सत्यमेव जयते

Operational Guidelines for Programme Managers and Service Providers

for Strengthening STI / RTI Services

National AIDS Control Organization
Ministry of Health and Family Welfare
Government of India
New Delhi

October 2007

Operational Guidelines

for
Programme Managers
and
Service Providers

for Strengthening STI / RTI Services

National AIDS Control Organization
Ministry of Health and Family Welfare
Government of India

October 2007

Contents

LIST OF ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ANM	Auxiliary Nurse Midwife
ARD	Ano-rectal Discharge
ASHA	Accredited Social Health Activist
AYUSH	Ayurveda, Yoga and Naturopathy, Unani, Siddha, Homeopathy
BAMS	Bachelor of Ayurvedic Medicine and Surgery
BID	Twice Daily
BV	Bacterial Vaginosis
Cap.	Capsule
CHC	Community Health Centre
CME	Continuing Medical Education
CMIS	Computerised Management Information System
CPR	Cardiopulmonary Resuscitation
DAPCU	District AIDS Prevention and Control Unit
DLMA	Drug and Logistic Management Agency
ELISA	Enzyme-Linked Immunosorbent Assay
FTA-Abs	Fluorescent Treponemal Antibody Absorbed test
FRU	First Referral Unit
GUD	Genital Ulcer Disease
HCP	Health Care Provider
HIV	Human Immunodeficiency Virus
HLD	High-Level Disinfection
HRG	High-Risk Group
HSV	Herpes Simplex Virus
ICTC	Integrated Counselling and Testing Centre
ID	Identity
IEC	Information and Education Communication
IM	Intramuscular
IMA	Indian Medical Association
IPC	Interpersonal Communication
IU	International Unit
KI	Key Informant
KOH	Potassium Hydroxide
LAP	Lower Abdominal Pain

LGV	Lympho Granuloma Vanereum
LHV	Lady Health Visitor
LT	Laboratory Technician
MBBS	Bachelor in Medicine and Bachelor in Surgery
MD	Doctor of Medicine
MO	Medical Officer
MS	Master of Surgery
MoU	Memorandum of Understanding
MPW	Multi-Purpose Worker
MSM	Men Who Have Sex with Men
NACO	National AIDS Control Organization
NACP	National AIDS Control Programme
NGO	Non-Governmental Organization
NRHM	National Rural Health Mission
OPD	Outpatient Department
PEP	Post-Exposure Prophylaxis
PHC	Primary Health Centre
PP	Private Practitioner
PPP	Public Private Partnership
QID	Four times a day
RCH	Reproductive and Child Health
RMP	Registered Medical Practitioner
RPR	Rapid Plasma Reagin
RTI	Reproductive Tract Infection
SACS	State AIDS Control Society
SCM	Syndromic Case Management
SSC	Supportive Supervision Centre
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
SN	Staff Nurse
SW	Sex Worker
TI	Targeted Intervention
TID	Thrice in a Day
TPHA	Treponema pallidum hemagglutination test
TSU	Technical Support Unit
UD	Urethral Discharge
VDRL Test	Venereal Disease Research Laboratory Test
VD	Vaginal Discharge
WBC	White Blood Cells
WHO	World Health Organization
Y/N	Yes/No

K. Sujatha Rao
Additional Secretary & Director General

National AIDS Control Organisation, Ministry of Health and Family Welfare, Government of India

FOREWORD

Community based survey has shown that about 6% of adult Indian population is suffering from reproductive tract infections including sexually transmitted infections. It is an established fact that effective prevention and control of sexually transmitted infections is most cost effective intervention to reverse the HIV epidemic progress. Migration, population mobility, and sex work continue to drive sexually transmitted epidemics in India. NACO and RCH II under NRHM through National Institute of reproductive health, Mumbai has brought out the latest technical guidelines for prevention and treatment of reproductive tract infections including sexually transmitted infections.

NACO under NACP III, envisages to treat all STI/RTI episodes and strengthen STI/RTI services at all levels including sub district facilities and identified preferred private providers. Keeping these in view the operational guidelines have been developed which explains 'what' has to be done by 'whom' and 'how' and 'who' will monitor and how to document. These guidelines define the minimum standards for STI/RTI services for STI/RTI clinics. It forms the basis for training and supervision, and serves as a benchmark against which the performance of individual SACS/DACPU/ STI/RTI clinics can be monitored.

The contribution of all technical resource group members, Dr. Jotna Sokhey, Additional Project Director (NACO); Dr. I.P.Kaur Deputy Commissioner MCH, Ministry of Health & Family Welfare, Dr Manisha Malhotra, Asst. Commissioner MCH, Ministry of Health & Family Welfare; Dr Himanshu Bhushan , Asst. Commissioner MCH, Ministry of Health & Family Welfare; Dr L.S. Chauhan, Dy. Director (NIRRH); Dr Dr Dinesh Agarwal NPO for SRH (UNFPA); Dr Gina Dallabetta, Technical Manager BMGF Avahan Program; Dr Richard Steen Scientist STI Prevention SEARO, New Delhi; Dr Teodora Elvira C.Wi, Director STI Capacity Building, FHI India is gratefully acknowledged.

NACO would like to also acknowledge the technical and funding support provided by Bill and Melinda Gates Foundation and its partners Family Health International (capacity building) and Population Services International and thanks also to STI team at NACO consisting of Dr Ajay Khera (Joint Director), Dr Sandeep Bhalla, Dr Vittal Mogasale, Dr T.L.N.Prasad, Mr.Bikas Sinha.

Ms.K.Sujatha Rao. I.A.S.

9th Floor, Chandralok Building, 36 Janpath, New Delhi - 110001 Phone : 011-23325331 Fax : 011-23731746
E-mail : asdg@nacoindia.org

1. BACKGROUND

Sexually transmitted infections and reproductive tract infections (STIs/RTIs) are an important public health problem in India. Studies suggest that 6% of the adult population in India is infected with one or more STIs/RTIs. Individuals with STIs/RTIs have a significantly higher chance of acquiring and transmitting HIV. Moreover, STIs/RTIs are also known to cause infertility and reproductive morbidity. Controlling STIs/RTIs helps decrease HIV infection rates and provides a window of opportunity for counselling about HIV prevention and reproductive health.

Provision of STI/RTI care services is a very important strategy to prevent HIV transmission and promote sexual and reproductive health under the National AIDS Control Programme (NACP III) and Reproductive and Child Health (RCH II) of the National Rural Health Mission (NRHM). Syndromic case management (SCM) with appropriate laboratory tests is the cornerstone of STI/RTI management under NACP III. SCM is a comprehensive approach for STI/RTI control endorsed by the World Health Organization (WHO). This approach classifies STIs/RTIs into syndromes (easily identifiable group of symptoms and signs) and provides treatment for the most common organisms causing the syndrome. Flow charts are developed to guide the service provider for appropriate SCM. The SCM achieves high cure rates because it provides immediate treatment on the first visit and at little or no laboratory cost. It also provides the other important components of STI/RTI case management, namely treatment compliance and follow-up, counselling, partner treatment and condom promotion. Implementation of a standardised SCM simplifies training and supervision, reporting and drug management. However, SCM has its limitations as it is non-specific and tends to over-treat for certain syndromes. Hence, health care facilities with laboratories may provide etiological treatment, which improves specificity of syndromic diagnosis of STIs/RTIs.

1.1. CONVERGENCE OF NACP III WITH RCH II OF NRHM

The National Reproductive and Child Health (RCH) Programme II, launched in April 2005, is a flagship programme of the National Rural Health Mission (NRHM) 2005-2012. The NRHM seeks to provide accessible, affordable and quality health care to rural populations, especially women and children, in 18 high-focus states in India.

Technical strategies reflected in the RCH Programme (Programme Implementation Plan) aim to create a primary health care delivery system that is a hub of services targeted to improve the health of women and children. Government of India guidelines for 24-hour RCH services by primary health centres (PHCs) list services for prevention and management of STIs/RTIs as a major component of the service package. Similarly, the strategy and implementation plan for NACP III, within the fabric of prevention strategy, makes a strong reference to services for prevention and management of STIs/RTIs among high-risk groups, bridge populations and the general population, especially women and youth. Clearly the programme and policy environment supports giving emphasis to interventions addressing STIs/RTIs. STI prevalence is a good marker for HIV, as both share common modes of transmission. A large number of general populations will be reached through the involvement of private practitioners, and overall service utilisation will be enhanced through demand generation for STI/RTI services.

1.2. INTRODUCTION TO OPERATIONAL GUIDELINES

This document is guided by the following policy documents, program guidelines and technical guidelines:

- NRHM: Implementation framework
- RCH II Programme Implementation Plan
- NACP III Strategy and Implementation Plan (draft)
- Guidelines for operationalizing 24-hour RCH services through PHCs
- National Guidelines for management of RTIs and STIs

These operational guidelines refer both to what is to be implemented for prevention and management of STIs/RTIs in various health care settings and how to implement the same. The guidelines also refer to actions/activities that must be organised at different levels of service delivery with special reference to STIs/RTIs.

Consistent with the objectives of the STI/RTI prevention and management component of NACP III to contain STIs/RTIs and thereby HIV transmission through provision of accessible and good-quality STI/RTI services to both general populations and high-risk groups, STI/RTI services will be strengthened in the following settings:

1. **Sub-district level:** Health workers (HW), Accredited Social health Activists (ASHA) and AYUSH practitioners will conduct STI/RTI prevention and health promotion activities and refer individuals with STI/RTI symptoms to PHCs, community health centres (CHCs) and franchised allopathic practitioners. STI/RTI clinical services will be provided at these locations using the SCM approach. Laboratory services wherever available will be used to corroborate syndromic diagnosis. All activities will be done in convergence with NACO and with RCH II of the NRHM.

2. **District hospitals and medical colleges:** The services will be provided through specialists and trained physicians at designated STI/RTI clinics. The SCM approach will be enhanced with additional laboratory facilities. These locations will also serve as referral sites for STI/RTI services besides participating as resources for STI/RTI training, monitoring and supervision. This service delivery will be entirely supported by NACO through State AIDS Control Societies (SACS) and District AIDS Prevention and Control Units (DAPCUs).

3. **High-risk population groups:** STI/RTI services will be provided through targeted interventions (TIs) to high-risk groups (HRGs) through specified clinic settings. There are three recommended kinds of clinic settings:

    - TI-owned static clinics for locations with >1,000 sex workers
    - Fixed-day, fixed-time outreach clinics for locations with smaller number of sex workers
    - Referral linkage with government and private STI/RTI service providers in locations with <200 sex workers
    - TI owned STI/RTI clinics should have either on site laboratory facilities or link up with the nearest government laboratory performing syphilis screening.

- Targeted intervention STI/RTI clinics managed by NGOs should promote meaningful participation of sex workers in the clinic operations and management duly supported by NACO, SACS and DAPCU.

4. **STI/RTI services in the private sector:** Identified private sector service providers, including those qualified in modern medicine, AYUSH and other health care providers will be involved by NACO, SACS and DAPCU through a franchising approach both at the sub-district and district levels to provide STI/RTI service to the general population and HRGs.

1.3. TARGET AUDIENCE

These implementation guidelines are primarily targeted to programme managers working in the government and non-government sectors and with private service providers, facilitating clinic operations to ensure standardised quality STI/RTI services in RCH II and NACP III programme delivery at state, regional, district and sub-district levels. Social marketing organisations (SMOs) or franchisee networks providing RCH services, including services for case management of STI/RTI, will also find this document of use. These operational guidelines, along with the National Guidelines on Prevention, Management and Control of Reproductive Tract Infections including Sexually Transmitted Infections August 2007, will be the basis for training, supervision and monitoring and for logistical management of STI/RTI clinics.

1.4. SERVICE DELIVERY FRAMEWORK

The following framework for service delivery is proposed by the NACP III and RCH II convergence programme:

Level of Care	Service Providers	Service Provision Modalities	Service Package
■ **Village**	■ ASHA/Link Worker ■ Health Worker (M/F) ■ Non-modern medicine practitioners (Non-Allopathic)	■ Village health and nutrition day ■ Outreach group meetings ■ ANC and contraceptive clients	■ Information on prevention, causation and transmission on RTIs/STIs ■ Referrals ■ Condom provision ■ Screening for RTIs/STIs as per guidelines ■ Promoting condoms as a method of dual protection ■ Information and counselling for adolescent girls on menstrual hygiene ■ Information on places for safe delivery and early and safe abortions
■ **Sub-Health Centres**	■ Health Worker (F) ■ Health Worker (M)	■ Routine MCH clinics at village/ sub-centre ■ Group Meetings ■ Household contacts	■ Screening ANC and contraceptive clients ■ Condom provision ■ Referrals for RTIs and STIs ■ Information on causation, transmission and prevention on RTIs/STIs

Level of Care	Service Providers	Service Provision Modalities	Service Package
			■ Information and counselling ■ Adolescent Reproductive and Sexual Health (ARSH) services ■ Post-partum care
■ **Primary Health Centre/CHC** ■ **Urban health Post**	■ Medical Officer ■ Staff Nurse ■ LHV	■ Routine OPDs ■ ANC clinics ■ Contraceptive provision ■ RCH camps	■ Medical care, STI/RTI treatment ■ Partner treatment ■ Screening and diagnosis ■ Behaviour change communication (BCC) for safe sex and early treatment seeking ■ Counselling ■ Condom provision ■ Simple diagnostic tests ■ ARSH services
■ **Designated private allopathic service providers**	■ Doctor ■ Nurse	■ Routine private clinic	■ STI /RTI diagnosis and syndromic treatment ■ Counselling ■ Condom promotion ■ Partner treatment ■ Referral to ICTC and other services (if necessary)
■ **Designated private AYUSH/ Other health care providers**	■ AYUSH / Other health care providers	■ Routine private clinic	■ Counselling ■ Syndrome identification and referral for treatment ■ Condom promotion ■ Referral for ICTC and other services

The following framework for service delivery is proposed by NACP III.

Level of Care	Service Providers	Service Provision Modalities	Service Package
■ **Designated STI clinics**	■ Medical Officer ■ Staff Nurse ■ Medico - Social Worker and/or Counsellor ■ Laboratory technician	■ Routine STI and skin clinic ■ Routine Obstetrics and gynaecology clinics	■ Syndromic diagnosis of STI/RTI and treatment (Provision of directly observed therapy for single-dose regimes) ■ Laboratory diagnosis and treatment for specific conditions ■ Counselling ■ Condom promotion ■ Partner treatment ■ Referral to ICTC and other services

Level of Care	Service Providers	Service Provision Modalities	Service Package
■ **STI clinics with Targeted interventions for HRGs**	■ Medical officer ■ Counsellor ■ Staff Nurse ■ Laboratory technician, wherever applicable	■ Specific STI /RTI clinic for HRGs ■ Referral to government and private STI/RTI service provider	■ Syndromic diagnosis of STI/RTI and treatment (Provision of directly observed therapy for single-dose regimes) ■ Periodic clinical STI/RTI screening, presumptive treatment and semi-annual syphilis screening ■ Intensive counselling ■ BCC through outreach workers and peers ■ Condom promotion (male and female condoms) ■ Partner treatment ■ Referral to ICTC and other services

1.4.1. Components of Quality STI/RTI Service Delivery

Identified health care facility should provide defined package of services for prevention and management of STI/RTIs: This standard seeks to ensure that all components of an evidence-based package of services are delivered at the facilities according to level of care.

Identified health facilities should deliver quality services: All the essential ingredients leading to provision of STI/RTI services should be in place in order to deliver services as per national protocols, including partner management. This will entail trained outreach workers, health workers and clinical service providers, supplies, and essential drugs and reagents.

The facilities should have a friendly environment for those seeking STI/RTI services: The attitudes, behaviours and practices of health care staff have a significant impact on the health-seeking behaviour of their clients. The perceived value of client-provider interactions, privacy, confidentiality and non-judgmental attitudes are key attributes for effective service utilisation. Service providers should always be sensitive to the needs of STI/RTI clients.

The population should be fully informed about causation, transmission, and prevention of STIs/RTIs and sources of quality services: There is frequently a culture of silence about STIs/RTIs. Women, especially adolescent girls, hesitate to talk about these diseases and also delay seeking treatment. Prevailing gender inequities also impact treatment-seeking behaviours. There is a lack of knowledge about causes, routes or modes of transmission and prevention. Service providers should therefore ensure effective communication programmes for improved treatment-seeking behaviour and also for risk perception and reduction. Focused behaviour change communication (BCC) programmes should target specific population groups so that women are empowered to seek services.

In addition, effective use should be made of mass communication for the awareness and availability of quality STI/RTI services. This should be combined with condom promotion/social marketing approaches and should be part of HIV/AIDS awareness campaigns.

Strong support and supervision system should be in place: Periodic support and supervision of STI/RTI service providers helps to ensure the quality of services, recording and reporting. Strengthening support and supervisory systems is thus a key element of quality service delivery.

2. MINIMUM STANDARDS FOR STI/RTI SERVICES

This section gives information about minimum standards to be maintained in STI/RTI clinics and provides guidelines for operationalizing these standards at sub-district and district levels and in TIs.

2.1. LOCATIONS FOR STI/RTI SERVICE PROVISION

The minimum STI/RTI service should be available in all PHCs, CHCs, first referral unit (FRUs), and STI/RTI clinics at district hospital and medical colleges. All TIs should establish exclusive STI/RTI services or establish linkages with existing STI/RTI service providers. The location of such sites should be convenient and accessible for the targeted HRGs. NACO-franchised modern medicine qualified doctors (Allopathic) will provide preventive and curative STI/RTI services. NACO-franchised AYUSH doctors and other health care providers will provide preventive STI/RTI services.

2.2. STI/RTI SERVICE PACKAGE

The syndromic approach is the foundation of STI/RTI services at all facilities. Laboratory tests can be used wherever available. The minimum packages of STI/RTI services to be provided at different facilities are tabulated in Section 1.4 above.

2.3. MINIMUM INFRASTRUCTURE

The following minimum infrastructure should be made available for providing quality services at all STI/RTI facilities:

Minimum infrastructure at private practitioners	Minimum Infrastructure at TI-level STI/RTI Facility	Minimum Infrastructure at Designated STI/RTI Facility
■ **Waiting area:** Patients should be requested to wait in the waiting area, and not inside or directly outside the consultation room. ■ **Consultation area:** The consultation room should measure at least ten feet by ten feet (10' 10') and be used for patient interviews, physical examination and health education. The consultation room should have sufficiently	■ **Waiting area:** Patients should be requested to wait in the waiting area, and not inside or directly outside the consultation room. ■ **Consultation area:** The consultation room should measure at least ten feet by ten feet (10' 10') and be used for patient interviews, physical examination and health education. The consultation room should have sufficiently thick walls and door to ensure both auditory and visual	■ **Waiting area:** Patients should be requested to wait in the waiting area, and not inside or directly outside the consultation room. ■ **Consultation area:** The consultation room/s should measure at least ten feet by ten feet (10' 10') and be used for patient interviews, physical examination and health education. The consultation room should have sufficiently thick walls and door to ensure both

Minimum infrastructure at private practitioners	Minimum Infrastructure at TI-level STI/RTI Facility	Minimum Infrastructure at Designated STI/RTI Facility
thick walls and door to ensure both auditory and visual privacy. The examination table should be positioned so as to provide adequate space at the end of the table to properly view the genitalia during internal examination.	privacy. The examination table should be positioned so as to provide adequate space at the end of the table to properly view the genitalia during internal examination. Enough space for storage of instruments. ■ **Laboratory area:** Provision of Laboratory support to STI/RTI facility at TI is as per guidelines. The laboratory should have a washbasin with running water and enough shelf space for storage of equipment and reagents. ■ **Counselling area:** The counselling room should measure at least eight feet by eight feet (8' 8') and have a desk and chairs for the counsellor and patient. The room should have sufficiently thick walls and a door to ensure both auditory and visual privacy.	auditory and visual privacy. The examination table should be positioned so as to provide adequate space at the end of the table to properly view the genitalia during internal examination. Enough space for storage of instruments. ■ **Counselling area:** The counselling room/s should measure at least eight feet by eight feet (8' 8') and have a desk and chairs for the counsellor and patient. The room should have sufficiently thick walls and a door to ensure both auditory and visual privacy. ■ **Laboratory area:** The laboratory should have a wash basin with running water and enough shelf space for storage of equipment and reagents.

SACS should map the facilities at designated STI/RTI facilities as per the format presented in **Appendix A**. The authorities should ensure to establish the recommended minimum infrastructure as per the budget provided in the financial guidelines.

An illustrative standard operational procedure for clinic visits is given in **Appendix B**.

2.3.1. Equipment and Supplies for STI/RTI Service Provision

Minimum Clinic Equipment and Supplies	
1.	General medical instruments: sphygmomanometer, stethoscope, thermometer, examination table with recess/lithotomy cut and adult weighing scales
2.	Disposable Cusco's vaginal specula of various sizes (where services for women are provided) should be supplied.

3. Proctoscope of various sizes (where services for men is provided) should be supplied.
4. Steriliser or access to sterilisation (e.g., autoclave), instrument tray and instrument forceps
5. Several bins to store segregated infectious waste before disposal
6. Medical supplies such as disposable examination gloves, needles and syringes, needle and hub cutter

2.3.2. General Items for STI/RTI Service Provision

Minimum Furniture and General Items
1. Lockable cupboards/shelves for patient records and drug supplies
2. Storage area for condoms, other supplies and stationery
3. Sink with running water for washing hands, cleaning instruments, etc.
4. Tables, chairs and stools for staff and patients
5. Fans and adequate lighting in waiting and consultation areas
6. Safe drinking water
7. Waste disposal system

A suggested list of clinic equipment and medical supplies for STI/RTI service provision is given in **Appendix C**. Clinic equipment should be well maintained. A list of basic laboratory equipment, reagents and supplies are also given in **Appendix C**. The laboratory equipment should have an annual maintenance contract to keep them in working condition.

2.3.3. Human Resources for STI/RTI Service Provision

The human resources needed for providing STI/RTI services at different levels of service provision is given in the STI/RTI service delivery framework under introduction. Job responsibilities of each staff member are given in **Appendix D**.

2.3.4. Ethical Standards and Maintaining Confidentiality

Confidentiality is a cornerstone of high-quality sexual health care. In all circumstances, patient confidentiality should be ensured. This means:

- Information about the patient should not be communicated to third parties outside the clinic service, and patient should be made aware of this policy
- Clinic records and registers should be kept locked
- In all aspects, the basic human rights of each patient must be respected and given the utmost importance
- All examinations, procedures and treatments should be clearly explained to and understood by the patient, prior to testing or treatment
- The patient must have the option to refuse any or all the services at the clinic

3 DRUGS AND CONSUMABLES

3.1. Essential STI/RTI kits & Drugs for Clinics

All clinics should maintain adequate stocks of STI/RTI pre-packed kits and essential STI/RTI drugs (as per standard treatments) at all times. A record-keeping and storage system should be in place to ensure an adequate stock of drugs and supplies. A minimum of a 3-month stock of all kits, drugs and supplies should be maintained at all times.

The following seven pre-packed STI/RTI kits are proposed under NACP III for syndromic management of STIs/RTIs and these will be procured by NACO/SACS. These kits are developed based on the National Guidelines on Prevention, Management and Control of Reproductive Tract Infections including Sexually Transmitted Infections, Ministry of Health and Family Welfare, August 2007.

Kit No.	Syndrome	Colour	Contents
Kit 1	UD, ARD, Cervicits,	Grey	Tab. Azithromycin 1 g (1) *and* Tab. Cefixime 400 mg (1)
Kit 2	Vaginitis	Green	Tab. Secnidazole 2 g (1) *and* Tab. Fluconazole 150 mg (1)
Kit 3	GUD	White	Inj. Benzathine penicillin 2.4 MU (1) *and* Tab. Azithromycin 1 g (1) *and* Disposable syringe 10 ml with 21 gauge needle (1) *and* Sterile water 10 ml (1)
Kit 4	GUD	Blue	Tab. Doxycycline 100 mg (30) *and* Tab. Azithromycin 1 g (1)
Kit 5	GUD	Red	Tab. Acyclovir 400 mg (21)
Kit 6	LAP	Yellow	Tab. Cefixime 400 mg (1) *and* tab. Metronidazole 400 mg (28) *and* Cap. Doxycycline 100 mg (28)
Kit 7	IB	Black	Tab. Doxycycline 100mg (42) *and* Tab. Azithromycin 1 g (1)

An inventory of essential STI/RTI drugs, including other essential general and additional drugs is given in **Appendix E**. SACS is responsible for availability of essential STI/RTI kits/drugs at all designated clinics. SACS to facilitate the availability of other essential general and additional drugs & supplies at all designated clinics through the state health system.

3.2. Supply System for STI/RTI Kits

Under the NACP III STI control programme, STI/RTI pre-packed kits will be supplied free of charge in all public STI/RTI service facilities including the clinics under targeted intervention projects in the state through NACO/SACS. Separate socially marketed STI/RTI pre-packed kits will be supplied

to private STI/RTI service providers through the social marketing agency. A drug and logistics management agency will be positioned by NACO/SACS to manage efficient STI/RTI medicine procurement, package, supply and reporting systems for all STI/RTI service providers.

3.3. Responsibilities of Different Organisations in the Drug Supply System

3.3.1. NACO

- Contract an agency for drug and logistics management.
- Monitor and supervise the drug supply system.
- Evaluation of the drug management system.

3.3.2. SACS and DAPCU

- Monitor the drug supply system.

3.3.3. Drug and Logistics Management Agency

- Procure medicines based on the indent from NACO. Bulk-purchase contract will be done for procurement as per government procurement guidelines.
- Prepare STI/RTI pre-packed colour-coded kits. There are two kinds of STI/RTI pre-packed kits: (1) free supply for all public facilities and (2) subsidized supply for all private STI/RTI service providers.
- Supply the STI/RTI pre-packed kits to all government STI/RTI service facilities through the state offices. It is estimated that one drug manager and drug assistant per 200 service facilities is needed to manage the system.
- Supply social marketing pre-packed kits to social marketing agencies.
- Maintain buffer stock of 4 months' medicines at state-level depots
- Quarterly drug status report should be submitted in the prescribed format to DAPCU, SACS and NACO. However, consumption patterns of drugs should be monitored on a monthly basis.
- Set a STI/RTI medicine critical re-order level for each public STI/RTI service facility. The formula for calculating is as follows: STI reorder level for drug/kit = (highest consumption in any of the months in the previous quarter 3). If in any month the drug stock goes below the critical re-order level, an immediate additional supply should be requested.
- Ensure all STI/RTI kits are available all the time at all service facilities.
- Monitor the drug supply system

3.3.4. STI/RTI Service Facilities

- Provide STI/RTI kits based on diagnosis.
- Submit monthly drug report before the 5th of every month.
- Monitor the expiry date of STI/RTI kits.
- Maintain 3 months' stock at clinic.

3.4. Other Essential Supplies for STI/RTI Service Provision

The following essential supplies should be available in STI/RTI clinics:

STI/RTI facility at private practitioners	Additional supplies to be available at Designated STI/RTI facility	Additional supplies to be available at HRG TI STI/RTI facility
■ Male and female condoms ■ Job aids for clinic staff, e.g., penis models for demonstrating correct condom use, syndromic management flow charts to aid patient management, posters on infection control and anaphylaxis management ■ IEC materials, e.g., posters, flip charts and handouts to provide messages on how to protect against infections, symptoms of STIs/RTIs and steps to be taken to effectively treat infections	■ Additional STI /RTI drugs given in **Appendix E** ■ Laboratory supplies and reagents as given in **Appendix C**	■ Water-based lubricants in small pouch packs for distribution along with male latex condoms for situations where anal sex is practiced ■ Female condoms, if available

4. CLINICAL MANAGEMENT OF STIs/RTIs

Clinics should practice the technical guidelines for patient management as detailed in the manual National Guidelines on Prevention, Management and Control of Reproductive Tract Infections including Sexually Transmitted Infections, Ministry of Health and Family Welfare, August 2007.

Minimum clinical management at private practitioners STI/RTI facility	Additional clinical management at Designated STI/RTI facility	Additional clinical management at HRG TI STI/RTI facility
■ Sexual-health history taking; ■ Adequate and appropriate physical examination and, if feasible, a speculum and bimanual examination of the genital tract for all female patients, and digital rectal examination (including proctoscopy, if indicated) for patients practicing receptive anal sex ■ Appropriate and immediate treatment as per national guidelines. See SCM flowcharts given in Technical Guidelines ■ Counselling of every patient, including the "four C's" (Condom demonstration and promotion, ensuring Compliance with treatment, Counselling and Contact treatment/partner management) ■ Follow-up care including examination of patient to know the status of STI /RTI after the treatment ■ Partner management as described below ■ Referral network for services not available at the clinic (e.g., referral for syphilis testing if it is not available on-site, ICTC, tuberculosis)	■ All clinical services preferably provided by STI/RTI and ObGyn specialists ■ Laboratory services as given below	■ Quarterly sexual-health history taking, physical examination and simple laboratory diagnostics (where available) ■ Treatment for asymptomatic gonococcal and Chlamydial infections at the first visit, repeated at 6 months, if patient has not undergone regular checkups ■ Semi-annual serologic screening for syphilis ■ The flowcharts in **Appendix F** are adapted to guide STI/RTI treatment decisions for female and male/ transgender sex workers, whether symptomatic or asymptomatic, during routine visits to clinics

Internal genital examination should be performed only if the following conditions are met:

- Adequate space to provide visual and auditory privacy
- Adequate space for proper genital examination with examination table and proper physician and patient positioning
- Adequate lighting to visualize the genitalia
- Infection control is observed, including availability of adequate gloves, sterile speculum and/or proctoscopes, sterilizer or autoclave
- Health care provider trained on speculum, bimanual and proctoscopic examination
- Patient agrees to the examination after proper explanation

Partner management includes examination and treatment of regular/permanent sex partner (e.g., spouse) of the index patient. For this purpose, the partner may be asked to visit the same STI/RTI clinic or be referred to any other STI/RTI clinic that the partner feels comfortable visiting, or treatment may be provided to the index patient to deliver to the partner. Any of the above decisions are to be taken only after discussion/counselling with the index patient as per his or her convenience.

At the follow-up visit, a detailed history (including compliance with treatment and possible re-infection) and examination should be carried out to find out if the patient is responding to treatment. If so, the patient should be advised to continue the remaining treatment and counselled on preventing future infections. If the patient is not responding to treatment, explore whether treatment was completed and partner has been treated. If not, ensure treatment compliance and partner treatment; if yes, refer patient to higher-level facilities for further infection management.

4.1. MINIMAL LABORATORY TESTS AT STI/RTI CLINICS

The following laboratory tests should be done on site at designated STI/RTI clinics.

- Wet-mount slide preparations for microscopy:
  - Normal saline slide preparation for detection of motile trichomonads
  - KOH slide preparation for detection of Candida spores and pseudohyphae, and "Whiff test" for detection of amines indicative of bacterial vaginosis. (Whiff test to be performed by examining clinician.)
- Determination of pH level of vaginal secretions (to be performed by examining clinician)
- Gram stain of cervical/rectal specimen for white blood cell (WBC) and gram-negative intracellular diplococci
- Gram stain of slides prepared from vaginal smears to diagnose bacterial vaginosis using Nugent's criteria
- Syphilis serology should ideally be performed on-site using quantitative RPR or VDRL test
- All samples reactive for RPR/VDRL test should be subjected to **confirmation testing**. This is commonly done using TPHA, but can also be done by FTA-Abs or rapid tests.

The flowcharts in **Appendix F** are adapted to guide STI/RTI treatment decisions for female and male/transgender sex workers, whether symptomatic or asymptomatic, during routine visits to clinics.

- The laboratory procedures should be in accordance with the technical guidelines and recommendations provided in the National Guidelines on Prevention, Management and Control of Reproductive Tract Infections including Sexually Transmitted Infections, Ministry of Health and Family Welfare, August 2007.

5. INFECTION CONTROL SYSTEM

5.1. Universal Precautions

Universal precautions and infection control measures should be implemented and used at all times to prevent the transmission of blood-borne and other infections. These precautions and control measures should be used with all patients, regardless of their occupation, socio-economic status or HIV serostatus. All staff-including clinical, housekeeping and any other staff who could possibly come in direct physical contact with bodily fluids, waste, linens or spills-should be trained on universal precautions. The universal precautions to be followed are given in **Appendix G.**

5.2. Processing of Reusable Equipment

Guidelines and procedures for cleaning, disinfecting and sterilizing clinic and laboratory equipment are presented in **Appendix H**.

5.3. Disposal of Hazardous Waste

Hazardous waste must be segregated properly and disposed off safely, in a manner that eliminates any possibility of infecting clinic staff or community members. The waste generated in the clinic is classified as the following:

- Sharps waste: e.g., single-use disposable needles, needles from auto-disable syringes, scalpel blades
- Infectious waste: e.g., waste contaminated with blood and other bodily fluids, including gloves, cotton, dressings, waste from laboratory tests and specimens
- Pharmaceutical waste: e.g., expired, damaged, or otherwise unusable medicines
- General waste: paper, etc.

Clinic waste should be segregated as given below:		
Type of Waste	**Colour of Bag**	**Label**
Sharps waste	Blue/white	Danger, contaminated sharps
Infectious waste	Red	Infectious substances
Pharmaceutical waste	Black	Toxic substances
General waste	-	

Proper waste management begins in the clinic with safe handling of waste and continues until its safe final disposal. All infectious waste should be decontaminated before disposal. Clinics should dispose of hazardous waste through arrangements with a recognised medical waste disposal service or through arrangements with a nearby hospital.

5.4. Post-Exposure Prophylaxis

Any staff member exposed to a patient's blood or bodily fluids should receive prophylactic treatment for HIV according to national guidelines. The person should be referred to the nearest ICTC for further management. All health facilities should have at least 3-day basic ARV (Zidovudine and Lamivudine) fixed-dose pills. The HCP who sustained accidental exposure should be given PEP drug as per NACO guidelines and should continue the regimen after getting counselled and evaluated by a physician at the district level within 3 days of the incident. All health facilities to report accidental exposures in the prescribed PEP incident report format to NACO. For detailed information regarding PEP protocols and guidelines, please refer NACO ART Guidelines (www.nacoonline.org).

6. ANAPHYLAXIS MANAGEMENT

The clinics should be well prepared to manage anaphylaxis reactions. A wall chart that outlines emergency management of anaphylaxis as in **Appendix I** should be displayed prominently in the area where injections are given and in the area where patients should be observed following an injection.

7. LINKAGES AND REFERRALS

Patients whose health problems cannot be addressed or are non-responsive to syndromic management should be referred to a higher-level service, such as a local hospital or specialty care. Such higher-level referrals include STI/RTI specialist care, ICTC and other relevant medical services. Either specimens or patients having suspected drug resistant and/or treatment failure (ensure compliance) may be referred to Regional STD Laboratories in consultation with concerned SACS. Clinics should compile a list of relevant providers for referrals that includes names, addresses, telephone numbers and operating hours. A sample referral form is given in **Appendix J**.

7.1. Linkage of STI/RTI Clinic with Outreach Services in TIs

STI/RTI clinic staff should collaborate closely with outreach staff under TIs to increase service utilisation. The staff should explore community perceptions about the clinic activities, their satisfaction with them and the effectiveness of outreach and education. If these issues are not addressed in a timely manner, the clinic attendance will be low and the program will have little impact.

Clinic staff should have regular meeting with TI outreach staff, peer educators and link workers, to discuss and coordinate clinic activities. Examples of topics for discussion at such meetings include:

- Community satisfaction with clinic services (e.g., clinic hours, privacy, cleanliness)
- Patient compliance with medications and treatment
- Patient follow-up
- Tracking individuals for quarterly check-ups, half-yearly syphilis screening and asymptomatic treatments (wherever applicable)
- Acceptability and effectiveness of counselling messages
- Questions raised by the community about, for example, health issues

8. Recording and reporting

Good reporting practices help clinics monitor their services and permit meaningful evaluation of the programmes. Minimal reporting records that should be maintained by each clinic include the following:

Minimum records to be maintained at a private practioner	At Designated STI/RTI facility	At STI/RTI facility with HRG TI
■ STI/RTI patient wise card presented in **Appendix K** ■ Drug stock register ■ Monthly summary report presented in **Appendix M** ■ Referral Register	■ STI/RTI patient wise card presented in **Appendix K** ■ Drug stock register* ■ Monthly summary report presented in **Appendix M** ■ Laboratory register* ■ Counselling register* ■ Referral register*	■ STI/RTI patient wise card presented in **Appendix K** ■ Drug stock register* ■ Monthly summary report presented in **Appendix M** ■ Laboratory register* if performing on-site syphilis screening tests. All RPR reactive sera showing reactivity at or beyond 1:8 dilutions should be sent to the nearest Designated STI/RTI facility for a confirmatory TPHA test. ■ Patient tracking register* ■ Counselling register* ■ Referral register*

**Clinic should continue to utilize their existing registers*

The guidelines for filling patient wise card and monthly summary report are presented in **Appendix L & N** respectively.

Apart from the designated STI/RTI facilities, there are many other providers /facilities providing STI/RTI care within the State/Union Territory. STI/RTI episodes treated by all providers / facilities should be compiled by SACS on monthly basis. A format to report the monthly consolidated STI/RTI episodes treated in the state has been presented in **Appendix O**. The guidelines to fill the format are presented in **Appendix P**.

9. PRIVATE SECTOR INVOLVEMENT IN STI/RTI CONTROL

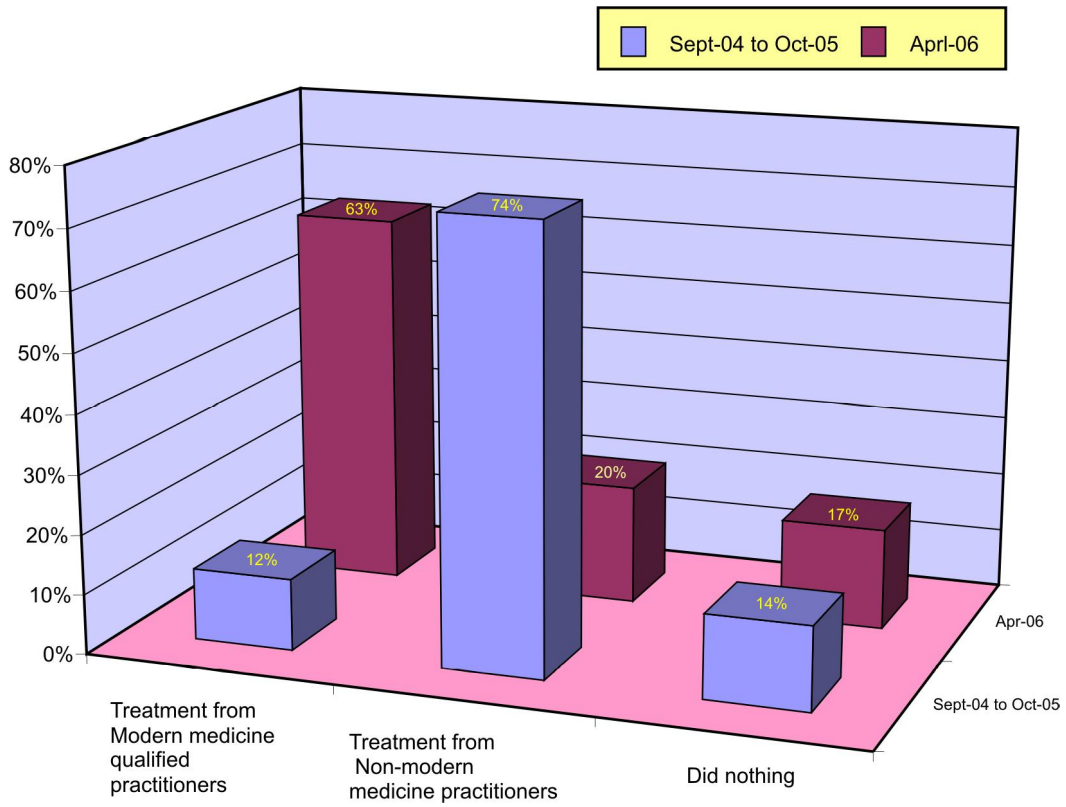
9.1. Rationale

The health-seeking behaviour among the general population in India shows that for STI/RTI treatment people prefer non-modern medicine practitioner over the modern medicine qualified practitioner. These non-modern medicine practitioners could be: -

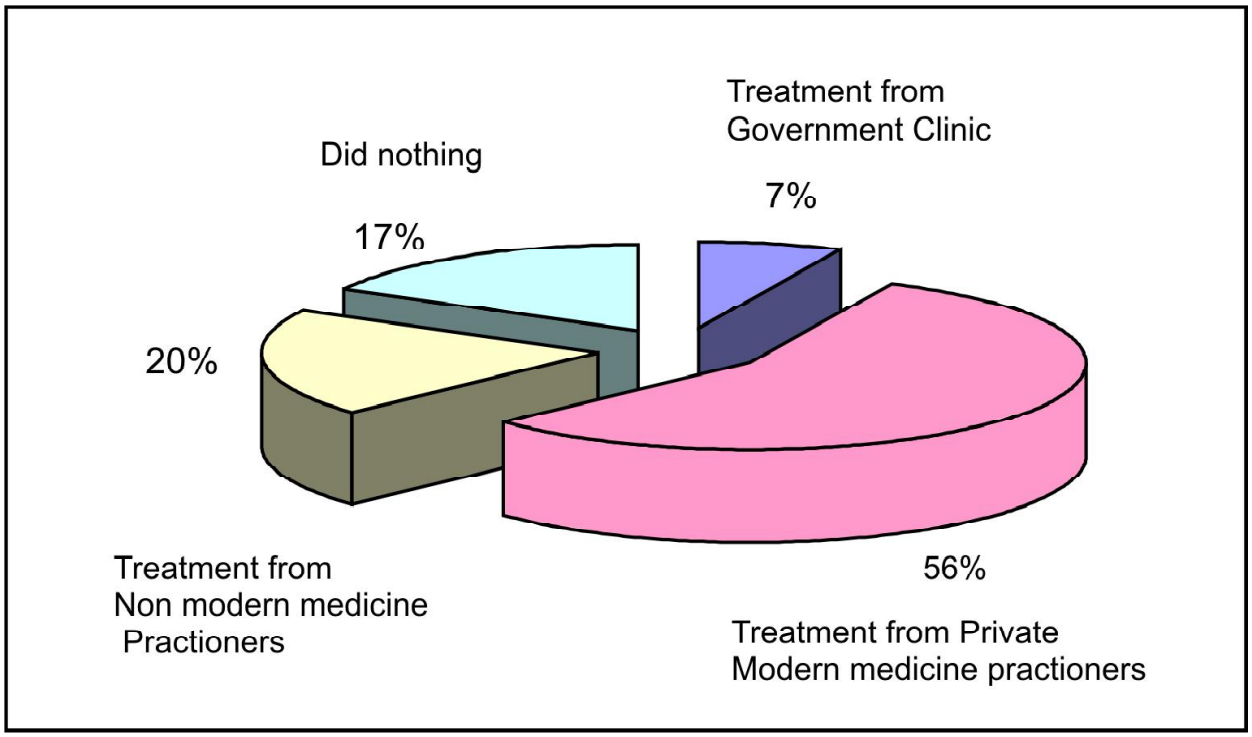
a. AYUSH practitioners

b. Other health care providers

A survey, conducted among the STI patients to document their preference validated the above-mentioned point but at the same time after running an intervention on creating awareness regarding availability of good STI treatment service with the modern-medicine-qualified practitioners, a similar study conducted in same towns afterwards shows very different findings. The comparison of data for the two periods shows the following.



Analysis of the data collected in April 2006 further gives some insights on the priority of STI patients in seeking treatment. The data show the following trend.



NACP III thus envisages the involvement of private health care providers through public-private partnerships (PPPs) in comprehensive STI/RTI treatment services with appropriate safeguards to ensure quality.

9.2. PROCESS FOR INVOLVING PRIVATE PRACTITIONERS

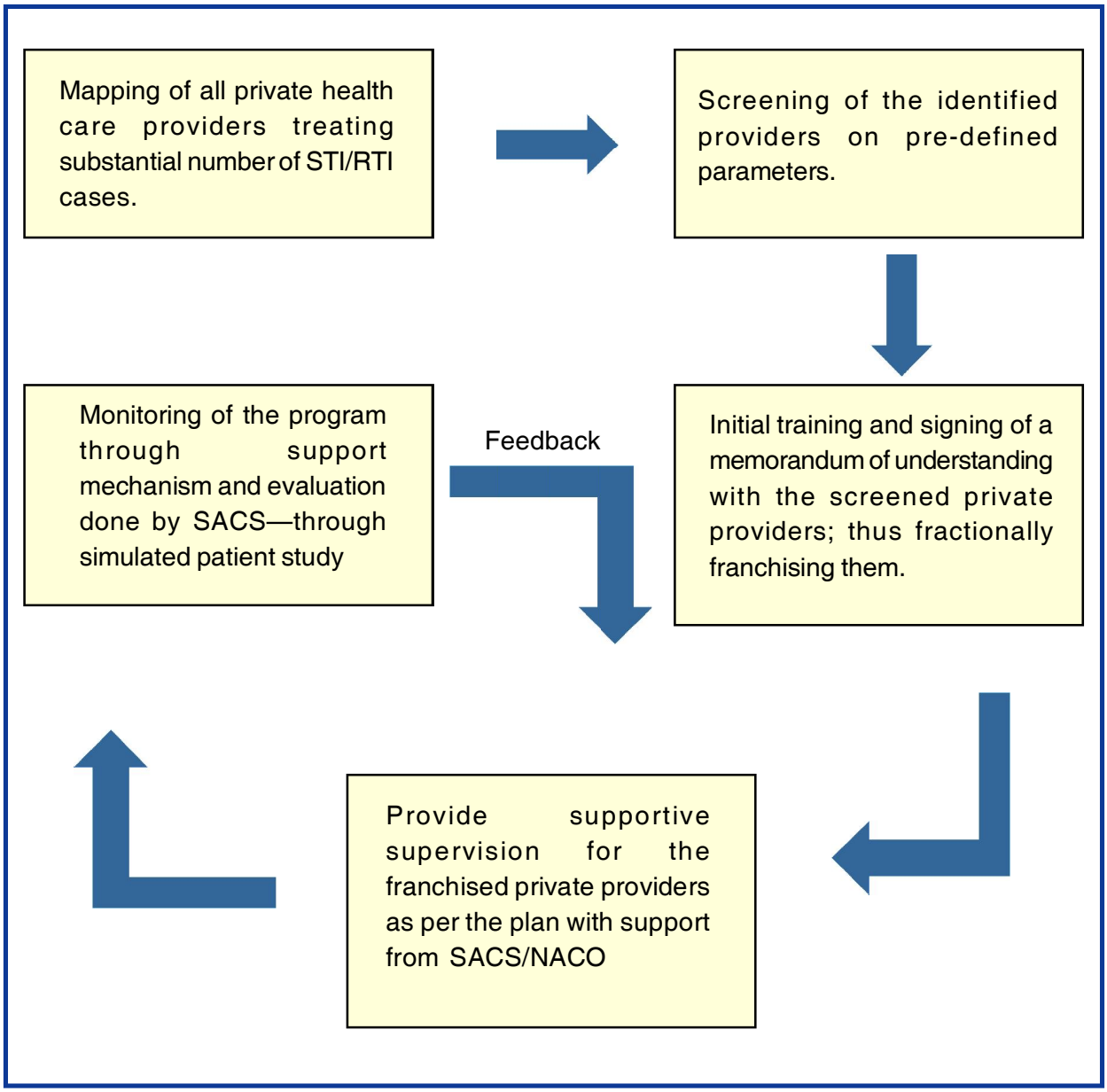
NACO/SACS will involve private providers through a district-based approach. NACO/SACS will identify an agency to roll out the private sector involvement in identified districts for STI/RTI service delivery and will enter into an agreement.

9.2.1. Identification of Agency

NACO/SACS would identify agencies that are willing to execute the following activities:

1. Mapping of preferred private service providers within the district
2. Training of doctors
3. Supportive supervision by involving PSM & STI department faculty
4. Communication for demand generation
5. Social marketing of kits
6. Documenting and sharing data with DAPCU/SACS/NACO

The following flow chart briefs the recommended process to be adapted by the identified agency for involving the PPP in the national STI/RTI control program.



Process of involving private practitioners in the national program of STI/RTI control

The private health care providers treating a substantial number of STI/RTI patients, irrespective of the system of medicine they are practicing, should be identified and franchised fractionally.

A commercial definition of franchising:

"an arrangement whereby a manufacturer or a marketer of a product or service (the franchisor) grants exclusive rights to local independent entrepreneurs (franchisee) to conduct business in a prescribed manner in a certain place over a specified period"

In this case the franchisor is the government through the agency hired and the franchisee is the private practitioners already treating STI/RTI cases. STI/RTI management protocol as recommended by NACO is the service to be franchised. For STI/RTI management protocol as

recommended by NACO please refer to the National Guidelines on Prevention, Management and Control of Reproductive Tract Infections including Sexually Transmitted Infections, August 2007.

Since the health care providers franchised would be treating patients coming with ailments other than STI/RTI also but the "memorandum of understanding" signed by them would talk only about the management of STI/RTI and the government would not have any say over the management of any ailment other than STI/RTI, we would call it fractional franchising.

On the basis of the system of medicine and the willingness of these private providers, a memorandum of understanding has to be signed between the private practitioner and NACO/ SACS through the implementing agency. To ensure comprehensive management of STI/RTI in these clinics, the franchised doctors should be trained and supported by the hired agency. The franchised health care providers should also be offered a "package of incentives" (described in the next section) for their participation in the national program.

9.2.2. Mapping of Private Practitioners

The first step is to map all private practitioners within a defined geographical area who are providing STI/RTI services. This should be done irrespective of the system of medicine they are practicing. Steps involved in mapping of private practitioners are:-

No.	Steps	Details	How to do	Who should do
1	Identify locations where STI/RTI services are needed	Brothel areas	■ Desk research to identify areas where sex work / solicitation of sex is available	Hired agency with support from SACS in coordination with partner NGOs and other stake holders (Format in **Appendix Q)**
		Other places of solicitation of sex	■ Responses from local collaborator—outreach workers of TI partners (will also be a key informant [KI])	
		General population areas where STI/RTI cases are more common	■ Responses form KI ■ Outreach workers of TI partners ■ Local IMA people ■ Doctors in and around brothel areas	
		Remote areas	■ Responses from KI ■ Outreach workers of TI partners ■ Responses from other doctors contacted	
2	Identify all health care providers in and around the identified locations	MBBS and above AYUSH practitioners	■ From IMA data ■ Thorough field visit of the identified location ■ Responses from KIs: – Outreach workers of TI partners	The hired agency in coordination with DAPCU at the district level / SACS at state level (Format in **Appendix R**)

No.	Steps	Details	How to do	Who should do
		Other health care providers	– Clients of SW – Local chemists	
3	Select the private providers treating maximum STI/RTI patients, as per the respondent	Of all the PP identified, the most popular PP to be short-listed	Responses of the KI to be documented and analysed	Responses documented by the agency hired, and analyzed in coordination with SACS/ DAPCU (Format in **Appendix S)**
4	Details of the selected PP and their clinic documented	Details of the private practitioner's profile as well as of the clinic set-up should be documented	Interview the selected PP and responses documented in a given format	The hired agency (Format in **Appendix T)**

The key informants (KIs) should be:

- **Outreach workers:** Outreach workers (ORWs) with rich experience of working in the district should be selected as the KIs. It is an added advantage if the profile of an ORW qualifies him to work with an HRG (core/bridge population).
- **Indian Medical Association (IMA) personnel:** The IMA person having all the data of qualified modern medicine practioners practicing in the district should be selected. It is an added advantage if this person has knowledge of the areas where more cases of STI/RTI are seen.
- **Doctors in and around the brothel/hotspot areas:** Each doctor practicing in and around the brothel area is a good reference point to retrieve information regarding other areas where STI/RTI cases are seen.
- **Clients of sex workers:** This is the population that broadly seeks STI/RTI treatment and the data given by them regarding their preferences of HCP for STI/RTI treatment will be the most authentic.
- **Chemists around the location:** Chemists can give information about all types of HCPs practicing as well as the type of cases they see.
- **Local rickshaw pullers / auto drivers:** Local rickshaw pullers/Auto drivers also have a good knowledge of popular HCPs.

9.2.3. Criteria for Screening Identified Private Practitioners

In private-public partnerships (PPP) for STI/RTI management, it is important to ensure that the target group is comfortable seeking treatment from the private clinics. The following selection criteria can be used for screening the private practitioners into the network:

a. **Service providers having the required facility in their setting:** Service providers practicing full-time in private clinic set-ups are preferred over those who practice in nursing homes and polyclinics, owing to the greater accessibility and affordability of doctors in small clinics for

the target group. An essential criterion is whether or not the clinic set-up is conducive to auditory and visual privacy.

b. **Strategic location of clinic to ensure geographic coverage:** Doctors with clinics located in settings that are convenient for the target group that is in and around locations where there is a lot of commercial sex activity. If the identified location has more than the required number of doctors, the modern medicine practitioner who best matches the other criteria described below is selected. Locations are chosen in such a way that there are no geographic gaps, services are easily available to patients, clinics are evenly distributed and franchised doctors do not cut into each other's potential market.

c. **Doctor's expression of interest:** Only those doctors should be selected who express interest in becoming part of the network after being briefed about the project, its goals, objectives and strategies. The interest of the doctor is also assessed through his agreement to allow his clinic to be branded (displaying the clinic signboard), attend refresher training programmes, and dedicate time at his clinic every 2 months for discussion on technical issues.

d. **STI/RTI client flow (reliable predictor of possibility of increasing client flow with communication support):** Doctors who have an STI/RTI client load of 10 or more per month are selected. Sometimes this criterion may be relaxed and doctors with a lower STI/RTI client load may be recruited in the interests of geographic coverage, with the assumption that the load will increase as a result of communication activities related to demand generation and branding of clinics.

e. **Clinic timings:** Different target groups will find it convenient to take consultations at different times, e.g., a labourer would be more comfortable in consulting a doctor during the morning hours. Based on the mix of target groups at a particular location, the timing of the clinic thus becomes a selection criterion.

f. **Willingness to use the syndromic approach to manage STI/RTI and to refer for other services:** Only doctors who sign an agreement committing to follow syndromic management protocols to treat STI/RTI are included in the network. Doctors identified using the criteria given above are invited for an initial training programme, where the recommended protocols and rationale are discussed in detail. Those who meet the required knowledge (80%), assessed through a post-test, are offered membership of the network.

g. **Intangible quality:** The attitude of the doctor towards his patients and the clinic set-up are observed in the initial visit to the clinic in order to assess whether the doctor treats STI/RTI patients (especially the target group) with respect and provides physical privacy for examination and confidential treatment. Conformation of this intangible quality may not always be possible; hence the officer in-charge must evaluate this on the basis of his conversation with the doctor and if possible with a few of the patients who have been treated at the clinic and/or chemists nearby.

9.2.4. Franchising Process for Private Practitioners

9.2.4.1. Initial training

All the private practitioners who agree to join the network will be given an initial induction training that clearly explains the process of STI/RTI management as recommended by NACO.

A sample training schedule for the initial training is presented in **Appendix U**.

9.2.4.2. Memorandum of understanding

After attending the initial training, those private practitioners who confirm their interest in joining the network will sign a memorandum of understanding (MOU). This MOU will have the following salient features:

Responsibilities of NACO/SACS/identified agency

- Provide initial and refresher training
- Provide training materials and job aids
- Provide pre-packed colour-coded STI/RTI kits at a subsidized price through the social marketing organization.
- Provide IEC materials for free distribution
- Provide reporting formats
- Provide supportive supervision on a regular basis

Responsibilities of the private practitioner

- Set up and maintain clinic/hospital infrastructure as per guidelines
- Participate in periodic continuing medical education (CME)
- Provide STI/RTI management according to national guidelines
- Provide health education for treatment compliance, condom promotion and partner treatment
- Provide referrals to ICTC, higher STI/RTI centres and other medical/surgical services as required
- Document data of each STI/RTI treated in the format provided, and share the data with the Agency on monthly basis.
- Participate in support visits from the supportive supervision team.
- Participate in STI /RTI surveillance activities upon request

Details of the terms and conditions of the MOU are presented in **Appendix V**.

Steps recommended if breach of contract is observed

- Additional support provided to the franchised doctors not following the franchised protocols
- A reminder letter given to the doctor and if things do not change then de-franchise from the network

Details of the process of de-franchising are presented in **Appendix W**.

9.2.5. Service Packages from Different Categories of Franchised Service Providers

Category of provider	Inputs	Additional support	Package of services expected
■ Modern medicine qualified private practitioner.	■ Training ■ Branding ■ Regular support	■ STI/RTI treatment kits with the serivce providers and/or at chemists ■ Referral list for ICTC ■ Referral list for lab tests ■ Referral list of ARV	■ Diagnosis ■ Treatment (patient and partner)-dispense/ prescribe medicine ■ One follow-up visit ■ Counselling ■ Referral for lab test ■ Referral to ICTC
■ AYUSH service providers	■ Training ■ Branding ■ Regular support	■ Referral list of PPs offering STI/RTI treatment ■ Referral list for ICTC ■ Referral list for ARV	■ Diagnosis ■ Counselling ■ Referral to MBBS or above doctors for treatment ■ Referral for lab test ■ Referral to ICTC
■ Other health care providers	■ Training ■ Branding ■ Regular support	■ Referral list of PPs offering STI/RTI treatment ■ Referral list for ICTC ■ Referral list for ARV	■ Diagnosis ■ Counselling ■ Referral to MBBS or above qualified doctors for treatment ■ Referral for lab test ■ Referral to ICTC

9.2.6. Incentives for Private Practitioners

A package of incentives should be offered to these private practitioners to keep their interest in the national programme. The suggested package includes:

- Provision of certificate from NACO/SACS to those doctors who become a franchise member
- Branding of the clinic
- Mass media support
- Communication support
- STI/RTI kit to be made available through social marketing agencies

- Internet advertisement listing the names of providers district wise
- Sponsoring to attend academic conferences

9.2.7. Making the Services Available for BPL Families

About a quarter of the Indian population still falls below the poverty line (BPL). By and large, BPL individuals seek treatment from the government hospitals/clinics only, and the communication for demand generation would also direct the BPL individuals to seek treatment from the government clinics only. However, in case a BPL individual presents at the clinic of any private franchised modern medicine practitioner for STI/RTI treatment and claims that he or she cannot afford the medicine, the private franchised doctors would, by using referral lists, redirect the individual to a government-designated clinic where he or she can seek free treatment/medicine.

9.2.8. Generating Demand for STI/RTI Treatment

Along with providing training and support to franchised private providers to ensure high-quality and comprehensive STI/RTI management, the target population must also be made aware of the availability of these quality services.

Various media that should be used for the demand generation are:

Mass Media

A mass media at the national level should be aired, promoting clinics franchised by NACO as a brand where quality treatment is ensured by NACO.

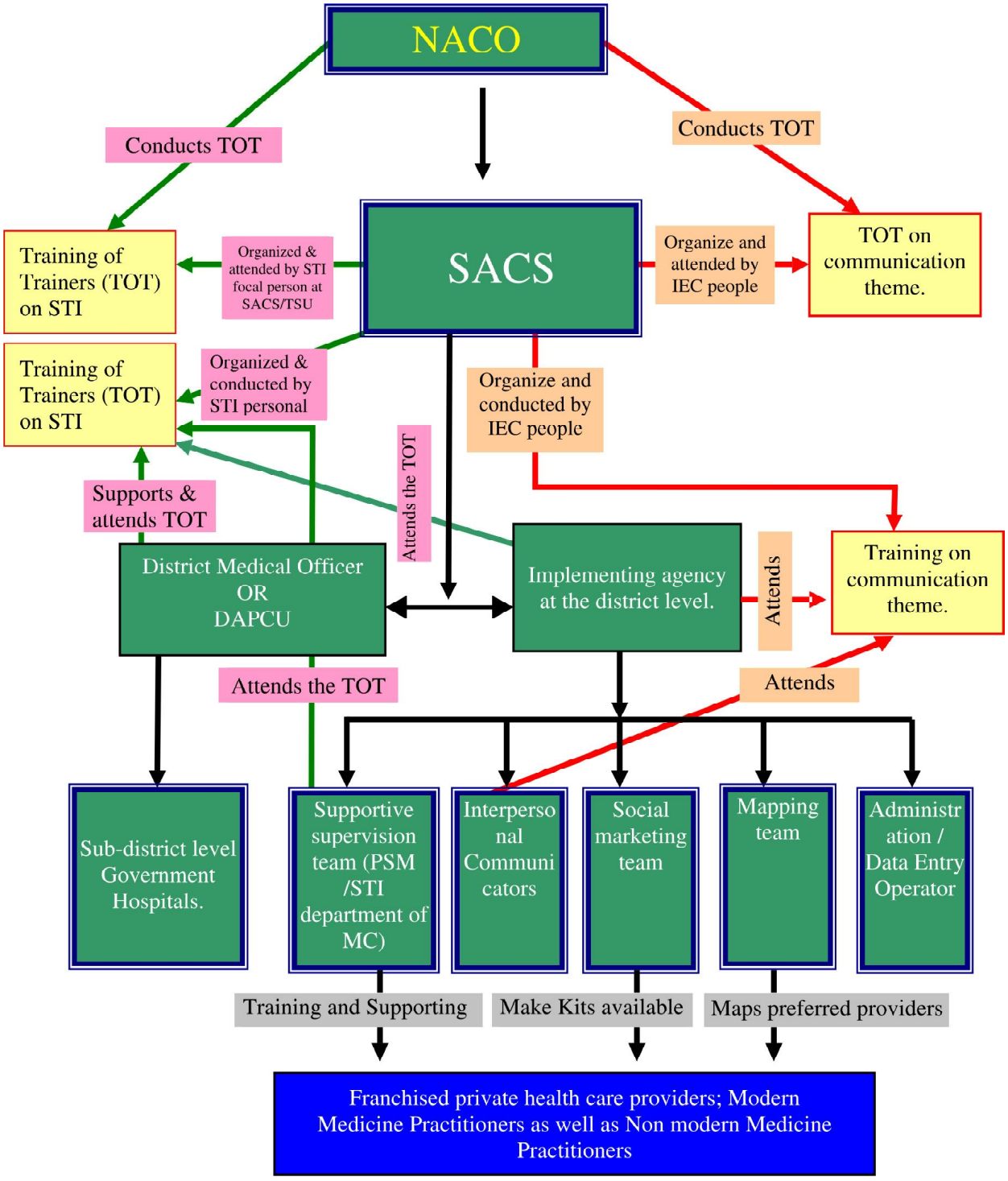
Below-the-line communication e.g.

Street plays: The agency hired should conduct street plays with messages on causation and severity of STIs/RTIs with the call to action of getting treatment from modern medicine qualified practitioners-either at government hospitals or at government franchised private clinics.

9.3. TRAINING AND SUPPORT SYSTEM

Under NACP III a robust training and support system will be developed to ensure quality of services at all levels. The roles and responsibilities of teams at each level are clearly defined.

9.3.1. Basic Flow of Supportive Supervision



9.3.2. Component wise Activities of the Hired Agency

Supportive supervision team

The team should contain a doctor preferably from PSM & STI departments.

Process of utilizing the doctors of medical colleges: Three faculty members from PSM or STI department of regional medical college should be engaged for 5 days a month each, on a consultation basis, for a total of 15 man-days. And one day a doctor should provide personalized support to at least two doctors and do the documentation of the support visit conducted and submit the report to the implementing agency at the end of his 5 days' consultation for the month. These 5 days would also include monthly meetings, trainings, orientation to new themes, etc.

The broad job profile of the supportive supervision team would involve the following activities:

a. Conduct the induction training and refresher trainings (once in a year) for the private franchised doctor in the district.

b. Provide personal support to the above-mentioned members as per the training provided by the SACS/NACO to ensure that they adhere to the STI/RTI management protocol of the NACO. This support is to be provided at least once every 2 months.

c. Collect STI/RTI data from the franchised clinics in the prescribed format.

Field sales officer

Field sales office would be responsible for making the pre packed STI/RTI kits available in and around the franchised clinic.

Mapping team

The mapping team would be responsible to identify all the modern medicine private practitioners in the district as well as block levels and prioritize them on the basis of key informant response. The team is also responsible for identifying all the non-modern medicine practitioners treating STI/RTI patients at the district, block, and village levels and prioritize them on the basis of their popularity among the target group for seeking STI/RTI treatment.

Administration / Data Entry Operator

The administration staff would be responsible for collating all the field reports and passing on to his higher level for his or her final approval. This person would be responsible for sending all the field-level data to the SACS on a monthly basis or as and when required.

9.3.3. Component wise Activities of the Government Health System

Role of the District Medical officer, District Nodal Officer, and DAPCU

The District Medical Officer, District Nodal Officer, and the DAPCU would be responsible for ensuring quality STI/RTI treatment at the sub-district-level government clinic in coordination with the NRHM and also collect STI/RTI data from the sub-district-level government clinics.

The broad job responsibility should include the following activities:

- To attend the TOT organized by the SACS/NACO and support the sub-district-level government clinic to ensure quality STI/RTI management.
- Collect data from all sub-district-level government clinics and share the data with SACS on a monthly basis.

Role of SACS

The State AIDS Control Society would be broadly responsible for the following activities:

- Conduct TOT on STI/RTI management for the supportive supervision team of all District agencies in the State, based on the TOT conducted by NACO. SACS should also provide the agency with training manuals, job aids and other tools developed by NACO.
- Conduct training on communication themes for the communication team of all the District agencies in the state, based on the TOT conducted by NACO. SACS should also provide the agency with tools developed by NACO.
- Collect STI/RTI data of the sub-district-level government clinic from the District Medical Officer.
- Ensure the quality of STI/RTI management at the government-designated clinic.
- Ensure the quality of STI/RTI management at the private franchised modern medicine practitioner in collaboration with the implementing agency at each district.
- Ensure the quality of STI/RTI management at the targeted intervention STI/RTI clinic.

Role of NACO

NACO will be responsible for providing strategic direction in training and supportive supervision of the private franchised health care providers, government-designated STI/RTI clinics, and the targeted intervention STI/RTI clinic. Strategic directions to communication for demand generation at the state and district level will be yet another point of action. These directions would be provided to the districts through the SACS at the state level.

NACO will be responsible for the following broad activities:

- Developing training modules; induction as well as refresher trainings (once every year), with relevant materials
- Imparting training to trainers at SACS
- Developing on-ground communication design and tools
- Impart training on communication design to SACS
- Overall management of franchisees in 100 priority districts
- Logistic management

10. MONITORING AND EVALUATION

The STI/RTI program under NACP III envisages vigorous monitoring and evaluation system to ensure quality of services at all levels.

- The district agency supported by the District Medical Officer, DAPCU, SACS, and TSU will conduct field-based monitoring of STI/RTI service providers by visiting all these providers each quarter with the established supportive supervision system. Direct field observations will be conducted using the prescribed supportive supervision checklist.
- DAPCU, SACS, and NACO will monitor STI/RTI service provision using a computerised management information system (CMIS) on a monthly basis.
- A pre- and post-test questionnaire will be used to monitor the quality of each training conducted.
- The tools for quality monitoring at each level are given in Part 1 of **Appendix X**.
- Supervisory checklist and quality indicators are given in Part 2 of **Appendix X**.
- Monitoring indicators for franchised private providers are given in Part 3 of **Appendix X**.

The overall budget for monitoring and evaluation available at SACS should also be used for monitoring and evaluation of STI/RTI components.

The evaluation of the overall STI/RTI programme will be done by the following methods:

- Annual analysis of monitoring indicators at the national level.
- Simulated patient study for a randomised sample of STI/RTI service providers on an annual basis in order to assess the quality of STI/RTI service provision.
- Evaluation by an external agency in the fifth year of the programme. The parameters to be used for evaluation are mentioned in **Appendix X**.

11. FINANCIAL GUIDELINES

Item	One-time/unit	Recurring/ unit	Total	Components
(A) STI/RTI designated clinic				
Strengthening of infrastructure for audio and visual privacy	Rs.100,000	–	Rs. 100,000	1. Such as partition for auditory and visual privacy 2. Wash basin for hand washing, etc.
Provision of computers for STI/RTI clinic	Rs. 50,000	–	Rs. 50,000	1. Computer 2. Printer 3. Electrical fixtures
Drugs, consumables (laboratory items, gloves, etc.) and contingency	–	Rs. 100,000	Rs. 100,000	1. Pre-packed colour-coded STI/RTI kits and other essential STI/RTI drugs 2. Consumables
Sub-total for each designated STI/RTI clinic			**2.5 lakh/clinic**	
(B) STI/RTI care through franchised private providers per district (to be handled by one agency at the district level)				
District mapping of private practitioners	Rs. 75,000	–	Rs. 75,000	1. Salary and travel and dearness allowances for the recruiters 2. Cost of supervising 3. Cost of documentation
Training of private HCP including AYUSH and others	–	Rs.100,000	Rs. 100,000	1. Cost of venue 2. Cost of working lunch 3. Stationary costs 4. Cost for local travel, etc.
Supportive supervision	–	Rs. 460,000	Rs. 460,000	1. Travel and dearness allowances for PSM/STI doctors empanelled for supportive supervision 2. Salary and travel and dearness allowances for non-medical support person 3. Branding of clinics 4. Documentation
Social marketing colour-coded STI/RTI kits	–	Rs. 265,000	Rs. 265,000	1. Distribution of kits (Salary and travel and dearness allowances for field sales officer) 2. Cost of supervision 3. Documentation costs
Communication for demand generation	–	Rs. 100,000	Rs. 100,000	1. Cost of street play
Sub-total for STI/RTI care through private providers per district			**10 Lakh/District**	

11.1. Strengthening the Infrastructure of Government-Designated STI/RTI Clinics

11.1.1. Strengthening of Infrastructure for Auditory and Visual Privacy and Provision of Computers

The expenditure of Rs. 150,000 for strengthening the designated STI/RTI clinics should be incurred only on actual requirement of individual clinics in the states.

NACO/SACS will primarily focus on strengthening of STI/RTI clinics located at medical colleges and district hospitals. Sub-district-level clinics should also be strengthened through NRHM funds so that they meet the Indian Public Health Standards.

11.1.2. Drugs, Consumables (Laboratory Items, Gloves, etc.) and Contingency

The SACS is responsible for supplying all essential STI/RTI drugs, colour-coded kits and consumables to all designated clinics in the state, including the clinics with targeted interventions.

The estimated requirement of various kits to treat 1000 new STI/RTI episodes

Sl. No.	Syndrome/ Disease	Kit Number and Colour Code	Syndrome Prevalence*	Requirement of Kits	Composition of Kit
1	UD	Kit 1-grey colour	10%	60	1 Tab. Azithromycin 1 g and 1 Tab. Cefixime 400 mg
2	CD	Kit 1-grey colour	5%	30	1 Tab. Azithromycin 1 g and 1 Tab. Cefixime 400 mg
3	ARD	Kit 1-grey colour	2%	10	1 Tab. Azithromycin 1 g and 1 Tab. Cefixime 400 mg
4	GUD-non-herpetic	Kit 3-white colour	15%	90	1 vial of Inj. Benzathine penicillin 2.4 MU, Tab. Azithomycin 1 g and 1 distilled water ampoule of 10 ml and 1 disposable syringe (10 ml) with a 21-gauze needle
5	GUD-non-herpetic	Kit 4 -blue colour	0.1%	1	30 Cap. Doxycycline 100 mg & 1 Tab. Azithromycin 1 g
6	GUD- herpetic	Kit 5-red colour	15%	90	21 Tab. Acyclovir 400 mg
7	VD	Kit 2-green colour	45%	270	1 Tab. Secnidazole 2 g and 1 Cap. Fluconazole 150 mg
8	IB	Kit 7-black colour	2%	10	42 Cap. Doxycycline 100 mg and 1 Tab. Azithromycin 1 g
9	LAP	Kit 6-yellow colour	6%	30	1 Tab. Cefixime 400 mg and 28 Tab. Metronidazole 400 mg and 28 Cap. Doxycycline 100 mg
10	Other and non-specific STIs	-	40%	-	For 400 patients

The estimated requirement of consumables for a clinic to treat 1000 new STI patients is as follows:

Sl. No.	Consumables	Requirement
1	10% KOH	100 ml
2	Glass slides	1000
3	Cover slips	2000
4	Gram stain	100 ml each
5	Normal saline	500 ml
6	pH paper (3.8– 6)	1 roll
7	RPR kits (50 test per kit)	23 kits (qualitative tests)10 kits (quantitative tests)
8	TPHA kits (50 test per kit)	1 kit
9	Body gloves	1000 (preferably medium and large sizes)
10	Disinfectants	105 cans of 5 L of 5% hypochlorite solution

[*The prevalence rates are based on data from the CMIS (at NACO) and APSACS, Avahan and PSI. Sixty percent of new STI cases fall under various syndromes and the remaining 40% will be reporting with other and non-specific STIs. The estimates are broad guidelines only and may not be universally applicable; hence the actual requirements of drugs, kits and consumables will be fine-tuned as the programme is implemented.]

11.2. STI/RTI CARE THROUGH FRANCHISED PRIVATE PROVIDERS IN A DISTRICT

The budget allocated under different components would be spent broadly under the following headings

District mapping of private practitioners:

a. Salary of recruiters (person conducting mapping work in the field)

b. Travel allowances of the recruiters

c. Cost of supervision

d. Cost of documentation

Training of private providers

a. Cost of hiring training venue

b. Cost of working lunch

c. Stationery costs

Supportive supervision

a. Travel and dearness allowances for doctors from the departments of PSM and STI involved in supporting the private franchisee

b. Salary and travel allowances of non-medical support to the franchised clinic

c. Branding of clinics

d. Documentation

Communication for demand generation

a. Cost of street play

Social marketing of kits

a. Salary and travel allowances of field sales officer

b. Cost of supervision

c. Cost of documentation

Appendix A

TEMPLATE FOR DOCUENTING FACIITY AVAILABLE AT EACH STI CLINIC IN THE STATE

1	STATE	
2	DISTRICT	
3	NUMBER OF CLINICS	
	LOCATION DETAILS FOR EACH CLINIC	
4	NAME OF HOSPITAL	
5	STREET	
6	PIN CODE	
7	PHONE WITH EXTENSION CODE	
8	STD CODE	
9	UNIQUE ID	
10	OP ROOM NUMBER	
11	CLINIC SIGNAGE/DIRECTIONAL BOARDS TO CLINIC	YES ☐ NO ☐
12	NUMBER OF ROOMS	

	STAFF DETAILS	**SANTIONED**	**FILLED**	**VACANT**
13	DOCTOR			
14	STAFF NURSE			
15	LT			
16	MEDICO-SOCIAL WORKER/COUNSELOR			
17	HELPER			
18	ADDITIONAL STAFF (WHEREVER AVAILABLE)			

	CLINIC DETAILS			**Quantity**
19	EXAMINATION ROOM	YES ☐	NO ☐	NA
20	AUDITORY & VISUAL PRIVACY	YES ☐	NO ☐	NA
21	RUNNING WATER	YES ☐	NO ☐	NA
22	REGISTER/CARD TO DOCUMENT CASES TREATED	YES ☐	NO ☐	NA
23	EXAMINATION TABLE	YES ☐	NO ☐	
24	FLEXI LAMP	YES ☐	NO ☐	
25	SHEETS FOR EXAM TABLE	YES ☐	NO ☐	
26	DRAPES FOR PATIENTS	YES ☐	NO ☐	
27	VAGINAL SPECULUM/PROCTOSCOPES	YES ☐	NO ☐	
28	GLOVES	YES ☐	NO ☐	
29	DISINFECTANTS	YES ☐	NO ☐	

	EQUIPMENT		
30	MICROSOCOPE	YES ☐	NO ☐
31	VDRL ROTATOR	YES ☐	NO ☐
32	MICROPIPPETE	YES ☐	NO ☐
33	REAGENTS & KITS-RPR/GRAM/KOH/SALINE/	YES ☐	NO ☐
34	SLIDES AND COVER SLIPS	YES ☐	NO ☐
35	STERILIZER	YES ☐	NO ☐
36	NEEDLE CUTTER	YES ☐	NO ☐
37	ANNUAL MAINTAINANCE CONTRACT	YES ☐	NO ☐
	ESSENTIAL STI/RTI DRUGS		
38	OCCURRENCE OF STOCAKDE IN THE LAST 1 YEAR	YES ☐	NO ☐
	TRAINING STATUS OF STAFF		
39	DOCTOR IN SYNDROMIC CASE MANGEMENT	YES ☐	NO ☐
40	STAFF NURSE IN SCM	YES ☐	NO ☐
41	LT IN STI LAB TESTS	YES ☐	NO ☐
42	COUNSELOR IN STI COUNSELING	YES ☐	NO ☐
43	HELPER IN HANDLING BIOWASTE & HELPING HCP	YES ☐	NO ☐
	REPORTING STATUS (TO BE PROVIDED BY SACS)		
44	REGULARLY REPORTING	YES ☐	NO ☐
45	DATA DISCREPACNCIES OBSERVED	YES ☐	NO ☐
46	FEED BACK PROVIDED	YES ☐	NO ☐
47	ACTION TAKEN REPORTS	YES ☐	NO ☐
48	NUMBER OF REVIEWS CODNCUTED IN LAST YEAR		
49	NUMBER OF CLINICS VISITED DURING LAST YEAR		
	BUDGET DETAILS		
50	BUDGET SANCTIONED 2006 07		
51	BUDGET UTILISED 2006-07		
52	TOTAL CASES TREATED 2006-07		
53	REASONS FOR SHORT FALL, IF ANY		
	REFERRAL ACTIVITIES		
54	NUMBER REFERRED TO OTHER FACILITIES		
55	NUMBER REFERRED TO ICTC		
56	NUMBER RECEIVED FROM ICTC		

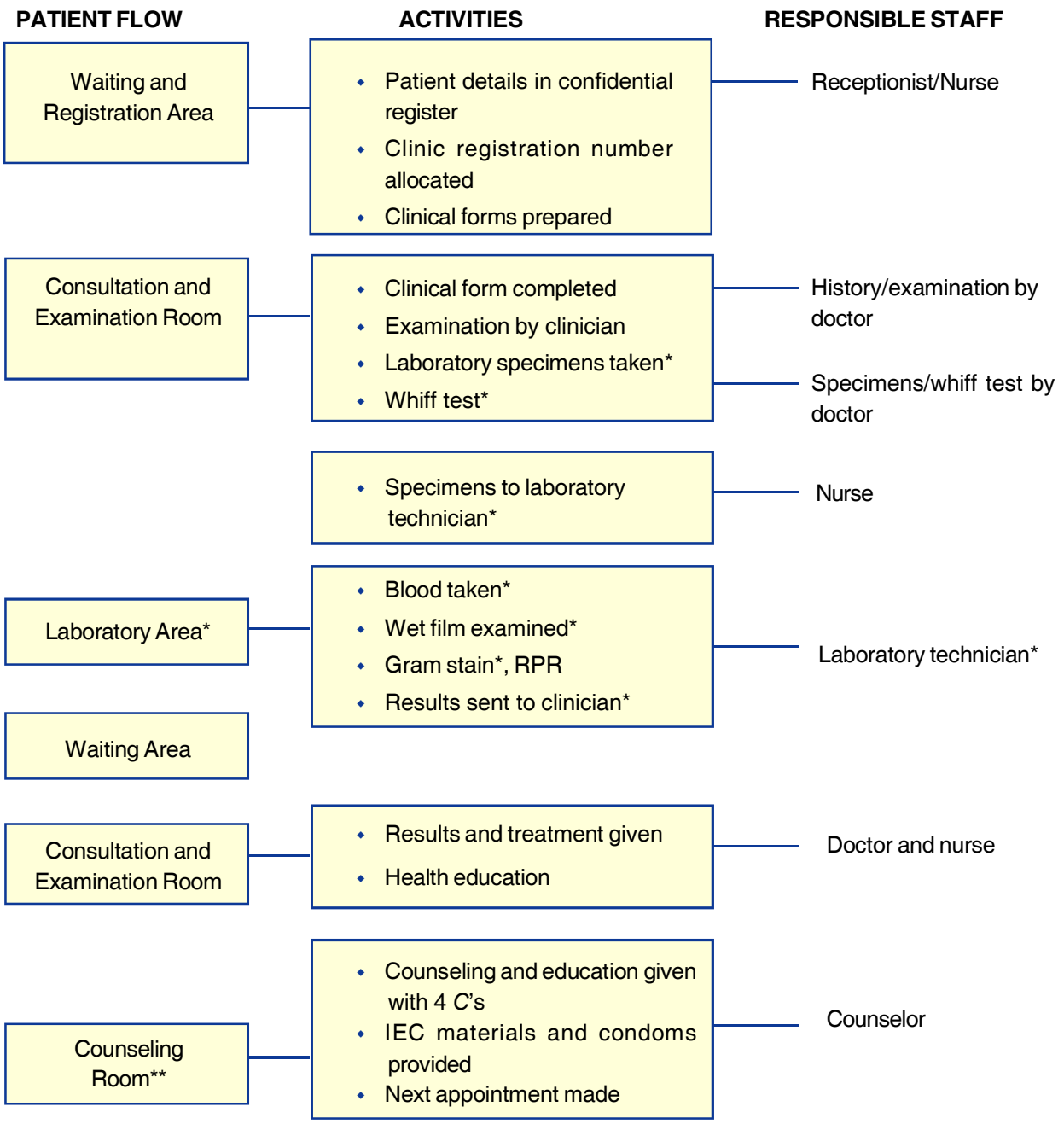
Attach separate sheet of paper to provide details of information on any of the components mentioned in template wherever needed

Appendix B

Operational Flow Chart

The following flow chart shows the recommended patient flow during the first clinic visit. It is provided for illustrative purposes, and should be adapted to local conditions.

OPERATIONAL FLOW CHART



*These activities will be done in clinics with laboratory facilities.

**If counselor is not available, the doctor or nurse is expected to give health education.

Appendix C

Suggested list of Accessories Equipments and Medical supplies

1. General

1. Access to male and female toilets
2. Fans, as needed
3. Examination room with auditory and visual privacy
4. Sink with running water for washing hands, cleaning equipment, etc.
5. Electricity supply (or batteries for lights)
6. Waste basket in all rooms
7. Mops, brooms, and other equipment to clean the clinic
8. Drinking water facility

2. Waiting and Registration Area

1. Filing cabinet-lockable
2. Clinic record system
3. Desks
4. Chairs
5. Telephone
6. Chairs for waiting room

3. Consultation and Examination Room

For examination:

1. Screens for privacy
2. Examination couch-ideally with steps and 'cut-away' recess for speculum examination
3. Examining chair (preferably with wheels)
4. Sheets for examination couch
5. Pillow for examination couch
6. Good examination light-preferably wall-mounted
7. Torch with fresh batteries and back-up supply of batteries
8. Hand held megnifying Lens
9. Drapes, 15 per clinic

General medical:

10. Sphygmomanometer
11. Stethoscope
12. Thermometer
13. Adult weighing scales
14. Medicine cabinet

Instruments and sterilization:

15. Steam sterilizer or autoclave
16. Scissors
17. Instrument tray with cover
18. Movable instrument holder
19. Cotton ball holder
20. Disposable Vaginal specula of various sizes (Cusco's)
21. Proctoscopes or anoscopes of various sizes
22. Cheatle's forceps
23. Needle and hub cutter
24. Foot-operated bins to collect biowaste as per norms

4. Counselling Room

1. Comfortable chairs for patient and counselor
2. Penis model and condoms

Optional:

3. Flipchart with stand
4. Whiteboard

5. Medical Supplies-Consumables

1. Needles and syringes-disposable
2. Cotton wool
5. Examination gloves, single use
6. Water-soluble lubricant for clinical examination
7. Disposable tissues
8. Tongue depressors, disposable
9. pH paper (3.8 - 6 range)

10. Bleaching powder
11. Male latex condoms
12. Female condoms (if available)
13. Sharps disposal containers

6. Laboratory

General:

1. Binocular microscope with dark ground illumination
2. Refrigerator
3. Centrifuge
4. VDRL rotator
5. Alcohol lamp
6. Staining racks
7. Micropipette (adjustable volume)

Laboratory Reagents and Consumables for Specific Tests:

1. Cotton-tipped swabs (sterile and non-sterile)
2. Gram stain kit
3. Potassium hydroxide 10% solution
4. Sterile distilled water
5. Normal saline solution
6. 70% isopropyl alcohol
7. RPR kits
8. TPHA kits (for designated clinics)
9. Micropipette (adjustable volume)
10. Yellow pipette tips (disposable)
11. Test tubes (12 X 75 mm)
12. Glass slides and cover slips

Appendix D

Job Responsibilities of Various Clinic Staff

Job responsibilities of Medical Officer (MO)

1. Conduct history taking and examination, make diagnosis and prescribe treatment
2. Provide health education for treatment compliance, condom use, partner management, follow-ups and suggest HIV testing where appropriate
3. Fill up patient records completely and accurately
4. Refer patients for syphilis screening, integrated counselling and testing centre (ICTC), higher levels of sexually transmitted infection (STI) care or for other relevant services
5. Ensure infection prevention and monthly reports submission
6. Training and supervision of staff nurse (SN), lady health visitor (LHV), auxiliary nurse midwife (ANM), male multi-purpose worker (MPW), accredited social health activist (ASHA), and link worker for community awareness and screening of cases
7. Supervision of STI/RTI clinic staff
8. Recommending laboratory tests where available

Job Responsibilities of Staff Nurse (SN)/ Lady Health Visitor (LHV)

1. Ensure cleanliness of the clinic, proper infection control procedures including sterilization of reusable instruments, disposal of needles, gloves and other biohazard waste
2. Patient registration and supervise flow of patients to MO or laboratory technician (LT)
3. Assist MO during examination
4. Dispense kits/drugs and condoms
5. Provide directly observed therapy for STI/RTI single-dose regimens
6. Provide health education, condom promotion and counselling
7. Maintain clinic records
8. Prepare monthly reports
9. Ensure availability of STI/RTI kits and drugs, medical and other supplies-making timely requests and maintaining inventory of supplies
10. Assist MO in training and supervision of ANM, male and female MPW, ASHA, and link worker for community awareness and screening of cases (for CHC or PHC only)
11. In targeted intervention (TI) STI/RTI clinics, individual tracking of sex workers (SWs) for

- asymptomatic treatment as per guidlines
- syphilis screening every 6 months
- for quarterly check-ups
- for follow-ups
- counselling on periodic check-ups, screening and treatments

In case of private practitioners, the role of staff nurse may be taken over by the clinic assistant, nurse or doctor.

Job Responsibilities of Medico-Social Worker / Counselor

1. Provide health education and counselling on need for treatment compliance, correct and consistent condom use, partner management, follow-ups and need for ICTC.
2. Facilitate systematic referral systems and follow-ups
3. Maintain counselling records

Job Responsibilities of Laboratory Technician (LT)

1. Assist doctor in collection of vaginal, cervical, urethral, or rectal samples
2. Draw blood for syphilis testing
3. Perform tests for STIs/RTIs
4. Maintain patient reports and laboratory registers
5. Procure and maintain laboratory supplies
6. Follow infection control procedures

Appendix E

List of Essential STI/RTI Drugs & General Drugs

(A) Essential STI/RTI Medicines

Tab. Cefixime 200 mg or 400 mg

Tab. Azithromycin 500 mg or 1 g

Tab. Acyclovir 200 mg or 400 mg

Cap. Doxycycline 100 mg

Benzyl benzoate 25% lotion

Clotrimazole 500 mg vaginal pessaries

Tab. Erythromycin 250 mg or 500 mg

Tab. Metronidazole 400 mg

Podophyllin tincture 20%

Cap. Amoxicillin 500 mg

Tab. Secnidazole 1 g or 2 g; Tab. Tinidazole 500 mg (optional)

Inj. Benzathine Penicillin 2.4 MU

Inj. Distilled water ampoules/glass phials 10 ml

Tab/Cap. Fluconazole 150 mg

(B) Essential General Medicines

Tab. Ranitidine 150 mg

Tab. Metoclopramide

Tab. Ibuprofen 400 mg or Tab. Paracetamol 500 mg

Inj. Adrenaline (epinephrine) 1:1000 dilution

Antihistamines for injection and oral administration (e.g., Diphenhydramine and Chlorpheniramine)

Inj. Hydrocortisone

(C) List of Additional STI/RTI Drugs

Permethrin 5% cream

Ceftriaxone 250 mg intramuscular injection

Clotrimazole 1% cream/Miconazole 2% cream/Miconazole 100 mg vaginal pessaries/ or Nystatin 100,000 IU vaginal supp.

Gamma benzene hexachloride 1% lotion or cream

Tab. Ciprofloxacin 500 mg

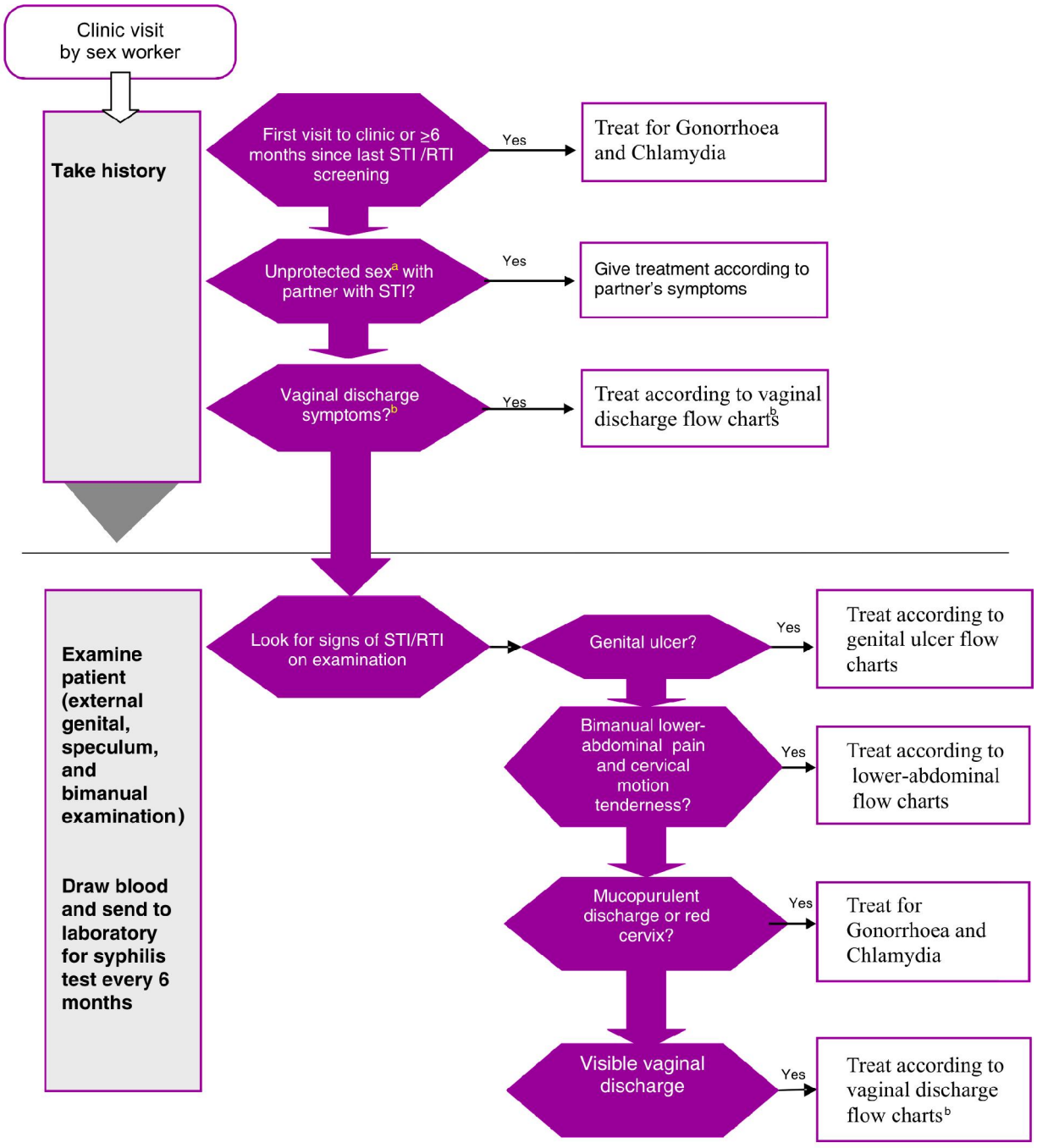
Trichloroacetic acid 30%

Vaseline or white petrolatum jelly

Applicators (wooden)

Appendix F

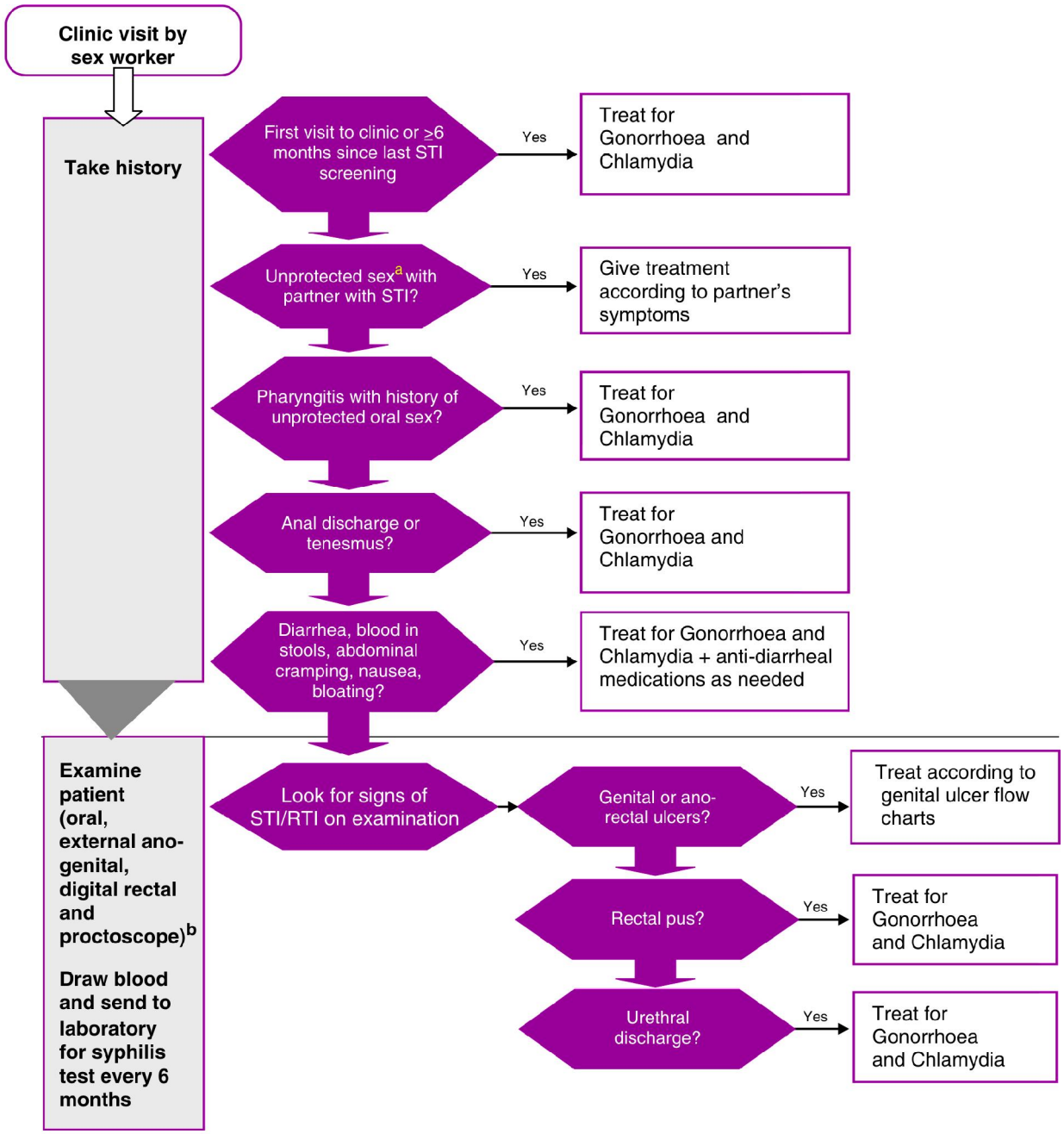
Management of STI/RTI During Routine Visit of a Female Sex Worker



a. Without condom or condom failure.

b. All currently active sex workers have positive risk assessment and should be treated for Gonorrhoea and Chlamydia

Management of STI/RTI During Routine Visit of a Male or Transgender Sex Worker



a. Without condom or condom failure.
b. If asymptomatic, digital rectal and proctoscope examination only if acceptable.

Appendix G

Summary of Universal Precautions

Hand Washing

After touching blood, bodily fluids, secretions, excretions and contaminated items

Immediately after removing gloves

Before contact with next patient

Gloves

For contact with blood, bodily fluids, secretions and contaminated items

For contact with mucous membranes and non-intact skin

Masks, Goggles, Face Masks

Protect mucous membranes of eyes, nose and mouth when contact with blood and bodily fluids is anticipated

Gowns

Protect skin from blood or bodily fluid contact

Prevent soiling of clothing during procedures that may involve contact with blood or bodily fluids

Linen

Handle soiled linens so that they do not touch skin/mucous membranes

Do not pre-rinse soiled linens

Patient Care Equipment

Handle soiled equipment in a manner that prevents contact with skin or mucous membranes and to prevent contamination of clothing or the environment

Clean reusable equipment before reusing it

Environmental Cleaning

Routine care, cleaning, and disinfection of equipment and furnishings in patient care areas

Sharps

Avoid recapping used needles

Avoid removing used needles from disposable syringes

Avoid bending, breaking, or manipulating used needles by hand

Place used sharps in puncture-resistant containers

Patient Resuscitation

Use mouthpieces, resuscitation bags, or other ventilation devices to avoid mouth-to-mouth resuscitation

Patient Placement

Place patients who contaminate the environment or cannot maintain appropriate hygiene in private rooms

Appendix H

Processing of Instruments

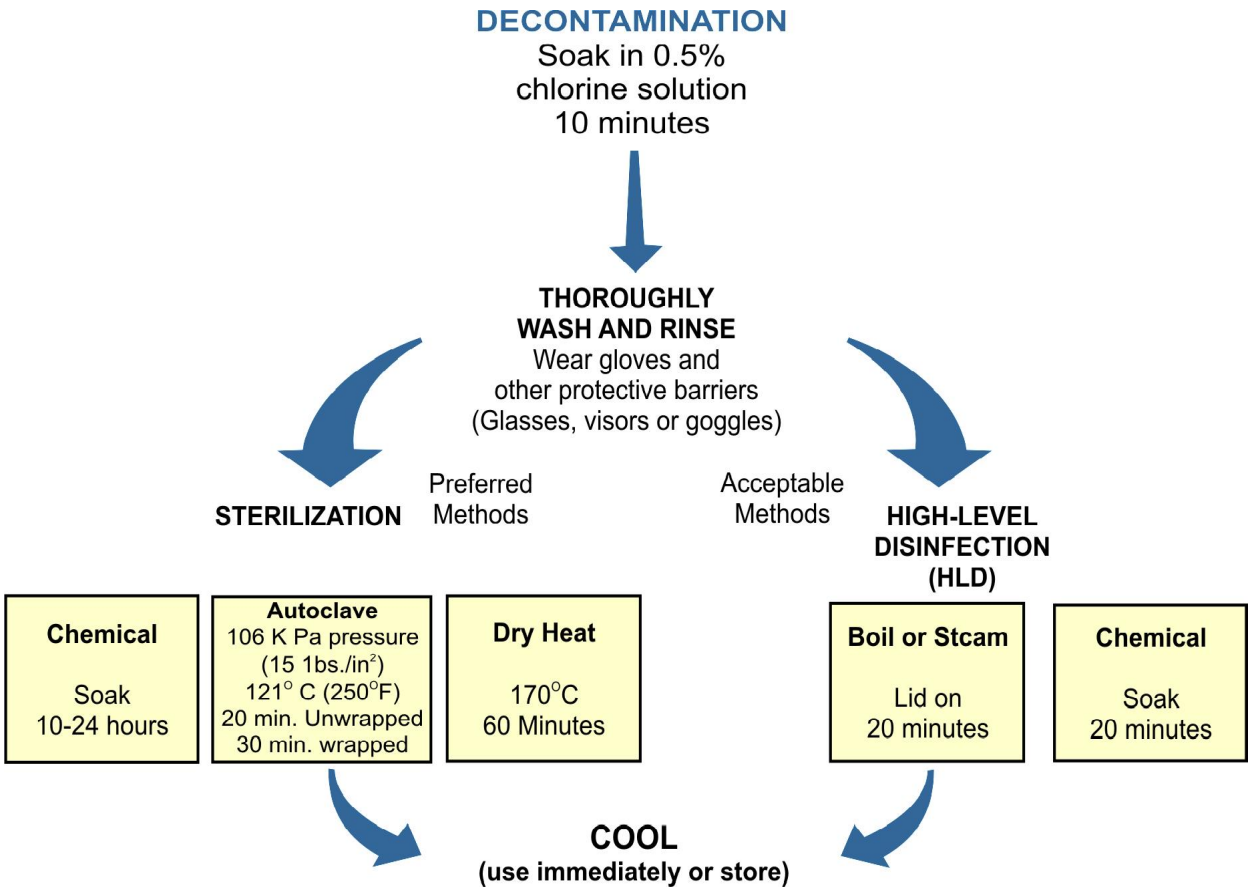
All instruments that are involved in invasive procedures (i.e., those that cut or pierce the skin or touch the mucous membrane) have the potential to transmit microorganisms and infections.

A three-step method is used to process instruments and equipment:

Step 1: They are decontaminated by soaking for 10 minutes in a 0.5% chlorine solution made by adding 15 g of bleaching powder (with 30% available chlorine) to a litre of water

Step 2: They are rinsed, scrubbed with a brush in soap solution and rinsed thoroughly

Step 3: They are either sterilized in an autoclave or through high-level disinfection (HLD) in a steam sterilizer or by boiling for 20 minutes



Appendix I

Anaphylaxis Wall Chart

Before administrating drugs or injections, ask the patient about previous allergies to drugs.

Signs of possible anaphylaxis:

- Shock
- Difficulty breathing
- Itchy rash or hives

1. **Call for help-preferably a doctor**
2. **Check**

   Airway

   Breathing-Give mouth-to-mouth respiration

   Circulation-Perform CPR if necessary
3. **If anaphylaxis, give adrenaline intramuscularly**
   - Dosage: Adult 0.5 ml (if elderly, 0.3 ml), repeat every 5-10 minutes until adequate response
   - Check blood pressure and pulse at 5- to 10-minute intervals.
4. **Give hydrocortisone IM-Dosage: Adult 250 mg**
5. **Give chlorpheniramine 10-20 mg or diphenhydramine 50-100 mg IM**
6. **Transfer patient to hospital**
   - Repeat adrenaline if necessary. Take extra doses with you.
   - Record all details of treatment. Give copy to hospital with patient.
   - Stay with the patient until another doctor takes over the care in person.

Appendix J

Referral Form

Date: _____

Patient ID #: _____

To: _____ Address: _____ Time: _____

This is to refer the bearer of this letter for further management:

_____

Findings:

_____

Impression/Diagnosis: _____

Referred by

_____

Name and Signature

_____

Organization and Contact Details

Referring Person's Copy: To be returned to STI/RTI Clinic

Date: _____

Participant ID#: _____

Findings:_____

Impression/Diagnosis: _____

Action Taken:

_____

_____

Name and Signature of Physician

Appendix K

NATIONAL AIDS CONTROL ORGANIZATION
STI / RTI PATIENT WISE RECORD

Provider Name
Clinic Name
Clinic Unique ID Number:

Patient ID Number:
Patient OP Number

Date	Patient Detail	STI / RTI Risk Assessment	STI / RTI syndrome diagnosis		Lab Test Performed
	Sex ☐ Male ☐ Female ☐ Transgender Age New Client ☐ Yes ☐ No Type of visit ☐ New STI/RTI ☐ Repeat STI/RTI ☐ Asymptomatic ☐ General Patient flow ☐ Referred ☐ Direct walkin	☐ Medical History taken ☐ Sexual History taken ☐ Physical examination conducted ☐ Speculum and/or Proctoscopic exam conducted ☐ Singificant points in bullets	☐ UD ☐ GUD - Herpetic ☐ GUD - Non herpetic ☐ Scrotal swelling ☐ Inguinal Bubo ☐ Genital scabies ☐ Anorectal discharge ☐ Genital molluscum ***Examination findigs:***	☐ Vaginal Cervical Discharge ☐ Genital pediculosis ☐ Genital warts ☐ Lower Abdominal Pain ☐ Asypmtomatic ☐ Presumptive treatment ☐ Others (specify)-	***RPR*** ☐ Reactive ☐ Titre ☐ Confirmed with TPHA ***Gram Stain*** ☐ ICDC ☐ WBC ☐ None ☐ Nugent's score +ve ***KOH*** ☐ Whiff test +ve ☐ Pseudohypha/Spores ☐ None ***Wet Mount*** ☐ Motile Trichomonads ☐ Clue Cells ☐ None **HIV** ☐ Reactive ☐ Non reactive ☐ If reactive, write clinical stage

Details of STI/RTI treatment given

Kits (If available)
- ☐ Kit 1 (Grey)
- ☐ Kit 2 (Green)
- ☐ Kit 3 (White)
- ☐ Kit 4 (Blue)
- ☐ Kit 5 (Red)
- ☐ Kit 6 (Yellow)
- ☐ Kit 7 (Black)

General Medicines
- ☐ Adrenaline
- ☐ Antihistamines
- ☐ Hydrocortisone
- ☐ Ibuprofen
- ☐ Metoclopramide
- ☐ Ranitidine

Drugs used (If KITS are not available)
- ☐ Acyclovir 400 mg
- ☐ Amoxicillin 500 mg
- ☐ Azithromycin 1 gm
- ☐ Benz.Penicillin 2.4MU
- ☐ Benzyl benzoate 25%
- ☐ Cefixime 400 mg
- ☐ Ceftriaxone 250 mg &1 gm
- ☐ Ciprofloxacin 500 mg
- ☐ Clotrimazole 500 mg
- ☐ Doxycycline 100 mg
- ☐ Erythromycin 500 mg
- ☐ Fluconazole 150 mg
- ☐ Metronidazole 400 mg
- ☐ Secnidazole 500 mg
- ☐ Permethrin 5% and 1%
- ☐ Podophyllin 20%
- ☐ Trichloroacetic acid 30%

Others

Other services provided

Patient education
- ☐ Partner treatment
- ☐ Condom Usage
- ☐ Other risk reduction

Partner treatment
- ☐ Prescription written
- ☐ Medication given

Condoms
- ☐ Given free
- ☐ Sold / Social Marketted
- ☐ Prescribed
- ☐ Demonstrated

Referrals
- ☐ ICTC
- ☐ PPTCT
- ☐ Designated Microscopy centre
- ☐ Care and Support
- ☐ ARV centre
- ☐ PLHA network
- ☐ Others (specify)

- ☐ IEC material given
- ☐ Append results if any other tests performed

Appendix L

Guidelines for Filling the STI/RTI patient wise card

(To be used by all STI/RTI service providers)

General Instructions:

Write the name of the service provider, Name and unique ID number of clinic (nation wide list of unique ID numbers allotted to each STI/RTI clinic is appended). As name and number of facility remains constant,

1. SACS may print the name and unique ID number of STI/RTI clinic on cards before dispatching them to individual clinics.
2. Write the name of service provider
3. Write the patient ID number
    a. Write the patient ID number starting from 00001 and write consecutive numbers from April to March.
    b. Repeat the same for each financial year
4. Write the patient general out patient number (wherever applicable/availables).

Who should fill the cards?

The STI/RTI patient wise card should be filled by STI/RTI service providers for each new STI/RTI episode treated. The cards should be stored securely.

The monthly reporting format should be filled by using the consolidated data from these cards. The filled cards should be available at clinic during supervisory visits.

The STI/RTI service providers include.

a) Providers at all designated STI/RTI and ObGyn clinics (sentinel sites like area/district hospitals, teaching hospitals attached to medical colleges etc)

b) Providers at targeted interventions providing STI/RTI services for high risk groups

c) All franchised private providers with memorandum of understanding with NACO/SACS/DAPCU/Implementing Agency for providing STI/RTI services

Specific instructions

What should be written?

1. Write the date of visit under date column
2. Check the patient details -
    a. Check the box for - Male or Female or Transgender accordingly

b. Age - Write the completed years as told by patient

c. Check **"yes"** if the patient is a New client i.e. attending that particular STI/RTI clinic for first time

d. Check **"No"** if the patient has visited that particular STI/RTI clinic previously

e. Check the type of visit **ONLY** after examination is completed

f. Check type of visit as **"New STI/RTI"** if the patient is attending with a fresh episode of STI/RTI

g. A STI/RTI patient visit includes individual visits where:

- Patients present with STI/RTI symptoms, and conformed to have STI/RTI on physical and internal examination.
- STI/RTI signs are elicited by internal examinations, and /or
- STI /RTI etiology diagnosed using laboratory method, and /or
- If a known herpes patients visits with recurrent infection, check this box

h. Check type of visit as **"Repeat visit"** if the patient repeated the visit for the previously documented complaints. This includes STI/RTI follow up (when the visit happends within 14 days following treatment).

i. Check type of visit as **"Asymptomatic"** if patient reports no STI/RTI symptoms and no signs are elicited during examination but diagnosed as having STI/RTI based on laboratory findings.

j. Check type of visit as **"General"** if the patient attended for a general (Non STI/RTI related) complaint

For STI/RTI Clinics with Targeted Intervention "ONLY":

k Check type of visit as **"New STI/RTI"** if the HRG individual is attending with a fresh episode of STI/RTI

l A New STI/RTI visit includes individual HRG visits where:

- Patients present with STI/RTI symptoms, and conformed to have STI/RTI on physical and internal examination.
- STI/RTI signs are elicited by Speculum or proctoscope examinations, and /or
- STI /RTI etiology diagnosed using laboratory method, and /or
- If a known herpes patients visits with recurrent infection, and/or
- Speculum or proctoscope exam is carried out to detect STIs/RTIs but no STI/RTI detected and provided with presumptive treatment

m. Check type of visit as **"Repeat visit"** if the HRG individual repeated the visit for the previously documented complaints. This includes STI/RTI follow up (when the visit happends within 14 days following treatment).

n. Check type of visit as **"Asymptomatic"** if HRG individual reports no STI/RTI symptoms and no signs are elicited during examination but diagnosed as having STI/RTI based on laboratory findings.

o. Check type of visit as **"General"** if the HRG individual attended for a general (Non STI/RTI related) complaint

3. a. Check the **"Referred by"** if the patient is referred by some other facility (such as ICTC/ PPTCT/ARV centre/other OPDs in the institute where the clinic is located/NGOs/STI clinic with targeted interventions/Peer Educator/Outreach worker etc)

b. Check the **"Direct walk in"** if the patient attended the clinic directly

4. STI/RTI risk assessment -

a) Check the box after taking detailed **"Medical history"** from the patient.

b) Check the box after taking detailed **"Sexual history"** from the patient

c) Check the box after conducting detailed **"Physical examination"** of the patient

d) Check the box after conducting detailed **"Internal examination"** of the patient

e) Write the key points of significance from history in the box provided.

5. STI/RTI syndrome diagnosis -

a. Check the appropriate box as per the diagnosis made

b. While making the syndrome diagnosis, the standardized definitions given ONLY to be followed.

c. Should be filled in for first clinic visit for the index STI/RTI complaint only

d. Should be filled in even if the diagnosis is made on clinical or etiological basis

e. If the patients has more than one syndrome or condition, check all the appropriate syndromes and/or conditions diagnosed.

1. **VCD, Vaginal/cervical discharge:** Includes (a) woman with symptomatic vaginal discharge, (2) asymptomatic patient with vaginal discharge seen on examination, and (3) cervical discharge seen on speculum examination (all etiological and clinical STI diagnosis relating to vaginal or cervical discharge should be included here)

2. **GUD-non-herpetic, Genital ulcer disease-non-herpetic:** Check if female or male, with genital or ano-rectal ulceration and with no blisters (vesicles) (all STI clinical or etiological diagnosis relating to genital ulcers, except herpes simplex 2, and LGV should be included here)

3. **GUD-herpetic, Genital ulcer disease-herpetic:** Check if female or male, with genital or ano-rectal blisters (vesicles) with no ulcers

   Note: If both ulcers and blisters are present, tick on both GUD and GUD herpetic

4. **LAP, Lower abdominal pain:** Check if patient has lower abdominal pain or tenderness, or cervical motion tenderness

5. **UD, Urethral discharge:** Check if male with urethral discharge with or without dysuria or other symptoms

6. **ARD, Ano-rectal discharge:** check if male with symptoms of tenesmus or if ano-rectal discharge seen on examination

7. **IB, Inguinal bubo:** Tick if the person has inguinal bubo and no genital ulcer (Clinical diagnosis of LGV should be included here.)

8. **SS, Painful scrotal swelling:** Tick if person has painful scrotal swelling

9. **Genital warts:** tick if patient has genital warts

10. **Genital scabies:** tick if patient is diagnosed as having genital scabies.

11. **Genital Pediculosis:** tick if patient is diagnosed as having genital pediculosis.

12. **Genital molluscum:** check the box if the patient is suffering with molluscum lesions over the genitalia

13. **Other (specify):** write if any other STI/RTI is diagnosed and specify the condition (e.g., secondary, Late, Congenital syphilis; oral and or anal warts etc,)

14. **Asymtomatic -** this box to be checked **ONLY** by STI/RTI clinics functioning under Targeted Intervention

5. Examination findings:

Summarize the salient findings of physical including internal examination in the box provided.

6. Laboratory tests performed:

RPR/VDRL test:

a) Check if Rapid Plasma Reagin (RPR) /VDRL test is conducted and found reactive

b) Write the highest titers reactive

c) Check if RPR/VDRL result is confirmed with TPHA

Gram stain:

a) Check the box for "ICDC" if urethral and endo cervical smears demonstrates >5 PMN/hpf and intracellular gram-negative diplococci inside polymorph nuclear cells

b) Check the box for "WBC" if urethral and endo cervical smears demonstrates >5 PMN/hpf and **no** intracellular gram-negative diplococci inside polymorph nuclear cells

c) Check the box for "None" if urethral smears demonstrates <5 PMN/hpf and **no** intracellular gram-negative diplococci inside polymorph nuclear cells

d) Check the box for "None" if endo cervical smears demonstrates <10 PMN/hpf and **no** intracellular gram-negative diplococci inside polymorph nuclear cells

e) Check the box for "Nugent's score Positive" - if the score is betwen 7 and 10 of veginal discharge smear (refer the National guidelines for managing reproductive tract infections including sexually transmitted infections, August 2007).

KOH:

a) Check the box for "Whiff test" - If a drop of 10% potassium hydroxide on vaginal secretion on a glass slide releases fishy odors of amines

b) Check the box for "Pseudohypha" - If budding yeast/hypha is seen under light microscope

c) Check the box "None" - if negative for whiff test and pseudohypha

Wet mount:

a) Check the box for "Trichomonads" - if Motile trichomonads seen under light microscope (10x)

b) Check the box for "Clue cells" - if Clue cells comprise more than 20% of all epithelial cells in any view under light microscope

HIV:

a) Check the box for "Reactive" -if an HIV test is performed as per national HIV testing guidelines and declared as reactive

b) Check the box for "Non Reactive" -if an HIV test is performed as per national HIV testing guidelines and declared as non reactive

c) Write the clinical stage in the box for "Clinical stage" - for all patients tested reactive for HIV

DETAILS OF STI/RTI TREATMENT GIVEN:

This section has 'four' components

- Pre specified colour coded kits starting from No 1 to 7
  - Check the box against the kit administered to the patient
  - If more than one kit is given to same patient due to multiple syndromes then check the relevant boxes
- General medicines administered to the patient
  - Check the relevant box, if any of these medicines were administered
  - If drugs for anaphylaxis are checked, detail the entire management of anaphylaxis including the outcome on a separate sheet and append to the card.
  - All drug allergies, idiosyncratic reactions to be marked with "red ink" on the card
- If kits are not in supply or in addition to kits loose drugs were prescribed/administered then check the relevant boxes. Treatment regimens should be in accordance to National Technical Guidelines for Managing RTI including STI, August 2007.
- Write any other drug administered or prescribed to patient which doesn't fall in any of the above mentioned categories.

OTHER SERVICES PROVIDED:

This section has four components and basically concerned with what additional value added services provided to patient.

Patient education: check the relevant box if individual patient is provided with STI counseling on

- Partner/s treatment

- Condom usage and disposal
- Other risk reduction communication

Partner treatment: check the relevant box if individual patient is provided with

- Prescription written
- Medications given

Condoms : check the relevant box if individual patient is provided with

- Condom given free
- Sold (Social marketed)
- Prescribed
- Demonstrated (all clinics should have a penis model for demonstration purpose)

Referrals: check all the relevant boxes

- **ICTC :** check the box if STI/RTI patient referred to the ICTC
- **PPTCT:** check the box if a pregnant STI/RTI patient referred to PPTCT
- **DMC :** check the box if STI/RTI patient who has suspected to be chest symptomatic referred to DMC
- **Care and support centre:** check this box if a referral is done (List of care and support centres with contact details should be available at all clinics and displayed at waiting hall)
- **ARV centre:** check this box if a referral is done (List of ARV centres with contact details should be available at all clinics and displayed at waiting hall. All individuals who are tested reactive for HIV are to be referred for nearest ART centre, for registration and subsequent follow up. This ART registration number should be written over the card for future references)
- **PLHA networks:** check this box if a referral is done (List of PLHA net works with contact details should be available at all clinics and displayed at waiting hall)
- **Others (specify):** if a referral other than those mentioned above is done then specify the place/centre to which patient is referred.
    - All ways provider should get the feedback of referral and document them in the card. As there is no name over the card, the information will remain confidential and this fact should be emphasized to PLHAs and HRG individuals.
- **IEC material given:** check this box if take home IEC material is provided to attendee (the clinic should keep a stock of simple hand bills on STI/RTIs for patient self education. SACS should ensure availability of such IEC material at all STI/RTI clinics)
- Append with results if any other tests performed: check this box if any other additional tests performed. Append the copies of test/s performed along with their results

Appendix M

Monthly Report Format for STI/RTI Clinics

(National AIDS Control Programme)

Name of centre : _____

Name of block: _____

Name of district: _____

Clinic Unique ID number: _____

Name and phone no. of service provider: _____

Reporting month: _____

(A) No. of Patients Who Availed STI/RTI Services in the Month

(should be filled by all STI/RTI service providers)

Type of Patients		Age Group and Sex												Total		
		<20			20—24			25–44			>44					
		Male	Female	Others	Male	Female	Others	Male	Female	Others	Male	Female	Others	Male	Female	Others
First clinic visit	for the index STI/RTI complaint															
	for no STI/RTI complaint															
Repeat STI/ RTI visit for the index STI/RTI Complaint																
Total no. of visits																

(B) STI/RTI Syndromic Diagnosed and Treated

(should be filled by all STI/RTI service providers for *first clinic visits* only)

	Diagnosis	Male	Female	Others	Total
1.	Vaginal/cervical discharge (VCD)				
2.	Genital ulcer (GUD)—non-herpetic				
3.	Genital ulcer (GUD) —herpetic				
4.	Lower-abdominal pain (LAP)				
5.	Urethral discharge (UD)				
6.	Ano-rectal discharge (ARD)				
7.	Inguinal Bubo (IB)				
8.	Painful scrotal swelling (SS)				
9.	Genital warts				
10.	Other STIs/RTI				
11.	Asymptomatic				
12.	No. of people living with HIV/AIDS (PLHAs) attended with STI/RTI during the month				
	Total no. of STI/RTI episodes Diagnosed and treated				
	Do you have all essential STI/RTI drugs and/or STI pre-packed kits? (circle Yes or No)	Yes	No		If marked as 'No' append the list

(C) Details of Other Services Provided to Patients with STI/RTI Complaints in the Month

(should be filled by all STI/RTI service providers)

	Service	Male	Female	Others	Total
1.	Number of patients counseled				
2.	Number of condoms provided				
3.	Number of RPR tests conducted				
4.	Number found to be reactive				
5.	Number of partners notification undertaken				
6.	Number of partners managed				
7.	Number of patients referred to ICTC				
8.	Number found HIV-infected (of above)				
9.	Number of patients referred for other services				

(D) STI/RTI service provision to High-Risk Groups (HRGs) in the month

(should be filled by clinics providing services to HRGs)

Type of HRGs: Sex Workers | Men having sex with men (MSM) | (IDUs) and others

	Male	Female	Others	Total
Number of new individuals who visited the clinic				
Number of presumptive treatments provided for gonococcus and Chlamydia				
Number of regular STI check-ups conducted				

(E) Antenatal Clinic (ANC) syphilis screening in this month:

(should be filled by all service providers with ANC service provision)

Number of ANC first visits in the month	
Number of rapid plasma reagin (RPR) or venereal disease research laboratory (VDRL) tests performed	
Number of RPR/VDRL reactive	
Number of RPR/VDRL reactive confirmed with TPHA	
Number of pregnant women treated for syphilis	

(F) Laboratory diagnosis of STIs/RTIs

	Tests	Male	Female	Others	Total
1.	**Total RPR tests performed**				
	RPR test reactive ≥1 : 8				
	Number of RPR reactives confirmed with TPHA				
2.	**Total Gram stains performed**				
	Gonococcus +ve (gram negative intracellular diplococci +ve)				
	Non-gonococcal urethritis (NGU)-Pus cells +ve				
	Non-gonococcal Cervicitis (NGC)-Pus cells +ve				
	None				
	Nugent's score +ve				
3.	**Wet mount test performed**				
	Motile Trichomonads +ve				
	Whiff test +ve				
	Clues cells +ve				
	None				
4.	**KOH test performed**				
	Spores/Pseudohypha +ve				
	None				

5.	**Availability of test kits, reagents and Consumables** (Circle Yes or no)		
	RPR Kits	Yes	No
	TPHA Kits (wherever applicable)	Yes	No
	Reagents for gram stain	Yes	No
	Reagents wet mount and KOH test.	Yes	No

(G) Human resource details at STI/RTI and/or Gynaecology clinics (should be filled by all STI/RTI clinics)

Details of Staff at the STI/RTI or Gynaecology Clinics				
(A) Details of Staff at STI/RTI clinic or Gynaecology Clinics*	**(B) Sex**	**(C) Whether specialized in Skin and venereal disease (VD)**	**(D) Whether received training on RTI/STI case management as per national guidelines**	**(E) Month and Year of Last Training**
1. Medical Officer	1. Male 2. Female	1. Yes 2. No	1. Yes 2. No	
2. Medical Officer	1. Male 2. Female	1. Yes 2. No	1. Yes 2. No	
3. Medical Officer	1. Male 2. Female	1. Yes 2. No	1. Yes 2. No	
4. Laboratory Technician	1. Male 2. Female		1. Yes 2. No	
5. Laboratory Attendant	1. Male 2. Female		1. Yes 2. No	
6. Medico-Social Worker	1. Male 2. Female		1. Yes 2. No	
7. Counselor (in-house or attached to ICTC)	1. Male 2. Female		1. Yes 2. No	

* Attach details of additional Staff, in a separate sheet wherever applicable

Appendix N

Guidelines for Filling Monthly Report Format for Sexually Transmitted Infection / Reproductive Tract Infection Clinics

(To be followed by all STI/RTI service providers)

General Instructions:

Who should fill this?

This reporting format should be filled by all STI/RTI service providers and sent to the corresponding reporting authority by the 5th of next month. The STI/RTI service providers includes

a) Providers at all designated STI/RTI and ObGyn clinics (sentinel sites like area/district hospitals, teaching hospitals attached to medical colleges etc)

b) Providers at targeted interventions providing STI/RTI services for high risk groups

c) All franchised private provider with memorandum of understanding with NACO/SACS/ DAPCU/implementing agency

What should be reported?

1. Section A, B, C should be reported by all STI/RTI service providers
2. Additional section D should be filled by all targeted interventions for high risk groups
3. Additional section E should be filled by all service providers providing antenatal checkups of pregnant women and STI/RTI services
4. Additional section F should be filled up by NACO designated STI/RTI clinics (sentinel sites) with laboratory services(Laboratory may be located in the clinic or Clinic may be utilizing the general pathological lab in the hospital)
5. Write the name of the Centre, Block, District, Clinic Unique ID No., Name and Phone no. of service povider and the reporting month.

Specific Instructions:	
Section A	**Should be filled by all STI/RTI service providers**
First clinic visit for the index STI/RTI complaint	Fill the number of individuals visited for first time with the particular STI/RTI complaints as per STI/RTI patient wise card. This indicates new STI/RTI episodes. This includes individuals attending with recurrent Herpies episodes
First clinic visit with NO STI/RTI complaint	Fill the number of individuals visited for first time with complaints other than STI/RTI as per patient wise card. This indicates new attendes with general complaints
Repeat STI/RTI visit for the index STI/RTI complaint	Fill the number of patients repeated the visit for the previously documented complaints. This includes STI/RTI follow-ups for any reasons.

Age Group and Sex	Fill the number of individual availed STI/RTI services under appropriate age and sex category
Total no. of visits	Fill in the total number of STI/RTI visits under the specific category

Section B	**Should be filled by all STI/RTI service providers** **Should be filled for clinic visit for the index STI/RTI complaint only** **Should be filled even if the diagnosis is made on clinical or etiological basis**
Diagnosis	Fill up consolidated number of STI/RTI patients diagnosed with following syndromes.
1. VCD - Vaginal/cervical discharge:	a) woman with symptomatic vaginal discharge, b) asymptomatic patient with vaginal discharge seen on examination c) cervical discharge seen on speculum examination. (All etiological and clinical STI/RTI diagnosis relating to vaginal or cervical discharge should be included here)
2. GUD-non herpetic - Genital ulcer disease- non herpetic:	Female or male or transgender with genital or ano-rectal ulceration and with NO blisters (vesicles) (All STI clinical or etiological diagnosis relating to genial ulcers except herpes simplex 2, and LGV should be included here)
3. GUD- herpetic - Genital ulcer disease- herpetic:	Female or male or transgender with genital or ano-rectal blisters (vesicles) with NO ulcers. **Note:** Write the no. of individuals presented with **ulcers** and **blisters** under both GUD non herpetic and GUD herpetic.
4. LAP - Lower abdominal pain:	Female with lower abdominal pain or tenderness, or cervical motion tenderness
5. UD - Urethral discharge:	Male or transgender with intact genitalia with urethral discharge with or without dysuria or other symptoms
6. ARD – Ano-rectal discharge:	Male or transgender with symptoms of tenesmus or if ano-rectal discharge seen on exam
7. IB-Inguinal bubo	Individuals with inguinal bubo and NO genital ulcer. (Clinical diagnosis of LGV should be included here)
8. SS- Painful scrotal swelling	Male or transgender (with intact genitalia) with painful scrotal swelling
9. Genital warts	Individuals with genital warts
10. Other	Individuals attending with any other STI/RTI related condition (eg. secondary or congenital or late syphilis, Genetal Scabies, pubic lice, anal warts, Molluscum contageosum etc)
11. Asymptomatic	Individuals attending with no signs and symptoms – If patient reports no STI/RTI symptoms and no signs are elicited during examinations but diagnosed STI/RTI based on laboratory findings.
12.	People living with HIV and attended STI/RTI clinic for STI/RTI related

	complaints and management. (PLWHs attending with symptoms their data is entered as per the syndromic diagnosis made if they are attending without any STI/RTI related symptoms then their number is entered in the item no.11 –asymptomatic). Hence, the data in this row indicates number of PLHAs attending the clinic and the spread of STI/RTIs among them.
Total No. of episode	Fill in the total number of STI/RTI diagnosis made during the month Check the yes or no column according to availability or non availability of STI/RTI pre packed colour coded kits or essential STI/RTI drugs. If you are checking NO as answer then append the list of essentials not available at your clinic

Section C	**Should be filled by all STI/RTI service providers**
Details of other services provided	
1. Number of counseling provided :	Fill total number of individuals (new and old) provided with STI/RTI counseling
2. Number of condoms provided:	Fill total number of condoms provided to all STI/RTI patients
3. Number of RPR/ VDRL tests conducted:	Fill total number of RPR/VDRL tests conducted*
4. Number found to be reactive	Fill the number detected reactive for RPR/VDRL test*
5. Number of partner notifications undertaken:	Fill the total number of partner notifications undertaken of index STI/RTI patients treated
6. Number of partners managed:	Fill the total number of partners of index STI/RTI patients attended the clinic and managed
7. Number of individuals referred to ICTC	Fill the number of STI/RTI clinic attendees referred to ICTC
8. Number found HIV infected	Fill the number detected as HIV reactive, of the referred individuls
9. Number of individuals referred for other services	Fill in the number of STI/RTI clinic attendees referred for any other services like care and support, tuberculosis screening etc.

Section D	Should be filled by clinics providing services to high risk population groups. Circle the type of high risk group
Number of new individuals visited the clinic	Fill in total number of high risk population group individuals visiting the clinic for the first time for any clinical services. This has no relationship with what complaints they have. This number can be arrived by summing up "new clients" checked as **"Yes"** in patient wise card.
Number of presumptive treatments provided for gonococcus and chlamydia	Fill in total number of individuals provided with treatment for gonococcus and chlamydia without any STI signs and symptoms as per NACO STI/RTI technical guidelines August 2007.
Number of regular STI check-ups conducted	Fill in the number of individuals (who attended this clinic atleast once in the past) with complaints other than STI/RTI and received genital examination, which may include speculum or proctoscope examination and found to be not having STI/RTI. This number can be arrived by summing up the "new clients" checked as **"NO" and** type of visit checked as **"General"** in patient wise card.

Section E	Should be filled by all service providers with ANC service provision Should fill information for women making first visit for ANC only
Number of ANC first visits in the month	Write the number of pregnant women registered for first time with the clinic during the month
Number of RPR/VDRL performed	Write the number of registered pregnant women undergone RPR/ VDRL test during the month*
Number of RPR/ VDRL reactive	Write the number of pregnant women found reactive for RPR/ VDRL test*
Number of RPR/ VDRL reactive samples conformed with TPHA test	Write the number of RPR/ VDRL reactive samples conformed with TPHA test*
Number of pregnant women treated for syphilis	Write the number of pregnant women diagnosed having syphilis undergone treatment

Section F	Should be filled by all NACO designated STI/RTI clinics with laboratory facilities
Total RPR/VDRL test performed	Fill in the total number of RPR or VDRL qualitative tests conducted among men women, and others during the reporting month* (sum of the data recorded in section **C & E**)
RPR test reactive	Fill in the number of RPR/VDRL tests reactive at or above 1:8 titers among men, women and others*
No. of RPR/VDRL reactive confirmed with TPHA	Fill in the number of sera reactive with RPR/VDRL tests confirmed with TPHA test*

Total Gram stain performed	Fill in total number of gram stain performed among men (urethral smear) and women (endo-cervical smear and veginal discharge smear)*
Number of Smears +ve for Gonococcus	Fill in number of smears positive for gonococcus
Criteria for urethral smear	> 5 PMN/hpf and intracellular gram negative diplococci inside poly morphonuclear cells
Criteria for endo-cervical smear:	Numerous PMN/hpf and intracellular gram negative diplococci inside poly morphonuclear cells
Non Gonococcal Urethritis/cervicitis- Pus cells +	Fill in number of smears positive for non-gonococcal Urethritis/cervicitis
Criteria for urethral smear:	> 5 PMN/hpf and **NO** intracellular gram negative diplococci inside poly morphonuclear cells
Criteria for endo-cervical smear:	>10 PMN/hpf and **NO** gram negative diplococci inside poly morphonuclear cells
None	Fill in number of smears negative for both
Criteria for urethral smear:	< 5PMN/hpf and **NO** intracellular gram negative diplococci inside poly morphonuclear cells
Criteria for endo-cervical smear:	<10 PMN/hpf and **NO** gram negative diplococci inside poly morphonuclear cells
Number of smeas +ve for Nugent's score	Fill in the number of smears +ve for Nugent's score. Nugent's score is +ve when the score is between 7 to 10.
Wet mount tests performed	Fill in the total number of wet mounts performed among women
Motile trichomonads +	Fill in the number of wet mounts demonstrated Motile trichomonads seen under light microscope (10x)
Clues cells +	Fill in the number of wet mounts demonstrated Clue cells more than 20% of all epithelial cells in any view under light microscope
Whiff test +	Fill in the number of wet mounts released fishy odors of amines, when a drop of 10% potassium hydroxide is placed on vaginal secretion on a glass slide
None	None of the above tests are positive
KOH test performed	Fill in total number of KOH tests performed among women
Candidiasis+	Fill in the number of wet mounts demonstrated budding yeast/hypea under light microscope
None	Fill in the number of wet mounts not demonstrated budding yeast/hype under light microscope
Availablity of test kits, reagents and consummable	RPR/VDRL testing – check yes or no as per kits availability TPHA testing- check yes or no as per kits availability Reagents for gram stain – check yes or no as per availability of grams stain reagents Reagents for wet mounts and KOH tests – check yes or no as per availability of normal saline and 10% KOH Microscope glass slides and cover slip - check yes or no as per availability*

**The information on number of test conducted and /or results may or may not be available with facility provided clinical services. The providers to ensure collecting the laboratory data from the concerned providers /departments/ or facilities (microbiology/pathology/general lab).*

Section G	**Human resource details at STI/RTI clinics** **Should be filled by all STI/RTI clinics**
Details of staff - Medical Officer/s	■ Check the coloumn “B” to “E” ■ Check ‘yes’ if the medical officer/s are qualified in Skin & STI. ■ Check ‘no’ if the medical officers are not qualified in Skin & STI. ■ Check ‘yes’ if the staff were traind in STI/RTI management as per national guidelines. if yes write the month and year of the last training undergone ■ Check ‘no’ if the staff were not traind in STI/RTI management as per national guidelines. ■ STI Focal person at SACS should cross check the information given in coloumn “E” for all caders ■ For other cadres, check the “B” “D” & “E” columns only
Lab Technician Lab Attendant Medico-Social Worker Counselor (in house or attached to ICTC).	■ Check ‘yes’ if the staff were trained in STI/RTI management as per national guidelines Then write the month and year of last training ■ Check ‘no’ if the staff were not trained in STI/RTI management as Per national guidelines

Appendix O

Consolidated monthly report of STI/RTI episodes treated in the state

(Data to be compiled from as many STI/RTI service providers/facilities in the state as possible)

Total STI/RTI episodes treated during the month in the state						
Name of reporting SACS:						
Name of reporting Officer:						
For the month of:			**Year:**			
STI /RTI service providing facilities	**(A) Number of units providing STI/RTI services**	**(B) Number reported during month**	**(C) STI / RTI episodes treated**			
			Male	**Female**	**Others**	**Total**
Designated STI/RTI clinics at Medical Colleges						
Designated STI/RTI clinics at District Hospitals						
Designated STI/RTI clinics at Sub District Hospitals (wherever applicable)						
Number of NRHM health facilities (PHCs/CHCs/ Dispensaries/MM Units/Urban Health Centres etc) providing RTI/STI services in the state						
Obstetric & Gynaecology OPD clinics at Teaching, District and Sub District Hospitals						
STI/RTI clinics with TIs of SACS						
STI/RTI clinics with TIs of Donors (wherever applicable)						
STI/RTI cases treated at Care & Support Centres (wherever applicable)						
STI/RTI cases treated by Franchised private providers (wherever applicable)						
Total number of units/ facilities/providers in the states						
Total STI/RTI cases treated in the state						

Appendix P

Guidelines for filling the Consolidated monthly report of STI/RTI episodes treated in the state

General instructions

Who should fill this?

This reporting format should be filled jointly by STI focal person and Monitoring and Evaluation Officer at State AIDS Control Society. They should compile the data on STI/RTI episodes treated during the preceding month from as many possible providers/facilities in the State/Union Territory and the filled format sent to NACO by the 15th of reporting month.

The list of STI/RTI service providing facilities mentioned in the format is not exhaustive; if any state/union territory has any additional source of service provision the data from that source can also be included duly specifying the source details. SACS to acknowledge the NRHM; Donors and their NGO partners working in HIV sectors wherever applicable for sharing theire data.

Write the name of reporting SACS and officer. STI programme officer (focal person) at SACS is the office responsible for reporting.

Write the name of month and year for which the data belongs to

What should be reported?

A) **Number of Units providing STI/RTI services:** Write the total number of units treating STI/RTI for each category. For this purpose each NACO supported STI/RTI clinic/ObGyn OPD clinic/NRHM facility/Franchise provider is considered as "one unit" ex: if there are four ObGynic OPD clinics in a teaching hospital then the number of units to report for the month for that particular institute is "four"; if there are thirty care and support centres providing RTI/STI treatment services then write "thirty" as number of reporting units; write the total number of health facilities under NRHM as number of units to report. The STI program and M &E officers at SACS should converge with the respective states NRHM officials; Donors and their partner NGO's and any other additional source of data (such as Professional associations like IASSTD & AIDS/FOGSI/IMA) for regular compiling of STI/RTI data.

B) **Number reported during the month:** Write saperately the number reported for each category of unit during the month.

C) **STI/RTI episodes treated:** Write the consolidated number of STI/RTI episodes treated during the previous month from the listed clinics/facilities/providers which includes -

1. NACO supported designated STI/RTI clinics
2. NRHM health facilities in the states
3. Out patient clinics of Obstetric and Gynaecology departments at all levels i.e. Teaching, District and sub district hospitals.
4. STI/RTI clinics with targeted intervention for high risk groups supported by SACS as well by othe Donors, wherever applicable.
5. Franchised private service providers with memorandum of understanding with NACO/SACS/DAPCU/implementing agency
6. STI/RTI episodes treated at care and support centres supported by SACS as well by other Donors (wherever applicable).

Appendix Q

Mapping Priority Areas of Service Availability

The responses on the locations or areas where STI/RTI services are needed from the key informants (KIs) should be taken and documented in the following Format

Name of the KI:		**Location:**			
Profile of the KI (Doctor, outreach worker, or Indian Medical Association [IMA] person) :					
Sl. No.	**Name of the location or area**	**Address and landmark**	**Geographical stretch of the location**		**Population mix of the location** core group, bridge population, general population
			Starting point—landmark	Ending point—landmark	
1					
2					
3					
4					
5					
6					
7					
8					

Appendix R

Key Informant (KI) Interview Format

Based on the discussion with the key informant (KI), fill-up the following format. List the name of all the private practitioners (PPs) mentioned by KI, note their location. Tick names of all doctors mentioned by a KI or in focus-group discussions.

Name of the interviewer: **Place:** **Date:**												
	Name of the PP reported by KI	**Location/address**	**KI numbers (Tick if KI reports the PP popular in providing STI/RTI services)**									**Total ticks**
			1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	
1.												
2.												
3.												
4.												
5.												
6.												
7.												
8.												
9.												
10.												

Appendix S

List of Private Practitioners (PPs) Practicing in the Given Location or Area

State :				
District :				
Location:				
Code	**Name of the PP**	**Location, address and phone number**	**System of medicine practiced**	**Consultation timings**
1				
2				
3				
4				
5				

Appendix T

Details of the Private Practitioners Selected As Per the Interview

Private practitioner code:		Name of the interviewer:			
	STI/RTI symptom	**Cases seen last working day**	**Cases seen last week**	**Cases seen on average in a month (range)**	**Comments**
1	Genital ulcers complaint (male and female)				
2	Urethral discharge complaint (male)				
3	Vaginal discharge complaints (female)				
	Total				
4	Interested in undergoing training in RTI/STI management and collaboration with public sector? (Tick the correct answer) ☐ Yes ☐ No				
5	System of medicine practiced (tick appropriately) ☐ Modern Medicine ☐ Ayurvedic ☐ Homeopathy ☐ Unani ☐ Sidda ☐ Religious (Ojha) ☐ Others Write down qualification (e.g., MBBS, MD, MS, BAMS, Pandit):				
6	Observations: (a) Separate waiting area for patients Y N (b) Consultation area has audiovisual privacy Y N (c) Examination bed with screen and light source Y N (d) Hand washing facility at clinic Y N (e) Bio-hazardous waste disposal system Y N (f) Facilities for sterilization of equipment Y N (g) Disposable syringe and needles used Y N (h) Needle and hub-cutter Y N				
7	Detailed address: Telephone number: Mobile number:				

Appendix U

Training Schedule for STI/RTI service providers

Day 1

Time	Session
9:00–10:30	Registration Welcome Introductions Participants' expectations Workshop objectives and schedule
10:30–10:45	Pre-test
10:45–11:00	Tea
11:00–11:30	Public health importance of STI/RTI management
11:45–1:00	Clinical presentation of STIs/RTIs
1:00–1:45	Lunch
1:45-03:00	Introducing STI/RTI syndromic case management
3:00–3:15	Tea
3:15–4:15	Syndromic management flow charts as per the National Guidelines on Prevention, management and control of Reproductive Tract Infections including Sexually Transmitted Infections, August 2007.
4:15–4:45	Prescription writing

Day 2

Time	Session
9:00–9:45	Recap and review of prescriptions
9:45–10:45	History taking and communication skills
10:45–11:00	Tea
11:00–12:15	Clinical examination skills
12:15–1:00	Health education and counselling
1:00–1:45	Lunch
1:45–2:15	Linkages and referrals
2:15–3:15	Recording and reporting
3:15–3:30	Tea
3:30–4:00	Infection control
4:00–4:30	Post-test and participants' reactions
4:30–4:45	Wrap up

Appendix V

Memorandum of Understanding

The letter of agreement is made between 'NACO/SACS' and the _____ _____('The Provider').

The objective of this network is to ensure that people in need have access to high-quality health care services for STIs/RTIs. Signature of the provider is required in this letter of agreement for membership in the network and represents a commitment to a constantly high standard of service delivery for the prevention and management of STIs/RTIs. This letter of agreement commences on the date of signature and will continue until terminated (without any compensation by NACO), with not less than 1 month's notice by either party.

NACO is committed to

Establishing, developing and monitoring a uniformly high standard of service delivery for prevention and management of STIs/RTIs for all network outlets, as defined in the "National Guidelines on Prevention, Management and Control of Reproductive Tract infections including sexually transmitted infections, August 2007"

Providing one, initial training in STI/RTI syndromic management to the provider so he or she can comply with the high standards of service delivery for the prevention and management of STIs/RTIs mandatory for all network clinics.

Delivering advanced training in STI/RTI treatment and other topics as appropriate throughout the years the provider has membership in the network.

Ensuring the regular supply of STI/RTI treatment kits, which will be sold to the provider at affordable prices, so that the clients will have access to affordable, high-quality STI/RTI services.

Providing a signboard and promotional materials bearing the 'NETWORK CLINIC' trade mark to promote the provider's clinic.

The provider agrees:

To adopt and observe the programme philosophy, policies, standards, procedures and protocols described in this agreement and in the National Guidelines on Prevention ,management and control of Reproductive Tract Infections including Sexually Transmitted Infections, August 2007.

Adheres to service delivery for prevention and management of STI/RTI care standards as described in the National Guidelines on Prevention ,management and control of Reproductive Tract Infections including Sexually Transmitted Infections, August 2007. And

- To attend regular training on advanced STI/RTI management
- Display network sign in a highly visible location in the clinic
- Maintain patient log book in the format provided by NACO

- Not to do anything directly or indirectly or in conjunction with others that might prejudice the reputation of the network, or which conflicts with its objectives and policies
- To notify NACO on becoming aware of any unauthorized use by any third party of the 'NETWORK CLINIC' name or trade mark or the intellectual properties owned by NACO. This protects the value of the network brand for both the network members and NACO.
- That provider is ordinarily practicing at _____
  _____
  _____, the provider shall maintain the said premise as per the specifications criteria and standards laid down by NACO from time to time in this regard. In case of any change of place of practice, the provider shall inform NACO in advance. NACO reserves the right to terminate this agreement if the new place of practice does not meet the standards and criteria laid down in the *Operation Guidelines for Sengthening STI/RTI Sevices,* August - 2007.
- Upon the provider ceasing to be a member of the network for any reason whatsoever, the provider is to return all signboards and other materials to NACO and not to use name, signboard, and/or other material or represent formally as an associate of NACO and/or network member etc. for any purpose whatsoever.

_____ _____

Signature of Provider Signature on behalf of NACO/SACS

_____

Signature of the authorized representative of implementing agency

Appendix W

Defranchising Guidelines

These guidelines set forth the criteria by which franchised clinics would be asked to leave the network. (Note: Any franchised provider may choose to voluntary withdraw from the network at any time.) The guidelines also set forth the process for defranchising a provider from the network.

A tiered set of criteria for defranchising clinics is proposed that reflect program objectives and consider effective targeting of resources.

The three tiers are as follows:

Tier 1. Low STI/RTI client volume

Tier 2. Lack of participation and support for franchised network

Tier 3. Non-adherence to franchised quality standards

Each of the tiers and their rationale is described below, followed by specific criteria and implementation considerations.

Tier 1: Low STI/RTI Client Volume

Rationale

Clinics without sufficient client flow despite substantial program efforts to create demand are unlikely to significantly contribute to the health impact we are trying to achieve. Supporting these clinics through communication activities, training, support visits, and sales uses up valuable program resources that might be more effectively targeted elsewhere.

To which clinics would the criteria apply?

All of the following three criteria would apply before a clinic would be removed from the network at this tier.

1. The clinic has been in network for at least 12 months.
2. The clinic is located in an area where communications activities have been active for at least 6 months and yet client volume has not increased, or the clinic is located in an area where on-ground communication will not take place, so it cannot expect an increase in client volume from these activities.
3. The clinic reports less than five visits per month for a period of at least 3 consecutive months (as measured by the patient records submitted by the franchised doctor himself).

Process for Defranchising Under Tier 1

The provider would first be provided with a visit and/or letter from the project raising concern about low client volume in spite of continued involvement in the network and told that some action may

need to be taken in the future. Further monitoring and support of doctor could continue for 2 more months before a final decision is made by the state support team whether to defranchise the provider.

Tier 2. Lack of Participation or Support for the Network

Rationale

To be successful and engaged, the franchised doctors need to feel like partners in the program, understand and be committed to the intent of the program and honor the program objectives and franchise requirements. The program is providing the network clinics with a lot of support in the form of (1) branding and marketing to generate more business, (2) trainings, support visits and job aids to update technical skills and . In return, the project expects at a minimum of its partners, participation in activities (workshops, support visits) and compliance with project-monitoring activities, including patient records. (Note: It is also crucial for program success for providers to buy in to the syndromic management approach for the treatment of STI/RTI and adhere to quality standards of the network. This is addressed in Tier 3.

To which clinics would the criteria apply?

This criterion would apply to clinics that have been in network for at least 12 months. The number of clients the clinic reports is not a determinant in this tier. Clinics with 5 or 50 patients could be subject to defranchising.

For this tier to apply, doctor would need to meet at least three of the following seven criteria:

1. Have not submitted patient record data at any time over the last 3 months.
2. Have not attended refresher training workshop (or made themselves available for one-on-one refresher training).
3. Have not made time available for support visits (minimally defined as not making time for at least one 10-minute visit every 2 months).
4. Refuse to display signs or other branding indicating clinic is part of the government drive on STI/RTI management.
5. Have not agreed to stock the pre-packed STI/RTI treatment kit if they are dispensing doctors (and assuming efforts have been made to promote the kits)
6. Have not prescribed the kits for any STI/RTI patients coming with the relevant syndrome, assuming the kits have been available in the area for at least 6 months.
7. Have verbally expressed opposition to syndromic management and program goals and do not demonstrate any openness or receptivity to consider changing practice patterns.

Process for defranchising under Tier 2

Doctors would first be provided with a visit and letter from the project raising concern about continued involvement in the network and told that some action may need to be taken in the future. Further monitoring and support of doctor could continue for 3 more months before a final decision is made by the district/zone support team whether to defranchise the provider.

Tier 3. Non-adherence to Quality Standards of Syndromic Management

Rationale

The central concept behind a franchise model is delivery of quality services that are standard across the franchise. We are promising quality care through syndromic management to our target group. In any franchised business, if the franchisee does not comply with quality standards, the business ceases the right to operate as that franchise. In a social franchising model we expect that it will take time, support, and sufficient motivation to encourage providers to comply with quality standards, especially if we are asking them to do something different than they have in the past.

Asking someone to leave the network because of lack of adherence to quality standards protects the reputation and credibility of the overall network. We would be investing much in building a brand and we cannot risk damaging the brand's image with non-performing providers. Maintaining substandard providers in the network also sends the wrong message to other network members that the franchise does not take quality and the syndromic approach seriously and that it does not distinguish those health care providers (HCPs) who willingly honor syndromic management quality standards from those who do not. Fair, transparent enforcement of quality standards including defranchising clinics that are not performing can also motivate other providers to comply with quality standards.

To which clinics would the criteria apply?

These criteria would apply to clinics that have been in the network for at least 18 months. The number of clients the clinic reports is not a determinant in this tier. The level of participation in franchised clinic activities could be given due consideration when evaluating whether to remove a clinic under Tier 3.

For this tier to apply, doctor would need to meet both of the following two criteria:

1. Evidence from multiple sources indicates that the HCP is not following on the franchise-recommended protocol on correct drug, dosage, duration and quantity per flow charts for different syndromes, advising condom use, and advising partner treatment for the last 12 months despite receiving support from the support team through training, support visits, motivational incentives and peer encouragement. Sources of evidence could include information from the support team's interactions with the provider in training and support visits, post-test scores, patient record data and other relevant information as documented in the doctor's file maintained by the support team. Doctor would be placed on 'quality watch-list.'

2. Doctor on quality watch-list should be extended additional support by the state support team, and if the doctor still fails to improve on quality indicators, a decision on defranchising needs to be taken.

Process for Defranchising under Tier 3

The franchised clinic is considered suspect clinic and put on quality watch-list by the district/zone support team for 6 months. Doctors would also be provided with a visit and letter as needed raising concern about continued involvement in the network due to quality considerations and told that some action may need to be taken in the future. Further monitoring and support of the doctor could continue for 6 more months.

As an option, a fellow franchised doctor or respected STI/RTI specialist on a confidential basis could meet with the suspect franchised doctor for offering advice, making an independent assessment of compliance with quality standards and counselling the doctor on the need to improve.

In defranchising a clinic for quality, it is best to be based on objectively verifiable, measurable data that is specific to the clinic. The process needs to be transparent and well understood by the doctor.

A doctor would be given 2 more months to improve performance before a final decision is made by the district/zone support team whether to defranchise the provider.

Decision would be communicated to the doctor by the district/zone support team in a letter from NACO/SACS/DAPCU/implementing agency. A redressal process would be offered to the doctor if the doctor feels he was unjustly terminated from the franchise.

Elements of the Defranchising Process Applicable To All Tiers

The following implementation issues would apply to all clinics undergoing defranchising:

- If defranchised under Tier 2 or 3, the project would remove the signboard from the clinic. Provider could keep all other project material and supplies. Branding material would be removed within 1 month.
- Under any of the tiers, doctors would be asked to voluntarily withdraw from the network in writing for the reasons indicated by their tier level. If they did not resign voluntarily, then a visit by the support team and letter by NACO/SACS/DAPCU/implementing agency follows to inform the franchised doctor that he or she is being defranchised.
- A common template for defranchising warning letters and final letters will be utilized to ensure consistency and standardization in communication across the project.
- Doctors would receive a letter of thanks from SACS or NACO for their past participation in the network.
- Information on defranchised clinics would be removed from all communication materials (brochures, referral cards, etc.)
- Information on clinics that are defranchised and why they were removed from the network would be kept confidential. However, the project would report on defranchising activities from time to time to network members so they are aware that it is happening and why.

Appendix X

Part-I : Tools for Quality Monitoring

Quality for	Tool	Use
Doctors	Supervisory checklist	To be used by Program and Technical Officers in-charge of STI services during routine supervisory visits
	Monthly summary report	To be compiled and analyzed monthly by Program and Technical Persons to monitor the trends and provide feedback
	STI/RTI patient wise card for Quality STI/RTI management	To be used by Doctor as job aid
Training and support team	Pre and post-test	To be written by trainees in training and compiled by program staff to assess the effectiveness and gaps of training
	Participant feedback	To be filled by tainees at the end of training to provide feedback on training and trainer's performance.
	Mentoring checklists	The NACO/SACS to develop the Mentoring checklist to be used by the Program Managers and/or supervisors in order to provide standardized guidance and mentoring to the training and support team

Part-II A : Supervisory Checklist

The service quality monitoring indicators to be compiled periodically by SACS

1. Appropriate signage for STI/RTI service providing facility — Y / N
2. Separate consultation area with auditory and visual privacy — Y / N
3. Equipment (physical verification)
   - Examination bed with bed sheets and draps — Y / N
   - Lighting for examination — Y / N
   - Instruments-speculum, proctoscope etc — Y / N
4. Consumables available (physical verification)
   - All first-line STI/RTI drugs and kits — Y / N
   - Condoms (male/female/free/socially marketed; whatever applicable) — Y / N
   - Disposable syringes with needles — Y / N
   - Gloves — Y / N
   - Disinfectants — Y / N
5. Documentation is complete and up to date (physical verification)
   - STI/RTI patient wise card — Y / N
   - Drugs and condoms inventory — Y / N
   - Monthly summary reports — Y / N
   - Discrepancy of data submitted to SACS — Y / N
6.
   - Prescription audit: Select radomly 10 STI/RTI patient wise card of last quarter, and check diagnosis, investigations performed and the kit/drugs given as per guidelines — Y / N
   - Write the number of cards reviewed ____
   - Write the number of cards which are incomplete/incorrect/inconsistent as per guidelines ____
7. Infection control measures (Observation):
   - Hand washing before and after examining patients — Y / N
   - Gloves used for ano-genital examination — Y / N
   - Reusable instruments are decontaminated, washed and sterilized (high-level disinfection [HLD]) — Y / N
   - Waste disposal system in place — Y / N
8. Does minimum 3 days supply of basic regime PEP drugs and PEP incident reporting format available — Y / N
9. Does staff require reorientation/Training — Y / N
10. Referrals from and to STI/RTI clinic - write the quantum, and check the maturity of referrals in the last quarter
    - Number of referrals received from other facilities ____
    - Number of patient referred to other facilities ____

Part II - B : Quality indicators

(These indicators has to be calculated during routine supervisory visits, from the data generated from STI/RTI patient wise cad)

- % of patients whose medical history was taken
- % of patients whose sexual history was taken
- % of patients whose physical examination was conducted
- % of patients who were given the correct drug for each syndrome treated
- % of patients with whom discussion on partner treatment was done
- % of patients with whom risk reduction was discussed
- % of patients with whom importance of condom use was discussed

Part III : Monitoring Indicators for Private Providers

- No. of private practitioners in franchise
- No. of districts and towns covered
- No. of trainings conducted
- No. of participants trained
- No. of private practitioners who submitted monthly reports
- No. of supervisory visits
- No. of STI/RTI cases reported, with break-up of syndromes
- No. of STI/RTI kits/drugs and condoms distributed
- No. of private practitioners reporting stock out of condoms or any STI/RTI kits/drugs
- No. of private practitioners performing to standards as per supervisory checklist
- No. of referrals for other services, e.g., Integrated Counseling and Testing Centre (ICTC), higher STI/RTI centers

Members of Technical Resource Group (TRG) on " Sexually Transmitted Infection Services" for Providing Technical Support in Implementation of National AIDS Control Program - Phase-III

Sl No.	Name	Designation (In TRG)	Organization	Contact Number
1	Dr. V.K. Sharma	Chairman	Prof. & Head, Department of Skin & STD, All India Institute of Medical Sciences, New Delhi	9810926194 011-26589887
2	Dr. Jotna Sokhey	Co-Chairperson	Addl. Project Director, NACO	011-43509918
3	Dr. N. Usman	Member	Ex. Director, Institute of Venereology, Chennai	9841139768 9444450162
4	Dr. H.K. Kar	Member	HOD,Deptt. Of Skin & STD, Dr. R.M.L. Hospital, New Delhi	011-23365501
5	Dr. I.P. Kaur	Member	Deputy Commissioner (MH), Ministry of Health and FW, Nirman Bhawan, New Delhi	011-23062193
6	Dr. C.P. Puri	Member	Director, National Institute of Research in Reproductive Health, Mumbai	9820214802
7	Dr. Vinay Agarwal	Member	Secretary General, Indian Medical Association, New Delhi	
8	Dr. R. K. Kom	Member	STI in charge, Medical Directorate, Government of Manipur, Imphal	9436031168
9	Dr. Richard Stein	Member	Scientist STI prevention, SEARO, New Delhi	011-23370805/ Extn. 26639
10	Dr. K. Karunanidhi	Member	Deputy Director, TNSACS, Chennai	
11	Dr. Krishna Ray	Member	Consultant (Microbiology), NIH & FW, Munirka, New Delhi	9811533103
12	Dr. G. M. Singh	Member	Practicing STD Consultant, Varanasi, UP	
13	Dr. Laxmi Shrikhaide	Member	Chairperson, AIDS Committee, FOGSI, Mumbai	0712-2740958
14	Dr. Gina Dallabetta	Member	AVAHAN, India AIDS Initiative, Bill Melinda Gates Foundation, New Delhi	9873232201

Sl No.	Name	Designation (In TRG)	Organization	Contact Number
15	Dr. Teodora Elvira C.Wi	Member	Director, STI Capacity Building, FHI	022-256750457
16.	Dr. Tom Philips	Member	Director, PDI, New Delhi	9810149015
17.	Mr. Samson Luke	Member	Executive Director, SHARAN	
18.	Dr. Ajay Khera	Member	Joint Director, NACO	011-43509916

Members of team on "Sexually Transmitted Infection Services" for National AIDS Control Program - Phase-III

Sl. No.	Name	Designation	Contact Number	E-mail ID
1.	Dr. Ajay Khera	Joint Director	9810206150	ajaykheranaco@gmail.com
2.	Dr. T.L.N. Prasad	TSU for STI NACO	9396274224	lturlapati@fhiindia.org ellen56_tln@hotmail.com
3.	Dr. Sandeep Bhalla	Sr. Technical Officer (STI) NACO	9891090418	drsandeepbhalla@gmail.com
4.	Mr. Bikas Sinha	TSU for STI NACO	9313050091	bsinha@psi.org.in bikas@rediffmail.com
5.	Dr. Vittal Mogasale	TSU for STI NACO		vmogasale@yahoo.co.uk