

## ANNEXURE-1

### ROUND 9 TRAINING PLAN COMPONENTS

**1.1. Explain how the substance and content of the training schedule (PR and SR level) support the achievement of Global Fund financed programs.**

**PR Response:**

The IMCP--II goal is to reduce malaria morbidity and mortality by 30% by 2015 in the project areas.

The IMCP--II objectives include distribution and use of effective preventive measures (LLIN) in high risk project areas; early parasitological diagnosis (using RDT); prompt and effective treatment (using ACT); application of locale- and context-specific Behaviour Change Communication (BCC) activities (using community outreach and inter personal communication); and strengthening of program planning and management, monitoring and evaluation, coordination and partnership development, and training/capacity building to improve service delivery in project areas.

A. In order to achieve the project goal and objectives, various trainings are planned over the life of the project period to inculcate/enhance necessary knowledge and understanding and develop/strengthen necessary skills of project personnel/consultants/field level supervisors and volunteers with Caritas India consortium regarding, planning/implementing/M&E and service delivery in consultation and coordination with the National Vector Borne Diseases Control Programme (NVBDCP) of the Government of India (GoI). Prior to training, training objective, purpose, strategy, curriculum, materials, categorization of trainees/trainers, budget details, and effectiveness measures will be prepared and disseminated to organizers/stakeholders for use.<sup>1</sup>

Below are the details of trainings planned during June 2011 to September 2011 (up to end of P4).<sup>2</sup> The overall objective, rationale, content/curriculum, etc. of trainings are presented. The trainings mentioned for the six-month period will be the responsibility of Caritas India, the PR (9 in no.) and Voluntary Health Association of India (VHAI), the SR2 (480 in no.).

Training 1: Induction training of central/regional project personnel/consultants with Caritas India--PR and its SRs.

Number of batches: 1

[Main organizer--Caritas India (PR); Timeline—Start of P4 (July 2011)].

The objective of this training will be to impart knowledge, understanding and skills to central project management unit (CPMU), regional project management units (RPMU) on malaria control including national programme policy, guidelines and project planning, oversight, M&E/MIS and stakeholder coordination.

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<sup>1</sup> These will be part of the Project Implementation Plan and Project Operational Guidelines.

<sup>2</sup> Considering IMCP--II start date of 1 October 2011. The PR signed the Round 9 Grant Agreement with the Global Fund in December 2010 and the first disbursement was subsequently received in March 2011, whilst the project start date remained as 01 October 2010. Due to time lag between the start date, the effective date and the date of receipt of first disbursement, the project activities are in the inception stages. More so, since activities of this PR as per plan need coordination with the other Round 9 PR—the National Vector Borne Diseases Control Programme (NVBDCP), Government of India, with whom the Global Fund has signed Grant Agreement in February 2011. It is expected that the project activities will accelerate during the current and next quarters.

The rationale is to enable CPMU, RPMU about the roles and responsibilities that they have to discharge, especially in the context of IMCP--II.

The curriculum/content of training hence will include, but will not be limited to: programmatic components of malaria control, viz. prevention, diagnosis and treatment, BCC/social mobilization for enhanced awareness and responsive behaviour, M&E/MIS especially focusing on NVBDCP policy and guidelines; and leadership and mentoring, programme planning and management, finance management with special emphasis on internal controls, logistics supply chain management, Human resource (personnel/consultant/volunteer) management, Sub sub recipient/partner network management, stakeholder coordination; and GFATM grant regulations, requirements, administration and monitoring.

The training modules will be standardized drawing from the existing modules with NVBDCP (viz. Operational manual for malaria control in high-burden areas including complete set of monitoring instruments; Malaria treatment guidelines; Standard operating procedures (SOPs) for quality assurance of RDTs; national M&E framework) and Caritas India consortium (viz. Quality Management Manual, Project M&E Plan, Sub-recipient management plan).

The trainers will be drawn from the national and regional resource pools comprising experts with Caritas India consortium, NVBDCP, and the WHO.

Training 2: Induction training of district project personnel with Caritas India--PR and its SRs.

Number of batches: 2

[Main organizer--Caritas India (PR); Timeline—P4 (July 2011)].

The objective of this training will be to impart knowledge, understanding and skills to district project management units (DPMU) on malaria control including national programme policy, guidelines and project planning, oversight, M&E and stakeholder coordination at district and sub-district levels.

The rationale is to enable District Project Officers (DPOs), District Data Entry Operators (DEOs) in fulfilling their roles and responsibilities, especially in the context of IMCP--II.

As in case of the trainings of CPMU, RPMU, the curriculum/content of training of DPO will include, but will not be limited to: programmatic components of malaria control, viz. prevention, diagnosis and treatment, BCC/social mobilization for enhanced awareness and responsive behaviour, M&E/MIS with special emphasis on NVBDCP policy and guidelines; and leadership and mentoring, programme planning and management, finance management, logistics supply chain management, Human resource (personnel/consultant/volunteer) management, stakeholder coordination at district and sub-district levels; and GFATM grant regulations, requirements, administration and monitoring. The curriculum/content of training of DEO will essentially include national M&E framework, national MIS, project M&E plan including data verification/validation, reporting. Major focus of DEO training will be on M&E (programmatic/financial/logistics) assistance and coordination assistance.

The training modules will be standardized drawing from the existing modules with NVBDCP (viz. Operational manual for malaria control in high-burden areas including complete set of monitoring instruments; Malaria treatment guidelines; Standard operating procedures (SOPs) for quality assurance of RDTs; national M&E framework) and Caritas India consortium (viz. Quality Management Manual, Finance Management Manual, Project M&E Plan).

The trainers will be drawn from the national and regional resource pools comprising experts with Caritas India consortium, NVBDCP, and the WHO.

Training 3: Induction training of Field Supervisors.

Number of batches: 6.

[Main organizer--Caritas India (PR); Timeline—P4 (July/August 2011)].

The objective of this training will be to capacitate Field Supervisors (FS) on basics of malaria control, with special emphasis on supervision and monitoring of community health volunteers/health units at sub-district level.

The rationale is to enable FS about fulfilling their roles and responsibilities, especially in the context of IMCP--II.

The curriculum/content of training of FS will include, but will not be limited to: programmatic components of malaria control, viz. prevention, diagnosis and treatment, BCC/social mobilization for enhanced awareness and responsive behaviour, M&E/MIS with special emphasis on NVBDCP policy and guidelines; and field level mentoring, logistics supply chain management, stakeholder coordination; and GFATM grant requirements. Major focus will be on national programme policy, guidelines on field level implementation of prevention, diagnosis and treatment, BCC/social mobilization interventions by volunteers/peripheral units as well as field level coordination, national MIS, project M&E plan including data verification/validation, reporting.

The training modules will be standardized drawing from the existing modules (relevant portions only) with NVBDCP (viz. Operational manual for malaria control in high-burden areas including complete set of monitoring instruments; Malaria treatment guidelines; Standard operating procedures (SOPs) for quality assurance of RDTs; national M&E framework, Training module for Malaria Technical Supervisors, Training module for Multipurpose Health Workers) and Caritas India consortium (viz. Quality Management Manual, Finance Management Manual, Project M&E Plan).

The trainers will be drawn from the regional, district, Sub district resource pools comprising experts with Caritas India consortium, NVBDCP, National Rural Health Mission (NRHM).

Training 4: Training of Community Health Volunteer (CHV)/ASHA.

Number of batches: 480.

[Main organizer--VHAI (SR); Timeline--P3, P4 (June to September 2011)].

The objective of this training will be to capacitate CHV/ASHA on malaria prevention (especially LLIN distribution), diagnosis and management using RDT/ACT and follow-up, recording and reporting, in addition to BCC/social mobilization.

The rationale is to enable CHV/ASHA about fulfilling their roles and responsibilities, especially in the context of IMCP—II, that is, effective implementation of the project in terms of prevention, early diagnosis and complete treatment at the grassroots.

The curriculum/content of training of CHV/ASHA will include, but will not be limited to: programmatic aspects of malaria control, viz. prevention, diagnosis and treatment, BCC/social mobilization for

enhanced awareness and responsive behaviour, recording and reporting in appropriate forms (as performance NVBDCP and GFATM reporting requirements), logistics inventory management (including storage arrangements) and distribution and field level coordination. A major focus will be on national programme policy, guidelines on field level implementation of prevention, diagnosis and treatment, BCC/social mobilization interventions by volunteers/peripheral units as well as field level coordination, national MIS, project M&E plan including data recording, reporting.

The training modules will be standardized drawing from the existing modules (relevant portions only) with NVBDCP (viz. Operational manual for malaria control in high-burden areas including monitoring instruments; Malaria treatment guidelines; Training Module on Malaria for ASHAs) and Caritas India consortium (viz. Project Implementation Plan, Project M&E Plan).

The trainers will be drawn from the regional, district, Sub district resource pools comprising experts with Caritas India consortium, NVBDCP, National Rural Health Mission (NRHM).

B. In order to achieve the project goal and objectives, certain other activities, example, BCC workshops, M&E/MIS consultations, review and planning meetings are planned over the life of the project period in consultation and/or coordination with the NVBDCP of the GoI.<sup>3</sup> Prior to the workshops, consultations, meetings, the objective, purpose, agenda, backgrounders, participant profile, budget details, and effectiveness measures will be prepared/disseminated to organizers/stakeholders for use.<sup>4</sup>

Below are the details of such activities as workshops, consultations, meetings planned during May 2011 to September 2011 (up to end of P4).<sup>5</sup> The overall objective, participant details, etc. are presented. The workshops, consultations, meetings mentioned will be the responsibility of Caritas India, the PR (88 in no.) and Futures Group International India Private Limited, the SR1 (2 in no.), VHA, the SR2 (1 in no.) and Christian Medical Association of India (CMAI), the SR3 (1 in no.).

Activity 1 (workshop): Regional workshop for consolidating/ fine tuning BCC strategy and operational plan, tools/ give away materials (for community outreach/ IPC/ Mass media) based on knowledge, materials with National Vector Borne Diseases Control Programme--for PR1 and PR2 areas.

Number of workshop: 1.

[Main organizer—Caritas India (PR); Timeline--P3 (30-31 May 2011)].

BCC aims at dissemination of correct information and encourages informed decision-making and behaviour change in a manner sustainable within an enabled environment. The objective of this workshop will be on IMCP—II BCC strategy and implementation plan consolidation and finalization drawing from existing knowledge with the NVBDCP in addition to discussion on measurement of BCC outputs and outcomes.

Participants will include PR2 consortium (CPMU, RPMU), concerned officers and consultants from NVBDCP, state VBDCP and agencies commissioned under the World Bank project by NVBDCP for BCC and community mobilization.

<sup>3</sup> As recommended by GFATM, these activities have been reported in this Training Plan. The workshop, consultation, meetings will include interactions, exchange of information/brainstorming, group work for strategizing/planning, review, development/customization of tools/materials, etc.

<sup>4</sup> These will be part of the Project Implementation Plan and Project Operational Guidelines.

<sup>5</sup> Considering IMCP--II start date of 1 October 2011. The PR signed the Round 9 Grant Agreement with the Global Fund in December 2010 and the first disbursement was subsequently received in March 2011, whilst the project start date remained as 01 October 2010. Due to time lag between the start date, the effective date and the date of receipt of first disbursement, the project activities are in the inception stages. More so, since activities of this PR as per plan need coordination with the other Round 9 PR—the National Vector Borne Diseases Control Programme (NVBDCP), Government of India, with whom the Global Fund has signed Grant Agreement in February 2011. It is expected that the project activities will accelerate during the current and next quarters.

Activity 2 (workshop): Workshop at district level for local adaptation of BCC tools/ give away materials to support community outreach/ IPC activities (flip book/ Information card/ Infotainment script/ leaflet, other locally appropriate material)--in PR1 and PR2 areas.

Number of workshop: 86.

[Main organizer—Caritas India (PR); Timeline--P3, P4 (July-September 2011)].

The objective of this workshop will be to collate local level inputs on BCC strategic planning, implementation plan. These workshops will discuss socio-cultural aspects and care provider response to local communities. Based on the existing knowledge and outputs from the above-referred regional workshop, a locale- and context-specific prototype BCC tool kit will be designed. The kit will be culturally and contextually adapted.

Participants will include PR2 consortium (DPMU), concerned officers and consultants from NVBDCP, state VBDCP and selected District Malaria Officers, VBDC consultant at district level. Selected Malaria Technical Supervisors (MTS), ASHA as well as Field Supervisors, Cluster Coordinators, CHVs will be invited. In addition, selected local NGOs/FBOs/CBOs, especially those actively involved in BCC, community mobilization will be invited.

Activity 3 (consultation): Integration of project M&E plan and performance monitoring for PR2: consultation.

Number of consultation: 1.

[Main organizer— Futures Group International India Private Limited (SR1); Timeline--P3 (3-4 June 2011)].

The objective of this stakeholder consultation will be to discuss the one M&E plan/system. The performance framework of the Round 9 project including the indicators and targets, M&E guidelines including supervisory checklists, systems, processes, will be discussed in addition to sharing of programmatic reports with national programme. Existing tools (forms) for capturing data necessary data will be reviewed and finalized for integration/compatibility.

Participants will include PR2 consortium (CPMU, RPMU, DPMU), concerned officers and consultants from NVBDCP, state VBDCP.

Activity 4 (meeting): Annual Planning and Review Meeting at national/ regional level with stakeholders--PR.

Number of meeting: 1.

[Main organizer—Caritas India (PR); Timeline—P4 (September 2011)].

The objective of this meeting will be annual review and planning with stakeholders including discussion on progress made, gaps vis-à-vis the performance framework at PR level.

Participants will include PR2 consortium (CPMU, RPMU) and selected DPMUs, concerned officers and consultants from NVBDCP, state VBDCP, as appropriate.

Activity 5 (meeting): Annual Planning and Review Meeting at national/ regional level with stakeholders--SR1.

Number of meeting: 1.

[Main organizer— Futures Group International India Private Limited (SR1); Timeline--P4 (September 2011)].

The objective of this meeting will be annual review and planning with stakeholders including discussion on progress made, gaps vis-à-vis the performance framework at SR level.

Participants will include PR2 consortium CPMU, RPMU and selected DPMU, concerned officers and consultants from NVBDCP, state VBDCP.

Activity 6 (meeting): Annual Planning and Review Meeting at national/ regional level with stakeholders—SR2.

Number of meeting: 1.

[Main organizer—VHAI (SR2); Timeline--P4 (September 2011)].

The objective of this meeting will be annual review and planning with stakeholders including discussion on progress made, gaps vis-à-vis the performance framework at SR level.

Participants will include PR2, SR2 CPMU, RPMU and DPMU, other SRs, etc. as applicable.

Activity 7 (meeting): Annual Planning and Review Meeting at national/ regional level with stakeholders—SR3.

Number of meeting: 1.

[Main organizer—Christian Medical Association of India (CMAI) [SR3]; Timeline--P4 (September 2011)].

The objective of this meeting will be annual review and planning with stakeholders including discussion on progress made, gaps vis-à-vis the performance framework at SR level.

Participants will include PR2, SR3 CPMU, RPMU and DPMU, other SRs, etc. as applicable.