

REPORT ON THE REVIEW MEETING OF **PRATHYASAKENDRAM - 2011**

The Kerala State AIDS Control Society (KSACS) supports DIC Centres “Prathyasa Kendram” in all the 14 districts since 2006. These Centres provide adequate support to the PLHIVs to address issues related to them in a collective manner. These DICs are managed either by the state-level or the district-level networks of the PLHIVs. This has provided them an opportunity to manage their affairs themselves. Many of these Centres are closer to the ART centres so that the PLHIVs find it easier to access DICs.

Objectives of Drop in Centres

Following are the objectives of DIC Centres as envisaged by NACO/KSACS.

1. Promote positive living among PLHIVs and improve the quality of life of the infected.
2. Build capacities and skills of PLHIVs to cope with the infection.
3. Establish linkages for PLHIVs with the existing health services, NGOs, CBOs and other welfare and development programs.
4. Protection and promotion of rights of the infected and ensure qualitative programs for infected population.
5. Create a common platform for sharing the views of PLHIV.
6. Ensure legal aid support to PLHIV.
7. Develop volunteers for providing quality care to the hospitalized PLHIV.
8. Improve the quality of life of PLHIV by providing marketing support to their IGP products.

Services of Drop in Centres

A variety of services are provided from and through “Prathyasa Kendram”. These programmes are aimed to support the medical, physical, psychological and social needs of the infected people.

1. Short Stay Services

PLHIVs can drop in and relax at the Prathyasa Kendram during day time between 9 am to 5 pm on all working days.

2. Peer Counseling Services

Peer counseling services are provided to the HIV infected & affected people who drop in at the Centres. Quality counseling is ensured to cope up with the physical stress, mental agony, social and psychological and spiritual conditions. At times, the centre also provides services of professional counselors. The DIC also provide recreational facilities for children and adults who drop in for various services.

3. House Visits and other Outreach Services

House visits are undertaken to the families of the needy PLHIVs. This is mainly to provide counselling support to the infected and also to the family members wherever needed. Outreach services are provided to promote positive living among PLHIV, engage in positive speaking at the community settings, mobilize resources and

establish referrals with various service centres. The DIC utilizes the empanelled positive speakers formed by KSACS

4. Support Group Meetings

Monthly support group meetings are held at the DIC to discuss and disseminate information, create platform for ventilating emotional problems and mitigate stigma and discrimination encountered by the communities. Income generation activities are also promoted among the PLHIV through the centres.

5. Advocacy and networking with service agencies

Advocacy is an integral part of activities based at DICs. They have established meaningful contacts with health department, legal department, Police Department, PRIs, Sureksha projects, social service organizations and other networks.

DICs subscribe three leading dailies published from the district and verify for any news reported in the dailies regarding HIV. Any information related to HIV/AIDS are to be documented and disseminated.

6. Referral Services

Referrals are done for the PLHIV for clinical investigations, treatment, care and support services such as 'Jyothis', 'Sneha', 'Pulari', 'Ushus' and Community Care Centers. Existing support services are strengthened for widows, children and AIDS orphans. The DIC also coordinates with Treatment Care Team for manpower assistance during terminally ill conditions, streamline legal aid support, IGP marketing and GIPA (as per guideline issued by KSACS).

Review of Activities of "Prathyasa Kendram" from April to September 2011

KSACS undertakes periodic review of "Prathyasa Kendram" in order to streamline its activities. The GIPA Coordinator takes initiatives of such reviews. The activities of the during the period from April to September 2011 was reviewed at meeting held on 28th & 29th October 2011 at St. Johns Health Services, Pirappancode, Trivandrum. The president and the coordinator of all 14 DICs were attended the review.

The review was inaugurated by Dr. N.Chandralekha Nair (APD, KSACS). In her speech she expressed happiness over the activities of DICs across the state. The GIPA Coordinator Smt. Anjana. G welcomed the participants and explained the dynamics of the two-day celebrations. Mr. Sunil George Kurian (Consultant) explained the importance for the review procedures for the review process and invited their attention to the seriousness of the process.

The review was focused mainly on the following areas, apart from the general concerns.

1. Registration & follow-up
2. DIC drop-in
3. House visits
4. Counselling
5. Support group meetings
6. Advocacy
7. District Advisory Board meetings

8. Networking & linkages
9. Referrals from other agencies
10. Referrals to other agencies
11. Positive speaking
12. Income generation activities
13. Coordination with TCT
14. Finance

Presentations

Each DIC presented their programmes & activities through power point. Discussion was followed after each presentation. Good practices and gaps were identified during the presentation. It was noted that efforts have been made by all DICs to improve the activities. Particularly, efforts have been made to start income generation activities in DICs.

Group discussion was held on the second day on the gaps identified. The participants were divided in to four groups and each group was asked to discuss the key gaps, strategies to fill the gaps, the activities, person responsible to do the effort and the timeframe. Based on this exercise, the following table was developed.

GROUP 1

	Gaps	Strategy	Activity	Person Responsible	Time Line
1.	Quality of Counseling	<ul style="list-style-type: none"> ▪ understand the client ▪ Using various tools ▪ Self confidence ▪ Receive the client with pleasant face ▪ understand the weakness of the client 	<ul style="list-style-type: none"> ▪ Provide professional training to the staff ▪ Ensure the knowledge of the staff of basics of HIV/AIDS awareness ▪ Conduct FGD for ensuring whether the client received quality counseling 	<ul style="list-style-type: none"> ▪ Coordinator ▪ Counsellors ▪ KSACS 	One month
2.	House visits of counselor	<ul style="list-style-type: none"> ▪ Adopt indirect method for Approaching to the client those who are not giving consent for conducting home visit ▪ Develop friendship with family members 	<ul style="list-style-type: none"> ▪ Provide support for availing their needs ▪ Provide information regarding treatment, welfare, right, nutrition etc ▪ Follow up ▪ Conduct monitoring to the staff 	<ul style="list-style-type: none"> ▪ Coordinator ▪ Counselor 	One month
3.	Profiling of PLHIVs	<ul style="list-style-type: none"> ▪ Apply some code numbers/ language ▪ Through regular follow up visit 	<ul style="list-style-type: none"> ▪ Develop format ▪ Proper documentation 	<ul style="list-style-type: none"> ▪ KSACS 	One month
4.	Improvement of advocacy efforts	<ul style="list-style-type: none"> ▪ Understand the outline of the area which is selected ▪ Form support group working for DICs ▪ Hold sufficient IEC 	<ul style="list-style-type: none"> ▪ Need clarity for the subject ▪ Need proper follow up ▪ Proper documentation 	<ul style="list-style-type: none"> ▪ DLN ▪ Staff 	One month

		materials	▪ Punctuality		

GROUP - 2

	Gaps	Strategy/Activity		Person Responsible	Time Line
1.	Less participation in SGM	<ul style="list-style-type: none"> ▪ Develop proper agenda ▪ Using Power point presentation ▪ Conduct group discussion by involving all PLHIV ▪ Follow fixed time for the meeting ▪ Select other venues for conducting SGM ▪ Organize Taluk level SGMs 		<ul style="list-style-type: none"> ▪ DLN/Staff 	<ul style="list-style-type: none"> ▪ One month ▪ Three months
2.	Less Drop-in- cases	<ul style="list-style-type: none"> ▪ Improve the quality of counseling ▪ Start IGP unit ▪ Create entertainment facilities in DICs ▪ Display IEC materials in DIC regarding various activities and programme ▪ Arrange special space for conducting children entertainment activities. ▪ Ensure partnership building 		<ul style="list-style-type: none"> ▪ Staff ▪ KSACS ▪ DLN 	One month / Three months / Six months
3.	Low visibility of DIC	<ul style="list-style-type: none"> ▪ Develop rapport with media ▪ Use media for publishing important activities of DIC ▪ Include higher level leaders / politicians/ etc in the meetings of DIC ▪ Invite other department /agencies/colleges etc into the DIC for providing trainings to them. (act as resource centre) ▪ Develop annual report and printing & publishing ▪ Conduct exposure visit ▪ Publishing articles of DICs 		<ul style="list-style-type: none"> ▪ Mass media ▪ DLN ▪ Staff ▪ KSACS 	<ul style="list-style-type: none"> ▪ Three months ▪ Ongoing ▪ Six months
4.	Drop outs in regular contact	<ul style="list-style-type: none"> ▪ Develop good rapport with other service centres ▪ Apply techniques for improving the quality of counseling ▪ Increase the number of house visits ▪ Focus on home based care ▪ Improve the quality of family counseling ▪ Drop out may fixed at annually 		<ul style="list-style-type: none"> ▪ Staff 	<ul style="list-style-type: none"> ▪ One month ▪ Three months

GROUP - 3

	Gaps	Strategy	Activity	Person Responsible	Time Line
1.	Mobilizing Local Resources	<ul style="list-style-type: none"> ▪ Identified schools, colleges , NSS groups, political leaders, Youth clubs, Charitable trusts, NGOs, Banks etc 	Improve the quality of conducting advocacy and apply various techniques.	<ul style="list-style-type: none"> ▪ Coordinator 	Three months
2.	Behavioral changes	<ul style="list-style-type: none"> ▪ Staff should work as per the guidelines of KSACS ▪ Need training for conflict management 	Organize capacity building programme for DIC staff	<ul style="list-style-type: none"> ▪ DLN 	Three months
3	Lack of monitoring (DLN/KSACS)	<ul style="list-style-type: none"> ▪ Convene staff meeting regularly ▪ Have a good planning ▪ Assess the work of the staff periodically ▪ Prepare monthly staff meeting report strictly 		<ul style="list-style-type: none"> ▪ DLN ▪ Staff ▪ KSACS 	<ul style="list-style-type: none"> ▪ Weekly ▪ Monthly ▪ Once in three months
4.	Data Collection, Analysis and strategy development	<ul style="list-style-type: none"> • Develop separate format for collecting bio-data • Through counseling, House visit, referrals, drop in etc 		<ul style="list-style-type: none"> ▪ Coordinator ▪ Accountant 	<ul style="list-style-type: none"> ▪ monthly

GROUP – 4

	Gaps	Strategy	Activity	Person Responsible	Time Line
1.	ART adherence	<ul style="list-style-type: none"> ▪ Counselors may update their knowledge ▪ Presentation may done concern subject in the meetings ▪ Conduct group works in the meetings ▪ Display IEC materials regarding ART treatment in DICs ▪ Sharing experience ▪ Ensure the quality of counseling at ART centers 		<ul style="list-style-type: none"> ▪ Coordinator ▪ DLN Staff 	
2.	Less utilization of programme cost	<ul style="list-style-type: none"> ▪ Provide sufficient fund to the needy programme ▪ Compulsory medical check up should be convene once in a year ▪ No limitation fixed for spending money in emergency need head ▪ Allow provision for conducting CLHA & WLP HIV programme 		<ul style="list-style-type: none"> ▪ DLN ▪ Coordinator 	Time one year
3	Lack of continuation of IGP	<ul style="list-style-type: none"> ▪ Identified the needs and interest of the PLHIV before starting IGP 		<ul style="list-style-type: none"> ▪ DLN ▪ Staff ▪ Team 	<ul style="list-style-type: none"> ▪ Weekly

		<ul style="list-style-type: none"> activities ▪ Provide motivation and build up self confidence ▪ Proper documentation, ▪ Identify the source of marketing ▪ Ensure the quality of products ▪ Develop marketing team at DIC level 		leader	
4.	Need assessment of members	<ul style="list-style-type: none"> ▪ Through counseling ▪ Open discussion ▪ Case sheet may revise ▪ Develop good rapport with members 		▪ Staff	

Financial review was conducted on the second day. Shri. Sreeraj discussed the finance guidelines of DIC and explained the budget limitation. He also provided directions for sending SOE timely, etc.

Conclusion

It was decided that all efforts will be made to improve the activities of DICs. The participants were also informed that a performance appraisal of DIC staff will be conducted in January 2012.

Annex

Agenda

Date: 28/10/11 TO 29/10/11

Venue: St: Johns Health Services, Pirappancode, Trivandrum

DAY - 1 - 28/10/11

Time	Topics	Methodology
9.30	Registration	
10.00	Key Note Address	Dr. N.Chandralekha Nair APD, KSACS
	Objectives of the Review Dynamics of the programme	Anjana. G (Coordinator, GIPA) Sunil George Kurian, Consultant
10.30- 11.00	Review -DIC Kasargode	Presentation & Discussion
11.00 -11.15	TEA	
11.15 -11.45	Review - DIC Kannur	Presentation & Discussion
11.45 -12.15	Review - DIC Malappuram	Presentation & Discussion
12.15 -12.45	Review - DIC Wayanad	Presentation & Discussion
12.45 - 1.15	Review - DIC Kozhikode	Presentation & Discussion
1.15 - 2.00	LUNCH	
2.00 - 2.30	Review - DIC Palakkad	Presentation & Discussion
2.30 - 3.00	Review - DIC Thrissur	Presentation & Discussion
3.00 - 3.15	TEA	
3.15 - 3.45	Review - DIC Ernakulam	Presentation & Discussion
3.45 - 4.15	Review - DIC Kottayam	Presentation & Discussion
4.15 - 4.45	Review - DIC Idukky	Presentation & Discussion
4.45 - 5.15	Review - DIC Alappuzha	Presentation & Discussion
5.15 - 5.45	Review - DIC Pathanamthitta	Presentation & Discussion
5.45 - 6.15	Review - DIC Kollam	Presentation & Discussion
6.15 - 6.45	Review - DIC Trivandrum	Presentation & Discussion

DAY - 2 - 29/10/11

Time	Topics	Methodology
9.00 - 9.30	Presentation of CPK+	Presentation & Discussion
9.30 - 12.00	Gap analysis & Strategy Planning	Group work , Presentation & Discussion
12.00 - 1.00	Finance Review	
1.00 - 2.00	Lunch	
2.00 - 3.00	Winding up	

List of Participants from DICs

	District	Name of Participants
1.	Alapuzha	1. Shri:Joseph Mathew, President, CPK+ 2. Smt: Girija Trideep, Coordinator
2.	Calicut	1. Shri:Joseph Mathew, President, CPK+ 2. Smt: Mini, Coordinator
3.	Ernakulam	1. Smt: Sheeba, President, ENP+ 2. Smt: Ruby Roy, Coordinator
4.	Idukki	1. 1. Shri:Joseph Mathew, President, CPK+ 2. Smt: Daisy, Coordinator
5.	Kannur	1. Shri: Binoy, President, CDNP+ 2. Shri: Madhusoodahanan, Coordinator
6.	Kasaragod	1. Shri: Kunjhikrishnan, General Secretary, KDNF+ 2. Smt: Prema, Coordinator
7.	Kollam	1. Smt: Girija Pavithran, President, KLNP+ 2. Shri: Salim, Coordinator
8.	Kottayam	1. Shri: Joseph. K.O 2. Smt: Jincy, Coordinator
9.	Malappuram	1. Smt: Thajunesa, President, MDNP+ 2. Smt: Saritha, Coordinator
10.	Palakkad	1. Shri:Joseph Mathew, President, CPK+ 2. Shri: Ramesh, Coordinator
11.	Pathanamthitta	1. Smt: Sreekala, President, PNP+ 2. Smt: Susan Francis, Coordinator
12.	Thrissur	1. Smt: Deepa, President, TNP+ 2. Shri: Pius, Coordinator
13.	Trivandrum	1. Smt: Sujakumari, President, TDNP+ 2. Smt: Sandhya Sarath
14.	Wayanad	1. 1. Shri:Joseph Mathew, President, CPK+ 2. Smt: Bindhu George

Performance of DICs from April to September 2011 - At a Glance										
		1	2	3	4	5	1	2	3	5
District	Regis- tration	Regu- lar Follo- w-up	Mont- hly Drop- -in	Monthly SGM	Monthly House Visit	Monthly Counsell- ing (Individu- als)	%	%	%	%
Alapuzha	346	346	106	102	13	97	100	31	29	28
Calicut	232	232	46	110	9	65	100	20	47	28
Ernakulam	333	333	83	100	9	78	100	25	30	23
Idukki	243	181	40	54	4	39	74	16	22	16
Kannur	224	220	31	51	4	41	98	14	23	18
Kasaragod	353	353	83	98	16	70	100	24	28	20
Kollam	267	267	95	91	13	75	100	36	34	28
Kottayam	296	266	75	96	12	97	90	25	32	33
Malappuram	284	284	78	132	11	47	100	27	46	17
Palakkad	594	569	66	183	10	73	96	11	31	12
Pathanamthitta	325	273	45	119	12	52	84	14	37	16
Thrissur	582	403	155	133	11	129	69	27	23	22
Trivandrum	257	239	61	103	16	79	93	24	40	31
Wayanad	94	94	49	66	10	25	100	52	70	27

Other Achievements

	Districts	Achievements
1.	Alapuzha	<ul style="list-style-type: none"> ▪ Nutrition Programme ▪ Scholarship ▪ Education Support ▪ SMILE Programme ▪ Kitchen Garden Programme ▪ Eye Camp and Spect distribution ▪ Onam Fest 2011 ▪ Sponsor Ship
2.	Calicut	<ul style="list-style-type: none"> ▪ HIV Co-Ordination Meeting ▪ TB Co-Ordination/TB foram ▪ Study material Distribution ▪ Onam Celebration-2011 ▪ CLHA Education Support ▪ Income Generation Programme ▪ KMCT college, Dr:Reddy Foundation HIV awarness Programs ▪ IEC Distribution(40 colleges &16 blood banks)
3.	Ernakulam	<ul style="list-style-type: none"> ▪ Scholarship ▪ Medical support ▪ IGP ▪ District panchayath food ▪ Onam-Ramzan kit. ▪ Childrens programme.(SMILE) ▪ Samritan's Christmas children's gift. ▪ Vibration therapy. ▪ HIV coordination meeting. ▪ Study materials distribution. ▪ Punarjani Kudumbasree special ayalkootam ▪ Balasabha follow-up ▪ Distributed IEC materials for colleges & Blood bank.
4.	Idukki	<ul style="list-style-type: none"> ▪ Nutrition food sectioned with the help of district panchayat ▪ Onam celebration kit for 50 families
5.	Kannur	<ul style="list-style-type: none"> ▪ Gave education kit to students with the help of district panchayath. ▪ 18 members ration card changed from APL to AAY ▪ Nutrition kit for 18 widows in every month by Santhi clinic. ▪ Nutrition kit for families by KAIROS ▪ Onam kit for all families. ▪ Life skill education for children in association with district library &Sastra Sahithya Parishath. ▪ TA for ART patients from KAIROS
6.	Kasaragod	<ul style="list-style-type: none"> ▪ Ayurveda medical camp ▪ Onasangamam 2011 ▪ Study material distribution ▪ District panchayath N.F support ▪ CMDRF
7.	Kollam	<ul style="list-style-type: none"> ▪ Got three tailoring machines ▪ Income generation from mushroom cultivation ▪ Education support ▪ Micro life insurance and health card ▪ Training for pearl making and mushroom

		<ul style="list-style-type: none"> cultivation ▪ Membership in planning committee of Jilla Panchayat ▪ Life skill education for children ▪ Capacity building programme for members
8.	Kottayam	<ul style="list-style-type: none"> ▪ Formed Balasabha ▪ Nutrition food from Municipality & District Panchayath ▪ Scholarship to children ▪ Arranged tour program to children ▪ Gift box to children ▪ Study materials to children ▪ Conducted IGP program ▪ HIV- TB coordination meeting
9.	Malappuram	<ul style="list-style-type: none"> ▪ Punarjani Kudumbasangamam 2011 ▪ Punarjani Changathikootom ▪ Punarjani Minnaminnikootom ▪ Punarjani Studymeterials Distribution ▪ HIV Coordination Meeting ▪ Punarjani Onam- perunnal Fest 2011 ▪ Scholarship ▪ ART Travel support ▪ Dist. panchayath N.F ▪ CLHA N.F ▪ IGP ▪ Govt. linkages support
10.	Palakkad	<ul style="list-style-type: none"> ▪ Identified 41 new PLHIVs ▪ Conducted two SGM in a month ▪ Sanctioned nutrition kit of 9 lac to 341 PLHIVS from district panchayath ▪ Applied for AAY ration card from 31 APL card holders with the help of DSO groups of Kudumbasree meeting every month. ▪ The delivery of PLHIV women at district hospital ▪ LIC group insurance of Rs. 60000 to two PLHIVs (Rs.30000 each) ▪ Formation of three Balasabha group for infected and affected. ▪ Sri. M.B.Rajesh, MP- Inaugurated of Onam celebration on 03/09/2011 ▪ 190 case sheets have been collected so far. ▪ 11 of volunteers from the peer group have been developed and provided them 4 days training. ▪ Five volunteers became Master Trainers
11.	Pathanamthitta	<ul style="list-style-type: none"> ▪ Special Kudumbasree formed for PLHIVs ▪ Free training for mushroom cultivation was given to 20 PLHA's by St Johns CCC ▪ Training for Pearl ornament making and marketing by Dist. Kudumbasree Mission ▪ Nutrition food from Jilla panchayath ▪ Receiving nutrition food kit from Preshita
12.	Thrissur	<ul style="list-style-type: none"> ▪ Life Skill education training was conducted ▪ Mayor I.P.Paul, A.C. Moideen MLA and Therambil Ramakrishnan MLA visited DIC in connection with Bishop Mar Joseph Kundukulam day ▪ Minister Sri. C.N.Balakrishnan visited the DIC and distributed Onam Pudava in connection with Onam celebration ▪ Conducted awareness seminar in Athirapilly forest

		<p>area for "Adivasi".</p> <ul style="list-style-type: none"> ▪ 25 positive students were given regular nutritious food. ▪ 'Ezharakootam' – an organization helped +2 children for higher education, provided tailoring machine ▪ Through DLSA three family got free legal service
13.	Trivandrum	<ul style="list-style-type: none"> ▪ Distributed study materials ▪ Provided scholarships ▪ Provided free scanning ▪ Provided nutrition support ▪ Initiated IGPs
14.	Wayanad	<ul style="list-style-type: none"> ▪ Kudumbasree units-2 nos (SHG's) ▪ Tailoring unit ▪ Supporting group ▪ Nutrition support: Dist. Panchayath & NGO's. ▪ Housing scheme ▪ Tribal support ▪ Hostel facility ▪ Legal support ▪ Care centre facilities ▪ Oanam celebration ▪ Students study materials ▪ Prime ministers relief fund ▪ Children's scholarships.

Suggestions from the DICs

	Districts	Suggestions
1.	Alapuzha	<ul style="list-style-type: none"> ▪ Capacity building training for staff ▪ Permanent Accountant ▪ Computer training for Counsellors ▪ Improving Monitoring and Evaluation
2.	Calicut	<ul style="list-style-type: none"> ▪ Monitoring system to improve ▪ PKDIC Professional staff compulsory ▪ PKDIC Publicity to increase ▪ PKDIC working time to reduce (9.30 to 3.30)
3.	Ernakulam	<ul style="list-style-type: none"> ▪ Needed Training and Capacity building for staffs ▪ Exposure visit to other state ▪ Need to professionalize the PKDIC service centre. ▪ Computer training will be given to all DIC staff ▪ Reduce the PKDIC working time 7 hours a day (10 am to 5 pm) ▪ Books and registers is favorable in Malayalam so that the documentation will be more easy and accurate ▪ Develop and give IEC materials regarding the PKDIC .
4.	Idukki	<ul style="list-style-type: none"> ▪ Availability of audit report. ▪ Provide computer training to all DIC staff ▪ Provide Tamil IEC materials ▪ Part time accountant vacancy to be change as full time. ▪ Reduce DIC Office working time ▪ Supply ID card for all DIC staffs
5.	Kannur	<ul style="list-style-type: none"> ▪ Fund for strengthening network activities ▪ Fund for TCT activities ▪ Increase salary for staff compared to other service centre ▪ Allow festival allowance for staff
6.	Kasaragod	<ul style="list-style-type: none"> ▪ Increase salary &TA ▪ Increase publicity of DIC ▪ Training & Capacity building program-staff. ▪ Increase no. of staff (2 ORW) ▪ Allow Thaluk level DIC ▪ Through SGM promote training program, capacity building work shop for DLN. ▪ Positive prevention programs-Schools, Colleges, private hospitals ▪ Life skill education program for infected & affected children.
7.	Kollam	<ul style="list-style-type: none"> ▪ Provide fund for TCT ▪ Issue ID Card for staff ▪ Training for staff ▪ Fill the vacancy of staff ▪ Provide full-time accountant ▪ Do evaluation & monitoring in a ystematic way ▪ Exposures visit to other districts ▪ Increase DIC service centers publicity ▪ DIC Building contract with network ▪ Special programme should be informed to partner organisation ▪ Provide fund for members training ▪ Working target for DIC activities ▪ Conduct quarterly review or evaluation

8.	Kottayam	<ul style="list-style-type: none"> ▪ Reduce DIC Working time to 7 hour (9 am to 4 pm) ▪ Increase the fund allocation ▪ Consider the matter of TCT members
9.	Malappuram	<ul style="list-style-type: none"> ▪ Capacity building trainings for staff ▪ Exposures visit to other states ▪ Evaluation & monitoring system to improve ▪ PKDIC Service center professionalizing ▪ PKDIC Service center publicity increasing ▪ PKDIC Working time reduce to 7 hour (9 am to 4 pm) ▪ staff strength increase ▪ Increase fund allocation ▪ Need to develop a strong network with service centres.
10.	Palakkad	<ul style="list-style-type: none"> ▪ Appoint two more ORWs and to make accountants job full-time ▪ Sanction extra amount in budget since large no. of positives have been identified ▪ Sanction office furniture and equipments such as camera ▪ Increase salary ▪ Provide identity card for staff of DIC
11.	Pathanamthitta	<ul style="list-style-type: none"> ▪ Appoint MSW qualified staff for documenting the counseling ▪ Evaluation and monitoring from KSACS in regular intervals ▪ Full-time accountant ▪ Training to staff for documentation ▪ Increase the budget of DIC ▪ Reduce the working time of staff to 7 hrs ▪ Provide furniture
12.	Thrissur	<ul style="list-style-type: none"> ▪ Increase infrastructure facilities ▪ Outreach worker has to be appointed. Or raise local travel to be raised Rs. 2500/-. ▪ The government order to be obtained to avail nutritious food from district panchayath. ▪ Fund should be allowed for Life Skill Education. ▪ IEC materials to be given to DIC ▪ A monitoring team has to be appointed by SLN.
13.	Trivandrum	<ul style="list-style-type: none"> ▪ Identity card ▪ Permanent office building near Medical College ▪ Increase fund allocation ▪ Full-time accountant ▪ More training to staff
14.	Wayanad	<ul style="list-style-type: none"> ▪ Regular feed-back from SACS ▪ Availability of evaluation report ▪ Computer to all DIC staff ▪ Follow up training and capacity building programme. Special focus on networking & advocacy ▪ Proper distribution of condoms and IEC materials. ▪ Full-time accountant ▪ DIC working time from 10 am to 5 pm ▪ Identity card to all DIC staff ▪ Issue order letter of KSACS to Dist. TB centre to ensure participation of DIC to Dist. TB/HIV co-ordination meeting.