ANNUAL PROGRESS REPORT
Myrada CDC Program

September 30, 2005 – September 29, 2006

COOPERATIVE AGREEMENT NO: U62/CCU025161

Submitted by

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2. Log frame developed for MYRADA CDC programme

One More Step towards Light

Ratnamma, a member of Bhavani SHG in the Kannur village of Gulbarga, is a married woman with an 8-year-old girl child, and studied up to 12th grade. Due to her education, she was partially aware of HIV / AIDS. The training of *1st module was not a new subject to her, hence, it didn't attract her much, but she was very much attentive and curious about the other two modules. Ratnamma had many misconceptions regarding the transmission of the disease: she thought that it spread even by touch and eating together. She has undergone a drastic positive change in her thoughts after going through the three modules. Now she has decided to share her knowledge and awareness and has brought her decision into action by providing awareness to women. She has succeeded in preparing 8 women to undergo test in VCTC. She goes around providing awareness to even men folk and distributes condoms to them in her village. She expresses her gratitude to the CDC programme which has helped not only her but also the people at large. Her future goal is to reach out to every person in her community irrespective of gender.*

Feedback from the students of Red Ribbon Clubs

- *This is a very important program for us. Please involve us in many of your other activities.*
- *We want a VCTC to be set up in our college campus so that we can get tested and counselled.*
- *We must promote delaying initiation of sex, and delaying the age of marriage amongst our youth.*
- *We want to help rural women and illiterate masses to protect themselves from HIV/AIDS.*
- *We want to learn more on HIV/AIDS.*
- *The world is trembling out of HIV/AIDS grip so it is important to prevent this disease.*
- *The RRC helped us to know about HIV/AIDS and was really an eye opener for us on HIV/AIDS.*
- *We are happy that the positive persons are working on HIV/AIDS prevention and we want to support them.*

PROJECT BACKGROUND

TECHNICAL SUPPORT AND CAPACITY BUILDING in HIV AIDS PREVENTION CARE AND SUPPORT through PUBLIC PRIVATE COLLABORATIONS in SOUTH INDIA

Goal and Objectives

*To strengthen the response to HIV AIDS through **Capacity Building** and **Technical Support** in collaboration with **public and private sector** organizations in Karnataka.*

Objectives

- To select and build, through the sub grantees, capacities of government sectors, field based NGOs and CBOs in comprehensive prevention, voluntary counseling and testing, and care and support for PLWHA.
- To identify organizations who will provide capacity building for health care providers in Basic HIV care.
- To develop and strengthen public private partnerships

Strategies and Activities

1. ***Comprehensive prevention, care and support model at taluk level in 2 districts through sub grantees.***
   a. Selection and capacity building of sub grantees
   b. Behaviour Change & Prevention component
   c. HIV Testing component
   d. Care and support component

2. ***Capacity building of key stakeholders***
   a. Listing of key stakeholders
   b. Development and adaptation of relevant modules and materials
   c. Brief reports of various trainings held

3. ***Strengthening public private partnerships***
   a. Working with KSAPS
   b. Collaboration with NACO
   c. Integration of CDC activities into other HIV AID projects : BMGF and UNDP.

Summary of Achievements as of September 30, 2006

Parameter	Planned target	Achieved September 2006
Selection of geographical area	2 districts	Belgaum and Gulbarga selected
Hiring of central team staff	3 staff	3 staff hired; 2 changes made in the year following resignations.
Selection of sub grantees	2 in each district	3 selected in Gulbarga; 2 in Belgaum (total : 5)
Training of sub grantee staff	2 trainings	2 trainings conducted
Orientation of district administration on CDC programme	2 meetings	2 orientation programmes completed
Purchase of equipment	For training centre/ sub grantees and central office	All major purchases completed
Selection of SHGs for sub grantees	1,000 SHGs	In contact with 2,524 SHGs
Selection of colleges	100 colleges	100 colleges identified (25,000 students)
Selection of industries	20 industries	18 identified (10,000 employees)
Orientation of college heads	100 colleges	Completed in 100 colleges
Orientation of industry heads	20 industries	17 completed
Orientation of positive network	2 programs	2 conducted
Awareness programs for women in SHGs	1500 programs by end September (covering 30,000 women)	3,271 programmes done (37,187 women addressed)
Formation of Red Ribbon Clubs	100 by end September	100 clubs formed (2,633 youth members in the clubs)
Formation of Village Health Committee	No target fixed	21
Suggestion boxes in colleges	1 in each college-100	42 suggestion boxes placed
Awareness programs for industries	1 program in each industry	Ongoing in 18 industries in batches
Condom outlets set up	No target fixed	20 condom outlets set up
Needs assessment of VCTCs	For 7 VCTCs	Completed in 7 VCTCs
Setting up program VCTCs	2 program VCTCs	2 static VCTCs and 1 outreach VCTC set up
Selection of counsellors for program VCTCs	4 counsellors	3 counsellors positioned
Training of counsellors for program VCTC	1 training programme	3 counsellors and 1 lab. technician trained
Training of laboratory technicians for program VCTC	2 persons	2 persons trained
Training of KSAPS VCTC staff	1 programme	Yet to be done.
VCTC tests done	1,000 tests	789 tests done
Selection of medical doctors in each taluk	40	45 doctors short listed
Training of medical doctors	In July	Training of 11 doctors done in September on basic facts of HIV medical care
Setting up HIV clinics	2, by June 2006	Moved to second year programme

SHG : Self help groups of women
VCTC : Voluntary counselling and testing centre
KSAPS : Karnataka State AIDS Prevention Society

Achievements as per PEPFAR Targets

CDC Targets for the period October 1, 2005 to September 30, 2006					
Indicator No.	**PEPFAR Indicator**	**Year 1**			
		Direct target	**Achieved**	**Indirect target**	**Achieved**
1	No. of individuals reached through community outreach that promotes A and AB	5,000	5,711	15,000	30,000
2	# individuals reached through community outreach that promotes prevention beyond A/B	50,000	42,394	50,000	50,000
3	# pregnant women receiving HIV counselling, testing and test results	500	571	0	0
4	# pregnant women receiving complete course of ARV prophylaxis in ARV setting	0		0	
5	# pregnant women receiving PMTCT services in reporting period	0			
6	# individuals receiving care for Tb in reporting period	0			
7	# individuals provided with palliative care	300	129	0	0
8	# OVC served by an OVC program during the reporting period	100	147	0	0
9	# individuals receiving counselling, testing and results	1,000	789	0	0
10	# individuals receiving Art at end of reporting period (excluding PMTCT)	0			
1.2	# persons trained to provide A/ AB	200	216	0	0
2.1	# condom service outlets	300	200	0	0
2.3	# persons trained for behavior change beyond A and AB	175	150	0	
6.1	No. of service outlets for counselling and testing	3	3	0	
6.3	# trained for VCTC	5	5	0	0
8.3	# trained for palliative care	50	25	0	
11.1	# of organizations provided technical assistance for strategic information	5	5	0	0
11.2	# of staff provided technical assistance in M& E , surveillance and HMIS	10	15	0	0
12.4	# organizations provided technical assistance in institutional capacity building	8	9	0	0
12.3	# individuals trained in institutional capacity building	200	65	0	0
12.5	# individuals trained to reduce stigma and discrimination	200	225	0	
12.6	# individuals trained in community mobilisation	175	175	0	

Progress as of September 2006

Start-up Details

a. Receipt of the grant award

MYRADA received the grant award from CDC Grants Management Specialist, USA, for the period September 30, 2005- September 29, 2006 at the end of September,2006. Though the award notice came in October, MYRADA only initiated activities after a consultation meeting with CDC, Chennai in December 2006.

b. Revision of work plan and budgets during the year

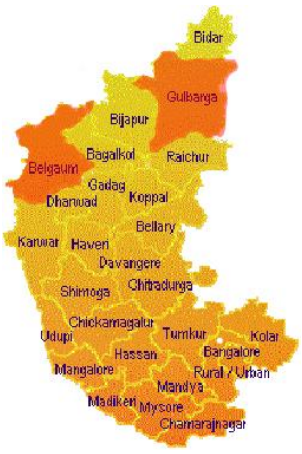
Following a detailed meeting with CDC Chennai on November 17, 2005, MYRADA developed a work plan for the period December – September 2006. (see attached Appendix- 1). In the year, two more revisions were made after periodic review of the programme. These revisions were approved by CDC, and corresponding agreements sent to Myrada. The last revision was made in July 2006.

COMPREHENSIVE PREVENTION, CARE AND SUPPORT MODEL AT TALUK LEVEL IN 2 DISTRICTS

1. Selection and capacity building of sub grantees
2. Behaviour Change and Prevention component
3. HIV Testing component
4. Care and support component

Selection And Capacity Building Of Sub Grantees

a. Selection of sub grantees



The field based interventions were limited to Belgaum and Gulbarga districts: 2 high prevalent districts in northern Karnataka (adjacent to the states of Maharashtra and Andhra Pradesh respectively). In the beginning of the project, 3 sub grantees were selected: 1 in Belgaum and 2 in Gulbarga. Two more were added on in the middle of the project period. The final list of sub grantees with the component they were implementing is listed below:

1. MASS, Belgaum: a CBO of ex devadasi women: *prevention and testing*
2. Spandana District Positive Network, Belgaum: *HIV basic care*
3. PIDOW Myrada: capacity building centre in Gulbarga; sub unit of Myrada: *prevention*
4. St. Luke Health Centre, Gulbarga: *Testing*
5. Divya Jeevan District Positive Network. **Gulbarga**: *basic HIV care*

b. Capacity building of sub grantee staff

A training needs assessment was done in the initial phase of the project. Following this, a series of trainings and regular technical assistance was given to the sub grantees by the central staff and Regional Supervisors. Some of the trainings conducted were:

1. Project planning workshop in Bangalore: for each sub grantee to develop their proposals and budgets.
2. Training of sub grantee staff. Some of the areas covered during various trainings are:
   a. HIV basics
   b. Myrada CDC programme
   c. Roles and responsibilities
   d. HIV prevention strategies
   e. Programme management
   f. Financial management
   g. Documentation and reporting
3. On going field based regular technical assistance through monthly review meetings and field visits.
4. Special training for supervisors on voluntary counselling and testing.
5. Training of Community Resource Persons (CRPs).

Behaviour Change And Prevention Component

Strategy: Focus on systematic ways to reach at –risk general population groups that are both efficient and scaleable The groups identified in the taluk were self help groups of women, youth groups in colleges, and men in workplace settings

Women In Self Help Groups

In Karnataka, a large number of rural women have been organized into small groups of 10-15 members called self help groups. The primary objectives of these groups are collective actions towards empowerment, with savings and credit management as an important area of activity. Since these groups meet every week for savings and credit management and to discuss various issues of importance to them, it was decided to introduce the behaviour change promotion for HIV in this forum.

Subsequently, both sub grantees (MASS and PIDOW) planned to work with around 1,000 SHGs in 2 taluks for the first phase. However, a total of 2,524 SHGs with 38,000 women members were selected across 239 villages in 5 taluks

Progress:

1. Selection and training of Community Resource Persons (CRPs).

The training of SHGs was conducted by young women with basic education (minimum of 10th grade), called community resource persons (CRPs). Some of the CRPs were selected from the District Network of Positive Persons. A total of 17 CRPs were selected in Gulbarga and 18 in Belgaum.

All CRPs underwent training in different stages for the following:
1. Using the SHG 3 module training flip charts
2. Communication skills
3. Documentation and reporting
4. Follow up
5. Importance of sustainability

2. Training of SHGs.

In the process of planning, it was found that several villages have more than one SHG group (some large villages have upto 20 groups). Feedback from the community suggested that combining 2 groups together (a total of 30 women) would help to cover more women and also promote interaction between groups. Therefore, it was decided to conduct 500 sets of trainings covering more than 500 groups in all. In order to maintain the interest of the group, it was decided to complete all sets in a cluster area before initiating training in other areas.

3 module training for SHG

A 3 module training programme was developed for the SHG by Tamil Nadu State AIDS Control Society (TNSACS). Myrada found these very useful, and decided to adapt and translate it into Kannada for the SHG intervention programme. This was done, and tested in the field. It was well accepted, and this is now being used for the SHG programme. Based on discussion and feedback, a 5 step plan was developed for the training of each SHG.
1. Initial visit to village to establish a relationship and plan the next programme
2. First module of training
3. Second module of training
4. Third module of training
5. Follow up and discussion on sustainable options.

As of September 2006, around 2,350 groups had completed 4 of 5 steps. A total of 3,271 programs have been conducted covering a total of 37,197 women.

YOUTH INTERVENTIONS

Strategy: To approach colleges in the same taluks, and invite the youth to form a Red ribbon club institution that would address HIV related issues for the youth within their colleges and in the local communities.

Progress

50 colleges have been selected in each of the 2 districts, and initial meetings and discussions held with the management.
A total of 100 Red Ribbon Clubs have been formed. These clubs consist of student volunteers representing different batches who are interested in conducting programmes related to HIV AIDS prevention. The membership varies from a minimum of 20 to a maximum of 200 students.
Each Red Ribbon Club was encouraged to develop its programmes and the following activities were implemented:

Questions of Students

- *Is there is any time limit to feed the neveripin to child? Breast feeding is good or bad in case of HIV+ Mother?*
- *Is it possible to get negative child for a Positive couple? What is the percentage of risk?*
- *How many years a positive person can live?*
- *Why was ART supply started so late at Belgaum?*

1. Selection of 2 peer leaders in each club
2. Vision building for club leaders
3. Development of specific action plan for each club
4. Inter club programmes and competitions
5. Field trip of leaders to Bangalore to meet other Red Ribbon Club leaders, discuss issues related to adolescent sexuality and to understand the needs of HIV positive persons.

Vision of one of the Red Ribbon Clubs: *RPD College of Science, Arts and Commerce, Belgaum*

"Awakening the youth on HIV/AIDS and from them Awareness to others"

Activities

- Giving awareness to illiterates and villagers on blind beliefs regarding HIV/AIDS.
- Rally on HIV/AIDS during December 1st.
- Awareness during the National days, when students are gathering in the college.
- Putting paper cuttings in the Notice board.
- HIV/AIDS related cultural programmes
- Inter college and inter club activities will be planned.
- Appealing the Govt. to add the HIV/AIDS topics in the college syllabus.

Feedback from the Management:

1. *We will be very happy to extend any support required.*
2. *Can our staff also join the Red Ribbon Clubs?*
3. *Please come and conduct more programs in our college.*

WORKPLACE INTERVENTIONS

Strategy

It has been found that men are very difficult to reach in large numbers. Unlike women, who can be found in self help groups, and youth in colleges, there is no such local level institution to address men, barring a few farmers' associations. The only other places where men can be found in one space are specific industries.

In both Belgaum and Gulbarga, there are a large number of industries employing men from the local areas. While Belgaum has the textile and sugar mills, Gulbarga is known for its large cement industries and transport unions.

Progress

Though the initial plan was to work with 10 industries in each district, the sub grantees finally managed to get support from only 18 industries (12 in Belgaum and 6 in Gulbarga).

The process developed for prevention interventions in the industries was based on the following steps, made in consultation with the management and workers.

- Meeting with management and labour union leaders
- Orientation of employees
- Conducting 2 module programs for employees
- Setting up condom outlets in each site
- Organizing STI camps in collaboration with management or unions
- Selection of peers from group
- Referral for VCTC testing

All 18 industries have been approached and management support solicited.
Orientation for all employees has been held in batches in 10 industries.
Several requests for setting up a local VCTC and STI camps have come from the men, and the teams are in the process of planning for these activities. Condoms have been distributed after demonstration, and condom outlets set up in 10 settings.

HIV Testing Component

This is considered a critical element in HIV AIDS prevention and continuum of care programs. In Karnataka, there are around 72 public centres designated as Voluntary Counseling and Testing Centres managed by Karnataka State AIDS Prevention Society.
Recently there has been a move to expand these to 200 centres with the support of Global Fund. While these are functioning at various levels of efficiency, there is a need to create a larger supply to handle the demand being generated through education programs.

Planned activities:

a. Provide in-service training to a moderate/large number of local care providers (government, NGO, and private practice doctors and nurses) on HIV testing guidelines, how to take a sexual risk history, and how to deliver a brief Pre/Post test counseling session.
b. Pilot test a private sector VCT strategy using a field team of 2 counselors and one technician who visit 6 clinics or other facilities (each once per week) at preset times. Sites may include drop in centers used by commercial sex workers (CSWs) in order to reach this high risk group for testing and care referrals.
c. Assist KSAPS and district government to effectively use existing VCTC via a monitoring and continuous training strategy.
d. Establish 2 additional VCTCs in the districts (one each) in local private hospitals/clinics. The plan is to leverage some resources from KSAPS to support this (test kits, counselor salaries).
e. Generate demand for HIV testing through the outreach activities listed in earlier sections.

Progress as of September 2006.

Currently, all the VCTCs in Belgaum and Gulbarga are managed centrally by KSAPS. A technical needs assessment was done of the existing VCTCs with the following results:

1. **Belgaum**: 4 VCTCs are functional in the district. In April 2006, 6 more VCTCs have been allotted and staff appointed. However, counseling and testing has not yet been initiated in these centres as they are waiting for equipment and kits.
2. **Gulbarga**: 3 VCTCs are functional in the district. In April 2006, 7 more VCTCs have been allotted so that every taluk has one VCTC. However, they are not yet functioning as they are waiting for equipment.
3. Assessment of the functioning VCTCs show that they have adequate number of staff and testing kits. They are supervised by a Support Supervision Team (SST) through KSAPS and NIMHANS (National Institute of Mental Health and Neuro Sciences, Bangalore). The SST consists of academicians from the Psychology department in the local university and a senior peer counselor. They visit the VCTCs once in 2-3 months and provide some technical support.

4. The major problems in the VCTC are administrative and there is no direct monitoring and supervision of these issues.
5. While they test, on an average, around 6 persons a day, there is a significant loss of persons tested positive after receipt of the results. Follow up counseling is done only for those who voluntarily come to the centre. There is a link between the VCTC and the district positive network which requires further strengthening.

789 persons were counseled and tested out of which 633 were women from the SHGs!!

Setting up private and outreach VCTCs.

1. Counsellors have been appointed in both Gulbarga and Belgaum, but had to wait until end April to receive training from KSAPS. They are now in place, and are providing counselling to those attending the centre. Both the private VCTCs have been set up in private clinics run by medical doctors and their teams. Both centres have the entire necessary infrastructure required for both counselling and testing.
2. Attempts have been made to procure testing kits through the same source received by KSAPS. Since KSAPS were unable to supply the kits, an initial batch of kits were purchased for the programme at bulk rates and distributed to the clinics.
3. An outreach VCT was set up in Gulbarga, covering 5 Primary Health Centres (PHC) areas. These PHCs were selected in collaboration with the district Health Department, and the team received a lot of support from the government to operate this clinic. The outreach clinic visited each PHC once a week to conduct counselling, testing and follow up counselling to those tested. There was an enthusiastic response form the local community about this approach as it made access to voluntary counselling and testing much easier.

During the period June to September, a total of 789 persons received counselling and testing through the static and outreach clinics. Other persons were referred to the government VCTCs for testing.

Care and Support component

The guiding principle is that care efforts should be cost-efficient, scaleable, and sustainable with minimal continuous financial inputs by the donor. Thus, PLHAs will need to pay modest amounts for care services or seek free care from government institutions. Care efforts should also be focused on the rural populations disproportionately affected by HIV and a lack of accessible quality health services.

Planned activities:

This component needed to be thought out a little more. The announcement of USAID's entry into Karnataka state to focus on care and support led the Myrada and CDC Chennai team to reconsider some of the planned activities.

However, since there was a great need for some care and support in both the districts, the following activities were taken up in the month of July.

1. Selection of 2 sub grantees: Myrada decided to work with the district positive networks in both Belgaum and Gulbarga to provide community based and home based care and support.
2. Capacity building was done for all the community resource persons in these networks as well as for the network management to understand the concept of community based and home based care.
3. The working area was selected in both district keeping in mind that the villages were similar to those where the prevention activities were taking place.
4. A total of 15 PHC allotted villages were selected and 15 CRPs across both districts.
5. The major activities in this area included:
   a. Identification and home based care for PLHAs
   b. Orientation to all pregnant women and referral of pregnant women to the PMTCT
   c. Follow up of all HIV + pregnant women for regular PMTCT services
   d. Identification of OVCs and support for nutrition and education.

Out of 1,856 pregnant women counseled, 571 got tested and received their results.

Alongside, the other sub grantees identified around 45 doctors who were sensitised to the needs of PLHAs and willing to provide regular out patient care in their clinics. A group of 11 doctors were given a detailed training on the basics of HIV medicine, and 1 doctor also attended the CDC led training held by another prime partner in Andhra Pradesh.

Capacity building of key stakeholders

The Myrada team, through a series of interactive session, listed out the key stakeholders in the HIV prevention program that they needed to collaborate with. These included:

1. Karnataka State AIDS Prevention Society (KSAPS)
   MYRADA has been in regular contact with KSAPS through the progress period. Regular reports and progress of our activities are discussed with the KSAPS team. Since the project started, there has been a positive response in the expansion of number of VCTCs and starting ART in Belgaum district.
2. Strengthening of District level HIV positive networks in Karnataka State.
   After a series of discussions with the Karnataka Network of Positive Persons, Bangalore (KNP+), MYRADA CDC programme agreed to conduct capacity building for selected district networks. Based on the

identified needs, an institutional capacity building program was held for 9 district networks in one of Myrada's training facilities. This was an eye opener in terms that the members of the participating district networks were involved in a vision building exercise for the first time even though some of their institutions were operational for more than 4 years.
This has led to a series of technical assistance inputs to some of the networks and a flurry of request from the other district networks for such capacity building.

3. Setting up of training centre
MYRADA already has 11 residential training centres across the state. It was decided to upgrade the Prakruti Training Centre in Gulbarga so that capacity building programs could be held for various groups, especially catering to the ones in north Karnataka.
Specific audiovisual equipment and other facilities have been added to this centre, which is now capable of conducting residential programs for 30 participants at a time, with all the required materials and equipment.

4. Working with other government departments
Through our interactions with the district administration, the team has been able to sensitize a large number of persons from the following departments:
   a. Women and child development department: Based on feedback from the SHGs in Belgaum, the department requested Myrada to conduct training of its anganwadi teachers in Chitradurga district to enable them to further train the SHGs that they work with.
   b. Myrada was requested by KSAPS and UNICEF to conduct full site orientation of all the staff in the existing and new VCTC and PMTCT centres of Belgaum district. This has enabled the staff to build a strong relationship with the district health administration and the staff of all the centres.

Programme Management

- Workshops/ trainings attended:

d. *Training of central team staff*: The 2 regional supervisors underwent a 5 day residential training and induction program at Snehadaan Care and support centre, Bangalore in December 2006 to understand all the issues related to HIV continuum of care and program implementation.

e. *Workshop for consultants* to develop doctors' training curriculum: conducted in January 2006 along with CDC Chennai at Snehadaan. Experts in the field of HIV medicine, care and support and representatives of the positive network brainstormed during this workshop to develop a meaningful curriculum to train general physicians on basic HIV care.

f. *Payment Management Systems Guidelines workshop* conducted by CDC-GAP, India at Chennai : February 2006. This 2 day workshop helped the team to understand the guidelines of the Payment Management System in financial transactions and reporting.

g. *Behaviour change communication workshop* conducted by CDC Chennai in May 2006. Both regional supervisors attended the workshop and learnt new skills in behaviour change communication.

h. *PEPFAR guidelines workshop – June 2006, Chennai.* This workshop was conducted by CDC –GAP India and enabled al the prime partners to understand the PEPFAR guidelines in detail.

- Trainings conducted:
    1. Financial systems training: 2 days' training was conducted in March 2006 for the sub grantee accounts staff
    2. TOT training conducted in Bangalore for all sub grantee supervisors: 4 day training program to cover all aspects of the program, roles and responsibilities as supervisors, monitoring and supervision, etc.

- Field visits:
    1. Monitoring/ review visits: The programme coordinator made regular visits to both districts: a total of 5 visits to Gulbarga and 4 to Belgaum as of September 2006.
    2. Visit to Bagalkot Demonstration Project, Bagalkot: The Programme Coordinator, along with the CDC Chennai team visited Bagalkot in February to understand the outreach strategy used in this project and to develop learning's for the CDC program.
    3. Visit to Tambaram and TNSACs projects, Chennai: The Programme Coordinator visited Chennai in the month of December to learn from the experiences of the CDC collaboration with Tambaram and TNSACS.
    4. PEPFAR Core Team Field Review, June 2006: Myrada was invited to be a member of the Core team review of the PEPFAR team for its field visit to the USAID funded Avert project in Sangli, Maharashtra. This visit was an opportunity to interact with the PEPFAR team, as well as to understand the USAID supported Avert project. Myrada has been requested by CDC to assist in the technical assistance to Avert funded NGOs in the second year.

- Annual Review – September 2006

  Myrada conducted an annual review with all its sub grantee partners in September 2006. The objective of this exercise was to appraise the work of the sub grantees as well as to determine the requirements of the second year.

Challenges faced during the reporting period (October 2005– September 2006)

There were no serious challenges faced during this project. A few of the issues that came up were:

Understanding the guidelines for financial management of the program.

This issue was resolved after the workshop to explain the guidelines conducted in February. Payment requests take upto 3 weeks from date of request to receipt of funds in the local account, and this requires forward planning and advances from local accounts in the interim period.

Collaboration with KSAPS

One of the major objectives of this program is to work closely with KSAPS and this has been a challenge in this program. Several changes in personnel along with a pre-occupation of internal issues were the main reasons why not much progress was made during the reporting period. In the month of May, there was a change in leadership, and it is hoped that rapid progress can be made in the remaining period of the current project period. Already Myrada has been able to leverage KSAPS to conduct full site orientation of all staff in the VCTCs and PMTCTs of 2 districts – Belgaum and Bellary. Myrada has also been able to leverage NACO funds to implement community mobilisation activities in 6 districts, including Belgaum and Gulbarga to increase demand for counselling and testing.

Working with sub grantees with varying capacities

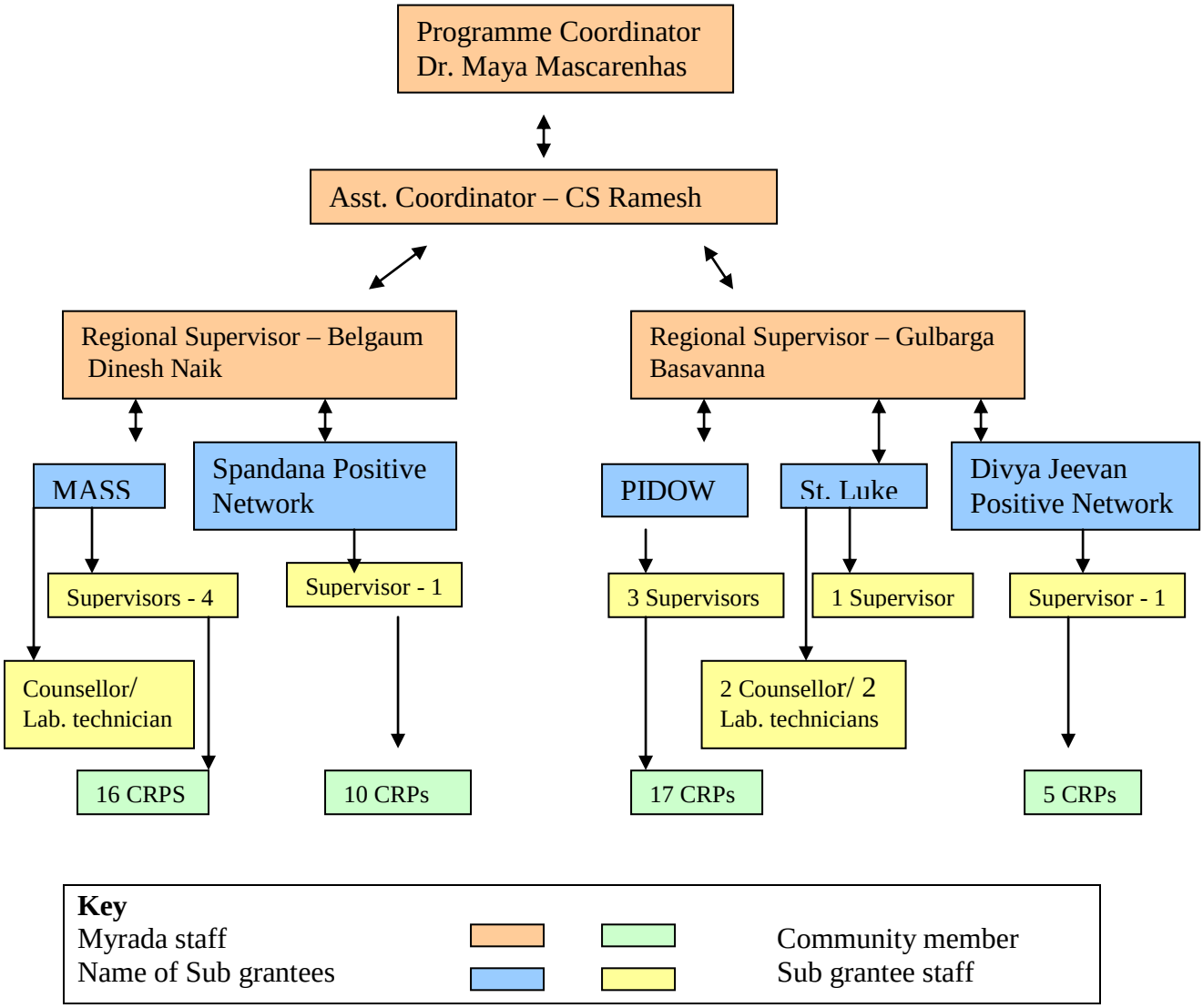
Myrada was fortunate to find sub grantees in both districts that had a deep commitment to the programme. However, their capacities in programme and financial management varied from poor to just average. This required constant technical support to bring the weaker partners to a certain level. This challenge has helped Myrada strengthen its relationship with the sub grantees to form a strong partnership.

ADMINISTRATIVE UPDATE FOR YEAR 1

In the first year of the program, a few staff were hired specifically for this project.

Name	Position	Date of hire	Date of leaving	Remarks
Dr. Maya Mascarenhas	Programme Coordinator	Dec. 1, 2005	Still in place	
Mr. Manohar	Asst. Project Coordinator	Jan, 1. 2006	Resigned on March 31, 2006	Left for another job
Mr. C. S. Ramesh	Asst. Project Coordinator	June 1, 2006	Still in place	Based in Belgaum
Mr. Dinesh Naik	Field Supervisor, Belgaum	December 1, 2005	Still in place	
Mr. H. Nadaf	Field Supervisor, Gulbarga	December 1. 2005	Resigned on March 31, 2006	
Mr. G.Basavanna	Field Supervisor, Gulbarga	April 1, 2006	Still in place	

PROJECT ORGANOGRAM



CURRENT BUDGET PERIOD FINANCIAL PROGRESS AS OF SEPTEMBER 29, 2006

SUMMARY

Statement of Income & Expenditure from October 1, 2005 to September 29, 2006			
Sl. No.	**Particulars**		**$ Amount income**
A	**TOTAL BUDGET**		**150000**
	BUDGET AMOUNT RECEIVED		
	Grants		**128419**
	Grants In Kind		**0**
	Interest on Savings Bank A/c		**72**
	Other Income (Specify)		**0**
B	**TOTAL INCOME**		**128491**
C	**TOTAL EXPENDITURE**		
		Budget	**Expenditure**
1	Personnel	10205	**9713**
2	Travel	4364	**4006**
3	Equipment	11725	**10920**
4	Supplies	11818	**11205**
5	Contractuals	93655	**65818**
6	Others	18231	**12904**
	Total	**149997**	**114566**
D	**BALANCE with Myrada**		**13925**
E	**Unobligated funds requested**		**10482**

Details of Expenditure

(October 1, 2005 – September 29, 2006)

EXPENDITURE FOR THE PERIOD OCTOBER 1, 2005 - SEPTEMBER 29, 2006							
Sl. #	**Budget Line**	**Approved budget**	**Cumulative Expenditure from 1.10.2005 to 29.09.2006**	**Balance on total budget**	**Balance on total budget**	**% expenditure on revised budget**	**Justification**
A	**PERSONNEL**						
1	Programme Coordinator	2273	2027	7200	157	89.21	Proportionate salary paid for December 2005 - September 2006
2	Asst. Programme Coordinator	2477	2426	-2033	-44	97.92	salary paid for period January - September 2006
3	Administrative Assistant	0	0	0	0		not appointed; revised plan
4	Field supervisors	5455	5260	-772	-17	96.44	salary paid for 2 regional supervisors from Dec. 2005 - Sep. 2006
	Sub total	10205	9713	*4395*	96	95.19	
B	**TRAVEL**	0	0		0		
	Travel from head office	1818	1820	-3295	-72	100.09	travel costs for coordinator to CDC Chennai, field and PEPFAR review
	Field appraisals and technical needs assessment of short listed NGOS	455	384	2420	53	84.50	Combined with monitoring travel visit
	Technical needs assessment of sub grantees	409	16	17261	377	3.95	actual amount spent less than budget
	Field exposure visits	545	667	-6531	-143	122.29	field exposure of regional supervisors and CRPs to CHARCA project ,Bellary based on need
	Monthly monitoring visits travel	1136	1119	-1241	-27	98.51	extra amount towards needs assessment
	Sub total	4364	4006	*8614*	188	91.81	
C	**EQUIPMENT**	0	0		0		
	Training centre equipment	0	0		0		
	Computers and accessories	1091	1096	-2150	-47	100.43	laptop and flash drive
	UPS	1568	1512	-187	-4	96.39	actual cost
	Seminar chairs	402	393	-300	-7	97.76	actual cost and transport

Sl. #	Budget Line	Approved budget	Cumulative Expenditure from 1.10.2005 to 29.09.2006	Balance on total budget	Balance on total budget	% expenditure on revised budget	Justification
	Tables	68	0	3000	66	0.00	did not purchase, leveraged from other sources
	Chairs	898	821	1950	43	91.39	bough for training cente
	Cupboards	90	0	3970	87	0.00	did not purchase, leveraged from other sources
	Audio visual aids	827	879	-3818	-83	106.21	TV, VCD, white boards and other audio visual aids for training centre
	Central office	0	0	0	0		
	Computer and accessories	1136	1379	-13109	-287	121.33	laptop + computer for central office
	Belgaum furniture	269	164	4320	94	60.99	office partly set up
	Belgaum assets	682	711	-2541	-56	104.27	assets bought for Belgaum sub grantee office
	Computer	1023	896	4000	87	87.58	computer for Belgaum
	Bike	2273	2039	6650	145	89.74	2 bikes - 1 for each regional supervisor
	LCD/Printer	1398	1031	14296	313	73.78	printer bought for central office
	Sub total	11725	10920	**16081**	352	93.13	
		0	0		0		
D	**SUPPLIES**	0	0		0		
	Preparation. Translation, adaptation and duplication of training material	9091	8686	2429	53	95.54	Translation and printing costs of 3000 flip charts for SHG training
	IEC material for clinics	1364	1208	4700	103	88.60	costs of flyers for VCTC and clinics
	Office supplies	1364	1311	0	0	96.13	head office supplies for project period
	Sub total	11818	11205	**7129**	156	94.81	
		0	0		0		
E	**CONTRACTUALS**	0	0		0		
	Training contracts for regional workshops	7261	6812	7695	168	93.81	training programmes held at Snehadaan, Huthur and Bellary training centres
	Sub total	7261	6812	***7695***	168	93.81	
	Sub grantee costs	0	0		0		
	Personnel	0	0		0		
	Gulbarga supervisors	5318	4464	29659	649	83.94	costs of salary of all staff of 2 sub grantees in Gulbarga

Sl. #	Budget Line	Approved budget	Cumulative Expenditure from 1.10.2005 to 29.09.2006	Balance on total budget	Balance on total budget	% expenditure on revised budget	Justification
	Supervisors Belgaum	2295	2105	4643	102	91.71	costs of salary of all staff of 1 sub grantees in Belgaum
	Documentation charges	455	437	0	0	96.13	added to facilitate one of the sub grantees in Belgaum
	Resource persons for capacity building programmes	545	153	17000	372	28.04	for training programmes
	VCTC counselor	1091	437	28000	612	40.05	salary of 1 VCTC counsellor in Belgaum
	Lab. Technician	545	131	18000	394	24.03	salary of 1 person in Belgaum
	Sub total	10250	7727	*97302*	2128	75.39	
	Administration	0	0		0		
	Staff travel	3273	1924	55951	1224	58.78	travel costs of all staff of 2 sub grantees
	St.Luke travel	614	123	21353	467	20.10	travel costs of all staff of 1sub grantee
	Office running costs	2045	2152	-8523	-186	105.23	office supplies and admin costs of 2 sub grantees
	St. Luke costs	614	637	-2136	-47	103.73	office supplies and admin costs of 1 sub grantees
	Field audits travel	1091	405	29464	644	37.12	actual costs
	Office up gradation	2472	2219	7190	157	89.77	travel, board and lodging costs of audit teams to sub grantees
	Sub total	10108	7460	*103299*	2259	73.80	
		0	0		0		
	Capacity building of staff/ CRPs	0	0		0		
	Training of CRPs	2784	2376	13728	300	85.36	actual costs for 2 training programmes of 35 CRPs
	Training of supervisors	716	165	23968	524	22.99	actual costs for 2 training programmes of 12 supervisors
	Training of youth volunteers	2727	1318	59660	1305	48.34	costs of 1 sub grantee programme only included here, other merged in youth based programme
	Training of doctors	6136	1891	183440	4012	30.82	only 1 batch trained due to realignment of work plan
	Training of nurses	909	0	40000	875	0.00	not conducted

Sl. #	**Budget Line**	**Approved budget**	**Cumulative Expenditure from 1.10.2005 to 29.09.2006**	**Balance on total budget**	**Balance on total budget**	**% expenditure on revised budget**	**Justification**
	Training of VCTC staff	1420	166	54900	1201	11.69	cost of training absorbed by KSAPS
	Training of NGO staff	568	274	12473	273	48.17	training programme for regular staff of sub grantees
	Field exposure visits	1432	808	25997	569	56.46	field trip for CRPs of 1 sub grantee to Bellary
	Sub total	16693	6998	*414166*	9058	41.92	
	Awareness component	0	0		0		
	Training of SHGs	20455	16130	161684	3536	78.86	includes honorarium, food and other costs of training
	Youth based programmes	5682	6649	-54328	-1188	117.02	includes training of youth volunteers of one sub grantee
	College programs	1364	982	15029	329	72.05	costs of RRC programs
	Men in labour unions	2045	443	69716	1525	21.67	costs of orientations and programs in industries
	Sub total	29545	24204	*192101*	4201	81.92	
	Testing component	0	0		0		
	Setting up 2 VCTCs	341	217	5045	110	63.80	actual costs; rest leveraged by clinic
	Running costs of VCTCs	1636	1199	17124	374	73.27	actual costs; rest leveraged by clinic
	Outreach VCTC clinic travel	545	144	17396	380	26.45	travel costs of the outreach VCTC team
	VCTC clinic supplies	1091	957	4195	92	87.73	supplies for VCTC testing in 2 clinics
	Sub total	3614	2518	*43760*	957	69.67	
	Care and support component	0	0		0		
	Setting up HIV clinics	318	240	2996	66	75.56	only 1 clinic set up
	Nurse	205	0	9000	197	0.00	not hired
	Running costs of clinics	273	0	12000	262	0.00	not started
	Initial supplies cost	1932	3926	-94686	-2071	203.21	supplies bought in bulk to get best price, will spill over into the next year stock
	Sub total	2727	4166	*-70690*	-1546	152.75	
	SUB GRANTEE TOTALS	72938	53074	779,938	17057	72.77	
	Consultancy contracts	0	0		0		

Sl. #	**Budget Line**	**Approved budget**	**Cumulative Expenditure from 1.10.2005 to 29.09.2006**	**Balance on total budget**	**Balance on total budget**	**% expenditure on revised budget**	**Justification**
	Consultants	3068	2173	35518	777	70.84	actual costs of consultants and meetings
	Workshops for consultants	545	98	19513	427	17.97	1 workshop only held
	Sub total	3614	2271	***55031***	1204	62.86	
		0	0		0		
	Positive networks contract-2	0	0		0		
	Up gradation of office	455	424	606	13	93.21	cost of basic equipment for 2 network offices
	Sub total	455	424	*606*	13	93.21	
	Recurring	0	0	0	0		
	Supervisor	557	359	8054	176	64.53	salary of 2 supervisors from July - September 2006
	Peers	1841	1229	24750	541	66.76	some started late
	Office admin	477	289	7780	170	60.51	salary of 15 peers from July - September
	Field travel	955	608	14169	310	63.70	actual costs
	Peer training	545	107	19112	418	19.58	only includes travel costs, rest leveraged
	Awareness programs	1688	162	66830	1462	9.61	programme started late
	Taluk meetings	1193	46	50385	1102	3.87	2 meetings held
	Home based care programs	1278	0	56250	1230	0.00	not started
	Sub total	8534	2800	*247330*	5409	32.81	
	KNP+ management costs @ 10% of recurring	853	437	17550	384	51.20	management cost for admin and accounts
	TOTAL	9842	3661	***265486***	5806	37.20	
		0	0		0		
	TOTAL CONTRACTUALS	93655	65818	1,108,150	24235	70.28	
F	**OTHERS**	0	0		0		
	Orientation workshop	409	152	11045	242	37.14	actual costs, rest leveraged from Myrada
	Final workshop for sub grantees	136	0	6000	131	0.00	not held
	Orientation workshop for districts	511	404	4000	87	79.04	other costs leveraged from government
	Stakeholder workshops	0	0		0		
	Health personnel	4091	2833	50337	1101	69.25	training of health workers

Sl. #	**Budget Line**	**Approved budget**	**Cumulative Expenditure from 1.10.2005 to 29.09.2006**	**Balance on total budget**	**Balance on total budget**	**% expenditure on revised budget**	**Justification**
	Women & child Department; education dept.	1136	688	18500	405	60.56	cost of participants subsidized by government
	Government KSAPS staff	818	530	11750	257	64.75	only 1 training held
	Capacity building of central team	477	76	17500	383	16.02	actual cost of 1 training, rest leveraged from Myrada
	TOT program of sub grantees	1364	810	22906	501	59.43	2 programmes held
	Quarterly review workshops	955	328	27000	590	34.33	remaining costs leveraged by sub grantees
	Annual review	1705	716	42239	924	41.99	actual costs
	Accounting and audit costs	1705	1663	-1102	-24	97.54	actual costs
	Financial monitoring training/systems	375	378	-788	-17	100.72	2 trainings held
	Asset maintenance and insurance	1140	1049	2150	47	92.01	actual costs
	Head office supervision and admin	3409	3278	-30	-1	96.15	actual costs of head office monitoring, supervision
	Sub total	18231	12904	**211507**	4626	70.78	
		0	0		0		
	TOTAL BUDGET	**149997**	**114566**	**1,355,876**	**29653**	**76.38**	

PLANS FOR THE SECOND YEAR

Some of the major areas that will focused on in the second year are

- Consolidate comprehensive prevention, care and support at taluk level as a working model for other NGOs.
    - What has been started in year 1 will be consolidated to establish s taluk level model of comprehensive community based prevention, care and support. Myrada will continue to work with the same sub grantees. The focus will be on developing sustainable strategies for the community to manage its prevention activities and community based care and support will be provided through the district positive network.

- Provide technical support in outreach and community mobilization to Avert supported NGOs in collaboration with CDC GAP and USAID.
    - Myrada will work closely with CDC GAP India to provide technical support to USAID funded Avert Project in Maharashtra state.

- Develop specific models for working with the local governance system.
    - The local governance system in India has evolved as a decentralized mechanism to manage several local issues. The plan is to work with the lowest tier of this system (called the gram panchayat) to enable them to understand their roles and responsibilities vis a vis the response to HIV prevention care and support in their area, as well as to build their capacities to advocate for regular and adequate HIV related services in their community.

- Innovative capacity building of non allopathic local medical practitioners in counseling and basic HIV medical care.
    - More than 80% of India's population seeks health care from the private sector. Local non allopathic medical practitioners constitute a large percentage of this sector especially in the rural areas. A special strategy will be developed to include these practitioners in the care continuum, where they can be involved in counseling, testing, follow up and part of the referral chain for those PLHAs requiring specific treatment and ARV medicines.

Conclusion

The first year of this programme has been of immense learning for Myrada. One great advantage was the positive and regular support from CDC GAP India and USA. The team is confident of taking the programme forward into the second year.