Report on Process Documentation Of UNDP Supported Legal Aid Clinics for HIV Positive Community: Andhra Pradesh
Report submitted to UNDP-India by:

ICRA Management Consulting Services Limited

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<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
</tr>
<tr>
<td>ANM</td>
<td>Auxiliary Nurse Midwife</td>
</tr>
<tr>
<td>APSACS</td>
<td>Andhra Pradesh State AIDS Control Society</td>
</tr>
<tr>
<td>ART</td>
<td>Anti-Retroviral Treatment</td>
</tr>
<tr>
<td>ASHA</td>
<td>Accredited Social Health Activists</td>
</tr>
<tr>
<td>AWW</td>
<td>Anganwadi Worker</td>
</tr>
<tr>
<td>CBO</td>
<td>Community Based Organization</td>
</tr>
<tr>
<td>CCC</td>
<td>Community Care Centre</td>
</tr>
<tr>
<td>CHES+</td>
<td>Cheyutha HIV infected people empowerment society, Krishna</td>
</tr>
<tr>
<td>DAPCU</td>
<td>District AIDS Prevention and Control Unit</td>
</tr>
<tr>
<td>DIC</td>
<td>Drop In Centre</td>
</tr>
<tr>
<td>DLSA</td>
<td>District Legal Service Authority</td>
</tr>
<tr>
<td>DNP</td>
<td>District Network of Positives</td>
</tr>
<tr>
<td>DRDA</td>
<td>District Rural Development Agency</td>
</tr>
<tr>
<td>FCC</td>
<td>Family Counseling Centre</td>
</tr>
<tr>
<td>GIPA</td>
<td>Greater Involvement of People Living with HIV and AIDS</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
</tr>
<tr>
<td>ICDS</td>
<td>Integrated Child Development Services</td>
</tr>
<tr>
<td>IEC</td>
<td>Information Education and Communication</td>
</tr>
<tr>
<td>INP+</td>
<td>Indian Network for People living with HIV/ AIDS</td>
</tr>
<tr>
<td>LAC</td>
<td>Legal Aid Clinic</td>
</tr>
<tr>
<td>MLSC</td>
<td>Mandal Legal Service Committee</td>
</tr>
<tr>
<td>NGO</td>
<td>Non Governmental Organization</td>
</tr>
<tr>
<td>ORW</td>
<td>Outreach Worker</td>
</tr>
<tr>
<td>PLHA</td>
<td>People Living with HIV/AIDS</td>
</tr>
<tr>
<td>PLHIV</td>
<td>People living with HIV</td>
</tr>
<tr>
<td>PRI</td>
<td>Panchayati Raj Institutions</td>
</tr>
<tr>
<td>SHIP+</td>
<td>Society for Welfare of HIV Infected People, Guntur</td>
</tr>
<tr>
<td>SHG</td>
<td>Self Help Group</td>
</tr>
<tr>
<td>Acronym</td>
<td>Description</td>
</tr>
<tr>
<td>---------</td>
<td>-------------</td>
</tr>
<tr>
<td>SLSA</td>
<td>State Legal Service Authority</td>
</tr>
<tr>
<td>TCC</td>
<td>Treatment and Counseling Center</td>
</tr>
<tr>
<td>TLSC</td>
<td>Taluka Legal Services Committee</td>
</tr>
<tr>
<td>TNP+</td>
<td>Telugu Network of People Living with HIV/AIDS</td>
</tr>
<tr>
<td>TOR</td>
<td>Terms of Reference</td>
</tr>
<tr>
<td>UNDP</td>
<td>United Nations Development Programme</td>
</tr>
<tr>
<td>VAO</td>
<td>Village Administrative Officer</td>
</tr>
<tr>
<td>WCD</td>
<td>Women and Child Development</td>
</tr>
</tbody>
</table>
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Annex 3: Itinerary and list of persons met
1. Introduction

1.1 Background

The total number of people living with HIV/AIDS (PLHA) in India is estimated at 23.9 lakh (19.3 – 30.4 lakh) in 2009. Children less than 15 yrs account for 3.5 percent of all infections, while 83 percent are in age group 15-49 years. Of all HIV infections 39 percent (9.3 lakh) are among women. The four high prevalence states of South India (Andhra Pradesh–5 lakh, Maharashtra–4.2 lakh, Karnataka–2.5 lakh, and Tamil Nadu–1.5 lakh) account for 55 percent of all HIV infections in the country. West Bengal, Gujarat, Bihar and Uttar Pradesh are estimated to have more than one lakh PLHA each and together account for another 22 percent of HIV infections in India¹.

Experience in the response to HIV/AIDS has shown that access to legal services is an important part of guaranteeing protection from discrimination, getting redressed for human rights violations, and expanding access to HIV prevention and treatment. Access to legal services for individuals affected by HIV is a very important component to the overall enabling environment. A partnership between UNDP and NACO helped provide funds to start the project in 5 districts in Tamil Nadu and 2 districts in Andhra Pradesh. The goal of this under a pilot intervention under a UNDP-NACO partnership was to strengthen human rights for HIV by giving free legal aid to people affected by HIV.

Andhra Pradesh State Aids Control society with assistance from UNDP launched the project of Legal Aid Clinics in the year 2008 on a pilot basis.

1.2 Objectives of the assignment

IMaCS has been retained by UNDP for undertaking:

1. Document the initiative in Tamil Nadu and Andhra Pradesh and other legal aid initiatives by SAATHII, Lawyers Collective, HRLN etc. taking into account the success, challenges and effectiveness from the stakeholder perspectives

2. Develop an operational strategy and service framework for up scaling Legal Aid Clinics (LAC) in other regions of the country

Detail terms of reference is provided at Annex 1

1.3 Methodology for undertaking the assignment

The overall approach for the assignment is provided at Exhibit 1

¹ Annual Report NACO 2011
The detail methodology for undertaking the assignment consisted of:

**Preliminary Meetings and development of tools**

Initial meetings with UNDP officials was conducted to get further understanding on the expectations of UNDP from this assignment and also to have an agreement on the overall approach and methodology for the assignment. Subsequently, IMaCS team had approached various organizations SAATHI, Praxis India, Center for Legal Aid and Rights, and other NGOs involved in legal assistance for an understanding on legal aid clinics being run by them. IMaCS project team developed the tools based for different stakeholders identified for LAC. Type of tools developed for different stakeholders is provided at Table 1.

<table>
<thead>
<tr>
<th>S No</th>
<th>Stakeholders</th>
<th>Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>PD SACS, UNDP nodal person</td>
<td>Discussion checklist</td>
</tr>
<tr>
<td>2</td>
<td>State LSA officers</td>
<td>Discussion checklist</td>
</tr>
<tr>
<td>3</td>
<td>DAPCU</td>
<td>Discussion checklist</td>
</tr>
<tr>
<td>4</td>
<td>District LSA officers</td>
<td>Discussion checklist</td>
</tr>
<tr>
<td>5</td>
<td>District positive network</td>
<td>Discussion checklist</td>
</tr>
<tr>
<td>6</td>
<td>LAC staff</td>
<td>Discussion checklist</td>
</tr>
<tr>
<td>7</td>
<td>PLHIV members who have approached LACs</td>
<td>Questionnaire</td>
</tr>
</tbody>
</table>

The set of tools developed for various stakeholders is provided at Annex 2.

For this study 10-12 LAC clients from each district were contacted, depending on the availability and willingness of these people to talk to IMaCS team in this context. The clients were selected from list of clients maintained by the LACs. These clients were mobilized through LAC and were interviewed using a questionnaire. In some cases detail case study was developed based on their experiences.
Data collection, documentation & Review

Data collection was done by IMaCS team of consultants at the identified states and districts. Data collection involved both primary data and secondary data collection. A field travel plan was prepared and shared with UNDP, prior to undertaking the field work. The itinerary of field visit and list of the key person met in the two districts in the state is given in Annex 3.

1.4 Purpose and structure of the report

This report seeks to document our findings with respect to organization, functioning and key outputs with respect to LACs in the state; and to highlight the key issues identified and recommendations for addressing these key issues with respect to LACs.

The report has specific chapters dealing with different areas of LAC program documentation: Introduction on LACs (the current chapter), is followed with Chapter 2 containing Institutional structure of LAC in the state, detailing out the institutional arrangements and staffing for LAC. Chapter 3 contains program implementation and monitoring arrangements for LAC; Chapter 4 discusses the sustainability of LAC in the state; Chapter 5 provides key outputs and physical progress under LACs; while Chapter 6 details out financial management including budget utilization and funds flow. Chapter 7 contains key issues identified under the program, and Chapter 8 has our recommendations for addressing the key issues. Chapter 9 provides the potential impact of the recommendations on the issues identified.
2. Institutional structure of LAC

The legal aid clinic has several institutional stakeholders at state, district and village levels. The stakeholders at state level consist of State AIDS Control Society (SACS) and State Legal Services Authority (SLSA). At district level, there are various agencies including Legal Aid Clinic (LAC), District Legal Services Authority (DLSA), District Positive Network (DNP) and District AIDS Prevention and Control Unit (DAPCU). At village level Panchayat Raj Institution (PRI) members are the key stakeholders.

The observed roles of each of these stakeholders with respect to LAC are provided below:

SACS
- Has overall responsibility for managing the program at state level, issuance of necessary guidelines, providing required budget, funds disbursement and monitoring of service provision by LAC

SLSA
- Overall management of function of DLSA, and providing necessary guidelines for various programs in the districts (including training for paralegal volunteers)

DLSA
- Providing free legal services to deserving cases including PLHIV members though the mechanism of Lok adalat for mediation and providing lawyer for court cases

DAPCU
- Monitor the progress of LAC through review of monitoring reports and participate in district level review meetings on behalf of LAC

DNP
- Management of LAC including providing space for LAC, appointment of staff and ensuring coordination and support from its members and other programs for LAC

2.1 Human Resource Management

The staffing of LAC consists of a Social worker and 2 outreach workers\(^2\). In addition lawyers from DLSA support the LAC through receiving and providing legal services for the cases referred from LAC to DLSA. An organogram of the LAC along with the supporting agencies is given at Exhibit 2.

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\(^2\) Outreach workers were posted under UNDP project, but the position does not exist under the SACS supported LACs in the state
The Outreach workers would report to the Social Worker, who in turn reports to the president of DNP. The social worker had done Masters in Social Work. The selection of Social Worker was through interview with President DNP.

Outreach Workers (ORWs) were hired from references within the DNP. The minimum qualification of the ORWs was 10th qualified.

Staff attrition under LAC has been recorded in both districts. However, the attrition has been higher in Krishna as compared to Guntur. Refer table 2.

<table>
<thead>
<tr>
<th>Staff positions</th>
<th>Sanctioned staff</th>
<th>Guntur</th>
<th>Krishna</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Staff turnover</td>
<td>% turnover</td>
</tr>
<tr>
<td>Social Worker</td>
<td>1</td>
<td>1</td>
<td>100%</td>
</tr>
<tr>
<td>Outreach Workers</td>
<td>2</td>
<td>1</td>
<td>50%</td>
</tr>
<tr>
<td>Overall turnover</td>
<td></td>
<td>66%</td>
<td></td>
</tr>
</tbody>
</table>

The DNPs, which was implementing LAC in both districts, mostly transferred the outreach workers from their other program to LAC, thereby ensuring that there was transfer of knowledge from the outgoing staff to the new incumbent.

2.2 Responsibilities of stakeholders for functioning of LAC

As mentioned, the LAC though primarily supported through SACS and being managed by the DNP in the respective districts has various stakeholders. The responsibilities being discharged by the respective stakeholders as well as observed gaps in the responsibilities and functions of these stakeholders has been provided at table 3.

<table>
<thead>
<tr>
<th>Agency</th>
<th>Responsibility with respect to LAC</th>
<th>GAPs</th>
</tr>
</thead>
</table>
| APSACS | In the initial phase of LACs, identified the DNP as implementing structure for LAC and provided necessary guidelines, etc. for implementing LACs in the 2 districts  
In the current phase, has provided funding support based on the proposal of State Network of Positive (SNP) to implement LACs in 15 districts  
Responsible for overall management of LACs though appointing the Greater Involvement of People living with HIV/AIDS (GIPA) coordinator  
Developed and circulated a booklet on rights of PLHIV community, for educating the staff of DNP, as well as other stakeholders about the legal rights of PLHIV.  
Responsible for receiving physical progress and financial expenditure reports from LACs in all districts and reviewing their performance as well and disbursement of funds for LACs through the SNP. | Monitoring in terms of field visit of APSACS officials to the LAC is missing  
Training and capacity building of LAC staff is not being overseen by SACS. There is also lack of clear guideline about training of LAC staff as well as orientation of concerned stakeholders  
Lack of IEC material for LAC, as well as for educating PLHIV/ community members about the services provided by LAC, and the rights of PLHIV. Under IEC/orientation one booklet on the rights of PLHIV was printed and distributed through SACS, which is yet to be reprinted. |
<table>
<thead>
<tr>
<th>Agency</th>
<th>Responsibility with respect to LAC</th>
<th>GAPs</th>
</tr>
</thead>
</table>
| SLSA   | Sensitization of DLSA about the PLHIV  
Monitor the progress of DLSA  
Providing necessary guidelines/orders for various programs in the districts (including training for paralegal volunteers) | Lack of adequate focus on the legal services for PLHIV (including speedy disposal of such cases, etc.)  
Lack of clear guidelines for orientation of the legal fraternity, especially the advocates on the issues of PLHIV |
| DLSA   | Sensitisation/orientation of judicial/law officers under DLSA about HIV/AIDS and PLHIV  
Conduct Lok Adalat for mutual settlement of cases, including cases referred by LAC  
Conduct trainings for Paralegal volunteers at district and sub district levels and including PLHIV (members of DNP) in these trainings. | Lack of sensitization programs for lawyers, especially those empanelled with DLSA/ Lok Adalat on the issues of PLHIV  
Inadequate coordination with LAC for disposing the PLHIV cases on priority and closely tracking of such cases. |
| DAPCU  | Receive periodic monitoring reports from LAC  
Participate in the review meeting with DNP, DSLA, NGOs/CBOs and PLHIVs. | Monitoring mechanisms in terms of periodic visit to the LAC is missing  
Specific communication strategy to reach out to the target group is missing  
Lack of training for LAC staff |
| DNP    | Management of LAC including providing space for LAC in the premises of DNP office  
Appointment and supervision of staff under LAC  
Establishment of necessary linkages with DLSA, for referral of cases for Lok Adalat/court proceedings  
Prepare periodic monitoring reports (physical and financial) and submission of these reports at SACS. | Lack of any clear strategy for sensitization of various stakeholders (including DLSA) on issues of PLHIV  
Inadequate follow up on the cases being taken up for dispute resolution at LAC  
Low coordination with DLSA for tracking PLHIV cases referred to DLSA/Lok Adalat  
Low coordination with other departments including Police sensitizing their officers and constables towards the issues of PLHIV and functions of LAC  
Lack of any systematic awareness program about LAC among the PLHIV.  
Low outreach to PLHIV for identifying cases with disputes and conducting any preliminary enquiry of such disputes.  
Lack of any training strategy for LAC staff and other staff of DNP on available legal provisions for addressing disputes of PLHIV |
3. Programme Implementation and monitoring

Under UNDP support, LACs had been set in the 2 districts of AP: Guntur and Krishna, which have considerable HIV prevalence. HIV prevalence in Guntur is 2.25% (in ANC cases in 2006); while in Krishna the prevalence is 1.17% (in ANC cases in 2006). As per the data base of the DNP in the respective districts, the number of PLHIV community members registered with the respective DNP are 15000 (approx.) in Guntur and 5500 (approx.) in Krishna.

3.1 Functions of LAC

Key stated functions of LAC as per the project document for LAC consists of:

1. Facilitate in providing free legal advice and assistance to the PLHIVs on availing schemes
2. Provide psychosocial support where required
3. Report to Rights Forum periodically
4. Interact with the media, as and when required
5. Mobilization of PLHIV to access services by the Outreach Workers in the district
6. Partnership with the local media for demand creation and awareness generation

The LACs were initially set up in 2 districts under UNDP support, but have now been extended to cover 15 districts, under the component of “Strengthening accessibility of legal services to PLHIVs”. The budget for these LACs has been provided by SACS.

A flow chart highlighting key stages/ milestones for setting up and implementation of LACs is provided at Exhibit 3.

3.2 Service delivery

Key areas of service delivery for LACs consists of

1. Resolving disputes through non-legal intervention: Counseling, mediation, addressing stigma and discrimination
2. Resolving disputes through legal intervention: Using the Lok Adalat under the DLSA to settle disputes. In cases where negotiations fail, filing a court case through advocate provided by DLSA.
3. Facilitating access to government schemes (e.g. widow pension, bus & train pass, PDS, etc)
4. Advocacy with concerned departments, e.g. Police, for resolving disputes through their intervention, as well as with Health and Family Welfare, School Education, etc. for reduction of stigma and discrimination in dealing with HIV positive cases.

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3 Based on HIV Sentinel Surveillance report 2006
Exhibit 3: Key stages of setting up and implementation of LAC

- Issue of Office order by APSACS to DNP of Krishna & Guntur to set up LAC on 23-03-08
- Initiation of LAC in Krishna & Guntur in March 2008
- Appointment of staff for LAC in July 2008 for Krishna and Guntur
- Office order for training issued by APSACS to DNP of Krishna & Guntur on 23/06/08
- Training conducted in the month of July 08 by the DNPs in Krishna & Guntur
- District level sensitization programme with department of women & child, police, DLSA, DNP in November 2008, Krishna & Guntur
- Community mobilization activities in Krishna & Guntur with support of village vigilance committee in month of December 2008
- One day media workshop with media group and CEFAR in Krishna & Guntur in January 2009
- Support from UNDP ends in the month of September 2009
- APSACS supported LAC in 15 districts of Andhra Pradesh started in September 2011
Service delivery mechanism

The mechanism for service delivery through LAC typically consists of:

- Identification of disputes involving PLHAs in situations of stigma/discrimination, denial of service, property cases, assistance in schemes at village, taluka and district level by the ORWs and members of the DNP.
- Referral of such cases to the LAC by the ORWs (associated with DIC) and DNP members.
- Receipt of the complaint, and its recording by the social worker in a predesigned format.
- Counseling sessions for PLHIV cases again conducted by the social worker and the staff of DNP, including president of DNP.
- In case the dispute seems to have legal implications, or attempts for mediated settlements have failed in the past, the cases are taken to the DLSA.
- There are certain lawyers in the DLSA who are sensitive to the issues of PLHIV and they are contacted for initial opinion before formally registering the case with DLSA.
- The lawyers forward the petition to DLSA, where the case is registered and necessary proceedings for settlements through counseling and mediation by DLSA as per provisions of The Legal Services Authority Act
- If mediation fails, such cases are referred to the concerned court at district or taluka level for registration of court case. The lawyer’s fee and other expenses are supposed to be covered as per the provisions of the LSA Act.

In the above sequence of events, it is evident that there are some key weaknesses in the existing procedures at the LAC

- Based on feedback from PLHAs, it was found that referrals to LACs are largely through ORWs and DNP members (Refer Figure 1), but other important places of referral such as ART clinics and community care centers are not specially targeted for identification of PLHIVs facing problems/disputes.
- Recording of cases is done based on a standard formats, and it is only after discussions with lawyers that other details of the complaint, necessary documents are further requested for. Refer Exhibit 4.
- Based on feedback from PLHAs, it was found that there is low focus on linkages with government schemes, etc. for PLHIVs. The Social worker, ORWs and the DNP staff counsel the PLHIV and make them aware of the schemes, but it is left to the PLHIV to follow up including filling up of necessary formats and getting registered for services/benefits under different
schemes they may be eligible for. Refer Figures 2 and 3.

However, due to proactive role played by DNP members, it was observed that many of the cases were being resolved by the visits of the DNP members and social workers to the family (ies) involved in the dispute. The strategy for solving disputes involved visiting the aggrieved party or the other parties several times for discussions/ negotiations; mobilizing the village elders or PRI members for their involvement and efforts in fast-tracking the resolution of disputes. They used to follow up the case till the beneficiaries were satisfied. Refer figure 4.

In both districts, the DNP had established good rapport with district administration, including the office of the district collector and district police department. They were also able to get necessary instructions issued (e.g. to local police personnel) from district headquarters.

The DNPs in both districts (SHIP+ in Guntur and CHES+ in Krishna) have conducted 18 community vigilant group meetings at various taluka in each district. The meetings involved SHG members, ICDS, DRDA staff members.

The network partnered with the local media for awareness generation and increasing the number of beneficiaries. The DNPs conducted workshop with print and electronic media and received encouraging response. LAC as a project got coverage from print media like local newspaper including the national newspapers like The Hindu & Indian Express. Awareness about the LAC among the target group, including PRI members is low at village levels. This is reflected in the source of referral as indicated by the PLHAs (refer figure 5).
3.3 Training and capacity building

As per the LAC project guidelines the DNP is required to conduct a 2 days orientation program for lawyers from DLSA and other key stakeholders at district level. The trainings conducted so far under LAC are given at table 4.

<table>
<thead>
<tr>
<th>Training</th>
<th>Conducted by</th>
<th>Participants</th>
<th>Conducted in</th>
<th>Topics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orientation training of staff and Lawyers</td>
<td>DNP</td>
<td>LAC Staff, lawyers and DNP members</td>
<td>July 2008</td>
<td>PLHIV related issues, and legal rights of PLHIVs</td>
</tr>
<tr>
<td>District level sensitization programme</td>
<td>DNP</td>
<td>DWCD officers, Police personnel, DLSA, DNP</td>
<td>November 2008</td>
<td>Sharing of the experiences and building partnership</td>
</tr>
<tr>
<td>Community mobilization</td>
<td>DNP</td>
<td>NGOs, PLHIV/ DNP members</td>
<td>December 2008</td>
<td>Fundamental rights, and problems faced by PLHIV</td>
</tr>
<tr>
<td>Media workshop</td>
<td>DNP</td>
<td>Local media representatives</td>
<td>January 2009</td>
<td>About LAC objectives and service delivery mechanisms</td>
</tr>
</tbody>
</table>

The trainings have been very few and not conducted on a regular basis in the district. Trainings for LAC staff and DLSA could be more intense as these are the persons involved in receiving complaints from PLHIVs and providing first level of services through counseling and initiating mediation for resolving dispute. Skill building of LAC staff and volunteers both for basic legal knowledge and counseling techniques is missing.

In the district, there is further attempt for training of Para legal volunteers under the DLSA for reaching out to the villages with awareness on legal rights and to create a pool of volunteers selected among certain target groups who in turn act as agents of legal awareness and legal aid to all sections of people in the Panchayat/ villages. The Volunteers are expected to act as intermediaries between the common people and Legal Services institutions and thereby removing barriers of access to justice. Under this scheme all DNP members have been encouraged to participate in the training and qualify as para-legal volunteers.

3.4 Awareness generation and advocacy

Awareness generation was the key and the integral component in running of the LAC in the district. The DPM was mandated to strengthen the citizen vigilance committee through conducting one community vigilance group meeting in each block/ village, every month. The community vigilance group meetings have reportedly been conducted in several blocks and villages in both Krishna and Guntur districts since the initiation of the program. The purpose of such meetings was to:

- To establish and strengthen a group for the rights and provide a forum to discuss the challenges, issues and sharing of experiences
• Make PLHIV community members aware of their rights
• Enable members of the community to report violations to them
• Enable complainants to establish contact with free legal service
• Enable complainants to re-integrate with the community after resolution of their dispute
• Document complaints and follow up where ever required

However these meetings have largely been restricted to participation of DNP members, PLHA community members in nearby villages, and some NGO/CBO working in the area.

Andhra Pradesh SACS has also developed a hand book on legal rights of PLHIV and distributed to PLHA community members through DNP. Key topics covered in the booklets include, rights of the PLHA, Role of LAC including responsibilities of its staff, and legal and ethical issues regarding HIV/AIDS. This booklet has been printed in local language and distributed once among the PLHA community. However, beyond this any other effort for IEC among PLHA and other village level functionaries (PRI members, frontline workers, etc.) for creating awareness on LAC and disputes/ problems being faced by PLHA is not evident.

3.5 Program monitoring

Program monitoring for LAC largely consists of preparation of monthly progress report by the LAC Social workers, which is vetted by the president DNP and sent to the SACS. The format included the brief information about the types of new cases arrived, number of cases arrived and pending and number of cases solved. Visit to the LAC for purpose of monitoring was not done by the officials of APSACS.

The monitoring format does not include information on the pending cases, reasons for delay, next hearing, progress etc. Adequate documentation of the cases arriving with regard to their proceedings, status of the case, cost incurred per case was not maintained.
4. Sustainability of Legal Aid Clinics

Legal aid clinics though opened initially under support from UNDP in 2 districts in the state, have been extended to 15 districts under the SACS supported program for “strengthening accessibility of legal services to PLHIVs”.

As per the project proposal, the key components of the present LAC functioning consist of, “advocacy, network building and service delivery”. The DNP are expected to discharge the above roles, though:

- Formation/ strengthening of networks at state, districts and taluka/blocks, by capacity building of its members in program and finance management, service delivery, and leadership by appropriate trainings.
- Focusing on models of care and support through drop in centres (DIC), family counseling centres (FCC), treatment and counseling centres (TCC), etc. Most of these being housed within the DNP.

The present project tries to build on the existing set up of DNP, in the districts and to enable them to provide legal aid services to HIV positive community members through developing their capacity to provide such services.

In the present structure, the DNP in each LAC has appointed a social worker for the legal aid clinics run by them in respective districts. The project is being managed by DNP has advantages and disadvantages which are provided below:

**Infrastructure**

In the present situation the LAC functions out of the DNP office. This has following implications:

Positive

- There is better sharing of resources including office space between other programs of DNP and LAC
- There is physical proximity to DNP including the staff and functionaries of DNP

Negative

- The PLHAs are required to come separately to LAC for registering their disputes, etc. The location of LAC is not prominent in the city, which could make it difficult to locate

**Staffing**

There is only a social worker under current form of staffing for LAC. The implications include:

Positive

- The social worker is available is fulltime, to attend to the cases and for counseling, etc.
- Other staff of DNP, including president participates in the counseling, etc.
- The ORWs from other programs being run by DNP (e.g. DIC) also create awareness about LAC and try to identify relevant cases and refer them to LAC
Negative

- The absence of full time ORWs for LAC dilutes the focus and also poses some limitations in terms of preliminary investigations, etc. for the cases arriving at LAC
- Non availability of Legal expert, even on a part time basis at LAC further poses difficulties as all such cases requiring legal opinion need to be taken to some lawyers in the district court/ DLSA subsequent to registration of their complaint at LAC

Service Delivery and linkages

In the present context the LAC primary functions as the first point of registration of complaint and provision of basic counseling services. In cases where disputes are not much complicated or do not involve legal advice, etc. are attempted to be resolved through negotiations, etc. with both parties.

Positive

- The DNP has established coordination with district administration including office of district collector and Police Superintendent in the district. These are used for follow up and also for issuance of necessary instructions to field staff (e.g. local police station/ police beat) for providing benefits/ resolving disputed of LAC
- The DNP has sensitized the media though workshops, etc. and these channels are used for awareness/ advocacy on various services for PLHAs including LAC
- The DNP staff and president take personal interest and follow up cases several times (including visiting the house/ family members/ respondent party, for amicable settlement of disputes

Negative

- In case of any legal issue, beneficiaries record the complaint at LAC, who refer them to DLSA, for further registration and action, which further delay the delivery of services
- There is low outreach and awareness of services of LACs
- The linkages with DLSA, and other HIV service delivery systems such as ART clinics, CCC, etc. is sub optimal, as there is lack of any formal system for identification of disputes and referrals from these centres.
5. Outputs achieved under LAC

The program being operational in the 2 districts for about a year in each district has provided some key outputs.

5.1 Output indicators

The output indicators used for preparation of Monthly Progress Report (MPR) for measuring the progress under LAC are provided at table 5:

<table>
<thead>
<tr>
<th>Nature of case/ issues</th>
<th>No of cases arrived</th>
<th>Number of cases Pending</th>
<th>Description of pending cases</th>
<th>Cumulative cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discrimination</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Property</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Separation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marriage</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Divorce</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Further the LAC also refers cases for availing services including linkage to existing schemes of Care & Support, Pregnant Women, HIV Test, Resource Mobilization for Hospital for ART medicine, Educational Support [Fee], Educational Support [Books], Medicine support, Nutrition support, Care & Support.

The outputs are clearly measured against the above indicators, reported directly by DNP to the SACS on monthly basis. This report also requires a narrative description of cases to be provided, which seems to be missing in the MPRs. The MPR further lacks any reporting on cumulative number of cases arrived.

The LACs further refer the cases to DLSA of the respective districts for legal procedures including mediation through DLSA and filing of court cases if required. These referrals are presently not tracked or reported in the LAC progress reports.

5.2 Progress under the program

The total number of cases arrived at Krishna during March 2008 to September 2009 were 94. Out these 94 cases, 50 were solved and 44 were pending by the end of the project. The types and nature of the cases they received were 55 property cases, 12 discrimination cases, 22 separation cases and 1 marriage case. Primarily the cases were solved through mediation through Lok Adalat. In some of the cases, formal court cases were filed and court procedures initiated. However, the LAC was not able to provide either the breakdown of such cases, nor any details about their status in the court. The total reported cases in Krishna are provided at Table 6. The case details for Guntur was not available as the NGO has reportedly misplaced their earlier files while relocating their office from earlier to present location.
Table 6: Reported progress of LAC in Krishna

<table>
<thead>
<tr>
<th>District</th>
<th>Reference Period</th>
<th>Total cases</th>
<th>Types of cases arrived</th>
<th>Solved</th>
<th>Pending</th>
<th>Success %age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guntur</td>
<td>06/08-07/09</td>
<td>108</td>
<td>Property NA Discrimination NA Separation NA Others NA Schemes NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Krishna</td>
<td>08/08-09/09</td>
<td>94</td>
<td>Property 55 Discrimination 12 Separation 22 Others 1 Schemes NA</td>
<td>50</td>
<td>44</td>
<td>53.1</td>
</tr>
</tbody>
</table>

5.3 Good practices

There are certain good practices and cases clearly indicating the role of the DNP and the LAC in providing services to the HIV/AIDS effected community in their respective districts. Some of these are:

- Good linkages with media: During the initiation of LAC, the DNP conducted workshops with print and electronic media and received encouraging responses from them. The initiation of LAC and their proposed activities were given due coverage in the local media.
- Good partnership with district administration including the department of health and family welfare, Judicial (District legal services authority), and police department was established during the project. Assistance was also sought from them whenever required in solving the cases. The DNP encouraged the PLHIVs from their network to undergo the Paralegal volunteer training, being conducted by DLSA, for creating a pool of legal volunteers at village and block levels.
- When the UNDP supported LAC came to an end, the DNP had utilized the manpower of other projects to intervene in some of the cases arriving to them. This helped them in creating a positive image and anchored belief in LAC among the beneficiaries.

Some of the positive case studies from the LAC include

**Compensation for initial denial of services in a hospital**

V. Sujatha is 28 years of age and a resident of Guntur district. She is HIV+ and has separated from her husband since the year 2004. In 2009, she met with an accident and fractured her right leg. She was taken to the district hospital, where upon getting to know her HIV status, the doctors declined to operate on her injured leg. The ORW brought her case to the LAC, upon which the LAC staff and the members of DNP reached the hospital and convinced the doctors to treat her injured leg by performing the surgery. She was subsequently treated at the hospital.

She subsequently, filed a court case for compensation from the motor vehicle owner, who was involved in the accident. The case however, could not get fast tracked in the district court. She again sought assistance from LAC and her case was referred to lok adalat through DLSA. Notice was sent to the other party and within a period of 3-4 months, the mediation was done and she got a claim of Rs 1.5 lakh from the party. She has faith in the LAC and believes it great support for upholding the rights of PLHIVs.

Key points:

- Quick action by the DNP staff against denial of services by the hospital authorities
- Proper follow up by the ORWs and good partnership with the DLSA
Arriving at a mutually agreed compensation for divorce through DLSA

Saravani (23 years of age) is resident of Pallepaleh village of Krishna district. She was married to a local village boy in 2008. During her pregnancy, she was detected to be HIV (+) at the ANC clinic. The status of her husband was HIV (-). She also gave birth to a child.

Subsequently, her husband demanded divorce from her to which she agreed, but he refused for any compensation. She came into contact with ORW who approached the village elders to discuss the issue and solve it. The issue was discussed no settlement could be arrived at. She was subsequently bought to LAC in 2009 by the ORW and was given counseling by the social worker, which instilled courage in her. The LAC referred her case to the DLSA, which was taken up through Lok adalat in the district. Both parties were called and finally a decision was arrived at, which sought to grant mutual divorce to the couple and also got her in laws to give her a compensation amounting to Rs 50000. She is satisfied with the decision.

Key Points
- Good reach of ORW among the community members
- Prompt registration of the case by social worker for immediate proceedings
- Quick turnaround time on the part of DLSA

However there are also instances where the LAC has not been able to deliver services:

Property case in Krishna: Still Pending

Thammana Sujatha is a HIV + widow, of 31 years of age and resident of Machlipatnam. Her husband having died, some time back after being infected with HIV/AIDS, she lives with her daughter. After the death of her husband, she was harassed by mother and brother in law and was denied any share in the ancestral property being 2.3 acres of cultivable land.

She got in touch with the ORW in the year 2009 and approached LAC. The LAC staff conducted a counseling session and referred her case at DLSA for her to get share in the ancestral property. It has been almost 2 years that she is waiting for the case to be decided / relief to her through DLSA.

Key Points
- There seems to be a lack of initial screening of her case by the LAC
- Lack of adequate coordination and follow up with DLSA, for fast tracking the case
Prolonging case: Harassed by the police and wife for property in Guntur

Nagi Reddy is a 31 year old HIV+ youth, who lives in Guntur district. He lives with his parents, who own 3 acres of land and a house to live in. He was married 10 back and also has a 9 year old daughter. He was detected HIV+ three years back. On advice of ART counselor he proposed his wife to go for testing, but wife refused to get tested for HIV.

She took her daughter and went back to her parents house and from there demanded her husband’s family to give her 1 acre of land from their total land.

Nagi Reddy along with his father mobilized the village elders and requested them for mediation. They also supported them, and suggested his wife to get tested and thereafter decide whether she wanted stay with her husband or not.

Meanwhile she with her parents approached the police station and lodged a complaint for harassment against her husband and his family. The police reportedly connived with the woman and took the husbands’ family into custody and mistreated them. The police also put pressure on them to part with 1 acre of their land in favour of the woman. Nagi Reddy and his family agreed to part with 1 acre of their land in order to broker peace with his wife. However, the demands of his wife increased and she asked them to also vacate their house.

They formally approached the Superintendent of Police in Guntur, who delegated the case to a Deputy Superintendent of Police. However, they continued to be pressurized by the local police for meeting his wife’s subsequent demand for the house. Nagi Reddy’s family came in contact with an ORW from DIC and through the ORW reached the LAC in the year 2009. Their case was referred to the DLSA by the social worker. However, there has not been any progress on their case, and they continue to get harassed by the local police as well as intimidated by the family members from his wife’s family.

Key Points

- Delay in assigning of lawyer and other functionaries of DLSA the case is still pending
- Coordination and follow up between the DLSA and the DNP is weak
6. Financial management

6.1 Proposed Budget and expenditure

In Krishna district, overall expenditure for the entire program period (of UNDP support) is 95%. The expenditure on program related activities has been 77% of the allocated budget, but the expenditure on administrative expenses including salary of staff has been 107% of the budget. Total budget sanctioned and financial expenditure details for Krishna district are provided at table 7.

**Table 7: Budget sanctioned and expenditure incurred in Krishna**

<table>
<thead>
<tr>
<th>Budget head</th>
<th>(Period (Mar08-Jun08))</th>
<th>(Period (Sep08-Jan09))</th>
<th>(Period (March09-Sep09))</th>
<th>Cumulative (March08-Sep09)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Budget</td>
<td>Expenditure</td>
<td>Budget</td>
<td>Expenditure</td>
</tr>
<tr>
<td>Program costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community, district sensitization &amp; media meetings</td>
<td>15000</td>
<td>22400</td>
<td>30000</td>
<td>30331</td>
</tr>
<tr>
<td>Training</td>
<td>54467</td>
<td>54467</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sub total</td>
<td></td>
<td></td>
<td>181467</td>
<td>138926</td>
</tr>
<tr>
<td>Administrative costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office setup, maintenance &amp; telephone</td>
<td>25500</td>
<td>21627</td>
<td>42500</td>
<td>14000</td>
</tr>
<tr>
<td>Honarrium &amp; Case filing for 3 months</td>
<td>10000</td>
<td>15000</td>
<td>15000</td>
<td>5000</td>
</tr>
<tr>
<td>Salary to social worker</td>
<td>24000</td>
<td>40000</td>
<td>48000</td>
<td>112000</td>
</tr>
<tr>
<td>Salary to outreach worker</td>
<td>15000</td>
<td>44210</td>
<td>25000</td>
<td>40000</td>
</tr>
<tr>
<td>Travel to SW &amp; ORW</td>
<td>10500</td>
<td>10738</td>
<td>17500</td>
<td>23000</td>
</tr>
<tr>
<td>Sub total</td>
<td></td>
<td></td>
<td>273000</td>
<td>292229</td>
</tr>
<tr>
<td>Grand Total</td>
<td></td>
<td></td>
<td>454467</td>
<td>431155</td>
</tr>
</tbody>
</table>

Notes

1. The total budget is calculated from the office order received by DNPs from APSACS. The office orders referred for preparing budget were dated, 23/03/08, 23/06/08, 25/11/08 and 6/6/09.

2. The expenditures are derived from Utilization Certificate in case of Krishna.

Total budget sanctioned for Guntur is Rs 503467. However, expenditure details (UCs) could not be provided by the implementing DNP, as they had reportedly misplaced these documents while shifting their office to the present location.

6.2 Funds flow and reporting

The present funds flow and reporting mechanism at the district consists of funds allocated and transferred from SACS to DNP in respective districts. The expenditure for LAC is incurred by DNP, and Utilisation Certificate (UC) for expenditure made by DNP is submitted to SACS. Though, the budget for LAC is released under district expenditure heads for LAC, but while reporting for the expenditure, very often the expenditure for other programs/activities of DNP are clubbed and a cumulative expenditure for many heads are reported. The expenditure is not reported at the district level to DAPCU. The implication is that at district level there is very little supervision/monitoring by DAPCU.
7. Key issues identified

Some of the key issues identified under LAC implementation is the state are as follows:

7.1 Low level of coordination with key stakeholders at district

- The LAC has very weak coordination with DLSA. As a result the DLSA does not have any focused strategy for dealing with PLHIV cases. Key reasons for such lack of coordination include lack of sensitization programs for lawyers, especially those empanelled with DLSA/ Lok adalat on the issues of PLHIV; and lack of follow up from LAC for disposing the PLHIV cases on priority and closely tracking of such cases.
- The involvement of DAPCU is very low, which impacts the functioning of LAC through lack of integrated communication/ IEC strategy for LAC along with other HIV/AIDS programs in the district, low level of supervision from DAPCU and lack of any efforts for trainings of LAC staff as well as sensitization program other stakeholders including DLSA, Police personnel and PRI members.
- There is lack of adequate coordination with existing services for PLHIV including Anti Retroviral Therapy (ART) clinic, Community Care Centres (CCC) in the district. The HIV/AIDS cases based on performance under specific tests are put on ART treatment for which they are required to visit ART for collection of required medicines (distributed free of cost), as also some PLHIV are referred to CCC for admission and medical treatment. These institutions are directly dealing with the medical conditions of PLHIVs and would also get to know about their other problems including disputed. However, lack of any clear linkages for identification/ referral of such cases to LAC would impact the actual outreach of LAC among the target population.

7.2 Lack of adequate staff and capacity building

- In the current phase the LAC has a toned down staffing, as there is lack of any position for ORW under LAC. The DNP has tried to overcome this though drawing on existing ORWs under other programs, but these are only on ad-hoc basis without any clear inclusion of such activity in their existing contract/ TOR. Lack of dedicated ORW under LAC leads to dilution of focus on identification of such cases requiring services of LAC, as well as conduct of preliminary investigation into the complaints of PLHIV for resolving of such cases.
- There is lack of any strategy for training of LAC staff. The social worker clearly lacks any legal background or awareness about legal procedures and provisions pertaining to the disputes typically encountered by the PLHIV. The social worker also lacks the capacity to understand the legal formalities including understanding of the merit of such cases, types of documentation required for supporting the case, etc. In absence of this basic knowledge, these social workers on just preliminary understanding of the nature of case refer these to DLSA. This leads to PLHIV unnecessarily running to courts even in cases which could better have been resolved outside this mechanism.
- The LAC staff also lack awareness and clear understanding on the available schemes under PLHIV belonging to different social and economic categories could be benefitted and the clear means of linking these PLHIV to the respective government schemes applicable to them.
7.3 Low focus IEC material and outreach activities

- The LAC has one standard case recording format, but this does not enable them clearly decide the nature of cases and follow up action required for different cases.
- There is lack of any IEC strategy and materials for creating awareness about LAC and its services, both among the key related agencies at district and village levels and among the target community members. This lack of focus on IEC has led to low awareness and therefore low turnout among the community members with their disputes, etc. to the LAC.
- There is lack of focus on creating awareness about LAC and its services, as well as involving the existing village level institutions (including PRI) in identification of PLHIV related disputes and resolving these at local level through mediation, etc. This is also as result of low focus on communication among key stakeholders and outreach activities at villages.

7.4 Weak monitoring

- The monitoring format has several weaknesses: it does not capture cumulative data on cases arrives and resolved; does not record information on cases linked to schemes, and does not provide any narrative description on keys activities, stages of various cases or resolution of conflicts.
- Monitoring visits by the SACS and DAPCU functionaries to LAC for reviewing its functioning as well as guiding the LAC staff on resolving disputes, etc. is lacking in both districts.
- The LAC is reviewed as part of overall program implementation by DAPCU, wherein a brief description of activities of LAC in a month is prepared and consolidated by DAPCU for the district level review of HIV/AIDS related activities under DAPCU. However any independent review of the LAC by DAPCU is lacking in both districts.
- Financial reporting is very weak because: though budget allocation is made separately for LAC, but the reporting on expenditure is clubbed with expenditures under other programs/ activities of the DNP (e.g. expenditure on staff salary, meetings, etc. is shown as cumulative for DNP), which makes it difficult to track the expenditure under LAC. In Guntur the DNP implementing LAC had reportedly misplaced the financial expenditure details/ UCs and therefore was unable to provide any inputs on this.
8. Recommendations for addressing key issues

Some options and recommendation for addressing the issues identified under the program are:

8.1 Improve coordination

The LAC needs to have strong coordination with all related agencies/ institutions and district and Taluka/ village levels in order to offer multi pronged solutions to conflicts faced by PLHAs and also bring efficiency in service delivery. Some key areas of coordination with different stakeholders include:

- There is need for greater coordination with DLSA. Some key activities required to be done in coordination with DLSA include: training of LAC staff on basic legal provisions with respect to the common disputes related to PLHIVs, legal procedures for DLSA and court cases and requirement of information, documentation etc. for various disputes; and also for tracking and follow up on cases related to PLHAs in the courts.
- There needs to be greater coordination with DAPCU and other services delivery systems for PLHAs (including ART clinics, CCC) for increasing identification of PLHA cases requiring services of LAC either for dispute resolution or for linkages with schemes, etc.
- Coordination with PRI and other village level functionaries (e.g. ANM, AWW, ASHA) needs to be established, through orientation of these functionaries on LAC and sensitizing them about the common disputes/ problems of PLHAs, about occurrences of stigma and discrimination with PLHAs and their role in identification of such cases, their referral to LAC as well as their role in supporting LAC staff for resolving these disputes through counseling, mediation, etc.

8.2 Impart trainings for LAC staff and sensitize key stakeholders

There is urgent need to develop a system for trainings of LAC staff and also for conducting sensitization program for other stakeholders including staff from other programs on HIV/AIDS, DLSA functionaries, PRI representatives and key frontline workers at village level. The nature of trainings for these various staff should focus on:

- Training for LAC social worker and ORWs should focus on imparting basic legal awareness including provisions under key acts/ laws related to the types of disputes faced by PLHAs, requirement for documentation including important case details to be notes in such cases, so that the social worker can effectively record the complaint with key facts and documents and subsequently brief the lawyers/ DLSA functionaries at the first instance. These skill building trainings need to be repeated for these staff so as to effectively build their skills as well as to ensure continuous update on new case laws/ reinforcement of the legal awareness.
- In addition LAC social worker and ORWs need to be trained in counselling techniques as well as in the procedure for addressing stigma in government institutions including denial of services and in conducting advocacy on the issues and rights of PLHAs among the relevant departments.
- Other than the LAC staff, there needs to be orientation of all other stakeholders on the nature of the disease, the problems faced by PLHAs including cases of stigma and discrimination and the role and functions of the LAC. This training needs to be conducted by the LAC staff and DAPCU functionaries for district level functionaries and by ORWs for the village level frontline
workers and PRI members. This should ideally be conducted twice every year for each of these functionaries.

8.3 Focus on communication among all stakeholders and target groups

Communication strategy for LAC should be developed and included as part of overall communication strategy for DAPCU for HIV/AIDS program in the district. Some key areas to be covered though adequate communication strategy and activities include:

- Communication material need to be developed for awareness about HIV/AIDS and the issues/types of disputed and nature of stigma & discrimination being faced by PLHAs. This should be targeted towards stakeholders including DLSA functionaries, nodal officials of key departments (Police, education, WCD, etc.) and CBO/NGOs working in areas of HIV/AIDS. This material should also provide basic awareness on LAC including its situation, roles and function.
- The other categories of stakeholders that need to be targeted through adequate communication material include PRI functionaries and village level frontline workers. For these functionaries, the communication material should cover the above areas of information as well as clearly describe their role in providing support to PLHA community members as well as key provisions of law applicable in case of typical disputes being faced by PLHAs.
- There should communication material for the third kind of target group consisting of DNP staff, members and PLHA community. This should clearly provide the available services for PLHAs including LAC, and should also highlight key provisions of law applicable in case of typical disputes being faced by PLHAs. This should also provide a compendium of schemes applicable to PLHAs along with basic information including eligibility for availing/registration under different schemes, the documentation required and facilities available under such schemes.

8.4 Strengthen monitoring at district level

Monitoring for LAC needs to be strengthened, through following:

- The LAC social worker and key functionaries of DNP involved in preparation and submission of physical and financial monitoring reports need to be trained in developing these reports and submission in the required format and periodicity.
- There needs to be increased involvement of DAPCU in monitoring the progress of LAC. The DAPCU being the nodal agency for supervising and monitoring all HIV/AIDS related programs in the district should also be responsible for monitoring the progress under LAC. The DAPCU needs to review the functioning of LAC through monthly review meetings and all physical progress reports and financial expenditure/UC needs to be submitted to SACS through the DAPCU.
- The functionaries from SACS/DAPCU need to conduct visits to LAC as well for supportive supervision of the functioning of LAC. The DAPCU staff should also visit some PLHAs who have approached LAC for resolving their disputes in order to understand the quality of services being provided by the LAC.
9. Potential impact of recommendations on the issues identified

Potential impact of recommendation on the key issues identified is indicated at table 9

<table>
<thead>
<tr>
<th>Key Issues</th>
<th>Improve coordination</th>
<th>Impart trainings for LAC staff and sensitize key stakeholders</th>
<th>Focus on communication among all stakeholders and target groups</th>
<th>Strengthen monitoring at district level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low level of coordination with key stakeholders at district</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Lack of adequate staff and capacity building</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low focus IEC material and outreach activities</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Weak monitoring</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>
Annexes
Annex 1: Terms of Reference

Background:

India has an estimated 2.3 million people living with HIV. The low status of women is contributing to the increasing feminization of the epidemic in India. Orphaned children also carry a heavy burden – facing stigma and discrimination, and heading up households when family members die. Experience in the response to AIDS has shown that access to legal services is an important part of guaranteeing protection from discrimination, getting redress for human rights violations, and expanding access to HIV prevention and treatment. Access to legal services for individuals affected by HIV is a very important component to the overall enabling environment.

Context - UNDP LAC background:

A partnership between UNDP and NACO helped provide funds to start the project in 5 districts in Tamil Nadu and 2 districts in Andhra Pradesh. The goal of this under a pilot intervention under a UNDP-NACO partnership was to strengthen human rights for HIV by giving free legal aid to people affected by HIV. UNDP would like to invite proposals from agencies/ organizations to

1. Document the initiative in 5 districts of Tamil Nadu and 2 Districts of Andhra Pradesh and other legal aid initiatives by SAATHII, Lawyers Collective, HRLN etc. taking into account the success, challenges and effectiveness from the stakeholder perspectives

2. Develop an operational strategy and service framework for up scaling legal aid clinics in other regions of the country

Expected deliverables:

- The technical component of your proposal should be concisely presented and structured in the following order to include, but not necessarily be limited to, the following information.
- Examine the existing systems of HIV legal aid services, users, and the context of information used in different models of legal aid clinics.
- Data collection for the above mentioned purposes may involve observations, post-observation interviews and examination of client file documents at UNDP LACs
- Provide the most appropriate Cost effective delivery method for a range of HIV legal aid services which includes summary advice, representation, and legal education/ awareness through a stakeholder- expert’s consultation.
- Submit the strategy document and the operational framework with a scale up plan
The service model should be able to look at the below mentioned issues:

- Efficiency in service provision and delivery module – satisfaction with access to services, response time and satisfaction with clinic services
- Develop progress indicators and quality assurance protocols that need to be in place to measure the progress and impact of the project
- Establish priorities and policies for the kinds of legal aid services to be provided in the different areas of law, types of cases and types of proceedings;
- Facilitate co-ordination among the different methods by which legal aid services are provided;
- Establish operational standards and policies
- Monitor and supervision modalities for the project
- Co-ordination services with other aspects of the justice system and with community services
- Resource mobilization strategies

KEY ACTIVITIES AND OUTPUTS

1. Review of existing systems of legal aid services for PLHIV and Sexual Minorities

Legal aid services for PLHIV have recently been, or are currently being, provided, by initiatives such as the UNDP--supported Legal Aid Clinics in Andhra Pradesh and Tamil Nadu Interventions Lawyers Collective, Human Rights Law Network, EU supported SAATHII initiative etc.

Thorough review of the existing documents (Thapar 2009), visits to currently functioning legal aid units, examination of records, interviews and focus group discussions with staff and consenting beneficiaries, the following will be assessed:

- Good practices of existing and recently concluded initiatives, based on qualitative feedback from implementers and beneficiaries
- Key challenges to service provision
- Possibilities for linking with government legal aid cells such as SALSA
- Scope for sustaining services through local financing
- Nature and proportional distribution of cases handled through formal and non--formal mechanisms

2. Review of legal and paralegal workers mainstreaming efforts

Review report on mainstreaming HIV issues among legal professionals and paralegal workers

3. Stakeholder---Expert Consultations

Conduct an expert’s consultation to draw up a working strategy and operational framework.

OUTCOMES

The review of existing legal support, mainstreaming initiatives and regional and national consultations will result in an operational strategy and service framework being developed.
This model will provide guidelines, and modalities for implementing a national scale up of legal aid clinics that will serve an enhanced role of support for PLHIV as well as sexual minorities.
Components of the model will include
Protocols and Indicators

- The framework would contain operational guidelines and protocols, checklists and standards for client intake, case development and service provision.
- It would also include monitoring indicators to track service output, turnaround time, referrals, client satisfaction and other measures of quality. Relevant quality of life indicators would be included to facilitate comparisons and evaluation

Training and capacity building

- A key component of the Legal Aid Clinics would be capacity building of their own staff and of clients and stakeholders. Indicative areas are Curriculum for legal literacy training that can be provided as part of the outreach component of legal aid
- Clinics to empower PLHIV and sexual minority communities and make them aware of their rights Guidelines for capacity building, mentoring and supportive supervision of clinic staff Training curricula on HIV/AIDS and sexual minority issues for clinic staff, including the continuum for prevention---to---care framework

Advocacy and sensitization strategies

- An advocacy and sensitization framework will be developed, with strategies for preventing rights violations and sensitizing stakeholders and service providers including Healthcare providers of HIV/STI services to PLHIV and sexual minorities, Child protection agencies, juvenile justice homes and their administration, and educational institutions concerning issues of sexual minority and/or HIV positive children and youth etc and other relevant stakeholders

Sustainability and resource mobilization

- The framework would incorporate strategies to facilitate sustainability of legal aid services, including mainstreaming PLHIV/sexual minority issues within the local legal/paralegal resource pool, and mobilization of funds to defray client costs

Scale up plan

- The framework would include a costed rollout and scale up plan with geographical prioritization based on mapping information from secondary sources, and available information from networks and community based organizations on prevalence of human rights violations
Annex 2: Tools used for field work and data collection

PD SACS

Background

1. Purpose for initiating LAC and extent of involvement of SACS in this programme

2. Background and key milestones for establishing LACs

Implementation

3. How the LAC have done so far in meeting its objectives

4. Any existing role of SACS in managing the LACs, particularly in areas of:
   a. Training and capacity building
   b. Communication, advocacy
   c. Sustainability and resource mobilisation
   d. Monitoring
   e. Financial management including funds flow

5. What are the areas of prime concern and attention (program implementation, generating awareness, financing)

6. Proposed role of SACS in managing LACs

Partnership

7. Do SACS conduct meetings with other stakeholders like SLSA, positive networks, DLSA, state administration and DAPCU to strengthen this system?

8. What are your scale-up plans in other districts of the state? (what will be the source of funds)
9. Suggestions for further improvements in functioning of LAC/ better service delivery to PLHIV
LAC Nodal person at SACS

Institutional

1. Organization structure in context of Legal Aid Clinics (including reporting arrangements and roles)

2. Arrangement at SACS level for managing LAC
   - Positions (any preference for PLHIV)
   - No of positions filled against sanctioned positions
   - Terms of reference for the staff
   - Performance Indicators of staff

3. LAC setup
   - Location preferences of LAC (at DH or ART, DIC, any specific guideline followed)
   - LAC space, rent, equipments

4. Selection of networks in the state, criteria, methodology

5. Delegation of powers and responsibility between staffs and to the networks

Planning and implementation

6. Strategic (perspective) plan. Project document including Log frame (if available)

7. Action Plan for LAC (annual plans, targets, milestones etc)

8. Communication
   - What is the communication strategy for LAC
   - IEC materials developed
   - IEC activities conducted
• Feedback/ outputs

9. Barriers / hindrances faced in past, or area of prime concern (program implementation, awareness, financing etc)

Human resource and capacity building
10. Number of staff sanctioned for LAC, with specific responsibilities. (HR manual if available)

11. Process of staff recruitment. Who is responsible?

12. Trainings
• Proposed trainings (modules developed, training responsibility, trainings calendar)
• Refresher training programs (proposed training programs in a year, training calendar)
• Conduct of trainings (frequency, venue, trainers, facilities/ aids)
• Total trainings conducted in previous years with total number of participants

Monitoring
13. Monitoring system for LAC
• Performance indicators for LAC
• Audit systems (including appointment of auditors, frequency of audits, submission of audit reports, action taken)

14. Monitoring process
• Reporting format for staffs of LAC, networks
• Monitoring reports generated
• Reports received from LAC (networks)
• Review and feedback on the reports (who reviews, feedback system)

Linkages/ support
15. Level of coordination with District Administration, DLSA, District Level networks
• Any MOU with these bodies
• Number of scheduled meetings in a year (number of meetings in last year)
• Issues agenda discussed (minutes of meetings, participants details)

16. Types of support provided to LAC or (managerial, financial or others)

Financial

17. Sources of funds for LAC

18. Total fund allocated for all the LAC in the state (year wise)
   • Head for allocation of funds
   • Fixed cost for each LAC
   • Variable, recurring cost

19. Level of utilization of funds (for each head or utilization certificate)

20. Approval mechanisms of budgets by LAC or networks for disbursement
STATE LSA OFFICERS

Background of LAC

1. Institutional arrangement of LAC (including staffing both fulltime and part time)

2. Types of legal aid initiatives provided by LAC (Charter of LAC)

3. Annual Action Plan in context of LAC (annual plans, targets, milestones etc)

Institutional

4. Delegation of power / duties to DLSA and staffs of SLSA

5. Mechanisms for designating lawyers, judges in the districts or forming a panel of lawyers for LAC

6. Eligibility criteria (prior experience in handling such cases is required)

7. Terms of reference (of any other legal expert hired)

8. Term of appointment / deputation

Functional

9. Guidelines for DLSA
10. Trainings
- Any formal process of training given to lawyers
- Training calendar, materials
- Number of lawyers trained (year wise)

11. Total number of legal petitions received during last year at the selected DLSA

12. Any standard recording of petitions format prepared and shared it with DLSA

13. Any meetings schedule/ calendar with DLSA, monthly or biweekly

14. Barriers / hindrances faced in past (recorded and addressed)

Partnerships

15. Any meetings calendars with SACS, networks of HIV+, district administration and DLSA officials

16. Possible area of coordination with LAC for PLHIV

Monitoring

17. Reporting Structure
- Reporting format prepared for type of resources and DLSA
- Responsible person for preparing and receiving reports
- Specific formats for follow ups, recording of cases, pending cases, performance matrix, responsibility chart

18. Performance indicators for DLSA and its concerned staff prepared
19. Audit mechanism (audit calendar, reports)

Financial

20. Source of funds for LAC (Fund flow mechanisms)

21. Amount of fund allocated in a year under various heads (court fess, honorariums, other fixed & variable cost) (Year wise details)

22. Level of utilization of funds (under various heads)

23. Funds disbursement mechanisms (on receipt of reports, claims, utilization certificate, etc)
**DAPCU Officials**

1. What is the role played by DAPCU with context to LAC
   
2. Person responsible for looking into the matters of LAC
   
3. What kind of support you provide to LAC (technical, managerial, financial etc)
   
4. Do you undertake any kind of IEC & BCC related activities with regard to LAC
   
5. Partnership with other bodies like SACS, district administration, positive networks
   
6. Trainings provided with regard to LAC
DISTRICT POSITIVE NETWORK

Institutional

1. Overall organization structure and structure related to LAC

2. How did you got associated with SACS for this project

3. Tenure of your association with SACS with regard to LAC

4. Annual Action plan related to LAC (deliverables, objectives, milestones etc)

5. Staffing under LAC
   - Number of sanctioned and filled positions
   - Process of recruitment and selection of the resources
   - Terms of reference of the staffs

6. Any guidelines or operational framework received from SACS

7. HRD systems
   - Recruitment policy for relevant posts (direct recruitment/ promotions)
   - Profile of staff/ consultants in terms of qualifications, relevant experience, age etc.
   - Job descriptions for staff
   - Key functions performed by the staffs
   - Career progression path
   - Performance indicators for staff
   - Salary/ other incentives, and basis for revision of salary of consultants.
   - Staff turnover rate.
8. Trainings planned and the process involved (docs: training calendar, progress reports)

9. Flow of information:
   - Reports that the state receives from the LAC (physical and financial), their periodicity, and feedback to the LAC, if any.
   - Guidelines sent to LAC: content, method of communication (through letter/ meeting/workshop), time lag involved.
   - Reports that you send to SACS (at what intervals) and feedback received, if any.

10. Your area of coverage, other running programmes in the districts of the state

11. How many staff are dedicated for a single LAC (shortages if any)

12. Communication
   - Do you undertake IEC & BCC activities to promote LAC
   - Process to map HIV+ people (how do you identify and include them in your network)
   - Approach towards IEC/BCC (plans, guidelines, tools, campaigns etc)
   - Do you subcontract the communication process (completely or partially)
   - Delegation of powers (administrative and financial)

13. Documentation
   - Do you have any standard process of documenting every process and steps from recording of issue, proceedings till the issue is addressed?
   - You have developed it or it is provided by the SACS
   - Information about the current filing systems.

14. Partnership
   - Any meeting calendar with SACS (minutes of previous meetings in a year)
   - Meeting calendar with district administration, SALSA, DLSA etc (minutes of previous meetings in a year)
• Workshops conducted to disseminate the information’s
• What are the monitoring structure / format and quality assurance mechanisms?
• Barriers faced in implementing this project
• How can we improve the functioning of LAC or the areas where you think require more attention (operational, financial, or legal aspects)
• Any kind of support you receive from SACS (other than financial)

Financial

15. Sources of funds for running of LAC

16. Any delays in receiving of the funds (reasons for delay)

17. Total fund allocated for all the LAC in the state (year wise)
  • Head for allocation of funds
  • Fixed cost for each LAC
  • Variable, recurring cost

18. Level of utilization of funds (for each head)

19. Process of receipt of funds from the source.
DLSA OFFICERS

Background & Institutional

1. DLSA overall institutional arrangement

2. When DLSA started providing assistance to LAC

3. Institutional arrangement in context of LAC (organization structure, reporting mechanisms)

4. Hiring / delegation lawyers / panel of lawyers to LAC mechanisms & process (selection, deputation etc)

5. What are the term of appointment / deputation of lawyers & judges in LACs?

6. How many lawyers are assigned to a particular LAC, do they get transferred also?

7. Terms of reference of lawyers & judges or other legal experts hired by you?

8. Any vacant position in any of the LACs

9. Staff turnover in the past (year wise details)

Operational

10. Legal Issues
   - Total number of legal and non legal petitions received in the last year
• Recording of petitions format or procedures (received from SLSA or developed by DLSA)
• Lawyers are supposed to charge some money from the beneficiaries also?
• Documentation or filing process adopted for storing/recording the information or updates at each stage
• What types or nature of petitions arrived (property, discrimination, stigma, reclamation, protection etc)
• Total number of cases forwarded or registered to courts (year wise details)
• Total number of cases solved and pending (year wise details)

11. Non Legal Issues
• Total number of non legal cases arriving with types (year wise details)
• Number of notices send to the party other than aggrieved party (once, twice or thrice)
• In total how many notices sent (year wise details)
• Follow-up mechanisms pertaining to cases (who are responsible for follow-up, time frame)
• Total number of settlement cases forwarded to Lok Adalat (or lok adalat conducted for the same, year wise details)
• Total number of counseling, mediation sessions taken (year wise details)
• Total number of cases settled last year (both legal & non legal)

12. Schemes
• Assistance in availing of schemes (which scheme, total number of such incidence)
• Number of applications forwarded to collectorate

13. Any barriers or hindrances faced?

14. How this system could be made more efficient and better?

Monitoring

15. Any standard monitoring framework prepared or arrived from SLSA

16. Recording and documentation of all the petitions arriving with progress marked at every stage
17. Presence of performance indicators of the lawyers

18. Audit processes (audit calendar)

**Partnership**

19. Any meetings calendar with SLSA, SACS, DAPCU, district administrations etc

20. Coordination with HIV+ networks (Does regular meetings happen?)

**Financial**

21. Total amount of funds received (source, receipt process)?

22. Percentage of funds utilized (under various heads)

23. Honorariums / salaries paid to lawyers or judges

24. Timely receipt of funds

25. Utilization certificate
LAC STAFF (SOCIAL WORKER)

Background

1. When this LAC was operational (year, month & date)

2. What was your tenure with LAC (years, months etc)

Institutional

3. What is objective of LAC

4. Structure of LAC

5. What are your responsibilities (and what extra you do)

6. Whom do you report to?

7. Do you have any format where you record your daily work (collect copy of formats)

8. What is your attendance in LAC (attendance register, total leaves taken)

9. You are supported by how many outreach workers

10. Who performs the administrative duties pertaining to LAC? (general & financial management of LAC)
11. What are the barriers to your work (detail out the problems faced by you)

12. How do you think you can do your work more efficiently (give suggestions for improvement)

**Functional**

13. On an average how many people visit LAC?

14. Recording of complaints mechanism (complaint register, complaint recording mechanism)

15. Whom do you forward these complaints to? (And in how much time)

16. How do you conduct the verification of the complaints? (who does it)

17. Mediation
   - Total number of cases / issues arrived under this category
   - What was the nature of issues
   - How many counseling sessions conducted in total (who conducts the sessions)
   - How many cases have been forwarded to DLSA (last year)
   - How many lok adalat have been conducted and decree passed
   - Total number of cases solved through mediation

18. Legal Cases
   - How many legal cases arrived (year wise details)
   - What were the nature of cases (property, discrimination, stigma)
   - Total number of cases registered with the court (year wise details)
   - Number of cases of which hearing is going on at present
   - Number of cases in which order has been passed
- Who maintains the case follow-up schedule

19. Assistance in schemes
- Total number of cases arrived for seeking in assistance of schemes (year wise)
- Nature of scheme of which assistance is sought (pension)
- Who prepares the document or assist in preparing the same
- How many cases have been assisted so far (year wise details)
- How many cases are still pending
- What is problem that you face under this service (document collection, follow up, absence of relevant documents)

20. Do you interact with the district administration also (like police officers, medical officers?)

21. Does your job require field visit also?

22. When does the lawyer visits the LAC (time & days in a week)

23. Audit at the LAC takes place (frequency, who comes, documents they check)

24. Does the awareness generation activities takes place (of what types & when)

Financial

25. Total budget

26. Funds received (frequency, total funds)
27. Expenditure (main heads, expenditure under different heads, as % of budget)

28. Financial reporting (frequency, to whom do you report)

29. Do you maintain some kind of expenditure or fixed assets register or cash book etc. (or an accountant come to manage these things)

30. Do you get your salary on time (Source of the same?)

**Motivation**

31. Why are you involved in LAC (reasons for associating with LAC)

32. What are the service conditions or working conditions in LAC

33. Are you satisfied with the honorarium, do you receive any increment in the honorarium?

34. Do you get social recognition, appreciation for your work
DLSA/ LAC STAFF (LAWYERS)

General

1. How did you get to know about LAC

2. Total years of work experience.

3. Duration of association with the current LAC

4. Your role in the functioning of LAC

5. Received any training for performing this role by DLSA or any other source

6. Your reporting structure (whom do you send your reports to)

Operational

7. Day, time and duration in a week for visit to LAC (any fixed schedule or depends on the number of cases/issues)

8. Regularity of visits to LAC (total number of visits in last year, leaves taken, transfers etc)

9. Mediation
   - Total number of cases / issues arrived under this category
   - What was the nature of issues
   - How many counseling sessions conducted in total (hours spent, who conducts the sessions)
   - Counseling sessions are usually of how much duration
   - How many cases have been forwarded to DLSA (last year)
   - How many lok adalat have been conducted and decree passed
- Total number of cases solved through mediation

### 10. Legal Cases
- How many legal cases arrived (year wise details)
- What were the nature of cases (property, discrimination, stigma)
- Total number of cases registered with the court (year wise details)
- Number of cases of which hearing is going on at present
- Number of cases in which order has been passed
- How many cases you are following up

### 11. Assistance in schemes
- Total number of cases arrived for seeking in assistance of schemes (year wise)
- Nature of scheme of which assistance is sought (pension)
- Who prepares the document or assist in preparing the same
- Total number of issues related to scheme assisted or total number petitions forwarded to collectorate though DLSA (year wise details)
- How many cases are still pending
- What is problem that you face under this service (document collection, follow up, absence of relevant documents)

### 12. Participation in meetings, with district administration, DLSA, SLSA, positive networks etc.

### 13. Any barriers faced by you in the job

### 14. How do think we can make this system more efficient?

### Financial

- Do you get salary/honorariums?

### 16. Source of your salary/honorarium
17. Do you charge any extra money from the beneficiaries as well?

Motivation

18. Basis/ reasons for working with LAC

19. Do you think you are overworked? (alone you are not able to handle cases, issues in given stipulated time)

20. Are you satisfied with the remuneration you get?
### Basic information

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td><strong>1.1</strong></td>
<td><strong>Name</strong></td>
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<tr>
<td><strong>1.2</strong></td>
<td><strong>Age</strong></td>
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<tr>
<td><strong>1.3</strong></td>
<td><strong>Gender</strong></td>
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<tr>
<td></td>
<td>Male-----------------------------------------------1</td>
</tr>
<tr>
<td></td>
<td>Female---------------------------------------------------------------------------------2</td>
</tr>
<tr>
<td></td>
<td>Transgender--------------------------------------------------------------------------------3</td>
</tr>
<tr>
<td><strong>1.4</strong></td>
<td><strong>Village / colony</strong></td>
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<td><strong>1.5</strong></td>
<td><strong>Gram Panchyat / Town</strong></td>
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<tr>
<td><strong>1.6</strong></td>
<td><strong>Block Name</strong></td>
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<tr>
<td><strong>1.7</strong></td>
<td><strong>Marital Status</strong></td>
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<tr>
<td></td>
<td>Married--------------------------------------------------------------------------------1</td>
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<tr>
<td></td>
<td>Unmarried----------------------------------------------------------------------2</td>
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<td></td>
<td>Divorced--------------------------------------------------------------------------------3</td>
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<tr>
<td></td>
<td>Separated--------------------------------------------------------------------------------4</td>
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<td></td>
<td>Widow--------------------------------------------------------------------------------5</td>
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<tr>
<td><strong>1.8</strong></td>
<td><strong>You are living with</strong></td>
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<tr>
<td></td>
<td>Husband /wife-----------------------------------1</td>
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<tr>
<td></td>
<td>With in- laws-----------------------------------2</td>
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<td></td>
<td>With you parent (s)-------------------------------3</td>
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<tr>
<td></td>
<td>Alone-------------------------------------------------4</td>
</tr>
<tr>
<td></td>
<td>Children-------------------------------------------------5</td>
</tr>
<tr>
<td><strong>1.9</strong></td>
<td><strong>What is your HIV status</strong></td>
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<tr>
<td></td>
<td>Positive-----------------------------------------------1</td>
</tr>
<tr>
<td></td>
<td>Negative--------------------------------------------------------------------------------2</td>
</tr>
<tr>
<td></td>
<td>Not tested--------------------------------------------------------------------------------3</td>
</tr>
<tr>
<td><strong>1.10</strong></td>
<td><strong>When you were diagnosed with HIV+</strong></td>
</tr>
<tr>
<td></td>
<td>6 months ago------------------------------------------1</td>
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<tr>
<td></td>
<td>1 year ago-------------------------------------------2</td>
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<tr>
<td></td>
<td>More than 1 year ago-----------------------------3</td>
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</tbody>
</table>

### About LAC

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td><strong>2.1</strong></td>
<td><strong>How come you know about LAC</strong></td>
</tr>
<tr>
<td></td>
<td>I.E.C /BCC campaigns------------------------a</td>
</tr>
<tr>
<td></td>
<td>PRI meetings--------------------------------b</td>
</tr>
<tr>
<td></td>
<td>Outreach workers/DNP------------------------c</td>
</tr>
<tr>
<td></td>
<td>ART Counselor------------------------------d</td>
</tr>
<tr>
<td></td>
<td>(__________________________________________)</td>
</tr>
<tr>
<td><strong>2.2</strong></td>
<td><strong>How far is the nearest LAC from your residence</strong></td>
</tr>
<tr>
<td></td>
<td>5 km------------------------------------------1</td>
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<tr>
<td></td>
<td>8 km------------------------------------------2</td>
</tr>
<tr>
<td></td>
<td>10km------------------------------------------3</td>
</tr>
<tr>
<td></td>
<td>&gt;10km------------------------------------------4</td>
</tr>
<tr>
<td><strong>2.3</strong></td>
<td><strong>Do you know who is the outreach worker for area</strong></td>
</tr>
<tr>
<td></td>
<td>Yes------------------------------------------1</td>
</tr>
<tr>
<td></td>
<td>No------------------------------------------2</td>
</tr>
</tbody>
</table>
### 3. Experience with LAC

<table>
<thead>
<tr>
<th>3.1</th>
<th>When did you visit the LAC</th>
<th>0-3 months: 1</th>
<th>4-6 months: 2</th>
<th>6-8 months: 3</th>
<th>9-12 months: 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.2</td>
<td>Who first took you to LAC</td>
<td>Outreach workers: 1</td>
<td>Self: 2</td>
<td>Family member / friends: 3</td>
<td>Others (specify): 4</td>
</tr>
<tr>
<td>3.3</td>
<td>What was your problem related to</td>
<td>Property: a</td>
<td>Discrimination/protection: b</td>
<td>Scheme Assistance: c</td>
<td>Denial of services: d</td>
</tr>
<tr>
<td>3.4</td>
<td>Was your complaint recorded on the same visit</td>
<td>Yes: 1</td>
<td>No: 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.5</td>
<td>When it was recorded</td>
<td>Next day: 1</td>
<td>Next week: 2</td>
<td>After 2 weeks: 3</td>
<td>Others (specify): 4</td>
</tr>
<tr>
<td>3.6</td>
<td>How was correspondence done after you complaint was registered in LAC</td>
<td>Through ORW: a</td>
<td>Self follow up: b</td>
<td>Written notice: c</td>
<td>Others (specify): d</td>
</tr>
<tr>
<td>3.7</td>
<td>When did you first meet lawyer after you complaint was registered with LAC</td>
<td>Within a week: 1</td>
<td>1-2 weeks: 2</td>
<td>3-4 weeks: 3</td>
<td>Others (specify): 4</td>
</tr>
<tr>
<td>3.8</td>
<td>What was issue and what support did you got</td>
<td>Non legal: a</td>
<td>Legal (involving court case): b</td>
<td>Schemes related: c</td>
<td></td>
</tr>
</tbody>
</table>

### 4. Non Legal & Non Schemes

| 4.1 | Was counseling session conducted | Yes: 1 | No: 2 |
| 4.2 | How many counseling session conducted | 1-2: 1 | 3-4: 2 | >4: 3 |
| 4.3 | Who conducted you counseling | Lawyer: a |
| 4.4 | What was the average duration of counseling session | 15 min------------------- 1 |
|     |                                                  | 15-30 min----------------- 2 |
|     |                                                  | 30-45 min----------------- 3 |
|     |                                                  | 45-1 hr-------------------- 4 |
|     |                                                  | >1 hr---------------------- 5 |
| 4.5 | Anybody asked for money from you                | Yes------------------------ 1 |
|     |                                                  | No------------------------- 2 |
| 4.6 | How much                                       | Specify                    |
| 4.7 | Status of issue                                | Resolved-------------------- 1 |
|     |                                                  | Pending-------------------- 2 |
| 4.8 | Why not                                        | Not required----------------a |
|     |                                                  | Resources not available-----b |
|     |                                                  | Pending--------------------c |
|     |                                                  | Others(specify)--------------d |
|     |                                                  | (__________________________) |

5. **Legal Interventions**

| 5.1 | When your petitions was formally recorded      | 1st day of my visit------- 1 |
|     |                                                  | Within 1 week--------------- 2 |
|     |                                                  | 2-3 weeks------------------ 3 |
|     |                                                  | >3 weeks-------------------- 4 |
| 5.2 | How many times you had to visit LAC to register your petitions | 1-2------------------------ 1 |
|     |                                                  | 3-4------------------------- 2 |
|     |                                                  | <4--------------------------- 3 |
| 5.3 | Did you visit DLSA /court/lok adalat            | Yes------------------------- 1 |
|     |                                                  | No-------------------------- 2 |
| 5.4 | How many times                                 | 1-2------------------------- 1 |
|     |                                                  | 3-4-------------------------- 2 |
|     |                                                  | 5-6--------------------------- 3 |
|     |                                                  | >6---------------------------- 4 |
| 5.5 | Was your issue resolved                        | Yes------------------------- 1 |
|     |                                                  | No--------------------------- 2 |
|     |                                                  | Pending---------------------- 3 |
| 5.6 | Are you satisfied with the decision            | Yes------------------------- 1 |
|     |                                                  | No--------------------------- 2 |
|     |                                                  | Better than previous-------- 3 |

6. **Schemes Related**

| 6.1 | What was the scheme in question                | Widow pension--------------a |
|     |                                                  | PDS--------------------------b |
|     |                                                  | Train/bus passes------------c |
|     |                                                  | THADCO-----------------------d |
|     |                                                  | (__________________________) |
| 6.2 | When did you file your request                 | 0-1 months------------------ 1 |
| 6.3 | Who guided you on your documents | ORWs/SW----------------------------------a 
|     |                               | Lawyers----------------------------------b 
|     |                               | Don’t know--------------------------------c |
| 6.4 | For this how many times you visited LAC | 1-2-----------------------------------1 
|     |                               | 3-4-----------------------------------2 
|     |                               | 4-5-----------------------------------3 
|     |                               | >5-----------------------------------4 |
| 6.5 | Has your request with relevant documents been forwarded | Yes-----------------------------------1 
|     |                               | No-----------------------------------2 
|     |                               | Don’t know--------------------------------3 |
| 6.6 | Why not | Lack of documents---------------------a 
|     |                               | Absences of resources-------------------b 
|     |                               | Others(specify)-----------------------c |
| 6.7 | Were you able to avail the scheme | Yes-----------------------------------1 
|     |                               | Pending---------------------------------2 |
| 6.8 | Are you satisfied with the decision | Yes-----------------------------------1 
|     |                               | No-----------------------------------2 
|     |                               | Better than previous-------------------3 |

**7. Denial of Services**

| 7.1 | Which all services you were denied for | Hospitalization-------------------a 
|     |                               | Admission of child to school-------b 
|     |                               | Work/employment---------------------c 
|     |                               | Schemes-----------------------------d 
|     |                               | Others (specify)-------------------e 
|     |                               | (____________________________) |
| 7.2 | What was your action | Approached to local administration----a 
|     |                               | Went to police----------------------b 
|     |                               | NGO assistance----------------------c 
|     |                               | LAC---------------------------------d 
|     |                               | Others (specify)-------------------e 
|     |                               | (____________________________) |
| 7.3 | Has the issue been resolved | Yes-----------------------------------1 
|     |                               | No-----------------------------------2 
|     |                               | Pending-----------------------------3 |

**8. Satisfaction**

| 8.1 | Are you satisfied with the response/treatment you got from LAC | Yes-----------------------------------1 
|     |                               | No-----------------------------------2 
|     |                               | Somewhat-----------------------------3 
|     |                               | Don’t know--------------------------4 |
| 8.2 | If required, will you visit LAC again | Yes-----------------------------------1 |
### 8.3
Do you recommend LAC to other HIV+ people in need

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

### 9. Payment for legal services/ either at LSA or court; amount of money paid.

#### 9.1
Were you asked to pay money for the services

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

#### 9.2
Who asked you for that

<table>
<thead>
<tr>
<th></th>
<th>ORW</th>
<th>Social Worker</th>
<th>Lawyers</th>
<th>DLSA officials</th>
<th>Local administrative officials</th>
<th>Others(specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>a</td>
<td>a</td>
<td>a</td>
<td>a</td>
<td>a</td>
<td>a</td>
</tr>
</tbody>
</table>

#### 9.3
For what type of services you were asked to pay

<table>
<thead>
<tr>
<th></th>
<th>Registration of complaint</th>
<th>Lawyers fees</th>
<th>For case registration</th>
<th>To avail the schemes</th>
<th>Others(specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>a</td>
<td>a</td>
<td>a</td>
<td>a</td>
<td>a</td>
</tr>
</tbody>
</table>

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(specify)
Annex 3: Itinerary and list of persons met

Itinerary

- Nov 3, 2011: Meetings with SACS, and SLSA officials in Hyderabad
- Nov 4-7, 2011: Filed visit to Guntur
- Nov 8-10, 2011: Field visit to Krishna

List of persons met

1. Mr. T Kailashditya, Joint Director, TI, APSACS, Hyderabad
2. Mr. B Rajendra, Co-ordinator GIPA, APSACS, Hyderabad
3. Mr. K Narshimachari, Administrative Officer, State Legal Services Authority for AP, Hyderabad
4. Mr. Stanley Joseph, Manager Advocacy, PRAXIS India, Hyderabad
5. Ms. MV Ramanakumari, Senior Civil Judge, District Court Guntur and Member Secretary DLSA, Guntur
6. Mr. N Nagaraju, Senior Civil Judge, Mangalgiri Mandal, Guntur
7. Mr. A Ramesh Babu, President, TNP+, Guntur
8. Ms. A Rama Devi, President SHIP+, Guntur
9. Mr. P Kasi Visweswara Rao, Senior Civil Judge, District Court Krishna and Member Secretary DLSA, Krishna
10. Ms. Kotagiri Renuka, President CHES+
11. Dr. TVS N Sastry, ADM&HO, Krishna district
12. Ms. Aruna B ART Counselor, Vijayawada
13. Mr. Kishore, ART Counselor, Vijayawada