

Report

District level Workshops on DAPCU 2008-09

District level Workshop
on DAPCU
Venue: Shristi Club,
Dewas
Date: 26th September
2008
Time 4 pm to 6 pm

District level Workshop
on DAPCU
Venue: City Transport
Office, **Indore**
Date: 27th September
2008
Time 3 pm to 5 pm

District level
Workshop on
DAPCU
Venue: Collectorate
Office, **Harda**
Date: 13^h October
2008
Time 12 pm to 1 pm

District level
Workshop on
DAPCU
Venue: Collectorate
Office, **Panna**
Date: 21st h October
2008



District level
Workshop on
DAPCU
Venue: Collectorate
Office, **Bhopal**
Date: 25th September
2008
Time 3 pm to 5 pm

District level
Workshop on
DAPCU
Venue: Collectorate
Office, **Mandsaur**
Date: 29th September
2008
Time 3 pm to 5 pm

District level
Workshop on
DAPCU
Venue: Collectorate
Office, **Rewa**
Date: 22st h October
2008

District level
Workshop on
DAPCU
Venue: Collectorate
Office, **Balaghat**
Date: 3rd November
2008

Madhya Pradesh State AIDS Control Society
2nd Floor, Oil fed Building, 1 Arera Hills,
Bhopal, MP

Technical support unit (TSU) Hindustan Latex Family Planning Promotion Trust, Bhopal, MP

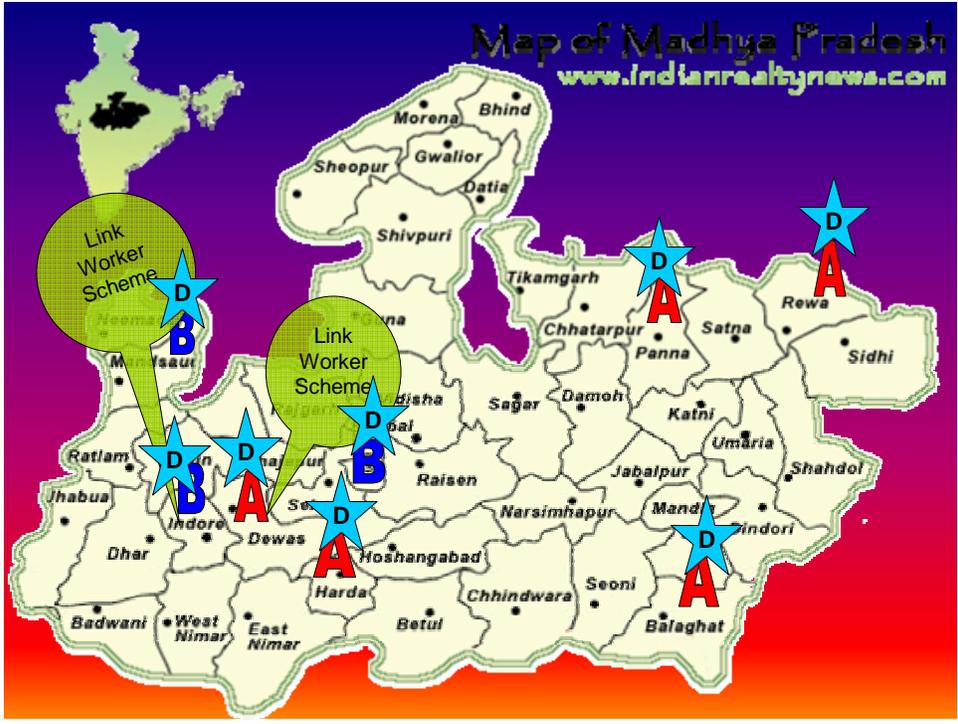
Introduction

HIV/AIDS is an issue that every organisation in the Madhya Pradesh must address directly, both out of enlightened self-interest and out of concern for those at risk or already affected. The implementation of NACP-I (1992-99) and NACP-II (1999-2006) has resulted in institutionalization of efforts Nationwide and there is encouraging evidence regarding its stabilization in some parts of the country. However, it is also true that over the years the virus has travelled from urban to rural areas and from High risk to general populations, affecting the women and the youth disproportionately. Thus reorientation of Program strategy is a crucial challenge before NACP-III.

During NACP-II, programme management was decentralized to State AIDS Control Societies (SACS). Under NACP-III, programme implementation will be further decentralized to District and Sub District levels. The NACP-III aims at integration of NACP interventions in the NRHM framework for optimization of scarce resources and provision of seamless services to the end customer / patients as also for ensuring long term sustainability of interventions. Thus, the institutionalization of DAPCU within the District Health Society, sharing administrative and financial structure of NRHM becomes a crucial programme strategy for NACP-III.

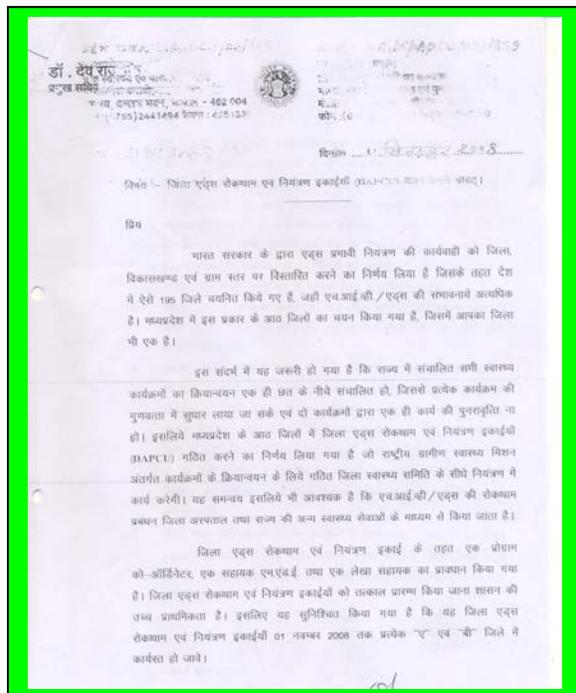
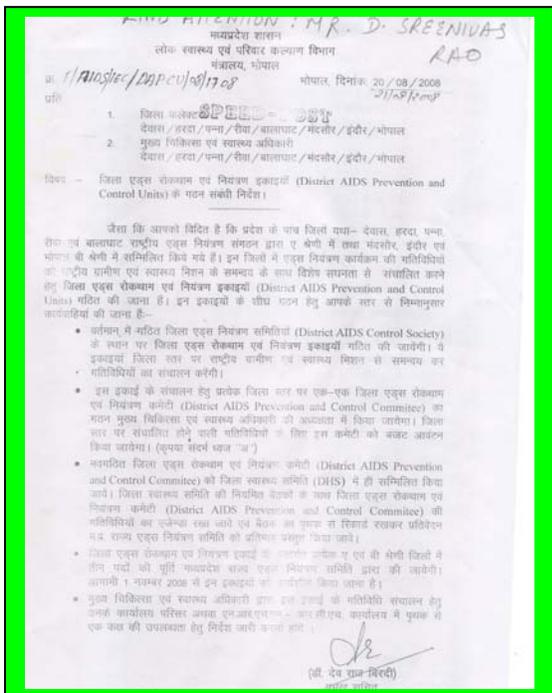
During the year 2008-09 MPSACS aims to establish and make functional 8 DAPCU units in the 8 A and B category districts of MP (as per the NACO sanction of AAP 2008-09) These would be based at 5 A category and 3 B category districts of MP

S. N	District	Category
1	Balaghat	A
2	Dewas	A
3	Harda	A
4	Panna	A
5	Rewa	A
6	Bhopal	B
7	Indore	B
8	Mandsour	B



The following activities have been accomplished in the state with regard to DAPCU establishment. TSU is providing all the technical support with respect to DAPCU establishment in the state.

1. State Government Orders have been issued to the District Collectors with regard to DAPCU establishment and details of the activities to be conducted



2. Accountant and M & E positions are being filled at the district level while the DPO would be filled at the District level/MPSACS
3. Letters sent by PD SACS to CMHOs for nominating resource persons from districts for DAPCU trainings
4. District level workshops organized at 4 District Headquarters for orienting the district level officers on DAPCU inviting all the mainstreaming and cognate departments. PD MPSACS participated the workshops along with the team of MPSACS and TSU

1	Bhopal	25th September 2008
2	Dewas	26th September 08
3	Indore	27th September 08
4	Mandsaur	29th September 08
5	Harda	13th October 08
6	Panna	21 October 08
7	Rewa	22 October 08
8	Balaghat	3rd November 08

1. District level Workshop on DAPCU establishment at Bhopal

Venue: Collectorate Office, Bhopal

Date: 25th September 2008

Time 3 pm to 5 pm

Establishment of DAPCU is crucial for successful program implementation and integration of HIV control activities with NRHM and other cognate departments. To orient the district level officials and heads of cognate department and to expedite the process of DAPCU establishment, district level orientation meeting/workshop was organized under the **leadership of PD MPSACS Mr Omesha Mundra at Collectorate Office Bhopal on 25th September 2008 at 3 pm.**

Objective of the meeting

1. To ensure unity of efforts for HIV control under the leadership of district collector for effectiveness and optimization of resources
2. To orient the district level officers on DAPCU inviting all the mainstreaming and cognate departments so as to develop ownership of the HIV control program and decentralization of services at district level.
3. To generate an understanding of DAPCU establishment, DAPCC, roles and responsibilities, infrastructure and staffing pattern of DAPCU.

Participants of the meeting

1. Mr Omesha Mundra: PD MPSACS
2. Deputy Collector, Bhopal
3. SDM, Bhopal
4. CEO Jila Panhayat, Bhopal
5. Dr D M Saxena: State Epidemiologist, MPSACS
6. Mrs Shraddha Bose: JD IEC MPSACS
7. Dr Kishor Patnaik: TSU
8. Dr Apurva S Chaturvedi: TSU
9. Dr Parshuram Tiwari: TSU
10. Dr Kansotia: Chief Medical Officer, Bhopal
11. Dr A K Chaoudheri, Civi Surgeon, J P Hospital Bhopal
12. Dr Dubey, District Immunization Officer
13. District Program Manager: NRHM, Bhopal
14. Representatives of NYK and NSS
15. Representatives of TI Partners Bhopal: Mahila Chetna Manch, Gandhi

Bhawan Trust, Sewa Bhari, Rajiv Smriti
16. Representative of Positive People Network
17. Dr Ana Alex: Skin and VD specialist. Gandhi Medical College Bhopal
18. HOD : Dept of Pathology
19. HOD Department of Physiologist
20. Jail superintendent, Bhopal
21. ICTC in charge, GMC, Bhopal
22. District Media Officer
23. Other mainstreaming department representatives



Figure 1 BHOPAL DAPCU meeting participants

Dr Saxena welcomed all the participants to the meeting and after a round of introduction; he described in brief the objective of the meetings and the rationale behind the DAPCU establishment in Bhopal. PDMPSACS, Mr Omesh Mundra started the session by emphasizing on the need of ownership of the program by all the partner departments. He addressed various opportunities and interventions to be carried out for successful program

implementation and extended all the required programmatic, technical and financial support for smooth integration and implementation of NACP 3.



Figure 3 PD MPSACS at DAPCU BHOPAL meeting



Figure 2 PD MPSACS Mr Omesh Mundra addressing BHOPAL DAPCU meeting



Figure 4 Dr Apurva (TSU) presenting BHOPAL district Profile

Bhopal is a **B Category** district as per the NACO district Categorization. Dr Apurva (TL strategic planning TSU) made a power point presentation on the District profile and vulnerability of Bhopal to HIV, AIDS. The mapping data for Bhopal was shared with the participants along with a detail description of the HRG groups, their interaction dynamics.

The response of MPSACS for HIV control and various interventions being run in the district were also described in detail as follows (Presentation Annexed)

Factors responsible for the vulnerability of the district:

1. Though No Identified Red light areas are in Bhopal but Bagmugalia, MP Nagar, New Market, Link Road, Bus stand, Railway Station, Near sava sadan, Karod Road, BHEL area colony Arera Colony, Bhopal talkies, Kaji camp, zinsi, Karaud, Sanjay Nagar, Ghandi Nagar in city and Mandideep (Industrial area) are the hot spot.
2. Bhopal is the capital of the State hence there are many different study centers (Professional colleges) in which student from various different district of MP as well as from other states are coming.
3. Mandideep is industrial area where in huge immigration is taking place. People from various parts of the country specially from Orissa, Chatisgrah, Bihar etc for labour work and other districts of MP and from near by villages and towns are coming. It is also the halting station for truckers around 1300 trucks pass through the area where FSW networks are present. Apart from that Govind pura, Raisen Road. Indore road (NH186), Ashok Garden , Bogda Pul ,Hoshangabad road,(NH-86)and Ghandhi Nagar are areas of city where truckers use to halt .
4. More then 1400 IUDs are present in the city mainly in Ashoka garden , Ashbag, Zinsi, Satnani Nagar, Indera Nagar, Karaud, Sanjay Nagar and Ghandi Nagar .
5. Simalarly as per their estimate, there are more then 1300 MSM are present in the city mainly in Chinark park, Mayur Park, Habbibjang Naka, Old city, Hamidia Road.



Figure 5 Dr D M Saxena making presentation on DAPCU at Bhopal

Dr Saxena made a presentation on the DAPCU establishment, DAPCC, roles and responsibilities, infrastructure and staffing pattern of DAPCU. He also described in detail the HIV global scenario, Indian scenario and vulnerability of MP to HIV due to its strategic location and various other factors. He then described in detail, the vision and goals of

DAPCU, strategy of DAPCU formation, the organ gram of DAPCU and its convergence with NRHM, operational expenses, staffing pattern, fund flow, salaries. The suggested membership of District AIDS prevention and control Committee was presented as well. (Presentation Annexed)

He then described the immediate actions needed for DAPCU establishment which are as follows

- Formation of DAPCC with regular monthly meetings
- Review of DAPCU functions quarterly in DHS meetings
- Filling of DAPCU positions DPO (SACS), M&E and Accountant (district level)
- Allocation of space/room for DAPCU in District Hospital/ CMHO office
- 5 resource person nomination for DAPCU TOT
- District level workshops for DAPCU orientation by Master Trainers
- DAPCU functional from **1st November 2008**

Outcome and decisions of the meeting

1. There was complete representation from all the departments in the district.
2. DAPCC would be formed under the chairmanship of CMHO as per the NACO guidelines and quarterly review in DHS meetings would be started
3. Filling up of adm/account, M& E assistant would be done at the district level. The Collectorate office would send nomination for DPO on deputation bases for approval by MPSACS at the earliest.
4. CMHO would allocate a 2 room space for DAPCU functions at CMHO office or district hospital
5. List of 5 resource persons would be sent for master trainers training to SACS
6. DAPCU would be made operational by 1st November 2008 at Bhopal

The meeting concluded after vote of thanks by the CEO Jila Panchayat, Bhopal.

2. District level Workshop on DAPCU establishment at Dewas

Venue: Shristi Club, Dewas

Date: 26th September 2008

Time 4 pm to 6 pm

Dewas is a A category District. To orient the Dewas district level officials and heads of cognate department and to expedite the process of DAPCU establishment, district level orientation meeting/workshop was organized under the **leadership of PD MPSACS Mr Omesh Mundra at Shristi Club, Dewas on 26th September 2008 at 4 pm.** District Collector **Dr Navneet Kothari** presided over the proceedings of the meeting

Objective of the meeting

4. To ensure unity of efforts for HIV control under the leadership of district collector for effectiveness and optimization of resources
5. To orient the district level officers on DAPCU inviting all the mainstreaming and cognate departments so as to develop ownership of the HIV control program and decentralization of services at district level.
6. To generate an understanding of DAPCU establishment, DAPCC, roles and responsibilities, infrastructure and staffing pattern of DAPCU.

Participants of the meeting

• Mr Omesh Mundra: PD MPSACS
• Dr Navneet Kothari, District Collector, Dewas
• SDM, Dewas
• Dr D M Saxena: State Epidemiologist, MPSACS
• Mrs Shraddha Bose: JD IEC MPSACS
• Dr Kishor Patnaik: TSU
• Dr Apurva S Chaturvedi: TSU
• Dr Jadia: Chief Medical Officer, Dewas
• Dr Verma, District Nodal Officer, Dewas
• District Program Manager: NRHM, Bhopal
• Representatives of NYK and NSS
• Representatives of TI Partners Dewas Representative of Positive People Network
• Jail superintendent, Dewas
• ICTC in charge, Dewas
• ICTC counselor, Dewas
• Block Medical Officers
• Media Personals
• Nursing staff and teachers

• Sports and youth officers
• Civil Surgeon: District Hospital Dewas
• Private Practitioners
• Representatives of Industries
• Nodal officer (IDSP)
• District Ayurveic Officer, Dewas
• IDSP supervisors
• District Malaria Officer
• District Blindness Control Officers
• District Training Officer
• District Education Officers
• WC department representatives
• Other mainstreaming department representatives



Figure 6 Dr Verma DACO Dewas welcoming the participants

Dr Verma (DACO) welcomed all the participants to the meeting and after a round of introduction; he described in brief the objective of the meetings. PDMPSACS, Mr Omesh Mundra and Dr Navneet Kothari inaugurated the session by lighting the Diya.



Figure 8 Inaugration of Dewas Workshop



Figure 7: PDMPSACS. Distrcit



Figure 9 Dr Apurva (TSU) presenting Dewas District Profile

Dewas is a **A Category** district as per the NACO district Categorization. Dr Apurva (TL strategic planning TSU) made a power point presentation on the District profile and vulnerability of dewas to HIV, AIDS. The mapping data for dewas was shared with the participants along with a detail description of the HRG groups, their interaction dynamics. The response of MPSACS for HIV control and various

interventions being run in the district were also described in detail as follows (Presentation Annexed)

Factors responsible for the vulnerability of the district :

1. Dewas is a major industrial area of MP where in migration takes place in huge number from surrounding districts and States like UP and Bihar.
2. As Dewas is a industrial district of MP the movement of trucks are more and the halting station of truckers are mainly at Dewas, Hatpipaliya, and Sonkachchha around 1500 trucks pass through the NH-3(AB Road).
3. Dewas there is no identified Red Light Area but approximately 700 FSWs operate in areas surrounding the industrial area like TATA, Ranbaxi, S.Kumar, Govt press, varsi nagar, , Karmcharinagar Slum



Figure 10: Dr Saxena Presenting on DAPCU at Dewas

Dr Saxena made a presentation on the DAPCU establishment, DAPCC, roles and responsibilities, infrastructure and staffing pattern of DAPCU. He also described in detail the HIV global scenario, Indian scenario and vulnerability of MP to HIV due to its strategic location and various other factors. He then described in detail, the vision and goals of DAPCU, strategy of DAPCU formation, the organ gram of DAPCU and its convergence. He then described the immediate actions needed for DAPCU establishment which are as follows

- Formation of DAPCC with regular monthly meetings
- Review of DAPCU functions quarterly in DHS meetings
- Filling of DAPCU positions DPO (SACS), M&E and Accountant (district level)
- Allocation of space/room for DAPCU in District Hospital/ CMHO office
- 5 resource person nomination for DAPCU TOT
- District level workshops for DAPCU orientation by Master Trainers
- DAPCU functional from **1st November 2008**



Figure 11 District Collector Dr Navneet Kothari addressing the DAPCU workshop

District Collector Dr Navneet Kothari District Collector Dr Navneet Kothari addressed the participants and emphasized on the need of better intersectoral coordination. He raised concerns over increasing susceptibility of the Dewas district to HIV infection. The vulnerability of the general population especially youth and women was discussed by him and he emphasized on improving the coverage of services and commitment towards HIV control program. He

extended his full guidance and support to the district in implementation of HIV control interventions and smooth functioning of DAPCU.



Figure 12: PD MPSACS Mr Omesh Mundra addressing the participants of Dewas DAPCU workshop

PDSACS addressed the session by emphasizing on the need of ownership of the program by all the partner departments. He addressed various opportunities and interventions to be carried out for successful program implementation and extended all the required programmatic, technical and financial support for smooth integration and implementation of NACP 3. PDSACS also provided guidance and instructions on functioning of DAPCU. He also congratulated the dewas meeting organizers and participants for their enthusiastic participation in the meeting.

Outcome and decisions of the meeting

1. There was complete representation from all the departments in the district.
2. DAPCC would be formed under the chairmanship of CMHO as per the NACO guidelines and quarterly review in DHS meetings would be started
3. Filling up of adm/account, M& E assistant would be done at the district level. The Collectorate office would send nomination for DPO on deputation bases for approval by MPSACS at the earliest.
4. CMHO would allocate a 2 room space for DAPCU functions at CMHO office or district hospital
5. List of 5 resource persons would be sent for master trainers training to SACS
6. DAPCU would be made operational by 1st November 2008 at Dewas

The meeting concluded after vote of thanks by the District AIDS control officer, Dewas and a high tea session followed.

District level Workshop on DAPCU establishment at Indore

Venue: City Transport Office, Indore

Date: 27th September 2008

Time 3 pm to 5 pm

Establishment of DAPCU is crucial for successful program implementation and integration of HIV control activities with NRHM and other cognate departments. The new approach emphasises on decentralisation of services, mainstreaming, inter sectoral convergence and community ownership and support for HIV/AIDS prevention and control efforts. It seeks a unified strategy under the leadership of the District Collector for effectiveness, optimisation of resources and unity of efforts. From the district, the program will filter down to every village and Anganwadi level, with a cadre of customised service providers called Link Workers.

To orient the district level officials and heads of cognate department and to expedite the process of DAPCU establishment, district level orientation meeting/workshop was organized under the **leadership of PD MPSACS Mr Omesha Mundra at City Transport Office Indore on 27th September 2008 at 3 pm. District Collector Mr Rakesh Shrivastava** presided over the proceedings of the meeting

Dr Sharad Pandit welcomed the participant's to the meeting and explained the objectives of the meeting. He also presented in brief the scenario of Indore with respect to HIV control and various activities being carried out by the health department under NACP 3.

Objective of the meeting

- To ensure unity of efforts for HIV control under the leadership of district collector for effectiveness and optimization of resources
- To orient the district level officers on DAPCU inviting all the mainstreaming and cognate departments so as to develop ownership of the HIV control program and decentralization of services at district level.
- To generate an understanding of DAPCU establishment, DAPCC, roles and responsibilities, infrastructure and staffing pattern of DAPCU.

Participants of the meeting

• Mr Omesh Mundra: PD MPSACS
• Mr Rakesh Shrivastava: District Collector Indore
• SDM, Indore
• Dr D M Saxena: State Epidemiologist, MPSACS
• Mrs Shraddha Bose: JD IEC MPSACS
• Dr Apurva S Chaturvedi: TSU
• Dr Sharad Pandit : Chief Medical Officer, Indore

• District Nodal Officer, Indore
• Mr Mukesh Sinha: Director MPVHA
• District Program Manager: NRHM, Indore
• Representatives of NYK and NSS
• Representatives of TI Partners Indore
• Representative of Positive People Network
• Jail superintendent, Indore
• ICTC in charge, Indore
• ICTC counselor, Indore
• Block Medical Officers
• Media Personals
• District Media Officer
• Nursing staff and teachers
• Sports and youth officers
• Private Practitioners
• Representatives of Industries
• Nodal officer (IDSP)
• District Education Officers
• WC department representatives
• Representative of police department
• other mainstreaming department representatives

Indore is **B Category** district as per the NACO district Categorization. Dr Apurva (TL strategic planning TSU) made a power point presentation on the District profile and vulnerability of Indore to HIV, AIDS. The mapping data for Indore was shared with the participants along with a detail description of the HRG groups, their interaction dynamics. The response of MPSACS for HIV control and various interventions being run in the district were also described in detail as follows (Presentation Annexed). Further DAPCU establishment, DAPCC, roles and responsibilities, infrastructure and staffing pattern of DAPCU was explained in detail by her. She then described in detail, the vision and goals of DAPCU, strategy of DAPCU formation, the organ gram of DAPCU and its convergence and the immediate actions needed for DAPCU establishment which are as follows

- Formation of DAPCC with regular monthly meetings
- Review of DAPCU functions quarterly in DHS meetings
- Filling of DAPCU positions DPO (SACS), M&E and Accountant (district level)
- Allocation of space/room for DAPCU in District Hospital/ CMHO office
- 5 resource person nomination for DAPCU TOT
- District level workshops for DAPCU orientation by Master Trainers
- DAPCU functional from **1st November 2008**

Dr Saxena addressed the participants and described the HIV global scenario, Indian scenario and vulnerability of MP to HIV due to its strategic location and various other factors. He responded to the various queries and questions raised by the participants with respect to the functioning of the HIV control program. Mrs Shraddha Bose JD IEC also attended to various sessions in relation to IEC and BCC activities in the district.

PDSACS addressed the session by emphasizing on the need of ownership of the program by all the partner departments. He addressed various opportunities and interventions to be carried out for successful program implementation and extended all the required programmatic, technical and financial support for smooth integration and implementation of NACP 3. PDSACS also provided guidance and instructions on functioning of DAPCU.

Outcome and decisions of the meeting

1. There was complete representation from all the departments in the district.
2. DAPCC would be formed under the chairmanship of CMHO as per the NACO guidelines and quarterly review in DHS meetings would be started
3. Filling up of adm/account, M& E assistant would be done at the district level. The Collectorate office would send nomination for DPO on deputation bases for approval by MPSACS at the earliest.
4. CMHO would allocate a 2 room space for DAPCU functions at CMHO office or district hospital
5. List of 5 resource persons would be sent for master trainers training to SACS
6. DAPCU would be made operational by **1st November 2008** at Indore

The meeting concluded after vote of thanks by CMHO Indore

4. District level Workshop on DAPCU at Mandsaur

Venue: Collectorate Office, Mandsaur

Date: 29th September 2008

Time 3 pm to 5 pm

To orient the district level officials and heads of cognate department and to expedite the process of DAPCU establishment, district level orientation meeting/**workshop was organized under the leadership of PD MPSACS Mr Omesha Mundra at Collectorate Office, Mandsaur Date: 29th September 2008 Time 3 pm to 5 pm**

Dr Verma, Nodal Officer Mandsaur welcomed the participant's to the meeting and explained the objectives of the meeting. He also presented in brief the scenario of Mandsaur with respect to HIV control and various activities being carried out by the health department under NACP 3.

Objective of the meeting

- To ensure unity of efforts for HIV control under the leadership of district collector for effectiveness and optimization of resources
- To orient the district level officers on DAPCU inviting all the mainstreaming and cognate departments so as to develop ownership of the HIV control program and decentralization of services at district level.
- To generate an understanding of DAPCU establishment, DAPCC, roles and responsibilities, infrastructure and staffing pattern of DAPCU.

Participants of the meeting

• Mr Omesh Mundra: PD MPSACS
• SDM, Mandsaur
• Dr D M Saxena: State Epidemiologist, MPSACS
• Dr Apurva S Chaturvedi: TSU
• Dr P Tiwari: TSU
• CMHO Mandsour
• Dr Verma District Nodal Officer, Indore
• District Program Manager: NRHM, Indore
• Representatives of NYK and NSS
• NGO representatives
• Representative of Positive People Network
• Jail superintendent, Mandsaur
• ICTC in charge, Mandsaur
• ICTC counselor, Mandsaur
• Block Medical Officers
• Media Personals

• Nursing staff and teachers
• Private Practitioners
• District Education Officers
• WCD department representatives
• Representative of police department
• other mainstreaming department representatives

Mandsaur is a **B Category** district as per the NACO district Categorization. Dr Apurva (TL strategic planning TSU) made a power point presentation on the District profile and vulnerability of Mandsaur to HIV, AIDS. The mapping data for Mandsaur was shared with the participants along with a detail description of the HRG groups, their interaction dynamics. The response of MPSACS for HIV control and various interventions being run in the district were also described in detail as follows (Presentation Annexed)

Factors responsible for the vulnerability of the district:

1. It is a border district (bordering Rajasthan)
2. 37.7% of the population is Tribal.
3. Out migration in Jat community is very common as they are mainly involved in opium business and have handsome money. They remain out for months together and mainly go to Maharashtra, Gujarat and Orissa for their business. During this time they indulge in high risk behavior.
4. Mandsaur is famous for it’s Opium cultivation, therefore rural population is quite rich as compared to other parts of MP. There are drug users in the district, mainly consuming opium, smack and extract from opium fruit..
5. MSM networks are also present in the district, who have linkages with Ratlam and other neighbouring districts in MP as well as in Rajasthan
6. Bachhada community, where women traditionally work as sex workers, is spread in 40 villages of the district.
7. NH-79 passes through the district. As per the information collected from stake holders there five hot spots, mainly at Chaldu, Pipaliya Mandi, Akya, and Suthod, where sex workers solicit sex with truckers.
8. In addition to above there are many other hot spots in villages mainly in Degaonmali, Panpur, Sikhdi, Morkheda, Aapcha, rupavati and chirmoliya.
9. In the city, though there is no Red Light area, but about 300 female sex workers, mostly from slum pockets of Bus Stand, Saraswati Nagar , Khan pura, Indira colony, Abhinandan Nagar and Geeta Bhavan areas are hot spots



Dr Saxena made a presentation on the DAPCU establishment, DAPCC, roles and responsibilities, infrastructure and staffing pattern of DAPCU. He also described in detail the HIV global scenario, Indian scenario and vulnerability of MP to HIV due to its strategic location and various other factors. He then

described in detail, the vision and goals of DAPCU, strategy of DAPCU formation, the organ gram of DAPCU and its convergence

He then described the immediate actions needed for DAPCU establishment which are as follows

- Formation of DAPCC with regular monthly meetings
- Review of DAPCU functions quarterly in DHS meetings
- Filling of DAPCU positions DPO (SACS), M&E and Accountant (district level)
- Allocation of space/room for DAPCU in District Hospital/ CMHO office
- 5 resource person nomination for DAPCU TOT
- District level workshops for DAPCU orientation by Master Trainers
- DAPCU functional from **1st November 2008**

Dr Parshuram Tiwari explained the concept and importance of mainstreaming in HIV control and various departments which hold importance to mainstreaming HIV AIDS at Mandsaur and MP.



Figure 13: PD MPSACS at DAPCU meeting Mandsaur

PDSACS addressed the session by emphasizing on the need of ownership of the program by all the partner departments. He addressed various opportunities and interventions to be carried out for successful program implementation and extended all the required programmatic, technical and financial support for smooth integration and implementation of

NACP 3. PDSACS also provided guidance and instructions on functioning of DAPCU

Outcome and decisions of the meeting

1. There was complete representation from all the departments in the district.
2. DAPCC would be formed under the chairmanship of CMHO as per the NACO guidelines and quarterly review in DHS meetings would be started
3. Filling up of adm/account, M& E assistant would be done at the district level. The Collectorate office would send nomination for DPO on deputation bases for approval by MPSACS at the earliest.
4. CMHO would allocate a 2 room space for DAPCU functions at CMHO office or district hospital
5. List of 5 resource persons would be sent for master trainers training to SACS
6. DAPCU would be made operational by **1st November 2008** at Indore

The meeting concluded after vote of thanks by Dr Verma District Nodal Officer.

5. District level Workshop on DAPCU at Harda

Venue: Collectorate Office, Harda

Date: 13th October 2008

The DAPCU orientation workshop for Harda district was conducted on 13th October 2008 under the leadership of PD MPSACS Mr Omesh Mundra.

Participants of the meeting

• Mr Omesh Mundra: PD MPSACS
• Dr D M Saxena: State Epidemiologist, MPSACS
• Mrs Pushplata Singh : Collector Harda
• Mr K K Venkatesh: Suprintendent Police Harda
• Mr P K Verma: Upper collector: Harda
• Mr K P Jha: Add Sup Police Harda
• Ms Shweta Pawar: Dpt. Collector Harda
• Dr J S Awasthi: CMHO Harda
• Shri M M Singh: Revenue Officer
• Shri R N Sharma: Mukhya Karyapalan Adhikari
• Dr Rishab Singhai: Civil Surgeon Harda
• Dr S P Sharda: District Nodal Officer
• Shriati Mahal: WCD Officer Harda
• Dr Neeraj Mishra: DPM NRHM
• Mr Vijay Shrivastava: NCC Officer
• Shri Anannt Kumar: NSS officer
• Shri Tiwari : PRO
• Shri Rajiv Pandey: ICTC Supervisor
• Shri Vimal Jat: NGO representative
• Shri Gupta: Program Officer
• Mr Narendra Thakur: representative of PPN+ Harda

The major points of discussion in the meeting were as follows:

- PDMPSACS Mr Omesh Mundra provided his valuable leadership and addressed all the present officials on DAPCU establishment and commitment required for implementing the program
- District Collector Harda instructed all the officials from various departments to work in conjugation with the DAPCU and adopt HIV AIDS control program as their own and develop links with HIV Control

- Dr Saxena explained the vulnerability of Harda to HIV infection, roles and responsibilities of DAPCU , infrastructure and planning of DAPCU through a detailed power point presentation
- 5 resource persons name were selected for DAPCU Master trainers for the district in the workshop
- Detailed description was given about HRG groups and their clients and dynamics of interaction with Bridge population ie truckers and migrants in the district
- Police department officials were instructed to conduct HIV awareness workshops for all police staff in the district. Sup Police showed his keen interest in efforts for HIV awareness amongst HRG and extended due support from the departments
- Global scenario of HIV AIDS especially with reference to African Countries was discussed to sensitize the participants on the magnanimity of the epidemic.
- All NGOs were motivated to join the HIV control program and the crucial role they can play in halting the epidemic
- All relevant departments were instructed to link with the program
- CMHO Harda was instructed to provide 2 room space for DAPCU in CMHO office premises
- RCH NRHM and HIV integration aspects were discussed
- Regular meetings of DAPCU would be conducted in the district.

Outcome and decisions of the meeting

7. There was complete representation from all the departments in the district.
8. DAPCC would be formed under the chairmanship of CMHO as per the NACO guidelines and quarterly review in DHS meetings would be started
9. Filling up of adm/account, M& E assistant would be done at the district level. The Collectorate office would send nomination for DPO on deputation bases for approval by MPSACS at the earliest.
10. CMHO would allocate a 2 room space for DAPCU functions at CMHO office or district hospital
11. List of 5 resource persons would be sent for master trainers training to SACS

The meeting concluded after vote of thanks by CMHO Harda.

5. District level Workshop on DAPCU at Harda

Venue: Collectorate Office, Panna

Date: 21th October 2008

The DAPCU orientation workshop for Panna district was conducted on 21st October 2008 under the leadership of PD MPSACS Mr Omesh Mundra.

Participants of the workshop

<ul style="list-style-type: none">• Mr Omesh Mundra: PD MPSACs
<ul style="list-style-type: none">• Dr Kihor Patnaik TL TSU
<ul style="list-style-type: none">• Collector Panna
<ul style="list-style-type: none">• SDM, Panna
<ul style="list-style-type: none">• CMHO Panna
<ul style="list-style-type: none">• District Nodal Officer,Panna
<ul style="list-style-type: none">• District Program Manager: NRHM,
<ul style="list-style-type: none">• Representatives of NYK and NSS
<ul style="list-style-type: none">• NGO representatives
<ul style="list-style-type: none">• Representative of Positive People Network
<ul style="list-style-type: none">• Jail superintendent, Panna
<ul style="list-style-type: none">• ICTC in charge, Panna
<ul style="list-style-type: none">• ICTC counselor, Panna
<ul style="list-style-type: none">• Block Medical Officers
<ul style="list-style-type: none">• Media Personals
<ul style="list-style-type: none">• Nursing staff and teachers
<ul style="list-style-type: none">• Private Practitioners
<ul style="list-style-type: none">• District Education Officers
<ul style="list-style-type: none">• WCD department representatives

Major Points of Discussion

- PDMPSACS Mr Omesh Mundra provided his valuable leadership and addressed all the present officials on DAPCU establishment and commitment required for implementing the program
- District Collector Panna instructed all the officials from various departments to work in conjugation with the DAPCU and adopt HIV AIDS control program as their own and develop links with HIV Control
- Dr Kishor Patnaik TL TSU explained the vulnerability of Panna to HIV infection, roles and responsibilities of DAPCU , infrastructure and planning of DAPCU through a detailed power point presentation

Factors responsible for the vulnerability of the district :

1. It is a border district (Uttar Pradesh)
2. 28.6% of the population is Tribal.
3. Out migration from rural pockets especially from every corner of the district to Hariyana, Surat ,Jammu (J&K). Approximately 63% of adult population migrate to different places for labour work .
4. In migration is taking place in many mines areas.
5. Though there is no identified Red Light area in the city. However about 200 female sex workers, mostly from slum pockets of Devendar Nagar, Baragam, Jaruapur, Madla are operating as per the rapid stake holder's interview, consisting of Counsellor, Nodal Officer of the hospital, NGOs working with SACS and other NGOs not working with SACS.
6. NH 75 passes through the district where 30 trucks per day. The halting places become the Hot spot for the sex worker The present estimate of female sex workers in the district is about 200 data collected by interview of different stake holders.
7. The district is also drought prone and for last three year district is declared as draught affected. force the women in sex work for their livelihood.
8. Bedia community, where women traditionally indulge in sex work is found in the district, Estimated population is 1001 (2001)
9. Female mines worker are also indulge in the sex work.

- 5 resource persons name were selected for DAPCU Master trainers for the district in the workshop
- Detailed description was given about HRG groups and their clients and dynamics of interaction with Bridge population ie truckers and migrants in the district
- Global scenario of HIV AIDS especially with reference to African Countries was discussed to sensitize the participants on the magnanimity of the epidemic.
- All NGOs were motivated to join the HIV control program and the crucial role they can play in halting the epidemic
- All relevant departments were instructed to link with the program
- CMHO Panna was instructed to provide 2 room space for DAPCU in CMHO office premises
- RCH NRHM and HIV integration aspects were discussed
- Regular meetings of DAPCU would be conducted in the district.

Outcome and decisions of the meeting

- There was complete representation from all the departments in the district.
 - DAPCC would be formed under the chairmanship of CMHO as per the NACO guidelines and quarterly review in DHS meetings would be started
 - Filling up of adm/account, M& E assistant would be done at the district level. The Collectorate office would send nomination for DPO on deputation bases for approval by MPSACS at the earliest.
 - CMHO would allocate a 2 room space for DAPCU functions at CMHO office or district hospital
 - List of 5 resource persons would be sent for master trainers training to SACS
- The meeting concluded after vote of thanks by CMHO Panna.

7. District level Workshop on DAPCU establishment at Rewa

Venue: Collectorate Office, Rewa

Date: 22nd October 2008

The DAPCU orientation workshop for Rewa district was conducted on 22nd October 2008 under the leadership of PD MPSACS Mr Omesh Mundra.

• Mr Omesh Mundra: PD MPSACS
• Dr Kihor Patnaik TL TSU
• CMHO Rewa: Dr Padmavati Pandey
• Dr Dweivedi: Dean Medical College Rewa
• District Nodal Officer, Rewa: DR G S Lakkar
• District Program Manager: NRHM,
• Representatives of NYK and NSS
• DTO Rewa: Dr Renu Dubey
• NGO representatives
• Representative of Positive People Network
• Jail superintendent, Rewa: J S Alawa
• ICTC in charge, Rewa
• ICTC counselor, Rewa
• Block Medical Officers
• Media Personals
• Nursing staff and teachers
• Private Practitioners
• District Education Officers
• WCD department representatives

Major Points of Discussion

- The meeting started after round of introduction of the participants. PD MPSACS described the objective of the workshop and purpose of gathering today.
- PDMPSACS informed the participants that Rewa is a A category district and therefore DAPCU creation should be done on urgent basis for accelerating the HIV control efforts in the district
- Dr Kishor Patanik described in detail the vulnerability of Rewa to HIV AIDS and shared the latest data pertaining to HIV case reporting in the district
- Dr Patnaik requested all the officials from various departments to work in conjugation with the DAPCU and adopt HIV AIDS control program as their own and develop links with HIV Control
- Dr Kishor Patnaik TL TSU explained the roles and responsibilities of DAPCU , infrastructure and planning of DAPCU through a detailed power point presentation

Factors responsible for the vulnerability of the district :

- It is a border district (bordering Utter Pradesh)
- 31.5% of the population is Tribal.
- Highway NH7 & NH75 passes through the district on which around 700 trucks pass through daily.
- Because of the cement factories large no. of truckers come and halt in the district. Rammai,Bela,Mangava,gangeva,Humana are the Hot spot for the sex workers . Most of them come here from slum pockets of Raksi Mohala , Sohagi,Sakhia,Mundaria,Dhobia Tanki Goghar,Nehru Nagar ,Indra Nagar & near Bus stand. Nayagaon & Baharagaon are two tribal villages where women engage in high risk activity .
- About 60% adult population seasonally migrate for labour work from rural areas mainly from Theother, Gangav,Mangava , Java & Hanumana blocks to Bilaspur, Delhi, Mumbai, Bhopal,Allahabad Prithampur & Surat.

- The district is also drought prone and for last three years district is declared as draught affected. Drought together with poverty forces the women in sex work for their livelihood.
- Detailed description was given about HRG groups and their clients and dynamics of interaction with Bridge population ie truckers and migrants in the district
- Global scenario of HIV AIDS especially with reference to African Countries was discussed to sensitize the participants on the magnanimity of the epidemic.
- All NGOs were motivated to join the HIV control program and the crucial role they can play in halting the epidemic
- Dean Medical College emphasized the need on sensitizing youth on HIV IADS
- CMHO Rewa highlighted the potential role that Anganwari and ASHA has to play for HIV control in the district and how they would be linked with the program
-

Outcome and decisions of the meeting

- There was complete representation from all the departments in the district.
- DAPCC would be formed under the chairmanship of CMHO as per the NACO guidelines and quarterly review in DHS meetings would be started
- Filling up of adm/account, M& E assistant would be done at the district level. The Collectorate office would send nomination for DPO on deputation bases for approval by MPSACS at the earliest.
- CMHO would allocate a 2 room space for DAPCU functions at CMHO office or district hospital
- List of 5 resource persons would be sent for master trainers training to SACS

The Meeting concluded after vote of Thanks by CMHO Rewa

District level Workshop on DAPCU establishment at Balaghat

Venue: Collectorate Office, Balaghat

Date: 2nd November 2008

Time 12.30 pm to 2.30 pm

Establishment of DAPCU is crucial for successful program implementation and integration of HIV control activities with NRHM and other cognate departments. To orient the district level officials and heads of cognate department and to expedite the process of DAPCU establishment, district level orientation meeting/workshop was organized under the **leadership of PD MPSACS Mr Omesha Mundra at Collectorate Office Balghat 2nd November 2008 .**

Objective of the meeting

- To ensure unity of efforts for HIV control under the leadership of district collector for effectiveness and optimization of resources
- To orient the district level officers on DAPCU inviting all the mainstreaming and cognate departments so as to develop ownership of the HIV control program and decentralization of services at district level.
- To generate an understanding of DAPCU establishment, DAPCC, roles and responsibilities, infrastructure and staffing pattern of DAPCU.

Participants of the meeting

• Mr Omesh Mundra: PD MPSACS
• Mr Gulshan Bamra , District Collector Balaghat
• Add Collector, Balaghat
• CEO Jila Panhayat, Balaghat
• Dr D M Saxena: State Epidemiologist, MPSACS

• Dr Kishor Patnaik: TSU
• Dr Apurva S Chaturvedi: TSU
• Dr Shrivastava: Chief Medical Officer, Bhopal
• Dr R K Verma, Distirct AIDS Control Officer Balaghat
• District Program Manager: NRHM, Bhopal
• Representatives of NYK and NSS
• Representatives of TI Partners Bhopal: Gramin Vikas Mandal and CDC
• Representative of Positive People Network
• Jail superintendent, Bhopal
• District AIDS nodal officer Police Dept.
• ICTC in charge, Balaghat
• NCC representatives
• Blood Bank Incharge
• Other mainstreaming department representatives

Dr Shrivastava CMHO welcomed all the participants to the meeting and after a round of introduction he described in brief the objective of the meetings PDMPSACS, Mr Omesh Mundra started the session by emphasizing on the need of ownership of the program by all the partner departments.

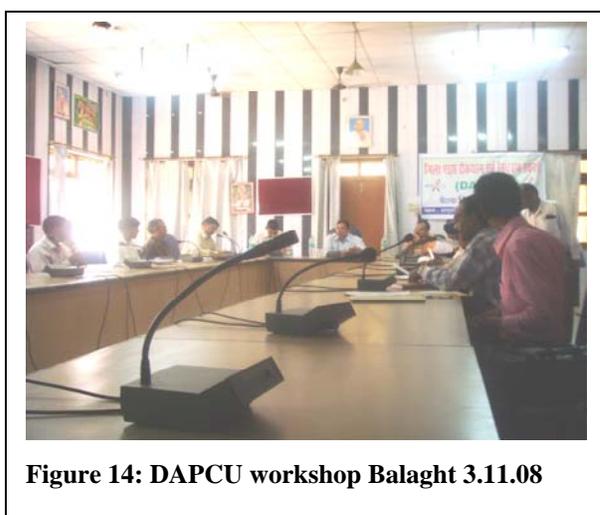


Figure 14: DAPCU workshop Balaght 3.11.08

Balaghat is a **A Category** district as per the NACO district Categorization. Dr Apurva (TL strategic planning TSU) made a power point presentation on the District profile and vulnerability of Bhopal to HIV, AIDS. The mapping data for Bhopal was shared with the participants along with a detail description of the HRG groups, their

interaction dynamics. She also described in detail the HIV global scenario, Indian

scenario and vulnerability of MP to HIV due to its strategic location and various other factors. The response of MPSACS for HIV control and various interventions being run in the district were also described in detail as follows (Presentation Annexed)



Figure 15: Dr Apurva presenting Balaghat Profile

Factors responsible for the vulnerability of the district :

1. It is a border district (bordering Maharashtra (Nagpur) & Chhattisgarh)
2. It is predominantly tribal district
3. Out migration from rural pockets especially from Langi, Khwalay, Vaihar & Tirodi to Nagpur and Raipur for labour work.
4. Low level of awareness about RTI/STI and HIV/ AIDS.
5. In migration is taking place in many areas of Hukwa, Sirodi, Barvali blocks where Mangnese and copper mines are located.
6. Though there is no identified Red Light area in the city. However about 500 female sex workers, mostly from slum pockets of Barakha & Timertola are operating as per the rapid stake holder's interview, consisting of Counsellor, Nodal Officer of the hospital, NGOs working with SACS and other NGOs not working with SACS.
7. Though there is no highway, but due to mining activities large no. of truckers come and halt in the district. Baihar, Virsha, Kharnji, Barasivni, Langhi and Kirnapur are the Hot spot for the sex workers. Most of them come here from other places during the market days (Weekly Market). The area is affected with naxalite's problem, make implementation of the program difficult.



Dr Saxena made a presentation on the DAPCU establishment, DAPCC, roles and responsibilities, infrastructure and staffing pattern of DAPCU. He then described in detail, the vision and goals of DAPCU, strategy of DAPCU formation, the organ gram of DAPCU and its convergence with NRHM, operational expenses, staffing pattern, fund flow, salaries. The suggested membership of District AIDS prevention and control Committee was presented as well. (Presentation Annexed)

- Apart from the DAPCU presentation detailed discussion was carried out on reporting and monitoring status of ICTC, BB and TI in the district.
- The District officials were instructed by District Collector to ensure rapid DAPCU functioning and regular and professional monitoring and supervision. All support was extended by District Collector for DAPCU.
- There was also a positive speaker in the participants of the meeting who is receiving ART from Jabalpur. He described in detail his condition, physical and social before and after ART. District Collector informed that he has issued travel passes to HIV + on ART in Balaghat. This is a unique step being taken by District Collector Dewas and should be taken as an example to follow in other districts.

He then described the immediate actions needed for DAPCU establishment which are as follows

- Formation of DAPCC with regular monthly meetings
- Review of DAPCU functions quarterly in DHS meetings
- Filling of DAPCU positions DPO (SACS), M&E and Accountant (district level)
- Allocation of space/room for DAPCU in District Hospital/ CMHO office
- 5 resource person nomination for DAPCU TOT
- District level workshops for DAPCU orientation by Master Trainers
- DAPCU functional in November 2008

Address by PDMPSACS: PDMPSACS addressed various opportunities and interventions to be carried out for successful program implementation and extended all



Figure 18 PDMPSACS addressing DAPCU meeting at Balaghat

the required programmatic, technical and financial support for smooth integration and implementation of NACP 3. He emphasized on the vulnerability of Police staff and Jail inmates to HIV AIDS and various efforts done with Police and Jail departments under mainstreaming, He also informed that District level training would be done as soon as Code of Conduct is

over in MP.

Outcome and decisions of the meeting

1. There was complete representation from all the departments in the district.

