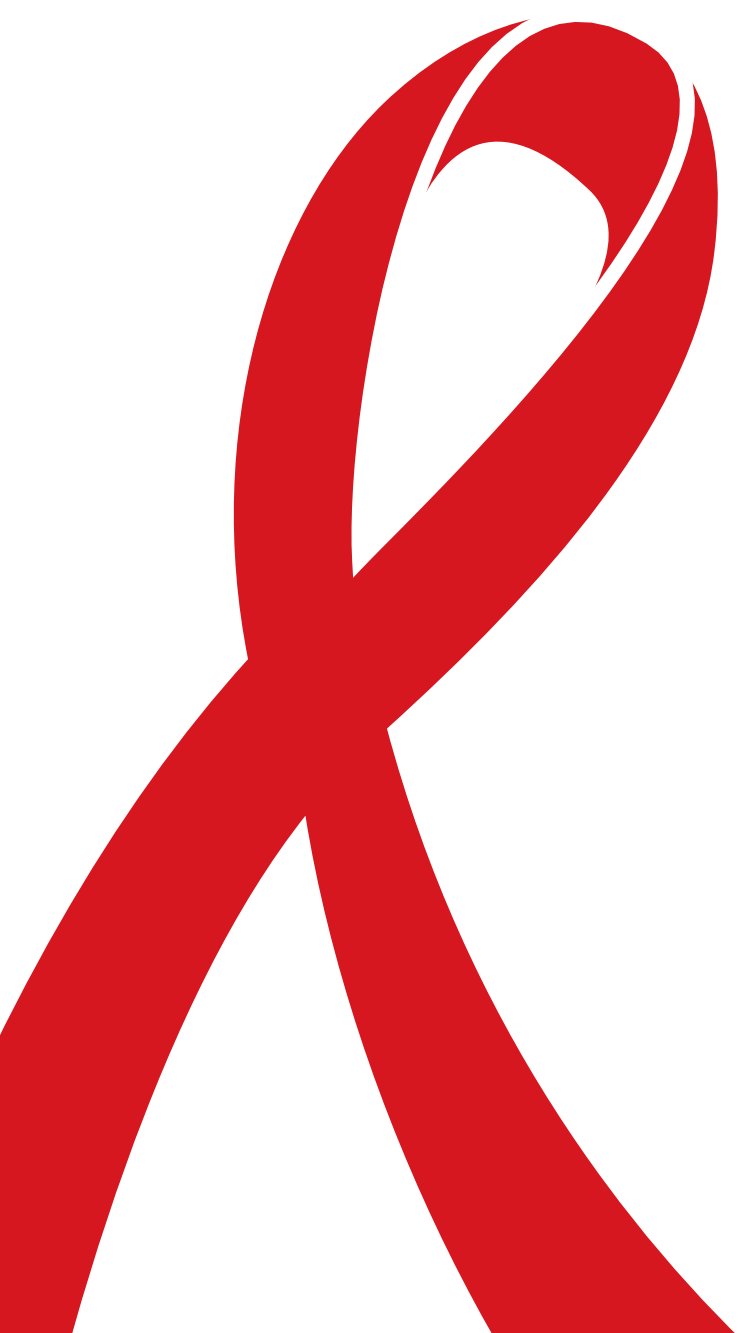




# Management Information Systems For Targeted Interventions



**NACO**

---

National AIDS Control Organisation

---

**- Ready Reference**





## INTENDED USERS OF THIS DOCUMENT

**This document is intended for SACS, TSUs, NGOs/CBOs.  
It is specifically intended for the following officers:**



**SACS:** Joint Director (TI), Deputy Director (TI), Assistant Director (TI)



**TSU:** Team Leader (TI), PO (TI)



**NGOs/CBOs:** Project Managers, MIS Officers and Outreach Workers,  
Community Mobilizers



## INTRODUCTION

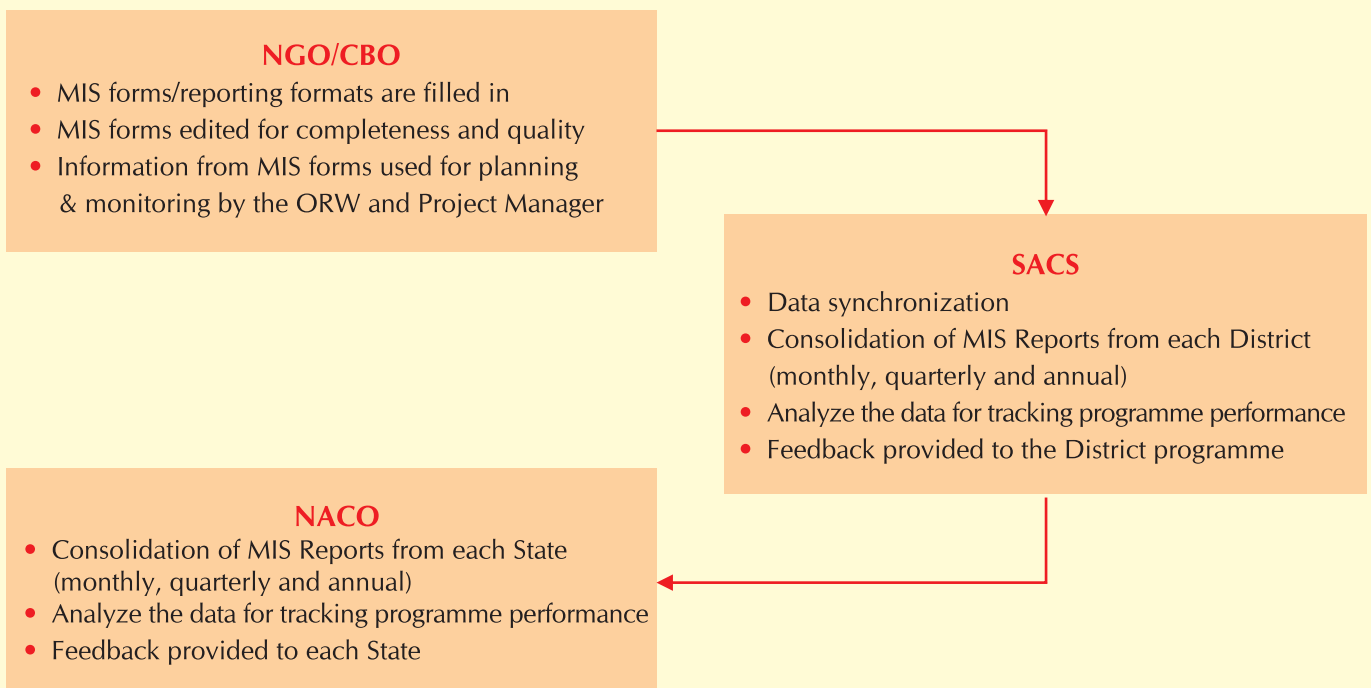
The decentralized model for management of NACP III requires a robust and responsive system of collecting and analyzing data. The goal of the national HIV/AIDS monitoring and evaluation framework is to guide the collection, analysis, use and dissemination of information that will enable the tracking of progress in response to HIV/AIDS and enhance informed decision making.

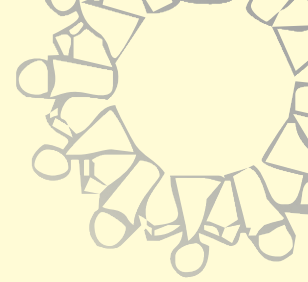
Data is needed for two critical management functions:

1. Tracking the epidemic (i.e. to understand the magnitude, trajectory and potential for spread of HIV); and
2. Tracking the performance of the programme (i.e. to measure achievements against targets and to identify underperforming implementation units which require more support and supervision) so as to
  - Measure achievement – What has been achieved? How do we know that the project or event or an activity has caused the result?
  - Assess progress – Are the objectives being met?
  - Identify strengths and weaknesses – Where does the project need improvement and how can it be done or rectified? Are the original objectives still appropriate?
  - Check effectiveness – What difference has the project made? Can the impact be improved?
  - Share experiences – Can the information help to prevent loopholes, mistakes or to encourage positive approaches?

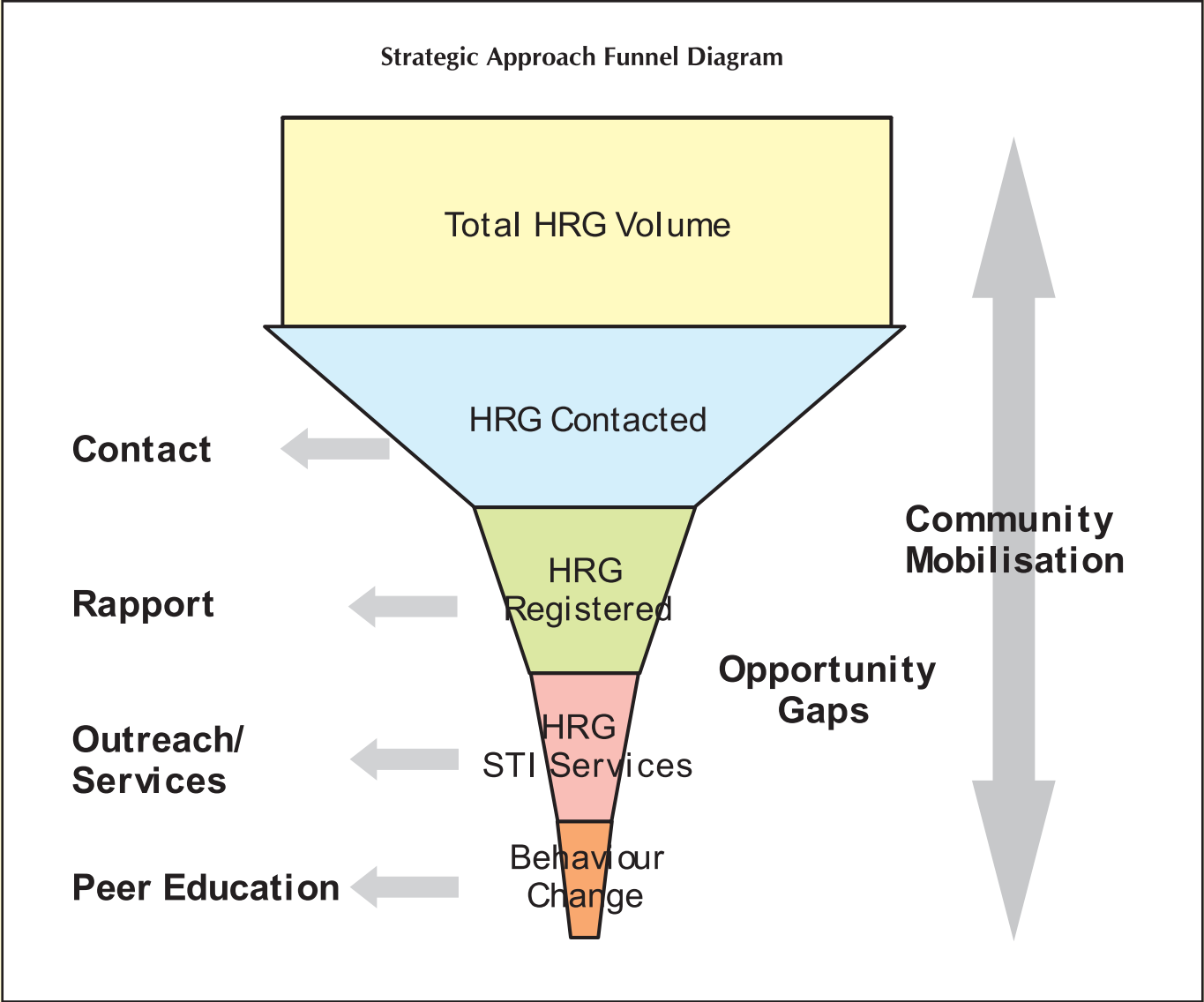
### Flowchart of the management information system for TIs

To achieve the above, the Management and Information System must be consistent and integrated at all levels. The MIS system at the NGO/CBO level needs to be linked to the SACS and to the National MIS system. Linkages and consistency at all levels are critical to ensure the efficiency of data management and the usefulness of information for decision making and programme planning, including assessing the progress of TIs. The flow chart below depicts the data flow from NGOs/CBOs to SACS and to NACO:





**STRATEGIC APPROACH TO PROGRAMME MONITORING OF TIs**





## Strategic Information Management Units (SIMU)

The Strategic Information Management Units established at National and State levels should work in close coordination. Each SIMU is to be headed by a Joint Director for SIMU and include a Surveillance Officer, an M&E Officer, an Epidemiologist, a Statistical Officer, and a Data Entry Assistant. The broad functions they would perform are:

### At National Level

- Develop and manage overall National M&E plan and Strategic Information Management System
- Establish Technical Resource Group for guiding activities including experts from education, research institutes and related ministries and international agencies
- Direct state SIMU and affiliated institutions in collecting, collating, analyzing M&E data for HIV prevention and control activities across country
- Report data on HIV epidemic to ministry for completion of annual and periodic reports for policy and strategic planning
- Be focal point for short and long term planning for national HIV prevention and control M&E activities; guide other units to implement HIV programme M&E activities
- Monitor, evaluate and supervise activities on HIV M&E across country
- Organize trainings in collaboration with academic institution for the SIMU staff
- Conduct evaluation studies and add indicators suitable for realistic situation

### At State Level

- Develop state M&E plans and implement M&E activities within state and report to national M&E
- Collect, verify and process data on HIV related activities from all units within state
- Implement HIV M&E activities locally which would include ensuring data quality - the accuracy, completeness and timeliness - and reporting it to National SIMU
- Prepare state level reports, provide data to State Government, provide analysis and evidence to guide the programme decisions
- Technically and professionally guide, supervise and support data collection for M&E indicators from the districts
- Organize trainings on M&E based on needs

## Data collection tools at TI level

The targeted intervention activities are broadly grouped as under:

- Outreach level activities
- Clinic level activities
- Project level activities

In this booklet the programme activities have been divided into three sections. These sections pertain to

1. Outreach level activities
2. Clinic level activities
3. Project level activities



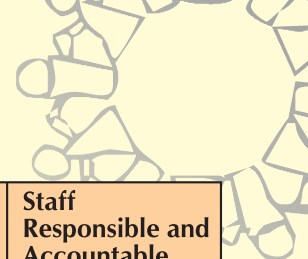
## LIST OF DATA COLLECTION TOOLS FOR TI

Data Capturing Tools	Content of the Form	When to Fill and Who has to Fill	Usefulness of the Information	Staff Responsible and Accountable
<b>HRG Registration Format (Form A)</b>	<p>Contains information on basic profile of a HRG. It gives comprehensive information of the HRG - e.g. name, age, category, sub-category and location of HRG and date of registration. Code of HRG is given.</p> <p>This form is confidential and kept in safe custody by the MIS officer/Programme Manager.</p>	For each HRG once during the project period. Filled in by the ORW after identified as new to the programme by the PE.	<ol style="list-style-type: none"> <li>1. Number of registration forms speaks about the number of HRGs registered with the programme.</li> <li>2. This is an authenticated document of an HRG of having enrolled in the programme to avail project services.</li> </ol>	Peer Educator for identification of HRG and Outreach worker for registering in the project.
<b>Peer Educator Weekly Planning &amp; Activity Sheet (Form B)</b>	<p>The sheet is used by the PE for the activities conducted at the site/hotspot level during a given week. Every week beginning fresh sheet will be used with the names generated through the computer. The sheet contains information to assess the risk for each HRG met in each week based on the parameters and also services provided to each HRG.</p> <p>AT the end of each week, the filled in form is to be returned to ORW.</p>	On day-to-day basis the PE will fill in the format after each contact made with the HRG in his/her hotspot for the project services given.	<ol style="list-style-type: none"> <li>1. Helps in tracking the HRG being met on day-to-day basis.</li> <li>2. Helps in knowing the risk profile of each HRG which is assessed on weekly basis by which the prioritization would be done.</li> <li>3. Helps in knowing the referrals due /overdue for STI/ICTC.</li> <li>4. Helps in knowing the number of condoms /syringes being distributed to each HRG.</li> <li>5. Helps in knowing the number of referrals made during each week.</li> <li>6. Helps in knowing number of newly identified HRG during the month.</li> </ol>	Peer Educator
<b>PE wise Individual HRG Compiled Monthly Sheet (Form C)</b>	<p>The form is used by the ORW to compile information on the services provided to each HRG during the month. The names of the HRG will be generated by PE wise in the sheet from the computer line listing. One sheet will contain names of HRGs belonging to one PE allocated area.</p> <p>The information for each HRG will be compiled from the weekly sheet submitted by the PE.</p> <p>This sheet tracks information for each HRG on the type of services given. This sheet is used to track on core parameters for each HRG met.</p>	On monthly basis the ORW will compile in the format for HRG after each contact made with the HRGs in his/her hotspot for the project services given.	<ol style="list-style-type: none"> <li>1. Helps in knowing type of services given to each HRG during the month in a given area.</li> <li>2. Helps in knowing the number of condoms /syringes being distributed to each HRG during a month.</li> <li>3. Helps in knowing the number of HRGs in 1-1 and 1-group.</li> <li>4. Helps in knowing the condoms /syringes distributed to each HRG are as per requirement/demand analysis.</li> <li>5. Helps in knowing the number of referrals made during the month.</li> <li>6. Helps in knowing number of HRGs met on regular basis.</li> <li>7. Helps in knowing the HRGs not contacted during a month.</li> <li>8. Tracks condom usage by each HRG during the month.</li> </ol>	Outreach Worker

Data Capturing Tools	Content of the Form	When to Fill and Who has to Fill	Usefulness of the Information	Staff Responsible and Accountable
<b>Monthly Summary Sheet</b> <b>(Form C_1)</b>	<p>This sheet is used by the ORW to track the PE performance each week based on the PE weekly planning activity sheet submitted on weekly basis.</p> <p>The ORW has to compile information for each PE for each week based on the PE weekly sheet submitted on weekly basis.</p>	<p>On weekly basis, the ORW to update this sheet.</p> <p>At the end of each month, each ORW to submit to Project Manager which will be disseminated during the monthly meeting.</p>	<p>The format will be useful in knowing:</p> <ol style="list-style-type: none"> <li>1. Number of HRGs met each week by each PE.</li> <li>2. Number of condoms being distributed each week by each PE.</li> <li>3. Number of referrals to STI/ICTC, ART made in each week by each PE.</li> <li>4. Number of 1-1 or 1-group conducted by each PE in each week.</li> <li>5. Number of violence reported in each week from each PE allocated area.</li> <li>6. Number of HRG having said used condom used during last sex in each week in each PE area.</li> </ol>	<p>Outreach Worker</p>
<b>Outreach Weekly Report</b> <b>(Form D)</b>	<p>This is a monitoring checklist which each ORW during his/her field visit has to fill up. It has seven sets of activities which an ORW has to perform during his or her field visit.</p> <p>The weekly report contains the following:</p> <ol style="list-style-type: none"> <li>1. Information on monitoring on PE activities at the field level.</li> <li>2. Information on site level review conducted by the ORW and action taken during the review.</li> <li>3. Number of new HRGs identified and compare the numbers with the estimates in a given areas.</li> </ol>	<p>The information is collated by ORW from each site visit made for each PE and prepare on monthly basis.</p>	<ol style="list-style-type: none"> <li>1. It helps the ORW to tune the PE weekly plan based on the performance of each PE at the site level during each site visit.</li> <li>2. It helps ORWs in correcting deviation happening in each site.</li> <li>3. Helps in identifying the issues emerging at the field level and addressing the same during the weekly meeting.</li> <li>4. Type of support provided to PE at the site level – Details of gaps identified by the ORW in PE service system, the type of skills oriented / re-oriented on to the PE.</li> <li>5. Number of meetings held to strengthen the linkages with the programme.</li> </ol>	<p>Outreach Worker</p>

Data Capturing Tools	Content of the Form	When to Fill and Who has to Fill	Usefulness of the Information	Staff Responsible and Accountable
<b>HRG Master Register (Form E)</b>	<p>This is a computerized sheet designed in excel format.</p> <p>The information from HRG registration form is entered into computer for easy accessing of list and other details on regular basis. The HRG profile is entered into computer by site/hotspots wise.</p> <p>It also contains information on the drop outs cases – who has been dropped out, date of drop out etc.</p> <p>It is a computerized data bank.</p>	<p>As and when HRG is registered by the ORW, the form is handover to MIS officer to enter the HRG profile into the computer.</p> <p>On weekly basis all the newly registered HRGs will be updated by the MIS Officer. This is a one time entry for each HRG.</p>	<ol style="list-style-type: none"> <li>1. At any given point of time, TI will have an updated list of HRG (also known as line listing).</li> <li>2. A list by site/hotspot wise could be retrieved easily without going through the physical registration formats.</li> <li>3. It is also useful in knowing the number of HRGs in each site/hotspot.</li> <li>4. It also reveals how many HRGs have been dropped out of the programme and from which site/hotspots.</li> </ol>	<p>MIS Officer</p>
<b>Network Clinic Register (STI-RTI) (Form F)</b>	<p>The register has the provision to record, STI symptom details, type of treatment given, any lab test conducted etc. which is comprehensive information on the visit made by the HRG to the clinic. This is individual sheet for recording information for each HRG visiting the clinic.</p> <p>On every visit of the HRG to the clinic, a fresh form is filled in.</p>	<p>The patient register form is to be filled in by the doctor for each patient visiting the clinic. Every time a new form is to be filled in though the patient has been repeated more than once during a given month.</p>	<ol style="list-style-type: none"> <li>1. The patient register form gives details of information of the patient visiting the clinic.</li> <li>2. It gives information on the type of diagnosis made, treatment given and further any lab test done.</li> <li>3. It also reveals that whether the patient has been referred to referral centers.</li> </ol>	<p>Doctor</p>
<b>Abscess Management Format (only for IDU intervention) (Form F_1)</b>	<p>The format is applicable for IDU intervention. It contains details on the diagnosis and treatment for abscess management. This is additional sheet to be used in IDU intervention (Patient Register (STI-RTI)).</p>	<p>This is a summary sheet to record information on abscess management.</p>	<ol style="list-style-type: none"> <li>1. It reveals that how many patients have visited the clinic on each day for abscess management.</li> <li>2. It also reveals on type of treatment provided for abscess management.</li> <li>3. It also reveals on the number of new HRGs visited clinic in a given month for abscess management.</li> </ol>	<p>ANM/ Counselor</p>

Data Capturing Tools	Content of the Form	When to Fill and Who has to Fill	Usefulness of the Information	Staff Responsible and Accountable
<b>Clinic Daily Summary Sheet</b> <b>(Form FF)</b>	<p>This is a summary sheet where, all the requisite information from the filled in patient register during a given day is transferred. This form gives summary details of each HRG visited the clinic and on number of clinic patients visited each day and type of diagnosis and treatment given.</p> <p>The second part of the summary register captures the drugs dispensed on day to day basis to track of type of drugs dispensed which will be tallied with the stock registers.</p>	<p>The HRG clinic summary sheet is to be filled in by the end of each clinic day by the ANM or by the counselor. To ensure quality, at the end of each day, the doctor verifies the entries made in the summary sheet.</p>	<ol style="list-style-type: none"> <li>1.It reveals that how many patients have visited the clinic on each day.</li> <li>2.It also reveals how many patients have been treated for STI, RMC, Abscess, General ailments.</li> <li>3.It also reveals on type of STIs treated.</li> <li>4.It also reveals on the number of new HRGs visited clinic in a given month.</li> <li>5.This sheet is used by the MIS Officer for entering the data into the computer.</li> <li>6.Gives information on day to day type of drug consumed.</li> </ol>	ANM/ Counselor
<b>Medicine Stock Register</b> <b>(Form G)</b>	<p>It contains information on the status of each medicines distributed to the patients and balance available at the clinic (Only STI medicines are recorded).</p> <p>The second part of the stock register is the indent register which will be used for indenting the stock of essential STI drugs.</p>	<p>ANM on day to day basis, updates the information on the stock received, consumed and balance available for each type of medicine.</p> <p>ANM places the order of essential STI drugs through indent register.</p>	<ol style="list-style-type: none"> <li>1.One can know the status on number each STI medicine available in the project at any given point of time.</li> <li>2.It gives status on stock consumption pattern of each medicine in each given period.</li> <li>3.A written documentation available for ordering STI medicines through an indent register which keeps a track of the medicines being indented data and quantity.</li> </ol>	ANM/ Counselor
<b>Referral Slips and Registers</b> <b>(Form H)</b>	<p>The Referral Slips are in triplicate and used for referring the HRGs. One slip is retained by the referral center, one by the HRG and third one is kept at the project office.</p> <p>Once the referral slips are issued, the information is noted in the referrals registers. It contains information for recording HRGs who have been referred to various referral centers. It also tracks whether a HRG referred actually treated at the referral center(s).</p>	<p>The ANM is the responsible person to issue the referral slips. All the referrals cases referred – either through outreach, clinic, has to be given a referral slip and the same is noted in the referral register for tracking. The register is filled in as and when a referral is made.</p>	<ol style="list-style-type: none"> <li>1.The Referral Register helps in tracking number of HRG being referred and being tested each month.</li> <li>2.From the referral registers, it can be tracked who has been referred and when the person has been referred.</li> <li>3.The registers reveal that each month how many referrals have been made and how many have been tested.</li> </ol>	ANM/ Counselor



Data Capturing Tools	Content of the Form	When to Fill and Who has to Fill	Usefulness of the Information	Staff Responsible and Accountable
<b>Counseling Register</b> <b>(Form I)</b>	It contains information on details of counseling done for each HRG by the ANM / Counselor. Each patient one row is allocated.	The Counselor or the ANM is responsible to fill in this format. After each patient is counseled, the record is updated.	<ol style="list-style-type: none"> <li>1.It helps in knowing number of counseling session conducted in a given period of time.</li> <li>2.It helps in knowing the type of counseling given.</li> <li>3.It also helps in knowing whether a HRG has been given pre- and post-counseling especially for the cases of STI.</li> </ol>	ANM/ Counselor
<b>Advocacy Activity Report</b> <b>(Form J)</b>	The NGO has to conduct a set of advocacy activities during the project period. The form has provision to record detailed information for each advocacy activity undertaken by the project from time to time. Each advocacy activity one form will be filled in.	The Programme Manager is responsible to document all the advocacy or advocacy related activity. After each advocacy activity, the Programme Manager fills in the format. For each advocacy, one form to be filled in. The form is stored.	<ol style="list-style-type: none"> <li>1.The format gives information on number of advocacy activity conducted in a given period.</li> <li>2.The formats also speak on type of the advocacy conducted from time to time.</li> <li>3.It gives information on the type of stakeholders with whom the advocacy activity has been conducted.</li> </ol>	Programme Manager
<b>Crisis Management Register</b> <b>(Form K)</b>	This is a format to document an incident of violence occurred in the community. It contains information on the type of violence occurred and whether it has been resolved or attended.	As and when a violence has been reported to the project either by PE/ORW or any other staff, the Project Manager has to fill in the form for documentation purposes. Each violence reported, one form to be prepared.	<ol style="list-style-type: none"> <li>1.The format reveals on the type of violence occurred in each site/hotspot.</li> <li>2.Reveals type of violence occurred and whether any action taken.</li> <li>3.Type of violence addressed within 24 hours.</li> </ol>	Programme Manager

Data Capturing Tools	Content of the Form	When to Fill and Who has to Fill	Usefulness of the Information	Staff Responsible and Accountable
<b>Training Register</b> <b>(Form L)</b>	Periodically, all the TI project staffs are to be trained (e.g. refresher training, skill enhancement training for different cadre of staff at the TI level), To keep track of training being conducted from time to time, a training register is maintained. The training could be conducted by the SACS/TSU or in-house training organized at the TI level.	The Programme Manager is responsible to fill in this register. At the end of each training session conducted this register has to be filled in.	<ol style="list-style-type: none"> <li>1. Gives information on the number of trainings conducted in a given period.</li> <li>2. Gives information on the type of training given (topics covered etc.) to the staff has been conducted.</li> <li>3. Gives information on the type of staff trained.</li> </ol>	Programme Manager
<b>Drop-in-Center Register</b> <b>(Form M)</b>	This is a register kept at every drop-in-center to track HRGs who are visiting the drop-in-center on each day. It contains information - name of the HRG, when visited, purpose of the visit, number of condoms/syringes received from the drop-in-center).	The Programme Manager appoints a community member ( who is willing to take up). The accountability lies with the Programme Manager for the management of the drop-in-center and the register maintenance.	<ol style="list-style-type: none"> <li>1. Number of HRG visited the DIC in a given period.</li> <li>2. Purpose of visit to the Drop in center.</li> <li>3. Time spent in the Drop-in-center by each HRG.</li> </ol>	ANM/ Counselor
<b>Commodity Stock Register</b> <b>(Form N)</b>	All TI projects distribute commodities (condom, lubes, syringes) as part of the project services. The stock register is maintained to track the number of commodities being received from sources and distributed through different channels.	The Programme Manger maintains the stock register. The register is updated on day to day basis (based on the transaction made – received from different sources and distributed).	<ol style="list-style-type: none"> <li>1. Number of commodities available at the end of each month.</li> <li>2. Number of commodities received during a given period.</li> <li>3. Number of commodities distributed during a given month.</li> <li>4. Number of channels used for distribution.</li> </ol>	Programme Manager



Data Capturing Tools	Content of the Form	When to Fill and Who has to Fill	Usefulness of the Information	Staff Responsible and Accountable
<b>Movement Register</b> <b>(Form O)</b>	This is register which documents the staff movement for the project activities. To track the staff movement who moves out of the office for official work (undertaking field visit, attending workshops, meetings at the state level etc.). It contains information on the purpose of the visit, place of visit and duration of the visit including date and time.	The Programme Manager is responsible to maintain the register. Each staff moving out of the office for official purposes has to fill in the register.	<ol style="list-style-type: none"> <li>1. It helps in tracking each staff movement out of the office for the official purposes.</li> <li>2. It also helps in tracking the purpose of the visit made by each staff.</li> <li>3. This register is a document for verification of visits made by the Programme Manager and other staff who are responsible for making field visits for supportive supervision.</li> </ol>	Programme Manager
<b>Community Mobilization Activity Register</b> <b>(Form P)</b>	This register contains detailed information on the groups/committees formed with the support of TI Project. It gives information on the date of formation with registration details, if any, of groups/committees, number of members of the groups/committees.	As and when a groups/committees are formed, this register is filled in. The Programme Manager is responsible to fill in the information.	<ol style="list-style-type: none"> <li>1. Number of groups/committees formed in a TI area.</li> <li>2. Number of community members enrolled in the groups/committees.</li> <li>3. Number of sites/hotspots where the groups/committees have been formed.</li> </ol>	Programme Manager

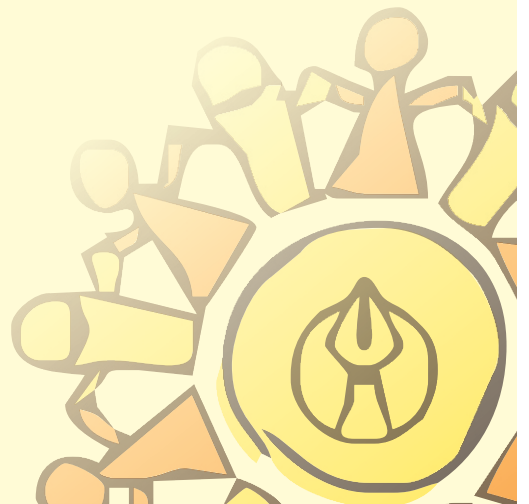
## TI STAFF RESPONSIBLE FOR DATA COLLECTION TOOL

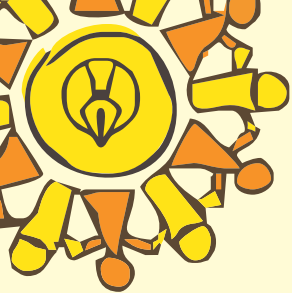
Name of the Staff	Type of Forms Used	Frequency of Usage	Number of Formats Required to be Filled
<b>PE</b>	Peer Educator Weekly Planning & Activity Sheet <b>(FORM B) for FSW &amp; MSM</b> + <b>FORM B_1) for IDUs</b>	Daily	<b>1</b>
<b>ORW</b>	HRG Registration Format. <b>(FORM A)</b>	As and when a new HRG identified at the site level	<b>3</b>
	PE wise individual HRG compiled Monthly Sheet. <b>(FORM C) + Monthly Summary Sheet (FORM C_1)</b>	On weekly basis	
	Outreach Weekly Report <b>(FORM D)</b>	Weekly	
<b>MIS Officer / Accountant</b>	HRG Master Register <b>(FORM E)</b>	Weekly	<b>1</b>
<b>Doctor</b>	Net work Clinic Register <b>(FORM F)</b>	Daily	<b>1</b>
<b>ANM / Counselor</b>	Clinic Daily Summary Sheet <b>(FORM FF)</b>	Daily	<b>5</b>
	Medicine Stock Register <b>(FORM G)</b>	2 – 3 times per week	
	Referral Register / Slips <b>(FORM H)</b>	Daily	
	Counseling Register <b>(FORM I)</b>	Daily	
	Drop-in-center Register <b>(FORM M)</b>	Daily	
<b>Programme Manager</b>	Advocacy Register <b>(FORM J)</b>	Once / twice in a month	<b>6</b>
	Crisis Management Register <b>(FORM K)</b>	Once / twice in a month	
	Training Register <b>(FORM L)</b>	Usually once in a month	
	Stock Register <b>(FORM N)</b>	Weekly	
	Movement Register <b>(FORM O)</b>	Daily	
	Community Mobilization Activity Register <b>(FORM P)</b>	Once in 2 – 3 months	



## FORMATS FOR OUTREACH LEVEL

---





## HRG REGISTRATION FORM



**FREQUENCY:** As and when a HRG is identified



**WHERE:** At the hotspot level



**BY WHOM:** ORW



**FOR WHAT:**

- To know the details of each HRG identified - name, age, date of joining the project.
- To understand the demographic details of the HRGs living/operating in a given hotspot/area/location.



**Guidelines for filling the form:**

**NOTE:** The form is to be filled by the ORW (after PE identifies a HRG in his/her site/hotspot). The forms after filling up should immediately be handed over to Project Manager / MIS officer / Accountant for entering the information in the Master List of HRGs Register **“FORM E”**.

The site is logically defined as a geographical area where there is a concentration of HRGs (HRGs).

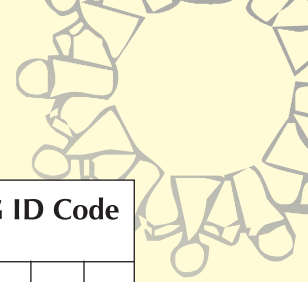
The codes for the PE and ORW will be generated within the TI by the Project Manager.

### Code to be given

**\*ID number:**

**15 digit code in the following break up:**

- |                   |  |
|-------------------|--|
| State code:       | 2 digit columns (Census code will be used).  |
| District Code:    | 2 digits columns (In each state the district codes will be unique).<br>Census code will be used. |
| Town Code:        | 3 digit columns (In each state the town code will be unique).<br>Census code will be used.       |
| TI Code:          | 3 digits columns (In each district, the TI code will be unique and given by SACS).               |
| Category of HRG : | 1 digit column (“F” for FSW, “M” for MSM, “I” for IDU, “T” TRUCKERS and “G” MIGRANTS ).          |
| Serial Number:    | 4 digit column (for each category of HRG, the number will start from “0001”).                    |



State Code		District Code		Town Code			TI Code			Category of HRG	HRG ID Code			

**For example (to fill in the code):**

State Code		District Code		Town Code			TI Code			Category of HRG	HRG ID Code			
0	3	2	1	0	4	7	0	1	2	F	0	3	4	7

**NOTE:** The individual HRG code number will be provided by the M&E Officer at the TI level before entering the data into the Master Register and the same will be shared with the ORW/PE.

**\*\* Marital Status Code:**

- 1. Never Married,                      2. Married,                                      3. Widow / Widower,                      4. Divorced,
- 5. Separated,                              9. Not known / Not revealed.

**\*\*\* Employment Status Code:**

- 1. Never employed,                      2. Currently unemployed,                      3. Full time employed
- 4. Part time employed,                      5. Student /Housewife,                      6. Other (specify)
- 9. Not known / Not revealed.

**# Educational Level Code:**

- 1. Illiterate,                      2. Literate (can read and write),                      3. Primary Education ( upto 5th class of schooling),
- 4. Middle Education (upto 8th class of schooling),
- 5. Matriculation / Higher Secondary (10-12 year of schooling),                      6. Graduate and above.
- 9. Not known / Not revealed.

**\$ Mobility Status:** If a HRG moves out of his/her city/town/village for more than 10 days in a month on regular basis are categorized as mobile HRG.

**@ HRG Category:** If a HRG falls in more than one category, the ORW needs to probe and circle (O) the primary category which S/he identifies himself/herself. And also tick (✓) the secondary category which S/he falls under. (for example: if a HRG primarily identifies herself as a sex worker and because of her profession, she injects, the ORW may categorize her in the primary category as an "FSW" and in the secondary category as IDU. To quote another example, if a HRG primarily identifies herself as an IDU and for money to buy drugs, she also indulge in sex act with different client, then the ORW may primarily categorize her as an "IDU" and declare her in the secondary category as an FSW.

**Definition of sub-categories of population:**

**➤ FSW Category:**

**1. Street based**

sex workers are those who solicit clients on the street or in public places such as parks, railway stations, bus stands, markets, cinema halls. They may live in a brothel and may entertain their clients in a lodge, car, truck, hotel room, at the client's home, in a cinema or in a public place.



## 2. Brothel based

sex workers are those whose clients contact them in recognised brothels, that is buildings or residential homes where people from outside the sex trade know that sex workers live and work. This includes sex workers in Kamathipura in Bombay and Sonagachi in Calcutta, and also smaller scale brothels in Districts such as Sangli, Bagalkot and Guntur. Typically, a brothel is a place where a small group of sex workers is managed by a Madam (*gharwali*) or an agent. Usually the sex worker pays a part of her earnings to the *gharwali*.

## 3. Lodge based

sex workers are those who reside in what is known as a lodge (a small hotel) and their clients are contracted by the lodge owner, manager or any other employee of the lodge on the basis of sharing the profits. These sex workers do not publicly solicit for clients.

## 4. Dhaba based

sex workers are those who are based at *dhabas* (roadside resting places for truckers and other long distance motorists) or roadside country motels. Like lodge based sex workers, these sex workers do not publicly solicit clients, but rather are accessed by clients who come to these locations. In some cases, *dhaba* based sex workers are also contracted by the *dhaba* owners and could move from *dhaba* to *dhaba* based on their contracts.

## 5. Home based

or “secret” sex workers operate usually from their homes, contacting their clients on the phone or through word of mouth or through middlemen (e.g. auto drivers). Generally, they are not known to be working as sex workers within their neighbouring areas. In fact, they could have an entirely different “public” identity – e.g. housewife, student. While many sex workers operate “secretly” given the level of harassment, violence and stigmatisation they experience from the police, the rowdies and the members of general public, for the purpose of TIs, the term “secret” sex worker refers to a specialised category of sex workers, as explained above. They are only “secret” or “anonymous” in terms of their identity in their immediate context (e.g. family, neighbourhood) – not in terms of accessibility to programmes or their clients.

## 6. Highway based

sex workers are those who recruit their clients from highways, usually from among long distance truck drivers.

## 7. Slum Based

'Slums' have been defined under Section 3 of the Slum Areas (Improvement and Clearance) Act, 1956 as areas where buildings-

- are in any respect unfit for human habitation;
- are by reason of dilapidation, overcrowding, faulty arrangement and design of such buildings, narrowness or faulty arrangement of streets, lack of ventilation, light, sanitation facilities or any combination of these factors which are detrimental to safety, health and morals.

## ➤ MSM Category:

### 1. Hijras:

*Hijras* belong to a distinct socio-religious and cultural group, a “third gender” (apart from male and female). They dress in feminine attire (crossdress) and are organised under seven main *gharanas* (clans). Among the *hijras* there are emasculated (castrated, *nirvan*) men, nonemasculated men (not castrated, *akva/akka*) and inter sexed persons (hermaphrodites). While one subset of *hijras* is involved in blessing and gracing during births, marriages and ceremonies, another is involved in begging, and a third group is involved in sex work. For the purposes of TIs, *hijras* are covered under the term “transgenders” or TGs.



## 2. *Kothis*:

The term is used to describe males who show varying degrees of “femininity” (which may be situational), take the “female” role in their sexual relationships with other men, and are involved mainly – though often not exclusively – in receptive anal/oral sex with men. Some proportion of *Kothis* has bisexual behaviour and many may marry a woman. Selfidentified *hijras* may also identify themselves as *kothis*. Many *kothis* assume the gender identity of a woman.

## 3. *Double Deckers*:

*Kothis* and *hijras* label those males who both insert and receive during penetrative sexual encounters (anal or oral sex) with other men as Double Deckers. These days, some proportion of such persons also self identify as Double Deckers. Some equivalent terms used in different States are Double, *Dupli Kothi* (West Bengal) and *Do Paratha* (Maharashtra).

## 4. *Panthis*:

The term *panthi* is used by *kothis* and *hijras* to refer to a “masculine” insertive male partner or anyone who is masculine and seems to be a potential sexual (insertive) partner. Some equivalent terms used in different States to denote masculine insertive partners are *Gadiyo* (Gujarat), *Parikh* (West Bengal) and *Giriya* (Delhi).

## 5. *Bi-Sexual*:

Are those males who have sex with both male and with female.

**District:** A district is defined as a unit headed by a Deputy Commissioner/ Collector, who is responsible for the overall administration and the maintenance of law and order. Districts are most frequently further sub-divided into smaller administrative units, called either *tehsils* or *talukas* or *mandals*, depending on the region. These units have specific local responsibilities, including in particular coordinating revenue collection. An intermediate level (the sub-division) between district and *tehsil/taluka* may be formed by grouping these units under the oversight of assistant commissioners or sub-collectors. Each district includes one or two cities (or large towns), a few smaller towns and dozens of villages. Most of the Indian districts have the same name as their main town or city.

**Town:** As per census of India a town is classified as a town if the population crosses 20,000 inhabitants. On the basis of population and other issues, the state government notifies a larger community (over 10,000) as a *notified area*, and its administration is under the locally elected *notified area committee*. A settlement over 20,000 population would be classified, with a charter from the state government as a town, with a town area committee. Some laws distinguish only towns and villages from each other,

## FORM A: - HRG REGISTRATION FORM

*(NOTE: This form is confidential and should be kept at the NGO office.)*

**Information to be filled up after identifying and rapport has been established**

- |                               |            |
|-------------------------------|------------|
| 1. Site Name:                 | Site Code: |
| 2. Name of the PE             | PE Code:   |
| 3. Name of the ORW in charge: | ORW Code:  |
| 4. Date of Registration:      |            |
| 5. Name of HRG:               |            |
| 6. UID No HRG*:               |            |
| 7. Sex: M F TG                |            |
| 8. Age in Years ____          |            |
| 9. Marital status**:          |            |
| 10. Children and their ages:  |            |

	Child 1	Child 2	Child 3	Child 4	Child 5	Child 6
Sex						
Age						

- |                              |                                  |
|------------------------------|----------------------------------|
| 11. Regular Partner Yes / No | Vocation of the regular Partner: |
| 12. Employment status***:    |                                  |
| 13. Educational level#:      |                                  |
| 14. Mobility Status\$:       |                                  |

In the last three months how many times moved out	No. of times	No. of days	Reasons for moving*
Within the district			
Within the state			
Outside the state			

15. Name of the area/location where HRG normally operates:  
**(NOTE: with PIN Code of the area).**
- 16(a). **Native State:**
- 16(b). **Native District:**



17a Contact Address including pin code:

17b Contact numbers:

18. HRG Category@: FSW MSM TG IDU Migrant Trucker

19. HRG sub group: (If FSW)

- 1. Home/secret-based
- 2. Street/Public Place based
- 3. Brothel based
- 4. Lodge/Hotel
- 5. Dhaba based
- 6. Slum Based
- 7. High way sex workers
- 8. Any other ( specify)

(If MSM/TG)

- 1. Kothi
- 2. Panthi
- 3. Double Decker
- 4. Bi-sexual
- 5. Hijras
- 6. Any other (specify)

(If IDU)

- 1. Daily Injectors:
  - a. Average number of injecting acts per day (last week's recall):
- 2. Non Daily Injector:
  - a. Average number of injecting acts per week (last week's recall):

20. Average number of sexual acts per day: (last weeks' recall)

21. Number of years in sex work?

22. Days when S/he can be met in this site (use tick):

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

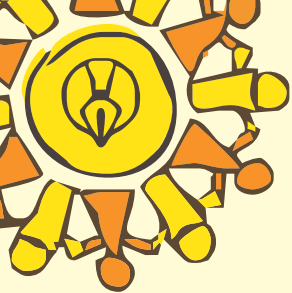
23. Time when S/he can be met in this site (use tick):

6 AM – 12 NOON	12 NOON – 6 PM	6 PM – 10 PM	10 PM – 6 AM

24. Do you consume Alcohol: 1. Yes 2. No

25. If Yes, how many days in week (answer has to be a number varying from 1 to 7):

Signature of ORW



## PE WEEKLY PLANNING AND ACTIVITY SHEET FOR FSW AND MSM INTERVENTION



**FREQUENCY:** Daily



**WHERE:** At the hotspots



**BY WHOM:** Peer Educator (PE)



**FOR WHAT:**

- To track type of services given by the PE on day-to-day basis
- To know the number of HRGs planned for outreach and the number actually reached.
- To track the number of condoms/syringes distributed to each HRG
- To know if condoms were used during last sex act
- To know about HRGs not contacted
- To assess the risk factors of each HRG.

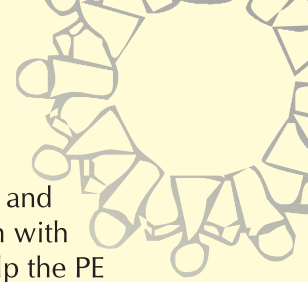
### Guidelines for filling the form

#### Who and When:

- This format will be used by the Peer Educator for every contact made during a given week with the HRGs in his/her designated hotspot/site.
- The format will be pre-listed/printed with HRG names and UID numbers by the TI MIS/accountant from the line list/master register available at the project office.
- The expectation from the PE is to cover all HRGs listed in a given hotspot/site with project services minimum once in two weeks and identify all new HRG in the site.
- The name of the new HRG will be entered in the last row of the format.
- The filled-in format is to be shared on weekly basis with the respective ORW in-charge for performance tracking and planning for the coming week.

#### How:

Each row represents information to be filled up for listed HRGs contacted.  
The details as below:

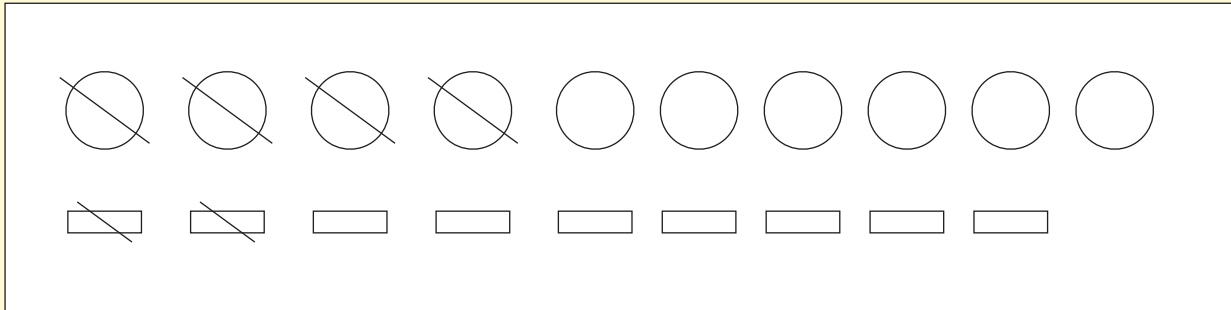


**Sl. No:** The serial number will also be used for prioritizing the HRGs, by the risk factors and vulnerability. Peer educator and outreach worker will do this prioritizing in consultation with each other every week. The prioritized serial number will be highlighted by color to help the PE plan his/her outreach.

**Name of the HRGs:** This column will be pre-listed/printed by the TI office with the names of HRGs registered and outreached by the respective peer educator in a given hotspot/site.

**UID Numbers:** The first set of circles in the box indicates 10s and second set of rectangles indicates units.

For example 42 can be represented as



**Symbols for identifying the HRG names:** This column is for those PE who is not able to identify the HRGs by names or the UID number. PE with the support of ORW will develop symbol for identifying each HRG in the given hotspot/site.

**Referral Due/Overdue – STI/ICTC:** If a HRG is due/over due for STI follow up (as per ANM/counselor), then with the support of ORW, the PE will tick mark. The number of tick mark will indicate the increased emphasis for the HRG to be brought to the clinic:

- ✓ = **one tick** if HRG is scheduled to visit the clinic during the current month.
- ✓✓ = **two ticks** if HRG is scheduled for a clinic visit since last month and has not visited the clinic as per schedule.
- ✓✓✓ = **three ticks** if HRG is scheduled for a clinic visit since last two months (three including current month) and has not visited the clinic as per schedule.

**Risk Assessment (Risk and Vulnerability):** Each week, the PE assesses the risk of the HRG based on seven (7) parameters. The information will help the PE and ORW to focus on the most at risk HRGs and provide services based on the needs. A brief description on each risk parameters is given below:

**The Risk Factors are:**

- **High number of encounters (> 15 per week)** – If the HRG client load is above 15 sex acts in a week, then S/he is at high risk.
- **Low condom use (not used condoms in more than 2 sex acts out of last 10 sex acts)** – If the HRGs states that s/he has not used condom in more than 20% of the acts (more than 2 out of a scale of 10) then s/he is at risk.
- **First year in sex work and below the age of 25 years:** If the HRGs inform that s/he is in sex work from last one year only and below 25 years of age, then s/he at high risk.
- **STI reported in last three months:** If the HRGs reports of a STI in the last 3 months, then the HRG is at risk.



**The Vulnerability Factor are:**

- **Alcohol:** if the HRG takes alcohol, then s/he is vulnerable.
- **Unsafe sex (more money):** if the HRG is doing sex acts mainly for money (economic reasons), then s/he is vulnerable.
- **Violence:** if the HRG has been victim to violence or harassment, then S/he is vulnerable.

**Condom requirement as per condom gap analysis:** The information on the number of condoms required for each HRG is calculated based on their sex acts. This information will be periodically updated by the ORW in consultation with the respective peer educator.

**Services:** In each interaction with the HRGs the PE will be giving services as listed below (8 type of services). The PE can give one or more than one service in each contact made with the HRG depending on the need and requirement of the HRG.

- **Condom distributed:** During each contact made with the HRG, the condoms are distributed as per requirement. The PE has to ensure that the number of condoms distributed to each HRG are recorded in the format are in “pieces” and not in “packets”.
- **Number of Male Condom sold:** The PE has to record the number of condoms sold to each HRG in “pieces” and not in “packets”.
- **Number of Female Condom sold:** The PE has to record the number of female condoms sold to each HRG in “pieces” and not in “packets”.

**The PE will mark (✓) when a HRG is provided 1:1 , 1:Group or is referred**

- **1:1:** When the PE meets the HRG in one contact and talk about the project services - Provides information on STI, HIV, importance of regular medical check up, referrals to ICTC, condom usage, conducts condom demonstration.
- **1:Group:** When the PE meets more than one HRG in one contact and talk about the project services - Provides information on STI, HIV, importance of regular medical check up, referrals to ICTC, condom usage, conducts condom demonstration.

**Referrals (STI and to other centres):** Each HRG has to be referred to STI clinic (project clinic or preferred providers) linked to the project and will also refer for various other project services (referring to ICTC, ART, TB Etc.).

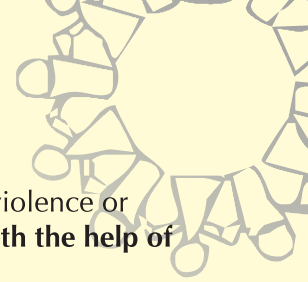
**STI:** The PE has to ensure that all the HRGs covered are referred to STI clinics/preferred provider for Regular Medical Checkups (RMC) once in a quarter. Further, a HRG has to be referred to STI clinics/preferred provider for symptomatic and asymptomatic STI treatment.

**ICTC:** All the HRGs need to be tested for the HIV twice in a year at the designated ICTC centers. The PE has to motivate the HRGs for getting tested at the ICTC. PE will also ensure that a referral slip is given to the HRG through the ORW/ANM.

**ART:** The PE will list positive HRGs in his/her hotspots. The PE will ensure that all the positive HRGs are registered with the ART. The PE will motivate the HRG on the importance of drug adherence on ART.

**Reported condom use during last sex:** During every interaction with the HRG, the PE must probe HRG has used condom during the last sex act. If the HRG informs that:

- condom was used during last sex act - tick(✓).
- condom not used during last sex act – mark (×).



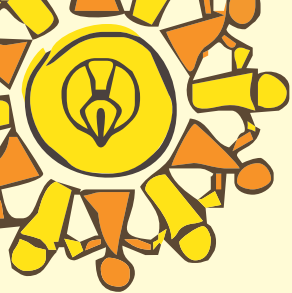
**Violence reported:** During contact by the PE, the HRG informs that s/he was victim of violence or harassment during the week, **then PE will tick (✓), (The ORW will address the issue with the help of PE) else she will mark (x).**

**Note:** On weekly basis, the site review will be jointly done with the ORW in which the form will be handed over to the ORW who in turn will check the format for its completeness. The information from the filled in format will be used for the performance tracking, prioritizing and planning for the next week.

**Usefulness of the information in the peer format:**

- Helps in knowing the number of HRGs met every week in a given hotspot.
- Helps in identifying the new HRG in the given hotspot.
- Helps in knowing the type of services provided to each HRG in a given hotspot by the PE.
- Helps in knowing the number of condoms been distributed to each HRG as well as the total number of condoms distributed and in a given hotspot.
- Helps in knowing the number of listed HRGs who are not contacted and shall be the priority for the next week.
- Help in knowing risk profile of each HRG in which s/he is in.
- Helps in knowing number of violence and Harassment incidence occurred in a given site/hotspot.





## PE WEEKLY PLANNING & ACTIVITY SHEET FOR IDU INTERVENTION



**FREQUENCY:** Daily



**WHERE:** At the hotspots



**BY WHOM:** Peer Educator (PE)



**FOR WHAT:**

- To track type services given by the PE on day-to-day basis
- To know the number of HRGs planned for outreach and the number actually reached.
- To track the number of condoms/syringes distributed to each HRG
- To know if condoms were used during last sex act
- To know about HRGs not contacted
- To assess the risk factors of each HRGs.

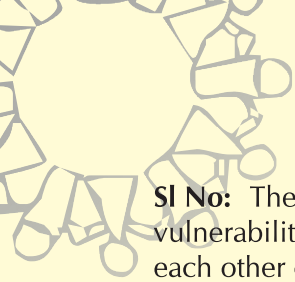
### Guidelines for filling up the Peer Educator Form

#### Who and When:

- This format will be used by the Peer Educator for every contact made during a given week with the HRGs in his/her designated hotspot/site.
- The format will be pre-listed/printed with HRG names and UID numbers by the TI MIS/accountant from the line list/master register available at the project office.
- The expectation from the PE is to cover all HRGs listed in a given hotspot/site with project services minimum once in two weeks and identify all new HRG in the site.
- The name of the new HRG will be entered in the last row of the format.
- The filled-in format is to be shared on weekly basis with the respective ORW in charge for performance tracking and planning for the coming week.

#### How:

Each row represents information to be filled up for listed HRGs contacted.  
The details as below:

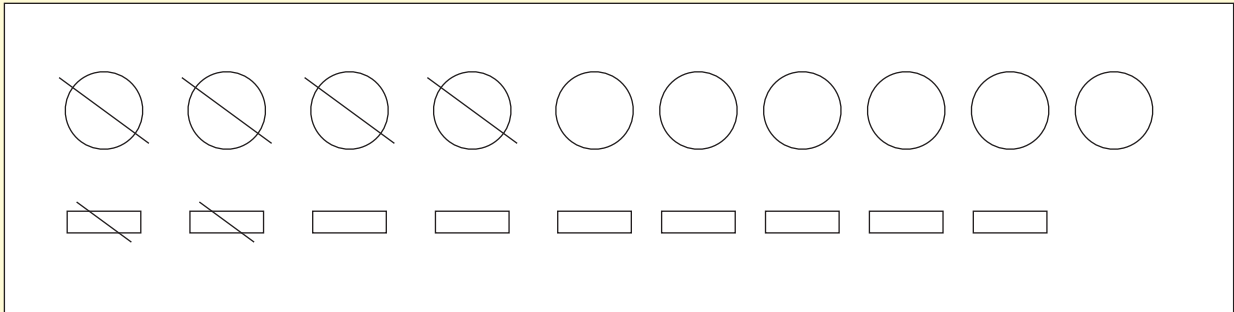


**SI No:** The serial number will also be used for prioritizing the HRGs, by the risk factors and vulnerability. Peer educator and outreach worker will do this prioritizing in consultation with each other every week. The prioritized serial number will be highlighted by color to help the PE plan his/her outreach.

**Name of the HRGs:** This column will be pre listed/printed by the TI office with the names of HRGs registered and outreached by the respective peer educator in a given hotspot/site.

**UID Numbers:** The first set of circles in the box indicates 10s and second set of rectangles indicates units.

**For example 42 can be represented as**



**Symbols for Identifying the KP Names:** This column is for those PE who is not able to identify the HRGs by names or the UID number. PE with the support of ORW will develop symbol for identifying each HRG in the given hotspot/site.

**Referral Due/Overdue – STI/ICTC:** If a HRG is due/over due for STI follow up (as per ANM/counselor), then with the support of ORW, the PE will tick mark. The number of tick mark will indicate the increased emphasis for the HRG to be brought to the clinic:

- ✓ = **one tick** if HRG is scheduled to visit the clinic during the current month.
- ✓✓ = **two ticks** if HRG is scheduled for a clinic visit since last month and has not visited the clinic as per schedule.
- ✓✓✓ = **three ticks** if HRG is scheduled for a clinic visit since last two months(three including current month) and has not visited the clinic as per schedule.

**Risk Assessment (Risk and Vulnerability):** Each week, the PE assesses the risk of the HRG based on seven (7) parameters. The information will help the PE and ORW to focus on the most at risk HRGs and provide services based on the needs. A brief description on each risk parameters is given below:

**The Risk Factors are:**

- **High number of drug using partners (> 3 per month) –** If the HRG states that he has more than 3 in the last one month, s/he is at greater risk of sharing injecting equipments with her/his partners.
- **Sharing of needles/syringes –** If the HRGs states that s/he has shared needles/syringes with peers during the week then s/he is at risk.
- **Injecting > 3 times in a day:** If the HRGs inform that s/he has injected more than 3 times in a day during the week then s/he is at high risk.
- **STI reported in last three months:** If the HRGs reports of an STI in the last 3 months, then the HRG is at risk.



### The Vulnerability Factors are:

- **Use of Alcohol and other drugs apart from injections:** if the HRG states that s/he has taken alcohol and /or other drugs apart from injecting one then as s/he is vulnerable.
- **Unsafe sex with non-regular partners:** if the HRG states that s/he has sex with non-regular partners during the week, then s/he is vulnerable.
- **Mobility from one hotspot to another:** if the HRG states that s/he is highly mobile and keep moving from one hotspot to another, then S/he is vulnerable.

**Condom requirement per week (as per condom gap analysis):** The information on the number of condoms required for each HRG is calculated based on their sex acts. This information will be periodically updated by the ORW in consultation with the respective peer educator.

**Services:** In each interaction with the HRGs the PE will be giving services as listed below (9 type of services). The PE can give one or more than one service in each contact made with the HRG depending on the need and requirement of the HRG.

- **Condom distributed:** During each contact made with the HRG, the condoms are distributed as per requirement. The PE has to ensure that the number of condoms distributed to each HRG are recorded in the format are in “pieces” and not in “packets. This also includes no. of condoms sold.

### *The PE will mark (✓) when a HRG is provided 1:1, 1:Group or is referred*

- **1:1 Contact :** When the PE meets the HRG in one contact and talk about the project services - Provides information on STI,HIV, importance of regular medical check up, referrals to ICTC, condom usage, conducts condom demonstration.
- **1: Group:** When the PE meets more than one HRG in one contact and talk about the project services - . provides information on STI,HIV, importance of regular medical check up, referrals to ICTC, condom usage, conducts condom demonstration.
- **Needles/syringes requirement per week:** The information on the number of needle/syringes required for each HRG is calculated based on their number of injecting episodes in a week. This information will be periodically updated by the ORW in consultation with the respective peer educator.
- **Number of Needles/syringes distributed:** During each contact made with the HRG, the syringes are distributed as per requirement.
- **Number of Needles/syringes returned:** During each contact made with the HRG, the PE ensure that the used needles and syringes are returned back to the project by each HRG.

**Referrals (STI & to other centres):** Each HRG has to be referred to STI clinic (project clinic or preferred providers) linked to the project and will also refer for various other project services ( like ICTC,ART,TB ETC.).

**STI:** The PE has to ensure that all the HRGs covered are referred to STI clinics/preferred provider for Regular Medical Checkups (RMC) once in a quarter. Further, a HRG has to be referred to STI clinics/preferred provider for symptomatic and asymptomatic STI treatment.

**Abscess treatment:** The HRG during the contact with PE has informed that s/he has been treated for abscess during the week, then PE

- If treated for abscess during last week – tick (✓).

**ICTC:** All the HRGs need to be tested for the HIV twice in a year at the designated ICTC centers. The PE has to motivate the HRGs for getting tested at the ICTC.. PE will also ensure that a referral slip is given to the HRG through the ORW/ANM.



**ART:** The PE will list positive HRGs in his/her hotspots. The PE will ensure that all the positive HRGs are registered with the ART. The PE will motivate the HRG on the importance of drug adherence on ART.

**Reported condom use during last sex:** During every interaction with the HRG, the PE must probe HRG has used condom during the last sex act. If the HRG informs that:

- condom was used during last sex act - tick (✓).
- condom not used during last sex act – mark (×).

**Needles and syringes not shared during the last injecting episode:** During each contact, the PE to ask HRG whether needle and syringes have been shared in the last injecting with peer group.

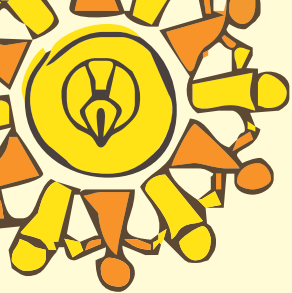
- If yes, then PE will tick (✓) in the corresponding column,
- If no, PE will mark (×).

**Note: On weekly basis, the site review will be jointly done with the ORW in which the form will be handed over to the ORW who in turn will check the format for its completeness. The information from the filled-in format will be used for the performance tracking, prioritizing and planning for the next week.**

**Usefulness of the information in the peer format:**

- ✓ Helps in knowing the number of HRGs met every week in a given hotspot.
- ✓ Helps in identifying the new HRG in the given hotspot
- ✓ Helps in knowing the type of services provided to each HRG in a given hotspot by the PE.
- ✓ Helps in knowing the number of condoms been distributed to each HRG as well as the total number of condoms distributed and in a given hotspot.
- ✓ Helps in knowing the number of needle/syringes distributed during each week.
- ✓ Helps in knowing the number of needle/syringes returned by each HRG and tallies with the number distributed in earlier contact.
- ✓ Helps in knowing the number of listed HRGs who are not contacted and shall be the priority for the next week.
- ✓ Helps in knowing risk profile of each HRG in which s/he is in.
- ✓ Helps in knowing number of HRGs who have shared needle/syringes during last injecting episode.





## PE WISE INDIVIDUAL HRG COMPILED MONTHLY SHEET



**FREQUENCY:** Monthly



**WHERE:** At the site level



**BY WHOM:** Outreach Worker (ORW)



### **FOR WHAT:**

1. Helps in knowing type of services given to each HRG during the month in a given area.
2. Helps in knowing the number of condoms /syringes being distributed to each HRG during a month.
3. Helps in knowing the number of HRGs in 1-1 and 1-group.
4. Helps in knowing the condoms /needles & syringes distributed to each HRG are as per requirement/demand analysis.
5. Helps in knowing which HRG has been referred during the month.
6. Helps in knowing the number of referrals made during the month.
7. Helps in knowing number of HRGs met on regular basis.
8. Helps in knowing the HRGs not contacted during a month.
9. Tracks condom usage by each HRG during the month.
10. Helps in documentation of the services given to each HRG.

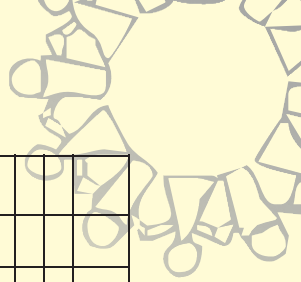
### **Guidelines for filling up the form:**

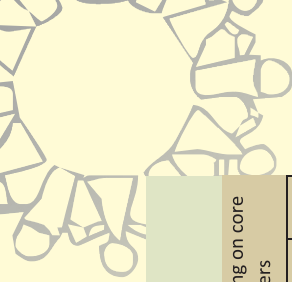
1. The names of the community member will be generated by PE wise on the sheet from the computer line listing. One sheet will contain names of community members belonging to one PE allocated area.
2. If there are 4 PEs under one ORW, then 4 such sheets will be generated from the computer (comprising list of HRGs for each PE in each sheet).
3. On weekly basis the ORW collects the filled in PE weekly planning & activity sheet from each PE.
4. Towards end of each month, the ORW collates the information for each HRG met and type of services of provided.
5. The compiled information for each HRG on services provided by the PE will be entered against that HRG.
6. The same will be used for the monthly programme planning at the outreach level and the same will be handed over to the Programme Manager for documentation

# FORM C: PE wise Individual HRG compiled Monthly sheet for FSW, MSM ( by ORW)\*

Name of the ORW		District		Name of the PE		For the Month		Monthly Tracking on core parameters														
SI No	Name of the HRG	UID Number	Referral due/over due		Risk Assessment				Violence reported	Reported condom use during last sex	Monthly individual met	Regularly distributed condoms as per requirement										
			STI	ICTC	Risk	Vulnerability		Services														
				High number of sexual encounters (> 15 per week)	Low condom use (not used condoms in more 2 sex acts out of last 10 sex acts)	STI reported in last three months	Alcohol sex (more money)	Unsafe sex	Violence	Condom requirement per month (condom gap analysis)	No. of condom distributed	No. of male condom sold	No. of female condom sold	Type of contacts	referrals (STI & others centers)	STI	ICTC	ART				
1																						
2																						
3																						
4																						
5																						
6																						
7																						
8																						
9																						
10																						
11																						
12																						
13																						
14																						
15																						
16																						
17																						
18																						
19																						
20																						
21																						
22																						
23																						
24																						
25																						
Total											Monthly total											

\* on monthly basis the ORW will compile the information from each PE weekly sheet (4 weeks sheet) and enter the compiled information against each HRG

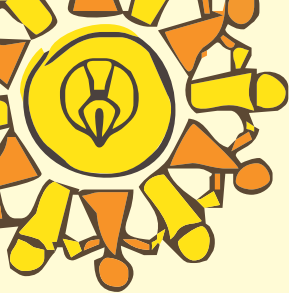




FORM C: PE wise Individual HRG compiled Monthly sheet for IDU intervention ( by ORW) \*

SI No	Name of the HRG	UID Number	District	Referral due/over due	Risk Assessment				Name of the PE				Month	Monthly Tracking on core parameters										
					Referral due	Risk	Vulnerability	Condom Requirement	Type of contacts	needle/s/syringes	No. of syringes distributed	No. of syringes returned		Referrals (STI & others centers)	Condom use during last sex	needle/syringe not shared during last injecting episode	Monthly individual met	Regularly contacted (yes/No)	Condoms distributed as per requirement	Needle/syringe distributed as per requirement	Referred to ICTC and tested			
1				STI	High number of drug using partners > 3 per month	Injecting STI reported in last three months	Use of Alcohol and other drugs apart from injectio	Unsafe sex (sex with non regular partner) hotspots to	Condom Requirement per month	1-1	1-Group	requirement per month	No. of syringes distributed	No. of syringes returned	Referrals (STI & others centers)	Condom use during last sex	needle/syringe not shared during last injecting episode	Monthly individual met	Regularly contacted (yes/No)	Condoms distributed as per requirement	Needle/syringe distributed as per requirement	Referred to ICTC and tested		
2																								
3																								
4																								
5																								
6																								
7																								
8																								
9																								
10																								
11																								
12																								
13																								
14																								
15																								
16																								
17																								
18																								
19																								
20																								
21																								
22																								
23																								
24																								
25																								
Total																								

\* on monthly basis the ORW will compile the information from each PE weekly sheet (4 weeks sheet) and enter the compiled information against each HRG



## OUTREACH MONTHLY SUMMARY SHEET



**FREQUENCY:** Weekly



**WHERE:** At the project level

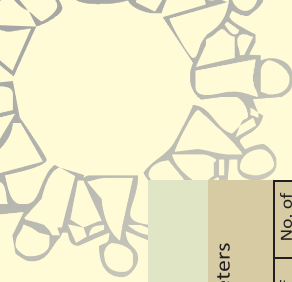


**BY WHOM:** ORW



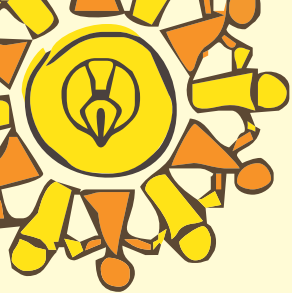
**FOR WHAT:**

- To know the number of HRGs met every week in all the hotspots.
- To know about the type of services given by the PEs.
- To track the number of condoms distributed during the week in all the hotspots by each PE.
- To track the number of needle and syringes distributed during the week by each PE.
- To know the number of 1-1 and group meetings held across the hotspots.
- To know the number of referrals ups done during each week by each PE.
- To know the number of HRGs referred to ICTC, ART, for STI.
- To know on the overall performance of each PE during a given month.



**FORM C\_1: Monthly summary sheet for FSW, MSM and IDU (filled in by ORW)**

Name of the ORW		For Month										Tracking on core parameters				
SI No	Name of the PE	Week	Condom requirement per week (as per condom gap analysis)	Services					No. of individuals reported not sharing needles/syringes during last injecting episode	No. of individuals reported condom use during last sex	No. of individuals met each week	No. of regular contacts	No. of individuals provided needle/syringe as per requirement	No. of individuals distributed condoms as per demand	No. of individuals referred to ICTC and tested	
				No. of condom distributed	Type of contacts	Needles/Syringes requirement per week	No. of syringes distributed	No. of syringes returned								Referrals (STI & others centers)
				1-1	1-Group		STI	Abscess treatment	ICTC	ART						
1	PE 1	Week 1														
		Week 2														
		Week 3														
		Week 4														
		Total														
2	PE 2	Week 1														
		Week 2														
		Week 3														
		Week 4														
		Total														
3	PE 3	Week 1														
		Week 2														
		Week 3														
		Week 4														
		Total														
4	PE 4	Week 1														
		Week 2														
		Week 3														
		Week 4														
		Total														
5	PE 5	Week 1														
		Week 2														
		Week 3														
		Week 4														
		Total														
		Grand Total														



## ORW WEEKLY REPORT



**FREQUENCY:** At end of each week



**WHERE:** At the site



**BY WHOM:** ORW



**FOR WHAT:**

1. Helps in knowing on the interaction made with PEs
2. It helps the ORW to tune the PE weekly plan based on the performance of each PE at the site level during each site visit.
3. It helps ORWs in correcting deviation happening in each site.
4. Helps in identifying the issues emerging at the field level and addressing the same during the weekly meeting.
5. Type of support provided to PE at the site level – Any gaps identified by the ORW in PE service system, the skills oriented or re-oriented.
6. Number of meetings held to strengthen the linkages with the program.



**Guidelines for filling up the form:**

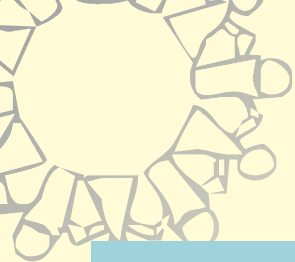
This is a monitoring checklist which each ORW during his/her field visit has to fill up. It has seven sets of activities which an ORW has to perform during his or her field visit / activities conducted during a given week.

The sheet is to be filled by the ORW whenever s/he completes his/her field visit for a given PE area.

The weekly report parameters focuses on the activities conducted by the ORW during the field visit made and coordination meetings conducted with various stakeholders.

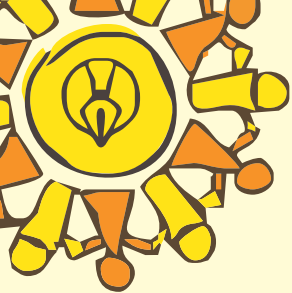
The information needs to be compiled every week and shared during each weekly meeting.

During monthly meeting, the ORW is expected to give a brief on each site status in terms of performance and challenges



## FORM D: ORW WEEKLY REPORT

FORM D: ORW WEEKLY REPORT						
Name of ORW	Date	Reporting for the WEEK:			For the Month:	
Number of PE working with ORW:	No. of ICTCs in ORW area			No. of police stations in ORW area		
SI No Activities	PE 1	PE 2	PE 3	PE 4	PE 5	Guidance
1 PEs met to review outreach for week ended; and to plan outreach for next week by prioritizing HRGs to be given services						For each PE, pls write if PE was met. If yes, pls write a paragraph about the outreach /referral challenges faced by the PE and the support you will provide him/her for the next week. Pls also indicate if a clear risk based outreach plan has been prepared for next week (which lists the HRGs to be prioritized for outreach next week)
2 PEs met to review condom distribution and condom sold						Pls review condom distribution / sold for each PE last week against requirement, and strategy /support you will provide to the peer to ensure adequate condoms are available and distributed.
3 Sites were visited during the week for supportive supervision.						Pls indicate the nature of site visited, and the support provided to resolve any problem (e.g. in explaining MIS system, in improving skills of peers in IPC, in building rapport with stakeholders ( e.g. gatekeepers,, local leaders etc). The ORW during the visit meets 10% of the HRGs in a given site to know on the feedback on the services given by the project for improving.
4 Number of new HRGs registered.						Indicate whether all the HRGs estimated /mapped are being registered with the program
5 Number of HRGs declared as dropped out during the month						For any HRG that has not received program services for 6 months, pls understand from the peer the reason (e.g. migration) and make "inactive" after adequate efforts made to trace her. This has to be documented in the weekly minutes and shared with the PM
6 Coordination meeting with ANM/Counselor to list STI/ICTC visits made during the last week and due next month.						Pls report the no. of STI/ICTC visits made by HRGs during the previous week and ensure that peers have a list of HRGs due or overdue for clinic /ICTC visits. Pls also report no. of ICTC /STI visits due this
7 Group meetings with HRGs in DIC (For review and community issues)						Pls, summarize key issues faced by community and action proposed to address their issues
8 Meeting with stakeholders for developing linkages						Pls summarize nature of the meeting and action taken to develop linkages and improve coordination
ICTC						
ART						
POLICE						
GATE KEEPERS						
Other stakeholder						



## HRG MASTER REGISTER



**FREQUENCY:** Weekly



**WHERE:** At the project office



**BY WHOM:** MIS Officer/PM



### FOR WHAT:

- To help know the number of HRGs in a given hotspot/area/location.
- To help understand the demographic details of the HRGs living/operating in a given hotspot/area/location.
- To help know the number of drop-outs from the project for various reasons.



### GUIDELINES:

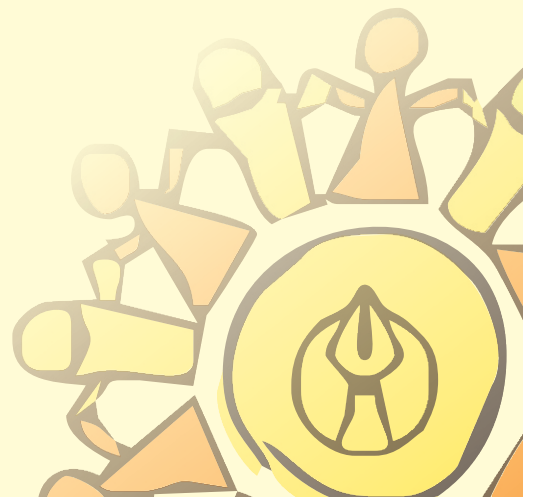
- The information will be maintained in a register which is to be updated periodically by the MIS officer (in absence, the Accountant will take the responsibility of filling up).
- This form is filled after a new community member has been identified and registered through the "HRG". The basic profile of each community member is to be transferred from the Community Member Registration Form within a week and to be shared during weekly meeting to the staff members on the total HRGs in the programme.
- The information from the Master Registers are to be updated in the computer (excel format) for document and for future use and analysis.
- Any Community Member dropped out from the programme (not in contact with the programme services for continuously 6 month) should be filled in with reasons for dropped out. (The reasons should be taken from the documented minutes of the weekly and monthly meetings).
- The Register has to be kept in safe custody at the NGO/CBO level under the supervision of Program Manager.

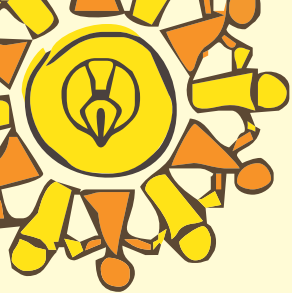




## FORMATS FOR CLINIC ACTIVITIES

---





## NETWORK CLINIC REGISTER (STI-RTI)



**FREQUENCY:** Daily



**WHERE:** Project-based Referral Clinic



**BY WHOM:** Nurse/Doctor



**FOR WHAT:**

- To know the total cases registered with the project clinic.
- To track the number of patients visiting the project/referral clinics during clinic hours.
- To know the number of STI cases diagnosed/treated.
- To know the type of treatment given (symptomatic, asymptomatic).
- To track the number of referrals made for ICTC, ART, TB, DETOX center.
- To keep track of the follow-up made on referral patients.
- To know the type of STI treatment given.



**GUIDELINE for Form F\_1:**

- The register shall serve as a record for abscess management
  - This register is to be filled by the ANM/Counsellor at the DIC along with the Doctor on a daily basis.
  - The register should be filled every time a HRG avails services for abscess, be it on a daily basis or new case.
  - If an HRG who has been treated for abscess in a particular region gets an abscess in another region, it should be recorded as a new abscess.
- \* **New** = Community Member visited for the first time to the clinic during the project period
- Old** = Any community member who has come for the second time or more to the clinic is treated as old.

## FORM F: NETWORK CLINIC REGISTER (STI-RTI)

Date of visit: \_\_\_\_\_

Doctors Name : _____ Qualification: _____ Phone No.: _____ Email: _____	Name of the Clinic: _____ Clinic Timing: _____ Address: _____
--	---

NAME OF PATIENT:..... Index No. -----.

AGE:.....SEX:      MALE       FEMALE       TRANSGENDER

Typology: FSW       MSM       IDU       Migrants       Truckers

PATIENT FLOW:      DIRECT WALK IN       REFERRED       Type of Patient:      Purpose of visit:

New       Symptomatic

Old       Follow up

RMC       Asymptomatic

Presenting complaint:..... Since when.....

STI/ RTI SYNDROMIC <u>DIAGNOSIS</u>	KIT PRESCRIBED	Name of the Drugs	Counselling	
				Yes
UD/ARD/CERVICITIS/PT	KIT-1 GRAY	Azithromycin (1 g) OD STAT Cefixime (400 mg) OD STAT		No
Vaginal Discharge (Vaginitis)	KIT – 2 GREEN	Secnidazole (2 g) OD STAT and 1 Cap. Fluconazole (150 mg) OD STAT	<b>REFERRAL</b>	
GUD- Non Herpetic	KIT – 3 WHITE	Benzathine penicillin (2.4 MU) IM STAT, Azithromycin (1 g) OD STAT		ICTC /PPTCT
GUD- Non Herpetic(Allergic to Penicillin)	KIT – 4 BLUE	Doxycycline (100 mg) XBD X 14 DAYS Azithromycin (1 g) X OD STAT		Condoms
GUD- Herpetic	KIT – 5 RED	Acyclovir (400 mg )X TDS X 7 DAYS		ART CENTRE
Lower Abdominal Pain (PID)	KIT – 6 YELLOW	Cefixime (400 mg) X OD STAT Metronidazole (400 mg) X BD X 14 DAYS Doxycycline (100 mg) X BD X 14 DAYS.		LAB TEST
Inguinal Bubo	KIT – 7 BLACK	Doxycycline (100 mg )X BD X 21 DAYS. Azithromycin (1 g) X OD STAT		OTHERS

Findings: \_\_\_\_\_

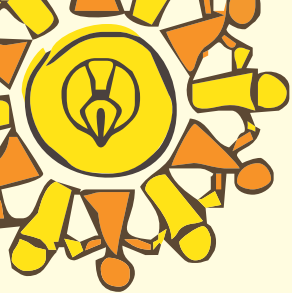
OTHERS:

A) Partner notification undertaken: Yes  No

B) Next visit date: \_\_\_\_\_

Signature of the Doctor





## CLINIC DAILY SUMMARY SHEET



**FREQUENCY:** Daily



**WHERE:** Project-based Referral Clinic



**BY WHOM:** Nurse/Doctor



**FOR WHAT:**

- To help keep track of the number of patients visiting the project/referral clinics during clinic hours.
- To know the number of STI cases diagnosed/treated.
- To know the type of treatment given (symptomatic, asymptomatic).
- To keep track of the number of referrals made to ICTC, ART, TB, DETOX center.
- To know the type of STI treatment given.



**GUIDELINES:**

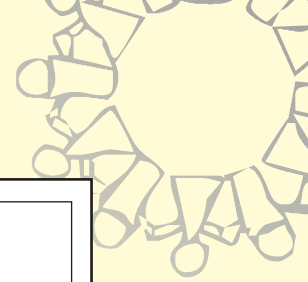
- To be filled by the nurse for each patient who visits the clinic on day to day basis and kept safely at the project clinic.
- The format shall be used for recording any medical services provided in the center/clinic.
- Such services shall include management of general medical conditions, abscess management, and STI treatment.
- At the end of the month, the nurse-in-charge should compile data on number of new and old cases treated for abscess, STI, general medical conditions, etc.
- At the beginning of each month, a fresh number should be allotted to entries made in a fresh page.

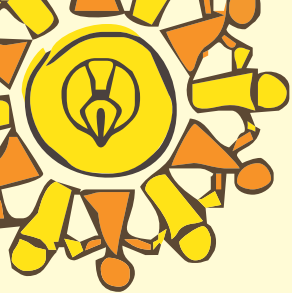


**FORM FF (Cont'd): Patient Wise STI/RTI Drug Distribution**

Sl. No.	Name of the Patient	Index No.	Age	Name of the Drug (Number Dispensed)							
				Azithromycin	Cefexime	Metronidazole	Doxycycline Inj.	Penicelline.	Acyclovir	Fluconazole	
1											
2											
3											
4											
5											
6											
7											
8											
9											
10	<b>Total</b>										

Frequency: on day to day basis.





## STI MEDICINE STOCK REGISTER



**FREQUENCY:** Daily



**WHERE:** Project-based Referral Clinic



**BY WHOM:** Nurse



**FOR WHAT:**

- To keep track of the stock position of the STI medicines.
- To ensure no stock-out of drugs.



**FORM G: GUIDELINES**

- To be filled by the nurse after medicine is given to each patient who has visited project/referral clinic.
- For each medicine, separate sheet is to be maintained and tracked on the basis of consumption/distribution.
- At the end of each clinic day the stock has to be tallied with the stock available at the clinic.

**FORM GG: GUIDELINES**

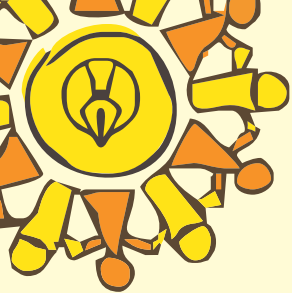
- The clinic must have supply of drugs for at least three months.
- There should be a critical level of stock for each STI/RTI drug. Whenever supply reaches less than one quarter of supply the ANM should indent the drug.
- The ANM should follow the policy of FEFO (First Expiry First Out).



**FORM GG: Indent Register of Essential STI/RTI Drugs**

Date of Indent: \_\_\_\_\_

Sl. No.	Name of the Drug	Balance on the Day of Indent	Amount to be Indented	Amount Received	Remarks
1.	Azithromycin (500m mg)				
2.	Cefexime (200 mg)				
3.	Metronidazole (400 mg)				
4.	Doxicycline (100 mg)				
5.	Acyclovir (400 mg)				
6.	Inj Benzathine Penicilline (2.4 million unit)				
7.	Fluconazole (150 mg)				



## REFERRAL SLIPS AND REGISTERS



**FREQUENCY:** Daily



**WHERE:** Project-based Referral Clinic



**BY WHOM:** Nurse/Counsellor



**FOR WHAT:**

- To know the type of referrals made from the project clinics.
- To track the number of patients referred to ICTC, ART, TB centers in a given period.
- To track the number of patients treated at referred centers.



**GUIDELINES FOR REFERRAL SLIPS:**

- Nurse to fill this for each patient referred to ICTC, ART, TB on day to day basis and to ensure to keep the counterfoil of the slip at the project clinic.

- The Referral Slips should be prepared in triplicate:

**Slip 1:** To be retained at the referred centre.

**Slip 2:** To be collected by the Programme Manager/Counsellor of the TI from the referred centre at the end of every reporting month.

**Slip 3:** To be given by the referred centre back to the client after providing services for which the client has been referred.



**GUIDELINES FOR REFERRAL REGISTERS:**

- To be filled by the nurse after each patient is given the referral slip so as to track the referred patients and to follow-up on day-to-day basis.
- The register needs to be kept safely at the project clinic.

**FORM H: REFERRAL SLIPS**

**1**

**(Slip for Facility/Referral Center)**  
**Name of the Project/ TI**  
**Address**

Slip Number:

Client I.D. No.: \_\_\_\_\_  
Referred to which type of Facility: \_\_\_\_\_  
Name of the Facility: \_\_\_\_\_  
Address of the Facility: \_\_\_\_\_  
\* Referred by (Name): \_\_\_\_\_  
Date of Referral: \_\_\_\_\_  
Reason for Referral: \_\_\_\_\_  
Syphilis Results: \_\_\_\_\_  
Name of the accompanying person ( if any): \_\_\_\_\_

(Signature of the TI staff-in-charge)

(Signature of the staff-in-charge  
of the referral centre)

**2**

**(Slip for NGO/ TI)**  
**Name of the Project/ TI**  
**Address**

Slip Number:

Client I.D. No.: \_\_\_\_\_  
Referred to which type of Facility: \_\_\_\_\_  
Name of the Facility: \_\_\_\_\_  
Address of the Facility: \_\_\_\_\_  
\* Referred by (Name): \_\_\_\_\_  
Date of Referral: \_\_\_\_\_  
Reason for Referral: \_\_\_\_\_  
Syphilis Results: \_\_\_\_\_  
Name of the accompanying person ( if any): \_\_\_\_\_

(Signature of the TI staff-in-charge)

(Signature of the staff-in-charge  
of the referral centre)

**3**

**(Slip for the Client)**  
**Name of the Project/ TI**  
**Address**

Slip Number:

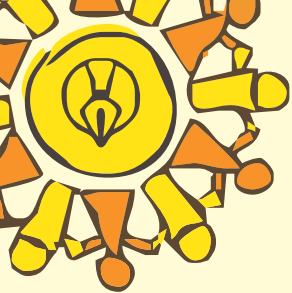
Client I.D. No.: \_\_\_\_\_  
Referred to which type of Facility: \_\_\_\_\_  
Name of the Facility: \_\_\_\_\_  
Address of the Facility: \_\_\_\_\_  
\* Referred by (Name): \_\_\_\_\_  
Date of Referral: \_\_\_\_\_  
Reason for Referral: \_\_\_\_\_  
Syphilis Results: \_\_\_\_\_  
Name of the accompanying person ( if any): \_\_\_\_\_

(Signature of the TI staff-in-charge)

(Signature of the staff-in-charge  
of the referral centre)

\* Referred by: ORW, PE, Counselor, ANM, Project Manager.





## COUNSELING REGISTER



**FREQUENCY:** Daily



**WHERE:** Project-based Referral Clinic



**BY WHOM:** Nurse/Counsellor



### **FOR WHAT:**

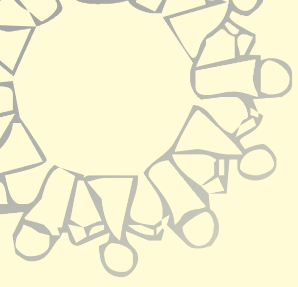
- To help know the number of counselling sessions held at the project level.
- To help know the type of counselling given.
- To help know the number of individuals counselled.
- To track the number of individuals referred to ICTC, ART and TB through counselling.



### **GUIDELINES:**

- To be filled by the nurse/counsellor at the end of each day.
- A brief summary of the patients counselled which will be useful for tracking and sharing.

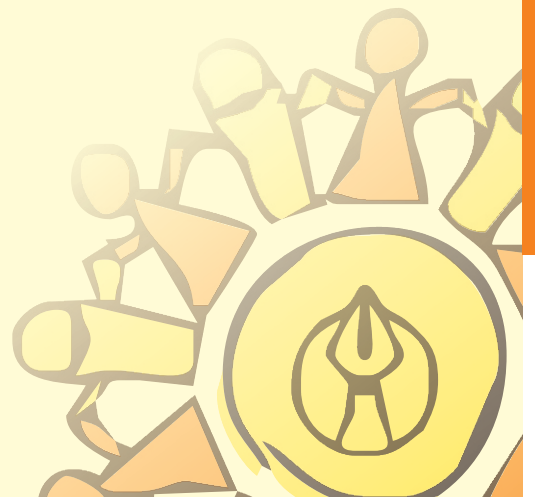


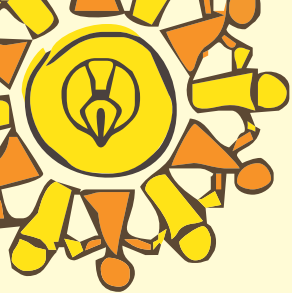




## FORMATS FOR PROJECT LEVEL

---





## ADVOCACY ACTIVITY REPORT



**FREQUENCY:** For each advocacy meeting conducted



**WHERE:** At the Project level



**BY WHOM:** PM



**FOR WHAT:**

- To help know the type of stakeholders with whom the advocacy was conducted.
- To help know the type of issues raised during advocacy meetings.

**FORM J: ADVOCACY ACTIVITY REPORT**

**ADVOCACY ACTIVITY REPORT**

Meeting No. \_\_\_\_\_

Date: \_\_\_\_\_

Place of activity held: \_\_\_\_\_

**1. What was the issue/barrier?**

\_\_\_\_\_  
\_\_\_\_\_

**2. How was the issue/barrier identified ?** \_\_\_\_\_

**3. What was the advocacy objective? (What did you want to achieve?)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. Whom did you advocate with?** (e.g. madams, pimps, local *goondas*, police, government officials, general community, family members, local military, religious groups, regular partners, clients, other]

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. What methods did you use?** (e.g. lecture/presentation, individual meeting, group meeting, health services, exhibitions, street plays, other)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6. What difficulties did you face in addressing the issue?**

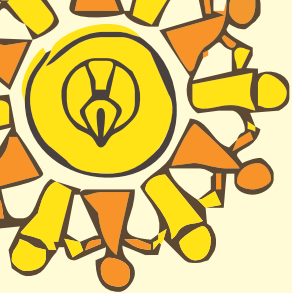
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**7. Follow action on the advocacy activity: (action points, with time line) ?**

\_\_\_\_\_  
\_\_\_\_\_

**8. Where was this advocacy carried out and why this place was decided?**

\_\_\_\_\_  
\_\_\_\_\_



## CRISIS MANAGEMENT REGISTER



**FREQUENCY:** For every violence reported



**WHERE:** At the Project level



**BY WHOM:** PM



**FOR WHAT:**

- To help know the number of harassment/violence incidents reported.
- To help know the number of harassment/violence incidents resolved within 24 hours.

## FORM K: CRISIS MANAGEMENT REGISTER

(To be filled in by Programme Manager)

When an incident of harassment takes place for a particular HRG member, give the following details:  
(use one form for one incident)

Name of ORW/PE: \_\_\_\_\_ Name of site/site code: \_\_\_\_\_

Date of incident \_\_\_\_\_

Date of the first informant \_\_\_\_\_

HRG affected FSW  MSM  TG  IDU

Number of people affected \_\_\_\_\_

Type of incident Harassment  Violence  Discrimination

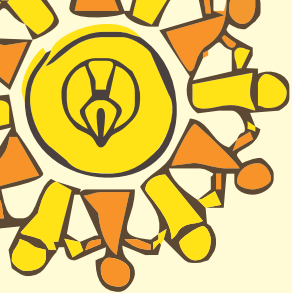
Who committed the incident? (Tick as applicable)

Pressure groups <input type="checkbox"/>	Government officials <input type="checkbox"/>
Local leaders <input type="checkbox"/>	General community <input type="checkbox"/>
Police <input type="checkbox"/>	Family members <input type="checkbox"/>
Military <input type="checkbox"/>	Religious groups <input type="checkbox"/>
Madams /Pimps/Bar <input type="checkbox"/>	Regular partner <input type="checkbox"/>
Managers and Owners <input type="checkbox"/>	Clients <input type="checkbox"/>
Local gundas <input type="checkbox"/>	Healthcare provider <input type="checkbox"/>
Fellow employee <input type="checkbox"/>	Employer <input type="checkbox"/>
Other (Specify) <input type="checkbox"/>	

Whether the reported incident addressed within 24 hours? Yes /No

The role of crisis management in addressing the issue (not more 200 words):

A brief description of the incident (not more than 200 words):



## TRAINING REGISTER



**FREQUENCY:** Monthly



**WHERE:** At the Project level



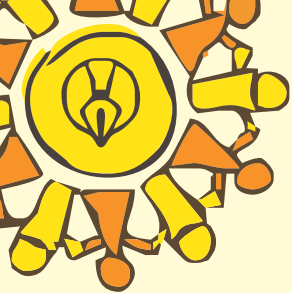
**BY WHOM:** PM



**FOR WHAT:**

- To help know the number of trainings conducted in the given month.
- To help know the type of topics covered during training.
- To help know the type of staff trained.
- To help know the capacity building status of Project staff.





## DROP-IN-CENTER REGISTER



**FREQUENCY:** Daily



**WHERE:** Drop-in-Center



**BY WHOM:** Designated community member



### FOR WHAT:

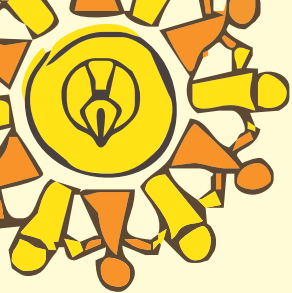
- To help keep track of the number of HRGs visiting the Drop-in-Center in the given month.
- To help know the purpose of each HRG's visit to Drop-in-Center.
- To help track the number of condoms distributed through Drop-in-Center.
- To help track the number of needles/syringes distributed.
- To help know the timings of the visits made by majority of HRGs that can help in contacting the HRGs for programme deliverables.
- To help in rescheduling the timings of clinics and other HRG level meetings.



### GUIDELINES:

- Every HRG visiting the DIC needs to fill in the Register.
- The illiterate HRG will be assisted by the DIC-in-charge or by the peer member.
- The in-charge has to ensure that all the visitors are HRG and each one fills in the Register.
- The in-charge also has to maintain the decorum of the DIC (the purpose for which it has been established).





## COMMODITY STOCK REGISTER



**FREQUENCY:** As and when the condoms/lubricants are received from SACS/other sources and issued from NGO/TI for distribution to the HRGs through Project staff



**WHERE:** At the Project level



**BY WHOM:** PM



**FOR WHAT:**

### CONDOMS:

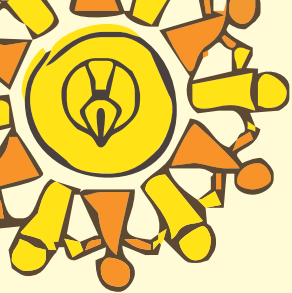
- To know on the free condom/lubricant stock at TI.
- To know the supply requirement from SACS and from other sources.
- To know on the distribution pattern.
- To know quantity of Condoms sold.

### NEEDLES AND SYRINGES:

- To know the available stock at the beginning of the month.
- To track the type of needles syringes issued (1 ml, 2 ml, 5 ml).
- To know the distribution pattern (through Clinic, through PEs, through ORW) at the project level.
- To track the number of needles and syringes distributed through Peers.







## MOVEMENT REGISTER



**FREQUENCY:** As and when Staff move out of the office for official work of the Project, needs to enter details of their movement in this Register.



**WHERE:** At the Project level



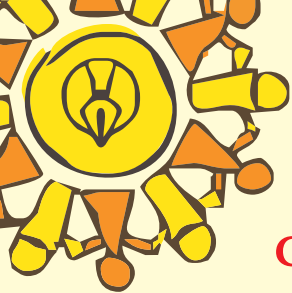
**BY WHOM:** By the staff who is moving out



**FOR WHAT:**

- To know the number of visits made by each staff.
- To know the purpose of each visit made by the staff and number of days.
- To know the place of visit and number of days spent.
- All the staff moving out of the office, for official work of the Project needs to enter details of their movement in this Register.
- Each visit of the NGO/TIs staff should be according to the plan made during monthly meeting.
- All visit plans should be intimated and get approved by the PD in-charge.
- The purpose of the visit made should be shared during monthly meetings with accomplishments.
- The Register should be documented and available at the NGO/TI office.





## COMMUNITY MOBILIZATION ACTIVITY REGISTER



**FREQUENCY:** Whenever groups/committees are formed



**WHERE:** At the groups/committees level



**BY WHOM:** Secretary/President of groups/committees



**FOR WHAT:**

- To help know whether a groups/committees formed are registered or not.
- To know the basic information on the groups/committees (e.g. date of registration, name of groups/committees, bank details).
- To help know whether the executive committee is functional (election held periodically).
- To know the membership details (how many members, how many new members added every month).
- To track status of members in groups/committees (hotspot wise members).

## FORM P: COMMUNITY MOBILIZATION ACTIVITY REGISTER

**Frequency: As and when a new groups/committees are formed at the TI intervention area**

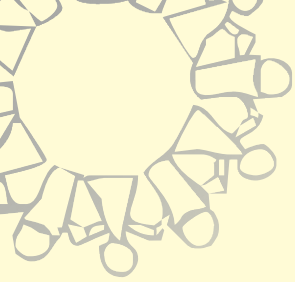
1. Name of groups/committees \_\_\_\_\_
2. Date of formation \_\_\_\_\_
3. Purpose of the groups/committees: \_\_\_\_\_
4. No. of members of the groups/committees.: \_\_\_\_\_
5. Whether Registered (Yes/No) \_\_\_\_\_
6. Do the groups/committees have Membership fees (if yes, how much per member): \_\_\_\_\_
7. Activities carried out by the groups/committees: \_\_\_\_\_

### COMMITTEE Information

**Committee effective from (Date):**

Name of Office Bearer	Position	Date of Election as Office Bearer (last election)	Number of Years in "Position" in Executive Committee
	President		
	Secretary		
	Treasurer		
	Member		
	Member		
	Member		





## GLOSSARY

AIDS	-	Acquired Immuno-deficiency Syndrome
ANM	-	Auxiliary Nurse Midwife
ART	-	Antiretroviral Therapy
CBO	-	Community Based Organisation
DIC	-	Drop In Center
FEFO	-	First Expiry First Out
FSW	-	Female Sex Worker
HIV	-	Human Immuno-deficiency Virus
HRG	-	High Risk Group
ICTC	-	Integrated Counselling and Testing Centre
IDU	-	Injecting Drug Users
M&E	-	Monitoring and Evaluation
MIS	-	Management Information System
MSM	-	Men having Sex with Men
NACO	-	National AIDS Control Organisation
NACP	-	National AIDS Control Programme
NGO	-	Non Governmental Organisation
ORW	-	Outreach Worker
PD	-	Project Director
PE	-	Peer Educator
PM	-	Program Manager
PPTCT	-	Prevention of Parent To Child Transmission
RTI	-	Reproductive Tract Infection
SACS	-	State AIDS Control Society
SIMU	-	Strategic Information Management Unit
STI	-	Sexually Transmitted Infection
TB	-	Tuberculosis
TG	-	Trans Gender
TI	-	Targeted Intervention
TSU	-	Technical Support Unit
UID	-	Unique Identification

*For any queries/assistance/feedback, please contact:*

**Phone: 91-11-23731963, 91-11-43509902  
91-11-43509999 /Ext: 902, 616**

**Email: [dhingradr@hotmail.com](mailto:dhingradr@hotmail.com)  
[srikar.naco@gmail.com](mailto:srikar.naco@gmail.com)  
[shweta.naco@gmail.com](mailto:shweta.naco@gmail.com)  
[lalpavithram@gmail.com](mailto:lalpavithram@gmail.com)  
[drvr Rao@gmail.com](mailto:drvr Rao@gmail.com)  
[sgnaco@gmail.com](mailto:sgnaco@gmail.com)**



**NATIONAL AIDS CONTROL ORGANISATION**

Ministry of Health and Family Welfare

Government of India

6th & 9th Floor, Chandralok Building,  
36, Janpath, New Delhi - 110001