Operational Guidelines

For

Community Care Centres

NATIONAL AIDS CONTROL ORGANIZATION
Ministry of Health and Family Welfare
Government of India

August 2007

Abbreviations and Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ART	Anti-Retroviral Treatment
BCC	Behaviour Change Communication
CBO	Community Based Organization
CCC	Community Care Center
CHC	Community Health Center
CSO	Civil Society Organizations
DAPCU	District AIDS Prevention and Control Unit
DHO	District Health Officer
EQAS	External Quality Assurance System
FBO	Faith Based Organization
HBC	Home Based Care
HIV	Human Immunodeficiency Virus
HRG	High Risk Groups
I/C	In-Charge
ICTC	Integrated Counselling and Testing Center
IEC	Information Education Communication
MO	Medical Officer
NACO	National AIDS Control Organization
NACP	National AIDS Control Programme
NGO	Non-Government Organization
OI	Opportunistic Infection
OPD	Out-Patients Department

PEP	Post-exposure Prophylaxis
PHC	Primary Health Center
PID	Patient Identification Digit
PPTCT	Prevention of Parent to Child Transmission
RNTCP	Revised National Tuberculosis Control Programme
SACS	State AIDS Control Society
SRL	State Reference Laboraory
STI	Sexually Transmitted Infection
TB	Tuberculosis
TI	Targeted Intervention
USP	Universal Safety Precautions
VCT	Voluntary Counselling and Testing
WHO	World Health Organization

Contents

1 Introduction

People living with HIV/AIDS (PLHA) require a range of HIV services including care, treatment and support depending on the progression and stage of the HIV infection. The progression of the infection and consequent weakening of the immune system will result in PLHA being vulnerable to various opportunistic infections. The PLHA will require care and treatment for opportunistic infections (OI) and some of these illnesses may require in-patient care in a hospital or other centres that provide this facility.

Under the National AIDS Control Programme Phase- II, 122 Community Care Centres (CCC) were set up to provide treatment for minor OIs and provide psychosocial support through sustained counselling. CCC were intended to function as a bridge between hospital and home care. Hence, CCC were envisaged as stand-alone short-stay homes for PLHA. These were not linked to other activities of the programme.

The introduction of Antiretroviral Therapy (ART) has brought about a change in the role to be played by the CCC. The CCC needs to be transformed from a stand-alone short-stay home to playing a critical role in enabling PLHA to access ART as well as providing monitoring, follow-up, counselling support to those who are initiated on ART, positive prevention, drug adherence, nutrition counselling etc. The monitoring of PLHA who do not require ART yet (Pre-ART care) will also be a critical function that needs to be carried out by CCC.

Under NACP III, it is proposed to set up 350 CCC over the period 2007-12. PLHA networks, NGO and other civil society organizations need to promote setting up of CCC to strengthen community care and support programmes. The CCC will be established on priority, in districts which have high levels of HIV prevalence and high PLHA load and will be linked to the nearest ART centre.

2 Guidelines for service providers

These guidelines focus on the objectives, criteria for selection, required infrastructure, equipment, supplies and human resources, monitoring tools and financial guidelines for CCC. They will provide directions for setting up new CCC and guide the existing ones on effective implementation of services.

2.1 The guidelines are meant for:

- Programme Managers
- SACS Personnel
- District Programme Managers
- Organizations proposing to set up CCC
- Other administrators and personnel involved directly or indirectly in monitoring the programme
- PLHA groups, for understanding services available
- Other interested persons/organizations.

The operational guidelines for CCC provide information on establishing and running a CCC. For organizations setting up ICTC or Link ART centre within the CCC, guidelines relating for the ICTC or Link ART centre should be additionally followed to ensure quality service.

Service Delivery Model

Medical services:
OI diagnosis and treatment
TB diagnosis and Treatment
ART registration and screening
Treatment counseling
Pain relief and symptomatic care
Follow up
Post – Exposure Prophylaxis

Referrals or linkage to:
VCTC/PPTCT/ART/ RNTCP
STI and FP clinics
Govt schemes for nutrition or shelter
NGOs, FBOs for other supports

Education on Home based care:
Terminal care
Care of bedridden patients
Hygiene and sanitation
Infection Prevention
Home based kit and First aid

Shelter and Protection:
Linkage to or provision of:
Respite home & destitute care
Extended family / Orphan care
Reintegration into family

Advocacy against Stigma
Participation in DAC meetings
Representation in EC of SACS
Include positive people in care team
Village & School health committee meetings
Linkages to legal support – Property, workplace, Schools/ Shelter

ART Adherence:
In-patient admission on initiation
ART adherence education & Support
Identification of treatment supporter
Verification of patient's address
Education on nutrition, hygiene
Education & commodities for positive prevention
Watch for side effects / complications
Defaulter tracing and follow-up

Community Care Centre

Nutrition:
Assessment and growth monitoring
NutritionEducation & Supplementation
Link to other food programmes (WFP, CRS)
Mobilization - community support for nutrition
Treatment of nutritional deficiencies
De-worming

Positive prevention:
Support positive attitude & disclosure of status
Promote correct and consistent condom use
STI treatment
PPTCT for positive pregnant women/spouse
Self care
Basic hygiene and sanitation
OI prophylaxis
Health seeking behaviour
Men as partners
Family Planning educataion / referral / services

PREVENTION

Education:
For Children
Linkage to schools
Address school drop outs
Provide Education materials

Youth/Young adults:
Functional literacy
ABC messaging
Vocational training
Placement services

Psychosocial support including counselling
Support self-disclosure &CT for family members
Linkage:-
Social security (insurance, savings, IGP)
Social schemes (housing)
Life skills training
Family counseling
De addiction
Referral for psychological / psychiatric treatment
Bereavement counseling
Support group meetings

2.2 Objectives of Community Care Centres:

Under the national programme, a Community Care Centre (CCC) is a place with facilities for out-patient and inpatient treatment where a PLHA receives the following services:

1 In-Patients:

i. All PLHA started on ART (at the ART center), will be sent to the CCC for a minimum of **5 days of inpatient care** where the following action will be taken:

   a. PLHA without OI should be placed separately from PLHA with OIs.

   b. Medical monitoring for side effects and tolerance to ART regimen and/or stabilisation of OIs as initiated by the ART centre/higher level facilities

   c. Verification of patient address: The ART centre will verify the address of all PLHA being enrolled at the ART centre. In case of PLHA whose address could not be verified, the CCC will be informed of the same. The outreach worker at the CCC will undertake home visit to verify the address. The home visit will be undertaken with informed consent of the PLHA regarding time, day and person to be contacted.

   d. Follow-up home-visits to ensure home care and to monitor well-being and treatment adherence.

   e. Preparing family and/or spouse for acceptance of test status of PLHA, counselling for supervised administration of drugs, home based care etc.

   f. Psychosocial and counselling support on drug/treatment adherence, patient education, nutrition counselling, positive prevention including consistent use of condoms, reproductive health counselling for HIV-positive women and couples etc.

   g. In case of PLHA requiring stay for over five days, discharge of PLHA would be determined by the treating physician.

ii. Treatment of OIs.

iii. Following assessment at the ART centre, PLHA who do not require ART, will be followed up for pre- ART care such as routine regular monitoring of CD4 testing and other medical concerns. The PLHA will also receive psychosocial support and counselling, treatment literacy, positive prevention etc.

2 Referrals to:

   i. ICTC for confirmation of HIV status in patients with unconfirmed or unknown status, spouses and family members of PLHA etc.

   ii. PPTCT for care of HIV-positive pregnant women

   iii. Paediatric HIV services/ART centre for children living with HIV/AIDS for routine monitoring including growth, HIV/PCR diagnostic testing, immunization, prevention and care of opportunistic infections, assessment for ART initiation etc.

   iv. ART Centre for the CD4 test and other laboratory investigations and if required, initiation of ART at the ART Centres

v. Medical facilities for specialised services as required.

vi. DOTS for treatment for TB.

vii. Other services as required e.g. welfare-legal services, harm reduction programmes for IDUs, peer support networks etc

3 Out-patient facility for

i. Consultation of illnesses related to HIV/AIDS

ii. Treatment of OIs

iii. Counselling for adherence and Home Based Care (HBC)

4 Home based care:

i. Outreach facility for PLHA who required home care or additional psychosocial support.

ii. Counselling for Home Based Care (HBC)

5 Some CCC may also serve as a Link ART Centre for patients on ARV treatment. These CCC have to be accredited by NACO.

6 ICTC facility: A CCC may also provide ICTC service as per the ICTC Operational Guidelines of NACO. For CCC providing ICTC service-

1. A ICTC could be set-up within the CCC.
2. This will offer HIV testing to
   - Spouse and children of PLHA
   - HRGs
   - Clients reporting to the CCC with TB
   - Any client referred to the centre.
   - Direct walk-in clients seeking a HIV test.

3 PPTCT service: The CCC will provide the range of PPTCT service to

a. Pregnant women referred to the CCC

b. Spouse of PLHA

c. Positive pregnant women.

7 DOTS Facility:

In the absence of a nearby DOTS center or based on the client load requiring TB treatment, the CCC can function as a DOTS centre or serve as a drug dispensing centre for TB patients following the criteria set by the RNTCP.

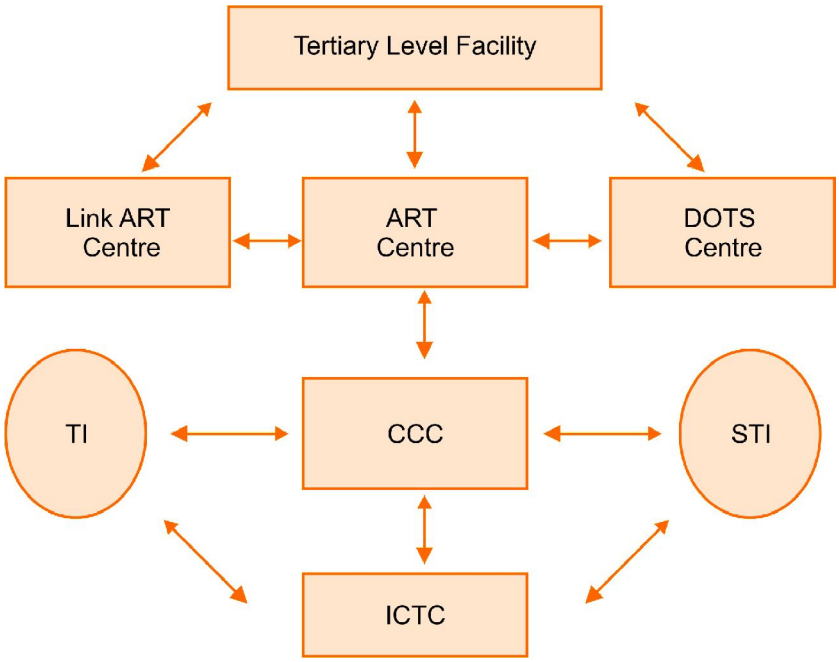
8 Condom Distribution:

i. All PLHA should be counselled for risk reduction

ii. Condoms should be made available at the CCC

3 Functions of Community Care Centres

The following scheme details the linkages of the CCC with other services established by the programme



PLHA should be provided holistic care at the CCC. This is possible only if the team has committed personnel, having a comprehensive understanding of the problem, care and support available. Functions of CCC can be largely categorized as medical, psychological, social and outreach.

Table 3.1 : Summary of Services provided at the CCC and requirements for the same.

Types of Services	Activities	Human Resources	Infrastructure Required and Supplies
Counselling Services	Drug and treatment Adherence, Treatment literacy Couple Counselling Counselling for infant feeding Reproductive health counselling (e.g. use of contraceptives, condom demonstration and distribution, family planning for HIV positive couples etc) Nutritional Counselling Positive living and positive prevention Psychological Support	Trained Counsellors	Separate facilities for integrated counselling services (for males and females) Audio-visual equipments (DVD etc.) Patient education tools, posters, health promotion material etc.
Nutritional Counselling and support for inpatients	Balanced Diet for PLHA Provision of nutritional supplements Nutrition education to PLHA and caregivers	Cook Helpers Nurses Trained in Nutritional Education	Kitchen with utensils and facilities Dining Room Nutritional Supplements
Treatment and Patient management	Provision of comprehensive care for prevention & treatment of OI and other illnesses in PLHA Basic laboratory services	Doctor Nurses Lab Technician	Out-Patient Services Provision of inpatient care (10 beds) Basic laboratory facilities and facilities for minor surgical procedures

Types of Services	Activities	Human Resources	Infrastructure Required and Supplies
	Coordination with ART center and other medical Basic laboratory services for forward and back referral Exchange of referral information		Drugs and equipments for treatment of minor OI Transportation facilities for patient movements-ambulance PEP kits Personal protection kit eg gloves, goggles, plastic apron etc Infection control and waste management equipment eg colour coded buckets, needle destroyers, IT equipment for communication and reporting eg computer, fax/printer, scanner, broadband internet connection.MIS Systems
Referral and outreach	Outreach for follow up of PLHA for ART adherence Trace and retrieve defaulters Transportation to referral centres Facilitation of home based care Coordination with referral centres for support	Health workers for outreach services	Transportation facility-Vehicle Hire Telephone line for patients to call up
Other support services	Support for PLHA who face social rejection	Community Volunteers	Recreation facilities eg space to run peer support activities, lounge for education & recreation etc

Types of Services	Activities	Human Resources	Infrastructure Required and Supplies
	Link with legal services Offer of spiritual services and fitness programmes such as Yoga Recreational facilities Advocacy with various stakeholders To provide linkage to PLHA with PLHA/ peer support networks To empower income generation and self help groups To facilitate PLHA to access available resourcesprovided by government and NGO agencies To facilitate linkages between other service providers and patients, like educational help for the children and Income generation programmes		Audiovisual equipment eg TV, DVD, CDs, Radio etc. Motivate other service providers and agencies- youth volunteers, peer groups, community support etc.

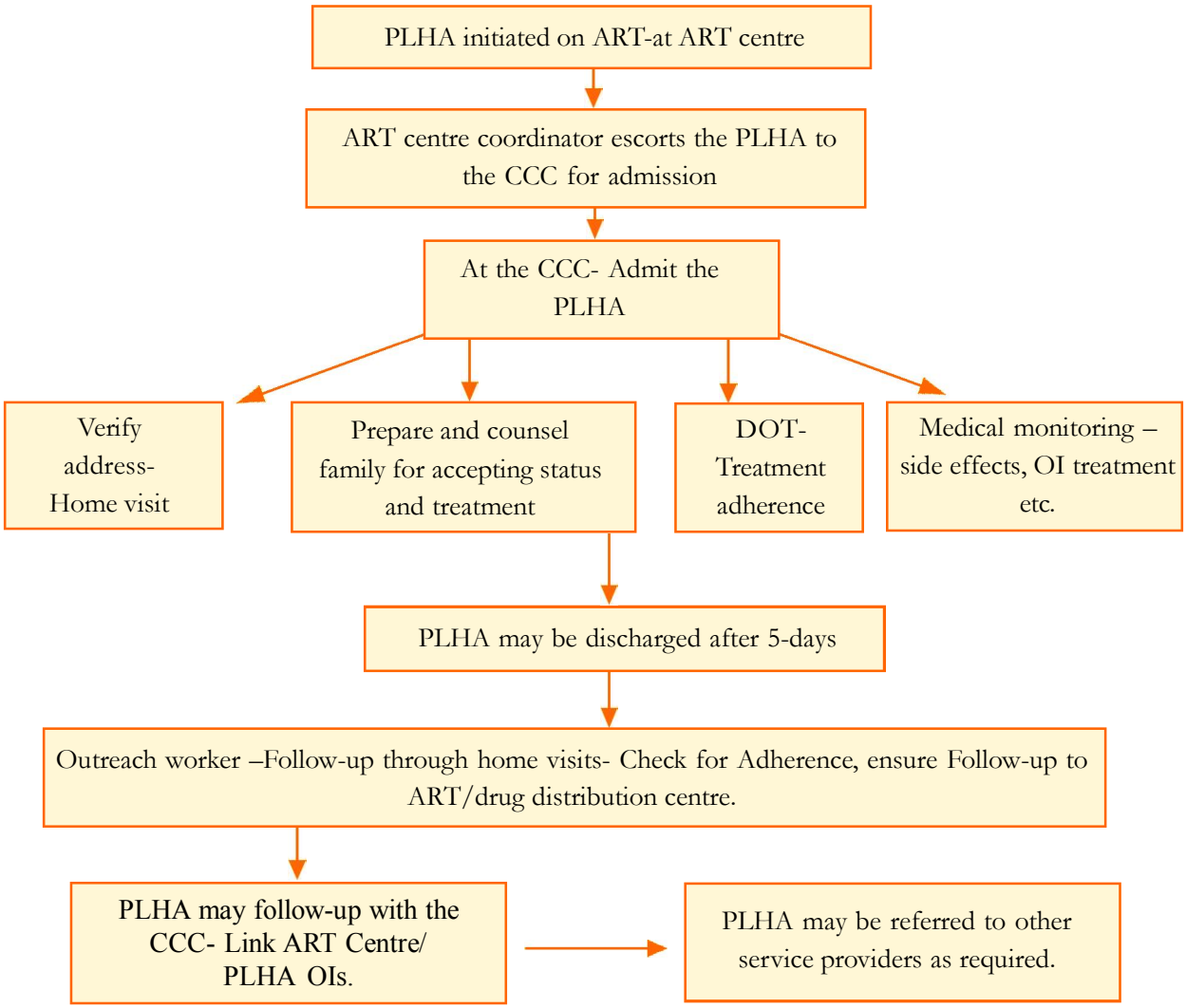
The CCC will primarily cater to PLHA:

- who access services because of illnesses or other problems
- reporting to the CCC on their own or being referred by NGOs or PLHA networks or by other medical practitioners/healthcare facilities.
- who are admitted from the CCC outpatient services.

4 Linkage between CCC and other HIV services

Some CCC may have a DOTS and ICTC within the CCC. For other CCC, linkages with ICTC and DOTS centres is needed. All CCC should establish linkage with ART centre closest to their CCC and TI services. For cases which require advanced care, the PLHA may have to be referred to the tertiary care centre.

Each CCC is closely linked to an ART centre. On a daily basis, the ART center MO/SMO will send information (by email/telephone/fax) to the linked CCC about newly started PLHA on ART. During the ART initiation period, the ART centre coordinator will bring all new PLHA to the CCC for admission.



The phone number of the CCC should be given to the PLHA to call for any problems/advice.

5 Setting up a CCC

5.1 Eligibility criteria for setting up CCC:

- The agency which proposes to setup and manage CCC, should be a non-profit organization/ Faith Based Organization and legally registered under:
  - The Societies Registration Act of 1860 or an equivalent Act of a State
  - The Charitable and Religious Act of 1920
  - Indian Trusts Act
- It should have clearly defined organizational structure
- Infrastructure required for providing services such as outpatient consultation and treatment, infrastructure for admitting and managing patients, provision of counselling and for transportation
- Minimum of three years experience in provision of medical and health care
- Should have established administrative and management systems
- Clear financial track record with an established financial management system (3 years audit reports and audited accounts)
- Experience in the provision of healthcare in the field of HIV/AIDS

5.2 Parameters to establish CCC on Priority basis:

1. Prevalence of HIV infection in the State/ District and estimated number of persons with HIV/AIDS (preference given to category "A' & 'B' Districts).
2. Availability of existing ART services in the State/Region/District
3. Availability of adequate space for setting up CCC
4. Agreeing to follow NACP technical and operational guidelines prescribed by GOI
5. Commitment to regularly furnish information on facilities, services and outcomes in prescribed formats to SACS and NACO.

5.3. Selection Process

The process for selection of CCC by SACS will be similar to the NGO selection guidelines that have been developed by NACO. Apart from the selection criteria that have been specified therein the following additional selection criteria will be used:

- Past experience in providing inpatient services
- Assessment of the public opinion regarding the medical services already offered
- Assessment of quality of inpatient and out-patient care offered by the existing facilities
- The types of services being offered by the existing facilities
- Assessment of laboratory services offered
- Knowledge of the health care providers regarding HIV/AIDS
- The possibility of stigma free services being available
- Quality assurance systems in place

The Joint Appraisal Team (JAT) of four members, will be constituted by SACS consisting of a team consisting of a Technical officer from the SACS/NACO/implementing agency, I/C of the ART centre to which the CCC will be linked, and one external technical consultant (a NGO representative, a senior ART consultant/ In-Charge). The external technical consultant could include the TRG members of CCC. A panel of experts will be worked out with implementing agencies and TRG members to assess and monitor and evaluate the CCC. A minimum of two persons from the JAT should be present for assessment.

The process of selection should be transparent, through an advertisement in the local news papers with the maximum circulation. A sample advertisement is presented in annexure—. The organizations wishing to set up CCC need to apply to the SACS/implementing agency with the details of the organization as per the information format for selection of NGOs for intervention projects and along with it the additional information that needs to be submitted will be as follows:

- Medical facilities that is being run by the organization
- The bed strength, staff numbers in terms of doctors, nurses and para- medical staff
- Case load that the facility is treating and the type and profile of cases treated
- Lab and other diagnostic facilities available

Based on the information provided by the organization it is short-listed and is asked to submit the proposal for setting up a CCC. The proposal is scrutinized and the evaluation is carried out based on the following criteria in addition to the criteria spelt out in detail in the NACO NGO/CBO selection guidelines:

- Has the proposal justified the requirement of the CCC in the area based on primary information on the number of PLHA estimated in and around the area
- Provision of secondary information for corroboration with the primary data provided

- Does it have adequate facilities to establish and run a CCC
- What are the profile of diseases it is treating and the experience in the field of public health?
- Does the organization have experience in preventive and promotive health-especially outreach?

The Joint Appraisal Team will carry out site assessments regarding the potential of the site proposed for CCC in terms of the following:

- Number of PLHA receiving services at the ART that is near by the location
- Number of OI cases being treated at the different locations
- Review with PLHA networks in and around the location of the CCC
- Examine the past history of case loads at the proposed medical institution of the CCC
- Review with private practitioners in and around the area regarding the case load of PLHA being treated by them
- Review with TI NGOs working in and around the location regarding the potential of PLHA living in the area requiring support

5.4 Link ART Centres:

A CCC can qualify for Link ART Centre provided

1 the number of PLHA on ART in the service area is minimum 50 per month. In hilly/ geographically difficult areas the patient load may range between 25-50 per month.

2 The distance of travel between the PLHA' home and main ART centre is more than 50 Kms.

3 Link Centres will preferably be set up when the number of PLHA on treatment at the ART centre is more than 1000.

6 Preparedness of Institution

6.1 Location and Access to CCC:

The CCC should be in close proximity to the ART Centres to which it will be linked. The availability of medical facilities for treatment of complications will be another factor guiding the location. The accessibility and proximity by public transport system need also to be taken into account while determining the location of the CCC.

- Proximity to ART Centres
- Proximity to higher level medical facilities
- Easy access by public transport
- Located in high prevalence area ('A' and 'B' Districts)
- Located in places where PLHA patient load is high

6.2 Infrastructure and equipment required at the CCC

The Physical structure of the CCC should be in a hygienic location, providing adequate ventilation and light. The space provided for different facilities within the CCC should consider the flow of activities undertaken at the CCC. The CCC should provide a friendly and cheerful environment.

a. Doctors Consultation Room

The doctors consulting room should be located in a place where both in-patients and outpatients can be treated. The room should be ventilated and well-lit. The doctor's room needs to have the following furniture:

- Doctor's Table
- Chair for the doctor and the patients
- Patient stool
- Examination Table
- Waste Basket
- Wash basin

b. Counselling Room

The counselling room should be an enclosed space, so that one-on-one and one-on-group counselling sessions may be undertaken in an atmosphere of privacy. The minimum requirement for furniture and equipment for a counselling room are:

1. Desk for the counsellor
2. Chairs for counsellor and prersons to be counselled and 10–15 chairs for group counselling sessions in the waiting area
3. Lockable filing cabinet for keeping records
4. Computer with printer and UPS.
5. Computer table, preferably with a chair.
6. Waste basket.

The aids to communication which must be available in an ICTC are:

1. TV and DVD player in a lockable stand for provision of information on HIV/AIDS to clients
2. Posters and information materials on the walls
3. Communication aids such as flip charts
4. Model for Condom demonstration
5. Leaflets/pamphlets as take-home material for clients.

c. Blood collection and testing room

The blood collection room should be close to the counselling room. Blood testing could be done either in the blood collection room or in the main laboratory of the facility. The equipment required for testing are:

1. Refrigerator
2. Centrifuge
3. Needle destroyer
4. Micropipette
5. Infantometer
6. Colour-coded waste disposal bins.

The consumables required for collection and testing of blood are:

1. Sterile needles and syringes
2. Disposable gloves
3. Vials and tubes for collection and storage of blood
4. Cotton swabs
5. Cleaning material such as spirit/antiseptic lotion
6. Bleach/hypochlorite solution
7. Microtips for use in micropipettes.
8. Other equipment and instruments- Autoclave, chitel forcep etc.

In CCC offering ICTC service, the ICTC should be located in a place that is easily accessible and visible to the public. The ICTC should consist of a counselling room, a blood collection and testing room.

d. Wards for In Patients

Wards should ideally be two partitioned rooms each accommodating 4 beds in the male ward, and six beds in the female ward with four beds earmarked for women and two beds for children.

Patient care equipment required in the wards are:

1. IV Stand
2. BP Apparatus
3. Neubulizers
4. Oxygen cylinder Stands
5. Medicine storage racks
6. Test tube holders
7. ECG equipment with monitors (optional)
8. Oxy-pulse meters
9. 10 beds with mattress and linen

e. Other facilities:

The CCC should additionally provide space for Pharmacy, Record Room, Administrative and Finance Office, Kitchen, Dining and Recreation Room, Toilets and bath area (separate for male and female)

f. Other equipment required at the CCC:

1. Basic Kitchen Equipment (Utensils, gas stove, water purifier and utensils etc)
2. Geysers in the bathroom
3. Refrigerator
4. Television with cable connection
5. Record storage racks
6. Provision for dining table and chairs
7. Office furniture for the coordinator and other personnel

8. One computer with internet facility and printer.

9. Telephone with fax

6.3 Communication tools

Apart from internet connection, CCC should have phone connections for external and internal (hospital) communication. The CCC will be expected to keep phone and Internet lines open and available to ART centre, NACO, SACS, NGOs, CBOs, FBOs, Positive Network Groups, PLHA etc. The staff manning the center should get into the habit of routinely communicating (even reporting) through e-mail, while the use of the telephone should be used mainly for emergencies and to contact local support groups or persons. Each CCC should set up a free e-mail address with a company that is user friendly and has the ability to send and store large volume of data.

Communication using postal or courier services should be retained for letters and documents that require signatures of officials. In urgent matters, documents with appropriate signatures may be scanned and sent as attachments through e-mail

6.4 Human Resources for a CCC

Staff Structure at a CCC	
Doctor	1 Full time or 2 Part Time
Project Coordinator	1 Full Time
Counsellor	1 Full Time
Outreach workers	4
Laboratory technician	1 (Part Time)
Nurses	3
Cook	1
Helper	1
Janitor	2

6.5 Roles and responsibilities of the CCC staff:

a. Coordinator or Administrator

The coordinator needs to be a post graduate in any discipline with administrative experience of a health care facility. The candidate should have preferably worked in the Health care sector/ facility.

Responsibilities of the CCC Coordinator/Administrator

Administrative	➔ Hire qualified staff for CCC on contractual basis ➔ Attend training programmes organized by SACS/NACO ➔ Ensure that the recruited staff undergoes induction training and there after refresher training every year at centres designated by SACS/NACO ➔ Maintain the attendance register and ensure timely payment of salary for CCC staff
Demand Generation	➔ Ensure good patient up take by establishing linkages with the ART Centres, ICTC, other hospitals, PLHA networks, NGOs implementing programmes as well as with the medical practitioners and district healthcare facilities in the area
Quality Assurance	➔ Ensure that high quality counselling services are provided in the CCC by conducting client satisfaction surveys and assessing the knowledge and attitudes of clients prior to and after counselling through interviews with a sample of clients ➔ Ensure high quality care and support services are offered to the patients admitted by periodically interacting with them during the period of stay in the facility ➔ Ensure diet requirements are provided to patients as per the diet chart and sample the food being supplied ➔ Examine the patient records and the maintenance of the same and the administration of the drugs
Supply and logistics	➔ Ensure that the minimum space as well as equipments and communication materials required for CCC are available ➔ Ensure that adequate stocks of medicines and other chemicals and consumables required are available in the CCC at all times
Monitoring and supervision	➔ Supervise the functioning of the CCC through monthly review meetings with the staff ➔ Ensure data quality checks to ensure accuracy of data generated by CCC staff by checking with the registers and records maintained at the CCC ➔ Ensure that monthly/quarterly reports are sent in a timely manner to SACS
Others	➔ Ensure that all staff at the facility are sensitized on the package of services available for the prevention and control of HIV/AIDS so as to build ownership and also remove myths and misconceptions and prevent instances of stigma and discrimination.

For Link ART centres, the process for requisition and acceptance of ARV drugs would involve the coordinator of the CCC sending a requisition to ART centre with which it is linked. The requisition should indicate full consignee address with pin code, phone/ fax numbers and e-mail and quantity of each drug received, utilised, balance available and additional requirement.

(The list of OI drugs and ARVs are presented in **Annexure 5**)

b. Doctor

An MBBS degree with minimum of three years experience after internship will be required. Candidates having prior experience in the field of HIV/AIDS or having a diploma or fellowship in HIV/AIDS medicine may be given preference. The doctor can be a male or female. If the doctor is a full time doctor then it is adequate to have one doctor. If the doctor is a part time doctor then it would be preferable to have two doctors who operate on shifts. If there are two part time doctors then efforts need to be made to have one male and one female doctor.

Responsibilities of Doctor at the CCC are presented below in table below

Provision of medical services	➡ Provision of inpatient and outpatient care ➡ Diagnosis, prophylaxis and treatment of opportunistic infection ➡ Monitoring of PLHA initiated on ART ➡ Monitoring of PLHA on pre ART care ➡ Conduct regular ward rounds for in patient care ➡ Maintain case records for all patients ➡ Ensure infection control practices are in place at the centre ➡ Ensure availability of PEP and adherence to Universal Precautions
Provision of Psycho-social support *Administrative*	➡ Counsel patients on treatment and drug adherence ➡ Encourage patient treatment literacy and give patient education ➡ Encourage positive prevention and positive living ➡ Give information on proper nutrition ➡ Prescribe nutritional supplementation if required ➡ Conduct outpatient clinics
	➡ Review stock of medicines periodically and discuss supply requirements with the Administrator/Coordinator ➡ Review stock of reagents and chemicals and discuss the same with the administrator/coordinator ➡ Review the record keeping by the nurses and recommend training if any required ➡ Admission and discharge of patients

	➡ Coordination with linked ART center MO/SMO on patients treatment plan and follow-up
Others	➡ Refer patients for specialist services as required ➡ Refer patients for any medical tests and examinations as required

c. Nurses

The candidate should be a diploma in nursing from a recognized nursing school/college with experience of providing nursing care for preferably two years in a public or private health institution.

Responsibilities of Nurse at the CCC are presented below in table below

Nursing Care	➡ Nursing care required for inpatients ➡ Take the vital signs and follow-up readings of the patients as per requirement ➡ Maintaining follow-up charts ➡ Provide medicine intake to the patients as per doctor's prescription ➡ Watch out for any changes in condition and report to the doctor ➡ Assist the doctor in OP clinic as well as during ward rounds ➡ Counsel patients on different aspects such as treatment adherence, drug intake as per regimen prescribed, nutrition and safe sexual behaviour, positive prevention and positive living, reproductive health choices ➡ Provide Anti-natal and post-netal care ➡ Provide nutritional supplements as required ➡ Maintenance of patient records and case sheets
Administrative	➡ Coordinate and track the referrals from and to other medical facilities ➡ Report on the referred cases from other facilities ➡ Report on stocks of medicines and other consumables ➡ Provide data on the formats required for monitoring ➡ Maintain the drug dispensed register and the stock of drugs received ➡ Function as case manager for overview of the referrals and linkages including integrated care of the PLHA's case. ➡ In-charge of coordinating the outreach workers to follow the treatment and follow up plan as has been decided for the PLHA by the clinical team
Others	➡ Practice Universal precaution principles ➡ Participate in the staff meetings and provide feed back

d. Counsellors

It is desirable that the counsellor should hold a post-graduate degree either in Psychology (MA/MSc) or Social Work. In case such candidates are not availabile, a graduate in Psychology/ Social Work/Sociology/Human Development may be considered.

Responsibilities of Counsellor at the CCC

The services to be provided are classified as essential and desirable as given below:-

Essential Counselling	➧ Provide adherence counselling on treatment and drug adherence ➧ Provide nutrition counselling to PLHA ➧ Positive living and life after infection ➧ Provide psycho- social support ➧ Provide counselling on safer sexual practices and on primary prevention ➧ Provide follow up counselling on repeat visits ➧ Support outreach team
Desirable Counselling	➧ Family Counselling on stigma and discrimination ➧ Family counselling on home based care ➧ Provide counselling on other support services available ➧ Bereavement Counselling
Administrative	➧ Maintain individual counselling records and counselling sheets ➧ Facilitate establishment of linkages with support groups and PLHA networks ➧ Maintain contacts with support groups in the local area for referring PLHA from the centre ➧ Reporting on feed back to the doctor regarding individual cases ➧ Reporting to the administrator on the data requirements for monitoring and reporting

e. Outreach workers

Outreach workers should be at least 8th standard pass with reasonable writing and speaking skills and preferably from the community of people infected or affected by HIV/AIDS. It is desirable that the outreach workers are 10th standard pass. Each outreach worker may be assigned

1 At least 200-250 PLHA or

2 Cover a distance of 25-30 kms from CCC

The responsibilities of the outreach worker are as follows:

- Provide care and support to PLHA at the CCC
- Undertake field visits to verify the address of the person who has been enrolled on ART and sent to the CCC for counselling support
- Undertake follow-up visits to ensure adherence to ART
- Establish rapport with the PLHA community and other NGOs working in the area
- Provide information to the community regarding the Community Care Centre and the services offered
- Mobilize pregnant women for PPTCT services and liaison with other health functionaries such as ANM, ASHA and Anganwadi workers

7 Role of SACS and/or Implementing agency

The responsibilities of nodal officer for care and support at the SACS/implementing agency should be:

1. Participation in selection of new CCC as per criteria
2. Supervision and monitoring of CCC implementation in the State (should visit each CCC at least once in 3 months)
3. Ensure adequate and timely flow of funds preferably in two instalments (6 monthly), subject to utilization of funds and submission of SOE and performance reports
4. Coordination with CCC coordinator
5. Collate, compile and forward information relating to CCC to NACO
6. Organise training of various personnel working at the CCC
7. Monitoring of supply of HIV testing kits to ensure continuous and uninterrupted stock
8. Ensure coverage of ART services to eligible PLHA

SACS should ensure that each CCC has following documents and items:

- CCC operational guidelines
- Operational guidelines for ICTC
- ART Technical Guidelines
- ART Operational Guidelines
- Training Manuals
- National Guidelines on OIs, CD4 testing (including linkages), HIV testing
- List of ART/CCC in India
- Adequate stock of Registers, Treatment Cards, Reporting Formats, Referral Registers
- Financial Guidelines

8 Financial Assistance

a. Bank Account

The CCC should open a separate bank account for management of funds. The account can be opened in the name of 'CCC – XXXX (name of the institution)' to be operated with a minimum of two signatories. This is essential for proper and timely utilisation of funds made available to CCC. Payment should be made by Account payee cheques except for small contingent expenses not exceeding Rs. 2,000/- A cash book will be maintained by CCC to record petty cash expenses. For this purpose, the coordinator may draw imprest money not exceeding Rs. 5000 at a time.

b. Audit of Accounts:

SACS/implementing agency will get accounts of each CCC audited. Audited Statement of Accounts and Utilisation Certificate for the preceding financial year of each CCC should be submitted to SACS with copy to NACO by 30th June each year. Further release of grants would be subject to submission of these documents.

c. Guidelines for expenditure:

CCC would incur expenditure as per norms given in table below:

S.No.	COMPONENT	*Amount (Rs. Lakh)*
1	**CAPITAL COSTS (ONLY IN YEAR 1)**	
1.1	RENOVATION AND REPAIRS	0.80
1.2	BED, MATTRESS, LINEN ETC	1.20
1.3	KITCHEN & DRINKING WATER EQUIPMENT	0.40
1.4	PATIENT CARE EQUIPMENT	1.20
1.5	OFFICE EQUIPMENT	0.40
	TOTAL NON-RECURRING GRANT	**4.00**
2	**RECURRING OPERATIONAL EXPENSES**	
2.1	MAINTENANCE OF BUILDING OR RENTAL	1.20
2.2	FOOD EXPENSES-	1.80
2.3	DRUGS, MEDICINES AND SUPPLIES (Laboratory reagents etc.)	2.00
2.4	REPAIR & MAINTENANCE OF EQUIPMENT	0.12

2.5	LINEN MTCE	0.12
2.6	VEHICLE HIRE (IF VEHICLE AVAILABLE, PETROL ETC)	1.20
2.7	TRAVEL-Rs3000 PER MONTH	
2.8	ELECTRICITY/WATER	0.36
2.9	DISPOSALS-SYRINGE/NEEDLE/GLOVES ETC	0.36
2.10	TELEPHONE	0.18
2.11	CONTINGENCY & INCIDENTALS (IEC)	0.26
	TOTAL RECURRING OPERATIONAL COSTS	**7.60**
3	**PERSONNEL COST**	***Approximate cost***
3.1	DOCTORS: FULL TIME (1) PART TIME (2) @ 18,000 to 20,000 Rs.	2.40
3.2	PROJECT CO-ORDINATOR (@ 8,000 to 12,000 Rs.)	1.44
3.3	NURSES (3) @ 6,500 to 8.500 Rs.	2.70
3.4	OUTREACH HEALTH WORKERS(4) @ 3000 to 4000 Rs.	1.44
3.5	COUNSELOR @ 6,500 to 8,500 Rs.	0.78
3.6	LAB TECHNICIAN(Part Time) @ 3,000 to 3,500 Rs.	0.42
3.7	COOK- @ 3,000 to 3,500 Rs.	0.36
3.8	JANITORS @ 3,000 to 3,500 Rs.	0.36
	TOTAL RECURRING PERSONNEL COSTS	**9.90**
	TOTAL RECURRING COSTS PER ANNUM	**17.50**

** Personnel Cost should not exceed 9.90 lacks. Remuneration cost should not exceed the maximum range set for the specific staff category.*

For MO an increment of Rs. 500 p.a. should be considered. For other contractual employees the increment is Rs. 400 p.a. should be considered. All contractual employees are entitled to 30 days accrued/earned leave (i.e. 2½ days per month) & 10 days sick leave.

9 Referrals to and from CCC

Linkage and referrals:

Persons living with HIV/AIDS for comprehensive care need access to various departments/ services depending upon disease stage and occurrence of Opportunistic Infections. The CCC should have referral linkages with the following medical services- Integrated Counselling and Testing center (ICTC), Antenatal clinics and Gynaecology Department, Microbiology Department (for CD4 count and other investigations), Paediatric Department, Dermatology and Venereology Department.

Patients attending CCC with persistent cough for 3 weeks or more, accompanied by one or more of the following symptoms such as weight loss, chest pain, tiredness, shortness of breath, fever, particularly with rise of temperature in the evening, loss of appetite and night sweats must be suspected to have Tuberculosis.

Detailed information on TB diagnosis and treatment is presented in the Operational Guidelines for ART centers (NACO, March 2007).

Certain needs will demand a referral to facility which lie outside the institution where CCC is located. The counselor may be the best person to identify such needs and suggest the place of referrals. Hence, it is important that the counselor has a list of centers for referrals and is also acquainted with the person to whom referral is to be made. The various possible places for linkages and referral may include:

- Other Government Hospitals & Private Hospitals
- Community Care centers
- Drop -in centers
- Home Based Organisations
- Local PLHA networks
- Rehabilitation centers

It is important to track and document the result of the referral.

The Referral form and the Transfer out forms are presented in **Annexure 6.**

10 HIV Testing and Quality Assurance

The most common and easiest way to diagnose HIV infection is based on the detection of antibodies to HIV which are generated in the blood of an HIV-infected person.

a. Rapid Tests

Rapid Tests are the most popular method of diagnosing HIV infection. They are user-friendly and can provide quick results to the client. A variety of rapid tests are available and these employ different principles. NACO recommends the use of rapid HIV test kits in an ICTC which will provide results to the client within 30 minutes of the test. The use of rapid test kits which will detect >99% of all HIV-infected individuals and will give false-positive results in <1% of all who are tested is recommended for use in an ICTC. Testing will be done free of cost for all clients in all ICTCs.

A client who has a negative result in one test is declared to be HIV-negative. A client is declared to be HIV-positive when the same blood sample is tested three times using kits with different principles and the result of all three tests are positive. A detailed testing algorithm is presented in **Annexure 4**.

b. HIV testing and the window period

The window period represents the period of time between initial infection with HIV and the time when HIV antibodies can be detected in the blood (~12 weeks). A blood test performed during the window period may yield a negative test result for HIV antibodies. These cases may require further testing after 12 weeks.

c. Emergency testing

For women with an unknown HIV status and who are in labour, the labour room nurses, resident doctors, or medical officer should provide basic information on HIV/AIDS and HIV testing. Thereafter, a single test should be performed to determine the HIV status and requirement for ARV prophylaxis to prevent mother-to-child transmission. A repeat sample should be collected on the next working day and tested by the LT of the ICTC to confirm the HIV status.

d. HIV testing of blood samples received at the ICTC

In some situations, the patient may not be able to come to the ICTC and the blood sample is sent from the hospital ward or other department. In this case, the ICTC should ensure that the patient has been adequately counselled by the doctor and the blood sample is received with a requisition slip. HIV test reports should be sent back to the referring doctor in a sealed envelope for post-test counselling.

e. Estimating baseline CD4 count – HIV-positive pregnant women

Whole blood samples of all pregnant women who are diagnosed to be HIV-positive in an

ICTC will be sent to the nearest ART centre with CD4 testing facility for estimation of the baseline CD4 count. This will help in determining the eligibility of an HIV-positive pregnant woman for ART.

f. Storage of kits and maintenance of the cold chain

Rapid HIV diagnostic kits should be stored at a temperature of 4–8°C. Since SACS will be keeping the buffer stock of the rapid kits it is advisable that all SACS should have walk-in cold rooms. While transporting kits from the SACS to the ICTC care should be taken to maintain the cold chain using a thermos flask with ice packs.

g. Diagnosis of HIV in the newborn

HIV antibody tests cannot be used to diagnose HIV infection in the neonate because of secondary transmission of maternal antibodies via the placenta or breast milk. Maternal antibodies may be present in the newborn for up to 18 months. Newborn infants will test HIV antibody positive whether they have HIV infection or not during this period. Antenatal transmission of HIV to the baby is confirmed at 18 months of age by a persistently positive HIV antibody test. HIV can be provisionally diagnosed in the newborn before this time-point by using a variety of nonantibody-based assays including DNA PCR. These tests are ideally done when the infant is six weeks old and at the age of six months.

h. Quality Assurance

The ICTC staff will endeavour to maintain the highest standards of quality in the services which they provide. They will be held personally accountable for any substandard delivery of service. All ICTCs should participate in an External Quality Assessment Scheme (EQAS). Each ICTC will be assigned a "State Reference Laboratory" (SRL). EQAS involves sending of "coded" samples from the reference laboratories to the ICTCs twice a year for testing. In addition, ICTCs should send random samples for cross-checking to the reference laboratory; these will include all positive samples and 5% of negative samples collected every month. High-quality HIV testing services can be maintained by:

1. Use of test kits that have not expired
2. Adherence to Standard Operating Procedures
3. Correct interpretation of results
4. Availability of laboratory internal quality control
5. Regular calibration, monitoring and maintenance of equipment.

a) Universal work precautions (USP)

Staff working in the blood collection room and laboratory should observe simple precautions while handling blood and blood products. These include:

- Using gloves when handling blood samples
- Using disposable needles and syringes for drawing blood

- Practising routine hand-washing before and after any contact with blood samples
- Disposing of sharp instruments safely as per procedure, e.g. discard disposable syringes in a puncture-resistant container after disinfection with bleach solution. In areas where such work is undertaken a source of clean water should be maintained.

i. Post-exposure Prophylaxis (PEP)

Drugs for PEP should be made available to any staff member or caregiver who is accidentally exposed to HIV in all facilities which have an ICTC as early as 2 hours and within 24 hours of the accidental exposure and not later than 72 hours. The protocol for administration of PEP drugs is available on the NACO website. The facility should have an assigned PEP focal point/person. It is important to ensure that health-care staff are aware of hospital PEP procedures and the name and contact information of the PEP focal point/person as well as the location where the PEP drugs are stored.

j. Kits for handling delivery of an HIV-positive woman

Kits will be made available in all ICTCs which will enable medical staff such as doctors, nurses, attendants, etc. to handle the delivery of an HIV-positive pregnant woman without being exposed to the risk of accidental exposure to HIV. The kit will consist of the following:

- Plastic disposable gowns
- Disposable goggles for protection of the eyes
- Face mask
- Disposable shoe cover
- Two pairs of long gloves

k. Disinfection and Sterilization

The laboratory should adhere to disinfection and sterilization standards. All re-usable supplies and equipment should be disinfected by sterilization or washing with soap and bleach solution.

l. Waste Management

Hospital waste refers to medical waste, clinical waste, pathological waste, infectious waste, non-hazardous waste, biodegradable kitchen waste and non-biodegradable waste. It is advisable to use colour-coded containers as defined by the State Government to dispose of waste material.

Disposable items such as gloves, syringes, IV bottles, catheters, etc. have to be shredded, cut or mutilated. This ensures that they are not recycled/reused. They have to be dipped in an effective chemical disinfectant for a sufficient amount of time or autoclaved or microwaved so that they are disinfected. A good disinfectant such as bleach/hypochlorite solution should be used. Liquid pathological waste such as blood, serum, etc. should be treated with a chemical disinfectant. The solution should then be treated with a reagent to neutralize it. This can then be flushed into the sewage system.

11 Training of Staff

All CCC staff should be trained through a common curriculum and in NACO identified Training Institutes.

a. Induction Training:

All counsellors and laboratory technicians who are newly appointed to the CCC need to undergo training as per NACO recommended training curriculum at NACO designated Centres of Excellence. This includes counsellors and laboratory technicians who have been appointed on a full/part time basis.

b. Ongoing Training/Refresher Training:

CCC counsellors and laboratory technicians should undergo refresher training provided by NACO at least once a year to upgrade their knowledge and skills.

c. CCC Staff Sensitization

All the staff in a CCC including doctors, project coordinators, nurses and outreach staff need to be sensitized about specific issues related to HIV/AIDS such as the importance of HIV counselling, confidentiality, PEP, universal precautions and maintaining a respectful and non discriminatory attitude towards people living with HIV/AIDS.

d. CCC Team Training:

The CCC team consisting of the doctor, counsellor, laboratory technician along with nurses will undergo team training once in a year on all aspects care and support, issues of ART and management

A summary of training activities to be undertaken for CCC staff and others is as follows:

Training Matrix for CCC

Training	Staff to be trained	Training Duration	Training Frequency	Training Provided at	Training Manual	Main Training Topics
CCC Team Training	All CCC Staff	5 days	Yearly	NACO Identified Institute	CCC Team Training Manual	▪ Basic information on HIV/AIDS ▪ Basic information on NACP-III and the package of services for prevention and control of HIV/AIDS ▪ CCC Operational Guidelines ▪ Reporting formats and monitoring ▪ Team Building
Counsellor Induction Training	Counsellor	12 days	Once at the time of appointment	NACO designated Centres of Excellence	NACO Counsellor Training Modules 2006	▪ Basic information on HIV/AIDS, HIV testing and counselling ▪ Basic Counselling Techniques ▪ PPTCT ▪ Counselling for specific target groups ▪ Counselling for care and treatment ▪ Counselling for other issues ▪ Advanced counselling skills
Counsellor Refresher Training	Counsellor	5 days	Yearly	NACO designated Centres of Excellence	NACO Counselor Training Modules 2006	▪ Review of counselling skills ▪ Review of pre-test and post test counselling process ▪ Review adherence counselling, technical updates, administrative issues, M & E

Training Matrix for CCC *(contd.....)*

Training	Staff to be trained	Training Duration	Training Frequency	Training Provided at	Training Manual	Main Training Topics
Laboratory Technician Induction Training	Laboratory Technician	5 days	Once at the time of appointment	SACS designated Institutes (preferably Dept of Microbiology of Premier Institutes)	NACO Laboratory Manual for Technicians	▪ Basic information on HIV/AIDS ▪ Laboratory bio-safety and standard work precautions ▪ Collection, transport and storage of specimens for HIV testing ▪ SOP for routine investigations ▪ Quality Assurance ▪ Lab management ▪ Lab infrastructure ▪ Equipment maintenance and calibration
Sensitization program for all staff in CCC	All staff	1 day	Yearly	Coordinator	-	▪ Basic information on HIV/AIDS ▪ Myths and misconceptions about HIV/AIDS ▪ ICTC ▪ PPTCT ▪ ART ▪ OI ▪ HIV-TB coordination ▪ Package of services for prevention and control of HIV/AIDS ▪ Care and support for people living with HIV/AIDS

Training Matrix for CCC *(contd.....)*

Training	Staff to be trained	Training Duration	Training Frequency	Training Provided at	Training Manual	Main Training Topics
Laboratory Technician Refresher Training	Laboratory Technician	3 days	Yearly	SACS designated Institutes (preferably Dept of Microbiology of Premier Institutes	NACO Laboratory Manual for Technicians (ICTC, PPTCT, Blood Banks & PHCs)	Same as above
ORW Induction Training	Outreach Worker	3 days	Once at the time of appointment	Reputed NGOs/ PLHA network	-	▪ Basic information on HIV/AIDS ▪ ICTC, PPTCT & HIV-TB ▪ Continuum of care for HIV Positive ▪ Functions of an ORW ▪ Home visits as part of outreach ▪ Skills relating to home based care ▪ ART Drug Adherence requirements
ORW Refresher Training	Outreach Worker	2 day	Yearly	Reputed NGOs/PLHA network	-	Same as above
Doctors induction Training/ Refresher Training	Doctors	5 Days	Yearly	NACO identified Training centres	--	Standard training module as developed by NACO
Nurses Induction/ Refresher Training	Nurses	5 Days	Yearly	Designated Nursing Colleges	--	INC Module for Nurses training on HIV/AIDS

12 Public Awareness

There is evidence to show that level of general awareness towards HIV/AIDS has increased in the population. However, knowledge and utilisation about various services available for prevention, counselling, testing, care and treatment is low. This has resulted in sub-optimal utilisation of various services. SACS should publicise availability of services offered in details through various means of communication (TV, radio, Newspapers, and Brochures). Location and services offered by CCC, TIs, ART centers, TB centers and STD Clinics need to be disseminated at State/District level. TV Channels, radio and newspapers should be selected based on targeted audience and coverage. Funds available in the contingency and incidentals may be utilised for this purpose.

13 Monitoring and Evaluation

a. Data flow

Data flow from the facility to the district level to the national level is depicted in the following diagram:

Staffs fill in client information in their respective individual cards and registers.

The information in the particular month is compiled in the monthly report for the CCC based on the data in the registers.

The information in the monthly report is verified and discussed for validity by the CCC Project Coordinator with the staff. The verified report is forwarded through the CMIS to the SACS by the 3rd of every month.

The SACS staff checks and uploads the information.

SACS provide a detailed feedback on the performance of the CCC to the PD. The PD uses the data for preparing the state report which is shared with stakeholders.

NACO reviews the CCC information in the CMIS and provides feedback to SACS and periodically compiles a national report on the status of the CCC.

a. Programme monitoring

Programme monitoring is the ongoing assessment of routine activities and progress achieved. This facilitates early detection of errors and allows corrective actions to be taken. Monitoring involves documenting all key aspects of the services offered. The core indicators for monthly monitoring of CCC services are as follows:

- Bed Utilization
- Bed Turn over rate
- Adherence to treatment achieved
- Number of OI treated at the CCC (OPD and in-patients)
- Number of STI treated
- Number of persons who underwent pre-test counselling
- Number of persons tested for HIV
- Number found HIV positive among those tested
- Number of persons who underwent post-test counselling
- Number of pregnant women who are provided counselling
- Number of pregnant women tested for HIV
- Number of pregnant women found positive among those tested
- Number of deliveries of pregnant women found HIV-positive
- Number of mother–baby pairs provided prophylactic treatment
- Number of infants followed up after delivery at six weeks, six months, 12 months and 18 months
- Number of infant samples sent for PCR testing
- Number of HIV-positive persons on Directly Observed Treatment, Short-course (DOTS) for tuberculosis
- Number of referrals to other service providers
- Number of home visits made by the outreach worker
- Adherence rate

To obtain this information, different records in the form of registers are to be maintained and monthly reports submitted.

The data collected will provide:

a) Information on the how effectively a centre is functioning;

b) Information for managing the health facility (e.g. for forecasting and ordering drugs and supplies, or making quality improvements)

c) Information for individual case management.

Individual counselling and client cards would be maintained at each CCC.

Bed Utilization/Occupancy

Bed utilization is measured as a ratio of :

Number of Utilized bed days
Number of Bed Days Available

Number of bed days available is calculated as a product f the number of beds and the number of days in a year. Hence, in the case of the CCC that has ten beds the available number of bed days will be 365X10=3650.

Therefore, for a ten bedded CCC the number of bed days available will be 3650 and that can be taken as the denominator.

The bed occupancy or utilization is calculated as number of bed days occupied by patients during the year or the period of review.

The numerator is the number of days that the beds are occupied by patients during the period under review and the denominator will be 10 X the number of days for the period under review.

Utilization Criteria for performance review

If the bed utilization is >90% then the performance is considered very good

If the bed utilization is between 70%-90% then the performance can be considered to be satisfactory

If the bed utilization is between 50-70% then the performance can be considered as average

If the bed occupancy is less than 50% then the performance is poor

If a CCC consistently has only average or poor performance (over two to three review periods) then it is a clear case of under performance warranting termination after issue of notice.

If the performance is satisfactory or very good then the CCC is performing up to the expectation.

Bed Turn over ratio

The bed utilization or bed occupancy alone may not be a true reflection of performance. If the same patient continues to occupy the bed for a long period then the occupancy will be high but the number of patients treated may be low. In order to effect the correction to this the bed turn over ratio is also added as performance criteria.

The bed turn over ratio measures the average number of days that a patient occupies the bed. This is calculated as follows:

Total number of days of bed occupancy
Total number of patients

This provides the average length of stay of each patient. Since by design the CCC is a short stay centre the average length of stay should normally not exceed 14 days (except under exceptional circumstances).

The following will be the performance criteria

If the bed turn over is 14 days or less then the performance can be considered to be very good

If the bed turn over ratio is 15-21 days then the performance can be considered to be satisfactory

If the bed turn over ratio is 21-30 days then the performance is average

If the bed turn over ratio is > 30 days then the performance is poor.

This measure needs to be used in conjunction with the bed occupancy criteria.

If the bed occupancy is high but the turn over is poor then it needs to be closely investigated- but generally this indicates a long period of occupancy by the same patient and hence the overall performance cannot be considered satisfactory.

If the bed occupancy is high and the turn over is also very good then the performance can be rated as very good

Adherence to treatment achieved

This will reflect the number of PLHA that were counselled after the initiation at the CCC to the number continuing to take the treatment as per the recommended pattern of treatment.

Performance Criteria

If the adherence is >80% then the performance can be considered to be very good

If the adherence is between 60-80% then the performance is considered to be satisfactory.

If the performance is 50-60% then the performance is average

If the performance is <40% then the performance is considered poor

A CCC performing poorly on all three fronts consistently for a period of 2-3 reporting periods (quarters) then can be discontinued

If adherence and turn over are good and occupancy is satisfactory then it is an acceptable performance

If all three factors have good performance then the performance can be considered exceptional.

The performance that falls under the combination other than the three developed above needs deeper scrutiny.

The District Supervisors need to be monitoring the performance of CCC and reporting to SACS.

19. Supervision and Monitoring

The supervision will be through review of quarterly reports and the monitoring meetings held by the district team functionaries and SACS personnel.

Quarterly Review

The quarterly reports that are generated in a CCC will be reviewed by SACS on the 3rd of every month following the quarter ending. The uptake of patients at CCC and the adherence work will be reviewed closely to minimize the dropout rates. The M&E system is provided in **Annexure 7**.

A E RES

Annexure - 1

Site Evaluation for setting up of CCC

Name of care and support center visited	
Centre is run by which Organization	
District Covered	
Closest ART centre	
Is a ICTC service available in the vicinity	
Contact details of the CCC	
ate of Assessment	
Assessed By	

General Information:

Details of existing services:

Ty e o edical er ice	**Y/N**	**To ention the uidelines ollo ed**	**ata on utili ation o the er ices**		**To mention the su ort / unds or the ser ice also to mention distance rom the center and contact details**
VCTC			o tested in last one year	o positive	
TI ervices			o Visited in last one year	o with TI symptoms	
OI preventive and management service			o of OIs reported last year		
Anti Retroviral Treatment			o started on ART till now	Proportion of PLH A registered on ART	

utntional upports Community Mobilization areas	
Category of Population covered (Rural, Urban, Adults)	
Is the centre exclusively for HIV care	
Number of Beds available	
Number of PLHAS currently seen in the OPD	
No. Of PLHAs admitted to the ward in the last one year	

GRADING

Rate each item 5 is the maximum and 1 is minimum. The maximum possible score is 135. Under the grading, 5 is the maximum score to be given and 1 is the minimum.

rade	core range
A	
C	

							Remar s
	anagement						
	ission statement						
	atch of programs with ission						
	E tent of involvement of oard / trustees						
	Roles of the oard/trustees						
	Values on se ual health as assessed						
	ta ing and organi ation						
	Organogram of organi ation						
	Position and o descriptions						
	E erience o the organi ation						
	Pro ect anagement						
	eograhpic spread of pro ects						
	Appro imate si e of Population covered						
	anagement of se ual health pro ects						
	anagement of RCH pro ects						
	anagement of other health pro ects						

	anagement of community development pro ects						
	Financial anagement ystems						
	Accounting ystems in place						
	ritten ocumentation						
	aintenance of separate ooks for each pro ect						
	rant management e perience						
	Analysis of sources and uses of funds						
	Fund handling capacity						
	se of asis for costing and udgeting						
	Audit of accounts						
	Capital assets availa le						
	Internal control mechanisms						
	Internal Audit ystems						
	ources of funding						
	In rastructure						
	Easy accessi le from the nearest city/town						
	inages and patient flow chart						
	Counselling room						
	La oratory						
	itchen						
	OP						
	ard with ade uate ventilation						
	Place to store drug						
	Recreation hall/ ining hall						
	pace for relatives						
	Other ystems						
	Pro ect planning and monitoring						
	onitoring and learning ystems						
	Inventory ystems						
	Reporting ystems						

Any other In ormation:

Signature of the assessors:

Annexure-2

Sample Agreement

Agreement between State AIDS Control Society (SACS)/Implementing Agency Government of India

XXYYZZ (Name of NGO and Place)

This Agreement is made on day of 2006 by and between

AND XXYY , a society / trust registered under the Societies registration Act or State Public Trusts Act and bearing registration number and having its registered office at acting through , the authorised signatory (hereinafter referred to as "XXYY "), which expression shall, unless repugnant to the context, include its successors in business, administrators, liquidators, assigns and/or legal representatives.

WHEREAS SACS/Implementing Agency is providing treatment, care and support to PLHA in India through designated Community Care Centres (hereinafter, referred to as CCC) as per National Operational Guidelines issued by NACO to persons living With HIV/AIDS (hereinafter referred to as PLHAs) in India through designated Community Care Centres as per the guidelines issued by NACO from time to time;

WHEREAS SACS/Implementing Agency coordinates the aforementioned provision of Care, Support and Treatment at designated CCC by providing facilities to/for in-patient, referral, out-patient, home based care, drug distribution centres, ICTC, PPTCT and DOTS including treatment of OI's, follow up of PLHA for pre-ART care, psychosocial support and counselling, treatment literacy and positive prevention through care, support, selection and prescribing guidelines for treatment of opportunistic infections;

WHEREAS NACO is desirous of extending services of CCC to more PLHAs in collaboration with suitable non-profit non-governmental organisations, government, other CCC, drop-in centres, Home Based Organisations, local PLHA's and rehabilitation centres.

WHEREAS XXYY is a non-profit organisation registered under the Societies registration Act 1860 or equivalent Act of States/ Public Trusts Act/ The Charitable and Religious Act of 1920 (to delete whichever is not applicable) with the object interalia of extending AIDS related treatment , care and other services to PLHAs regardless of latter's ability to pay;

WHEREAS XXYY has been running an HIV clinical programme for minimum three years at , which was initiated in . and is presently providing health care support to number of persons.

WHEREAS XXYY has approached SACS/Implementing Agency and expressed its interest to assist NACO in addressing the above need at its sites in India;

WHEREAS the parties hereto have agreed to set up a collaborative CCC project and hereby reduce the terms of the agreement to writing;

NOW THEREFORE THIS AGREEMENT WITNESSES AS FOLLOWS:

I. PURPOSE OF COLLABORATIVE CCC PROJECT

The purpose of the present Agreement between SACS/Implementing Agency and XXYY is to set up COMMUNITY CARE CENTERS that would aim at being a model for high quality provision of care support and treatment (CCC) and associated healthcare and medical management of PLHAs in its sites in India.

II. RESPONSIBILITIES OF NACO/SACS/Implementing Agency

SACS/Implementing Agency shall organise training or provide support for training of personnel of XXYY involved in the collaborative CCC project.

SACS/Implementing Agency shall provide to XXYY regular updates on National Operational Guidelines for CCC from time to time.

SACS/Implementing Agency and XXYY shall form a committee comprising a representative from NACO/SACS/Implementing Agency and Director of XXYY , which shall supervise and monitor the collaborative CCC project to ensure provision of quality services as per the Operational Guidelines of CCC.

On an application by XXYY for certification of a site as a "designated CCC" SACS/ Implementing Agency team shall inspect the site to ascertain facilities for providing treatment and counselling and financial status subject to its satisfaction as to clause 3 of part III and certify the site as a "designated CCC".

NACO, through SACS shall provided the duly approved test kits and medicines/drugs required for treatment, care & prevention of HIV/AIDS.

III. RESPONSIBILITIES OF XXYYZZ

XXYY shall set up a CCC / plans to set up a CCC (s) at and has appointed . , as the official contact for the proposed collaborative CCC Project.

XXYY represents that it provides / proposes to provide various health services to PLHAs, a description of which is set out in the Operational Guidelines to the present Agreement.

XXYY undertakes that it will comply with all the laws for the time being in force in India in the running of the CCC. Further, as a condition precedent to the certification of the site as a

"designated CCC, XXYY shall have obtained all necessary government approvals and have appointed the necessary staff with the requisite technical qualifications.

XXYY Shall strictly follow the National CCC guidelines(drug regimen as well as physical standards)issued by NACO from time to time, follow the terms of reference for staff including qualifications as specified by NACO and will ensure that mechanisms needed for good treatment adherence are in place.

XXYY undertakes that they shall not use in their CCC any kit on medicines/drugs which are not supplied NACO through SACS.

XXYY shall respect the autonomy and privacy of the patients, and to this end provide pre- and post-test counselling, obtain written informed consent from the patient prior to a test or treatment, and maintain confidentiality of the patients on the principle of shared confidentiality.

XXYY shall provide for data protection systems to ensure that the confidential records of the patients are computerised and are protected so that they are not accessible to any unauthorised person.

XXYY shall provide a copy of all medical records to the patients on their request.

XXYY shall provide all health services related to CCC and treatment of opportunistic infections, including those listed in Operational Guidelines, free of cost to patients who require treatment. XXYY shall not deny services to any person living with HIV on any ground.

XXYY shall maintain all the registers and reporting formats as per NACO's CCC guidelines. They will send report of all adverse drug reactions to NACO.

XXYY shall use standard NACO Monitoring and evaluation tools.

XXYY shall provide standard, anonymous monthly reports of patient registration numbers and respective relevant details including medicines used for the previous month to SACS/Implementing Agency by the 3rd of each month following the Quarter end in prescribed formats in accordance with the guidelines laid down by NACO from time to time. NACO will be free to use the data so sent to them in an anonymous manner.

XXYY shall also provide certified Statement of item wise quantities of opening/closing stocks, receipts from SACS/Implementing Agency and use for patients (duly reconciled) with the aforesaid patient information details) for each month by the 3rd of each month following the quarter end.

XXYY shall provide details of the CCC team at their center to NACO along with the names and technical qualifications of the staff and keep this updated from time to time.

XXYY will permit NACO to inspect its documents relating to the balance sheets, profit and loss accounts, grants and donors, financial and other documents so that NACO can verify the representation of sustainability of the collaborative CCC project.

XXYY shall establish a network with NGOs involved in HIV care and support as well as with the Indian Network for People Living With HIV/AIDS or PLHA groups in the area for increasing

access to treatment and other government and private hospitals, other CCC, drop-in centres, Home Based Organisations, local PHLA network and rehabilitation centres for follow-up support.

The designated representatives of XXYY shall attend the coordination meeting with SACS/ Implementing Agency.

XXYY shall not permit research or clinical trial, whether relating to the allopathic system of medicine or any alternate system of medicine or any combination thereof, at the designated CCC, except with the approval of the Drugs Controller General of India and with the consent of the patients concerned for the conduct of such clinical trial. Further, in the event of an approved clinical trial, the Party of the Second Part will ensure that all ethical protocols are complied with.

Use of any patient data obtained by XXYY during the course of its collaborative CCC project shall be done in an anonymous manner such that the identity of the patients enrolled at the collaborative CCC project is not revealed in any manner to any of third party.

XXYY shall maintain the records for a period of five years from the time that this Agreement is terminated or lapses by efflux of time.

Two grievance handling committees shall be formed, at the central and the state level. Each committee shall comprise of a four member team, which shall adjudge the site independently. XXYY shall also forward to NACO in an anonymised manner the nature of complaints received and action taken thereon on a monthly basis.

IV. COMMENCEMENT

This Agreement shall become effective upon signature by both the Parties and certification of the site of the collaborative CCC project as "designated CCC" by NACO as per clause 5 of part II of this Agreement.

V. DURATION OF AGREEMENT

The contract shall be in force for a period of five years from the date of execution of this Agreement, subject to performance as per the monitoring and evaluation criteria prescribed by NACO for CCC.

VI. RENEWAL OF AGREEMENT

This Agreement is renewable at the option of SACS/Implementing Agency.

2) THREE months prior to the expiry of the Agreement due to efflux of time NACO shall intimate XXYY its intention to renew the Agreement for further period to be specific or not to renew Agreement.

3) In the event that SACS/Implementing Agency desires to renew the Agreement, the terms and conditions of this Agreement, as may be amended, will apply de novo. It is made expressly clear that in that event, XXYY will have to re-apply for and re-obtain certification for their CCC.

4) Both parties shall ensure that there is no interruption of treatment to the patients.

VII. TERMINATION OF AGREEMENT

In the event that NACO decides not to renew the Agreement due to XXYY 's inability to take satisfactory care of the patients, report details of their monthly performance and/or account for medicines issued to them by NACO the agreement is liable to be terminated by NACO with notice sent to XXYY accordingly. If XXYY after such initimation of termination fails continue to provide treatment, care and support as mentioned in the operational Guidelines free of charge or expresses its inability to do so, they shall give notice to the patients and SACS/Implementing Agency about this and refer the patients to the nearest government hospital providing these services or as directed by SACS. Further, upon such referral, XXYY shall forthwith forward a copy of all medical records of the patients to such hospital and to SACS/Implementing Agency or a person designated by NACO/Implementing Agency to receive such medical records.

VIII. BREACH BY XXYYZZ

1) In case XXYY found to use medicine/drugs or kits not supplied by NACO through SACS or is not able to provide services as per agreement or defaults on the provision of this Agreement or declines the patients to provide medication, services or directly or indirectly makes any charges for providing care, support and treatment of opportunistic infections or ART or otherwise enters into any malpractices, it shall be liable for breach of agreement and breach of trust and other consequences which may include black listing with NACO, MOHFW, Ministry of Home affairs and external Affairs. This action shall also be intimated to their parent/ International NGO also for necessary action by them.

2) If XXYY is found to have made any charges for the treatment which was to be given free of charge under this Agreement or to have not provided the medicines to the named patients or to have otherwise misappropriated the funds or goods released by NACO to XXYY , then without prejudice

   to any other right or consequence or mode of recovery, NACO may recover the amount thereof from XXYY and/or its office bearers as arrears of land revenue.

IX. SETTLEMENT OF DISPUTES

1. Any dispute or difference or question arising at any time between the parties hereto arising out of or in connection with or in relation to this Agreement shall be referred to and settled by arbitration under the provisions of the Arbitration and Conciliation Act, 1996 or any modification or replacement thereof as applicable for the time being in India.

2. The arbitration shall be referred to an arbitrator nominated by Secretary Department of Legal Affairs, Ministry of Law and Justice, Govt. of India Delhi. The Arbitrator may, if he so feels necessary, seek opinion of any health care personnel with experience of working in the field of HIV and care and treatment of PLHAs.

3. The place of arbitration shall be either New Delhi or the site of the collaborative CCC project, which shall be decided by the arbitral tribunal bearing in mind the convenience of the parties.

4. The decision of the arbitrator shall be final and binding on both the parties.

X. LAW APPLICABLE

This Agreement shall be construed and governed in accordance with the laws of India and in the event of disputes being taken before any court for resolution, the appropriate court of jurisdiction shall be located at the site of collaborative CCC Project.

XI. COMMUNICATIONS ADDRESS

ADDRESSES AND NAMES OF REPRESENTING OFFICIALS TO GIVEN HERE FOR Correspondence :

In witness of execution of this Agreement, the parties herein have appended their respective signatures the day and the year stated therefore.

For NACO	For XXYY
Personnel Concerned	Personnel Concerned
Address	Address
Phone Number	Phone Number
E-mail	E-mail

In case the contract is entered into by the President through the DG, NACO, this needs to comply with the rules of Business laid down in this behalf.

Signed For and on behalf of XXYYZZ

AABBCC

Director

XXYY

Signature .....

Date .....

In the presence of

Name and Signature ....

.....

Date .....

Signed For and on behalf of

President of India

Director General

NACO

Signature .....

Date .....

In the presence of

Name and Signature .....

.....

Date .....

Annexure-3

Clinical Staging of HIV

Clinical stage 1

Asymptomatic

Persistent generalised lymphadenopathy

Clinical stage 2

Unexplained moderate weight loss (<10% of presumed or measured body weight)

Recurrent respiratory tract infections (sinusitis, tonsillitis, otitis media, pharyngitis)

Herpes zoster

Angular cheilitis

Recurrent oral ulceration

Papular pruritic eruptions

Seborrhoeic dermatitis

Fungal nail infections

Clinical stage 3

Unexplained severe weight loss (>10% of presumed or measured body weight)

Unexplained chronic diarrhoea for longer than one month

Unexplained persistent fever (above 37.5oC intermittent or constant for longer than one month)

Persistent oral candidiasis

Oral hairy leukoplakia

Pulmonary tuberculosis

Severe bacterial infections (e.g. pneumonia, empyema, pyomyositis, bone or joint infection, meningitis, bacteraemia,)

Acute necrotizing ulcerative stomatitis, gingivitis or periodontitis

Unexplained anaemia (<8 g/dl), neutropenia (<0.5 x 109 /L) and or chronic thrombocytopenia (<50 X 109 /L3)

Clinical stage 4

HIV wasting syndrome

Pneumocystis pneumonia

Recurrent severe bacterial pneumonia

Chronic herpes simplex infection (orolabial, genital or anorectal of more than one month's duration or visceral at any site)

Oesophageal candidiasis (or candidiasis of trachea, bronchi or lungs)

extrapulmonary tuberculosis

Kaposi's sarcoma

Cytomegalovirus infection (retinitis or infection of other organs)

Central nervous system toxoplasmosis

HIV encephalopathy

Extra pulmonary cryptococcosis including meningitis

Disseminated non-tuberculous mycobacteria infection

Progressive multifocal leukoencephalopathy

Chronic cryptosporidiosis

Chronic isosporiasis

Disseminated mycosis (extrapulmonary histoplasmosis, coccidiomycosis)

Recurrent septicaemia (including non-typhoidal salmonella)

Lymphoma (cerebral or B cell non-Hodgkin)

Invasive cervical carcinoma

Atypical disseminated leishmaniasis

Symptomatic HIV associated nephropathy or Symptomatic HIV associated cardiomyopathy

Assessment of body weight in pregnant woman needs to consider expected weight gain of pregnancy.

Unexplained refers to where the condition is not explained by other conditions.

Some additional specific conditions can also be included in regional classifications (e.g. reactivation of American trypanosomiasis (meningoencephalitis and/or myocarditis) in Americas region, Penicilliosis in Asia).

Testing algorithm

For the purpose of diagnosis three rapid HIV test kits based on different principles are to be used. There is no need for confirmation by ELISA or western blot tests except in case of indeterminate results. The test result may be seroreactive or non-reactive to HIV or indeterminate, as described below:

Non-reactive or HIV-negative test result	Seroreactive or HIV -positive test result	Indeterminate test result
1. Samples that are **non-reactive** after the first rapid HIV test are considered "sero-negative" and the client is given a negative test report. No further testing on the samples is required.	1. Samples that are **seroreactive** after the first rapid HIV test need to be retested using two additional rapid HIV tests with different antigens /principles. Samples found sero-reactive by all the three rapid HIV tests with different antigens/principles, will be considered positive for HIV antibodies. 2. Samples found "sero-reactive" after the first rapid HIV test but "non reactive" in one or both of the two subsequent rapid HIV tests (using different antigens/ principles) are considered "indeterminate".	1. Declared "non-reactive" for clients who have not been exposed to any risk of HIV infection. The client is given a negative test report. 2. Clients who may have been exposed to HIV in the past three months should be advised to return for blood testing after a period of 4–6 weeks 3. If the results remain indeterminate after one year, the person is considered to be HIV antibody -negative. The client is given a negative test report.

HIV test characteristics

Biological assays are not always accurate. Each biological assay has the potential to give false-positive or false-negative results.

False-positive results: A false-positive result on one assay is unlikely to also test positive on the second assay. Potential reasons for false-positive results include technical error; serological cross-reactivity; repeat thawing and freezing of samples.

False-negative results: A false-negative result reports that the sample is not HIV-infected when in fact it is. The most common reason for a false-negative HIV antibody result is that the patient is recently infected with HIV and is currently within the window period. Therefore, accurate HIV risk assessment during the window period must be undertaken.

Annexure - 5

List of OI drugs and ARVs

a) OI Drugs

Drugs to be available at CCC
(to be procured by SACS through NACO and supplied to CCC)

1	Metronidazole 400 mg	
2	Albendazole 400 mg	
3	Ciprofloxacin 500 mg	
4	Prednisolone 10 mg	
5	Nitazoxanide 500 mg	
6	TMP-SMX DS 160/80 mg	
7	Azithromycin 500 mg	
8	Fluconazole 150 mg	
9	Fluconazole 400 mg	
10	Clotrimazole tubes	
11	Clindamycin 300 mg	
12	Sulfadiazine 500 mg	
13	Inj amphotericin B 50 mg	
14	Acyclovir 400 mg	
15	Cefotaxime 1g	
16	Levofloxacin 500 mg	
17	Cap. Amoxyclav 625	

Contd...

b) ARV Drug Combination containing Ingredients to be available at CCC (to be procured by SACS through NACO and supplied to CCC)

ARV Drug Combination Containing Ingredients
Two drug combination tablets containing **Stavudine 30 mg plus Lamivudine 150 mg**
Two drug combination tablets containing **Zidovudine 300 mg plus Lamivudine 150 mg**
Three drugs combination tablets containing **Stavudine 30 mg plus Lamivudine 150 mg plus Nevirapine 200 mg**
Three drugs combination tablets containing **Zidovudine 300 mg plus Lamivudine 150 mg plus Nevirapine 200 mg**
Tablet **Nevirapine 200 mg**
Tablet **Effaviranz 600 mg**

Annexure-6

Transfer out Form
Form For transfer to Other CCC

Name and address of the transferring ART Center

Name and address of ART center where patients is transferred

Name of Patient:

Address:

Reason for transfer: Date pf transfer:

Date of starting ART: / / (Date/ month /Year); Cohort

Next date for dispensing drug is / /

Please find the following documents handed to the patients:

1. ART Treatment Card (Xerox)
2. Ptient ID Card/OPD Card
3. Others, if any (mention)

Name and Signature of SMO/MO Phone no and E-mail of SMO/MO:

To be filled by the receiving ART center and sent to the transferring ART center by post/ E-mail

.....(Name of Patient), referred by you on date ...../...../..... has reported and been registered with us on ...../...../..... The documents sent by you have been received.

Name and Signature of SMO/MO Phone no with e-mail of SMO/MO:

(Black of this page has address of ART center, transferring out the patient)

REFERRAL FORM

Date of referral: day / month / Year / /

Referring Unit (Please tick)

- ART center
- ICTC
- PPTCT
- Referral coordinating Body
- DOTs center
- STD clinics

Name of contact with referring body:

Name of Patient:

Age and sex:

Referred to:

- ART center
- ICTC
- PPTCT
- Other departments (please mention)
- RNTCP
- Community care center
- Referral coordinating body (for referrals outside institute, in communty)

Purpose of referral:

- Opinion
- Enrollment in care
- Social Support
- Psychological supports
- Natritional support
- Peer group formation/registration
- other (please specify)

Back ground information about the patient:

Feedback on the referral:

Medical referrals:

Presumptve diagnosis:

Suggested intervention or intevention done

Community based referrals (the referral coodinating body like drop in center should send the documented proof of the result of the refeeral)

- Referral completed
- Problems identified in referrals

Annexure - 7

Monthly Monitoring Format for CCC

Total no of CS Projects selected						**NGO CS**	
Unique ID. No. of NGO CS							
Monthly Input Formats for NGOs Implementing Care and Support Projects							
Name of NGO CS:							
Address of NGO CS:							
City:			Pin Code:				
Name of CS Project			State:				
Reporting Period:		Month:		Year:			
Name of Officer In-charge:			Phone:		E-mail:		

1. Details of PLWA in the Reporting Month

(i) Details Attendance and Registration

Parameters		**Values in Numbers**					
		Male	**Female**	**TS/RG**	**Children Male**	**Children Female**	**Total**
New PLWA Registered & Attended (Out patient)	On ART						
	Not On ART						
Old Registered PLHA attended(Out patient)	On ART						
	Not On ART						
New PLHA admitted (In-patient)	On ART						
	Not On ART						
Old Registered PLHA admitted(In-patient)	On ART						
	Not On ART						
No. of deaths among PLHA (other than in-patient)	On ART						
	Not On ART						
No. of deaths among admitted PLHA (In Patient)	On ART						
	Not On ART						

(ii) Details of Care Support Activities for the People Living with HIV /AIDS							
Parameters		**Values in Numbers**					
		Male	**Female**	**TS/RG**	**Children Male**	**Children Female**	**Total**
Number of PLHA receiving counseling on drug adherence (New Registrations)	On ART						
Number of PLHA whose families have been counseled (New Registrations)	On ART						
	Not On ART						
Number of PLHA receiving counselling on drug adherence (Old Registrations)	On ART						
Number of PLHA whose families have been counselled (Old Registrations)	On ART						
	Not On ART						
Number of PLHA receiving counselling on other isues (New Registrations)	On ART						
	Not On ART						
Number of PLHA receiving counselling on other isues (Old Registrations)	On ART						
	Not On ART						
Number of PLHA s receiving additional nutritional support	On ART						
	Not On ART						
Number of patients receiving palliative care	On ART						
	Not On ART						
Number of patients visited at homes during the month	On ART						
	Not On ART						

Parameters		a. In Referrals					
		Male	Female	TS/RG	Children Male	Children Female	Total
ART Center	Govt						
	Public sector						
	NGO						
	Other						
ICTC	On ART						
	Not On ART						
NGO TI	On ART						
	Not On ART						
Non TI NGO's	On ART						
	Not On ART						
Govt. Health Facility	On ART						
	Not On ART						
STI Clinic	On ART						
	Not On ART						
Any other Faclity	On ART						
	Not On ART						

Parameters		Out Referrals					
		Male	Female	TS/RG	Children Male	Children Female	Total
ART Center	Govt						
	Public sector						
	NGO						
	Other						
ICTC	On ART						
	Not On ART						
NGO TI	On ART						
	Not On ART						
Non TI NGO s	On ART						
	Not On ART						

Parameters		Male	Female	TS/RG	Children Male	Children Female	Total
Govt. Health Facility	On ART						
	Not On ART						
STI Clinic	On ART						
	Not On ART						
CD 4 Facility	On ART						
	Not On ART						
Any Other Facility	On ART						
	Not On ART						

(iv) Demographic Profile of Attendees and Deaths Reported									
Age Groups (Years)		New Registrations (IP OP)				No. of All Deaths Reported in Reporting Month			
		Males	Females	TS/TG	Total	Males	Females	TS/TG	Total
0 - 14	On ART								
	Not On ART								
15 - 24	On ART								
	Not On ART								
25- 34	On ART								
	Not On ART								
35- 49	On ART								
	Not On ART								
50 plus	On ART								
	Not On ART								

(V) Total Number of patients reporting one or more OIs this month					
(v. i) Details of Opportunistic Infections Treated and number of episodes this Month					
Type of OI	No. of patients treated for OIs this month	Total no. of episodes this month for all patients	Type of OI	No. of patients treated for OIs this month	Total no. of episodes this month for all patients
1. Tuberculosis			7. Cryptococcal Meningitis		
2. Candidiasis			8. Toxoplasmosis		
3. Chronic Diarrhea			9. CMV Retinitis		
4. PCP			10. MAC		
5. Herpes oster			11. Other (Specify)		
6. Bacterial Infections (Respiratory)			12. Other (Specify)		

(v. ii) Details of Staff at CCC				
Staff type	**No. of positions sanctioned**	**No. of positions filled**	**No. of positions vacant**	**No. of staff trained during the month**
1. Coordinator/Administrator				
2. Doctors				
3. Staff Nurse				
4. Counsellor				
5. Health Worker				
6. Cook				
7. Other Staff (Specify)				

Annexure - 8A

A VERTISEME T FOR I VITI G APPLICATIO S FROM GOs/C Os FOR EMPA ELME T

The Government of India has received a Credit (Credit- 4299-IN) from the International Development Association (IDA) and a grant from the Department for International Development (DFID), U K in various currencies towards the cost of the Third National HIV/AIDS Control Project and it is intended that a part of the proceeds of this credit/grant will be applied to eligible payments under the contract for which this invitation for consultancy is issued. **The project is an intervention with a goal of reducing the burden of HIV/AIDS cases in the country. The components of the project are prevention, care and support and treatment, programme management and strategic information management with one of its sub-components being targeted interventions for high risk groups, as well as utilizing civil society organisations for providing access of vulnerable populations to various HIV/AIDS interventions.** It is proposed that applications would be invited from interested civil society organisations in the State / UT of for empanelling themselves to (a) implement HIV/AIDS targeted interventions with highly vulnerable population groups (b) work in providing access to HIV/AIDS interventions like care and support, people living with HIV/AIDS and other vulnerable groups.

CBOs/NGOs that are registered societies / trusts and active in community work are eligible to apply. Applications in the specified format which is available in the following web-site or would be mailed on request would need to be submitted on or before (DD/MM/YY)

Letters of interest with accompanying materials (formats are available at the web-site given below) seeking empanelment should be submitted to the:

Project Director/NGO Coordinator

State AIDS Control Society

( ) (Address of SACS)

e-mail:

(web-site)

Please note that this is not a request for proposals.

Annexure - 8B

EMPA ELME T ATA FORM FOR E GOs

Section A: Basic Information

1. Name of the Organisation :

2. Postal Address :

PIN: District:

3. Telephone : Telex Fax E-mail

4. Legal status : ( ) Society ( ) Company () Others (specify)

5. Registration Details : Registered on (Date)
By

6. Contact person :
Designation :

Section B: Organisational Background

7. Assets/Infrastructure of the organisation

Category (eg. Land, building)	Worth in rupees

8 a. Please provide details, regarding the annual budget of your organisation.

Year	Source	Amount
2006-07		
2005-06		
2004-05		

8.b.: Whether blacklisted by CAPART or any other government organization in the past? If yes, provide details:

Section C: Current Programmes being run by the organisation

9. Geographical location of Work - List Village, Panchayat, Block, Taluk/Sub-Division, District (Each location should be separately specified)

10. Population with which they are presently working:

( ) Rural/Urban :

( ) Socio-economic group :

( ) Occupational group :

( ) Sex groups :

( ) Students/Educational Institution :

( ) Youth :

( ) Women groups :

( ) Others :

11. Please provide basic information on the key projects carried out by your organisation since the last three years (5 lines for each subject – attach separately).

- Community served
- Objective
- Strategies
- Main outcomes
- Evaluation methods employed
- Evaluation results

12. A brief write up on the programmes the organisation currently runs

(no more than three pages)

Section D: Documentation Required

13. Copies of the following documents need to be provided

- Society Registration Certificate and Memorandum of Association & Articles along with the latest filled return./Trust Deed
- Activity Report/Annual report of the organisation for the last three years
- Annual Audit Report of the organisation for the last three years
- Income Tax Registration and Exemption Certificate if any
- FCRA Registration Certificate if any
- List of Board/Governing Body members with Contact details and occupation

14. Name of the person who filled this form:

Qualification and experience :

Designation :

Address :

Annexure 9

Contact details of key officials in ACO

S.No.	Name of the Officer	Phone Number	E-mail
1	Ms. K. SUJHATA RAO Additional Secretary and Director General, National AIDS Control Organization (NACO)	23325331 23731746 (Fax)	nacoasdg@gmail.com
2.	Dr. JOTNA SOKHEY Additional Project director (Technical), NACO	23325337 23731746 (Fax)	joskhey@hotmail.com
3.	Dr. DAMODAR BACHANI Joint Director- Care Support and Treatment, M&E, Research, NACO	23731956	dr. bachani@gmail.com
4.	Dr. S. SURESH KUMAR Director (Admin &Finance), NACO	23731780	ssureshk25@ gmail.com
5.	Dr. ROHINI RAMMURTHY Program Officer- Counseling, NACO	43509906	rohiniramamurthy@gmail.com
6.	Dr. VIMLESH PUROHIT Program Officer-GFATM (VI), NACO	23325335 914 (Ext.)	purohitvimlesh@yahoo.com
7.	Dr. PRADNYA PAITHANKAR Program Officer - M&E, NACO	23325335 978 (Ext.)	pradnaya.paithankar@gmail.com
8.	Ms. SURABHI JOSHI Technical Officer-CCC, NACO	23325335 994 (Ext.	surabhijoshi1@gmail.com