiyaan
STD/SS	Sexually Transmitted Disease/Sentinel Survey
STRC	State Training Resource Centre
SWD	Social Welfare Department
TANSACS	Tamil Nadu State AIDS Control Society
TG	Transgender
TI	Targetted Intervention
TSU	Technical Support Unit
UNDP	United Nation Development Programme
WHO-QOL	World Health Organization - Quality of Life

1. DESCRIPTION

1.1. **Name of beneficiary of grant contract**: Solidarity and Action Against The HIV Infection in India (SAATHII)

1.2. **Name and title of the Contact person**: Dr. L. Ramakrishnan, Country Director (Programs and Research)

1.3 Name of partners in the Action:

- o Kalinga Network for People Living with HIV (KNP+) - Odisha
- o Manipur Network of Positive People (MNP+)
- o Network of Maharashtra People with HIV (NMP+)
- o Network of Naga People Living with HIV and AIDS (NNP+)
- o DISHA - Roman Catholic Diocesan Social Service Society (RCDSSS)

1.4 **Title of the Action**: SVAVRITTI: Facilitating access to schemes and entitlements for AIDS-affected families, sexual/gender minorities, female sex workers and injecting drug users in 30 backward districts of 8 states of India

1.5 **Contract number**: DCI-NSA/2013/ 312-430

1.6 **Start date and end date of the reporting period**: January 1, 2014 to December 31, 2014

1.7 **Target country**: India (Maharashtra, Manipur, Nagaland, Odisha, Rajasthan, Tamil Nadu, Telangana and West Bengal)

1.8 **Final beneficiaries and/or target groups** (if different): AIDS-affected families, sexual/gender minorities, female sex workers and injecting drug users

1.9 Country in which the activities take place (if different from 1.7): India

2. ASSESSMENT OF IMPLEMENTATION OF ACTION ACTIVITIES

2.1 Executive Summary of the Action

Introduction:SAATHII and its five partners, with support from EU, initiated Project Svavritti to promote uptake of social welfare schemes and legal services by people affected by AIDS (PLHIV), most at risk populations (MARPs) and their families. The report summarizes activities in Year 1: January to December 2014.

Baseline Findings: A baseline assessment (N= 2773) showed uneven awareness and access among PLHIV and MARPs with regard to schemes and services, with health and food/nutrition being the most accessed and legal services the least sought. Demand and Supply side Barriers were identified and incorporated into project design

Results*:* Information to communities: A total of 6513 contacts were reached through scheme literacy sessions, including 6169 target community members and 494 family members. A total of 2196 legal literacy sessions were conducted with target community members and 187 sessions with families. Women living with HIV/AIDS received the highest proportion of scheme (33%) and legal (39%) literacy sessions in comparison to other demographic groups. In addition, 660 community leaders were trained on methods of disseminating information to their communities.Government interface: A total of 302 and 83 sensitization sessions were conducted with district and block level government departments respectively. Coordination meetings to enable transparency among stakeholder, share information, and ensure complementarities across programs have been held in Manipur, Rajasthan and Tamil Nadu.Uptake of schemes and services: A total of 779 complete applications were submitted to government departments, and 263 target community members and 61 family members received scheme and entitlement benefits. **The entitlements and schemes that have been accessed the most are Chronic Illness Certificate, food grain subsidy scheme -Antyodaya Anna Yojana (Rajasthan), Bus Concession (Rajasthan), and housing scheme - Madhubabu Pension Yojana (Odisha).**All project outputs have been captured through an MIS system disaggregated by gender, beneficiary type, scheme/entitlement, district and state. Additionally, case studies and a conference abstract have been developed. A total of 1907 copies of basic IEC materialwas distributed as part of the scheme and legal literacy sessions.Project visibility was ensured at stakeholder meetings, displays, training programs and in IEC materials.

Challenges: Uneven access: MARPs are accessing at lower rates than PLHIV, because of difficulties faced in reaching out to the community members. Given that many MARP communities are criminalized in the Indian Penal Code, there appears to be greater hesitation on their part to access schemes. Government processes:In one of the states, Telangana, permission has not been granted to providing scheme and legal literacy sessions and follow-up support to beneficiaries accessing government-funded HIV prevention outlets, and national-level approval has been sought by SAATHII. Geography and transportation:Several of the BRGF districts are remote. Long distances, inhospitable mountainous terrain and limited transport facilities impede abilities of community members to travel to district headquarters for document submission.Beneficiary communities:In West Bengal, the project establishment has been stalled because of intra-community and inter-community disagreements. Hence the work could not be initiated in that state, and will be deferred to Year 2.

Next Year focus: The project will intensify its activities of providing information to and increasing access by the under-reached MARP communities. It will accelerate district-level advocacy and sensitization of government departments; focus on tracking budget utilizations of schemes, and extending the project activities to West Bengal.

2.2 Results and Activities

Program Background: Since inception of the Indian constitution, the country has formally recognized the need for state support to bring impoverished and marginalized groups out of the cycle of poverty and exclusion. The recognition extends to such areas as health, employment, education and public assistance, legal aid, living wage, maternity relief, to mention a few, and is manifested in a variety of central and state sponsored schemes. Despite the availability of many schemes, there are major gaps in accessing these among rural populations, SC/ST communities, women and children, and excluded communities. Lack of awareness, difficulty in accessing these services and stigma related to HIV, sex work and sexual and gender identity are some of the reasons for low access. Acknowledging these gaps, the Planning Commission has recommended that the service delivery system needs to be improved to make these schemes reach the unreached.

Program Objectives: Project Svavritti is being implemented in order to (i) Increase information, access and uptake of government schemes by socially and economically excluded groups, specifically AIDS-affected individuals and families, sexual/gender minorities, female sex workers and People Who Inject Drugs (PWID) and to (ii) Improve transparency and accountability in the implementation of schemes from 30 focal backward districts in eight states of India during the period of four years.

Project Svavritti employs the following strategies and approaches to achieve the four core result areas :

- Engagement of community based organisations as partners in implementation of the project in the selected most backward districts
- Engagement of local authorities through one-on-one sensitization events, and group interface with members of target communities
- Involving members of affected and marginalized communities in spreading information on scheme and legal services with field level education, awareness and follow-up
- Involving other members of the household in information transmission and decision making, thus the project expanding its focus to entire families affected by AIDS, including men, adolescents and children as a comprehensive poverty alleviation mechanism
- Building local capacities with specific reference to enhancing their skills in understanding district- and sub-district budgets for schemes, tracking fund flow, using instruments such as RTI, and monitoring governance practices.
- Developing information-education-communication material and using it to disseminate information on available schemes and legal services through one-to-one and one-to-group sessions
- Building capacity and skills of civil society groups in advocating for access to schemes and services
- Use of strategic information such as monitoring, process evaluation, operations research and baseline-end line evaluation to enable tracking of project processes and results, and identify strategies to enhance implementation efficiency and results.

- Timely and informative documentation of project best practices to facilitate replication and scale-up.

Geographies and Implementation Arrangements: The project was implemented in 20backward districts (Table 1) in the states of Manipur, Maharashtra, Nagaland, Odisha, Telangana and Tamil Nadu in India, as depicted in the map below (Figure 1).
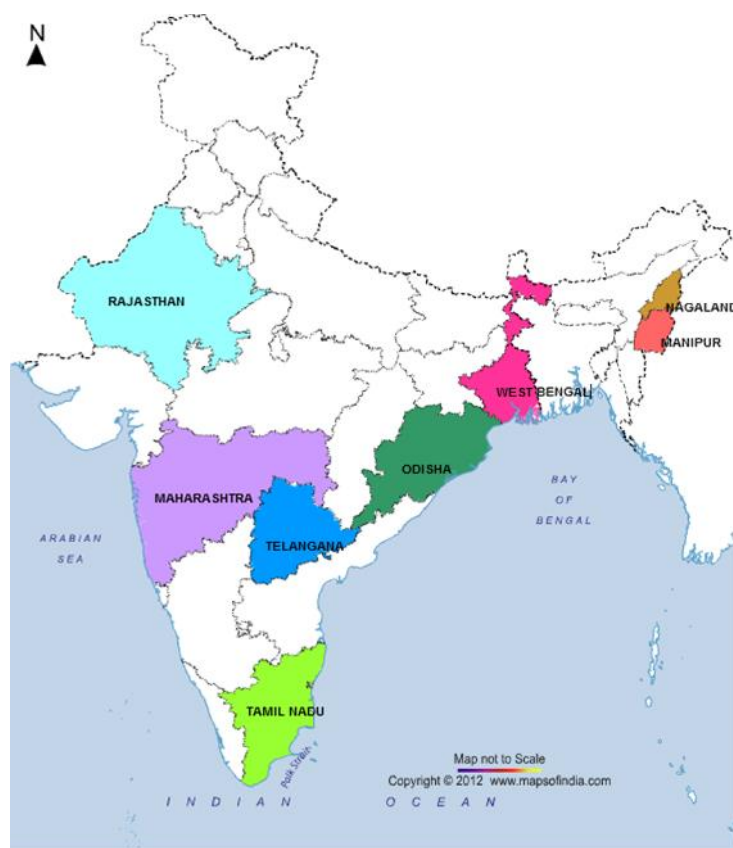
Figure 1 Svavritti Project Implementation States

Table 1 Implementation States and Districts of Project Svavritti

Region	States	District	No. of Districts
Eastern Region	Odisha	Gajapati, Ganjam, Kalahandi, Koraput*	4
	West Bengal	Medinipur East*, 24 South Parganas*	2
North – East Region	Manipur	Chandel, Churachandpur, Tamenglong*	3

	Nagaland	Kiphire, Tuensang, Wokha*	3
Southern Region	*Tamil Nadu*	Cuddalore, Nagapattinam*, Sivagangai, Thiruvannamalai, Villupuram	5
	Telangana	Medak, Khammam*, Mehaboobnagar*, Rangareddy, Warangal	5
Western/ Northern Region	*Maharashtra*	Ahmednagar, Bhandara, Hingoli*, Nandurbar	4
	Rajasthan	Bhilwara, Chittorgarh*, Sawai Madhopur, Tonk	4
	8 States	30 Districts	30

*Phase 2 districts/states

The remaining districts and West Bengal will be covered in future years (see Section 2.3 on Activities planned but could not be completed).

Implementation arrangements: As depicted in Fig 2, SAATHII implements the project through its partners in the five states: Odisha, Maharashtra, Rajasthan, Nagaland and Manipur; whereas in the states of Tamil Nadu, Telangana and West Bengal the project is directly being implemented by SAATHII state offices. Four of the partners (NMP+, MNP+, NNP+ and KNP+) are community based organisations of people living with HIV/AIDS and the fifth, Disha-RCDSS, is a faith-based organisation with a proven track of providing health and social services to HIV/AIDS-affected communities.Refer Section 3.1 for details of partner relationships.Further details of SAATHII and its partners are provided in Annexure 1.
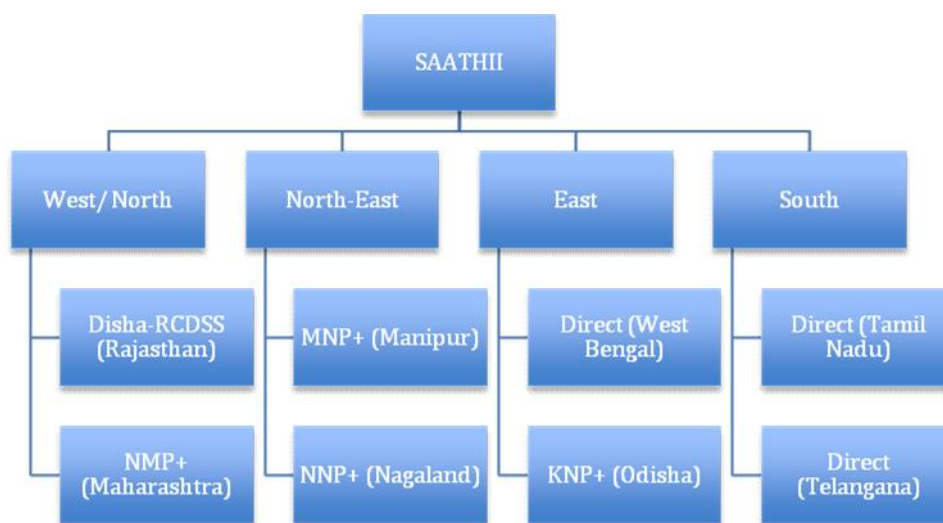
Figure 2: Implementation Arrangements

2.2a. Project Initiation

The Year 1 Action Plan proposed the following activities (Gantt chart is in Annex x).

- Staff recruitment, partner orientation, training and induction
- Baseline evaluation
- Buy-in from Government stakeholders

Activities pertaining to Staff recruitment, partner orientation, training and induction are described in Section 2.2a. Baseline evaluation is described in Section 2.2b. Buy-in from Government stakeholders is closely interlinked with Result Area 2 and is described in Section 2.2d.

Staffing and Induction: SAATHII followed written institutional policy in recruitment through a transparent system of advertisements on online portals, in print media and at facilities. The facilities included ART and ICTC Centres, and offices of PLHIV Networks. These were followed by a telephonic interview, in-person interview and written test, reference checks and a final round of interviews by the President. SAATHII also engaged – with due process - three program officers with prior experience in related projects of SAATHII. The project organogram and staff list are annexed (Annex II and III).

Partner Selection and support in recruitment: As part of its application, SAATHII had previously identified partners for implementing the project in five states (Maharashtra, Manipur, Nagaland, Odisha and Rajasthan). This identification wasbased on previous experience and the partners' strong track records of working with the PLHIV and other marginalized groups in their respective states. All these partners are in compliance with statutory legal requirements and are authorised by India's Ministry of Home Affairs to receive and manage grants in foreign currency. Partners were also supported by SAATHII in their respective recruitment processes such as advertisement formulation, and written and oral questions for interviews for state level (Project Coordinator) and district level (Community Resource Person) positions.

Partner Capacity Assessment and Contracting: Following the selection of the partners, an organisational capacity assessment of each of the partner organization was undertaken by senior officials of SAATHII, using standardised templates to gather information on program, administrative and financial capacity of the organization, financial controls, management systems, payment procedures, external audit and reporting and documentation. Based on the outcome of the assessment, SAATHII proceeded with the signing of formal contracts with the partners in May 2014.

Induction Training: SAATHII organized a two-day orientation and induction training for its staff and those of its partner agencies, covering
- Alignment of project with SAATHII and implementing partners vision and mission
- Partner, team and stakeholder roles
- Understanding marginalized population and importance of facilitating access to social protection schemes and legal services

- Technical details of social protection and details of different social protection schemes
- The three-tier Panchayati Raj system and its functions
- Legal Services available from the government
- Institutional policy and systems
- Baseline survey

The induction training sessions for partners were carried out at their respective home states, while SAATHII staff training took place at its headquarters in Chennai.

Ongoing capacity building: Capacities of partner program staff (including Project Coordinator and Community Resource Persons) are built on an ongoing basis during monthly review and planning sessions by the Project Officers, supplemented by telephone support, as needed. Capacities of SAATHII staff, including Project Officers, M&E, Research and Documentation, and Program Manager, are built during team meetings, and on an ongoing basis through phone and Skype interactions.

2.2b. Baseline Evaluationand Key Findings

Parallel to the project initiation, SAATHII conducted a baseline evaluation, as part of the Year 1 Action Plan(Activity 0.2). The evaluation assessedthe level of knowledge and current access among the community members on schemes and services, so these could be compared with an assessment post-intervention and intepreted along with routine monitoring data. The following section presents a snapshot of the study.

Objectives:
1. To understand community members'awareness regarding schemes available in government departments and barriers in accessing them
2. To identify Awareness, Accessibility, Accountability and Advocacy initiatives of NGO/ CBO/ Networks and their role in motivating the community to access the schemes.
3. To understand Accountability and Transparency of district, sub-district / block level government departments and officials in schemes available and accessed details. As well as their attitude to access the schemes by the target community members.

Methodology

Research Design: Mixed method approach was adopted to carry out cross-sectional survey study. Quantitative and qualitative methods were used for data collection. Quantitative and semi-structured interviews were conducted with community population and in-depth interviews among Government officials (District and block level), Local Elected Representatives (LER), Non-Government Organizations (NGOs), Community Service Organizations (CSOs) including Community Based Organizations (CBOs) and Network organizations.

Sample Size and Characteristics: The study was conducted among 2773 individuals in 20 districts (Table 2) selected for intervention in Year 1. The subjects included 896 PLHIV and the rest from most-at risk populations drawn from HIV prevention interventions using systematic random sampling at service outlets. Community-wise sample sizes are in Table 3.

<div align="center">Table 2 District data collection sites in Seven States</div>

Region	States	District
Eastern Region	*Odisha*	Gajapati, Ganjam,Kalahandi
North – East Region	*Manipur*	Chandel, Churachandpur
	Nagaland	Kiphire, Tuensang
Southern Region	*Tamil Nadu*	Cuddalore, Sivagangai, Thiruvannamalai, Villupuram
	Telangana	Medak, Rangareddy, Warangal
Western Region	*Maharashtra*	Ahmednagar, Bhandara, Nandurbar
	Rajasthan	Bhilwara, Sawai Madhopur, Tonk
Total	**7 States**	**20 Districts**

Table 3 Sample size of Target community Population

States	Categories of study participants from Target Community					Total (n)
	PLHIV (n)	FSW (n)	MSM (n)	TG (n)	PWID (n)	
Maharashtra	152	121	142	00	00	415
Manipur	160	142	177	00	53	532
Nagaland	118	109	68	00	125	420
Odisha	138	107	22	75	00	342
Rajasthan	143	119	112	03	00	377
Tamil Nadu	106	129	111	42	00	388
Telangana	75	55	49	38	82	299
Total	892	782	681	158	260	2773

Data collection: Information on awareness, uptake and barriers to access 28 free government services and entitlements in the domains of health, food and nutrition, education, employment, housing, pension, and legal services were assessed using semi- structured interviews. In addition, in-depth interviews were held with key government officials and local elected representatives (N=188) and civil society organizations (N=54) to explore perceptions of the key informants concerning social protection and legal service needs and access.These were sampled purposively. Table 4 lists the informants.

Table 4: Profile of the study participants

Target Community Population
• PLHIV (Male, Female and TG)
• FSW
• MSM
• TG
• PWID
NGO, CBO and Network
• PLHIV Network-President
• TI-NGO (FSW, MSM, TG & PWID) - Program Manager
• CBO - Transgender Association – President
Local Elected Representatives
• Village Panchayat President
• Panchayat Union Ward Member
• Village Panchayat Ward Member
• District Panchayat Ward Member

Block Level Government officials
• Corporation Chairman / Mayor (If district belongs to corporation)
• Municipality/Town Panchayat Chairperson
• Corporation/Municipality/Town Panchayat Councillor
District Level Government officials
• Project Director – DRDAProject
• Project Director – ICDS
• CEO – Department of Education.
• Deputy Director – Health services.
• District Legal Service Authority – Incharge
• Commissioner – Employment exchange
• Commissioner – Transport services
• Inspector of Labour
• District AIDS Prevention and Control Unit - (DPM / DS)

Details of data processing, handling and validation are in Annex VII.

Data Analysis:

Quantitative data were cleaned and imported into SPSS. Analysis was primarily in the form of summary statistics disaggregated by target group and state. Qualitative data were translated into English and subjected to thematic content analysis.

The key baseline findings are presented in the following thematic areas:

a. Awareness
b. Scheme Application and Uptake
c. Barriers to Uptake
d. Recommendations from Baseline
e. Implications for Project Design

a. Awareness:

Figure 3 summarizes, for each domain, awareness level of at least one scheme among respondents. Median awareness was greater among PLHIV (76%) than MARPs (63%). Among PLHIV, awareness was highest with respect to health (96%) and least with respect to legal services (17%). Likewise, across most-at risk populations, awareness was highest with respect to health (71%) and food/nutrition (77%) and least with respect to legal services (14%).

PLHIV (N=892) vs. Most At Risk Populations (N=1885)
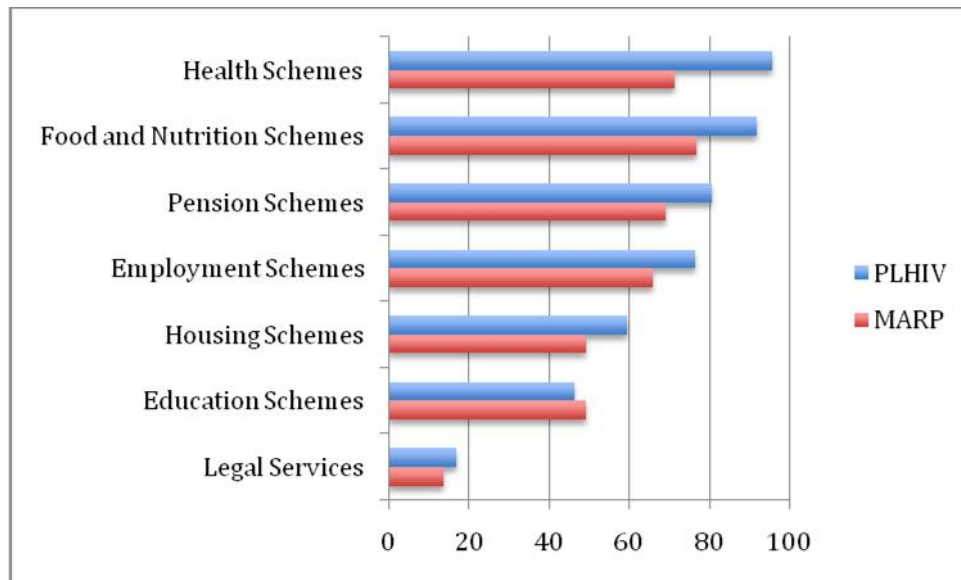
When analysed by individual schemes, anti-retroviral treatment provided free by the Health and Family Welfare Ministry was best known among PLHIV, while the Midday-Meal was best known among the schemes when MARPs were queried.

Among the most-at risk populations, median awareness levels were comparable (Table 7). Schemes relating to food and nutrition was best known among FSW, MSM while pension-related schemes were best known among TG respondents.

S.No	Scheme Domain	FSW	MSM	TG + PLHIV TG	PWID
**Table 7: Awareness of at Least One Scheme**				
1	Health Schemes	584	426	110	224
	% within Category	74.68	67.83	67.90	71.57
2	Food and Nutrition Schemes	627	496	126	197
	% within Category	80.18	78.98	77.78	62.94
3	Education Schemes	389	355	78	105
	% within Category	49.74	56.53	48.15	20.00
4	Employment Schemes	489	457	94	205
	% within Category	62.53	72.77	58.02	65.50
5	Housing Schemes	343	368	122	94
	% within Category	43.86	58.60	75.31	30.03
6	Pension Schemes	527	485	133	159
	% within Category	67.39	77.23	82.10	50.80
7	Legal Services	72	127	34	26
	% within Category	9.21	20.22	20.99	8.31
	Category Total	**782**	**628**	**162**	**313**

b. Scheme application and uptake:

Among those aware of government schemes, PLHIV and MARPs in the baseline applied for health schemes more than schemes in any other domain (Table 8). However the proportion of those applying was about four times as many among PLHIV (84%) than MARPs (20%). PLHIV were also much more likely (83%) to declare their identity as HIV positive than were MARPs to declare their sexual/gender identity, sex work occupation or injecting drug use behavior.

Table 8: Domain Wise: Scheme Applied Vs Availed Vs Declared

S.No	Applied		Availed		Declared	
	PLHIV	MARP	PLHIV	MARP	PLHIV	MARP
HEALTH SCHEME	715	271	697	255	593	103
% within aware	83.63	20.16				
% within applied			97.48	94.10	82.94	38.01
FOOD AND NUTRITION	312	259	248	192	152	31
% within aware	38.05	17.91				
% within applied			79.49	74.13	48.72	11.97

EDUCATION	53	85	51	83	1	11
% within aware	12.83	9.17				
% within applied			96.23	97.65	1.89	12.94
EMPLOYMENT	315	253	283	209	29	16
% within aware	46.19	20.32				
% within applied			89.84	82.61	9.21	6.32
HOUSING	74	98	50	47	25	2
% within aware	13.96	10.57				
% within applied			67.57	47.96	33.78	2.04
PENSION	220	125	184	96	126	18
% within aware	30.60	9.59				
% within applied			83.64	76.80	57.27	14.40
LEGAL SERVICES	23	11	21	10	8	1
% within aware	15.23	4.25				
% within applied			91.30	90.91	34.78	9.09

c. Barriers to uptake:

Both PLHIV and MARP respondents reported barriers that included a combination of individual and structural factors.PLHIV reported hesitation to disclose HIV status in order to access (non-HIV treatment) schemes for fear of being discriminated against. They spoke of difficulties in obtaining documents needed to establish eligibility, and difficulty in following up on submitted applications because of lengthy processing times and the expense involved in travel.

Among MARPs, female sex workers and sexual minorities (MSM and TG) highlighted negative attitudes of government and society as a whole, that made them fearful of disclosing identity. They also drew attention to the difficulty they faced in obtaining eligibility documents. Documents such as ration cards were linked to their biological family from which they were either estranged or to whom they had not revealed their status. Lack of family support and inability to get social entitlement documents were highlighted as barriers among PWID.

Respondents from all target communities reported lack of motivation among government officials in increasing awareness of available services, corruption, and lacked transparency in determining eligibility and award of social protection services.

d. Recommendations from Baseline

Civil society organisations, including those CBOs working with PLHIV and MARPs suggested the following (Table 9) to improve access and uptake, and increase the transparency and accountability of government:

Table 9: Recommendations for Supply- and Demand- Side Interventions	
Supply Side Interventions	**Demand Side Interventions**
• There is a need for sensitization of governmental officials at district, block and village levels on community needs for social protection schemes and services. • Support and cooperation from Government departments like district Social Welfare departments and governmental officials was needed to obtain social entitlement documents for target community • The need to have schemes and services specific for sub-populations such as PWID. • The information on social protection schemes and services, budgets, available quota, amount spent and remaining should be displayed at government offices for the information of public • Information on various schemes and services available and application process should be published in local language news papers, broadcast on local radio and TV channels • Government should plan strategies to reach out to the people living in remote areas where media has not reached, and provide information about schemes and services through interpersonal communication strategies and IEC material in local languages • Implementation of the schemes and services should be as per the guidelines	• It is necessary to generate**awareness** about various social protection schemes and services among target community • IEC material is needed to help in this scheme and legal literacy • The target communities need to be motivated to apply for social protection schemes and services and not be discouraged by the elaborate processes and lengthy waiting times.

given by state or central government • Transfer of benefits should be done through direct bank account to the beneficiaries • Government departments should organize community camps for target community and general community to file applications for schemes and services.	
• Coordination among government departments and NGO, CBO and PLHIV networks is vital to make the process of availing social protections schemes and services to target community easy.	

e. Implications for project design: The quantitative findings by geography and sub-population will be used as a reference point to guide the areas of intervention. Some of the recommendations made by respondents are already part of Svavritti's implementation design. For instance, demand-side interventions such as scheme literacy, legal literacy, support in applying for schemes are already part of the work plan. Recommendations for supply-side interventions that were not already considered will be incorporated: for instance, camps for filing application, and promoting direct bank transfer. These will be explored in discussion with district government officials and local elected representatives.

Systemic issues of poor governmence and stigma were anticipated, and the importance of addressing them has been reinforced by the baseline study.

The following section details activities, outputs and outcomes corresponding to each Result area.

2.2c. RESULT 1: Increased access to information on government schemes and entitlements among families affected by AIDS, sexual/gender minorities, sex workers and injecting drug users in 30 backward districts in the states of TamilNadu, Andhra Pradesh, Maharashtra, Rajasthan, Odisha, Manipur, West Bengal and Nagaland

A core component of Project Svavritti is to increase access to information on government schemes and entitlements, as well as legal services, to PLHIV, MARPs and their families. The following activities proposed in the Year 1 Action Plan were carried out to achieve this result:

- **District wise estimates of PLHIV and MARP populations to identify focal districts:**For all the BRGF districts in the chosen states, district-wise estimates of people living with HIV and the Most At Risk Populations (FSW, MSM, TG, PWID) were obtained from such sources as government-commissioned size estimation surveys of MARPs, enrollment data at Anti-Retroviral Therapy (ART Centres) and HIV prevention NGOs, and membership data of HIV positive networks. Intervention districts that had the highest estimated population sizes of PLHIV and MARPs were then selected. Additional criteria were applied based on the project's intention to avoid duplication with other implementers at block or sub-group level. Table 10 below summarizes the size estimates of the target populations in the 'catchment' area of the focal districts.

Table 10: Size estimates of PLHIV and MARPs in Focal Districts of Target States				
Name of the State	**PLHIV**	**MSM & TG**	**FSW**	**PWID**	**STATE TOTALS**
Maharashtra	27870	2779	2268	NA	32917
Manipur	8383	500	1700	2450	13033
Nagaland	522	50	471	3622	4665
Odisha	14150	3794	1709	NA	19653
Rajasthan	3697	1019	1548	NA	6264
Tamil Nadu	4701	4907	3401	NA	13009
Telangana	49580	3296	14504	195	67575
West Bengal	2080	2154	NA	NA	4234

SUB-GROUP TOTALS	110983	18499	25601	6267	161350

- **Analysis of schemes for social protection**: Schemes were analysed based on the following overlapping lists (i) previously published data on available schemes (ii) schemes identified during the baseline as being relevant to the target populations and (iii) central or state schemes that had been amended by state governments to be inclusive of PLHIV (iv) central or schemes that were specific to one or more sub-groups, such as the transgender-specific schemes in Tamil Nadu. See Annex Vc.

- **Common minimum package (CMP) of social protection schemes:** Based on the analysis of schemes, common minimum packages have been developed in Odisha, Manipur, Nagaland and Rajasthan. In the other states the work is in progress: however lists of schemes exist and are being shared as part of the IEC with community members as part of scheme literacy activities(see below).

- **Development of Information-Education-Awareness materials on Schemes and Services**:In the reporting year SAATHII developed a **two pager handout** with the basic information on schemes (including health, education, livelihood, pension, housing) and legal services. This was translated into **all relevant local languages**, printed and disseminated among the community members. The two pager handout was designed with the perforated slip at the bottom. This slip is used to enter the details of the reached out community member and facilitates follow-up for need assessment and application. The 'Visibility' Section contains images of the handout in multiple languages. Besides the IEC material developed by the project, the following additional materials obtained from the relevant departments were also distributed

States	Details of IEC Material	Name of the Department from IEC material collected
Maharashtra	1. Booklet of Schemes on Social Justice	Department of Social Justice, Government of Maharashtra
	2. IEC on Citizens' Charter	Food and Civil Supplies and Consumer Protection Department of Government of Maharashtra
	3. Domestic Violence Act 2005	Women and Child development department of Government of Maharashtra
Manipur	1. Social Welfare Schemes Directory	Social Welfare Department, Manipur
Nagaland	1. Booklet on social welfare schemes	Social Welfare Department, Nagaland
	2. Information Pamphlet on Right to Information Act.	State Legal Services Authority

Odisha	1. Guideline document on state government sponsored housing scheme named Mo Kudiya (My Hut)	Department of Women and Child Development, Odisha
	2. Guideline document on state government sponsored Pension Scheme for old age people named Madhubabu Pension Yojana	Department of Women and Child Development, Odisha
	3. Guideline document on state government sponsored nutritional services scheme named Mamata	Department of Women and Child Development, Odisha
	4. Guideline document on state government sponsored treatment assistance fund service for poor and needy people named Odisha State Treatment Fund (OSTF)	Department of Health and Family Welfare, Odisha
	5. Guideline document on state government sponsored scheme of medical care and treatment assistance for farmers named Biju Krushak Kalyan Yojana	Agriculture and Food production Department, Government of Odisha
Rajasthan	1. Legal Service Diary,	District Legal Service Authority Office
	2. IEC on Penalties	District Legal Service Authority Office
	3. IEC on Lok Adalat and other legal Services	District Legal Service Authority Office
	4. Dowry Prevention Act 1961	District Legal Service Authority Office
	5. IEC on Social Justice and various schemes available in Department of Social Justice and Rights, Ajmer	Department of Social Justice and Rights, Ajmer, Rajasthan
	6. Nagarik Adhikar Patra	Women and Child Development Department, Rajasthan
Telangana	1. Pamphlets on vocational training information	State Training and Employment Department, Telangana.
	2. Pamphlets on agricultural marketing information	District Marketing department
	3. Information pamphlets on employment opportunities in	District Rural Development Agency (DRDA)

	the Private Sector through skill development program	
	4. Information pamphlets on Formation of SHGs, Bank linkage, Financial Assistance, Application process	District Rural Development Agency (DRDA)
	5. Information pamphlets on procedures and eligibilities for receiving financial assistance	BC Corporation

- **Dissemination of Information-Education-Awareness materials on Schemes and Services**:The project provided information through One-on-One and One-to-Group literacy sessions by Community Resource Persons (CRPs), use of IEC materials in local languages, and by capacitating community leaders to generate demand for schemes.Thesewere identified as best practice strategies during a previous EU supported Action (DCI-GENRE/2009/206-995: 2010-2013) aimed at supporting women affected by AIDS in seeking legal redress for domestic violence and property denial.

One-on-One and One-to-Group literacy sessions by Community Resource Persons (CRPs):CRPs trained by the project provided information on central and state-specific schemes in the domains of health, food and nutrition, education, employment/livelihood, pension, housing and legal services. This information, along with the eligibility requirements, was provided during scheme- and legal- literacy sessions that are held at locations that community members visit to access health services. PLHIV were met at the Anti-Retroviral Treatment (ART) Centres located at district headquarters and medical college hospitals run by the government as part of the National AIDS Control Program since April 2004. MARPs were met at the offices of the Targetted Intervention (TI) NGOscontracted by the government to provide HIV prevention services, and at 'hotspots' where community members congregate.

Demand generation meetings with community leaders organised by the project staff are aimed at capacitating the community leaders and representatives from the target population on the existing schemes and services and the process of applying for the same by facilitating an interaction with the representatives from various departments at district level. These trained community leaders in turn educate community members and help them to apply for relevant schemes. In the reporting year, a total of 18 demand generation meetings were organized in the seven Svavritti implementing states which includes Maharashtra (2), Manipur (4), Nagaland (1), Odisha (6), Rajasthan (3) and Telangana (1).

Please refer to Annex Vb for detailed activities under this result area.

The reporting duration for the key achievements of the project activities for the states of Manipur, Nagaland and Odisha was from July to December 2014 and for the states of Maharashtra, Rajasthan, Tamil Nadu and Telangana from October to December, 2014.

Table 11, below, summarizes the state-wise distribution of target community members reached in the reporting year. Project Svavritti reached a total of 6513 target community members. These included PLHIV- male (30%), female (34%), children (2%), TG (2%); FSW (9%); MSM and TG (18%); and PWID (5%) across the seven states through scheme and legal literacy sessions. The highest number of target community members reached was in the state of Odisha (42%) followed by Maharashtra (15%) and Nagaland (13%).

In this reporting year, project Svavritti reached also 492 families with scheme and legal literacy sessions. Out of the 492, the families of PLHIV were in large number (442) followed by PWID (33), FSW (13) and MSM and TG (4).

Table 11: Number of Target Community Reached through information on social protection schemes and legal literacy in the Reporting Year

State	Number of Target Community Reached Through Scheme and Legal Literacy							
	PLHIV				FSW	MSM/ TG	PWID	Total n (%)
	Male	Female	Children	TG				
Total	1975	2239	93	108	574	1198	326	6513 (100)

492 family members, 494

Scheme Literacy Sessions:

As depicted in Table 12, a total of 6169 scheme literacy sessions were held for target community members and 494 for families of the target community. Scheme literacy sessions were conducted through one to one and one to group interactions.

Out of the total number of scheme literacy sessions conducted for target community members, highest number of scheme literacy sessions were held for PLHIV female (33%), followed by PLHIV male (29%), MSM and TG (20%), FSW (10%) and PWID (7%). On the same line, out of 494 scheme literacy sessions conducted for families, the highest number of scheme literacy sessions were held with family members of PLHIV (92%) and 6% and 2% scheme literacy sessions were conducted with families of PWID and FSW respectively.

Table 12 Number of Scheme Literacy Sessions Conducted with Target Community Members and Families in the Reporting Year

State	Total Number of	Number of Scheme Literacy Sessions with Target Community	Total Number of	Number of Scheme Literacy Sessions with Family members

State		PLHIV - Male	PLHIV - Female	PLHIV - TG	FSW	MSM & TG	PWID	Total		PLHIV	FSW	MSM & TG	PWID	Total
Maharashtra	954	343	341		5	236		925						
Manipur	532	107	350		20	19	112	608		75	68			5	73
Nagaland	827	199	211		120		185	715		119	80	12		23	115
Odisha	2723	635	567	38	209	681		2130		214	258				258
Rajasthan	407	154	150		57	45		406		84	48				48
Tamil Nadu	545	159	207	27	153	214	100	860						
Telangana	525	201	181	10	64	56	13	525						
Total	**6513**	**1798**	**2007**	**75**	**628**	**1251**	**410**	**6169**		**492**	**454**	**12**		**28**	**494**

Legal Literacy Sessions:

As Table 13 depicts, a total of 2196 legal literacy sessions were conducted with target community and 187 sessions with families of target community members through one to one and one to group interaction. Out of the 2196 legal literacy sessions, 39% sessions were held with PLHIV female, 27% with PLHIV male, 15% with MSM and TG, 10% PWID and 8% with FSW. Further, among 187 legal literacy sessions conducted with families, 80%, 13% and 7% sessions were held with family members of PLHIV, PWID and FSW respectively.

Table 13 Number of Legal Literacy Sessions Conducted with Target Community Members and Families in the Reporting Year

•

State	Total Number of Target Community reached	Number of Legal Literacy Sessions with Target Community							Total Number of Family reached	Number of Legal Literacy Sessions with Family members				
		PLHIV - Male	PLHIV - Female	PLHIV - TG	FSW	MSM & TG	PWID	Total		PLHIV	FSW	MSM & TG	PWID	Total
Maharashtra	954	22	29			236		287						
Manipur	532	103	329		21	23	100	576		75	64			3	67
Nagaland	827	141	109		77		111	438		119	42	12		23	77
Odisha	2723	220	285	11	7	26		549		214	43				43
Rajasthan	407	32	29		19	6		86		84					
Tamil Nadu	545													

Telangana	525	87	77	5	46	33	12	260						
Total	6513	605	858	16	170	324	223	2196	492	149	12	0	26	187

As summarized in Table 14, 1907 target community members and 25 families received IEC material in the reporting year. Of these, 37% were PLHIV female (n=706), 36% PLHIV male (n=690), 16% MSM and TG (312), 8% FSW (n=161), 2% PWID (n=37), and 1% PLHIV TG (n=11).Out of total number of families reached (492), 5% family (n=25) received IEC material which consisted of only family members of PLHIV.

Table 14 Number of Target Community and Family members Received IEC Materials through Project Svavritti in the Reporting Year

State	Total Number of Target Community reached	Number of Target Community received IEC materials							Total Number of Family reached	Number of Family members received IEC materials				
		PLHIV - Male	PLHIV - Female	PLHIV - TG	FSW	MSM & TG	PWID	Total		PLHIV	FSW	MSM & TG	PWID	Total
Total	6513	690	706	11	151	312	37	1907	492	25				25

A total of 660 target community leaders and representatives and 6 family members received information on social protection and legal services through demand generation meetings in the reporting year.

Please refer to assessment of results in Section 2.2h.

2.2d. RESULT 2: Improved transparency and accountability in the implementation of schemes by target communities in the focal districts

Activities proposed in Year 1 Action plan included Sensitization of key stakeholders across sectors, Advocacy for inclusive schemes and services, Tracking schemes and budget utilisation, Deploying Right To Information Act (RTI) when needed. These are described below:

- **Sensitization of key stakeholders across sectors and Advocacy for inclusive schemes and services:** These activities were preceded by meetings at state-level to obtain permissions to utilise government-run and government-funded service delivery points. At district- and sub-district (block) level, advocacy and sensitization activities served to introduce the project to the government functionaries, emphasise the need for stigma-free access to schemes and services to the marginalised populations, and speedy processing of the application of the community members. The need for transparency and accountability was implicit in the sessions. In 2014, a total of 302 and 83 sensitization sessions were conducted with district and block level government departments, respectively (Table 15). Further, at the 18 demand generation meeetings described in 2.2c, one or more government officials were present, and the community members voiced their needs for inclusive schemes.

Table 15. Number of Sensitization Sessions Conducted with Government Departments in the Reporting Year

Reporting Indicators	States						
	Maharashtra	Manipur	Nagaland	Odisha	Rajasthan	Tamil Nadu	Telangana
Number of sensitization sessions with district departments (including individuals) to make scheme information public	76	34	1	28	20	96	75
Number of sensitization sessions with block level committees (including individuals) to make scheme information public	23	1	1	7	13	42	3

- **Tracking schemes and budget utilisation:** Thus far, the project has only been able to track schemes at the level of scheme information, application and uptake by project beneficiaries, and not at the level of entire district. Tracking of budget utilisation has also not been done. These activities require longer and more intense engagement with the district-level officials than has been possible to date.

- **Deploying Right To Information Act (RTI) when needed:** Project staff have been trained on RTI by a human rights lawyer. However, RTI was not deployed as a need has not risen from the field till the time of reporting.

2.2e. RESULT 3: Increased uptake of social protection schemes related to Health, Education, Housing, Shelter, Nutrition and Livelihood among these groups

As per the Year 1 Action Plan, Result area 3 consists of a single activity **Ensuring access to schemes among PLHIVs and marginalised communities.** This is described below with reference to the following sub-activities:

- **Demand-side activities:** Individuals were met by CRPs at the ART Centres and other service outlets. After being provided information on schemes and services (see Section 2.2b, Result 1), they were encouraged to approach the CRP and describe their needs. For those willing to spend time with the CRP, a detailed needs assessment was done. Schemes and entitlements that community members were eligible for were identified. Based on willingness, the individuals were supported by the CRP in completing and filing the applications.

- **Supply-side activities:** As described under Results 1 and 2, demand-generation meetings as well as sensitisation sessions at district and block level were held to sensitise and advocate with government to enhance knowledge and attitudes related to the marginalised people and their needs for schemes and entitlements

- **Promote e-applications:** In its grant application, the project had proposed promoting e-application for speedy processing of applications in select districts. SAATHII has not proceeded further with this because of a parallel effort by the National AIDS Control Program to streamline applications through a single-window system routed through the District AIDS Prevention and Control Units (DAPCU) in each district. SAATHII is in conversation with officials at national and regional levels to interlink Svavritti activities through this single-window system, which is just being initiated. The single-window system follows an online system for tracking filed applications.

- **Tracking and reporting:** Project activities and deliverables including scheme information, application and uptake, are being tracked through documents, registers and online MIS formats, provided in Annex VI. These consist of:
  - Daily field activities of community resource persons (CRPs), including daily plan and reporting log
  - Weekly tracking of services provided to target community members by CRPs, disaggregated by gender, materials given, category of applicant: Monthy Individual Service Tracking (MIST
  - Proof of each government schemes/service applied, with acknowledgment by the department at time of submission

- o Acknowledgement by beneficiary of each scheme obtained with assistance from Project Svavritti
- o Project Coordinator Monthly list of planned and actual activities, including field visits, support to CRPs, meetings attended/organized
- o Individual Trip reports of Project Coordinator, including summaries of documents and registers verified, training to CRPs, meetings with communities and government officials, RTI/Social Audit work
- o Online Beneficiary Master Register and Service Tracking (BMSTR)
- o Online PC working days and field-visit tracking sheet
- o Monthly Technical Report – Quantitative and Quantitative
- o Supportive Monitoring Visit
- o Additionally, the project has an internal M&E framework with indicator definitions and operational details.

The result of this section describes the outcomes from the above sub-activities. These are summarized quantitatively (data tables) and qualitatively (case studies) and provide insights into the type of schemes and services applied and accessed by the category of target population. Table 16 presents state wise distribution of schemes and entitlements applied and accessed among target community and family members in the reporting year.

Table 16 State wise distribution of Scheme and Entitlement application and access in the Reporting Year

Reporting Indicators	Target Community								Family							
	Name of the States								Name of the States							
	Maharashtra	Manipur	Nagaland	Odisha	Rajasthan	Tamil Nadu	Telangana	Total	Maharashtra	Manipur	Nagaland	Odisha	Rajasthan	Tamil Nadu	Telangana	Total
Number of target community members reached with scheme information	954	532	827	2723	407	545	525	**6513**		75	119	214	84			**492**
No. of need assessed by the project	530	532	411	1499	371		226	**3569**		77	81	51	84			**293**
No. of application received by project	289	110	15	124	143		12	**693**		8	2		84			**94**
No. of application submitted to government authority 1st time submission.	289	87	15	114	115			**620**		2	2		82			**86**
Number of applications approved by authority	151		6	38	85			**280**			2		78			**80**
Number of Target community members accessed the schemes and entitlements	151		1	32	79			**263**			2		59			**61**

Salient Features of the Scheme and Entitlement Tracking in the reporting year.

PLHIV and MARPs

- ✓ Of the target community members reached through scheme and legal literacy (n=6513), needs assessment was done of 54% (n=3569)

- ✓ From the community members whose needs were assessed, a total of 693applications were submitted to Project Svavritti for availing social protection and entitlement benefits. These include multiple applications submitted by the same individual.

- ✓ Out of 693 applications received, 90% (n=620) applications were submitted with the assistance of SAATHII to the relevant government departments.

- ✓ A total of 43% (n=263) target community members received schemes and entitlement benefits within the reporting period.

- ✓ Among the 263 target community members received scheme and entitlement benefits: these included PLHIV female (n=52), PLHIV male (46), PLHIV children (2), MSM and TG (2) and FSW (1).

Family members

- ✓ Out of total number of family members reached through scheme and legal literacy (n=492), need assessment was done among 60% (n=293)

- ✓ Out of 293 families, 32% (n=94) families submitted application to project Svavritti to avail social scheme and entitlement benefits, out of which 92% (n=86) applications were submitted to government departments.

- ✓ A total of 71% (n=61) families received scheme and entitlement benefits out of 86 applications submitted to the government departments until 31 December 2014.

As indicated in Table 17 (community-wise distribution), access by PLHIV is higher than MARPs. The schemes that have been accessed the most are Chronic Illness Certificate (Maharashtra), Antyodaya Anna Yojana (Rajasthan), Bus Concession (Rajasthan), Madhubabu Pension Yojana (Odisha).

Table 17. Distribution of Target Community and Families according to Social Scheme and Entitlement Benefits Received in the reporting year

Name of the Scheme(s)	Target Community Members						Family Members	
	PLHIV - Male	PLHIV - Female	PLHIV - Child	FSW	MSM & TG	Total	PLHIV	Total
Chronic Illness certificate	50	50				100		
Residential Proof	15	15				30		
Aadhar Card		1				1		
Jan Dhan Bank account	2	3				5		
Ration Card	1					1		
Income Certificate	11	3				14		
Integrated Child Development Scheme (ICDS)		1				1		
Integrated Child :protection Scheme							2	2
Madhu Babu pension scheme	17	14				31		
Mo Kudia (Odisha)				1		1		
Bus Concession	31	40				71		
Palanhar				1		1		
Jan Dhan		1			2	3		
Antyodaya Anna Yojana		3		1		4	59	59
Total	**127**	**131**	**2**	**1**	**2**	**263**	**61**	61

SAATHII: DCI-NSAPVD/2013/ 312-430   **p.**   33

Case study 1: "I am in charge of how I feel today and I am choosing happiness"

Mr. Bikas (name changed), a PLHIV from Gajapati district, Odisha was highly distressed when he got to know the HIV status of his wife and elder daughter nine months after his diagnosis in 2010. Due to prolonged depression he was irregular in his work and faced financial problems in the family. In 2010, through the support of the counselor at the Link ART centre, Mr.Bikas came to know about Madhu Babu Pension Yojana (MBPY) and applied for the same. In the past four years he did not get a positive response from the government.

After attending the demand generation meeting of Project Svavritti in October 2014, and under the guidance of the Additional District Social Welfare Officer and support from the CRP, he had once again re-submitted the application for his wife, daughter and himself. Due to regular ongoing follow-up and meeting of government officials by the CRP of Svavritti, his family received INR 29,900/- credited into his account. This money helped him and his family repay the loan taken for treatment purpose and the remaining amount put in fixed deposit as a security for future needs. The family now feels that they are able to live in peace without the tension of repaying any loan. Currently the head of the family is regular to his work and able to meet the daily requirements of his family.

There were many such families that benefitted through the interaction with the government officials facilitated at the demand generation meetings. The pending applications were processed and benefits accrued to the community members. A few to be mentioned here are: i) Mr.Benia, (name changed) a 32 year old married PLHIV from Gajapati district, Odisha, a daily wage labourer, received the arrears of last three year pension amount of INR 11,000/- which was credited directly in his account; ii) Urmeela Pradhan (name changed), 37 year old a widow driven out from in-law's house from Bhanjanagar block, Ganjam district, Odisha, got two installments of INR 30,000 (23rd July 2014) and INR 35,000 (23rdSept 2014) respectively after relentless follow up by CRP with the BDO and SEO. Additionally to what she got from the government she had pooled in some of her saving and constructed a house for her family. She is waiting for the final instalment of INR 10,000 which she is yet to receive; iii) Ms. G. Mariamma (name changed) from Gajapati district, Odisha, a positive widow who has been driven out by her in-laws after the death of her husband, got INR 16,800 after similar continuous follow up with the concerned BDO and SEO.

Case study 2: Strong walls might tremble, but never collapse

Ms. Angela (name changed), 26 year old PLHIV from Natsa, Sitime block, Kiphire district, Nagaland, struggled hard to meet the educational needs of her child. The community resource person of Svavritti met her on 14th August and oriented her about the project. At that session she

expressed her difficulties in meeting educational expenses and other basic needs of her child. In follow up to this meeting, the CRP helped Ms. Angela to apply for Integrated Child Protection Scheme. Based on the CRP's continued follow up with the District Child Protection Unit (DCPU), the application of Ms. Angela was approved and she received INR 6,000/- on 9 December 2014, with which she was able to meet the educational expenses of the child, and also provide nutritious food to her child.

Case Study: Where there's a will, there's a way

During the needs assessment drive in the districts of Tonk and Sawai Modhapur, the denial of the previously instituted 75% bus travel concession to access ART without any significant reasons was brought to the attention of the Project Svavritti team by PLHIV. The community members also expressed their unwillingness to utilize the bus concession due to multiple episodes of the non-consensual disclosure of their HIV status by the conductors in the public transport.

The project team decided to address the issues and hence, organized demand generation meetings in both the districts in which the community members expressed and shared their challenges and expectation. The community members recommended that the term 'PLHIV' be replaced with "Immuno Compromised" in the travel concession card. This recommendation was presented by project staff to the Chief Managers of Rajasthan State Road Transport Corporation in Tonk and Sawai Madhopur and was approved. An office order was issued to implement the same with immediate effect. Rajasthan State Road Transport Corporation (RSRTC) took lead role in orienting the drivers about the format and the community members began to avail the benefit without the fear of disclosure of their HIV status.

After a month of implementation, Rajasthan State AIDS Control Society (RSACS) informed Project Svavritti's Program Officer that RSRTC had banned all types of bus pass formats related to PLHIV in all the 34 districts of Rajasthan. There was no written evidence stating the same but the project is following up regularly on the new order and advocating on the same.

An encouraging aspect in the sequence of events is that the Chief Manager of Sawai Madhopur has decided to continue to provide the travel concession to PLHIV in the absence of any written communication from the state authorities.

Please refer to assessment of results in Section 2.2h.While all the results stated so far have been gender-disaggregated, Section 5. discusses details of how gender has been integrated into this action.

2.2f. RESULT 4: Action Results are available to relevant stakeholders within, across and beyond Action locations for replication and scale-up.

Two activities were proposed in the Action Plan for Year 1 in this result area:

- **National Experience Sharing Meetings:** A four-day national experience sharing meeting was held from Oct 15-18, at the SAATHII headquarters in Chennai. During this meeting action processes and results were consolidated and shared across project officers covering all focal states, M&E, documentation and program management team. However it was not possible to schedule in partner representatives in this meeting, and they were met individually in each state by the central team.

Figure 4: Session in progress - National Team Experience Sharing Meeting Oct 2014
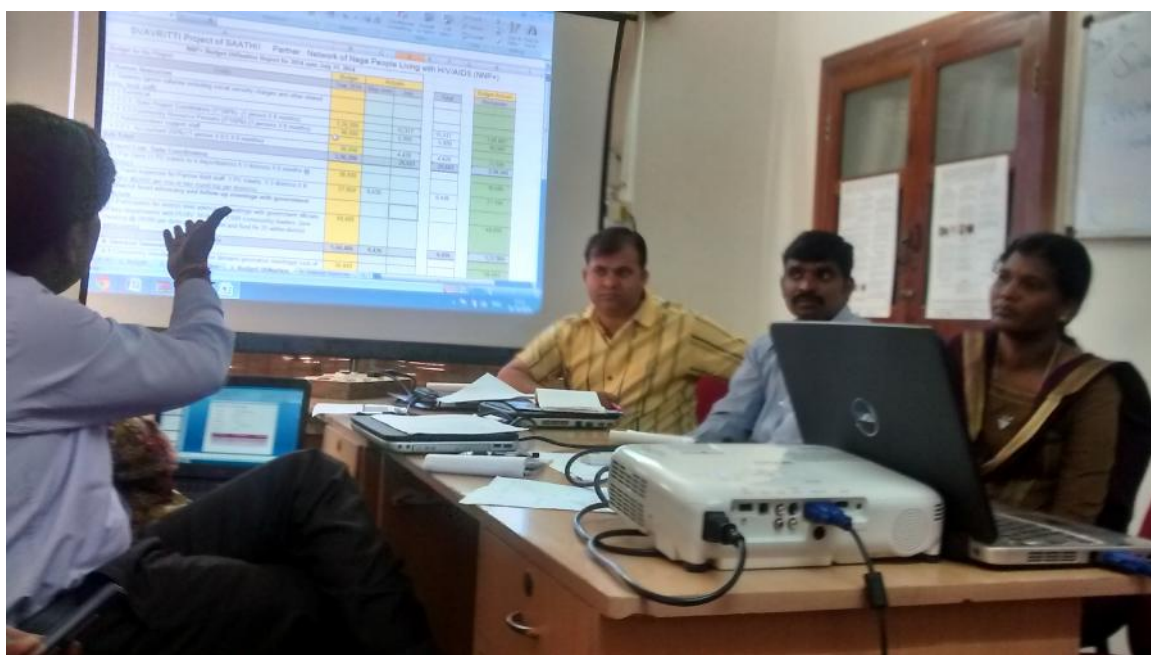
- **Best practice documentation and dissemination:** All of the program results are being tracked in hard copy in intervention districts, and an MIS Excel™ based Management Information System (Annex VI).An abstract based on the baseline is being submitted to the International AIDS Conference review committee for dissemination to be held in mid-2015.

Additionally, state-specific program results are being disseminated with the State AIDS Control Societies on a monthly basis. In three of the project states – Rajasthan, Telangana, Tamil Nadu, the government has taken the initiative to bring all implementers of social protection schemes to a common forum for results to be disseminated. These forums have provided opportunities to share project processes and results with other implementers, such as the TI programs, Global Fund – supported Pehchan and Vihaan programs.

Results are also disseminated in coordination meetings of other agencies implementing EU actions.

2.2g Activities that were planned but could not be implemented

The following activities planned for Year 1 (ref: Section 2.2.3 of the Activity Plan in the originally submitted proposal) could not be implemented.

II.3. Tracking schemes and budget utilisation: Scheme utilisation is being tracked with reference to applications and award of schemes to Project Svavritti's focal populations. However, tracking of schemes and budget utilisation for the entire scheme at district-level is a challenge, as it requires significantly more rapport and trust-building with the government than has been achieved at present. It will be attempted from year two.

II.4. Deploying Right To Information Act (RTI) when needed: Thus far, there has not been an occasion to deploy RTI. There is also hesitation to deploy it based on accounts of harassment and murder of RTI activists in some of the project states.

IV.1. National Experience Sharing Meetings:A meeting of SAATHII and all its partners was proposed for the second half of 2014 but will be held in the first half of 2015.

IV.2. Best practice documentation and dissemination: While project activities are being documented in details, and case studies are being developed, the project has not yet accumulated evidence of outstanding strategies that may be treated as best practices.

Saturating target districts and states: The project has been able to intervene in only 20 of the proposed 30 districts and in 7 of the eight states. The explanation is as follows:

West Bengal: Owing to MSM/TG community-related conflicts in the state, it was felt prudent to wait to commence activities in West Bengal. Steps are being taken to initiate them in 2015.

District saturation in current states: Given the geographical location of Community Resource Persons within districts and the difficulty of travelling even within districts to community aggregation points and follow-up, it is not possible to have one CRP work effectively in more than one district. Hence it is planned that the project will move its activities to the additional districts mid-cycle.

2.2h Assessment of the results of the Action so far

The Action has been able to address the objectives outlined in the proposal during the period of implementation. The results are summarized below:

Baseline results: Quantitative and qualitative findings from the survey and interviews with community members, civil society organiasation representatives, government officials and local elected representatives are available, as detailed in Section 2.2b.

Result Area #1: Quantitative data on information sessions held with community members via scheme- and legal literacy, demand generation meetings, material production, translation, and distribution, described in Section 2.2c.

Result Area #2: Outputs of advocacy and sensitization with session government officials at state, district and subdistrict levels as detailed in the previous sections, as summarized in Section 2.2d.

Result Area #3: Outcomes, including application and access to schemes and services by community members and their families, as detailed in Section 2.2e. Case studies describing the processes are also documented for future dissemination.

These, as noted in the **Result Area #4,** are available for dissemination.

The support and cooperation from government functionaries has been positive for most part. However, the focus has been primarily on the "demand" rather than the "supply" side in terms of access to information and schemes.. The following gaps have been identified in the course of implementation.

States	Challenges Faced	Solutions Initiated	Proposed possible Solutions
Maharashtra	• In Maharashtra, the same partner NMP+ is running Vihaan and Svavritti project and there is a risk of inadvertent duplication of work	• It was decided that PC of Svavritti and Vihaan team members will have regular coordination meetings to avoid duplication of work and share the project data with each other.	
	• Lack of coordination with TIs and CBOs leading to less attention towards MTH and FSW		• PC and CRPs should take lead on interacting and coordinating with

	population for facilitating social protection schemes and focusing only on PLHIVs as NMP+ is working for PLHIVs.		TI NGOs and work with them for MTH and FSW community in order to facilitate social protection schemes.
	• Delays in receiving the letter from SACS enabling the project to access service outlets.	• PC will continue to follow up	
	• All the focal districts are very far from NMP+ office (Pune) except Ahmednagar, so the regular monitoring visits are more resource-intensive than originally budgeted		• The per-diem will be increased to permit needed PC travel without constraints
Manipur	• In the remotely located Chandel District, severe lack of transportation facilities makes it difficult to reach out to the community	• This will remain a challenge	
	• Due to high level of self stigma and fear of discrimination among community members, the CRP faced difficulty in meeting clients in Chandel district.		• Stigma and fear of discrimination among PLHIV can only be reduced over time, with focus on one to one sensitization and awareness sessions .
	• Absenteeism of government officials affecting submission and follow up of scheme applications	• This will remain a challenge in the geopolitically sensitive region of the country.	
	• Less Travel Budget of PC and CRP causing less number of field visits		• The per-diem will be increased to permit needed PC

			travel without constraints.
Nagaland	• Difficulty for PO and PC to visit all project districts in Nagaland due to national blockade and insurgency, etc.	• Contact and communicate with CRP and take information of local situation like blockade and insurgency, if situation is normal then conduct field visit.	
	• Limitation in carrying out field visits in Kiphire district due to limited transport facilities and some time no transport facilities.	• This will remain a challenge	
Odisha	• Difficulty in reaching to PLHIVs in Gajapati district due to absence of link ART center and network of positive people.	• Due to absence of the link ART center, most PLHIV are accessing ART medicine in the neighbouring district of Ganjam ART center. Hence it was decided that if the CRP of Ganjam district comes across any PLHIV from Gajapati district during scheme and legal literacy session, she will provide their details – with consent - to the CRP of Gajapati district so she can contact those PLHIV and follow up.	
	• Difficulty in reaching to MTH and FSW population due to lack of coordination from TI NGO and not following the shared schedule of hot spot meetings	• OSACS/TSU is being requested to instruct the TI-s to conducting hotspot meetings as per the schedule which they shared during monthly coordination meeting and accompany the CRP of Svavritti project for conducting Scheme and legal literacy and to	

		scrutinize the line listing of TIs	
	• Difficulty in reaching to PLHIVs in Kalahandi district due to absence of link ART Center.	• CRP of Kalahandi district to visit ART center at Bolangir twice a month and conduct Scheme and Legal Literacy session.	
	• Lack of motivation among MTH and FSWs in attending meetings and sensitization program as there is no specific schemes for them and they perceive attending meeting as a waste of time.		• The project team will emphasise the need to consider all schemes for which they are eligible, and will engage in discussion and coordination with government departments to make these inclusive
Rajasthan	• Background and previous experience of CRP do not match with the current job profile so finding difficulties in managing the project and providing hand holding support to CRPs, innovative activities and action	• Intensify individual capacity building of CRP.	

	• CRPs of Bhilwara and Tonk focus on PLHIV and not with MTH and FSWs. Both CRPs have worked previously with DLNs so they are more comfortable to work with PLHIV	• Motivating the CRPs to work with MTH and FSW community and conduct coordination meetings with TI NGOs.	
Telangana	• Letter of Approval from SACS: One of the major challenges is getting a letter from the SACS for the Project implementation.SACS officials are unable to provide the letter in spite of regular follow ups. APSACS has suggested the team to seek permission from NACO, a unit of the central Ministry for Health and Family Welfare.	• The Deputy Director of Community Care Centres -APSACS, communicated to all the 3 districts DAPCUs through phone calls to provide necessary support to Svavritti activities, and this strategy worked out for carrying outthe baseline survey in the 3 focal districts of Telangana state. Efforts are being made to obtain a letter of approval from NACO, Delhi. In this regard, an appointment with DDG TI, NACO has been sought and he has consented to give a date once he is back from his field visit.	

	• Resignation of the Project Coordinator and difficulty in recruiting an individual willing to work/travel in the BRGF districts.	• The Program Officer took the responsibilities of the PC and implemented the program and provided timely and adequate support to the respective CRPs.	
	• Telangane-Andhra Pradesh state bifurcation and formation of new government resulted in changes in the Government Schemes.		• Telangana is negatively impacted by low budgets in all departments. The newly constituted government is planning to revise all the schemes, following which the application process will be streamlined.

2.3 Log Frame

The log frame remains the same as submitted in the proposal.

Please list all contracts (works, supplies, services) above €60 000 awarded for the implementation of the action during the reporting period, giving for each contract the amount, the award procedure followed and the name of the contractor.

No such contracts have been awarded.

2.4 Updated Action Plan

Please see Annex V for the Updated Action Plan

3. BENEFICIARIES/AFFILIATED ENTITIES AND OTHER COOPERATION

3.1 How do you assess the relationship between the Beneficiaries/affiliated entities of this grant contract?

SAATHII implements the project through its partners in the five states: Odisha, Maharashtra, Rajasthan, Nagaland and Manipur. As detailed in Annex I, four of these are networks of people living with HIV/AIDS and one Disha-Roman Catholic Diocesan Social Service Society,the social service wing of Ajmer Diocese in Rajasthan. All of these implementation partners were assessed for their programmatic, financial and administrative capacity utilising a checklist and were provided specific guidelines of improvement prior to entering into a formal contract of implementation. In the past one year, SAATHII's experience with each of the partner has been productive. The partners have been cooperative, comply with the agreed upon terms and conditions and function within the established project objectives. One major challenge that had been faced by four of the five partners (NMP+, MNP+, NNP+ and Disha) during the initial months was related to recruitment, where they had rapid turnover of field staff and had to spend considerable amount of time in replacing those who left in a short span of time. SAATHII's Program Officers at the state level supported the partners in ensuring the right replacements.

3.2 How would you assess the relationship between your organisation and State authorities in the Action countries? How has this relationship affected the Action?

One of the major activities in the initiation phase of the project across all the seven states has been to build relationships with the Indian government authorities at the state, district and sub-district levels. SAATHII and its partners have initiated sensitisation meetings with the government authorities to ensure an enabling environment for implementing the project and maximise benefit to the target communities.

The response of the government authorities towards the project, from departments such as State AIDS Control Societies (SACS), State Legal Services Authority (SLSA), and Department of Health and Family Welfare, have been very positive in six of the seven states where the project was rolled out in the first year. Annex IV lists some of the letters of support received.

In Telangana, while SLSA and other departments have been cooperative, the project has not got the expected support from SACS. The Telangana SACS has asked SAATHII to get permission from NACO and that is being pursued currently.

SAATHII and its partners have organized a series of coordination meetings facilitated by SACS across seven implementation states. This has been done with an overall objective to understand the current status of various social protection projects being implemented in the states, to coordinate and provide technical support to enhance the quality of social protection schemes projects in the state and to arrive at a common consensus of policy/guidelines to roll-out the social protection projects and avoid duplication of services. A summary of the state coordination meetings held with the active involvement of the SACS representatives is presented below.

Maharashtra

NMP+ along with SAATHII Program Officer submitted a request letter to MSACS seeking permission to implement the project in four districts of Maharashtra and regular ongoing follow-up is being made by both the project coordinator and program manager of NMP+ with the concerned SACS officials.

Manipur and Nagaland

A two page concept note on project Svavritti along with a request letter was submitted to the Project Directors of Manipur and Nagaland SACS. Helped bythe past experience of SAATHII in the states of **Manipur** and **Nagaland** with the respective SACS and government officials, the project staff are able to implement the project activities smoothly without any hindrance at the district level. The program officer shares regular updates with the SACS and other government officials on the progress of the project.

Rajasthan

The project team submitted a request letter to SACS seeking permission to implement the project in four districts of Rajasthan. After a series of follow-up action, a letter was issued by Joint Director (JD) Targetted Intervention (TI) division of RSACS to all the TI NGOs asking them to work in coordination with project Svavritti in enabling MARPs access social protection schemes and legal services .

As a follow-up the project team was able to successfully conduct the baseline survey in three of the districts in Rajasthan and also follow-up with SACS in scheduling the coordination meeting with like minded civil society organizations in 2015. A copy of SACS letter is enclosed in Annex IV.

Odisha

An introductory meeting was held in the presence of the PD, OSACS, during the initial stage of the project implementation with an objective to share information about the project and to seek permission from OSACS in implementing the project in four districts of Odisha. The suggestions that emerged from the meetings were: i) assistance to community members in getting social entitlement documents, such as, voter ID, BPL card and income certificate which is mandatory in applying for any schemes and services; ii) submission of a letter to SACS with the specific support required for implemrnting the project in target districts; iii) ensuring avoidance of duplicacy of services with the TI NGOs

In follow up to the meeting, a letter of support was issued from SACS to the concerned authorities and TI NGOs in the target districts. A copy of the letter is enclosed in the Annex IV.

Tamil Nadu

Tamil Nadu State AIDS Control Society (TANSACS) facilitated the first coordination meeting with the involvement of key players (CFAR, SAATHII, and SWASTI) in the state who were implementing projects on social protection. The meeting decisions included:

- Formation of State Coordination Committee (SCC) comprising of representatives from SACS, TSU and all NGOs implementing social protection project in the state which will meet on quarterly basis and provide guidance and support in policy level coordination and advocacy at the state with various departments

- SWASTI and SAATHII will organize second round of meeting to discuss in detail their project implementation and develop a plan avoid duplication of the services at state and district level
- All partners have been asked to submit quarterly updates to SACS in the template provide by TSU

A follow-up meeting was held at SACS between SAATHII and SWASTI to discuss in detail the states and districts where projects of the partners were being implemented. The outcomes of the meeting are:
- Change of a district each by SAATHII in the states of Tamil Nadu and Telangana avoid overlap
- In districts where the implementation has been initiated, it was mutually agreed not to duplicate the services. For eg: In Warrangal, SAATHII agreed not to concentrate on FSW as it is being covered by SWASTI.

TANSACS issued a letter of support to project Svavritti and this has been circulated to all ART, ICTC, Link ART Centres, district legal service authority and TI NGOs. A copy of the letter is presented in the Annex IV.

Telangana
The program team conducted a series of meetings with SACS officials, such as theJoint Director -TI, Assistant Project Director and Deputy Director -CCC. In these meetings SAATHII oriented SACS' officials on the project, and requested a support letter from SACS to implement the project in five districts of Telangana. Regular ongoing follow-ups were made by project team along with the senior staff of SAATHII. The Joint Director of Care Support and Treatment had issued a letter to all Additional District Medical and Health Officers of Rangareddy, Warrangal, Nalgonda and Medak to support the initiative of SAATHII and provide support to facilitate PLHIV and other marginalized groups access the social security schemes in the state.

3.3 Where applicable, describe your relationship with any other organisations involved in implementing the Action:
The other organisations implementing the Action are SAATHII's partners. See 3.1

3.4 Where applicable, outline any links and synergies you have developed with other actions.
In reference to actions supported by the government or other donors, SAATHII strives to ensure complementarity and avoid duplication of effort. Two significant links currently exist between

(i) Initiatives to strengthen HIV prevention interventions through the State Training and Resource Centre (STRC) in Rajasthan, where Project Svavritti has been asked by the state government to facilitate access to social protection for individuals accessing HIV prevention services. This helps both the HIV prevention initiatives and Svavritti achieve their respective missions.
(ii) Initiatives to advocate for implementation of the Supreme Court's April 2014 ruling on transgender rights: Project Svavritti works in synergy with other players working on this advocacy in Manipur and Odisha, and jointly organises events with them.

The first ever LGBTI solidarity event for Manipur was organized by All Manipur Nupi Maanbi Association (AMANA) in collaboration with SAATHII on 16 December 2014 at the Bheigyachandra Open Air Theatre (BOAT). The event comprised of Panel discussion, signature campaign on the formation of a Transgender Welfare Board in Manipur, public opinion on consenting same sex relations and talent show by both trans men and women's community. There were around 250 general and community members at the event with representation from the Regional Institute of Medical Science (RIMS), an activist, a senior journalist and director of the Human Rights Law Network (HRLN). The dignitaries at the event were Mr. Abhiram Mongjam, Joint Director, TI, MACS, Th. Joy, Deputy Director, Social Welfare Department, Minakshi Sanyal from Sappho, and Anindiya, SAHARA India. The event was covered by **local TV Channel – ISTV**.

While efforts are being made to ensure non-duplication with the Global Fund supported Vihaan project, there is not yet a synergy between the two. This is an area of continuing work.

3.5 If your organisation has received previous EU grants in view of strengthening the same target group, in how far has this Action been able to build upon/complement the previous one(s)?

SAATHII previously implemented an EU-supportedAction "Property Ownership and Legal Literacy" (POLL) from 2010 to 2013. That project focused on strategies to promote legal services such as remedies for domestic violence, property denial and other rights violations faced by women living with or affected by HIV/AIDS.

It was through the POLL project that SAATHII was able to establish linkages with District Legal Services Authorities and gain experience in advocacy for access to legal services. The present project Svavritti builds on these experiences and linkages, but expands the pool of beneficiaries to encompass a variety of populations that are at risk of HIV and marginalised because of sex work, sexual /gender minority status or injecting drug use status., and expands the range of government schemes beyond legal services, to include health, food and nutrition, pension, educations, etc.

4. VISIBILITY

Project Svavritti has ensured visibility of the European Union and its support through display of the EU logo on printed displays, name-boards and electronic media, and Information-Education-Communication (IEC) materials, and acknowledgement of EU support during its events including meetings, workshops and consultations. Activities described in all Result Areas have provided opportunities for Project Svavritti to bringing visibilities to the EU-supported action. Visibility has targeted beneficiaries, government functionaries and civil society organisations including community-led ones.

At State Level:

Project Svavritti was one of the organisers of the first LGBTI Solidarity event in Imphal, Manipur, on 16th December, 2014. This was a state-level advocacy event aimed at highlighting the issues and needs – in terms of access to social protection - of transgender people and other sexual/gender minorities, who are among beneficiaries of Project Svavritti. The event was also covered by the local cable TV channel Information System (IS). The image below (Figure 5) is a screenshot of the TV coverage and shows the EU logo displayed.

Figure 5: Visibility in State Level event, Imphal, Manipur - Dec 2014

Images and textual content pertaining to EU, SAATHII and Project Svavritti form part of the name-board displayed at the state office of Project Svavritti partner Manipur Network of Positive People, as seen below in Figure 6.

The project has interfaced with other donor-led and community-implemented initiatives focused on health, focussing on sharing information and strategies to include access to schemes and legal services. The image below (Figure 7) shows EU visibility at a state-level event organised in Bhubaneswar, Odisha, by the Global Fund supported 'Pehchan Project' working on empowerment of MSM, transgender people and hijras. At this event, Project Svavritti's efforts to promote access to information on schemes and facilitate scheme access were highlighted to enable community members based in Svavritti districts of Odisha could be reached.

Figure 7: Visibility at state-level training program, Bhubaneswar, Odisha, Dec 19, 2014

Apart from these events, the sensitization meetings with the government authorities of various deparments and civil society organizations form a platform for providing visibility to EU through the conept notes, covering letters, explanatory notes and verbal communcation.

District Level:

EU visibility in programmatic activities is further illustrated by the image (Figure 8) from the Legal Literacy Camp organised by Project Svavritti in collaboration with the District Legal Services Authority in Warangal in the recently formed state of Telangana.

Figure 8:Demand Generation Meeting at Hanuma Konda, Warangal district, Telangana state on 21st November, 2014

IEC materials have been developed in multiple languages and have been distributed to about 2000individuals with basic information on government schemes and legal services. These materials also provide visibility to EU support. as seen in the collage below (Figure 9)

In addition to visibility to EU at events and materials, where the logo is displayed and donor support acknowledged, media overage in mainstream local language media has also helped enhance the project's visibility, as depicted in this Hindi-language press report (Figure 7) of a demand generation meeting held in Bhilwara, Rajasthan.

Figure 10:Media coverage of Demand generation meeting conducted at Bhilwara, Rajasthan on December 12, 2014

5. GENDER INTEGRATION ANALYSIS

The project has to date, reached more women living with HIV/AIDS than any other sub-group on which the action focuses. In this section, we reflect further on how issues of gender and intersectionality are reflected in Svavritti's programming. In writing about gender, we refer not only to the normative categories of 'man' and 'woman' but also to a range of marginalised gender identities and expressions. These include transgender individuals, males who are sexual minority (men who have sex with men - MSM), and women who are marginalised multiply because of HIV status, sex work occupation, and/or injecting drug use.

PART I: Summary statement

Based on definitions included in the AusAID 2008 Framework for the Analysis of the Quality of Gender Integration in Programs, guidance from EU (Le Danois, *email communication*), we summarize Svavritti's approach as **'Moderate' with some strong elements**, further explained in the following text and table that follows:

Organisation: SAATHII provides equitable benefits and opportunities for qualified women and men, whether cis or trans, with gender-specific considerations around employee welfare dimensions such as maternity leave and sexual harassment policies. It is led by a woman president, and women are represented in most levels of program administration, finance and programs.

Project Svavritti: Integral to the project is understanding the priorities, constraints, and needs of different groups and the intersection of marginalisations: people living with HIV (further disaggregated by gender), transgender, women who sell sex, people who inject drugs (further disaggregated by gender). The project has explicitly considered these factors while designing the project, and continues to do so during processes such as decision-making, implementation and monitoring and evaluation.

SAATHII collects gender-disaggregated data wherever possible, and works to facilitate meaningful participation of relevant stakeholders, including marginalized groups. SAATHII also carries out policy advocacy to ensure implementation of the Supreme Court's 2014 ruling concerning transgender rights and inclusion in social welfare schemes across domains such as education, livelihood, legal services and social justice. A first-of-its kind consultation with government legal service providers in Manipur was completed in Year 1, and will be replicated in other states in Year 2.

Based on these, SAATHII ranks itself 'Moderate with some Strong Elements' with respect to the AusAID gender integration framework. It is currently working out strategies to address exclusion and barriers faced by (non-transgender) women without risking their further stigma and discrimination in the hands of the government officials based on their HIV-status or sex work occupation.

DIMENSIONS OF INTEGRATION	PROJECT SVAVRITTI		ORGANISATION: SAATHII	
	MODERATE	HIGH	MODERATE	HIGH
Gender-Sensitive Planning Process		✓	✓	
Includes gender-disaggregated data		✓		✓
Addresses women's empowerment but stops short of analysing gender-power relations	✓		✓	
Analyses and responds to inter-connections between gender and other forms of identy		High for HIV, transgender, sex-work occupation. Low for caste.		High for HIV, transgender, sex-work occupation. Low for caste.
Includes gender specific changes in policy/practice at micro, meso, macro-levels		High for transgender, moderate for non-transgender women		✓
Gender-sensitive M&E framework		✓	N/A (M&E framework is currently operational for projects and programs and not for organisation)	
Includes strategies that are gender-sensitive and promote equal participation by men and women	✓		✓	

1. **Organisational and project data**

The project staffing, including SAATHII and partners, has one third of women staff (15/45) with the break-up of Program Manager (1/1), Finance Manager (1/1), Research and Documentation Manager (1/1), Program Officers (1/4), Project Coordinator (1/7), Community Resource Persons (8/20) and Part-time Accountant (1/5), Part-time Admin Officer and Support Staff (1/1)

As Table 18 below depicts, scheme-awareness and legal literacy sessions have reached 6513 individuals, of whom 43% are women, including female sex workers. Design of content reflects previous work by the organisation (including the EU-supported Property Ownership and Legal Literacy initiative 2010-2013) that has shown women have restricted decision-making ability, mobility, access to and control over economic resources and are vulnerable to violence and property denial. The project reach also includes 20% gender minorities, including both the transgender and MSM community

Table 18: Gender Disaggregated data

Reporting Indicators	State							Total
	Maharashtra	Manipur	Nagaland	Odisha	Rajasthan	Tamil Nadu	Telangana	
Male	343	87	226	855	154	109	214	**1988**
% within State reached	35.95	16.35	27.33	31.4	37.84	20	40.76	
%								**30.52**
Female	360	285	381	1068	207	267	245	**2813**
% within State reached	37.74	53.57	46.07	39.22	50.86	48.99	46.67	
% overall reached								**43.19**
Gender Minority	251	19		756	45	169	66	**1306**
% within State reached	26.31	3.571		27.76	11.06	31.01	12.57	
% overall reached								**20.05**
Unknown (child	0	141	220	44	1	0	0	**406**
% within State reached	0	26.5	26.6	1.616	0.246	0	0	
% overall reached								**6.234**
Total Reached	**954**	**532**	**827**	**2723**	**407**	**545**	**525**	**6513**

2. **Consultation:** SAATHII has not organised a consultation on (cis)women's issues. However, it has sought to learn about gender-related (and intersectional) issues impacting awareness and uptake through its baseline survey with disaggregated sampling and data, wherever possible. Table 19 has the disaggregated data. The table indicates gender breakdown of its baseline study respondents. The female category includes women PLHIV, FSW and women PWID.

Table 19: Gender disaggregated date from baseline

	State								Total
		Maharashtra	Manipur	Nagaland	Odisha	Rajasthan	Tamil Nadu	Telangana	
Male	Count	225	193	96	210	177	157	160	**1218**
	% within State	42.3%	46.0%	28.1%	50.6%	46.9%	40.5%	53.5%	
	% of Total								**43.9%**
Female	Count	147	109	171	205	195	188	100	**1115**
	% within State	27.6%	26.0%	50.0%	49.4%	51.7%	48.5%	33.4%	
	% of Total								**40.2%**
Transgender	Count			75		5	43	39	**162**
	% within State			21.9%		1.3%	11.1%	13.0%	
	% of Total								**5.8%**
Unknown	Count	160	118						**278**
	% within State	30.1%	28.1%						
	% of Total								**10.0%**
Total	**Count**	**532**	**420**	**342**	**415**	**377**	**388**	**299**	**2773**
	% of Total	**19.2%**	**15.1%**	**12.3%**	**15.0%**	**13.6%**	**14.0%**	**10.8%**	**100.0%**

SAATHII also conducted a state-wide consultation on Transgender issues in Manipur, bringing together government legal service providers to orient them on the Supreme Court NALSA judgement and also to link the marginalized community to legal protection services. The details of the same has been presented in section 3.4.

3. **Intersectionality.** The EU-supported project works to enhance access to information on schemes. It looks at communities marginalised on multiple counts, such as HIV-status, sex work occupation, poverty, women, transgender or other gender minority status. Within HIV-status the project considers women, men and TG separately.

4. *Context specificity –* The project focuses on access to information and schemes by populations that are affected or vulnerable to the HIV epidemic. In the process of implementation of the project across the BRGF districts, the needs and barriers of community members are prioritised and they are also linked with the existing social security schemes and legal services. SAATHII through its previous projects (EU supported POLL project and other studies) has also found that women and transgender are at increased risk of multiple impact (health, legal, social). Hence, this project is specific to the context of these overlapping marginalizations.

5. **Empowering strategies –** The project works towards promoting access to gender specific schemes (e.g. schemes for widow-pension, girl-child education, transgender legal support) as well as trying to ensure that general schemes are also equally accessible by women and gender-minorities. The project also has tried to increase women economic, social, political, family or cultural status, by building their capacity in decision-making at the family level and advocating with the government for their rights. The project also proposes specific intervention for empowering women through encouraging community members including transgender community by bringing them into positions of decision making in groups, committees and organization, organize gender sensitivity training for the project staff who in turn train the community leaders.

6. **Policy impact –** The project is advocating to ensure the Supreme Court's national ruling is applicable across the country for access to rights and schemes for transgender people. One of the members of the Svavritti team (Dr.L.Ramakrishnan) has drafted the chapter on addressing stigma and violence against transgenders, which is part of the Ministry of Social Justice and Empowerment policy on transgender inclusion.

PART III: List the main gender-specific points you would like to <u>follow-up</u> during the following year.
- Ensuring continued reach to women, transgender and gender minorities, female sex workers
- Achieve 33% of representation by ciswomen and trangender women as community advocates for interface with the government by identifying promising individuals during the scheme and legal literacy sessions.
- Consultations in other states for transgender inclusion on the lines of the Manipur consultations.
- Advocacy with Women and Child Development and other departments (Social Justice, Legal Services Authorities) for enhancing scheme access to multiply-marginalised women (e.g. WLHIV, FSW, PWID). Some of this work was initiated in previous projects (e.g. EU POLL advocacy with DLSA for WLAHIV and UNDP-ALSP) and will be expanded.

6. WAY FORWARD
The first Interim Report represents work in progress. Further implementation will be guided by experiences in the first year, both in terms of baseline results and project activities of scheme and legal literacy, and support in scheme application and follow-up. The focus in the second year will be on accelerating district-level advocacy and sensitization of government departments. It will intensify support for scheme access and uptake as reflected in the Action Plan (Annex V). Activities that could not be carried out in the first year will be followed up, such as tracking budget utilisations of schemes, and extending the project activities to West Bengal.

7. ACKNOWLEDGEMENTS
We would like to sincerely acknowledge and thank all the beneficiaries, EU, government and civil society stakeholders, implementing partners and the project team for their support provided in initiating and implementing project Svavritti in the states of Maharashtra, Manipur, Nagaland, Odisha, Rajasthan, Tamilnadu and Telangana in 2014.

The European Commission may wish to publicise the results of Actions. Do you have any objection to this report being published on the EuropeAid website? If so, please state your objections here.

Name of the contact person for the Action: Dr.L Ramakrishnan, Country Director, (Programs and Research)

 …………………………………………

Signature: ……………………………………

Location: Chennai

Date report due: Completion of one year

Date report sent: March 18, 2015

ANNEXURES

Annex I. About SAATHII and Partners

SAATHII is a non-profit organization headquartered in Chennai that works to **strengthen and expand access to health, justice and social services** to populations affected by, or vulnerable to, the HIV/AIDS epidemic. Registered as a Charitable Trust in 2002, SAATHII has offices in eight states and works nationally in a total of 14.

SAATHII advances its capacity-building and scaling up mission through training, technical support including mentorship, information sharing, advocacy and operations research to strengthen service provision and other domains of health/community systems. It works with government, private and non-profit NGO sectors, and strives to facilitate inter-sectoral collaboration and partnerships.

Key current projects are summarized in the table below:

Sl.No	Name of the Project	Funding Partner	Implementation States
1	Sishu Raksha: Prevention of Prarent to Child Transmission of HIV (PPTCT) through Public Private Partnership (PPP)	EGPAF and MACAIDS	Andhra Pradesh, Telangana, Maharashtra, Tamil Nadu, Rajsthan and Kerala
2	Project Pehchan: MSM, Hijra and TG community systems strengthening	GFATM	West Bengal, Odisha, Jharkhand and Manipur
3	Vihaan: Care and support programme – The Global fund Round 4 RCC phase II	GFATM	West Bengal and Jharkhand
4	Project Empower: Advocacy to address discrimination against sexual minorities in Odisha and North East India	AJWS	Odisha and Manipur
5	Project Svavritti: Facilitating access to schemes and entitlements for AIDS-affected families, sexual/gender minorities, female sex workers and injecting drug users in 30 backward districts of eight states of India.	European Union	Maharashta, Manipur, Nagaland, Odisha, Rasjathan, Tamil Nadu, Telangana and West Bengal
6	State Training and Resource Centre (STRC)	Department of AIDS Control (DAC), Government of India	Rajasthan
7	Project Samriddhi: Engaging private sector in PPTCT program for improving quality and coverage through PPP model and identifying milestones in implementation of revised PPTCT guidelines in Karnataka	UNICEF	Karnataka

Kalinga Network of People living with HIV/AIDS (KNP+) is a not-for-profit state level organization registered under the society registration act 1860, and recognized by Odisha State AIDS Control Society (OSACS), Department of Health and Family Welfare and government of Odisha for providing care and support to large number of PLHIV and focusing on creating enabling environment for PLHIV and other marginalized groups in the state of Odisha. KNP+ works with the vision of *"Creating Space for people living with HIV in all areas of concern by contributing the efforts towards building a better world"*. KNP+ was part of the SAMPARK coalition of SAATHII through which the capacity of the organization as well as the lead members was built for advocacy. KNP+ is currently implementing the Vihaan, Svavrittii and Link Workers projects.

Network of Maharashtra by People Living with HIV/AIDS (NMP+) is a community-based organization formed by PLHIV and works towards its mission *"To improve the quality of life and provide a sense of belonging to PLHIV and their families for full and active participation in society whereby reducing further HIV transmission"*. NMP+ has supported 175,000 PLHIV since its inception in 1997. NMP+ is known for successfully implementing the TAAL - a community pharmacy run by PLHIV, supported by EMCURE since 2006. More than 3000 clients are registered at TAAL and 2000 linked to government centre for free ART. NMP+ works both in Maharashtra and Goa through 34 district level PLHIV networks, 12 Faith Based Organizations, 11 NGOs and other community based organization working with MSM, TG, PWID, FSW and PLHIV.

Disha-Roman Catholic Diocesan Social Service Society (RCDSSS)is the social service wing of Ajmer Diocese, a registered voluntary organization that works for the poor, marginalized and socially excluded sectors of the society regardless of caste, belief, race, social status and political affiliation. It was registered in the year 24th April 1993 and has an FCRA account At present, Disha works with 19,714 households in 865 villages of 9 blocks in Ajmer and Barmer districts of Rajasthan. Disha has also worked in Ajmer, Barmer, Jaisalmer, Rajsamand, Bhilwara, Kota and Tonk in previous years in collaboration with different government and non government agencies.

Manipur Network of Positive People (MNP+) is a Community Based Organization (CBO) registered under the Society Act 1982. MNP+ envisages *a society in which all persons Living with and affected by HIV/AIDS enjoy equal rights and dignity*. Major projects being implemented by the CBO in Manipur are Vihaan, Oral Substitution Therapy for PWIDs(OST/TI), Drop in Centre (DIC) and CRS Transit Camp. Looking forward MNP+ is now planning and putting its effort to find a probable solution for the treatment of Hepatitis-B &C co-infection with HIV.

Network of Naga People Living with HIV and AIDS (NNP+) is a community-based organization formed by people living with HIV/AIDS in order to strengthen the internal mobilization and to effectively advocate for HIV prevention, care and treatment, reduction of Stigma and discrimination, rights and sustainability, NNP+ has built the capacity of its affiliated District Level Networks (DLN) in the areas of program management, governance, technical information on HIV treatment, and understanding issues of PLHIV and marginalized groups and advocacy. All the activities of the network focuses on a triangular approach covering the components of advocacy, network building and service delivery.

Annex II. Project Organogram

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                        │   Country    │
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│& Evalua- │  │        │Documentation│  │n Officer   │
│tion Mgr  │  │        │  Manager    │  │(AO)        │
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   └────►│ Program Officers │◄─┘
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         │ Partner Agencies │
         └────────┬─────────┘
         ┌────────▼─────────┐
         │    Project       │
         │  Coordinators    │
         └────────┬─────────┘
         ┌────────▼─────────┐
         │ Community Resource│
         │  Persons (CRPs)  │
         └──────────────────┘
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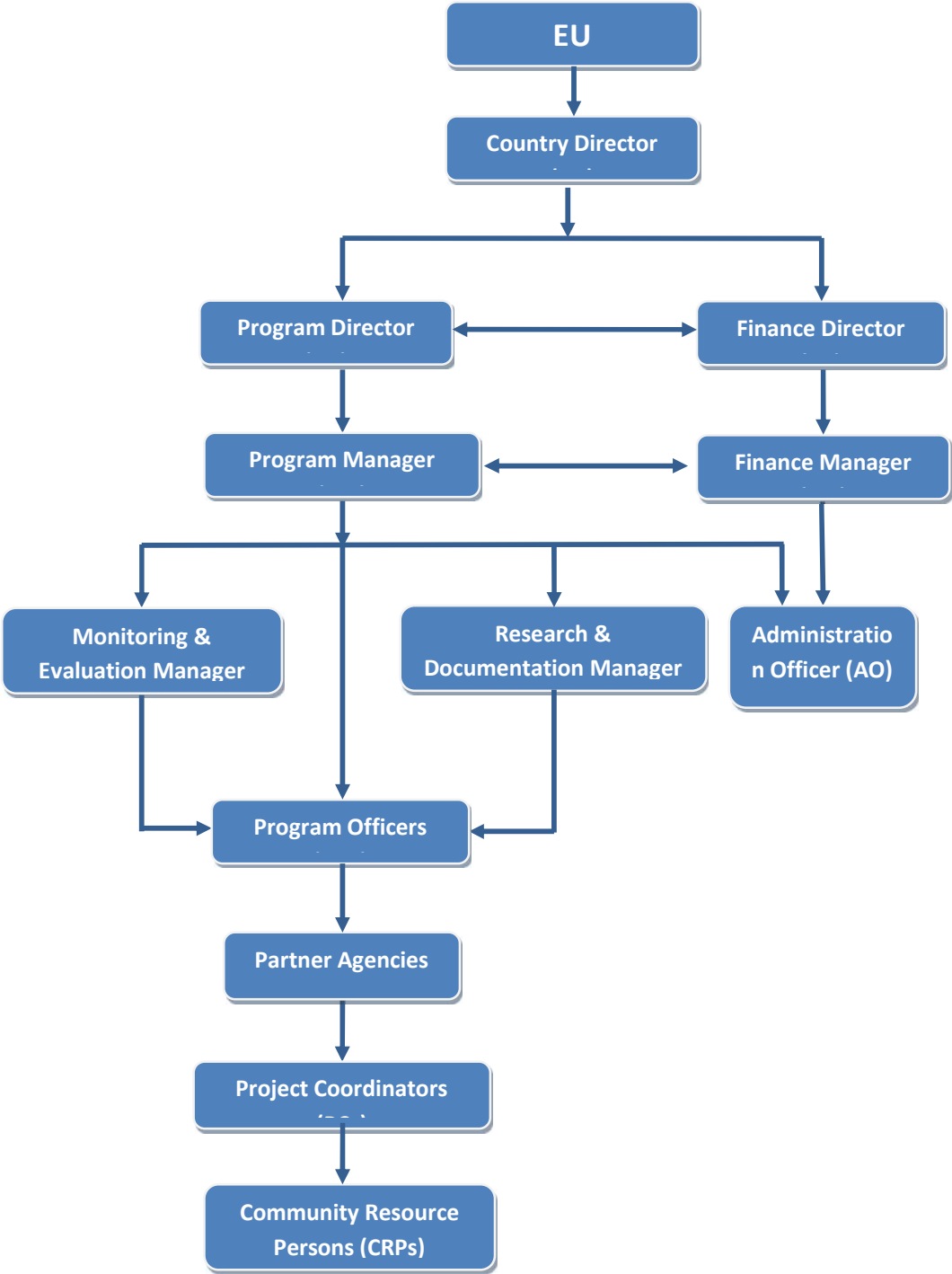
Annex III: Project Staff

S.No	Name	Gender	Designation	Date of Appointment
1	L. Ramakrishnan	Male	Country Director	01st Jan 2014
2	Manish Soosai	Male	Program Director	01st Jan 2014
3	Kanmani Dominic	Female	Programme Manager	03rd July 2014
4	Balasubramaniam	Male	M&E Manager	04th Aug 2014
5	Shital Muke	Female	Res & Doc Manager	14th Oct 2014
6	Kedarnath Pattnaik	Male	PO - Eastern Region - Odisha and	01st Feb 2014
7	Randhoni	Female	PO - North East Region - Manipur	01st May 2014
8	T. Mahender	Male	PO - Southern Region - Tamil Nadu	15th Sept 2014
9	Hitesh Sharma	Male	PO - Western Region - Maharashtra	17th Sept 2014
10	Bilson Joseph	Male	Fin & Admin Director	01st Jan 2014
11	GRB Pradeep	Male	Finance Manager	12th May 2014
12	Priya	Female	Admin Officer	01st Jan 2014
13	Indira	Female	Local Admin Assistant	01st Jan 2014
EASTERN REGION				
14	Bandana Sahoo	Female	Odisha State Proj Coordinator	16th June 2014
15	Sudeshna Swain	Female	CRP - Ganjam	16th June 2014
16	Diraj Kumar Nayak	Male	CRP - Gajapati	16th June 2014
17	Dinesh Kumar	Male	CRP - Kalahandi	01st July 2014
18	Pravash Kumar Nayak	Male	Odisha State Accountant	01st June 2014
NORTH EAST REGION				
19	Romi Thangjam	Male	Manipur - SPC	15th July 2014
20	Khumlo Lucy Anal	Female	CRP - Chandel	15th July 2014
21	Ngangai	Female	CRP - Churachandpur	01st July 2014
22	Thokcham Merina Devi	Female	Manipur State Accountant	01st Aug 2014
23	Tzudenwati	Male	Nagaland State Proj Coordinator	1st Dec 2014
24	S.L. Thsointhe	Male	CRP - Kiphire	2nd June 2014
25	I. Sentila	Female	CRP - Tuesang	2nd June 2014
26	Mohan Gurung	Male	Nagaland State Accountant	2nd June 2014
WESTERN REGION				
27	Praful	Male	Maharashtra State Proj Coordinator	
28	Santoshe D Dhokaanay	Female	CRP - Ahmednagar	01st Aug 2014
29	Sudhir Thakare	Male	CRP - Nandurbar	01st Aug 2014
30	Waniram S Bramhanka	Male	CRP - Bhandara	01st Sept 2014
31	Vaibhav Mane	Male	Maharashtra State Accountant	01st Aug 2014
32	Sunil Solanki	Male	Rajasthan State Proj Coordinator	01st Sept 2014
33	Hemraj Saini	Male	CRP - Tonk	1st July 2014
34	Mahesh Mahawar	Male	CRP - Sawai Modhopur	1st July 2014
35	Laxman	Male	CRP - Bhilwara	01st Sept 2014
36	Krishna Arora	Male	Rajasthan State Accountant	01st May 2014
SOUTHERN REGION				
37	A. Elumalai	Male	Tamil Nadu State Proj Coordinator	15th Sept 2014
38	Arul Prakash	Male	CRP - Villupuram	01st Sept 2014
39	Sivaseelan	Male	CRP - Cuddalore	01st Sept 2014
40	B. Kannaga	Female	CRP - Sivagangai	15th Sept 2014
41	R. Alli	Female	CRP - Thiruvannamalai	01st Sept 2014
42	Praveen Kumar	Male	Telangana State Proj Coordinator	05th Jan 2014
43	G. Mamatha	Female	CRP - Warrangal	01st Oct 2014
44	V. Thirupati Chary	Male	CRP - Medak	06th Oct 2014
45	B. Venkataiah	Male	CRP - Rangareddy	01st Oct 2014

Annex IV: Letters of Cooperation from Local Authorities

ORISSA STATE AIDS CONTROL SOCIETY
(Department of Health & Family Welfare), Government of Orissa

OSACS

Letter No: __4481__/OSACS   Date: 25 October 2014

From

Sri. Basudev Bahinipati
Project Director, OSACS

To

The District Collector & Magistrate
Ganjam, Gajapati, Kalahandi and Koraput.

Sub: Implementation of the SVAVRITTI project on Mainstreaming and Social Legal Protection for PLHIV and Most at Risk Population (MARP).

Sir/Madam

This is to inform you that an initiative and support from European Union (EU) and collaboration of SAATHII will be implemented by the NGO Kalinga Net work for People Living with HIV/AIDS (KNP+) , project "**SVAVRITTI**" on Mainstreaming and Social Legal Protection for PLHIV and Most at Risk Population (MARP) project is being initiated in the districts of Ganjam, Gajapati, Kalahandi and Koraput for People Living with HIV/AIDS (PLHIVs) and most-at-risk populations - MARPs (transgender, female sex workers, men who have sex with men and injecting drug users). This project objective is to facilitate in accessing various government schemes, entitlements, livelihood opportunities and legal services.

In this regards, I would like to request you extend your cooperation and administrative support for implementation of the above said project for PLHIVs and MARPs.
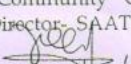
However, officials from SAATHII and KNP+ will be meeting as per your convenient time for detail discussion about the project and to carry forward the programmes in your respective districts.

We seek your cooperation in making this project a success.

Yours faithfully

Project Director

Memo No: __4482__/OSACS   Date: 25/10/14

Copy forwarded to Chief District Medical Officers/ District Nodal Officer (HIV/AIDS)/ Medical Officer I/C, ICTC/MO, ART center/ DPM, DAPCU/ Community Care Centre/Drop-In-Center/ Chief Functionaries of TI projects/ Country Director, SAATHII, Chief Functionaries KNP+ for information and necessary action.

Project Director

2nd Floor, Oil Orissa Building, Nayapalli, Bhubaneswar, Ph: 2395415/2393235 Fax: 2394560/ (0674),
E-mail: sacorissa@sify.com; orissasacs@gmail.com; sacs_orissa@nacoindia.org

राजस्थान स्टेट एड्स कंट्रोल सोसायटी

निदेशालय चिकित्सा एवं स्वास्थ्य सेवायें,

(स्वास्थ्य भवन तिलक मार्ग, जयपुर राजस्थान)

(फोन नं. 0141-2222452, 2225532, फैक्स नं. 0141-2221792)

क्रमांक : एड्स/आईईसी/मैनस्ट्रीमिंग/2014–15/ 35   दिनांक : 2/1/2015

सहायक निदेशक,
सामाजिक न्याय एवं अधिकारिता विभाग,
(सवाई माधोपुर, टोंक, भीलवाड़ा, चित्तौड़गढ़)
राजस्थान

विषय : लक्षित समूहों एवं PLHIV समुदाय एवं उनके परिवारों को विभिन्न सरकारी योजनाओं एवं कानूनी सेवाओं से लाभान्वित करने हेतु किये जा रहे प्रयासों में सहयोग के सन्दर्भ में।

उपरोक्त विषयान्तर्गत लेख है कि राज्य में स्ववृत्ति कार्यक्रम महिला यौन कर्मी, एम. एस.एम/टी.जी., आई.डी.यू., एच.आई.वी. के साथ जी रहे व्यक्तियों एवं उनके परिवारों को विभिन्न सरकारी योजनाओं व कानूनी सेवाओं से लाभान्वित करने हेतु टोंक, सवाई माधोपुर, भीलवाड़ा एवं चित्तौडगढ़ आदि जिलों में क्रियान्वित किया जा रहा है। यह कार्यक्रम राज्य में साथी संस्थान के सौजन्य से दिशा संस्था, अजमेर द्वारा संचालित किया जा रहा है।

इस कार्यक्रम का उद्देश्य लक्षित समूहो के जीवन मे गुणात्मक विकास कर समाज की मुख्यधारा की ओर अग्रसर करना है। अतः आपसे अपेक्षित है कि आपके विभाग द्वारा संचालित कल्याणकारी योजनाओं के द्वारा लक्षित समूहो को लाभान्वित करवाने हेतु इस कार्यक्रम मे साथी एवं दिशा संस्थान को सहयोग प्रदान करने का सौहार्द्र करावें।

(डॉ. प्रदीप चौधरी)
अति० परियोजना निदेशक

TAMILNADU STATE AIDS CONTROL SOCIETY

417,Pantheon Road,Egmore,Chennai-600 008.
Ph:044-2819 0467, 2819 0891 Fax No.91-044-2819 0465
E-mail:tnsacs@gmail.com
Website:www.tansacs.in,www.tansacsmis.org

Ref Lr. No. 05540/TI-NGO/2014 dated 25.11.2014

To

The Country Director
Solidarity and Action Against The HIV Infection in India (SAATHII)
78, Ground Floor, Pushpa Nagar Main Road
Nungambakkam, Chennai -34

Sir,

Sub: TANSACS-Intimation regarding support and linkage with the TI NGOs of TANSACS in the districts of Tiruvannmalai, Villupuram, Cuddalore, Sivagangai and Dindigul.

With reference to your request to support SVAVRITTI project. TANSACS approved your request to work at Tiruvannamalai, Villupuram, Cuddalore, Sivagangai and Dindigul Districts.

2. Please keep update the progress of the project to TANSACS.

For Project Director   26|11|

Annex V: Svavritti Year 2 Action Plan

S.No	YEAR 2 - 2015 Activity	SubActivities	Semester 1 Month 1	2	3	4	5	6	Semester 2 Month 7	8	9	10	11	12	Implementing body
1	National level PMC	Preparation of guidelines	▓												SAATHII
		Share the guidelines for inputs and finalization	▓												
		Communication to the potential PMC members		▓											
		Scheduling the PMC meeting (once in six months)		▓				▓				▓			
2	Formation of state Level advisory committee or inclusion in pre-existing advisory committee of SACS	Prepare guidelines for participation in the advisory committee of the SACS	▓												SAATHII and its partners
		Sensitization meeting with the SACS	▓												
		Official communication to SACS regarding Svavritti's participation	▓												
		Participation in the monthly review meetings of the SACS	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	
		Facilitation of followup action with the SACS	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	
3	O. 1. Staff recruitment, orientation, training and induction in West Bengal	Briefing of Pehchan and Vihaan Teams for clarity and coordination	▓												SAATHII
		Initiation of the project in West Bengal	▓												
		Recruitment of one PC and two CRPs		▓											
		Induction and orientation of PC and CRPs		▓											
		Implementation of MIS system		▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	
4	O.2. Baseline	Baseline in two districts of West Bengal			▓										SAATHII

No.	Activity	Sub-activity	Timeline	Responsible
		Data consolidation process - Qualitative		
		Data cleaning, validation and coding - Qualitative		
		Data analysis and interpretation - Qualitative		
		Baseline survey report		
		Dissemination of baseline survey report		
		Abstract and Publication preparation		
5	**Service Mapping: demand and supply side (source of info: base line survey information and state resource scheme**	Preparing Tools and guidelines for service mapping		*SAATHII with assistance from the state level partners and strategic input from Associates*
		Online orientation by M&E to PO and PO to PC		
		Gathering of information and details by district level.		
		Validation and Consolidation of information		
		Develop State and District Service Mapping Directory		
		Dissemination of the information		
6	**I.2. Analysis of schemes for social protection – Rajasthan, Maharashtra, Telangana , Tamil Nadu, Odisha, West Bengal, Manipur and Nagaland**	Collecting and Collating list and guidelines of social protection schemes by district and state level by category, department and beneficiaries wise in Rajasthan, Maharashtra, Telangana , Tamil Nadu and West Bengal .		*SAATHII with assistance from the state level partners and strategic input from Associates*
		Validate and Formatting the E-form		
		Share it with Partners and NPMT team in the state and district level.		
		Share it with DEF for uploading in E-portal		
7	**I.3. Develop common**	Collate and analysis data from baseline		*SAATHII*

No.	Activity	Task	Timeline (shaded cells)	Responsibility
		Develop state wise CMP list	■	
8	**II.3. Tracking schemes and budget utilisation:**	Developing tools for tracking schemes and budgetary information by block, district and State level.	■	*SAATHII with assistance from the state level partners and strategic input from Associates*
		Collate and Analyze the informations	■ ■ ■ ■	
		Develop District and State report with plan to apply for schemes.	■ ■ ■ ■	
		Develop needs matrix to advocate with departments for additional allocations in the State PIP	■ ■ ■ ■	
9	**I.4. Development of Information-Education-Awareness materials on Schemes and Services: Brochures, schemes booklet and posters on legal services**	Develop guidelines for IEC need assessment	■	*SAATHII*
		Need assessment of IEC materials among district wise target community members and CRPs	■	
		Prepare and submission of district need assessment report by PC at district and PO at state level	■	
		Consolidate, Analyze and prepare draft report on IEC materials at national level	■	
		Develop and Finalize Content for IEC materials	■	
		Designing IEC Materials	■	
		Review and pilot among the community	■	
		Finalization and printing of need based IEC materials	■	

#	Activity	Task	Timeline	Responsible
10	**I.5. Dissemination of Information-Education-Awareness materials on Schemes and Services:**	Determine the needs sub-group and facility wise (eg. ART centres, TI NGOs,)		*State-level agency with district staff*
		Dissemination of IEC materials		
11	**II.1. Sensitization of key (government) stakeholders across sectors (District Level):**	Co-ordination meeting with DLN, TI-NGO, MTH-CBO and target community members to share needs as determined from baseline and to identify community speakers for stakeholder meeting		SAATHII and its partners
		Train community speakers and prepare talking points with supporting materials		
		Fix the schedule with respective Govt. department / officials with proper official communication		
		Organize Sensitization Meeting		
		Document the process and follow-up for policy changes / inclusion		
12	**II.2. Advocacy for inclusive**	Study and collect evidence based document about the issue with comunity consent (Need Based Advocacy)		*SAATHII and its partners*

#	Activity	Task	Timeline	Responsibility
		Co-ordination meeting with DLN, TI-NGO, MTH-CBO and target community members about the purpose of advocacy.		
		Train community speakers from focal districts and prepare talking points with supporting materials		
		Fix the schedule with respective Govt. department / officials with proper official communication		
		Organize Advocacy programme.		
		Document the process and follow-up for policy changes / inclusion		
13	**Assistance for formation of TG welfare Board**	Collecting information from state with previous experience (TN and Maharashtra)		*SAATHII with assistance from the state level partners and strategic input from Associates*
		Finding out about efforts already undertaken in the new states		
		Compile case studies demonstrating need for TGWB in the new states		
		Organize meetings with the dept of social justice and empowerment at the state level		
		Organise meeting with member secretary/president of SLSA to explain NSLA judgement and need to include TG as eligible for free legal aid		
		Develop action plan and operational guidelines for TGWB		
14	**II.4. Deploying**	Develop guideline to use RTI		*SAATHII with*

#	Activity	Task	Timeline	Responsibility
		Investigate the issue and if get written consent from respective community.		
		Facilitate the process with evidence based documents and acquire prior approval and technical inputs from NPMT.		
		Process RTI in the district level and follow-up action		
		Eg. Include delay / denial of name and gender change for TG people		
15	III.1. Ensuring access to schemes among PLHIVs and marginalised communities	Scheme Literacy session and Application process by CRP at District level.		*SAATHII with assistance from the state level partners.*
		Tracking and Followup of Application		
		Monthly reporting through MTR - Quantitative		
		Monitoring and Validation of documents and Community interaction at District level		
16	Organizing awareness camps on legal services with DLSA for community members	Identify needs for legal services (no. of community members who have problems)		*SAATHII with assistance from the state level partners and strategic input from Associates*
		Advocate with DLSA to organize camp in focal district/block base on need		
		Organize camp and mobilize community members to participate in camps		
		In cases where community members and opposing parties are willing for settlement through Lok Adalat, advocate with DLSA to organize Lok Adalat or include community members in existing Lok Adalat		
17	Coordination meeting at	Plan outreach activities of the project state and district wise		*SAATHII with assistance*

#	Activity	Sub-activity	Timeline	Responsible
		Share the plan with ditrict level service providers and seeking their support in reaching out to the community		
		Monthly/Quarterly share updates, (quanti & quali outputs) and key challenges of the project		
18	Monthly review Meeting of CRPs at State level	Develop agenda for the meeting and circulate among core team and the state team		*SAATHII and state-level partners*
		Conduct the meeting		
		Share the minutes of the meeting with the core team at Chennai office		
19	Coordination meetings with Vihan, Pehachan, Swasti, implementing partners	Quarterly meetings with partners		*SAATHII with assistance from the state level partners and strategic input from Associates*
		Sharing best practices and key challenges		
		Plan for advocacy activties jointly at the state and district level		
20	Dessimination of experiences at state level for key stakeholders			*SAATHII with assistance from the state level partners*
21	Review Meeting of NPMT (National Level)	Invitation and other logistic arrangement		*SAATHII*
		Finalization of the agenda and resourcce materials		*SAATHII*
		Preparing the meeting minutes and sharing in SAATHII all		
	Annual experience sharing	Invitation and other logistic arrangement		*SAATHII*

No.	Category	Activity	Timeline	Responsible
		Finalization of the agenda and resourcce materials		
		Preparing the meeting minutes and sharing in SAATHII all		
23	**IV.2. Best practice documentation and dissemination**	Collecte, Collate, Validate and Analyse BP documentation.		*SAATHII and state-level partners*
		Preparing and Sharing E-Newsletter		
		Preparing Scientific Publication		
		Challenge and Action taken notification report		
24	**Action/ operational Research**	Organizing Brain storming session based on analysis of programme data, observation of monitoring visit and challenges and issues identified by PC,PO,NPMT.		*SAATHII*
		Propose and Finalize Research topic		
		Develop Research design and Method		
		Develop Tools and guidlines and pilot study		
		Orientation, Data collection and consolidation process.		
		Data entry, analysis and interpretation.		
		Prepare technical report and abstract for publication		
25	**Routine monitoring and reporting of Project activities**	Prepare Mentoring and Monitoring visit guideline and Tool		*SAATHII*
		Prepare Quarterly Monitoring Visit schedule for PC, PO and Central team		
		Prepare Quarterly / Annual schedule for SMV visit		
		Consolidate PC / PO / Central team observations by District level by Month wise		
		Feed back and Action taken process		

Annex Vb Year 1 Status of Implementation.

2.2.1   Duration and indicative action plan for implementing the action (max 4 pages)

The duration of the action will be 48 months.

Activity	Implementing body	Implementation status as on 31 December 14
O. 1. Staff recruitment, partner orientation, training and induction	SAATHII	Completed
O.2. Baseline study:	SAATHII with consultants and state partners	Data collection, data validation and analysis has been completed for seven states.
O.3 Securing buy-in from government officials for project.		Sensitisation of the relevant officials on the project at state, district and sub-district level has been carried out and positive response obtained from all the seven states in which the project has been initiated In Telangana, the State AIDS control Society communicated that it required a directive from NACO for providing support to the project and that is being pursued.
I.2. Analysis of schemes for social protection	*SAATHII with assistance from the state level partners*	Scheme analysis has been done for seven states.

I.3. Develop common mínimum package (CMP) of social protection schemes:	*SAATHII with assistance from the state level partners and strategic input from Associates*	Based on the analysis of schemes, common minimum packages have been developed in Odisha, Manipur, Nagaland and Rajasthan. In the other states the work is in progress: however lists of schemes exist and are being shared as part of the IEC with community members as part of scheme literacy activities(see below).
I.4. Development of Information-Education-Awareness materials on Schemes and Services:	*SAATHII*	A two page handout on schemes and legal services have been developed, translated into vernaculars and printed
I.5. Dissemination of Information-Education-Awareness materials on Schemes and Services:	*State-level agency with district staff*	The two page handout was disseminated among the community members during the scheme and literacy sessions
II.1. Sensitization of key stakeholders across sectors:	*State level partners*	Sensitisation meetings were held at state-level to obtain permissions to utilise government-run and government-funded service delivery points. At district- and sub-district (block) level, advocacy and sensitization activities served to introduce the project to the government functionaries, emphasize the need for stigma-free access to schemes and services to the marginalized populations, and speedy processing of the application of the community members. The need for transparency and accountability was implicit in the sessions. In 2014, total 302 and 83 sensitization sessions were conducted with district and block level government departments, respectively. Further, at the 18 demand generation meetings one or more government officials were present and the community members voiced their needs for inclusive schemes.
II.2. Advocacy for inclusive schemes and services:	*State level partners with technical input from SAATHII*	
II.3. Tracking schemes and budget utilisation:	*State level partners with technical input from SAATHII*	Activity has not been carried out in the first year, as the focus was more on operationalising the project in the select districts. This will be carried out in the year two.
II.4. Deploying Right To Information Act (RTI) when needed	*SAATHII and state level partners*	RTI was not deployed as such need has not risen from the field till the time of reporting

III.1. Ensuring access to schemes among PLHIVs and marginalised communities	*State level partners with capacity building by SAATHII*	A total of 6513 scheme literacy sessions were held for target community members and 494 for families of the target community. A total of 706 applications were submitted to government departments and out of them 324 have accessed services and entitlements.
IV.1. National Experience Sharing Meetings:	*SAATHII and state-level partners*	The experience sharing meeting of the project implementation team has been carried out in October 2014. In the year two, the experience sharing meeting will bring together the partner representatives too.
IV.2. Best practice documentation and dissemination	*SAATHII and state-level partners*	As the project implementation in the initial phase, best practices are yet to be assessed and documented. In the Interim report few success stories have been presented.
Routine monitoring and reporting of Project activities	*SAATHII*	Has been carried out with the help of MIS tools on regular basis.
Visibility Actions	*SAATHII and state-level partners*	Has been carried out and the description of the same is in the main body of the interim report.
Review Meetings		Review meetings at the different levels (central and state) and various intervals (monthly and quarterly) have been carried out and documented.

	Completed
	Partially done
	Not Carried out

Annex Vc: Social Protection Schemes

S. No	Type of Schemes	Name of the Scheme	State Applicable
**LIST OF SOCIAL PROTECTION SCHEMES - APPLICABLE TO ALL STATES AND STATE SPECIFIC**		
1	**Employment and Entrepreneurship Support Schemes**	Sanjay Gandhi Swavlamban Yojna (SGSY)	Maharashtra
2		Urban Self Employment Program (USEP)	All states
3		Swarnjayanthi Gram Swarjgar Yojana (SGSY)	All states
4		Rajiv Abhyudaya Yojana (RAY)	AP / Telangana
5		Mahatma Gandhi National Rural Employment Guarantee Scheme (NREGS)	All states
6		Agarbatti Training	AP / Telangana
7		BC,SC & ST corporation employment loan	AP / Telangana
8		Kirana Shop	AP / Telangana
9		Unemployment Allowance to Disabled Persons	AP / Telangana
10		Thatco Loan	Tamil Nadu
11		Entrepreneurship Development Scheme	All states
12		Support to Training and Employment Programmes for Women (STEP)	All states
13		Rajiv Gandhi Udyami Mitra Yojana	All states
14	**Pension Schemes**	Sanjay Gandhi Niradhar Yojana	Maharashtra
15		Indira Gandhi National Old Age Pension Scheme (IGNOAPS)	All states
16		Madhu Babu Pension Scheme	Orissa
17		Indira Gandhi National Widow Pension Scheme (IGNWPS)	All states
18		Indira Gandhi Natioanl National Disability Pension Scheme (IGNDPS)	All states
19		National Old Age Pension (NOAP)	All states
20		ART Pension	AP / Telangana
21		Shrawanbal Yojana	Maharashtra
22			

23		Manipur Old Age Pension Scheme (MOAPS)	Manipur
24		Agriculture Wage Pension	Tamil Nadu
25	**Nutrition / Food Supplementation Schemes**	Antoyodaya Anna Yojana (AAY)	All states
26		Annapurna Scheme	All states
27		Nutrition through ICDS	All states
28		Nutrition support from Nutritional Rehabilitation Centre	All states
29		ICDS Double Nutrition	Maharashtra
30		Kesari Ration Card	Maharashtra
31	**Housing Schemes**	Indira Awas Yojana	All states
32		House pattas	AP / Telangana
33		Housing loans to SC PLHIV's Families	AP / Telangana
34		Indira Niwas Yojana	All states
35		Rajiv Awas Yojana	All states
36			
37		Gharkul Yojana	Maharashtra
38		Mo Kodia Yojana Scheme	Orissa
39		DRDA housing schemes	Tamil Nadu
40		Rajiv swagruha	AP / Telangana
41		Rajiv gruhakalpa	AP / Telangana
42	**Travel Concession Schemes**	Bus Pass / Concession	Variable: in many states and ongoing advocacy in others
43	**Children Schemes**	Kishore Balika Pathakam	AP / Telangana
44		Palak Mata Pita Scheme	All states
45		Kasturba Gandhi Balika Vidyalaya	All states
46		Balsangopan Yojana	Maharashtra

47		Mamta	All states
48		Rashtriya Family (Kutumb Kalyan) Yojana	Karnataka
49		Aushmati Scheme	West Bengal
50		Anti Viral Therapy	All states
51	**Health Scheme**	Arogyasri	AP / Telangana
52		Medical Facility under Travel Affair and health Department	Manipur
53		Manipur State Illness Assistant Fund (MSIAF)	Manipur
54		Orphan and Vulnerable Trust	Tamil Nadu
55		Sahara Card	AP / Telangana
56	**Maternity benefit Schemes**	National Maternity Benefit Scheme (NMBS)	All states
57		Janani Suraksha Yojana and Sukhibava	All states
58		National Family Benefit Scheme (NFBS)	All states
59		Girl Child Protection Scheme	AP / Telangana
60		Apad Bhandava Scheme	AP / Telangana
61		Deepam Gas	AP / Telangana
62		Free drip irrigation	AP / Telangana
63		Rashtriya Swastya Bima Yojana	All states
64			
65	**Social Security and Protection Schemes**		
66		Financial Assistance to Poor Widows / orphan girl for performing their daugher / their marriage	Many states
67		Kutumb Arthsahya Yojna	Maharashtra
68		Rajiv Gandhi Aarogya Vima Yojana	Maharashtra
69		Mo Jami Mo Diha	Orissa
70		Palanhar Yojana	Rajasthan
71		West Bengal Beedi Workers Welfare Scheme	West Bengal
72		State Assisted Scheme of Provident Fund	West Bengal

73		Aam Aadmi Bima Yojana	West Bengal

74		Apath Bandhu (Accident Insurance) Scheme - Inclusive Scheme	AP / Telangana
75		Mukhya Mantri Jeevan Raksha Kosh (MMJRK)	Rajasthan
76		Chief Ministers Relief Fund	Orissa
77		Gram Priya (Rural Postal Life Insurance Scheme)	All states
78	**Insurance Scheme**	Gram Sumangal (An anticipated Endowment Assurance Scheme)	All states
79		Gram Suvidha (Convertible Whole Life Assurance Scheme)	All states
80		Gram Suraksha (Whole Life Assurance Scheme)	All states
81		Gram Santhosh (An Endowment Assurance Scheme)	All states
82		Rashtriya Swastya Bima Yojana	All states
83		Dr. Ambedkar Medical Aid	All states
84	**Transportation Support**	Free Road Transportation for the PLHIV for ART	Some states
85	**Legal Support**	Legal Aid Clinic	All states
1		Ration card	All states
2		Voter ID card	All states
3		Aadhar Card	All states
4		Passport	All states
5		Pan card	All states
6		Residential Certificate / Democile Certificate	All states
7		Caste / Community certificate	All states
8	**Entitlements**	Birth certificate	All states
9		Marriage certificate	All states
10		Death certificate of husband (for women respondents)	All states
11		Income certificate	All states
12		Disability certificate	All states
13		Bank account	All states
14		Post office account	All states
15		Below Poverty Line (BPL) Card	All states

16		Chronic Illness Certificate	Some states

Annex VI: Svavritti Management Information System (MIS) formats

FORM - A -CRP - COMMUNITY RESOURCE PERSON - DAILY PLAN AND REPORTING LOG

Name of the CRP		Status of Working Days (P – Present / L – Leave/H - Holiday)						From (dd/mm/yy)				Name of the block visited	(List all the blocks/ Taluks / Mandals you visited)
Name of the District								To (dd/mm/yy)					

Date	Description of an Activities		Please explain with reason in this column, if there are any differences between planned activity and actual activity.
	Planned Activity	Actual Activity	

FORM - B - CRP - TARGET COMMUNITY MEMBERS - MONTHLY INDIVIDUAL SERVICE TRACKING (MIST)

PART – 1

Unicode	Date	Name of the Beneficiary	Age	Gender	IEC material given	Type of Visit	Type of service	Type of Target Group	Category of Applicant / Family Members				Name of the NGO/CBO/Network Associated with	Place interacted
				M / F / TG		New / Repeat	(Scheme / Legal)	Individual / Family	PLHIV	FSW	MSM - TG	IDU		

PART – 2 (Continuation of PART - 1)

Date of Follow-up Visit	Date of Follow-up Visit	Beneficiary ID (Use ART Reg. Or TI Reg. Or Assign unique ID) (Ration ID, AADAR card)	Date of Need assessement by the project	Date of Application received by project	Date of Application submitted to Govt. authority 1st time submission.	Date of Visits to follow up on previously submitted application.	Date of Application approved by authority	Date of Application rejected / returned for additional documentation or other reason.	Date of Application resubmitted to authority	Date of Schemes / legal service accessed

FORM - C - CRP - SCHEME APPLIED ACKNOWLEDGEMENT CARD - (SAAC)

SAATHII	**SVAVRITTI PROJECT**

Office Copy

SCHEME APPLIED ACKNOWLEDGEMENT CARD - (SAAC)

Name of the Person Applied : _____   Age   : _____

Beneficiary ID : _____   Gender   : _____

Name of the Department : _____   Apl.No   : _____

Name of the Scheme applied for : _____

Date of Application Submitted : _____

Application Applied By / Through : Self / SVAVRITTI/ Others _____

Documents Enclosed : _____

_____   _____
Signature of the Person Applied   Name and Signature of SVAVRITTI Staff

Acknowledgement by Department

(Seal and Signature of the Dept. Official)

FORM - C - CRP - SCHEME APPLIED ACKNOWLEDGEMENT CARD - (SAAC)

SVAVRITTI PROJECT		
SAATHII		

Applicant copy

SCHEME APPLIED ACKNOWLEDGEMENT CARD - (SAAC)

Name of the Person Applied   : _____   Age   : _____

Type of Target Group   : _____   Gender   : _____

Name of the Department   : _____

Name of the Scheme applied for   : _____

Date of Application Submitted   : _____

Application Applied By / Through   : _____

Documents Enclosed   : _____

    : _____

_____   _____
Signature of the Person Applied   Application processed By / Through

Acknowledgement by Department

(Seal and Signature of the Dept. Official)

FORM - D - CRP - BENEFICIARIES ACKNOWLEDGEMENT CERTIFICATE - (BAC)

BENEFICIARY ACKNOWLEDGEMENT CERTIFICATE – (BAC)

Date : _____

I am Mr./Ms./TG _____
residing in the following address

| Photograph |

Door No   : _____,

Street name   : _____

Area   : _____

Block   : _____Taluk   : _____

District   : _____ State   : _____

Pincode : _____

Received _____ (Name of the support) through the scheme of _____(Name

of the scheme) under the administration of _____(Name of the Department) on _____ (DD/MM/YYYY) through the

technical assistance of SVAVRITTI Project implemented by SAATHII in partnership with _____.

Thank you_____

Signature of the Beneficiary
(Sign or Left hand thumb impression)

SAATHII: DCI-NSA/2013/ 312-430   89

FORM E - PC – PLANNED ACTIVITIES AND ACTUAL ACTIVITIES

SVAVRITTI PROJECT						
State Project Coordinator's Planned Activities and Actual Activities for the month _____ 20____						
Note: The advance plan is prepared by PC and approved by PO beginning by the 3rd of every month. PC updates everyday and PO reviews every week on phone.						
Name of the Staff						
Designation						
S.No	**Date**	**Place of Visit (Block, District) (E.g. Chhatrapur block, Ganjam District)**	**Planned Activity**	**Actual Activity**	**Type of group / individual visited and purpose of visits (E.g. 1. FSW client, to help in filling widow pension form/ E.g. 2. MSM group, to give info on Section 377)**	**If any deviation, please mention**	**Other Notes**

FORM G - PC – TRIP REPORT

Name of the Staff   **:**

Name of the District and State :

MENTORING & MONITORING SUPPORT –

List of Documents maintained by CRP	*No. of Documents*	*Date reviewed by PC(DD/MM/YY)*	*Comments*
Planned activity and Actual Activity report (to be updated weekly)			
Beneficiary Tracking Register(to be updated daily)			
Scheme Applied Acknowledgement Card(to be updated every time an application is filed)			
Beneficiary Acknowledgement Certificate (to be updated every time scheme received)			

FORM G - PC – TRIP REPORT

Filing of the perforated sheet (Counter file document)			

CRP Documents verification: *(Kindly ensure list of instructed documents and register are implemented, report about the status of update and quality of report)*

FORM G - PC – TRIP REPORT

Training of the CRP : *(Kindly mention topics, time spent and purpose of initiation)*

Topic	*Method*	*Date*	*First time / Repeat*	*Remarks*

CRP Name and District :				
List of Activities	*Target if applicable*	*Achievement if applicable*	*Comments*	*Corrective steps if needed*
Scheme Literacy				
Legal Literacy				
Support in filing applications				
Follow up of applications				
Advocacy				
Observation of Govt. Transparency activities				

SAATHII: DCI-NSA/2013/ 312-430

FORM G - PC – TRIP REPORT

Documentation Quality				
Others				

Review of Activity and performance of the Project and CRPs

FORM G - PC –TRIP REPORT

COMMUNITY INTERACTION

(Kindly review the application of Target Groups and meet the community members to ensure the personal details and other relevant details collected by the project as well as get opinion about the need and process of schemes / entitlements applied)

Date (DD/MM/YY)	Name of the Person	Type of Target (Individual / Family)	Type of Target Group (PLHIV/FSW/MSM-TG/IDU)	Type of Service (Scheme / Legal)	Type of communication (1 to 1 / 1 to G)	Discussion Points	Action taken and Remarks

NETWORKING AND LEVERAGE BY PC:

Date (DD/MM/YY)	Name of the Person met	Location (Block / District)	Name of the Department / Organisation	Name of the Position	Type of Meeting (Sensitization / Interface)	Accompanied by	Purpose of Visit	Action taken and Remarks

AWARENESS AND TRANSPARENCY OF SCHEMES AND ENTITLEMENTS

(Kindly track and brief the status of publicity of schemes and entitlements and Citizen chart (budgetary allotment and expenses status) initiated by Govt. Department (Mention department specifically) through Media / public places / office premises)

SAATHII: DCI-NSA/2013/ 312-430

FORM G - PC –TRIP REPORT

ADVOCACY / RTI FILING / SOCIAL AUDIT

(Kindly follow the parameters given below and provide details descriptively)

Need and rationale of initiation:

Strategy / Methodology adopted:

Department:

Type of Activity:

Persons Involved:

Action taken / Results:

Remarks / Other notes:

OTHER ISSUES / CHALLENGES / NOTIFICATION / REMINDERS TO NPMT
(Please mention issues such as specific locations, staff, schemes and departments, etc. as well as reminders of pending approvals)

FORM H - PC –BENEFICIARIES MASTER AND SERVICE TRACKING REGISTER - (BMSTR) - ONLINE

	SAATHII - SVAVRITTI PROJECT - BENEFICIRIES MASTER AND SERVICE TRACKING REGISTER - (BMSTR)								

District		State							

S.No	PERSONAL DETAILS :							TYPE OF TARGET	TARGET CATEGORY
	Name of the Person	Beneficiary ID	Age	Date of Birth	Gender (M / F / TG)	Name of the Area / Place	Name of the Block	Individual / Family	PLHIV / FSW / MSM- TG / IDU

FAMILY MEMBER DETAILS: To be filled only if beneficiary/applicant is a (HIV-negative) family member of PLHIV or of a MARP								CITIZEN IDENTITY DETAILS						NGO / NETWORK / CBO ASSOCIATED WITH			
Family Member Name	Age	Date of Birth	Eduaction	Occupation	Monthly Income (Rs.)	No. Of Kids	Ration Card	Voters ID	Aadhar Card	TG - ID Card	BPL Card	Others (Pls specify)	TI - NGO	District level Network	CBO (TG Association / Welfare)	Others (Pls specify)

IEC Received	Scheme	Legal	Scheme Specific(s)	Need assessed by the project	Follow up process requested	Application received by project	Application submitted to relevant authority 1st	up on previously submitted	Application approved by authority	rejected / returned for additional documentation or other	Application resubmitted to authority	Schemes / legal service accessed	Interface Events attended	Advocacy Issues raised	RTI Filing	Training Attended

FORM I- PC - WORKING DAYS & FIELD VISIT TRACKING SHEET - ONLINE

DAYS OF WORKING TRACKING SHEET

Name of the PC	
Name of the State	

S.No	Month	DETAILS OF ATTENDANCE						No. Of days at Field							
		No. Of Days present	No. Of Days Leave	Total No. Of Working Days	No. Of Days Holidays	No. Of Week off	Total No. Of days of the Month	Dindigul	Sivagangai	Cuddalore	Villupuram	Thiruvannamalai	Desk work	Total	Other Note
1															

FORM J - PC - MONTHLY TECHNICAL REPORT - QUANTITATIVE

MONTHLY TECHNICAL REPORT FOR THE MONTH OF DECEMBER 2014	
District	
State	
Report Prepared By and Designation :	

S.NO	PROJECT INDICATOR	ACHIEVEMENTS								TOTAL		ACHIEVEMENTS					TOTAL
		INDIVIDUAL TARGET GROUPS										FAMILY MEMBERS					
		PLHIV			FSW	MSM	TG	PWID				PLHIV	FSW	MSM	TG	PWID	
		M	F	C	TG												
A. COVERAGE - TARGET VS REACHED																	
1	**No. of Target community members to be covered**									0							0
2	Number of Target community members Reached **during this month**	0	0	0	0	0	0	0	0	0							0
3	Number of Target community members Reached **so far (Cumulative)**									0							0
B. SCHEME / LEGAL LITERACY SESSION (SLLS)																	
4	Number of Target community members given information on schemes **(Both 1st and Repeat visit)**									0							0
5	Number of Target community members given information on legal services **(Both 1st and Repeat visit)**									0							0
6	Number of Target community members given IEC by departments / SAATHII / Partnes information on Schemes available.									0							0

FORM J - PC - MONTHLY TECHNICAL REPORT - QUANTITATIVE

C. SCHEME AND ENTITLEMENTS TRACKING - (SET)																	
7	**No. of need assessed by the project**	0	0	0	0	0	0	2	8	10		0	0	0	0	0	0
8	No. of follow up process requested by Individual and Other Agencies	0	0	0	0	0	0	0	0	0		8	0	0	0	0	8
9	No. of application received by project	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
10	No. of application submitted to government authority 1st time submission.	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
11	No. of visits to follow up on previously submitted application by SVAVRITTI	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
12	No. Of visits to follow up on previously submitted application by Individual and Other Agencies	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
13	Number of application approved by authority	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
14	Number of application returned for additional documentation or other reason.	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
15	Number of application resubmitted to authority	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
16	Number of Target community members accessed the schemes **(This month only)**	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
16 A.	Number of Target community members accessed the schemes **(Cumulative)**									0							0

FORM J - PC - MONTHLY TECHNICAL REPORT - QUANTITATIVE

	INVOLVEMENT AND PARTICIPATION OF GOVT. DEPARTMENTS					
17	Number of sensitization sessions with state departments (including individuals) to make scheme information public					
18	Number of sensitization sessions with district departments (including individuals) to make scheme information public					
19	Number of sensitization sessions with block level committees (including individuals) to make scheme information public					
20	Number of scheme IEC materials available from departments of govt and other sources					
21	Number of organization + project brochure developed or printed by partner organization.					
22	Number of sensitization program organized by Project					
23	Number of instances of publicity of schemes by departments in media: newspapers, TV, radio, other media.					
24	Number of instances of publicity of schemes by departments in public spaces (hoardings, banners, at village markets)					
25	Number of departments at district level publicising scheme information in their offices.					
26	Number of interface events organized by departments with communities to give information on schemes and services.					
27	Number of community members who attended interface events organized by departments to share information on schemes and services			0		0

FORM J - PC - MONTHLY TECHNICAL REPORT - QUANTITATIVE

	GOVERNMENT & STAKE HOLDERS - ACCOUNTABILITY AND TRANSPERANCY					
28	Number of instances of availability or publicity of scheme budgets-allotment-disbursement by departments at district and sub-district level in media: newspapers, websites, TV, radio, annual reports					
29	Number of instances of availability or publicity of scheme budgets-allotment-disbursement by departments at district and sub-district level in public spaces (hoardings, banners, at village markets)					
30	Number of instances of availability or publicity of scheme budgets-allotment-disbursement by departments in their offices					
	COMMUNITY INVOLVEMENT AND PARTICIPATION					
31	Number of community members & beneficiaries trained as **ToT** on modalities and provisions of RTI in the State level.		0			0
32	Number of community members & beneficiaries trained on modalities and provisions of RTI in the district level through **ToTs**.		0			0
33	Number of RTI-s filed by project teams and stakeholders to obtain information on schemes					
34	Number of social audit actions by the communities to find out utilizations of scheme allotment					
35	Number of Demand Generation Meeting organized by SAATHII / Partner					
36	Number of community members, who attended Demand Generation Meeting organized by SAATHII / Partner		0			0

FORM J - PC - MONTHLY TECHNICAL REPORT - QUANTITATIVE

FORM N - PO - MONTHLY ACTIVITY REPORT - QUALITATIVE

Name of the Program Officer / Co-ordinator   :

Name of the State   :

Period of Reporting (dd/mm/yyyy – dd/mm/yyyy)   :

A. ADMINISTRATION

Status of Project Staff: *(Kindly brief current status of project staff available at place and mention any new recruitment / Resignation / Termination during the month)*

S. No	Name of the Staff	Designation	Date of Joining	Any resignation during last 3 months *(if yes, please mention the date)*	Name of the District Managing
		Program Co-ordinator			
		CRP			
		CRP			
		CRP			
		CRP			

B. PROGRAMMATIC

I.   **Summary of Implementation Progress & Status (district wise - state level)**, *(including meetings, baseline, advocacy sessions, capacity building, planning, review, data collection and verification)*

FORM N - PO - MONTHLY ACTIVITY REPORT - QUALITATIVE

Name of the State / District	List of initiatives taken / Major activities implemented
State Level: (*State level advocacy, meetings with SACS and other Depts, etc.*)	1. 2. 3. 4.
District 1 :	1. 2. 3. 4.
District 2 :	1. 2. 3. 4.
District 3 :	1. 2. 3. 4.

FORM N - PO - MONTHLY ACTIVITY REPORT - QUALITATIVE

District 4 :	1.
	2.
	3.
	4.

II. **Highlights of Community Interaction and Mobilization:** *(Describe in words important points emerging from discussions had by PC and PO with community members)*

III. **Numbers of events and individuals reached by PO and PC**
    (A. Capacity Building / Orientation / Hands on Training for Project team Staff or
    B. Interface / Demand Generation Meeting for Target Community Members)
   (Please mention both A & B in the given below table)

S.No	Date of the Event	Name of the Event	Staff or Target Group Participated	Total No.of Participation			Topic Covered
				M	F	T	

FORM N - PO - MONTHLY ACTIVITY REPORT - QUALITATIVE

IV. **Networking and Leverages (Sensitization Meeting with Govt. Department)**

S.No	Name of the Person	Name of the Department / Organisation	Name of the Position	Level of Administration (State /District / Block)	Type of Meeting (Sensitization / Interface)	Accompanied by	Purpose of Visit	Action taken and Remarks

V. **Awareness / Accountability / Transparency Materials developed or printed by Govt. Department**
(Kindly track and brief the status of publicity of schemes and entitlements and Citizen charter (budgetary allotment and expenses status) initiated by Govt. Department (Mention department specifically) through Media / public places / office premises)

S.No	Name of the District	Name of the Information / Details (scheme / Legal / Budgetary)	Name of the Department	Type of Visibility Mode (Live media / News paper / magazine, Flex / Banner / Board/website)	Type of place Display (Office / Market / Busstand / etc.,)	Other Note

FORM N - PO - MONTHLY ACTIVITY REPORT - QUALITATIVE

VI.   **Addressing Advocacy / RTI / Social Audit need of initiation**

         a. *Need and rationale of an initiation:*
         b. *Strategy / Methodology adopted:*
         c. *Department with :*
         d. *Type of Activity:*
         e. **Person's Involved:**
         f. *Action taken / Results:*
         g. *Remarks / Other note:*

VII.   **Technical Support / Mentoring & Monitoring / Evaluation / Other support**

S.No	Date of the Visit	Place / District visited	Activities Carried out	Observation	Action taken / Suggestion provided

VIII.   **Promising practices / Learning / Challenges**
         C. CLARIFICATION SESSION

FORM N - PO - MONTHLY ACTIVITY REPORT - QUALITATIVE

Administrative Issues *(Kindly mention if any procedural or communication challengers or followup queries with team members, Travel and logistic arrangements, etc.*

FORM N - PO - MONTHLY ACTIVITY REPORT - QUALITATIVE

Annex VII: Data Collection and Processing Details (Baseline Study)

Data Collection Tools and Translation: Both qualitative and quantitative tools were used for the data collection and desk review was done to gather information on currently available central and state specific social protection schemes and servicesas well asthe studies conducted on social protection scheme and services. The quantitative data were collected using Quality of life (QOL) questionnaire and awareness, facilitators and barriers to access schemes- Semi structured interview schedule for community members.The Qualitative data were collected using In-depth interview schedule for PLHIV Network, NGO and CBO representatives and In-depth interview schedule for district and block level government officials and local elected representatives.

Based on research questions and areas of inquiry, draft QOL questionnaire, semi-structured interview schedule and in-depth interview schedules were developed in English. QOL questionnaire and semi structured interview schedule were translated from English to six regional languages, i.e. Hindi, Tamil, Telugu, Odiya, Marathi and Bengali by professional translators. Translated tools were tested in Rajasthan, Tamil Nadu, Telangana, Odisha, Manipur, Nagaland, West Bengal and Maharashtra states among the targeted community population. Based on the feedback received from pilot study, both the tools were modified in order to facilitate better flow and logical sequence of questioning.

Tool administration and data handling: Surveyors were recruited through a systematic process and trained in data collection among the target population. The data from PLHIV was collected at district ART centers and the data from FSW, TG, MSM and PWID was gathered in community settings by surveyors and community resource persons. Program Officers and Project Coordinators collected data from government officials, local elected representatives and PLHIV network, NGO and CBO representatives.

All the interviews were conducted in regional languages after receiving consent from study participants. The responses from study participants were recorded on quantitative and qualitative tools in written form.

The qualitative and quantitative data was kept confidential with the following methods employed to ensure data security and quality:

- All the response sheets were kept secure in envelopes and sealed after data collection till data translation
- Each study participant was assigned a specific code during data collection and data translation. Across implementing districts and states, the survey questionnaire had been given a standard reference code format (State / District / Category of respondent / Sl. No.) for all the completed surveys. The name of the respondent was not sought.
- Program officers overseeing data collection by surveyors verified the filled-in questionnairesfor (i) ascertaining that the consent form was signed and complete with requisite details (ii) completeness of demographic details of the respondent and data.
- All the translated data was stored in one CD with password protection
- The qualitative data in semi structured interview and an in-depth interview was translated from regional language to English for qualitative analysis. Five copies of each translation were checked for the process.

FORM N - PO - MONTHLY ACTIVITY REPORT - QUALITATIVE

- A coding reference book was developed and data collectors and supervisors were oriented on it. Manual coding was done in the filled-in questionnaires for the respective question and the responses. Code numbers were entered in prescribed format in the computer.
- The M&E Manager carried out data cleaning and validation centrally.