National AIDS Control Organisation
India's response to HIV & Sexually Transmitted Infections
Ministry of Health & Family Welfare, Government of India
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Ministry of Health & Family Welfare
Government of India

SAMPOORNA SURAKSHA
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# SAMPOORNA SURAKSHA STRATEGY

## *Operational Guidelines*

***(2nd Cut)***

**August 2023**

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

# Table of Contents

## List of Tables



## List of Figures

## List of Abbreviations

| | |
|---|---|
| **ACSM** | **Advocacy, Communication and Social Mobilization** |
| **AIDS** | **Acquired Immunodeficiency Syndrome** |
| **ART** | **Anti-Retro Viral Treatment** |
| **ARV** | **Anti-Retro Viral** |
| **ASRH** | **Adolescent Sexual & Reproductive Health** |
| **BSD** | **Basic Services Division** |
| **CBO** | **Community Based Organization** |
| **CCC** | **Community Care Centre** |
| **CHC** | **Community Health Care Centre** |
| **CSC** | **Care and Support Centre** |
| **CST** | **Care Support and Treatment** |
| **DACO** | **District AIDS Control Officer** |
| **DH** | **District Hospital** |
| **DISHA** | **District Integrated Strategy for HIV/AIDS (Revamped DAPCU)** |
| **DSRC** | **Designated STI/RTI Clinic** |
| **ECP** | **Emergency Contraceptive Pills** |
| **FIDU** | **Female Injecting Drug User** |
| **FSW** | **Female Sex Worker** |
| **H/TG** | **Hijra / Transgender** |
| **HBV** | **Hepatitis B Virus** |
| **HCV** | **Hepatitis C Virus** |
| **HCTS** | **HIV Counselling and Testing Service** |
| **HIV** | **Human Immunodeficiency Virus** |
| **HR** | **Human Resource** |
| **HRG** | **High Risk Group** |
| **ICTC** | **Integrated Counselling and Testing Centre** |
| **IDU** | **Injecting Drug User** |
| **IEC** | **Information, Education and Communication** |
| **IVRS** | **Interactive Voice Response System** |
| **KP** | **Key Population** |
| **KPI** | **Key Performance Indicator** |
| **LT** | **Lab Technician** |
| **LWS** | **Link Worker Scheme** |
| **M&E** | **Monitoring and Evaluation** |
| **MCH** | **Maternal and Child Health** |
| **MSM** | **Men who have Sex with Men** |
| **NACP** | **National AIDS Control Programme** |
| **OSC** | **One Stop Centre** |
| **PEP** | **Post Exposure Prophylaxis** |

| | |
|---|---|
| **PHC** | **Primary Health Centre** |
| **PID** | **Person Identification Number** |
| **PLHIV** | **People Living with HIV** |
| **PPP** | **Public Private Partnership** |
| **PrEP** | **Pre-Exposure Prophylaxis** |
| **RCH** | **Reproductive and Child Health** |
| **RDT** | **Rapid Diagnostic Test** |
| **RTI** | **Reproductive Tract Infection** |
| **SACS** | **State AIDS Control Society** |
| **SBCC** | **Social and Behaviour Change Communication** |
| **SCM** | **Supply Chain Management** |
| **SDH** | **Sub-Divisional Hospital** |
| **SOCH/ IIMS** | **Strengthening Overall Care for HIV beneficiaries** |
| **SOP** | **Standard Operating Procedure** |
| **SRH** | **Sexual & Reproductive Health** |
| **SSC** | **Sampoorna Suraksha Counsellor** |
| **SSCM** | **Sampoorna Suraksha Counsellor cum Manager** |
| **SSK** | **Sampoorna Suraksha Kendra** |
| **SSM** | **Sampoorna Suraksha Manager** |
| **SSORW** | **Sampoorna Suraksha Outreach Worker** |
| **SSS** | **Sampoorna Suraksha Strategy** |
| **STI** | **Sexually Transmitted Disease/ Infection** |
| **TB** | **Tuberculosis** |
| **TI** | **Targeted Intervention** |
| **ToR** | **Terms of Reference** |
| **TSU** | **Technical Support Unit** |
| **WBFP** | **Whole Blood Finger Prick** |

# Chapter 1: Introduction

As a signatory to United Nations' Sustainable Development Goals (SDG), India is committed to ending HIV/AIDS as a public health threat by 2030. The commitment has been echoed in the country's National Health Policy (2017) and reiterated in National AIDS and STD Control Programme Phase-V (2021-26). The elimination of AIDS as a public health threat necessitates concerted efforts for prevention of new infections. Globally, UNAIDS has called for a 75% decline in annual new HIV infections by 2020 and a 90% decline by 2030 compared to the baseline of 2010. As per the HIV Estimations 2021 report, annual new HIV infections declined in India by 46% between 2010 and 2021. While this is significantly higher than the global average of 32%, it is evident that there is a need to further arrest the spread of HIV to reach the program targets.

## Current Whitespaces

While the programme has made a huge leap in preventing HIV among Key Populations (KP) through its Targeted Interventions (TI) program, new infections among 'at risk' individuals who do not identify themselves as part of any High-Risk Group (HRG) are target beneficiaries who are still being missed out, such as:

- Self-initiated clients at ICTC
- Social and sexual networks of self-initiated clients / individuals
- Youth and adolescents at risk
- Individuals having casual sexual relation with regular/non-regular partner/s
- STI/RTI clients visiting DSRC/STI Clinics.
- HIV negative but 'at-risk' clients identified through virtual outreach, NACO Helpline 1097 etc.
- Regular and Non-Regular Partner/s/Spouse of HRG (FSW, MSM, TG/TS) who are not associated / covered with TIs & LWS
- Needle/Syringes sharing Partners (IDU/FIDU) and their sexual Partners (who are not associated with TIs/ LWS)

Prevention under NACP has primarily focused on individuals from High-Risk Groups (HRGs) (FSW, MSM, IDU, H/TG, Migrants and Truckers) through Targeted Interventions (TI). However, not all new infections occur among HRGs, as these groups have largely been reached through existing prevention services.

The country's progress on the SDG goal to end the HIV/AIDS epidemic will be measured by the reduction in new HIV infections. It is evident that there are other population groups who are also 'at-risk' of acquiring HIV or STI due to risky behaviour of self or their partners.

Innovative and cost-effective HIV prevention approaches need to be introduced in these populations to further reduce new HIV infections and prevent AIDS-related deaths. The Sampoorna Suraksha Strategy (SSS) is a new form of "Immersion Learning Model" of service delivery for a comprehensive preventive services package, that has been envisaged to reach populations "At Risk" for HIV and STIs that are not associated with TI and LWS services and are possibly at risk of getting infected.

## Sampoorna Suraksha Strategy (SSS)

HRG Populations that are active on virtual platforms, including Female Sex Workers (FSW), Men having sex with Men (MSM), Transgender / Transsexual (TG/TS) and Injecting Drug Users (IDU), are to be considered part of the population "At Risk" for HIV and STIs, and need to be reached with a differentiated approach that includes a comprehensive service delivery package to reduce new infections and promote early detection of HIV. The Sampoorna Suraksha Strategy will also focus on prevention among people who do not fall into the classic definition of Key Population, and have an HIV-negative status, but are at higher risk due to their risky behaviour or the behaviour of their spouse / partner(s). Hence, **Sampoorna Suraksha is a strategy aimed at reaching out to those not self-identifying as HRGs but are at risk, and providing them with a cyclical, need-based and comprehensive package of supportive services that help them stay negative, and stay healthy.**

While around 10-15% of this population may be targeted with a comprehensive package of services under NACP through Targeted Interventions (TI), the rest of the people belonging to other 'at risk' groups are largely covered through IEC campaigns. Epidemiological investigations need to be undertaken to further characterize the other 'at risk' populations and design specific and suitable programmes that will further accelerate the rate of decline in new HIV infections.

## Objective of the Operational Guidelines

The objective of this document is to provide guidance to SACS / TSU officials to develop an SSS implementation plan for the state and to develop a comprehensive and customized plan for the roll-out of Sampoorna Suraksha Strategy in identified facilities which will be re-modelled as Sampoorna Suraksha Kendras (SSKs). This document details the roles and responsibilities of the staff and the services to be provided to the SSK clients who are at risk. States are also encouraged to include contextually relevant innovative approaches that can potentially benefit at-risk clients in their implementation plans.

# Chapter 2: Background

NACO envisions an India where every person living with HIV has access to quality care and is treated with dignity. Effective prevention, care and support for HIV/AIDS is possible in an environment where human rights are respected and where those infected or affected by HIV/AIDS live free without stigma and discrimination.

This strategy will facilitate NACO's vision of building an integrated response by reaching out to diverse populations - where everyone is safe from HIV/AIDS, has access to Integrated Counselling & Testing, is heard and reached out to, is treated with dignity and has access to quality care to live a healthy and safe life supported by technological advances.

The Sampoorna Suraksha Strategy (SSS) aims to cover 'at-risk' HIV negative populations through a cyclical and comprehensive package of services as per their needs to keep them HIV-negative, thus boosting the country's progress on prevention of new HIV infections.

The Sampoorna Suraksha Strategy will

- Ensure evidence-based comprehensive prevention service package customized to geographies and vulnerable populations to maintain their HIV & STI negative status.
- Sustain focus on all at-risk HIV negative clients including:
    - *Direct Walk-in beneficiaries at ICTC (and their spouse / partner(s))*
    - *Clients attending DSRC/STI Clinic & their partners*
    - *Adolescent and Youth Populations (As per NFHS definition)*
    - *Vulnerable Virtual Population*
- Drive the development and roll-out of new generation communication strategies tailored to the current context.

## Immersion Learning Model

SSS is being implemented as an "Immersion Learning Model" to identify the best path forward and adapt strategies, by leveraging feedback, field experiences and learnings. Data will be documented and analyzed regularly at the National and State level for the mid-course revision and modification of strategy. 150 districts were identified as part of the program using pre-determined criteria. The programme has been rolled out in 75 districts in the Phase 1 (with 10 districts in 3 States in the "pilot" phase). An additional 75 districts in Phase 2 are added during the period of FY 2021-24. As part of the Sampoorna Suraksha Strategy, existing ICTC/DSRC facilities under NACP have been re-modelled into Sampoorna Suraksha Kendras (SSKs).

The SSKs will deliver a comprehensive service package under one roof and address the 360-degree health needs of the beneficiaries. The service package is designed to include a holistic set of services customized as per clients' needs, with strong linkages and referrals to other services and social security schemes, and rigorous client outreach and follow-up by using

different modalities that may include virtual platforms through various apps and other strategies.

The SSS has been designed by integrating the following key recommendations which were delineated from the National Consultation held in August 2021:

1) The SSK model is people-centric and designed to provide holistic essential health services, including but not limited to Hep B, Hep C, STIs including Syphilis, mental health, reproductive health and child health, post-surgery services, social security schemes, government welfare services, legal services etc. through referrals and linkages. It must also enable referrals for activities that require specific skills such as community-based outreach services.
2) SSKs are a one-stop window for providing and referring clients to the above services, through appropriate screening and assessment of clients for health service needs, establishment of a rapport with these individuals, and maintenance of strong linkages and follow-up / longitudinal tracking mechanisms to ensure long-term prevention and testing services, including other wrap-around services as per their needs.
3) SSKs are a new and improved version of existing counselling and testing facilities that cater to the health needs of all populations - cutting across risk groups, and demographics, operating as per client-preferred timings (flexi-timing) while leveraging new/ existing NACP staff who are trained, sensitized, and incentivized to take on the additional work of supporting individuals seeking holistic healthcare.
4) The SSS model has a provision of integration of physical and virtual services for clients that prefer either physical access or virtual platforms such as social media, including PPP models with private providers and other social networking / dating / informational platforms for e-referrals. SSS will support reinvigorating the 1097 helpline through a rebranding exercise and face lift that will make it more attractive.
5) The SSS implementation plan includes a field assessment to select the facility and development of a customized implementation strategy across diverse districts of the country. SOPs and monitoring indicators have been developed to measure the success of the immersion learning model, as collectively defined by stakeholders.

## Target Population

The population "At Risk" for HIV & STIs is defined[1] as 'any individual who is at risk of acquiring HIV or STI due to risky behaviours of self or partner(s). This includes the core population, the bridge population, their spouses / partners and other populations who are engaging in risky behaviours'.

[1] Source: National Strategic Plan For HIV/AIDS and STI -2017-24—Definition of At-Risk Population

"At Risk" Populations include:

- Self-initiated clients at ICTC with risky behaviour
- Social and sexual networks of self-initiated clients / individuals
- Youth and adolescents at risk
- Individuals having casual sexual relation with regular/non-regular partner/s
- STI/RTI clients visiting DSRC/STI Clinics with STI complaints
- HIV negative but 'at-risk' clients identified through virtual outreach, NACO Helpline 1097 etc.
- Regular and Non-Regular Partner/s/Spouse of HRG (FSW, MSM, TG/TS) who are not associated / covered with TIs, LWS & OSC
- Needle/Syringes sharing Partners (IDU/FIDU) and their sexual Partners (who are not associated with TIs/ LWS/OSC)
- HIV negative partners of discordant couples

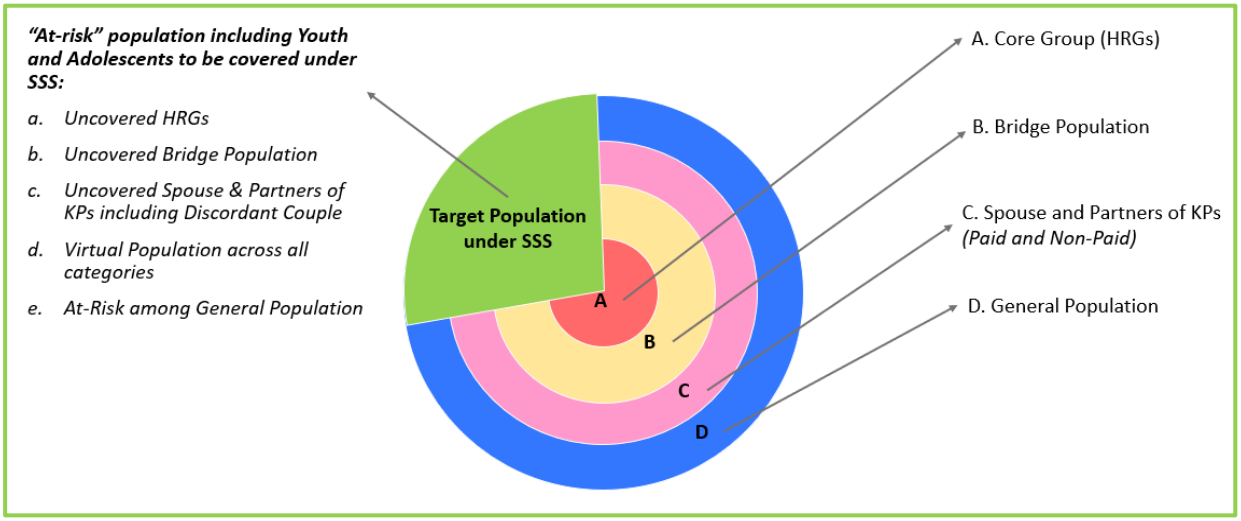



*Figure 1: "At Risk" Population Chart*

## Rationale for Identification of Districts to Establish SSKs

The Sampoorna Suraksha Strategy is being implemented through existing NACP facilities i.e., ICTCs or DSRCs functional at the districts. The national program has selected **150 districts (Annexure 1)** for the implementation of SSS in the country till the year 2024 based on a detailed data analysis.

The following epidemiological parameters were used for the analysis to select the districts:

- No. of HIV positive cases and positivity rate amongst Self-initiated clients at SA-ICTC
- No. of HIV positive cases and positivity rate amongst General Clients at SA-ICTC
- No. of HIV positive cases and positivity rate amongst pregnant women
- STI/RTI Syndromes managed at DSRC

- Syphilis positivity reported at the DSRC

The shortlisted states and districts were then ranked based on the following indicators:

- HIV positivity:
  - Client-initiated
  - Provider-initiated
- Co-infection rates:
  - Syphilis
  - TB
  - STI/RTI (Syndromic Management)
- No. of attendees at:
  - ICTC
  - DSRC
- % at-risk attendees at ICTC
- SRH Commodity usage / distribution:
  - Pregnancy test kits
  - Condoms
  - Emergency Contraceptive Pills (ECP)

Program data indicates that average HIV positivity in the top 50 districts was 1.4% (vs India's HIV positivity of 0.8%). The top 50 districts also account for 15% of individuals visiting ICTCs for HIV screening and 19% of individuals with STI/RTI complaints. Similarly, the top 50 districts account for ~16% of pregnancy tests used and ~17% of emergency contraceptive pills used.

- For Phase 1 of the SSS, 75 districts ranking at top on the metrics of HIV positivity, co-infection rates, risk behaviour and usage of family planning commodities were selected. In addition to the above mentioned criteria, states / districts from Northeast Region (Mizoram and Nagaland) were selected on the basis of geographical features (difficult terrains, limited access) and high percentage of high-risk behaviour population.
- In the Pilot phase, 10 districts were shortlisted to implement the SSS followed by the other 65 districts, totally covering 75 districts in FY 2022-2023 in Phase I.
- In Phase II, 75 districts will implement the SSS, taking the total to 150 districts implementing SSS during FY 2023-24. The list of districts selected for SSS implementation based on this analysis is at **Annexure 1.**

## Process of Establishing an SSK

**State AIDS Control Societies (SACS) are required to submit the State level plan for implementation of SSS in the selected districts.**

The **SSS Working Group** has been constituted to guide and monitor the implementation of this new initiative. The team at SSKs will be composed of an SSK Counsellor, SSK Manager, SSK Lab Technician and SSK Outreach Workers. The existing Counsellor/s and LTs of the selected ICTCs/DSRCs will continue to work as SSK Counsellors (with revised TOR) and LTs respectively.

The following process is to be followed to identify, establish, and operate SSKs:

1. Assessment & analysis of the facilities (ICTCs/ DSRCs) will be done by respective SACS as per the Assessment tool (Annexure 2) to shortlist one facility in the identified district for establishing an SSK.
2. Orientation on SSS of the SACS team, district teams, the hospital staff, and other stakeholders where the SSK is to be established will be done by SACS SSS Nodal officer.
3. Once the facility assessment is completed, micro-planning of the infrastructure and staffing requirements, audio-visual arrangements, and stakeholder engagement needs to be done. Depending on the needs of the target group, feasibility and other relevant factors, states can include innovative solutions (ex: setting up a children's room next to the SSK) in their infrastructure planning.
4. Re-modelling and setup of the identified site according to the requirements.
5. Rebranding the SSK as per the branding material provided by NACO.
6. Development of SOPs according to the state implementation plan for each SSK which includes the field visits, community mobilization, advocacy, publicity plan, IEC activities and orientation of the SSK staff accordingly.
7. Identification & listing of the 'At Risk' population location, areas, including reaching out to the virtual population. And accordingly plan the outreach activities i.e., organizing camps, identification of target population, advocacy campaigns etc.
8. Capacity Building of the SSK staff will be done by the Master trainers, as per the module given by NACO.
9. SSK Reporting will be done as per the reporting tool provided by NACO.
10. Supportive Supervision will be conducted periodically to support the staff for quality performance.
11. To document the Immersion learning and for modification in the strategy the process documentation is to be carried out by the respective SACS SSS Nodal Officer with the support of the team. The same will be shared with NACO.
12. The implementation plan and strategy will be revised based on the feedback received from the implementers and stakeholders.

# Chapter 3: Facility Assessment

While the districts have been identified for implementation (refer to **Annexure 1**), states have the flexibility to select the facilities (ICTC or DSRC) within those districts that should be re-modelled as SSKs. States need to conduct a rapid assessment of such facilities in order to design a robust SSS implementation plan. The objectives of the assessment include (a) identifying key gaps in the existing service delivery mechanisms, (b) determining a viable service package under SSS, (c) developing recruitment and outreach plans, and (d) identifying HR Personnel, infrastructure and hiring requirements for implementing SSS.

This assessment should consist of three components which are as follows:

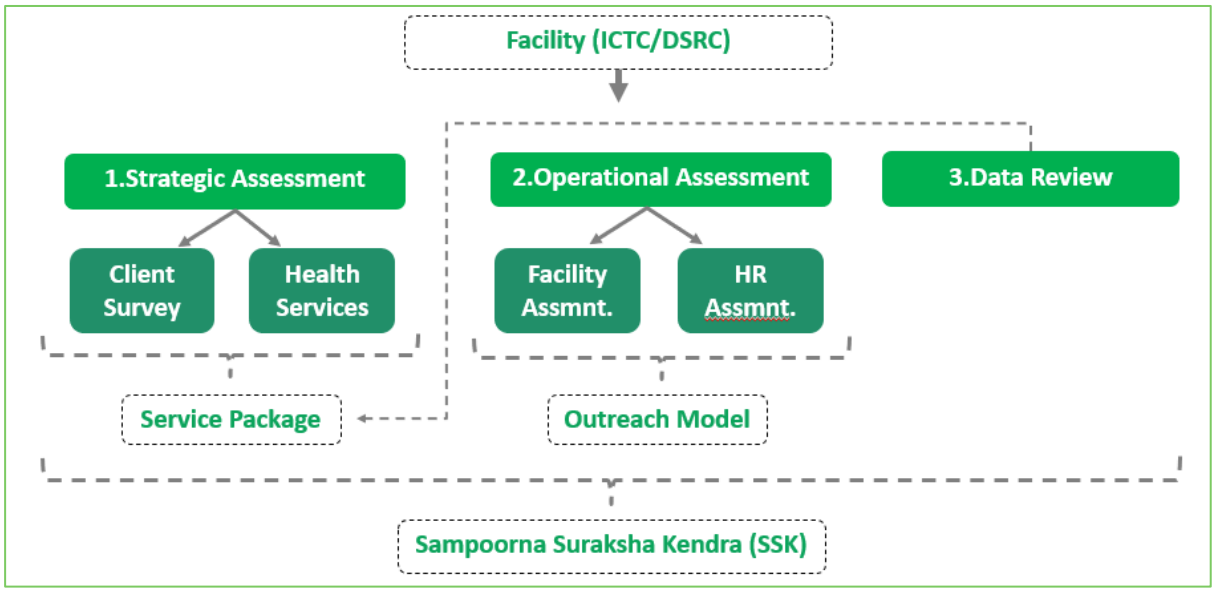



*Figure 2 : Facility Assessment Components*

## 1. Strategic Assessment

The aim of the strategic assessment is to identify unmet service needs of at-risk clients which can help alleviate HIV vulnerability through SSK services. The expected outcome of this activity is to identify a superset of the services required by the target audience, prioritize those services, and identify a subset that can be provided with the current resources available at the state. The strategic assessment should comprise of the following:

a. **Client Survey**: A client survey should be conducted to identify the services required by the target group, i.e., direct walk-in HIV negative individuals who are identified to be at risk of HIV or STIs. The survey should be conducted to identify current gaps in service delivery, challenges faced by clients, and an exhaustive list of services needed by this population group beyond HIV testing and counselling

services. The survey might also cater to different target groups to be catered by the SSK, to ensure that needs of all target population groups are being considered while deciding the service package.

b. **Service Mapping**: To design a feasible SSS service package, it is crucial to map existing healthcare and social services in the state to develop protocols for ensuring availability and accessibility of all services included in the package. States should map the following to achieve this:
    i. List of public health services available in the state
    ii. Level of facilities at which the services are being provided (Eg. - PHC, CHC, SDH, DH, MC)
    iii. Service delivery and linkage mechanisms

This mapping should be used to identify the services which are feasible to provide at the SSS centre itself, services which need referrals and linkages with other public health programs and services that are not feasible to include in the SSS package. Moreover, this exercise will also assist in identifying commodities which need to be made available in the facility.

## 2. Operational Assessment

The objective of the operational assessment is to develop an **operational framework** for SSS in the state by (a) identifying an appropriate facility to be converted to an SSK in each district identified for SSS implementation, (b) assessing the recruitment need, and (c) evaluating the required infrastructural changes in the identified facility. The operational assessment should be carried out for all ICTCs and DSRCs of the selected SSS districts of the state by SACS / DAPCU. The operational assessment consists of 3 parts - HR assessment, infrastructure assessment, and facility assessment.

**a. HR Assessment**–This will include assessment of the following:

i. Counsellors allocated to the facility, number of vacant positions
ii. Average workload in hours
iii. Counsellor availability for SSS activities such as Outreach / field visits, follow-ups especially with the High-Risk negative status client, handling virtual clients, linkages and referral services etc.
iv. Incentive model for existing counsellor to take on additional responsibilities of SSS Coordinator
v. Need of additional staff for SSS activities

**b. Infrastructure Assessment**- This will include evaluation of following areas:

i. Whether the physical space in the facility is sufficient to include SSS services

ii. Whether computers and other hardware available in facility sufficient for SSS activities in addition to existing activities performed by the facility
iii. Whether changes are required in facility infrastructure to ensure client privacy.

**c. Facility Assessment**

i. Accessibility of the facility
ii. Current services provided to the client in facility and services co-located
iii. SOCH/ IIMS usage of the facility
iv. Whether risk assessment questionnaire is being administered to clients

Along with the facility assessment tool, other factors like the contextual setting of the facility should also be considered while site selection.

The strategic and operational assessment have been combined to develop a comprehensive SSS Assessment Tool in ***Annexure 2*** which is to be utilized by the state**.**

## 3. Data Review

An analysis of the program data should be conducted to provide insights on facility selection and HR requirements for SSS roll-out. The data from ICTCs and DSRCs of the selected districts can be collated and synthesised to quantify below indicators:

- Total HIV testing load at each facility
- Client-initiated HIV test load
- HIV positivity rates
- Demand of SRH commodities, such as condoms
- Total cases of STIs, including syphilis

The implementation plan for SSS roll-out in the state should aim to address the needs of the clients, gaps pertaining to the services, commodities, staff, infrastructure, and challenges identified in the random representative assessment.

## Key Considerations for Facility Selection for SSS Implementation through Sampoorna Suraksha Kendra

In addition to the results from the detailed assessment and data review, certain indicators should be considered as essential criteria in the facility selection process, so that different type of models can be implemented and evaluated. The key criteria include:

- **No vacant posts**- As SSS is a new initiative, it is important that selected facilities do not have vacant posts of Counsellor and Lab Technician.

- **High SOCH usage**- SOCH usage should be high in the selected facility so that monitoring of progress is not hindered due to data-related issues.

- **Availability of necessary infrastructure**- The facility should have adequate infrastructure with respect to the space to make provision for sitting of additional staff of SSK, AV display area, waiting area, easily accessible within the institute, have visibility, reachable and have good connectivity, computer and internet facility.

- **At Risk client load**- Facilities in different districts could be selected based on high or medium "at Risk" client load, if the state is implementing the Sampoorna Suraksha Strategy in more than one districts. It will help the State to identify the facilities at the block level as well and will enable to assess the learning across different setting of HR and Outreach model. The SS strategy can be course corrected accordingly to adopt the best working model.

- **Co-location of NACP Facilities** Co-location of SA-ICTC and DSRC is to be ensured *(especially in case DSRC is being re-modelled into SSK)*, to facilitate coordination and enable smooth flow of at-risk HIV negative clients to and from SSK. Additionally, co-location/easy access/proximity of SSK with other NACP facilities like ART, OST etc. should be preferred.

# Chapter 4: Comprehensive Service Package under SSS

SSS is aimed at engaging at-risk individuals in care and ensuring they stay negative and healthy. As such, the optimal service package under SSS should be targeted to client needs, while providing a comprehensive package of supportive services for holistic health care. It is critical to be flexible with service package design, including multiple models for multiple typologies as one size won't fit all. While designing the proposed service package, states should assess the typology of walk-in clients at ICTCs and DSRCs and identify unfulfilled service needs that should be offered under the SSS to attract and retain clients in care.

The client survey and the health services mapping conducted by the state under the "assessment" phase are designed to help the state identify what the clients "want" and what the health system is equipped to provide. State should utilise the data collected through the assessment to create a list of "desired" services and propose the plan for providing those services (or linkages to them) in the implementation plan. The proposed package should comprise of multiservice-multimodal intervention with direct and indirect services, integration of services across different domains, linkages with the identified services for 'At Risk' population. The following factors should be considered while undertaking the services and commodities for inclusion –

## 1. Services by SSK

- SSKs must continue to provide the basic services that were being provided earlier when the facility was functioning as an SA-ICTC or DSRC, to the at-Risk Clients of HIV & STI i.e., pre-test counselling, HIV testing, post- test counselling, risk reduction counselling, syndromic management, entry in SOCH etc
- Additional comprehensive service package of prevention services should be provided to at-risk HIV negative individuals as per their needs *(beyond existing HIV & STI counselling and testing)* as per the list provided for services and commodities in annexure 3.
- Delivery mechanisms should be developed for each service identified within the SSS plan, to be provided within the SSK, or through referrals & linkages
- SSKs must identify relevant health departments in the state that can provide the necessary referral services and establish linkages with these departments
- Similarly, SSKs must undertake the identification of departments/institutions, including NGOs, CBOs, govt and non-govt organisations, public health and non-health programs etc., providing other relevant services like Social Security, Social Welfare, Legal services etc., liaison with them and establish effective linkages to widen the service package
- SSKs need to institute processes to track the uptake of services amongst out-referred clients and keep them engaged in care
- Strategies for outreach to virtual clients must prioritize supporting such clients to transition to offline services, providing services as required, and tracking their uptake.

- The services can be provided in a phased manner. SACS must identify a few critical or core services at the commencement of operations based on client needs, availability of services in the district and local geography.
- For the referral services under the SSS package, the following should be clearly outlined - the linkage mechanisms, how the services will be delivered and how the linked providers will be made accountable for service referrals, follow up of the referred services, reporting etc.
- Availability of relevant commodities and services of different programs in each state should be kept in mind while creating the service package.
- Further, SSK should co-ordinate with other NACP facilities to sensitize them about SSS and establishment of such SSK, and liaison with these facilities to encourage them to refer/link their at-risk HIV negative clients to SSK. However, it is to be noted that in case a NACP facility (which is not re-modelled into SSK) identifies any at-risk HIV negative client but the nearest SSK is not accessible to client due to distance or other constraints, such facility can provide any service provisioned under SSS or refer them to nearby/at the institute where facility is situated, instead of referring such client to SSK.

## 2. Commodities

States should identify the commodities required to be utilized and / or dispensed as part of the service package at each SSK. The following details should be determined for each commodity identified:

- Commodities required at SSK in the state/ planned to be made available at SSK *(beyond those which are already supplied by NACO)*
- For each of the commodities identified, the following details are to be determined:
  - Procurement modalities - central procurement by NACO under NACP / state level procurement or in partnership with other health programs as approved by NACO.
  - Distribution / utilisation mechanisms - Dispensation of commodities to the beneficiary through SSK, any other platform like during field activities/ through outreach.

A non-exhaustive list (essential and desirable) of Services and Commodities for Sampoorna Suraksha Comprehensive Service Package is given at **Annexure 3.**

Below is a list of the commodities expected to be stocked at SSKs:

***Table 1: List of Commodities for SSKs***

| Kits/ Drugs/ Commodities | Purpose |
|---|---|
| HIV/Syphilis Dual RDT Kits | For testing at SSK |
| Needle/ Syringe | For dispensation to relevant clients through ORWs or from SSK |
| HIV WBFP Kits & HIV Confirmatory Test Kits (A1/A2/A3) | For Screening at field and Confirmatory test |

| | |
|---|---|
| Buprenorphine | For dispensation to clients at SSK |
| STI/RTI Colour Coded Kits | |
| SRH Commodities (Condoms/ Lubes etc.) | |
| PEP | |
| RPR Kits | For Syphilis testing at SSK |
| Injectable Benzathine Penicillin G | For treatment at SSK through DSRC |
| HIV Self-Test Kit | ***Proposed (when approved)*** |
| PrEP | ***Proposed (when approved)*** |
| Hepatitis Screening Test-Kits | ***Proposed (when approved)*** |

## Identification of At-risk and HIV negative client under SSS

## I. ICTC re-modelled as SSK

The client flow at SSK has been devised to focus on identifying at-risk clients and providing customisable & holistic basket of prevention services, while ensuring strengthened follow-up and outreach to continuously engage with clients and their partners.

In case of SA-ICTCs being re-modelled into SSKs, the client flow at HCTS confirmatory facilities (basis revised NACP strategies) has been revised to enhance focus on self-walk-in clients and other direct referrals *(as shown in the flow in the figure-3).* Thus, every client arriving at the facility (for the first time) will be identified on the basis of referrals, i.e., Direct Referrals vs Facility/Routine Referrals.

The clients identified from Facility/Routine Referrals will receive the routine HCTS services at the facility, in lines with NACP guidelines. Risk assessment will be performed for all the clients identified from Direct Referrals. Such assessment will be performed on the basis of NACO's defined risk assessment questionnaire (consisting of 7 questions), which evaluates clients' risk on the basis of their sexual behaviour, needle injecting behaviour and STI symptoms. Further, in case of discordant couples, the risk assessment at the time of registration will also consider the Spouse/Partner's HIV status, and such HIV negative spouse/partners will be considered as "at-risk".

As per national guidelines, all clients will receive counselling and HIV testing, and all clients identified as HIV positive will be linked to treatment and care. Further, all the clients identified as "at-risk" (basis risk-assessment) AND HIV negative will be linked to the comprehensive prevention services under SSS.

The identified "at-risk" AND "HIV negative" clients will then be registered under the SSK Data Collection Tool. Additional details around client history and demographics will be recorded to better understand client profile and requirements. The details of their social/sexual/injecting partners will also be elicited to generate awareness around HIV & STIs and encourage their partners to access NACP services. The needs (health and non-health), and risk-categories of clients (basis risk-assessment) will be assessed by the SSK staff, and a

holistic package of services will accordingly be provided to clients in lines with SSS Operational Guidelines and States' Implementation Plan. Services to the clients will either be offered at the SSK, or through linked/referred centres. Such clients will be followed-up by SSK as per defined timelines to ensure regular follow-up visits, leading to retention in care and change in clients' behaviour towards risk-reduction practices. The SSK Manager will act as the Point of Contact for all at-risk HIV negative clients on subsequent visits to SSKs. The risk assessment will be administered to the client at regular intervals on follow-up visits by SSK Manager to assess change in clients' behaviour and effectiveness of SSS in reducing client's risk and exposure to HIV & STIs. Parallelly, as a part of outreach activities, the social/sexual/injecting partners of the clients will be outreached to encourage them to adopt safe practices and visit SSK to access NACP services.

## II. DSRC re-modelled as SSK

In scenarios where DSRCs have been converted into SSK, the clients arriving at the facility will be categorised into 3 types:

**1. Clients those who have been referred from SA-ICTC to SSK (DSRC) after being identified as At-risk AND HIV negative:** As the risk-status and HIV status of such clients have already been identified, such client will directly be linked to prevention services and registered under the SSK Data Collection Tool. The rest of the flow for such clients will remain similar to the flow for at-risk HIV negative clients defined above for SSK (SA-ICTC). In such scenario, the client shall carry the paper-based coded-risk assessment from SA-ICTC to the SSK, as their risk assessment has already been conducted at SA-ICTC. Additionally, these clients will receive STI/RTI assessment and treatment services at the DSRC.

**2. TI/LWS Referrals (Clients/ HRGs linked to TI/ LWS):** Clients already linked to TI/LWS and arriving at facility for STI/RTI services will be provided routine DSRC and HCTS services, in lines with national guidelines and their data will continue to be reported in NACO's national reporting portal i.e., SOCH.

**3. Clients' visiting DSRC (re-modelled into SSK)- (Self walk-ins as well as referred from other departments):** All other type of clients walking into DSRC (as self-walk-in or after being referred from other departments in the facility) will undergo routine STI Assessment & Services and will be referred to co-located SA ICTC. Such clients will be tested for HIV & Syphilis and undergo risk assessment at the co-located SA-ICTC. All clients identified as HIV and/or Syphilis positive will be linked to treatment and care as per HCTS/ STI guidelines. Further, all the clients identified as "at-risk" (basis risk-assessment) and HIV Negative will be linked to the comprehensive prevention services under SSK (re-modelled DSRC). The rest of the flow for such clients will remain similar to the flow for at-risk HIV negative clients defined above for SSK (SA-ICTC). It is to be noted that in such scenario, the client will carry the paper-based coded-risk assessment from co-located SA-ICTC to the SSK (DSRC), as their risk assessment has already been conducted at the co-located SA-ICTC. Additionally, it is to be noted that subsequent risk-assessments at regular intervals for the at-risk HIV negative clients shall be performed at the SSK (DSRC) itself. *Refer the flow for DSRC re-modelled into SSK in the figure 4 below.* For the format of coded risk-assessment, *refer to Table-3B of Annexure 9.*

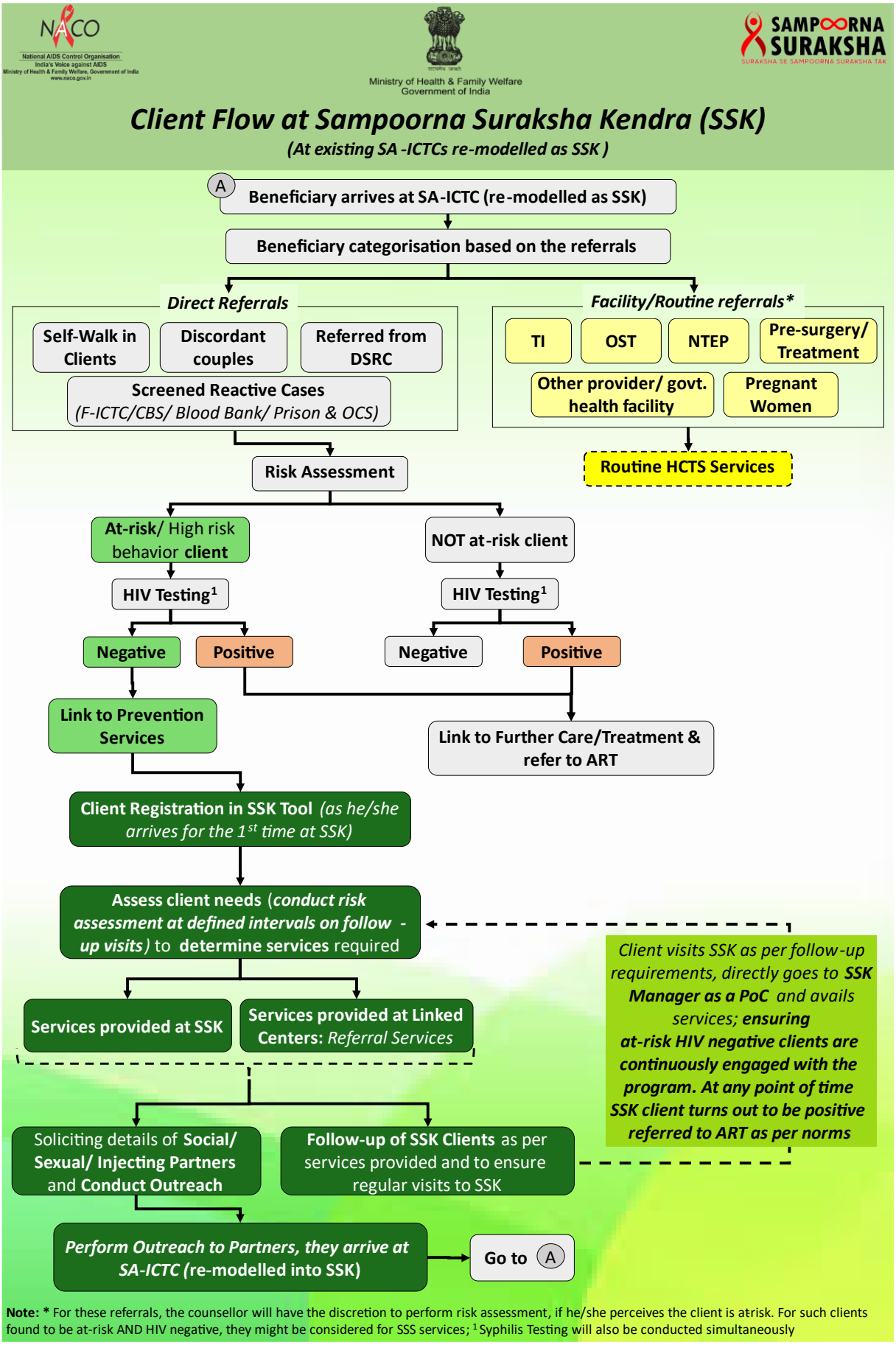



*Figure 3 : Client Flow at SSK (at existing SA-ICTC re-modelled into SSK)*

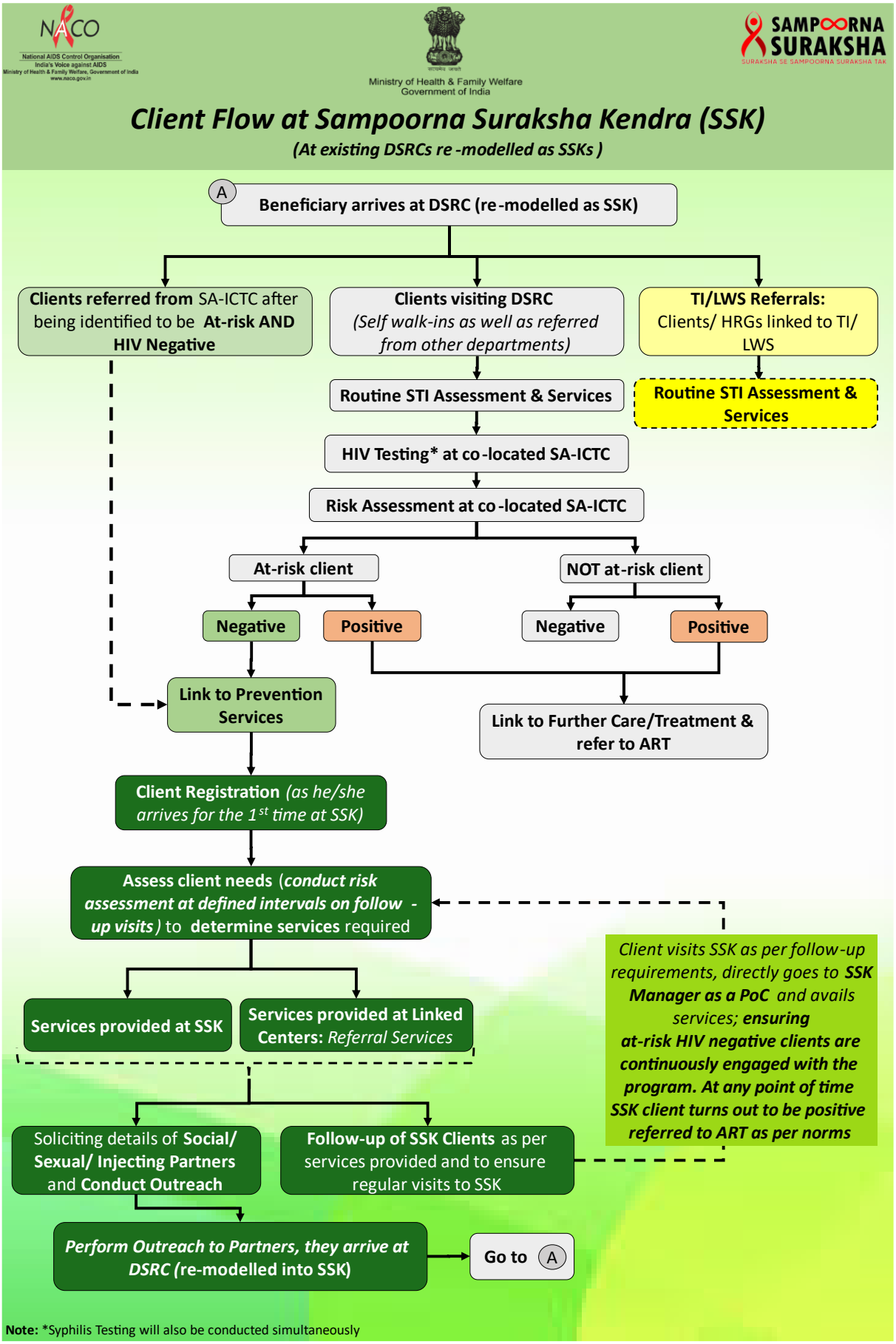



*Figure 4 : Client Flow at SSK (at existing DSRC re-modelled into SSK)*

## Understanding and Leveraging Risk Assessment

### Interpretation of Risk Assessment Questionnaire

The risk assessment can also be leveraged to assess whether the client is at-risk or not. Further, at-risk clients can be categorised into low, moderate, and high-risk, in the manner given below. These categorisations will help in prioritisation and facilitating follow-up of priority clients.

***Table 2: Interpretation of Risk Assessment Questionnaire***

| Q. No. | Response | Interpretation |
|---|---|---|
| Q1: Do you have the habit of using /sharing injecting drugs? | Used, Shared, No, Refuse to answer | If *a) "Shared"* or *b) "Used AND Shared"* >> High-Risk<br>If "*Used"* >> Moderate-Risk<br>If "*Refuse to answer"* >> Low-Risk<br>If "*No"* >> Not At-Risk |
| Q2: What kind of sexual partner(s) you have? | Male, Female, TG, No Sexual Partner, Refuse to answer | If Client is *Male* AND Sexual Partner is *Male* >> High-Risk<br>If Client is *Male* AND Sexual Partner is *TG* >> High-Risk<br>If Client is *TG* AND Sexual Partner is *Male* >> High-Risk<br>If Client is *TG* AND Sexual Partner is *TG* >> High-Risk<br>For other scenarios >> Not At-Risk<br>If refuse to answer>> Low-Risk |
| Q3: Do you have any sexual relationship beyond your spouse/partner? | Yes/ No/Refuse to answer | If "*Yes"* >> High-Risk<br>If "*Refuse to answer"* >> Low-Risk<br>If "*No"* >> Not At-Risk |
| Q4: Have you bought sex in the past from a man, woman or TG using money, goods, favours or benefits? | Yes/ No/Refuse to answer | |
| Q5: Have you provided sex in the past in exchange for money, goods, favours or benefits? | Yes/ No/Refuse to answer | |
| Q6: Any STI symptoms in last three months? | Yes/ No/Refuse to answer | If "*Yes"* >> Moderate-Risk (AND in case of *"Yes"* in any of these questions (Q No. 2 to 5) >> High Risk<br>If "*Refuse to answer"* >> Low-Risk<br>If "*No"* >> Not At-Risk |

| Q. No. | Response | Interpretation |
|---|---|---|
| Q7. Is your spouse or partner, a PLHIV? | Yes/ No/Refuse to answer | If "Yes" >> High-Risk<br>If "Refuse to answer" >> Moderate-Risk<br>If "No" >> Not At-Risk |
| Basis Combination of Questions | | If "Yes" OR *"Refuse to answer"* in Q6, **AND**<br>"Yes" OR *"Refuse to answer"* in any of these questions (Q2/Q3/Q4/Q5/Q7) >> High-Risk |

**Determining service package on the basis of risk-assessment:**

The SSK Manager and Counsellor should assess the client needs on the basis of client's history, demographics, risk categories and clients' requests, and accordingly determine the customised set of services for the client.

Below is a list of suggestive services, which might be offered to the client (if available at the respective SSK), beyond HIV and Syphilis testing

***Table 3: Service mapping to Risk Assessment responses***

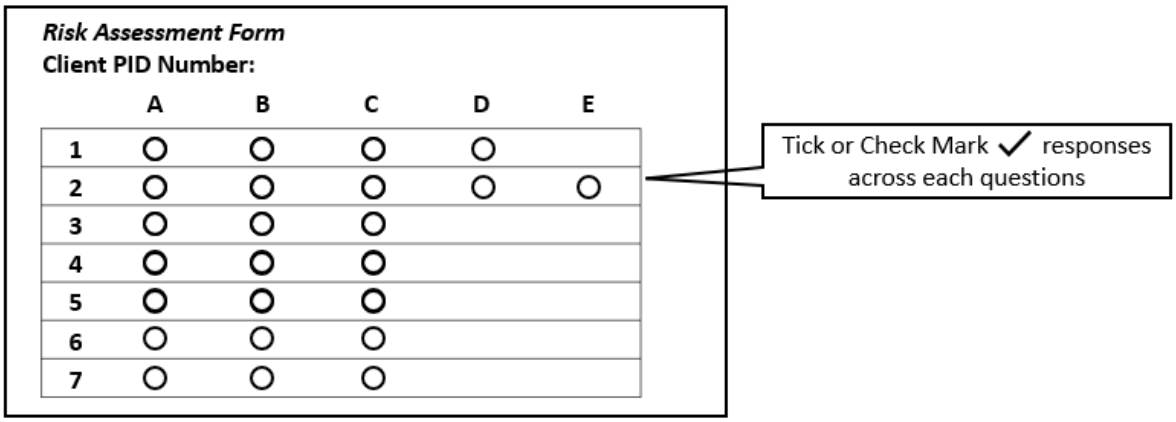
| Risk Assessment Question/Response | | Response (to determine services) | Suggestive Services beyond HCTS* *(*Non-exhaustive, Indicative only)* |
|---|---|---|---|
| Q1: Do you have the habit of using /sharing injecting drugs? | Used, Shared, No, Refuse to answer | Used/Shared | OST, Abscess Management, Overdose Management, Harm Reduction, Referrals to drug treatment centres, Hepatitis Testing and Treatment, TI Referrals |
| Q2: What kind of sexual partner(s) you have? | Male, Female, TG, No Sexual Partner, Refuse to answer | If MSM or TG | SRH Commodities (Condoms, Lubes etc.), Risk Reduction Services, TI Referrals<br>If client or their partner is TG: Gender transition related counselling and referral support |
| Q3: Do you have any sexual relationship beyond your spouse/partner? | Yes/ No/Refuse to answer | Yes/ Refuse to answer | SRH Commodities (Condoms, Lubes etc.), Risk Reduction Services, Hepatitis Testing and Treatment, TI Referrals |
| Q4: Have you bought sex in the past from a man, woman or TG using money, goods, favours or benefits? | Yes/ No/Refuse to answer | | |
| Q5: Have you provided sex in the past in exchange for money, goods, favours or benefits? | Yes/ No/Refuse to answer | | |

| Risk Assessment Question/Response | | Response (to determine services) | Suggestive Services beyond HCTS* *(*Non-exhaustive, Indicative only)* |
|---|---|---|---|
| Q6: Any STI symptoms in last three months? | Yes/ No/Refuse to answer | | SRH Commodities (Condoms, Lubes etc.), Treatment of STI (or relevant linkages), Risk Reduction Services, DSRC referrals, Hepatitis Testing and Treatment |
| Q7. Is your spouse or partner, a PLHIV? | Yes/ No/Refuse to answer | Yes/ Refuse to answer | SRH Commodities (Condoms, Lubes etc.), Risk Reduction Services, Hepatitis Testing and Treatment |

Further, clients should be encouraged to share the details of their partners, as a measure to risk-reduction by getting them engaged with SSK.

**Leveraging the coded-risk assessment form:**

Coded Risk-Assessment is a paper-based format which contains PID of the client and coded responses to risk-assessment, which is filled by the facility counsellor/manager. This paper will be carried by the client (once he/she/they have been identified as at-risk and HIV Negative) to the SSK Counsellor/Manager, in order to get themselves registered into the SSK data collection tool for the first time. The format may also be leveraged in case the client has been referred from SA-ICTC to DSRC (re-modelled into SSK), as their risk assessment has already been conducted at SA-ICTC. Similarly, in case the client is visiting the SSK-DSRC for the first time, the client will carry the paper-based coded-risk assessment from co-located SA-ICTC to the SSK (DSRC), as their risk assessment has been conducted at the co-located SA-ICTC. Refer to the section on "*Identification of At-risk and HIV negative client for SSS"* in this chapter above for detailed understanding of the flow.




*Note: Refer to Table-3A of Annexure 9 for Questions and Responses of Risk Assessment Questionnaire*

The risk-assessment has coded response format (in lines with the risk-assessment questionnaire) in order to maintain client confidentiality and privacy. The objective of using this format is to save staff time from eliciting these details from client and also avoid client being asked same details, multiple times during the same visit.

## Visit Timelines & Graduation Criteria of At-risk HIV negative clients:

**Visit Timelines to SSK for at-risk HIV negative clients:**

At the commencement of operations at SSK, the follow-up visit timelines for clients will be as follows:

- 1st Visit: Client identified as at-risk AND HIV negative, registered in the SSK Data Collection Tool
- For 2nd visit to SSK (or 1st visit after registration): 3 months after 1st visit/ registration or earlier, basis the risk assessed by the counsellor
- For 3rd and every subsequent visit to SSK: 6 months after last visit or earlier, basis the risk assessed by the counsellor
- Additionally, the visit can be aligned as per the follow-up prescribed by the doctor for clients attending DSRC for STI/RTI treatment, and/or with timelines for follow-up of other services being received by client (Ex: OST etc.)

These timelines might be revised or defined differently across target populations and risk-categories, basis field experiences and data analyses, as the program progresses.

**Graduation Criteria for at-risk HIV negative clients:**

In order to ensure that the target population is continuously engaged with the SSK and is prioritised, a graduation criterion has been devised. Upon meeting such criteria, the client can be graduated from the system, or in other words, may not be followed up actively. However, such clients should be provided services/commodities if they voluntarily ask for the same. Additionally, the client may visit the SSK on yearly or half yearly basis as advised by the Counsellor and/or subject to the risk perceived by the client in future.

The criteria defined for graduation is:

*"If the client has been NOT at-risk AND HIV -ve AND Syphilis -ve in the **last 2 years"***

This criterion may be revised and refined, basis field experiences, learnings, and data analyses.

## Outreach and Follow-Up Timelines of At-risk HIV negative clients and their partners:

**Follow-Up of at-risk HIV negative clients:**

The client should be followed-up as per their preferred mode (Call/SMS/Home Visit) as indicated by the individual during registration.

At the commencement of operations at SSK,

- All the clients will be followed up monthly, irrespective of their risk categorisation

- If Referral Services have been provided: Client should be followed-up within 15 days from last visit to SSK/ referred centre (in which client was referred) to check if services were provided. Further, this would enable in understanding the further follow-up requirements for client requested by the referred centre, as well as any challenges faced by client in availing services. The SSK staff should ensure follow-up of client and subsequent visits to referred centre, as the case may be.

After 6 months of commencement of operations, the follow-up timelines for clients will be as follows, unless otherwise stated:

- Follow-up as per client's preference mode (call/SMS/home visit) to keep client engaged:
  - **High-Risk**: Monthly
  - **Moderate-Risk:** Once every two months
  - **Low-Risk**: Once every three months

- If Referral Services have been provided: 15 days from the last visit to SSK *(same timelines and norms as during commencement of operations, detailed above)*

These criteria might be changed as per the follow-up requirements, client discretion and if the counsellor feels the need to follow-up sooner.

**Outreach and Follow-Up of "Partners"** of at-risk HIV negative clients:

The partner outreach can be conducted as a continuous process, on the basis of follow-up mode preferred by Partner (elicited during the first outreach via phone call). In case the outreach is not successful (the partner does not arrive at the facility), such individuals may be outreached every 15 days, unless otherwise indicated by such individual.

At the commencement of operations, a maximum of 5 follow-up attempts might be made with the Partner/Social Contact, beyond which the Partner might not be followed-up further, if such individual does not visit the SSK facility/avail SSS services.

# Chapter 5: Outreach: Strategy Planning & Activities

Outreach is a crucial strategy to identify and reach uncovered at-risk populations, engage with them via building strong relationships and provide the means to enable them to reduce their risk of acquiring HIV and STIs. Further, it is a prerequisite for community engagement and demand generation, by raising awareness, bringing basic services closer to individuals/communities, and ensuing timely linkage to care. Enhanced and focussed outreach is one of the key features of SSS. Accordingly, States/SSKs should develop and implement a comprehensive outreach strategy.

The Outreach Plan under SSS should ensure that all the following crucial components are covered:

- Routine follow-up of existing SSK Clients *(at-risk and HIV negative)* to:
  - Ensure continuous communication and engagement
  - Ensure timely visits to the SSK, as per guidelines
  - To ascertain client's experience and whether the individual was able to receive linkage/referral service
- Outreach to social/sexual/injecting partners of SSK clients to generate awareness around HIV & STIs, encourage them to access NACP & other services and get linked to SSK
- Awareness Generation activities to identify new clients and encourage them to get access to NACP & other services through SSKs

Accordingly, a comprehensive plan should be developed by the SSK staff, which must be reviewed routinely to update/ revise the same basis field experiences and learnings.

## Factors to be considered while planning and implementing the outreach strategy:

i. While preparing the district level outreach plan, states/SSKs should consider other ICTCs or DSRCs near the SSK as well, especially those with high load of at-risk clients.
ii. Customised and contextual outreach strategies should be developed for each target groups/population (example: Virtual Population, Young & Adolescents etc.)
iii. For outreach activities, other organizations working in the nearby areas and the services provided by them which might be useful for the SSS clients should be identified. A list of such organizations with services should be made for further linkages and referrals to strengthen the programme.
iv. Further, every SSK should maintain a comprehensive list of all relevant institutions (NGOs, CBOs, govt and non-govt organisations etc.) working in the area/nearby areas where the SSK is functioning. SSK Manager should liaison and routinely engage with such institutions to:
    - Develop rapport and seek support in mapping social & sexual networks of SSK clients

- Identifying areas for conducting outreach activities to identify new clients and link them to NACP program/SSK

v. SSK staff should ensure that the outreach is being conducted for areas and population groups who have not being covered by TIs/LWS/OSCs, to ensure efficiency of outreach and identify uncovered at-risk population

vi. SSK staff should also leverage the following while identifying areas for outreach:
   - Co-ordinating with ICTCs to analyse previous data, in order to identify areas/pockets with concentration of at-risk population (for e.g., areas with high concentration of walk-in clients, previously identified HIV positivity across sub-districts, blocks etc.)
   - Liaisoning and building rapport with existing clients to identify the virtual networks on which they might be operating
   - Mapping district and nearby areas where SSK is operating, to identify catchment areas which might have concentration of at-risk population

vii. Further, SSK should co-ordinate with staff of other NACP facilities like CSC, TI etc. to leverage their experience in identifying areas with uncovered at-risk population and building outreach strategies

## Approaches for developing Outreach Strategy

Multiple approaches will be required to reach the target beneficiaries and to accordingly develop the outreach plan.

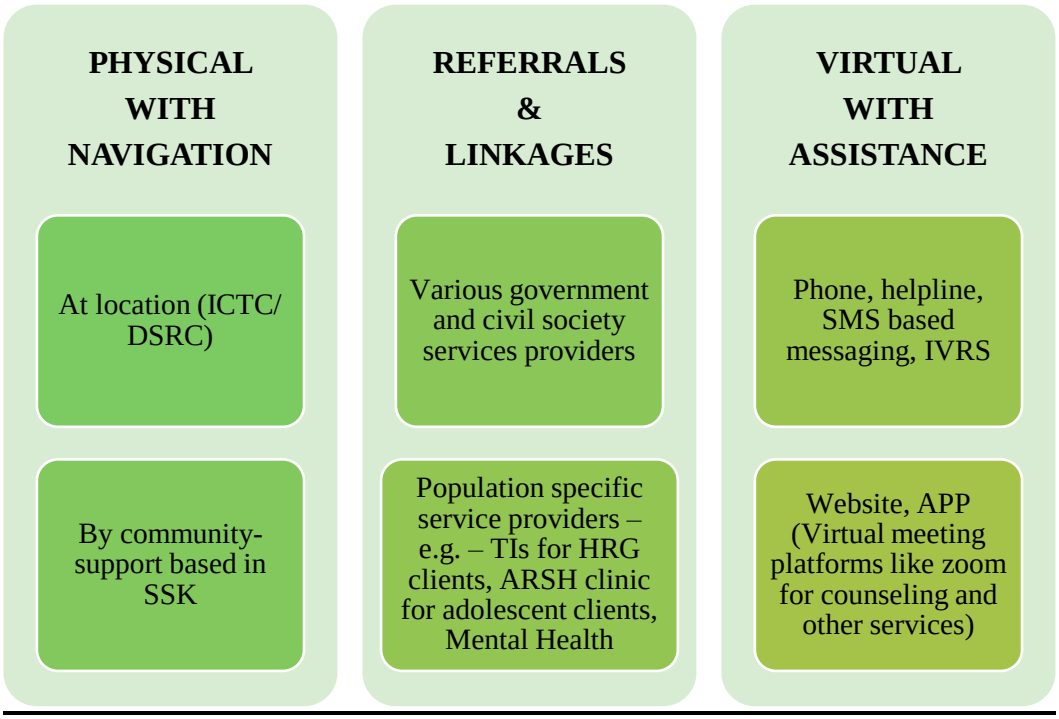



*Figure 5 : Proposed Outreach Models*

Some suggested outreach approaches are as follows:

## Approach 1- Infrastructure-based

Under this approach, NACP infrastructure can be leveraged to strengthen outreach services. Audio Visual informative material, which includes pictorial representation of the key messages in regional language, can be displayed in the client waiting area at the facility. The outreach activities can be targeted to hard-to-reach beneficiaries at ICTCs, DSRCs, TI NGOs etc., with potential navigation support provided for in and out facility referrals. The ground staff will be engaged to do the outreach activities, bring in the at-risk population for the services, establish linkages with other organizations for referrals and linkages, track the target beneficiaries and maintain the database for the facility.

## Approach 2- Advocacy and System Strengthening

Under this structure, it needs to be ensured that the consistent messages reach the identified communities and high-risk populations through SBCC and dissemination of IEC material and activities. Demand creation can be done:

- At other health facilities
- Physical locations like gym, clubs, dating clubs, assembly areas etc. where target populations may congregate
- Home-visits to identified spouse & partners of SSK clients (with their consent, and at their request)
- Reaching to the social and sexual network of SSK clients
- At identified areas/pockets (through data analysis of SA-ICTC/DSRC) with concentration of at-risk population (for e.g., areas with high concentration of walk-in clients, previously identified HIV positivity across sub-districts, blocks etc.)

Establish linkages with both NACP programmes and other health, social welfare programmes, connect with local leaders/groups, organizations for referrals and linkages, organize community meetings and camps, make a follow-up plan, track the target beneficiaries as per the plan, and maintain the database so that at risk population is fully covered under the programme and provided with comprehensive services.

**IEC and Advocacy Methods**

- Media plan for outreach on non-traditional spaces like radio, stickers in public transport/toilets, YouTube-based videos, short clips on social media platforms (like WhatsApp, Facebook, Instagram, Twitter etc.), slides in “seedy” theatres, other helplines /support services.
- Documentaries for social media platforms
- Interpersonal communication strategies at facility level and through helpline counsellors
- Sensitization and orientation of key stakeholders

- Rewards and Recognition
- TI/DLN/LWS and all other NACP interventions will promote, create demand and support SSS clients by giving face and voice.
- Publicizing SSS and SSK– diversified service delivery models may be used like:
    - Mobile van
    - Mohalla clinics
    - PHCs/CHCs
    - Health centres even if they don't offer HIV services (they can link people to SSK)
    - MSM/ TG groups to reach out to virtual and hidden clients
- Strategies to provide a delightful client experience where they are given a comfortable ambience that inculcates trust, so that the experience of visiting an HIV facility is destigmatized. This will also lead to word-of-mouth publicity and in reaching out to new clients.
- Social and Behaviour Change Communication (SBCC) material developed by NACO will be used at various appropriate places to publicize about the SSK and the services provided through SSK. Material like posters, leaflets, flyers, short videos, animated videos, IPC Games have been developed. Posters can be found at **Annexure 11.** The open files of all these will be given to the states for further printing and making copies as per need.

## Approach 3- Virtual Outreach

There are gaps in the current levels of knowledge and awareness of youth around HIV/ AIDS and its prevention in India, with only 20 percent of young women and 29 percent of young men age 15-24 reported to have comprehensive knowledge of HIV (which includes knowledge regarding the role of consistent condom use and low risk sexual behaviours in preventing HIV)[2]. The growing rise of internet users in India has also impacted behaviours of HRGs and vulnerable populations- high risk groups are moving to online platforms to interact with their communities and to find sexual partners; and the 16-29 age group represent the largest group of internet users among an estimated 658 million internet users in India. Recognizing these factors, the NACP V strategy has also included the development and scale up of sustainable models of service delivery for 'at-risk' virtual populations[3]. Accurate, timely, consistent, and easy availability of information about HIV/AIDS from authentic sources which also ensure anonymity and privacy, can help raise awareness and connect at-risk populations with adequate services. Anonymity enables people to be more expressive, especially in a delicate and stigmatized subject like HIV/AIDS.

[2] NFHS 5
[3] NACP V Strategy Booklet 2021-26

The objective of virtual outreach in SSS is to create awareness and generate demand for the facilities and services through different modes i.e., SMS, WhatsApp, helplines, websites, virtual meeting platforms, community groups, CBOs etc. As not all at-risk individuals opt to seek services physically at the facility and may prefer virtual platforms, it is critical to identify these clients from social media, dating apps etc. and link them to NACO's AIDS helpline 1097, the NACO App, or Chat Helplines to provide them with the requisite information and motivate them to visit the SSK for testing and motivate them to avail services at NACP facilities i.e., bringing them from online to offline to seek the services. Information on NACO AIDS Helpline 1097 and NACO App is present in **Annexure 4.**

NACO's Virtual Intervention project is being implemented in the country like NETREACH, Safe Zindagi, ASPIRE and Project Sunshine. Hence,

- Cross-learning opportunities are to be explored with these projects.
- Outreach is to be done for bridge population.
- Telemedicine services for linkages are to be included.
- Ethics and consent for virtual information retention and storage are to be taken.
- SMS-based follow-up and knowledge delivery is to be done.

**Effective outreach can be achieved through a mix of the above models, to be able to cater to the diverse needs of the target populations.**

# Chapter 6: Engaging Project Personnel

SSS will be initiated in strategic places at the selected DSRC / ICTC. The available space of the ICTC / DSRC will be re-purposed for SSS. Major activities of SSS will be conducted in the community at the field by the SSK Staff. SSK will be managed and operated by a team comprising of different cadres of staff.

**The staff nomenclature for SA-ICTCs re-modelled into SSK:**

- **Sampoorna Suraksha Counsellor (SSC)** - ***Existing ICTC Counsellor of the selected facility***
- **Sampoorna Suraksha Lab Technician (SSLT)**- ***Existing LT of the selected facility (ICTC)***
- **Sampoorna Suraksha Manager (SSM)**- ***New Hiring***
- **Sampoorna Suraksha Outreach Worker (SSORW) – One / Two (**as per requirement**)**- ***New Hiring***

**The staff nomenclature for DSRCs re-modelled into SSK (*co-located SA-ICTC will support the SSK*):**

- **Sampoorna Suraksha Counsellor (SSC)** - ***Existing DSRC Counsellor of the selected facility***
- **Sampoorna Suraksha Manager (SSM)**- ***New Hiring***
- **Sampoorna Suraksha Outreach Worker (SSORW) – One / Two (**as per requirement**)**- ***New Hiring***
- **Sampoorna Suraksha Support Counsellor** - ***Existing ICTC Counsellor of the co-located ICTC.***
- **Sampoorna Suraksha Lab Technician (SSLT)**- ***Existing LT of the co-located (ICTC)***

If the selected facility for SSK is DSRC, then the co-located ICTC of that institute will support the SSK for conducting risk assessment *(for identification of SSK client)*. Further, such SA-ICTC will continue to provide HCTS services to the SSK clients. The counsellor of the ICTC will be Sampoorna Suraksha Support Counsellor who will support the programme and manage the client flow between ICTC & DSRC (SSK). The client found at-risk and negative will be further managed by the DSRC (SSK).

The states may select the facilities fit for SSK conversion based on high load, medium load or low load of clients as per their facility assessment results and accordingly may adopt any of the following staffing plan:

## Plan A - Appointing new SSK Staff through Outsourcing / Third Party Agency

Under this plan, the State may propose to engage Manager and Outreach Worker (1 or 2) for implementation and undertaking outreach activities. This plan may be adopted if the high load or medium load facility is selected. Staff can be appointed through an outsource agency / third-party agency and states will need to outline the following –

i. Expected set of services from Outsource Agency
ii. Selection Criteria of Outsource agency and procedure
iii. Detailed TOR of the staff (which will be provided by NACO/SACS) and performance indicator of staff
iv. Key Performance Indicators (KPIs) to be met by the agency/ deliverables of the agency
v. Training and Capacity building of Staff
vi. Crises management by the agency
vii. Proposed budget for outsourcing and payment modalities.
viii. Contract and Termination plan

## Plan B - Task-sharing (Leveraging the existing Staff)

Under this plan, states may carry out SSS implementation and outreach activities by utilising available Human Resource (HR). These HR personnel are already placed at SA-ICTC / DSRC. Under this model, states will need to clarify the following–

a. The design of the outreach activities to be carried out by such staff.
b. Resource which is expected to be utilized to undertake the activities.
c. Mechanism and modalities for task-sharing for the outreach activities and coordination of SSS which is to be carried out seamlessly with the existing assigned tasks.
d. The revised Terms of Reference (ToR) / Job Description of these personnel.
e. Additional incentive to be paid.

## Plan C - Hiring new Staff through TI NGO

Under this plan, states may hire the SSK Staff under Targeted Intervention Project. The existing TI NGO/s may be given the responsibility to recruit the additional staff for SSK and this staff is deputed at the selected facility of SSS. The reporting by the staff will be done to the facility

MO/ In charge. and additional funds will be provided to the TI NGO for the salary of the staff. Hence, additional funds for salaries can be re-directed from state to the TI. TI NGO can also assist in implementing the programme and conducting trainings. Under this model, states will need to clarify the following -

i. The TI NGO which will be undertaking this activity
ii. ToR for the SSK Staff
iii. Agreement with the TI NGO with clear Roles & Responsibilities including timelines

## Plan D - Mixed Approach

Under this plan, states may use a mixed approach, where the site selected is of medium load or low load. SSK Counsellor cum Manager may be the existing staff (ICTC/DSRC Counsellor) as mentioned in Plan B (Task Sharing) and the SSORW is to be hired as per Plan A or Plan C. States can choose the plan that allows for the implementation of outreach activities under the SSS in the most cost effective and efficient manner. The merits and demerits may be considered while deciding the plan, which is placed at Annexure 5.

It is also important to note that it may not be feasible for dedicated outreach staff at SSK to physically visit clients located in other districts or far away areas. In such cases, reaching out to the clients visiting from other districts can be done by establishing linkages with ICTC / DSRC or TI NGOs in the local area. The staff of other health programmes like NHM or DISHA or any other may be leveraged or taken support, wherever feasible.

## Proposed Roles & Responsibilities of SSK staff

The effective implementation of SSS requires the appointment of skilled and experienced staff at SSKs to carry out all the planned activities. It is proposed that states must hire a Sampoorna Suraksha Manager for each SSK. In addition, depending on the outreach model selected by the state, 1 or 2 Outreach Workers are to be placed at each SSK.

The qualifications, roles and responsibilities (JD) of the staff supporting SSS and to be appointed in SSKs is placed in Annexure 6. In cases where plan B or D is being adopted, the existing staff (subject to meeting the SSK staff criteria) will be identified with additional responsibilities beyond their currently assigned responsibilities. Where the existing Counsellor of the selected facility is given the additional charge of the SSK Manager, the staff will be given additional incentive as approved in the budget.

# Chapter 7: Training and Capacity Building of Staff

Effective implementation of SSS requires a well-trained staff, for which standardised training modules have been developed. These modules outline the key activities and knowledge areas of the various service components for the SSK staff. Training will be conducted at the time of Induction and subsequently as an ongoing Refresher schedule.

A 2-day Induction Training will be provided immediately to on-board the SSK staff (across all cadres) with the objective to develop their understanding on:

- NACP program and its revised strategies
- SSS and its operational modalities *(including Services & linkages, Outreach Activities, Reporting Mechanism, Roles & Responsibilities)*

A detailed 5-day training and capacity building session will be subsequently provided to the staff to further train and build a detailed understanding of the NACP program and SSS.

The topics which will be covered for Training and Capacity Building of the SSK Staff are as follows:

- Introduction to the National HIV/AIDS Program
- The Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (Prevention and Control) Act, 2017
- Basics of HIV/AIDS, STI/RTI, Hepatitis and co-morbidities
- Prevention Initiatives under NACP (including understanding TI, CSS, OSC etc.)
- Sampoorna Suraksha Strategy
    - Concept of Sampoorna Suraksha Strategy
    - Services under SSS (including Referrals/Linkages, Client Flow, Risk Assessment)
    - Outreach Activities & Follow up under SSS (including Index Testing, Social Network Strategy)
    - Data Collection and reporting under SSS
    - Roles & Responsibilities of SSK Staff
- Counselling and Soft Skills (*Training Module for the counsellor across all the Component of NACP–V should be used to train the staff)*
- Supportive Supervision

**Training Plan**

- A pool of master-trainers has been created which include resources/officers from NACO, SACS, SETU team and Partner Organizations
- These master trainers are to provide further down-training to the SSK staff

- SACS should ensure orientation and sensitization of SACS team, district team and hospital authorities where the SSK has been established
- A facilitator guide for the training module will support master-trainers in conducting down-training for SSK staff. The document defines the objectives, expected outcomes, suggested teaching methods, process and key pointers for each section/chapter of the training module

**Training Modality**

- The training will be delivered by leveraging various modalities that include developed power-point presentations, active discussions, engagement activities like quizzes, role play, etc.

# Chapter 8: Supportive Supervision

Supportive Supervision plays a key role to help the staff to improve their own work performance, knowledge & skills continuously, provide quality services as well as support the refinement of service delivery as per the client requirements. It encourages open, two-way communication, and building team approaches that facilitate problem-solving. Supportive Supervision focuses on providing support to the SSK Staff in delivering their duties, monitoring progress against targets, leveraging data for decision-making, and handholding of staff to ensure that activities are being carried out as envisaged.

At SSKs, staff mentoring will be done by the Supportive Supervisors, who will be members of the respective SACS/SETU/DISHA team, engaged in the different programmes in the area/district. The Supportive Supervision tool provided by NACO should be used to collect the information.

The objectives of Supportive Supervision are to ensure that:

- The quality of service and service delivery of SSK is maintained
- SSK is maintaining the infrastructural requirement along with display of SBCC material
- Timely follow ups and outreach are being performed
- Accuracy, completeness, consistency, timeliness of data recording and reporting is being maintained
- Comprehensive plan is being developed, maintained, and reviewed at regular intervals

Supportive supervision within the overall SSS is an ongoing process, overseen by NACO at the national level, followed by SACS at the state level, district nodal officer and concerned Medical Officer I/C at the facility level. At SACS, the programme should be managed by the Basic Service Division (BSD) or the Targeted Intervention (TI) Division. Further, for the scenarios where DSRC has been re-modelled as SSK, the Sexually Transmitted Infection (STI) division of SACS will support in management of the program. One designated officer either from BSD or STI or TI Division from SACS should be nominated by the respective SACS Project Director as **SACS SSS Nodal Officer**. If the staff hiring will be done as per the Plan B, then the HR related activities and coordination should be supported by the TI division. Other activities like outreach, monitoring and trainings should be carried out jointly by the divisions.

Supportive Supervision should be **initiated 3 months after commencement of operations of SSK**, as per the timelines stated below:

***Table 4: Frequency of Supportive Supervision***

| Timeline | Frequency |
|---|---|
| First 3 months *(i.e., 4$^{th}$, 5$^{th,}$ and 6$^{th}$ month post commencement of operations of SSK)* | Monthly |
| After 3 months | Quarterly |

# Chapter 9: Data Collection and Reporting at SSK

As SSS is implemented as an immersion learning model, it is critical to collect data to enable progress monitoring as well as document learnings to course-correct strategy and ensure quality control.

Data at SSKs is to be recorded in real time digital formats as much as possible to enable faster data collation and analysis. To commence operations at the SSKs, data recording and reporting of the SSK clientele, i.e., at-risk HIV negative clients and their partners, will be done on the SSK Data Collection Tool, which is a web-based portal. This will be integrated into the SOCH platform to ensure a single source for data reporting.

SSK data collection tool will only complement existing reporting at the facilities (SA-ICTC/DSRC) and will be used only for a subset of at-risk HIV negative population. Thus, each SSK should fill-in SOCH/HCTS/DSRC registers and other recording/reporting mechanisms, similar to other NACP facilities, in lines with national guidelines

*Please refer to the **Annexure 10** for screenshot of the SSK data collection tool.*

The data flow at SSK will be as follows:

# I. Data Flow at SA-ICTC re-modelled into SSK

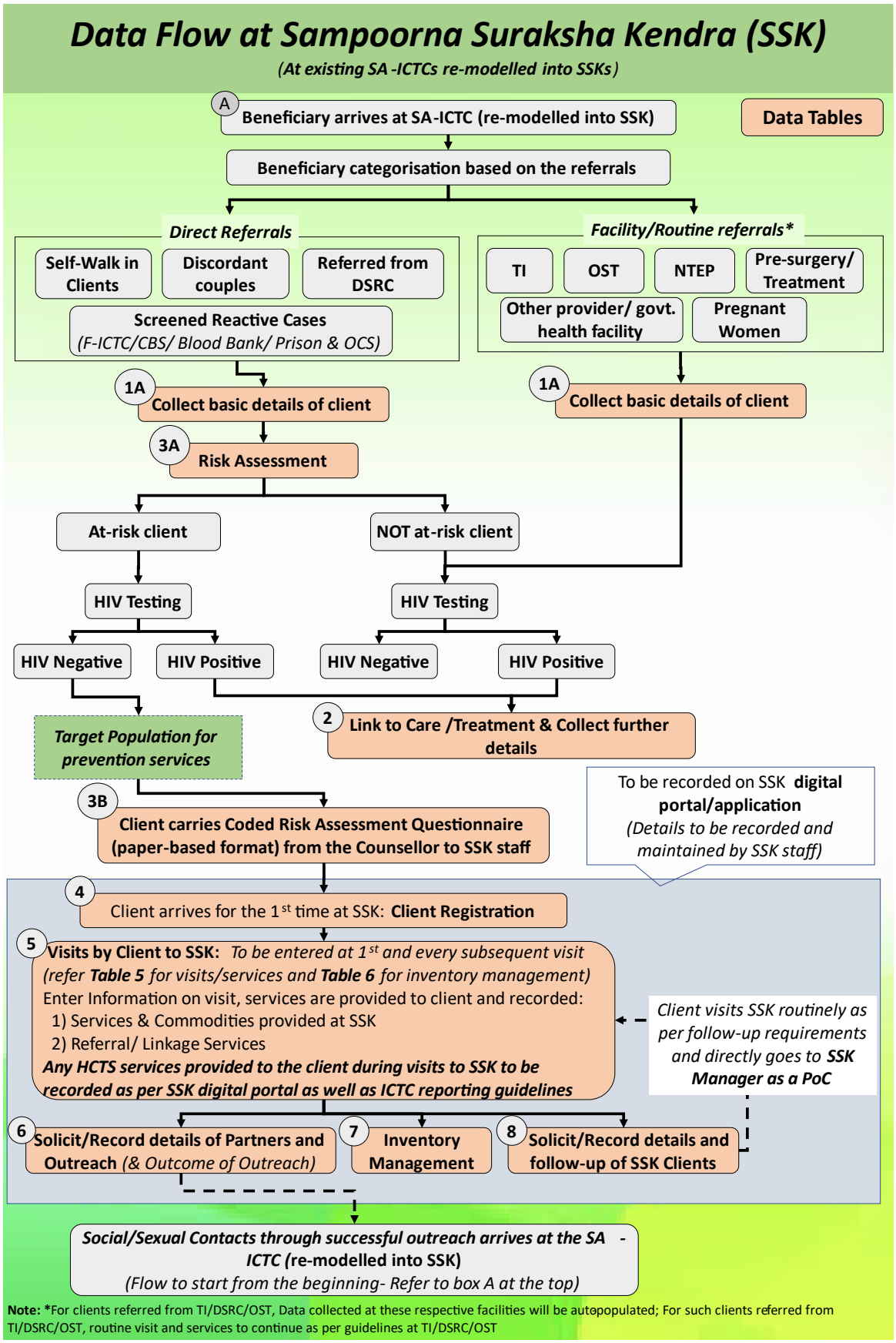



*Figure 6 : Data Flow at SSK (at existing SA-ICTC re-modelled into SSK)*

In the above schematic, each of the pink-coloured box represents a data table/section.

Tables 1A,2 and 3A *(kindly refer to the numbering against each box)* will be recorded in the HCTS confirmatory facility registers and equivalent digital portal (i.e., SOCH/IIMS), in lines with the revised flow for HCTS confirmatory facilities. Tables 4-8 will be recorded only for the at-risk HIV negative clients and any partner details elicited from them for outreach.

Table-3B is a paper-based format which shall contain PID of the client and responses to risk-assessment. This paper will be carried by the client (once he/she have been identified as at-risk AND HIV negative) to the SSK counsellor/manager, in order to get themselves registered into the SSK data collection tool for the first time. *Refer to Chapter-4 of the Operational Guidelines for additional details on coded risk-assessment*.

The tables present within the larger blue-box (i.e., Table 4-8) are recorded in SSK digital data-collection tool and maintained for at-risk HIV negative clients and their partners. This tool will be integrated with SOCH/ IIMS platform to ensure single source of data reporting.

**Details on the SSK Data Collection Tool:**

The registration section (Table-4) is to be filled at the time of registration or first visit of the client. This would primarily be leveraged for recording general & demographic details and test-history of the client. Details will be captured once during registration, with updating at subsequent visits if necessary.

The Visit and Services section (Table-5) shall be recorded at each visit of the client, in order to record and follow-up on the services/commodities provided at the SSK and at the linked/referred centre, along with other relevant details like routine risk assessment, pregnancy status etc.

Client Follow-Up section (Table-8) will be leveraged for recording details and outcomes of follow-up for clients' subsequent visit to SSK, while Partner Outreach and Follow-Up section (Table-6) for recording general details of social contacts/partners of SSK clients, their outreach details and outcome.

Inventory Section (Table-7) will facilitate managing inventory of each of the test kit/drug/commodity consumed/dispensed at SSK.

*Refer to the **Annexure 9** for detailed format of each of the table (Table 1-8) across the data flow presented above.*

## II. Data Flow at DSRC re-modelled into SSK

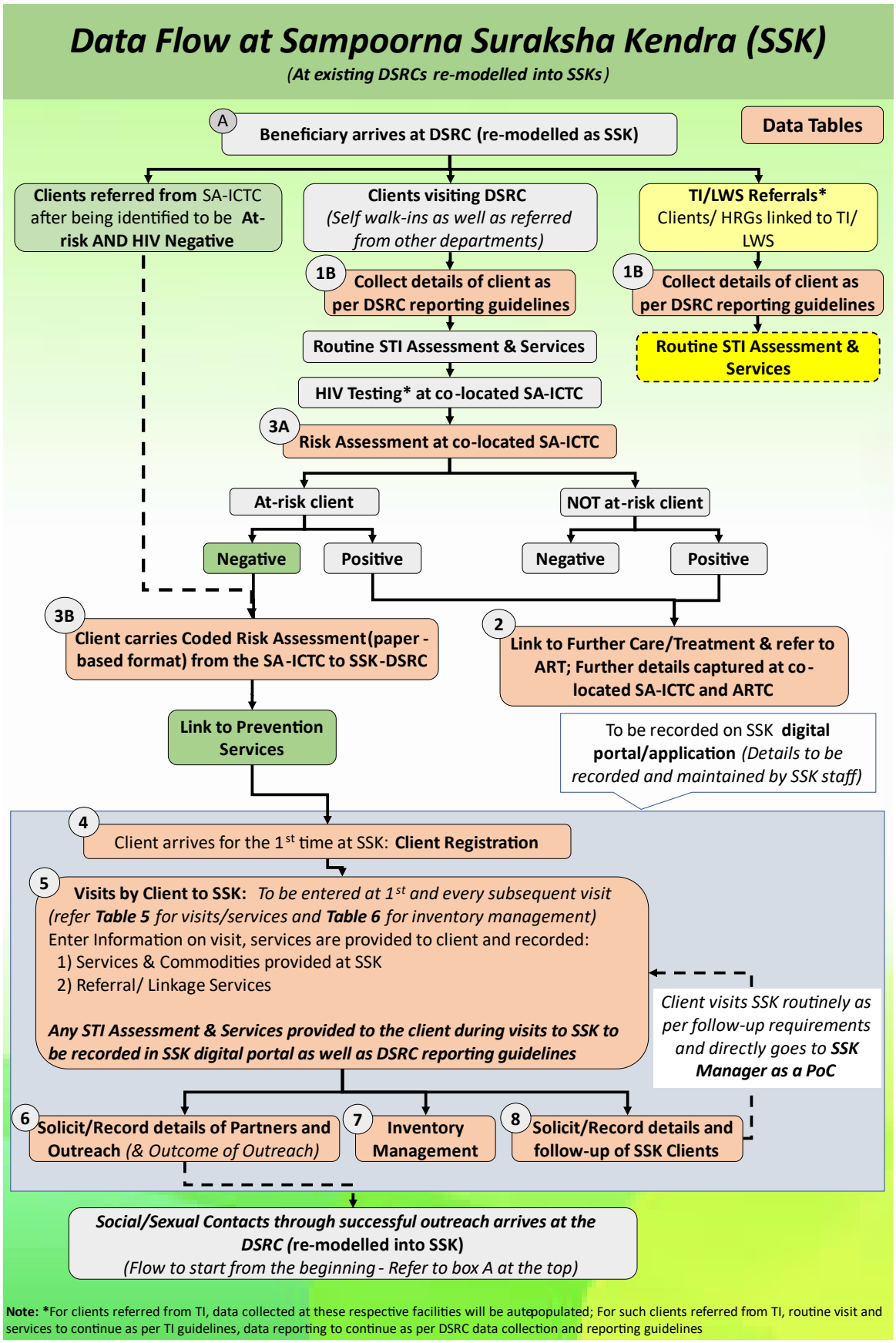



*Figure 7: Data Flow at SSK (at existing DSRC re-modelled into SSK)*

In the above schematic, each of the pink-coloured box represents a data table/section.

Tables 1B *(kindly refer to the numbering against each box in the figure above)* will be recorded in the DSRC facility registers and equivalent digital portal (i.e., SOCH/IIMS), as per DSRC national guidelines. Tables 2 (only in case of HIV positive individuals) and 3A will be recorded at the co-located SA-ICTC.

Table-3B is a paper-based format which shall contain PID of the client and responses to risk-assessment. This paper will be carried by the client (once he/she have been identified as at-risk AND HIV negative) to the SSK counsellor/manager, in order to get themselves registered into the SSK data collection tool for the first time. *Refer to Chapter-4 of this guideline for additional details on coded risk-assessment.*

The tables present within the larger blue-box (i.e., Table 4-8) are recorded in SSK digital data-collection tool and maintained for at-risk HIV negative clients and their partners. This tool will be integrated with SOCH/ IIMS platform to ensure single source of data reporting. Details of each of these table will remain similar to the flow defined above for SSK (SA-ICTC).

*Refer to the **Annexure 9** for detailed format of each of the table (Table 1-8) across the data flow presented above.*

The table below provides a detailed matrix on sources where data is to be recorded and reported (DSRC reporting and/or SSK reporting, as the case may be), for each category of client, basis the client and data flow at SSK-DSRC:

| ***Data Collection/Reporting at DSRC remodelled into SSK*** | ***Types of Clients (basis SSK-DSRC Client Flow)*** | | |
|---|---|---|---|
| | **Clients referred from co-located SA-ICTC** after being identified to be **At-risk AND HIV Negative** | **Clients visiting DSRC** *(Self walk-ins as well as referred from other departments)* | **TI/LWS Referrals:** Clients/ HRGs linked to TI/ LWS |
| At the time of Client's **1st visit** to the *DSRC remodelled into SSK* | Registration/Collection **under SSK Data Collection Portal/Tool** | Details of client to be collected as per DSRC reporting guidelines & STI Assessment/Services provided<br>⇩<br>If the client is identified to be at-risk and HIV negative *(basis testing and risk assessment at co-located ICTC)*, client to be registered **under SSK Data Collection Portal/Tool** | Reporting **to continue as per DSRC** data collection and reporting guidelines |
| At **subsequent visits*** to the *DSRC remodelled into SSK*<br><br>**Including STI services provided **after identification** of client as at-risk AND HIV negative, on the 1st visit* | **For SSK Clients** (At-risk AND HIV negative clients)- All details at subsequent visits (services, follow-up etc.) to be recorded **under SSK Data Collection Portal/Tool**<br>**+**<br>Details of any STI assessment/ services provided to the client *(SSK and otherwise)* during subsequent visits to SSK to be recorded as per DSRC reporting guidelines | **For SSK Clients** (At-risk AND HIV negative clients)- All details at subsequent visits (services, follow-up etc.) to be recorded **under SSK Data Collection Portal/Tool**<br>**+**<br>Details of any STI assessment/ services provided to the client *(SSK and otherwise)* during subsequent visits to SSK to be recorded as per DSRC reporting guidelines | Reporting **to continue as per DSRC** data collection and reporting guidelines |

**Data Reporting Mechanism and Frequency**

At the commencement of operations at SSK, the following reporting frequency will be adhered to, unless otherwise stated:

*Table 5: Data reporting mechanism and frequency*

| Type of Activity / Report | Frequency | Timeline |
|---|---|---|
| Collation/ Synchronising of SSK Tool amongst SSK Manager, Counsellor and ORWs | Weekly | On the last working day of every week |
| Sharing of consolidated reports/line-list with DISHA team by facility | Monthly | The report of current month shall be shared with the SACS by the 3rd of consecutive month |
| Sharing of consolidated reports/line-list with SACS by facility | Monthly | The report of current month shall be shared with the SACS by the 3rd of consecutive month |
| Sharing of reports with NACO by SACS | Monthly | The report of current month shall be shared with the NACO by the 5th of consecutive month |

# Chapter 10: Monitoring & Evaluation (M&E) Framework

An initial list of critical M&E indicators for SSS have been placed below. Please refer to Annexure 8 for the comprehensive M&E framework with an expanded set of indicators. This initial/ draft list will be *revised* and *refined* basis field experiences, learnings, and data analyses, as the SSS program progresses forward.

***Table 6: M&E Indicators under SSS***

| S No | M&E indicators for SSS | | Frequency |
|---|---|---|---|
| 1 | HIV Negative: Clients who remain HIV negative, 1 year post registration at SSK | | Cohort Tracking |
| 2 | New Registrations: Total number of new clients registered at SSK | | Monthly/ Annually |
| 3 | Syphilis Negative Status: % of clients tested positive/reactive for Syphilis, 1 year post registration at SSK | | Monthly/ Annually |
| 4 | Successful Partner Outreach: Of the total partners (of SSK clients) identified, % registered at SSK | | Monthly/ Annually |
| 5 | HIV testing at SSK: % of clients who were tested for HIV during their visits | | Monthly/ Annually |
| 6 | HIV positive: Of those tested, % of clients found positive | | Monthly/ Annually |
| 7 | Syphilis testing at SSK: % of clients who were screened tested for Syphilis during their visits | | Monthly/ Annually |
| 8 | Syphilis positive/reactive: Of those tested, % of clients found reactive/positive | | Monthly/ Annually |
| 9 | HCV test at SSK: % of clients who were tested, of those that requested the service | | Monthly/ Annually |
| 10 | HCV screening test result: Of those screened for HCV, % of clients reactive | | Monthly/ Annually |
| 11 | Indicators for each Referral Service (*Ex: Mental Health Counselling)* | a. Availability of Referral Service: % of clients who were referred, of total requests | Monthly/ Annually |
| | | b. Receival of Service: Of clients provided referral, % of who received service | |
| | | c. Accompanied Referral:<br>c.1 % clients who were provided accompanied referral of those who received service<br>c.2 % clients who were provided accompanied referral of those didn't receive service | |
| 12 | Indicators for each commodity (*Ex: Condoms)* | % clients who were provided commodity of those clients who requested it | Monthly/ Annually |
| 13 | Client Demanded services (Cumulative): Frequency Table or % of requests across all services | | Monthly/ Annually |
| 14 | Average number of Outreaches per Partner: (before the partner's first arrival at facility) | | Monthly/ Annually |
| 15 | Average number of Partners/Client | | Monthly/ Annually |

**SSS Progress Assessment**

Comprehensive assessment should be done by the respective SACS every 6 months and reports of the same shall be submitted to NACO. After the completion of one year, the assessment will be done by representative nominated by NACO, to assess the overall progress of the programme. The modification in the strategy and/or the implementation plan will be done on the basis of the assessment reports and findings, which will presented to and approved by the Working Group.

# *Annexure 1: List of districts selected for SSS Implementation*

## a. List of districts selected for SSS Phase I Implementation

| State/UTs | No. of SSS districts for Pilot | No. of SSS Districts | Districts for 1st Phase |
|---|---|---|---|
| **North Region** | **3** | **10** | |
| 1. **Haryana** | | 3 | Panipat, Sonipat, Hisar |
| 2. **Punjab** | 3 | 6 | **Amritsar**, Fazilka, Gurdaspur, Jalandhar, **Ludhiana, Patiala** |
| 3. **Chandigarh** | | 1 | Chandigarh |
| **Central Region** | | **33** | |
| 4. **Uttar Pradesh** | | 26 | Agra, Aligarh, Ambedkar Nagar, Ayodhya, Azamgarh, Barabanki, Bareilly, Basti, Bijnor, Deoria, Gautam Buddha Nagar, Ghaziabad, Gorakhpur, Hathras, Jhansi, Kanpur Nagar, Lucknow, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Prayagraj, Rae Bareli, Sultanpur, Varanasi |
| 5. **Madhya Pradesh** | | 7 | Bhind, Bhopal, Hoshangabad, Indore, Jabalpur, Ratlam, Sagar |
| **West Region** | **4** | **21** | |
| 6. **Gujarat** | 4 | 13 | **Ahmedabad**, Anand, BansasKantha, Bharuch, Bhavnagar, Gandhinagar, Kheda, Mehsana, PanchMahals, **Rajkot**, SabarKantha, **Surat, Vadodara** |
| 7. **Maharashtra** | | 8 | Aurangabad, Ahmednagar, Nagpur, Nashik, Pune, Satara, Solapur, Thane |
| **South Region** | **3** | **9** | |
| 8. **Telangana** | 3 | 9 | Adilabad, **Hyderabad**, Karimnagar, Mahbubnagar, Medak, Nalgonda, Nizamabad, **Rangareddi**, **Warangal** |
| **Northeast Region** | | **2** | |
| 9. **Nagaland** | | 1 | Kohima |
| 10. **Mizoram** | | 1 | Aizawl |
| **Total SSS centres** | **10** | **75** | |

## b. List of districts selected for SSS Phase II Implementation

| Region | States / UTs | Districts of SSS of Phase II |
|---|---|---|
| North | **Delhi (5)** | South, North East, Northwest. New Delhi, West |
| | **Jharkhand (1)** | Ranchi |
| | **Rajasthan (15)** | Udaipur, Jaipur,Jodhpur,Kota,Bikaner, Banswara, Bharatpur, Ajmer, Barmer, Sikar, Nagaur, Dasna, Ganganagar, Alwar, Chittaurgarh |
| | **Uttarakhand (1)** | Dehradun |
| South | **Andhra Pradesh (12)** | Chittoor, West Godavari, Guntur, Krishna, Vizianagaram, East Godavari, Prakasam, Anantapur, Cuddapah Kurnool, Visakhapatnam,Visakhapatnam, Nellore |
| | **Karnataka (7)** | Belgaum, Bangalore Urban, Mysore, Bagalkot, Bijapur, Bellary, Koppal |
| Central | **Bihar (8)** | Gopalganj, Gaya, Muzaffarpur, Madhubani, Patna, Purnia, Rohtas, Siwan |
| | **Madhya Pradesh (9)** | Shivpuri, Barwani, Rewa, Raisen, Seoni, Guna, Gwalior, Rajgarh, Vidisha |
| North-East | **Assam (1)** | Cachar |
| East | **Odisha (3)** | Khordha, Ganjam, Cuttack |
| | **West Bengal (13)** | Kolkata, South Twenty-Four Parganas, North Twenty Four Parganas, Nadia, Hugli, Paschim Medinipur, Haora, Koch Bihar, Darjiling, Murshidabad, Paschim Barddhaman, Maldah, PurbaBarddhaman |

## c. List of 150 Districts (Phase I & II)

| Sr. No. & Rank of District | State | District |
|---|---|---|
| 1 | West Bengal | Kolkata |
| 2 | Uttar Pradesh | Meerut |
| 3 | Gujarat | Surat |
| 4 | Andhra Pradesh | Chittoor |
| 5 | Uttar Pradesh | Aligarh |
| 6 | Uttar Pradesh | Agra |
| 7 | Delhi | South |
| 8 | Rajasthan | Udaipur |
| 9 | Gujarat | Ahmedabad |
| 10 | Uttar Pradesh | Bijnor |
| 11 | Uttar Pradesh | Varanasi |
| 12 | Uttar Pradesh | Lucknow |
| 13 | West Bengal | South Twenty-Four Parganas |
| 14 | Uttar Pradesh | Gorakhpur |
| 15 | Rajasthan | Jaipur |
| 16 | Andhra Pradesh | West Godavari |
| 17 | West Bengal | North Twenty-Four Parganas |
| 18 | Andhra Pradesh | Guntur |
| 19 | Uttar Pradesh | Prayagraj |
| 20 | Andhra Pradesh | Krishna |
| 21 | Telangana | Mahbubnagar |
| 22 | Gujarat | Vadodara |
| 23 | Telangana | Rangareddi |
| 24 | Punjab | Ludhiana |
| 25 | Bihar | Gopalganj |
| 26 | Punjab | Fazilka |
| 27 | Gujarat | Sabar Kantha |
| 28 | Madhya Pradesh | Bhopal |
| 29 | Rajasthan | Jodhpur |
| 30 | Telangana | Hyderabad |
| 31 | Rajasthan | Kota |
| 32 | Rajasthan | Bikaner |
| 33 | Madhya Pradesh | Jabalpur |
| 34 | Andhra Pradesh | Vizianagaram |
| 35 | Uttar Pradesh | Ghaziabad |

| Sr. No. & Rank of District | State | District |
|---|---|---|
| 36 | West Bengal | Nadia |
| 37 | Telangana | Nizamabad |
| 38 | Andhra Pradesh | East Godavari |
| 39 | Telangana | Warangal |
| 40 | Uttar Pradesh | Bareilly |
| 41 | Andhra Pradesh | Prakasam |
| 42 | Haryana | Sonipat |
| 43 | Bihar | Gaya |
| 44 | Uttar Pradesh | Gautam Buddha Nagar |
| 45 | Bihar | Muzaffarpur |
| 46 | Maharashtra | Pune |
| 47 | Karnataka | Belgaum |
| 48 | Gujarat | Banas Kantha |
| 49 | Gujarat | Anand |
| 50 | Rajasthan | Banswara |
| 51 | Uttar Pradesh | Jhansi |
| 52 | Telangana | Nalgonda |
| 53 | Andhra Pradesh | Anantapur |
| 54 | Uttar Pradesh | Mathura |
| 55 | Punjab | Amritsar |
| 56 | Telangana | Karimnagar |
| 57 | Maharashtra | Mumbai |
| 58 | Karnataka | Bangalore Urban |
| 59 | Gujarat | Gandhinagar |
| 60 | West Bengal | Hugli |
| 61 | Telangana | Medak |
| 62 | Madhya Pradesh | Ratlam |
| 63 | Rajasthan | Bharatpur |
| 64 | Punjab | Jalandhar |
| 65 | Uttar Pradesh | Barabanki |
| 66 | Rajasthan | Ajmer |
| 67 | Andhra Pradesh | Cuddapah |
| 68 | Gujarat | Panch Mahals |
| 69 | Maharashtra | Aurangabad |
| 70 | Chandigarh | Chandigarh |
| 71 | Jharkhand | Ranchi |
| 72 | Uttar Pradesh | Azamgarh |
| 73 | Gujarat | Kheda |
| 74 | Maharashtra | Satara |

| Sr. No. & Rank of District | State | District |
|---|---|---|
| 75 | Odisha | Khordha |
| 76 | Odisha | Ganjam |
| 77 | Andhra Pradesh | Kurnool |
| 78 | West Bengal | Paschim Medinipur |
| 79 | Karnataka | Mysore |
| 80 | Uttar Pradesh | Kanpur Nagar |
| 81 | Rajasthan | Barmer |
| 82 | Madhya Pradesh | Sagar |
| 83 | Gujarat | Rajkot |
| 84 | Uttar Pradesh | Muzaffarnagar |
| 85 | Delhi | North-East |
| 86 | Madhya Pradesh | Hoshangabad |
| 87 | Maharashtra | Thane |
| 88 | Delhi | NorthWest |
| 89 | Uttarakhand | Dehradun |
| 90 | Haryana | Panipat |
| 91 | Andhra Pradesh | Visakhapatnam |
| 92 | Rajasthan | Sikar |
| 93 | Rajasthan | Nagaur |
| 94 | Madhya Pradesh | Bhind |
| 95 | Uttar Pradesh | Ambedkar Nagar |
| 96 | West Bengal | Haora |
| 97 | Madhya Pradesh | Shivpuri |
| 98 | Rajasthan | Hanumangarh |
| 99 | Karnataka | Bagalkot |
| 100 | Delhi | New Delhi |
| 101 | Madhya Pradesh | Indore |
| 102 | Uttar Pradesh | Deoria |
| 103 | West Bengal | Koch Bihar |
| 104 | Maharashtra | Solapur |
| 105 | West Bengal | Darjiling |
| 106 | Karnataka | Bijapur |
| 107 | Madhya Pradesh | Barwani |
| 108 | Uttar Pradesh | Hathras |
| 109 | Punjab | Patiala |
| 110 | Bihar | Madhubani |
| 111 | Bihar | Patna |
| 112 | Bihar | Purnia |
| 113 | Madhya Pradesh | Rewa |

| Sr. No. & Rank of District | State | District |
|---|---|---|
| 114 | Madhya Pradesh | Raisen |
| 115 | West Bengal | Murshidabad |
| 116 | West Bengal | Paschim Barddhaman |
| 117 | Uttar Pradesh | Sultanpur |
| 118 | Gujarat | Bharuch |
| 119 | Uttar Pradesh | Ayodhya |
| 120 | Uttar Pradesh | Rae Bareli |
| 121 | Uttar Pradesh | Basti |
| 122 | West Bengal | Maldah |
| 123 | Madhya Pradesh | Seoni |
| 124 | Andhra Pradesh | Nellore |
| 125 | Rajasthan | Ganganagar |
| 126 | Uttar Pradesh | Moradabad |
| 127 | Bihar | Rohtas |
| 128 | Maharashtra | Nashik |
| 129 | Telangana | Adilabad |
| 130 | Assam | Cachar |
| 131 | Karnataka | Bellary |
| 132 | Bihar | Siwan |
| 133 | Gujarat | Mehsana |
| 134 | Maharashtra | Nagpur |
| 135 | Uttar Pradesh | Mainpuri |
| 136 | Odisha | Cuttack |
| 137 | Madhya Pradesh | Guna |
| 138 | Punjab | Gurdaspur |
| 139 | Madhya Pradesh | Gwalior |
| 140 | Karnataka | Koppal |
| 141 | West Bengal | Purba Barddhaman |
| 142 | Gujarat | Bhavnagar |
| 143 | Madhya Pradesh | Rajgarh |
| 144 | Rajasthan | Alwar |
| 145 | Delhi | West |
| 146 | Madhya Pradesh | Vidisha |
| 147 | Rajasthan | Chittaurgarh |
| 148 | Haryana | Hisar |
| 149 | Mizoram | Aizawl |
| 150 | Nagaland | Kohima |

***Phase I Districts*** ***Phase II Districts***

# *Annexure 2: SSK Assessment Tool Guidelines*

## 1. Operational Assessment:

**Purpose**: The objective of this exercise is to (a) Identify the facility to be converted to SSK in the selected SSS districts, (b) assess hiring needs, and (c) assess infrastructural changes required at the SSK.

All ICTCs and DSRCs in selected SSS districts should be evaluated using the operational assessment tool. The eligibility criteria to determine facility selection is as below:

- Facility should not be selected for SSS implementation, if (a) it has 1 or more vacant Counsellor positions, or (b) if no computer is available for SSS data entry, or (c) it has SOCH/ IIMS usage < 75%
- From the remaining facilities, states are free to choose the facility at their discretion. If a state has multiple districts for SSS implementation, it is recommended that appropriate facilities be selected so that the facilities represent high, medium, and low client loads across different districts.

**Steps to conduct the assessment**:

- This tool is to be administered by the assessment team to SACS/ DISHA/ District Nodal Officer of districts where selected facilities are located.
- The tool should be filled for all selected ICTCs/DSRCs. For each facility, a separate row should be used to enter the information.
- Operational assessment has 3 parts - HR assessment, Infrastructure assessment, and facility assessment.
- The HR assessment is designed to assist states in deciding the hiring plan under SSS, infrastructure assessment is to assess additional infrastructure needs to convert facility to a SSS centre, and facility assessment is to identify the facilities which can be converted to SSS centres.

**Guidance to fill the Operational Assessment sheet**

| Indicator | Guidance | Type of assessment |
|---|---|---|
| 1. Type of facility *(SA-ICTC/DSRC)* | *(Select from dropdown)* | General |
| 2. Healthcare facility level | *(Select from dropdown)* | |
| 3.1 Average total testing load in a month | *(Total clients from Jan-Dec 2019 divide by 12)* | |
| 3.2 #Average direct walk-in testing load in a month | *(Total clients from Jan-Dec 2019 divide by 12)* | |
| 4. Number of sanctioned counsellors at the facility | Please enter whole number, no words | HR assessment |
| 5. Number of vacant Counsellor positions | Please enter whole number, no words | |
| 6. Average clients managed by facility Counsellor per hour? *(Auto calculated)* | Auto calculated, please don't enter anything | |

| | | |
|---|---|---|
| 7. Whether Counsellor has bandwidth and willingness to take up extra responsibilities? (Yes/No) | Drop down Yes/No | |
| 8. Whether physical space is enough to accommodate 2 additional staff? *(Yes/No)* | Drop down Yes/No | Infrastructure Assessment |
| 9. Whether facility has a functional computer that can be used for SSS data entry? *(Yes/No)* | Drop down Yes/No | |
| 10. Whether facility has access to audio visual privacy? *(Yes/No)* | Drop down Yes/No | |
| 11. Is the facility easily accessible by public transport? *(Yes/No)* | Drop down Yes/No | Facility Assessment |
| 12. What co-located services (ICTC/DSRC) are available at the facility? *(Include all applicable)* | *(Include all applicable)* | |
| 13. What is the SOCH/ IIMS Usage of facility? *(Refer to Guide for definition)* | SOCH/ IIMS Usage = #clients (regardless of HIV test results) who were registered in October 2021 and their details were entered in SOCH/ IIMS * 100 / total #clients who were registered at ICTC in October 2021 | |
| 14. Whether Counsellor administers SOCH/ IIMS risk assessment questionnaire to all clients? | Facility in-charge/ DISHA/ SACS can do random check and fill accordingly | |
| 15. Would you recommend this facility to be re-modelled to SSK based on your Assessment? | Drop down Yes/No *(If yes, please fill up 16-19 questions, if no end assessment)* | SACS Overall Assessment<br><br>This section is to be filled by the SACS officials only |
| 16. What infrastructural changes will be required to re-model facility to SSK (if any)? | Please write your suggestions, if any, in brief | |
| 17. For identified SSS facilities, select the hiring plan for SSS Coordinator | Drop down | |
| 18. If Counsellor is given the added responsibility of SSS Coordinator, what additional incentives are required? *(If any)* | Please write in brief | |
| 19. For identified SSS facilities, select the hiring plan for SSS Outreach Workers | Drop down | |
| Any other remarks | If there is any other relevant information about district/facility assessment team or SACS want to share, please write in brief here. | |

## 2. Client Survey

**Purpose**: The objective of client survey is to identify unfulfilled service needs of clients that increases their vulnerability to HIV. These unmet needs can be addressed through SSS.

**Sample Selection**

- **Inclusion Criteria**: For field testing, the survey should be administered to self-initiated walk-in clients selected randomly at ICTC/DSRC who volunteer and provide verbal consent to respond to the survey.
- **Exclusion criteria:** TI, Pre surgical, In-patient, ANC, <18 years, Referred clients
- The facility staff should not purposively select the beneficiaries. The sample selection should be random amongst the direct walk-in clients.
- The selected beneficiary should not be an employee of any of the NACP facilities.

**Steps to conduct the assessment**

- The SACS should inform the facility prior to the team visit and after reaching the centre, the team should apprise the facility staff on the purpose of the visit and elicit their cooperation for smooth and timely completion of the task.
- The team should administer the Sheet 1 of the tool, i.e., 'Client Survey' to beneficiaries and fill one row for each client interviewed.
- Total 100 client responses need to be captured in this pilot.
- For Gujarat and Telangana, 40 respondents from 4 selected facilities in each state and 20 from 2 selected facilities in Nagaland should be included. A minimum of 5 respondents from DSRC should be ensured in all the states.
- The facility staff should not be selected as an interpreter, wherever language or dialect is a barrier.

**Guidance to fill the 'Client Survey' Sheet**

| Indicator | Guidance |
|---|---|
| 1.1 Have you visited this facility before? | Drop down Yes/No |
| 1.2 If yes, please mention how many times? | Please enter absolute numbers only, no words |
| 2.1 Whether district of domicile is different? *(Yes/No)* | Drop down Yes/No |
| 2.2 If yes, please mention the district of domicile along with the state. | Name of District of domicile |
| 3. Where did you hear about this facility? | Add as per response from client (ICTC, 1097, TI, CSC, Government hospital, Private facility, peer, newspaper, radio, TV, any outdoor IEC material, NACO mobile app, Virtual/social media, any |

| Indicator | Guidance |
|---|---|
| | other field staff of NACP, spouse, any other- please mention) |
| 4. Are you aware of your HIV status? *(Yes/No)* | Drop down Yes/No |
| 5. Have you faced any challenges in accessing services at this facility? *(Yes/No)* | Drop down Yes/No |
| Please elaborate if response to Q4 was 'Yes' | Write client response in brief |
| 6. What all services would you like to avail beyond HIV/STI testing and counselling? | *(Refer to column C of next sheet - mention all applicable)* |
| 7.1 Where would you like to avail the additional services? | *(Select from dropdown)* |
| 7.2 If respond to previous question is 'Other', please elaborate | Write client response in brief |
| 8.1 Would you be comfortable if the facility staff contacts you for follow-up? *(Yes/No)* | Drop down Yes/No |
| 8.2 If yes, what contact method would you prefer? *(Select from dropdown)* | *(Select from dropdown)* |
| 9. Would you be comfortable in sharing contact details of your sexual and social contacts? *(Yes/No)* | Drop down Yes/No |
| 10. Any other relevant information | If client share any other relevant information, please write in brief here |

## Service Mapping

**Purpose**: The objective of this exercise is to assess what services can be included by the state in the SSS package, based on feasibility of providing the service in the state.

**Steps to conduct the assessment**

- For field testing, this survey should be conducted by the assessment team of SACS/ DISHA/ District Nodal Officer for each selected district.
- Their responses should be filled in the tool by the assessment team.

**Guidance to fill the Service Mapping Sheet**

| Indicator | Guidance |
|---|---|
| 1. Whether the service is currently available in the district? *(Yes/No)* | Drop down Yes/No |
| 2. If yes, where is it available? | (E.g. - NGO/ CBO, Pvt Hospital, SC, PHC, CHC, SDH, DH, MC) |
| 3. Would SACS be able to provide this service by leveraging its state machinery? *(Yes/No)* | Drop down Yes/No |

| Indicator | Guidance |
|---|---|
| 4. If yes, what mechanism SACS would like to propose for provision of this service under SSS. *(Select from dropdown)* | Select from dropdown |
| 5. If response to Q4 is A, would SACS be able to ensure accessibility of commodities? *(Yes/No)* | Drop down Yes/No |
| 6. If response to Q5 is Yes, please mention the source of procurement | Provide the source from where the commodity will be provided |
| Any other relevant information | Write in brief |

# *Annexure 3: List of Services and Commodities*

## Non-exhaustive list of Services and Commodities for Sampoorna Suraksha Service Package

### A. Essential Services

| S No | Category | Service | Commodity | Procurement | Service provider | Service Delivery Location |
|---|---|---|---|---|---|---|
| 1 | Differential HIV Testing | Social and Sexual Network Mapping | - | - | NACP staff | SSK[1] |
| 2 | | Client, Index and Partner Testing | HIV RDTs | NACO | NACP staff | SA-ICTC[2] |
| 3 | | Self-Testing *(once approved within the national programme)* | HIV Self-test | - | - | - |
| 4 | Comprehensive Prevention & General health | Co-morbidity screening, referral, and treatment | Syphilis RDT, HCV RDT, HBV Vaccination, HPV screening, Contraceptives, SRH commodities | NACO + concerned health divisions | NACP staff (for STIs)<br><br>Linked center (for co-morbidities) | SA-ICTC[2]/ DSRC[3] (for STIs)<br><br>Linked center (for co-morbidities) |
| 5 | | STI Management | STI Colour Coded Kits | NACO | NACP staff | DSRC[3] |
| 6 | | Risk Reduction | PrEP and PEP | NACO | NACP staff | SSK[1] |
| 7 | | Mental Health Counselling | | | Linked center | Linked center |
| 8 | Strengthening Services | OST, Abscess Management, Overdose Management, Harm reduction | | NACO | NACP staff | OST |
| 9 | | Legal and Human Right services | | | Linked center | Linked center |
| 10 | | TI and CCC referrals | | | Linked center | Linked center |
| 11 | | Referral to community support centres | | | Linked center | Linked center |
| 12 | | Referrals to drug treatment centres | | | Linked center | Linked center |

*Note:* [1] At all SSKs *(whether SA-ICTC or DSRC);* [2] At all *SA-ICTCs (including the ones re-modelled as SSK);* [3] At all *DSRCs (including the ones re-modelled as SSK)*

## B. Desirable Services (Non-Exhaustive)

| S No | Category | Service | Commodity | Procurement | Service provider | Service Location |
|---|---|---|---|---|---|---|
| 1 | Comprehensive Prevention & General health | Gender transition related counselling and referral support (HRT, post GRS care, etc) | *State to propose* | | | |
| 2 | | Gender Counselling on Hormone Replacement therapy | | | | |
| 3 | | Linkage with OPD of other communicable and non-communicable diseases | | | | |
| 5 | | Screening and Treatment referrals for other medical conditions, including NCDs, HPV, cervical cancer screening, SRH, RCH, MCH, abortion etc. | | | | |
| 6 | Strengthening Services, or Other | Skill development / Vocational training | | | | |
| 7 | | Social Security & Social Welfare Schemes | | | | |
| 8 | | Next generation ACSM | | | | |
| 9 | | Referrals and linkages to various Social Protection Schemes (SPS) and other government programmes run through NGOs- List them | | | | |

## *Annexure 4: About NACO Helpline and NACO AIDS App*

The National Toll-Free AIDS Helpline- 1097 is one of the flagship Programmes of National AIDS Prevention Programme. The helpline is to be a single stop solution for the uninterrupted, comprehensive information on HIV/AIDS, counselling services, referral services and grievance redressal.

The objectives are to extend professional counselling services to all those in need while maintaining the anonymity and confidentiality of the caller, enhancing the utilization of network of referral services for HIV prevention, care and treatment and to provide information about various government schemes available to the beneficiaries throughout the states and country. The Helpline also provides the following:

- Call support is offered in 15 regional languages at present. NACO has a pool of 49 trained and experienced counsellors who work in shifts to keep the helpline functional 24x7. When needed, SMSs are also sent to the clients with additional and desired information.
- Information on HIV&AIDS, counselling for potential exposure to HIV, referral to the service facilities and feedback for grievance registration and redressal are the four major categories of services that are offered via the helpline.
- As a supplementary service to grievances received via the helpline, an exclusive web-portal (Online Grievance Management Redressal System) is operational for registration and redressal of grievances. These grievances are redressed within stipulated timelines. State officers access the portal on regular basis and address the grievances. NACO monitors the portal with the support of the implementing agency in ensuring timely closure of grievances.

**Unique features of 1097:**

- Standardization of information/counselling on HIV/AIDS
- One stop solution
- Counselling given by professional and experienced counsellors
- Anonymity of callers throughout the process
- On call feedback capture
- Three stages of grievance monitoring process
- 24*7 & 365 days

**Other services offered via the Helpline:**

- Health related information: Holistic information on COVID-19

- Capacity Building: Helpline counsellor orient clients and provide additional resource materials on the dos and don'ts of preventing and addressing social stigma, psychosocial support, dispelling myths etc.
- Psychosocial support
- Supply chain management: Ensuring adequate supply of ARV drugs.
- Social Protection Schemes

Awareness of the 1097 helpline is to be done by promoting it through various IEC activities through different modalities like Radio, on Buses & Trains, delivering SMS in telecom department, and in rallies.

**About NACO App**

The NACO AIDS app provides information in 12 regional languages. The app spreads awareness amongst masses with the help of its gamification feature and lets one learn in a friendly manner and earn rewards. This app is comprised of features like the HIV risk evaluator that lets an individual know if they are at risk of HIV. Additionally, it helps the user keep up to date with myths and facts related to HIV, and the importance of condoms.

A dedicated feature has been created by NACO to let an individual know about the rights of PLHIV and the measures to stop stigma and discrimination of PLHIVs, based on the Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (Prevention and Control) Act introduced and implemented by the Government of India to safeguard the rights of People living with HIV.

From What is AIDS to How is AIDS caused, the NACO AIDS App is a complete package to create awareness about the word AIDS. For those who are already aware about their HIV status, NACO AIDS App helps them with getting connected to nearest HIV Centres, blood banks, Suraksha clinics, ART centres, ICTC centres. The Social Protection Schemes listed in NACO AIDS App help people know about the support extended by the Government of India for PLHIVs, which include nutrition, transportation, livelihood, financial assistance, and several other services. The app is highly recommended for youth, adolescents, pregnant women and people prone to risky behaviours.

## *Annexure 5: Merits and Demerits of Staff Selection Plan*

| Plan | Plan Name | Merits | Demerits |
|---|---|---|---|
| **A** | **Appointing new SSK staff Outsourcing (through Third Party Agency)** | • Experienced staff can be on boarded easily<br>• Can outsource trainings and staff management<br>• Staff contract can be time bound, hence no liability of state after project ends | • Hiring an outsourcing agency may be challenging and time consuming, if never done earlier<br>• Less control over activities of the outreach staff |
| **B** | **Task-sharing (Leveraging the existing Staff)** | • No added task of recruitment process or finding outsourcing agency<br>• Extensive trainings may not be required if staff is already trained on outreach (need of only SSS specific trainings) | • This model may not work if the existing staff is already over-burdened, especially in high load facilities.<br>• If there is no separate outreach worker, facility counsellors might only do the outreach activities at some places with fixed no. of days. Hence, there is a limitation of outreach.<br>• If the existing counsellor is not hired to do extensive outreach activities so the additional task might not be acceptable by the counsellors.<br>• Qualification & experience might not be as per the requirement. |

| | | | |
|---|---|---|---|
| **C** | **Hiring new Staff under TI Project** | • Recruitment will be done by the TI NGOs, easing administrative burden<br>• Additional budget will be provided to the NGO to recruit the SSS Coordinator and Outreach Workers.<br>• Training will be done by the TI NGO<br>• No Liability of staff continuation.<br>• Staff will report to the Facility Counsellor and/ or MO (I/C) | • Possibility of overburdened resource, or scope creep in roles and responsibilities<br>• Facility in-charge might use the SSS Staff for other activities in the hospital.<br>• In case of multiple NGOs in the selected site area, selection of NGO might be a challenge. |
| **D** | **Mix Approach** | • Cost-effective plan<br>• Existing staff currently under-utilized may be effectively used.<br>• Already existing staff is already trained, only SSS related capacity building would be required.<br>• Already in the programme so can manage the outreach activities in effective way through the ORWs. | • Since both the cadre of staff are coming from two different sources, it might create some administrative issues.<br>• Possibility of lack of experience/ expertise existing counsellor in taking up managerial role Qualification and experience might not be as per the requirement. |

# *Annexure 6: Roles and Responsibilities of the Human Resource of SSK*

Key personnel involved in SSS at different levels:

1. NACO- NACO SS Consultant
2. SACS- SACS SS Nodal Officer
3. District (Sampoorna Suraksha Strategy Site)- SS District Nodal Officer
4. SSK Facility
    i. Sampoorna Suraksha Counsellor (SSC) or Sampoorna Suraksha Counsellor cum Manager (SSCM, if existing counsellor is repurposed) (*as the case may be*)
    ii. Sampoorna Suraksha Manager (SSM)
    iii. Sampoorna Suraksha Outreach Worker (SSORW)

**Note:** In scenarios where an individual will be playing the role of Sampoorna Suraksha Counsellor cum Manager (SSCM), the roles and responsibilities of both, SSC and SSM will be applicable for such SSCM.

The key responsibilities of these stakeholders are placed below:

## NACO SSS Consultant/s

**a. Strategy formulation**

- Develop the guidelines for project proposal and help SACS in project development with the support of SSS Technical Working Group.
- Supervise the formulation, implementation and achievements of National & State/UT annual differentiated strategic plan for comprehensive prevention services.
- Facilitate the development and implementation of strategies/protocols/standards etc. laid down by NACO.
- Facilitate the consultation meetings of related Resource Groups/Committees etc.

**b. Supervision**

- Supervise the implementation of Sampoorna Suraksha Strategy activities in all identified States/UTs.
- Handholding SACS in the implementation of SSC technical and operational aspect for ensuring efficient functioning of SSC activities.
- Supervise the related HR needs assessment and training plan for capacity building of staff, ensuring the effective implementation of training modules.
- Ensure information system management.
- Monitor, supervise and ensure Supply Chain Management (SCM) for all related diagnostics, pharmaceuticals and other logistics across the country.
- Supervise, guide and mentor the efficient functioning of concerned subordinate offices and functionaries.

- Undertake field visits to the relevant health facilities including teaching, training and research institutes, up to peripheral levels in all States/UTs.

**c. Coordinate with other government functionaries**

- Liaison with various development partners, public and private sector institutions, NGOs, professional bodies etc.
- Co-ordination with SACS, TSUs, DISHA etc.
- Provide technical support to NACP for related operational research
- Assist in preparing the draft material for replies to Parliament questions/RTIs/ court cases/ parliamentary committees etc.
- Facilitate related ACSM activities
- Ensure quality and management standards in all programmatic activities

## SACS SS Nodal Officer- BSD Division or TI Division- As per the decision of PD, SACS

**a. Planning and forecasting**

- Setting up of the SSK in the identified site as per the guidelines.
- Prepare the state annual physical and financial plan for Sampoorna Suraksha Strategy facilities.
- Make annual forecast of rapid HIV test kit, Syphilis test kit or Dual RDT and consumables, Post Exposure Prophylaxis, STI colour coded kits, Pre-Exposure Prophylaxis, Condoms, etc. for Sampoorna Suraksha facilities.
- Ensure 100% timely reporting in prescribed format for all SSC facilities and data quality monitoring for consistency, correctness and completeness.
- Supply chain monitoring of all test kits (HIV, STI/RTI, Viral Hepatitis) and other consumables and Medications required for Sampoorna Suraksha Strategy facilities including service delivery point wise monitoring for variances and reporting to NACO on monthly/quarterly basis.

**b. Monitoring & Supervision of SSS Facilities**

- Monitor and supervise the implementation of Sampoorna Suraksha Strategy Programme in the state.
- Plan and supervise the implementation of scale-up plan for SSS services to the identified site/s.
- Undertake field visits and do Supportive Supervision to the Sampoorna Suraksha Strategy facilities in the State.
- Mitigate the shortcomings at the implementation level.
- Supervise the selection of Sampoorna Suraksha Strategy Outreach Worker (SSSORW) for Sampoorna Suraksha Strategy facilities which may be done at district level.

- Conduct review meetings with SSS Staff. Organize quarterly review meetings of all SSS Coordinators, Counsellors of SSS facilities and SSSORWs.
- Support NACO in organizing the evaluation of the programme and scaling up.
- Supply chain monitoring of all test kits (HIV, STI/RTI, Viral Hepatitis) along with other consumables and medicines required for each SSK

**c. Training and Capacity Building**

- Organizing training & capacity building programme on the Sampoorna Suraksha Strategy.
- Supervise the selection and training of Sampoorna Suraksha Strategy staff.
- Monitor the quality of training/capacity building if being imparted by external agency.
- Organize sensitization workshop for the service providers.

**d. Coordination with other Government Departments**

- Coordinate with all division of SACS like CST, TI, BSD, IEC etc.
- Assist the Project Director in preparing replies to Legislature/Parliament Questions, RTIs.
- Reports to various Departments of the State Government including the department of Health and Family Welfare on issues pertaining to Sampoorna Suraksha Strategy Facilities.
- Liaison with various development partners, public and private sector institutions, NGOs, professional bodies etc. with respect to SSS.
- Co-ordination with TSUs, DISHA for technical assistance etc.
- Provide technical support to NACP for related operational research.
- Facilitate related ACSM activities.
- Ensure quality and management standards in all programmatic activities.
- Establish linkages with various programs and schemes of required government departments.

**The Roles and Responsibilities of IEC & Mainstreaming division of SACS**

a) Ensure the branding of SSKs sanctioned in the state.
b) Replication of the SSS SBCC material as per the need of the Kendra's.
c) Provide IEC materials to SSK units for effective prevention delivery and dissemination at field level for awareness generation.
d) Support in ensuring the availability of social protection services to the "at risk" clients (like social entitlements, financial assistance, income generation opportunities etc.) to the needy SSK beneficiaries.
e) Support the mainstreaming with (such as Women & Child development, social justice, Education, Rural development, Tribal Affairs etc.) and regular review for strengthening SSKs.
f) Conduct the field visits to ensure the correct usage of SSK SBCC Materials and provide hand holding support to the staff.
g) Participate in monthly review meetings of SSKs at district/ state level with close

coordination of BSD division

h) Sharing about SSK activities with line departments by mainstreaming division for strengthening referral of "at risk" population.
i) Support SSKs in developing and implementation of strategies for reduction of Stigma and Discrimination of "at risk" and HRG population.
j) Support in the capacity building of SSK staff especially on HIV/AIDS Act 2017.

**Role of SETU:**

a) Provide support in conducting Facility Assessment
b) Provide support in developing the State Implementation plan
c) Support SACS to increase coverage of "at risk" population through evidence-basedplanning.
d) Provide support in outreach activities to reach out to the unreached and hidden population.
e) Coordination and triangulating data from different services outlets in the state under NACP for evidence building for strengthening SSKs.
f) Support in the capacity buildingofSSK staff and provide assistance for linkage building along with line departments.

## District Nodal Officer In-charge of SSS- ICTC/DSRC MO (I/C)

The administrative head of the institution where the SSK is located will nominate a Medical Officer as Officer in charge of SSS.

- Ensure punctuality and facilitate timely payment of salaries to the SSS staff.
- Ensure that all staff at institution where SSK is located are sensitized on NACP.
- Monitor and ensure supplies of kits and all SSS- related commodities from SACS and their proper utilization, ensuring that the kits do not expire.
- Ensure First expiry first out (FEFO) principle is being followed.
- Ensure availability of condoms at SSK including condom demonstration models.
- Review and validate daily maintenance of all records and registers at SSK, as per the NACO guidelines.
- Facilitate the supportive supervision of staff of Sampoorna Suraksha Strategy Coordinator and Outreach worker, Counsellor and Laboratory Technician to ensure quality of service.
- Recording and data entry must be done daily and periodically reviewed for quality. Ensure the accuracy of data generated by SSS staff.
- Appropriately engage community and opinion leaders.
- Coordinate with NGOs implementing Targeted Interventions and other NGOs to strengthen linkages and referrals.

- Engage organizations and community-based structures such as truck owners' associations, labour unions, NSS, youth clubs, self-help groups, not-for-profit organizations, etc. to increase service uptake.

## SSK Staff TOR

The terms of reference (TOR) of the Sampoorna Suraksha Kendra staff are listed below. These can be modified as per the state needs. In the case where existing staff is given additional responsibility, these will be over and above current responsibilities assigned to them with additional incentive.

### I. Sampoorna Suraksha Counsellor (SSC)

**A. Essential Qualification:**

| |
|---|
| Graduate degree holder in Psychology/Social Work/Sociology/ Anthropology/Human development/Nursing with 3 years of experience in counselling/educating under National Health Programme<br>OR,<br>Post-graduate in Psychology/Social Work/Sociology/ Anthropology/Human development/Nursing |
| **If candidate is a person living with HIV/AIDS (PLHIV),**<br>Graduate degree holder in Psychology/Social Work/Sociology/ Anthropology/Human development/Nursing with 1 years of experience in counselling/educating under National Health Programmes |

**B. Desirable**

| |
|---|
| • Experience of working under the National AIDS and STD Control Programme (NASCP) facility or community settings |

**C. Knowledge and Skill:**

| |
|---|
| • The candidate should be computer literate and have a working knowledge of MS Office, as well as the usage of internet and electronic mail.<br>• Familiarity with government health care policies and related programmes.<br>• Ability to work in a team, and flexible ways of working depending on programme needs. |

**D. Role and Responsibilities are:**

| |
|---|
| The counsellor would be performing following jobs, in facility (including prison) and also in outreach/community settings through field visits in a confidential and ethical manners, as per the modalities prescribed in national guidelines/periodic instructions issued under the National AIDS and STD Control Programme |

1. Counselling and education of the target audience on prevention measures, testing and treatment of HIV, STIs and related co-infections through one-to-one or group counselling, using suitable medium (Example posters, flip books, flyers, leaflets/brochures, audio-visual materials, tele-counselling, virtual platform etc.)
2. Undertaking the risk assessment of the target audience and offering of suitable follow-up services as per the risk level of the clients,
3. Promoting of comprehensive prevention models (Condom, Contraception, Pre-Exposure Prophylaxis, Post-Exposure Prophylaxis etc.), including condom demonstration (using penis model), for prevention of new infections,
4. Undertake HIV and Syphilis screening services in facility and field settings,
5. Undertake the counselling for people found reactive/positive for HIV, STIs and related co-infections, including but not limited to, anti-retroviral medicines, preparedness counselling, adherence counselling, opportunistic infections management, management of NCD, lifestyle modification, positive prevention, disclosures, index testing, psychosocial support, family counselling, suitable linkage and referrals, including to 1097, social protection schemes, legal aid, rehabilitation and other relevant services etc.
6. Benefits of DTG based regimen or current ART regimen which is preferred in programme.
7. Provide an enabling environment to fight against stigma and discrimination.
8. Undertake the family planning counselling and follow-up referral and linkages among eligible HIV positive clients,
9. Undertake the counselling among adolescents and youths for sexual and reproductive health including that for prevention, testing and treatment of HIV, STIs and related co-infections Undertake the counselling and follow-up services for 'at-risk' non-reactive/negative clients, including but not limited to, comprehensive prevention models, periodic screening for HIV/STIs and suitable linkage and referrals, including to 1097, as per the national guidelines,
10. Follow-up for HIV and STIs reactive/positive people through field visit/outreach ensuring uptake of suitable services like confirmatory testing, registration to treatment facilities and adherence counselling,
11. Follow-up of HIV and STIs reactive/positive children through field visit/outreach ensuring uptake of suitable services like confirmatory testing, viral load testing, registration/enrolment in treatment facilities and adherence counselling are accessed.
12. Follow-up for HIV and STIs reactive/positive children through field visit/outreach for ARVs/prophylaxis/suitable treatment administration
13. Coordination with various outreach workers/field functionaries/ANM/ASHA Workers/Anganwadi Workers etc. in context of HIV/STI-reactive/positive individuals ensuring uptake of suitable services like confirmatory testing, registration to treatment facilities, adherence counselling etc.
14. Promote institutional delivery of HIV infected pregnant women.
15. Counselling on exclusive breast/replacement feeding (EBF/ERF) and counsel mother for complete EID.
16. Perform the role of nodal point for Sampoorna Suraksha Strategy as suitable for the given locality,

17. Counselling on harm-reduction services for people who injecting drugs (PWIDs) including on the topic of Opioid Substitution Therapy, Viral Load testing and viral suppression.
18. Administration of OST drugs to the injecting drug users as suitable,
19. Ensuring the suitable use and maintenance of kits/commodities/consumables/equipment's provided under NACP including the cold-chain maintenance of kits/drugs as per the guidelines,
20. Undertake the data recording and reporting, including the data entry in IT-enabled platforms, for the services offered as per the system prescribed under the national guidelines.
21. Carry out the specific activities related to programme monitoring, surveillance and research according to the instructions issued periodically,
22. Participation in reviews, trainings and capacity building activities etc. as per the instructions issued periodically.
23. Undertaking of any other related activities under NACP as per the instructions issued periodically.

## II. Sampoorna Suraksha Manager (SSM)

### A. Education Qualification

Graduate degree holder in Psychology/Social Work/Sociology/ Anthropology/Human development/Nursing with 3 years of experience in counselling/educating under National Health Programme

OR,

Post-graduate in Psychology/Social Work/Sociology/ Anthropology/Human development/Nursing

**If candidate is a person living with HIV/AIDS (PLHIV),**

Graduate degree holder in Psychology/Social Work/Sociology/ Anthropology/Human development/Nursing with 1 years of experience in counselling/educating under National Health Programmes

**Desirable**

- Experience of working under the National AIDS and STD Control Programme (NASCP) facility or community settings

### B. Knowledge and Skill

- Good Computer skill (MS Word, PPT and Excel)
- Strong communication skills and good listening skills
- Proficiency in data analysis, report writing, case study compilation.
- Familiarity with government health policies and programmes.
- Ability to work in small teams, and flexible ways of working

- At least 10 to 15 days field visit required.
- Overall management capacity to monitor, report and guide the team under him/her.

**C. Job Description**

**C.1 Programme Planning and Implementation**

- Listing the Population "At Risk" for HIV and STIs and identifying the site for Outreach Activities
- Coordinate with SACS and In-Charge of District health facilities for HIV screening, STI/RTI, OST, ART, TB (Kits, Training)
- Closely monitor the drugs and commodities stock and place appropriate indent in consultation with medical officer in charge
- Document and report good practices observed in the field and facilities and support staff in addressing gaps.
- Undertake field visits to the identified sites for outreach activities.
- Facilitate the implementation of IEC activities and display/maintenance of IEC material including placement of hoarding wall painting as per the programme.
- Assist the Nodal Officer in coordinating with the district administration, related line departments and non-governmental partners working in the sector to enhance the convergence to bring better synergy and promote NACP activities in the district.
- Monthly planning of Sampoorna Suraksha activities is based on epidemiological profile, risk profile, location, and client load.
- Develop a detailed monthly micro-plan, that should include identification of high site/s for regular outreach.
- The site-wise list of at-risk populations who need to undergo HIV screening STI/RTI Screening on priority needs to be generated from the individual tracking sheet (ITS) before the day of the Integrated Camp and should be discussed with the respective ORW.
- Facilitate in developing and allocating of target of Sampoorna Suraksha Outreach Worker on monthly basis.
- Ensure health commodities are available for camp as well as for facilities.
- Planning will be done under the guidance of the District unit (DISHA team) in collaboration with the other staff of DSRC and ICTC.
- Closely monitor the drug kit and condom consumption and place appropriate indent in consultation with medical officer in charge.
- Coordinator must oversee the complete list of activities and commodities.
- Ensure the approved activities get implemented as per the monthly plan.
- Facilitating effective implementation of the approved plan based on different components like HIV, STI/RTI, OST, TB, ART etc. of the programme for achieving the desired outcomes
    - Screening for risk Behaviour
    - Screening for STI/RTI
    - Screening for HIV
    - Screening for TB

- Screening for Hep B & C

**C.2.Monitoring and Reporting**

- Supervise and monitoring the programme activities through different forums to assess its effective implementation, suggest approaches to improve the implementation and conduct Monthly Review Meeting with the SSK Team.
- Support and encourage the Sampoorna Suraksha ORW to make informed decisions for sound implementation.
- Ensure reporting of quality data and information through the preparation of periodic reports for submission to SACS/NACO.
- Ensure that all data recording and reporting software's installed Functioning and updated used for Sampoorna Suraksha Strategy.
- Submit monthly report and other reports correctly and on time to SACS/NACO
- Facilitate the implementation of IEC activities and the display/maintenance of IEC material including the installation of billboards in accordance with programme.
- Maintain attendance register for the Sampoorna Suraksha Kendra staff and get verified by the Nodal Officer
- Ensure reporting of quality data and information in SOCH/ IIMS
- Submit monthly report and other reports correctly on time to SACS/NACO.
- Attend review meetings conducted by SACS with complete program information.
- Document and report best practices observed on site and in facilities and support staff to in address gaps.
- Support in programme evaluation process.

**C.3 Coordination and Advocacy**

- Assist the Nodal Officer or DACO in coordinating with district administration, related line departments and non-governmental partners working in this sector and in NACP other programmes to enhance the convergence to bring better synergy and promote NACP activities in the district.
- Conduct advocacy meeting/ sensitization workshops with stakeholder to address responses related to communities' access to health facilities, social protection/entitlements, and combating stigma and discrimination.
- Coordinate with the National Health Mission (NHM) District Program Management Unit to develop convergent interventions with different public health initiatives.
- collaborate with social welfare service departments and facilitate linkage with all social welfare services.

### C.4 Support to the Client & other activities

- Provide information about STIs, HIV, AIDS, Opportunistic infection, healthy lifestyle and explore any myths and misconception and clarify the same to the client in the field and during camps.
- Assisting client correctly assess their risk for STIs and HIV during the camps and field visits and motivating and helping the client for reducing their risk and to help/enable/empower the client through the process of adaptation of healthy behaviour & coping with the same.
- Ensure that each individual tested for HIV receives pre-test, post-test and follow-up counselling and ensure audio visual privacy and confidentiality.
- Provide psychosocial support to individuals for accepting HIV test results and for negative clients ensure regular follow up and provide other services required by the client.
- To act as the interface between the client and the service provider, plan the schedule for follow-up, navigation, consistent condom use, and any treatment if required, for PLHIVs ensure linkages and follow up and partner management, syphilis screening and other laboratory testing for STI/RTI.
- With the consent of the at-risk client, meet and counsel the sexual & social partner.
- Follow-up for clients and HIV/ STIs reactive/positive individuals through field visit/outreach to ensure uptake of suitable services
- Home visit to the at-risk client with prior consent, is one of the outreach activities. The visit is to be planned with the SSKORWs based on need, such as loss of linkage, or non-compliance to the follow up.
- Shall engage in family counselling.
- Demonstrate condom use, counsel on condom negotiation skills.
- Motivate the clients for regular General Medical Check-ups, referral of clients to ICTC, STI clinic, ART, etc.
- Conduct orientation of ORWs on counselling techniques and coordinate the outreach-based BCC and psychosocial support activities.
- Develop the BCC materials suitable for local context, follow-up clients in the field and maintain records as per prescribed formats.
- Conduct individual and group sessions on HIV/AIDS, STI, safe sex and injecting practices, abscess prevention, overdose prevention, drug treatment options, OST, etc.

### C.5 Financial & Budget Management

- Make financial plans for outreach activities and move the financial proposal.
- Withdraw advance for any expenditure related to Outreach activities or referrals or navigations.
- Maintain accounts for advances and expenses and ensure all bills related to activities are collected, verified and accounted for.
- Financial Reporting to the MO in charge.

## III. Sampoorna Suraksha Outreach Worker (SSORW)

### A. Education Qualification

- 12th pass preferably with 1 year experience at district level programmes related to health, HIV/AIDS, livelihood, rural development, microfinance etc.

### B. Knowledge and Skill

- Good Computer skill (MS Word, PPT and Excel)
- Strong communication skills
- Ability to work in small teams, and flexible ways of working
- Proficiency in data analysis, reporting writing.
- At least 20-25 days field visit required.

### C. Job Description

**C.1 Programme Implementation**

- Identify the networks (Social and Sexual) of "at risk" clients by visits to the catchment area
- Identify clients who have not yet been tested or require repeat testing after some interval.
- Map out the area for conducting camps for Community Based Screening in consultations with the community members
- Refer at risk communities to ICTC/DSRC/ART centre for repeat testing/ access services.
- With the consent of the at-risk client, meet and counsel the sexual & social partner.
- Home visit to the at-risk client with prior consent, is one of the outreach activities.
- Ensure at least 20 to 25 days of field visits in a month to assigned areas and to the nearest preferred providers, ICTCs/DSRC/OST where the referrals are to be made.
- Assist in the implementation of IEC activities and display of IEC material including placement of hoarding wall painting as per the programme.
- Support and assist SSC & SSM, in preparing the monthly action plan for the site, ensure supply of HIV Screening Kits, STI/TI Kits, OST medic condoms, lubricants, BCC materials adequately for each site.
- Demonstrate the use of condoms, counsel them on condom negotiation skills.
- Motivate the clients for regular General Medical Check-ups, referral of clients to ICTC, STI clinic, ART, etc.
- Identify community volunteers who will support SSS activities in the field. If required Community Champions can also be made.
- Meeting with important stakeholders as listed down in the area to mobilize their support for the communities.
- Assist in coordinating the outreach-based BCC and psychosocial support activities.
- Assist in the development the BCC materials suitable for local context, follow-up clients in the field and maintain records as per prescribed formats.

- Undertake individual and group sessions on HIV/AIDS, STI, safe sex and injecting practices, prevention of abscesses, overdose prevention, drug treatment options, OST, etc.
- Assist in advocacy meeting/ sensitization workshops with stakeholder to address the responses related to communities' access to health care facilities, social protection/entitlements, and addressing stigma and discrimination.

**C.2. Reporting**

- Assist SSM/ SSCM in reporting of quality data and information in SOCH/ IIMS
- Submit monthly report and other reports to SSM/SSCM
- Assist SSM/SSCM in report making and documentation.
- Report good practices observed in the field.
- Assist in programme evaluation process.
- Do financial reporting for any expenditure conducted in the field for program activity

# *Annexure 7(i): Proposed Budget of SSK*

**SAMPOORNA SURAKSHA KENDRA**

**Annual Budget (in Rs.) for the State of**

| Sr. No. | Activity | Unit Cost | Unit Per SSK | Duration | Total | No. of SSK in State | Grand Total | Remarks |
|---|---|---|---|---|---|---|---|---|
| **1** | **Establishment of Sampoorna Suraksha Kendra (SSK)** | | | | | | | |
| 1.1 | Infrastructure strengthening for new Sampoorna Suraksha Kendra | 100000 | 1 | One time cost in 1st year | 100000 | | 100000 | Laptop/ Desktop, Printer, Table and Chairs, branding & IEC |
| | **SUB TOTAL 1** | **100000** | | | **100000** | | **100000** | |
| **2** | **Honorarium to Workforce** | **Cost pm** | | | | | | |
| 2.1 | Honorarium of SSM (New) (Incentive for SSCM-1 (Existing Counsellor) @Rs.7000 pm) | 17000 | 1 | 12 | 204000 | | 204000 | For new SS Manager hiring Rs.17000 pm but where the existing Counsellor will be placed as SS Counsellor cum Manager then the incentive up to Rs. 7000 pm is to be given over and above the current salary drawn by such counsellor |
| 2.2 | Honorarium of SSORW | 9000 | 2 | 12 | 216000 | | 216000 | New Hiring |
| | **SUB TOTAL 2** | **26000** | | **24** | **420000** | | **420000** | |
| **3** | **Capacity Building & Supportive Supervision** | | | | | | | |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 3.1 | Training & Capacity Building of SS Team | 60000 | | | 60000 | | 60000 | For Induction training, Orientation. The cost to be used for travel, stationary, refreshment, venue, other logistics etc. |
| 3.2 | Supportive Supervision | 40000 | | | 40000 | | 40000 | For travel (NACO, SACS & DISHA), stationary, meetings & handholding, refreshment |
| | **SUB TOTAL 3** | **100000** | | | **100000** | | **100000** | |
| **4** | **Administrative Cost** | | | **Yearly** | | | | |
| 4.1 | Travel Cost for Program Purpose | 75000 | | | 75000 | | 75000 | Counsellor & Manager and ORWs will be undertaking field travel, the norms of NACO/SACS will be followed for the same. |
| 4.2 | Internet and Mobile Charges | 2000 | | | 24000 | | 24000 | Rs.500 for SSC, SSM, SSORW each and for the SSK per month |
| 4.3 | Advocacy Meeting & Sensitization Workshops | 60000 | 4 work shops | - | 60000 | | 60000 | For organizing advocacy & networking meetings, sensitization workshops at district & state level etc |
| 4.4 | Health and General Camp | 35000 | 5 camps | - | 35000 | | 35000 | 3 Mega Camps per quarter & 9 small camps per month to be organized for Services like HIV Screening (CBS), STI/RTI Screening, |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | commodities distribution, general health camp, including IEC activities & material, Bio Waste management. |
| 4.5 | Navigation | 35000 | | - | 35000 | | 35000 | The cost to be utilized for local travel with the identified client for linkages, facilitation, accompanying of the beneficiary for different services. |
| 5.5 | Contingency | | | | 40400 | | 40400 | Approx. 5% of the programme cost (rounded off) |
| | **SUB TOTAL 4** | | | | **269400** | | **269400** | |
| | **Grand Total (1+2+3+4)** | | | | **889400** | | **889400** | |

# *Annexure 7(ii): Budget Guidelines*

## SAMPOORNA SURAKSHA KENDRA

| Sr. No. | Budget Head | Detail Guidelines |
|---|---|---|
| **1** | **Establishment of Sampoorna Suraksha Kendra (SSK)** | |
| 1.1 | Infrastructure strengthening for new Sampoorna Suraksha Kendra | The cost will be utilized for purchasing of the laptop/ desktop, Printer, Printer Cartilage, Table and Chairs, waiting area furniture, partitions, whitewash/colour wash & branding, printing of IEC material, etc, including covid 19 related expenses if any. |
| **2** | **Honorarium to Workforce** | |
| 2.1 | Honorarium of SSM (New) (Incentive for SSCM-1 (Existing Counsellor) @Rs.7000 pm) | This cost will be used for paying the honorarium of the new SS Manager or incentivising the Counsellor cum Manager of SSK. In case of hiring done through the TI NGO, then this cost will be given to the respective TI NGO through whom the staff is being hired to release the honorarium of the SS Manager in a timely manner without any delay. That TI NGO will be submitting the SOE related to the release of Covid 19. Honorarium to SSK staff separately to SASCS in a timely manner. |
| 2.2 | Honorarium of SSORW | This cost will be used for paying the honorarium of the new SS Outreach Workers. In case of hiring done through the TI NGO, then this cost will be given to the respective TI NGO through whom the staff is being hired to release the honorarium of the SS ORW in a timely manner without any delay. That TI NGO will be submitting the SOE related to the release of Honorarium to SSK staff separately to SACS in a timely manner. |
| **3** | **Capacity Building & Supportive Supervision** | |
| 3.1 | Training & Capacity Building of SSK Team | This cost will be used for conducting the Induction training & Orientation of the SSK Staff including the SSK Counsellor. The expenditure may be done for the venue, travel, accommodation, stationary, printing & photocopy, photo documentation, Audio/ Video recording, refreshment, Resource Person, Green Welcome, Certificate, other logistics etc. The cost may also be used for the NACO/SACS team travel, accommodation and other related cost including covid 19 related expenses etc. |
| 3.2 | Supportive Supervision | This cost will be used for conducting the Supportive supervision at the SSK and at the field. The expenditure may be done for the travel, accommodation, stationary, printing & photocopy, photo documentation, refreshment, other logistics etc. The cost will be used for the NACO/SACS & DISHA team, meeting cost etc. |
| **4** | **Administrative Cost** | |
| 4.1 | Travel Cost for Program Purpose | This cost will be used for SSK Staff field travel for outreach and IEC related activities and for the team of NACO/SACS/DISHA travelling for monitoring purpose. |

| | | |
|---|---|---|
| 4.2 | Internet and Mobile Charges | This cost will be used for **reimbursing** the mobile & internet charges to the SSC, SSM, SSORW on the submission of the bills/recharge vouchers as per the actuals not exceeding the cost of Rs. 500 per month per person. |
| 4.3 | Advocacy Meeting & Sensitization Workshops | This cost will be used for IEC, organizing advocacy & networking meetings, sensitization workshops at district & state level etc. The cost may be used for venue, travel, arranging transport for front line workers, accommodation, stationary, printing & photocopy, photo documentation, Audio/ Video recording, refreshment, Resource Person, green welcome, other logistics etc. The cost may also be used for the NACO/SACS team travel, accommodation and other related cost including covid 19 related expenses etc. |
| 4.4 | Health and General Camp | This cost will be used for organizing 3 Mega Camps per quarter & 9 small camps per month for providing Services like HIV Screening (CBS), STI/RTI Screening, commodities distribution, general health camp, including IEC activities & material, Bio Waste Management. The expenditure related to travel, tent & tentage, labour, printing, stationary & photocopy, transport, honorarium to doctors, medical & paramedical staff, other service providers if any, refreshment, other logistics, including covid 19 related expenses etc. |
| 4.5 | Navigation | The cost to be utilized for local travel of the identified client for linkages/referrals, facilitation, accompanying the beneficiary for different services from SSK to other service provider or from field to the service provider. The expense may be done pertaining to arranging the transport, medicines, tests if not free for BPL and underprivileged client/s. The cost may also include any light refreshment if required by the client due to long distance or long waiting time. |
| 4.5 | Contingency | The cost to be utilized for any undefined expenses and not covered in any of the above head like refreshments for office meetings, office stationery, accounts & audit, SSK Rubber Stamp, repairing of the assets bought under the SS project, IEC etc. |
| **5** | **National Consultation & Review (Gujarat, Punjab, Madhya Pradesh, Nagaland)** | This cost will be used for organizing National Consultation & Review Meetings. The cost is to be used for the Hotel venue, backdrops, standees, travel & accommodation of participants from the respective States & SSK and for teams from NACO, SACS, DISHA, Program Expert (Working Group members), Communities & Development Partners, for stationary, printing & photocopy, photo documentation, Audio/ Video recording, food & beverage, green welcome, souvenir, Consultation kits and Kit material, other logistics etc. The cost will also be used for the phase I State teams of another 65 districts for their travel, accommodation and other related expenses. The cost includes covid 19 related expenses etc. |

**Note:**

| | |
|---|---|
| ***# 1*** | ***For all travel related expenses, norms of NACO/SACS will be followed as applicable.*** |
| ***# 2*** | ***The expenses are to be booked under the defined heads only as per the activities.*** |

| | |
|---|---|
| *# 3* | ***For the utilization of any balance funds under any line item for other activities where funds are exhausted, permission is to be sought from NACO 30 days well in advance.*** |
| *# 4* | ***Any balance funds of the 1st year may be transferred to the subsequent year after the due approval*** |
| *# 5* | ***SSK and SACS will be maintaining a SSK account separately and all the expense will be books accordingly. It should not be mixed with the ICTC cost and expenses.*** |
| *# 6* | ***All the SSK bills and Vouchers needs to be stamped. Design of SSK Rubber Stamp will be provided by NACO to maintain the uniformity.*** |

# *Annexure 8: Detailed M&E Framework*

| M&E indicators for SSS[1] | Numerator | Denominator | Frequency | Type of Indicator |
|---|---|---|---|---|
| **HIV Negative:** No. of SSK clients who have maintained HIV negative status 1 year post registration at SSK[2] ***Note:*** *This indicator might be looked into, at different time intervals like 1.5 years, 2 years etc.* *Note: Might be evaluated for Syphilis as well* | Number of clients who have been reported HIV negative 1 year post their registration at SSK | Number of clients who have been tested for HIV in 1 year post their registration at SSK | Cohort Tracking (Monthly/ Annually) | Impact |
| **Partner Outreach:** Of the total partners identified, % registered at SSK | No. of partners of SSK clients who were successfully outreached and linked to SSK during the period<br><br>(1. May be calculated basis in-referral of SSS Outreach- **Data Source:** HCTS Table-1/ IIMS Beneficiary Registration, OR, **2.** Basis question- How did you get to know about SSK) | Total number of partners identified during the period | Monthly/ Annually | Outcome |
| **SSK Client Follow-up:** *(Range to be defined)* | SSK Clients who turned up to the facility post follow-ups during the period | Total No. of Unique SSK Clients followed-up (and not number of follow-ups) during the period | Monthly/ Annually | Outcome |
| **New Registrations:** Total number of new clients registered at SSK | Total No. of New Registrations during the period | - | Monthly/ Annually | Output |
| Categorization by Source of Awareness *(How did you get to know about SSK?)/ Frequency Distribution* | Number of New Registration across each category (ex: Partner is a SSK client, 1097 Helpline etc.) during the period | Total No. of New Registrations during the period | Monthly/ Annually | Output |
| **For HIV testing at SSK:** % of clients who were tested for HIV during their visits | Number of HIV testing done during the period | Total Number of Visits (where HIV test was due) during the period | Monthly/ Annually | Output |

| M&E indicators for SSS[1] | | Numerator | Denominator | Frequency | Type of Indicator |
|---|---|---|---|---|---|
| **For HIV screening result status:** Of the total clients who were screened for HIV, % of clients who were screened reactive | | Number of clients who have been screened HIV reactive during the period | Number of Clients screened for HIV during the period | Monthly/ Annually | Output |
| **For HIV confirmatory result status:** Of the total clients who were screened for HIV, % of clients who were confirmed positive | | Number of clients who have been confirmed positive for HIV during the period | Number of Clients screened HIV reactive during the period | Monthly/ Annually | Output |
| **For Syphilis testing at SSK:** % of clients who were screened for Syphilis during their visits | | Number of Syphilis testing done during the period | Total Number of Visits during the period | Monthly/ Annually | Output |
| **Syphilis Screening Test Result:** % of clients turning Syphilis reactive/positive during the period *(Might be analyzed across Pregnant versus Non-Pregnant Clients)* | | Number of clients who have screened reactive/positive for Syphilis during the period | Number of clients who have been administered test for Syphilis during the period | Monthly/ Annually | Outcome |
| **Syphilis Re-infection:** % of clients who have been re-infected with Syphilis | | Number of clients who have been re-infected with Syphilis *(at least 3 months after previous treatment)* | Number of clients who have been tested reactive/ positive for Syphilis earlier and were provided treatment | Cohort Tracking (Monthly/ Annually) | Outcome |
| **For HCV test at SSK:** Of the total clients who requested the service, % of clients who were provided | | Number of Clients screened for HCV during the period | Total Number of Clients who asked for HCV testing during the period | Monthly/ Annually | Output |
| **For HCV screening test result:** Of the total clients who were screened for HCV, % of clients who were screened reactive | | Number of clients who have been screened HCV reactive during the period | Number of Clients screened for HCV during the period | Monthly/ Annually | Output |
| **For HCV confirmatory result:** Of the total clients who were screened reactive for HCV, % of clients who were confirmed positive | | Number of clients who have been confirmed positive for HCV during the period | Number of clients who have been screened HCV reactive during the period | Monthly/ Annually | Output |
| **For every referral service** *(Ex: Mental Health Counselling) (To be replicated for other referral services)* | **Availability of Referral Service:** Of the total clients who requested referral, % of clients who were referred | Number of clients referred for Mental Health Counselling during the period | Total Number of Clients who asked for Mental Health Counselling during the period | Monthly/ Annually | Output |
| | **Receival of Service:** Of the total clients provided referral, % of clients who were | Number of Clients received service at referred center during the period | Number of clients referred for Mental Health Counselling during the period | Monthly/ Annually | Output |

| M&E indicators for SSS[1] | | Numerator | Denominator | Frequency | Type of Indicator |
|---|---|---|---|---|---|
| | received service at referred center | | | | |
| | **Accompanied Referral:**<br>1. Out of clients who received service at referred center, % of clients who were provided accompanied referral<br><br>2. Out of clients who did not receive service at referred center, % of clients who were provided accompanied referral | Number of Clients provided accompanied referral during the period | 1. Number of Clients received service at referred center during the period<br><br>2. Number of Clients who did not receive service at referred center during the period | Monthly/ Annually | Output |
| **Indicators for each commodity** *(Ex: SRH Commodities) (To be replicated for other commodity dispensation)* | Of the total clients who requested SRH commodities, % of clients who were provided service | Number of Clients who were dispensed SRH commodities during the period | Number of clients who requested dispensation<br><br>(Clients provided+ Clients who couldn't be provided due to commodity unavailability+ Clients who couldn't be provided due to service not available at SSK) | Monthly/ Annually | Output |
| **Client Demanded services (Cumulative):** Frequency Table or % of requests across all services | | Total Services Requested (Provided+ Couldn't be Provided) across % (and absolute number) of responses | - | At the end of month/ year | Output |
| **Average Services Asked:** Average no. of services asked by each client (Can be cumulatively looked across all client-visits) | | Total services requested (Provided+ Couldn't be Provided) | - | At the end of month/ year | Output |
| **Average number of Outreaches per Partner:** (before the partner arrives to the facility for the first time) | | Total outreaches done across partners before they arrive at | - | At the end of month/ year | Output |

| M&E indicators for SSS[1] | Numerator | Denominator | Frequency | Type of Indicator |
|---|---|---|---|---|
| | the facility (Cumulative) | | | |
| **Average number of Partners/Client:** | Number of Partner details entered across all clients (Cumulative) | - | At the end of month/ year | Output |
| **Analysis of modes of Follow-up:** Frequency Distribution of follow-ups done against different follow-up modalities (Phone Call/SMS etc.)<br><br>Out of the clients who did not turn-up for visit post follow-ups, frequency distribution of follow-up modalities<br><br>Out of the clients who turned-up for visit post follow-ups, frequency distribution of follow-up modalities | | | Monthly/ Annually | Output |
| ***Other Indicators for consideration:*** | | | | |
| **BPG Treatment:** % Clients who were treated using BPG (can be separately analyzed across pregnant and non-pregnant population)<br><br>**Analysis of HIV +ve Clients:**<br>1. Frequency distribution of services asked by clients who turned HIV +ve (in terms of both, services asked & were provided, and services asked but couldn't be provided)<br>2. Analysis of HIV +ve clients by demographic factors, follow-up adherence etc.<br>3. Adherence Analysis<br>**Co-infection rate** for HIV/Syphilis, HCV/Syphilis, HCV/HIV, HIV/HCV/Syphilis<br>**TB:** Analysis of clients who were positive for TB during registration<br>**Effectiveness of ORW/Outreach:** Success of Outreach (Partners arriving facility) against various modes of follow-up (SMS/Phone Call/Home Visit) | | | Monthly/ Annually | Output |

[1]**Note:** Each of the indicators can be analysed across client demographic factors:

- Risk Typology (basis risk assessment)
- Age
- Gender
- Occupation

[2]**Note:** The indicator might also be looked on the basis of Client Visit timelines (Ex: 4th visit/ 6th visit etc.)

# *Annexure 9: Tables/Sections to be recorded at SSK**

**Kindly note these tables/data-points are tentative and non-exhaustive. Further, the data-tables/sections/ tool his list might be revised and refined basis field experiences, learnings, and data analyses, as the SSS program progresses forward.*

## Table 1A: Basic Client Details: HIV Counselling and Testing register- For all the clients visiting SA-ICTC (re-modelled into SSK)

| **Data Fields*** | | |
|---|---|---|
| 1. S. No | 7. HIV Test result | 11.3 District |
| 2. Date of Visit | 8. Name | 11.4 State |
| 3. PID No. | 9. Sex | 12. Contact No. |
| 4. Referred from/by | 10. Age (in years) | 13. Aadhaar No. |
| 5. Consent (Sign/Thumb) to avail testing services and willingness to avail SSS services if HIV negative | 11.1. House Address | 14. Is Client Pregnant[#] |
| 6. Date of HIV Testing | 11.2. Block/ Taluk/Village | |

| **Data Fields[#] (Additional Fields for Pregnant Client)** | |
|---|---|
| 1. MCTS Number | 5. Whether a new case or known positive case? |
| 2. Month of pregnancy (Completed Months) | 6. Type of Individual |
| 3. Gravida | 7. Whether tested for Syphilis* |
| 4. Whether Opted for MTP/Abortion | 8. Result of Syphilis Test* |

## Table 1B: Basic Client Details: DSRC/STI register- For the clients visiting DSRC (re-modelled into SSK) * *(As per DSRC/STI guidelines)*

<table>
<tr><th colspan="5">Data Fields*</th></tr>
<tr><td>1. S. No.</td><td colspan="2">9. STI/RTI Syndrome Diagnosis</td><td rowspan="2">14. Referred to</td><td>Name of Facility (ICTC, ARTC, RPR/VDRL etc.)</td></tr>
<tr><td>2. Date</td><td rowspan="2">10. Treatment Provided</td><td>Kit Provided</td><td>Outcome of Referral(s)</td></tr>
<tr><td>3. Patient OPD Number</td><td>Drugs Prescribed</td><td rowspan="5">15. Lab Investigations</td><td>RPR Test</td></tr>
<tr><td>4. PID No.</td><td colspan="2">11. Whether Counselling Done</td><td>HIV Test</td></tr>
<tr><td>5. Name</td><td colspan="2">12. No. of Condoms Provided</td><td>KOH</td></tr>
<tr><td>6. Age</td><td rowspan="2">13. Partner Management</td><td>Whether Partner Notified?</td><td rowspan="2">Wet Mount</td></tr>
<tr><td>7. Sex</td><td>Whether Partner Managed?</td></tr>
<tr><td>8. In-Referral (with details)/ Direct Walk-in</td><td colspan="3"></td></tr>
</table>

## Table 2: Additional Client Details: For HIV positive clients

| **Data Fields*** | |
|---|---|
| 1. Date of post-test counselling | 5. Education |
| 2. Has TB Symptoms? | 6. Occupation |
| 3. Type of risk behavior | 7. Out referrals |
| 4. Marital Status | 8. If Self-initiated, then source of Information on HIV Testing |

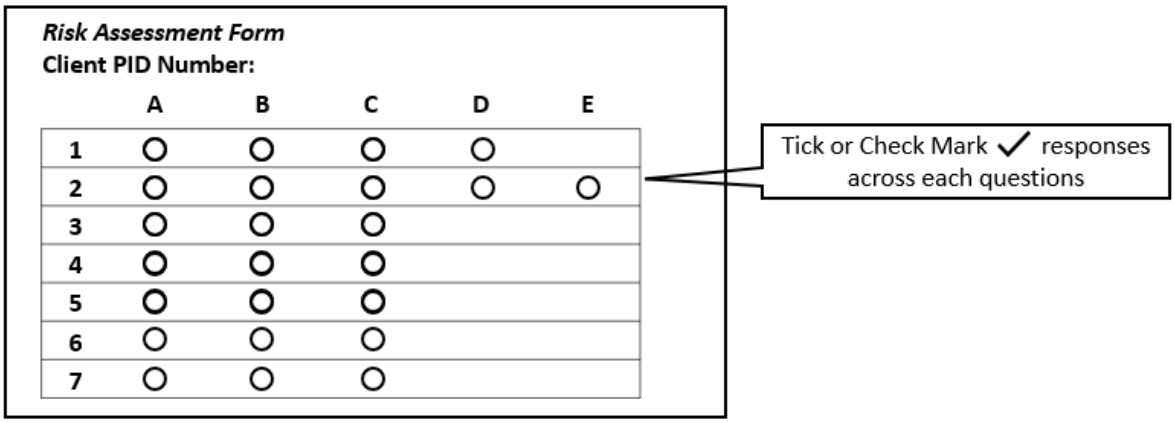
| **Data Fields*** | |
|---|---|
| Referred to ART | |
| ART registration no | |
| Spouse / Partner testing | Whether HIV Status of Spouse/ partner is known |
| | Date of follow up of Spouse/ sexual partner |
| | Date of HIV testing of Spouse/Partner |
| | PID no. of Spouse/Sexual partner |
| | HIV Status of Spouse/Sexual partner |
| | Referred to ART |
| | ART registration no |
| | Couple counselling Provided |
| If discordant couple date of next follow up of Spouse/ sexual partner | |
| Remarks | |

| **Data Fields*: For Client Follow-up and Partner Outreach (For HIV positive clients)** | | | |
|---|---|---|---|
| 1 | For Client Follow-Up | Date of Next Follow-up (Enter Multiple dates if applicable) | |
| 2 | | Whether follow-up attempted on or before the previous follow-up date? | |
| 3 | | If yes in Q2: Outcome of Follow-up | |
| 4 | | Remarks | |
| 5 | For Partner(s) Outreach | Detail of Social/Sexual / Injecting Partners | Name |
| 6 | | | Address |
| 7 | | | Mobile No. |
| 8 | | Date of Outreach (Enter Multiple dates if applicable) | |
| 9 | | Was able to Outreach Partner? | |
| 10 | | If yes in Q10: Outcome of Outreach | |
| 11 | | If Option-1[#] in Q10, enter Partner's PID number | |

## Table 3A: Risk Assessment

| Questions* | Response |
|---|---|
| 1. Do you have the habit of using /sharing injecting drugs? | **A.** Used, **B.** Shared, **C.** No, **D.** Refuse to answer |
| 2. What kind of sexual partner(s) you have? | **A.** Male, **B.** Female, **C.** TG, **D.** No sexual partner, **E.** Refuse to answer |
| 3. Do you have any sexual relationship beyond your spouse/partner? | **A.** Yes/ **B.** No/ **C.** Refuse to answer |
| 4. Have you bought sex in the past from a man, woman or TG using money, goods, favors or benefits? | **A.** Yes/ **B.** No/ **C.** Refuse to answer |
| 5. Have you provided sex in the past in exchange for money, goods, favors or benefits? | **A.** Yes/ **B.** No/ **C.** Refuse to answer |
| 6. Any STI symptoms in last three months? | **A.** Yes/ **B.** No/ **C.** Refuse to answer |
| 7. Is your spouse or partner, a PLHIV? | **A.** Yes/ **B.** No/ **C.** Refuse to answer |

## Table 3B: Coded Risk Assessment Questions (for Paper-Based Format)




## Table 4: Client Registration

*Details recorded in **Table 1** will be captured again in the **Registration Tab (Will be taken by SSK data manager later from the counsellor using the PID number provided by client)***
*Note: This is a stop-gap solution, might be removed once IIMS/SOCH and SSS portals are integrated, as the fields can be auto-populated*

| Data Fields* | |
|---|---|
| Mobile Number of Client | |
| Risk Category during registration ***(basis the slip provided by client)*** | |
| Client History-Taking For Syphilis, TB and Hep C | When was last Syphilis test conducted? |
| | Syphilis Status during registration |
| | Treatment status |
| | Treatment through Benzathine Penicillin G? |
| | When was last TB test conducted? |
| | TB Status during registration |
| | When was last Hepatitis C test conducted? |

| | |
|---|---|
| | Hepatitis C Status during registration |
| Occupation | |
| Client's preference for follow-up method | |
| Details of SSK Client's social/ sexual/injecting partners | Name of Partner |
| | Mobile Number of Partner |
| | Relationship with SSK Client |
| | Current Address of Partner |

## Table 5: Client Visit & Services

| **Data Fields*** | |
|---|---|
| Date of current visit | |
| Is client pregnant? | |
| Risk Assessment of client (at regular intervals) | |
| Service(s) provided to the client (multi-select) | |
| For each test performed at SSK | Dates of test/ reporting result to client |
| | Test Result during current visit |
| | Referred site |
| | Details of Confirmatory Test (Result and Treatment Status) |
| For each treatment provided at SSK | Commodity used |
| | Qty. dispensed |
| | Next dispensation date (if applicable) |
| For each commodity dispensed at SSK | Commodity Available? |
| | Qty. dispensed |
| For each referral service | Referred site |
| | Accompanied referral provided? |
| | Services received at referred centre? |
| Services asked by client, but couldn't be provided | |

## Table 8: Follow-up details and outcome (for SSK Clients)

| **Data Fields*** |
|---|
| Date of Next Follow-up |
| Whether follow-up attempted on or before the previous follow-up date |
| Outcome of last follow-up |
| Due date for visit to SSK |

## Table 6: Details of Partners for Outreach and Follow-up

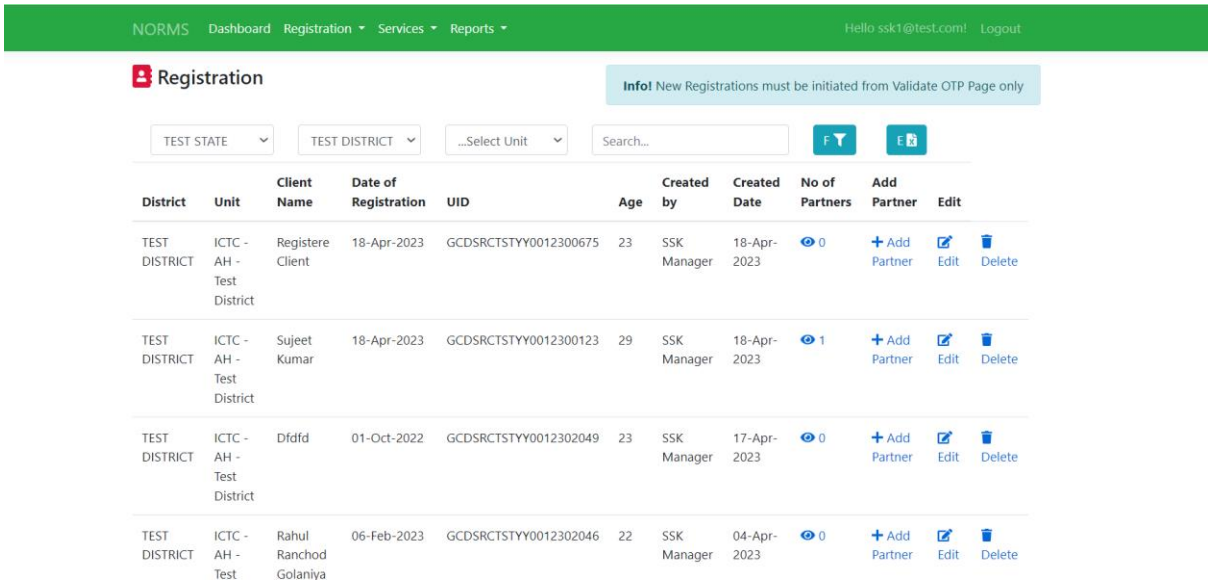
| **Data Fields*** |
|---|
| General Details of social/ sexual/injecting partners (Name/Contact Details/Address) |
| Age |
| Preferred Mode of Follow-up |
| Date of Outreach |
| Was Outreach successful? |
| Next date of outreach |
| Outcome of outreach |
| Has client been asked to visit SSK? |

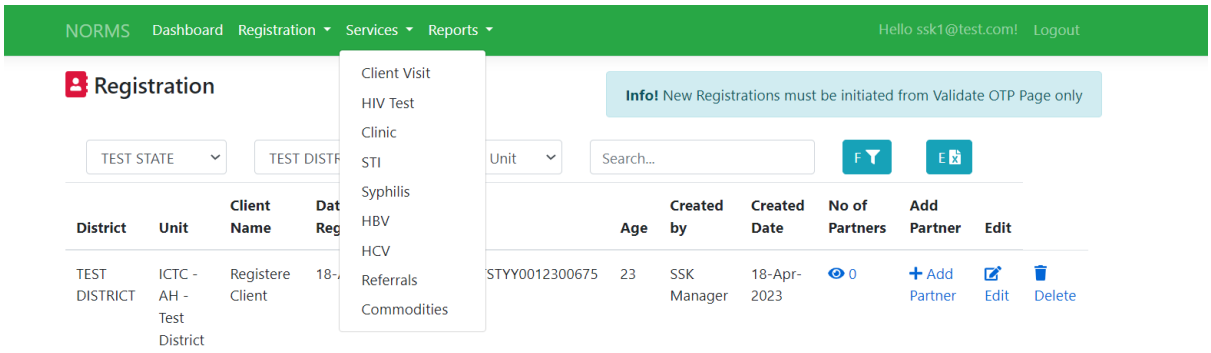
## Table 7: Inventory Management

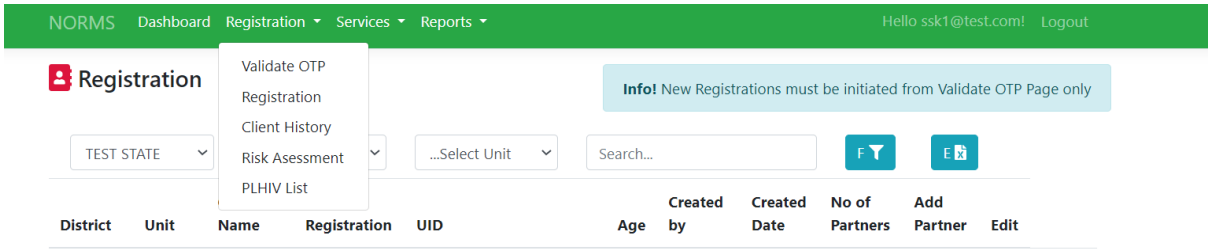
| **Data Fields*** | |
|---|---|
| For each test kit/ drug/ commodity consumed /dispensed at SSK | Opening Stock |
| | Stock Received |
| | Usage |
| | Other reasons for Stock Reduction (Trainings/ Pilferage etc.) |
| | Closing Stock |
| | Details on Expiry Date and corresponding Qty stock |

# *Annexure 10: SSS Web-Based Data Collection Tool*

Some sample screenshots of the SSK data collection tool have been placed below. The tool will be improvised basis field learnings and implementation nuances.



# *Annexure 11 (i): SBCC Material Sample*

## Branding Material

### *Logo of SSS*

SAMPOORNA SURAKSHA
SURAKSHA SE SAMPOORNA SURAKSHA TAK

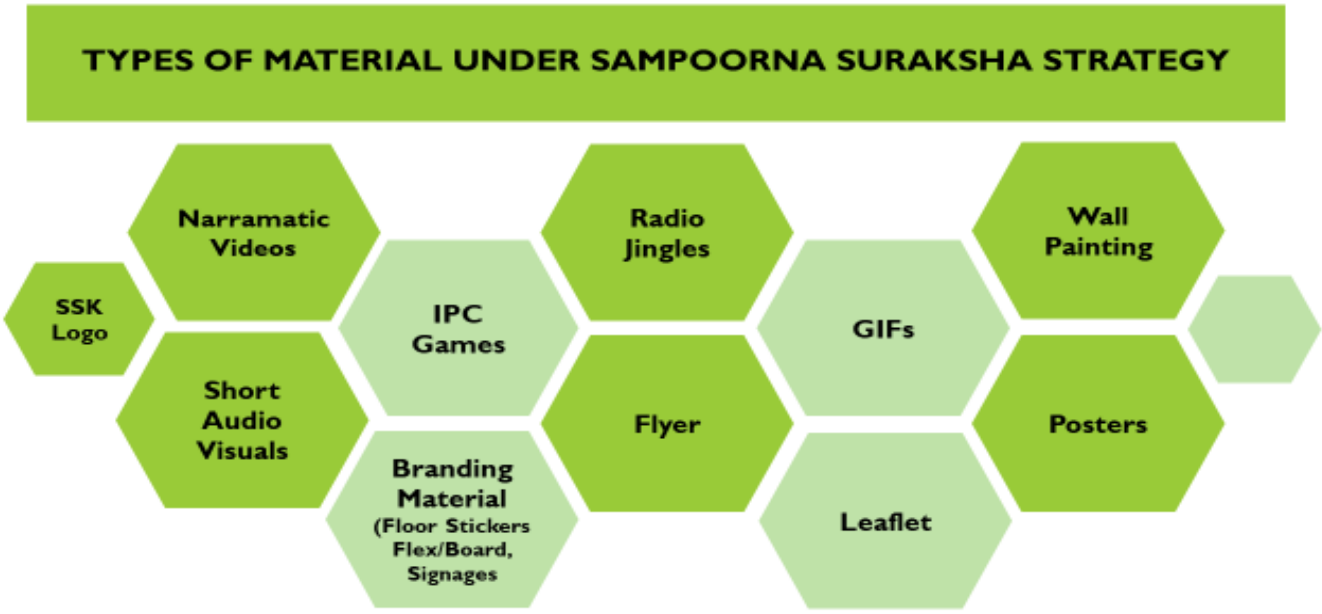
### *Description of SSS Logo*

- This logo comprise of an icon which is combination of ribbon and a human figure.
- The symbolism behind this idea is to show a healthy person (At risk HIV Negative) receiving complete in and out services for HIV & STI
- The Colour scheme is taken from the NACO logo
- The red dot denote the "At Risk" population

### *Board Design*


### *Floor Sticker*


### *Signage*


## *Posters*










## SAMPOORNA SURAKSHA STRATEGY: NARRAMATIC VIDEOS


Title: Sampoorna Suraksha Kendra Benefits


Title: Safe Sexual Behavior

## SAMPOORNA SURAKSHA STRATEGY: NARRAMATIC VIDEOS


Title: Follow-up Testing


Title: Risk Reduction

## SAMPOORNA SURAKSHA STRATEGY: NARRAMATIC VIDEOS

Title: Sexually Transmitted Infection

Title: Risk OST

## SAMPOORNA SURAKSHA STRATEGY: NARRAMATIC VIDEOS

Title: Mental Health

Title: Safe Care

## SAMPOORNA SURAKSHA STRATEGY: SHORT AUDIO VISUALS


Title: Sampoorna Suraksha Kendra Benefits


Title: Sampoorna Suraksha Kendra - OST

## SAMPOORNA SURAKSHA STRATEGY: IPC GAMES (3)


Title: Testing


Title: Safe Life


Title: You & STI

Dart Game

## *Wall Painting*

Promotion of 1097 helpline


Condom Promotion

Risk Reduction


Sexually Transmitted Infection


Safe Behaviour


Sampoorna Suraksha Kendra Benefits


# *Annexure 11 (ii): Sampoorna Suraksha (SBCC Package) Material Specifications & User Guide*

| S.No | Media | Material detail | Specification | Themes | Topic Covered | Uses of the material |
|---|---|---|---|---|---|---|
| 1 | Print material | Wall Paintings (2x6 Feet) & adaptations of the same into Sampoorna Suraksha Branding Flex boards (4 in total number) (8x4 feet) | Wall Paintings (2x6 Feet) & Flex (8x4 ft) | 1. 1097 helpline | • National AIDS Helpline promotion and STI<br>• Call to action 1097 & SSK | • To generate awareness on selected thematic area.<br>• These wall painting can be done at SSK centres and district hospital area.<br>• These wall painting can be used as flex at exhibition. |
| | | | | 2. Condom Promotion | • Prevention of HIV+STI through Condom use<br>• Call to action 1097 & SSK | |
| | | | | 3. Risk Reduction & Perception | • Prevention of HIV+STI through Condom use, NSEP and Testing<br>• Call to action 1097 & SSK | |
| | | | | 4. STI/RTI | • STI/RTI – symptoms of STI<br>• Call to action 1097 & SSK | |
| | | | | 5. Safe Sex Behaviour | • Condom use to prevent HIV and STI<br>• Call to action 1097 & SSK | |
| | | | | 6. SSK Benefits | • Services of SSK.<br>• Call to action 1097 & SSK | |
| 2 | | Flyers | Double Side A5 | 1. Condom Promotion | • Modes of transmission and prevention from HIV and STI.<br>• Benefits of condom use and availability.<br>• Call to action 1097 & SSK | • Flyers may be used to disseminate information during counselling sessions at the SSK centre and during outreach activities in the field.<br>• These flyers may also print at locally and distribute to they "At Risk |
| | | | | 2. PrEP | • Information about PrEP<br>• Use of PrEP<br>• Benefits of PrEP<br>• Call to action 1097 & SSK | |

| S.No | Media | Material detail | Specification | Themes | Topic Covered | Uses of the material |
|---|---|---|---|---|---|---|
| | | | | 3. STI | • Information about STI<br>• Modes of transmission<br>• Testing for STI<br>• Steps to prevent STI<br>• Call to action 1097 & SSK | Population" who visits SSK Kendra for services.<br>• These flyers may distribute to the "At Risk Population during sessions/outreach. |
| | | | | 4. Testing | • Information about testing and its importance<br>• Availability of testing services<br>• Risk behaviour and testing services<br>• Call to action 1097 & SSK | |
| 3 | | Leaflet | 3-Fold - A4 | Sampoorna Suraksha | • Information about Sampoorna Suraksha Kendra and its objectives.<br>• Outreach of Sampoorna Suraksha Kendra<br>• HIV and STI testing and treatment services.<br>• Testing services of Opportunistic Infections.<br>• Call to action 1097 & SSK | The purpose of leaflet is easy access to readable and visual information to clear, correct and update information for confidence and overcoming any gaps and barriers that may hinder call to action.<br>• These can be disseminated through Service providers to KPs.<br>• These may also use by the outreach staff as education material during session. |

| S.No | Media | Material detail | Specification | Themes | Topic Covered | Uses of the material |
|---|---|---|---|---|---|---|
| | | | | | | • This leaflet may also print at locally and distribute to they "At Risk Population" who visits SSK Kendra for services.<br>• These leaflets may distribute to the "At Risk Population during sessions/outreach. |
| 4 | Radio | Jingle | 60 & 40 Second | 1. Testing | • Testing for HIV and Syphilis<br>• Call to action 1097 & SSK | 60 & 40 Sec Radio Jingle reinforce key messages and also normalize information seeking behaviour.<br>• These jingles can be used in SSK waiting area as announcement to spread message.<br>• Outreach staff may use as a ringtone in the mobile during field visit.<br>• May share on WhatsApp for outreach to spread awareness.<br>• These jingles may disseminate through all Social Media Handles. |
| | | | | 2. Sampoorna Suraksha | • Testing services for HIV, STI, TB and Hepatitis.<br>• Free counselling, testing and treatment services<br>• Counselling on condom and PEP.<br>• And Promotion of National AIDS helpline 1097<br>• Call to action 1097 & SSK | |
| 5 | IPC Product | Posters | 17.5 × 22.5 INCHES | 1. Prevent HIV & STI | • Safe behaviour and condom use<br>• Call to action 1097 & SSK | • Users can use these at every touch location, these could be transformed into hoardings and positioned in key areas close to SSK and district hospital area. |
| | | | | 2. Safety | • SSK services for safety<br>• Call to action 1097 & SSK | |

| S.No | Media | Material detail | Specification | Themes | Topic Covered | Uses of the material |
|---|---|---|---|---|---|---|
| | | | | 3. PEP | • About PEP<br>• Uses of PEP<br>• Call to action 1097 & SSK | • Poster may aid in word retention for At Risk Population. These posters might be displayed in the SSK primary waiting room. |
| | | | | 4.HIV (Lead Safe life) | • Regular testing for HIV<br>• Relation between and HIV and STI<br>• Call to action 1097 & SSK | |
| | | | | 5. Condom use | Condom use and its benefits<br><br>Call to action 1097 & SSK | |
| | | | | 6. Safe injecting | • Safe injecting<br>• Call to action 1097 & SSK | |
| | | | | 7. STI Prevention | • promotion of regular STI testing<br>• Prevention from STI<br>• Call to action 1097 & SSK | |
| | | | | 8. OST | • Benefits of OST<br>• Call to action 1097 & SSK | |
| | | | | 9. Regular Testing | • Safe behaviour<br>• Regular testing | |
| | | | | 10. Stress | • Importance of mental and physical health.<br>• Call to action 1097 & SSK | |
| | | | | 11. Helpline 1097<br><br>promotion | • Information available on National AIDS Helpline<br>• Call to action 1097 & SSK | |

| S.No | Media | Material detail | Specification | Themes | Topic Covered | Uses of the material |
|---|---|---|---|---|---|---|
| 6 | | IPC Games | 1. A4 LANDSCAPE for Puzzle<br><br>2. DIAMETER-2FT for Dart Board | 1. Puzzle | • Regular testing<br>• Risk calculation | • These IPC games may place at waiting area of SSK and may use during outreach session to engage "At Risk Population.<br>• During the session use of IPC game will help to outreach staff to clarifies ideas and processes and helps internalize the actions and behaviour of At-Risk Population. |
| | | | | 2. Dart Board | • Regular testing<br>• Risk calculation | |
| 7 | | Flipbooks | A5 - LANDSCAPE 16 SIDES (8 leaves-Front & Back) | 1. STI guide | • Information about STI infection.<br>• Information about symptoms of STI<br>• Risk behaviour<br>• Counselling, Testing and treatment services<br>• Call to action 1097 & SSK | • The Flipbook may use by the Service providers during counselling and sharing information on STI to At Risk Population who will be visiting SSK for services.<br>• Flipbook may place at waiting area, so that people may read and get clarifies their doubts.<br>• Outreach staff may use this flipbook during IPC session with At Risk Population. |
| 8 | Digital Media | Animated videos and Narramatic videos | | 1. Outreach Worker (ORW) | • Role of an outreach worker<br>• Call to action 1097 & SSK | • These short videos will appeal to At Risk Population and encourage them to unwind and engage in healthy behaviours. |
| | | | | 2. STI | • Information about STI<br>• Modes of transmission | |

| S.No | Media | Material detail | Specification | Themes | Topic Covered | Uses of the material |
|---|---|---|---|---|---|---|
| | | | | | • Risk behaviour<br>• Testing for STI<br>• Steps to prevent STI<br>• SSK Services<br>• Call to action 1097 & SSK | • These can be disseminated through WhatsApp for outreach purpose.<br>• Social media these videos may disseminate on various social media platform to spread awareness and target population in the targeted area by the help of partners NGOs & volunteers.<br>• These short videos may run on TV set at waiting area of SSK and at the waiting area of district hospital.<br>• These short videos may run on TV set at waiting area ICTC and ART Centres. |
| | | | | 3. PrEP | • Information about PrEP<br>• Use of PrEP<br>• Benefits of PrEP<br>• Call to action 1097 & SSK | |
| | | | | 4. SSK Benefits | • Information about Sampoorna Suraksha Kendra and its objectives.<br>• Outreach of Sampoorna Suraksha Kendra<br>• HIV and STI testing and treatment services.<br>• Testing services of Opportunistic Infections.<br>• Call to action 1097 & SSK | |
| | | | | 5. Safe Sex Behaviour | • Youth vulnerability<br>• Risk perception<br>• Condom use to prevent HIV and STI<br>• HIV and STI testing and treatment services<br>• SSK Services<br>• Call to action 1097 & SSK | |
| | | | | 6. Follow up testing | • Youth vulnerability<br>• Risk behaviour<br>• Regular testing<br>• SSK Services<br>• Call to action 1097 & SSK | |

| S.No | Media | Material detail | Specification | Themes | Topic Covered | Uses of the material |
|---|---|---|---|---|---|---|
| | | | | 7. Risk Reduction | • Information about risk behaviour<br>• Risk reduction information<br>• SSK Services<br>• Call to action 1097 & SSK | |
| | | | | 8. Counsellor | • Role of counsellor<br>• Call to action 1097 & SSK | |
| | | | | 9. OST | • Youth and drugs related harms<br>• Testing & Treatment services (ART, OST)<br>• SSK Services<br>• Call to action 1097 & SSK | |
| | | | | 10. Mental Health | • Youth vulnerability<br>• Risk behaviour<br>• Outreach, testing and treatment services of SSK.<br>• Mental health issue<br>• Call to action 1097 & SSK | |
| | | | | 11. Self-Care | • Transgender<br>• Safe sex practices.<br>• Regular testing at SSK.<br>• Call to action 1097 & SSK | |
| 9 | | Short Videos | | 1. Condom Promotion | • Benefits of condom use and availability.<br>• Correct and consistent use of condom.<br>• Prevention of HIV+STI through Condom use<br>• Call to action 1097 & SSK | • These short (Shoot Based) video will engage KPs for establishing key messages for where to seek information correctly and completely, removing myths, providing confidentiality. |
| | | | | 2. Testing | • Youth vulnerability<br>• HIV test and its importance<br>• Call to action 1097 & SSK | |

| S.No | Media | Material detail | Specification | Themes | Topic Covered | Uses of the material |
|---|---|---|---|---|---|---|
| | | | | 3. Self-Care | • Youth vulnerability<br>• Condom promotion<br>• HIV and STI testing and linkage to SSK<br>• Call to action 1097 & SSK | • These videos can also be disseminated through WhatsApp for outreach/IPC sessions.<br>• Also, on other social media platforms by the help of partners NGOs & volunteers.<br>• These short (shoot based) videos might play on the TV in the SSK waiting room and the waiting area of the district hospital.<br>• These short videos may run on TV set at waiting area ICTC and ART Centres. |
| | | | | 4. PEP | • Harm of drug use<br>• SSK services.<br>• Counselling, Testing and PEP<br>• Call to action 1097 & SSK | |
| | | | | 5. SSK Benefit | • Information about Sampoorna Suraksha Kendra and its objectives.<br>• HIV, STI testing and TB, Hepatitis counselling & treatment services.<br>• OST and ART services<br>• Call to action 1097 & SSK | |
| | | | | 6. OST | • Injecting drug use<br>• Impact of injecting<br>• Counselling & Treatment services (ART, OST)<br>• Benefits of OST<br>• SSK benefits and services<br>• Call to action 1097 & SSK | |
| 10 | | GIFs | | 1. Condom Promotion | • Benefits of condom use<br>• Call to action 1097 | • These 15-20 Secs GIFs Simple amusing modern social media ways to recall & reinforce the message, also to share and spread the message. Can be disseminated |
| | | | | 2. PrEP and Condom | • Benefits of PrEP and condom<br>• Call to action 1097 | |

| S.No | Media | Material detail | Specification | Themes | Topic Covered | Uses of the material |
|---|---|---|---|---|---|---|
| | | | | 3. STI infection | • STI symptom<br>• Call to action 1097 & SSK | through WhatsApp for outreach/IPC sessions.<br>• Also, on other social media platforms by the help of partners NGOs & volunteers like- Facebook, Twitter. Instagram etc. through SSK outreach staff and volunteers.<br>• These GIFs may also show to At Risk Population during IPC sessions. |
| | | | | 4. Stress | • Stress/mental health<br>• Call to action 1097 & SSK | |
| | | | | 5. Prevention | • Prevention from HIV<br>• Call to action 1097 & SSK | |
| | | | | 6. HIV testing | • HIV Testing<br>• Call to action 1097 & SSK | |
| | | | | 7. Follow up testing | • Testing<br>• SSK linkage and risk behaviour<br>• Call to action 1097 & SSK | |
| | | | | 8. Modes of transmission | • HIV transmission/Risk<br>• Call to action 1097 & SSK | |
| | | | | 9. National AIDS Helpline | • Promotion of National AIDS Helpline<br>• Call to action 1097 & SSK | |
| 11 | | SMS/ WhatsApp messages | | 1. Safe Sexual Behaviour<br>2. Risk reduction/Risk perception | 1. Safe Sexual Behaviour<br>2. Risk reduction/Risk perception<br>3. Regular Testing<br>4. Follow up testing<br>5. Condom promotion | Short & Crisp Messages for At Risk Population on condom use and other team At Risk Population will recall, reinforce and share messages that reinforce and substantiate the key |

| S.No | Media | Material detail | Specification | Themes | Topic Covered | Uses of the material |
|---|---|---|---|---|---|---|
| | | | | 3. Regular Testing<br>4. Follow up testing<br>5. Condom promotion<br>6. Needles & syringes<br>7. STI & RTI<br>8. Self-Care<br>9. Mental health<br>10. SSK Benefits<br>11. 1097 Promotion<br>12. HIV testing | 6. Needles & syringes<br>7. STI & RTI<br>8. Self-Care<br>9. Mental health<br>10. SSK Benefits<br>11. 1097 Promotion<br>12. HIV testing<br><br>And call to action & SSK linkage in all messages. | behaviours and also a connecting and community development too.<br><br>• These messages will be disseminated through WhatsApp group and the individual for outreach purpose.<br>• These short messages also may disseminate through social media handles by the outreach staff of SSK. |

## *Annexure 12: Printable Version of Coded Risk Assessment (Paper-Based Format)*

***Risk Assessment Form***

**Client PID Number:**

| | A | B | C | D | E |
|---|---|---|---|---|---|
| 1 | ○ | ○ | ○ | ○ | |
| 2 | ○ | ○ | ○ | ○ | ○ |
| 3 | ○ | ○ | ○ | | |
| 4 | ○ | ○ | ○ | | |
| 5 | ○ | ○ | ○ | | |
| 6 | ○ | ○ | ○ | | |
| 7 | ○ | ○ | ○ | | |