NATIONAL HEALTH MISSION
राष्ट्रीय स्वास्थ्य मिशन

सत्यमेव जयते

NACO
National AIDS Control Organisation
India's response to HIV & Sexually Transmitted Infections
Ministry of Health & Family Welfare, Government of India
www.naco.gov.in

Facilitators' Guide for Training of Medical Officers On STI, RTI and HIV Services

MARCH 2024

suraksha clinic
Sexual and Reproductive Health Services

SAMPOORNA SURAKSHA
SURAKSHA SE SAMPOORNA SURAKSHA TAK

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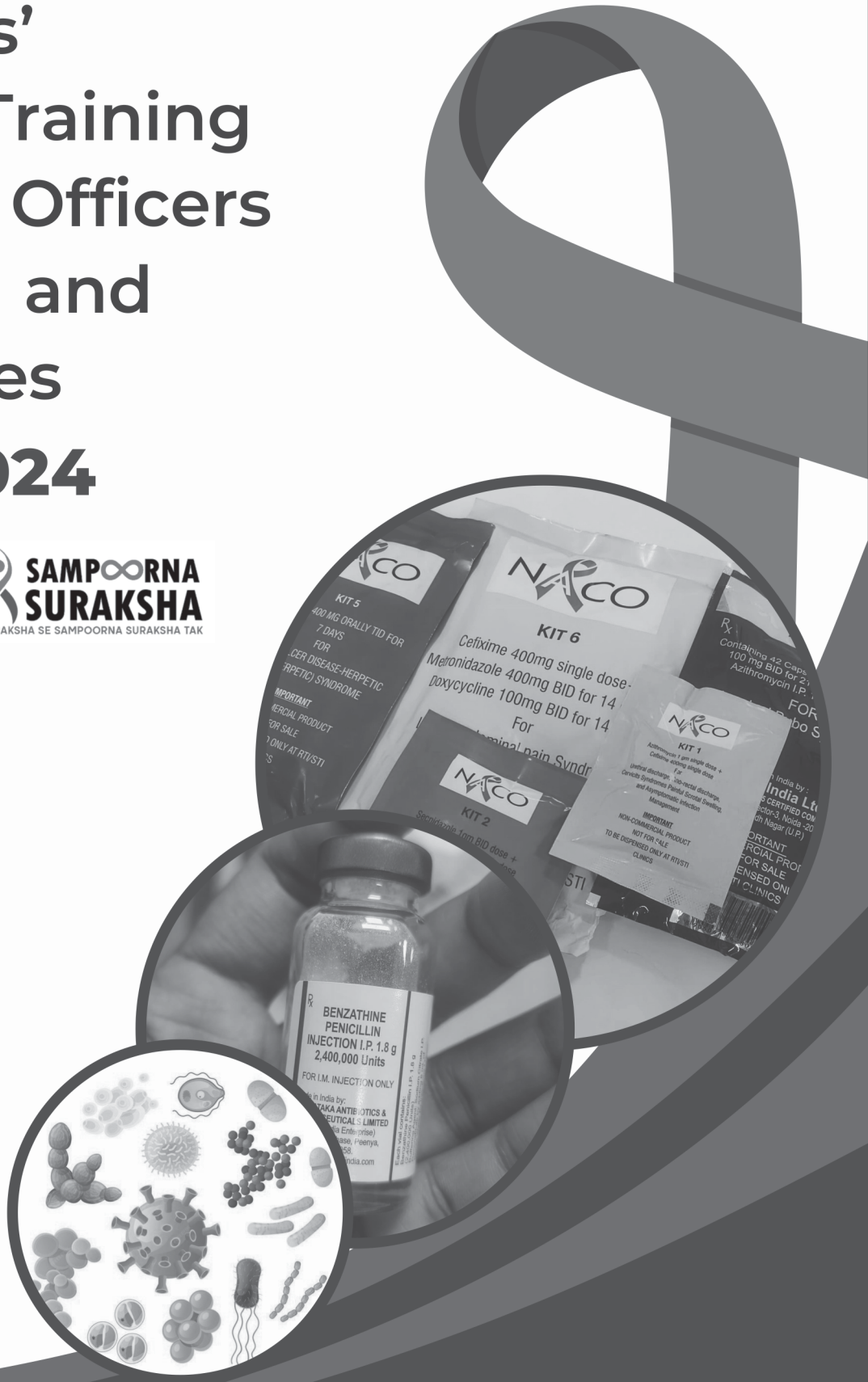

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वी. हेकाली झिमोमी, भा.प्र.से.
अपर सचिव एवं महानिदेशक
V. Hekali Zhimomi, IAS
Additional Secretary & Director General

आज़ादी का अमृत महोत्सव

राष्ट्रीय एड्स नियंत्रण संगठन
स्वास्थ्य और परिवार कल्याण मंत्रालय
भारत सरकार
National AIDS Control Organisation
Ministry of Health & Family Welfare
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Foreword

The National AIDS and STD Control Programme Phase-V aims to ensure provisioning of quality STI/RTI services across India. The Goal 3 of NACP-V is dedicated to intensifying efforts for attainment of dual elimination of vertical transmission of HIV & syphilis in India and Goal 4 aims towards providing universal access to quality STI/RTI services to at-risk and vulnerable population in the country.

There is a need to deliver quality HIV and STI services across the spectrum of health facilities under NACP and NHM to prevent immense sexual-reproductive morbidity and mortality associated with these infections. The strengthening of STI/RTI services under the general health services and designated STI/RTI Clinics, Sampoorna Suraksha Kendras, the Targeted Interventions and under Prison Interventions is of paramount importance to achieve these goals. To accomplish this task, there is a need to train medical officers/ doctors on the updated and evidence-based HIV and STI interventions across the country. Therefore, the training modules of Medical Officers on STI/RTI and HIV Services are revised as per the updated technical and programmatic guidelines.

As there are different requirements of the healthcare providers on STI and HIV under the health system, three different training modules are being developed for medical officers/doctors. The extensive 3-days module is appropriate for capacity building of doctors of STI Clinics. The 2-days concentrated module is equipped for training of specialists (including dermatologists and obstetricians and gynaecologists) and one-day module covers essential aspects on STI/RTI and HIV for training of doctors from general health systems. The Facilitators' Guide for training of Medical Officers on STI, RTI and HIV Services is being developed to facilitate these trainings through a uniform approach.

These training modules will not only improve HIV and STI services delivery under NACP but will also augment STI and HIV services under general health systems through training of doctors under NHM. I believe that these training modules and facilitators' guide will act as an important resource for the capacity building of the doctors and facilitate the delivery of quality HIV and STI services across the country.

(Ms. V. Hekali Zhimomi)

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सत्यमेव जयते

राष्ट्रीय एड्स नियंत्रण संगठन
स्वास्थ्य और परिवार कल्याण मंत्रालय
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Preface

The National AIDS and STD Control Programme is an evidence-driven and community-centric programme working towards prevention and control of HIV and STIs across India. The Phase -V of NACP is intensively working towards provisioning of quality STI/RTI services to at-risk and other vulnerable populations across the country. There has been a continued shift in the burden of STI/RTI in the country and simultaneously the technical and operational frameworks for provisioning HIV and STI services in the country are being continuously updated.

There is a need to build capacity of healthcare workforce on HIV and STI services to ensure delivery of updated, evidence-based and quality services across the country. The burden of STI/RTI and HIV, sexual dynamics of populations as well as the technical and operational standards for their screening and management, have changed significantly since the last training modules on STI/RTI services were created about a decade ago. Therefore, the Training Modules of Medical Officers on STI/RTI and HIV Services are revised to aid trainings of medical officers/ doctors. Moreover, the Facilitators' Guide for Training of Medical Officers on STI, RTI and HIV Services is being developed to facilitate these trainings using a pre-validated approach.

This Facilitators' Guide is a comprehensive document that details agenda, training methodology and approaches to conduct these training of medical officers/doctors on STI/RTI and HIV services. The document comprises of different sections that describes specific procedures to conduct trainings for different cadres of medical officers/doctors using a three-days module, two-days module and one-day module. The document also provides details on preparations, methods of evaluation, session specific guidance notes and important resources to conduct these the training.

This document is an effective guide to conduct training of medical officers/ doctors across health systems under NACP and NHM and will aid in improving knowledge, attitude, practices, and skills that will ensure provisioning of quality HIV and STI services across India. This document and training modules will also aid in integration of HIV and STI services under general health systems in the country.

(Nidhi Kesarwani)

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Message

India is committed to provision universal access to quality STI/RTI services to at-risk and vulnerable populations across the country under NACP-V. There is need to build capacities of healthcare providers to ensure proper assessment and appropriate management of STI/RTI to achieve cure (wherever possible) and reduce infectiousness and risk of developing complications. The management of STI/RTI is also important to reduce the risk of HIV transmission and acquisition and prevent sexual-reproductive morbidity and vertical transmission.

Despite significant programmatic advancements, the STI/RTI training modules were not updated for over a decade. There has been a significant change in the epidemiology, sexual dynamics and high-risk behaviour of populations in the country. This warranted strengthening of STI/RTI services through implementation of evidence-based approach and capacity building of healthcare providers to deliver effective HIV and STI services. Taking this into effect, the Training modules of Medical Officers on HIV and STI Services are revised to build capacities of doctors across the health system. The training modules are developed under the leadership of NACO and NHM and closed guidance of various Senior Public Health, Programmatic and STI experts, academicians, developmental organizations, community experts, patients' groups and representatives from key populations.

The mentioned training modules include skill-based sessions on STI/RTI and HIV. There are separate need-based sessions for specific cadres of medical officers and doctors. The three-days module is designed to cater the training needs of doctors working in clinics specifically providing STI/RTI services (including Designated STI/RTI Clinics and Targetted Intervention clinics). The two-days module is a concentrated module to enhance the capacities of specialists working in tertiary care hospitals, medical colleges, centre of excellence etc. Moreover, the one-day module has been designed to train the doctors from health systems on HIV and STI/RTI to ensure delivery of quality services at all levels of public health systems. The facilitators' guide provides detailed instructions on procedures to conduct each session and evaluate the quality of the training. There are handouts of resources added to the document along with details on steps needed to conduct various activities as outlined in the training modules.

This Facilitator Guide is a ready reckoner for the trainers who will be actively participating in the classroom training of Medical Officers for HIV and STI services. This will ensure effective capacity building of doctors/medical officers on updated technical/operational guidelines to deliver high-quality care and support services in a stigma-free, gender-sensitive and community friendly manner.

Shobini

(Dr Shobini Rajan)

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Acknowledgement

The **Facilitators' Guide for Training of Medical Officers on STI, RTI and HIV Services** has been meticulously developed to serve as a comprehensive document to train medical officers/doctors across the health systems for delivering quality STI/RTI services across the country. This document is the reference document to facilitate capacity building of doctors on STI/RTI in India.

I extend my deepest gratefulness to Ms. V. Hekali Zhimomi (Additional Secretary & Director General, NACO) for her dynamic leadership and precious guidance. I want to extend my sincere thankfulness to Dr.Vipul Aggarwal for providing all the needed guidance for bringing this Facilitators Guide to its present shape. I want to extend my deepest gratitude for the invaluable support and continued guidance provided by Ms. Nidhi Kesarwani (Director, NACO) in the completion of this document. Heartfelt thanks to Dr Anoop Kumar Puri, (DDG – IEC & MS, NACO) and Dr Uday Bhanu Das (DDG – PMR & Lab Services, NACO) for their technical inputs and timely directions in finishing this document. I express my sincere thanks to Dr Shobini Rajan (DDG – TI, BSD and STI, NACO) for conceptualization and her leadership in designing and development of this guiding document. The continued guidance and support from Dr Chinmoyee Das (PHS Grade I – CST, SI, IT & SCM, NACO), Dr Bhawani Singh (DD – CST, PMR, SCM & Global Fund) and Dr Bhawna Rao (DD – IEC & MS & Lab Services, NACO) has been unparalleled in developing and finalizing this document. The support from National Viral Hepatitis Control Programme, Maternal Health, Child Health, Family Planning and Adolescent Health Divisions, NHM, India has been critical in completing this document.

I extend my sincere appreciation towards Dr SD Khaparde, Chairperson and other members of Technical Resource Group – STI for their contributions and support in the development of this facilitators' guide. The technical guidance provided by Dr Somesh Gupta, Chairperson and members of National Working Group – STI/RTI has been a cornerstone to develop and finalise this document.

I take this opportunity to acknowledge the efforts of Dr Abhishek Royal, Technical Expert-STI and Dr Rohini Gupta Consultant, Dr Vishal Yadav, Consultant and Ms. Hansa Lala, Associate Consultant for their stewardship, technical assistance and coordination and support in drafting this document. The development of this Facilitators Guide and training modules to its present form would not have been possible without the technical expertise and experience of the experts involved and as a token of appreciation and gratitude the list of contributors is enclosed. We also highly acknowledge the support from Punjab SACS, SAATHII and I-TECH during this journey and for piloting, designing, editing, and printing of this document.

(Dr. Saiprasad P. Bhavsar)

Contents

Guidance Note for Classroom Training of Medical Officers on STI, RTI and HIV services

The periodic training of medical officers and doctors on STI, RTI and HIV services is essential for prevention, screening and diagnosis, effective treatment and management of STI, RTI and HIV and their complications. These trainings are essential for provisioning of stigma-free, gender-sensitive and community inclusive services, thereby contributing to NACP-V goals on strengthening of HIV and STI services. This also ensures that service providers stay updated on the best practices and supports in fostering interdisciplinary collaboration in healthcare delivery.

The Training Modules for Medical Officers on STI, RTI and HIV services are developed under NACP-V with a vision to strengthen quality STI, RTI and HIV services across the country. These training modules are being developed for medical officers/doctors as follows:

- Three-days Module for DSRC/ TI Medical Officers
- Two-days Module for Specialists
- One-day Module for Medical Officers from General Health System

This Facilitators' Guide is a comprehensive document for programme managers, facility in-charges, organizers and trainers for conducting classroom training of medical officers and doctors on STI, RTI and HIV services. This document contains following information:

- Introduction to the training and details on three specific training modules
- Procedure to conduct training for different medical officers/ doctors
- Detailed module-specific training methodology
- Steps for preparation of trainers and organizers
- Logistics and required resources
- Module-specific, session-wise guidance for conducting training:
    - Learning objectives
    - Methodology
    - Take home messages
    - Reference material
    - Handouts
    - Additional resources required for conducting each session
- Pre and post-test questionnaires, participants feedback formats and the checklist for Quality Assessment of Classroom training

The facilitators and organizers are expected to familiarize themselves with this Facilitators' Guide while planning these trainings and use it as a reference document for conducting trainings of medical officers/doctors on STI, RTI and HIV services.

Section A

TRAINING OF MEDICAL OFFICERS ON STI, RTI AND HIV SERVICES
Three-Days Module

Section A.1.

Guidance for Three-Days Module for Classroom Training of Medical Officers on STI, RTI and HIV services

A.1.1. Aim and Objectives of the Training

The aim of this classroom training is to update knowledge and develop skills of medical officers/ doctors for providing quality STI, RTI and HIV services. This training will apprise the participants on updated technical and operational guidelines and help in enhancing their clinical skills and ensuring quality documentation to render high quality care and support to the patients/clients accessing these services.

The objective of this training is to train medical officers/ doctors on:

- STI/RTI Services under National AIDS and STD Control Programme (NACP) for general population, high-risk groups and other at-risk population covered under NACP-V
- Laboratory Diagnosis of STI/RTI and Dual RDT Screening for HIV & Syphilis
- Services for Elimination of Vertical Transmission of HIV & Syphilis (EVTHS) including screening and management of pregnant women and exposed babies
- Screening and Management of HIV & Viral Hepatitis B and C

A.1.2. Training Modalities

Training Duration: The duration of this classroom training is three days, and it comprises of 18 sessions. These are a combination of power point presentations, case studies, group work, role play and experience sharing. The training should be interactive in nature and be based on adult learning principles. Please note that the training material can be adapted regularly as per the updated technical and operational guidelines.

Participants of the Training

The training modules can be used for training of doctors/ medical officers who are providing STI/RTI and HIV services (not an exhaustive list) at following facilities:

- Designated STI/RTI Clinics (DSRCs) or Suraksha Clinics
- Sampoorna Suraksha Kendra
- Targeted Intervention Clinics
- Preferred Providers

Trainers

The trainers for the classroom training can be a pool of trainers (can be STI/RTI experts, HIV experts, programmatic experts, subject-matter experts etc.). The trainers may comprise of experts from medical colleges, SACS representatives, STI/RTI experts from field, representatives from technical organizations and development partners etc. The trainers will focus on the participants' need and respect the prior experience and concepts of the participants.

Training Evaluation

The participants will attempt a Pre and Post-test Questionnaire at the beginning and end of the training respectively. The Pre/Post-test Questionnaire is placed in Annexure 1. At end of each day, the participants will fill a feedback form (see Annexure-2).

Note: These questionnaires and assessment forms can be converted in to google forms for ease of distribution and assessment. Moreover, the pre/post-test questionnaires can be updated as per the updated knowledge and technical/operational guidelines.

Guidance for Trainers/ Organizers

- The SACS (or organizer) will be responsible for co-ordinating of all the logistic arrangements such as venue, seating arrangements, training material etc.
- This should be ensured that all resource material, training presentations and handouts are available at the training site, in co-ordination with logistic co-ordinator.
- The trainers should read the facilitator's guide and get familiar with the contents of the sessions.
- The trainers can use different training methods and resources to facilitate learning during their respective sessions.
- The trainers should keep their sessions interactive.
- Energizers can be introduced at regular intervals as per need.

Administrative Arrangements

The following administrative arrangements may be ensured for conducting the training:

- Adequate and appropriate logistics (including seating arrangements, availability of drinking water, white board, flip chart, pens, attendance sheet, certificates for participation etc.)
- Availability of laptop, LCD projector and PPTs, appropriate videos and other material needed for the training.
- Handouts, agenda, feed-back formats, and pre/post-test questionnaires.

Guidance for Participants

- The participants will report at the training venue on specified time on daily basis.
- The lunch, tea/coffee, and snacks will be provided at the training venue (or as per the logistic arrangements).
- The accommodations will be arranged by the training organizers, including meals (or as per the logistic arrangements).
- The travel of participants from hotel to the training venue will be arranged by the organizers.
- The updated NACO norms will be followed for conducting the training.

Section A.2

Curriculum of Three-Days Classroom Training of Medical Officers on STI, RTI and HIV services

The classroom trainings will be conducted for a duration of three days. The training comprises of 18 sessions. These are a combination of power point presentations, case studies, group work, role play and experience sharing. The agenda mentioned in section A.2.1 may be referred for understanding the flow of the sessions.

Section-A.2.1: Agenda of Three-Days Classroom Training of Medical Officers on STI, RTI and HIV services

Three-Days Training of Medical Officers on STI, RTI and HIV services
Dates: DD/MM/YY to DD/MM/YY
Venue: XYZ

Time	Session	Resource Person
	Day 1	
0900 – 0930 Hrs	Introduction and Welcome of the Participants (Followed by Pre-Training Assessment)	
0930 – 0945 Hrs	Session 0: Introducing the training (Objectives, Roles & Responsibilities)	
0945 – 1015 Hrs	Session 1: Introduction to NACP-V & Programmatic Aspects on STI/RTI Services	
1015 – 1115 Hrs	Session 2: Introduction to High-Risk Groups for HIV and STIs	
1115 – 1130 Hrs	Tea Break	
1130 – 1200 Hrs	Session 3: Basics of STI/RTI including HIV	
1200 – 1330 Hrs	Session 4: History Taking & Risk Assessment for STI/RTI (Group Work followed Presentations and Discussions)	
1330 – 1430 Hrs	Lunch Break	

1430 – 1600 Hrs	Session 5: Clinical Examination of Clients for STI/RTI (Presentation followed by Videos)	
1600 – 1615 Hrs	Tea Break	
1615– 1715 Hrs	Session 6: Laboratory tests for STIs/RTIs	

Day 2

0900 – 0915 Hrs	Recap of Day 1	
0915 – 1030 Hrs	Session 7: Syndromic Case Management and Management of common STI/RTI	
1030– 1045 Hrs	Tea Break	
1045 – 1130 Hrs	Session 7 (contd.): Syndromic Case Management and Management of common STI/RTI	
1130 – 1300 Hrs	Session 8: STI/RTI services for PLHIV and HIV care and Treatment	
1300 – 1400 Hrs	Lunch Break	
1400 – 1500 Hrs	Session 9: Elimination of Vertical Transmission of HIV & Syphilis	
1500 – 1545 Hrs	Session 10: Overview of STI/RTI services for Priority Populations	
1545 – 1600 Hrs	Tea Break	
1600 – 1730 Hrs	Session 11: Client and Partner Education and Counselling for Safer sex practices (including PEP & PrEP for HIV and Condom use)	

Day 3

0900 – 0915 Hrs	Recap of Day 2	
0915 – 1000 Hrs	Session 12: OST and Harm Reduction Services	
1000 – 1045 Hrs	Session 13: Screening & Management of Hepatitis B & C under National Viral Hepatitis Control Program	
1045 – 1100 Hrs	Tea Break	
1100 – 1200 Hrs	Session 14: Introduction to medico-legal aspects of HIV & STIs (including HIV & AIDS (Prevention and Control) Act, 2017	
1200 – 1230 Hrs	Session 15: Management of STIs/RTIs in Sexual Violence	

1230 – 1300 Hrs	Session 16: Referral and Linkages for Prevention Services including Newer Initiatives under NACP-V	
1300 – 1400 Hrs	Lunch Break	
1400 – 1445 Hrs	Session 17: Sampoorna Suraksha Strategy – STI/RTI Services for at-risk HIV negative population	
1445 – 1530 Hrs	Session 18: Data Management	
1530 – 1600 Hrs	Post Test Evaluation	
	Concluding Tea	

Section A.2.2

Training Content of Day 1

The first day can begin with preparatory and ice breaking activities prior to the start of technical sessions. The registration will start at 9 am and the training is expected to be completed by 5:30 pm on day 1. The Welcome and keynote address can be delivered by senior officials of NACO/SACS. This can be followed by inauguration/introductory or ice breaking sessions.

This will be followed by a presentation on Introducing the Training (Session 0), by senior officials of NACO/SACS. The participants will attempt a pre-test evaluation within 20 minutes after the introductory session. The organizers should distribute and collect the pre-test form within this period. Alternatively, google forms may also be used for pre-test evaluation of the participants. The participant feedback form for Day-1 may be distributed at the start of the day. The rest of the day has 6 technical sessions of 30 minutes to 75 minutes duration each.

The trainers may use some energizing activity in sessions following lunch.

Resources Required for Day 1:

The training modules can be used for training of doctors/ medical officers who are providing STI/RTI and HIV services (not an exhaustive list) at following facilities:

» LCD projector
» Screen
» Mikes and PA system
» White board/Flip Chart/Marker Pens
» Session Presentations (Session-0 to Session-6)
» Handouts, assessment forms

Session-0: Introducing the training (Objectives, Roles & Responsibilities)

Duration: 30 minutes

Session Content

In this session, the participants will learn about the objectives and expected outcomes of the training. The participants will also be explained about the training curriculum and their roles and responsibilities while rendering STI, RTI and HIV services.

Facilitation Notes:

» Begin the session by explaining the key components and objectives of the training.
» Highlight that during classroom trainings, important concepts will be revised, and focus will be on practical applications of the concepts.
» Mention that classroom training will be conducted using videos, case scenarios, role play and group work.
» Familiarize the participants with the course content, materials, evaluation, and ground rules to be observed during the training.
» Request 2-3 volunteers to enumerate the roles and responsibilities of the medical officers rendering STI, RTI and HIV services.
» Explain each responsibility in detail, by showing the slides.
» Request participants to share their experiences and challenges, while fulfilling these responsibilities.
» End the session by discussing the Four Steps for "Getting It Right".

Session 1: Introduction to NACP-V & Programmatic Aspects on STI/RTI Services

Duration: 30 minutes

Session Content

In this session, the participants should be taught the present status of the HIV epidemic in the country. They will also learn about the evolution of the National AIDS and STD Control Program (NACP) and the goals, objectives, and the strategies of NACP. The programmatic aspects of STI/RTI services, with the newer interventions to achieve the goal of END AIDS by 2030, will be explained in detail. The facilitator will add the State-specific data of HIV Epidemic in slide 6. The session should be updated as per the updated programmatic guidelines.

Facilitation Notes:

» Begin the session by explaining the objectives of the session.
» Explain the evolution of the National AIDS and STD Control Program
» Describe the adult prevalence of HIV.
» Highlight that India has the second largest number of estimated PLHIV in the world, second to South Africa.
» Highlight that 40% of the burden of PLHIV in India comes from the states of Maharashtra, Andhra Pradesh, and Karnataka and that Mizoram has the highest HIV prevalence.
» Provide details on HIV Prevalence in different population groups.
» Discuss the status of HIV Epidemic in the state where training is being organized.
» Request a volunteer to read out the quiz-1 and attempt to answer it. In case of an incorrect answer, other participants can be requested to answer the quiz.
» Explain 95-95-95 target set by UNAIDS to achieve END AIDS by 2030
» Request volunteers to enumerate the five goals of NACP-V Strategy. Thereafter explain these to the participants.
» Describe the objectives of NACP-V strategy. Highlight that a new indicator has been added: 95% of pregnant and breastfeeding women living with HIV have suppressed viral load towards attainment of elimination of vertical transmission of HIV.
» Emphasize the objectives of STI/RTI prevention and control, which also include attainment of elimination of vertical transmission of syphilis.
» Explain the community-Inclusive Targeted Interventions under NACP-V strategy

» Request volunteers to share their knowledge about the HIV Counselling and Testing Services and HIV Care, Support and Treatment Services under NACP.
» Explain the laboratory network under NACP and inform that laboratory services under the programme will be provided through a three-tier network.
» Request volunteers to share their knowledge about the IEC interventions under NACP.
» Explain the collaborations of NACP with National Health Mission (NHM)
» Enumerate the newer interventions under NACP-V
» Start the next part of the session on programmatic aspects of STI/RTI services under NACP Phase-V, by describing the Goal-3 of NACP- V strategy - Elimination of Vertical Transmission of HIV and Syphilis (EVTHS)
» Explain Goal 4, which aims to promote universal access to quality STI/RTI services to at-risk and vulnerable populations
» Describe the STI/RTI services delivery framework in India
» Describe the regional and state level network of STI laboratories and their functions
» Request a volunteer to read out quiz-2 and attempt its answer. In case of an incorrect answer, other participants can be requested to answer.

Session Content

In this session, the participants will learn about the objectives and expected outcomes of the training. The participants will also be explained about the training curriculum and their roles and responsibilities while rendering STI, RTI and HIV services.

Facilitation Notes:

» India has the second largest estimated number of PLHIV (24 lakhs) in the world of which 40% are in Maharashtra, Andhra Pradesh, and Karnataka.
» PWID have the highest prevalence of HIV (9%) in India.
» NACO has adopted 95-95-95 targets set by UNAIDS 'to end HIV as a Public Health threat by 2030'
» Quality standardized Sexual & Reproductive Health (SRH) services in India are provided at district, sub-district, and medical college level, through Designated STI/RTI Clinics (DSRC) or "Suraksha Clinics".
» NACP Phase-V will focus on newer initiatives such as Sampoorna Suraksha Strategy to cover 'at-risk' HIV negative population through a cyclical and comprehensive package of services.
» NACP phase-V focuses on STI/RTI through inclusion of Goal 3 and Goal 4.
» Laboratory support for STI/RTI has been strengthened through a network of 10 regional STI Laboratories and 45 state reference centres.

Facilitation Notes:

» Strategy Document, National AIDS and STD Control Program, Phase-V (2021-2026)
» National Operational Guidelines for ART Services, 2021
» Sankalak: Status of National AIDS Response, Fifth Edition, 2023
» National Operational Guidelines on Sampoorna Suraksha Strategy 2023
» National STI/RTI Guidelines 2014

Session 2: Introduction to High-Risk Groups for HIV and STIs

Duration: 60 minutes

Session Content

In this session, the participants will be taught about the concepts of sex, gender, sexuality, and the High-Risk Groups (HRG) for HIV & STIs as covered under the National Programme. The participants will be updated about the barriers to healthcare and stigma and discrimination faced by HRGs & PLHIV. The session will end with strategies to reduce vulnerability and risk of HIV and STIs in HRGs and discussion with community representatives (HRGs and PLHIV).

Facilitation Notes:

» Begin the session by explaining the term 'Sex'. Further explain that sex identifies a person as male or female or intersex.
» Request a volunteer to explain the term 'intersex'. Thereafter, explain the term to the participants.
» Explain the terms gender, gender identity, gender roles and gender expression.
» Explain the term sexual orientation. Request 2-3 volunteers to enumerate the types of sexual orientation. Thereafter, explain the various types of sexual orientation.
» Describe the relationship between gender-sex-sexuality and how it impacts vulnerability to HIV & STI.
» Explain the importance of appropriate use of pronouns and ensure against misgendering of transgender persons.
» Request volunteers to enumerate the typologies of HRGs. Thereafter, explain the NACO terminologies for HRGs.
» Request volunteers to enumerate the barriers faced by HRGs to access healthcare services.
» Request a volunteer to read out quiz-1 and attempt its answer. In case of an incorrect answer, other participants can be requested to answer. Thereafter, show the correct answer.
» Explain the reasons how gender-based violence and migration increases the risk of HIV & STI. Thereafter, discuss the steps that can be taken to address the increased risk of HIV & STIs in migrant population.
» Request volunteers to explain the term stigma and discrimination. Thereafter, describe the stigma associated with HIV/STI and the discrimination faced by HRGs.
» Request a volunteer to read out quiz-2 and attempt its answer. In case of an incorrect answer, other participants can be requested to answer. Thereafter, show the correct answer.
» Describe the factors associated with vulnerability of HRGs.
» Enumerate the various risk reduction strategies under NACP.
» Describe each risk reduction strategies in detail.
» Explain the various components of Targeted Interventions under NACP.
» Request participants to share their experience while implementing the risk reduction strategies.
» Request a volunteer to read out quiz-3 and attempt its answer. In case of an incorrect answer, other participants can be requested to answer. Thereafter, show the correct answer

» The community representatives (HRGs and PLHIV) can be invited to sensitize the participants on stigma and discrimination faced by the communities (5 minutes each for 2-3 speakers).
» End the session with an open discussion on how the knowledge gained during this session can be utilized during their daily activities.

Key take away messages from the session

» Be sensitive towards issues around gender, sexuality, sex work and substance use.
» Health Care Providers need to ensure stigma-free, HIV/STI prevention, care, support, and treatment:
  ➤ Identify and treat STI/RTI among high-risk, at-risk, and other vulnerable populations
  ➤ Provide mental health support
  ➤ Facilitate access to social security and livelihood options
  ➤ Providing services is an opportunity to educate on risk and vulnerability
» Risk Reduction can be achieved by targeted interventions which is a cost-effective way to implement HIV/STI prevention and care programs

Reference Materials and Handouts

» Sankalak: Status of National AIDS Response, Fifth Edition, 2023
» Whitepaper on Transgender Persons Health; available at http://naco.gov.in/sites/default/files/Whitepaper_on_Transgender_Persons_Health.pdf
» Targeted Interventions for High-Risk Groups (HRGs), NACO

Session 3: Basics of STI/RTI including HIV

Duration: 30 minutes

Session Content

In this session, the participants will learn about the importance of sexual and reproductive health and well-being. Further, they will learn about common STI and RTI in India, their causative agents and their signs and symptoms. The participants will be taught about interactions between STI/RTI and HIV and the natural history of HIV infection.

Facilitation Notes:

» Introduce the concept of sexual and reproductive health and well-being.
» Request volunteers to define the terms STI and RTI. Thereafter, explain the correct definitions.
» Enumerate the STI data from India, trends of syphilis seropositivity and state-wise RPR Positivity. Focus on the RPR positivity in the respective state.
» Enumerate the causative agents and common sites of STI/RTI.
» Request volunteers to describe the common signs and symptoms of STI/RTI.
» Enumerate and explain the STI/RTI syndromes.
» Request volunteers to describe the modes of transmission of STI/RTI.
» Introduce the topic of HIV infection by describing the HIV virus.
» Request volunteers to explain the difference between HIV and AIDS. Highlight that HIV affects the immune system and leads to AIDS.
» Discuss the modes of transmission and the risk of transmission associated with each mode.

» Request a volunteer to read out quiz-1 and attempt its answer. In case of an incorrect answer, other participants can be requested to answer. Thereafter, show the correct answer.
» Explain situations associated with higher risk of spreading HIV infection.
» Request participants to volunteer to answer 'Yes' or 'No' for the quiz-2 questions, on spread of HIV infection.
» Discuss the various myths and misconceptions associated with HIV infection. Request participants to volunteer to answer the True or False quiz questions.
» Explain the natural history of untreated HIV infection and the viral and immunological dynamics.
» Highlight that virological load of HIV is inversely proportional to the immunity of the host (CD4 count)
» Explain the terms acute retroviral syndrome, window period, set point, etc.
» Request participants to explain the interactions between STI/RTI and HIV. Review points that the participants have overlooked.
» End the session with an open discussion on how the knowledge gained during this session can be utilized during their daily activities.

Key Take away messages from the session

» STI are spread through sexual contact, while RTI can also be caused by overgrowth of normal organisms or improper medical procedures.
» STI and RTI can increase the risk of HIV transmission and acquisition, alter the natural history and manifestations of HIV infection, and affect the success of ART treatment.
» STI and RTI can be prevented and treated by safe sex practices, hygiene, screening, diagnosis, counselling, and medication.
» STI/RTI are a major public health problem that can cause serious complications and increase the risk of HIV transmission

Reference Material and Handouts

» National Status of AIDS Response; Sankalak 5th Edition, 2023
» National Guidelines on Prevention, Management and Control of Reproductive Tract Infections and Sexually Transmitted Infections; Department of AIDS Control, MoH & FW, 2014

Session 4: History Taking & Risk Assessment for STI/RTI

Duration: 90 minutes

Additional Resources Required

» Note pad/pens
» Flipcharts
» Risk Assessment Checklist

Session Content

In this session, the participants will learn about the goals of history taking of STI/RTI clients and appropriate techniques for history taking and risk assessment, in STI/RTI clients, through a group work activity. The communication skills necessary for accurate history taking in a client reporting to STI/RTI clinic will be discussed in detail in this session.

Facilitation Notes:

- » Introduce the topic by explaining the components of effective case management of STI/RTI.
- » Distribute and discuss the checklist for Risk Assessment.
- » Divide the participants into 5 groups (A, B, C, D, E) and request each group to choose a group leader. Share few pens, sheets of paper and handout 1, with the participants.
- » On the white board, facilitator should write five types of clients who have visited the clinic for availing STI/RTI services. Ask the participants to perform the risk assessment by noting down the relevant questions and considerations essential for appropriate history taking.
- » Use handout-1 (Checklist for history taking and risk assessment in STI/RTI clients)
- » Clients maybe be distributed as follows:
    - ➤ Group A: Sex worker
    - ➤ Group B: Young Male Client
    - ➤ Group C: Young Female Client
    - ➤ Group D: Transgender women
    - ➤ Group E: Pregnant Women
- » Inform participants that they must complete the exercise in 15 minutes.
- » Each group will present their work which will be followed by open discussion.
- » Describe the verbal and non-verbal communication skills needed for eliciting appropriate history
- » Request participants to enumerate the steps in history taking for STI/RTI clients.
- » Discuss the activities associated with increased risk for STI/RTI.
- » Explain the points to be asked for eliciting history of present illness, past history and sexual history.
- » Explain that risk assessment is a process of asking questions to a patient, to determine his or her chance of contracting or transmitting a STI/RTI.
- » End the session with an open discussion on how the knowledge gained during this session can be utilized during their daily activities

Key Take away messages from the session

- » Goal of history taking is to get information for supporting proper diagnosis and treatment, establish risk and provide tailor-made services.
- » Sexual history is an essential component of history taking in clients seeking STI/RTI services.
- » Assuring confidentiality and making the client comfortable and at ease is essential for appropriate history taking.
- » Good verbal and non-verbal communication skills are paramount for history taking and risk assessment.
- » Risk assessment provides important cues for appropriate diagnosis and prevention.

Reference Material and Handouts

- » Training Module for STI/RTI medical Officers, 2014
- » National Guidelines on Prevention, Management and Control of Reproductive Tract Infections and Sexually Transmitted Infections; Department of AIDS Control, MoH & FW, 2014
- » Handout-1- Checklist for Risk Assessment

Session 5: Clinical Examination of Clients for STI/RTI

Duration: 90 minutes

Additional Resources Required

» Videos on clinical examination.

Please note that these videos may be shared on e-mail for participants to view before training.

Session Content

In this session, the participants will learn the importance of in-depth clinical examination for STI/RTI clients and identify the resources and skills required for an efficient clinical examination. They will be explained the steps of clinical examination of male and female clients and special considerations for examining transgender clients.

Facilitation Notes:

» Introduce the session by explaining the importance of appropriate clinical examination of clients reporting to STI clinics.

» Request volunteers to enumerate the resources needed for clinical examination of STI/RTI clients.

» Emphasize the behaviour needed to be followed by medical officers while examining the clients and importance of privacy during the examination.

» Revise the genital-reproductive anatomy of a female client. Highlight that this anatomy corresponds to cisgender women, transmasculine (unoperated/pre-operative) and other persons with 'female' sexual/reproductive anatomy.

» Revise the genital-reproductive anatomy of a male client. Highlight that this anatomy corresponds to cisgender men and transfeminine and other persons with male sexual /reproductive anatomy and transgender women who has not undergone gender affirming genital surgery.

» Introduce the next part of the session by describing the steps taken for clinical examination of STI/RTI clients.

» Enumerate the steps in oral examination, which is essential in any client – male/female/transgender with history of oral sex.

» Explain the steps of inspection and palpation for anogenital examination in male clients.

» Describe the steps of anogenital examination in female clients, including per speculum and bimanual examination.

» Explain the steps taken while performing an anoscopic examination, which is essential in any client – male/female/transgender with history of anal sex.

» Discuss the important considerations to be kept in mind while performing clinical examination in STI/RTI clients.

» Introduce the topic of clinical examination of transgender clients, by describing the possible genital anatomy in transfeminine persons. Discuss special considerations for transfeminine persons.

» Discuss the special consideration for a transgender who has undergone vaginoplasty and pelvic examination in transgender men.

» Play the videos on clinical examination. If time permits, the additional videos may be played during the session.

» End the session with an open discussion on how the knowledge gained during this session can be utilized during their daily activities.

Key Take away messages from the session

» Ensure privacy during clinical examination.
» Ensure availability of resources for examination of STI/RTI clients.
» Results of clinical examination should be explained to the client.
» Be professional and conduct the examination efficiently.

Reference Material and Handouts

» Training Module for STI/RTI medical Officers, 2014
» National Guidelines on Prevention, Management and Control of Reproductive Tract Infections and Sexually Transmitted Infections; Department of AIDS Control, MoH & FW, 2014

Session-6: Laboratory tests for STI/RTI

Duration: 60 minutes

Session content

In this session, the participants will learn about the investigations used in the diagnosis of specific STI/RTI including details on point of care testing for STI and RTI. The session ends with a discussion on the testing for HIV and Syphilis.

Facilitation Notes:

» Introduce the topic by explaining the purpose of laboratory tests in the management of STI/RTI.
» Describe the organizational structure of laboratory services for STI/RTI under NACP-V. Highlight that the diagnostic services for STI/RTI are provided through a network of 10 regional STI Laboratories and 45 state reference centres, with VMMC and Safdarjung Hospital at New Delhi being the apex laboratory.
» Enumerate and explain the various diagnostic tests available for STI/RTI.
» Introduce point of care testing for STI/RTI, by explaining its relevance in management.
» Describe the diagnostic tests used in specific STI/RTI such as Gonorrhoea, Chlamydia, Chancroid, LGN, Herpes simplex and HPV infections
» Introduce the next part of the session on laboratory testing for HIV and Syphilis infections, by explaining the the five objectives of HIV testing and enumerate the various diagnostic tests available for HIV infection
» Describe the graph corelating typical HIV 1 infection with the laboratory markers. The timing of appearance of HIV pro-viral DNA, HIV antibodies, HIV RNA, and the HIV 1 p24 antigen are to be explained.
» Highlight that the green coloured portion is the period between infection with HIV and subsequent detection by anti-body tests and is known as the window period. The earliest viral marker to be detected is viral RNA followed by viral DNA and finally antibodies against HIV.
» Discuss the 5 'Cs' of HIV testing.
» Describe all the steps involved in HIV screening.
» Enumerate and explain about Rapid Tests used for screening and confirmation of HIV.
» Explain the three HIV testing strategies in detail.
» Introduce the next part of the session by explaining that the serological tests for syphilis could be further sub-divided in to non-treponemal and treponemal tests
» Explain in detail the two flowcharts of the traditional and reverse algorithms for testing of syphilis

» Discuss the interpretation of both treponemal and non-treponemal testing for Syphilis
» Describe screening of HIV and Syphilis using Dual RDT kits

Key Take away messages from the session

» Some simple laboratory tests can assist us to enhance the effectiveness of syndromic management.
» Do not delay syndromic treatment while waiting for the results of laboratory investigations.
» Laboratory tests can be useful for specific diagnosis of disease and for collecting epidemiological data.
» Point-of-care testing (PoCT) is important to provide evidence-based STI/RTI services
» There are three strategies for HIV testing under NACP.
» There are two different algorithms for diagnosis of syphilis.

Reference Material and Handouts

» EVTHS Guidance note for first phase implementation in 7 high priority states, 2023
» National Guidelines for HIV Care and Treatment, 2021
» National HIV Counselling & Testing Services Guidelines, Dec 2016
» Operational Guidelines – Regional STI Training, Research and Reference Laboratories, February 2014
» Laboratory and point-of-care diagnostic testing for sexually transmitted infections, including HIV. Geneva: World Health Organization; 2023

Preparation for Day-2

» The HIV life cycle video and Administration of Injection Benzathine Penicillin video should be shared with participant by end of day 1.
» The participants are requested to watch the video prior to coming for the training of day 2.

Section A.2.3

Training Content of Day 2

The day-2 has a total of 5 sessions. The training starts with Recap of Day-1

Resources Required for Day 2:

» LCD projector
» Screen
» Mikes and PA system
» White board/Flip Chart/Marker Pens
» Laptop
» Session Presentations (Session-7 to Session-13)
» Handouts and Assessment Forms

Session 7: Syndromic Case Management and Management of common STI/RTI

Duration: 135 minutes

Additional Resources needed for this session

» Handout-2

Session content

In this session, the participants will learn about the comprehensive management of STI/RTI and the three common approaches to STI/RTI Management. The Syndromic Management of STI/RTI will be explained in detail with the use of flowcharts. Thereafter, the participants will be taught in detail about Syphilis infection, its diagnosis, interpretation of test results and management, including administration of injection penicillin. The session can be divided in to two parts:

Part 1 – Comprehensive management of STI/RTI and syndromic case management.

Part 2 – Management of specific diseases including anogenital warts, Molluscum Contangiosum, infestations, Syphilis etc.

The tea break can be kept between part 1 and part 2.

Facilitation Notes:

» Begin the session by explaining that the purpose of comprehensive case management of STI/RTI is to provide appropriate treatment and achieve cure (wherever possible) and reduce infectiousness and risk of developing complications.
» Describe the three common approaches used in the management of STI/RTI.

» Explain the advantages and disadvantages of Syndromic Case Management of STI/RTI

» Enumerate the syndromes of STI/RTI

» Present a brief history to correlate with the clinical findings in the image of urethral discharge. The facilitator may say that a 25 years old male presented with history of unprotected sex a week before complaints of urethral discharge.

» Request a volunteer for the approach to be followed to manage a case of urethral discharge. Thereafter, explain management of urethral discharge.

» Discuss the common causes of vaginal discharge and explain the approach for its management by explaining the flowchart.

» Ask the participants "How to differentiate syphilitic ulcer with a herpetic ulcer"?

» Explain in detail the management of Genital Ulcers

» Ask participants, "how to manage a patient who presents with pain and swelling in the scrotum?"

» Give the answer, by explaining in detail the presentation and management of Scrotal Swelling Syndrome.

» Discuss the common causes of lower abdominal pain in women and describe the syndromic management for Lower Abdominal Pain.

» Explain the signs and symptoms of Inguinal Bubo and thereafter explain the management of Inguinal Bubo.

» Discuss the common features of anogenital warts, its differential diagnosis and then explain the management of anogenital warts.

» Enumerate the key counselling messages for patients with HPV infection.

» Describe the clinical features of Molluscum Contagiosum and explain management of Molluscum Contagiosum.

» Discuss the clinical features and treatment of Pediculosis pubis and Scabies.

» Explain the management of pediculosis and Genital Scabies.

» Start the next part of the session, by explaining the stages of Syphilis and showing the images of Primary and Secondary Syphilis.

» Describe the two types of serological tests for Syphilis, and explain both testing algorithm for Syphilis

» Discuss the interpretations of syphilis testing. Highlight that results of the serological tests help to reach only a presumptive diagnosis. The treatment decision should consider possible false-positive or false-negative reactions due to other underlying diseases or previous history of treatment.

» Explain in detail the flowcharts for interpretation of Treponemal and Non-Treponemal test results

» Discuss the basic guidelines of management of syphilis in clients and their partners.

» Describe in detail the treatment of Syphilis infection, based on the stage of the infection.

» Describe how to monitor for treatment response to complete course of penicillin

» Explain the steps for administration of injection benzathine penicillin G and treating any anaphylactic reactions to penicillin.

» Highlight that the same test kit should be used to monitor treatment response, i.e., from the same manufacturer and testing laboratory, used while confirming syphilis, for comparing the titre values.

Key Take away messages from the session

» The drugs used in syndromic management are chosen based on scientific criteria.

» Syndromic management is a comprehensive approach to include:

➢ Treatment of patient and their partners

➢ Risk reduction

- ➢ Client education and counseling
- ➢ Referral to ICTC (under opt-out policy)
- ➢ Referral to other services, as necessary

Reference Material and Handouts

- » Training Module for STI/RTI medical Officers, 2014
- » National Guidelines on Prevention, Management and Control of Reproductive Tract Infections and Sexually Transmitted Infections; Department of AIDS Control, MoH & FW, 2014
- » Sexually Transmitted Infections Treatment Guidelines, 2021. CDC.
- » Handout-2: Syndromic Management of STI/RTI

Session- 8: STI/RTI services for PLHIV and HIV care and Treatment

Duration: 90 minutes

Additional Resources for this session:

- » HIV life cycle video
- » Pill box of ARV drugs
- » Strip of Co-trimoxazole

Session content

In this session, the participants will learn the screening for STI/RTI and management of STI/RTI in People living with HIV (PLHIV). The special emphasis will be given to syphilis and genital herpes among PLHIV. Thereafter, the participants will be explained the concepts on preparing a PLHIV for initiation of life-long Anti-retroviral therapy (ART) and processes for ART initiation and follow-up. The session ends with the definition of a stable PLHIV and description of the various Differentiated Care Models, available under NACP.

Facilitation Notes:

- » Begin the session by discussing the presentations of STI/RTI in PLHIV.
- » Explain the timing of screening for STI/RTI in PLHIV.
- » Highlight that all women living with HIV (WLHIV) should be screened for cervicitis and vaginitis including trichomoniasis, vulvovaginal candidiasis and bacterial vaginosis at the initial visit and thereafter annually.
- » Discuss syphilis infection in PLHIV. Highlight that there is increased risk of neurologic complications and higher rates of inadequate serologic response in HIV-syphilis coinfection.
- » Discuss the management of ano-genital Herpes in HIV infected persons.
- » Introduce the next part of the session as 'Introduction to Anti-retroviral Therapy (ART)', by explaining the term ART and how it works.
- » Emphasize that ART uses a combination of different classes of Anti-retroviral (ARV) drugs.
- » Explain why ART has to be lifelong treatment.
- » Explain the goals of ART and the "TREAT ALL" policy for PLHIV.
- » Introduce the next part of the session on assessment of a person living with HIV(PLHIV) for initiation of Anti-retroviral therapy (ART).
- » Describe the baseline laboratory work up of PLHIV and common symptoms of OIs.
- » Request participants to answer the pictures presented for on-spot diagnosis. Thereafter, disclose the correct answers.
- » Explain the cutaneous disorders, which may warrant HIV screening.

» Explain the 4 Symptom (4-S) Screening for tuberculosis. Emphasize that all 4S positive PLHIV are considered as a case of presumptive TB and should be referred for appropriate investigations for diagnosing active TB.

» Explain the management of OIs in PLHIV and need and indications for Cotrimoxazole Preventive Therapy (CPT).

» Request a volunteer to read out the case scenario-1 and attempt its answer. In case of an incorrect answer, other participants can be requested to answer. Thereafter, show the correct answer.

» Explain the key messages on preparedness counselling, to be given to PLHIV for readiness prior to ART initiation.

» Introduce the next part of the session on ART initiation in adults and adolescents, by explaining the lines of ART treatment.

» Describe the common abbreviations of ARV drugs used in the program, and their dosage. Participants can refer to Handout-3 for list of ARV drugs available under the program.

» Highlight that ART is a combination of three drugs usually available as fixed drug combinations. Accordingly, the ART regimens are decided. TLD regimen is a fixed drug combination of Tenofovir (TDF 300 mg) + Lamivudine (3TC 300 mg) + Dolutegravir (DTG 50 mg).

» Discuss the preferred first-line ART regimen for all PLHIV with age >10 years and Weight >30kg.

» Describe the alternate ART regimens available under the program.

» Explain the concept of Rapid ART Initiation and its benefits.

» Request a volunteer to read out the case scenario-2 and attempt its answers. In case of an incorrect answer, other participants can be requested to answer. Thereafter, show the correct answers.

» Begin the next part of the session on follow-up after ART initiation by explaining the effect of ART on viral load and CD4 count, and the need for monitoring.

» Discuss the timing of clinical and laboratory monitoring for follow-up of PLHIV after ART initiation.

» Discuss the causes and effects of poor adherence to ART.

» Explain the table showing the timing of routine viral load & CD4 tests for PLHIV.

» Explain about role and functions of the State AIDS Clinical Expert Panel (SACEP).

» Explain the basics of management of treatment failure.

» Begin the last part of the session on Differentiated Care models, by explaining the definition of Stable PLHIV.

» Explain that the major objectives of differentiated care are to introduce client-centric systems to adapt HIV services to the needs of the patients, to meet the preferences and expectations of different patient groups and to reduce the avoidable burden on health care workers and health facilities.

» Discuss the functions of Link ART centre (LAC), emphasize that LAC shall not initiate /modify ART in any patient at any point of time.

» Summarize the key take home messages from this last part of the session.

» End the session with an open discussion on how the knowledge gained during this session can be utilized during their daily activities.

Key Take away messages from the session

» STI/RTI presentations in PLHIV may be unusual, atypical, and/or severe.

» All PLHIV should be screened for STI/RTI at the time of ART initiation, thereafter, annually, or whenever clinically indicated.

» All PLHIV from key populations to be screened for STI/RTI as per the existing guidelines

» The protocols for management of STI/RTI remain same as in HIV negative, unless indicated
» There might be need for extended treatment and increased doses as per the response to therapy (especially in immunocompromised patients).
» All persons diagnosed with HIV infection are eligible for ART initiation regardless of CD4 count, age or WHO Clinical Staging.
» Rapid ART Initiation can be done if patient is adequately prepared, and no other contraindications are present.
» The preferred first line ART regimen for ART-naïve PLHIV is TLD.
» A 100% treatment adherence rates are vital for efficacy of ART.
» Viral load testing is an important tool to monitor patients on ART and to decide on treatment failure.
» Minimum three sessions of Step-Up Adherence Counselling are given to PLHIV with poor adherence to ART.
» SACEP is a panel of experts, which reviews patients with suspected treatment failure or those with severe adverse effects or complicated clinical cases
» Differentiated Care Service Delivery is a 'client-centric' approach which also helps in decongesting the health facilities.
» Patients fulfilling all the criteria for 'link-out' should also be willing to be shifted and collect their ARVs from the LAC / LAC plus.

Reference Material and Handouts

» EVTHS Guidance note for first phase implementation in 7 high priority states, 2023
» National Guidelines for HIV Care and Treatment, 2021
» Handout-3: ARV drugs used in the Program

Session 9: Elimination of Vertical Transmission of HIV & Syphilis

Duration: 60 minutes

Additional Resources for this session:

» Handouts 4, 5 and 6

Session content

In this session, the participants will learn about the NACP strategy on Elimination of Vertical Transmission of HIV and Syphilis (EVTHS). The topics that will be covered in this technical session are the essential package of EVTHS services in India, care cascade for syphilis infected pregnant mother and syphilis exposed babies. The session will end by describing the care cascade for a HIV infected pregnant mother and her baby, under EVTHS strategy. The facilitator needs to add the latest state specific data of EVTHS in slide 4.

Facilitation Notes:

» Begin the session by explaining the term 'Vertical Transmission'. Thereafter, explain the terms 'Vertical transmission of Syphilis and HIV'.
» Discuss the updated state specific data on EVTHS as per Sankalak.
» Describe the new Four Prong strategy for EVTHS, under NACP-V. Highlight that it now includes strategies for dual elimination of vertical transmission of HIV and Syphilis
» Describe the strategies for Primary Prevention of HIV and Syphilis and who is responsible for implementing these strategies.
» Discuss the strategies for prevention of unintended pregnancies in women living with HIV and who is responsible for implementing these strategies.

» Emphasize that all pregnant women should be screened for HIV & Syphilis by dual rapid diagnostic testing (Dual RDT) kits. If dual RDT are not available, then separate point of care (PoC) test kits for HIV and Rapid Plasma Reagin (RPR) or Venereal disease research laboratory (VDRL) test for Syphilis may be used.

» Ask the participants that 'Who is responsible for testing pregnant women for HIV and Syphilis?'. Explain the answer that facilities providing ANC services such as VHSND/HWC and labour rooms.

» Explain the flowchart for Linkages of HIV/Syphilis reactive cases by ANM/Nurses.

» Begin the next part of the technical session on care of pregnant women with Syphilis infection, by explaining syphilis testing in pregnant women.

» Describe the care cascade flowchart for pregnant women infected with Syphilis.

» Discuss the protocol on treatment monitoring of Syphilis in pregnancy and the follow-up testing in syphilis reactive pregnant women.

» Describe the screening and management of women presenting directly in labour, for HIV and Syphilis

» Request two volunteers to read out the case scenarios 1 and 2 questions and attempt its answers. In case of an incorrect answer, other participants can be requested to answer. Thereafter, show the correct answers.

» Revise the specific counselling messages for Syphilis infected mother.

» Begin the next part of the technical session on care of Syphilis exposed babies, by explaining its definition.

» Describe the various clinical manifestations and case definitions of Congenital Syphilis.

» Enumerate the components of management for Syphilis exposed infants.

» Highlight that all Syphilis exposed infants will be referred to the nearest Special New-born Care Unit (SNCU)/ Neonatal Intensive Care Unit (NICU)/ pediatric treatment facility at Medical College/District Hospital/Sub-district Hospital, for assessment and management by pediatrician.

» Explain the scenario-based protocol for treatment of Syphilis Exposed Infants, based on serological and clinical parameters.

» Discuss the care cascade and follow up protocol for Syphilis-exposed Infants and who is responsible for implementing these interventions.

» Request a volunteer to read out the case scenarios-3 questions and attempt its answers. In case of an incorrect answer, other participants can be requested to answer. Thereafter show the correct answers.

» Summarize what has been learnt in the previous slides, by explaining the flowchart for care cascade for Syphilis infected mother (Refer to Handout 4).

» Begin the next part of the technical session on care of HIV infected pregnant woman and her baby, by discussing the flow of care of services.

» Explain the need for viral load testing at 32-36 weeks to determine the risk of HIV transmission to baby. Further, explain the HIV risk categorization of HIV exposed infants based on maternal viral load results.

» Discuss the flowchart on ARV prophylaxis prescription for HIV exposed infants.

» Emphasize that the dose of drugs for ARV prophylaxis should be given as per dosage chart. Drug dosage of ARV prophylaxis should be calculated as per mg/kg dosage. The participants can refer to handout-5 for ARV drug dosage of syrup nevirapine and zidovudine.

» Request a volunteer to read out the case scenarios-4 question and attempt its answer. In case of an incorrect answer, other participants can be requested to answer. Thereafter, show the correct answer.

» Ask the participants to enumerate the counselling messages to be given to a HIV infected pregnant/ breast feeding mother.

» Discuss the flow of care services for HIV Exposed Infants (Refer to Handout 6).

» End the session with an open discussion on how the knowledge gained during this session can be utilized during their daily activities.

Key Take away messages from the session

» India is committed to achieving the goal of EVTHS so that no child is born with HIV and Syphilis and the mothers are healthy.

» 'Test & Treat' policy for syphilis under NACP: At least single dose of Benzathine Penicillin should be given to Syphilis reactive pregnant women as it is enough to prevent infection to the fetus

» All Syphilis exposed infants will be referred to the nearest Special New-born Care Unit (SNCU)/ pediatric treatment facility, for evaluation by pediatrician soon after birth

» Viral load should be performed for all HIV infected pregnant women between 32-36 weeks of pregnancy to categorize infants as High risk/Low risk based on Viral suppression

Reference Material and Handouts

» EVTHS Guidance note for first phase implementation in 7 high priority states, 2023

» National Strategy and Operational guidelines towards Elimination of Congenital Syphilis, WHO &NACO, 2015; available at following link: http://www.naco.gov.in/sites/default/files/Elimination%20of%20Congenital%20Syphilis%20Book%20%282%29%20%281%29.pdf

» Sankalak: Status of National AIDS Response, Fourth Edition, 2022

» Handout- 4,5 and 6

Session 10: Overview of STI/RTI services for Priority Populations

Duration: 45 minutes

Session content

In this session, the participants will learn about the STI/RTI services for priority population, including pregnant women, high risk groups (HRGs), bridge population and population in prisons and other closed settings (POCS) and children and adolescents.

Facilitation Notes:

» Introduce the session by explaining that effective prevention and management of both symptomatic and asymptomatic STI/RTI is essential in priority population.

» Enumerate the priority population that would be covered in this session.

» Explain the effects of STI/RTI in pregnancy and vice-versa.

» Explain the management of specific STI/RTI in pregnancy including vaginitis and genital herpes.

» Discuss the details of management of STI/RTI in High-Risk Groups (HRG).

» Highlight the importance of regular check-ups of HRG for STI/RTI.

» Discuss the risks and prevention of STI/RTI in Women who have sex with women (WSW).

» Explain the presumptive treatment of STI/RTI provided to the high-risk groups.

» Discuss the risks, treatment, and prevention of STI/RTI in Bridge Population.

» Explain the high risks for STI/RTI in population living in prison, and other closed settings.

» Describe the comprehensive health service package for POCS.

» Discuss the key health services intervention including STI/RTI for POCS.

» Describe the modes of acquiring STI/RTI in children and adolescents.

» Discuss the primary prevention of STI/RTI in children and adolescents.

Key Take away messages from the session

- » STI/RTI in pregnancy is an important cause of maternal morbidity, perinatal morbidity, and mortality
- » Pregnant women with vaginal discharge in the second or third trimester should be treated for BV, trichomoniasis and VVC
- » Bridge population and people living in prisons and other closed settings should be counselled about safer sexual practices, safer injection practices, consistent and correct condom use

Reference Material and Handouts

- » Training Module for STI/RTI medical Officers, 2014
- » National Guidelines on Prevention, Management and Control of Reproductive Tract Infections and Sexually Transmitted Infections; Department of AIDS Control, MoH & FW, 2014

Session 11: Client and Partner Education and Counselling for Safer sex practices (including PEP & PrEP for HIV and Condom use)

Duration: 90 minutes

Additional Resources needed for this session:

- » Penis model
- » Samples of male and female condoms
- » Handout-7

Session content

In this session the participants will understand the importance of client education and counseling in prevention and management of STI/RTI. They will learn the points necessary for education and counselling of STI/RTI clients and their partners. The facilitator will demonstrate the correct steps for using a condom on a penis model. This session ends with understanding the guidelines for Post exposure Prophylaxis and Pre exposure Prophylaxis (PrEP) for HIV.

Facilitation Notes:

- » Begin the session by explaining the goals and general principles to be followed for client education.
- » Describe the necessary information that the clients & partners should know to prevent and manage STI/RTI.
- » Request a participant to answer the question- What is risky sex? Thereafter, explain the term.
- » Enumerate the safer sex practices, in context with prevention of STI/RTI. Explain these in detail with emphasis on non-penetrative measures and importance of condom usage as preventive tool.
- » Highlight that condom is a sheath-shaped barrier device used during sexual intercourse to reduce probability of pregnancy or HIV/STI
- » Emphasize that while condoms are highly effective, they are not 100% effective. They can break or slip if not used correctly or if they are past their expiration date.
- » Explain the correct steps for using a male condom by using a penis model. Show the samples of female condom and explain the steps in using a female condom. Request participants to refer to Handout-7 for this activity.
- » Request participants to share their experiences while explaining application of condoms or communication barriers.

» Describe the correct way to use lubricants, while applying condoms.
» Request a participant to answer the question- 'What to do if the condom breaks?' Thereafter, discuss the answer.
» Discuss the various myths and misconceptions around condom usage.
» Start the next part of the session by explaining the terms Post exposure prophylaxis (PEP) and the two types of exposures.
» Discuss the risk of exposure from different body fluids.
» Explain the steps of first aid in case of body fluid exposure to skin, eyes, and mouth.
» Discuss the counselling messages for the client regarding PEP.
» Enumerate the situations needing expert opinion for PEP prescription.
» Highlight that in an occupational exposure in a 'Healthcare Worker', decision on the need for PEP, for HIV prevention, will depend on the exposure as well as source person's HIV status.
» Explain the follow-up schedule for PEP.
» Discuss the Standard Workplace Precautions.
» Start the next portion of the session by explaining the term Pre-exposure Prophylaxis (PrEP)
» Request a volunteer to answer the question- Who can take PrEP? Thereafter, give the answer.
» Highlight that presently PrEP is currently not dispensed under the National Program.
» Discuss the steps in screening clients and counselling for PrEP initiation
» Explain the PrEP regimen and follow-up protocol after initiation
» Discuss PrEP for safe conception

Key Take away messages from the session

» Non-penetrative sexual act is the act where the penis does not enter vagina, anus, or mouth, and when penetrative sex toys are not shared.
» Non-penetrative sex is encouraged as one of the efficient ways to lower the risk of HIV/STI transmission.
» Condom is barrier against infections such as HIV/AIDS, gonorrhoea, chlamydia, syphilis, and herpes
» PEP refers to the comprehensive management instituted to minimize the risk of infection after exposure to blood-borne pathogens (HIV, HBV, HCV)
» PEP for HIV must be initiated within 2 hours (but preferably within the first 72 hours)
» PrEP refers to the use of anti-retroviral medication, to reduce chances of getting infected, by people at substantial risk of acquiring HIV infection

Reference Material and Handouts

» National Guidelines on Prevention, Management and Control of Reproductive Tract Infections and Sexually Transmitted Infections; Department of AIDS Control, MoH & FW, 2014
» National Guidelines for HIV Care and Treatment, 2021
» National Guidelines on Pre-Exposure Prophylaxis, NACO
» Handout-7: How to use Male and Female condom

Reference Material and Handouts

» The facilitator of Session-13: Screening & Management of Hepatitis B & C under National Viral Hepatitis Control Program, should preferably be an officer from State Viral Hepatitis Management Unit.
» The presentation for session 14 should be shared on Day-2 with the participants for discussion on Day 3.
» The facilitator of Session-18: Data Management should preferably be the SACS M&E officer. The participants could be taught to log in to the SOCH/IIMS and observe the DSRC/TI module.

Section A.2.4

Training Content for Day 3

The day-3 has a total number of 7 sessions. The training starts with Recap of Day-2.

Resources Required for Day 3:

- LCD projector
- Screen
- Mikes and PA system
- White board/Flip Chart/Marker Pens
- Laptop
- Session Presentations (Session-12 to Session-18)
- Handouts and Assessment Forms

Session 12: OST and Harm Reduction Services

Duration: 45 minutes

Session content

In this session, the participants will learn about basics of addiction, Harm Reduction services and Opioid Substitution Therapy (OST) under NACP. Under OST, the trainees will understand the philosophy and benefits of OST and the functioning of OST facilities under NACP. The session ends with discussion on various clinical considerations while initiating OST.

Facilitation Notes:

- Introduce the topic by explaining the basics and diagnosis of addiction.
- Explain the strategies available to manage drug problems.
- Discuss the Harm Reduction Services for PWID. Highlight that harm reduction strategy is a component of HIV prevention in India for PWID and is employed to address issues and concerns arising from drug use or drug overdose.
- Explain the meaning of term opium and the philosophy of OST.
- Describe a typical day in the life of a drug addict.
- Explain how to assess eligibility for OST and criteria for diagnosis of opioid dependence.
- Explain the mode of action, pharmacokinetics, and clinical implications of Buprenorphine.
- Enumerate the contraindications and benefits of using Buprenorphine as an OST drug.
- Discuss the potential for drug dependence or abuse liability of Buprenorphine and role of Buprenorphine+ naloxone combination therapy.
- Describe the delivery of Harm reduction services through Targeted Interventions.

» Explain the interactions between OST and ART drugs.
» Request a volunteer to answer the quiz-1 question. Thereafter, share the answer.
» Discuss the management of Hepatitis B and C infection in patients on OST. Highlight that interactions between DAAs and Buprenorphine are clinically negligible and require no or minimal dosage adjustments in buprenorphine dose.
» Explain the interactions between OST and ATT drugs.
» Request a volunteer to answer the quiz-1 question. Thereafter, share the answer.

Key Take away messages from the session

» PWID are at increased risk of HIV, Tuberculosis (TB), and hepatitis B and C (HBV and HCV), in addition to overdose.
» NACO has adopted a Harm Reduction Strategy for HIV prevention among PWIDs implemented through the Targeted Intervention (TI) NGOs.
» Opioid Substitution Therapy is a medical intervention for HIV prevention and treatment of opioid dependency amongst PWID and involves substitution of illicit opioid drugs with a legal opioid agonist medication.
» Buprenorphine is to be dispensed initially on a daily basis as a 'Daily Observed Treatment' regimen. Once the clients reach clinical stability, they may be allowed take-home dosage.
» OST is a long-term therapy and clients are advised to remain in treatment for at least one year or more to see the full benefits from the treatment.

Reference Material and Handouts

» Opioid Substitution Therapy Under National AIDS Control Programme, 2014
» Buprenorphine-based Opioid Substitution Therapy Under National AIDS Control Organization; A Training Manual for Service Providers, 2021

Session-13: Screening & Management of Hepatitis B & C under National Viral Hepatitis Control Program

Duration: 45 minutes

Session content

In this session, the participants will be sensitized about viral hepatitis, its modes of transmission, and clinical presentation. The participants will also be sensitized about prevention, diagnosis and management of Hepatitis B and C and services available under National Viral Hepatitis Control Program. The protocol for prevention of mother to child transmission of Hepatitis B will also be discussed in this session. The session will also detail about the recording and reporting tools for capturing of data.

Notes:

» This session should be preferably facilitated by State Nodal Officer, NVHCP or his/her representative.
» The facilitator can use the standard approved module/presentation for training of Medical Officers. The facilitator notes are based on the presentation incorporated in the training module.

Facilitation Notes:

» Discuss the global and national estimates of Hepatitis B and C infections.
» Introduce the topic by explaining the epidemiology of viral hepatitis, common modes of transmission and its clinical presentation.
» Describe the aim of NVHCP and the service delivery framework of NVHCP and integration of NVHCP with existing national programs. Explain the strategies for prevention of

Hepatitis B and Hepatitis C infection and protocol for prevention of mother to child transmission of Hepatitis B

- » Discuss the standard diagnostic and treatment protocols for hepatitis B and hepatitis C
- » Explain the non-invasive techniques for diagnosis of cirrhosis. Highlight that drugs and diagnostics are available for management of viral hepatitis free of cost at designated sites under NVHCP.
- » Discuss the facilities where screening of Hepatitis B and Hepatitis C is being done for high-risk groups
- » The fields and tools for recording and reporting of data in context to viral hepatitis.

Key Take away messages from the session

- » Hepatitis B infection mostly remains without symptoms for years, and if not treated, can lead to chronic conditions like liver cirrhosis and liver cancer. Hepatitis C is a curable disease with 3-6 months' treatment.
- » Testing and treatment facilities for Hepatitis B are available free of cost in designated government healthcare facilities under NVHCP. The management of hepatitis B and C should be done as per the standard treatment protocols under NVHCP
- » Hepatitis B is a vaccine preventable disease which may progress to liver cirrhosis and liver cancer faster if acquired at an early age
- » Hepatitis B most commonly spreads from HBsAg positive mothers to newborn. Hepatitis B positive mothers to ensure administration of Hepatitis B Immunoglobulin along with birth dose of Hepatitis B vaccine to the newborn immediately after delivery.

Reference Material and Handouts

- » Guidelines for Diagnosis and Management of Viral Hepatitis, 2018, NVHCP, MOH & FW
- » Treatment Guidelines for Diagnosis and Management of Hepatitis B, NVHCP, 2019
- » National Action Plan Combating Viral Hepatitis in India, 2019; https://www.who.int/docs/default-source/primary-health-care-conference/national-action-plan-lowress-reference-file.pdf?sfvrsn=6a00ecbf_2c
- » National Guidelines for HIV Care and Treatment, 2021.

Session 14: Introduction to medico-legal aspects of HIV & STIs

Duration: 60 minutes

Session content

In this session the participants will learn about objectives and provisions in the HIV and AIDS (Prevention and Control) ACT 2017. They will further understand the provisions of the Transgender Bill/Act and the Protection of Children from Sexual Offences (POCSO) ACT, 2012.

Facilitation Notes:

- » The participants are asked whether they have seen the presentation and the movies shared yesterday.
- » Thereafter, the facilitator requests participants to share any queries or clarifications needed for the three Acts.
- » Request participants to share experience of reporting an offence under any of the three Acts.
- » A brief discussion can be undertaken regarding the provisions in the three Acts using the presentation. Discuss the provisions related to the Ombudsman and Complaint Officer
- » Request a volunteer to read out the case study-1 and have an open discussion about the question- What actions were against the provisions given in the HIV/AIDS ACT? Thereafter, disclose the correct answer.

» Request another volunteer to read out the case study-2 and have an open discussion about the question- What actions were against the provisions given in the HIV/AIDS ACT? Thereafter, disclose the correct answer.

» Request other volunteers to read out the case study 3, 4 and 5 and and have an open discussion about the respective Acts.

» End the session with an open discussion with trainees, on how the knowledge gained during this session can be utilized during their daily activities.

Key Take away messages from the session

» The HIV and AIDS Act prohibits acts of discrimination against protected persons in different settings, including healthcare settings.

» The Act mandates seeking informed consent of a person or his representative prior to conducting an HIV test and performing any medical treatment.

» The Act stipulates that no person can be compelled to disclose their HIV status.

» Every establishment consisting of 100 or more persons and every healthcare establishment consisting of 20 or more persons shall designate a Complaints Officer.

» The Complaints Officer shall dispose of complaints of violations of the provisions of this Act arising at the establishment level.

Reference Material and Handouts

» The Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (Prevention and Control) Act, 2017

» The Transgender Persons (Protection of Rights) ACT 2019 and Rules 2020

» The Protection of Children from Sexual Offences (POCSO) ACT, 2012

Session 15: Management of STIs/RTIs in Sexual Violence

Duration: 30 minutes

Session content

In this session, the participants will learn about the services that should be provided to a victim of sexual violence. The participants will be taught about medical management of sexual violence, including prevention of pregnancy, post exposure prophylaxis for STI, HIV and Hepatitis, care of injuries and counselling essential for the victim.

Facilitation Notes:

» Begin the session with the WHO definition of sexual violence and sexual assault.

» Explain the right to health for victims of sexual violence. Highlight that refusal of medical care to survivors/victims of sexual violence and acid attack amounts to an offence under Section 166B of the Indian Penal Code read with Section 357 C of the Code of Criminal Procedure.

» Describe the physical and psychological consequences of sexual violence.

» Explain the legal obligations of Health Care Providers and components of comprehensive response.

» Discuss the flowchart for comprehensive health care response to sexual violence.

» Enumerate the five medical services offered to a victim of sexual violence. Explain each in detail

» Explain the Post Exposure prophylaxis (PEP) for STI/RTI, to be advised in adults and children.

» Explain the PEP protocols for HIV, Hep B and Hep C.

» Discuss the laboratory tests for HIV, Hep B and Hep C, that need to be performed in all victims of sexual violence.

» Enumerate the situations needing an expert opinion for PEP prescription.
» Request a volunteer to read out the case scenario-1 and attempt its answer. In case of an incorrect answer, other participants can be requested to answer. Thereafter, show the correct answer.
» Discuss the psychological care that needs to be offered to sexual violence victims. Request participants to share their experience in context with challenges faced while giving medical services to sexual violence victims.
» End the session with an open discussion on how the knowledge gained during this session can be utilized during their daily activities.

Key Take away messages from the session

» Sensitive handling and empathetic counselling skills are essential to support victim to cope with their physical and psychological trauma.
» It is important to obtain informed consent for any examination, treatment, or referral in a case of sexual assault.
» There is no post exposure prophylaxis available against Hepatitis C.
» The first dose of PEP should be administered immediately (within 2 hours) and preferably within 72 hours of sexual assault.
» All pediatric sexual assault cases need to be notified to the concerned authority/ nodal officer in that state/ city (as per the POCSO Act, 2012).

Reference Material

» Guidelines and Protocols for Medico-legal care for survivors/victims of sexual violence, 2014, MOHFW, Govt of India. Available at: https://main.mohfw.gov.in/sites/default/files/953522324.pdf

» Guidelines for Forensic Medical examination in sexual assault cases, 2018, CSFL, Dte. Forensic Sciences, Chandigarh. Available at: https://www.mha.gov.in/sites/default/files/2022-09/womensaftyDivMedicalOfficers_06082018_0%5B1%5D.pdf

Session-16: Referral and Linkages for prevention including Newer Initiatives under NACP-V

Duration: 30 minutes

Session content

In this session the participants will learn about the service delivery framework for STI/RTI services and the newer interventions under NACP-V, including One Stop Centres, Community System Strengthening and Virtual Interventions.

Facilitation Notes:

» Introduce the topic by explaining the service delivery framework for STI/RTI services.
» Request a participant to answer the question 'What are One Stop Centres'? Thereafter, explain that these are community-based centers which are designed to be single umbrella approach to provide services to key and bridge population (Mention the populations catered by OSCs).
» Describe the objectives of OSC and benefits of services provided at OSC.
» Describe the OSC service delivery model.
» Explain the approach and objectives of Community System Strengthening (CSS).
» Describe the CSS implementation framework, and the community structure at district level.

» Discuss the strategies for strengthening Community Based Organizations (CBO).
» Describe the concept of Community Led Monitoring (CLM). Highlight that NACO is currently exploring the approaches of institutionalizing CLM as a viable mechanism for strategic engagement of the KPs and PLHIV at the grassroots level and service delivery points.
» Discuss community mobilization, which is the process for reaching out to the different sectors of a community and the role of Community Champions Initiative in its implementation.
» Explain the need for virtual interventions and discuss the various virtual interventions under NACP-V.
» Highlight the Spa, Massage Parlour and Network Operator Interventions under NACP-V.

Key Take away messages from the session

» One Stop Centers (OSCs) provides comprehensive HIV prevention-care cascade services in areas with low-level and concentrated HIV infections.
» OSCs promotes screening, referral, and linkage for HIV and other essential health services.
» Community Champions are the local resource pool for their own community as well as for the National Program, to address their needs and issues.
» Community led monitoring (CLM) mechanism is to gather, analyze and use information to improve access, quality, and the impact of services.

Reference Material

» National Stakeholder Consultation on Community System Strengthening, February 2021
» Standard operating Procedures for Identification of Community Champions, 2022; Available at: http://naco.gov.in/sites/default/files/SoP_for_Identification_of_Community_Champions.pdf
» Strategy Document, National AIDS and STD Control Programme Phase-V (2021-2026)

Session 17: Sampoorna Suraksha Strategy – STI/RTI Services for at-risk HIV negative population

Duration: 45 minutes

Session content

In this session the participants will learn about the objectives of the Sampoorna Suraksha Strategy (SSS) under NACP-V and the target population for implementation of the SSS. Further, they will be taught about the organizational structure, key activities, and client flow at the Sampoorna Suraksha Kendra (SSK). The facilitator needs to read the activity document and write out the chits and mark the board as per instructions given in the description of the activity.

Additional Resources needed for this session

» Handout- 8: Activity Document
» White Board and three different colour pens
» Paper to make 30 chits and a bowl to keep the chits

Facilitation Notes:

» Introduce the session by describing the background for implementing the newer strategies of prevention to reach the unreached populations.
» Discuss the Indian scenario of new HIV infections. Highlight that while India has

significantly reduced new annual HIV infections, there are new challenges that need to be addressed.

» Highlight that the Sampoorna Suraksha Strategy (SSS) aims to cover 'at-risk' HIV negative populations through a cyclical and comprehensive package of services as per their needs to keep them HIV-negative.

» Explain that the strategy will be delivered at the Sampoorna Suraksha Kendra (SSK), through a comprehensive service delivery package under one roof and will address the 360-degree health needs of the beneficiaries.

» Request a participant to define the term "At Risk" population. Explain that the population "At Risk" for HIV & STIs is defined as 'any individual who is at risk of acquiring HIV or STI due to risky behaviors of self or partner(s).

» The facilitator will facilitate the activity given in the handout-8 and slide-6.

» Each participant is requested to come to the white board and pick up a chit from the bowl, read out the chit, and identify the type of client by writing it, under one of the three columns on the white board ('High risk' clients, 'At risk' clients and 'Others' clients). All the participants need to participate in this activity. This will be followed by an open discussion.

» Explain that Sampoorna Suraksha Kendra (SSK) will provide basic services previously provided by facility (ICTC and DSRC), to At-risk clients of HIV & STI.

» Explain the client flow at ICTC and DSRC remodelled as SSK.

» Explain the risk assessment of clients, through the questionnaire and explain how to categorize the clients into low, moderate, and high-risk for HIV/STI.

» Describe the essential and desirable services that are to be provided across all SSKs and their linked centres.

» Explain the follow-up protocol of "At-risk" HIV negative clients at SSK.

Key Take away messages from the session

» Sampoorna Suraksha is an approach designed to reach out to persons who do not self-identify as HRGs but are at-risk for HIV & STI.

» 'At-risk' population for HIV and STIs are defined as "any individual who is at risk of acquiring HIV or STI due to risky behaviors of self or partner(s)".

» The objective of SSK is to identify an individual who is 'at-risk' HIV negative and maintain their HIV and STI-negative status.

» Sampoorna Suraksha Strategy is being implemented through remodeled existing ICTCs or DSRCs, into Sampoorna Suraksha Kendra's (SSKs).

» SSKs will provide a full-service package under one roof, addressing the beneficiaries' total health needs.

Reference Material

» National Operational Guidelines on Sampoorna Suraksha Strategy 2023

» Strategy Document, National AIDS and STD Control Programme (NACP) Phase-V

» Sankalak: Status of National AIDS Response, Fourth Edition, 2022

» Handout-8: activity document

Session-18: Data Management

Duration: 45 minutes

Additional Resources:

» IIMS: STI training videos

» SOCH-DSRC Demonstration Module

Additional Resources:

» IIMS: STI training videos
» SOCH-DSRC Demonstration Module

Note:

» The session can be facilitated by M&E Officer, SACS.

Session content

In this session, the participants will learn about the NACP Data Management System and the Data Storage and Protection rules. The participants will also understand the IIMS /SOCH interface at DSRC/TI.

Facilitation Notes:

» Introduce the topic by explaining the need for adequate data security measures and established conditional permission protocols, for data access as established at all levels under NACP.
» Describe the two types of data management systems and flow of information from DSRC to NACO.
» Explain the term 'Data Confidentiality' and emphasize on the importance of proper storage of records and registers, preferably in locked cabinets.
» Discuss access to NACP Data by authorized personnel and importance of regular training of staff on updated data storage platforms and data security procedures.
» Give an overview of IIMS. Highlight that Strengthening Overall Care of HIV Beneficiaries (SOCH), is now known as Integrated Information Management System (IIMS).
» Describe the IIMS /SOCH interface for DSRC/TI Counselor. Emphasize that it is essential that medical officers are well versed with this interface to be able to monitor data entry in IIMS by Counsellor and for DQA processes.
» If internet is available, the medical officers may be taught to log in to the IIMS and see the DSRC module in real time basis
» The SOCH-DSRC training videos may also be played in the session.

Key Take away messages from the session

» NACP Data Management Guidelines, 2020, is applicable to all establishments generating, collecting, managing, and utilizing records of HIV-related information of protected persons, keeping with the HIV and AIDS (Prevention and Control) Act, 2017.
» Completing the data entry within time limits should be ensured so that the consistency and relevance of data is maintained
» M&E Officer at SACS is responsible for monitoring data entry by facilities and data quality checks.

Reference Material and Handouts

» Data Management Guidelines, 2020; available at http://naco.gov.in/sites/default/files/Draft%20NACP%20Data%20Management%20Guidelines%202020.pdf
» The HIV and AIDS (Prevention & Control) Act, 2017, Chapter V
» Data Protection Guideline of National AIDS & STD Control Program
» Standard Operating Procedure for NACP Data Management at NACO, SACS and NACP establishment available at http://naco.gov.in/sites/default/files/SOP_for_data_management.pdf

Section A.2.5

Closing Note for Training

» The Three-Days Training can be concluded with a post-training evaluation and quality assessment of the classroom training by the participants.

» It should be ensured that all the participants complete and submit pre/post training evaluation and day-wise feedback forms of classroom trainings.

» The participants should be provided with hardcopy/soft copy all the necessary handouts.

» The participants should be assessed regularly during periodic supervisory visits by the SACS officers/ nodal persons.

» The queries and new knowledge from the fields should be communicated to SACS for a real-time guidance. The SACS can refer the unresolved queries to NACO.

» The participants should be encouraged to remain updated for all the latest versions of guidelines.

Section B

TRAINING OF MEDICAL OFFICERS ON STI, RTI and HIV SERVICES Two-Days Module

B.1.1. Aim and Objectives of the Training

The aim of this classroom training is to update knowledge and develop skills of medical officers/ doctors for providing quality STI, RTI and HIV services. This training will apprise the participants on updated technical and operational guidelines and help in enhancing their clinical skills and ensuring quality documentation to render high quality care and support to the patients/clients accessing these services. The objective of this training is to train medical officers/ doctors on:

- ➢ STI/RTI Services under National AIDS and STD Control Programme (NACP) for general population, high-risk groups and other at-risk population covered under NACP-V
- ➢ Laboratory Diagnosis of STI/RTI and Dual RDT Screening for HIV & Syphilis
- ➢ Services for Elimination of Vertical Transmission of HIV & Syphilis (EVTHS) including screening and management of pregnant women and exposed infants
- ➢ Screening and Management of HIV

B.1.2. Training Modalities

Training Duration: The duration of this classroom training is two days, and it comprises of 15 sessions. These are a combination of power point presentations, case studies, group work, role play and experience sharing. The training should be interactive in nature and be based on adult learning principles. Please note that the training material can be adapted regularly as per the updated technical and operational guidelines.

Participants of the Training

- » The training modules can be used for training of medical specialists/faculties from Medical Colleges (including dermatologists, obstetricians and gynaecologists etc.)

Trainers

The trainers for the classroom training can be a pool of trainers (can be STI/RTI experts, HIV experts, programmatic experts, subject-matter experts etc.). The trainers may comprise of experts from medical colleges, SACS representatives, STI/RTI experts from field, representatives from technical organizations and development partners etc. The trainers will focus on the participants' need and respect the prior experience and concepts of the participants.

Batch Size

There will be about 15-30 participants in each batch of training.

Training Evaluation

The participants will attempt a Pre and Post-test Questionnaire at the beginning and end of the training respectively. The Pre/Post-test Questionnaire for this module is placed in Annexure 3. At end of each day, the participants will fill a feedback form (see Annexure-4).

Note: These questionnaires and assessment forms can be converted in to google forms for ease of distribution and assessment. Moreover, the pre/post-test questionnaires can be updated as per the updated knowledge and technical/operational guidelines.

Guidance for Trainers/ Organizers

- » The SACS (or organizer) will be responsible for co-ordinating of all the logistic arrangements such as venue, seating arrangements, training material etc.
- » This should be ensured that all resource material, training presentations and handouts are available at the training site, in co-ordination with logistic co-ordinator.
- » The trainers should read the facilitator's guide and get familiar with the contents of the sessions.

» The trainers can use different training methods and resources to facilitate learning during their respective sessions.
» The trainers should keep their sessions interactive.
» Energizers can be introduced at regular intervals as per need.

Administrative Arrangements for the Training

The following administrative arrangements may be ensured for conducting the training:

» Adequate and appropriate logistics (including seating arrangements, availability of drinking water, white board, flip chart, pens, attendance sheet, certificates for participation etc.)
» Availability of laptop, LCD projector and PPTs, appropriate videos and other material needed for the training.
» Handouts, agenda, feed-back formats, and pre/post-test questionnaires.

Guidance for Participants

» The participants will report at the training venue on specified time on daily basis.
» The lunch, tea/coffee, and snacks will be provided at the training venue (or as per the logistic arrangements).
» The accommodations will be arranged by the training organizers, including meals (or as per the logistic arrangements).
» The travel of participants from hotel to the training venue will be arranged by the organizers.
» The updated NACO norms will be followed for conducting the training.

Section-B.2.1

Agenda of Three-Days Classroom Training of Medical Officers on STI, RTI and HIV services

The classroom trainings will be conducted for a duration of two days. The training comprises of 15 sessions. These are a combination of power point presentations, case studies, group work, role play and experience sharing. The agenda mentioned in section B.2.1 may be referred for understanding the flow of the sessions.

Two-Days Training of Specialists on STI, RTI and HIV services
Dates: DD/MM/YY to DD/MM/YY
Venue: XYZ

Time	Session	Resource Person
	Day 1	
0900 – 0930 Hrs	Introduction and Welcome of the Participants (Followed by Pre-Training Assessment)	
0930 – 0945 Hrs	Session 0: Introducing the training	
0945 – 1015 Hrs	Session 1: Introduction to NACP-V & Programmatic Aspects on STI/RTI Services	
1015 – 1100 Hrs	Session 2: Introduction to High-Risk Groups for HIV and STIs	
1100 – 1115 Hrs	Tea Break	
1115 – 1145 Hrs	Session 3: Basics of STI/RTI including HIV	
1145 – 1230 Hrs	Session 4: Introduction to medico-legal aspects of HIV & STIs	
1230 – 1330 Hrs	Session 5: History Taking & Risk Assessment for STI/RTI (Group Work followed Presentations and Discussions)	
1330 – 1430 Hrs	Lunch Break	

1430 – 1530 Hrs	Session 6: Clinical Examination of Clients for STI/RTI (Presentation followed by Videos)	
1530 – 1615 Hrs	Session 7: Laboratory tests for STIs/RTIs	
1615 – 1630 Hrs	Tea Break	
1630 – 1730 Hrs	Session 8: HIV care and Treatment	

Day 2

0900 – 0915 Hrs	Recap of Day 1	
0915 – 1115 Hrs	Session 9: Syndromic Case Management and Management of common STI/RTI (including STI/RTI services for PLHIV)	
1115 – 1130 Hrs	Tea Break	
1130 – 1230 Hrs	Session 10: Elimination of Vertical Transmission of HIV & Syphilis	
1230 – 1315 Hrs	Session 11: Management of STIs/RTIs in Sexual Violence	
1315 – 1400 Hrs	Lunch Break	
1400 – 1430 Hrs	Session 12: Overview of STI/RTI services for Priority Populations	
1430 – 1530 Hrs	Session 13: Client and Partner Education and Counselling for Safer sex practices (including PEP & PrEP for HIV and Condom use)	
1530 – 1615 Hrs	Session 14: Sampoorna Suraksha Strategy – STI/RTI Services for at-risk HIV negative population	
1615 – 1630 Hrs	Tea Break	
1630 – 1715 Hrs	Session 15: Data Management	
1715 – 1730 Hrs	Post Test Evaluation	

Section-B.2.2

Training Content of Day 1

The first day can begin with preparatory and ice breaking activities prior to the start of technical sessions. The registration will start at 9 am and the training is expected to be completed by 5:30 pm on day 1. The Welcome and keynote address can be delivered by senior officials of NACO/SACS. This can be followed by inauguration/introductory or ice breaking sessions.

This will be followed by a presentation on Introducing the Training (Session 0), by senior officials of NACO/SACS. The participants will attempt a pre-test evaluation within 20 minutes after the introductory session. The organizers should distribute and collect the pre-test form within this period. Alternatively, google forms may also be used for pre-test evaluation of the participants. The participant feedback form for Day-1 may be distributed at the start of the day. The rest of the day has 8 technical sessions of 30 minutes to 75 minutes duration each.

The trainers may use some energizing activity in sessions following lunch. The presentation of Session-4 and the eight videos on HIV and AIDS (Prevention and Control) ACT 2017 needs to be shared with participants as a reading material one-day before the initiation of training. The participants should be requested to go through the content of presentations and view the videos as part of preparation for Day-1.

Resources Required for Day 1:

- » LCD projector
- » Screen
- » Mikes and PA system
- » White board/Flip Chart/Marker Pens
- » Session Presentations (Session-0 to Session-8)
- » Handouts, assessment forms

Session-0: Introducing the training (Objectives, Roles & Responsibilities)

Duration: 30 minutes

Session Content

In this session, the participants will learn about the objectives and expected outcomes of the training. The participants will also be explained about the training curriculum and their roles and responsibilities while rendering STI. RTI and HIV services.

Facilitation Notes:

- » Begin the session by explaining the key components and objectives of the training.

» Highlight that during classroom trainings, important concepts will be revised, and focus will be on practical applications of the concepts.
» Mention that classroom training will be conducted using videos, case scenarios, role play and group work.
» Familiarize the participants with the course content, materials, evaluation, and ground rules to be observed during training.
» Request 2-3 volunteers to enumerate the roles and responsibilities of the medical officers rendering STI/RTI services.
» Explain each responsibility in detail, by showing the slides.
» Request participants to share their experiences and challenges, while fulfilling these responsibilities.
» End the session by discussing the Four Steps for "Getting It Right".

Session 1: Introduction to NACP-V & Programmatic Aspects on STI/RTI Services

Duration: 30 minutes

Session Content

In this session, the participants will be taught about the present status of the HIV epidemic in the country. They will also learn about the evolution of the National AIDS and STD Control Program (NACP) and the goals, objectives, and the strategies of NACP. The programmatic aspects of STI/RTI services, with the newer interventions to achieve the goal of END AIDS by 2030, will be explained in detail. The facilitator will add the State Specific Data of HIV Epidemic in slide 6.

Facilitation Notes:

» Begin the session by explaining the objectives of the session.
» Explain the evolution of the National AIDS and STD Control Program
» Describe the adult prevalence of HIV as per the states of India
» Highlight that India has the second largest number of estimated PLHIV in the world, second to South Africa.
» Highlight that 40% of the burden of PLHIV in India comes from the states of Maharashtra, Andhra Pradesh, and Karnataka and that Mizoram has the highest HIV prevalence.
» Provide details on HIV Prevalence in different population groups.
» Discuss the status of HIV Epidemic in the state where training is being organized.
» Request a volunteer to read out the quiz-1 and attempt to answer it. In case of an incorrect answer, other participants can be requested to answer.
» Explain 95-95-95 target set by UNAIDS to achieve END AIDS by 2030
» Request volunteers to enumerate the five goals of NACP-V Strategy. Thereafter explain these to the participants
» Describe the objectives of NACP-V strategy. Highlight that a new indicator has been added: 95% of pregnant and breastfeeding women living with HIV have suppressed viral load towards attainment of elimination of vertical transmission of HIV.
» Emphasize the objectives of STI/RTI prevention and control under NACP, which also include attainment of elimination of vertical transmission of syphilis.
» Explain the community-Inclusive Targeted Interventions under NACP-V strategy
» Request volunteers to share their knowledge about the HIV Counselling and Testing Services and HIV Care, Support and Treatment Services under NACP.
» Explain the laboratory network under NACP and inform that laboratory services under the programme will be provided through a three-tier network.
» Request volunteers to share their knowledge about the IEC interventions under NACP.
» Explain the collaborations of NACP with National Health Mission (NHM)

» Enumerate the newer interventions under NACP-V
» Start the next part of the session on programmatic aspects of STI/RTI services under NACP, by describing the Goal-3 of NACP- V strategy - Elimination of Vertical Transmission of HIV and Syphilis (EVTHS)
» Explain Goal 4, which aims to promote universal access to quality STI/RTI services to at-risk and vulnerable populations
» Describe the STI/RTI services delivery framework in India
» Describe the regional and state level network of STI laboratories and their functions
» Request a volunteer to read out quiz-2 and attempt its answer. In case of an incorrect answer, other participants can be requested to answer.

Key take away messages from the session

» India has the second largest estimated number of PLHIV (24 lakhs) in the world of which 40% are in Maharashtra, Andhra Pradesh, and Karnataka.
» PWID have the highest prevalence of HIV (9%) in India.
» NACO has adopted 95-95-95 targets set by UNAIDS 'to end HIV as a Public Health threat by 2030'
» Quality standardized Sexual & Reproductive Health (SRH) services in India are provided at district, sub-district, and medical college level, through Designated STI/RTI Clinics (DSRC) or "Suraksha Clinics".
» NACP Phase-V will focus on newer initiatives such Sampoorna Suraksha Strategy to cover 'at-risk' HIV negative through a cyclical and comprehensive package of services.
» NACP phase-V focuses on STI/RTI through inclusion of Goal 3 and Goal 4.
» Laboratory support for STI/RTI has been strengthened through a network of 10 regional STI Laboratories and 45 state reference centres.

Reference Material and Handouts

» Strategy Document, National AIDS and STD Control Program, Phase-V (2021-2026)
» National Operational Guidelines for ART Services, 2021
» Sankalak: Status of National AIDS Response, Fifth Edition, 2023
» National Operational Guidelines on Sampoorna Suraksha Strategy 2023
» National STI/RTI Guidelines 2014

Session 2: Introduction to High-Risk Groups for HIV and STIs

Duration: 45 minutes

Session Content

In this session, the participants will be taught about the concepts of sex, gender, sexuality, and the High-Risk Groups (HRG) for HIV & STIs as covered under the National Programme. The participants will be updated about the barriers to healthcare and stigma and discrimination faced by HRGs & PLHIV. The session will end with strategies to reduce vulnerability and risk of HIV and STIs in HRGs and discussion with community representatives.

Facilitation Notes:

» Begin the session by explaining the term 'Sex'. Further explain that sex identifies a person as male or female or intersex.
» Request a volunteer to explain the term 'intersex'. Thereafter, explain the term to the participants.
» Explain the terms gender, gender identity, gender roles and gender expression.
» Explain the term sexual orientation. Request 2-3 volunteers to enumerate the types of sexual orientation. Thereafter, explain the various types of sexual orientation.

» Describe the relationship between gender-sex-sexuality and how it impacts vulnerability to HIV & STI.

» Request volunteers to enumerate the typologies of HRGs. Thereafter, explain the NACO terminologies for HRGs.

» Request volunteers to enumerate the barriers faced by HRGs to access healthcare services.

» Request a volunteer to read out quiz-1 and attempt its answer. In case of an incorrect answer, other participants can be requested to answer. Thereafter, show the correct answer.

» Explain the reasons how gender-based violence and migration increases the risk of HIV & STI. Thereafter, discuss steps that can be taken to address the increased risk of HIV & STIs in migrant population.

» Request volunteers to explain the term stigma and discrimination. Thereafter, describe the stigma associated with HIV and the discrimination faced by HRGs.

» Request a volunteer to read out quiz-2 and attempt its answer. In case of an incorrect answer, other participants can be requested to answer. Thereafter, show the correct answer.

» Describe the factors associated with vulnerability of HRGs.

» Enumerate the various risk reduction strategies under NACP. Describe each risk reduction strategies in detail.

» Explain the various components of Targeted Interventions under NACP.

» Request a volunteer to read out quiz-3 and attempt its answer. In case of an incorrect answer, other participants can be requested to answer. Thereafter, show the correct answer

» The community representatives (HRGs and PLHIV) can be invited to sensitize the participants on stigma and discrimination faced by the communities (5 minutes each for 2 speakers).

» End the session with an open discussion on how the knowledge gained during this session can be utilized during their daily activities.

Key take away messages from the session

» Be sensitive towards issues around gender, sexuality, sex work and substance use.

» Health Care Providers need to ensure stigma-free, HIV prevention, care, support, and treatment:

- ➢ Identify and treat STI/RTI among high-risk, at-risk, and other vulnerable populations
- ➢ Provide mental health support
- ➢ Facilitate access to social security and livelihood options
- ➢ Providing services is an opportunity to educate on risk and vulnerability

» Risk Reduction can be achieved by targeted interventions which are a cost-effective way to implement HIV/STI prevention and care programs

Reference Materials and Handouts

» Sankalak: Status of National AIDS Response, Fifth Edition, 2023

» Whitepaper on Transgender Persons Health; available at http://naco.gov.in/sites/default/files/Whitepaper_on_Transgender_Persons_Health.pdf

» Targeted Interventions for High-Risk Groups (HRGs), NACO

Session 3: Basics of STI/RTI including HIV

Duration: 30 minutes

Session Content

In this session, the participants will learn about the importance of sexual and reproductive health and well-being. Further, they will learn about common STI and RTI prevalent in India, their causative agents and their signs and symptoms. The participants will be taught about interactions between STI/RTI and HIV and the natural history of HIV infection.

Facilitation Notes:

- » Introduce the concept of sexual and reproductive health and well-being.
- » Request volunteers to define the terms STI and RTI. Thereafter, explain the correct definitions.
- » Enumerate the STI data from India, trends of syphilis seropositivity and state-wise sero-positivity. Focus on the syphilis serin the respective state.
- » Enumerate the causative agents and common sites of STI/RTI.
- » Request volunteers to describe the common signs and symptoms of STI/RTI.
- » Enumerate and explain the STI/RTI syndromes.
- » Request volunteers to describe the modes of transmission of STI/RTI.
- » Introduce the topic of HIV infection by describing the HIV virus.
- » Request volunteers to explain the difference between HIV and AIDS. Highlight that HIV affects the immune system and leads to AIDS.
- » Discuss the modes of transmission and the risk of transmission associated with each mode.
- » Request a volunteer to read out quiz-1 and attempt its answer. In case of an incorrect answer, other participants can be requested to answer. Thereafter, show the correct answer.
- » Explain situations associated with higher risk of spreading HIV infection.
- » Request participants to volunteer to answer 'Yes' or 'No' for the quiz-2 questions, on spread of HIV infection.
- » Discuss the various myths and misconceptions associated with HIV infection. Request participants to volunteer to answer the True or False quiz questions.
- » Explain the natural history of untreated HIV infection and the viral and immunological dynamics
- » Highlight that virological load of HIV is inversely proportional to the immunity of the host (CD4 count)
- » Explain the terms acute retroviral syndrome, window period, set point, etc.
- » Request participants to explain the interactions between STI/RTI and HIV. Review points that the participants have overlooked.
- » End the session with an open discussion on how the knowledge gained during this session can be utilized during their daily activities.

Key take away messages from the session

- » STI are spread through sexual contact, while RTI can also be caused by overgrowth of normal organisms or improper medical procedures
- » STI and RTI can increase the risk of HIV transmission and acquisition, alter the natural history and manifestations of HIV infection, and affect the success of ART treatment.
- » STI and RTI can be prevented and treated by safe sex practices, hygiene, screening, diagnosis, counselling, and medication.
- » STI/RTI are a major public health problem that can cause serious complications and increase the risk of HIV transmission

Reference Material and Handouts

- National Status of AIDS Response; Sankalak 5th Edition, 2023
- WHO Consolidated Guideline on Sexual and Reproductive health and rights of women living with HIV, 2017
- National Guidelines on Prevention, Management and Control of Reproductive Tract Infections and Sexually Transmitted Infections; Department of AIDS Control, MoH & FW, 2014

Session 4: Introduction to medico-legal aspects of HIV & STIs

Duration: 45 minutes

Session Content

In this session the participants will learn about the objectives and provisions in the HIV and AIDS (Prevention and Control) ACT 2017. They will further understand the provisions in the Transgender Bill/Act and the Protection of Children from Sexual Offences (POCSO) ACT, 2012.

Facilitation Notes:

- The participants should be asked if they have read the presentation and the movies shared yesterday.
- Thereafter, the facilitator requests participants to share any queries or clarifications needed for the three Acts.
- Request participants to share experience of reporting an offence under any of the three Acts.
- A brief discussion can be undertaken regarding the provisions in the three Acts using the presentation. Discuss the details on Ombudsman and Complaint Officer
- Request a volunteer to read out the case study-1 and have an open discussion about the question- What actions were against the provisions given in the HIV/AIDS ACT? Thereafter, disclose the correct answer.
- Request another volunteer to read out the case study-2 and have an open discussion about the question- What actions were against the provisions given in the HIV/AIDS ACT? Thereafter, disclose the correct answer.
- Request other volunteers to read out the case study 3, 4 and 5 and and have an open discussion about the respective Acts.
- End the session with an open discussion with trainees, on how the knowledge gained during this session can be utilized during their daily activities.

Key take away messages from the session

- The HIV and AIDS Act prohibits acts of discrimination against protected person in different settings, including healthcare settings.
- The Act mandates seeking informed consent of a person or his representative prior to conducting an HIV test and performing any medical treatment.
- The Act stipulates that no person can be compelled to disclose their HIV status.
- Every establishment consisting of 100 or more persons and every healthcare establishment consisting of 20 or more persons shall designate a Complaints Officer.
- The Complaints Officer shall dispose of complaints of violations of the provisions of this Act arising at the establishment level.

Reference Material and Handouts

- The Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (Prevention and Control) Act, 2017

» The Transgender Persons (Protection of Rights) ACT 2019 and Rules 2020

» The Protection of Children from Sexual Offences (POCSO) ACT, 2012

Session 5: History Taking & Risk Assessment for STI/RTI

Duration: 60 minutes

Facilitation Notes:

» Note pad/pens

» Flipcharts

» Risk Assessment Checklist (Handout – 1)

Session Content

In this session, the participants will learn about the goals of history taking of STI/RTI clients and appropriate techniques for history taking and risk assessment, in STI/RTI clients, through a group work activity. The communication skills necessary for accurate history taking in a client reporting to STI/RTI clinic will be discussed in detail.

Facilitation Notes:

» Introduce the topic by explaining the components of effective case management of STI/RTI.

» Distribute and discuss the checklist for Risk Assessment.

» Divide the participants into 5 groups (A, B, C, D, E) and request each group to choose a group leader. Share few pens, sheets of paper and handout 1, with the participants.

» On the white board, facilitator writes five types of clients who have visited the clinic for availing STI/RTI services. Ask the participants to perform the risk assessment by noting down the relevant questions and considerations essential for appropriate history taking.

» Use handout-1 (Checklist for history taking and risk assessment in STI/RTI clients)

» Clients maybe be distributed as follows:

➢ Group A: Sex worker

➢ Group B: Young Male Client

➢ Group C: Young Female Client

➢ Group D: Transgender women

➢ Group E: Pregnant Women

» Inform participants that they must complete the exercise in 15 minutes.

» Each group will present their work which will be followed by open discussion.

» Describe the verbal and non-verbal communication skills needed for eliciting appropriate history

» Request participants to enumerate the steps in history taking for STI/RTI clients.

» Discuss the activities associated with increased risk for STI/RTI.

» Explain the points to be asked for history of present illness, past history and sexual history.

» Explain that risk assessment is a process of asking questions to a patient, to determine his or her chance of contracting or transmitting a STI/RTI.

» End the session with an open discussion on how the knowledge gained during this session can be utilized during their daily activities

Key take away messages from the session

» The goal of history taking is to get information to support proper diagnosis and treatment, establish risk and provide tailor-made services.

» Sexual history is an essential component of history taking in clients seeking STI/RTI services.

» Assuring confidentiality and making the client comfortable and at ease is essential for appropriate history taking.

» Good verbal and non-verbal communication skills are paramount for history taking and risk assessment.

» Risk assessment provides important cues for appropriate diagnosis and prevention.

Reference Material and Handouts

» Training Module for STI/RTI medical Officers, 2014

» National Guidelines on Prevention, Management and Control of Reproductive Tract Infections and Sexually Transmitted Infections; Department of AIDS Control, MoH & FW, 2014

» Handout-1- Checklist for Risk Assessment

Session 6: Clinical Examination of Clients for STI/RTI

Duration: 60 minutes

Additional Resources Required:

» Videos on clinical examination.

Please note that these videos may be shared on mail for participants to view.

Session Content

In this session, the participants will learn the importance of detailed clinical examination for STI/RTI clients and identify the resources and skills required for an efficient clinical examination. They will be explained the steps of clinical examination of male and female and special considerations for transgender clients.

Facilitation Notes:

» Introduce the session by explaining the importance of appropriate clinical examination of clients reporting for STI/RTI clinics.

» Request volunteers to enumerate the resources needed for clinical examination of STI/RTI clients.

» Emphasize the behaviour requisites needed to be followed by medical officers while examining the clients and importance of privacy during the examination.

» Revise the genital-reproductive anatomy of a female client. Highlight that this anatomy corresponds to cisgender women, transmasculine (unoperated/pre-operative) and other persons with 'female' sexual/reproductive anatomy.

» Revise the genital-reproductive anatomy of a male client. Highlight that this anatomy corresponds to cisgender men and transfeminine and other persons with male sexual/reproductive anatomy and transgender women without gender affirming genital surgery.

» Introduce the next part of the session by describing the steps taken for clinical examination of STI/RTI clients.

» Enumerate the steps in oral examination, which is essential in any client – male/female/transgender with history of oral sex.

» Explain the steps of inspection and palpation for anogenital examination in male clients.

» Describe the steps of anogenital examination in female clients, including per speculum and bimanual examination.

» Explain the steps taken while performing an anoscopic examination, which is essential in any client – male/female/transgender with history of anal sex.

» Discuss the important considerations to be kept in mind while performing clinical examination in STI/RTI clients.

» Introduce the topic of clinical examination of transgender clients, by describing the possible genital anatomy in transfeminine persons.
» Discuss the special consideration for a transgender who has undergone vaginoplasty and pelvic examination in transgender men.
» Play the videos on clinical examination. If time permits, the additional videos may be played during the session.
» End the session with an open discussion on how the knowledge gained during this session can be utilized during their daily activities.

Key take away messages from the session

» Ensure privacy during clinical examination.
» Ensure availability of resources for examination of STI/RTI clients.
» Results of clinical examination should be explained to the client.
» Be professional and conduct the examination efficiently.

Reference Material and Handouts:

» Training Module for STI/RTI medical Officers, 2014
» National Guidelines on Prevention, Management and Control of Reproductive Tract Infections and Sexually Transmitted Infections; Department of AIDS Control, MoH & FW, 2014

Session - 7: Laboratory tests for STI/RTI

Duration: 45 minutes

Session Content

In this session, the participants will learn about the investigations used in the diagnosis of specific STI/RTI including details on point of care testing for STI and RTI. The session ends with a discussion on the testing for HIV and Syphilis.

Facilitation Notes:

» Introduce the topic by explaining the purpose of laboratory tests in the management of STI/RTI.
» Describe the organizational structure of laboratory services for STI/RTI under NACP-V. Highlight that the diagnostic services for STI/RTI are provided through a network of 10 regional STI Laboratories and 45 state reference centres, with VMMC and Safdarjung Hospital at New Delhi being the apex laboratory.
» Enumerate and explain the various diagnostic tests available for STI/RTI.
» Introduce point of care testing for STI/RTI, by explaining its relevance in management.
» Describe the diagnostic tests used in specific STI/RTI such as Gonorrhoea, Chlamydia, Chancroid, LGN, Herpes simplex and HPV infections
» Introduce the next part of the session on laboratory testing for HIV and Syphilis infections, by explaining the five objectives of HIV testing and enumerate the various diagnostic tests available for HIV infection
» Describe the graph corelating typical HIV 1 infection with the laboratory markers. The timing of appearance of HIV pro-viral DNA, HIV antibodies, HIV RNA, and the HIV-1 p24 antigen are to be explained.
» Highlight that the green coloured portion is the period between infection with HIV and subsequent detection by anti-body tests and is known as the window period. The earliest viral marker to be detected is viral RNA followed by viral DNA and finally antibodies against HIV.
» Discuss the 5 ‘Cs’ of HIV testing.

» Describe all the steps involved in HIV screening.
» Enumerate and explain about Rapid Tests used for screening and confirmation of HIV.
» Explain the three HIV testing strategies in detail.
» Introduce the next part of the session by explaining that the serological tests for syphilis could be further sub-divided in to non-treponemal and treponemal tests
» Explain in detail the two flowcharts of the traditional and reverse algorithms for testing of syphilis
» Discuss the interpretation of both treponemal and non-treponemal testing for Syphilis
» Describe screening of HIV and Syphilis using Dual RDT kits

Key take away messages from the session

» Some simple laboratory tests can assist us to enhance the effectiveness of syndromic management.
» Do not delay syndromic treatment while waiting for the results of laboratory investigations.
» Laboratory tests can be useful for specific diagnosis of disease and for collecting epidemiological data.
» Point-of-care testing (PoCT) is important to provide evidence-based STI/RTI services
» There are three strategies for HIV testing under NACP.
» There are two different algorithms for diagnosis of syphilis.

Reference Material and Handouts:

» EVTHS Guidance note for first phase implementation in 7 high priority states, 2023
» National Guidelines for HIV Care and Treatment, 2021
» National HIV Counselling & Testing Services Guidelines, Dec 2016
» Operational Guidelines – Regional STI Training, Research and Reference Laboratories, February 2014
» Laboratory and point-of-care diagnostic testing for sexually transmitted infections, including HIV. Geneva: World Health Organization; 2023

Session-8: HIV care and Treatment

Duration: 60 minutes

Additional Resources for this session:

» HIV life cycle video
» Pill box of ARV drugs
» Strip of Co-trimoxazole
» Handout 3 (ARV Drugs used in the National Programme)

Session Content

In this session, participants will be explained the concepts on preparing a PLHIV for initiation of life-long Anti-retroviral therapy (ART) and processes for ART initiation and follow-up. The session ends with the definition of a stable PLHIV and description of the various Differentiated Care Models, available under NACP.

Facilitation Notes:

» Begin the session by discussing the presentations of STI/RTI in PLHIV.
» Introduce the next part of the session as 'Introduction to Anti-retroviral Therapy (ART)', by explaining the term ART and how it works.
» Emphasize that ART uses a combination of different classes of Anti-retroviral (ARV) drugs.

» Explain why ART has to be lifelong treatment.
» Explain the goals of ART and the "TREAT ALL" policy for PLHIV.
» Introduce the next part of the session on assessment of a PLHIV for initiation of Anti-retroviral therapy (ART).
» Describe the baseline laboratory work up of PLHIV and common symptoms of OIs.
» Request participants to answer the pictures presented for on-spot diagnosis. Thereafter, disclose the correct answers.
» Explain the cutaneous disorders, which may warrant HIV screening.
» Explain the 4 Symptom (4-S) Screening for tuberculosis. Emphasize that all 4S positive PLHIV are considered as a case of presumptive TB and should be referred for appropriate investigations for diagnosing active TB.
» Explain the management of OIs in PLHIV and need and indications for Cotrimoxazole Preventive Therapy (CPT).
» Request a volunteer to read out the case scenario-1 and attempt its answer. In case of an incorrect answer, other participants can be requested to answer. Thereafter, show the correct answer.
» Explain the key messages on preparedness counselling, to be given to PLHIV for readiness prior to ART initiation.
» Introduce the next part of the session on ART initiation in adults and adolescents, by explaining the lines of ART treatment.
» Describe the common abbreviations of ARV drugs used in the program, and their dosage. Participants can refer to Handout-3 for list of ARV drugs available under the program.
» Highlight that ART is a combination of three drugs usually available as fixed drug combinations. Accordingly, the ART regimens are decided. TLD regimen is a fixed drug combination of Tenofovir (TDF 300 mg) + Lamivudine (3TC 300 mg) + Dolutegravir (DTG 50 mg).
» Discuss the preferred first-line ART regimen for all PLHIV with age >10 years and Weight >30kg.
» Describe the alternate ART regimens available under the program.
» Explain the concept of Rapid ART Initiation and its benefits.
» Request a volunteer to read out the case scenario-2 and attempt its answers. In case of an incorrect answer, other participants can be requested to answer. Thereafter, show the correct answers.
» Begin the next part of the session on follow-up after ART initiation by explaining the effect of ART on viral load and CD4 count, and the need for monitoring.
» Discuss the timing of clinical and laboratory monitoring for follow-up of PLHIV after ART initiation.
» Discuss the causes and effects of poor adherence to ART.
» Explain the table showing the timing of routine viral load & CD4 tests for PLHIV.
» Explain about role and functions of the State AIDS Clinical Expert Panel (SACEP).
» Explain the basics of management of treatment failure.
» Begin the last part of the session on Differentiated Care models, by explaining the definition of Stable PLHIV.
» Explain the major objectives of differentiated care are to introduce client-centric systems to adapt HIV services to the needs of the patients, to meet the preferences and expectations of different patient groups and to reduce the avoidable burden on health care workers and health facilities.
» Enumerate the seven Differentiated Care Service Delivery Models under NACP.

» Discuss the functions of Link ART centre (LAC), emphasize that LAC shall not initiate /modify ART in any patient at any point of time.
» Summarize the key take home messages from this last part of the session.
» End the session with an open discussion on how the knowledge gained during this session can be utilized during their daily activities.

Key take away messages from the session

» STI/RTI presentations in PLHIV may be unusual, atypical, and/or severe.
» All PLHIV should be screened for STI/RTI at the time of ART initiation, thereafter, annually, or whenever clinical indicated.
» All PLHIV from key populations to be screened for STI/RTI as per the existing guidelines
» The protocols for management of STI/RTI remain same as in HIV negative, unless indicated
» There might be need for extended treatment and increased doses as per the response to therapy (especially in immunocompromised patients).
» All persons diagnosed with HIV infection are eligible for ART initiation regardless of CD4 count, age or WHO Clinical Staging.
» Rapid ART Initiation can be done if patient is adequately prepared, and no other contraindications are present.
» The preferred first line ART regimen for ART-naïve PLHIV is TLD.
» A 100% treatment adherence rates are vital for efficacy of ART.
» Viral load testing is an important tool to monitor patients on ART and to decide on treatment failure.
» Minimum three sessions of Step-Up Adherence Counselling are given to PLHIV with poor adherence to ART.
» SACEP is a panel of experts, which reviews patients with suspected treatment failure or those with severe adverse effects or complicated clinical cases
» Differentiated Care Service Delivery is a 'client-centric' approach which also helps in decongesting the health facilities.
» Patients fulfilling all the criteria for 'link-out' should also be willing to be shifted and collect their ARVs from the LAC / LAC plus.

Reference Material and Handouts:

» EVTHS Guidance note for first phase implementation in 7 high priority states, 2023
» National Guidelines for HIV Care and Treatment, 2021

Preparation for Day-2

For Session-9: The videos on Administration of Benzathine Penicillin should be shared with the participants.

For Session-14: The facilitator needs to read the Handout-8 and prepare 30 chits and mark the board as per instructions given in the activity document.

Section-B.2.3

Training Content of Day 2

The day-2 has a total of 7 sessions. The training starts with Recap of Day-1.

Resources Required for Day 2:

- LCD projector
- Screen
- Mikes and PA system
- White board/Flip Chart/Marker Pens
- Laptop
- Session Presentations (Session-9 to Session-15)
- Handouts and Assessment Forms

Session 9: Syndromic Case Management and Management of common STI/RTI

Duration: 120 minutes

Additional Resources needed for this session

- Handout-2 (Syndromic Case Management of STI/RTI)

Session Content

In this session, the participants will learn about the comprehensive management of STI/RTI and the three common approaches for STI/RTI Management. The Syndromic Case Management of STI/RTI will be explained in detail with the use of flowcharts. Thereafter, the participants will be taught in detail about Syphilis infection, its diagnosis, interpretation of test results and management, including administration of injection penicillin.

Facilitation Notes:

- Begin the session by explaining that the purpose of comprehensive STI/RTI case management is to provide appropriate treatment and achieve cure (wherever possible) and reduce infectiousness and risk of developing complications.
- Describe the three common approaches used in the management of STI/RTI.
- Explain the advantages and disadvantages of Syndromic Case Management of STI/RTI
- Enumerate the syndromes of STI/RTI
- Present a brief history to correlate with the clinical findings in the image of urethral discharge. The facilitator may say that a 25 years old male presented with history of unprotected sex a week before complaints of urethral discharge.

» Request a volunteer for the approach to be followed to manage a case of urethral discharge. Thereafter, explain management of urethral discharge.

» Discuss the common causes of vaginal discharge and explain the approach for its management by explaining the flowchart.

» Ask the participants "How to differentiate syphilitic ulcer with a herpetic ulcer"?

» Explain in detail the management of Genital Ulcers

» Ask participants, "how to manage a patient who presents with pain and swelling in the scrotum?"

» Give the answer, by explaining in detail the presentation and management of Scrotal Swelling Syndrome.

» Discuss the common causes of lower abdominal pain in women and describe the syndromic management for Lower Abdominal Pain.

» Explain the signs and symptoms of Inguinal Bubo and thereafter explain the management of Inguinal Bubo.

» Discuss the common features of anogenital warts, its differential diagnosis and then explain the management of anogenital warts.

» Enumerate the key counselling messages for patients with HPV infection.

» Describe the clinical features of Molluscum Contagiosum and explain management of Molluscum Contagiosum.

» Discuss the clinical features and treatment of Pediculosis pubis and Scabies.

» Start the next part of the session, by explaining the stages of Syphilis and showing the images of Primary and Secondary Syphilis.

» Describe the two serological tests for Syphilis, and explain both testing algorithm for Syphilis

» Discuss interpretations of syphilis testing results. Highlight that results of the serological tests help to reach only a presumptive diagnosis. The treatment decision should consider possible false-positive or false-negative reactions due to other underlying diseases or previous history of treatment.

» Explain in detail the flowcharts for interpretation of Treponemal and Non-Treponemal test results

» Discuss the basic guidelines of management of syphilis in clients and their partners.

» Describe in detail the treatment of Syphilis infection, based on the stage of the infection.

» Explain the steps for administration of injection benzathine penicillin G and treating any anaphylactic reactions to penicillin.

» Describe how to monitor for treatment response to complete course of penicillin

» Highlight that the same test kit should be used to monitor treatment response, i.e., from the same manufacturer and testing laboratory, used while confirming syphilis, for comparing the titre values.

» Explain the timing of screening for STI/RTI in PLHIV.

» Highlight that all women living with HIV (WLHIV) should be screened for cervicitis and vaginitis including trichomoniasis, vulvovaginal candidiasis and bacterial vaginosis at the initial visit and thereafter annually.

» Discuss syphilis infection in PLHIV. Highlight that there is increased risk of neurologic complications and higher rates of inadequate serologic response with recommended regimens in HIV-syphilis coinfection.

» Discuss the management of ano-genital Herpes in HIV infected persons.

» The session can be closed with discussion on real-time experience of participants.

Key Take away messages from the session

- The drugs used in syndromic management are chosen based on scientific criteria.
- Syndromic management is a comprehensive approach to include:
  - Treatment of patient and their partners
  - Risk reduction
  - Client education and counseling
  - Referral to ICTC (under opt-out policy)
  - Referral to other services, as necessary

Reference Material and Handouts:

- Training Module for STI/RTI medical Officers, 2014
- National Guidelines on Prevention, Management and Control of Reproductive Tract Infections and Sexually Transmitted Infections; Department of AIDS Control, MoH & FW, 2014
- Sexually Transmitted Infections Treatment Guidelines, 2021. CDC.
- Handout-3: Syndromic Management of STI/RTI

Session 10: Elimination of Vertical Transmission of HIV & Syphilis

Duration: 60 minutes

Additional Resources needed for this session

- Handouts 4, 5 and 6

Session Content

In this session, the participants will learn about the NACP strategy on Elimination of Vertical Transmission of HIV and Syphilis (EVTHS). The topics that will be covered in this technical session are the essential package of EVTHS services in India, care cascade for syphilis infected pregnant mother and syphilis exposed babies. The session will end by describing the care cascade for a HIV infected pregnant mother and her baby, under EVTHS strategy. The facilitator needs to add the state specific data of EVTHS as per Sankalak 5th edition in slide 4.

Facilitation Notes:

- Begin the session by explaining the term 'Vertical Transmission'. Thereafter, explain the terms 'Vertical transmission of Syphilis and HIV'.
- Discuss the state specific data of EVTHS as per Sankalak.
- Describe the new Four Prong strategy for EVTHS, under NACP-V. Highlight that it now includes strategies for dual elimination of vertical transmission of HIV and Syphilis
- Describe the strategies for Primary Prevention of HIV and Syphilis and who is responsible for implementing these strategies.
- Discuss the strategies for prevention of unintended pregnancies in women living with HIV and who is responsible for implementing these strategies.
- Emphasize that all pregnant women need to be screened for HIV & Syphilis by dual rapid diagnostic testing (Dual RDT) kits. If dual RDT are, not available then separate point of care (PoC) test kits for HIV and Rapid Plasma Reagin (RPR) or Venereal disease research laboratory (VDRL) test for Syphilis may be used.
- Ask trainees the question 'Who is responsible for testing pregnant women for HIV and Syphilis?'. Explain the answer that facilities providing ANC services such as VHSND/HWC and labour rooms.
- Explain the flowchart for Linkages of HIV/Syphilis reactive cases by ANM/Nurses.
- Begin the next part of the technical session on care of pregnant women with Syphilis infection, by explaining syphilis testing in pregnant women.

» Describe the care cascade flowchart for pregnant women infected with Syphilis.

» Discuss the protocol on treatment monitoring of Syphilis in pregnancy and the follow-up testing in syphilis reactive pregnant women.

» Describe the screening and management of women presenting directly in labour, for HIV and Syphilis

» Request two volunteers to read out the case scenarios 1 and 2 questions and attempt its answers. In case of an incorrect answer, other participants can be requested to answer. Thereafter, show the correct answers.

» Revise the specific counselling messages for Syphilis infected mother.

» Begin the next part of the technical session on care of Syphilis exposed infants and children, by explaining its definition.

» Describe the various clinical manifestations and case definitions of Congenital Syphilis.

» Enumerate the components of management for Syphilis exposed infants.

» Highlight that all Syphilis exposed infants will be referred to the nearest Special New-born Care Unit (SNCU)/ Neonatal Intensive Care Unit (NICU)/ pediatric treatment facility at Medical College/District Hospital/Sub-district Hospital, for assessment and management by pediatrician.

» Explain the scenario-based protocol for treatment of Syphilis Exposed Baby, based on serological and clinical parameters.

» Discuss the care cascade and follow up protocol for Syphilis-exposed Baby and who is responsible for implementing these interventions.

» Request a volunteer to read out the case scenarios-3 questions and attempt its answers. In case of an incorrect answer, other participants can be requested to answer. Thereafter show the correct answers.

» Summarize what has been learnt in the previous slides, by explaining the flowchart for care cascade for Syphilis infected mother (Handout 4).

» Begin the next part of the technical session on care of HIV infected pregnant woman and her baby, by discussing the flow of care of services.

» Explain the need for viral load testing at 32-36 weeks to determine the risk of HIV transmission to baby. Further, explain the HIV risk categorization of HIV exposed infants based on maternal viral load results.

» Revise the HIV Risk Categorization of the HIV exposed infant based on maternal viral load, as per the five case scenarios described earlier.

» Discuss the flowchart on ARV prophylaxis prescription for HIV exposed baby. Emphasize that the dose of drugs for ARV prophylaxis should be given as per dosage chart. Drug dosage of ARV prophylaxis in preterm babies, needs to be calculated as per mg/kg dosage. The participants to refer to handout-5 for ARV drug dosage of Syrup nevirapine and zidovudine.

» Request a volunteer to read out the case scenarios-4 question and attempt its answer. In case of an incorrect answer, other participants can be requested to answer. Thereafter, show the correct answer.

» Ask the participants to enumerate the counselling messages to be given to a HIV infected pregnant/ breast feeding mother.

» Discuss the flow of care services for HIV Exposed baby (Handout 6).

» End the session with an open discussion on how the knowledge gained during this session can be utilized during their daily activities.

Key Take away messages from the session

» India is committed to achieving the goal of EVTHS so that no child is born with HIV and Syphilis and the mothers are healthy.

» 'Test & Treat' policy for syphilis under NACP, single dose of Benzathine Penicillin given to Syphilis reactive pregnant women is enough to prevent infection to fetus

» Labour room nurse will offer bed side counselling and HIV and Syphilis screening test for women coming directly in labour

» All Syphilis exposed infants will be referred to the nearest Special New-born Care Unit (SNCU)/ pediatric treatment facility, for evaluation by pediatrician soon after birth

» Viral load should be performed for all HIV infected pregnant women between 32-36 weeks of pregnancy to categorize infants as High risk/Low risk based on Viral suppression

Reference Material and Handouts:

» EVTHS Guidance note for first phase implementation in 7 high priority states, 2023

» National Strategy and Operational guidelines towards Elimination of Congenital Syphilis, WHO &NACO, 2015; available at following link: http://www.naco.gov.in/sites/default/files/Elimination%20of%20Congenital%20Syphilis%20Book%20%282%29%20%281%29.pdf

» Sankalak: Status of National AIDS Response, Fourth Edition, 2022

» Handout- 4,5 and 6

Session 11: Management of STIs/RTIs in Sexual Violence

Duration: 45 minutes

Session Content

In this session, the participants will learn about the services that should be provided to a victim of sexual violence. The participants will be taught about medical management of sexual violence, including prevention of pregnancy, post exposure prophylaxis for STI, HIV and Hepatitis, care of injuries and counselling essential for the victim.

Facilitation Notes:

» Begin the session with the WHO definition of sexual violence and sexual assault.

» Explain the right to health for victims of sexual violence. Highlight that refusal of medical care to survivors/victims of sexual violence and acid attack amounts to an offence under Section 166B of the Indian Penal Code read with Section 357 C of the Code of Criminal Procedure.

» Describe the physical and psychological consequences of sexual violence.

» Explain the legal obligations of Health Care Providers and components of comprehensive response.

» Discuss the flowchart for comprehensive health care response to sexual violence.

» Enumerate the five medical services offered to a victim of sexual violence. Explain each in detail

» Explain the Post Exposure prophylaxis (PEP) for STI/RTI, to be advised in adults and children.

» Explain the PEP protocol for HIV.

» Discuss the laboratory tests for HIV, Hep B and Hep C, that need to be performed in all victims of sexual violence.

» Enumerate the situations needing an expert opinion for PEP prescription.

» Request a volunteer to read out the case scenario-1 and attempt its answer. In case of an incorrect answer, other participants can be requested to answer. Thereafter, show the correct answer.

» Discuss the psychological care that needs to be offered to sexual violence victims. Request participants to share their experience in context with challenges faced while giving medical services to sexual violence victims.

» End the session with an open discussion on how the knowledge gained during this session can be utilized during their daily activities.

Key Take away messages from the session

» Sensitive handling and empathetic counselling skills are essential to support victim to cope with their physical and psychological trauma.
» Sexual violence victims need post-exposure prophylaxis for HIV and STI.
» It is important to obtain informed consent for any examination, treatment, or referral in a case of sexual assault.
» There is no post exposure prophylaxis available against Hepatitis C.
» The first dose of PEP should be administered immediately (within 2 hours) and preferably within 72 hours of sexual assault.
» All pediatric sexual assault cases need to be notified to the concerned authority/ nodal officer in that state/ city (as per the POCSO Act, 2012).

Reference Material

» Guidelines and Protocols for Medico-legal care for survivors/victims of sexual violence, 2014, MOHFW, Govt of India. Available at: https://main.mohfw.gov.in/sites/default/files/953522324.pdf
» Guidelines for Forensic Medical examination in sexual assault cases, 2018, CSFL, Dte. Forensic Sciences, Chandigarh. Available at: https://www.mha.gov.in/sites/default/files/2022-09/womensaftyDivMedicalOfficers_06082018_0%5B1%5D.pdf

Session 12: Overview of STI/RTI services for Priority Populations

Duration: 30 minutes

Session Content

In this session, the participants will learn about the STI/RTI services for priority population, including pregnant women, high risk groups (HRGs), bridge population and population in prisons and other closed settings (POCS) and lastly in children and adolescents.

Facilitation Notes:

» Introduce the session by explaining that effective prevention and treatment of both symptomatic and asymptomatic STI/RTI in priority population is essential.
» Enumerate the priority population that would be covered in this session.
» Explain the effects of STI/RTI in pregnancy and vice-versa.
» Explain the management of specific STI/RTI in pregnancy including vaginitis and genital herpes.
» Discuss the details of management of STI/RTI in High-Risk Groups (HRG).
» Highlight the importance of regular check-ups for STI/RTI in HRG.
» Discuss the risks and prevention of STI/RTI in Women who have sex with women (WSW).
» Explain the presumptive treatment of STI/RTI provided to the high-risk groups.
» Discuss the risks, treatment, and prevention of STI/RTI in Bridge Population.
» Explain the high risks for STI/RTI in population living in prison, and other closed settings.
» Describe the comprehensive health service package for POCS.
» Discuss the key health services intervention including STI/RTI for POCS.
» Describe the modes of acquiring STI/RTI in children and adolescents.
» Discuss the primary prevention of STI/RTI in children and adolescents.

Key Take away messages from the session

- » STI/RTI in pregnancy is an important cause of maternal morbidity, perinatal morbidity, and mortality
- » Pregnant women with vaginal discharge in the second or third trimester should be treated for BV, trichomoniasis and VVC
- » Bridge population and people living in prisons and other closed settings should be counselled about safer sexual practices, safer injection practices, consistent and correct condom use

Reference Material and Handouts:

- » Training Module for STI/RTI medical Officers, 2014
- » National Guidelines on Prevention, Management and Control of Reproductive Tract Infections and Sexually Transmitted Infections; Department of AIDS Control, MoH & FW, 2014

Session 13: Client and Partner Education and Counselling for Safer sex practices (including PEP & PrEP for HIV and Condom use)

Duration: 30 minutes

Additional Resources needed for this session

- » Penis model
- » Samples of male and female condoms
- » Handout-7

Session Content

In this session the participants will understand the importance of client education and counseling in prevention and management of STI/RTI. They will learn the essential information for education and counselling of STI/RTI clients and their partners and the counselling messages for safer sex practices. The facilitator will demonstrate the correct steps for using a condom on a penis model. This session ends with understanding the guidelines for Post exposure Prophylaxis and Pre exposure Prophylaxis (PrEP) for HIV.

Facilitation Notes:

- » Begin the session by explaining the goals and general principles to be followed for client education.
- » Describe the information the clients & partners should know, in context with STI/RTI treatment and prevention.
- » Request a participant to answer the question- What is risky sex? Thereafter, explain the term.
- » Enumerate the safer sex practices, in context with prevention of STI/RTI. Explain these in detail with emphasis on non-penetrative measures and importance of condom usage as preventive tool.
- » Highlight that condom is a sheath-shaped barrier device used during sexual intercourse to reduce probability of pregnancy or HIV/STI
- » Emphasize that while condoms are highly effective, they are not 100% effective. They can break or slip if not used correctly or if they are past their expiration date.
- » Explain the correct steps for using a male condom by using a penis model.
- » Show the samples of female condom and explain the steps in using a female condom.
- » Request participants to refer to Handout-7 for this activity.
- » Request participants to share their experiences while explaining application of condoms or communication barriers.

» Describe the correct way to use lubricants, while applying condoms.
» Request a participant to answer the question- What to do if the condom breaks? Thereafter, discuss the answer.
» Discuss the various myths and misconceptions around condom usage.
» Start the next part of the session by explaining the terms Post exposure prophylaxis (PEP) and the two types of exposures.
» Discuss the risk of exposure from different body fluids.
» Explain the steps of first aid in case of body fluid exposure to skin, eyes, and mouth.
» Discuss the counselling messages for the client regarding PEP.
» Enumerate the situations needing expert opinion for PEP prescription.
» Highlight that in an occupational exposure in a 'Healthcare Worker', decision on the need for PEP, for HIV prevention, will depend on the exposure as well as source person's HIV status, ideally start PEP within 2 hours of exposure, within 72 hours.
» Explain the follow-up schedule for PEP.
» Discuss the Standard Workplace Precautions.
» Start the next portion of the session by explaining the term Pre-exposure Prophylaxis (PrEP)
» Request a volunteer to answer the question- Who can take PrEP? Thereafter, give the answer.
» Highlight that presently PrEP is not being dispensed under the National Program.
» Discuss the steps in screening clients and counselling for PrEP initiation
» Explain the PrEP regimen and follow-up protocol after initiation
» Discuss PrEP for safe conception

Key Take away messages from the session

» Non-penetrative sexual contact is where penis does not enter vagina, anus, or mouth, and when penetrative sex toys are not shared.
» Non-penetrative sex is encouraged as one of the efficient ways to lower the risk of HIV transmission.
» Condom is barrier against infections such as HIV/AIDS, gonorrhoea, chlamydia, syphilis, and herpes
» PEP refers to the comprehensive management instituted to minimize the risk of infection after exposure to blood-borne pathogens (HIV, HBV, HCV)
» PEP for HIV must be initiated within 2 hours (but preferably within the first 72 hours)
» PrEP refers to use of anti-retroviral medication, to reduce chances of getting infected, by people at substantial risk of acquiring HIV infection

Reference Material and Handouts:

» National Guidelines on Prevention, Management and Control of Reproductive Tract Infections and Sexually Transmitted Infections; Department of AIDS Control, MoH & FW, 2014
» National Guidelines for HIV Care and Treatment, 2021
» National Guidelines on Pre-Exposure Prophylaxis, NACO
» Handout-7: How to use Male and Female condom

Session 14: Sampoorna Suraksha Strategy – STI/RTI Services for at-risk HIV negative population

Duration: 45 minutes

Additional Resources needed for this session

- » Handout- 8: Activity Document
- » White Board and three different colour pens
- » Paper to make 30 chits and a bowl to keep the chits

Session Content

In this session the participants will learn about the objectives of the Sampoorna Suraksha Strategy (SSS) under NACP-V and the target population for implementation of the SSS. Further, they will be taught about the organizational structure, key activities, and client flow at the Sampoorna Suraksha Kendra (SSK). The facilitator needs to read the activity document and write out the chits and mark the board as per instructions given in the description of the activity.

Facilitation Notes:

- » Introduce the session by describing the background for implementing the newer strategies of prevention and reach the unreached populations.
- » Discuss the Indian scenario of new HIV infections. Highlight that while India has significantly reduced new annual HIV infections, there are new challenges that need to be addressed.
- » Highlight that the Sampoorna Suraksha Strategy (SSS) aims to cover 'at-risk' HIV negative populations through a cyclical and comprehensive package of services as per their needs to keep them HIV-negative.
- » Explain that the strategy will be delivered at the Sampoorna Suraksha Kendra (SSK), through a comprehensive service delivery package under one roof and will address the 360-degree health needs of the beneficiaries.
- » Request a participant to define the term "At Risk" population. Explain that the population "At Risk" for HIV & STIs is defined as 'any individual who is at risk of acquiring HIV or STI due to risky behaviors of self or partner(s).
- » The facilitator will facilitate the activity given in the handout-8 and slide-6.
- » Each participant is requested to come to the white board and pick up a chit from the bowl, read out the chit, and identify the type of client by entering it, under one of the three columns on the white board ('High risk' clients, 'At risk' clients and 'Others' clients). All the participants need to participate in this activity. This will be followed by an open discussion.
- » Explain that Sampoorna Suraksha Kendra (SSK) will provide basic services previously provided by facility (ICTC and DSRC), to At-risk clients of HIV & STI.
- » Explain the client flow at DSRC remodelled as SSK.
- » Explain the risk assessment of clients, through the questionnaire and explain how to categorize the clients into low, moderate, and high-risk for HIV/STI.
- » Describe the essential and desirable services that are to be provided across all SSKs and their linked centres.
- » Explain the follow-up protocol of "At-risk" HIV negative clients at SSK.

Key Take away messages from the session

- » Sampoorna Suraksha is an approach designed to reach out to persons who do not self-identify as HRGs but are at-risk for HIV & STI.
- » 'At-risk' population for HIV and STIs are defined as "any individual who is at risk of acquiring HIV or STI due to risky behaviors of self or partner(s)".

» The objective of SSK is to identify an individual who is 'at-risk' HIV negative and maintain their HIV and STI-negative status.
» Sampoorna Suraksha Strategy is being implemented through remodeled existing ICTCs or DSRCs, into Sampoorna Suraksha Kendra's (SSKs).
» SSKs will provide a full-service package under one roof, addressing the beneficiaries' total health needs.

Reference Material and Handouts:

» National Operational Guidelines on Sampoorna Suraksha Strategy 2023
» Strategy Document, National AIDS and STD Control Programme (NACP) Phase-V
» Sankalak: Status of National AIDS Response, Fourth Edition, 2022
» Handout-8: activity document

Session-15: Data Management

Duration: 30 minutes

Additional Resources needed for this session

» SOCH: STI training videos
» SOCH-DSRC Demonstration Module

Note:

» The session can be facilitated by M&E Officer, SACS.

Session Content

In this session, the participants will learn about the NACP Data Management System and the Data Storage and Protection rules. The participants will also understand the IIMS /SOCH interface at DSRC.

Facilitation Notes:

» Introduce the topic by explaining the need for adequate data security measures and established conditional permission protocols, for data access as established at all levels under NACP.
» Describe the two types of data management systems and flow of information from DSRC to NACO.
» Explain the term 'Data Confidentiality' and emphasize on the importance of proper storage of records and registers, preferably in locked cabinets.
» Discuss access to NACP Data by authorized personnel and importance of regular training of staff on updated data storage platforms and data security procedures.
» Give an overview of IIMS. Highlight that Strengthening Overall Care of HIV Beneficiaries (SOCH).
» Describe the IIMS /SOCH interface for DSRC Counselor. Emphasize that it is essential that Medical Officers are well versed with this interface to be able to monitor data entry in SOCH by Counsellor and for DQA processes.
» If internet is available, the medical officers may be taught to log in to the SOCH and see the DSRC module in real time basis
» The SOCH-DSRC training videos may also be played in the session.

Key Take away messages from the session

» NACP Data Management Guidelines, 2020, is applicable to all establishments generating, collecting, managing, and utilizing records of HIV-related information of protected persons, keeping with the HIV and AIDS (Prevention and Control) Act, 2017.
» Completing the data entry within time limits should be ensured so that the consistency and relevance of data is maintained

» M&E Officer at SACS is responsible for monitoring data entry by facilities and data quality checks.

Reference Material and Handouts:

» Data Management Guidelines, 2020; available at http://naco.gov.in/sites/default/files/Draft%20NACP%20Data%20Management%20Guidelines%202020.pdf

» The HIV and AIDS (Prevention & Control) Act, 2017, Chapter V

» Data Protection Guideline of National AIDS & STD Control Program

» Standard Operating Procedure for NACP Data Management at NACO, SACS and NACP establishment available at http://naco.gov.in/sites/default/files/SOP_for_data_management.pdf

Section B.2.5

Closing Note for Training

» The Two-Days Training can be concluded with a post-training evaluation and quality assessment of the classroom training by the participants.

» It should be ensured that all the participants complete and submit pre/post training evaluation and day-wise feedback forms for quality assessment of classroom trainings.

» The participants should be provided with hardcopy/soft copy all the necessary handouts.

» The participants should be assessed regularly during periodic supervisory visits by the SACS officers/ nodal persons.

» The queries and new knowledge from the fields should be communicated to SACS for a real-time guidance. The SACS can refer the unresolved queries to NACO.

» The participants should be encouraged to remain updated for all the latest versions of guidelines.

Section C

TRAINING OF MEDICAL OFFICERS ON STI, RTI and HIV SERVICES One-Day Module

C.1.1. Aim and Objectives of the Training

The aim of this classroom training is to update knowledge and develop skills of medical officers/ doctors for providing quality STI, RTI and HIV services. This training will apprise the participants on updated technical and operational guidelines and help in enhancing their clinical skills and ensuring quality documentation to render high quality care and support to the patients/clients accessing these services.

The objective of this training is to:

- » Understand the programmatic aspects of NACP-V
- » Learn about the syndromic management of STI/RTI among patients and their partners
- » Learn about Elimination of Vertical Transmission of HIV & Syphilis under NACP-V
- » Understand the HIV services under the programme.

C.1.2. Training Modalities

Training Duration: This is a one-day training, and it comprises of 8 sessions. These are a combination of power point presentations, case studies, group activities, role play and experience sharing. The training should be interactive in nature and be based on adult learning principles. Please note that the training material can be adapted regularly as per the updated technical and operational guidelines.

Participants of the Training

- » The training modules can be used for training of doctors/ medical officers from General Health Systems (at all levels of public health system).

Trainers

The trainers for the classroom training can be a pool of trainers (can be STI/RTI experts, HIV experts, programmatic experts, subject-matter experts etc.). The trainers may comprise of experts from medical colleges, SACS representatives, STI/RTI experts from field, representatives from technical organizations and development partners etc. The trainers will focus on the participants' need and respect the prior experience and concepts of the participants.

Batch Size

There will be about 15-30 participants in each batch of training.

Training Evaluation

The participants will attempt a Pre and Post-test Questionnaire at the beginning and end of the training respectively. The Pre/Post-test Questionnaire is placed in Annexure 5. At end of the day, the participants will fill a feedback form (see Annexure-6).

Note: These questionnaires and assessment forms can be converted in to google forms for ease of distribution and assessment. Moreover, the pre/post-test questionnaires can be updated as per the updated knowledge and technical/operational guidelines.

Guidance for Trainers

- » The SACS (or organizer) will be responsible for co-ordinating of all the logistic arrangements such as venue, seating arrangements, training material etc.
- » This should be ensured that all resource material, training presentations and handouts are available at the training site, in co-ordination with logistic co-ordinator.
- » The trainers should read the facilitator's guide and get familiar with the contents of the sessions.
- » The trainers can use different training methods and resources to facilitate learning during their respective sessions.
- » The trainers should keep their sessions interactive.
- » Energizers can be introduced at regular intervals as per need.

Administrative Arrangements for the Training

The following administrative arrangements may be ensured for conducting the training:

- » Adequate and appropriate logistics (including seating arrangements, availability of drinking water, white board, flip chart, pens, attendance sheet, certificates for participation etc.)
- » Availability of laptop, LCD projector and PPTs, appropriate videos and other material needed for the training.
- » Handouts, agenda, feed-back formats, and pre/post-test questionnaires.

Guidance for Participants

- » Adequate and appropriate logistics (including seating arrangements, availability of drinking water, white board, flip chart, pens, attendance sheet, certificates for participation etc.)
- » Availability of laptop, LCD projector and PPTs, appropriate videos and other material needed for the training.
- » Handouts, agenda, feed-back formats, and pre/post-test questionnaires.

Section- C.2.1

Agenda of the One-Day Classroom Training of Medical Officers on STI, RTI and HIV services

The classroom trainings will be conducted for a duration of one day only. The training comprises of 8 sessions. These are a combination of power point presentations, case studies, group activities, and experience sharing. The training shall be interactive in nature and be based on principles of adult learning. The agenda mentioned in section C.2.1 may be referred for understanding the flow of the sessions.

Three-Days Training of Medical Officers on STI, RTI and HIV services
Dates: DD/MM/YY to DD/MM/YY
Venue: XYZ

Time	Session	Resource Person
0900 – 0930 Hrs	Introduction and Welcome of the Participants (Followed by Pre-Training Assessment)	
0930 – 0945 Hrs	Session 0: Introducing the training (Objectives, Roles & Responsibilities)	
0945 – 1015 Hrs	Session 1: Introduction to NACP-V & Programmatic Aspects on STI/RTI Services	
1015 – 1115 Hrs	Session 2: Introduction to High-Risk Groups for HIV and STIs	
1115 – 1130 Hrs	Tea Break	
1130 – 1200 Hrs	Session 3: Basics of STI/RTI including HIV	
1200 – 1300 Hrs	Session 4: Syndromic Case Management of STI/RTI (including Dual RDT Screening for HIV & Syphilis)	
1300 – 1400 Hrs	Lunch Break	
1400 – 1500 Hrs	Session 5: HIV care and Treatment	

1500 – 1600 Hrs	Session 6: Elimination of Vertical Transmission of HIV & Syphilis	
1600 – 1615 Hrs	Tea Break	
1615 – 1645 Hrs	Session 7: Sampoorna Suraksha Strategy – STI/RTI Services for at-risk HIV negative population	
1645 – 1730 Hrs	Session 8: Introduction to medico-legal aspects of HIV & STIs including HIV and AIDS (Prevention and Control) Act 2017	
1730 – 1600 Hrs	Post Test Evaluation	

Section-C.2.2

Training Content

The training can begin with preparatory and ice breaking activities prior to the start of technical sessions. The registration will start at 9 am and the training is expected to be completed by 5:30 pm. The Welcome and keynote address can be delivered by senior officials of NACO/SACS or General Health System. This can be followed by inauguration/introductory or ice breaking sessions.

This will be followed by a presentation on Introducing the Training (Session 0), by senior officials of NACO/SACS/General Health System. The participants will attempt a pre-test evaluation within 20 minutes after the introductory session. The organizers should distribute and collect the pre-test form within this period. The rest of the day has 8 technical sessions of 30 minutes to 60 minutes duration each. The organizer should circulate the presentation for session-8 and videos (on clinical examination, Administration of Injection Benzathine Penicillin, HIV/AIDS Prevention and Control Act etc) to the participants as a reading material one day before the training.

The trainers may use some energizing activity in sessions following lunch.

Resources Required:

- LCD projector
- Screen
- Mikes and PA system
- White board/Flip Chart/Marker Pens
- Session Presentations
- Handouts and Assessment Forms

Session-0: Introducing the Training

Duration: 30 minutes

Session Content

In this session, the participants will learn about the objectives and expected outcomes of the training. The participants will also be explained about the training curriculum.

Facilitation Notes:

- Begin the session by explaining the key components and objectives of the training.
- Highlight that during classroom trainings, important concepts will be revised, and focus will be on practical applications of the concepts.
- Mention that classroom training will be conducted using videos, case scenarios, and group activities.

» Familiarize the participants with the course content, materials, evaluation, and ground rules to be observed during training.

» End the session by discussing the Four Steps for "Getting It Right".

Session 1: Introduction to NACP-V & Programmatic Aspects on STI/RTI Services

Duration: 30 minutes

Session Content

In this session, the participants will be taught about the present status of the HIV epidemic in the country. They will also learn about the evolution of the National AIDS and STD Control Program (NACP) and the goals, objectives, and the strategies of NACP Phase -V. The programmatic aspects of STI/RTI services, with the newer interventions to achieve the goal of END AIDS by 2030, will be explained in detail.

Facilitation Notes:

» Begin the session by explaining the session objectives.

» Explain the evolution of the National AIDS and STD Control Program.

» Describe the adult prevalence of HIV as per the states of India

» Highlight that India has the second largest number of estimated PLHIV in the world, second to South Africa.

» Highlight that 40% of the burden of PLHIV in India comes from the states of Maharashtra, Andhra Pradesh, and Karnataka and that Mizoram has the highest HIV prevalence.

» Provide details on HIV Prevalence in different population groups.

» Request a volunteer to read out the quiz-1 and attempt to answer it. In case of an incorrect answer, other participants can be requested to answer.

» Explain 95-95-95 target set by UNAIDS to achieve END AIDS by 2030

» Request volunteers to enumerate the five goals of NACP-V Strategy. Thereafter explain these to the participants

» Describe the objectives of NACP-V strategy. Highlight that a new indicator has been added: 95% of pregnant and breastfeeding women living with HIV have suppressed viral load towards attainment of elimination of vertical transmission of HIV.

» Emphasize the objectives of STI/RTI prevention and control, which also include attainment of elimination of vertical transmission of syphilis.

» Explain the community-Inclusive Targeted Interventions under NACP-V strategy

» Request volunteers to share their knowledge about the HIV Counselling and Testing Services and HIV Care, Support and Treatment Services under NACP.

» Explain the laboratory network under NACP and inform that laboratory services under the programme will be provided through a three-tier network.

» Request volunteers to share their knowledge about the IEC interventions under NACP.

» Explain the collaborations of NACP with National Health Mission (NHM)

» Enumerate the newer interventions under NACP-V

» Start the next part of the session on programmatic aspects of STI/RTI services under NACP Phase-V, by describing the Goal-3 of NACP- V strategy, which is on Elimination of Vertical Transmission of HIV and Syphilis (EVTHS)

» Explain Goal 4, which aims to promote universal access to quality STI/RTI services to at-risk and vulnerable populations

» Describe the STI/RTI services delivery framework in India

» Describe the regional and state level network of STI laboratories and their functions

» Request a volunteer to read out quiz-2 and attempt its answer. In case of an incorrect answer, other participants can be requested to answer.

Key Take away messages from the session

- » India has the second largest estimated number of PLHIV (24 lakhs) in the world of which 40% are in Maharashtra, Andhra Pradesh, and Karnataka.
- » PWID have the highest prevalence of HIV (9%) in India.
- » NACO has adopted 95-95-95 targets set by UNAIDS 'to end HIV as a Public Health threat by 2030'
- » Quality standardized Sexual & Reproductive Health (SRH) services in India are provided at district, sub-district, and medical college level, through Designated STI/RTI Clinics (DSRC) or "Suraksha Clinics".
- » NACP Phase-V will focus on newer initiatives such Sampoorna Suraksha Strategy to cover 'at-risk' HIV negative persons through a cyclical and comprehensive package of services.
- » NACP phase-V focuses on STI/RTI through inclusion of Goal 3 and Goal 4.
- » Laboratory support for STI/RTI has been strengthened through a network of 10 regional STI Laboratories and 45 state reference centres.

Reference Material and Handouts:

- » Strategy Document, National AIDS and STD Control Program, Phase-V (2021-2026)
- » National Operational Guidelines for ART Services, 2021
- » Sankalak: Status of National AIDS Response, Fifth Edition, 2023
- » National Operational Guidelines on Sampoorna Suraksha Strategy 2023
- » National STI/RTI Guidelines 2014

Session 2: Introduction to High-Risk Groups for HIV and STIs

Duration: 30 minutes

Session Content

In this session, the participants will be taught about the concepts of sex, gender, sexuality, and the High-Risk Groups (HRG) for HIV & STIs as covered under the National Programme. The participants will be updated about the barriers to healthcare and stigma and discrimination faced by HRGs & PLHIV. The session will end with strategies to reduce risk of HIV and STIs in HRGs and discussion with community representatives.

Facilitation Notes:

- » Begin the session by explaining the term 'Sex'. Further explain that sex identifies a person as male or female or intersex.
- » Request a volunteer to explain the term 'intersex'. Thereafter, explain the term to the participants.
- » Explain the terms gender, gender identity, gender roles and gender expression.
- » Explain the term sexual orientation. Request 2-3 volunteers to enumerate the types of sexual orientation. Thereafter, explain the various types of sexual orientation.
- » Describe the relationship between gender-sex-sexuality and how it impacts vulnerability to HIV & STI.
- » Request volunteers to enumerate the typologies of HRGs. Thereafter, explain the NACO terminologies for HRGs.
- » Request volunteers to enumerate the barriers faced by HRGs to access healthcare services.
- » Request volunteers to explain the term stigma and discrimination. Thereafter, describe the stigma associated with HIV and the discrimination faced by HRGs.
- » Enumerate the various risk reduction strategies under NACP.

» The community representatives (HRGs and PLHIV) can be invited to sensitize the participants on stigma and discrimination faced by the communities (4 minutes each for 2 speakers).

» End the session with an open discussion on how the knowledge gained during this session can be utilized during their daily activities.

Key Take away messages from the session

» Be sensitive towards issues around gender, sexuality, sex work and substance use.

» Health Care Providers need to ensure stigma-free, HIV prevention, care, support, and treatment:

- ➢ Identify and treat STI/RTI among high-risk, at-risk, and other vulnerable populations
- ➢ Provide mental health support
- ➢ Facilitate access to social security and livelihood options
- ➢ Providing services is an opportunity to educate on risk and vulnerability

» Risk Reduction can be achieved by targeted interventions which is a cost-effective way to implement HIV/STI prevention and care programs

Reference Material and Handouts:

» Sankalak: Status of National AIDS Response, Fifth Edition, 2023

» Whitepaper on Transgender Persons Health; available at http://naco.gov.in/sites/default/files/Whitepaper_on_Transgender_Persons_Health.pdf

» Targeted Interventions for High-Risk Groups (HRGs), NACO

Session 3: Basics of STI/RTI including HIV

Duration: 30 minutes

Session Content

In this session, the participants will learn about the importance of sexual and reproductive health and well-being. Further, they will learn about common STI and RTI in India, their causative agents and their signs and symptoms. The participants will be taught about interactions between STI/RTI and HIV. The session will further describe necessary communication skills and behaviour for performing clinical examination of a STI/RTI client.

Facilitation Notes:

» Introduce the concept of sexual and reproductive health and well-being.

» Request volunteers to define the terms STI and RTI. Thereafter, explain the correct definitions.

» Enumerate the causative agents and common sites of STI/RTI.

» Request volunteers to describe the common signs and symptoms of STI/RTI.

» Request volunteers to describe the modes of transmission of STI/RTI.

» Introduce the topic of HIV infection by describing the HIV virus.

» Request volunteers to explain the difference between HIV and AIDS. Highlight that HIV affects the immune system and leads to AIDS.

» Discuss the modes of transmission and the risk of transmission associated with each mode.

» Explain situations associated with higher risk of spreading HIV infection.

» Discuss the various myths and misconceptions associated with HIV infection. Request participants to volunteer to answer the True or False quiz questions.

» Request participants to explain the interactions between STI/RTI and HIV. Review points that the participants have overlooked.

» Further explain the skills necessary for appropriate history taking and conducting clinical examination of clients

» End the session with an open discussion on how the knowledge gained during this session can be utilized during their daily activities.

Key Take away messages from the session

» STI are spread through sexual contact, while RTI can also be caused by overgrowth of normal organisms or improper medical procedures

» STI and RTI can increase the risk of HIV transmission and acquisition, alter the natural history and manifestations of HIV infection, and affect the success of ART treatment.

» STI and RTI can be prevented and treated by safe sex practices, hygiene, screening, diagnosis, counselling, and medication.

» STI/RTI are a major public health problem that can cause serious complications and increase the risk of HIV transmission.

» Appropriate communication skills and behavior is necessary for preventing and managing HIV and STIs among clients.

Reference Material and Handouts:

» National Status of AIDS Response; Sankalak 5th Edition, 2023

» WHO Consolidated Guideline on Sexual and Reproductive health and rights of women living with HIV, 2017

» National Guidelines on Prevention, Management and Control of Reproductive Tract Infections and Sexually Transmitted Infections; Department of AIDS Control, MoH & FW, 2014

Session 4: Syndromic Case Management of STI/RTI (including Dual RDT Screening for HIV & Syphilis)

Duration: 60 minutes

Additional Resources needed for this session

» Handout-2 (Syndromic Case Management)

Session Content

In this session, the participants will learn about the comprehensive management of STI/RTI and the three common approaches to STI/RTI Management. The Syndromic Case Management of STI/RTI will be explained in detail with the use of flowcharts. Thereafter, the participants will be taught in detail about Syphilis infection, its diagnosis, interpretation of test results and management, including administration of injection penicillin.

Facilitation Notes:

» Begin the session by explaining that the purpose of comprehensive STI/RTI case management is to provide appropriate treatment and achieve cure (wherever possible) and reduce infectiousness and risk of developing complications.

» Explain the advantages and disadvantages of Syndromic Case Management of STI/RTI

» Enumerate the syndromes of STI/RTI

» Present a brief history to correlate with the clinical findings in the image of urethral discharge. The facilitator may say that a 25 years old male presented with history of unprotected sex a week before complaints of urethral discharge.

» Request a volunteer for the approach to be followed to manage a case of urethral discharge. Thereafter, explain management of urethral discharge.

» Discuss the common causes of vaginal discharge and explain the approach for its management by explaining the flowchart.

» Ask the participants "How to differentiate syphilitic ulcer with a herpetic ulcer"?
» Explain in detail the management of Genital Ulcers
» Ask participants, "how to manage a patient who presents with pain and swelling in the scrotum?"
» Give the answer, by explaining in detail the presentation and management of Scrotal Swelling Syndrome.
» Discuss the common causes of lower abdominal pain in women and describe the syndromic management for Lower Abdominal Pain.
» Explain the signs and symptoms of Inguinal Bubo and thereafter explain the management of Inguinal Bubo.
» Start the next part of the session, by explaining the stages of Syphilis and showing the images of Primary and Secondary Syphilis.
» Describe the two serological tests for Syphilis, and explain both testing algorithm for Syphilis
» Describe the detail algorithms for diagnosis of syphilis using Dual RDT kits
» Discuss interpretations of syphilis testing results. Highlight that results of the serological tests help to reach only a presumptive diagnosis. The treatment decision should consider possible false-positive or false-negative reactions due to other underlying diseases or previous history of treatment.
» Explain in detail the flowcharts for interpretation of Treponemal and Non-Treponemal test results
» Discuss the basic guidelines of management of syphilis in clients and their partners.
» Describe in detail the treatment of Syphilis infection, based on the stage of the infection.
» Explain the steps for administration of injection benzathine penicillin G and treating any anaphylactic reactions to penicillin.
» Describe how to monitor for treatment response to complete course of penicillin
» Highlight that the same test kit should be used to monitor treatment response, i.e., from the same manufacturer and testing laboratory, used while confirming syphilis, for comparing the titre values.

Key Take away messages from the session

» The drugs used in syndromic management are chosen based on scientific criteria.
» Syndromic management is a comprehensive approach to include:
    ➢ Treatment of patient and their partners
    ➢ Risk reduction
    ➢ Client education and counseling
    ➢ Referral to ICTC (under opt-out policy)
    ➢ Referral to other services, as necessary

Reference Material and Handouts:

» Training Module for STI/RTI medical Officers, 2014
» National Guidelines on Prevention, Management and Control of Reproductive Tract Infections and Sexually Transmitted Infections; Department of AIDS Control, MoH & FW, 2014
» Sexually Transmitted Infections Treatment Guidelines, 2021. CDC.
» Handout-2: Syndromic Management of STI/RTI

Session- 5: HIV care and Treatment

Duration: 60 minutes

Additional Resources for this session:

- » HIV life cycle video
- » Pill box of ARV drugs
- » Strip of Co-trimoxazole
- » Handout-3 (List of ARV Drugs under Programme)

Session Content

In this session, the participants will be explained the concepts on HIV testing strategies and preparing a PLHIV for initiation of life-long Anti-retroviral therapy (ART) and processes for ART initiation and follow-up. The session will end by describing the considerations of STI/RTI in PLHIV.

Facilitation Notes:

- » Begin the session by describing the HIV testing strategies as employed under NACP-V.
- » Introduce the next part of the session as 'Introduction to Anti-retroviral Therapy (ART)', by explaining the term ART and how it works.
- » Emphasize that ART uses a combination of different classes of Anti-retroviral (ARV) drugs.
- » Explain why ART has to be lifelong treatment.
- » Explain the goals of ART and the "TREAT ALL" policy for PLHIV.
- » Describe the common symptoms of OIs.
- » Request participants to answer the pictures presented for on-spot diagnosis. Thereafter, disclose the correct answers.
- » Explain the cutaneous disorders, which may warrant HIV screening.
- » Explain the 4 Symptom (4-S) Screening for tuberculosis. Emphasize that all 4S positive PLHIV are considered as a case of presumptive TB and should be referred for appropriate investigations for diagnosing active TB.
- » Explain the management of OIs in PLHIV and need and indications for Cotrimoxazole Preventive Therapy (CPT).
- » Describe the common abbreviations of ARV drugs used in the program, and their dosage. Participants can refer to Handout-3 for list of ARV drugs available under the program.
- » Highlight that ART is a combination of three drugs usually available as fixed drug combinations. Accordingly, the ART regimens are decided. TLD regimen is a fixed drug combination of Tenofovir (TDF 300 mg) + Lamivudine (3TC 300 mg) + Dolutegravir (DTG 50 mg).
- » Discuss the causes and effects of poor adherence to ART.
- » Explain the table showing the timing of routine viral load & CD4 tests for PLHIV.
- » Explain about role and functions of the State AIDS Clinical Expert Panel (SACEP).
- » Discuss the presentations of STI/RTI in PLHIV.
- » Explain the timing of screening for STI/RTI in PLHIV.
- » Highlight that all women living with HIV (WLHIV) should be screened for cervicitis and vaginitis including trichomoniasis, vulvovaginal candidiasis and bacterial vaginosis at the initial visit and thereafter annually.
- » Discuss syphilis infection in PLHIV. Highlight that there is increased risk of neurologic complications and higher rates of inadequate serologic response with recommended regimens in HIV-syphilis coinfection.
- » Discuss the details of Post-Exposure Prophylaxis for HIV and Workplace precautions.
- » Summarize the key take home messages from this last part of the session.

» End the session with an open discussion on how the knowledge gained during this session can be utilized during their daily activities.» Ask the participants "How to differentiate syphilitic ulcer with a herpetic ulcer"?

» Explain in detail the management of Genital Ulcers

» Ask participants, "how to manage a patient who presents with pain and swelling in the scrotum?"

» Give the answer, by explaining in detail the presentation and management of Scrotal Swelling Syndrome.

» Discuss the common causes of lower abdominal pain in women and describe the syndromic management for Lower Abdominal Pain.

» Explain the signs and symptoms of Inguinal Bubo and thereafter explain the management of Inguinal Bubo.

» Start the next part of the session, by explaining the stages of Syphilis and showing the images of Primary and Secondary Syphilis.

» Describe the two serological tests for Syphilis, and explain both testing algorithm for Syphilis

» Describe the detail algorithms for diagnosis of syphilis using Dual RDT kits

» Discuss interpretations of syphilis testing results. Highlight that results of the serological tests help to reach only a presumptive diagnosis. The treatment decision should consider possible false-positive or false-negative reactions due to other underlying diseases or previous history of treatment.

» Explain in detail the flowcharts for interpretation of Treponemal and Non-Treponemal test results

» Discuss the basic guidelines of management of syphilis in clients and their partners.

» Describe in detail the treatment of Syphilis infection, based on the stage of the infection.

» Explain the steps for administration of injection benzathine penicillin G and treating any anaphylactic reactions to penicillin.

» Describe how to monitor for treatment response to complete course of penicillin

» Highlight that the same test kit should be used to monitor treatment response, i.e., from the same manufacturer and testing laboratory, used while confirming syphilis, for comparing the titre values.

Key Take away messages from the session

» All persons diagnosed with HIV infection are eligible for ART initiation regardless of CD4 count, age or WHO Clinical Staging.

» Rapid ART Initiation can be done if patient is adequately prepared, and no other contraindications are present.

» The preferred first line ART regimen for ART-naïve PLHIV is TLD.

» A 100% treatment adherence rates are vital for efficacy of ART.

» STI/RTI presentations in PLHIV may be unusual, atypical, and/or severe.

» Viral load testing is an important tool to monitor patients on ART and to decide on treatment failure.

Reference Material and Handouts:

» EVTHS Guidance note for first phase implementation in 7 high priority states, 2023

» National Guidelines for HIV Care and Treatment, 2021

» Handout-3: ARV drugs used in the Program

Session 6: Elimination of Vertical Transmission of HIV & Syphilis

Duration: 60 minutes

Additional Resources for this session:

» Handouts 4, 5 and 6

Session Content

In this session, the participants will learn about the NACP strategy on Elimination of Vertical Transmission of HIV and Syphilis (EVTHS). The topics that will be covered in this technical session are the essential package of EVTHS services in India, care cascade for syphilis infected pregnant mother and syphilis exposed baby. The session will end by describing the care cascade for a HIV infected pregnant mother and her baby, under EVTHS strategy.

Facilitation Notes:

» Begin the session by describing the HIV testing strategies as employed under NACP-V.

» Introduce the next part of the session as 'Introduction to Anti-retroviral Therapy (ART)', by explaining the term ART and how it works.

» Emphasize that ART uses a combination of different classes of Anti-retroviral (ARV) drugs.

» Explain why ART has to be lifelong treatment.

» Explain the goals of ART and the "TREAT ALL" policy for PLHIV.

» Describe the common symptoms of OIs.

» Request participants to answer the pictures presented for on-spot diagnosis. Thereafter, disclose the correct answers.

» Explain the cutaneous disorders, which may warrant HIV screening.

» Explain the 4 Symptom (4-S) Screening for tuberculosis. Emphasize that all 4S positive PLHIV are considered as a case of presumptive TB and should be referred for appropriate investigations for diagnosing active TB.

» Explain the management of OIs in PLHIV and need and indications for Cotrimoxazole Preventive Therapy (CPT).

» Describe the common abbreviations of ARV drugs used in the program, and their dosage. Participants can refer to Handout-3 for list of ARV drugs available under the program.

» Highlight that ART is a combination of three drugs usually available as fixed drug combinations. Accordingly, the ART regimens are decided. TLD regimen is a fixed drug combination of Tenofovir (TDF 300 mg) + Lamivudine (3TC 300 mg) + Dolutegravir (DTG 50 mg).

» Discuss the causes and effects of poor adherence to ART.

» Explain the table showing the timing of routine viral load & CD4 tests for PLHIV.

» Explain about role and functions of the State AIDS Clinical Expert Panel (SACEP).

» Discuss the presentations of STI/RTI in PLHIV.

» Explain the timing of screening for STI/RTI in PLHIV.

» Highlight that all women living with HIV (WLHIV) should be screened for cervicitis and vaginitis including trichomoniasis, vulvovaginal candidiasis and bacterial vaginosis at the initial visit and thereafter annually.

» Discuss syphilis infection in PLHIV. Highlight that there is increased risk of neurologic complications and higher rates of inadequate serologic response with recommended regimens in HIV-syphilis coinfection.

» Discuss the details of Post-Exposure Prophylaxis for HIV and Workplace precautions.

» Summarize the key take home messages from this last part of the session.

» End the session with an open discussion on how the knowledge gained during this session can be utilized during their daily activities.

Key Take away messages from the session

- » India is committed to achieving the goal of EVTHS so that no child is born with HIV and Syphilis and the mothers are healthy.
- » Test & Treat' policy for syphilis under NACP, single dose of Benzathine Penicillin given to Syphilis reactive pregnant women is enough to prevent infection to fetus
- » Labour room nurse will offer bed side counselling and HIV and Syphilis screening test for women coming directly in labour
- » All Syphilis exposed infants will be referred to the nearest Special New-born Care Unit (SNCU)/ pediatric treatment facility, for evaluation by pediatrician soon after birth
- » Viral load should be performed for all HIV infected pregnant women between 32-36 weeks of pregnancy to categorize infants as High risk/Low risk based on Viral suppression

Reference Material and Handouts:

- » EVTHS Guidance note for first phase implementation in 7 high priority states, 2023
- » National Strategy and Operational guidelines towards Elimination of Congenital Syphilis, WHO &NACO, 2015; available at following link: http://www.naco.gov.in/sites/default/files/Elimination%20of%20Congenital%20Syphilis%20Book%20%282%29%20%281%29.pdf
- » Sankalak: Status of National AIDS Response, Fourth Edition, 2022
- » Handout- 4,5 and 6

Session 7: Sampoorna Suraksha Strategy – STI/RTI Services for at-risk HIV negative population

Duration: 30 minutes

Session Content

In this session the participants will learn about the objectives of the Sampoorna Suraksha Strategy (SSS) under NACP-V and the target population for implementation of the SSS. Further, they will be taught about the organizational structure, key activities, and client flow at the Sampoorna Suraksha Kendra (SSK). The facilitator needs to read the activity document and write out the chits and mark the board as per instructions given in the description of the activity.

Additional Resources for this session:

- » Handout- 8: Activity Document
- » White Board and three different colour pens
- » Paper to make 30 chits and a bowl to keep the chits

Facilitation Notes:

- » Introduce the session by describing the background for implementing the newer strategies of prevention and reach the unreached populations.
- » Discuss the Indian scenario of new HIV infections. Highlight that while India has significantly reduced new annual HIV infections, there are new challenges that need to be addressed.
- » Highlight that the Sampoorna Suraksha Strategy (SSS) aims to cover 'at-risk' HIV negative populations through a cyclical and comprehensive package of services as per their needs to keep them HIV-negative.
- » Explain that the strategy will be delivered at the Sampoorna Suraksha Kendra (SSK), through a comprehensive service delivery package under one roof and will address the 360-degree health needs of the beneficiaries.

» Request a participant to define the term "At Risk" population. Explain that the population "At Risk" for HIV & STIs is defined as 'any individual who is at risk of acquiring HIV or STI due to risky behaviors of self or partner(s).

» The facilitator will facilitate the activity given in the handout-8 and slide-6.

» Each participant is requested to come to the white board and pick up a chit from the bowl, read out the chit, and identify the type of client by entering it, under one of the three columns on the white board ('High risk' clients, 'At risk' clients and 'Others' clients). All the participants need to participate in this activity. This will be followed by an open discussion.

» Explain that Sampoorna Suraksha Kendra (SSK) will provide basic services previously provided by facility (ICTC and DSRC), to At-risk clients of HIV & STI.

» Explain the risk assessment of clients, through the questionnaire and explain how to categorize the clients into low, moderate, and high-risk for HIV/STI.

» Describe the essential and desirable services that are to be provided across all SSKs and their linked centres.

» Explain the follow-up protocol of "At-risk" HIV negative clients at SSK.

Key Take away messages from the session

» Sampoorna Suraksha is an approach designed to reach out to persons who do not self-identify as HRGs but are at-risk for HIV & STI.

» 'At-risk' population for HIV and STIs are defined as "any individual who is at risk of acquiring HIV or STI due to risky behaviors of self or partner(s)".

» The objective of SSK is to identify an individual who is 'at-risk' HIV negative and maintain their HIV and STI-negative status.

» Sampoorna Suraksha Strategy is being implemented through remodeled existing ICTCs or DSRCs, into Sampoorna Suraksha Kendra's (SSKs).

» SSKs will provide a full-service package under one roof, addressing the beneficiaries' total health needs.

Reference Material and Handouts:

» National Operational Guidelines on Sampoorna Suraksha Strategy 2023

» Strategy Document, National AIDS and STD Control Programme (NACP) Phase-V

» Sankalak: Status of National AIDS Response, Fourth Edition, 2022

» Handout-8: activity document

Key Take away messages from the session

- » India is committed to achieving the goal of EVTHS so that no child is born with HIV and Syphilis and the mothers are healthy.
- » Test & Treat' policy for syphilis under NACP, single dose of Benzathine Penicillin given to Syphilis reactive pregnant women is enough to prevent infection to fetus
- » Labour room nurse will offer bed side counselling and HIV and Syphilis screening test for women coming directly in labour
- » All Syphilis exposed infants will be referred to the nearest Special New-born Care Unit (SNCU)/ pediatric treatment facility, for evaluation by pediatrician soon after birth
- » Viral load should be performed for all HIV infected pregnant women between 32-36 weeks of pregnancy to categorize infants as High risk/Low risk based on Viral suppression

Reference Material and Handouts:

- » EVTHS Guidance note for first phase implementation in 7 high priority states, 2023
- » National Strategy and Operational guidelines towards Elimination of Congenital Syphilis, WHO &NACO, 2015; available at following link: http://www.naco.gov.in/sites/default/files/Elimination%20of%20Congenital%20Syphilis%20Book%20%282%29%20%281%29.pdf
- » Sankalak: Status of National AIDS Response, Fourth Edition, 2022
- » Handout- 4,5 and 6

Session 8: Introduction to medico-legal aspects of HIV & STIs including HIV and AIDS (Prevention and Control) Act 2017

Duration: 45 minutes

Session Content

In this session the participants will learn about the provisions for Management of STI/RTI in sexual violence. The objectives and provisions in the HIV and AIDS (Prevention and Control) ACT 2017 will be discussed. They will further understand the provisions in the Transgender Bill/Act and the Protection of Children from Sexual Offences (POCSO) ACT, 2012. The detailed presentation on HIV and AIDS (Prevention and Control) ACT 2017, Transgender Bill/Act and the Protection of Children from Sexual Offences (POCSO) ACT, 2012 will be provided to the participants one day before the training.

Facilitation Notes:

- » The presentation will start with details on management of STI/RTI among cases of sexual violence.
- » The participants are asked whether they have seen the presentation and the movies shared yesterday.
- » Thereafter, the facilitator requests participants to share any queries or clarifications needed for the three Acts.
- » Request participants to share experience of reporting an offence under any of the three Acts.
- » A brief discussion can be undertaken regarding the provisions in the Acts. Discuss the provisions associated with Ombudsman and Complaint Officer
- » Request a volunteer to read out the case study-1 and have an open discussion about the question- What actions were against the provisions given in the HIV/AIDS ACT? Thereafter, disclose the correct answer.
- » Request another volunteer to read out the case study-2 and have an open discussion about the question- What actions were against the provisions given in the HIV/AIDS ACT? Thereafter, disclose the correct answer.

» Request other volunteers to read out the case study 3, 4 and 5 and and have an open discussion about the respective Acts.

» End the session with an open discussion with trainees, on how the knowledge gained during this session can be utilized during their daily activities.

Key Take away messages from the session

» The HIV and AIDS Act prohibits acts of discrimination against protected person in different settings, including healthcare settings.

» The Act mandates seeking informed consent of a person or his representative prior to conducting an HIV test and performing any medical treatment.

» The Act stipulates that no person can be compelled to disclose their HIV status.

» Every establishment consisting of 100 or more persons and every healthcare establishment consisting of 20 or more persons shall designate a Complaints Officer.

» The Complaints Officer shall dispose of complaints of violations of the provisions of this Act arising at the establishment level.

Reference Material and Handouts:

» The Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (Prevention and Control) Act, 2017

» The Transgender Persons (Protection of Rights) ACT 2019 and Rules 2020

» The Protection of Children from Sexual Offences (POCSO) ACT, 2012

» Presentation on Introduction to Medicolegal Aspects of HIV & STIs.

Section C.2.5.

Closing Note for Training

» The One-Day training can be concluded with a post-training evaluation and quality assessment of the classroom training by the participants.

» It should be ensured that all the participants complete and submit pre/post training evaluation and form for quality assessment of classroom trainings.

» The participants should be provided with hardcopy/soft copy all the necessary handouts.

» The participants should be assessed regularly during periodic supervisory visits by the SACS officers/ nodal persons.

» The queries and new knowledge from the fields should be communicated to SACS for a real-time guidance. The SACS can refer the unresolved queries to NACO.

» The participants should be encouraged to remain updated for all the latest versions of guidelines

Annexures

Annexure 1

Pre/Post-test Questionnaire for Three-Days Classroom Training of Medical Officers on STI, RTI and HIV Services

Please read the following before filling up the questionnaire:

» This questionnaire is designed to assess the knowledge of the participants in the areas to be covered during the training. This is to ensure the effectiveness of the training and not to evaluate a participant.

» Choose only one answer from the given responses under each question. Please try to answer all the questions.

Question 1: Intersex is a general term used for a variety of conditions in which a person is born with a reproductive or sexual anatomy that doesn't seem to fit the typical definitions of female or male. This statement is True or False?

A. True
B. False

Question 2: Name the condition seen in the following photograph:

A. Herpes Simplex
B. Molluscum Contagiosum
C. Secondary Syphilis
D. Herpes Zoster

Question 3: What is the definition of Syphilis exposed Infant? Select the correct option.

A. Infants born to mothers infected with syphilis, until syphilis infection can be reliably excluded
B. Infants born to mothers infected with Syphilis, until congenital Syphilis can be reliably excluded or confirmed in them
C. Infants born to mothers uninfected with Syphilis, until 6 months of age
D. Syphilis exposed Infants are babies born with congenital Syphilis

Question 4: Which of the following is not identified as High-Risk Group (HRG) under NACP-V?

A. Men who have Sex with Men (MSM)
B. Long Distance Truckers (LDT)
C. People who inject drugs (PWID)
D. Female Sex Worker (FSW)

Question 5: The POCSO ACT 2012 was passed to protect children from offences of sexual assault, sexual harassment and pornography and provide for establishment of Special Courts for trial of such offences and for matters connected therewith or incidental thereto.

What is the full form of POCSO? Choose the correct option.

A. Protection of Children from Sexual Offenders
B. Protection of Children and Adolescents from Sexual Offences
C. Protection of Children from Sexual Assaults
D. Protection of Children from Sexual Offences

Question 6: All the following statements are advantages of Syndromic Management of Sexually Transmitted infections except one option. Choose the incorrect option.

A. All possible STIs causing common symptoms and signs are treated
B. Potential for antibiotic resistance development
C. Facilitates standardization of treatment regimens
D. No need for patient to wait for lab results. Patient is diagnosed and treated in one visit

Question 7: One of the following organisms, most commonly causes Inguinal Bubo, except one option. Choose the incorrect option.

A. Treponema pallidum
B. Lymphogranuloma venereum
C. Herpes simplex virus
D. Trichomonas vaginalis

Question 8: A 25-year-old HIV infected male initially presented as vesicles and later formed ulcers in genital region. Ulcers has been persisting for more than 1 month. He was diagnosed as a case of Herpetic Ulcer. His partner needs evaluation and will be advised treatment only if symptomatic. This statement is True or False?

A. TRUE
B. FALSE

Question 9: Sampoorna Suraksha is an approach designed to reach out to persons who do not self-identify as HRGs but are at risk. "At Risk" population for HIV and STIs are defined as "any individual who is at risk of acquiring HIV or STI due to risky behaviors of self only and not of their partner(s)." These statements are True or False?

A. TRUE
B. FALSE

Question 10: Candidiasis is diagnosed by staining of scrapings from the lesions or smear from the discharge. The staining used for diagnosis of Candidiasis is one of following option. Choose the correct option.

A. ZN staining
B. Gram Staining
C. KOH staining
D. India ink staining

Question-11: Sexual orientation is about who you're attracted to and who you feel drawn to romantically, emotionally, and sexually. Match the following types of sexual orientation with its definition or meaning.

Sexual Orientation	Definition/Meaning
1.Heterosexual	a.People who are attracted to people of the same gender
2.Homosexual	b.People whose attractions span across many different gender identities
3.Bisexual	c.People who are attracted to a different gender
4.Pansexual	d.People who're attracted to both men and women

A. 1-a, 2-d, 3-b, 4-c
B. 1-b, 2-d, 3-a, 4-c
C. 1-d, 2-c, 3-b, 4-a
D. 1-c, 2-a, 3-d, 4-b

Question 12: Match the following HIV Testing Strategies with its Objective of Testing.

HIV Testing Strategies	Objective of Testing
1. Strategy-1	a- Diagnostic HIV testing at ICTC
2. Strategy-2	b- Blood Transfusion and Organ Donation
3. Strategy-3	c- HIV Surveillance

Choose the correct option

A. 1-a, 2-c, 3-b
B. 1-b, 2-a, 3-c
C. 1-c, 2-b, 3-a
D. 1-b, 2-c, 3-a

Question 13: The following photo is of _____ lesions over the penis. This infection is treated with Tab Acyclovir ____mg three times a day for 7 days.

Fill in the blanks with the correct option

A. Herpetic; 400mg
B. Herpes Zoster; 800mg
C. Chicken Pox; 400mg
D. Syphilitic; 400mg

Question 14: Untreated or partially treated STIs in women can cause all the following conditions EXCEPT one option. Choose the incorrect option.

A. Abortions
B. Ectopic pregnancy
C. Infertility
D. Ureteric Stones

Question 15: While working in the hospital settings, if the skin gets pierced by a needle or sharp instrument, then certain steps in first aid need to be taken immediately. All the following are the steps in first aid except one option. Select the incorrect option.

A. Immediately wash the wound and surrounding skin thoroughly with water and soap
B. Let the puncture wound to bleed freely under running water until bleeding ceases
C. Treat the injury with antiseptic lotion or spirit
D. Do not squeeze the wound

Question 16: Viral load testing is regularly performed in HIV infected person to assess the response to ART. One of the following statements, explains the meaning of "HIV viral load test result is undetectable". Choose the correct option.

A. Patient has been cured of HIV
B. The HIV virus load is too low to be detected or measured by blood test
C. Viral load is > 1000 copies/mL
D. The viral load is zero

Question 17: One of the following statements is true regarding management of pregnant mother with Hepatitis B infection. Choose the correct option.

A. Mother should be treated for Hepatitis B infection after she delivers the baby.
B. Her baby should be given first dose of HBV vaccine after 72 hours of birth
C. Baby should be given Hepatitis B immunoglobin, 0.5 ml IM immediately after birth
D. There is no effective HBV vaccine and protocol for prevention of mother to child transmission of Hepatitis B

Question 18: Match the following STI/RTI with their Syndromic Management.

STI	Syndromic Management
1.Cervical Discharge	a.KIT-2
2.Vaginal Discharge	b.KIT-3
3.Inguinal Bubo	c.KIT-1
4.Non-herpetic Genital Ulcer	d.KIT-7

Choose the correct option

A. 1-a, 2-c, 3-b, 4-d
B. 1-b, 2-d, 3-a, 4-c
C. 1-c, 2-a, 3-d, 4-b
D. 1-b, 2-d, 3-c, 4-a

Question 19: Which of the following options is not correct for Buprenorphine when used in Opioid Substitution Therapy (OST)?

A. Dose of Buprenorphine should be adjusted based on clinical condition (e.g., craving)
B. OST is recommended for pregnant women dependent on opioids
C. Patients who are HCV positive on treatment do not require major dose changes in Buprenorphine
D. Breast-feeding not to be continued on buprenorphine

Question 20: All Establishments shall designate the person in-charge of the establishment as the_____, who shall ensure compliance of the provisions of the HIV and AIDS (Prevention & Control) Act, 2017.

A. Complaint Officer
B. Ombudsman
C. Advocate
D. MLA

Question 21: NACP Data Management Guidelines, _____ is applicable to all establishments generating, collecting, managing, and utilizing records of HIV-related information of protected persons, keeping with the HIV and AIDS (Prevention and Control) Act, 2017. Fill in the Blank with the correct option.

A. 2019
B. 2017
C. 2020
D. 2022

Question 22: The Treponemal tests for Syphilis infection may become positive earlier than the non-treponemal tests. Once positive, most clients (85%) remain positive on successive treponemal tests even with successful treatment of the infection.

These statements are True or False?

A. TRUE
B. FALSE

Question 23: One Stop Centre or OSC is an Integrated Service Delivery Model at Community Settings. OSC is a person-centered and resource-effective approach to deliver integrated HIV prevention services in settings with high concentrated HIV epidemics.

These statements are True or False?

A. TRUE
B. FALSE

Question 24: Post exposure prophylaxis (PEP) for HIV should be given to all female victims of sexual violence to prevent unwanted pregnancy. It should be given within ___ hours of unprotected sexual intercourse. Fill in the Blank with correct option.

A. 24 hours
B. 48 hours
C. 72 hours
D. 12 hours

Question 25: ____ syndrome comprises of spectrum of inflammatory disorders of upper female genital tract, e.g., endometritis, salpingitis, tubo-ovarian abscess, and pelvic peritonitis. Choose the correct option to fill in the blank.

A. Urethral Discharge
B. Vaginal Discharge
C. Genital ulcer
D. Lower Abdominal pain

Answer Key (Pre/Post Test Questionnaire):

1. A
2. C
3. B
4. B
5. D
6. B
7. B
8. A
9. B
10. C
11. D
12. D
13. A
14. D
15. C
16. B
17. C
18. C
19. D
20. A
21. C
22. A
23. B
24. C
25. D

Annexure 2

Participant's Feedback Format Three-Days Training

Classroom Training of Medical Officers on STI, RTI and HIV Services
Assessment for Day 1

Designation:

Facility: DSRC/TI/others (please mention)

1. **Did you attend all the sessions of the Day-1 of training? - Yes No**

2. **Please rate the quality of the sessions on a scale of 1-5**

Day 1

Feedback	**Needs to Improve (1)**	Needs to Improve (1)	Average (2)	Good (2)	Very Good (2)	Out-standing (5)
Session 0	Introducing the training; Roles & Responsibilities of Medical Officers					
Session 1	Introduction to NACP-V & Programmatic Aspects on STI/RTI Services					
Session 2	Introduction to High-Risk Groups for HIV and STIs					
Session 3	Basics of STI/RTI including HIV					
Session 4	History Taking & Risk Assessment for STI/RTI					
Session 5	Clinical Examination of Clients for STI/RTI					
Session 6	Laboratory tests for STIs/RTIs					

3. Did you learn anything new from the sessions today? Yes/No
If yes, please list at least two new things you learnt today.

4. Please list at least two things that you liked most about the sessions conducted today?

5. Was there anything during the training today that needs improvement? Yes/No If yes, please mention things that needed improvement.

6. How would you rate the workshop?
On a scale of 1 (lowest) to 5 (highest)

7. Overall, on a scale of 1 to 10, how would you rate the Training of day 1
(1-Lowest and 10-Highest)?

Classroom Training of Medical Officers on STI, RTI and HIV Services
Assessment for Day 2

Designation:

Facility: DSRC/TI/others (please mention)

1. Did you attend all the sessions of the Day-2 of training? - Yes No

2. Please rate the quality of the sessions on a scale of 1-5

Day 2

Feedback	**Needs to Improve (1)**	Needs to Improve (1)	Average (2)	Good (2)	Very Good (2)	Out-standing (5)
Session 7	Syndromic Case Management and Management of common STI/RTI					
Session 8	STI/RTI services for PLHIV and HIV care and Treatment					
Session 9	Elimination of Vertical Transmission of HIV & Syphilis					
Session 10	Overview of STI/RTI services for Priority Populations					
Session 11	Client and Partner Education and Counselling for Safer sex practices					

3. Did you learn anything new from the sessions today? Yes/No
If yes, please list at least two new things you learnt today.

4. Please list at least two things that you liked most about the sessions conducted today?

5. Was there anything during the training today that needs improvement? Yes/No If yes, please mention any two things that needed improvement.

6. How would you rate the workshop?
On a scale of 1 (lowest) to 5 (highest)

7. Overall, on a scale of 1 to 10, how would you rate the Training of day 2?
(1 Lowest and 10 Highest)?

Classroom Training of Medical Officers on STI, RTI and HIV Services
Assessment for Day 3

Designation:

Facility: DSRC/TI/others (please mention)

1. **Did you attend all the sessions of the Day-3 of training? - Yes No**

2. **Please rate the quality of the sessions on a scale of 1-5**

Day 3

Feedback	**Needs to Improve (1)**	Needs to Improve (1)	Average (2)	Good (2)	Very Good (2)	Out-standing (5)
Session 12	OST and Harm Reduction Services					
Session 13	Screening & Management of Hepatitis B & C under National Viral Hepatitis Control Program					
Session 14	Introduction to medico-legal aspects of HIV & STIs					
Session 15	Management of STIs/RTIs in Sexual Violence					
Session 16	Referral and Linkages for prevention including Newer Initiatives under NACP-V					
Session 17	Sampoorna Suraksha Strategy – STI/RTI Services for at-risk HIV negative population					
Session 18	Data Management					

3. Did you learn anything new from the sessions today? Yes/No
If yes, please list at least two new things you learnt today.

4. Please list at least two things that you liked most about the sessions conducted today?

5. Was there anything during the training today that needs improvement? Yes/No If yes, please mention any two things that needed improvement.

6. How would you rate the workshop?
On a scale of 1 (lowest) to 5 (highest)

7. Overall, on a scale of 1 to 10, how would you rate the Training of day 1
(1-Lowest and 10-Highest)?

Annexure 3

Pre and Post-test Questionnaire for Two-Days Classroom Training of Medical Officers on STI, RTI and HIV Services

Please read the following before filling up the questionnaire:

» This questionnaire is designed to assess the knowledge of the participants in the areas to be covered during the training. This is to ensure the effectiveness of the training and not to evaluate a participant.

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Question 3: What is the definition of Syphilis exposed Infant? Select the correct option.

A. Infants born to mothers infected with syphilis, until syphilis infection can be reliably excluded
B. Infants born to mothers infected with Syphilis, until congenital Syphilis can be reliably excluded or confirmed in them
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Question 5: The POCSO ACT 2012 was passed to protect children from offences of sexual assault, sexual harassment and pornography and provide for establishment of Special Courts for trial of such offences and for matters connected therewith or incidental thereto.

What is the full form of POCSO? Choose the correct option.

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2.Homosexual	f.People whose attractions span across many different gender identities
3.Bisexual	g.People who are attracted to a different gender
4.Pansexual	h.People who're attracted to both men and women

A. 1-a, 2-d, 3-b, 4-c
B. 1-b, 2-d, 3-a, 4-c
C. 1-d, 2-c, 3-b, 4-a
D. 1-c, 2-a, 3-d, 4-b

Question 12: Match the following HIV Testing Strategies with its Objective of Testing.

HIV Testing Strategies	Objective of Testing
1. Strategy-1	a- Diagnostic HIV testing at ICTC
2. Strategy-2	b- Blood Transfusion and Organ Donation
3. Strategy-3	c- HIV Surveillance

Choose the correct option

A. 1-a, 2-c, 3-b
B. 1-b, 2-a, 3-c
C. 1-c, 2-b, 3-a
D. 1-b, 2-c, 3-a

Question 13: The following photo is of _____ lesions over the penis. This infection is treated with Tab Acyclovir ____mg three times a day for 7 days.

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Question 15: While working in the hospital settings, if the skin gets pierced by a needle or sharp instrument, then certain steps in first aid need to be taken immediately. All the following are the steps in first aid except one option. Select the incorrect option.

A. Immediately wash the wound and surrounding skin thoroughly with water and soap
B. Let the puncture wound to bleed freely under running water until bleeding ceases
C. Treat the injury with antiseptic lotion or spirit
D. Do not squeeze the wound

Question 16: Viral load testing is regularly performed in HIV infected person to assess the response to ART. One of the following statements, explains the meaning of "HIV viral load test result is undetectable". Choose the correct option.

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2.Vaginal Discharge	f.KIT-3
3.Inguinal Bubo	g.KIT-1
4.Non-herpetic Genital Ulcer	h.KIT-7

Choose the correct option

A. 1-a, 2-c, 3-b, 4-d
B. 1-b, 2-d, 3-a, 4-c
C. 1-c, 2-a, 3-d, 4-b
D. 1-b, 2-d, 3-c, 4-a

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These statements are True or False?

A. TRUE
B. FALSE

Question 21: Post exposure prophylaxis (PEP) for HIV should be given to all female victims of sexual violence to prevent unwanted pregnancy. It should be given within ___ hours of unprotected sexual intercourse. Fill in the Blank with correct option.

A. 24 hours
B. 48 hours
C. 72 hours
D. 12 hours

Question 22: ____ syndrome comprises of spectrum of inflammatory disorders of upper female genital tract, e.g., endometritis, salpingitis, tubo-ovarian abscess, and pelvic peritonitis. Choose the correct option to fill in the blank.

A. Urethral Discharge
B. Vaginal Discharge
C. Genital ulcer
D. Lower Abdominal pain

Answer Key (Pre/Post Test Questionnaire):

1. A
2. C
3. B
4. B
5. D
6. B
7. B
8. A
9. B
10. C
11. D
12. D
13. A
14. D
15. C
16. B
17. C
18. C
19. D
20. A
21. C
22. A
23. B
24. C
25. D

Annexure 4

Participant's Feedback Format Two-Days Training

Classroom Training of Medical Officers on STI, RTI and HIV Services
Assessment for Day 1

Designation:

Facility: DSRC/TI/others (please mention)

1. **Did you attend all the sessions of the Day-1 of training? - Yes No**

2. **Please rate the quality of the sessions on a scale of 1-5**

Day 1

Feedback		Needs to Improve (1)	Average (2)	Good (2)	Very Good (2)	Out-standing (5)
Session 0	Introducing the training; Roles & Responsibilities of Medical Officers					
Session 1	Introduction to NACP-V & Programmatic Aspects on STI/RTI Services					
Session 2	Introduction to High-Risk Groups for HIV and STIs					
Session 3	Basics of STI/RTI including HIV					
Session 4	Introduction to medico-legal aspects of HIV & STIs					
Session 5	History Taking & Risk Assessment for STI/RTI					
Session 6	Clinical Examination of Clients for STI/RTI					
Session 7	Laboratory tests for STIs/RTIs					
Session 8	HIV Care and Treatment					

3. Did you learn anything new from the sessions today? Yes/No
If yes, please list at least two new things you learnt today.

4. Please list at least two things that you liked most about the sessions conducted today?

5. Was there anything during the training today that needs improvement? Yes/No If yes, please mention things that needed improvement.

6. How would you rate the workshop?
On a scale of 1 (lowest) to 5 (highest)

7. Overall, on a scale of 1 to 10, how would you rate the Training of day 1
(1-Lowest and 10-Highest)?

Classroom Training of Medical Officers on STI, RTI and HIV Services
Assessment for Day 2

Designation:

Facility: DSRC/TI/others (please mention)

1. Did you attend all the sessions of the Day-2 of training? - Yes No

2. Please rate the quality of the sessions on a scale of 1-5

Day 2

Feedback		Needs to Improve (1)	Average (2)	Good (2)	Very Good (2)	Out-standing (5)
Session 9	Syndromic Case Management and Management of common STI/RTI					
Session 10	Elimination of Vertical Transmission of HIV & Syphilis					
Session 11	Management of STIs/RTIs in Sexual Violence					
Session 12	Overview of STI/RTI services for Priority Populations					
Session 13	Client and Partner Education and Counselling for Safer sex practices					
Session 14	Sampoorna Suraksha Strategy – STI/RTI Services for at-risk HIV negative population					
Session 15	Data Management					

3. Did you learn anything new from the sessions today? Yes/No
If yes, please list at least two new things you learnt today.

4. Please list at least two things that you liked most about the sessions conducted today?

5. Was there anything during the training today that needs improvement? Yes/No If yes, please mention any two things that needed improvement.

6. How would you rate the workshop?
On a scale of 1 (lowest) to 5 (highest)

7. Overall, on a scale of 1 to 10, how would you rate the Training of day 2?
(1 Lowest and 10 Highest)?

Annexure 5

Pre and Post-test Questionnaire for One-Day Classroom Training of Medical Officers on STI, RTI and HIV Services

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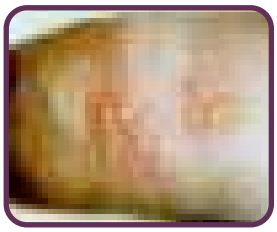
1. Strategy-1	a- Diagnostic HIV testing at ICTC
2. Strategy-2	b- Blood Transfusion and Organ Donation
3. Strategy-3	c- HIV Surveillance

Choose the correct option

A. 1-a, 2-c, 3-b
B. 1-b, 2-a, 3-c
C. 1-c, 2-b, 3-a
D. 1-b, 2-c, 3-a

Question 12: The following photo is of _____ lesions over the penis. This infection is treated with Tab Acyclovir ____mg three times a day for 7 days.



Fill in the blanks with the correct option

A. Herpetic; 400mg
B. Herpes Zoster; 800mg
C. Chicken Pox; 400mg
D. Syphilitic; 400mg

Question 13: Untreated or partially treated STIs in women can cause all the following conditions EXCEPT one option. Choose the incorrect option.

A. Abortions
B. Ectopic pregnancy
C. Infertility
D. Ureteric Stones

Question 14: While working in the hospital settings, if the skin gets pierced by a needle or sharp instrument, then certain steps in first aid need to be taken immediately. All the following are the steps in first aid except one option. Select the incorrect option.

A. Immediately wash the wound and surrounding skin thoroughly with water and soap
B. Let the puncture wound to bleed freely under running water until bleeding ceases
C. Treat the injury with antiseptic lotion or spirit
D. Do not squeeze the wound

Question 15: Viral load testing is regularly performed in HIV infected person to assess the response to ART. One of the following statements, explains the meaning of "HIV viral load test result is undetectable". Choose the correct option.

A. Patient has been cured of HIV
B. The HIV virus load is too low to be detected or measured by blood test
C. Viral load is > 1000 copies/mL
D. The viral load is zero

Question 16: Match the following STI/RTI with their Syndromic Management.

STI	Syndromic Management
1.Cervical Discharge	i.KIT-2
2.Vaginal Discharge	g.KIT-3
3.Inguinal Bubo	k.KIT-1
4.Non-herpetic Genital Ulcer	I.KIT-7

Choose the correct option

A. 1-a, 2-c, 3-b, 4-d
B. 1-b, 2-d, 3-a, 4-c
C. 1-c, 2-a, 3-d, 4-b
D. 1-b, 2-d, 3-c, 4-a

Question 17: All Establishments shall designate the person in-charge of the establishment as the_____, who shall ensure compliance of the provisions of the HIV and AIDS (Prevention & Control) Act, 2017.

A. Complaint Officer
B. Ombudsman
C. Advocate
D. MLA

Question 18: The Treponemal tests for Syphilis infection may become positive earlier than the non-treponemal tests. Once positive, most clients (85%) remain positive on successive treponemal tests even with successful treatment of the infection.

These statements are True or False?

A. TRUE
B. FALSE

Question 19: Post exposure prophylaxis (PEP) for HIV should be given to all female victims of sexual violence to prevent unwanted pregnancy. It should be given within ___ hours of unprotected sexual intercourse. Fill in the Blank with correct option.

A. 24 hours
B. 48 hours
C. 72 hours
D. 12 hours

Question 20: ____ syndrome comprises of spectrum of inflammatory disorders of upper female genital tract, e.g., endometritis, salpingitis, tubo-ovarian abscess, and pelvic peritonitis. Choose the correct option to fill in the blank.

A. Urethral Discharge
B. Vaginal Discharge
C. Genital ulcer
D. Lower Abdominal pain

Answer Key (Pre/Post Test Questionnaire):

1. A
2. C
3. B
4. B
5. D
6. B
7. B
8. A
9. B
10. C
11. D
12. D
13. A
14. D
15. C
16. B
17. C
18. C
19. D
20. A
21. C
22. A
23. B
24. C
25. D

Annexure 6

Participant's Feedback Format One-Days Training

Classroom Training of Medical Officers on STI, RTI and HIV Services
Assessment

Designation:

Facility: DSRC/TI/others (please mention)

1. **Did you attend all the sessions of the training? - Yes No**

2. **Please rate the quality of the sessions on a scale of 1-5**

Day 1

Feedback		Needs to Improve (1)	Average (2)	Good (2)	Very Good (2)	Out-standing (5)
Session 0	Introducing the training; Roles & Responsibilities of Medical Officers					
Session 1	Introduction to NACP-V & Programmatic Aspects on STI/RTI Services					
Session 2	Introduction to High-Risk Groups for HIV and STIs					
Session 3	Basics of STI/RTI including HIV					
Session 4	Syndromic Case Management of STI/RTI					
Session 5	HIV care and Treatment					
Session 6	Elimination of Vertical Transmission of HIV & Syphilis					
Session 7	Sampoorna Suraksha Strategy–STI/RTI Services for at-risk HIV negative population					

Session 8	Introduction to medico-legal aspects of HIV & STIs including HIV and AIDS (Prevention and Control) Act 2017					

3. Did you learn anything new from the sessions today? Yes/No
If yes, please list at least two new things you learnt today.

4. Please list at least two things that you liked most about the sessions conducted today?

5. Was there anything during the training today that needs improvement? Yes/No If yes, please mention things that needed improvement.

6. How would you rate the workshop?
On a scale of 1 (lowest) to 5 (highest)

7. Overall, on a scale of 1 to 10, how would you rate the Training of day 2?
(1 Lowest and 10 Highest)?

Annexure 7

Handouts

Handout-1:
Checklist for history taking and risk assessment in STI/RTI clients

Framing statement

"In order to provide the best care for you and to understand your risk for certain infections, it is necessary for us to talk about your sexual behaviour."

Screening questions

» Have you recently developed any of these symptoms?

STI (Genital infections) symptoms checklist

For Men

i. Discharge or pus (drip) from the penis
ii. Urinary burning or frequency
iii. Genital sores (ulcers) or rash or itching
iv. Scrotal swelling
v. Swelling in the groin
vi. Infertility

For Men

i. Abnormal vaginal discharge (increased amount, abnormal odour, abnormal colour, consistency)
ii. Genital sores (ulcers), rash or Itching
iii. Urinary burning or frequency
iv. Pain in lower abdomen
v. Dysmenorrhoea, menorrhagia, irregular menstrual cycles?
vi. Dyspareunia
vii. Infertility

High risk sexual behaviour

» For all adolescents: Have you begun having any kind of sex yet?
» If sexually active, do you use condom consistently?
» Do you have any reason to think you might have a sexually transmitted disease? If so, what reason?
» Have you had sex with any man, woman, with a gay or a bisexual?

» Have you or your partner had sex with more than one partner?

» Has your sex partner(s) had any genital infections? If so, which ones?

» Do you indulge in high-risk sexual activity like anal sex

» Do you practice correct and consistent condom usage while having sex? If yes, whether every time or sometimes?

STI history

» In the past have you ever had any genital infections, which could have been sexually transmitted? If so, can you describe?

STI treatment history

» Have you been treated in the past for any genital symptoms? By whom? (Qualified or unqualified person)

» Did your partner receive treatment for the same at that time?

» Has your partner been treated in the past for any genital symptoms? By whom? (Qualified or unqualified person)

Injection drug use

» Have you had substance abuse? (If yes, have you ever shared needles or injection equipment?)

» Have you ever had sex with anyone who had ever indulged in any form of substance abuse?

Menstrual and obstetric history in women and contraceptive history in both sexes should be asked.

Handout-2: Syndromic management of STI/RTI

Handout-3

Session 8: STI/RTI services for PLHIV and HIV care and Treatment

ARV drugs used in the National Program

Class of ARV drugs	Name of ARV	Standard Abbreviations	Abbreviation used by the program	Dose
NRTI: Nucleoside Reverse Transcriptase Inhibitors	**Tenofovir (Nt)**	**TDF**	**T**	**300mg Once daily**
	Zidovudine	**AZT/ ZDV**	**Z**	**300mg twice daily**
	Lamivudine	**3TC, LMV**	**L**	**150mg twice daily or 300mg once daily**
	Abacavir	**ABC**	**A**	**600mg once daily**
NNRTI: Non-Nucleoside Reverse Transcriptase Inhibitors	**Nevirapine**	**NVP**	**N**	**200mg twice daily**
	Efavirenz	**EFV**	**E**	**600mg once daily**
PI: Protease Inhibitors	**Atazanavir**	**ATV**	**ATV**	**300mg once daily**
	Lopinavir	**LPV**	**LPV**	**200mg 2 tablets twice daily**
	Darunavir	**DRV**	**DRV**	**600mg twice daily**
	Ritonavir	**r**	**r**	**100mg once/ twice daily (According to PI to be boosted)**
ISTI: Integrase Strand Transfer Inhibitors	**Dolutegravir**	**DTG**	**D**	**50mg once daily**

Handout-4:

Figure 1. Care Cascade of Pregnant Women for Syphilis

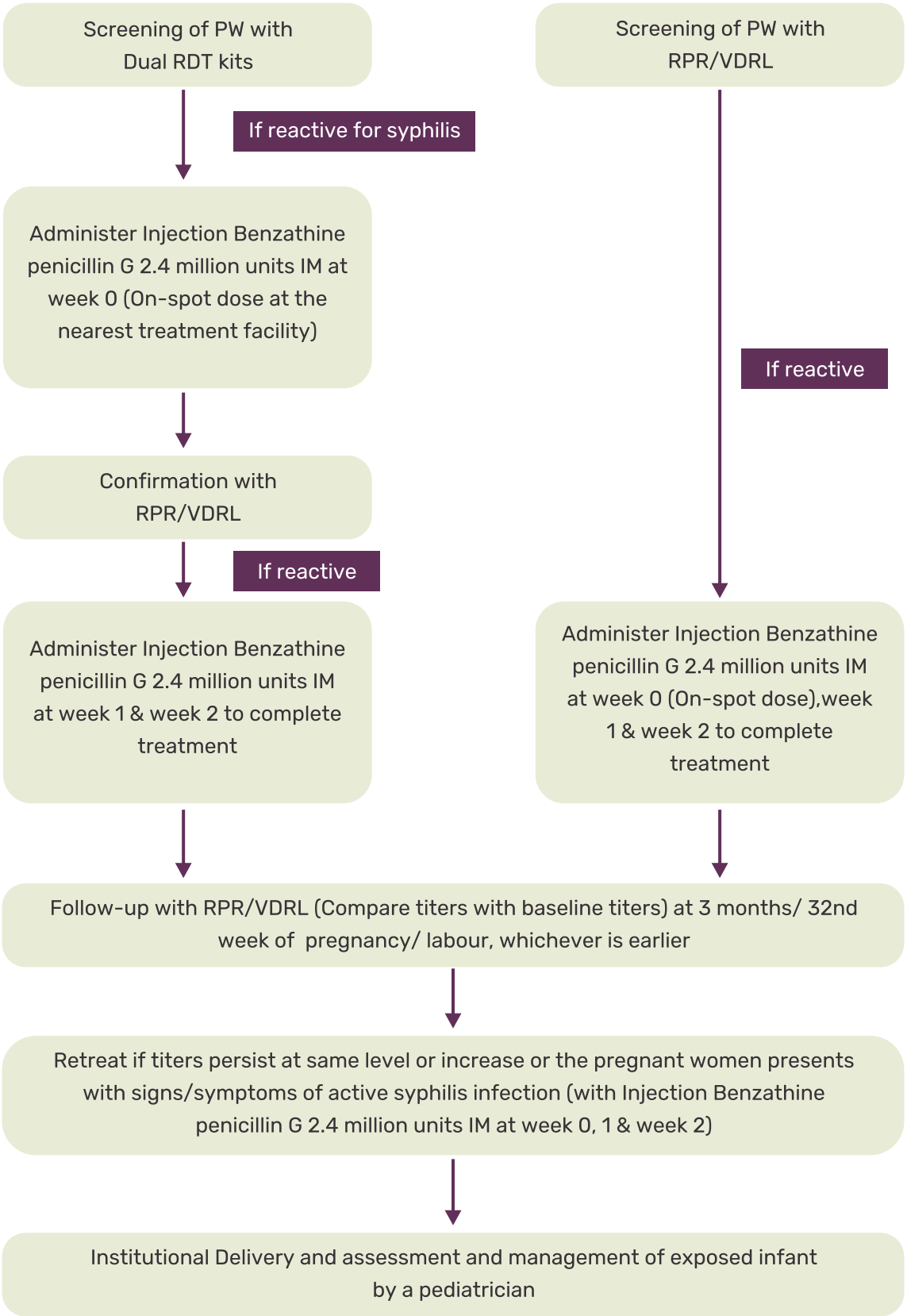


Figure 2. Care Cascade of Syphilis-exposed Infants

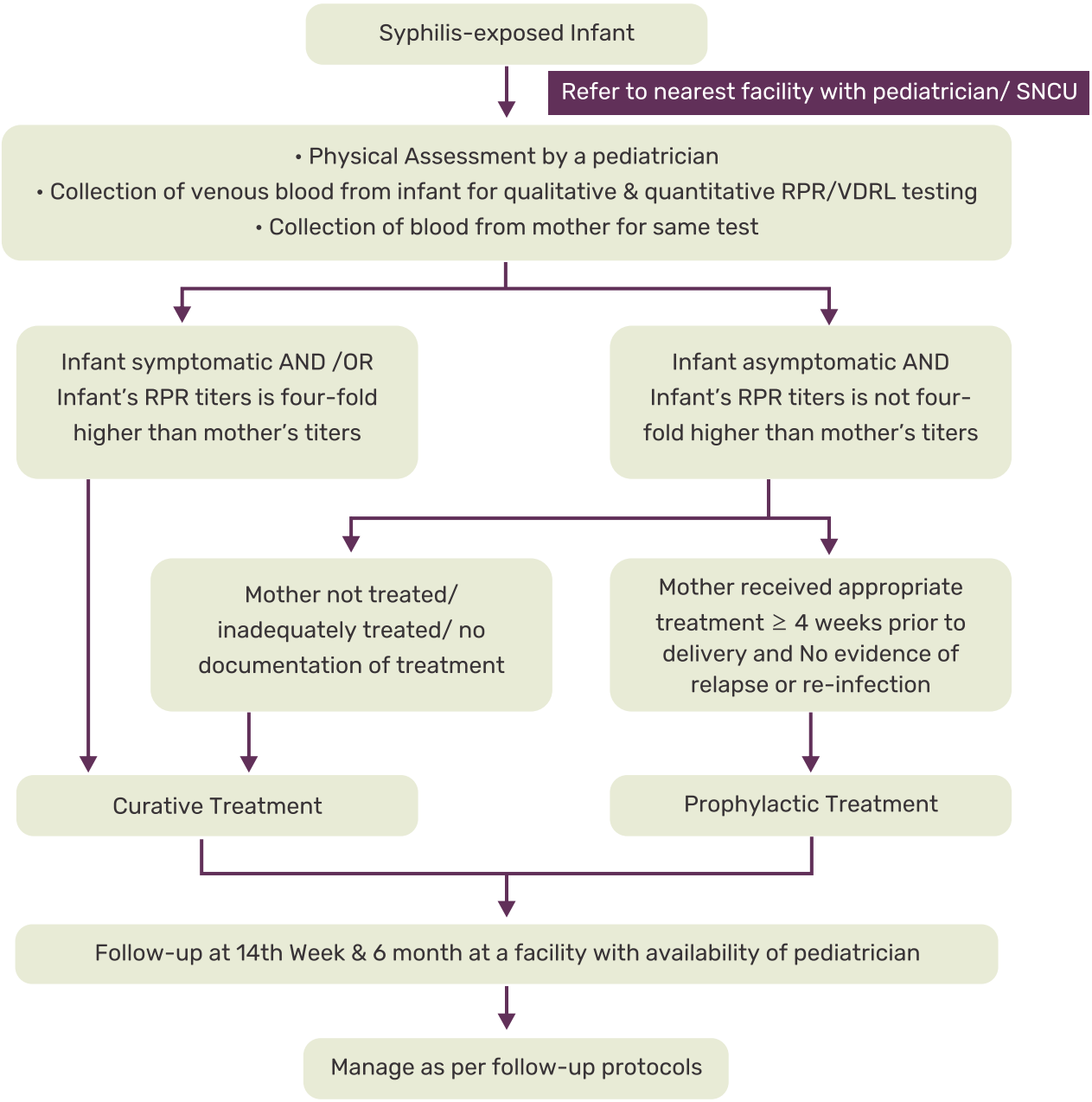


Table 1. Treatment Modalities for Syphilis-exposed Infants

Treatment modality	Medication
Curative Treatment	Aqueous crystalline penicillin G 100,000–150,000 units/kg body weight/day, administered as 50,000 units/kg body weight/dose IV every 12 hours during the first 7 days of life and every 8 hours thereafter for a total of 10 days Or Procaine penicillin G 50,000 units/kg body weight/dose IM in a single daily dose for 10 days
Prophylactic Treatment	Benzathine penicillin G 50,000 units/kg body weight/dose IM in a single dose

Handout-5:

Table 1. HIV Risk assessment of infants born to HIV infected mothers and the Infant ARV Prophylaxis options

HIV Risk status	Option for ARV Prophylaxis
HIV Risk status Infants born to mothers with suppressed viral load (<1000 copies/ml) done any time after 32 weeks of pregnancy upto delivery	**1. Syrup Nevirapine** or 2. **Syrup Zidovudine#** (in situations where Nevirapine will not be effective): • Infant born to a mother with confirmed HIV-2 or HIV-1 and HIV-2 combined infections • Infant born to a mother, who had received single dose of Nevirapine during earlier pregnancy or delivery • Infant born to a mother who is on PI-based ART regimen due to treatment failure **Duration of ARV prophylaxis:** From birth till 6 weeks of age
High-risk infants: • Infants born to HIV-positive mother not on ART • Maternal viral load not done after 32 weeks of pregnancy till delivery • Maternal viral load not suppressed between 32 weeks of pregnancy till delivery Mother newly identified HIV positive postnatally, within 6 weeks of delivery	**Options for dual prophylaxis:** Syrup Nevirapine + Syrup Zidovudine## **Duration of Dual ARV Prophylaxis:** • In case of Exclusive Replacement Feeding (ERF): From birth till 6 weeks of age • In case of Exclusive Breastfeeding (EBF): From birth till 12 weeks of age

When Zidovudine syrup is not available, syrup Lopinavir/ritonavir should be used after 14 days of birth

When Zidovudine syrup is not available, syrup Nevirapine should be used for first 14 days after birth and then add syrup Lopinavir/ritonavir after 14 days of birth till **6 weeks in case of Exclusive Replacement Feeding or 12 weeks in case of Exclusive Breast Feeding.**

Another alternative that may be used in this situation is AZT+3TC+NVP (ZLN) paediatric formulation

In exceptional scenarios and for high-risk Infants born to HIV-2 positive mothers or for high-risk Infants born to mothers, who had received single dose of Nevirapine during earlier pregnancy or delivery, opinion of SACEP should be sought

Dosage Chart for Infant ARV Prophylaxis

Infant ARV prophylaxis should be started immediately after birth or at their first encounter with health services in all HIV exposed infants. It can be started even if more than 72 hours have passed since birth, though its efficacy in preventing perinatal transmission will be lower.

Table 2. Dosage of Syrup Nevirapine (10 mg/ml solution) for infant ARV prophylaxis

Infant age	Daily dosing
Birth* to 6 weeks • Birth weight 2000-2500 g • Birth weight >500 g	 10 mg (1 ml) once daily 15 mg (1.5 ml) once daily
>6 weeks - upto 6 months#	20 mg (2 ml) once daily
>6 months - upto 9 months#	30 mg (3 ml) once daily
>9 months	40 mg (4 ml) once daily
*Infants weighing <2000 g; the suggested starting dose is 2 mg/kg once daily #NVP dose for older infants is provided for the situation where HIV exposure is identified during infancy, the mother is breastfeeding, and the infant is either HIV uninfected or the status is yet to be determined after taking opinion from SACEP/ PCoE. Any HIV exposed breastfeeding baby coming beyond 6 weeks of age, will need SACEP/PCoE opinion for dual prophylaxis to be given or not.	

Table 3. Dose of Syrup Zidovudine (10 mg/ml solution) for infant ARV prophylaxis

Infant Birth Weight	AZT Daily Dosage (in mg)	AZT Daily Dosage (in ml)	Duration
<2000 g	5 mg/dose twice daily	0.5 ml twice daily	6 weeks
2000- 2500 g	10 mg/dose twice daily	1 ml twice daily	6 weeks
>2500 g	15 mg/dose twice daily	1.5 ml twice daily	6 weeks
Older infants requiring dual prophylaxis may be given syrup zidovudine in a dose of 4mg/kg/dose twice daily			

Syrup Lopinavir/ritonavir is recommended for infant prophylaxis in specific situations and should only be used for infants after 14 days of birth.

- If Zidovudine syrup is not available, syrup LPV/r should be used after 14 days of birth.
- If Zidovudine syrup is not available, syrup Nevirapine should be used for the first 14 days

Table 4. Dosage of Syrup LPV/r (80 mg/20mg per ml of solution) for infant ARV prophylaxis

Infant age	Weight of baby	Daily dosing
Birth to 2 weeks	**Do not use LPV/r solution for infants aged younger than 2 weeks of age**	
2 weeks to 4 weeks	Weight 2000-2999 g	0.6 ml twice daily
	Weight 3000-3999 g	0.8 ml twice daily
	Weight 4000-4999 g	1.0 ml twice daily
> 4 weeks	Weight 3.0 kg-5.9 kg	1.0 ml twice a day
	Weight 6.0 kg-9.9 kg	1.5 ml twice a day
• Dosage: Once-daily dosing of LPV/r is not recommended. • Syrup LPV/r must be administered twice daily according to the body weight of the infant • LPV/r 300 mg/75 mg per m2 of body surface area per dose, given twice daily. This approximates LPV/r 16 mg / 4 mg (both per kg body weight) per dose given twice daily.		

Handout-6.1 :

Cascade of Services for pregnant women living with HIV

At HIV Screening Sites during routine ANC Care

↓ If HIV Reactive

At HCTS Confirmatory Sites Confirmatory HIV Test

↓ If HIV Positive

At the ART Centre
a) Registration at ART Centre
b) ART preparedness counselling
c) Baseline lab Investigations
d) Clinical evaluation by MO
e) Rapid ART initiation

↓

All pregnant WLHIV should be given following services at ART Centre/LAC
a) Counseling for ART adherence
b) Viral load testing at 32-36 weeks, irrespective of ART Duration
c) Risk assessment of the baby based on maternal viral load results
d) Prescription of ARV prophylaxis by the Medical Officer and documentation.
e) Treatment to be provided at the DSRC/ general health facility for syphilis or STI infection.
f) High risk pregnancy care for infected pregnant women under PMSMA.
g) Ensure pre-sensitization of delivery site, institutional delivery to be conducted at CEmONC under SUMAN.

DIL Women presenting at the Labor Room for the first time "with unknown HIV status" or at-risk women with negative HIV status

Screening test for HIV in labour room ↓ If HIV Reactive

a) Refer to ICTC for confirmation.
b) If HIV is confirmed, baby to be initiated for Dual ARV prophylaxis by Labour room/ maternity ward MO in consultation with Co-located ART MO#

↓ If HIV Positive refer to ARTC

All Post-Partum Women should be given following services at ART Centre/LAC
a) Registration at ART Centre
b) ART preparedness counselling
c) Baseline lab Investigations
d) Clinical evaluation by MO
e) Rapid ART initiation
f) Counseling for ART adherence
g) Prescription of ARV prophylaxis by the Medical Officer.
h) Treatment to be provided at the DSRC/ general health facility for syphilis or STI infection.

Handout-6.2 :

Cascade of Care for HIV-Exposed Baby: Key Services and Activities

Baby born to newely detected HIV/known HIV positive mother

↓

At Labor Room

- ARV prophylaxis initiation after birth based on advise of labor room nurse/MO, as per ART MO prescription.#
- Infant feeding to be initiated by labor room nurse, based on preferred infant feeding plan documented by ART counsellor.
- In mother coming direct in labor (DIL), infant feeding counselling to be provided by labor room nurse/MO.

#On basis of the report of the pre-delivery viral load test (32-36 weeks) pregnancy, ARV prophylaxis prescription can be given by ART MO in the green book.
or By the treating Obstetrician during ANC visits on ANC card.

↓

At Labor Room

- Care follow-up by ART MO/Nurse as per follow up protocol.
- CPT initiation at 6 weeks and continued till HIV infection is excluded.
- ARV prophylaxis adherence ensured by counsellor.
- Duration of ART prophylaxis to be decided by ART MO.
- Infant feeding counselling at every visit.
- HIV exposed baby will recieve medical and diagnostic care within health system undersupervision of MO (including but not limited to ARTC and DSRC doctors) and support of LT including but not limited to ICTC/ARTC counsellors.
- EID testing at 6 weeks, 6, 12 and 18 months of age or 3 months after cessation of breast feeding which ever is later.(at HCTS co-located confirmatory sites)

↔

At Health facilities- preferably with available pediatrician

- Routine Immmunisation as per National Immunisation Schedule.
- Length and Weight to be monitored in the immunisation card at subsiquent monitoring visits,

→

If baby is found positive on EID or HIV symptomatic baby

↓

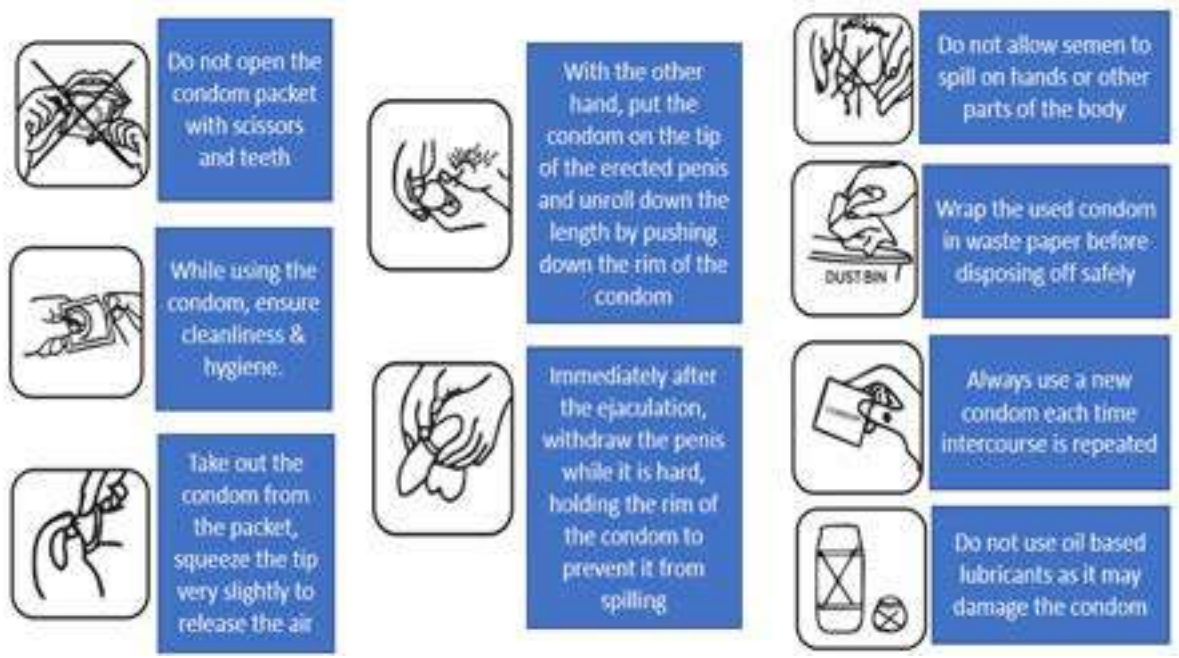
At ART Centre

- ART Initiation by MO.
- Final testing at 18 months of age or 3 months after cessation of breast feeding by three serological tests.(at HCTS co-located confirmatory sites)

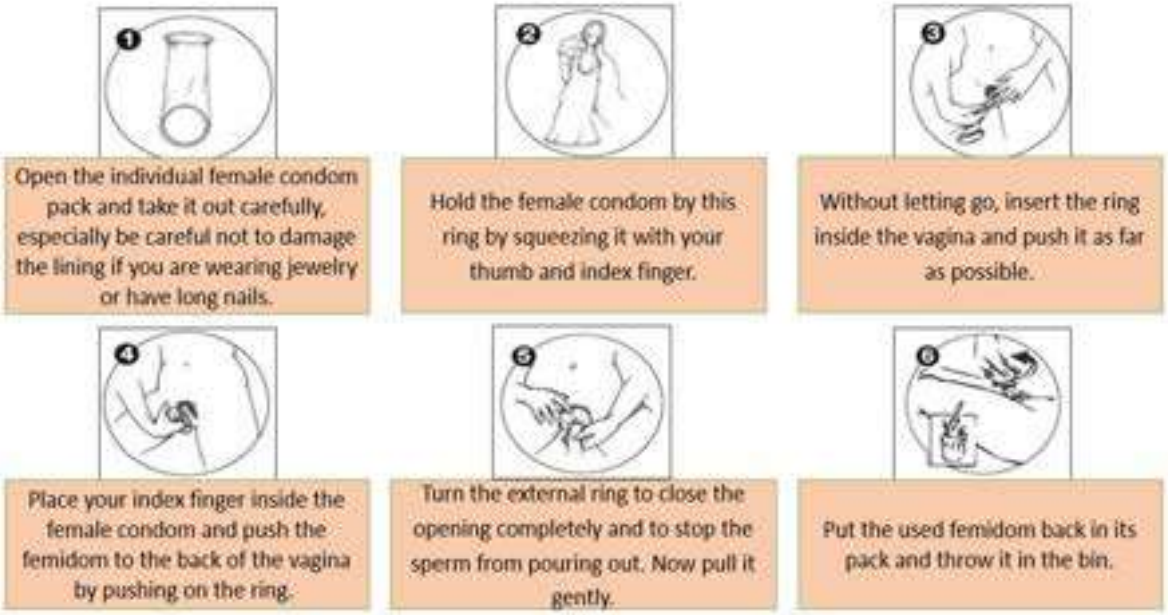
Handout-7

Session-11: Client and Partner Education and Counselling for Safer sex practices

How to use a Male Condom?



How to use a Male Condom?



Handout-8: Activity document

Activity for Session-9: Sampoorna Suraksha Strategy – STI/RTI Services for at-risk HIV negative population

Objective of the activity: To identify 'High risk' clients, 'At risk' clients and 'Others' Risk clients

Methodology:

- 30 chits, with names of various types of clients, who visit the clinic for availing STI/RTI services, are to be kept in a bowl.
- On the white board, facilitator makes three columns and enters these three types of clients
- Each participant comes to the white board and picks up a chit from the bowl
- The participant will read out the chit, and identify the type of client by entering it, under one of the three columns on the white board
- All the participants need to participate in this activity
- This will be followed by discussion

Chits to have the one following option written on them:

1. Spouse of MSM client
2. Male partner of WLHIV
3. Virally suppressed HIV infected FSW
4. Sexual partner of HIV infected PWID
5. Needle sharing partner of PWID
6. Adolescent MSM
7. Adolescent girl involved in transactional sex
8. Female Sex Worker
9. HIV positive Transgender
10. HIV negative Transgender
11. Migrant Worker
12. A young person with multiple sexual partners
13. A young female sharing needles with multiple injecting partners
14. Hepatitis B infected male adolescent in juvenile home
15. Hepatitis C infected female prisoner
16. A young male on a dating app
17. Female IV drug user
18. Spouse of a migrant worker
19. Pregnant Women
20. Spouse of a trucker
21. Sexual Partner of Transgender
22. Cross-dresser
23. A lesbian with multiple partners
24. Adolescent girl with genital ulcer
25. Adolescent boy with penile discharge
26. Hepatitis B positive pregnant prisoner
27. Pregnant lady with non-herpetic genital ulcer
28. Pregnant lady with vaginal discharge
29. HIV negative young adult working as escort
30. Women working in massage parlour

Answers

1. Spouse of MSM client – At-risk
2. Male partner of WLHIV – At-risk
3. Virally suppressed HIV infected FSW – Others (ARTC)
4. Sexual partner of HIV infected PWID – At-risk
5. Needle sharing partner of PWID– High Risk
6. Adolescent MSM – High Risk
7. Adolescent girl involved in transactional sex – At-risk
8. Female Sex Worker – High Risk
9. HIV positive Transgender – Others (ARTC)
10. HIV negative Transgender – High Risk
11. Migrant Worker – At-risk
12. A young person with multiple sexual partners – At-risk
13. A young female sharing needles with multiple injecting partners – High Risk
14. Hepatitis B infected male adolescent in juvenile home – At risk
15. Hepatitis C infected female prisoner- At risk
16. A young male on a dating app – At-risk
17. Female IV drug user – High Risk
18. Spouse of a migrant worker – At-risk
19. Pregnant Women – Others (General Population)
20. Spouse of a trucker – At-risk
21. Sexual Partner of Transgender – At-risk
22. Cross-dresser – High Risk
23. A lesbian with multiple partners – At-risk
24. Adolescent girl with genital ulcer – At-risk
25. Adolescent boy with penile discharge – At-risk
26. Hepatitis B positive pregnant prisoner – At-risk
27. Pregnant lady with non-herpetic genital ulcer – At-risk
28. Pregnant lady with vaginal discharge – At-risk
29. HIV negative young adult working as escort – High Risk
30. Women working in massage parlour – High Risk/ At risk

Note: These are tentative answers. They may be changed as per the discussions.

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- Ms. Shruta Rawat, Associate Director - Research, The Humsafar Trust
- Dr. Reshu Agarwal, NPO – HHS, WHO India
- Dr. Nandini Kapoor, Advisor, Policy & Strategy, UNAIDS
- Dr. Sunita Upadhyay, Associate Director, Programs, CDC India
- Ms. Deepika Joshi Srivastava, HIV Division Chief, USAID India
- Dr. Rita Prasad, Advisor HIV (Care, Support and Treatment), USAID India

- Dr. Sai Subhashree Raghavan, President, SAATHII
- Dr. Madhuri Mukherjee, Country Director, I-TECH India
- Ms. Arvinder Walia, Lead (HIV & Syphilis), CHAI
- Dr. Surender Singh Bisht, Senior Specialist (SAG) Pediatrics and Incharge NICU, Swami Dayanand Hospital, MCD Delhi & Secretary General NNF India
- Ms. Jyotsna Sistla, Senior Associate, HIV & Syphilis, CHAI
- Ms. Mona Balani, Programme Manager, India HIV/AIDS Alliance & Community Representative
- Ms. Amrita Sarkar, Advisor, Transgender Wellbeing and Advocacy, India HIV/AIDS Alliance & Community Representative
- Ms. Divya Gulati, Senior Program Manager, I-TECH India
- Mr. Arpan Bose, National Programme Specialist, SAATHII
- Mr. S. Hedvees Christopher, Specialist - TI Capacity Building, SAATHII

Sub-Group - Training Modules

- Dr. Somesh Gupta, Chairperson – NWG and Professor, Department of Dermatology & Venereology, AIIMS-Delhi
- Dr. Sanjay Chauhan, Former Director & Scientist G, ICMR-National Institute for Research in Reproductive Health, Mumbai
- Dr. Taru Garg, Director & Professor, Dermatology & STD, Lady Hardinge Medical College & Associated Hospitals, Delhi
- Dr. Yogesh Marfatia, Professor, Skin VD at SBKS Medical Institute and Research Centre, Pipariya, Vadodara
- Dr. Aman Kumar Singh, Program Lead, Tata Trust
- Ms. Shruta Rawat, Associate Director - Research, The Humsafar Trust
- Dr. Abhishek Royal, Technical Expert – STI
- Dr. A. Sathish Kumar, Country Director - SAATHII
- Dr. Rohini Gupta, Consultant – SAATHII

Consultants, NACO

- Dr. Pradeep Kumar, National Consultant – SI
- Ms. Nidhi Rawat, National Consultant – IEC
- Dr. Shantanu Purohit, National Consultant - Prevention
- Dr. Vibhavari Deshmukh, National Consultant – Basic Services
- Dr. Harsh Hora, National Consultant – CST
- Dr. Purnima Parmar, Consultant - CST
- Dr. Shivali Kamal, Consultant – Lab Services
- Ms. Smita Mishra, Consultant – Lab Services
- Dr. Jyotika Cheema, Consultant– IEC
- Mr. Ginlianmung Ngaihte, Consultant – Prevention
- Ms. Suman Sherawat, Consultant – Basic Services
- Dr. Vishal Yadav, Consultant – STI
- Dr. Aniruddha Wani, Consultant – Lab Services
- Ms. Hansa Lala, Associate Consultant – Basic Services

Technical Experts, NACO

- Dr. Abhishek Royal, Technical Expert – STI
- Mr. Chaitanya Bhatt, Technical Expert – Basic Services

- Ms. Ira Madan, Technical Expert –CSS & Virtual Interventions
- Dr. Payal Sahu, Technical Expert – SSS & OSC
- Dr. Sheikh Mohammad Saleem, Technical Expert – EVTHS
- Ms. Samridhi Uniyal, Technical Expert – HIV & AIDS (P & C) Act, 2017
- Mr. Karan Prasad, Technical Expert - IEC

Consultant, MoHFW

- Dr. Tushar Purohit, Senior Technical Officer, Maternal Health
- Dr. Vaibhav Rastogi, Lead Consultant, Child Health
- Dr. Vishal Kataria, Lead Consultant, Child Health
- Dr. Sumitra Dhal Samanta, Senior Consultant, Child Health
- Dr. Deepak Kumar, Consultant, Adolescent health
- Dr. Meenakshi Agarwal, Consultant, Adolescent health

National Viral Hepatitis Control Program Division

Support in Piloting of Training Modules

- Dr. Adapa Karthik, Special Secretary, Health-cum-Project Director, Punjab State AIDS Control Society, Department of Health and Family Welfare, Government of Punjab
- Dr. Vanita Gupta, Former-Project Director CSACS & Senior Public Health Expert
- Dr. Bobby Gulati, Additional Project Director, PSACS
- Dr. Abhishek Royal, Technical Expert– STI
- Dr. Vishal Yadav, Consultant-STI, NACO
- Ms. Hansa Lala, Associate Consultant, NACO
- Mr. Manjeet Singh Gulia, Incharge – BSD, STI & Lab Services, CSACS
- Dr. Harpreet Kaur, JD-TI, Haryana SACS
- Dr. Sukhwinder Kaur, Joint Director-BSD, PSACS
- Dr. Meenu, Joint Director-TI, PSACS
- Dr. Harinderbir Kaur, DD, PSACS
- Dr. Sai Kiran, Specialist Microbiologist, Share India
- Dr. Arpit Parmar, Associate Professor, Department of Psychiatry, AIIMS Bhubaneshwar
- Ms. Tripti Tandon (Advocate)
- Dr. Rohini Gupta, HIV Expert
- Dr. Sheikh Mohammad Saleem Technical Expert- EVTHS

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