

Terms of References

1. Project Director

One representative from the Executive Body / Governing Body of the agency contracted (lead agency in case of associations) with SACS is to be designated as Project Director.

The Project Director would be the sole person responsible for any communication with State/District/Municipal AIDS Control Society. He /She would be one of the signatory in the contract and bank account designated for the project.

1. Project Director of implementing organization should ensure the appointment of all staff and PEs according to the approved proposal by SACS and ensure all documents pertaining to staff in the project office.
2. Conduct monthly project progress review meeting and attend other project level meetings as much as possible.
3. Attend SACS meetings as required.
4. Take lead to network with key district level officials such as District Magistrate, Superintendent of Police and other officials of departments to sensitize them about the project activities, HIV/AIDS and the role of community.
5. Participate in advocacy efforts with key stakeholders at the district level (political and religious leaders, other service providers, social welfare schemes, etc.).
6. Ensure coordination of project activities with other HIV/AIDS services in the district by engaging DAPCUs and District Health Society.
7. Maintain oversight over the project activities and ensure financial integrity of the project.
8. Ensure and facilitate any other activities approved by SACS and DAC with the project.
9. Assets purchased and documents under the project to be ensured in the project office and it should be kept as per the guidelines.
10. Ensure handover of unspent balance of the project account, assets and all other documents / records related to project within 15 days of closure of the contract or intimate SACS in case of delay. Obtain No Objection Certificate from competent authority of SACS after handing over and settle all accounts of staffs and SACS to avoid legal action as per requirements under the Contract.

2. Project Manager

Recruitment Qualifications	
Education	<p>S/he should be a Post graduate in any discipline of Social Sciences preferably with 1 year experience at district level programmes related to health, livelihood programmes, rural development, microfinance and HIV/AIDS programmes.</p> <p>Graduate in any discipline of Social Sciences subject with minimum three years experience in development / health sector at district level programmes related to health, livelihood programmes, rural development, microfinance and HIV/AIDS programmes.</p>
Knowledge and Skills	<ul style="list-style-type: none"> • Familiarity with government health policies and programmes Strong communication skills • Ability to work in small teams, and flexible ways of working • Proficiency in data analysis, reporting writing, case study compilation. • At least 10 days in the field visit required. • Overall management capacity to monitor, report and guide the team under him/her.
Functions / Key Results Expected	
<p>Summary of Key Functions:</p> <p>The Project Manager will be responsible for managing overall program in close coordination with SACS and implementing agency. He / She would be responsible to keep close liaison with Government Departments at districts level, SACS and TSU. Conduct data analysis and prepare monthly reports for review and reporting to SACS. Review the performance of TI staffs, prepare need based monthly action plan and follow up the action points, facilitate the SACS and TSU visits.</p>	
<p>Duties and Responsibilities: will be responsible for performing the following functions:</p> <p>Programme Management</p> <ol style="list-style-type: none"> 1. The Project Manager is the overall in-charge of the TI and is responsible for functioning of the project as per DAC operational guidelines. 2. The PM is tasked with achievement of the project deliverables as per project targets. 3. The PM will be based at the field office and organize weekly review meeting and supervise work of all other staffs. 4. Establish linkages with other referral services, stake holder meetings, and advocacy. 5. Organize in house capacity building of the other staff. 6. PM to travel to the project area / hotspots for purposes related to TI programme implementation like supervision of PE / ORWs and interaction with HRGs. PM should visit the field for about 10-15 days in a month records of the field visits are maintained. 7. Assist PD to organise advocacy and linkage activities. 8. Analyse the progress of the project activities and share the same with action points in the monthly project staff meeting. 9. Assess the capacity building requirements of project staff and communicate the same with TSU and SACS. 10. Monitor the transit intervention activities where ever applicable. 11. Conduct weekly / biweekly/monthly review meetings with project staff and PEs. <p>Reporting:</p> <ul style="list-style-type: none"> • Report to PD of the project and TI nodal officer in SACS and / or PO in TSU • Timely submission of monthly program performance data in SIMS/CMIS or other reporting format. • Submission of SOEs • Provide data / information required for preparation of reports. 	

Training Requirements:

- Programme Management, Supervision and Monitoring Skills, Team Building Skills, Data Analysis, Community based monitoring and rapport building, advocacy and networking.

3. Monitoring & Evaluation Assistant cum Accountant

Recruitment Qualifications	
Education:	Graduation in Mathematics, Economics, Statistics and Commerce. Trained in basic computer software applications.
Experience:	<p>Minimum of 2 years of work experience which includes:</p> <ul style="list-style-type: none"> • Experience in data management, monitoring and evaluations tools, data quality checks, analysis and interpretation of data on program performance. • Maintaining financial records / accounts • Knowledge and experience in health and social development sector will be an added advantage
Knowledge and Skills	<ul style="list-style-type: none"> • Proficient in computer data management and analysis using computer software • Familiarity with government health policies and programmes Strong communication skills • Ability to work in small teams, and flexible ways of working
Functions / Key Results Expected	
<p>Summary of Key Functions: The Monitoring and Evaluation Assistant Cum Accountant will be responsible for managing all program, physical and financial data. Update of information on daily basis, computerisation of outreach and project level data and consistency and quality checks of data, conduct data analysis and prepare monthly reports for review and reporting to SACS.</p>	
<p>Duties and Responsibilities: Under the direct supervision of Project Manager of TI the M&E Cum Accountancy will be responsible for performing the following functions:</p>	
<p>Monitoring & Quality Assurance</p> <ul style="list-style-type: none"> • Computerization of outreach, clinical and project level data on daily basis. • Conduct continuous analysis of data and provide analytical report for weekly and monthly reviews • Individual tracking of HRG for project services • Identify potential problems in reported data to improve the quality data. • Conduct field visits for ensuring data quality and handholding of outreach team on MIS formats • Liaise with SACS and TSU team for program performance reporting • Preparation of SOEs and submit to PM and PD. 	
<p>Reporting:</p> <ul style="list-style-type: none"> • Report to PM of the project. • Timely submission of monthly program performance data in SIMS/CMIS or other reporting format. • Preparation and submission of SOEs • Provide data / information required for preparation of reports. • Compile field level information for operational reports when required by SACS. • Assist in preparation, writing and editing of all reports required by SACS or TI project – for example specific Annual Report, Field Study Reports, Event reports etc. • M&E Assisant to travel to the project area / hotspots for purposes related to TI programme implementation like work with PE / ORWs and interaction with HRGs to ensure quality data capture. M&E Assisant should visit the field for about 8-10 days in a month 	
Training Requirements:	
<ul style="list-style-type: none"> • Basics of financial accounting and financial documentation. 	

- Basics of SIMS reporting, performance indicators
- MS- Excel, Power Point – for preparation of analytical reports, power point slides.
- Data quality assessment at the field level, triangulation with different sets of data for data validation and quality checks.

4. Counsellor

Recruitment Qualifications	
Education and Experience	<p>The counsellor should be a Post-graduate in Psychology or Social Work with a regular course.</p> <p>In case, a person with above qualification is not available, candidate with following qualification and experience may be considered:</p> <p>Graduate in Psychology or Social Work (only with regular course) with minimum two years work experience in counselling or working with TIs/Adolescent Health Programme/Mental Health settings/Substance Abuse or Drug Dependence programmes.</p>
Knowledge and Skills	<ul style="list-style-type: none"> • Familiarity with issues related to marginalised communities especially with HRGs and their families. • Strong communication and mobilisation skills. • Ability to work in small teams, and flexible ways of working. • Proficiency in report writing, case study compilation. • At least 10 days in the field visit required. • Overall management capacity to monitor, report and guide the team under him/her in absence of Project Manager or any other task provided by the team.
Functions / Key Results Expected	
<p>Summary of Key Functions:</p> <p>The Counsellor will be responsible for managing providing counselling and communication support to the programme in identifying individual or group behaviour including opportunities or challenges which have implication in HIV/AIDS Programme. Identify motivators or inhibitors among individuals or their family members and among groups which required to be addressed through BCC sessions by outreach team as well as through one to one or one to group counselling sessions. Ensure confidentiality while dealing with individual cases. Ensure participation in project based clinics, preferred providers clinics, health camps and would maintain patient registers, dispense medicines, demonstrate condom use, counsel on condom negotiation skills, education on NSEP, overdose prevention, abscess, OST, use of lubrication etc.</p>	
<p>Duties and Responsibilities: will be responsible for performing the following functions:</p> <p>Counseling and Behaviour Change Communication</p> <ol style="list-style-type: none"> 1. The counsellor is responsible for taking individual and group sessions on HIV/AIDS, STI, safe sex and injecting practices, prevention of abscesses, overdose prevention, drug treatment options, OST, etc. 2. The counsellor also shall engage in family counselling. 3. Demonstrate condom use, counsel on condom negotiation skills. 4. The counsellor shall also be responsible for motivating the clients for regular General Medical Check ups, referral of clients to ICTC, STI clinic, ART, etc. 5. The counsellor shall also be responsible for orientation of ORWs on counselling techniques and coordinate the outreach based BCC and psychosocial support activities. 6. The counsellor shall also look into the counselling requirement of female sex partner and spouses of IDUs and motivating them to avail the HIV related services (STI treatment, ICTC, etc). 	

7. In addition, s/he shall develop the BCC materials suitable for local context, follow-up clients both in DIC and in the field and maintain records as per prescribed formats.
8. The counsellor would be responsible for identifying individual or group motivators or inhibitors which require to be addressed for health seeking behaviours, condom use, decline in sharing the needles/syringes, decline in domestic or group violence, addressing issues related to self-esteem, communitisation of groups etc.
9. Using the above areas the counsellor would guide the outreach team to have specific need based BCC sessions to address these issues.
10. The Counsellor would be responsible for management of clinics especially record keeping, management of the patient flow, visit to the clinic sites or preferred providers and dispensing of medicines.
11. The counsellor in coordination with M&E assistant cum Accountant would identify the hotspots or sites with low service uptake, increasing defaulters – prepare outreach and visit plan to conduct hotspot level meeting.
12. The counsellor along with ORWs would prepare a plan to improve linkage with ICTCs / FICTCs ensuring sharing of line listing of referred clients from TI to ICTC, maintenance of referral cards and referral registers.
13. The counsellor along with M&E assistant cum Accountant would ensure timely reporting of condom stocks, OST medicine stocks, STI and other general medicine stocks to DAPCU, SACS, TSU or TSG as per requirements.
14. The counsellor will participate in site validation process and would update the site validation and quarterly line listing of HRGs of the project along with M&E assistant cum Accountant.
15. The counsellor will participate in stakeholder meeting and would prepare a stakeholder engagement plan to ensure that the issues related to BCC and service uptake is associated.
16. Ensure collection of used needles and syringes in a IDU TI and bio-medical waste management as per the required guidelines.
17. Disposal of clinic or health camp wastes as per the recommended guidelines.
18. The Counsellor to travel to the project area for providing services in the field. The counsellor should visit the field for about 10-12 days in a month.
19. The counsellor shall also engage with providers of social welfare services and facilitate linkage with social welfare services.

Reporting:

- Report to PM of the project.
- Provide data / information required for preparation of reports.
- Prepare at least 12 case records in the prescribed format and conduct risk management plan for HRGs or their regular clients.
- Maintain / ensure records on referrals to other services, patients register, follow up register, referrals cards, reconciliation of referral cards, patient cards, condom stock and issue register, needle and syringe stock and issue register, bio-medical waste management register, medicine stock and issue register, social marketing of condoms register or any other documents as per requirements.

Training Requirements:

- Supervision and Monitoring Skills, Team Building Skills, Good listening skills, Case-record compilation, Risk assessment and management plan, Condom demo-re-demo, Lubricants, Basics of STI and HIV/AIDS, Basics of NSEP/OST programme, Community based monitoring and rapport building, advocacy and networking, clinical record maintenance.

Norms: For, IDU TIs with the target of 200 & 400 population one ANM will also look into the counselling requirements of the TIs. **There will be no counsellor for such projects.**

5. Auxiliary Nursing and Midwifery

Recruitment Qualifications	
Education and Experience	Qualified with ANM degree from any recognized institution. Must have minimum 1 year experience with a field level health programme.
Knowledge and Skills	<ul style="list-style-type: none"> • Familiarity with government health policies and programmes Strong communication skills • Ability to work in small teams, and flexible ways of working • Proficiency in data recording/ management, report writing, case study compilation. • At least 10 days in the field visit required. • Overall management capacity to monitor, report and guide the team under him/her.
Functions / Key Results Expected	
<p>Summary of Key Functions:</p> <p>The ANM will be responsible for managing providing counselling and communication support to the programme in identifying individual or group behaviour including opportunities or challenges which have implication in HIV/AIDS Programme. Identify motivators or inhibitors among individuals or their family members and among groups which required to be addressed through BCC sessions by outreach team as well as through one to one or one to group counselling sessions. Ensure confidentiality while dealing with individual cases. Ensure participation in project based clinics, preferred providers clinics, health camps and would maintain patient registers, dispense medicines, demonstrate condom use, counsel on condom negotiation skills, education on NSEP, overdose prevention, abscess, OST, use of lubrication etc.</p>	
<p>Duties and Responsibilities: will be responsible for performing the following functions:</p> <p>Counselling and Behaviour Change Communication</p> <ol style="list-style-type: none"> 1. The ANM is responsible for taking individual and group sessions on HIV/AIDS, STI, safe sex and injecting behaviours, prevention of abscesses, overdose prevention, drug treatment options, OST, etc. 2. The ANM also shall engage in family counselling. 3. Demonstrate condom use, counsel on condom negotiation skills. 4. The ANM shall also be responsible for motivating the clients for regular GMC, referral of clients to ICTC, STI clinic, ART, etc. 5. The ANM shall also engage with providers of social welfare services and facilitate linkage with social welfare services. 6. The ANM shall also be responsible for orientation of ORWs on counselling techniques and coordinate the outreach based BCC and psychosocial support activities. 7. The ANM shall also look into the counselling requirement of female sex partner and spouses of IDUs and motivating them to avail the HIV related services (STI treatment, ICTC, etc). 8. In addition, s/he shall develop the BCC materials suitable for local context, follow-up clients both in DIC and in the field and maintain records as per prescribed formats. 9. The ANM would be responsible for identifying individual or group motivators or inhibitors which require to be addressed for health seeking behaviours, condom use, decline in sharing the needles/syringes, decline in domestic or group violence, addressing issues related to self-esteem, communitisation of groups etc. 10. Using the above areas the counsellor would guide the outreach team to have specific need based BCC sessions to address these issues. 11. The ANM would be responsible for management of clinics especially record keeping, management of the patient flow, visit to the clinic sites or preferred providers and dispensing of 	

medicines.

12. The ANM in coordination with M&E and Accountancy officer would identify the hotspots or sites with low service uptake, increasing defaulters – prepare outreach and visit plan to conduct hotspot level meeting.
13. The ANM along with ORWs would prepare a plan to improve linkage with ICTCs / FICTCs ensuring sharing of line listing of referred clients from TI to ICTC, maintenance of referral cards and referral registers.
14. The ANM along with M&E and Accountancy officer would ensure timely reporting of condom stocks, OST medicine stocks, STI and other general medicine stocks to DAPCU, SACS, TSU or TSG as per requirements.
15. The ANM will participate in site validation process and would update the site validation and quarterly line listing of HRGs of the project along with M&E cum Accountancy officer.
16. The ANM will participate in stakeholder meeting and would prepare a stakeholder engagement plan to ensure that the issues related to BCC and service uptake is associated.
17. Ensure collection of used needles and syringes in a IDU TI and bio-medical waste management as per the required guidelines.
18. Disposal of clinic or health camp wastes as per the recommended guidelines.
19. The ANM to travel to the project area for providing services in the field. The counsellor should visit the field for about 10-12 days in a month.

Reporting:

- Reporting to PM of the project.
- Provide data / information required for preparation of reports.
- Prepare at least 12 case records in the prescribed format and conduct risk management plan for HRGs or their regular clients.
- Maintain records on referrals to other services, patients register, follow up register, referrals cards, reconciliation of referral cards, patient cards, condom stock and issue register, needle and syringe stock and issue register, bio-medical waste management register, medicine stock and issue register, social marketing of condoms register or any other documents as per requirements.

In case of IDU TI the ANM would have following responsibilities:

1. Ensure management of abscess cases at DIC and in the field.
2. Assist the medical officer in primary examination and preliminary screening of HRGs for general medical conditions and TB (6 monthly GMC),
3. Referral for further examination / investigations / treatment, follow-up.
4. Dispensing of medicines, maintaining inventory of medical supplies and indenting fresh stocks and record maintenance for STI services.
5. Ensure that all clinical reporting formats are maintained and updated.

Training Requirements:

- Supervision and Monitoring Skills, Team Building Skills, Good listening skills, Case-record compilation, Risk assessment and management plan, Condom demo-re-demo, Basics of STI and HIV/AIDS, Basics of NSEP/OST programme, Community based monitoring and rapport building, advocacy and networking, Abscess management, Overdose management, clinical record maintenance.

Norms:

For, **IDU TIs with the target of 200 & 400 population one ANM** will also look into the counselling requirements of the TIs.

6. Outreach Workers

Recruitment Qualifications	
Education and Experience	<ul style="list-style-type: none"> • Should be at least educated up to 8th standard with good knowledge of the local community and local language. • ORWs should preferably be from the community in case of FSW, MSM, TG, Migrants and Truckers Project. • In case of candidates from the community, Peer Educators who have performed well at least for last 3 years and can read and write may also be considered for the post of ORW. • In case of IDU programme special preference would be given to clients who are stabilized on OST. • In FIDU TI, the ORW is to be a female.
Knowledge and Skills	<ul style="list-style-type: none"> • Should have strong communication skills. • Ability to work in small teams, and flexible ways of working. • Proficiency in data analysis, report writing, case study compilation. • At least 20 days in the field visit required. • Capacity to monitor report and guide the team under him/her.
Functions / Key Results Expected	
<p>Summary of Key Functions:</p> <p>The ORW will be responsible for overall planning of service delivery at the field for behaviour change or service uptake. With Peer Educators and ORW has to plan, counselling sessions by counsellor, clinic services by visiting physician or preferred providers, advocacy and networking with stakeholders. Supporting the peer educators and facilitating their work for efficient and effective coverage of HRGs. Maintenance of records of the outreach team and report to the project. Rapport building with the target population and mobilise them for various services. Work with M&E assistant for data recording. Ensure field training of PEs.</p>	
<p>Duties and Responsibilities: will be responsible for performing the following functions:</p> <p>Planning and Management</p> <ol style="list-style-type: none"> 1. The ORW will responsible for preparing micro-plans for each hotspot, monitoring the implementation of the plans and review of the plans. 2. Facilitate and build capacity of the peer educators to implement the outreach activities as per the required norms of the project. 3. Ensure micro plans and line listing is updated on quarterly basis and the same is shared with project for HRGs and in case of migrants and truckers the micro plan and site assessment is completed every quarter. 4. Prepare monthly action plan for each hotspot, ensure supply of needles/syringes, condoms, lubricants, BCC materials adequately for each hotspot. 5. Should discuss with the counsellor on a monthly basis to understand the hotspots or sites with poor service uptake, increasing number of due and overdue so that necessary follow up and micro plans can be updated. 6. Should discuss with the community members and other stakeholders in preparing micro plan ensuring that field level support is ensured for smooth implementation of the project. 7. The ORW will identify potential volunteers and would use their services for the programme. In case of truckers and migrants, brokers may be used. Competent volunteers fulfilling necessary criteria may be engaged as peer educators after complying necessary guidelines. <p>Supervision and Monitoring</p> <ol style="list-style-type: none"> 1. The ORW will be In-charge of outreach and supportive supervision of PEs, counselling, linkages 	

etc.

2. Should ensure at least 20 days of field visits in a month to assigned areas and to the nearest preferred providers, ICTCs/FICTCs where the referrals are made.
3. ORW will ensure preparation of micro plans, risk & vulnerability analysis, stakeholder analysis in coordination with PE and Project Manager / MEA officer.
4. Should ensure weekly peer diaries are maintained, monthly report collection from PEs, submission of own reports to the project office.
5. Should facilitate the crisis response activities.
6. Ensure all new contacts of each peer educators should be covered by him/her.
7. In addition to the regular ORW activities, the Female ORW should focussed on FIDU and FRSP in referral and providing services to them.

Advocacy and Networking

1. The ORW will be In-charge of stakeholder management to discuss and rope in support of the stakeholders in smooth implementation of the programme in the area.
2. The ORW will be working with various power structures within and outside the community and would ensure their effective participation in the programme.
3. The ORW will identify and use preferred providers for delivering the project services after due training by SACS or DAPCU or TSU.

Commodity Supplies and Management

1. The ORW will be responsible for demand analysis of condoms, needles and syringes, lubes in the field and would ensure distribution by the peers or through social marketing outlets in the field.
2. The ORW will maintain records of free condoms or needles and syringes or lubes received from the project and distributed by self or peer educators or out lets.
3. Identify and manage condom social marketing outlets as per the guidelines.
4. Ensure supply and management of IEC materials for use in the outreach sessions.
5. Prepare the clinic site or health camp sites by mobilising community for health check up or HIV testing and counselling.

Reporting:

- Report to PM.
- Provide data / information required for preparation of reports.
- Maintain records on referrals to other services, follow up register, reconciliation of referral cards, patient cards if required, condom & lubes stock and issue register for distribution in the field, needle and syringe stock and issue register for distribution in the field, collection and disposal of used needles and syringes, medicine stock and issue register if required, list of social marketing outlets and their follow up or any other documents as per requirements.

Training Requirements:

- Supervision and Monitoring Skills, Team Building Skills, Good listening skills, Condom demo-re-demo, Basics of STI and HIV/AIDS, Basics of NSEP/OST programme, advocacy and networking, Abscess management, Overdose management, clinical record maintenance, crisis management, disposal of used needles and syringes from the field.

Norms: For, FSW and MSM TIs = 1: 150-250 HRGs, For TG/Hijra Tis = 1: 200 HRGs,
For IDU Tis =1: 150-200 HRGs, For Addl. FIDU in existing IDU TI =1 : 100-150 For FIDUs FIDU 1:100
For IDU TI with OST Component = 1: 50-100 OST clients.
For Truckers = 1: 2000 – 3000 LDTs, For Dest.Migrants = 1:2000 Dest.migrants
For Core composite TIs with FSW and MSM or TG/Hijra or IDU component = 1: 100-300 HRGs

TOR for Female ORW in Male IDU Programme

Education and experience	<ul style="list-style-type: none"> • Should be educated at least up to 8th standard with good knowledge of the local community and local language • Should have good knowledge of the functioning of TIs and special preference would be given to experienced female PEs or clients who are stabilized on OST Spouses or female partners of male IDUs are encouraged to apply
Knowledge and Skills	<ul style="list-style-type: none"> • Should be sensitive and empathetic towards the community • Should have good communication skills • Proficiency(working knowledge in simple data analysis and interpretation), report writing, case study compilation • Should maintain confidentiality of the clients • Should be able to travel as and when required • Ability to work in small team and flexible ways of working. • Capacity to monitor report and guide the team under her.
Roles and responsibilities	<ul style="list-style-type: none"> • Compilation of data of IDUs who are married and/or staying with the regular sexual partners and Female Injecting Drug users (FIDUs) in the project area in consultation with the Program Manager M&E Officer. • Preparation of micro plan, risk and vulnerability analysis to provide need based services to the spouses/sexual partners of the IDUs and FIDUs in the project area. • Conduct One to one and one to group sessions on Harm reduction, safer injecting, OST, overdose, correct and consistent use of condoms etc., Reproductive and Child Health, STIs, basic health problems • To develop field/site visit plan in consultation with Project Manager and ORWs to reach out to the spouses/sexual partners of IDUs and FIDUs. • Conduct demand analysis of needles & syringes and condoms • Ensure uninterrupted free supply of needles & syringes and condoms as per the demand • Sensitise the spouses/sexual partners on their role to ensure adherence of IDUs who are on OST and motivate FIDUs for OST. • Prepare and mobilise the spouses/sexual partners of IDUs and FIDUs for health check-up or HIV counselling & Testing • Ensure linkages and adherence to ART drugs and regular medical check-up with ICTC, ART, STI clinic etc. • Conduct Family Life education counselling for couple for enhancing positive family environment • Identify key stakeholders in the communities and facilitate the advocacy activities with them • Identifying various social security schemes and ensuring linkages of

	<p>clients with appropriate schemes</p> <ul style="list-style-type: none"> • Provides support to coordinate the DIC activities involving the spouses/sexual partners of IDUs and FIDUs • Maintain records of free condoms/Needle and Syringes received from the project and distributed by self or Peer Educators to FIDUs • Update the Program Manager on activities accomplished as planned and any need based <ul style="list-style-type: none"> ➤ Reporting and follow up action points to address any issues identified ➤ Facilitate crisis response activities identify rehabilitation centres for IDUs and promote linkages with them.
Key results expected:	<ul style="list-style-type: none"> • Increased access of services by the IDU spouses, FRSP, and FIDUs at the TI set up as well as to linkages centres including access to “ Social Security Schemes” • Better health seeking behaviour in terms of improved Sexual Reproductive Health and Child Health Care • Improvement in their family life with reintegration to the mainstream society

Reporting	<ul style="list-style-type: none"> • Report to PM • Provide data/ information required for preparation of reports. • Maintain records on referrals to other services, follow up register, reconciliation of referral cards, patients cards if required, condoms stock, needles and syringes stock, collection and disposal of used needles and syringes, etc and follow up or any other documents as required.
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7. Peer Educators

Recruitment Criteria	
Criteria	<ul style="list-style-type: none"> • Preferably should be literate with good knowledge of the local community and for FSW, MSM and TG / Hijra PEs should be from the same target group. • In case of Migrants project – 40% of the total peers should be from the community which represent highest number of migrants from source States. • In case of truckers project – 40% of the total peers should be ex-truckers or helpers and are currently in the profession or are working with any other jobs. • In case of IDU or FIDU projects – ex-users or community members be preferred. • The peer educator selection should be done through a process of peer progression among the volunteers who are associated with the project by way of helping in community sensitisation, clinic services. • The peer educators should be from the community in terms of their occupation, typology and age groups. • Stakeholders, pressure groups or members of power structures, family members of the target population should not be preferably be engaged as peer educators.
Knowledge and Skills	<ul style="list-style-type: none"> • Should have strong communication skills and knowledge about community structures, community dynamics, power structures within and outside the community which controls the community. • Ability to work in small teams, and flexible ways of working

	<ul style="list-style-type: none"> • Ability to maintain simple field records and have attitude to work in a team to complete pending works. • Should be identifying with the issues of community and should not idolise with the behaviours. • Should be a good community motivator and should have rapport building skills.
Functions / Key Results Expected	
<p>Summary of Key Functions:</p> <p>The Peer Educator will be responsible for supporting the outreach team in planning of service delivery by the project. The peer educators would be responsible to identify individual or groups who are at risk of HIV/AIDS and their partners who require services including the networks. Peer educator will make inroads to these networks and motivate them to use condoms, recognise the need for regular medical check up and visit to preferred providers or clinics, recognise the need for HIV testing and safe disposal of used condoms/needles and syringes. Will motivate the individuals or groups to improve their self-esteem and communitise to access services and other social development benefits.</p>	
<p>Duties and Responsibilities: will be responsible for performing the following functions:</p> <p>Planning and Management</p> <ol style="list-style-type: none"> 1. The Peer Educator along with other project staffs would be responsible for preparing micro-plans, calculate demand analysis of various commodities. 2. Prepare weekly / monthly action plan for each hotspot, ensure supply of needles/syringes, condoms, lubes, BCC materials adequately for each hotspot. 3. Should discuss with the community members and other stakeholders in preparing micro plan ensuring that field level support is ensured for smooth implementation of the project. 4. Should ensure follow up of STI cases, HIV positive cases, home visit to HRGs who have not turned up for RMC or HIV testing. <p>Advocacy and Networking</p> <ol style="list-style-type: none"> 1. Will discuss and rope in support of the stakeholders in smooth implementation of the programme in the area. 2. Will be working with various power structures within and outside the community and would ensure their effective participation in the programme. 3. Will identify and use preferred providers for delivering the project services after due training by SACS or DAPCU or TSU. <p>Commodity Supplies and Management</p> <ol style="list-style-type: none"> 1. Will support the ORW will maintain records of free condoms or needles and syringes or lubes received from the project and distributed by self or peer educators. <p>Reporting:</p> <ul style="list-style-type: none"> • Provide data / information required for preparation of reports. 	
<p>Training Requirements:</p> <ul style="list-style-type: none"> • Micro plan preparation and updating, Condom demo-re-demo, Basics of STI and HIV/AIDS, Basics of NSEP/OST programme, advocacy and networking, disposal of used needles and syringes from the field. 	
<p>Norms: For, FSW and MSM TIs = 1: 60 HRGs, For TG/Hijra Tis = 1: 40 HRGs, For IDU/FIDU TIs =1: 40 HRGs For Truckers = 1: 1000 LDTs, For Dest.Migrants = 1: 700-1000 Dest.migrants For Core composite TIs with FSW and MSM or TG/Hijra or IDU component = as per the above norms</p>	

8. Visiting Physician

Recruitment Criteria	
Criteria	<ul style="list-style-type: none"> • Preferably MBSS • Should have the attitude to work with HRGs and their partners. • Should have provided consent to handle and manage stock of medicines purchased or stored by the project as per requirement of the Drugs and Cosmetics Act. • Should be ready to provide at least 4-6 hours for 6 days a week in case of FSW and MSM and TG and Hijra TIs, for at least 3-4 hours for minimum of 3 days in case of IDU TIs and 4 days in case of IDU TI with OST component, at least 20 camps or 60 hours of work per month for migrants and truckers TIs. The norms for HRG TIs applies for core composite TIs as well.
Knowledge and Skills	<ul style="list-style-type: none"> • Should have strong communication skills and knowledge about community issues and their risk pattern. • Ability to work in small teams, and flexible ways of working • Ability to maintain simple field records and have attitude to work in a field condition with travel to various sites. • Should be a good community motivator and should have rapport building skills.
Functions / Key Results Expected	
<ul style="list-style-type: none"> • Ensure auditory and visual privacy of patients. • Ensure clinic should have equipment like: <ul style="list-style-type: none"> ○ Examination bed with bed sheets ○ Sufficient light for examination ○ Instruments-speculum, proctoscopy, etc. • Follow Syndromic Case Management (SCM) while treating STI/RTIs. • Should ensure internal examination during regular medical check-ups. • Should ensure that the case records are maintained by the physician him/herself, where as the patients register may be maintained by project staffs. • Focus on prevention, with special reference to partner management, condom use, follow-ups and management of side effects. • Emphasis on treatment compliance and better treatment outcomes. • Counselling of patients leading to improved knowledge on causation, transmission and prevention of RTIs/STIs. • Offer counselling services for HIV/AIDS testing and establish linkages with ART centre with respect to persons who are detected HIV positives. • Refer clients to ICTC, PPTCT, DMC, ART, PLHA network etc. based on need. • Meeting with all TI staff at least once in a month. • Attend regular training on advanced STI/RTI management without any fail. • Share relevant clinical records or reports or data maintained whenever required. • Motivate HRGs to use government facilities for health services and lab tests. 	

TOR of Staffs for Source Migrant Intervention Programme

District Co-ordinator

Recruitment Qualifications	
Education and Experience	S/he Should possess a Masters Degree preferably in Social Science with 3 to 5 years of development work at supervisory level preferably with projects related to poverty alleviation, rural development, adult literacy, Health, HIV/AIDS, and Microfinance. HIV positive persons with required qualification will be given preference.
Knowledge and Skills	<ul style="list-style-type: none"> • Familiarity with government health policies and programmes Strong communication skills • Ability to work in large team, and flexible working hours • Proficiency in data analysis, report writing, case study compilation. • At least 10 days in the field visit required. • Overall management capacity to monitor, report and guide the team under him/her.
Functions / Key Results Expected	
<p>Summary of Key Functions:</p> <p>The District Coordinator will be responsible for managing overall program in close coordination with SACS. He / She would be responsible have a close coordination with Government Departments at districts level, SACS and TSU. Conduct data analysis and prepare monthly reports for review and reporting to SACS. Review the performance of M& E and Account officer and ORWs, prepare need based monthly action plan and follow up the action points, facilitate the SACS, TSU and SIA visits. Timely submission of reports, Ensuring achieving overall outputs of the project deliverables.</p>	
<p>Duties and Responsibilities: DC will be held responsible for performing the following functions:</p> <p>Programme Management</p> <ol style="list-style-type: none"> 1. Overall coordination of the project at source district and is responsible for functioning of the project as per DAC operational guidelines 2. Manage recruitment of other project staffs and orientation 3. Project performance management as per the deliverables and timely reporting, 4. Facilitate the Assessment and planning process 5. Establishment of systems in the district to make a sustainable service delivery system 6. Coordination of Mid media campaigns and other IEC activities 7. Create linkages with various agencies and program in the district 8. Play a strong role in advocacy and in creating an enabling environment at the district level. <p>Reporting:</p> <ul style="list-style-type: none"> • Timely submission of monthly program performance data in SIMS/CMIS or other reporting format. • Preparation of SOEs • Provide data / information required for preparation of reports. 	
<p>Training Requirements:</p> <ul style="list-style-type: none"> • Programme Management, Supervision and Monitoring Skills, Team Building Skills, Data Analysis, Community based monitoring and rapport building, advocacy and networking. 	

Monitoring Evaluation cum Accountancy Officer

Recruitment Qualifications	
Education:	S/he should be a graduate (not necessarily commerce stream) with additional qualification (degree / diploma / certificate course of at least 6 months duration) in computer applications. NO DTP operator or computer literate is encouraged to fill this position.
Experience:	Minimum 1 year work experience in social development projects. <ul style="list-style-type: none">• Experience in data management, monitoring and evaluations tools, data quality checks, analysis and interpretation of data on program performance.• Maintaining financial records.• Knowledge and experience in health and social development sector will be an added advantage.
Knowledge and Skills	<ul style="list-style-type: none">• Proficient in computer data management and analysis using computer software• Familiarity with government health policies and programmes Strong communication skills• Ability to work in small teams, and flexible ways of working
Functions / Key Results Expected	
Summary of Key Functions: The Monitoring and Evaluation Cum Accountancy Officer will be responsible for managing all program, physical and financial data. Update of information on daily basis, computerization of outreach and project level data and consistency and quality checks of data, conduct data analysis and prepare monthly reports for review and reporting to SACS. Sending financial and Programmatic reports Updating data base of the project deliverables. Timely submission off reports and between destination districts and states.	
Duties and Responsibilities: Under the direct supervision of Project Manager of TI the M&E Cum Accountancy Officer will be responsible for performing the following functions: Monitoring & Quality Assurance <ul style="list-style-type: none">• The M&E cum accountancy officer is responsible for maintaining documentation of the project as per guidelines and sending the project level MIS update to SACS. S/He would also be responsible for maintaining the project accounts as per prescribed procedures. S/he will also assist the DC in preparing summary reports and analytical reports for Project. Reporting: <ul style="list-style-type: none">• Timely submission of monthly program performance data in SIMS/CMIS or other reporting format.• Preparation of SOEs• Provide data / information required for preparation of reports.• Compile field level information for operational reports when required by SACS.• Assist in preparation, writing and editing of all reports required by SACS or TI project – for example specific Annual Report, Field Study Reports, Event reports etc.	
Training Requirements:	
<ul style="list-style-type: none">• Basics of financial accounting and financial documentation.• Basics of SIMS reporting, performance indicators• MS- Excel, Power Point – for preparation of analytical reports, power point slides.	

- Data quality assessment at the field level, triangulation with different sets of data for data validation and quality checks.

Outreach Worker

- 1) 2 ORW for 1 block (1 male and 1 female) will be positioned.
- 2) The ORWs will be overall In-charge of outreach, conducting health camps and building coordination in villages with different stakeholders for programme activities.
- 3) They are expected to establish information booths, establish and maintain condom depots,
- 4) Attend block level meetings of Health, PRI, W&CD department to seek assistance in implementing source interventions.
- 5) Liaison with all block level departments which have direct linkage with the migrants and their spouses,
- 6) Will have to work with Nehru Yuva Kendra, SHGs, Youth Clubs, DAPCU and District Health Society to implement the intervention.
- 7) Should ensure at least 4 days visit in a week to the villages to attend the village level meeting of VHND, PRI members, migrants or their stakeholders.
- 8) Prepare a list of migrant villages where folk media and health camps can be organized.
- 9) Prepare a list of contractors or brokers who can be tapped to reach out the migrants.
- 10) Would work with ICTC and ART centres to improve linkage of PLHIVs in the block.
- 11) Collect and compile list of migrant households, seasonality of migration movement, list of brokers as per guidelines available on this subject.

The required qualification and experience for this position should be as follows:

Should be at least educated up to VIIIth standard with good knowledge of the local community.

Preferably have worked in projects of microfinance, adult literacy, livelihood promotion, rural development, RNTCP, Health programmes, LWS for at least 2 years.

Should be a resident of the block only.

Outreach Worker (For Transit Intervention)

1. Conduct Prevention and awareness programme in the transit locations.
2. BCC and information services to the community members.
3. Maintenance of information booth and condom depots in the transit locations and to prepare the outreach plan based on the movement of the train.
4. Maintain rapport with railway and transport authorities, local health units and facilitate access to services.
5. Coordinate orientation of ANM,MPW,AWW and ASHA on HIV/AIDS
6. Ensure regular supply/availability of condoms.
7. Prepare the plan for conducting mid media activities in the Railway stations or bus stands in peak hour of gathering.

The required qualification and experience for this position should be as follows:

- Should be at least educated up to VIII th standard with proficiency in local language and knowledge of the local community.

- Preferably have worked in projects of microfinance, adult literacy, livelihood promotion, rural development, RNTCP, Health programmes, LWS for at least 2 years.
- Should be a resident of the same district.
