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

सत्यमेव जयते
Ministry of Health & Family Welfare
Government of India

SAMPOORNA SURAKSHA
SURAKSHA SE SAMPOORNA SURAKSHA TAK

SAMPOORNA SURAKSHA STRATEGY

Operational Guidelines

(1st Cut)

December 2022

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

Table of Contents

List of Abbreviations

ACSM	**Advocacy Communication Social Mobilization**
AIDS	**Acquired Immunodeficiency Syndrome**
ART	**Anti-Retro Viral Treatment**
ARV	**Anti-Retro Viral**
ASRH/SRH	**Adolescent Sexual & Reproductive Health/ Sexual & Reproductive Health**
BSD	**Basic Service 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**
DAPCU	**District AIDS Prevention Control Unit**
DH	**District Hospital**
DSRC	**District STI RTI Centre**
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**
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	**Mother and Child Health**
MSM	**Men who have Sex with Men**
NACP	**National AIDS Control Programme**
PEP	**Post Exposure Prophylaxis**

PHC	**Primary Health Care**
PLHIV	**People Living with HIV**
PPP	**Public Private Partnership**
PrEP	**Pre-Exposure Prophylaxis**
RCH	**Reproductive and Child Health**
RDT	**Rapid Dual Testing**
RTI	**Reproductive Tract Infection**
SACS	**State AIDS Control Society**
SBCC	**Social and Behavioural 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**
TB	**Tuberculosis**
TI	**Targeted Intervention**
TOR	**Terms of Reference**
TSU	**Technical Support Unit**
UID	**Unique Identification**

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 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 90% by 2030 since the baseline value 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, like:

- Adolescent and Young Population
- Unreached KP and their spouses / partners / children
- Spouses / partners of PLHIV
- General population at risk of HIV / STI, with special focus on single male / woman migrant
- ICTC walk-in clients at high risk and tested negative
- Pregnant Women at high risk and tested negative
- STI clients
- Persons with co-morbidity (TB, Hep B/C)

Prevention under NACP is primarily focused on high-risk group (HRG) people (FSW, MSM, IDU, H/TG people, Migrants and Truckers) through Targeted Interventions (TI). However, not all the new infections are occurring among HRGs, as these groups have largely been saturated with prevention services. The country's progress on SDG for the HIV/AIDS epidemic is measured through a decline in new HIV infections. As evident, there are other population groups who are also 'at-risk' of acquiring HIV or STI due to risky behaviour of self or partner.

There is a need to adopt innovative and cost-effective approaches for HIV prevention among these populations to further curb new HIV infections and avert AIDS-related deaths. So, to reach out to the population "At Risk" for HIV and STIs that are not associated with TI and LWS and are possibly at risk of getting infected will be covered under a comprehensive preventive services delivery package- a new form of "Immersion Learning Model" of service

delivery that has been envisaged as Sampoorna Suraksha Strategy (SSS) under the Global Fund Grant 2021-24.

Sampoorna Suraksha Strategy (SSS)

The HRG Population that is operating through virtual platform, including Female Sex Worker (FSW), Man having sex with Man (MSM), Transgender / Transsexual (TG/TS) and Injecting Drug User (IDU), are to be considered the part of population "At Risk" for HIV and STIs and need to be covered with a differentiated approach including a comprehensive services package to reduce new infections and early detection of HIV among "at risk" populations. The strategy will also be for the prevention among people who do not fall into the classic definition of Key Population, 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 others 'at risk' population and design specific and suitable programmes that will further accelerate the rate of decline in new HIV infections.

Objective of the Operational Guideline

The objective of this document is to provide guidance for development of SSS implementation plan by states. The guidelines aim to provide guidance to SACS / TSU officers for developing a comprehensive and customized plan for the roll-out of Sampoorna Suraksha Strategy in the identified facilities, which will be re-modelled as a Sampoorna Suraksha Kendra (SSK). This document details the roles and responsibilities of the staff and suggests the services to be provided to the SSK clients who are at risk. While the operational guideline can be used as reference, states are also encouraged to include innovative approaches that can potentially benefit at risk clients in the implementation plan.

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 a life without stigma and discrimination.

This strategy will facilitate NACO's vision of building an integrated response by reaching out to diverse populations - where every person is safe from HIV/AIDS, has access to Integrated Counselling & Testing Centres (ICTCs), 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-free, thus boosting the country's progress on prevention of new HIV infections.

It is envisaged that through Sampoorna Suraksha Strategy will,

- Stimulate evidence-based comprehensive prevention package customized to geographies and vulnerable population to maintain their HIV & STI negative status
- Sustained focus on all at-risk HIV negative clients including:
    - *Direct Walk-in beneficiaries at ICTC & DSRC (and their spouse and partners)*
    - *Adolescent and Youth Population*
    - *Vulnerable Virtual Population*
- Develop and roll-out new generation communication strategy tailored to current context

Immersion Learning Model

SSS is being implemented as an "Immersion Learning Model", to identify the best path forward, collect feedback and adapt strategies. This implies that the model can be tweaked, modified, and amended based on 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. The programme is being rolled out in 75 districts in the Phase 1 (10 districts in 3 States in the "pilot" phase), followed by an additional 75 districts in Phase 2 during the period of FY 2021-24. These 150 districts have been identified by the program based on pre-determined criteria. Under the Sampoorna Suraksha Strategy, existing ICTC/DSRC facilities under NACP are being re-modelled into Sampoorna Suraksha Kendras (SSKs).

Services are envisaged to be provided under one roof considering the beneficiaries' 360 degrees health needs in a comprehensive manner. 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, rigorous outreach and follow-ups with clients by leveraging virtual platforms through various apps and other sources.

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

1) The SSS 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 and child health, post-surgery services, social security schemes, government welfare services, legal services etc. through referrals and linkages. It must also enable out referrals for activities that require specialized skills such as community-based outreach services.

2) The SSKs are a kind of 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 preventive and testing services, including other wrap-around services as per their needs.

3) The SSS model is a new and improved version of existing counselling and testing facilities that cater to the health needs of all populations - cutting across risk groups, age and genders, 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 integrating 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. It must consider reinvigorating its helpline 1097 through a rebranding exercise and face lift that will make them attractive to younger, high-risk populations and those who prefer anonymity in accessing services.

5) The SSS implementation plan includes a field assessment for facility selection while developing a customized implementation strategy across diverse districts of the country. Clear SOPs and monitoring indicators should be identified to measure "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 will include the core population, bridge population, their spouses / partners and other populations who are engaged in risky behaviours. "At Risk" Population includes:

- Self-initiated clients at ICTC and DSRC with risky behaviour
- Social and sexual network of self-initiated clients / individuals.
- 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)
- Youth and adolescents who are at risk due to their risky behaviour
- Individuals having casual sexual relation with regular/non-regular partner/s
- STI/RTI clients visiting DSRC with STI complaints
- HIV negative but 'at-risk' clients identified through virtual outreach, NACO Help line etc.

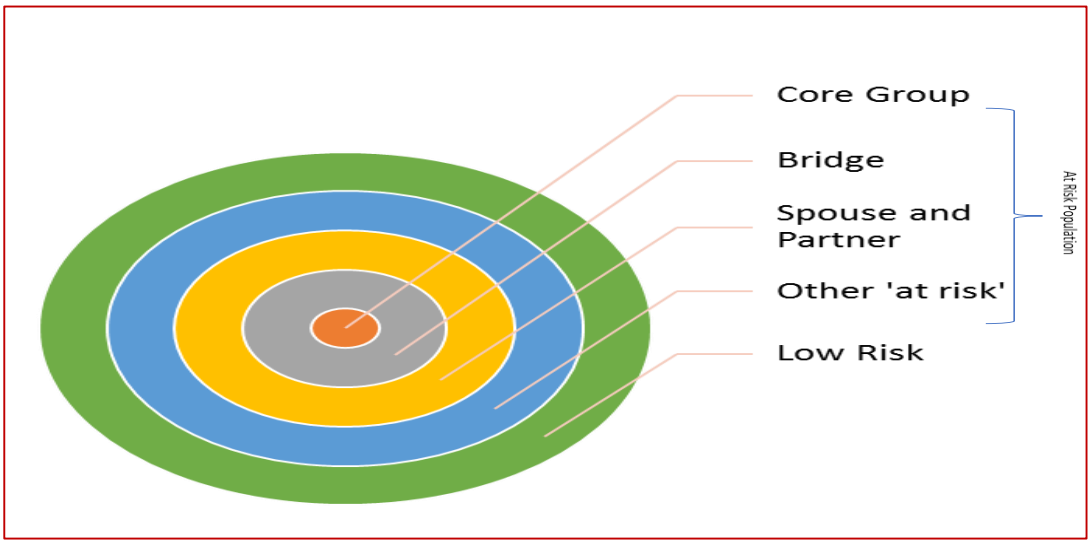


Figure 1: At Risk" Population Chart

Rationale for Identification of the Districts for Establishing SSKs

Sampoorna Suraksha Strategy is being implemented through the existing NACP facilities i.e. ICTCs or DSRCs functional at the districts. The national program has selected **150 districts**

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

(<u>Annexure 1</u>) for 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:

- ICTC self-initiated client positives and positivity
- ICTC general client positive and positivity
- HIV positive and positivity of pregnant women
- STI/RTI Syndrome managed at DSRC
- Syphilis positivity and positive of clients visiting 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
- 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%). Top 50 districts also account for 15% of individuals visiting ICTCs for HIV screening and 19% of individuals with STI/RTI complaints. Similarly, 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 for roll-out in FY 2021-22. In addition to the results from data analysis, states / districts from Northeast Region (Mizoram and Nagaland) were selected based on geography and high percentage of high-risk behaviour population to ensure representation across the country.
- In the Pilot phase, 10 districts were shortlisted to implement the SSS followed by other 65 districts covering 75 districts in the FY 2022-2023 in Phase I.

- In Phase II, 75 districts will implement the SSS, taking the total to 150 districts during the 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) will be 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 functioning of the SSKs will be done by a team of 5, comprising of an SSK Counsellor, SSK Manager, SSK Lab Technician and two SSK Outreach Workers. The existing Counsellor/s and LTs of the selected ICTC/DSRC will continue to work as SSK Counsellor with revised TOR and LTs respectively.

The following process is to be followed while identifying, establishing and operating the 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. Micro-planning of infrastructure, staffing, audio-visual arrangements, involvement of stakeholders is to be done as soon as the facility is finalized.

4. Re-modelling & setting up the identified site as per requirements.

5. Branding the SSK- As per the branding material provided by NACO.

6. Developing SOPs as per 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 as per the module given by NACO by the Master trainers.

9. SSK Reporting will be done as per the reporting tool provided by NACO.

10. Supportive Supervision will be done to support the staff for quality performance.

11. For documenting the Immersion learning and to do modification in the strategy Process Documentation will be done by the respective SACS SSS Nodal Officer with the support of the team. And the same will be shared with NACO.

12. Revision in the implementation plan and Strategy will be done based on the feedback received by the implementers and stakeholders.

Chapter 3: Facility Assessment

To design a robust SSS implementation plan, states must carry out a rapid assessment. The objectives of the assessment include (a) identifying key gaps in the existing service delivery mechanisms, (b) determining a feasible service package under SSS, (c) developing hiring and outreach plans, and (d) identifying HR, infrastructure and hiring requirements for implementing SSS.

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

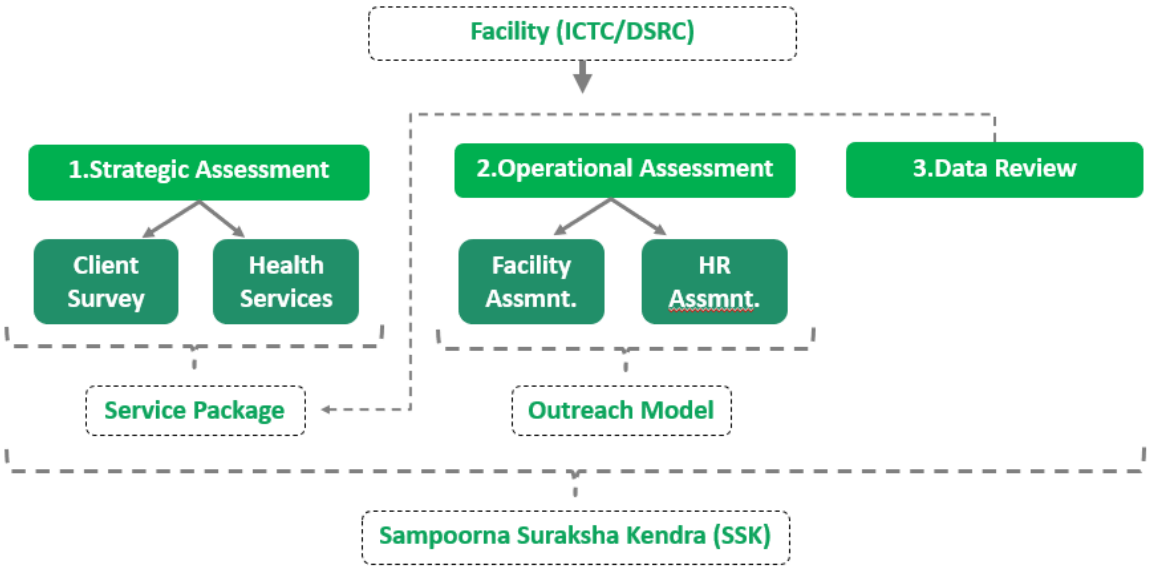


Figure 2: Facility Assessment Components

1. Operational Assessment

The objective of the operational assessment is to develop an **operational framework** for SSS by (a) identifying an appropriate SSS facility in each SSS district, (b) assessing hiring requirements, and (c) evaluating infrastructural changes required at SSS facility. The operational assessment should be conducted 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 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

2. Strategic Assessment

The aim of the strategic assessment is to identify unfulfilled service needs of at-risk clients to help alleviate HIV vulnerability through SSS. The expected outcome of this activity is to identify a superset of services required by the target group, priority order of these services, and to identify a subset which is feasible within current resources available with 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 exhaustive list of services needed by this population group beyond HIV testing and counselling.

b. **Service Mapping**: To design a feasible SSS service package, it is crucial to map existing healthcare and social services in the state for developing protocols for each service 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 facility at which the service is being provided (Eg. - PHC, CHC, SDH, DH, MC)

iii. Service delivery mechanism

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.

The strategic and operational assessment have been combined to develop a comprehensive SS Assessment Tool in ***Annexure 2*****.**

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
- Risk of STIs, such as syphilis

The results from the assessment should be collated and synthesized. 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 from the random representative assessment.

Facility Selection for SSS Implementation through Sampoorna Suraksha Kendra

While the districts for implementation have been finalized (refer to **Annexure 1**), states have the flexibility to select the facility (ICTC or DSRC) in these districts that should be re-modelled as SSKs. SSKs should be chosen carefully through site assessment so that different type of models can be implemented and evaluated. Some factors that should be considered while selecting the SSS facility are as follows:

- **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 at the selected facility.

- **High SOCH/ IIMS usage** – SOCH/ IIMS 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.

- **At Risk client load** – Facilities in various district could be selected on the basis of 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 accordingly course corrected to adopt the best working model.

  These indicators should be used as 'rule out' parameters for SSS facility selection. In addition to these, the results from Assessment Tool should be used for selection of SSS facility for selected SSS districts.

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 SSS in order 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 arrive at 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

- Additional services required by at risk HIV negative individuals at the ICTC / DSRC in your state (beyond existing HIV & STI counselling and testing).
- Delivery mechanism for each service identified within the SSS facility or through referral.
- Relevant health department in your state which can provide services required and the process to build linkages with these departments.
- Relevant other department's services like Social Security, Social Welfare, legal etc. and the process to build linkages with these departments.
- Process to track the uptake of services amongst out-referred clients and keep them engaged in care at SSS facility.
- Strategy for reaching virtual clients, providing services and tracking their uptake.
- The services can be provided in a phase manner. SACS must identify few critical or core services which would be prioritized in the Phase 1 based on client needs and local geography.
- The client flow is to be mentioned, from the entry to exit of the client, which should also include the identification of walk-in clients, counselling, testing and any other services to be provided directly or through linkages.
- For the referral services under SSS package, the following should be clearly outlined - the linkages mechanism, how the service will be delivered and how the linked provider

will be made accountable for service referral, follow up of the referred services, reporting etc.

Below is a schematic providing details of expected client flow at SSK.

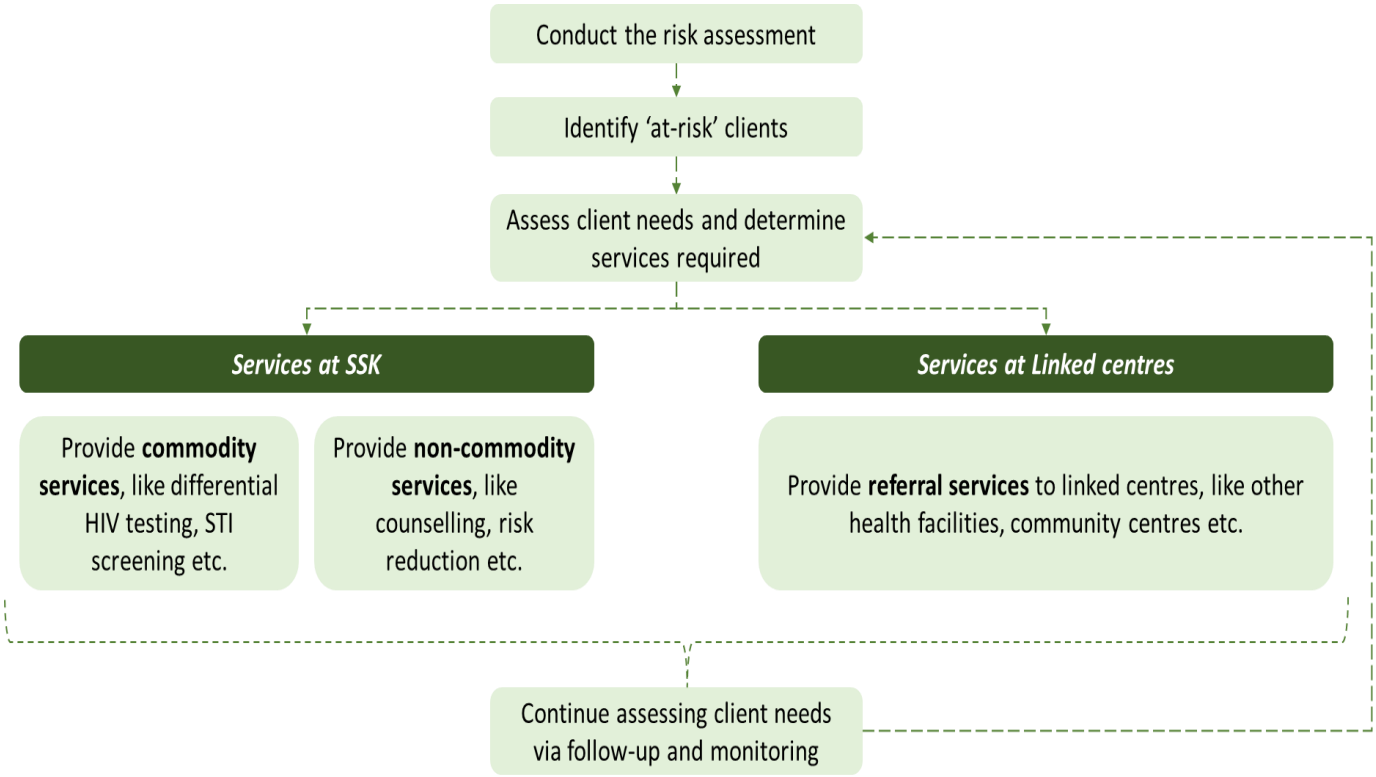


Figure 3: Schematic Client Flow

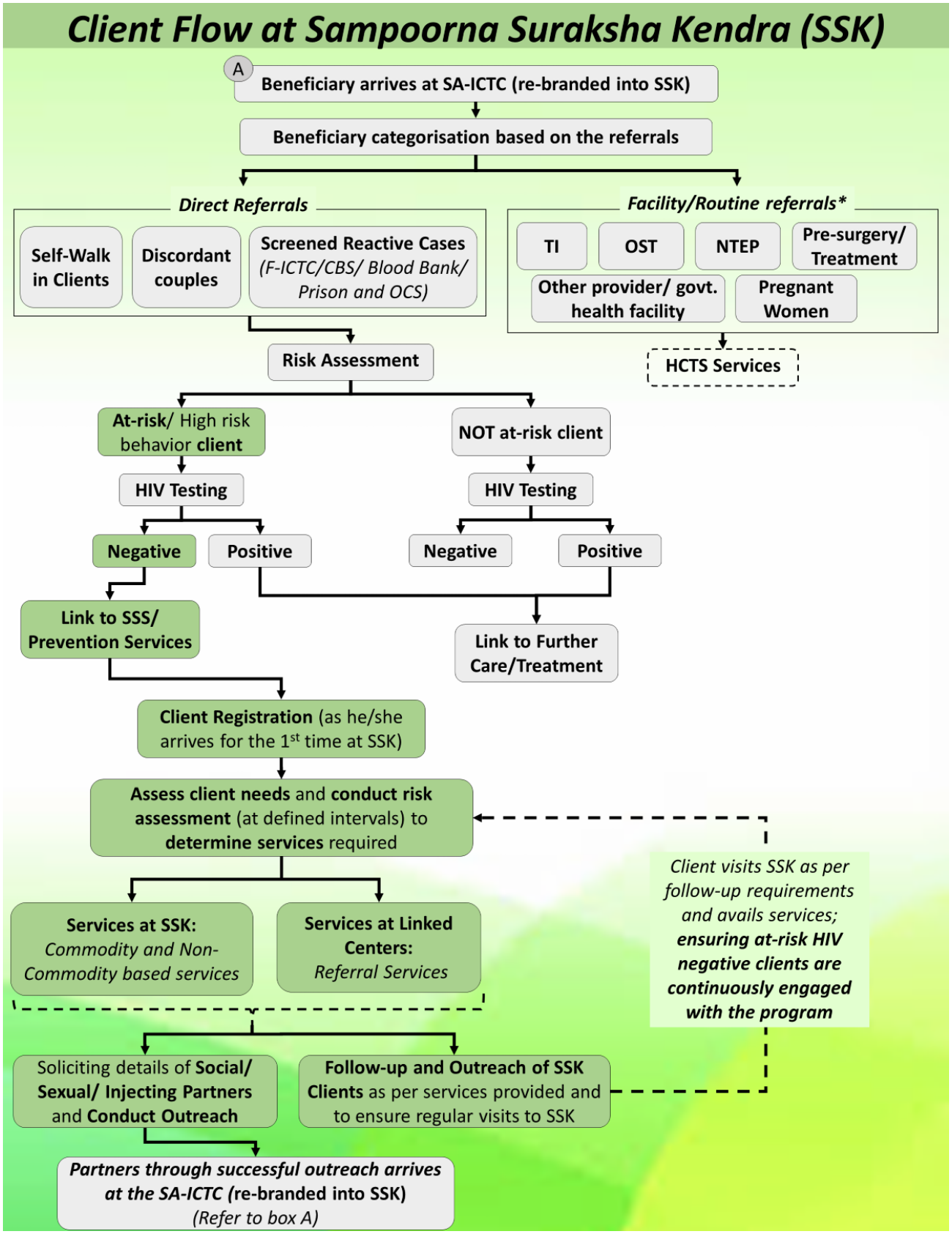


Figure 4: Client Flow at SSK

2.Commodities

- Commodities required at SSK in your state, beyond those which are already supplied by NACO.
- Process to procure these commodities -should it be procured centrally by NACO under NACP? For other commodities, can it be provided in partnership with other health programs at state level?
- Distribution / utilisation mechanism for each commodity- is this to be dispensed to the beneficiary through SSC / SSM, any other platform and / or to be administered online?
- Resources and HR required for safe distribution and utilization of the commodities.

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

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

Kits/ Drugs/ Commodities	**Purpose**
HIV/Syphilis Dual RDT Kits	For testing at SSK
Needle/ Syringe	For dispensation to client through ORWs/ For treatment at SSK
Buprenorphine	For dispensation to client at SSK
STI/RTI Colour Coded Kits	
SRH Commodities (Condoms/ Lubes etc.)	
PEP	
Injectable Benzathine Penicillin G	For treatment at SSK
HIV Self-Test Kit	*Proposed (when required)*
PrEP	*Proposed (when required)*
Hepatitis Screening Test-Kits	*Proposed*

Chapter 5: Outreach Plan

For successful implementation and scale-up of SSKs, effective and continuous outreach activity is critical for demand creation and retention in care. It should be achieved through a mix-model including facility-based testing, mobile centres, community-based testing for key and at-risk populations and self-testing. Multiple approaches will be required to reach to the target beneficiaries and to accordingly develop the outreach plan.

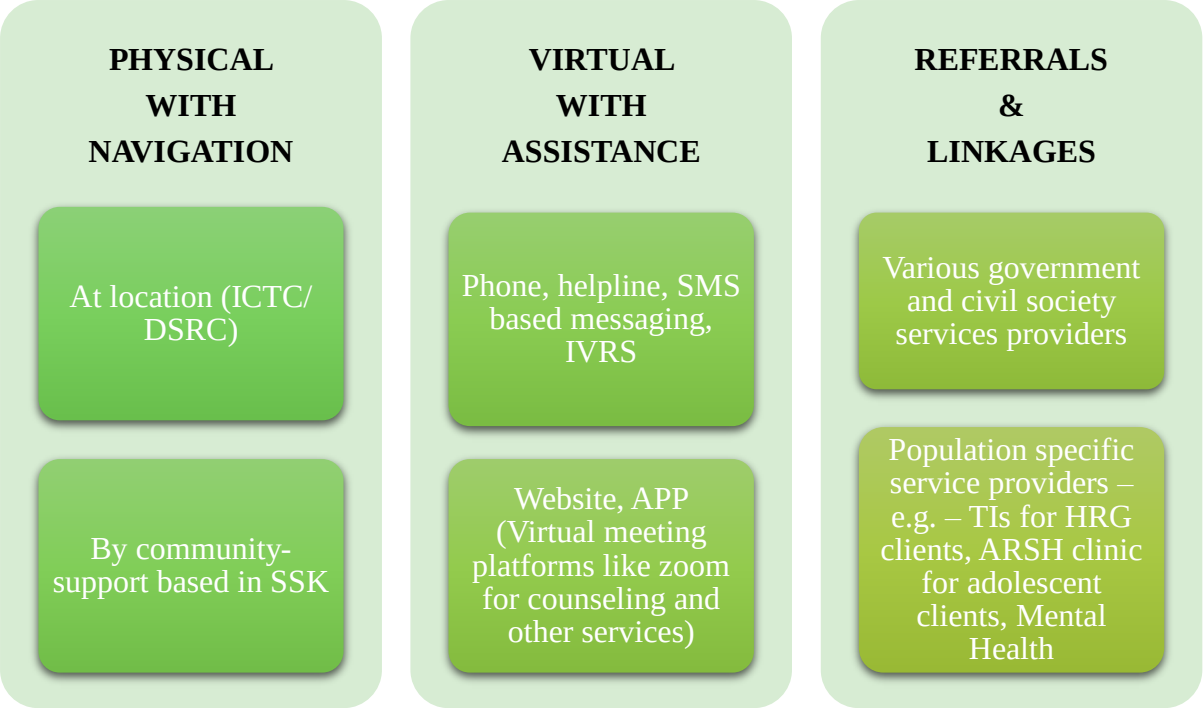


Figure 5: Proposed Outreach Models

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 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 can be ensured that the consistent message is reached in the identified community and among high-risk population through SBCC and dissemination of IEC material and EC activities. Demand creation can be done in:

- Identified pockets either at other health facilities
- Physical locations like gym, clubs, dating clubs etc. where target populations may congregate
- Home-visits assistance visits to identified partners of at-risk individuals (with their consent, and at request)
- Reaching to the social and sexual network of self-initiated client/ individuals

Establish linkages with both NACP programmes and other health, social welfare programmes, connect with local leaders, 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, You Tube-based videos, and slides in "seedy" theatres. (FHI 360/HST - Sahaay helpline communication plan).
- Documentaries for Social Media platform
- Interpersonal communication strategies at facility level and helpline counsellors
- Sensitization and Orientation of the Stakeholders
- Rewards and Recognition
- TI/DLN/LWS and all HIV 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 we are de-stigmatizing the experience of visiting

an HIV facility. 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 9.** 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

The objective of virtual outreach 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 for seeking 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, NACO App, or Chat Helplines to provide them with the requisite information. This support system should enable them to get comfortable in availing services at NACP facilities, i.e., transitioning them from virtual to physical platform. The 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.

Need for Virtual Outreach

It is observed that globally, two-thirds of young people do not have the correct knowledge about HIV. In India, only 20.9% of women and 32.5% men have comprehensive knowledge of HIV/AIDS. Nearly 50% of rural women and 26% of rural men do not know that consistent condom use can reduce the chance of getting HIV/AIDS. Poor awareness, misconceptions and stigma about HIV/AIDS is widespread in India. The accurate, timely, consistent, and easy availability of information on HIV/AIDS from authentic sources is thus a requisite for the general as well as vulnerable population, including youths and high-risk groups. Hotlines or helplines have become an integral part of contemporary healthcare and have proven to be a successful medium to disseminate information to public at large. Their success can be attributed to the control that the caller feels over the situation, anonymity of both caller and the

counsellor, low cost, and fast and geographically unrestricted information and advice. Anonymity enables people to be more expressive, especially in a delicate and stigmatized subject like HIV/AIDS.

Others

i. The timeline i.e. *period till when the follow up with one client will be done* should be defined. For how long the negative client will be followed up for testing and for supporting in providing the other services given through linkages or referrals should be determined.

ii. While preparing the district level outreach plan, states should consider other ICTCs or DSRCs near the SSK as well, especially those with high load of at-risk clients.

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.

Chapter 5: Engaging Project Personnel

SSS will be initiated in strategic places at the selected DSRC / ICTC. The available space of the ICTC / DSRC will be repurposed 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:

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

As the states will be selecting the facilities fit for SSS site, the states may select the site based on high load, medium load or low load of clients as per their facility assessment result and accordingly may adopt the staffing plan from the following:

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 ICTC / DSRC, or they are of the other facilities under NACP, such as TIs, CCC etc. 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 is also done to the facility MO / Counsellor. For this, additional SSK budget will be provided to the TI NGO. TI NGO may also support in the implementation of the programme and conducting trainings. Additional funds against salaries can be re-directed from state to the TIs. 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. SS Counsellor cum Manager may be the existing staff (ICTC/DSRC Counsellor) as mentioned in Plan B (Task Sharing) and SSORW is hired as per Plan A or Plan C.

States may choose the plan that would allow to implement outreach activities under SSS in the most cost effective and streamlined 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, outreach of 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 appointment of skilled staff at SSK. To ensure that the facility has enough staff to undertake all activities planned under SSS, states should on-board staff with the necessary skills and experience. It is proposed that states may hire a Sampoorna Suraksha Manager for each SSK. In addition, depending on the outreach model selected by the state, 1 or 2 Outreach Workers will also be placed at SSK.

The qualification, roles and responsibilities (JD) of the staff supporting SSS and appointed in SSK is placed in **Annexure 6**. In case/s where plan B or D is being adopted, then the existing staff subject to meeting the SSK staff criteria is given with additional responsibility over and above the current responsibilities assigned to them. Where the existing Counsellor of the selected facility is given the additional charge of the SS Manager, the staff will be given additional incentive as approved in the budget.

Chapter 6: Training and Capacity Building of Staff

SSS cannot be implemented effectively without a well-trained staff. A standardised training module will be leveraged for the capacity building of SSK staff. While no training can be exhaustive, these modules outline the key activities and knowledge involved in training of SSK staff. As per the plan of engaging the staff for SSK, the staff will be trained on various components. The training will be done as Induction as well as Refresher.

An Induction Training will be provided to onboard 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)*

Later, a detailed training and capacity building will be provided to the staff to further train and build detailed understanding.

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

- **HIV/AIDS Background & Addressing the Gap of 95-95-95**

- **Understanding HIV/AIDS, STI/RTIs and OIs**
  - Basics of HIV/AIDS
  - Understanding STI/RTIs
  - HIV/TB Collaborative Activities
  - Viral Hepatitis

- **Overview of the NACP Program and Revised Strategies**
  - Background/History of NACP
  - Structure of NACP
  - Newer Initiatives in HIV Prevention

- **Understanding Sampoorna Suraksha Strategy**
  - Introduction & Overview of SSS and SSK
  - Target Population/ Clients
  - Key Components within SSK
  - Service Delivery Package including commodities - *Within the facility and through linkages and referrals*
  - Client Flow
  - Operational Activities under SSS

- **Roles & Responsibilities of SSK Staff**

- **Outreach Activities & Follow up under SSS**
    - Identification of high-risk pockets / localities & planning
    - Types of Outreach and related modalities
    - SBCC Activities planning and execution
    - Service Delivery Package- Training on Services & Commodities

- **Data Collection and reporting under SSS**
    - Training on Data Collection and Reporting Tool
    - Reporting structure and frequency

- **Supportive Supervision & Reporting**

- **Counselling and Soft Skills** (*Training Module for the counsellor across all the Component of NACP–V should be used to train the staff)*

- **Understanding of TI, core-groups, and Outreach Activities**

- **Referrals and Linkages**

- **Commodity Provision and Management**

<u>Training Plan</u>

- A pool of master-trainers will be created which would include resources/officers from NACO, SACS and Partner Organizations.

- These master trainers will be further providing down-training to the SSK staff

Chapter 7: Supportive Supervision

SSS is going to be implemented as an "Immersion Learning Model" to identify the best path forward, collect feedback and adapt strategies. The model will be tweaked, modified, and amended based on field experiences and learnings. Hence, Supportive Supervision will help the staff to improve their own work performance continuously, promote quality and provide an opportunity to improve knowledge and skills of the staff as well as support the programme to modify as per the requirement of the clients. SSK Staff mentoring will be done by the Supportive Supervisors.

The objectives of Supportive Supervision are to ensure:

- The quality of service is maintained
- SSK is maintaining the infrastructural requirement with display of SBCC material
- Timely follow ups are being done
- The At-Risk negative clients are maintaining their negative status and timely reporting is being done.
- The challenges faced by the staff, or the clients are being recorded to further improve the performance of the SSK as it is an immersion learning model.

The supervision of the SSK Staff is to be done by the respective SACS/ SETU or by the external agency/ experts engaged in the different programmes in the area.

At SACS, the programme should be managed by the Basic Service Division (BSD) or the Targeted Intervention (TI) Division. One officer either from BSD 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 & trainings should be done jointly by both the divisions.

The immersion learning model for SSS initiative should be supervised 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 as described in the above schematic. This will be an ongoing process.

The model will be tweaked, modified, and amended based on field experiences and learnings at various levels. Hence, the process documentation and the analysis report prepared from Supportive Supervision report will support in assessing the strategy for immersion learning.

Chapter 8: Monitoring & Evaluation (M&E) Framework

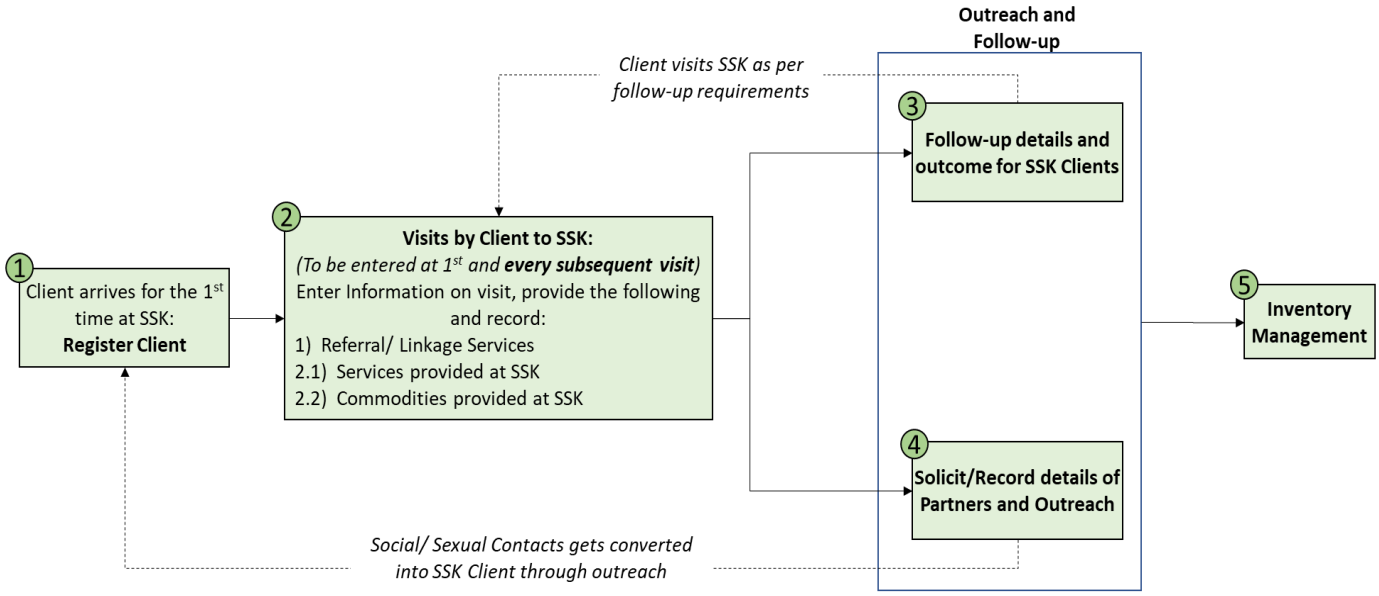
As SSS is being implemented as an immersion learning model, it is critical to collect data to enable progress monitoring as well as documenting learnings to course-correct strategy and quality control.

Data at SSKs will be recorded in real time digital formats as much as possible to enable faster data collation and analysis. To commence operations at the SSK, a web-based portal will be leveraged for data recording and reporting, which will eventually be integrated with SOCH/ IIMS platform to ensure single source of data reporting.

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 (*draft*) with an expanded set of indicators. This list will be *revised and refined* basis field experiences, learnings, and data analyses, as the SSS program progresses forward.

M&E indicators for SSS		Frequency
1. HIV Negative: Clients who remain HIV negative 15-17 months (or 4th visit) post registration at SSK		Cohort Tracking
2. Syphilis Confirmatory Result: % of clients turning Syphilis positive during the period		Monthly/ Annually
3. Partner Outreach (1): Of the total partners identified, % of new clients coming to SSK		Monthly/ Annually
4. New Registrations: Total number of new clients registered at SSK		Monthly/ Annually
5. HIV testing at SSK: % of clients who were screened for HIV during their visits		Monthly/ Annually
6. HIV reactive: Of those screened**,** % of clients found reactive		Monthly/ Annually
7. Syphilis testing at SSK: % of clients who were screened for Syphilis during their visits		Monthly/ Annually
8. Syphilis reactive: Of those screened**,** % of clients found reactive		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.Mental Health Counselling *(example)*	**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	Monthly/ Annually
	c. Accompanied Referral: 1. % clients who were provided accompanied referral of those who received service 2. % clients who were provided accompanied referral of those didn't receive service	Monthly/ Annually
12.SRH Commodities *(example)*	% 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 first partner arrival at facility)		Monthly/ Annually
15. Average number of Partners/Client:		Monthly/ Annually

The expected M&E flow is placed below:



Mid-term assessment will 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 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 1 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 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

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
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

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 ***Pilot Districts*** ***Phase II Districts***

Annexure 2: SSK Assessment Tool Guidelines

1. Operational Assessment:

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

All ICTCs and DSRCs in selected SSS districts should be evaluated using the operational assessment tool. The eligibility criteria to determine SSS facility in the selected districts 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 can select the SSS facility at their discretion. If a state has multiple districts for SSS implementation, it is recommended that SSS facilities are selected such that facilities represent high, medium, and low client load across different districts.

Steps to conduct the assessment:

- This tool is to be administered by the assessment team to SACS/ DAPCU/ 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)*	(ICTC/DSRC)	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/ DAPCU/ SACS can do random check and fill accordingly	
15. Would you recommend this facility to be re-modelled to SSS facility based on your Assessment?	Drop down Yes/No *(If yes, please fill up 16-19 questions, if no end assessment)*	SACS Overall Assessment This section is to be filled by the SACS officials only
16. What infrastructural changes will be required to re-model facility to SSS facility (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 give 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.
- 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 solicit 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 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 administered to SACS/ DAPCU/ District Nodal Officer for each selected district by the assessment team.
- 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
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.N	Category	Service	Commodity	Procurement	Service provider	Service Location
1	Differential HIV Testing	Social and Sexual Network Mapping			SSS staff	SSS center
2		Index and Partner Testing	HIV RDTs	NACO	SSS staff	SSS center
3		Self-Testing	HIV Self-test	NACO	SSS staff	SSS center
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	SSS staff (for STIs) Linked center (for co-morbidities)	SSS staff (for STIs) Linked center (for co-morbidities)
5		Risk Reduction	PrEP and PEP	NACO	SSS staff	SSS center
6		Mental Health Counselling			Linked center	Linked center
7	Strengthening Services	OST, Abscess Management, Overdose Management, harm reduction		NACO	SSS staff	SSS center
8		Legal and Human Right services			Linked center	Linked center
9		TI and CCC referrals			Linked center	Linked center
10		Referral to community support centres			Linked center	Linked center
11		Referrals to drug treatment centres			Linked center	Linked center

B. Desirable Services (Non-Exhaustive)

S. N	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	State to propose	State to propose	State to propose
2		Gender Counselling on Hormone Replacement therapy	State to propose	State to propose	State to propose	State to propose
3		Linkage with OPD of other communicable and non-communicable diseases	State to propose	State to propose	State to propose	State to propose
5		Screening and Treatment referrals for other medical conditions, including NCDs, HPV, cervical cancer screening, SRH, RCH, MCH, abortion etc.	State to propose	State to propose	State to propose	State to propose
6	Strengthening Services, or Other	Skill development / Vocational training	State to propose	State to propose	State to propose	State to propose
7		Social Security & Social Welfare Schemes	State to propose	State to propose	State to propose	State to propose
8		Next generation ACSM	State to propose	State to propose	State to propose	State to propose
9		Referrals and linkages to various Social Protection Schemes (SPS) and other government programmes run through NGOs- List them	State to propose	State to propose	State to propose	State to propose

Annexure 4: About NACO Helpline and NACO AIDS App

National Toll-Free AIDS Helpline- 1097 is one of the flagship Programmes of National AIDS Prevention Programme. The scope of services provided by 1097 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, providing information on various government schemes available for the beneficiaries throughout the country. The helpline also provides the following:

- Currently it offers call support in 15 regional languages. NACO has a pool of 49 trained and experienced counsellors who work in shifts to keep the helpline functional 24x7. If need be, 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 category of services that are offered via 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 Interventions:

- Health related information: Includes COVID-19 related information.
- Holistic Information: On Coronavirus
- Capacity Building: Helpline counsellors oriented and provided additional resource material on do's and don'ts for preventing and addressing social stigma, providing psychosocial support, dispelling myths etc.
- Psychosocial support
- Supply chain management: Ensuring adequate supply of ARV drugs.
- Social Protection Schemes

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

About NACO App

The information on NACO AIDS App is available in 12 regional languages. The app spreads awareness amongst masses with the help of its gamification feature. NACO AIDS App lets one learn in a friendly manner and earn rewards. This app is comprised of features like HIV risk evaluator that lets an individual know if they are at risk of HIV. Not just this, it helps you to stay updated about myths and facts related to HIV and the media jingles keep you posted about the importance of condoms. Government of India safeguards the rights of People living with HIV under The Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (Prevention and Control) Act. A dedicated feature has been created by NACO to let an individual know about the rights of PLHIV and stop Stigma and Discrimination with PLHIVs. From What is AIDS to How is AIDS caused, 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 you 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 nutrition, transportation, livelihood, financial assistance, and several other supports extended by Government of India in various states for PLHIVs. The app is highly recommended for youth, adolescents, pregnant women and people with risk prone behaviour.

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 onboarded easily • Can outsource trainings and staff management • 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 • 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 • 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. • 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. • If the existing counsellor is not hired to do extensive outreach activities so the additional task might not be acceptable by the counsellors. • 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 • Additional budget will be provided to the NGO to recruit the SSS Coordinator and Outreach Workers. • Training will be done by the TI NGO • No Liability of staff continuation. • Staff will report to the Facility Counsellor and/ or MO (I/C)	• Possibility of overburdened resource, or scope creep in roles and responsibilities • Facility in-charge might use the SSS Staff for other activities in the hospital. • In case of multiple NGOs in the selected site area, selection of NGO might be a challenge.
D	**Mix Approach**	• Cost-effective plan • Existing staff currently under-utilized may be effectively used. • Already existing staff is already trained, only SSS related capacity building would be required. • 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. • Possibility of lack of experience/ expertise existing counsellor in taking up managerial role Qualification & experience might not be as per the requirement.

Annexure 6: Roles and Responsibility 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 strategy 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, DAPCUs 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 SSS Facility 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) along with other consumables and Medicine 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 Surakhsha 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, DAPCUs 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.

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 needs to be done daily and periodically reviewed for quality. Ensure 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

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

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 with working knowledge of MS office, usage of internet and electronic mail.
- Familiarity with government health policies and related programmes.
- Ability to work in teams, and flexible ways of working as per the need of programme

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 educating the target audience on preventive measures, testing and treatment of HIV, STIs and related co-infections through one-to-one or group counselling, using suitable medium (Exp. posters, flip books, flyers, leaflets, 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. Undertake the 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 for HIV and STIs reactive/positive children through field visit/outreach ensuring uptake of suitable services like confirmatory testing, viral load tests, registration to treatment facilities and adherence counselling,
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 injecting drug users 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. Undertake the specific activities in context of the programme monitoring, surveillance and research as per 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.
- Support 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 the Sampoorna Suraksha activities will be based on the epidemiological profile, Risk Profile, location, and client load.
- Develop a detailed monthly micro-plan, which should include identification of site/s for 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.
- The planning will be done under the guidance of the District UNIT (DAPCU) 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 needs to 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 strategies 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 display/maintenance of IEC material including placement of hoarding wall painting as per the programme.
- Maintain the 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 and on time to SACS/NACO.
- Attend review meetings conducted by SACS with complete program information.
- Document and report good practices observed in the field and facilities and support staff in addressing gaps.
- Support in programme evaluation process.

C.3 Coordination and Advocacy

- Support the Nodal Officer or DACO for coordinating with the district administration, related line departments and non-governmental partners working in the 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 the responses related to communities' access to health care facilities, social protection/entitlements, and addressing stigma and discrimination.
- Coordinate with the National Health Mission (NHM) District Program Management Unit to develop convergent actions with different public health initiatives.
- Engage with providers of social welfare services and facilitate linkage with 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 is given pre-test counselling, post-test counselling & follow-up counselling, ensuring 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 an interface between the client and the service provider, plan the schedule for follow up, navigation, consistent condom usage, any treatment if required, for PLHIVs ensure linkages and follow up and partner management, syphilis screening and other lab test 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.

- Undertake individual and group sessions on HIV/AIDS, STI, safe sex and injecting practices, prevention of abscesses, 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 the advances and expenses and ensure all the bills related to the activities are collected, verified and accounted for.
- Financial Reporting to the MO in charge.

III. Sampoorna Suraksha Outreach Worker (SSORW)

A. Education Qualification

- 12^{th} 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 are not yet 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 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.
- 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 developing 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	100000		100000	Laptop, Printer, Table and Chairs, branding & IEC
	SUB TOTAL 1	**100000**			**100000**	**0**	**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 upto 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**	**0**	**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 & DAPCU), stationary, meetings & handholding, refreshment
	SUB TOTAL 3	**100000**		**0**	**100000**	**0**	**100000**	
4	**Administrative Cost**							
4.1	Travel Cost for Program Purpose	75000		12	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		12	24000		24000	Rs.500 for SSC, SSM, SSORW each and for the SSK per month
4.3	Advocacy Meeting & Sensitization Workshops	60000	4	12	60000		60000	For organizing advocacy & networking meetings, sensitization workshops at district & state level etc
4.4	Health and General Camp	35000	5	12	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		12	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**	**0**	**269400**	
	Grand Total (1+2+3+4)				**889400**	**0**	**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 Surakhsha Kendra	The cost will be utilized for purchasing of the Laptop/ desktop, Printer, Printer Cartilage, Table and Chairs, waiting area furniture, white wash/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 SS Team	This cost will be used for conducting the Induction training & Orientation of the SSK Staff including the SS 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 & DAPCU 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/DAPCU 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 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, DAPCU, 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 15-17 months (or 4th visit) post registration at SSK[2] ***Note:*** *This indicator might be looked into, at different time intervals like 2nd /5th visit etc.*	Number of clients who have been reported HIV negative in the 15-17 months (4th visit) post their registration at SSK	Number of clients who have been tested for HIV in the 15-17 months (4th visit) post their registration at SSK	Cohort Tracking (Monthly/ Annually)	Impact
Syphilis Screening Test Result: % of clients turning Syphilis reactive during the period *(Might be analyzed across Pregnant versus Non-Pregnant Clients)*	Number of clients who have screened reactive for Syphilis during the period	Number of clients who have been administered screening test for Syphilis during the period	Monthly/ Annually	Outcome
Syphilis Confirmatory Test Result: % of clients turning Syphilis positive during the period	Number of clients who have been confirmed positive for Syphilis during the period	Number of clients who have been administered confirmatory 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 *(atleast 6 months after previous treatment)*	Number of clients who have been confirmed positive for Syphilis earlier and were provided treatment	Cohort Tracking (Monthly/ Annually)	Outcome
Partner Outreach (1): Of the total partners identified, % of new clients coming to the facility	No. of new clients coming to the facility for the first time during the period (under SSS Outreach) **Data Source:** HCTS Table-1/ IIMS Beneficiary Registration	Total number of partners identified during the period	Monthly/ Annually	Outcome
Partner Outreach (2): Of the total partners identified, % of new clients at SSK	No. of outreached partners who registered at SSK (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 screened for HIV during their visits		Number of HIV testing done during the period	Total Number of Visits during the period	Monthly/ Annually	Output
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
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 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 received service at referred center	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

	Accompanied Referral: 1. Out of clients who received service at referred center, % of clients who were provided accompanied referral 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 2. Number of Clients who did not receive service at referred center during the period	Monthly/ Annually	Output
For 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 (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 look 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 the facility (Cumulative)	-	At the end of month/ year	Output
Average number of Partners/Client: (Would range between 0-2 as current limit to number of Partners solicited is 2)		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.) Out of the clients who did not turn-up for visit post follow-ups, frequency distribution of follow-up modalities 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) **Analysis of HIV +ve Clients:** 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) 2. Analysis of HIV +ve clients by demographic factors, follow-up adherence etc. 3. Adherence Analysis **Co-infection rate** for HIV/Syphilis, HCV/Syphilis, HCV/HIV, HIV/HCV/Syphilis **TB:** Analysis of clients who were positive for TB during registration **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:** *Created on the basis of current Follow-up criteria:

- **For 2nd visit to SSK:** 3 months after 1st visit
- **For 3rd and subsequent visits to SSK:** 6 months after last visit

Annexure 9: 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


NACO
जीवन में सुरक्षा का मोल बढ़ाओ, हर बार सुरक्षित व्यवहार अपनाओ
एच.आई.वी., एस.टी.आई और अनचाहे गर्भ से बचाव के लिए
हर बार कंडोम का सही इस्तेमाल करें
हर तरह के सेक्स में कंडोम का इस्तेमाल करें
आपस में खुल कर चर्चा करें
अधिक जानकारी के लिए नेशनल टोल फ्री हेल्पलाइन पर कॉल करें
परामर्श और सेवाओं के लिए संपूर्ण सुरक्षा केंद्र जाएँ
SAMPOORNA SURAKSHA


NACO
अपनी सुरक्षा अपने हाथ, संपूर्ण सुरक्षा केंद्र के साथ!
हर बार कंडोम का सही से इस्तेमाल करें
कभी किसी से भी सुई/ सिरिंज साझा न करें
अपनी नियमित एच.आई.वी. और एस.टी.आई. जाँच करवाएँ
अधिक जानकारी के लिए नेशनल टोल फ्री हेल्पलाइन पर कॉल करें
परामर्श और सेवाओं के लिए संपूर्ण सुरक्षा केंद्र जाएँ
SAMPOORNA SURAKSHA


NACO
PEP को समझो, एच.आई.वी. से बचो!
पेप क्या है?
एक दवा है जो आपके शरीर को एच.आई.वी. संक्रमण होने से पहले वायरस को रोक सकती है।
पेप कब लेनी होती है?
यदि आप एच.आई.वी. नेगेटिव हैं और आपको लगता है कि आप एचआईवी के संपर्क में आ गए हैं जैसे
बिना कंडोम के सेक्स
शारीरिक और/या यौन जबरदस्ती के माध्यम से
संक्रमित सुई से नशा,
या कार्य करते हुए संक्रमित रक्त के संपर्क पर आने से
तो संपर्क में आने के 72 घंटे के अंदर यह दवा लें
पेप कैसे लेनी है?
डॉक्टर की सलाह से
72 घंटों के भीतर
28 दिनों तक
पेप की सुविधा संपूर्ण सुरक्षा केंद्र में भी उपलब्ध है।
अधिक जानकारी के लिए नेशनल टोल फ्री हेल्पलाइन पर कॉल करें
परामर्श और सेवाओं के लिए संपूर्ण सुरक्षा केंद्र जाएँ
SAMPOORNA SURAKSHA


NACO
सुरक्षित जीवन अपनाओ, अपनी नियमित एच.आई.वी. जाँच करवाओ !
एच.आई.वी. जाँच एक सामान्य जाँच है
यह संपूर्ण सुरक्षा केंद्र पर मुफ्त उपलब्ध है
आपकी जानकारी गोपनीय रखी जाती है
असुरक्षित यौन सम्बन्ध होने पर, एक से अधिक यौन साथी के होने पर, सुई से साझा नशा करने पर और बार-बार एस.टी.आई. होने पर, एच.आई.वी. का खतरा 2 से 10 गुना बढ़ जाता है।
अधिक जानकारी के लिए नेशनल टोल फ्री हेल्पलाइन पर कॉल करें
परामर्श और सेवाओं के लिए संपूर्ण सुरक्षा केंद्र जाएँ
SAMPOORNA SURAKSHA


NACO
अपनी सुरक्षा का आधार, कंडोम का सही इस्तेमाल हर बार!
बिना कंडोम सेक्स एच.आई.वी., एस.टी.आई और अनचाहे गर्भ होने का जोखिम बढ़ाता है
यौन संबंधी विषयों पर अपने साथी से चर्चा करें
हर बार सही तरीके से कंडोम का इस्तेमाल करें, हमेशा सुरक्षित रहें
अधिक जानकारी के लिए नेशनल टोल फ्री हेल्पलाइन पर कॉल करें
परामर्श और सेवाओं के लिए संपूर्ण सुरक्षा केंद्र जाएँ
SAMPOORNA SURAKSHA


NACO
न इंजेक्शन से करे नशा न सुई करे साझा
करे संपूर्ण सुरक्षा का वादा
हर बार नई सुई का इस्तेमाल करें
किसी के साथ भी सुई साझा न करें
अधिक जानकारी के लिए नेशनल टोल फ्री हेल्पलाइन पर कॉल करें
परामर्श और सेवाओं के लिए संपूर्ण सुरक्षा केंद्र जाएँ
SAMPOORNA SURAKSHA


NACO
STI - यौन रोग छुपाओ नहीं, इलाज कराओ, खुद के साथ अपनों की सुरक्षा अपनाओ !
हमेशा कंडोम का इस्तेमाल करें
परामर्श लें और जांच कराएं
इलाज पूरा करवाएं
आपकी जानकारी गोपनीय रहेगी
अधिक जानकारी के लिए नेशनल टोल फ्री हेल्पलाइन पर कॉल करें
परामर्श और सेवाओं के लिए संपूर्ण सुरक्षा केंद्र जाएँ
SAMPOORNA SURAKSHA


NACO
जब नशा करे परेशान, OST ही है समाधान !
ओ.एस.टी. लेने के फायदे
नशे की लत से मुक्ति
सुई की आदत से छुटकारा
HIV से पूर्णतः बचाव
OST
संपूर्ण सुरक्षा केंद्र में मुफ्त उपलब्ध हैं
अधिक जानकारी के लिए नेशनल टोल फ्री हेल्पलाइन पर कॉल करें
परामर्श और सेवाओं के लिए संपूर्ण सुरक्षा केंद्र जाएँ
SAMPOORNA SURAKSHA


NACO
खुद को दो संपूर्ण सुरक्षा का वादा!
सुरक्षित व्यवहार और नियमित जाँच का करो इरादा।
हर बार कंडोम का सही से इस्तेमाल करें
कभी किसी से भी सुई/सिरिंज साझा न करें
अपनी नियमित एच.आई.वी. और एस.टी.आई. जाँच करवाएँ
अधिक जानकारी के लिए नेशनल टोल फ्री हेल्पलाइन पर कॉल करें
परामर्श और सेवाओं के लिए संपूर्ण सुरक्षा केंद्र जाएँ
SAMPOORNA SURAKSHA


NACO
जैसे ज़रूरी शारीरिक स्वास्थ्य, वैसे ज़रूरी मानसिक स्वास्थ्य!
एच.आई.वी.
लैंगिकता
लिंग पहचान
तनाव
सुई से नशा
किशोरावस्था समस्याएं
तनाव में न रहें, सम्बंधित सेवाओं के लिए संपूर्ण सुरक्षा केंद्र पर संपर्क करें।
अधिक जानकारी के लिए नेशनल टोल फ्री हेल्पलाइन पर कॉल करें
परामर्श और सेवाओं के लिए संपूर्ण सुरक्षा केंद्र जाएँ
SAMPOORNA SURAKSHA


NACO
अगर मन में हो HIV और STI से जुड़ा कोई सवाल, 1097 पर तुरंत करो कॉल !
एच.आई.वी. या एस.टी.आई. पर किसी भी तरह की जानकारी लेने के लिए नेशनल टोल फ्री एड्स हेल्पलाइन 1097 पर कॉल करें, यहाँ आपकी जानकारी को गुप्त रखा जाएगा !
जानकारी - संपूर्ण सुरक्षा की ओर पहला कदम
अधिक जानकारी के लिए नेशनल टोल फ्री हेल्पलाइन पर कॉल करें
परामर्श और सेवाओं के लिए संपूर्ण सुरक्षा केंद्र जाएँ
SAMPOORNA SURAKSHA