OPERATIONAL GUIDELINES FOR PROGRAMME MANAGERS AND SERVICE PROVIDERS for STRENGTHENING STI/RTI SERVICES

OPERATIONAL GUIDELINES

NACO
National AIDS Control Organisation
India's voice against AIDS
Department of AIDS Control
Ministry of Health & Family Welfare, Government of India
www.nacoonline.org

MINISTRY OF HEALTH AND FAMILY WELFARE
GOVERNMENT OF INDIA

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Operational Guidelines

For Programme Managers and Service Providers

For Strengthening STI/RTI Services

May 2011

सत्यमेव जयते

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MESSAGE

The prevention, control and management of STI/RTI is a well recognized cost effective strategy for controlling the spread of HIV/AIDS in the country as well as to reduce reproductive morbidity among sexually active population. Individuals with STI/RTI have a significantly higher chance of acquiring and transmitting HIV. Moreover STI/RTI are also known ti cause use infertility and reproductive morbidity. Controlling STI/RTI helps decrease HIV infection rates and provides a window of opportunity for counselling about HIV prevention and reproductive health.

An operational framework for convergence between National AIDS Control Programme Phase III and Reproductive and Child health Programme Phase II under National Rural Health Mission has been developed. This will bring about uniformity in implementation os STI/RTI prevention and control through the public health are delivery system Through this, the availability and reach of standardized STI/RTI care at all levels of health facilities will be ensured.

The NACP III Strategy and Implementation Plan (2007-2012) makes a strong reference to expanding access to a package of STI management services both in the general population as well as for high risk behavior groups.

For nation-wide training of health functionaries on STI/RTI management standardized training modules and training aids/job-aids for various functionaries involved in provision of STI/RTI care have been developed to train doctors ANMs/Nurses, and to technicians on Syndromic Case Management of STI/RTI.

I am sure that these comprehensive operational guidelines will help towards ensuring the provision of quality STI/RTI services across the country.

(Sayan Chatterjee)

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PREFACE

Sexually transmitted infections and reproductive tract infections (STIs/RTIs) are important public health problems 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 STI/RTIs helps decrease HIV infection rates and provides a window of opportunity for counseling about HIV prevention and reproductive health.

The implementation framework of National Rural Health Mission (NRHM) provided the directions for synergizing the strategies for prevention, control and management for STI/RTI services under Phase II of Reproductive and Child Health Programme (RCH II) and Phase III of National AIDS Control Programme (NACP III). While the RCH programme advocates a strong reference "to include STI/RTI and HIV/AIDS preventions, screening and management in maternal and child health services", the NACP includes services for management of STIs as a major programme strategy for prevention of HIV.

These modules are intended as a resource document for the programme managers and service providers in RCH II and NACP III and would enable the RCH service providers and NACO service provider in organizing effective case management services for STI/RTI through the public health care system.

(P.K. Pradhan)

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FOREWORD

Community based surveys have shown that about 6% of adult Indian population suffers from sexually transmitted infections and reproductive tract infections. The prevalence of these infections is considerably higher among high risk groups ranging from 20-30%. Considering that the HIV epidemic in India is still largely concentrated in the core groups, prevention and control of sexually transmitted infections can be an effective intervention to reverse the HIV epidemic progress.

Syndromic Case Management (SCM) is the cornerstone of STI/RTI management, being a comprehensive approach for STI/RTI control endorsed by the World Health Organization (WHO). This approach classifies STI/RTI into syndromes, which are easily identifiable group of symptoms and signs and provides treatment for the most common organisms causing the syndrome. Treatment has been standardized through the use of pre-packaged colour coded STI/RTI drug kits. SCM achieves high cure rates because it provides immediate treatment on the first visit at little or no laboratory cost. However, it goes hand in hand with other important components like counseling, partner treatment, condom promotion and referral for HIV testing.

As per the convergence framework of NACO-NRHM for STI/RTI service delivery, uniform service delivery protocols, operational guidelines, training packages & resources, jointly developed by NRHM & NACO are to be followed for provision of STI/RTI services at all public health facilities including CHC and PHC. As per joint implementation plan, NACO/SACS would provide training, quality supervision and monitoring of STI/RTI services at all health facilities, thus overseeing the implementation. For tracking access, quality, progress and bottlenecks in STI/RTI program implementation, common information and monitoring system jointly developed by NACO and NRHM would be followed.

As a step to take convergence forward, it is envisaged that a resource pool of trainers is created at state and district level so as to enable roll out trainings for service providers in the public health care delivery system using the jointly developed training material and through the cascade models of trainings. The ultimate aim is to ensure high quality STI/RTI service delivery at all facilities with best utilization of resources available with both NACP III and RCH II/NRHM.

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ACKNOWLEDGMENT

Reproductive tract infections (RTIs) including sexually transmitted infections (STIs) present a huge burden of disease and adversely impacts the reproductive health of people. The emergence of HIV and identification of STIs as a co-factor have further lent a sense of urgency for formulating a programmatic response to address this important public health problem.

The comprehensive training modules on the Prevention and Management of STI/ RTI have come through with the coordinated and concerted efforts of various organizations, individuals and professional bodies, who have put in months of devoted inputs towards it.

The vision and constant encouragement of Ms K Sujatha Rao, IAS, Secretary Health and Family welfare, Shri K Chandramouli, IAS, Secretary and Director General NACO, Ms Aradhana Johri, IAS, Additional Secretary NACO and Shri Amit Mohan Prasad, IAS, Joint Secretary RCH, Ministry of Health and Family Welfare is sincerely acknowledged, under whose able leadership these modules have been developed.

The technical content has been jointly developed by STI division, Department of AIDS Control (National AIDS Control Organization) and Maternal Health Division of MoHFW. The National Institute for Research in Reproductive Health (NIRRH), Mumbai under ICMR initiated and lead the process of reviewing the existing training material and developing updated training modules through the organization of a number of meetings and workshops. The preparation and design of material also involved the technical assistance, funding support and other related support provided by WHO, UNFPA, FHI and many other experts in the field.

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(Dr. Sunil D. Khaparde)

LIST OF ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ANM	Auxiliary Nurse Midwife
ARSH	Adolescent Sexual and Reproductive Health
ASHA	Accredited Social Health Activist
AYUSH	Ayurveda, Yoga and Naturopathy, Unani, Siddha, Homeopathy
BID	Twice Daily
BV	Bacterial Vaginosis
Cap.	Capsule
CBO	Community Based Organisation
CHC	Community Health Centre
CMIS	Computerized Management Information System
CPR	Cardiopulmonary Resuscitation
DAPCU	District AIDS Prevention and Control Unit
DOTS	Directly Observed Treatment Short course chemotherapy
DPM	District Programme Manager
DPMU	District Programme Management Unit
DSRC	Designated STI/RTI Clinic
ELISA	Enzyme-Linked Immunosorbent Assay
ESCM	Enhanced Syndromic Case Management
FTA-Abs	Fluorescent Treponemal Antibody Absorbed test
FRU	First Referral Unit
FSW	Female Sex Worker
GUD	Genital Ulcer Disease
HCP	Health Care Provider
HIV	Human Immunodeficiency Virus
HMIS	Health Management and Information Software
HPV	Human Papilloma Virus
HRG	High-Risk Group
HSV	Herpes Simplex Virus
IB	Inguinal Bubo
ICTC	Integrated Counseling and Testing Centre
ICMR	Indian Council of Medical Research
IDU	Injecting Drug User
IEC	Information Education and Communication
IM	Intramuscular
IU	International Unit
KOH	Potassium Hydroxide
LAP	Lower Abdominal Pain
LGV	Lympho Granuloma Venereum
LHV	Lady Health Visitor
LT	Laboratory Technician
MCH	Maternal and Child Health
MO	Medical Officer
MPW	Multi-Purpose Worker
MSM	Men who Have Sex with Men

NACO	National AIDS Control Organization
NACP	National AIDS Control Programme
NFHS	National Family Health Survey
NGO	Non-Governmental Organization
NRHM	National Rural Health Mission
OPD	Out Patient Department
ORW	Out Reach Worker
PE	Peer Educator
PHC	Primary Health Centre
PP	Preferred Provider
PPP	Public Private Partnership
PT	Presumptive Treatment
QID	Four times a day
RAS	Rapid Assessment Survey
RCH	Reproductive and Child Health
RMC	Regular Medical Check-up
RMP	Registered Medical Practitioner
RPR	Rapid Plasma Reagin
RSTRRL	Regional STI Training, Research and Reference Laboratories
RTI	Reproductive Tract Infection
SACS	State AIDS Control Society
SCM	Syndromic Case Management
SMO	Social Marketing Organization
SOP	Standard Operating Protocols
SPMU	State Programme Management Unit
SRC	State Reference Centre
SRH	Sexual and Reproductive Health
SS	Supportive Supervision
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
STRC	State Technical Resource Centre
SW	Sex Worker
TI	Targeted Intervention
TID	Thrice in a Day
TPHA	Treponema Pallidum Hemagglutination Test
TSU	Technical Support Unit
UD	Urethral Discharge
VCD	Vaginal Cervical Discharge
VDRL Test	Venereal Disease Research Laboratory Test
WBC	White Blood Cells
WHO	World Health Organization
Y/N	Yes/No

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1. BACKGROUND

Sexually transmitted infections and Reproductive tract infections (STI/RTI) are an important public health problem in India. A countrywide Rapid Assessment Survey (RAS) indicates that 12% of female clients and 6% of male clients attend the PHC OPD for complaints related to STI/RTI. The 2002 ICMR multi centre community prevalence study of STI/RTI has shown that 5% to 6% of sexually active adult population are suffering from STI/RTI.

Individuals with STI/RTI have a significantly higher chance of acquiring and transmitting HIV. Moreover, STI/RTI are also known to cause infertility and reproductive morbidity. Controlling STI/RTI helps decrease HIV infection rates and provides a window of opportunity for counseling 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) and Reproductive and Child Health programme (RCH) of the National Rural Health Mission (NRHM).

Strategies of STI/RTI prevention and control include:

1. Provision of standardized STI/RTI management to general population
2. Provision of standardized STI/RTI management to high risk group population
3. Provision of laboratory support for etiologic diagnosis and surveillance of STI/RTI

Syndromic case management (SCM) with appropriate laboratory tests is the cornerstone of STI/RTI management. SCM is a comprehensive approach for STI/RTI control endorsed by the World Health Organization (WHO). This approach classifies STI/RTI into syndromes (easily identifiable group of symptoms and signs) and provides treatment for the most common organisms causing the syndrome.

Other important components of STI/RTI management include treatment compliance and follow-up, counseling, partner treatment and condom promotion. Implementation of a standardized SCM simplifies training and supervision, reporting and drug management.

1.1. Introduction to Operational Guidelines

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

1.2. Target Audience

These guidelines are primarily targeted to programme managers and service providers working in the government and non-government sectors, facilitating clinic operations to ensure delivery of standardized quality STI/RTI services under RCH and NACP programmes at state, regional, district and sub-district levels. These operational guidelines, along with the National Guidelines on Prevention, Management and Control of Reproductive Tract Infections including Sexually Transmitted Infections August 2007 and training modules for medical officer, staff nurse, laboratory technicians and STI counselors will be the basis for training, supervision and monitoring and for logistical management of STI/RTI clinics.

1.3. Modalities of STI/RTI Service Delivery

It is essential that uniform standardized service delivery protocols, training packages and resources, reporting mechanism and supervisory system is followed for all STI/RTI facilities. The modality of STI/RTI service delivery at various levels of health facilities is described below:

1.3.1. Facilities at Sub-district Level

Health workers (HW), ANM, Accredited Social health Activists (ASHA) and Link Workers (LW) will conduct STI/RTI prevention and health promotion activities and refer individuals with STI/RTI symptoms to PHC, Block PHC, Community health centres (CHC) for management of the STI/RTI cases. STI/RTI clinical services will be provided at Sub district level through health facilities (PHC/Block PHC/CHC/Divisional hospitals/Urban Health Posts etc) using the Syndromic Case Management approach. Laboratory services wherever available will be used to corroborate syndromic diagnosis.

This service delivery will be through health care delivery system under RCH II supported by NRHM. The service delivery details are described under section 1.4 and Table 1.

1.3.2. Facilities at District Hospitals, Medical Colleges and Select Sub-Divisional Hospitals (Designated STI/RTI Clinics) "*SURAKSHA CLINIC*"

Services at the designated STI/RTI clinic are provided through the Out Patient Departments of Skin & VD and Gynaecology & Obstetrics at Medical College Hospitals. At District and select Sub District hospitals, if the concerned departments/specialists are not available services are delivered by general duty medical officers through general OPD. The Syndromic Case Management approach will be enhanced with additional laboratory facilities. Designated STI/RTI clinics will also serve as referral sites for STI/RTI services for sub-district facilities and TI STI service providers.

This service delivery will be supported by NACO through State AIDS Control Societies (SACS) and District AIDS Prevention and Control Units (DAPCUs).

NACO has branded its Sexual and Reproductive Health (SRH) services as SURAKSHA CLINIC.

1.3.3. Facilities for High-Risk Population Groups through Targeted Intervention Projects

STI/RTI services will be provided through Targeted interventions (TI) to high-risk groups (HRG) through specified clinic settings and through involvement of preferred private providers. TI STI/RTI clinics are managed by NGO staff who ensure meaningful participation of sex workers in the clinic operations to enhance access to services.

This service delivery is supported by NACO, SACS, TSU, STRC and DAPCU. TI STI services are described in detail in Chapter 8.

1.3.4. Regional STI Training Research and Reference Laboratories

Regional STI Training Research and Reference Laboratories (RSTRRL) act as a referral centre for providing etiologic diagnosis for the of STI/RTI syndromes and help with validation of syndromic diagnosis, monitor the gonococcal antibiotic resistance patterns and conduction of external quality assurance for syphilis testing. They are networked to state reference centres in all the state for study of etiologic patterns of STI/RTI in different states.

Regional STI Training Research and Reference Laboratories (RSTRRL) are described in detail in Chapter 9.

Table 1: Modality of STI/RTI Service Delivery

Level of Care	Service Provider	Modalities	Package of services
Village	ASHA/Link worker/ Health worker (M/F)	Through their outreach meetings and observance of village health and nutrition days	• Information • Condom provision and promotion • Screening for STI/RTI • Referral for treatment
Sub-centre	ANM/Health worker	Through ANC clinics, group meetings and household contacts	In addition to above, • Provide counseling • Referral to ICTC
PHC/Mobile Medical Unit/Dispensary/CHC/ Urban Health post/ Rural Hospital/Sub-divisional Hospital	Medical Officer/ Staff Nurse/ LHV/Laboratory Technician	Routine OPDs, ANC Clinics/ Camps	In addition to above, • STI/RTI treatment through syndromic approach and partner management • Simple diagnostic tests (including Syphilis screening) • ARSH services • Referral to ICTC • Reporting to district RCH officer

Table 1: Modality of STI/RTI Service Delivery			
Level of Care	**Service Provider**	**Modalities**	**Package of services**
Designated STI/RTI clinic (District hospital, Medical College hospitals, select Rural Hospital/Sub-divisional Hospital). "SURAKSHA CLINIC"	Medical Officer Staff nurse Counselor, Laboratory Technician	STI/RTI clinic Gynaecology/ Obstetrics clinics ANC Clinics General OPD	• Syndromic case management of STI/ RTI (provision of directly observed treatment for single dose regimens) • Minimal laboratory testing • Counseling • Condom Promotion • Partner treatment • Syphilis screening • Referral to ICTC • Linkage with other services
STI/RTI services at Targeted Intervention Projects for high risk group populations (Female Sex Workers. Men having Sex with Men, Injecting Drug Users) Bridge populations (Trucker and Migrants)	Medical Officer Counselor/ANM	Static clinic Preferred provide Referral to Government Health Facility	• Syndromic case management of STI/ RTI (provision of directly observed treatment for single dose regimens) • Quarterly clinical STI/RTI screening (Routine medical checkup) • Presumptive treatment • Biannual syphilis screening • Intensive Counseling • Condom Promotion • Partner treatment • Referral to ICTC • Linkage with other services
Regional STI Training Research and Reference Laboratories and State Reference Centres (RSTRRL)	Microbiologist Laboratory Technician Experts from other departments	Referral of patients/samples from all linked centres (DSRC, TI STI clinic, NRHM clinic)	• Validation of syndromic diagnosis • Monitor gonococci drug resistance patterns • Conduct syphilis EQAS • STI/RTI surveillance

1.4 Convergence of NACP with RCH of NRHM

The National Reproductive and Child Health (RCH) Programme – Phase 2 launched in April 2005 is a flagship programme of National Rural Health Mission (NRHM) 2005-2012. The NRHM seeks to provide accessible, affordable and quality health care to rural population, specially women and children.

Technical strategies reflected in the RCH Programme Implementation Plan aims to make primary health care delivery system as a hub of services targeted to improve health of women and children. Government of India guidelines for 24 hours RCH services by PHC, lists services for prevention and management of RTI including STI as a major component of service package. Similarly, the strategy and implementation plan for NACP, within the fabric of prevention strategy, makes a strong reference to services for prevention and management of STI/RTI among high-risk groups, bridge populations and the general population, especially women and youth.

Government of India has also positioned Adolescent Reproductive and Sexual Health (ARSH) Strategy of RCH programme to meet the service needs of the adolescents. The NACP has also given due emphasis on interventions focused on young people. Clearly the programme and policy environment is supportive of convergence of activities under RCH and NACP in terms of addressing STI/RTI and the needs for young people for synergy in design and implementation of interventions and bring about optimizing in sharing of resources.

NACO and NRHM will oversee implementation of STI/RTI programme both at district and sub district level by utilizing existing health care infrastructure through close coordination. The framework of service implementation is as follows:

- District health/RCH officer is responsible for implementing STI/RTI programme in the district. The programme to be implemented at all sub district level health facilities through sub divisional hospital, CHC, PHC, Block PHC, and sub centres. District health/RCH Officer to ensure that all sub district health facilities should have free supply of pre specified colour coded STI/RTI drug kits and test kits and fulfill minimum standards of STI/RTI service delivery.

  Monthly report on STI/RTI cases at various sub district level health facilities should be reported to District RCH officer every month. Data from PHC will be reported by Lower Division clerk or Computer operator or ANM under supervision of PHC Medical officer. Data from CHC/Block PHC will be reported by Data Entry Operator/ANM under supervision of Block PHC/CHC Medical officer. Medical officer of CHC/Block PHC/PHC will also report the compiled data through their reporting mechanism (HMIS). District RCH Officer will consolidate the data in the monthly HMIS/NACO SIMS reporting format and forward the same to SACS and SPMU by 5th of every month.
- District RCH Officer will coordinate with District AIDS Prevention Control Unit (DAPCU) wherever DAPCU is in place.
- SACS will monitor, mentor and supervise the programme at all levels in close coordination with NRHM/RCH programme officer at state level. SACS will collate data at state level from designated STI/RTI clinics, TI NGOs and from all district Health/RCH officers and provide feedback to NACO and NRHM.

2. MINIMUM STANDARDS FOR STI/RTI SERVICES

This section gives information about minimum standards to be maintained in STI/RTI clinics and quality of STI/RTI service delivery. It also provides guidelines for operationalizing these standards at sub-district and district levels and in Targeted Intervention Projects.

2.1. 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 Table 1 of section 1.3.

2.2. Quality of STI/RTI Service Delivery

Identified health care facility should provide defined package of services for prevention and management of STI/RTI

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 as per national protocols, including partner management.

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 utilization. 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 STI/RTI and sources of quality services

There is frequently a culture of silence about STI/RTI. 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 (female sex workers, men having sex with men, transgender and injecting drug users, truckers, migrants) so that they 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 to STI/RTI service providers helps to ensure the quality of services, recording and reporting.

2.3 Minimum Infrastructure

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

Waiting area: There should be a waiting area, with seating facility outside the consultation room.

Consultation area: The consultation room/s should be used for patient interview, physical examination and health education. The consultation room should ensure both auditory and visual privacy. The examination table should be positioned in a manner to provide adequate space at the end of the table to properly view the genitalia during internal examination. There should be adequate lighting to conduct good internal examination. The room should have enough space for storage of instruments. Hand washing facility should be besides the examination area and drinking water facility to take DOTS.

Wherever STI counselors are positioned, there should be a separate counseling area with sitting arrangement and audio-visual privacy. An illustrative standard operational procedure for clinic visit is described at **Annexure I.**

2.3.1. Equipment and supplies for STI/RTI service provision

1. General medical instruments: sphygmomanometer, stethoscope, thermometer, examination table with recess/lithotomy cut and adult weighing scales.
2. 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. Sterilizer or access to sterilization (e.g., autoclave), instrument tray and instrument forceps.
5. Separate bins to store segregated infectious waste before disposal.
6. Medical supplies such as examination gloves, needles and syringes, needle and hub cutter.

2.3.2. Minimum furniture and general items for STI/RTI service provision

1. Lockable cupboards/shelves for patient records and drug supplies
2. Storage area for condoms, other supplies and stationery
3. Wash basin 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

The suggested list of accessories, equipments and medical supplies is detailed in **Annexure II**.

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 section 1.3 Table 1. The Job responsibilities of the Doctor, Nursing staff, Laboratory Technician and Counselor are detailed in **Annexure III**.

2.3.4. Ethical standards and maintenance of confidentiality

Confidentiality is the 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
- Job aid poster on 'Oath of Confidentiality' is given in **Annexure XVII**

3. CLINICAL MANAGEMENT

3.1. Minimum Clinical Management Standards

At every facility, clinical management should include good history taking, physical examination, counseling, laboratory tests and referral. The minimum clinical standards to be adopted at different levels of health facilities are described in Table 2. *(see on page no. 12)*

Table 2: Clinical Standards at Different Levels of Service Delivery

Minimum clinical management standards at NRHM sub district level health facilities (PHC/CHC/ Block PHC/Sub-div.hospital/UHC etc.)	Minimum clinical management standards at Designated STI/RTI facility	Minimum clinical management standards at HRG Targeted Intervention Project STI/RTI facility
• Sexual-health history taking • Adequate and appropriate physical examination and 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 • Health education to every patient, including the "four C's" (Condom demonstration and promotion, ensuring Compliance with treatment, Counselling for safer sex practices and Contact treatment/partner management) • Follow-up care including examination of patient to know the status of STI/RTI after the treatment • Partner management • Referral network for services at the clinic (e.g., referral for syphilis testing, HIV testing, tuberculosis screening etc)	• Sexual-health history taking • Adequate and appropriate physical examination and 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 • Counseling to every patient, including the "four C's" (Condom demonstration and promotion, ensuring Compliance with treatment, Counselling for safer sex practices and Contact treatment/partner management) • Follow-up care including examination of patient to know the status of STI/RTI after the treatment • Partner management • Onsite laboratory to do minimum investigations • Referral network for services at the clinic (e.g., referral for syphilis testing, HIV testing, tuberculosis screening etc)	• Sexual-health history taking • Adequate and appropriate physical examination and 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 • Counseling, follow up care, partner management and referral network for services as described for designated STI/RTI clinic In addition: • Quarterly sexual-health history taking, physical examination, Regular medical checkup or RMC • Presumptive Treatment (PT) for Gonococcal and Chlamydial infections • Semi-annual serologic screening for syphilis The flowcharts in **Annexure X** are adapted to guide STI/RTI treatment decisions for female and male/transgender sex workers, whether symptomatic or asymptomatic, during routine visits to clinics

* Job aid poster on 'Syndromic Case Management (SCM)' is given in **Annexure XVII**

3.2. Counseling on STI/RTI

Counseling is a process of two way, face-to-face, personal, confidential communication in which one person helps another to make decisions and then to act on them. Good counseling enables coping and reinforcement of preventive behaviors. Counseling at STI/RTI facilities helps to evaluate and help reduce the clients' personal risk of acquiring STI/RTI and provide health education on sexual and reproductive health.

Counseling should be provided in audiovisual privacy to enable the client to talk freely to counselor on issues related to sexual and reproductive issues. During counseling session, provider should talk to the client about modes of transmission, recommended treatment, prevention, risk reduction, behavior change, and partner referral. Clinics should also have take away information brochures in simple local languages with illustrations to reinforce messages. Job aid posters on 'Counseling check list', 'Caring for yourself and your loved ones' and 'Condom Demonstration' is given in **Annexure XVII**.

STI counselor is posted at Designated STI/RTI clinics and TI NGO. At the sub-district health facilities, the existing staff nurse and treating physician can provide counseling services to the patient.

3.3. Laboratory Tests at STI/RTI Service Providing Facilities

Laboratory services are important to support STI/RTI treatment. Although the cornerstone of management of STI/RTI is through syndromic case management, laboratory services should be best utilized to support etiologic diagnosis wherever available.

All STI/RTI attendees and ANC attendees should be motivated to get screened for syphilis. All RPR reactive samples by qualitative method, should be subjected for quantitative testing (titers). All STI/RTI attendees should also be referred to ICTC for HIV testing. For STI/RTI attendees of designated STI/RTI clinic, facility for syphilis testing has been made available at the nearest ICTC. For detail guidelines for the same, please refer to **Annexure XIV**.

3.3.1. The following laboratory tests should be done at Designated STI/RTI clinics

- RPR test for syphilis testing (qualitative and quantitative) for STI/RTI attendees and ANC attendees
- 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

3.3.2. The following laboratory tests should be done at Targeted Intervention project STI/RTI clinics

- HRG population (FSW, MSM and IDU) should be motivated to undergo syphilis screening and referral for HIV testing once in six months.
- HRG should be referred to Designated STI/RTI clinic if further tests are required.

3.3.3. The following laboratory tests should be done at Sub District level NRHM Health Facilities (PHC/CHC/Block PHC/Sub-divisional hospital/ UHC etc.)

- RPR test for syphilis testing (qualitative and quantitative) for STI/RTI attendees and ANC attendees
- 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.)

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. *For detailed description of testing protocol please refer 'Manual of Standard Operative procedures for Laboratory Investigations in Diagnosis of STI/RTI.'*

3.4. Anaphylaxis Management

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

4. DRUGS AND CONSUMABLES

4.1. Essential STI/RTI Kits & Drugs for Facilities

There are seven pre-packed colour coded STI/RTI drug kits under NACP for syndromic management of STI/RTI and procured by NACO. These drug kits have been 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 given below in Table 3. These colour coded STI/RTI drug kits should be supplied free of charge in all public STI/RTI service facilities including the clinics under targeted intervention projects.

Table 3: Syndromic Case Management Protocol

Kit No.	Syndrome	Colour	Contents
Kit 1	Urethral Discharge (UD), Cervicitis (CD) Ano-rectal discharge (ARD) Painful Scrotal Swelling (PSS) Presumptive Treatment (PT)	Grey	Tab. Azithromycin 1 g (1) and Tab. Cefixime 400 mg (1)
Kit 2	Vaginitis (VD)	Green	Tab. Secnidazole 2 g (1) and Tab. Fluconazole 150 mg (1)
Kit 3	Genital Ulcer Disease- Non Herpetic (GUD-NH)	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	Genital Ulcer Disease- Non Herpetic (GUD-NH) –for patients allergic to penicillin.	Blue	Tab. Doxycycline 100 mg (30) and Tab. Azithromycin 1 g (1)
Kit 5	Genital Ulcer Disease- Herpetic (GUD-H)	Red	Tab. Acyclovir 400 mg (21)
Kit 6	Lower Abdominal Pain (LAP/PID)	Yellow	Tab. Cefixime 400 mg (1) and Tab. Metronidazole 400 mg (28) and Cap. Doxycycline 100 mg (28)
Kit 7	Inguinal Bubo (IB)	Black	Tab. Doxycycline 100 mg (42) and Tab. Azithromycin 1 g (1)

All clinics should maintain adequate stocks of STI/RTI pre-packed kits and essential STI/RTI drugs 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.

SACS and State NRHM should facilitate the availability of other essential general and additional drugs & supplies (**Annexure IV**) at all designated STI/RTI clinics and health facilities under NRHM through the health care delivery system.

4.2. Drug Requirement

The estimated requirements of various drug and testing kits to treat 1000 new episodes are given below in Table 4.

Table 4: Estimated Requirements of Syndromic Drugs and Testing Kits

Kit No.	Syndrome	Colour	Syndrome Prevalence*	Require-ment of Kits	Contents
Kit 1	Urethral Discharge (UD), Cervicitis (CD) Ano-rectal discharge (ARD) Painful scrotal swelling (PSS) Presumptive treatment (PT)	Grey	17%	102	Tab. Azithromycin 1 g (1) and Tab. Cefixime 400 mg (1)
Kit 2	Vaginitis (VD)	Green	45%	270	Tab. Secnidazole 2 g (1) and Tab. Fluconazole 150 mg (1)
Kit 3	Genital Ulcer Disease- Non Herpetic (GUD-NH)	White	10%	60	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	Genital Ulcer Disease- Non Herpetic (GUD-NH) –for patients allergic to penicillin.	Blue	2%	12	Tab. Doxycycline 100 mg (30) and Tab. Azithromycin 1 g (1)

Table 4: Estimated Requirements of Syndromic Drugs and Testing Kits					
Kit No.	**Syndrome**	**Colour**	**Syndrome Prevalence***	**Require-ment of Kits**	**Contents**
Kit 5	Genital Ulcer Disease- Herpetic (GUD-H)	Red	5%	30	Tab. Acyclovir 400 mg (21)
Kit 6	Lower Abdominal Pain (LAP/PID)	Yellow	20%	120	Tab. Cefixime 400 mg (1) and Tab. Metronidazole 400 mg (28) and Cap. Doxycycline 100 mg (28)
Kit 7	Inguinal Bubo (IB)	Black	1%	6	Tab. Doxycycline 100 mg (42) and Tab. Azithromycin 1 g (1)
	Other and non – Specific STI	-	40%	-	-
Test Kit	RPR test kits (50 tests per kit)	-	5%	23 Test kits for Qualitative and 10 for Quantitative	-

**The prevalence rates are based on data from the CMIS/SIMS (NACO), APSACS, Avahan and PSI. 60% of new STI cases fall under various syndromes and remaining 40% will be reporting with other and non specific STI. The estimates are broad guidelines only and may not be universally applicable, hence the actual requirements of the drugs, kits and consumables must be fine tuned and modified in accordance to consumption pattern as the program is implemented.*

4.2.1 Supply chain management system for STI/RTI Kits and Syphilis Test Kits for NACO/SACS supported Designated STI/RTI clinic and TI NGO

The distribution and supply chain for items centrally procured and supplied by NACO is to be closely coordinated by and monitored by the SACS. Items released to SACS under the STI/RTI prevention and control programme are to be further distributed to designated STI/RTI clinics and TI projects as per programme guidelines. STI focal persons at SACS and TSU should pay close attention to streamline the process and develop an alarm system to facilitate avoidance of excess of stocks or stock outs of the same through close coordination with the store department of SACS and all the clinics.

1. Colour coded STI/RTI drug kits are to be distributed to Designated STI/RTI clinics (DSRC) supported by SACS and TI projects for FSW/MSM/IDU/Core composite
2. Syphilis test kits are to be distributed to Designated STI/RTI clinics supported by SACS

3. Three month buffer stock of supplies should be available at all Designated STI/RTI clinic (DSRC) and TI STI service providers in addition to a three month requirement.
4. The three month supply should be calculated separately for each drug kit/testing kit, as per consumption pattern of the Designated STI/RTI clinic (DSRC) or TI project. This information should be based on the CMIS/SIMS data and field visit observations.
5. The requirement and utilization of drug and syphilis test kits varies with patient load and level of care (ex: Medical college, District hospital), which should be considered by SACS before distributing the drugs and test kits.
6. Supplies should be distributed against written signed indents from the clinics and all records of receipt, indent, issue, stock status, consumption and balance should be maintained as per standard formats for the same at SACS and all facilities. The manufacturing, batch number and expiry date details of drug and syphilis test kits should be recorded. The expiry date should be recorded in RED COLOUR.
7. First Expiry First Out (FEFO) principle should be followed in distributing and utilizing the supplies. Expiry date should be monitored closely and STI division NACO kept informed of any stock due to expire in the next six months.
8. All supplies should be stored in accordance to manufacturer's instructions. The remaining stock of drug kits and test kits, after distribution should be stored ensuring prevention of loss or pilferage at SACS. SACS should ensure at least 3 months of buffer stock in its stores based on average quarterly consumption of all facilities.
9. The CMIS/SIMS data and field visit observations should also be used in monitoring the requirement, distribution and consumption of drug and syphilis test kits.
    a. There should not be mismatch between the number of STI syndromes diagnosed and treated versus actual consumption of drug kits at DSRCs/TI projects.
    b. During field visits, the drug and syphilis test kits stock should be physically verified with respect to what is reported
10. The STI focal person should furnish to STI division NACO the details of drug and syphilis test kits availability on 7th of every month as per format given in Table 5.
11. STI division, NACO should be informed of excess stock, impending stock out or stock due for expiry well in advance so as to plan for re-distribution from one state to another as per usage and need pattern.

4.2.2 Supply chain management system for STI/RTI Kits and Syphilis Test Kits for NRHM health facility (PHC/CHC/Block PHC/Sub-divisonal hospital/UHC etc.)

The distribution and supply chain for colour coded STI/RTI drug kits centrally procured and supplied through NACO/MoHFW is to be closely coordinated by and monitored by the State and District Project Management Unit under NRHM. Items directly supplied to district level consignees under the STI/RTI

prevention and control programme are to be further distributed to sub-divisional hospitals, FRU, CHC, block PHC and PHC.

State and district RCH II officers and procurement officers and NRHM programme managers in SPMU and DPMU should pay close attention to streamline the process and develop an alarm system through regular inspections so as to facilitate avoidance of excess of stocks or stock outs of the same and expiry of drug kits through close coordination with all the clinics.

1. Colour coded STI/RTI drug kits are to be distributed to all sub-district NRHM supported health facilities (sub-divisional hospitals, FRU, CHC and PHC in the district). ***The kits should be prescribed as such and not opened out into individual component drugs for use.***
2. There should be availability of three month of STI/RTI drug and syphilis test kits at all PHC/CHCs and other health facilities.
3. The three month supply should be calculated separately for each drug kit, as per ***consumption pattern*** of the PHC/CHC and other facilities.
4. The CMIS/SIMS data and field visit observations should be used in monitoring the requirement, distribution and consumption of drug and syphilis test kits.
    a. There should not be mismatch between the number of STI syndromes diagnosed and treated versus actual availability of drug kits at PHC/CHCs and other facilities.
    b. The requirement of STI/RTI drug and syphilis test kits varies with patient load and level of care (ex: Sub Divisional hospital/CHC/PHC etc), which should be considered by RCH Officer at district level before distributing the drugs and test kits.
5. Supplies should be distributed against written signed indents from the facilities and all records of receipt, indent, issue, stock status, consumption and balance should be maintained as per standard formats for the same at district stores and all facilities. The manufacturing, batch number and expiry date details of drug kits should be recorded. The expiry date should be recorded in RED COLOUR. District RCH II officers should oversee the same through regular inspections.
6. First Expiry First Out (FEFO) principle should be followed in distributing and utilizing the supplies. Expiry date should be monitored closely and State RCH II officer and procurement officer kept informed of any stock due to expire in the next six months.
7. All supplies should be stored in accordance to manufacturer's instructions. The remaining stock of drug kits and test kits, after distribution should be stored ensuring prevention of loss or pilferage at district stores. District stores should ensure atleast 3 months of buffer stock in its stores based on average quarterly consumption of all facilities.
8. The District RCH focal person should maintain a register for drugs and Syphilis test kits recording the details of receipt , indent, release, consumption and balance at the end of month at each of the facility.
9. The district RCH II officer should furnish to state RCH II officer/procurement officer the details of drug kits availability on 7th of every month as per format given in Table 5.

10. State RCH II officer/procurement officer should be informed of excess stock, impending stock out or stock due for expiry well in advance so as to plan for re-distribution from one district to another as per usage and need pattern. The remaining stock of drug kits and test kits, after distribution; should be stored at State level ensuring prevention of loss or pilferage.

Table 5: Monthly Format for SACS and NRHM Health Facility Reporting on Drug & Syphilis Test Kit Logistics

Drugs and syphilis test Kits	Opening Stock	Received	Distributed	Consumed	Wastage	Closing Stock	Stock sufficient for approx. month	Remarks (Expiry date and other)
Kit 1								
Kit 2								
Kit 3								
Kit 4								
Kit 5								
Kit 6								
Kit 7								
RPR test kits								

Definitions and description of above format	
Opening Stock	Write the number of STI/RTI drug kits/RPR, test kits available on the first day of the month.
Number received in this month	Write the number of STI/RTI drug kits/RPR test kits received during the month.
Number distributed in this month	Write the number of STI/RTI drug kits/RPR test kits distributed to DSRC, TI projects during the month.
Number consumed	Write the number of STI/RTI drug kits/RPR, test kits were utilised or distributed during the month.
Damage/Wastage	Write the number of STI/RTI drug kits/RPR, test kits were wasted or damaged during the month.
Closing stock	Write the number of STI/RTI drug kits/RPR, test kits available on the last day of the month.
Stock sufficient for approximate month	This indicator will be automatically calculated by the software (closing stock/drugs consumed plus damaged/wasted). Every clinic to ensure one quarter (3 months) drug/testing kits supply for the clinic.

4.3. Responsibilities of Different Organizations in the Drug Supply System

4.3.1. NACO

- Drug procurement and supply to all state through SACS
- Monitor and supervise drug at SACS level

4.3.2. NRHM

- Furnish the consolidated demand of colour coded STI/RTI drug kits for all states and union territories
- Provide funds for procurement of colour coded drug kits required for NRHM facilities.
- Monitor and supervise drug at sub-district level

4.3.3. SACS and State NRHM

- SACS to furnish indent from all designated STI/RTI clinics and Targeted Intervention Projects to NACO.
- State NRHM to collect indent from all NRHM sub district health facilities and furnish the compiled indent to SACS and Central NRHM.
- Monitor and supervise the drug supply and distribution
- Distribute the STI/RTI pre-packed kits to all government STI/RTI service facilities through the state offices.
- Maintain buffer stock of 3 months' medicines at state-level depots
- SACS to submit quarterly drug status report to NACO. However, consumption patterns of drugs should be monitored on a monthly basis.
- Ensure all STI/RTI kits are available all the time at all service facilities and there is no stock out.

4.3.4. DAPCU and DPMU

- DAPCU to furnish indent from all designated STI/RTI clinics and Targeted Intervention Projects to SACS.
- The District health administration and District programme management unit is responsible for ensuring availability of all essential STI/RTI colour coded kits and requisite consumables in sub-district level health facilities. STI/RTI drug kit distribution would follow the same pattern as for other drugs and commodities procured for RCH programme and supplied to district consignees under NRHM.
- DPMU to collect indent from all sub district health facilities and furnish compiled indent to SACS under intimation to State NRHM.
- Monitor and supervise the drug supply and distribution.

- Distribute the STI/RTI pre-packed kits to all government STI/RTI service and TI projects.
- Ensure that every facility maintain buffer stock of 3 months' medicines.
- Submit monthly drug status report to SACS and State NRHM. However, consumption patterns of drugs should be monitored on a monthly basis.
- Ensure all STI/RTI kits are available all the time at all service facilities and there is no stock out.

4.3.5. STI/RTI Service Facilities

- Provide STI/RTI kits based on diagnosis.
- Maintain requisite records of drug receipt, stock and distribution.
- Submit monthly drug report before the 5th of every month.
- Monitor the expiry date of STI/RTI pre packed drug kits.
- Maintain 3 months' stock at clinic.

4.4 Other Essential Supplies for STI/RTI Service Provision

Other essential supplies required for good quality STI/RTI service delivery at various level of health care is detailed in Table 6.

Table 6: List of Essential Supplies at Different Levels of Service Delivery

At Designated STI/RTI clinics	At Targeted Intervention Project clinics	At NRHM sub district level health facilities
Male and female condoms	Male and female condoms	Male and female condoms
Penis model	Penis model	Penis model
Job aids- Posters on syndromic management to aid patient management; Infection control; Anaphylaxis management and Oath of confidentiality	Job aids- Posters on syndromic management to aid patient management; Infection control; Anaphylaxis management and Oath of confidentiality	Job aids- Posters on syndromic management to aid patient management; Infection control; Anaphylaxis management and Oath of confidentiality
IEC materials – Posters, flip charts and handouts for patient education	IEC materials – Posters, flip charts and handouts for patient education	IEC materials – Posters, flip charts and handouts for patient education
Additional STI/RTI drugs		Additional STI/RTI drugs
Laboratory supplies (kits and reagents)	Water based lubricants	Laboratory supplies (kits and reagents)

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, socioeconomic status or HIV sero-status. 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 **Annexure VI**.

5.2. Processing of Reusable Equipment

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

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.

Table 7: Segregation of Biomedical Waste

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, segregation and proper labeling of waste as described in Table 7 and its safe disposal. All infectious waste should be

decontaminated before disposal. Clinics should dispose off hazardous waste through arrangements with a recognized 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 health care provider (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. PEP should be started as early as possible preferably within 2 hours. For detailed information regarding PEP protocols and guidelines, please refer NACO ART Guidelines (www.nacoonline.org).

6. CAPACITY BUILDING FOR QUALITY STI/RTI MANAGEMENT

Standardized STI/RTI service provision requires regular capacity building of all the staff involved in service delivery. In order to ensure the same, a standardized training curriculum has been developed for every cadre of staff. A common training curriculum is followed for both NACO and NRHM supported facilities. Facilitator manual and participant handouts have been developed for doctors, nursing staff, laboratory technicians and STI counselors. The personnel to be trained, duration of induction and refresher trainings and training materials are detailed in Table 8 and 9 respectively.

6.1: Personnel to be Trained

Table 8: Personnel to be Trained at Various Levels of Health Facilities

Level of Health facility	Cadres of Staff	Number to be trained per facility	Duration of Induction Training	Duration of Refresher Training
Sub District Facilities (PHC/ CHC/Block PHC/ Sub Divisional Hospital)	Doctor	2	2 days	1 day
	Staff Nurse/ANM	1	2 days	1 day
	Laboratory Technician	1	2 days	1 day
Designated STI/ RTI Clinics	Doctor	3	3 days	1 day
	Staff Nurse	1	2 days	1 day
	Laboratory Technician	1	2 days	1 day
	Counselor	1	11 days	3 days
STI clinics at targeted Intervention Projects	Doctor/Preferred Provider	All linked Doctors	1 day	1 day
	Staff Nurse/ Counselor	1	1 day	1 day
	M & E/Accountant	1	1 day	1 day
	Program Manager	1	1 day	1 day

6.2 Training Material

Table 9: Training Materials for Trainers and Participants	
For Doctors, Staff Nurse/ANM and Laboratory Technician at Designated STI/RTI clinics and NRHM health facilities	
For Trainers	**For Participants**
Facilitators Manual	Participant's Handbook (for Doctors/Staff Nurse/Laboratory Technician Respectively)
Technical Guidelines	Operational Guidelines
Operational Guidelines	
For STI Counselors	
For Trainers	**For Participants**
Facilitators Manual	Participant's Handbook
STI Film and Explanatory Book	STI Film and Explanatory Book
Flip Book	Flip Book
Job Aids	Job Aids
For Doctors/Preferred Providers working with Targeted Intervention Projects	
For Trainers	**For Participants**
Facilitators Guide	Participant's Handbook
TI-STI Guidelines	TI-STI Guidelines

6.3 Training Process

Training should be done through a ***cascade model*** using adult learning principles. Master trainers must be identified at national, state and district level to roll out trainings for service providers. Every state should have 8-10 state level trainers and 3-4 trainers in every district. The state can hire agency or institutes for training. Training institutes should be identified for STI/RTI training from the existing agency/institutes (Medical colleges/RIHFW/SIHFW/District hospitals/District training centres/ANMTC) at all levels to enable training of service providers at a venue closest to them.

SACS and State NRHM should coordinate and facilitate the trainings using the standardized curricula and training material. All service providers should be provided at least one training (either induction or refresher) every year. All recording and reporting formats as well as IEC material and job aids should be distributed during the trainings.

Trainings at Designated STI/RTI clinic:

- **Doctors:** Induction training is to be provided to all the newly appointed/posted doctors from Skin and VD, gynaecology departments and general duty doctors for 3 day duration. Refresher training for 1 day is to be provided to doctors trained previously.

- **Staff Nurse:** One staff nurse posted in designated STI/RTI clinic is to be provided induction training for 2 days. Staff nurses previously trained should be provided with a one day refresher training.
- **Laboratory Technician:** Laboratory technicians posted in general laboratory of the hospital as well as ICTC laboratory technicians should be provided with two day induction training. One day of refresher training is to be provided to previously trained laboratory technician.
- **STI Counselor:** All untrained and newly appointed STI counselors are to be provided a 11 day induction training through identified institutes for counselor trainings. Refresher training is to be provided for already trained counselors.

Training at sub-district health facilities

- **Doctors:** Induction training for 2 days should be provided to minimum of two doctors in each facility. All previously trained doctors should be provided with one day of refresher training.
- **Staff Nurse:** Induction training for 2 days should be provided to one staff nurse per facility. All previously trained staff nurses should be provided with one day of refresher training.
- **Laboratory Technician:** Induction training for 2 days should be provided to one Laboratory Technician per facility. All previously trained laboratory technicians should be provided with one day of refresher training.

Training at TI NGO

- **Doctors:** Induction training of one day should be provided to every new TI STI provider irrespective of modality of service delivery (static/preferred provider). All existing providers should receive one day of refresher training annually.
- **TI NGO staff:** A one day orientation training on STI/RTI service delivery should be conducted for all new TI NGO staff including Programme Manager, ANM/Counselor and M & E person/Finance Assistant. One day refresher training should be provided each year to already trained staff.

7. MENTORING AND SUPPORTIVE SUPERVISION

7.1 Introduction

Supportive supervision is the process of directing and supporting staff so that they may perform their duties more effectively. There are many functions of supervision, such as monitoring and evaluating staff performance; motivating and training staff; sharing data and guidelines; managing problems that may arise; and facilitating organizational support and establishing linkages. The elements of supportive supervision include:

- Mentoring
- Two-way communication
- Focus on process
- Joint problem-solving
- Ongoing process

Feedback should be given continuously during a supervisory visit as positive feedback, when performance is good and constructive feedback, when performance needs improvement.

The supportive supervisory visits to STI/RTI service delivery sites are conducted to ensure and facilitate delivery of STI/RTI services as per guidelines. Under the STI/RTI prevention and control programme, periodic capacity building trainings of the Medical Officer, Staff Nurse, Counselor and Laboratory Technicians of designated STI/RTI clinics and STI services providers of TI and sub district health facilities staffs as per approved curriculum is carried out. However, there are frequent changes in the staff, due to which trainings alone are not enough. Moreover, all the learnings in the trainings require to be reinforced and customized according to the field settings. Therefore, visits to the clinics at regular intervals help in orientation of the staff regarding the STI/RTI services. This onsite mentoring and handholding exercise enables the staff to perform their requisite roles in the programme. It also helps in establishing linkages of the clinic with Gynaecology department, laboratory and ICTC and facilitate coordinated functioning of different staff. The visits are intended to be a problem solving exercise as per the need of the site.

Supportive supervision is to be done by

a) Supportive supervisory mentors

b) SACS STI focal persons

c) TSU STI focal persons

d) NACO STI team

The supportive supervisory mentors should be:

- Medical professionals who possesses good communication and capacity building skills; have time and interest to participate in the STI/RTI prevention and control programme and are willing to travel and document the visit.
- The minimum requirement is an MBBS graduate preferably with public health experience. If available, a public health expert with relevant experience in working with national programmes or a faculty from PSM/Community Medicine/DVL department from the medical college may be identified as mentors. Professionals/Agencies working in private and developmental sectors may also be considered subject to fulfillment of above criteria.

Mentors should be provided training on all aspects of National STI/RTI prevention and control programme and tools of supportive supervision.

Selection of mentors is the most essential step as a wrong inclusion of a non-participating or non-cooperative mentor will be a setback to the entire process of supportive supervision.

The number of mentors depends on the numbers of facilities to be visited. Districts may be allocated to each mentor, keeping in mind the numbers of clinics (designated, preferred providers and sub district facilities) and their geographic spread in the district.

7.2. Frequency of Supportive Supervision

- Each allocated districts to be visited atleast twice in the year.
- All the Designated STI/RTI clinics and sub district facilities in the districts to be visited
- All TIs in districts to be visited including all static clinics and atleast 25% of preferred providers therein
- Clinics which require more handholding/mentoring should be visited more frequently.
- Detailed analysis on the impact of previous visits should be documented.

7.3. Supervisory Plan

- District allocation and detailed schedule for the visits should be prepared by SACS STI focal person in consultation with focal person from state NRHM for all the mentors.
- The districts and clinics to be visited should be prioritized based on data analysis and grading of all the DSRC, TI projects and sub district facilities the State.
- Poor performing, non-reporting units, units with poor Gynae and STI clinic linkage and units with poor data quality should be visited first.
- Clinics with problems and issues in implementing the STI/RTI prevention and control program also need to be visited more frequently to ensure that corrective action is taken.

- SACS and TSU STI focal persons should jointly prepare their plans to avoid overlap and confusions.
- Clinic should be visited by one mentor with prior notification. The head of the institution should be informed in advance regarding the visit.
- DAPCU/District programme manager/CMHO/DMHO and RCH officer in the district should be actively involved in mentoring.

7.4. Supervisory Visit

During the visit, the mentor should:

- Gather information using supervision checklist.
- Follow-up on problem areas and action steps identified at previous visit
- Update staff on new guidelines or information
- Give on-the-job training at every opportunity
- Provide corrective and supportive feedback on performance
- Discuss overall performance and make an action plan at the wrap-up meeting

The following basic points are to be noted

- Prior to the visit, previous visit's report if any should be reviewed with particular attention to the action plan that was developed and other issues that were raised. It should be ensured that previous three month's SIMS reports are available at the time of the supervision visit.
- Visit should be made at least over half a working day in each clinic.
- Visit should be in accordance with the supervisory check list.
- Before the scheduled day of visit, prior confirmation of the availability of the Officer incharge, Counselor (LT and Staff nurse if posted) and TI NGO staff should be made
- The mentor should reach the Designated STI/RTI clinic at OPD opening time and should observe the patient flow, the process of documentation and the services provided. TI NGOs should be visited as per clinic timings.
- Mentors should interact with the officer in-charge both at Dermatology and gynaecology departments and make attempts to improve coordination. Preferably, he/she should meet all the units head of gynaecology in that hospital.
- Availability of Pre-packed STI/RTI drug kits should be checked in at all facilities (Designated STI/RTI clinics, TI Projects and Sub district NRHM health facilities) and prescription audit be carried out.
- Conduct review of records and reports and audit patient wise cards in the clinics to verify the documentation, recording and reporting quality in all the visited health facility (Designated STI/RTI clinics/Preferred Private providers/NRHM Sub district health facilities).

- Visit should be also be made to the laboratory doing the syphilis screening and ICTC.
- The head of the institution should be debriefed after the visit and key observations and corrective action required should be discussed. DPM wherever available should be informed and preferably available during the visits and provided feedback so as he/she can take up the follow up on actions suggested.

7.5 Process of Supervision

The supervision checklist is designed to serve as a quick check in all areas of clinic and staff performance. If a problem is identified in a particular area, more in-depth observation and discussion of that area is required. Format for Supervisory checklist for all levels of Health Facilities is given at **Annexure VIII**.

In order to complete the checklist, the mentor should:

- **Review**
  - Clinic monthly CMIS/SIMS reporting forms and patient wise cards
  - Registers for patient data and stock of drugs and kits
  - Minutes of coordination meetings between clinic/preferred provider and outreach staff
- **Observe**
  - Clinic operations and compare to standard;
  - Infection control measures as carried out by staff
  - Doctor-patient interactions
- **Inspect** physical premises and stocks
- **Interview**
  - Doctor and other clinic staff (Staff Nurse/ANM, LT, Counselor);
  - Head of the Institute
  - Patients
  - For TI projects - Outreach workers/peer educators; and
  - HRG community.
- **Record** findings on the supervisory checklist

The mentor makes an assessment of the clinic performance and records his/her comments/ observations against each point on the form.

Note: During observation, inspection and interviews, the mentor should take every opportunity to mentor staff by transferring skills, modeling behaviors and communication skills, motivating staff and providing constructive feedback.

7.6. Documentation

- After completion of the visit, the mentor needs to submit a detailed report specifically indicating the functioning of clinic, issues and action taken within two weeks of the visit. Example of the visit report is given in **Annexure IX**.
- Report should also contain pictures of the clinic.
- The supportive supervisory tool used for the purpose should be submitted duly signed with the comments.
- If the visit is following a previous visit, the report should indicate the observations in the previous report, action taken and situation in this visit.
- SACS should ensure that a copy of the report is forwarded to the head of the institution and clinic in charge for necessary corrective action.

8. STI/RTI SERVICES FOR HIGH RISK GROUP POPULATIONS

8.1. Targeted Intervention Projects

It is estimated that more than 90% of HIV transmission in India is related to unprotected sexual intercourse and by sharing of injecting equipment between an infected and an uninfected individual. Not everyone in the population has the same risk of acquiring or transmitting HIV. Much of the HIV transmission in India occurs within groups or networks of individuals who have higher levels of risk due to a higher number of sexual partners or the sharing of injection drug equipment.

These **core high risk groups** (HRGs) of individuals who are most at risk include:

- Female sex workers (FSWs)
- High risk men who have sex with men (MSM), and transgender (TG)
- Injecting drug users (IDUs)

The broader transmission of HIV beyond these HRGs often occurs through their sexual partners, who also have lower risk sexual partners in the "general" population. For example, a client of a sex worker might also have a wife or other partner who is at risk of acquiring HIV from her higher risk partner. Individuals who have sexual partners in the highest risk groups and other partners are called a "bridge population", because they form a transmission bridge from the HRG to the general population. NACO has intervention projects for two specific groups of bridge population namely 'Trucker' and 'Migrants'.

It is an established fact that effective prevention and control of sexually transmitted infections among high risk population groups is the most cost effective intervention to halt and reverse the HIV epidemic progress. STI/RTI control provides window of opportunity to prevent new HIV infection. Saturated coverage of high risk groups with standardized, high quality and cost effective STI/RTI clinical services is imperative for the same.

8.2. Modalities of STI/RTI Service Delivery for HRG

NGOs implementing the targeted intervention programme deliver the package of STI/RTI services through the following modalities is described below in Table 10.

1. **Static Clinic:** This is a project linked clinic located in and around the red light area or in the brothel setting where there is a large congregation of HRG population. Static clinic is to be set up in TI NGOs catering to 800 or more sex workers or an IDU population of 400 or more. It is also suggested that if the sex worker population is non brothel based and scattered, and even if the NGO is catering to 800 and more sex workers, the static clinic approach may not be used in isolation for providing

STI/RTI services. The static clinic model is also applicable to truckers halt points where there is a large congregation of truckers. The provider identified for this purpose should be an MBBS doctor.

(FSW and MSM above 800, IDU above 400, Truckers with concentrated population)

2. **Preferred private providers:** These are private providers who are identified based on a focused group discussion with the target population, who are located in and around the hot spots/zone of the intervention area and are preferred by the community. The provider should be qualified (MBBS). In exceptional circumstances, where qualified providers are not available, non MBBS providers can provide services under the supervision of MBBS provider/STI focal person. The non MBBS provider selection must be based on competency assessment and he should be rigorously trained on Syndromic case management.

   (FSW and MSM below 800, IDU below 400, Migrant)

3. **Hybrid model:** This model is applicable where the target population is scattered as well as concentrated and a single approach cannot provide effective services. This is a mix of the static clinic approach with inclusion of preferred providers so as to improve the access to services. One of the providers is positioned in clinic operational within the TI NGO to cater to concentrated target population and rest of the providers function from their set up. However, all the providers will be remunerated on a case wise basis and not on a monthly salary basis.

   (FSW and MSM above 800 with scattered population, IDU above 400 with scattered population, Truckers with scattered population)

4. **Referral to government health facilities:** This model is applicable in the case where the nearest government health facility is the preferred location of accessing services by the HRGs. TI NGO has to ensure the HRG gets the standardized package of STI services from the government health facility.

   (Migrants, FSW, MSM, IDU, Truckers)

5. **Health Camp: T**his model is applicable only for the migrant populations and serves to instill health seeking behaviour among them. A camp is periodically organized at a specified location and medical consultation made available on that particular day. The outreach team should actively refer patients with STI/RTI complaints to avail services from the camp, wherein STI services should be provided to the migrants.

   (Migrants)

Table 10: Modalities of STI/RTI Service Delivery for HRG		
S. No	**Modality of service delivery**	**Type of TI project**
1	Static clinic	Brothel based setting only for FSW > 800 MSM > 800 concentrated in a small geographic region IDU > 400 concentrated in a small geographic region Truckers concentrated at a halt point
2	Preferred private provider (PPP)	FSW and MSM < 800 IDU < 400 Migrant
3	Hybrid model (Static + PPP)	FSW and MSM > 800 when population is scattered IDU > 400 when population is scattered Truckers when population is scattered
4	Referral to government health facility	Migrants FSW/MSM/IDU/Truckers in the case where the nearest government health facility is the preferred location for accessing services
5	Health camp	Migrants

Each TI NGO should identify the best model suited for provision of STI services and accordingly prepare a list of names of service providers with address of the clinic along with the qualification of the provider and their status of training as given in Table 11.

Table 11: Format for TI NGO STI/RTI					
Name & Address of TI NGO	**Type of service provision (Preferred Provider/Static/ Hybrid/Health Camp/Linkage to Government Facility)**	**Name of Provider**	**Address & phone No. of clinic/ Provider**	**Qualification**	**Status of training**
		1			
		2			
		3			
		4			

A photo directory of the providers should be prepared and submitted to SACS/NACO along with TI NGO wise list of STI service providers.

8.3 Essential STI/RTI Services and Treatment Guidelines for HRG

STI services for the HRGs include the following

- Symptomatic treatment
- Presumptive treatment
- Regular Medical Check up
- Bi-annual Syphilis screening

1. Management of **Symptomatic** patients through syndromic case management: It is expected that 30% of the core group population would suffer from an episode of STI in a year. These patients are to be identified through active outreach through the peer-educator and referred for treatment. Summary of symptomatic patient management through SCM is given in Table 12.

Table 12 : Summary of Syndromic Case Management

STI/RTI Syndromic diagnosis	Kit prescribed	Name of the drugs
Urethral Discharge (UD), Cervicitis (CD) Ano-rectal Discharge (ARD) Painful Scrotal Swelling (PSS) Presumptive Treatment (PT)	KIT-1 GRAY	Azithromycin (1 g) OD STAT Cefixime (400 mg) OD STAT
Vaginitis (VD)	KIT – 2 GREEN	Secnidazole (2 g) OD STAT and 1 Cap. Fluconazole (150 mg) OD STAT
Genital Ulcer Disease- Non Herpetic (GUD-NH)	KIT – 3 WHITE	Benzathine penicillin (2.4 MU) IM STAT, Azithromycin (1 g) OD STAT
Genital Ulcer Disease- Non Herpetic (GUD-NH) –for patients allergic to penicillin.	KIT – 4 BLUE	Doxycycline (100 mg) XBD X 14 DAYS Azithromycin (1 g) X OD STAT
Genital Ulcer Disease- Herpetic (GUD-H)	KIT – 5 RED	Acyclovir (400 mg)X TDS X 7 DAYS
Lower Abdominal Pain (LAP/PID)	KIT – 6 YELLOW	Cefixime (400 mg) X OD STAT Metronidazole (400 mg) X BD X 14 DAYS Doxycycline (100 mg) X BD X 14 DAYS.
Inguinal Bubo (IB)	KIT – 7 BLACK	Doxycycline (100 mg)X BD X 21 DAYS. Azithromycin (1 g) X OD STAT

2. Provision of **Presumptive treatment to asymptomatic** patients: It is instituted due to the fact that they may be harbouring an asymptomatic infection due to gonorrhoea and Chlamydia because of their high risk behaviour and require treatment on this presumption. Kit 1 is used for Presumptive Treatment. All asymptomatic sex workers (male and female) attending the clinic for the first time should be provided with presumptive treatment. Presumptive treatment is also to be provided in case the sex worker presents asymptomatically after not attending any clinical service for six consecutive months or more. However, presumptive treatment should not be instituted periodically. In case, sex workers are symptomatic on first visit or after 6 months, they should be treated as per their syndrome according to syndromic case management guidelines and PT is not required. *Truckers, migrants, IDU and clients of sex workers should not be provided presumptive treatment.*
3. **Regular Medical check up** on a quarterly basis: This check up is to be done so as to promote health seeking behaviour, reinforce preventive messages, internal examination (proctoscopy/ speculum examination) to screen for asymptomatic STI and provide opportunity for syphilis and HIV screening. All FSW and MSM should be referred for routine examinations on a quarterly basis through active outreach.
4. Biannual **syphilis screening**: All core group population (FSW/MSM/IDU) should be screened biannually for syphilis, and provided referral to ICTC for HIV screening.

The TI NGO can tie up with the nearest laboratory for the same within the cost provided for the test. Alternatively, the test can also be conducted free of cost at the nearest government laboratory. All HIV tests must be performed only at the ICTC. *For truckers and migrants, only STI attendees should be screened for syphilis.* Summary of package of services is detailed in Table 13.

Table 13: Summary of Package of Services for the Core and Bridge Population

TI Population	Diagnose and Treat STI/ RTI based on National Syndromic Protocol	Provide Presumptive treatment	Do a regular STI/RTI check-up every 3 months	Syphilis screening of all the line listed HRG once every 6 months
FSW	Yes	Yes	Yes	Yes
MSM	Yes	Yes	Yes	Yes
IDU	Yes	No	No	Yes
Trucker	Yes	No	No	ONLY for STI/RTI Clinic attendees
Migrant	Yes	No	No	ONLY for STI/RTI Clinic attendees

8.4. Components of Quality STI/RTI Care

All clients should be provided with the following services as a part of good STI/RTI care.

1. Early diagnosis and treatment of STI
    a. Medical consultation with a trained medical practitioner who is well versed with syndromic case management approach and dealing with HRGs
    b. Examination facilities under audio-visual privacy with facilities for internal examination (speculum and proctoscopy)
    c. Provision of STI/RTI drugs as per treatment guidelines
    d. Compliance to treatment
    e. Partner notification and management
    f. Follow up
2. Syphilis screening
3. Counseling services through counselor or ANM and health education
4. Availability of Condoms (Free or socially marketed)
5. Referral to the ICTC for HIV screening

8.5. Process of Service Delivery

- Outreach worker and the Peer educator of the TI NGO interacts with the HRG's in the field. They educate HRG on basic signs and symptoms of STI/RTI, consistent condom use and safer sex and refers HRG's with and without STI/RTI symptoms to the nearest static clinic/preferred provider/ government clinic/Health camp by issuing a ***referral slip*** to avail package of STI services.
- Patient attends the clinic, gets registered, receives consultation and examination from the trained doctor, receives drugs for treatment, counselling services and condoms free of cost. Follow up, referral and partner notification is also advised.
- Doctor fills lower portion of the ***referral slip*** and ***patient wise card*** in duplicate and maintains ***patient register*** and ***patient wise STI/RTI drug distribution register*** as essential records. M&E person/accountant of the TI NGO examine these records on a weekly or fortnightly basis. The lower portion of the ***referral slip*** and duplicate copy of ***patient wise card*** is to be collected and kept by the TI NGO.
- The doctor receives Rs. 50 as consultation fees per STI consultation from the TI NGO (treating STI/RTI case, RMC) at the end of the week/fortnight/month. Doctor in the exclusive static clinic receives money as salary as per approved financial guidelines. The numbers of the patients visiting the clinic is to be validated by the TI NGO before releasing payment.
- Weekly records are to be collected from the clinics and compiled at the end of the month and TI NGO reports to SACS/NACO in ***STI CMIS/SIMS format.***

- The program Manager of the TI NGO is overall in charge of the STI services delivered to the HRG. The Nurse/Counsellor with TI NGO, is crucial in coordinating and planning the STI/RTI services to HRG, providing counselling and condoms and maintaining drug supply chain and logistics (***indent registers*** and ***daily/weekly drug records***). The outreach team is responsible for referral of patients for STI services. The M&E person/Accountant are responsible for scrutiny of records, collecting data from the doctors and release of payment to the doctors. The doctor is responsible for providing standardized STI services.
- The process for service delivery for FSW/MSM given at **Annexure XI**, for IDU at **Annexure XII,** and for Truckers/Migrants at **Annexure XIII**.

8.6. Record Keeping

All TI NGOs must ensure the record maintenance of STI/RTI services provided through them in the requisite forms, registers and ensure timely submission of the monthly CMIS/SIMS STI reporting format to SACS. PO TSU will ensure correct maintenance and submission of reports on time. Records and reports to be filled by TI NGO is given in Table 14.

Table 14: Records to be Maintained in TI STI Clinic

Name of Record	Filled/maintained by	Kept in/Submitted to
Referral Slip	Upper portion by Peer educator/ ORW	Kept with doctor and submitted at the end of month to TI NGO
	Lower portion by doctor	ANM/Counselor to keep referral forms in TI NGO
Patient wise card	Two copies to be filled by doctor	One copy to be given to patient
		One copy to be kept with doctor and submitted at the end of the month to TI NGO.
		ANM/Counselor to keep Patient wise card in TI NGO
Patient register and Patient wise STI/RTI drug distribution register	Filled by the doctor/counsellor or ANM	Kept with the doctor in the clinic.
		To be verified by M&E officer/accountant of TI NGO periodically.
Drug indent record and Daily/weekly drug record	Filled by the ANM/Counselor of TI NGO	Maintained in the TI NGO
STI CMIS format	Programme manager/M&EO/ Counselor/ANM to prepare monthly report in STI CMIS format	Soft copy to be submitted to SACS by the 5th of each month.

For detailed description of Formats and Instructions of how to fill the formats, refer **Annexure XV**.

8.7. Capacity Building

NGOs must ensure the proper training of all the staff involved with provision of STI/RTI services including doctors, programme manager, ANM/Counselor, M&EO, ORW, PE to equip them for their respective roles and responsibilities. The doctors and NGO staff must be deputed for training on syndromic case management as and when SACS organizes the same. Mentoring of the NGOs and service providers on a regular basis will be ensured by NACO/TSU/STRC/SACS.

9. REGIONAL STI TRAINING, RESEARCH AND REFERENCE LABORATORY (RSTRRL)

9.1. Introduction

STI prevention, control and surveillance are important components of NACP. Seven Regional STI Training, Research and Reference Laboratories (RSTRRL) are established for providing evidence based input to STI/RTI prevention and control programme through etiologic testing of STI/RTI as described in Table 15. The RSTRRL acts as the nodal agency for providing etiologic diagnosis of the syndromes diagnosed in the region.

The seven regional centers are at 1. Safdurjung Hospital, New Delhi; 2. Institute of Venereology, Chennai, 3. Institute of Serology, Kolkata Medical College, Kolkata, 4. Osmania Medical College, Hyderabad; 5 .Government Medical College, Nagpur, 6. Government Medical College, Baroda and 7. Maulana Azad Medical College, New Delhi.

Each of the RSTRRL are linked to state reference centres (SRC). Each of the RSTRRL and state reference centres are further linked with 25-30 designated STI/RTI clinics, Targeted Intervention Projects and NRHM health facilities for providing etiologic diagnosis of STI/RTI cases.

The RSTRRL function in close coordination between the departments of Microbiology, Dermatology Venereology and Leprology (DVL), Obstetrics and Gynecology (ObG) and Community Medicine/PSM.

9.2. Core Functions

- Validation of syndromic diagnosis.

Table 15: Diagnostic Tests for STI/RTI Causative Organisms

Sl. No	STI/RTI Syndrome	Specific STI/RTI	Name of Laboratory tests Performed
I	Genital Ulcer Disease-Non Herpetic syndrome	Syphilis *(Treponema pallidum)*	Dark Field Microscopy
			VDRL Test –Qualitative/quantitative
			RPR Test- Qualitative/quantitative
			TPHA test
			FTA-Abs
			TP ELISA IgG & IgM
		Chancroid *(Haemophilus ducreyi)*	Gram stain of ulcer smear
			Culture and sensitivity
		Donovanosis *(Klebsiella granulomatis)*	Tissue smear for Donovan bodies

Contd...

Table 15: Diagnostic Tests for STI/RTI Causative Organisms			
Sl. No	**STI/RTI Syndrome**	**Specific STI/RTI**	**Name of Laboratory tests Performed**
II	Urethral Discharge Syndrome	*Chlamydia trachomatis*	ELISA for Antigen Detection
			DFA
		Neisseria gonorrhoea	GC Smear - Male (Discharge/Urine)
			GC Culture and sensitivity–Male
		Trichomonas vaginalis	Direct wet mount-Discharge
			Urine sediment
			Culture
III	Genital Ulcer Disease-Herpetic syndrome	Herpes Simplex Virus II	Ulcer smear for MNGC
			IgM Anti HSV
			ELISA Antigen
IV	Oral/Anorectal Discharge syndrome	*Chlamydia trachomatis*	ELISA for Antigen Detection
			DFA
		Neisseria gonorrhoea	GC Smear –Discharge
			GC Culture and sensitivity
V	Vaginal Discharge syndrome	Trichomoniasis *(Trichomonas Vaginalis*	Direct wet mount - Vaginal discharge
			Culture
		Candida species	KOH
			Gram stain
			Culture
		Bacterial Vaginosis	pH and Whiff Test
			Gram stain
VI	Cervical Discharge syndrome	*Neisseria gonorrhoea*	GC Smear –Discharge
			GC Culture and sensitivity
		Chlamydia trachomatis	ELISA for Antigen Detection
			DFA
		Trichomoniasis *(Trichomonas Vaginalis*	Direct wet mount - Vaginal discharge
			Culture
VII	Hepatitis B	Hepatitis B virus	HBs Ag
VIII	Hepatitis C	Hepatitis C virus	Anti HCV
IX	Others		

- Monitor drug resistance of Neisseria gonorrhoea.
- Monitor drug resistance of other etiological agents of STI to support treatment protocols for syndromic management.
- Conduct external quality assurance programme (EQAS) for syphilis.

- Design standard protocols and SOP for monitoring quality assurance of STI diagnostics as spelled under national treatment guidelines.
- Design and conduct hands on training programme for laboratory personnel for etiological diagnosis and monitoring drug resistance of STI pathogens across select STI clinics under medical colleges (State Reference centres).
- Design and conduct periodic Operation Research/community based surveys to map the prevalence of various STI in the assigned states/region.
- Participate in the STI surveillance programme of NACO.
- Evaluate new diagnostic test kits and techniques and make recommendations for implementation in STI programme.

9.3. Roles and Responsibilities of Stakeholders

Microbiologist is responsible for implementing the core functions of the laboratory. Clinical specialists are responsible for referring patient/sample for laboratory assessment. Community Medicine specialist is responsible for conducting data analysis and Operation Research. Each RSTRRL is provided with one Research Officer and two laboratory technician as additional human resource to facilitate patient/sample referral, processing of the sample and Operation Research.

SACS will facilitate timely release of fund, procurement of instrument and consumables, linkages with state references centres and ensure that each regional centre perform as per terms of reference.

9.4. Capacity Building Training

a. **Regional STI Training, Research and Reference Centres:** The Apex Center will conduct training of one microbiologist and two laboratory technician from each RSTRRL each year. The duration of training for microbiologist is two days and for laboratory technicians is five days.

b. **State Reference Centres:** The respective RSTRRL will conduct training of one microbiologist and two laboratory technician from each STI Reference centres each year. The duration of training for microbiologist is two days and for laboratory technicians is five days.

c. **Training to be conducted** as per NACO guidelines and based on *Manual of Standard Operative procedures for Laboratory Investigations in Diagnosis of STI/RTI.*

9.5. Supportive Supervision

A 2 member team of one Microbiologist and one specialist (either DVL or Gynaecologist) to visit each linked State Reference Centre twice in a year to provide onsite mentoring and supportive supervision, and ascertain adherence to standard operating protocol and quality assurance. Each visit shall be of 3 day duration. The supervisory check list for regional and state referral centres is to be used for documenting the key observations and recommendations.

9.6. Record Keeping

All Regional STI Training, Research and Reference centres and State STI Reference centres must ensure the record maintenance of STI/RTI laboratory services provided through them in the requisite forms and registers. The laboratories should submit monthly/quarterly SIMS reporting format to Apex centre and NACO with a copy to respective SACS. The Apex centre will collate, analyse the data and submit quarterly analysis report to NACO.

For detailed description of Reporting Format and Instructions of how to fill the formats, refer **Annexure XVI**.

10. LINKAGES AND REFERRALS

10.1. Linkages of Designated STI/RTI Clinic with Laboratories

All attendees of STI/RTI clinic and all pregnant women should be screened for syphilis. Most of the Designated STI/RTI clinics and antenatal clinics has no onsite testing facility, hence they refer the attendees to general laboratories where syphilis test is performed. Hence the staff working at Designated STI/RTI clinics and antenatal clinics should work closely with general laboratory staff for syphilis screening of their attendees so as to ensure the attendance for testing and report collection.

The counselor at Designated STI/RTI clinic should direct the attendees to general laboratory using referral slip and collect the syphilis screening data from laboratory. All those attendees who are found sero-reactive should be treated correctly and completely.

Patients whose health problems cannot be addressed or are non-responsive to syndromic management should be referred for laboratory assessment. Either specimens or patients having suspected drug resistant and/or treatment failure may be referred to Regional STI Training, Research and Reference centres or State Reference centres in consultation with concerned SACS. All Designated STI/RTI Clinics should have details of providers at above centres for referrals that include names, addresses, telephone numbers and operating hours.

Refer to section 3.3 of these guidelines for further details of laboratory testing of STI/RTI attendees at various levels of service delivery.

10.2. Linkages of Designated STI/RTI Clinic with Other Facilities

All STI/RTI clinic attendees should be encouraged to attend ICTC for HIV counseling and testing, attendees found HIV sero reactive are to be linked with ART, Care & Support services and TB services.

For STI/RTI attendees of Designated STI/RTI clinics, facilities for syphilis testing have been made available at ICTC. For detailed guidelines on same, please refer to **Annexure XIV**.

10.3. Linkage of STI/RTI Clinic with Outreach Services in TI

STI/RTI clinic staff should collaborate closely with outreach staff under TI to increase service utilization. The staff should explore community perceptions about the clinic activities, their satisfaction with them. 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 counseling messages
- Questions raised by the community about, for example, health issues

STI counselor of Designated STI/RTI clinic should do weekly outreach activities to the nearest TI to improve coordination.

10.4. Linkages of Sub Divisional NRHM Health Facilities with Designated STI/RTI Clinics

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 and other relevant medical services. Either specimen or patients having suspected drug resistant and/or treatment failure may be referred to Regional STI Training, Research and Reference centre or State Reference centre in consultation with concerned SACS. Sub district NRHM health facilities should compile a list of relevant providers for referrals that includes names, addresses, telephone numbers and operating hours.

11. RECORDING AND REPORTING

Good reporting practices help clinics monitor their services and permit meaningful data generation to enable regular evaluation of the programmes. Minimal reporting records that should be maintained by each clinic is detailed in Table 16.

Table 16: Records to be Maintained at Various Levels of Service Delivery

11.1.1. Minimum records to be maintained at NRHM facility*	11.1.2. Minimum records to be maintained at Designated STI/RTI clinic	11.1.3. Minimum records to be maintained at Targeted Intervention Projects (Static/Preferred Provider clinics)
OPD register*	Patient Wise Card	Patient Wise Card
Referral form	STI register	Patient register
Drug register*	Counselors Patient Diary	Patient wise STI/RTI drug distribution
Laboratory Register*	Indent form	Weekly/Daily Drug Record
NRHM Monthly Reporting Format	Stock Register	Indent Register
	Referral form	Referral form
	STI/RTI Monthly Reporting Format	STI/RTI Monthly Reporting Format

**Clinic should continue to utilize their existing registers*

a. OPD Register and other existing records maintained in PHC and CHC should be utilized for maintaining records pertaining STI and RTI. The physician should indicate the syndromic diagnosis in the OPD register. Relevant columns should be added to the pharmacy and laboratory records so as to collect data pertaining to drug stock and lab testing.

b. The monthly reports should be generated at PHC by ANM/Staff nurse/Medical officer with the help of computer operator/lower division clerk and transmitted to CHC/and compiled at the district level by the district RCH Officer with the help of data entry operator of DPMU.

c. The monthly report should be uploaded in SIMS of NACO by district RCH officer with the help of data entry operator by the 5th of every month.

d. The medical officer in-charge and STI counselor at designated STI/RTI clinic should ensure maintenance of all records and generate the monthly report which should be submitted to SACS by the 5th of every month.

e. Please refer to section on STI/RTI services for High Risk Group populations and RSTRRL for process of recording and reporting.

The prototypes and guidelines for filling various reporting formats and records are presented in **Annexure XV**.

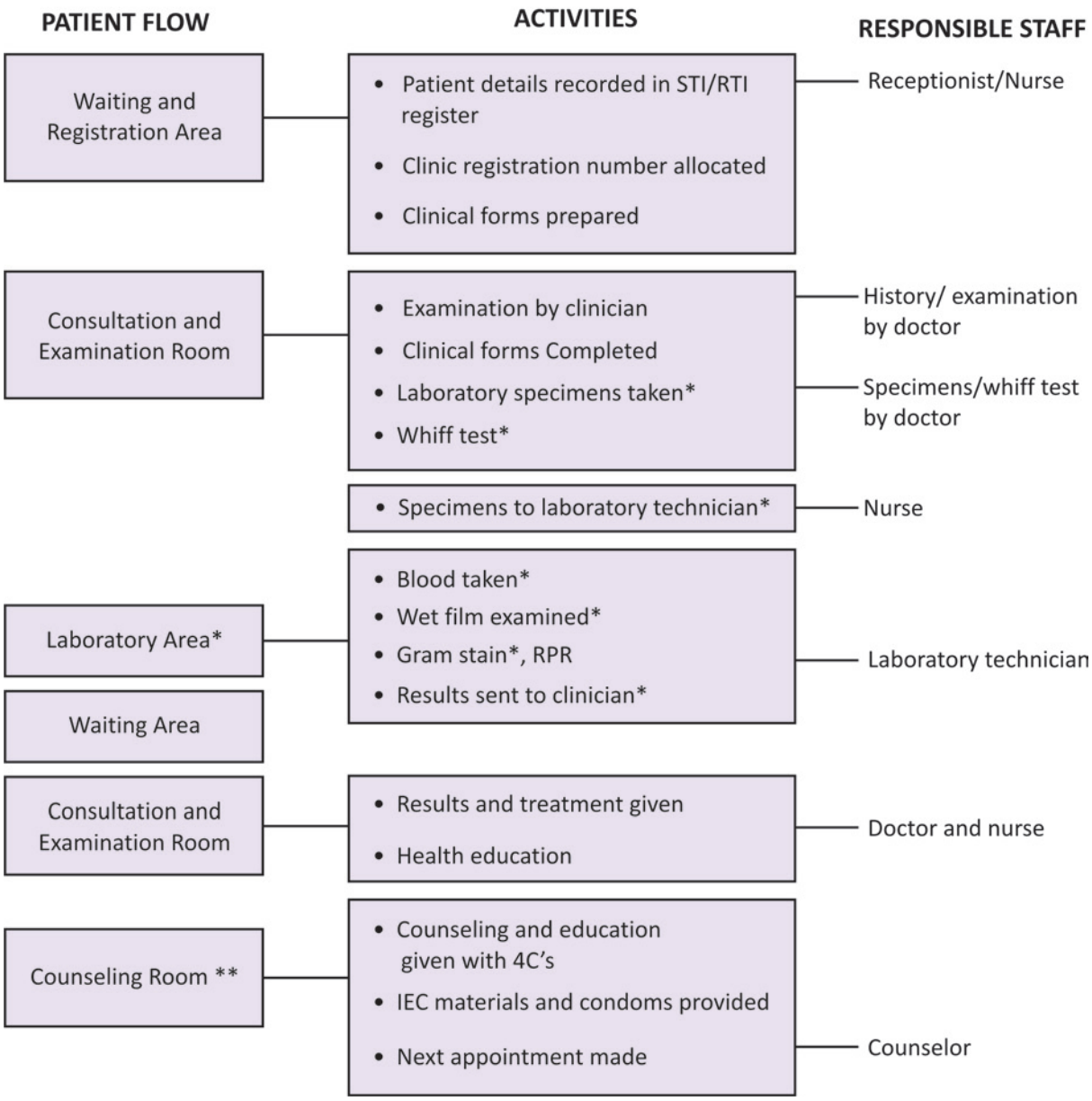
ANNEXURES

ANNEXURE I

Patient Flow

The following flow chart shows the recommended Patient flow during the 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.

ANNEXURE II

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. Wash basin 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. 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. Sheets for examination couch
4. Pillow for examination couch
5. Good examination light-preferably wall-mounted
6. Torch with fresh batteries and back-up supply of batteries
7. Hand held magnifying Lens
8. Drapes, 15 per clinic

General medical:

9. Sphygmomanometer
10. Stethoscope
11. Thermometer
12. Adult weighing scale
13. Medicine cabinet

Instruments and sterilization:

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

4. Counselling Room

1. Comfortable chairs for patient and counsellor
2. Penis model and condoms
3. Job aids and IEC material
4. Flipchart

5. Medical Supplies-Consumables

1. Needles and syringes-disposable
2. Cotton wool
3. Examination gloves, single use
4. Water-soluble lubricant for clinical examination
5. Disposable tissues
7. Tongue depressors, disposable
8. pH paper (3.8 - 6 range)
9. Bleaching powder
10. Male latex condoms
11. Female condoms (if available)
12. Sharps disposal containers

6. Laboratory

General:

1. Binocular microscope with dark ground condenser
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. Micropipette (adjustable volume)
9. Yellow pipette tips (disposable)
10. Test tubes (12 X 75 mm)
11. Glass slides and cover slips

ANNEXURE III

Job Responsibilities of Various Health 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.

Job Responsibilities of Staff Nurse (SN)
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 (DOTS)
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)

Job Responsibilities of Laboratory Technician (LT)
1. Assist doctor in collection of vaginal, cervical, urethral, oral or rectal samples
2. Draw blood for syphilis and HIV testing
3. Perform tests for STI/RTI
4. Maintain patient reports and laboratory registers
5. Procure and maintain laboratory supplies
6. Follow infection control procedures

Job Responsibilities of STI Counselor
1. Provide health education and counselling, on need for treatment compliance, correct and consistent condom use, partner management, follow-ups and motivate to attend ICTC and screening for syphilis.
2. Facilitate systematic referrals systems and follow-ups
3. Maintain all the records and reports including counselling records.
4. Counselor is responsible for both Gynaecology OPD and STI OPD and provides services to optimum number of STI/RTI patients attending the health facility.
5. Responsible for collecting and compiling reports from both Gynaecology and STI OPDs; prepare and submit monthly STI format in consultation with Medical officer in charge.
6. Monitors the drug kit and condom consumption and place appropriate indent in consultation with Medical officer in charge

Job Responsibilities of PO-STI in TSU
1. Provides necessary support to the TI NGO in selection and placement of the preferred providers in the TI Intervention area and also provide capacity building support to all the TI NGO staffs.
2. Provides ongoing skill building and clinical support to the non MBBS providers for imparting good quality STI/RTI care to the HRG and provide supervision in drug dispensing.
3. Visits all the STI providers in the district at least once every two months.
4. Ensures tight monitoring of service provision by the preferred provider so that there is no misutilization of STI budget provided to TI NGO.
5. Supervise and mentor every STI provider for recording and reporting to patients through documentation audit. Any gaps identified are corrected and provider receives on site tutoring on correct syndromic case management.
6. Provide support to TI NGO in compiling reports from all the providers and send monthly reports in CMIS format and scrutinize the monthly report before it is sent to SACS.
7. Perform data analysis and provides epidemiological pattern of STI/RTI in the community. Responsible for regular data flow to SACS/NACO.
8. Supervises the drug and condom logistics and prevents drug and condom stock outs in the district.
9. Works closely with the STI focal person in SACS and provide all necessary support in strengthening STI programme in the state (including Designated STI/RTI clinics and NRHM convergence).

Job Responsibilities of STI Focal Person (Joint Director/Deputy Director/Assistant Director/Consultant) in SACS

1. Management and administrative facilitation of the STI programme in the state as per operational and technical guidelines of NACO.
2. Responsible for physical, financial and facility target achievement in the programme as per approved annual action plan.
3. Ensure and monitor delivery of quality STI/RTI services through government, private and TI NGO supported STI/RTI clinics (static/PPP model).
4. Visit 25% of all designated and TI STI clinics every quarter and submit report of the same to Project Director for which the incumbent shall tour for at least 10 working days in each month.
5. Provision of quality STI/RTI service delivery to the HRGs through identification of preferred private providers in coordination with JD (TI) and TI NGOs in the state.
6. Coordinate closely with the STI and TI focal person in TSU for providing onsite mentoring and supportive supervision of preferred providers and static clinics providing STI/RTI services to the TI.
7. Responsible for appointment and capacity building of counsellors in the designated STI/RTI clinics and extension of support to the designated clinics and regional STI centres as per annual action plan.
8. Facilitate the improved coordination between NACP and NRHM at state and district levels.
9. Facilitate capacity building training of service providers and monitor the quality of training thereof.
10. Streamline and strengthen CMIS reporting from designated STI clinics, TI clinics and NRHM.
11. Conduction of periodic review of the programme at state level to improve service delivery through public sector and TI NGOs.
12. Maintain logistics of colour coded drug kits and test kits being supplied through NACO for the designated STI Clinics.
13. Establish and maintain referral linkages between STI/RTI services to ICTC/HIV-TB/ART and Regional STI centres.
14. Take up any other work as assigned by the Project Director from time to time.

ANNEXURE IV

List of STI/RTI & General Drugs

(A) Essential STI/RTI Drugs

1. Tab. Cefixime 200 mg or 400 mg
2. Tab. Azithromycin 500 mg or 1 g.
3. Tab. Acyclovir 200 mg or 400 mg.
4. Cap. Doxycycline 100 mg.
5. Benzyl benzoate 25% lotion.
6. Tab. Erythromycin 250 mg or 500 mg.
7. Tab. Metronidazole 400 mg.
8. Podophyllin tincture 20%.
9. Cap. Amoxicillin 500 mg.
10. Tab. Secnidazole 1 g or 2 g
11. Inj. Benzathine Penicillin 2.4 MU.
12. Inj. Distilled water ampoules/glass phials 10ml.
13. Tab/Cap. Flucanozole 150 mg.

(B) List of Additional STI/RTI Drugs

1. Clotrimazole 500 mg vaginal pessary
2. Tab. Tinidazole 500 mg
3. Gamma benzene hexachloride 1% lotion or cream
4. Tab. Ciprofloxacin 500 mg
5. Trichloroacetic acid 30%
6. Vaseline or white petrolatum jelly
7. Applicators (wooden)

(C) Essential General Medicines

1. Tab. Ranitidine 150 mg
2. Tab. Metoclopramide
3. Tab. Ibuprofen 400 mg
4. Tab. Paracetamol 500 mg
5. Inj. Adrenaline (epinephrine) 1:1000 dilution
6. Antihistamines for injection and oral administration (e.g. Diphenhydramine and Chlorpheniramine)
7. Inj. Hydrocortisone

ANNEXURE V

Anaphylaxis Wall Chart

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

Signs of Possible Anaphylaxis

- Shock
- Difficulty in 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.

ANNEXURE VI

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

Protects from 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 of 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

ANNEXURE VII

Processing of Instruments

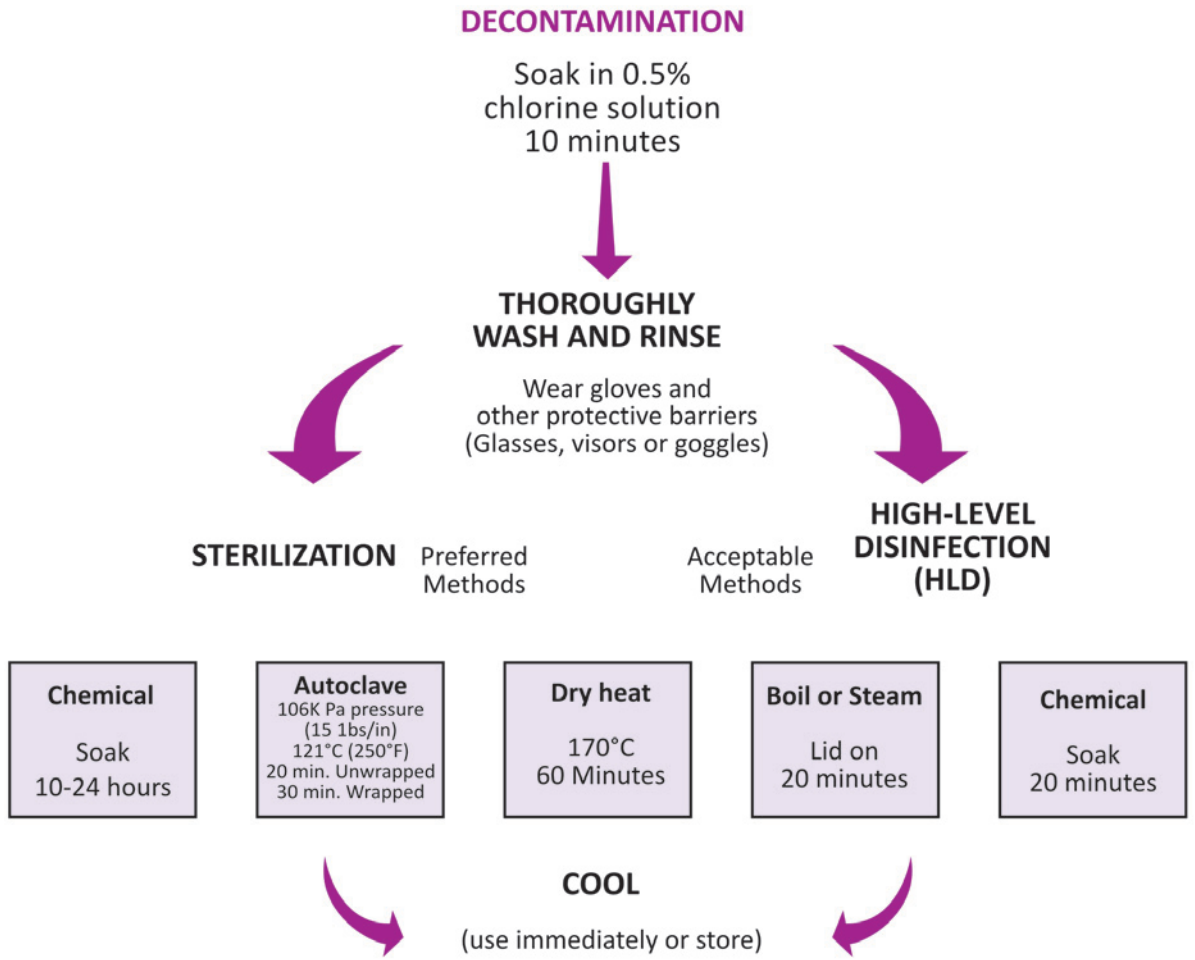
All instruments that are involved in invasive procedures (i.e., those that cut or pierce the skin or touch the mucous membrane) have the potential to transmit microorganisms and infections.

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 15g of bleaching powder (with 30% available chlorine) to a liter 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)



ANNEXURE VIII: SUPERVISORY CHECKLIST

Supervisory Tools for Supervising Designated STI/RTI Clinic								
Name of Hospital where STI clinic located								
District								
Name of Clinic incharge								
Contact number								
Date of visit								
Visit made by								
							Yes	No	Remarks
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 drapes							Y	N	
Lighting for examination							Y	N	
Instruments-speculum, proctoscope etc.							Y	N	
Computer, Printer etc.							Y	N	
4. Consumables available (physical verification)									
STI/RTI colour coded drug kits							Y	N	
RPR Kits							Y	N	
Condoms availability							Y	N	
5. Training Status of the staffs									
Medical Officer/s							Y	N	
Counsellor							Y	N	
Staff Nurse							Y	N	
Lab Tech							Y	N	
Does staff require reorientation/Training							Y	N	
6. Documentation (physical verification)									
STI/RTI patient wise card							Y	N	
STI/RTI patient register									
Monthly summary reports							Y	N	
7. Utilization of clinical service									
Number of patient attended the STI/RTI clinic in last months									
8. Prescription audit:									
Select randomly 10 STI/RTI patient wise card of last quarter, and check syndromic diagnosis,									
treatment provided, investigations performed and the kit/drugs given									
Write the number of cards reviewed									
Write the number of cards which are incomplete/incorrect/inconsistent as per guidelines									
9. Infection control measures (Observation):									
Hand washing facility present							Y	N	
Gloves used while performing examination							Y	N	
Reusable instruments (speculum and proctoscope) are decontaminated, washed and sterilized							Y	N	
Waste disposal system in place							Y	N	
10. Referrals from and to STI/RTI clinic-									
Number of patient referred to other facilities			Number of patient received from other facilities						
	ICTC			ICTC					
	Syphilis Screening			TI					
	ART			ART					
	RNTCP			Gynae					
	PPTCT			ANC					
	Others			Link Worker Scheme					
				Others					
11. IEC and technical materials									
Availability of Technical and Operational guidelines									
Job aids (Syndromic poster; Anaphylaxis chart; Disinfection chart; Flip chart etc.)									
IEC material for patient education (posters and pamphlets)									
12. Supportive supervision visits by (Resource Faculty; SACS; DAPCU, Others-Specify)									
Number of visits made during the last three months									
Feedback to provider									
Visit report at STI clinic									
Any other significant observations									

Supervisory Tools for Supervising TI STI services (static clinic and preferred provider)

Name of TI NGO				
Name of Preferred provider Visited				
MBBS		**Non MBBS**		
Location				
Date of visit				
Visit made by				

		Yes	No	Remarks
1. Area for consultation with auditory and visual privacy		Y	N	
2. Equipment (physical verification)				
Examination bed with bed sheets and drapes		Y	N	
Lighting for examination		Y	N	
Instruments-speculum, proctoscope etc.		Y	N	
3. Consumables available (physical verification)				
STI/RTI colour coded drug kits		Y	N	
Condoms availability		Y	N	
4. Training Status of the provider		Trained	Untrained	
Does provider require reorientation/Training		Y	N	
5. Utilization of STI service by HRG				
Number of HRG registered to this preferred provider				
Number of HRG attended to this preferred provider during the last 3 months				
	Month 1			
	Month 2			
	Month 3			
6. Documentation (physical verification)				
STI/RTI patient wise card		Y	N	
STI/RTI patient register		Y	N	
STI/RTI drug distribution register		Y	N	
7. Prescription audit				
Select randomly 10 STI/RTI patient wise card of last quarter, and check diagnosis,, treatment provided, investigations performed and the kit/drugs given		Y	N	
Write the number of cards reviewed				
Write the number of cards which are incomplete incorrect/inconsistent as per guidelines				
8. Infection control measures (Observation):				
Hand washing facility present		Y	N	
Gloves used while performing examination		Y	N	
Reusable instruments (speculum and proctoscope) are decontaminated, washed and sterilized		Y	N	
Waste disposal system in place		Y	N	
9. Referrals from and to STI/RTI clinic-				
Number of HRG referred to other facilities				
ICTC				
Syphilis Screening				
10. Supportive supervision visits by (Resource Faculty; SACS; DAPCU, Others-Specify)				
Number of visits made during the last three months				
Feedback to provider				
Visit report at STI clinic				
11. IEC and technical materials				
Job aids (Syndromic poster; Anaphylaxis chart; Disinfection chart; Flip chart etc.)				
IEC material for patient education (posters and pamphlets)				
Any other significant observations				

ANNEXURE IX

Supervisory Visit Report

Triplicate with Two Detachable forms and one fixed sheet; to be available at all designated clinics/ sub-district health facility. Visit to be planned in consultation with the STI focal person. Always brief the observations to concerned staff including institute head.

Name of Hospital:

Number of STI/RTI Service Providing Facilities:

Name of District:

Site Visited: Write separately for each facility including Designated Clinic.

Date of Visit:

Name & Designation of the Supervisor:

List the persons met with Designations:

1

2

3

Follow up on last visit's observations and recommendations:

Best practices/Strengths identified:

Key issue for action identified:

Action Plan:

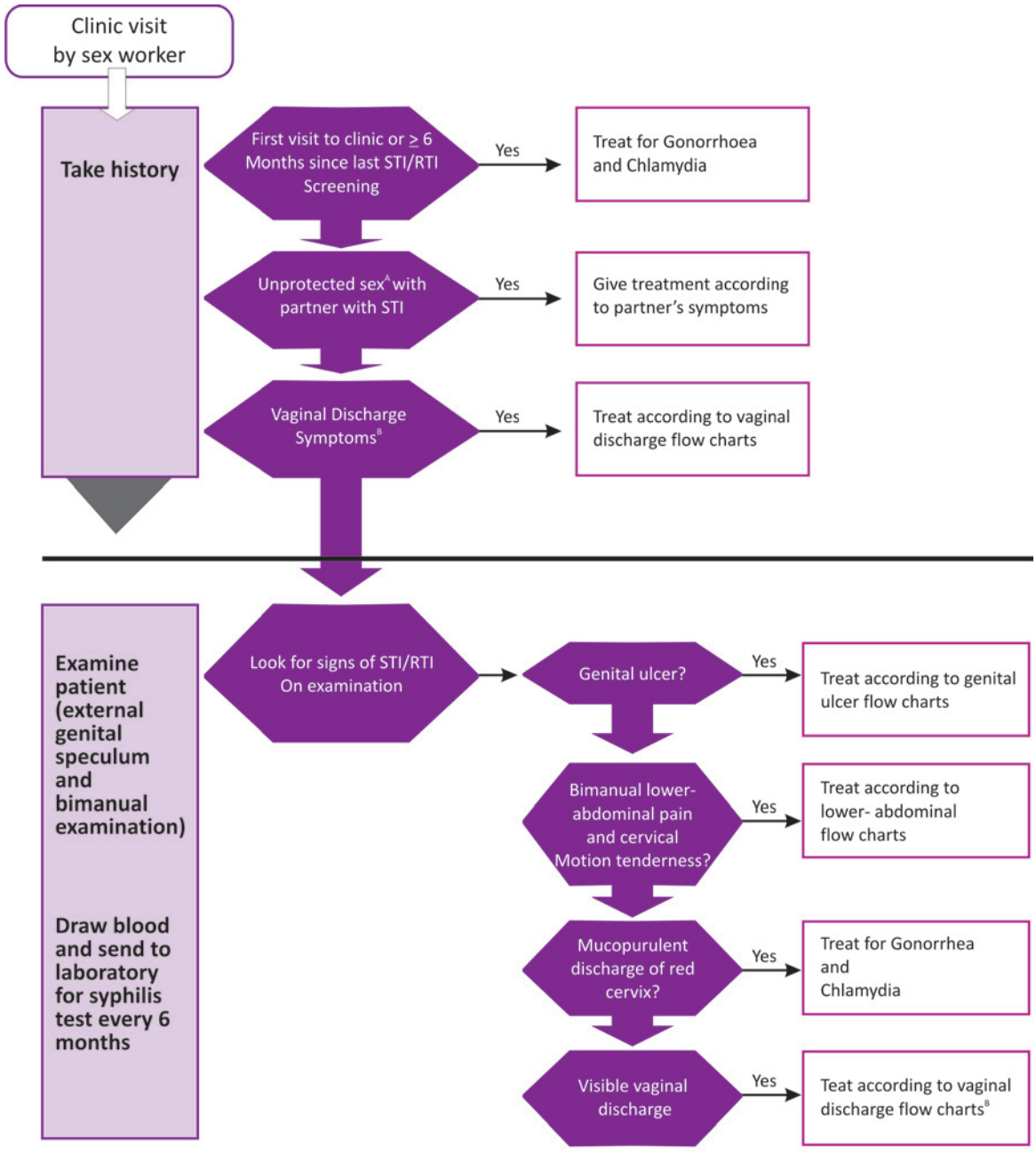
ACTIVITY	PERSON/S RESPONSIBLE	TIME FRAME

Signature

Date

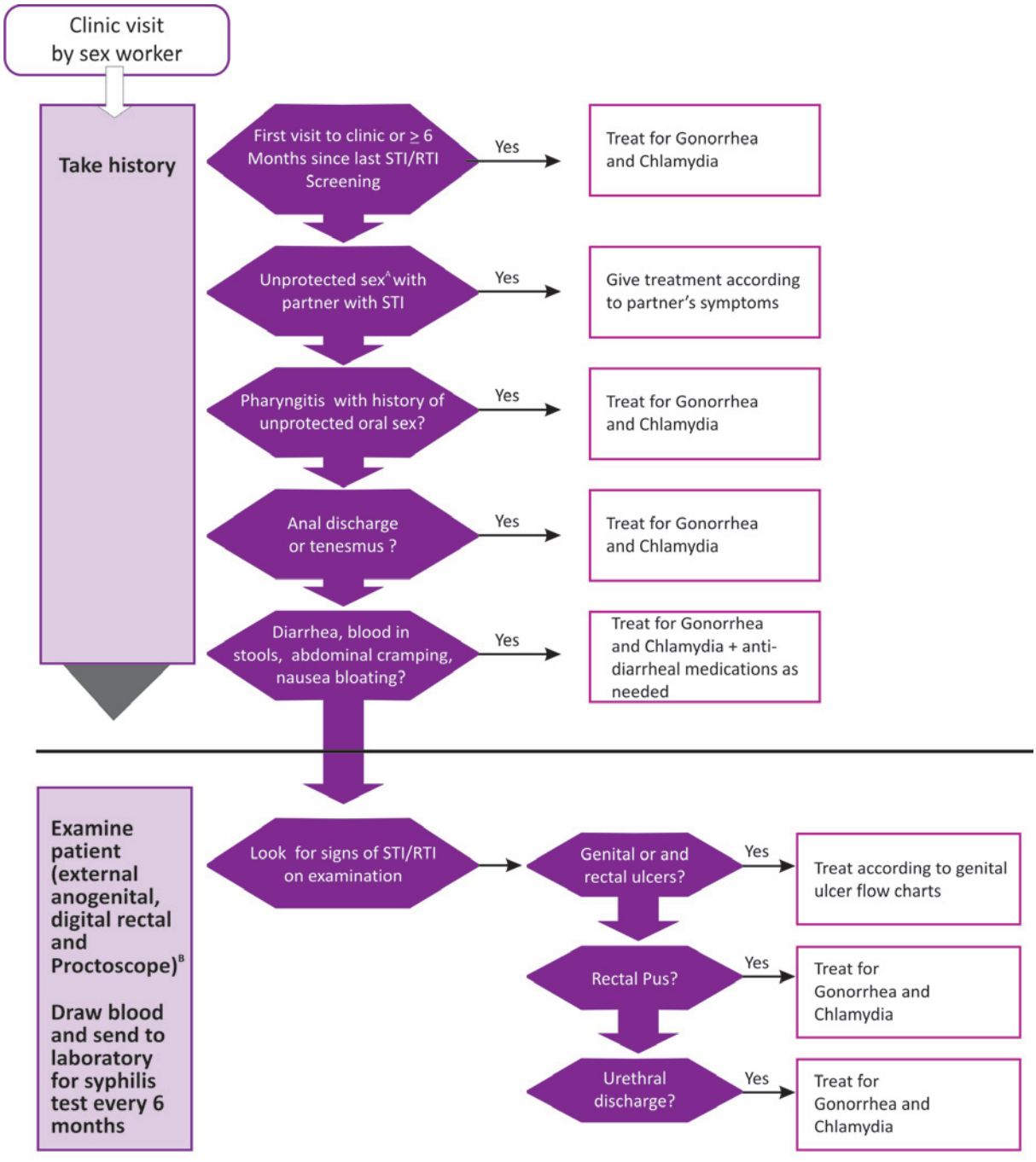
ANNEXURE X

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 and should be treated for Gonorrhea and Chlamydia

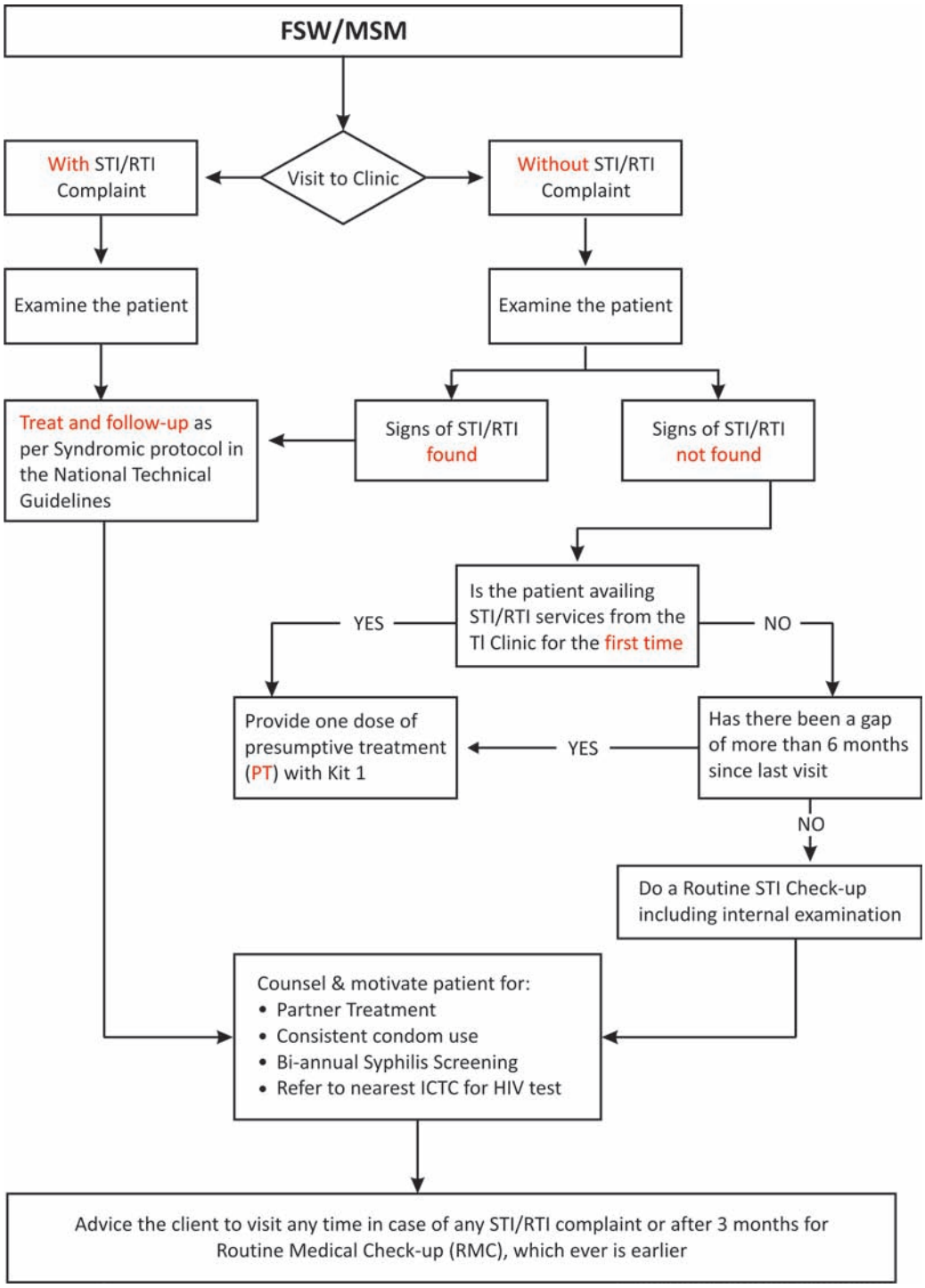
Management of STI/RTI During Routine Visit of a Male or Transgender Sex Worker



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

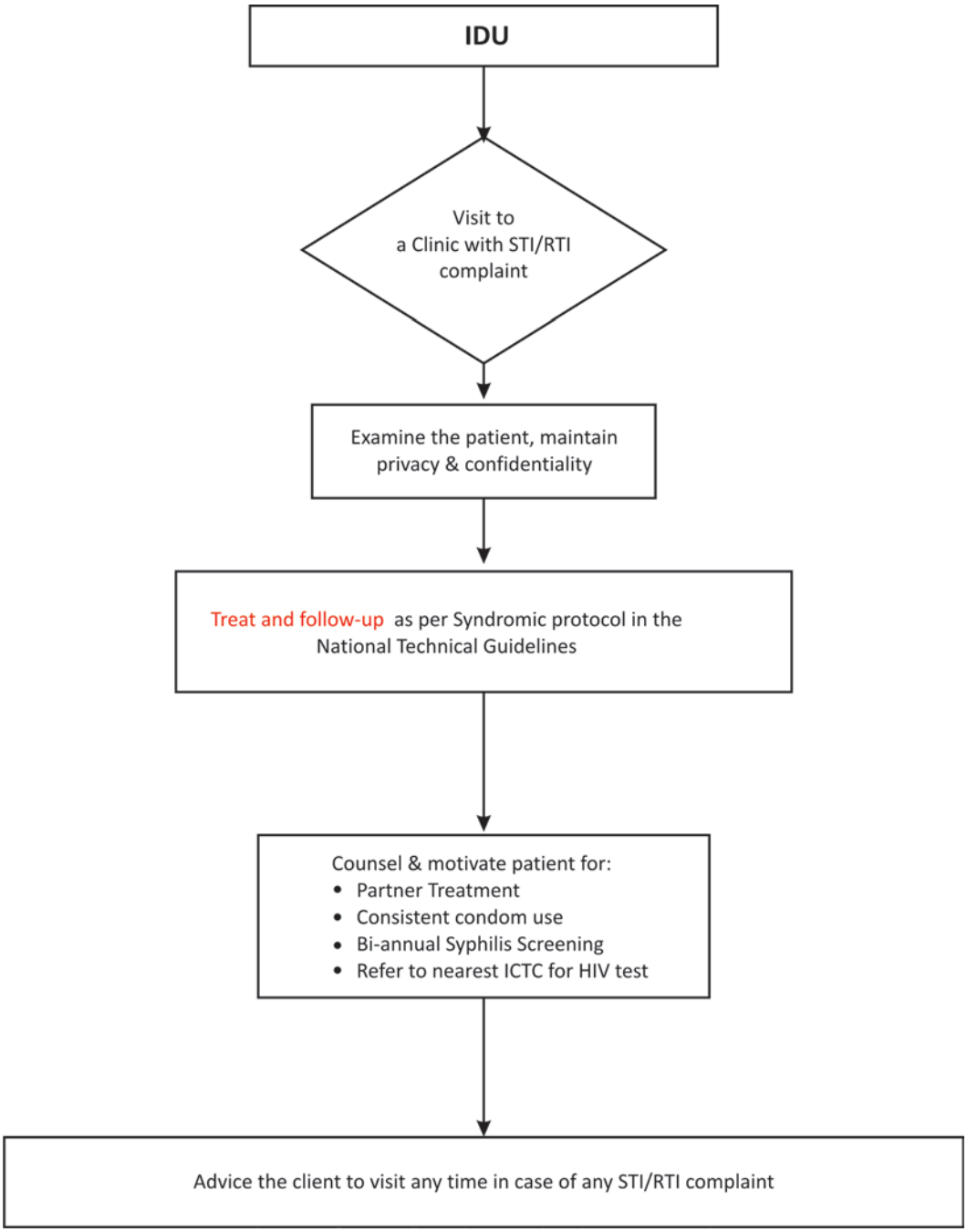
ANNEXURE XI

Algorithm for STI/RTI Service Provision for FSW/MSM



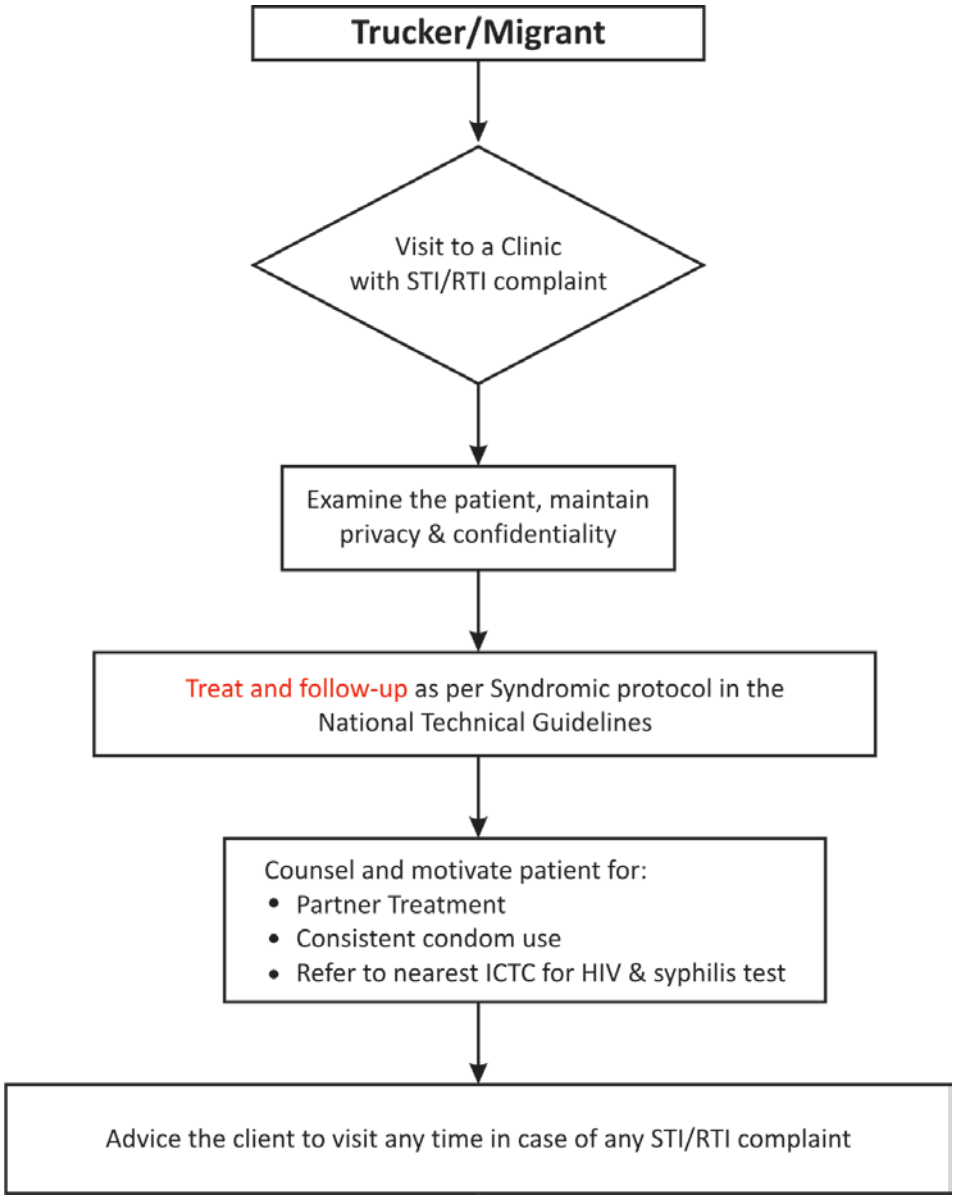
ANNEXURE XII

Algorithm for STI/RTI Service Provision for IDU



ANNEXURE XIII

Algorithm for STI/RTI Service Provision for Truckers/Migrants



ANNEXURE XIV

Guidelines for Syphilis Testing of STI/RTI Attendees in ICTC

Introduction

Syphilis is one of the easily treatable Sexually Transmitted Infection (STI/RTI) caused by *Treponema pallidum*, which can be transmitted to sexual partners as well as from infected pregnant woman to her new born child. Untreated syphilis is responsible for multisystem complications and other sickness among infected patients and may cause miscarriages, low birth weight and premature delivery in the pregnant woman. Many patients of syphilis are asymptomatic and do not manifest any symptoms of the disease. The National STI/RTI prevention and control program mandates the conduction of a screening test to detect hidden syphilis among all individuals attending STI/RTI clinic as well as pregnant women attending Antenatal Clinic.*

Syphilis can be diagnosed in many ways, one of it being through blood testing. There are many different types of blood/plasma/serum based tests to detect syphilis among patients. The Rapid Plasma Reagin test (RPR Test) or Venereal Diseases Laboratory Test (VDRL Test) are the most commonly used screening tests to detect syphilis among individuals. A qualitative test is followed by a quantitative test. The programme recommends treatment of all RPR reactive patients.

Process

All STI/RTI attendees at designated STI/RTI clinics under the National AIDS Control Programme will be referred for syphilis and HIV testing to the nearest ICTC. The Medical Officer in charge of the STI/RTI clinic will examine the patient and provide the treatment of the STI/RTI as per guidelines and advice the syphilis and HIV test. The STI/RTI counselor would explain the importance of syphilis and HIV testing to the patient and give patient a referral slip after obtaining an informed consent. The STI/RTI counselor will then accompany the patient to ensure that the patient reaches the ICTC for pre-test counseling. The patient then undergoes pre-test counseling at the ICTC by the ICTC counselor. The patient thereafter goes to the ICTC laboratory and undergoes both HIV and syphilis test. After testing, the patient returns to the ICTC counselor for post test counseling. During post test counseling the ICTC counselor provides the HIV and syphilis test report and counsels the patient to go to the STI/RTI clinic for further follow up and advice from the STI/RTI counselor and Medical officer for treatment if required.

*Requirement of kits for ANC syphilis screening will be assessed and distributed by STI/RTI counselor to the laboratory performing the same.

Roles and Responsibilities

STI/RTI Medical Officer

The Medical officer in charge of STI/RTI clinic refers all the attendees to the ICTC Counselor for HIV counseling and testing along with syphilis screening by ICTC lab technician. Pre-designed referrals forms will be used for referral. The patient will return back to STI/RTI clinic with results of the syphilis testing, for further advice from medical officer depending on the result.

STI/RTI Counselor

The STI/RTI counselor will counsel the individual about the syphilis testing and the process involved and explains the need for testing, obtain informed consent of the patient for syphilis testing and refer through pre-designed referral slip to ICTC Counselor for both HIV counseling and HIV and Syphilis testing. The STI/RTI counselor will ensure that the patient reaches the ICTC. After test, the STI/RTI counselor will provide follow up counseling to individual according to syphilis test results and refer the patient to the STI/RTI medical officer for further advice. The STI/RTI counselor will enter syphilis test result data in individual patient wise card, patient register and will ensure reporting in the monthly STI/RTI CMIS/SIMS format.

ICTC Counselor

ICTC counselor will enter the individual STI/RTI clinic ID number in PID register, undertake pretest counseling for HIV and send him/her to Lab Technician with test requisition slip indicating specifically the syphilis test is also required. During post test counseling, the ICTC counselor will provide the syphilis test result along with the HIV test result and ask the patient to go back to the STI/RTI clinic counselor for follow up and to meet the doctor for further advice and treatment if required.

ICTC Lab Technician

ICTC laboratory technician will test each patient referred from STI/RTI clinic for HIV and Syphilis as per testing protocol laid out. He/she will obtain signature from the ICTC/STI/RTI Medical Officer for the test results. Test results for syphilis will be provided in pre-designed formats. Results will thereafter be handed over to the ICTC Counselor. The lab technician in the ICTC will maintain a record of syphilis tests undertaken in a day and the results thereof by adding two extra columns in the Laboratory Register for ICTC. Column 13 will have the title 'Tested for syphilis- Y/N'. Column 14 will have the title 'Syphilis Test Result – Reactive/Non reactive'. All the test kits for HIV and Syphilis testing will be indented by the ICTC Laboratory technician and stored by them. The lab technician will also maintain record of stock of syphilis test kits in the ICTC stock register on a daily basis. Details of tests conducted in a month and opening and closing stock will be handed over to the STI/RTI counselors at the end of every month, which will be incorporated in the STI/RTI CMIS/SIMS monthly report.

Testing Protocol

The Lab Technician will draw 5 ml of whole blood for both HIV and syphilis testing; he/she will place the blood into a labeled cuvette, and place it in test tube rack. The syringe and needle are disinfected and disposed as per standard protocol. The serum separated after centrifugation is used for testing.

HIV testing will be done as per standard protocol.

Syphilis testing will be done using sera and performed as per SOP prepared from kit insert.

Training

The lab technician of the ICTC will be trained on syphilis testing as part of the 5 day annual refresher training. The module for syphilis testing with 2 – 3 hours of hands on component will form a part of the 5 day training curriculum for lab technicians. The training will be undertaken at SRLs. Microbiologists trained at the Regional STI/RTI centres will be included as resource persons wherever possible. STI/RTI focal person at SACS will facilitate availability of testing kits and consumables for the trainings.

Procurement and Supply Chain Management

STI/RTI division in NACO is procuring and supplying syphilis test kits (RPR Test kits) to all designated STI/RTI clinics through the SACS. The kits will be stored at ICTC refrigerator and stock is maintained in the ICTC stock register. Each STI/RTI clinic will furnish the test kits stock position every month through STI/RTI CMIS/SIMS format. Each clinic should have a minimum three month supply of test kits. Each kit will have material sufficient for testing 50 samples. After adjusting for wastage and controls, each kit may be sufficient for testing 33 samples (10% wastage and 6 each for negative and positive controls for a test card with eight sample capacity).

Supervision

The STI/RTI clinic in charge is primarily responsible for proper utilization of syphilis test kits and will ensure that there is no misuse or pilferage. The STI/RTI focal person at SACS and supervisory teams will closely monitor the kit utilization and ensure to prevent stock outs and wastage. The STI/RTI clinic counselor will keep a close watch on kit utilization and inform the STI/RTI focal person of SACS in a timely manner to prevent stock-outs. STI/RTI mentors would also visit the ICTC during their supportive supervisory visits.

STI/RTI Referral Form

(To be filled and handed to the client by STI/RTI Counselor/Nurse)

Referral to

ICTC/Chest & TB/Laboratory_____

The patient with the following details is being referred to your center.

Name:_____ Age_____ Sex:_____

STI/RTI-PID No:_____

Kindly do the needful

Referring Provider

Name:_____ Designation:_____

Contact Phone:_____Date of referral:_____

(To be filled and retained at referral site so as to be collected by STI/RTI counselor/Nurse weekly)

The above patient referred has been provided ICTC/TB/RPR/VDRL/_____ services and the patient has been tested/diagnosed/treated for_____

The test/results of RPR/VDRL/is/are_____

Signature of the Medical Officer/Counselor/Lab In-charge

Reporting Format for Syphilis Test					
Name:		Age:		Sex:	
ICTC PID no:					
Name of the kit/test					
Test Result: Qualitative Quantitative					
Date:		Signature of Lab Technician/Incharge			

ANNEXURE XV

Recording and Reporting

I. Registers and Formants to be maintained at Designated STI/RTI clinics

1.	Patient Wise Card
2.	STI Register
3.	Counselor's Client Diary
4.	Indent Form
5.	Stock Register
6.	Referral Form
7.	Monthly STI/RTI Reporting format for Designated STI/RTI clinics

II. Registers and Formants to be maintained at STI/RTI clinics in Targeted Intervention Project (Static Clinic or Preferred Provider)

1.	Patient Wise Card
2.	Patient Register
3.	Patient wise STI/RTI drug distribution
4.	Weekly/Daily Drug Record
5.	Indent Register
6.	Referral Form
7.	Monthly STI/RTI Reporting format for TI-NGOS

III. Registers and Formants to be maintained at Sub-Districts NRHM Health Facilities

1.	OPD Register
2.	Laboratory Register
3.	Drug Stock Register
4.	Referral Form
5.	Monthly STI/RTI reporting format

1. Registers and Formats to be maintained at Designated STI/RTI clinics

1. STI/RTI Patient Wise Record

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 Patient flow ☐ Referred ☐ Direct walk in	☐ Medical History taken ☐ Sexual History taken ☐ Physical examination conducted ☐ Speculum and/or Proctoscopic exam conducted ☐ Significant points in bullets	☐ UD ☐ GUD - Herpetic ☐ GUD - Non Herpetic ☐ Scrotal swelling ☐ Inguinal Bubo ☐ Genital scabies ☐ Anorectal discharge ☐ Genital molluscum ☐ Vaginal Cervical Discharge ☐ Genital pediculosis ☐ Genital warts ☐ Lower Abdominal Pain ☐ Asymptomatic (serological syphilis) ☐ Presumptive treatment ☐ Others (specify)- ***Examination findings:***	**RPR** ☐ Reactive ☐ Titre **Gram Stain** ☐ ICDC ☐ WBC ☐ None ☐ Nugent's score+Ve **KOH** ☐ Whiff test +ve ☐ Pseudohyphae/Spores ☐ None **Wet Mount** ☐ Motile Trichomonads ☐ Clue Cells ☐ None **HIV** ☐ Reactive ☐ Non reactive

Details of STI/RT1 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
- ☐ Metaclopramide
- ☐ Ranitidine

Drugs used (If KITS are not available)
- ☐ Acyclovir 400 mg
- ☐ Amoxicillin500 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 100mg
- ☐ Erythromycin 500 mg
- ☐ Fluconazole 150mg
- ☐ 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 Marketed
- ☐ Prescribed
- ☐ Demonstrated

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

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

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 (list of unique ID numbers allotted to each STI/RTI clinic is available with M&E division of SACS)

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 outpatient number (wherever applicable/available).

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. All the cards of individual clients should be kept stapled.

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 (health care facilities located at area/district hospitals, teaching hospitals attached to medical colleges etc)

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

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

Type of visit

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

- Patients present with STI/RTI symptoms, and confirmed 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

g. 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 happens within 14 days following treatment).

3. a. Check the **"Referred by"** if the patient is referred by some other facility (such as ICTC/PPTCT/ART 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 even if the diagnosis is made on clinical or etiological basis

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

   1. **Vaginal/Cervical Discharge (VCD):** Includes a) Woman with symptomatic vaginal discharge
      b) Asymptomatic patient with vaginal discharge seen on speculum examination
      c) Cervical discharge seen on speculum examination (All syndromic, etiological and clinical STI/RTI diagnosis relating to vaginal or cervical discharge should be included here)

2. **Genital Ulcer Disease-non-Herpetic (GUD-NH):** Female or male or transgender with genital or ano- rectal ulceration and with NO blisters (vesicles). (All STI syndromic, clinical or etiological diagnosis relating to genial ulcers caused by Treponema Pallidum (syphilis), Haemophilus Ducreyi (Chancroid), Granuloma Inguinale and Lymphogranuloma Venereum (LGV) except herpes simplex virus type 2 should be included here)
3. **Genital Ulcer Disease-Herpetic (GUD-H):** Female or male or transgender with genital or ano-rectal blisters (vesicles) with ulcers or recurrence primarily caused by herpes simplex virus type 2.

   Note: If both ulcers and blisters are present, tick on both GUD and GUD herpetic or when the provider is not able to differentiate between the two.
4. **Lower Abdominal Pain (LAP):** Female with Lower Abdominal Pain or tenderness, or Cervical motion tenderness
5. **Urethral Discharge (UD):** Male or transgender with intact genitalia with Urethral Discharge with or without dysuria or other symptoms with a history of unprotected sexual intercourse in recent past.
6. **Ano-rectal Discharge (ARD):** Male, female or transgender with symptoms of tenesmus or if ano-rectal discharge seen on examination
7. **Inguinal Bubo (IB):** Individuals with inguinal bubo and NO genital ulcer. (Syndromic or Clinical diagnosis of LGV should be included here)
8. **Painful Scrotal Swelling (PSS):** Male or transgender (with intact genitalia) with painful scrotal swelling (primarily caused by infection of Gonococci and Chlamydia)
9. **Genital warts:** Individuals with anal or 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. **Asymptomatic (Serological Syphilis)** - this box to be checked if the patient is found serological syphilis.
14. **Presumptive Treatment (PT)** - All asymptomatic sex workers (male and female) attending the clinic for the first time should be provided with presumptive treatment. Presumptive treatment is also to be provided in case the sex worker presents asymptomatically after not attending any clinical service for six consecutive months or more.
15. **Other (specify):** Individuals attending with any other STI/RTI related condition

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

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 between 7 and 10 of vaginal 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 odours of amines

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

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

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

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).
- **ART centre:** check this box if a referral is done (List of ART 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 .

2. STI / RTI REGISTER

Master Register for Doctors at STI and Gyne & Obs Clinic

Name of the Hospital _____

Clinic Unique ID number _____

STI/RTI Syndromic Coding: 1=UD 2=GUD-Harpetic 3=GUD-Non Hermetic 4=Vaginal-cervical discharge 5=Ingunal Bubo 6=Gental Scabies 7=Ano-rectal Discharge 8=Genital Molluscum 9=Scrotal Swelling 10=Gental pediculosis 11= Genital Warts 12 =Lower Abdominal Pain 13 Asymptomatic 14=Presumptive 15=Other (specify)

Sr. No.	Date	Patient OPD Number	Patient ID Number	Name	Age	Sex	Referred (R) walk in (W) of Referred then specify		STI/RTI Syndrome diagnosis	Treatment Provide		Counselling	Condoms	Partner Management		Referred to		Lab investigations			
										Kit (if available) Specify kit number	Drugs Prescribed	Counseling Done1-Yes 2-No.	Number of pieces provided	Partner Notification 1-Yes, 2 No	Partner managed 1-Yes,2 No	1-ICTC, 2-TB, 3-ART, 4-RPR/ VDRL 8-Others	Outcome of referral	RPR test	HIV test	KOH	Wet mount
1																					
2																					
3																					
4																					
5																					
6																					
7																					
8																					
9																					
10																					
11																					
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16																					
17																					
18																					
19																					
20																					
21																					
22																					
23																					

3. Counselors Patient Dairy

S. No.	Date	STI-PID No.	New / Repeat	Age	Sex	Occupation	Education	Patient Complaints	Important points in sexual & Personal history	Interventions by Counselors	Other Remarks
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											

4. Indent Form

Name of the Hospital : _____

Clinic Unique ID number: _____

Sl No.	Name of the Drug	Balance on the day of indent	Amount to be indented (Date)	Amount received (Date)	Remark
1	Kit 1				
2	Kit 2				
3	Kit 3				
4	Kit 4				
5	Kit 5				
6	Kit 6				
7	Kit 7				
8	RPR Test kits				

Note:

1. The clinic must have supply of drug for at least three months.
2. There should be a critical level of stock for each STI/RTI drugs & kits.
   Whenever supply reaches less than one quarter of supply the drug should be indented.
3. The Clinic should follow the policy of FEFO (First Expiry First Out).

Signature
Counsellor

Signature
STI Clinic Incharge

Signature
Issuing authority at SACS

5. Stock Register

_____ STATE AIDS CONTROL SOCIETY

Format for Stock Register for STI Clinic

Name of Test/Drugs/Consumable _____

Date	Opening Stock	Number received this month	Number of tests performed	Wastage if any	Closing Stock	Number requested	Date of placing request

STI/RTI Referral Form

(To be filled and handed to the client by STI/RTI Counselor/Nurse)

Referral to

ICTC/Chest & TB/Laboratory_____

The patient with the following details is being referred to your center.

Name:_____ Age_____ Sex:_____

STI/RTI-PID No:_____

Kindly do the needful

Referring Provider

Name:_____ Designation:_____

Contact Phone:_____Date of referral:_____

(To be filled and retained at referral site so as to be collected by STI/RTI counselor/Nurse weekly)

The above patient referred has been provided ICTC/TB/RPR/VDRL/_____ services and the patient has been tested/diagnosed/treated for_____

The test/results of RPR/VDRL/is/are_____

Signature of the Medical Officer/Counselor/Lab In-charge

II. Registers and Formants to be maintained at STI/RTI clinics in Targeted Intervention Project (Static Clinic or Preferred Provider)

Patient Wise card-STI services

Doctors Name : _____
Qualification : _____
Phone No : _____
Email No : _____

Name of the Clinic: _____
Clinic Timing: _____
Address : _____

NAME OF PATIENT : _____ Index No. _____ Date _____

AGE SEX MALE ☐ FEMALE ☐ TRANSGENDER ☐

Typology: FSW ☐ MSM ☐ IDU ☐ Migrants ☐ Truckers ☐

PATIENT FLOW : DIRECT WALK IN ☐ REFERRED ☐

Type of Patient: New ☐ Old ☐

Purpose of visit:
Symptoms & Signs of STI ☐
Follow up ☐
PT ☐
RMC ☐

Presenting complaint _____ since when _____

STI/RTI SYNDRROMIC DIAGNOSIS	KIT PRESCRIBED	Name of the drugs	Counselling	
				Yes
* Urethral Discharge (UD) * Ano- Rectal Discharge (ARD) * Cervical Discharge (Cervicitis) * Presumptive treatment (PT) * Painful Scrotal Swelling (PSS)	KIT – 1 GRAY	Azithromycin (1 g) OD STAT Cefixime (400 mg) OD STAT		No
Vaginal Discharge (Vaginitis)	KIT – 2 GREEN	Secnidazole (2 g) OD STAT and Fluconazole (150 mg) OD STAT	REFERRAL	
Genital Ulcer Diseases (GUD) - Non Herpetic	KIT – 3 WHITE	Benzathine penicillin (2.4MU) IM STAT and Azithromycin (1 g) OD STAT		ICTC / PPTCT
GUD- Non Herpetic (Allergic to Penicillin)	KIT – 4 BLUE	Doxycycline (100 Mg) × BD × 14 Days Azithromycin (1 g) × OD STAT		LAB TEST RPR/VDRL
GUD Herpetic	KIT – 5 RED	Acyclovir (400 mg) × TDS × 7 Days		ART CENTRE
Lower Abdominal Pain (PID)	KIT – 6 YELLOW	Cefixime (400 mg) × OD STAT and Metronidazole (400 Mg) × BD × 14 Days and Doxycycline (100 mg) × 14 Days		OTHERS:
Inguinal Bubo	KIT – 7 BLACK	Doxycycline (100 mg) × BD × 21 Days and Azithromycin (1 g) × OD STAT		
Other STI (Please Specify diagnosis and treatment)				

Examination Findings:

A) Partner notification undertaken : Yes/ No

B) Next Visit Date:

C) Condoms Provided: Yes/ No (if yes, Number:)

Others:

Date:

Signature of Doctor

Patient Register

Name of the Physician: ----------

Name of the clinic: ....., Address of the clinic:----------,

Phone/Mobile No:----------.

Date	SI. No.	Index No.	Name of the patient	Address	Sex (M/F/TG)	Age	Typology ofthe HRG (F/M/C/T/Mi*)	Diagnosis	Treatment given	Follow update	Remarks

Note: Typology of HRG *

F = Female Sex Worker., M = MSM., C = Client of the HRG, T = Trucker , Mi = Migrant.

Patient Wise STI/RTI Drug Distribution

Date : _____

If drug kits are available, then use this format:

Date	Sl No	Name of patient	Index No	Age	Name for the drug kit (Number dispensed)						
					KIT-1 GRAY	KIT-2 GREEN	KIT-3 WHITE	KIT-4 BLUE	KIT-5 RED	KIT-6 YELLOW	KIT-6 Black
	1										
	2										
	3										
	4										
	5										
		Total									

If drug kits are not available, then use this format:

Date	Sl No	Name of patient	Index No	Age	Name for the drug kit (Number dispensed)							
					Azithromycin	Cefixime	Metronidazole	Doxycycline	inj Penicillin	Acyclovir	Secnidazole	Fluconazole
	1											
	2											
	3											
	4											
	5											
		Total										

Weekly/Daily Drug Record

Date:

When drug kits are available, use this format:

Sl. No.	Kit Name	Name of the drug	Opening Balance	Drug Distributed	Closing Balance	Remarks
1	KIT-1 GRAY	Azithromycin (1 g) OD STAT Cefixime (400 mg) OD STAT				
2	KIT-2 GREEN	Secnidazole (2 g) OD STAT and 1 Cap. Fluconazole (150 mg) OD STAT				
3	KIT-3 WHITE	Benzathine penicillin (2 4 MU) IM STAT, Azithromycin (1 g) OD STAT				
4	KIT-4 BLUE	Doxycycline (100 mg) × BD × 14 DAYS Azithromycin (1 g) × OD STAT				
5	KIT-5 RED	Acyclovir (400 mg)× TDS × 7 DAYS				
6	KIT-6 YELLOW	Cefixime (400 mg) × OD STAT Metronidazole (400 mg) × BD × 14 DAYS Doxycycline (100 mg) × BD ×14 DAYS				
7	KIT-7 BLACK	Doxycycline (100 mg) × BD × 21 DAYS Azithromycin (1 g) × OD STAT				

Note:

1. Opening balance is the amount of drug you start with.
2. If you have indented and received the drug on that day than add to the opening balance. This becomes your new opening balance.
3. The drug distributed today should match the patient wise drug distribution.
4. Closing balance is opening balance minus drug distributed.
5. Closing balance of previous day is opening balance of today.
6. Indent the drug when it reaches the critical level.
7. Use FEFO principal in distributing the drug.
8. The clinic should have buffer for at least one quarter.

When drug kits are not available, use this format:

Sl. No.	Name of the drug	Opening Balance	Drug Distributed	Closing Balance	Remarks
1	Azithromycin (500m mg)				
2	Cefexime (200 mg)				
3	Metronidazole (400 Mg)				
4	Doxicycline (100 mg)				
5	Acyclovir (400 mg)				
6	Inj Benzathine Penicilline (2.4 million unit)				
7	Fluconazole (150 mg)				
8	Secnidazole (2 gm)				

Indent register of essential STI/RTI Drugs

When drug kits are available, use this format:

Sl. No.	Kit Name	Name of the drug	Balance on the day of indent	Amount to be indented (Date)	Amount received (Date)	Remarks
1	KIT-1 GRAY	Azithromycin (1 g) OD STAT Cefixime (400 mg) OD STAT				
2	KIT-2 GREEN	Secnidazole (2 g) OD STAT and 1 Cap. Fluconazole (150 mg) OD STAT				
3	KIT-3 WHITE	Benzathine penicillin (2 4 MU) IM STAT, Azithromycin (1 g) OD STAT				
4	KIT-4 BLUE	Doxycycline (100 mg) × BD × 14 DAYS Azithromycin (1 g) × OD STAT				
5	KIT-5 RED	Acyclovir (400 mg)× TDS × 7 DAYS				
6	KIT-6 YELLOW	Cefixime (400 mg) × OD STAT Metronidazole (400 mg) × BD × 14 DAYS Doxycycline (100 mg) × BD ×14 DAYS				
7	KIT-7 BLACK	Doxycycline (100 mg) × BD × 21 DAYS Azithromycin (1 g) × OD STAT				

Note:

1. The clinic must have supply of drug for at least three month.
2. There should be a critical level of stock for each STI/RTI drug. Whenever supply reaches less than one quarter of supply the ANM should indent the drug.
3. The ANM should follow the policy of FEFO (First Expiry First Out).

When drug kits are not available, use this format:

Sl. No.	Name of the drug	Balance on the day of indent	Amount to be indented (Date)	Amount received (Date)	Remarks
1	Azithromycin (500m mg)				
2	Cefexime (200 mg)				
3	Metronidazole (400 Mg)				
4	Doxicycline (100 mg)				
5	Acyclovir (400 mg)				
6	Inj Benzathine Penicilline (2.4 million unit)				
7	Fluconazole (150 mg)				
8	Secnidazole (2 gm)				

Referral Form for TI NGO

Name of the Patient: ---------- Age : ---------- Sex ----------

Referred by : PE/ORW/Other:----------

Typology: **FSW/MSM/IDU/Migrants/Trucker**

Referred to:

Name of the Physician:----------

Referred for: **STI/RTI Consultation/general complaints/blood test/others**

---------- Tear Here ----------

(To be retained by the patient.)

Name of the Patient: ----------

Referred For:----------

Chief Complaints: ----------

Diagnosis:----------

Treatment:----------

Remarks:----------

Signature:

Monthly Report Format for STI/RTI Clinic
(all public health facilities supported by NACO and TI NGOs)

Monthly STI/RTI

Unique ID. No. of STI/RTI Clinic /Gynae OPD /TI NGO	

MONTHLY REPORT FORMAT FOR STI/RTI CLINICS

Name of STI/RTI Clinic/ Hospital to which the Gynecology OPD is Attached/ TI NGO					
Sub Type		Category		Location	
Address :					
District :		Block :		City :	
Reporting Period :	Month(MM) :		Year(YYYY) :		
Name of Officer In - charge :					
Phone no. of Officer In - charge :					

Section 1 : No. of Patients Availed STI/RTI services in this month

Type of Patients	Age Group & Sex												Total		
	<20			20-24			25-44			>44					
	Male	Female	TS/TG	Male	Female	TS/TG	Male	Female	TS/TG	Male	Female	TS/TG	Male	Female	TS/TG
Clinic visit with STI/RTI complaint and were diagnosed with an STI/RTI															
Clinic visit with STI/RTI complaint but were NOT diagnosed with an STI/RTI. • Clinic visit for Syphilis Screening (Excluding ANC) • For TI-NGOs-RMC, PT, Syphilis Screening (whichever applicable)															
Follow up visit for the index STI/RTI complaint															
Total No of visits															

Section 2 : STI/RTI syndromic diagnosis

(Should be filled by all STI/RTI service providers for clinic visit for STI/RTI complaint only)

Diagnosis	Age Group & Sex			
	Male	Female	TS/TG	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				
11. Serologically + ve for syphilis				
Total No of episodes				
No of people living with HIV/AIDS (PLHAs) who attended with STI/RTI complain during the month				

Section 3. Details of other services provided to patients attending STI/RTI clinics in this month

To be filled in by all STI/RTI Service Providers

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

Section 4 : STI/RTI service for HRGs in the month (To be filled in by TI NGO)				
	Male	Female	TS/TG	Total
Number of new individuals visited the clinic				
Number of Presumptive Treatments (PT) provided for gonococcus and Chlamydia				
Number of regular STI check-ups (RMC) conducted (check-up including internal examination of HRGs once in a quarter)				

Section 5 : ANC syphilis screening in this month	
Should be filled by all service providers with ANC service provision	Total
Number of ANC first visits in the month (Registration)	
Number of rapid plasma reagin RPR/VDRL tests performed	
Number of RPR/VDRL tests reactive (Qualitative)	
Number of RPR/VDRL tests reactive above >=1:8 (Quantitative)	
Number of pregnant women treated for syphilis	

Section 6 : Laboratory diagnosis of STI/RTI				
Laboratory diagnosis/Tests	Male	Female	TS/TG	Total
1. Total RPR/VDRL tests performed				
RPR tests reactive >= 1:8				
2. Total Gram stain performed				
Gonococcus + (gram negative intracellular diplococci +)				
Non-Gonococcus urethritis (NGU)-Pus cells +ve				
Non-Gonococcus cervicitis (NGC)-Pus cells +ve				
None				
Nugents score +ve				
3. Wet mount test performed				
Motile Trichomonads +ve				
Whiff test +ve				
Clues cells +				
None				
4. KOH test performed				
Candidiasis				
None				
5. Availability of consumables (Yes=1, No=2)				
Do you have STI pre-packed kits?				
Functional Computer				
AMC of Computer				

Section 7 : Drugs & Consumables								
Drugs & Consumables	Opening stock	Number received this month	Consumed	Damage/ Wastage	Closing stock	Stock Sufficient for approx months	Earliest Expiry Date (Month/Year)	Quantity
RPR tests								
Pre-packed STI Kit 1								
Pre-packed STI Kit 2								
Pre-packed STI Kit 3								
Pre-packed STI Kit 4								
Pre-packed STI Kit 5								
Pre-packed STI Kit 6								
Pre-packed STI Kit 7								
Condom Pieces								
Reagent for gram stain								
Reagents for wet mount and KOH test								
Others								

Section 8 : Details of Staff at the STI/RTI clinics					
Human resource details at STI/RTI and /or Gynaecology clinics (Should be filled by all STI/RTI clinics)					
Staff	Number Sanctioned	Number in place	Number of Person Trained during month		
			Induction	Refresher	Others
Medical Officer					
Staff Nurse					
Laboratory Technicians					
Counsellor					

Guidelines for filling Monthly Report Format for STI/RTI Clinics (all public health facilities supported by NACO and TI NGOs)

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 through SIMS. The STI/RTI service providers include:

- Providers at all ***designated STI/RTI clinics*** (located in area/district hospitals, teaching hospitals attached to medical colleges etc)
- ***Targeted Interventions*** providing STI/RTI services for High Risk Behaviour Groups

What are the different sections of STI format?

The format is divided into eight sections as follows.

Section 1: Number of Patients availed STI/RTI services in this month

Section 2: STI/RTI syndrome and other STI/RTI diagnosed

Section 3: Details of other services provided to patients attending STI/RTI clinics in this month

Section 4: STI/RTI service for HRGs in this month

Section 5: ANC Syphilis screening in this month

Section 6: Laboratory diagnosis of STI/RTI

Section 7: Drugs & Consumables

Section 8: Details of Staff at the STI/RTI clinics

What should be reported?

- Section 1, 2, 3, 5, 7 and 8 should be reported by all NACO ***designated STI/RTI clinics***
- Section 1, 2, 3, 4 and 7 should be filled by all ***Targeted Interventions***
- Additional Section 6 should be filled up by NACO ***designated STI/RTI clinics*** also having laboratory services (Laboratory may be located in the STI/RTI clinic or through linkage with existing laboratory in the hospital)

General Information

Sl. No.	Indicators	Explanation
1	Unique ID	Unique ID provided to STI/RTI Clinic/Gynaecology OPD/TI NGO by respective SACS
2	Name of the STI/RTI Clinic/Gynae OPD/ TI NGO	Name of the institution where STI/RTI Clinic/ Gynaecology OPD is located Name of the TI NGO
3	Address of STI/Gynae	Address of STI clinic including state, city, district, Block/Mandal and pin code
4	Reporting period	Reporting month and year in the form of MM and YYYY. Example: the data for the month January, 2011 would be reported in February 2011. So the reporting month is 01 and year is 2011.
5	Name and phone number of the Officer in-charge	Name of the medical officer who is in charge of STI Clinic
6	Phone number of the Officer in-charge	Phone number of the officer who is in charge of STI Clinic

Section 1: No. of Patients availed STI/RTI services in this month

- Should be reported by **all STI/RTI service providers**
- **One individual should be entered once in a month in this section in any row**
- Fill the number of individuals who have availed STI/RTI services under appropriate age and sex category
- Fill in the total number of STI/RTI visits under the specific category as per description below

Sl No.	Indicator	Definition/Explanation
1	Clinic visit with STI/RTI complaints and were diagnosed with STI/RTI	Fill the number of individuals visited with any STI/RTI complaints as per STI/RTI patient wise card and was treated for the same. This indicates fresh STI/RTI episodes.
2	Clinic visit with STI/RTI complaint but were NOT diagnosed with an STI/RTI Clinic visit for syphilis screening (Exclude ANC) For TI-NGOs-RMC, PT, Syphilis Screening (whichever applicable)	Fill the number of individuals visited for complaints of STI/RTI, but were not diagnosed with STI/RTI as per patient wise card. Include the patients who came for syphilis screening to Designated STI/RTI clinics. ***Do not include ANC attendees.*** Only for TI-NGOs, fill all those HRG (without diagnosed STI/RTI) attending the STI clinic for Regular Medical Check-up, Presumptive Treatment and Syphilis screening * *1. If any HRG attending for RMC or syphilis screening or PT is found to be having STI/RTI, they should be entered in row 1 only. 2. If any HRG availing more than 1 service (eg RMC + Syphilis screening, PT + syphilis screening, Symptomatic STI + Syphilis screening) should be entered only once in one row based on his/her having an STI/RTI or not.
3	Follow up visits for the STI/RTI complaint	Fill the number of patients who have come for a follow up visit (within 14 days of availing treatment) out of patients counted in row 1 (clinic visit with STI/RTI and were diagnosed with STI/RTI)
4	Age group and Sex	Fill the number of individual availed STI/RTI services under appropriate age (<20, 20-24, 25-44, >44) and sex category.
5	Total no. of visits	This is auto calculated in software. The total gives total attendance of individuals at STI/RTI clinic.

Section 2: STI/RTI Syndromic Diagnosis

- Should be reported by **all STI/RTI service providers**
- Should be filled for clinic visit with STI/RTI complaints and were diagnosed with STI/RTI only (Section 1 Row 1)
- Diagnosis could be reached on syndromic/clinical/etiological basis
- Fill up consolidated number of STI/RTI patients diagnosed with following syndromes

Sl No	Indicator	Definition/Explanation
1	Vaginal/Cervical discharge (VCD)	a) Woman with symptomatic vaginal discharge b) Asymptomatic patient with vaginal discharge seen on speculum examination c) Cervical discharge seen on speculum examination (All syndromic, etiological and clinical STI/RTI diagnosis relating to vaginal or cervical discharge should be included here)
2	Genital Ulcer Disease (GUD)-Non Herpetic	Female or male or transgender with genital or ano-rectal ulceration and with NO blisters (vesicles). (All STI syndromic, clinical or etiological diagnosis relating to genial ulcers caused by Treponema Pallidum (syphilis), Haemophilus Ducreyi (Chancroid), Granuloma Inguinale and Lymphogranuloma Venereum (LGV) except herpes simplex virus type 2 should be included here)
3	Genital Ulcer Disease (GUD)-Herpetic	Female or male or transgender with genital or ano-rectal blisters (vesicles) with ulcers or recurrence primarily caused by herpes simplex virus type 2.
4	Lower Abdominal Pain (LAP)	Female with Lower Abdominal Pain or tenderness, or Cervical motion tenderness
5	Urethral Discharge (UD)	Male or transgender with intact genitalia with Urethral Discharge with or without dysuria or other symptoms
6	Ano-rectal Discharge (ARD)	Male, female or transgender with symptoms of tenesmus or if ano-rectal discharge seen on exam
7	Inguinal Bubo (IB)	Individuals with inguinal bubo and NO genital ulcer. (Syndromic or Clinical diagnosis of LGV should be included here)
8	Painful Scrotal Swelling (SS)	Male or transgender (with intact genitalia) with painful scrotal swelling (primarily caused by infection of Gonococci and Chlamydia)

Sl No	Indicator	Definition/Explanation
9	Genital warts	Individuals with anal or genital warts.
10	Other STIs	Individuals attending with any other STI/RTI related condition (e.g. Genital Scabies, pubic lice, and Genital Molluscum Contagiosum etc).
11	Serologically +ve for syphilis	Individuals treated for serological reactive for Syphilis.
Total number of episodes		These counts the total number of episodes of STI/RTI diagnosis made during the month. This is auto calculated in the software.
People living with HIV attended with STI/ RTI complaints		People living with HIV attended/treated for STI/RTI

Section 3: Details of Other Services provided to patients attending STI/ RTI clinics in this month

- Should be reported by **all STI/RTI service providers**
- Should be filled with details of other services like counselling, condom distribution, referrals provided to STI/RTI clinic attendees as per Section 1.

Sl. No.	Indicator	Definition/Explanation
1	Number of patients counseled	Fill total number of STI/RTI clinic attendees provided with STI/RTI counseling.
2	Number of condoms provided	Fill total number of condoms provided to all STI/RTI clinic attendees.
3	Number of RPR/VDRL tests conducted	Fill total number of RPR/VDRL tests conducted for STI/ RTI clinic attendees.
4	Number of patients found reactive	Fill the number detected reactive for RPR/VDRL test of the above.
5	Number of partner notification 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 patients referred to ICTC	Fill the number of STI/RTI clinic attendees referred to ICTC.
8	Number of patients found HIV-infected (of above)	Fill the number detected as HIV reactive, of the above.
9	Number of patients referred to other services	Fill in the number of STI/RTI clinic attendees referred for any other services like care and support, tuberculosis screening etc.

Section 4: STI/RTI Service for HRGs

- Should be filled by **TI-NGO** providing services to high risk behavior group(HRG).

Sl No.	Indicator	Definition/Explanation
1	Number of new individuals visited the clinic	Fill in total number of new High Risk Behaviour Group individuals visiting the clinic for the first time for any clinical services. This would include both symptomatic and asymptomatic HRGs. It has no relationship with what package of services is being availed. This number can be arrived by summing up "new clients" checked as "Yes" in patient wise card. Definition of "new" HRG individual is as per TI guidelines
2	Number of presumptive treatment (PT) provided for Gonococcus and Chlamydia	Fill in total number of HRG individuals (FSW, MSM including TS/TG) who attended the clinic for STI/RTI services without being symptomatic and were provided with treatment for Gonococcus and Chlamydia as per NACO STI/RTI technical guidelines August 2007.
3	Number of regular STI check-ups (RMC) conducted	Fill in the number of HRG individuals (FSW, MSM including TS/TG) who attended the clinic for STI/RTI services without being symptomatic and received RMC. RMC means medical check up including internal examination of HRG to be done once in a quarter, which may include speculum or proctoscope examination; and found to be not having STI/RTI. Exclude the numbers of HRG receiving presumptive treatment in this row.

Section 5: ANC Syphilis Screening in this Month

- Should be filled by all NACO ***designated STI/RTI clinics***
- Data should be drawn from the records of ANC clinic in the hospital
- Should fill information for women making first visit for ANC only

Sl No.	Indicator	Definition/Explanation
1	Number of ANC first visits in the month (Registration)	Write the number of pregnant women registered for first time with the ANC clinic during the month.
2	Number of RPR/VDRL tests performed	Write the number of registered pregnant women undergone RPR/VDRL test during the month*
3	Number of RPR/VDRL tests reactive (qualitative)	Write the number of pregnant women found reactive for RPR/VDRL test*, of the above
4	Number of RPR/VDRL tests reactive >= 1:8 (quantitative)	Write the number of pregnant women whose RPR/VDRL test* titre is >=1:8, of the above
5	Number of pregnant women treated for syphilis	Write the number of pregnant women diagnosed having syphilis undergone treatment

Section 6: Laboratory Diagnosis of STI/RTI

- Should be filled by all NACO ***designated STI/RTI clinics***
- ***Do not include ANC syphilis screening data in this section***

Sl. No.	Indicator	Definition/Explanation
1	**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 (write the same number as recorded in row 3 under section 3)
	RPR test reactive >= 1:8	Fill in the number of RPR/VDRL tests reactive at or above 1:8 titres among men, women and others*, of the above
2	**Total Gram stain performed**	Fill in total number of gram stain performed among men (urethral smear) and women (endo-cervical smear and vaginal discharge smear)*
	Number of Smears +ve for Gonococcus	Fill in number of gram stained smears positive for gonococcus
	Criteria for urethral smear	>5 PMN/hpf and intracellular gram negative diplococci inside poly morphonuclear cells
	Criteria for endocervical smear	Numerous PMN/hpf and intracellular gram negative diplococci inside poly morphonuclear cells

Contd...

Sl. No.	Indicator	Definition/Explanation
	Non Gonococcal Urethritis/ cervicitis-Pus cells +	Fill in number of gram stained 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 endocervical smears	>10 PMN/hpf and NO gram negative diplococci inside poly morphonuclear cells
	None	Fill in number of gram stained smears negative for both
	Criteria for urethral smear	< 5PMN/hpf and NO intracellular gram negative diplococci inside poly morphonuclear cells
	Criteria for endocervical smear	<10 PMN/hpf and NO gram negative diplococci inside poly morphonuclear cells
	Number of smears +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
3	**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 in more than 20% of all epithelial cells in any view under light microscope
	Whiff test +	Fill in the number of wet mounts released fishy odours 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
4	**KOH test performed**	Fill in total number of KOH tests performed among women
	Candidiasis+	Fill in the number of KOH slides demonstrated budding yeast/hyphae under light microscope
	None	Fill in the number of KOH slides not demonstrated budding yeast/hype under light microscope
5	**Availability of consumables, functional computers and AMC of Computers**	Check yes or no for availability of the STI/RTI colour coded drug kits, functional computers and its AMC.
**** The information on number of test conducted and/or results may or may not be available with facility providing clinical services. The providers are to ensure collection of the laboratory data from the concerned providers/departments/or facilities (microbiology/pathology/general lab).***		

Section 7: Drugs and Consumables

- Should be filled by all service providers at STI/RTI clinic
- Provide details of stock of RPR test, TPHA tests kits, Per-packed STI kit 1, kit 2, kit 3, kit 4, kit 5, kit 6 and kit 7, condom pieces, reagents for gram stain, wet mount and KOH test and others if any

Sl. No.	Indicator	Definition/Explanation
1	Opening Stock	This is auto calculated in software. This gives number of STI/RTI drug kits/reagent/RPR, TPHA test kits available on the first day of the month.
2	Number received in this month	Write the number of STI/RTI drug kits/reagent/RPR, TPHA test kits received during the month.
3	Number consumed	Write the number of STI/RTI drug kits/reagent/RPR, TPHA test kits utilised or distributed during the month.
4	Damage/Wastage	Write the number of STI/RTI drug kits/reagent/RPR, TPHA test kits wasted or damaged during the month.
5	Closing stock	This is auto calculated in software. This gives the number of STI/RTI drug kits/reagent/RPR, TPHA test kits available on the last day of the month.
6	Stock sufficient for approximate month	This is auto calculated in software. (Closing stock/drugs consumed plus damaged/wasted) Every clinic to ensure one quarter (3 months) drug/testing kits/reagent supply for the clinic.
7	Earliest expiry date	Write the expiry date of the drug kit, condom or reagent in a lot of the closing stock having the earliest expiry date in MM/YEAR
8	Quantity	Write the quantity of the drug kit, condom and reagent kit having earliest expiry date

Section 8: Details of Staff at the STI/RTI clinics

- Should be filled by all STI/RTI clinics
- Contains human resource details at STI/RTI clinics

Sl. No.	Indicator	Definition/Explanation
1	Medical Officer/s	Number of doctors posts sanctioned, Number in place Number of the doctors trained in STI as per National guidelines (Induction/Refresher/Other) during the month
2	Staff Nurse	Number of Staff Nurse posts sanctioned, Number in place Number of the staff nurse trained in STI as per National guidelines (Induction/Refresher/Other) during the month
3	Lab Technician	Number of Lab Technician posts sanctioned, Number in place Number of the Lab Technician trained in STI as per National guidelines (Induction/Refresher/Other) during the month
4	Counsellor	Number of Counsellor posts sanctioned, Number in place Number of the Counsellor trained in STI as per National guidelines (Induction/Refresher/Other) during the month

III. Registers and Formants to be maintained at Sub-District NRHM Health Facilities Record of STI/RTI information in the already existing registers at OPD/Laboratory and Stock room in all below district public health facilities

Patient Register for STI/RTI Services					
S. No.	Date	Name	Age	Sex	Diagnosis
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Syphilis Screening of Pregnant Women or STI/RTI Patients							
S. No.	Date	Name	Age	Sex	Patient details (STI patient or ANC Mother)	Syphilis test: RPR/VDRL	Test results for syphilis
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Drug Stock Record Format				
Drugs	**Opening stock (1st of every month)**	**Number received this month**	**Consumed**	**Closing stock (last day of every month)**
Prepacked STI Kit 1				
Prepacked STI Kit 2				
Prepacked STI Kit 3				
Prepacked STI Kit 4				
Prepacked STI Kit 5				
Prepacked STI Kit 6				
Prepacked STI Kit 7				

STI/RTI Monthly reporting format from NRHM facilities (all public health facilities not supported by NACO)

Unique ID. No. of District					
STI/RTI MONTHLY REPORTING FORMAT FROM NRHM FACILITIES IN DISTRICT					
Name of District /CHC/PHC/Others					
Number of NRHM facilities to report in the district					
Number of Units reported in this month					
Reporting Period :	Month(MM) :		Year(YYYY) :		
Name of Officer In - charge :					
Phone no. of Officer In-Charge :					

Section 1 : No. of Patients Availed STI/RTI services in this month			
	Total		
	Male	Female	Total
No. of patients diagnosed and treated for various STI/RTI			

Section 2 : Syndromic diagnosis and investigation details (Should be filled by Officer in-charge)			
Diagnosis	Male	Female	Total
1.Vaginal/Cervical Discharge			
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			
11. Serologically +ve for syphilis			
Investigations			
12. Number of STI/RTI patients tested for syphilis (RPR/VDRL)			
13. Of Above, Number of STI/RTI patients found reactive for syphilis			
14. Number of STI/RTI patients referred for HIV testing			
15. Of above, Number of STI/RTI patients found HIV reactive			
16. Number of STI/RTI patient tested for wet mount			

Section 3. Details of syphilis screening of Pregnant women			
Service	Male	Female	Total
1. Number of Pregnant women screened for syphilis (VDRL/RPR test)			
2. Of above, Number of Pregnant women found reactive			

Section 4 : Status of Drugs & test kits	
Drugs & test kits	No. of kits Available
Prepacked STI Kit 1	
Prepacked STI Kit 2	
Prepacked STI Kit 3	
Prepacked STI Kit 4	
Prepacked STI Kit 5	
Prepacked STI Kit 6	
Prepacked STI Kit 8	
RPR/VDRL Tests Kit	

Guidelines for filling Monthly reporting format from NRHM facilities (all public health facilities not supported by NACO)

Who should fill this?

Hard copies of this reporting format should be filled and submitted to the corresponding reporting authority (District RCH officer or any other corresponding reporting authority) by the 5th of next month by all NRHM facilities NOT supported by NACO (PHC/CHC/Urban Health Posts and Other sub-district health facilities) under STI/RTI control and prevention program. These individual reports are to be consolidated at district level and submitted as one report to SACS and State Mission Director every month by the 7th of the month.

Note: All facilities supported by NACO need to report on the three page STI/RTI format only

What are the different sections of STI format?

The STI format is divided into 4 sections as follows:

Section 1: Number of Patients availed STI/RTI services in this month

Section 2: Syndromic diagnosis and investigation details

Section 3: Details of syphilis screening of pregnant women

Section 4: Status of Drugs & test kits

General Information

Sl. No.	Indicators	Explanation
1	Unique ID of District	Write the Unique ID of District which will be provided to District by respective SACS
2	Name of the District/ CHC/PHC/Other facilities	Write the Name of the District or CHC or PHC or other facilities sending the report.
3	Number of NRHM facilities to report in the district*	Write the number of NRHM facilities to report in the district.
4	Number of Units reported in this month*	Write the number of NRHM facilities reported in this month, of the above
5	Reporting period	Reporting month and year in the form of MM and YYYY. Example: the data for the month January, 2010 would be reported in Feb 2010. So the reporting month is 01 and year is 2010.
6	Name of the Officer in-charge	Name of the medical officer who is in charge of STI Clinic
7	Phone number of the Officer in-charge	Phone number of the officer who is in charge of STI Clinic

** This information is only to be provided by the District.*

Section 1: No. of Patients Availed STI/RTI services in this month

- Fill the number of individuals who have availed STI/RTI services under appropriate sex category

Sl. No.	Indicator	Definition/Explanation
1	No. of patients diagnosed and treated for various STI/ RTI	Fill the number of individuals visited with any STI/RTI complaints and was treated for the same.

Section 2: Syndromic diagnosis and investigation details

- Diagnosis could be reached on syndromic/clinical/etiological basis

Sl. No.	Indicator	Definition/Explanation
	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 speculum examination c) Cervical discharge seen on speculum examination (All syndromic, 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 syndromic, clinical or etiological diagnosis relating to genial ulcers caused by Treponema Pallidum (syphilis), Haemophilus Ducreyi (Chancroid), Granuloma Inguinale and Lymphogranuloma Venereum (LGV) except herpes simplex virus type 2 should be included here)
3	GUD - Herpetic - Genital Ulcer Disease – Herpetic	Female or male or transgender with genital or ano- rectal blisters (vesicles) with ulcers or recurrence primarily caused by herpes simplex virus type 2.
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, female 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. (Syndromic or Clinical diagnosis of LGV should be included here)
8	SS - Painful Scrotal Swelling	Male or transgender (with intact genitalia) with painful scrotal swelling (primarily caused by infection of Gonococci and Chlamydia)
9	Genital Warts	Individuals with anal or genital warts.
10	Other STI's	Individuals attending with any other STI/RTI related condition (e.g. Genital Scabies, pubic lice, and Genital Molluscum Contagiosum etc).

Contd...

Sl. No.	Indicator	Definition/Explanation
11	Serologically Positive for Syphilis	Individuals treated for serological reactive for Syphilis.
	Investigation details	
12	Number of STI/RTI patients tested for syphilis (RPR/ VDRL)	Fill total number of RPR/VDRL tests conducted
13	Of Above, Number of STI/RTI patients found reactive for syphilis	Fill the number found reactive for RPR/VDRL test
14	Number of STI/RTI patients referred for HIV testing	Fill the number of STI/RTI clinic attendees referred to ICTC
15	Of above, Number of STI/RTI patients found HIV-infected	Fill the number detected as HIV reactive, of the referred individuals
16	Number of STI/RTI patient tested for wet mount	Fill in the number of STI/RTI clinic attendees tested with wet mount

Section 3: Details of syphilis screening of Pregnant women

- Data should be drawn from the records of ANC clinic in the facility

Sl. No.	Indicator	Definition/Explanation
1	Number of Pregnant women screened for syphilis(VRDL/ RPR)	Write the number of pregnant women undergone RPR/ VDRL test for syphilis during the month
2	Of above, Number of Pregnant women found reactive	Write the number of pregnant women found reactive for RPR/VDRL test

Section 4: Status of Drugs & test kits

- Provide details of stock status of RPR/VDRL test kits and Pre-packed STI kit 1 to 7

Sl No.	Indicator	Definition/Explanation
1	Drugs & test kits available	Fill in the numbers of RPR/VDRL test kits and Per-packed STI kit 1, kit 2, kit 3, kit 4, kit 5, kit 6 and kit 7 kits available

ANNEXURE XVI

Reporting Format of Regional STI Training, Research and Reference Laboratories (RSTRRRL)

Reporting format for Regional STI Training, Research and Reference Laboratory															
National AIDS Control Programme															
Name of centre															
Address															
Centre Unique ID Number															
	STI			Obs Gynae			Microbiology			Community Medicine / Social & Preventive Medicine					
Name of Faculty In-charge															
Email															
Phone Number- Land Line with STD code															
Mobile Number															
Reporting Period:	Month (MM)						Year (YYYY):								
Section 1 A: Age & Sex Distribution of STI / RTI patients / samples received (from within State including facilities in the same premises)															
Source of Patients/Samples	Age Group & Sex												Total		
	<19			20-24			25-44			45 and Above					
	Male	Female	TS/TG	Male	Female	TS/TG	Male	Female	TS/TG	Male	Female	TS/TG	Male	Female	TS/TG
STI OPD / IPD															
Obs Gynae OPD / IPD															
NGOs															
Private Sector															
Others (Specify)															
Section 1 B: Age & Sex Distribution of STI / RTI patients / samples received (from linked States)															
S.No	Name of the State	Age Group & Sex											Total		
		<19			20-24			25-44			45 and Above				
		Male	Female	TS/TG	Male	Female	TS/TG	Male	Female	TS/TG	Male	Female	TS/TG	Male	Female	TS/TG
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															

Section 2 : Syndromic validation of patients /samples received by centre														
S.No	STI/RTI syndrome			Name of Laboratory Test/s performed	Number tested				Number found Positive				Mention the number of syndromic diagnosis matched by lab tests
	Syndrome	No received	Specific STI		Male	Female	TS/TG	Total	Male	Female	TS/TG	Total	
I	GUD Non Herpetic syndrome		Syphilis	Dark Field Microscopy									
				VDRL Test -Qualitative									
				VDRL Test - Quantitative (No of samples showing titers									
				RPR Test- Qualitative									
				RPR Test - Quantitative (No of samples showing titers									
				TPHA test									
				FTA-Abs									
				TP ELISA IgG & IgM									
			Chancroid	Gram stain of ulcer smear									
				Culture									
			Donovanosis	Tissue smear for Donovan bodies									
II	GUD Herpetic syndrome		HSV II	Ulcer smear for MNGC									
				IgM Anti HSV									
				ELISA Antigen									
III	Urethral Discharge syndrome		N gonorrheae	GC Smear - Male (Discharge/Urine)									
				GC Culture -Male									
			C trachomatis	ELISA Antigen									
				DFA									
			T vaginalis	Direct wet mount- Discharge									
				Urine sediment									
				Culture									
IV	Oral / Anorectal Discharge syndrome		N gonorrheae	GC Smear - Discharge									
				GC Culture									
			C trachomatis	ELISA Antigen									
				DFA									
V	Vaginal discharge syndrome		T vaginalis	Direct wet mount - Vaginal discharge									
				Culture									
			Candida sp	KOH									
				Gram stain									
				Culture									
			B vaginosis	Gram stain									
VI	Cervical discharge syndrome		N gonorrhea	GC Smear - Female									
				GC Culture -Female									
			C trachomatis	ELISA Antigen									
				DFA									
			T vaginalis	Direct wet mount-discharge									
VII	Hepatitis B			HBsAg									
VIII	Hepatitis C			Anti HCV									
IX	Others (Specify)			Total number of patient/samples screened for syphilis (VDRL qualitative and quantitative tests) other than tested under GUD-NH diagnosis									
VII	Hepatitis B			HBsAg									
VIII	Hepatitis C			Anti HCV									
IX	Others (Specify)			Total number of patient/samples screened for syphilis (VDRL qualitative and quantitative tests) other than tested under GUD-NH diagnosis									

Section 3 : Number of Gonococci cultures and Anti Microbial Resistance studies performed				
Number of GC cultures performed during the month		Cefixime	Ceftriaxone	Both
	Susceptible			

Section 3 : Number of Gonococci cultures and Anti Microbial Resistance studies performed				
Number of GC cultures performed during the month		Cefixime	Ceftriaxone	Both
	Susceptible			
	Less Sensitive			
	Resistant			

Section 4 : Number of other STI/RTI pathogens cultured and Anti Microbial Resistance studies performed				
S.No	Name of the Organism	Number of positive cultures	Number found resistant / less sensitive to drugs advised in National guidelines	Remarks
1				
2				
3				
4				
5				
6				
7				
Total				

Section 5 : Status of kits					
Kits	Opening stock	Number received this month	Number Consumed	Damaged/ Wastage	Closing Stock
VDRL Kits					
RPR Kits					
TPHA Kits					
ELISA kits					
HSV II IgM					
Ct IgM & IgG					
Ct Ag					
Tp ELISA IgG					
Tp ELISA IgM					
HBs Ag					
Anti-HCV Ab					

Section 6 : AMC Status of Equipments	
Is AMC contract for equipments is active - Y / N	
If answer is NO, mention since when	

Section 7 : Details of Trainings conducted				
S.No	Particular	Number of Induction trainings	Number of Refresher trainings	Total number of persons trained
1	Microbiologists			
2	Lab Technicians			
3	Others			

Section 8 : Details of Syphilis EQAS conducted				
S.No	Particular	Number of Serum panels distributed	Number of reports received	Number of feedback provided
1				
2				
3				
4				

Section 9 : Details of STI/ RTI Research work by centre			
S.No	Name of the research work undertaken	Current status of implementation	Brief description of outcome/results
S.No	Number of research papers sent for publication	Number of papers accepted	Number of research papers published*
STI / Gynae			
Community Medicine			
Microbiology			
Others			

* Hard Copy of research papers published should be provided to NACO

Guidelines for filling reporting format for Regional STI Training, Research and Reference Laboratories

Who should fill this?

This reporting format should be filled by all regional STI training, research, reference laboratories and State STI reference centers and submitted to the corresponding reporting authority through SIMS with a hard and soft copy to Apex centre.

All centers (regional and state) should fill all sections of the format.

What are the different sections of RSTRRL format?

The format is divided into nine sections as follows:

Section 1A: Age and sex distribution of STI/RTI Patients/Samples received from within the state including facilities in the same premises.

Section 1B: Age & Sex Distribution of STI/RTI patients/samples received (from linked States)

Section 2: Syndromic validation of patients/samples received by centre, Syndromic diagnosis and investigation details

Section 3: Number of Gonococci cultures and Anti Microbial Resistance studies performed

Section 4: Number of other STI/RTI pathogens cultured and Anti Microbial Resistance studies performed

Section 5: Status of Kits

Section 6: AMC Status of Equipments

Section 7: Details of Trainings conducted

Section 8: Details of Syphilis EQAS conducted

Section 9: Details of STI/RTI Research work by centre

General Information

Sl. No.	Indicator	Definition/Explanation
1	Name of centre	Mention the name of the Institute where the regional or state centre is located.
2	Address	Mention the detailed postal address of the centre
3	Centre Unique ID	Centre Unique ID number will be provided by respective SACS
4	Name of the Faculty in-charge STI/ObGynae/ Microbiology/Social & Preventive Medicine or Community Medicine	Mention the name of Faculty in charge from each of the four basic specialties (STI/ObGynae/Microbiology/SPM or CM)
5	Email of each of the Faculty in-charge - STI/ObGynae/ Microbiology/Social & Preventive Medicine or Community Medicine	Mention the email ID of each of the faculty in charge of STI/ ObGynae/Microbiology/Social & Preventive Medicine or Community Medicine
6	Phone Number- Land Line with STI code	Mention the Land Line Phone number with STD code of each of the faculty in charge from STI/ObGynae/ Microbiology/Social & Preventive Medicine or Community Medicine
7	Mobile number	Mention the Mobile Phone number of each of the faculty in charge from STI/Gynae/Microbiology/Social & Preventive Medicine or Community Medicine
8	Reporting period	Reporting month and year in the form of MM and YYYY. Example: the data for the month January, 2011 would be reported in Feb 2011. So the reporting month is 01 and year is 2011.

Section 1 A – Age and sex distribution of STI/RTI Patients/Samples received from within the state including facilities in the same premises.

- Fill the number of sample received for laboratory testing from individuals who attended RSTRRL under appropriate age and sex category or sample received for testing at the RSTRRL from different sources.
- Please specify source from where patient/sample was received.

Sl. No.	Indicator	Definition/Explanation
1	STI OPD/IPD	STI Out Patient Department (OPD)/Inpatient department (IPD),
2	ObGynae OPD/IPD	Gynaecology and Obstetrics Out Patient Department (OPD)/ Inpatient department (IPD)
3	NGOs	Non Government Organizations implementing Targeted Intervention projects
4	Private Sector	Any provider in private sector
5	Others (Specify)	from any other source/s.

Section 1 B – Age and sex distribution of STI/RTI Patients/Samples received from linked States

All Regional STI Reference, Training and Research laboratories are linked to state reference centre of other states.

- Please mention the name of referring state in the column marked "Name of State".
- Fill the number of sample received for laboratory testing from individuals who attended RSTRRL under appropriate age and sex category or sample received for testing at the regional centre.

Section 2 – Syndromic validation of Patient/Sample received by centre.

- Centre will receive either patient/sample with STI/RTI syndromic diagnosis for laboratory testing.
- Centre to record, number of such patient/sample received under each syndrome.
- Centre to perform laboratory test to validate the diagnosed syndrome and record the results as per the sex distribution of patient/sample.

For Example:

A patient/sample is sent to centre with a diagnosis of Genital Ulcer Disease Non Herpetic Syndrome (GUD-NH Syndrome).

The most common etiologic agents for GUD-NH syndrome are T. pallidum (Syphilis); H. ducreii (Chancroid), K. granulomatis (Donovanosis).

The centre performs the tests to detect the above etiological agents (Microscopic or serologic) for GUD-NH syndrome.

If any or all of the above etiological agents are detected for GUD-NH syndrome, then the centre will report the number of such patients/samples matched with syndromic diagnosis.

- The results for all other STI/RTI syndromes (GUD-Herpetic syndrome; Urethral Discharge syndrome; Vaginal Discharge syndrome; Cervical Discharge syndrome; Oral/Ano-Rectal discharge syndrome) to be recorded in a similar manner.
- Centre to record the number of tests performed for Hepatitis B and Hepatitis C and provide the results.
- If Centre has performed any other STI/RTI tests then that information should be recorded under “Others’. Please specify the etiological agent/s detected.
- Centre to record the total number of patient/samples screened for syphilis (VDRL qualitative and quantitative tests) during the reporting period other than patients/samples tested under GUD-NH diagnosis under "others" row.

Section 3 – Number of Gonococci cultures and Anti microbial resistance studies performed.

- Centre to record the number of gonococcal cultures performed during the month.
- Centre to record the results of antimicrobial sensitivities results of the gonococci strains cultured for Cefixime, Ceftriaxone and both.
- Record the number of Gonococci strains found ‘Susceptible’ ‘Less sensitive’ ‘Resistant’ to Cefixime, Ceftriaxone and Both.

Section 4 – Number of Other STI/RTI pathogen cultured and Anti microbial resistance studies performed.

- Centre to record the number of other STI/RTI causing agents cultured during the month.
- Centre to record antimicrobial sensitivities results of the cultured STI/RTI etiologic agents for drugs advised in National STI/RTI treatment guidelines and record number found ‘Resistant’ and ‘Less sensitive’ to the drugs.
- Any additional information , which is relevant under this section to be recorded under ‘Remarks ’ column.

Section 5 – Status of kits

- Centre to record status of Kits.
- Centre to mention separately for each of the test kits (VDRL , RPR , TPHA , ELISA , HSV II IgM, Ct IgM and IgG , Ct Ag, TP ELISA IgG & IgM, HbSAg Anti-HCV Kits)

Sl. No.	Indicator	Definition/Explanation
1	Opening stock	Total number of stock on the first day of the month.
2	Number received during this month	Number of kits/consumables received by the centre in the current month
3	Number consumed	Number of kits/consumables utilized during the month
4	Damage/wastage	Mention the number of kits/consumables damaged/wastage in the month
5	Closing stock	Opening stock plus number received in the month minus number consumed plus number damaged/wastage in the month.

Section 6 – Annual Maintenance Status of equipment.

- Centre to record AMC status of equipment.
- Y for Yes and N for No.
- If Centre doesn't have AMC for any equipment mention since when the AMC is not present.

Section 7 – Details of Trainings conducted.

- Centre to record details of induction/refresher training conducted for various cadres of staffs (Microbiologists, Laboratory Technicians and Others).
- Centre to record number of staff trained

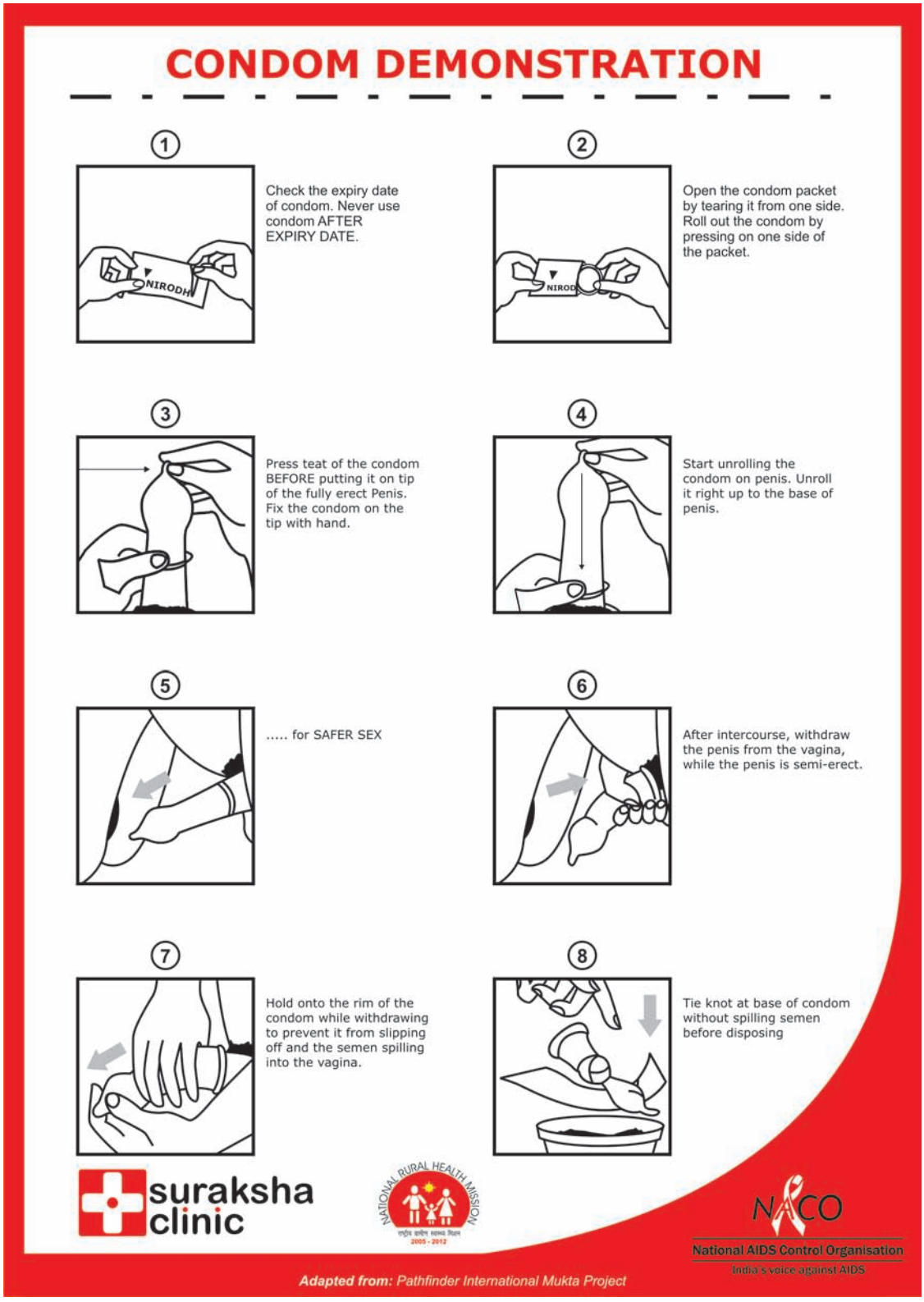
Section 8 – Details of Syphilis EQAS of conducted.

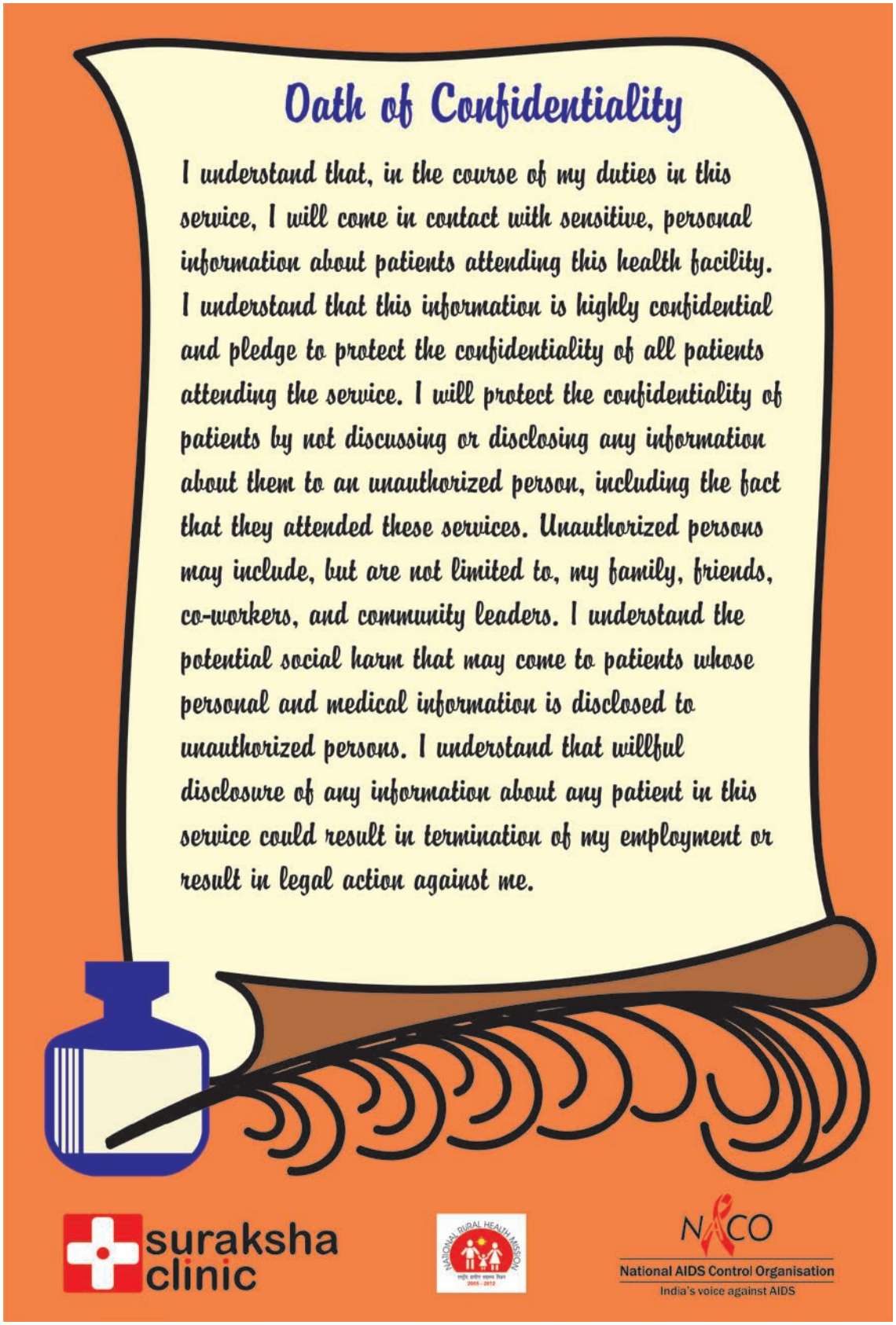
Sl. No.	Indicator	Definition/Explanation
1	Particulars of serum panels distributed	Number of serum panels distributed by RSTRRL (from Apex centre to other RSTRRL and from RSTRRL to state reference centres)
2	Number of reports received	Number of centres provided reports of panel testing (to be recorded by centre which has distributed the panels)
3	Number of feedback provided	Number of centres provided with feedback on panel testing (feedback to be provided by centre which distributed the panels)

Section 9 – Details of STI/RTI research work conducted by the centre.

Sl. No.	Indicator	Definition/Explanation
1	Name of the research work undertaken	Mention the title of the research work undertaken by centre
2	Current status of implementation	Mention the progress of the research work undertaken
3	Brief description and outcome/results	Mention the outcome/results of the research work undertaken in brief.
4	Number of research papers sent for publication by (STI, Gynaecology & Obstetrics, Community Medicine , Microbiology and other departments)	Mention the number of research papers sent by various departments during the reporting period.
5	Number of papers accepted	Mention the number of research papers accepted for publication during the reporting period
6	Number of research papers published	Mention the number of research papers published by peer reviewed journals during the reporting period.

ANNEXURE XVII




Oath of Confidentiality
I understand that, in the course of my duties in this service, I will come in contact with sensitive, personal information about patients attending this health facility. I understand that this information is highly confidential and pledge to protect the confidentiality of all patients attending the service. I will protect the confidentiality of patients by not discussing or disclosing any information about them to an unauthorized person, including the fact that they attended these services. Unauthorized persons may include, but are not limited to, my family, friends, co-workers, and community leaders. I understand the potential social harm that may come to patients whose personal and medical information is disclosed to unauthorized persons. I understand that willful disclosure of any information about any patient in this service could result in termination of my employment or result in legal action against me.
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NACO
National AIDS Control Organisation
India's voice against AIDS

Caring for yourself and for your loved ones!

To keep yourself and your loved ones safe from STI and RTI:

- ✓ Use condoms correctly and consistently
- ✓ Practice safer sex
- ✓ Maintain hygiene - personal, genital, coital (washing genitals after sexual intercourse) and menstrual (in women)
- ✓ Get early diagnosis of STI/RTI
- ✓ Many STI are asymptomatic; internal examination helps diagnose hidden STI/RTI
- ✓ Complete the entire course of treatment
- ✓ Get your partner treated for STI too - this will prevent re-infection

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Counselling Checklist

Steps in counselling a patient with STI/RTI

- ✓ Welcome your client!
- ✓ Ensure that client is comfortable
- ✓ Build rapport!
- ✓ Reassure about confidentiality
- ✓ Clarify client's needs and goals
- ✓ Take the case history
- ✓ Identify signs/symptoms suggestive of STI/RTI
- ✓ Assess the risk of your client
- ✓ Explain modes of transmission of STI/RTI and HIV infection
- ✓ Highlight importance of early diagnosis
- ✓ Explain treatment and importance of completing full course
- ✓ Provide information on complications of untreated STI/RTI
- ✓ Encourage partner treatment
- ✓ Promote, provide and demonstrate correct usage of condoms
- ✓ Explain about prevention of STI/RTI and HIV infection
- ✓ Help your client to make a risk reduction plan
- ✓ Motivate and refer for HIV testing in ICTC
- ✓ Motivate for a follow up visit!
- ✓ Maintain all requisite records

Adapted from: *Counselling for STI/HIV prevention in sexual and reproductive health settings - International Planned Parenthood Federation*

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National AIDS Control Organisation

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STI/RTI SYNDROMIC CASE MANAGEMENT

Urethral Discharge	Cervical Discharge	Painful Scrotal Swelling	Vaginal Discharge	Genital Ulcer-Non Herpetic		Genital Ulcer - Herpetic	Lower Abdominal Pain (LAP)	Inguinal Bubo (IB)
• Urethral Discharge (Pus or muco-purulent) • Pain or burning while passing urine • Increased frequency of urination • Systemic symptoms like malaise, fever	• Nature and type of discharge (quantity, color and odor) • Burning while passing urine, increased frequency • Genital complaints by sexual partners • Low backache *(Take menstrual history to rule out pregnancy)*	• Swelling and pain in the scrotal region • Pain or burning while passing urine • Systemic symptoms like malaise, fever • History of urethral discharge	• Nature and type of discharge (quantity, color and odor) • Burning while passing urine, increased frequency • Genital complaints by sexual partners • Low backache *(Take menstrual history to rule out pregnancy)*	• Genital ulcer, single or multiple, painful or painless • Burning sensation in the genital area • Enlarged lymph nodes		• Genital ulcer or vesicles, single or multiple, painful, recurrent • Burning sensation in the genital area	• Lower Abdominal Pain • Fever • Vaginal Discharge • Menstrual irregularities like heavy, irregular vaginal bleeding • Dysmenorrhoea, dysparenunia, dysuria, tenesmus • Lower backache • Cervical motion tenderness	• Swelling in inguinal region which may be painful • Preceding history of genital ulcer or discharge • Systemic symptoms like malaise, fever etc
Tab. Azithromycin 1 gm OD Stat + Tab. Cefixime 400 mg OD Stat	Tab. Azithromycin 1 gm OD Stat + Tab. Cefixime 400 mg OD Stat	Tab. Azithromycin 1 gm CD Stat + Tab. Cefixime 400 mg OD Stat	Tab. Secnidazole 2 g OD Stat + Cap. Fluconazole 150 mg OD Stat	Inj. Benzathine penicillin (2.4 MU) - 1 vial Tab. Azithromycin (1 gm) - Single dose	**If allergic to Inj. Penicillin:** Doxycycline 100 MG (Bd for 15 days) Azithromycin 1GM (Single dose)	Tab. Acyclovir 400 mg TDS for 7 days	Tab. Cefixime 400 mg OD stat + Tab. Metronidazole 400 mg BD X 14 days + Doxycycline 100 mg BD X 14 days	Tab. Azithromycin 1 gm OD Stat + Tab. Doxycycline 100 mg BD for 21 days
KIT 1/Grey	KIT 1/Grey	KIT 1/Grey	KIT 2/Green	KIT 3/White	KIT 4/Blue	KIT 5/Red	Kit 6/Yellow	Kit 7/Black
Treat all recent partners	Treat partners when symptomatic	Treat all recent partners	Treat partners when symptomatic	Treat all sexual partners for past 3 months		No partner treatment	Treat male partners with Kit 1	Treat all sexual partners for past 3 weeks

IMPORTANT CONSIDERATIONS FOR MANAGEMENT OF ALL STI/RTI

- Educate and counsel client and sexual partner/s regarding STI/RTI, safer sex practices and importance of taking complete treatment
- Treat partner/s
- Advise sexual abstinence or condom use during the course of treatment
- Provide condoms, educate about correct and consistent use
- Refer all patients to ICTC
- Follow up after 7 days for all STI, 3rd, 7th, and 14th day for LAP and 7th, 14th, and 21st day for IB
- If symptoms persist, assess whether it is due to re-infection and advise prompt referral
- Consider immunization against Hepatitis B

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NATIONAL RURAL HEALTH MISSION

ANNEXURE-XVIII

CORE GROUP MEMBERS

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Coordinating unit at National Institute for Research in Reproductive Health, Mumbai			
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(Other than Co-ordinating unit and Core-group members)

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13.	**Dr. Kamal Hazari** Deputy Director and Head, Dept. of Clinical Research, NIRRH, Mumbai
14.	**Dr. Jayashree Joshi** Deputy Director, Bharatiya Vidya Bhavan's SPARC, Vithalnagar, Juhu, Mumbai
15.	**Dr. Hema Jerajani** Professor and Head, Dept. of Skin and VD, LTMC & LTM General Hospital, Sion, Mumbai
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37.	**Dr. Sarada Devi. K. L** Associate Professor, Microbiology Medical College, Trivandrum
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44.	**Dr. Teodora Elvira Wi** Director, STI Capacity Training, Family Health International, Mumbai
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