A FIELD BASED GUIDE TO NGOS FOR QUALITY DATA COLLECTION AND MONITORING AT TI LEVEL

NATIONAL AIDS CONTROL ORGANISATION
New Delhi

INTRODUCTION TO THE GUIDE

The Purpose:

All developmental program activities has fixed time period to achieve a set of objectives. All the programs are planned to do certain set of activities to accomplish the objectives leading to achieving the ultimate goal. Hence a periodic monitoring of activities is to be conducted once a project has been initiated to track progress and determining whether ongoing and proposed activities are in accordance with approved plans and in line with requirements.

Monitoring is a systematic process of tracking/measuring the progress in relation to an implementation plan, on a regular basis (inputs, activities, outputs).

- **Used:**
  - for shorter-term decision-making to improve project performance and design;
  - for accountability for implementation according to plan;
  - as an input to evaluation; and
  - for advocacy and policy development
- **How:**
  - Through routine data collection tools, field observation, progress reports, rapid assessments

An effective monitoring system leads to:

- Effective use of resources
- Planned execution of work (time-bound completion)
- Identification of problems and provision of solutions
- Identification of opportunities
- Documentation of events
- Verification of the process of development
- Building of database for future evaluations
- Purpose-driven use of human resource
- Better programme management

Effective monitoring, therefore, requires focus on the following:

- The type of data/information that needs to be gathered
- Employing user-friendly tools to collect and organize the required data
- Collating and analysing the data gathered
- Presenting distilled information in a format tailored for stakeholders

For Whom:

This guide has been prepared primarily for use by NGOs (TI) supported by the NACO. It is

designed to help partner NGOs, plan and implement an effective monitoring system, including the setting up a robust Management Information System (MIS) at the TI level.

Design of TI Data capturing tools

During the development of data capturing tools and reporting forms, the following were taken into consideration.

Minimum time for reporting: The tools have been designed in a such a way that each responsible person will spend minimum time in transferring the information on to the tools and later fed into computer.

Flexibility: The tools were prepared with a view to merge/ add new variables if necessary.

Simple and Informative: The tools are kept as simple as possible for ease of understanding by PE ORW in particular and other stakeholders in general.

Performance indicators: The tools have been designed to capture all the requisite information on indicators.

Importance of information collection:

- ✓ **Achievement** – What has been achieved? How do we know that the project or event or an activity has caused the result?
- ✓ **Assessing progress** – Are the objectives being met?
- ✓ **Identifying strengths and weaknesses** – Where does the project need improvement and how can it be done or rectified? Are the original objectives still appropriate?
- ✓ **Checking effectiveness** – What difference has the project made? Can the impact be improved?
- ✓ **Sharing experiences** – Can the information help to prevent loopholes, mistakes or to encourage positive approaches

BACKGROUND

The National AIDS Control Programme is in its third phase (2007-2012) of activity. The first two phases of activity (NACP I – 1992-2001and NACP II – 2001-2007) undertook the ambitious objective of laying down the infrastructure required for providing comprehensive services for both Prevention, Care & treatment. In Phase III, National AIDS Control Organization (NACO) seeks to systematically scale up the service delivery. India through it's National AIDS Control Program stands committed to Millennium Development Goal (MDG) of reversing the spread of HIV/ AIDS by 2015.

To accomplish these goals, NACO plans to decentralize the management of HIV/AIDS control activities, giving greater responsibilities to the state and district level, while emphasizing its own role to coordinate, guide, monitor and facilitate sharing of best practices and innovations across the SACS programmes. This approach requires significant investment in capacity building of both managers and technical staff at the state level and strengthening the SACS' ability to monitor the performance of their programme in terms of addressing the needs of the HIV epidemic in their state.

The epidemiological situation of spread of HIV infection in India though does not show dramatic upsurge, the estimated number of PLHA are high and still keeps India in 3rd position worldwide. There are state specific variations in the profile of the epidemic with high prevalence rates reported in southern and northeastern states.

However even the low HIV prevalence states are also characterized by the presence of high risk pockets with potential for increased spread of epidemic in these states. The variation in terms of cultures, customs and behaviors across states of India poses additional challenge to the HIV prevention programs. As a result, an increasing commitment can be seen in a growing number of partners and stakeholders who are getting involved in a range of activities and programs.

Tracking trends over time to improve our understanding of the epidemic, of risk behaviors and factors that are driving it is extremely important. Strong monitoring and evaluation systems have capacity to track these trends and factors and strengthen the evidence based programming. Such system once established and functional would guide program managers to focus efforts on interventions that have greatest impact on the HIV epidemic.

Adopting Strategic Information Management (SIM) as a NACP Objective (a brief description)

The decentralized model for management of NACP III requires a robust and responsive system of collecting and analyzing data. Data are 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.).

Expansion of Data Collection – NACP II

- 2001 and 2006 National BSS for general population and high risk groups

- Expansion of sentinel surveillance sites from 699 to 1122 sites between 2003 and 2006
- Enhancement of CMIS to allow state specific data entry and analysis (increase in reporting on all components)
- Programme evaluations for targeted interventions and programme support units

To change the way monitoring & evaluation (M&E) is conducted during NACP III, a number of key innovations have been put into place. First, M&E activities have been integrated into the broader strategic information management unit.

(SIMU) established at both state and national levels. The SIMU brings together M&E, surveillance, and operations research. The term SIM refers to the transformation of data from all these sources in their raw form into information that can be applied to decisions made about program management or planning. This process is strategic because data from multiple sources are assessed in terms of quality and relevance to develop a more systematic understanding of what the information is saying about the programme.

Establishment of SIMU is seen as a step towards intensifying efforts on improving data quality from all data sources. Having clear roles and responsibilities defined would facilitate greater accountability and better quality of data and information use. Additionally, using information from various data sources systematically through triangulation would lead to better Interpretations and programmatic decisions.

Secondly, as an objective of NACP III, in itself, the status and resources being invested in SIM have grown. This includes hiring epidemiologists at the state level and M&E specialists at the district level, especially in higher prevalence Category A and B districts.

The Three Ones – National and state level implications

In 2003, during the International Conference on AIDS and STIs in Africa, country AIDS control programs, donors, international technical agencies, NGOs, and the private sector came together to agree upon a coordination mechanism for national HIV/AIDS response. The result was the following principles, referred to as the "Three ones." It is now endorsed widely across the globe, in the South Asia region, and in India.

In an effort to maximize the use of limited resources and to reduce the administrative burden of multiple partners working simultaneously on the response to HIV/AIDS, in each country there should be:

Three ones principle	**What does that mean**
One HIV/AIDS action framework that provides the basis for coordinating the work of all partners	The NACP III Programme Operational Plan (POP) is the blue print for implementing work of all partners the National AIDS Control strategy
One National AIDS Coordinating Authority with a broad base multi sector mandate	National AIDS control Organisation (NACO)
One country level monitoring and evaluation.	The NACP III M&E framework is minimum set of critical monitoring data , endorsed by
system	Stakeholders involved in planning NACP III

Strategic Information Management Unit: Organizational Structure

The strategic Information Management Units established at National and State levels would work in close coordination.

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

The SIMU at SACS level will parallel the unit established within NACO. Each SIMU will 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.

In each SACS, the SIMU will carry out the day to day activities associated with each sub unit (e.g. surveillance, M&E and operations research, etc.). The SIMU at SACS will function together as a team and supplement each other's role to ensure effective implementation of all planned activities. Separate role specific responsibilities are however assigned to ensure accountability.

QUALITY APPROACH GUIDE ON DATA COLLECTION AT TI LEVEL

The National AIDS Control Programme Phase III (NACP III) aims to closely work with non-governmental organizations (NGOs), Community Based Organizations (CBOs) on the prevention program to achieve the following objectives:

- Scale up and saturate coverage of core groups (Female Sex Workers, Men who have Sex with Men, Transgender community and Injecting Drug Users)

- Scale up interventions among non-core groups, namely truckers and migrants workers, and mainstream HIV/AIDS in Government Health Departments to access other segments of population
- Increase access to prevention, care and support services

State AIDS Control Societies (SACS) along with Technical Support Units (TSU) are responsible for managing the network of NGOs and CBOs implementing targeted intervention (TI) programmes among core and vulnerable populations in a given state. In order to support evidence based planning and increase the effectiveness of interventions, it is critical to establish a good monitoring system. 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. Any changes to the guidelines need to be made in consultation with and prior approval from NACO.

Objectives

- Ascertains whether a project is able to achieve what it had planned to do in a given time frame (to assess the progress towards the project objective)
- Ascertains how this is being carried out
- Keeps track of scope, quality, coverage impact and success of the project
- Seeks to collect information on programme input, process, output, outcome, and impact levels
- Critical in clarifying programme barriers and successes, suggesting new programme directions, and informing resource allocation decisions
- Keeps track of the project's activities, milestones achieved, financial aspects, HR aspects, etc.

Expected Outputs

- Quality and timely reporting by all programme implementers
- Establishment and strengthening of M & E system at TI level for program management.
- Use of data for tracking the program performance
- Structured and coordinated flow of routinely collected information at various levels of information system

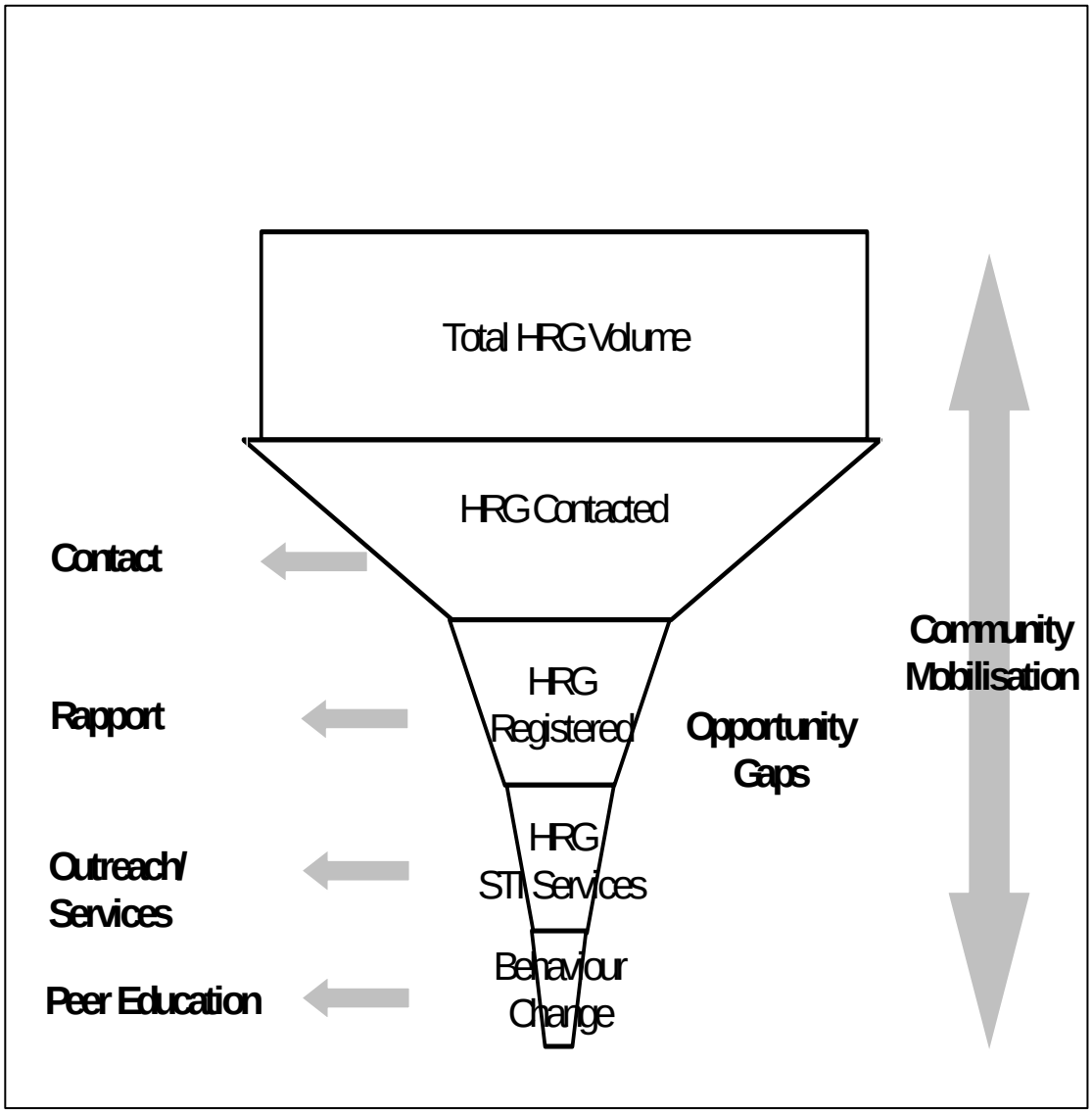
Intended Users of this document

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 officer and Outreach Workers, community mobilisers

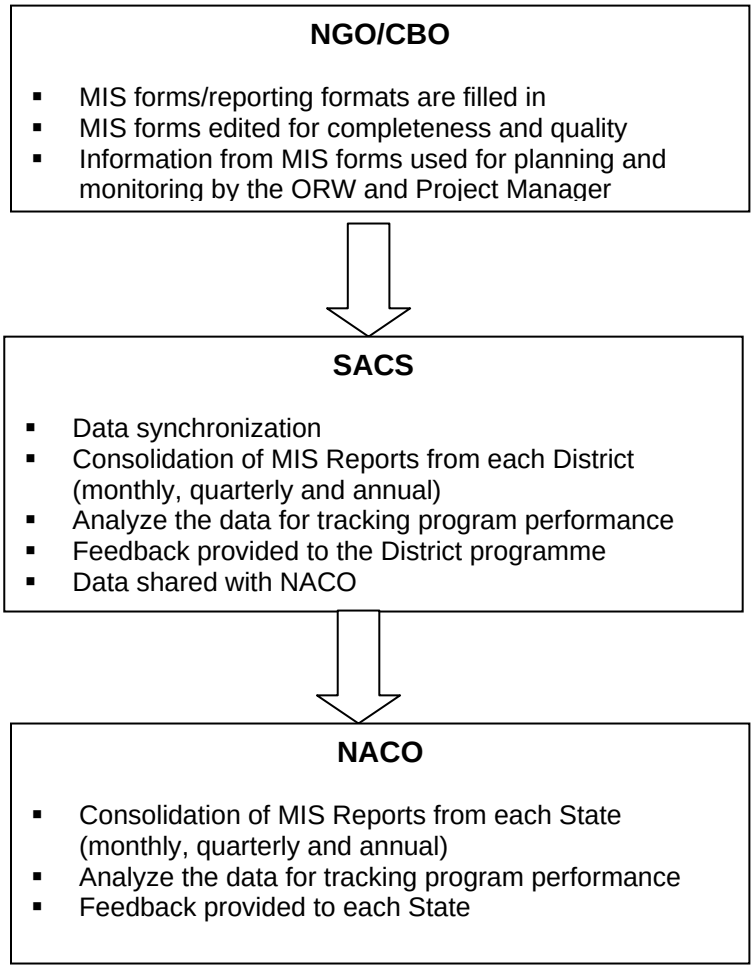
STRATEGIC APPROACH TO PROGRAMME MONITORING OF TIs

Table 1. Strategic Approach Funnel Diagram



Flow Chart of the Management Information System for TIs

The Managing 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 charted below depicts the data flow from NGOs/CBOs to SACS and to NACO:

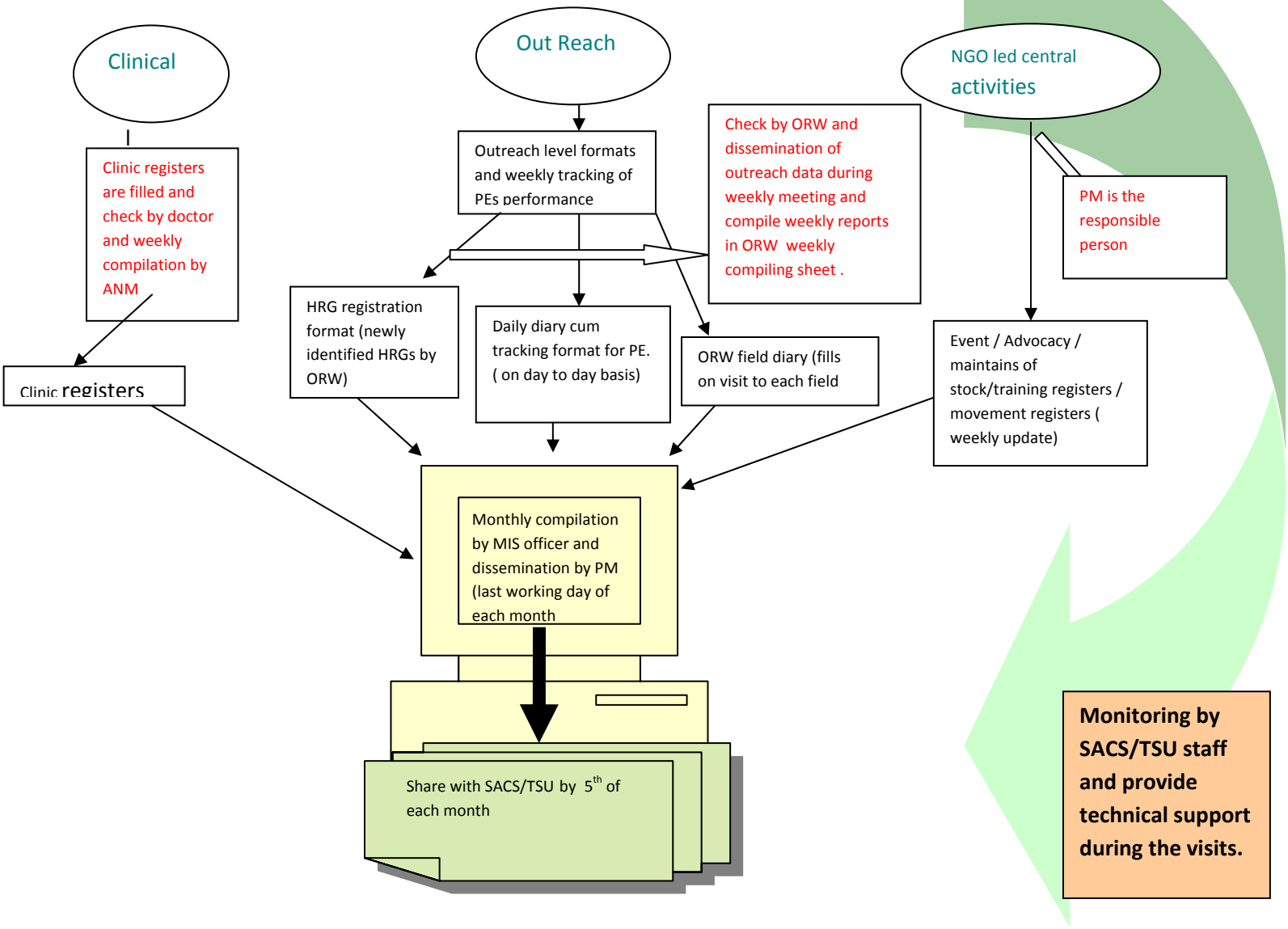


The targeted intervention activities are broadly grouped as under:

- Outreach level activities
- Clinic level activities
- NGO level activities

The flow of information and monitoring checks has been displayed in form of chart below for easy understanding.

CHART 1: Flow chart for program management at NGO/CBO Level



MANAGEMENT INFORMATION SYSTEM AT NGO/CBO LEVEL

The program activities have been logically divided into three sections. These sections are 1. Outreach level activities, 2. NGO/CBO level activities, 3. Clinic level activities. The following log frame will make the staff at TI to understand better on each basic data collection tool to be used in each section.

DATA COLLECTION TOOLS AT TI LEVEL

Type of Tool	When filled	By whom filled in	Frequency of verification	By whom verified and reported
OUTREACH LEVEL				
HRG registration format (FORM A)	*When a new contact has been established in a hotspot by the concerned area PE. She/he introduces the new HRG to the ORW in charge.*	ORW	Weekly	On Weekly basis to the PM/ MIS Officer.
Peer Educator Weekly Planning & Activity Sheet. (FORM B)	On the same day when a contact is made by the PE at the site/hotspot level, the service details are filed in.	PE	On weekly basis as well as on every visit made to field by ORW in charge.	ORW
PE wise individual HRG compiled Monthly Sheet. (FORM C)	On monthly basis, the ORW will compile in the format for each HRG on the contacts made during a month. This is a compiled sheet prepared for a given month. This format is used as a monitoring of services given to each HRG by the PE in a given site.	ORW	Monthly	Program Manager.
Monthly summary Sheet (Form C_1)	This is summary sheet to track the PE performance in each week. Based on which the next week's planning will be made for the PE.	ORW	Weekly	Program Manager
Outreach weekly report. (FORM D)	On weekly basis the ORW visits the field for conducting field level observation. The observations (qualitative) are noted in the report and shared with the program manager. It gives a summary on the visits made on the activities conducted, issues addressed, and challenges faced during in a given site/hotspot.	ORW	Weekly	Program Manger.
HRG Master Register.	On weekly basis the information will be taken from the HRG	MIS officer	Weekly	Program Manager.

(FORM E)	registration form which is filled in by the ORW. The information in this used as line listing.			
CLINIC LEVEL				
Patient register format (Form F) including Abscess management format (FORM F_1)	On every day The doctor fills in for each HRG patient visiting the clinic. It contains basic details of the HRG patient illness and other clinic history. For each patient one form during every visit to the clinic	Doctor	Daily (on clinic days)	Program Manager.
Clinic Daily summary sheet (FORM FF)	During end of each clinic day. This register is a summary of the patient who has visited the clinic on a each day. The information from the filled in patient register format is transferred. It gives information at a glance on number of patients visited each clinic day and type of diagnosis and treatment provided.	ANM/Counselor	Daily (on clinic days)	Doctor
Medicine Stock register. (FORM G)	During end of each clinic day. The register is maintained at the clinic for tracking of medicines – received, issued and balance.	ANM/Counselor	weekly	Program Manager.
Referral slip and Registers. **(FORM H)**	As and when a patient is referred to a referral center (ICTC, ART,TB /DOT), this register is filled in with the details. The slips are in triplicate. The referred details from the slip are noted in the referral register which will be useful for tracking of referrals made in a given period.	ANM / Counselor	Weekly	Program Manager.
Counseling Register. **(FORM I)**	After every counseling session conducted. The register gives information on type of counseling done, duration of counseling, pre-post counseling etc. Each row contains information on one counseling session.	ANM/ Counselor	weekly	Program Manager
PROJECT LEVEL				
Advocacy activity report. (FORM J)	After every advocacy or advocacy related activities are conducted. It gives of activities conducted. The advocacy activities could be meeting with police personnel,	Program Manger	Monthly	Project Director / SACS / TSUs staff.

	meeting with govt. dept., religious leaders and other stake holders.			
Crisis Management register. (FORM K)	As and when violence is reported at the NGO level, this form to be filled in. Each form to be used for each set of violence reported.	Program Manager	Monthly	Project Director / SACS / TSUs staff.
Training register. **(FORM L)**	As and when training is conducted for TI staff. This register is for documenting details of training conducted for the project TI staff. The training could be within the NGO or from the SACS / TSU or other agencies recommended by the SACS.	Program Manager	Monthly	Project Director / SACS / TSUs staff.
Drop in Center Register. **(FORM M)**	Every HRG visiting the drop in center, needs to fill in his/her visit to DIC details. The register is available at each drop in center. If there are two drop in centers in a given TI, then there will be 2 drop in center registers.	ANM / Counselor	Weekly	The program Manager
Commodity Stock register. **(FORM N)**	The register is maintained to track the commodities received (free condoms, social marketing, lubricants, needles and syringes) from SACS or from the other sources by the project for further distribution through project to the HRGs as part of the project services.	Program Manger	On monthly basis for reconciliation of stock received and issued.	Project Director / SACS / TSUs staff.
Movement Register. (FORM O)	When a staff of the TI project at the NGO level traveling out to carry out project related activities – Field supervision visits, attend a workshop / seminar /conference. The register is not applicable for PE.	Individual staff members	Daily	Project Director /Program Manger/SACS/TSU.
Community mobilization Activity Register. **(FORM P)**	As and when a group / committee are formed in a given site / hotspot, the details of the formation is to be recorded. The memberships are updated on every month for the record at the TI level.	Program Manager	Monthly	Project Director / SACS / TSUs staff.

A quality approach to the data collection and quality reporting at TI level:

The flow of the data should follow a systematic approach to ensure quality and for timely reporting to SACS.

The following process is recommended to follow for effective & quality data collection and timely reporting:

A. Flow of Data and checks at the TI level
B. A GUIDE ON TIME MANAGEMENT FOR KEY STAFF AT TI LEVEL.
C. Implementation of condom gap analysis
D. Quality review meetings
E. Qualitative reporting strategy

A. Flow of Data and checks at the TI level

OUTREACH LEVEL

Step 1: PE will fill up the daily dairy formats in their respective sites/hotspot/s on day to day basis on all the contacts made with the HRGs.

Step 2: The ORW during technical support / supervisory visit to the hotspots (which is once in a week) and will do random checks at the field level for the quality of information being captured and entered in the format. The ORW will also fill in the information on the activities conducted by him / her during the visit in his/her field diary.

Step 3: On weekly basis, the daily dairy forms from PE will be collected by the respective ORW in charge of the areas and check for its completeness and correctness.

Step 4: Prior to weekly meeting, the ORW will collate information from his/her field diary and also from the PE daily diary and fill in the requisite information in the ORW weekly format and share the same with the program manager during the weekly meeting.

Step 5: The program manager will do performance assessment based on the data submitted by the ORW for the week.

Step 6: The filled in forms for the week will be handed over to the MIS officer who will enter the information in the computer.

Step 7: The filled in forms (pertaining to PE and ORW) will be returned for continuing the format filling for the next week to respective PE and ORW.

(At the end of each month, all the forms from PE and ORW will be collected by the MIS officer and store at the project office).

CLINIC LEVEL

All the HRGs visiting and getting treated project supported clinics will follow the below mentioned procedure.

Step 1: All the HRGs will first meet Nurse (in absence of nurse, will meet counselor).

Step 2: For new case and for repeat case

For new case (first time visit to project clinic)

If the HRG is coming first time to the clinic, the ANM will create a new file with the patient register form filled in.
The ANM checks for ID number – whether already by the ORW. Ensures that the HRG is project health card.
The nurse fills in patient register form. After filling the patient register form, the nurse also fills in the medical register (maintained on daily basis for each HRG visiting the clinic which is like a day book) on the purpose of the visit and symptoms reported by the HRG. The ANM conducts pre counseling session and fills in the counseling register. After counseling, the HRG is sent to the doctor for further process.

For Repeat Cases
When a HRG visits the clinic (who is not first time visitor to the clinic), the nurse tracks the patient register form kept at the NGO/CBO through Health Card brought by the HRG.
The Nurse notes down the purpose of the visit and symptoms as reported by the HRG in the **medical register.** The ANM conducts pre counseling session and fills in the counseling register. After counseling, the HRG is sent to the doctor for further process.

Step 3: The doctor after examining the patient and treatment given/recommended, fills in the patient register form (the requisite information to be filled in by the doctor) and send the HRG and the file back to the ANM for further process.
Step 4: ANM enters the information in the medical register on the diagnosis made and medicines prescribed by the doctor. She also gives medicines to the HRG as per prescription.
Step 5: ANM at the end of each clinic day, compares the number of visits made to the clinic from medical register with the drug register and referral registers and ensures all the entries made are correct and complete. This is also checked by the doctor by signing at the end of the each clinic day on all the entries made are complete and correct by signing/initialing.
Step 6: ANM also tallies the drug stock register on the issues made during the day and balance at the end of each clinic day. (Each medicine should have a buffer stock of medicine, which will vary from medicine to medicine and from TI to TI).
Step 7: The ANM prior to any weekly/monthly meetings will compile information on the

- Number of individuals visited clinics.
- Type of visit made for general ailment, for STI treatment.
- Number of referral made etc.
- Number of HRGs followed up for ICTC and STI.

Step 8: The ANM after sharing the clinic information in the weekly meeting hands over the clinic reporting form to MIS officer for entering into the CMIS on weekly basis.

Process to follow at Project level

Step 1: The filled in forms of each PE and ORW, clinic (medical register, referral registers, drug register etc) will be handed over to the MIS officer by Program Manager, The same will be entered in computer (CMIS) on weekly basis.
Step 2: After entering the information, the MIS officer will verify the data entered on random basis by physically checking the hard copy with the entered data of having correctly entered. The registers and forms are given back to the respective staff members to continue the entering the data on day to day basis.
Step 3: Towards end of each month and before the monthly meeting, the MIS officer will conduct basic analysis on the performance of the outreach and clinic for the month and share with PM during the monthly meeting. The basic analysis pertains:

1. Total coverage of the HRGs at the TIs and compare with the target given.
2. How many new HRGs have been identified and registered.
3 How many repeat individual contacted on regular basis.
4. Number of condoms distributed by each PE or ORW in the month and total number of individuals to whom condoms were distributed? The MIS officer will also compare the distribution of condoms with the demand generated through condom gap analysis.
5. Number of individuals visited clinic in the month
6. Number of individuals treated with STI symptoms during the month
7. Number of referrals made to ICTC /ART/TB(DOT).

Step 4: The MIS officer will then compile the data entered in computer for monthly update and report in CMIS as per reporting requirements.
Step 5: The MIS Officer after generating monthly report will share the report with PD / PM before sending it to SACS/TSU on or before the due date.
Step 6: The MIS officer generate a list from the master list of HRGs by hotspot wise as per PE daily diary format and hand over the same to each PE to continue the contact.

B. A GUIDE ON TIME MANAGEMENT FOR KEY STAFF AT TI LEVEL.

[(Total number of days in a month: 30 days (on an average). There are 24 working days on an average (Deducting 4/5 Sundays including festival days)].

Time –Management for Project Manager

Type of activity	Number of man days (in a month)	Minimum days	Expected activities to be conducted
Field visits to sites/sub-sites/hot spots/conducting or attending workshops	10	2 days in a week	Expected activities to be conducted at the field level are to guide, facilitate, and solve field level problems emerging during weekly meetings through the ORWs. To check the field diaries of the ORWs as well as random checks of daily diaries of PE at the field level for on the spot supportive supervision. Focus of field visit is to ensure quality of out reach done by the ORWs and PEs.
Off the field activities*	12	3 days in a week at the NGO or site office.	Attend to administrative, financial and communication matters. Liaison with SACS/TSU
Information compiling	2	Last two working days of the month	Coordinate and assist Accountant for preparation of monthly financial reports and MIS Officer on the compilation of programmatic information collected from ORWs / PEs, information from clinics and ensure correct and quality reporting is being sent to SACS.

*Ensure day to day communication is maintained to correspond / communicate with other partner/s and SACS/TSU.

Time –Management for MIS Officer

Type of activity	Number of man days (in a month)*	Minimum days	Expected activities to be conducted
Provide on-site technical support	4	1 day in a week the MIS officer will travel to field to provide support on data filling at hotspot level	Visit field areas for providing on-site support to ORWs / PEs on format filling. Ensures that all the formats are filled in timely and correctly. Collection of materials (in terms of photo graphs, interviewing of KPs, audio information) for case study documentation.
Data entry of filled in formats at NGO level and compilation of information	16	4 days in a week after every weekly meeting (last two working days are spent for compilation of information)	Update program database in the excel sheet from the daily dairy format (ORW / PE). . Give tally of numbers on weekly basis to Project manger for discussion with team at the weekly/monthly meeting. This also days spent for preparation of compiled reports in the CMIS format and share during monthly review meetings and sending the same by 5th of every month to SACS
Analysis of data and documentation of activities	4	1 day in a week to do analysis and documentation	On weekly basis compile and analyse information from the data entered and share with PD/PC/APC to be shared in weekly /monthly meetings. Documentation of events or success/failure stories as per guidance from PD / PC from time to time

Time –Management for Outreach Workers (ORW)

Type of activity	Number of man days (in a month)*	Minimum days	Expected activities to be conducted
Outreach	20	Minimum 5 days in week contact KPs in their own hotspots	Visit hotspots (atleast each hotspot once in a week) within his/her areas for on hand holding support to PEs, provide, clarify and update on program services to the PE. Conduct group meetings; register new HRGs identified by the PE, handle crisis management at hotspots. Support in terms of filling reporting formats and planning for the next week. Also assist MIS officer in clarifying doubts and provide clarification on the filled in outreach level formats.
Conduct Weekly / Monthly Meetings	4	Once a week	Conduct weekly meeting and analysis each site/hotspot performance and ensure to update on weekly basis to program manager. Assist in finalising the weekly plans for each peer educator and ensures that micro planning is in place and being followed.

Time –Management for Accountant

Type of activity	Number of man days (in a month)*	Minimum days	Expected activities to be conducted
General administration and financial matters	22	Daily basis	Assist in project administration including logistic arrangements, communications with partners etc. Update accounts on daily basis as per specification from finance section. As per requirement, the accountant needs to assist MIS Officer
Information compiling	2	Last working day of the month	Preparation of financial reports and share with PD/PM for an update. Ensures to send SOE on time to SACS. Provide any other information required by SACS/TSU.

Time –Management for Clinic ANM /Counselor

Type of activity	Number of man days (in a month)*	Minimum days	Expected activities to be conducted

Clinic administration	22	All the days and during Clinic Hrs	Assist Clinic Doctor in management of cases. Fills in clinic registers and ensures all the records are updated on day to day basis. Provide drugs to the patients as recommended by the doctor. Conduct counseling sessions to all the HRGs visiting the clinic.
		Non Clinic Hours	Prepare and sterilize instruments, gloves, rubber sheets, and other supplies. Complete entry into the registers (clinic, drug register and treatment register). Ensures that there is no stock out of drugs.
		At least 1 visit in a week	Will visit the field to follow up and ensure that all referrals made are visiting the referral centers and taking treatment. This also includes health camps organized by the project. Conduct counseling sessions at the field level (wherever required/ need arises)
Information compiling	2	Last working days of the month	Assist in compile monthly data by MIS officer on the clinic information including on counseling, referrals made etc.) to be reported through CMIS.

C. Quality Condom Management

Condom Gap Analysis - Rationale

A periodic review of the condoms in demand and supply through the project is very essential as part of quality assurance. The project is giving condoms on regular basis to HRGs on every contact made with the HRG – from outreach, clinic, outlets. But actual requirement of condoms by each HRG (especially for FSW, MSM, TGs) may differ widely with the condom actually distributed. It is an observation from the data and from the field that every contact made by the PE or by the ORW with the HRG; condoms are being given irrespective of the actual demand/requirement. The requirement can be less or excess condoms are given.

The objective of this exercise is to calculate the overall gap as well as the gap for every individual HRG categorized in each sub group under each category of HRGs. The exercise takes into account both the Demand and the Supply. The demand is calculated based on the Sexual Acts encountered by every HRG. The Supply includes the Condoms distributed from the TI project and also from other sources. Based on the results, the Gap is calculated and demand and supply could be narrowed down through the project efforts.

This process has to be conducted ideally on a quarterly basis (once in 4 months to update on the demand and supply in each site/hotspot) as the there can changes in the sex act with the seasonal variation. The responsibility of collecting the data through PE lies with the Outreach Worker.

The data collection tool to capture information on condom demand at the site level by the PE is given below:

The following is the PE level data collection for each site: (to be collected once in four months and to be used as a baseline)								
Type of HRG:						**Name of the site:**		
ID/ Name	Category of the HRG*	Sub Type**	Number Encountered / wk (recall)	No of Condoms used last week	No of condoms received from the TI project (last week)	No of Condoms received from other sources (other than TI project) last week	No of condoms purchased through Social Marketing (by the client or by the HRG) last week	Number of condoms to be met by the project - Formula (D–(F+G+H))
A	B	C	D	E	F	G	H	I

Terms and Terminologies used in the data collection format:

*: Type refers to the type of HRG members (FSW, MSM, IDU)

**: Sub type refers to the typologies of the HRG members (Street, Brothel or Secret in case of FSW and Kothis, Panthis or Double Deckers in case of MSMs).

Based on the data collected as above, a summary on demand for each hotspot is to compiled and compared with the supply being made during the project intervention as below:

	Condom Demand and Supply Assessment

	Tool to be used by the ORW with the support of PE				
I	**Demand**				
	FSW	**Street**	**Brothel**	**Secret /Home/lodges**	**Total**
	Number of FSW				
	Average No of clients (encounters) / last week				
	Average No of clients in month (number of encounters in a week*4) based on last week's recall.				
	Condon requirements / month				
	MSM	**Kothi**	**Panthi**	**TGs**	**Total**
	Number of MSM				
	Average No of clients (encounters) / last week				
	Average No of clients in month(number of encounters in a week*4) based on last week's recall.				
	Condon requirements / month				
II	**Supply**				
	FSW	**Street**	**Brothel**	**Secret /Home /lodges**	**Total**
1	Free Distribution				
2	Through Social Marketing				
3	Through other sources				
	MSM	**Kothi**	**Panthi**	**TGs**	**Total**
1	Free Distribution				
2	Through Social Marketing				
3	Through other sources				

The difference between the overall Demand and the overall Supply will give the overall Condom Gap. The project has to address this gap as well.

System to follow: The condom gap analysis design as mentioned above is part of micro-planning system aimed at analyzing and reducing the condom gap at the NGO level. The data collection is done by the PE with the support/ help of Outreach Worker. The data is compiled at the NGO level and the average condom demand along with the subsequent gap is calculated. This is also a documentary evidence of condoms being in demand and supply being made.

The condom gaps are analyzed by the ORW and track the distribution pattern at each site level on monthly basis.

D. Quality Review Meetings

1. Standard recording procedures for all reviews conducted at the TI level.

The register meant for recording any project related meetings needs to follow a standard procedures which will ensure that all the review meetings are conducted effectively and qualitatively.

a. All the review meetings conducted should be documented as per procedure. The review meetings are: a) weekly review b) monthly review c) quarterly review.

b. One register for each **type of review** meeting are advised to be kept.

c. The project manager will be responsible to ensure all review meetings process is documented in form of minutes and kept in safe custody. The review meetings dates should be fixed in a given month which will give space for planning in conducting effective meeting.

d. The weekly meetings should be held at the site level where the respective ORW will be lead person in conducting with his/her respective PEs. The monthly and quarterly meetings should be chaired by the program director with the staff - program manager, counselor, accountant, MIS officer, ORW and ANM. The monthly/quarterly meetings preferably should be conducted during the last working day of the month.

For any given review meeting, the minutes should be documented in the following sequence.

1. Date and venue of the meeting
2. Participants list
3. Agenda of the current meeting available
4. Action points of the last meeting available
5. List of achievements on the last action points (documentary evidence)
6. Review of the progress made during the review period against plans
7. Action points for next week/month/quarter with timeline and persons responsible

Weekly Review meetings (The lead person is the ORW – conducted at the site level)

The performance of the TIs is based on effective reviews happening at the site level. Weekly meetings are crucial for effective project performance. During the weekly meeting, weekly performance on the outreach performance are discussed in detail and disseminated and corrective measures are taken(PE by PE and site by site. Hence weekly review meetings needs to be conducted methodically and systematically.

All the ORW should conduct weekly meeting along with their PEs. All the Outreach workers (ORW) / Peer educator (PE) share their planned activities performed /carried out during the previous week in a formal gathering. The weekly meeting should be held at the respective ORW allocated site which is convenient to all the PEs to assemble. The weekly information and challenges faced at the field level should be the focus for

discussion apart from the checking of data. Based on the discussion, each PE with the support of the ORW refines next week's plan and if necessary revises the micro plan. End of each weekly meeting, a modified or revised plan and an action plan with the activities to be conducted for the next week is finalized and the same is shared with Program Manager by the ORW. Subsequently, the ORW also compiles information on core parameters in the ORW weekly report to be shared with program manager and during monthly meeting. **The must activities for the weekly meetings are listed as below:**

- Tracking on number of new HRGs contacted and ensuring the registration in the HRG registration form.
- Line listing of HRG by site wise has been updated for each site.
- Random check on each PE's daily diary for its completeness and correctness.
- Tracking on number of regular contacts made as against planned in the previous week.
- Ensuring the quality of BCC messaging being given at the site level by each PE and support required from the project (interaction with each PE on the type of messaging being given).
- Tracking of free condoms distributed with each contact made and comparing with demand analysis done for the site/hotspot from the condom gap analysis.
- Tracking of needle and syringes distributed with each contact made against the demand for the site/hotspot from the Needle and Syringe demand analysis **(for IDUs only).**
- Identifying the HRGs who are not contacted or utilized the project services and knows the status and reasons for not meeting them.
- Discussion on the community perception and feedback on the prevention activities including clinic services, e.g. utilization of drop in centers offered by the project.
- Challenges faced by the PE (needs to be documented in detail and action plan to address the issues needs to be strategized and shared during monthly meetings by the ORW).
- Tracking the number of individuals referred to ICTC and clinics.
- Tracking on the number of follow ups made by each PE.

The proceedings of the weekly meetings are to be documented as per the procedure:

a. Actions points drawn for the next week

b. Issues to be taken up during monthly meeting by the ORW.

c. Minutes prepared are shared with Program Manager

d. For future references

Monthly/quarterly meetings: (The lead person is Project Director – conducted at the project office)

In this meeting, the entire project staff – clinical staff, ORW, and other program staff are to be present. Usually the monthly meetings are held at the project office. Performance assessment for all the four weeks (for monthly meeting) and 3 months performance (for the quarterly meeting) are discussed. The key issues to be discussed are listed as below:

- Whether all the activities pertaining to monthly/quarterly work plan has been completed?

- Assessing the front line workers (PE) –have capacity for appropriate support to be given at the grass root or at the site level. Based on the feedback from ORWs.
- Discuss on the new skill development for ORWs and other staff members which can lead to increase in performance based on the experience gained from weekly meetings and appropriate trainings are planned with time line and communicated to SACS/TSU.
- Strategies for improving linkages with the district level stake holders and ways for further improving/strengthening (e.g. with police personnel, other govt. dept. govt. hospitals and other stakeholders).
- Monthly analysis done and shared by MIS officer to track project performance (based on the numbers and qualitative inputs) is analyzed to see how far the project is from the indicators/deliverables.
- Status on the financial positions should be analyzed. Project director with the support of accountant to ensure that the SOE are being submitted on time to SACS.
- Monthly achievements against work plan are compared and assessment is made to further refine future prevention activities.

TIPS: The key staff responsible to share information during the monthly/quarterly meetings is –

- **Project Director**, for overall project performance, Admn and financial issues
- **Project Manager** – programmatic issues, achievement, field **challenges, program gaps etc.**
- **Accountant** -financial status, and SOEs
- **MIS officer** – timely data received, analyzed, reporting
- **ORW** – field level performance, PE performance and concerns, site level challenges,
- **Nurse/counselor**: Clinic load, referrals, STI treatment, counseling status

Note: The project Director to ensure that performance on programmatic and financial reports are compiled and shared during the meeting. The project director will ensure that the objectives of the meeting have been met and minutes are documented.

E. STRATEGY FOR TIMELY REPORTING AND ENSURING QUALITY OF THE DATA FLOW FROM THE TI LEVEL

- ✓ All the TIs will conduct their monthly review meeting on the **last working day of the each month** where the monthly data will be compiled, discussed and disseminated for tracking performance at the NGO level during monthly meetings.
- ✓ All the NGOs to report to SACS latest by **5th of every month** to SACS/TSU. It gives scope at the NGO/TI level sufficient time to correct the data in case of discrepancy/errors identified.
- ✓ SACS will compile all the TI information by **10th of each month**, which gives space and time to check for data for completeness and correctness and feedback to TI.

Information Flow at the NGO /CBO (TI) level and reporting to SACS / TSU