

Contents

General Instructions:..... 2

Specific Instructions: 4

 Heads of Accounts: Infrastructure and administration.....4

 Heads of Accounts: Office Expenses 5

 Heads of Accounts: Human Resource Cost 5

 Heads of Accounts: Salary 6

 Heads of Accounts: Travel Expenses..... 6

 Heads of Accounts: Programme Delivery 7

 Heads of Accounts: Clinical Service9

 Heads of Accounts: Commodities10

 Heads of Accounts: For TIs operating among Truckers intervention.....11

 Heads of Accounts: For TIs operating among Destination migrants.....13

 Heads of Accounts :For TIs operating among source out migration districts.....15

 Heads of Accounts: For Interventions operating in Transit migrants.....16

General Instructions:

1. The costing norms for various typologies and coverage size of TI programme are designed as a guideline for SACS. The costing tables have been designed as a sample. The actual budget will have to be worked out by SACS based on actual population being covered by TI i.e. SACS has to work out the ratio of field staff (PEs and ORWs) as per the actual number of HRGs covered by each TI based on the respective typology wise costing norms. For TIs which have more than 1000 HRGs as target, the budget has to be calculated as per the costing guidelines by providing additional human resource based on field staff ratio.

Further if Tis are working in hilly/difficult terrains or in regions where HRGs are scattered, SACS may propose different ORW/PE ratio to DAC to suit local context with appropriate justification.

Similarly, based on population covered by Tis:-

- a) Budget for **Syphilis testing** should be costed @ Rs.30/- x 60% of target HRGs x 2 times.
 - b) Budget for **Needle and syringes** should be costed @ Rs.1050/- x No.of HRGs.
 - c) Budget for **Lubes** should be costed @ Rs.130/- x No.of HRGs.
2. Terms of Reference (scope, qualification, experience etc.) have been defined for various staffs and honorary members of the team.
For FSW/MSM/TG - TIs have option to **recruit Either the counsellor OR ANM** depending upon the availability. In such case salary provisioned under the respective heads may be provided.

IDU TIs with less than 600 should recruit ANM who is expected to do counselling as well. In case of IDU TIs covering more than 600, TI can recruit both counsellor and ANM.
 3. The cost of **computers and peripherals for office, Furniture for office, equipment for DIC, start-up-cost for clinic, and needs assessment** is applicable to new TIs only. However, provisions under any of these heads can be made under special circumstances with due approval of Project Director of SACS.
 5. Cost for Annual Maintenance Contract (AMC) is applicable from the **second year** of the contract.
 6. All equipment/assets purchased are to be numbered as per the material index number code (name of the project/name of the SACS/name of the agency/name of the item/serial number of item/year of purchase). For example (TI/Delhi SACS/Name of the NGO/chair/03/2014). The items are to be entered in the asset register and to be reported through Audited Accounts every year to SACS during the month of April.

7. All project related documents (original or photocopy signed by authorized signatory) should be kept in the NGO CBO office. These include copy of the contract, approved budget, project proposal, rent agreement, audited reports, audit compliance reports, bills and vouchers, cash book, reports, registers and documents related to staffs, etc.
8. **Additional Female Injecting Drug Users (FIDU) costing** will be applicable only if the FIDU population is in the range of 50-150. If the FIDUs being covered by a TI are less than 50, Female ORW allotted for the Male IDU interventions are expected to cover them. The TIs catering to such small number of FIDUs shall recruit Female PEs for outreach / NSEP in a ratio of 1:30-40 FIDUs from within the overall number of sanctioned PEs. If the population of FIDU exceeds 150, separate FIDU TI may be considered.

Scenario	Type of Intervention	Remarks
Less than 50 FIDUs	IDU Intervention	By Female ORW in Male IDU intervention
50-150 FIDUs	IDU Intervention	Additional FIDU Costing to IDU intervention
More than 150 FIDUs	Separate FIDU Intervention	As per the FIDU costing sheet

9. **Additional costing for FSW/MSM is** applicable only if the add-on population (FSW/MSM) is in the range of 50-399.

If add-on population is more than 400, separate TI should be considered. In such case normal TI costing would apply.

Additional IDU costing is applicable if the add-on IDU population is in the range of 50- 199. If the IDU population is 200 or more, separate IDU TI may be considered.

10. **An additional position of one Female ORW** is provided in Male IDU interventions with target population less than 600 Male IDUs. Similarly 2 Female ORWs will be provided for the target population of more than 600 Male IDUs. Female ORW is responsible to cover the spouses, Female regular sexual partners.
11. Expenses booked under DIC level meetings, Demand generation activities, Community Based activities, Congregation events, Mid-media events, advocacy meeting, community events and crisis response should have proper bills and support documents as outlined in financial operational guidelines.

Specific Instructions:

Infrastructure and administration

Rent for office cum DIC

Rent should be provisioned for office cum DIC in accordance with the category of the town as per Census 2011. Accordingly the maximum range is as follows:

1. In 'A' category –Rs. 15,000/- per month
2. In 'B' category – Rs. 12,000/- per month
3. In 'C' category – Rs. 8,000/ per month

When interventions are provided with add-on populations, an additional DIC will be provided to cater to the needs of HRGs as per the costing of the add-on TIs.

Above categorization does not apply to Truckers, Destination Migrant TIs, and Source migrants.

The DICs should have adequate space for counselling and DIC activities to be taken place. The rental agreement document should be available in the TI office.

Computer and peripherals, printer for office use

It is admissible for purchase of computer, printer, UPS, mouse, key board with configuration compatible for supporting CMIS and SIMS. Items may preferably be purchased from DGS&D stores.

The following specifications to be adhered:

- a) Compatible with Minimum 512Kbps internet connection
- b) Supported Browsers: Internet Explorer 6.0,7.0, 8.0 and 9.0.
- c) MS-Office 2007 or higher.
- d) Resolution: 1024*746 (Minimum), 1440*900 (Best)
- e) RAM: 2x512 MB DDR II 533 MHz
- f) Antivirus Software: Required
- g) Processor: Intel Pentium D925 or higher
- h) LCD Monitor

Furniture for office

It is admissible for purchase of furniture for use in office by the staffs for office work and meeting. Furniture purchased under project cost should be available in the TI project office or DIC.

Equipment for DIC

It is admissible for purchase of audio-visual equipment (minimum of 24" color TV, DVD player, sound system), games, recreational activities and seating arrangements for DIC.

The computer peripherals, furniture and equipment costs are applicable to new TIs only.

Office Expenses

The amount mentioned under office expenses include telephone/communication expenses. Telephone connection should be in the name of the agency/organisation. Mobile phone connections or its charges are not admissible. Other expenses covered under this budget are Printing and stationery, water and electricity charges for project office cum DIC, Postage and courier of official communication and other administrative activities essential for the project as directed by SACS.

Insurance to Staff

Policy from a government insurance company is to be considered only.

Recruitment expense is admissible for cost related to advertisement of TI positions.

Documentation Cost including BCC materials: The budget is provisioned for maintaining reports, records and registers as per requirement of the project unless the same is provided by the SACS. Remaining budget can be utilised for BCC materials. The prototypes of these materials are to be vetted by TSU or SACS.

Honorarium for Peer Leaders in Destination migrant interventions/Peer Educators in Truckers interventions are based on the number of sessions performed by each individual in a month. Each session should be of at least 30-45 minutes for a group of 20-30 participants as per the pre-planned calendar of the project in a month. The total number of sessions in a month cannot exceed more than 20 sessions per individual. Per session cost is budgeted as Rs. 75/-. The total number of sessions available per month in a project can be used for covering additional areas with new peers if required, however prior concurrence of SACS is required. The responsibilities included in the Annexure-II.

Salary

The amount mentioned for various categories of staff is the maximum admissible amount. However, the candidate should fulfil the minimum qualification and experience as in the TOR. All the salary remittances of staff need to be paid through account payee cheque/RTGS/E- payments only. TI can recruit either counsellor or ANM and salary budgeted under the respective heads to be given.

Travel Expenses

Travel cost for admin purposes: The travel cost is admissible for administrative expenses for the project unless the same is reimbursed by SACS.

Travel for office and field staff: It is admissible for expenses borne out to carry the responsibilities as mentioned in the TOR at Annexure –II. The travel related documents are to be kept as per the Annexure –II.

Heads of Accounts: Programme Delivery
For TIs operating among High Risk Groups

DIC level meeting for all HRG categories of TIs budgeted at the rate of Rs.200/- per event/activities. This includes DIC level meeting minimum 2 times in a month, one meeting with community members and another meeting with the community committee members to generate feedback on the quality of HIV prevention services to the target population. The documentation includes date and time of meeting, name and signature of participants, topic discussed, decision and action taken and follow up plan.

Typology	200	400	600	800	1000
FSW/MSM		24 per year	24 per year	36 per year	36 per year
TG/IDU	24 per year	24 per year	36 per year	36 per year	36 per year
FIDU	24 per year	24 per year			

Demand Generation Activities

This pertains to hotspot level meeting with HRGs by its Peer Educator, supported by ORW. Preferably all hotspots having issues of poor service delivery / crisis etc. should be covered at least once in a quarter. The themes for demand generation activities must be derived from the performance reports of each hotspot. For example: each hotspot should have a performance indicators in terms of coverage, outreach, service uptake, linkage with services, distribution of condoms/lubes/needles and syringes, crisis reported etc. Meetings should be planned as per the analysis of progress of services.

Typology	200	400	600	800	1000+
FSW/MSM		48 per year	48 per year	72 per year	96 per year
TG/IDU	48 per year	48 per year	72 per year	96 per year	

Review meeting

Weekly and Monthly: The review meeting expenses for project staff will be covered under this head. This is not applicable to Transit interventions. The review of transit interventions are to be done along with the TI with which the MoU for transit intervention has been signed. During weekly review meeting team should review previous week's progress and identify issues that hamper the progress and note action points for addressing the issues. Further Team should identify the hotspots which require joint visits, identify the PE wise list of due and overdue of target population, issues related to linkage with ICTC and other health care services.

The monthly review meeting should be chaired by the Project Director of the agency. PM/M&E cum Accountant in the project has to share the hotspot / PE / ORW wise monthly performance on key indicators and analysis of service delivery. Action points based on the discussion may be shared with all staff including PEs. The meeting minutes should consist of monthly progress and monthly implementation plan for all staffs and peer educators.

Weekly/Monthly Review Meeting minutes should be recorded in a separate register.

Advocacy Activities

This pertains to activities related to advocacy and networking with health care providers, other power structures, religious leaders, community leaders, government departments, local police officers with an objective of smooth implementation of the project and linking the target population with various government services.

TI has to conduct meetings and sensitization workshops with various stakeholders as half day or one day meetings. Expenditure will be incurred against food and other logistics for workshops and meetings. The maximum expenditure per meeting would be Rs.2000/-. Meetings to be planned based on need. The report includes date and time of meeting, name and signature of participants, topic discussed, decision and action taken and follow up plan.

Community Events

Lump sum amount is allocated as these events are to bring the HRGs together and mobilize them for service access. During these events different service providers, legal authority, Police, media, policy makers etc. should be invited for interaction on various topics. Community members may perform their talents through various cultural activities. Community events should be conducted minimum twice in a year.

Project has to meet expenses pertaining to hall rent, sound system, minimum refreshments for guests and community members, preparation of materials for the events, documentation etc. Efforts should be made to cover at least 50% of the target population may attend such events. Districts with more than 2 core TIs may conduct a common event by pooling the resources under this budget head for better impact. Detailed documentation of the events should be recorded and reported to SACS/TSU. The events should focus on addressing various aspects / subjects pertaining to community like, stigma, crisis, psycho – social issues, sex and sexuality, legal issues, misconceptions, social entitlements and meeting with experts in various fields, create more demand for services, etc... Programme to be planned in consultation with SACS.

Crisis Response

This covers reimbursement of expenditure incurred for conveyance during crisis and honorarium for legal literacy and guidance. The TI should sensitize a group of local lawyers regarding various forms of crisis and should hold consultative meetings with community members.

Health Camps

The activity is proposed to organize health camps either combined with events or at places which are far off to provide clinic services or which will facilitate in identification of new HRGs in an uncovered area.

Needs Assessment

This line item is for conducting initial needs assessment before recruitment of peer educators, setting up of DIC, selection of preferred providers, establishment of condom outlets or stakeholder engagement plan, outreach plan etc.. TI has to complete the assessments in 6 weeks and report to be made available to SACS. Necessary modification and designing to be incorporated in consultation with SACS based on the findings from needs assessment study. This has to be done by project staff in consultation with SACS and TSU. The necessary assessment format and methodology would be provided by SACS.

Clinic services

Start-up cost for Clinic

This is one time cost provided **in the first year of clinic establishment**. Budget may be used for purchase of sterilizer, curtains, hand wash facility, waste management bins, stethoscope, proctoscopy, Blood Pressure Instrument, speculum, weighing machine, head lamp, aprons, surgical masks, examination table with cupboard, kidney shaped tray and etc.,.

Recurring Cost for Clinic: This is applicable for purchase of disposable surgical gloves, consumables and other sundry items as recommended by the visiting physician for all the TIs with static clinics.

In case of shortage, IDU TIs may use the recurring cost allotted for overdose management and emergency response in addition to purchase of gloves, bleaching powder, sodium hypo chloride solution, cotton etc.

Syphilis Test: In case of shortage of kits at Govt. centre, the project can purchase RPR kits and store with the lab technician for syphilis testing of HRGs or otherwise should tie up with a local laboratory for reimbursement on per case basis. Budget is limited to 60% of the target for two times testing of individual HRGs part of the project. Rest of the 40% of target is to be done in the nearest ICTC along with the HIV testing. The effort has to be taken to reach the Govt. service providers.

For Destination Migrants and Truckers Interventions please refer to the ToR of visiting physician.

Doctors – visiting physician: Provided in FSW/MSM TIs with 800 and 1000 HRGs, all TG and Hijra TIs, all IDU, all FIDU Tis. Expected clinical services are specified in the Annexure –II.

Consultation fee for referral to a Preferred Provider has been provisioned as Rs. 75/- per case (HRG) per quarter. The detailed TOR and responsibilities are mentioned in Annexure-II.

In NGO OST centres, the existing visiting physician would be provided an additional honorarium of Rs.5000/- for additional responsibilities of dispensing OST. The detailed TOR and responsibilities are mentioned in Annexure –II.

Commodities

In case of TIs operating with High Risk Groups:

The social marketing funds of Rs. 5000/- per intervention as per requirement are placed with SACS TI Annual Action Plan. This is a **revolving fund** and has to be brought back to the SACS books of accounts based on the recovery of the funds. A necessary guideline for social marketing is to be provided by SACS. The number of socially marketing condom outlets and sales per outlet would be based on the performance indicator of TI.

Lubricating Substances

The budget is towards purchase of lubricants for MSM and TG/Hijra target population. Distribution of lubes should be as per the actual demand per HRG to ensure nil wastage of lubricants and condoms. The TI needs to procure lubes as per the requirement outlined in the Guidelines on Financial and procurement system for NGOs and CBOs. TI should maintain stock register and update status of procurement and disbursement periodically as it is done for other stocks i.e., condoms and STI medicine stock.

Needles and Syringes

The budget is towards purchase of disposable needles and syringes as per the requirement outlined in the operational guidelines. In case of IDU TI/core composite TI with IDU component the budget is towards purchase of 100% of the requirement as per the quarterly demand analysis done by the TI. In case of IDU TIs with NGO OST centre and those linked with government OST centre, needles and syringes to be limited to **80% of the target population as nearly 20% of the IDUs** on OST may not require needles and syringes. The reduction would be made in two steps of 10% each 6 and 12 months after OST services become functional in the area.

Abscess Management

Budget provisioned is applicable for TIs with IDU/FIDU component to prevent and treat abscesses among Injecting Drug Users as per the operational guideline. It includes providing antibiotic medicines, antibiotic solutions/ointment, dressing materials necessary investigations, other consumables and accompanied referrals in case major abscess that may have to be treated in hospitals. In case of IDU and FIDU TIs, the cost may also be utilized for providing other medical services to IDUs and their spouses.

Disposal of Bio-waste

Budget provisioned is applicable for TIs with IDU/FIDU component. The budget is for management of bio waste as per the guidelines on the subject. The waste disposal mechanism preferably is tied up with nearest public health facility which is already availing these services. The amount includes the expenses for training of bio-waste disposal management of TI staffs at nearest public health facility level and purchase of puncture proof box, thick rubber gloves, tongues, surgical mask for all Peer educators and ORWs. This also includes purchase of color coded thick plastic bags, color coded plastic

containers, syringe destroyer, hub-cutter, disposal surgical gloves, bleaching powder and registers for maintaining records.

For TIs operating among Truckers

IEC kiosk

These kiosks are temporary set up and use in the field and it should be transportable. The kiosk should carry messages on behaviour change, condom promotion and services by the project.

Thematic Games

Is applicable for truckers, these are to be prepared as per the specifications in the operational guidelines.

Doctors-visiting physician: In Truckers interventions the visiting physician is expected to carry out a minimum of 20 camps or a total of 60 hours of clinical services in a month. The responsibilities are included in the Annexure-II.

Mid-media activities

In Truckers interventions operating among 5000, 10000 long distance truckers, TIs are expected to carry out at least **two mid-media activities** per month by trained troupes on various themes i.e., risk perception, service uptake, condom promotion, linkage with services. In case of interventions operating among 30000 long distance truckers the number of mid-media activities would be **three per month**.

Start-up cost for Clinic

This is one time cost provided in the **first year of the project**. Budget may be used for purchase of sterilizer, curtains, hand wash facility, waste management bins, stethoscope, proctoscopy, Blood Pressure Instrument, weighing machine, head lamp, aprons, surgical masks, examination table with cupboard, kidney shaped tray and etc..

Revolving fund

A budget of Rs. 20,000/- is provided per Trucker's intervention for social marketing of condoms and STI medicine. The STI medicines are to be marketed at no profit basis and preferably be purchased from government schemes stores or Jan Aushadi Yojana stores in the State. In case of purchase from other stores, it should only be made from a distributor and photocopy of the certificate of the distributor issued by Drug Inspector is to be made available in the Project Documents. There is no limit on the purchase of medicines and condoms. However, at least one month stock of medicines and condoms should be available at any point of time with the project. The number of socially marketing condom outlets and sales per out let would be based on the performance indicator of TI.

The drugs are to be purchased and stored in the name of the visiting physician subordinated by the project. The storage and supply would adhere existing norms of Drugs and Cosmetics Act. TI should maintain stock register and sales monitoring record of condoms and STI medicines.

Advocacy Meetings

This pertains to activities related to advocacy and networking with health care providers, truckers association, brokers and transporters, RTO officers, other power structures, religious leaders, community leaders, government departments, local police officers with an objective of smooth implementation of the project and linking the target population with various government services.

TI has to conduct two such meeting in a month. Expenditure will be incurred against food and other logistics. The maximum expenditure per meeting would be Rs.200/-. Meetings to be planned based on need. The report includes date and time of meeting, name and signature of participants, topic discussed, decision and action taken and follow up plan. Vouchers and bills should be available for the meeting.

Satellite clinic Maintenance Cost

This is admissible for purchase of disposable surgical gloves, consumables and other sundry items as recommended by the visiting physician. In truckers TIs since the health related services are to be provided in field locations in addition to the office and DICs, the above items wherever applicable to be transported by the TI. No separate cost is provided for satellite clinics. The satellite clinics are to be operated at fixed locations.

Congregation Events

Lump sum amount is allocated as these events are expected to bring the truckers, helpers and other key stakeholders together and mobilize them for accessing services. During these events different service providers, legal authority, Police, media, policy makers etc. should be invited for interaction on various topics. Community members may perform their talents through various cultural activities.

TI with 5000 LDTs has to conduct minimum of 4 congregations event in year, TI covering 10000 LDTs has to conduct 5 congregation events and TI with coverage of 30000 LDTs has to conduct 6 congregation events in a year. Project has to meet expenses pertaining to hall rent, sound system, minimum refreshments for guests and community members, preparation of materials for the events, documentation etc. At least 10% of the target population may attend such events.

Demand Generation Activities

This pertains to meeting with 30-40 long distance truckers (LDTs)/helpers, garage workers, transport workers, brokers, transporters, association and owners etc. by its Peer Educator, supported by ORW. Preferably all sites with more than 30-40 trucker's points with low service uptake should be covered at least once in a month. The themes for demand generation activities must be derived from the performance reports of each site. For example: each site should have a performance indicators in terms of coverage, outreach, service uptake, linkage with services, social marketing of condoms, crisis reported etc.

The budget per activity is Rs. 500/-. There would be 24 activities per annum for TI with 5000 LDTs, 36 activities per annum for TI with 10000 LDTs, 48 activities per month for TI with 30000 LDTs and above.

For TIs operating among Destination Migrants

Start-up cost for Clinic

This is one time cost provided in the first year of the project. Budget may be used for purchase of sterilizer, curtains, hand wash facility, waste management bins, stethoscope, proctoscopy, Blood Pressure Instrument, weighing machine, head lamp, aprons, surgical masks, examination table with cupboard, kidney shaped tray and etc..

Doctors-visiting physician: In case of Destination migrants interventions the visiting physician is expected to carry out a minimum of 20 camps or a total of 60 hours of clinical services. The responsibilities included in the Annexure-II.

Mid-media activities

These activities are expected to be carried out by trained troupes on various themes related to risk perception, service uptake, condom promotion, linkage with services. In case of interventions operating among 5000 migrants the number of events would be 12 per year, where as in TIs with 10000 or above migrants the number of events would be 24 per year.

Revolving fund

A budget of Rs. 10,000/- is provided for TI with 5000 migrants and 15000/- for TI with 10000 Migrants for social marketing of condoms and STI medicine. The number of social marketing condom outlets and sales per out let would be based on the performance indicators. The medicines are to be marketed at no profit basis and preferably be purchased from government schemes stores or Jan Aushadi Yojana stores in the State. In case of purchase from other stores, it should only be made from a distributor and photocopy of the certificate of the distributor issued by Drug Inspector is to be made available in the Project Documents. There is no limit on the purchase of medicines and condoms. However, at least one month stock of medicines and condoms should be available at any point of time with the project.

The drugs are to be purchased and stored in the name of the visiting physician with subordinated by the project. The storage and supply would adhere existing norms of Drugs and Cosmetics Act. TI should maintain stock register and sales monitoring record of condoms and STI medicines.

Clinic Maintenance Cost

This is admissible for purchase of disposable surgical gloves, consumables and other sundry items as recommended by the visiting physician. In truckers and migrant TIs since the health related services are to be provided in field locations in addition to the office and DICs, the above items wherever applicable to be transported by the TI. No separate cost is provided for satellite clinics. The

satellite clinics are to be operated at fixed locations.

Advocacy Meeting

This pertains to activities related to advocacy and networking with health care providers, workers association or union, brokers and contractors, employers, labour officers, other power structures, religious leaders, community leaders, government departments, local police officers with an objective of smooth implementation of the project and linking the target population with various government services.

The budget per activity is Rs. 200/-. There would be 12 activities per year for TI with 5000 migrants, 24 activities per year for TI with 10000 migrants and above. Expenditure will be incurred against food and other logistics. Preferably all sites of the intervention to be covered at least once in six months. Meetings to be planned based on need. The report includes date and time of meeting, name and signature of participants, topic discussed, decision and action taken and follow up plan. Vouchers and bills should be available for the meeting.

Congregation Events

Lump sum amount is allocated as these events are to bring the migrants and other key stakeholders together and mobilize them for service access. During these events different service providers, health care providers, workers association or union, brokers and contractors, employers, labour officers, other power structures, religious leaders, community leaders, government departments should be invited for interaction on various topics. Community members may perform their talents through various cultural activities. TI covering 5000 migrants should conduct 4 congregation events and TI with coverage of 10000 should conduct 8 congregation events in a year. Project has to meet expenses pertaining to hall rent, sound system, minimum refreshments for guests and community members, preparation of materials for the events, documentation etc. At least 10% of the target population may attend such events.

Demand Generation Activities

This pertains to meeting with 40-50 migrants, contractors, employers and other key stake holders in a site by its Peer Educator, supported by ORW. Preferably all sites with more than 80-100 migrants either residing or working to be considered. Priority to be given to sites having low service uptake least once in a quarter. The themes for demand generation activities must be derived from the performance reports of each site. For example: each site should have a performance indicators in terms of coverage, outreach, service uptake, linkage with services, social marketing of condoms, crisis reported etc. TI with 5000 migrants should conduct 12 activities in a year @ of 500/- per activity and TI with 10000 migrants should conduct 24 activities per year @ of 500/- per activity.

For Interventions operating in Source out migration districts

Mid-media activities

Theme based mid-media activities related to service uptake among migrants and their spouses, risk perception and linkage with services. These events are to be planned during returnee season of the migrants in the area and should be considered unless the same is budgeted under IEC division of SACS. There should be a consolidated plan for the area so that there is no duplication of events. These are to be performed preferably by the trained troupes of SACS and in the locally acceptable formats.

Social marketing of Condoms and medicines

A budget of Rs. 10,000 is provided per district for social marketing of condoms. The number of socially marketing condom outlets and sales per outlet would be based on the performance indicators.

Information Booth (IEC Kiosk)

Information booths are to be established in public places such as panchayat office, block office, PHCs, Sub-centres, Anganwadi centres indicating the services provided for migrants and their spouses from all government schemes. Operational Guidelines may be referred for details.

Health melas

The activity is proposed to organize health camps during returnee season of migrants along with HIV testing and counselling services at pre-planned locations within the block. This activity should not be duplicated with the plan of SACS. These camps to be organized in close liaison with the local PHC, so that doctors and medicines can be supplied from PHC. The budget is towards arrangement of the camp, travel of doctor and paramedical staffs. Out of the 3500/- per health mela budget Rs. 1000/- may be used towards refreshment of the staffs or volunteers involved in the camp.

District level Stake holder meets

This pertains to activities related to advocacy and networking with health care providers, workers association or union, brokers and contractors, employers, labour officers, other power structures, religious leaders, community leaders, government departments, local police officers with an objective of smooth implementation of the project and linking the target population with various government services. Meetings to be planned based on need. The report includes date and time of meeting, name and signature of participants, topic discussed, decision and action taken and follow up plan. Vouchers and bills should be available for the meeting.

The budget per activity is Rs 200/- for 12 activities per year. Expenditure will be incurred against food and other logistics. Preferably the meeting should not be a separate meeting; instead these meetings should be adding on activities to the ongoing meeting at block and district level. For example, for a meeting with anganwadi workers – CDPO monthly meeting.

Meeting with other Service providers

Budget provisioned for meeting with stakeholders at district or block level with government officials, PRI members who have direct influence on the functioning of the intervention. These meeting should leverage with the ongoing meeting chaired by District Collector or Block Development Officer. Meeting minutes reflecting discussions and action points to be maintained by the TI.

For Interventions operating in Transit Migrants sites

IEC kiosk

These kiosks should be transportable and temporary for use in the field. The kiosk should carry messages on behaviour change, condom promotion, services by the project.

Mid-media activities

Theme based mid-media activities related to service uptake among migrants and their spouses, risk perception and linkage with services. These events are to be planned during returnee season of the migrants in the area and should be considered unless the same is budgeted under IEC division of SACS. There should be a consolidated plan for the area so that there is no duplication of events. These are to be performed preferably by the trained troupes of SACS and in the locally acceptable formats.

Meeting with Stake holders

Budget provisioned for meeting with stakeholders include meeting with stakeholders such as Railway/ Transport authorities, local rickshaw/auto rickshaw union, porters union regarding the transit migrant intervention activities and their expected role. Preferably these should be facilitated by the TSU or SACS staffs.

Social Marketing Condoms

A budget of Rs. 5,000 is provided per transit intervention for social marketing of condoms. The number of socially marketing condom outlets and sales per out let would be based on the performance indicators.
