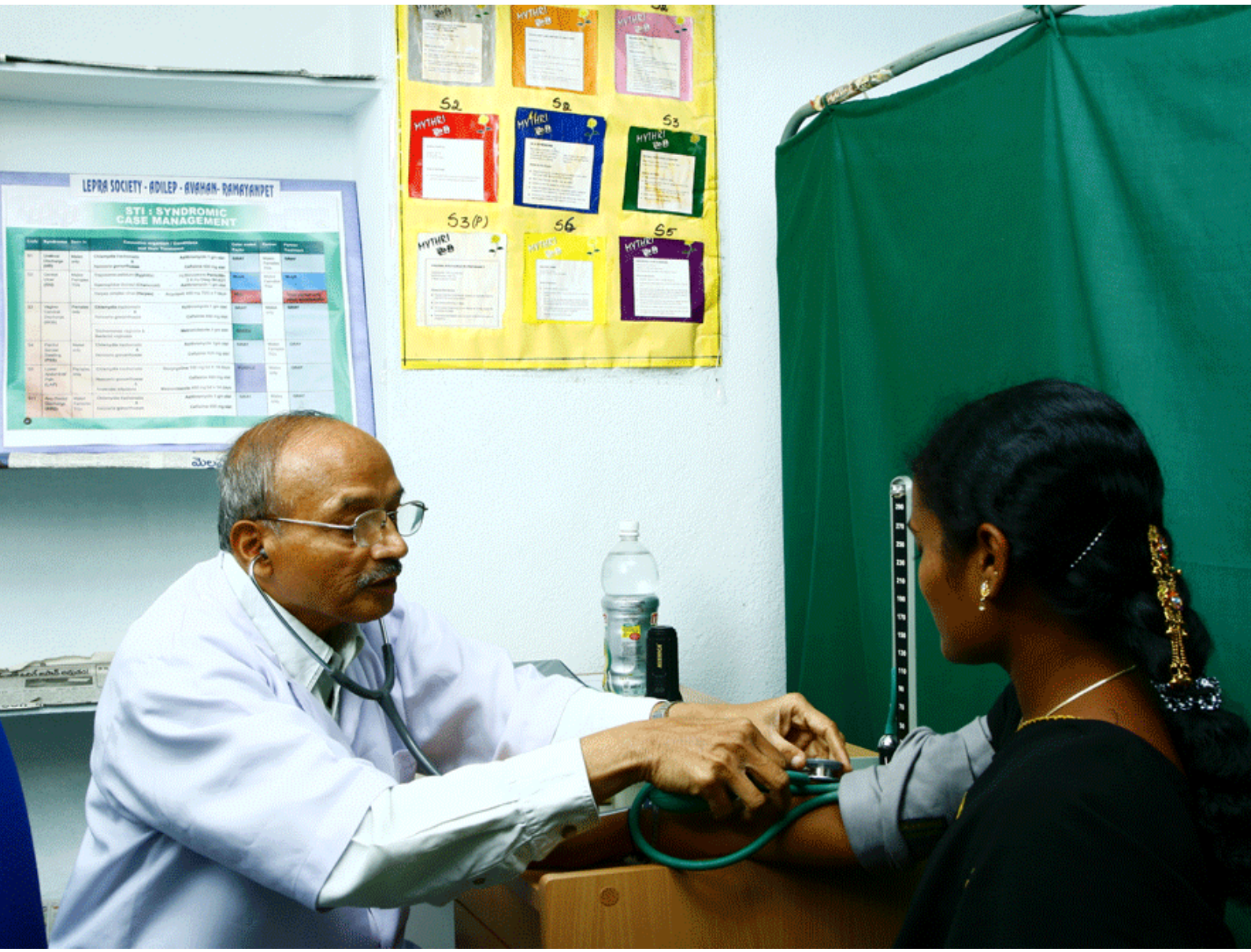
National STI/RTI Control and Prevention Programme

NACP, Phase-III, India



National AIDS Control Organisation

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

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Background

Sexually transmitted infections and Reproductive tract infections (STI/RTI) are an important public health problem in India. The 2002 ICMR community based prevalence study of STI/RTI has shown that 5% to 6% of sexually active adult population are suffering from some form of STI/RTI. The 2005 ICMR multicentre rapid assessment survey (RAS) indicates that 12% of female clients and 6% of male clients attending the out-patient departments for complaints related to STI/RTI.

Individuals with STI/RTI have a significantly higher chance of acquiring and transmitting HIV. STI prevalence is a good marker for HIV, as both share common modes of transmission.

Moreover, STI/RTI are also known to cause infertility and reproductive morbidity. 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 surveillance of STI/RTI

Doctor providing STI services at a designated STI/RTI clinic

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 common 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.

HIV scenario

As a national response to contain the HIV epidemic, Government of India set up the National AIDS Control Organization (NACO), an integral constituent of the Ministry of Health & Family Welfare to oversee the implementation of National AIDS Control Programme (NACP). The program is implemented at the state level by the State AIDS Prevention and Control Societies (SACS).

According to the latest estimates, there are close to 2.4 million people living with HIV in India with an adult prevalence of 0.3%. The prevalence of HIV is high in the 15-49 age group and accounts for 88.7% of all infections. More men are HIV positive than women. Nationally, the prevalence rate for adult females is 0.29 %, while for males it is 0.43 % In India, There are 195 high priority districts of which 156 are Category A districts (>1% ANC prevalence) and 39 are Category B districts (<1% ANC prevalence and > 5% prevalence in any HRG site). The mode of transmission of STI and HIV are same; presence of STI enhances the HIV acquisition and transmission risk by 4-10 times.

A peer educator explaining the use of female condom for STI and HIV prevention

How big is the STI problem?

- 11 % of women and 5 % of men in the age group 15-49 in sexual relationship reported of STI/ RTI related symptom in the last 12 months (The National Family Health Survey (NFHS-3).
- Community prevalence study show that 5% to 6% of sexually active adult populations are suffering from STI/RTI (ICMR 2002)
- 12% of female and 6% of male clients attended outpatient department in primary care settings for complaints of related to STI/RTI (Rapid Assessment Survey (RAS) 2005)
- Behaviour studies reveal low levels of STI awareness and treatment seeking behaviour among all population groups (Behaviour Surveillance Survey (BSS 2006).
- There is a marked heterogeneity in the recorded epidemiology of different STIs/RTIs in the country (Mid Term Report 2010).

Tenets of STI/ RTI control programme in India

- Meeting STI/RTI needs of general population and bridge population through:
  - Designated STI/RTI clinics at district hospitals and teaching hospitals attached to medical colleges
  - Sub-district level health facilities (primary health centers (PHC) and community health centers (CHC))
- STI/RTI services to high-risk groups (HRG) by ensuring provision of Essential STI service Package (ESP) through specified clinic settings involving preferred private providers
- Treatment of STI using syndromic approach and standardized STI treatment in form of pre-packaged drug kits
- Counseling through a dedicated counselor at the designated clinics
- Demand generation for STI/RTI services through branding as 'Suraksha Clinic', mass and mid media activities including RRC and radio campaigns.
- Strengthening of Regional STI Training Research and Reference Laboratories (RSTRRL)

Convergence of National AIDS Control Programme with Reproductive and Child Health Programme of National Rural Health Mission

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 which seeks 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 Primary Health Centres 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. This indicates that 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 sharing of resources.

NACO and RCH under NRHM have developed a joint implementation plan to take forward the activities for STI/RTI convergence at national, state and district levels.

- NACO and RCH oversee the implementation of STI/RTI programme both at district and sub district level by utilizing existing health care infrastructure through close coordination. RCH II provides accessible, affordable and quality health care to rural populations, especially women and children in India.
- Convergence positions the experience and technical capacity in HIV/AIDS prevention and care program with the infrastructure, human resources and wide spread community reach of RCH II of NRHM to ensure standardized STI/RTI care.

- Constitution of a joint working group at national level comprising of STI division NACO and Maternal Health Division of Ministry of Health & Family Welfare-Government of India ensures optimal utilization of resources under NRHM and NACP through development of
  - Joint operational guidelines
  - Joint training curriculum with modules prepared for all cadres of staff (doctors, nurses, laboratory technicain and counsellor)
  - Sensitisation of state and district level functionaries on STI/RTI
- Joint procurement of colour coded drug kits for syndromic management of STI/RTI and ensuring their availability at all districts
- District RCH officer is the nodal person for overseeing programme implementation at district level under the convergence operational framework.
- At state level convergence is monitored by STI focal persons of SACS, state RCH officer and state programme manager of State Programme management unit of NRHM through coordination meetings and joint monitoring.
- The national program has an annual target of treating 12 million episodes across the country to be jointly reached by NRHM and NACP.

STI clinic at a Government Hospital

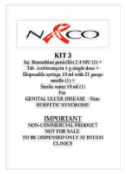
Syndromic Case Management through pre-specified Colour Coded Drug Kits

There are seven pre-packed colour coded STI/RTI drug kits under NACP for syndromic management of STI/RTI. These drug kits have been developed on the basis of the National Guidelines on Prevention, Management and Control of Reproductive Tract Infections including Sexually Transmitted Infections, Ministry of Health and Family Welfare, August 2007. These colour coded STI/RTI drug kits are supplied free of charge in all public STI/RTI service facilities including the STI clinics under targeted intervention projects.

Syndromic Case Management Protocol

Kit No.	Syndrome	Colour	Contents
Kit 1	Urethral discharge (UD), Cervical discharge (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	Vaginal discharge (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)

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 OD 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 (Bid 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

NACO

Syndromic Case Management of STI/RTI

Modalities of STI/RTI Service Delivery to Most at Risk Population

The national STI/RTI program makes provision for accessible and good quality STI/RTI services to both general populations and high-risk groups. The services are made to communities till PHC though various modalities.

PACKAGE OF STI/RTI SERVICES AT VARIOUS LEVELS OF CARE			
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	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
Designated STI/ RTI clinic (District hospital, Medical College hospitals, select Rural Hospital/Sub-divisional Hospital)	Medical Officer Staff nurse Counselor Medical Officer, Staff nurse Counselor, laboratory Technician	STI/RTI clinic Gynaecology/Obstetrics clinics ANC Clinics	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
Regional STI centre and State Reference Centres	Microbiologist Laboratory Technician Experts from other departments	Static clinic Preferred provide Referral to Government Health Facility Referral of patients/ samples from all linked centres (DSRC, TI STI clinic, NRHM clinic)	• Validation of syndromic diagnosis • Monitor gonoccal drug resistance patterns • Conduct syphilis EQAS • STI/RTI surveillance

Designated STI/RTI Clinics:

- Located at the district hospitals, medical colleges and select sub-divisional hospitals
- Services provided through specialists and trained physicians through enhanced syndromic management with minimal laboratory services.
- Free treatment of STI/RTI using Colour-coded standardized STI drug kits
- Exclusive STI counselor for counseling services
- Syphilis screening and referral for HIV testing
- STI/RTI services branded as "Suraksha Clinic"

Sub-district level:

- Standardized STI/RTI care in PHC and CHC of rural and semi-urban areas
- Free treatment of STI/RTI using Colour-coded standardized STI drug kits
- Syphilis screening for STI and ANC attendees

STI/RTI Services for Most at Risk Population

It is estimated that more than 90% of HIV transmission in India is related to unprotected sexual intercourse or 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. Saturated coverage of high risk groups with standardized, high quality and cost effective STI/RTI clinical services is imperative for the same.

To ensure that uniform standardized service delivery protocols, training packages and resources, reporting mechanism and supervisory system is followed for all STI/RTI facilities.

There are seven pre-packed colour coded STI/RTI drug kits under NACP for syndromic management of STI/RTI. These drug kits have been developed on the basis of the National Guidelines on Prevention, Management and Control of Reproductive Tract Infections including Sexually Transmitted Infections, Ministry of Health and Family Welfare, August 2007. These colour coded STI/RTI drug kits are supplied free of charge in all public STI/RTI service facilities including the STI clinics under targeted intervention projects.

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

- Female sex workers (FSW)
- Men who have sex with men (MSM), and transgender (TG)
- Injecting drug users (IDU)

The transmission of HIV beyond HRG 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'

Prevention and control of STI among HRGs is a critical component of NACP III to halt and reverse the HIV epidemic.

- Essential STI package of services includes
  - Symptomatic treatment
  - Presumptive treatment
  - Regular Medical Check up
  - Bi-annual Syphilis screening

Modalities of STI/RTI Service delivery in HRG

NGOs implementing the targeted intervention programme deliver the package of STI/RTI services through the following modalities.

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.
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.

Counselor talking about safe sex with a group of MSM and transgenders

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.
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.
5. **Health Camp:** This 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 actively refers patients with STI/RTI complaints to avail services from the camp.

Regional Research and Reference Laboratories:

- Referral centre are established for providing evidence based inputs to the STI/RTI program :
  - Etiologic diagnosis for the of STI/RTI syndromes
  - Validation of syndromic diagnosis,
  - Monitoring gonococcal antimicrobial resistance patterns
  - Quality assurance for Syphilis testing.
- 7 centers located at New Delhi (2), Chennai, Kolkata, Hyderabad; Nagpur and Baroda.

Counseling in 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 reduce the clients' personal risk of acquiring STI/RTI and provide health education on sexual and reproductive health'.

Services of counselor are available in 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.

Counseling is provided in audiovisual privacy to enable the client to talk freely to counsellor on issues related to sexual and reproductive issues. During a counseling session, provider talk to the client about modes of transmission, recommended treatment, prevention, risk reduction, behavior change, and partner referral. The clinics provide information brochures in simple local languages with illustrations to reinforce messages. The counselors and doctors have jobaids and IEC material to ensure effective communication.

Councelling being provided at the STI Clinic

Laboratory Tests for STI/RTI

The programme envisages usage of minimal laboratory investigations wherever available, which improves the sensitivity and specificity of syndromic diagnosis.

All STI/RTI attendees and ANC attendees are motivated to get screened for syphilis. All RPR reactive samples by qualitative method, are subjected for quantitative testing (titers). All STI/RTI attendees are referred to ICTC for HIV testing. Where facility for syphilis testing has been made available at the nearest ICTC.

Laboratory tests 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 performed by examining clinician.)
- Determination of pH level of vaginal secretions (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

Laboratory testing uderway

Collection of blood sample for laboratory tests

Laboratory tests at Targeted Intervention project STI/RTI clinics

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

Laboratory tests at Sub District level NRHM Health Facilities.

- 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.)

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.

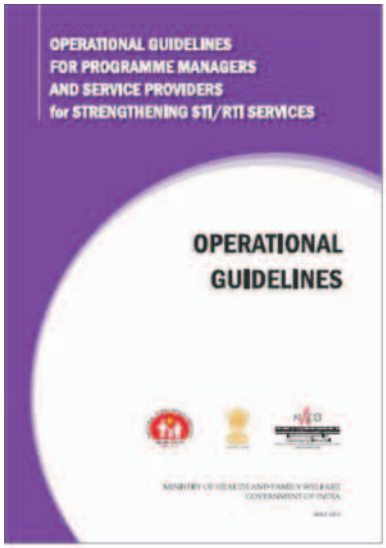
Training is done through a ***cascade model*** using adult learning principles. Master trainers are identified and trained at national, state and district level to roll out trainings of service providers. Every state should have 8-10 state level trainers and 3-4 trainers in every district.

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

Training materials for trainers and participants

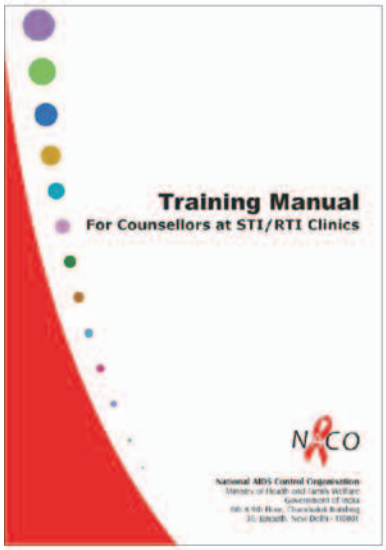
NACO has developed training material to ensure that the training needs at all levels that includes ***Doctors, Staff Nurse/ANM and Laboratory Technician at Designated STI/RTI clinics and NRHM health facilities.*** These include:

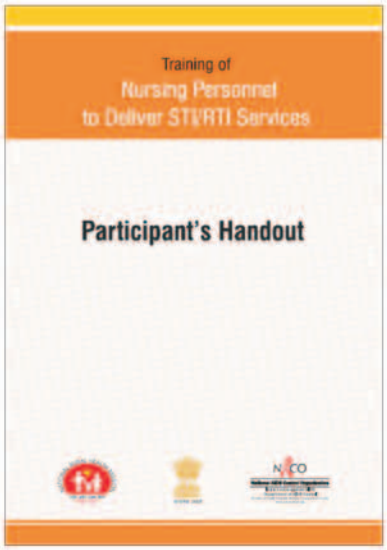
For Trainers	**For Participants**
Facilitators Manual	Participant's Handbook (for Doctors/ Staff Nurse/ Laboratory Technician Respectively)
Technical Guidelines	Operational Guidelines
Operational Guidelines	
For STI Counselors	
For Trainers	**For Participants**
Facilitators Manual	Participant's Handbook
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

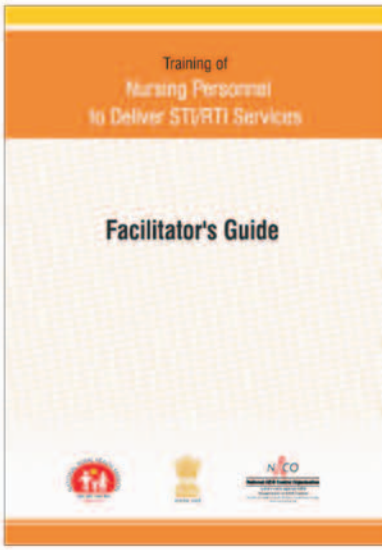

OPERATIONAL GUIDELINES
FOR PROGRAMME MANAGERS
AND SERVICE PROVIDERS
for STRENGTHENING STI/RTI SERVICES
OPERATIONAL
GUIDELINES

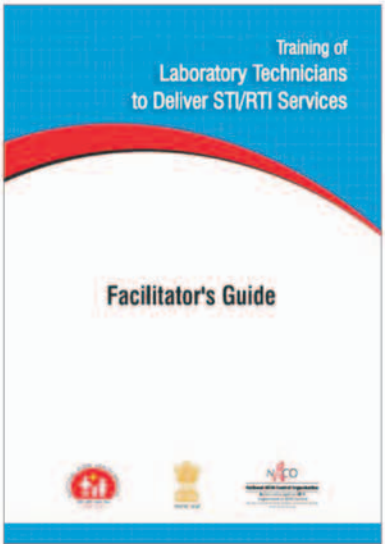

Training of
Doctors to deliver
STI/RTI Services
Resource Material for Trainers

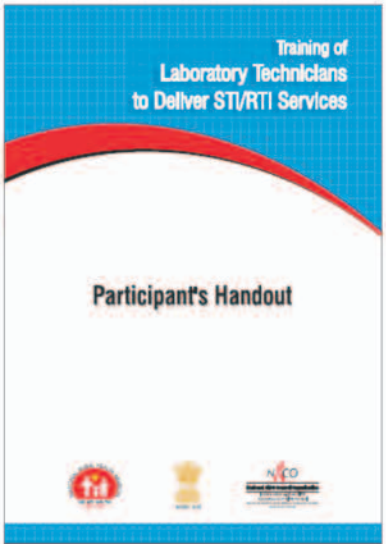

Training of
Medical Officers
to deliver STI/RTI Services
Participant's Handout


Training Manual
For Counsellors at STI/RTI Clinics
NACO


Training of
Nursing Personnel
to Deliver STI/RTI Services
Participant's Handout


Training of
Nursing Personnel
to Deliver STI/RTI Services
Facilitator's Guide


Training of
Laboratory Technicians
to Deliver STI/RTI Services
Facilitator's Guide


Training of
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Participant's Handout

Mentoring and Supportive Supervision

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 is 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 and reinforce learnings of trainings according to the field settings. 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 done by

a) Supportive supervisory mentors
b) SACS STI focal persons
c) TSU STI focal persons
d) NACO STI team

Monitoring and evaluation, support, supervision and motivation to staff

Strengthening Service Delivery through Information, Education and Communication

Prevention and treatment of STI is being promoted using multi-media communication approaches. Mass media including TV and radio are used to promote the awareness of STI and related services. Simultaneously, efforts are made to strengthen interpersonal communication at designated STI clinics. Branding of STI clinics as 'Suraksha Clinics is also done to increase the utilisation of clinical services.

Branding of designated STI/RTI clinics: 'Suraksha' clinic ('Protection in Hindi') brand is developed and implemented across the country to enhance the credibility and visibility of the STI/RTI services and encourage people to seek STI treatment.

Using Mass Media to promote utilization of STI services:

NACO is reaching out to the masses with information on STI treatment through campaigns on TV and radio. To address the campaigns so far have used humor to address barriers to accessing STI treatment.

Dil Ki Baatein: A friend, an expert and a comic duo come together to spread awareness about sexually transmitted infections though five minute long radio capsules on matters of the heart.

Job Aids and IEC material: Job aids have been developed for doctors and counselors of clinics. These include:

- Flip chart for counselors
- Poster on Oath of Confidentiality
- Poster on Syndromic Case Management
- Poster on Infection control
- Poster on Anaphylaxis management
- Poster on Condom use
- Poster on Counseling checklist
- Poster on Partner treatment
- Poster on STI and treatment at Suraksha clinic
- Leaflet on prevention and treatment of STI
- Leaflet on treatment compliance

A still from the Mass Media Compaign

Notes from My Diary: Select Case Studies to Train STI Counsellors

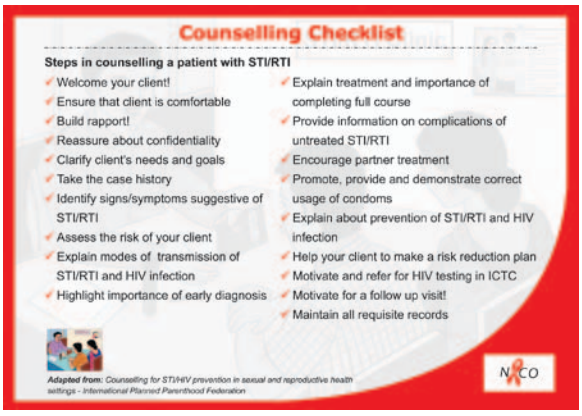
A thirty minutes long training film is developed as a part of a 12 day training package for counselors. The film depicts four case studies that feature vulnerable communities with higher risk behaviour in the context of STI/RTI and HIV/AIDS.

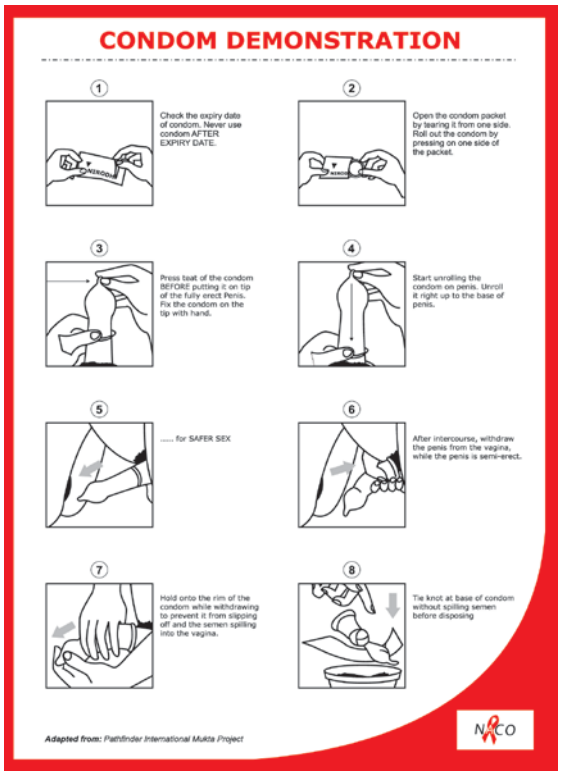
The interactive film along with job aids can be viewed at one stretch or can be used in a stop-and-start mode to enable discussion after each case. It accompanies a facilitation guide that recaps the case studies and also provides the facilitator with a series of discussion questions.

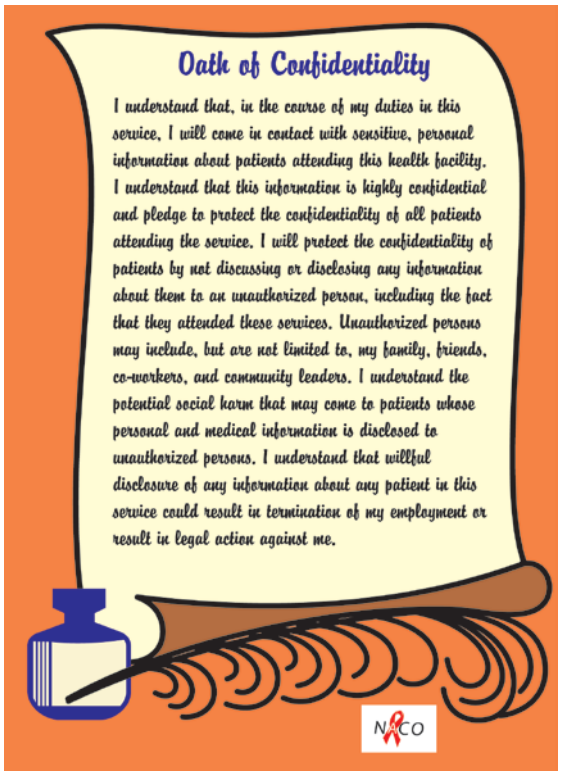
Notes from my diary

suraksha clinic
Sexual and Reproductive Health Services

Room No __







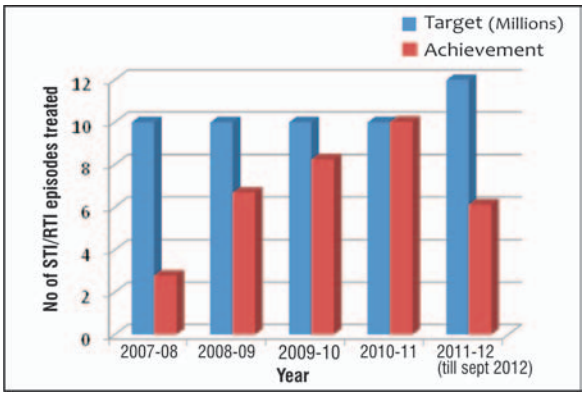
Conclusion

During the third phase of NACP III, there has been a paradigm shift in control and prevention strategies of STI. The programme mainstreamed focusing reproductive health from stand alone focus on STI; screening of pregnant women for syphilis, strengthening systems for laboratory surveillance and STI service delivery to most at risk population; standardized capacity building and treatment regimes and modalities to minimize emergence of drug resistance. Universal syndromic case management and reporting has been primary foundation of the programme. Convergence with RCH II under NRHM provides 70% of rural population with standardized STI/RTI services through sub district health facilities. Computerized management information systems and reporting is being received regularly month on month providing insights into trends and changes in various syndromes prevalence across the country.

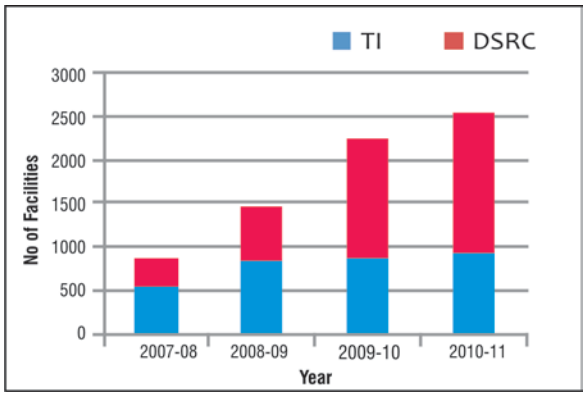
The programme has been scaled up from 550 STI clinics to 1033 designated STI/RTI clinics. Reporting from TI NGOs scaled up from 300 to over 1600. Currently, there are 7 functional regional STI centres providing insights into etiologies of various STI syndromes and monitoring of anti-microbial resistance to gonococci. Programme conducted capacity building training to more than 25000 service providers during NACP III from government sector and over 12000 in private sector.

STI Episodes Treated

Year	Target (millions)	Achievement (millions)	% Achievement
2007-2008	10	2.78	27.8 %
2008-2009	10	6.67	66.7 %
2009-2010	10	8.24	82.4 %
2010-2011	10	10.02	100 %
2011-2012 (till Sept. 2011)	12	6.11	50.1 %



Year wise programme targets and achievements



Scale up of service providing facilities for most at risk populations and general populations / bridge population

Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
CBO	Community based Organisation
CHC	Community Health Centre
CPR	Cardiopulmonary Resuscitation
DSRC	Designated STI/RTI Clinic
HIV	Human Immunodeficiency Virus
HRG	High-Risk Group
HSV	Herpes Simplex Virus
ICTC	Intgrated Counseling and Testing Centre
IDU	Injecting Drug User
IEC	Information and Education Communication
KOH	Potassium Hydroxide
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
PHC	Primary Health Centre
RCH	Reproductive and Child Health
RMC	Regular Medical Check-up
RMP	Registered Medical Practitioner
RPR	Rapid Plasma Reagin
RSC	Regional STI Centre
RTI	Reproductive Tract Infection
SACS	State AIDS Control Society
STI	Sexually Transmitted Infection
STRC	State Technical Resource Centre