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

DISTRICT INTEGRATED STRATEGY FOR HIV / AIDS (DISHA)

(REVAMPED DAPCU)

2022

OPERATIONAL GUIDELINES

© NACO, MOHFW, GOI, 2022
All rights reserved.

You may copy, redistribute, and adapt the publication for non-commercial purposes, provided the publication is appropriately cited. In any use of this publication, there should be no suggestion that NACO endorses any specific organization, products, or services. The use of the NACO logo is not permitted. If you adapt the publication, then you must license your work allowing copy, redistribute and adapt the work for non-commercial purposes. If you create a translation of this publication, you should add the following disclaimer: Any translation of this document is not created by NACO. NACO is not responsible for the content or accuracy of any translation. This original English edition shall be the binding and authentic edition.

General disclaimers.

NACO has made every effort to ensure the accuracy to verify the information contained in this publication. However, errors and omissions are accepted. The publication is being distributed without warranty of any kind, either expressed or implied. Maps, if any used in this publication, are only to provide visual impressions on the given indicator. These are not for scale and must not be construed or used as a "Legal Description" of any State/UT/District

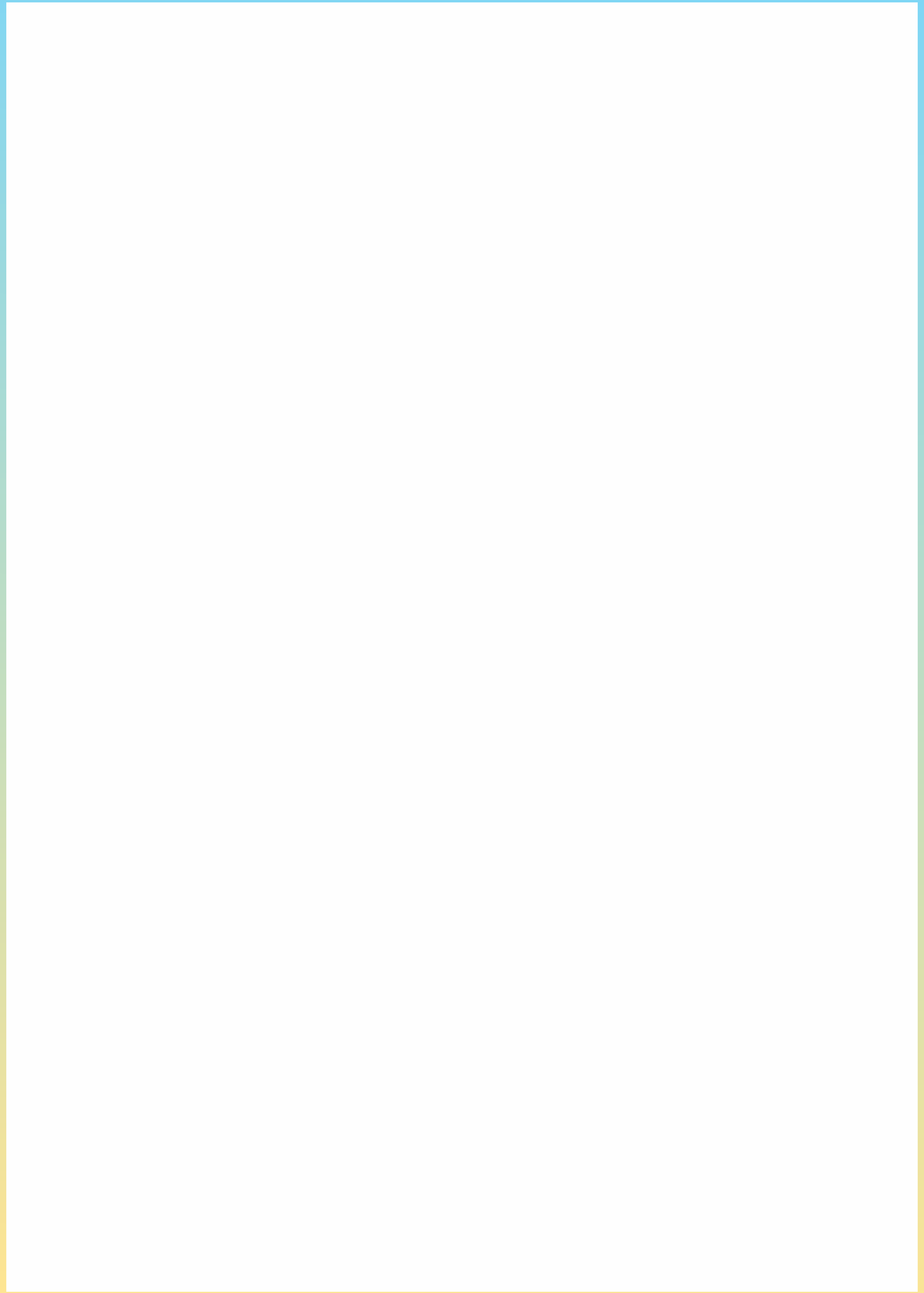
For additional information about "District Integrated Strategy for HIV/AIDS (DISHA) Operational Guidelines 2022", please contact:

Program Management and Review Division
National AIDS Control Organisation (NACO)
Ministry of Health and Family Welfare, Government of India
6th and 9th Floor, Chandralok Building, 36, Janpath, New Delhi,110001

DISTRICT INTEGRATED STRATEGY FOR HIV / AIDS (DISHA)

(REVAMPED DAPCU)
2022

OPERATIONAL GUIDELINES



आलोक सक्सेना
अपर सचिव एवं महानिदेशक
Alok Saxena
Additional Secretary & Director General

राष्ट्रीय एड्स नियंत्रण संगठन
स्वास्थ्य और परिवार कल्याण मंत्रालय
भारत सरकार
National AIDS Control Organisation
Ministry of Health & Family Welfare
Government of India

FOREWORD

India is committed to achieving end of AIDS as a public health threat by 2030 (SDG Target 3.3). District HIV/ AIDS Prevention and Control Units (DAPCUs) were created during NACP-III (2007-2012) to implement AIDS control and prevention strategies in 188 districts across 22 States with high burden of HIV prevalence and were integrated with the existing public health infrastructure and programmes at district level in a synchronised manner. The process of decentralised service delivery under the programme was further strengthened during NACP IV.

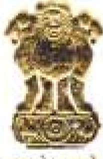
Key recommendations of the evaluation of NACP Phase - IV and Extension Phase (2017 to 2021) also mentioned the need to leverage the presence of District AIDS Prevention and Control Units (DAPCUs) to monitor the programme across priority districts. Based on the district level estimates 2019, microtargeting of the epidemic control measures is required with an expanded scope to saturate the high, moderate and low priority districts and eventually cover the remaining districts in a phase wise manner to achieve the ultimate goal of ending AIDS as a public health threat by 2030.

In the present NACP V phase, new interventions and strategies have been developed to monitor the program at national, state and district level. These interventions and strategies are being implemented at the facility level and these need to be encompassed in the present ambit of monitoring structure at the district level as District Integrated Strategy for HIV/AIDS (DISHA). The transitioning from DAPCU (DISHA Units) to DISHA Clusters demands leveraging the existing resources and enhancing their scope of work to cater to the changing requirement of the program. Under the DISHA Strategy, DISHA Clusters consisting of high, moderate and low districts (as per requirements of States and UTs) will be created across the country with an expanded mandate of to work in the most efficient manner.

The Operational Guidelines for DISHA will serve as a comprehensive document that outlines all the processes and steps for transitioning from DAPCUs to DISHA Clusters, new human resource pattern under the Strategy along with their revised terms of reference, newer interventions under NACP-V. The DISHA Strategy will be a dynamic approach to tackle emerging pattern of prevalence of the epidemic at district level.

(ALOK SAXENA)

6th Floor, Chandralok Building, 36 Janpath, New Delhi-110001 Tel. : 011-23325331 Fax : 011-23351700
E-mail : dgoffice@naco.gov.in



निधि केसरवानी, भा.प्र.से.
निदेशक
Nidhi Kesarwani, I.A.S.
Director

राष्ट्रीय एड्स नियंत्रण संगठन
स्वास्थ्य और परिवार कल्याण मंत्रालय
भारत सरकार
National AIDS Control Organisation
Ministry of Health & Family Welfare
Government of India

PREFACE

The implementation of NACP-I (1992-99) and NACP-II (1999-2006) resulted in institutionalisation of nationwide prevention and control efforts for HIV – AIDS epidemic. During NACP-II, programme management and implementation was decentralised to State AIDS Control Societies (SACS) which was further decentralised to district and sub – district level under NACP-III to strengthen, scale up epidemic response measures in the most efficient manner. Although DAPCUs have made a difference in monitoring the program, but with changing prevalence rates, newer pockets have emerged in newer districts across the country in addition to the existing high burden Districts which need more focus.

The National Strategic Plan (2017 – 2024) and District - level Estimates (2019), recommended a revamped District Level Strategy for monitoring the program, keeping in view the diversity of HIV/AIDS epidemic in the country. The extremely diverse HIV epidemic signifies the need for revamping programme management and monitoring strategies. During NACP-III, DAPCUs were established in 188 high priority districts which are presently monitoring their own district. Considering the fact that HIV epidemic pattern is changing across the country as evident in the District Level Estimates of 2019, there is a need to adopt cluster based DISHA (District Integrated Strategy for HIV/AIDS (DISHA) in high, moderate and low burden districts and eventually the very low burden Districts, instead of the DAPCU model. DISHA Strategy demands leveraging the existing resources in the most efficient manner.

This document has come out well with the engagement of public health experts, Programme managers under NACP and implementing partners of NACO. I congratulate all of them for their efforts for making this document and I hope this guideline act as a guiding framework for implementation of District level monitoring structure in the form of DISHA.

Nidhi Kesarwani

9th Floor, Chandralok Building, 36 Janpath, New Delhi-110001 Tel. : 011-23325343 Fax : 011-23325335
E-mail : dir@naco.gov.in

अपनी एचआईवी अवस्था जानें, निकटतम सरकारी अस्पताल में मुफ्त सलाह व जाँच पाएँ
Know you HIV status, go to the nearest Government Hospital for free Voluntary Counselling and Testing

Dr. U. B. Das, M.D.
Chief Medical Officer (SAG)
Tel. : +91-11-43509917
Fax : +91-11-23731746
E-mail : ub.das71@gov.in
drubdas.naco@gmail.com

भारत सरकार
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
राष्ट्रीय एड्स नियंत्रण संगठन
नौवीं मंजिल, चन्द्रलोक बिल्डिंग,
36, जनपथ, नई दिल्ली-110 001
Government of India
Ministry of Health & Family Welfare
National AIDS Control Organisation
9th Floor, Chandralok Building,
36, Janpath, New Delhi - 110 001

ACKNOWLEDGEMENT

With the changing HIV epidemic pattern in the country, it is required to adopt an integrated District level approach to replace the single district approach introduced under NACP III. The District Integrated Strategy for HIV/AIDS (DISHA) has been formulated with the contribution of eminent public health experts in HIV/AIDS, National and State programme managers.

Shri Alok Saxena (Additional Secretary & Director General, NACO) provided valuable guidance for timely completion of DISHA Operational Guidelines. Ms. Nidhi Kesarwani, (Director, NACO) provided her valuable experience and expertise as a state and district level administrator in developing the Operational guidelines. The Technical Working group (TWG) for DISHA under the Chairmanship of Dr. Naresh Goel, public health expert (former DDG NACO) and members of the TWG developed the DISHA Strategy. Dr. Anoop Kumar Puri (DDG – CST & IEC), Dr Shobini Rajan (CMO (SAG) & DDG BSD & TI), Dr Chinmoyee Das (ADG – CST & SI), Dr Srinivas Murthy, (DD STI), Dr Bhawani Singh Kushwaha (DD – TI, GF & BSD), Dr Saiprasad P Bhavsar (DD – PMR & SCM), Dr Bhawna Rao (DD – LS & IEC), and all SACS officials who contributed for developing this strategy.

Further, I take this opportunity to acknowledge the efforts of Dr. Govind Bansal (former NC – PMR and presently Director – MHI, MoHFW), Mr. M. Karthikeyan (Consultant, PMR), Dr Jyoti Sharma (Associate Consultant, PMR), Ms Shalini Chandra (Associate Consultant, PMR), the National Consultants & Consultants from all Divisions of NACO for development of this guideline.

I also thank the development partners of NACO i.e CDC, WHO, UNAIDS & USAID for providing their inputs to develop the Strategy and Operational Guidelines for DISHA with special reference to the technical expertise received from CDC under the leadership of Dr. Melissa Nyendak Program Director, and her team of Dr. Tarun Chengappa, and Dr. Ramesh Reddy Allam; Dr Rita Prasad from USAID as well as Dr. Nalini Chandra from UNAIDS.

Dr U. B. Das

CONTENTS

List of Acronyms

1. **Chapter 1: Evolution of NACP and District Level Monitoring**

A. Introduction 01

1. NACP I to NACP - IV 01

2. National AIDS Control Programme Phase - V 02

B. District level institutional framework for implementation of NACP activities 03

2. **Chapter 2: Revamped DAPCU (DISHA) under NACP - V**

A. Expanded scope for district level monitoring 05

B. Need for revamping of the district level monitoring 08

C. Implementation and institutional framework of DISHA 08

D. HR pattern under DISHA Strategy 10

E. Reporting Mechanism 10

F. Monitoring of the DISHA Unit / DISHA Cluster 11

G. Capacity Building of HR in DISHA Unit / DISHA Cluster 11

H. Performance Appraisal 11

I. Infrastructure support for DISHA Unit / DISHA Cluster 11

J. Administration and Finance Management of DISHA Unit / DISHA Cluster 12

3. **Chapter 3: Terms of References under DISHA Strategy, ToRs of the Individual team members in DISHA Unit & DISHA Cluster and Recruitment**

A. TORs of the DISHA Unit / DISHA Cluster 14

B. Recruitment 16

C. Roles and Responsibilities of NACO 16

D. Roles and Responsibilities of SACS 16

E. Role and Responsibilities of the Nodal officer and SIMU team members in SACS 17

F. Roles and Responsibilities of District Administration 19

G. Job description of the HR under DISHA 19

1. Cluster Programme Manager 19

2. Clinical Services Officer 21

3. Data Monitoring and Documentation Officer 23

H. Job description positions of HR under DISHA Units 25

4. **Annexures:**

1. Letter From Joint Secretary To The Project Directors For The Monitoring of NACP Activities At The District Level 26

2. Constitution of District AIDS Prevention Control Committee (DAPCC) 29

3. Roles and Responsibilities of DISHA Unit / Cluster 31

4. District Integrated Action Plan 46

5. Letter From Health Secretary - Nomination Of District TB Officer (DTO) As Nodal Point For HIV / AIDS Program Activities At District Level 47

6. Monitoring Check list for Supportive Supervision to facilities by DISHA Unit / DISHA Cluster 51

LIST OF ACRONYMS

AAP	Annual Action Plan
AIDS	Acquired Immuno Deficiency Syndrome
ANC	Ante Natal Clinic/Cases
AMC	Annual Maintenance Contract
ANM	Auxiliary Nurse Midwife
APD	Additional Project Director
ART	Antiretroviral Therapy
ARV	Anti-Retroviral
ASHA	Accredited Social Health Activist
AWW	Anganwadi Worker
CBO	Community Building
CCC	Community Care Centres
CDC	Centers for Disease Control & Prevention
CEO	Chief Executive Officer
CHC	Community Health Centres
CII	Confederation of Indian Industries
CMHO	Chief Medical and Health Officer
CPM	Cluster Programme Manager
CSO	Clinical Services Officer
CST	Care, Support and Treatment
DACO	District AIDS Control Officer
DAPCC	District AIDS Prevention & Control Committee
DAPCU	District AIDS Prevention and Control Unit
DBS	Dried Blood Spot
DC	District Collector/ Deputy Commissioner
DH	District Hospital
DMDO	Data Monitoring and Documentation Officer
DMHO	District Medical and Health Officer
DNO	District Nodal Officer
DIS	District ICTC Supervisor
DISHA	District Integrated Strategy for HIV/AIDS
DHS	District Health Society
DPM	District Programme Manager
DSRC	Designated STI/RTI Clinic
DNRT	DAPCU National Resource Team
EMTCT	Elimination of Mother to Child Transmission of HIV
EQAS	External Quality Assurance Scheme
FSW	Female Sex Worker
HIV	Human Immuno-deficiency Virus
HRG	High Risk Group

ICDS	Integrated Child Development Services
ICT	Integrated Counselling & Testing
ICTC	Integrated Counselling & Testing Centre
IDU	Injecting Drug User
IEC	Information, Education and Communication
LAC	Link ART Centre
LFU	Lost to Follow up
LWS	Link Worker Scheme
M&E	Monitoring & Evaluation
MSM	Men who have Sex with Men
Mos	Medical Officers
NACO	National AIDS Control Organisation
NACP	National AIDS Control Programme
NCA	National Council on AIDS
NTEP	National Tuberculosis Elimination Programme
NGO	Non-Governmental Organisation
NHM	National Health Mission
NSP	National Strategic Plan
OI	Opportunistic Infection
PALS	PLHIV ART Linkage System
PD	Project Director
PHC	Primary Health Centre
PIP	Programme Implementation Plan
PLHIV	People Living with HIV / AIDS
PMR	Programme Management and review
PRI	Panchayat Raj Institutions
RCH	Reproductive & Child Health
RTI	Reproductive Tract Infection
Rus	Reporting Units
SACS	State AIDS Control Society
SBS	Social Benefit Schemes
SHG	Self Help Group
SIMU	Strategic Information & Monitoring Unit
SIMS	Strategic Information & Management Systems
SoE	Statement of Expenditure
SOCH	Strengthening Overall care for HIV Patients
STI	Sexually Transmitted Infection
TI	Targeted Intervention
TSU	Technical Support Unit
ToR	Terms of Reference
UC	Utilisation Certificate

CHAPTER 1

EVOLUTION OF NACP AND DISTRICT LEVEL MONITORING

A. Introduction

1. NACP Phase 1 to NACP - IV and Extension

India's National AIDS Control Programme (NACP) is globally acclaimed as a success story. The NACP, launched in 1992, is being implemented as a comprehensive programme for the prevention and control of HIV/ AIDS in India. Over time, the focus ranges from raising awareness to behaviour change, from a national response to a more decentralised response and to increase involvement of Non-Governmental Organisations (NGO) and networks of People Living with HIV (PLHIV).

The first three phases of the NACP have effectively controlled the HIV / AIDS epidemic in the country by adopting the National AIDS Prevention and Control Policy (2002), scaling up Targeted Interventions (TIs) for Key Population (KP) and vulnerable risk groups in high prevalence State and the National Blood Policy. In addition to these policies, counselling, testing, Elimination of Mother to Child Transmission of HIV and Syphilis (EMTCT) and Anti-Retroviral Treatment (ART) programmes have been introduced along with setting up of the National Council on AIDS (NCA). The State AIDS Control Societies (SACS) policy in all the States initiate community involvement, ownership in developing appropriate strategies and in reaching out to high-risk and vulnerable populations.

The NACP - III aimed at scaling up prevention efforts among KPs and general population and integrating them with care, support & treatment services. This phase further mainstreamed prevention and care services with decentralised district level co-ordination and monitoring by introducing the District AIDS Prevention and Control Units (DAPCU). The strategic information management and institutional strengthening activities provided required technical, managerial, and admin-istrative support for implementing the core activities under NACP - III at the National, State and district levels. The capacities of State AIDS Control Societies (SACS) and DAPCUs were strengthened. Technical Support Units (TSUs) were established at the National and State level to assist in the programme monitoring and technical areas.

The NACP IV aimed to build on the achievements of previous years and reduce new infections by 50% (2007 Baseline of NACP - III) and provide comprehensive care and support to all PLHIV and treatment services for all those who require it. NACP - IV also aimed to further strengthen the process of decentralising the rollout of services including integrating HIV services with health systems in a phased manner. It also envisaged main streaming of HIV/ AIDS activities with all key Central/State level Ministries/ departments with a high priority and leveraging the resources of the respective departments. Furthermore, social protection mechanisms for PLHIV were strengthened. NACP - IV witnessed the launch of test and treat, differentiated service delivery models, revamped TI structure, expansion of public sector viral load labs; involvement of communities around mapping and population size estimates and the formation of Community Resource Group (CRG) with Community System Strengthening (CSS), HIV / AIDS Act 2017. With this launch, community engagement, which is always a part of the programme has become even stronger now.

Key recommendations of the evaluation of NACP Phase-IV and Extension Period also recommended the establishment of a 'Strategic Unit' at NACO to focus on programme management and leverage the presence of District AIDS Prevention and Control Units (DAPCUs) to monitor the HIV programme across priority districts.

To make it simpler and for better understanding, DAPCU will be henceforth known as DISHA Units.

2. National AIDS Control Programme Phase - V

Objectives of the Programme

National AIDS and STD Control Programme (2021-26), is a continuation of Phase - IV (including the Extension Phase) from 2012-2021 under the Central Sector Scheme of Govt. of India to allow seamless continuation of services. The programme will continue to build on the game-changing initiatives of NACP - IV like HIV / AIDS Prevention and Control Act (2017) and rules thereof, test and treat policy, viral load monitoring, decentralised testing and treatment services with an integral, and vibrant community engagement.

The goals of NACP - V are as follows:

1. Reduce annual infections by 80%, baseline value of 2010.
2. Reduce AIDS - related mortality by 80%, baseline value of 2010
3. Eliminate vertical transmission of HIV / AIDS
4. Promote universal access to quality Sexually Transmitted Infections / Reproductive Tract Infections (STI / RTI) Services
5. Eliminate HIV / AIDS related stigma and is discrimination

The specific objectives of the Programme by 2025-26 are as below:

A. HIV/AIDS prevention and control

1. 95% of people who are most at risk of acquiring HIV infection use comprehensive prevention services / methods
2. 95% of HIV positive know their status, 95% of those who know their status are on treatment and 95% of those who are on treatment have suppressed viral load
3. 95% of pregnant and breastfeeding women living with HIV have suppressed viral load
4. Less than 10% of people living with HIV and key populations experience stigma and discrimination

B. STI / RTI prevention and control

1. Universal access to quality STI / RTI services to at-risk and vulnerable populations
2. Attainment of elimination of vertical transmission of syphilis.

Strategic Interventions under NACP - V

1. New generation communication strategy
2. Virtual intervention approach
3. One-stop centres
4. Sampoorna Suraksha Kendra
5. Partner notification and Index Testing services
6. Leveraging Dual Test Kits (HIV & Syphilis)
7. Addressing linkage loss at all levels
8. Differentiated care model
9. Prioritise Sexual and Reproductive Health (SRH) services
10. Expand the reach of viral load testing
11. Private sector engagement
12. Information Technology (IT) Enabled & client-centric Information Management System
13. Community system strengthening
14. Building and augmenting synergies
15. Programme management and review
16. Enhancing the strategic information systems
17. Leveraging technology to bring efficiency and expand the reach of the services
18. Intervention for Prisons and other closed settings
19. Optimisation of NACP resources to develop robust HIV Counselling and Testing Services
20. Consolidation and expansion of existing interventions across the prevention-testing-treatment continuum with critical enablers of Information, Education and Communication (IEC), Laboratory Services (LS) and Strategic Information (SI) management

B. District Level institutional framework for implementation of NACP activities

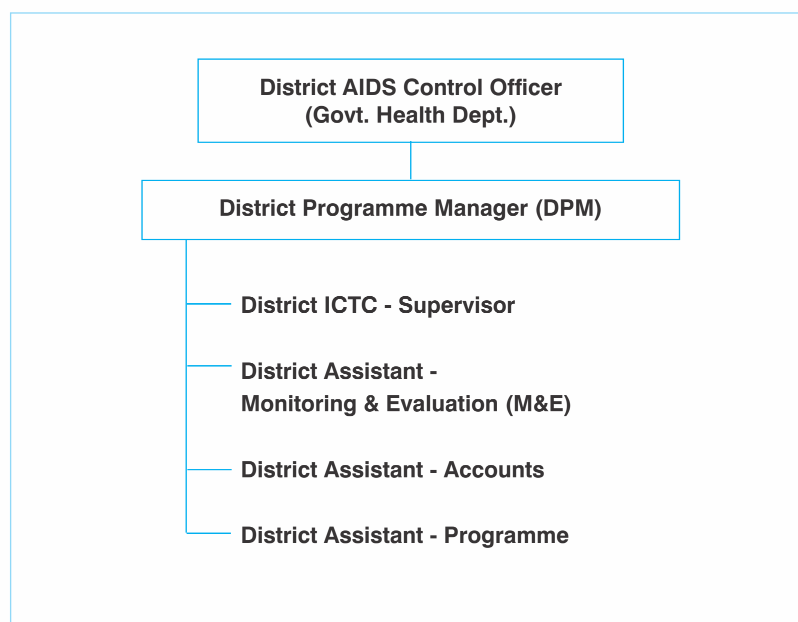
HIV Sentinel Surveillance data from 2004-2006, categorised all the districts in the country into four categories (Category A, B, C and D) based on the disease burden. Category A and B districts with more than 1% prevalence among pregnant women and/or more than 5% prevalence among the high-risk groups needed focused efforts for HIV epidemic control. Accordingly, there were 156 and 39 districts in categories A and B respectively with a total of 195 districts that required priority attention. This led to the establishment of DAPCUs in 188 districts across 22 States in India (7 States/ districts formulated their own co-ordination and monitoring mechanism). These units were positioned within the overarching umbrella of district health systems and resulted in institutionalising the local planning and management of NACP at the district level. These district units were monitored and mentored by a DAPCU National Resource Team (DNRT) constituted at the National AIDS Control Organisation.

The existing National AIDS Control Programme monitoring structure is as follows:

- At National level - NACO - PMR Division
- At State level - SACS with Technical Support Unit (TSU) providing Technical Support to SACS
- At districts - DAPCU

In non-DAPCU districts, where there is no standardised and well-defined structure to monitor the programme, the States, on their own, monitor the district level functions through their existing resources.

FIGURE 1 - DAPCU ORGANISATIONAL STRUCTURE



Core functions of DAPCU as a unit are as follows:

- Institutionalising district level review meetings to monitor activities like treatment cascade, co-ordination among facilities, troubleshooting, etc.
- Institutionalising District AIDS Prevention Control Committee (DAPCC) meetings for meaningful engagement of the district administration in HIV.
- Field visits to the facilities to provide supportive supervision.
- Co-ordination and integration with health department and mainstreaming with other line departments.
- Facilitating access to social benefit schemes for PLHIV and High Risk Groups (HRGs) through linkages.
- Reporting and documentation.
- Providing a supportive role in supply chain management, human resource management, and financial management of the NACP activities at the district level.

CHAPTER 2

REVAMPED DAPCU / DISTRICT INTEGRATED STRATEGY FOR HIV / AIDS - (DISHA) UNITS UNDER NACP - V

India's National Strategic Plan (NSP) for the prevention of STIs and HIV was formulated in the year 2017 for the period between 2017-2024. The NSP provided few suggestions to restructure the district level monitoring with the help of more granular analysis to fully address unreached pockets and persons needing services.

Key recommendations of the evaluation of NACP Phase - IV and extension period also mentioned the need to leverage the presence of DAPCU to monitor the HIV programme across priority districts. It was envisaged that the new structure and mechanism would help in monitoring the programme activities across most of the districts from the epidemic point of view, rather than focusing on a few or selected set of districts.

The well-functioning DAPCUs had made a difference in monitoring the programme at the district level, but with the spread of the HIV epidemic, newer pocket had emerged in newer districts across the country and these districts in addition to the existing high burden districts needed focused attention. The HIV epidemic is extremely diverse in India, there are districts which are relatively more affected, either on account of prevalence or on PLHIV size, than the rest and thus had to be assigned a differentiated priority level.

A. Expanded scope for District level monitoring

As per the district level estimates in 2019, there are 479 districts in high, moderate and low priority categories out of a total 735 districts in the country. These 479 districts cover 96% of the PLHIV size, 95% of the new infections and 94% of the EMTCT needs. Saturating these districts with comprehensive HIV prevention-testing-treatment-retention services would help in reaching the above-mentioned districts across the country.

Based on the 2019 district level estimates, micro-targeting of the epidemic control measures is required with an expanded scope to saturate the high, moderate and low priority districts and eventually cover the remaining districts in a phased manner to achieve the ultimate goal of ending AIDS as a public health threat by 2030.

FIGURE 2 - DISTRICT CLASSIFICATION BASED ON THE DISTRICT ESTIMATES 2019

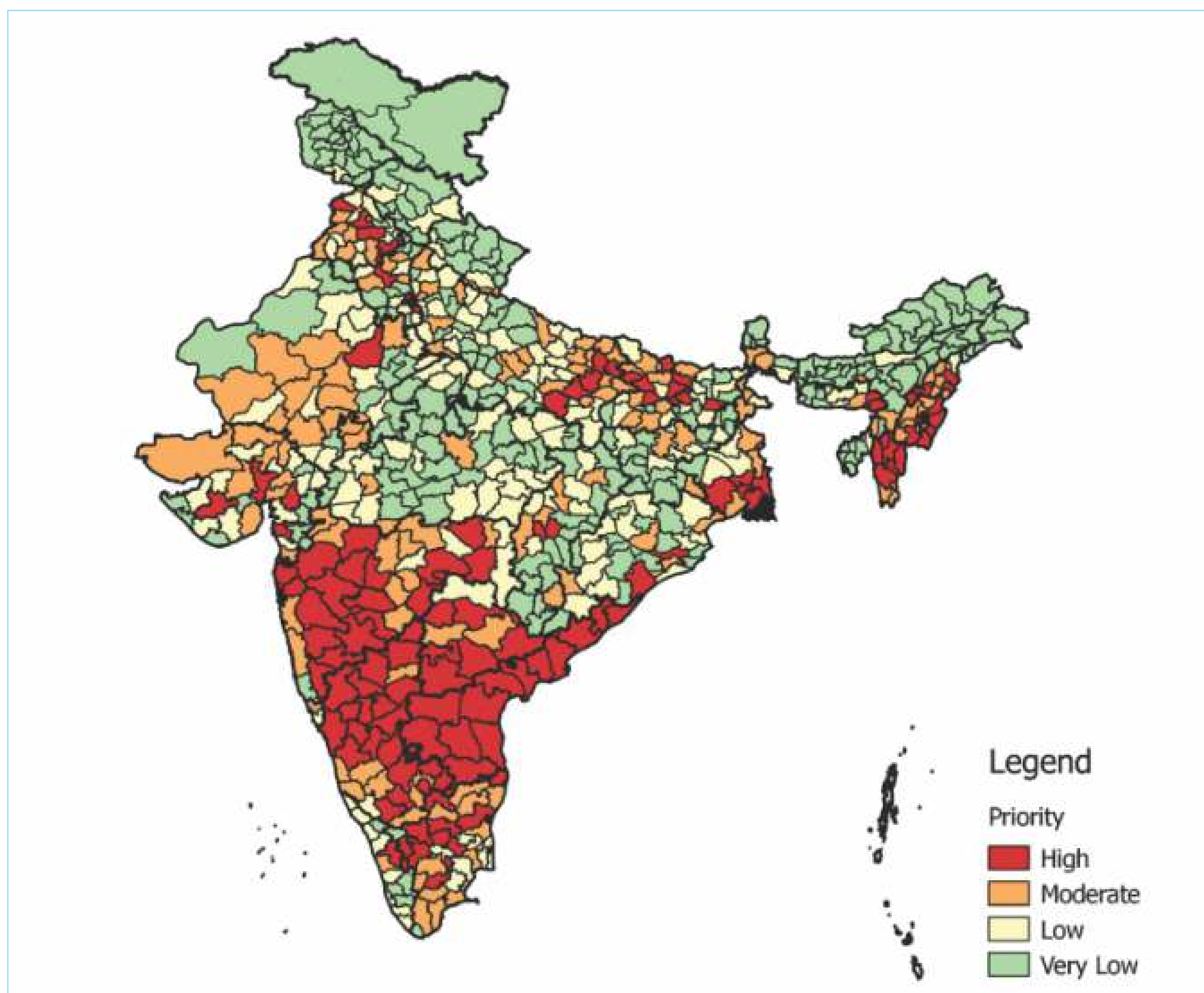


TABLE 1

Focus Level	Description	Districts	Number of Districts
High	Adult prevalence of >=1% or PLHIV size of >=5000	144	63% of PLHIV 50% of new infections 55% of EMTCT need
Moderate	Adult prevalence of 0.4% - <1% or PLHIV size of 2500 - <5000	155	21% of PLHIV 27% of new infections 25% of EMTCT need
Low	Adult prevalence of 0.20%-<0.40% or PLHIV size of 1000 - <2500	180	12% of PLHIV 16% of new infections 14% of EMTCT need
Very Low	Adult prevalence of <0.20% or PLHIV size of <1000	256	4% of PLHIV 5% of new infections 6% of EMTCT need

With changing epidemic profile, the detailed State-wise categorisation of the districts as mentioned in the district epidemic profile for 2019, is provided in the table below:

TABLE 2 - DISTRICT EPIDEMIC PROFILE FOR 2019

Sl. No	State/UT	Priority level				Total Districts
		High	Moderate	Low	Very Low	
1	Andaman & Nicobar	0	0	1	2	3
2	Andhra Pradesh	13	0	0	0	13
3	Arunachal Pradesh	0	0	0	25	25
4	Assam	0	3	1	29	33
5	Bihar	8	8	13	9	38
6	Chandigarh	0	0	1	0	1
7	Chhattisgarh	2	5	6	15	28
8	Dadra & Nagar Haveli and Daman & Diu	0	0	2	1	3
9	Delhi	7	4	0	0	11
10	Goa	0	1	1	0	2
11	Gujarat	4	9	11	9	33
12	Haryana	2	4	5	11	22
13	Himachal Pradesh	0	0	3	9	12
14	Jammu & Kashmir and Ladakh	0	0	1	21	22
15	Jharkhand	0	3	6	15	24
16	Karnataka	21	8	1	0	30
17	Kerala	1	1	8	4	14
18	Madhya Pradesh	0	5	21	26	52
19	Maharashtra	20	11	4	1	36
20	Manipur	9	7	0	0	16
21	Meghalaya	2	1	3	5	11
22	Mizoram	8	3	0	0	11
23	Nagaland	6	5	1	0	12
24	Odisha	2	4	11	13	30
25	Puducherry	0	1	0	3	4
26	Punjab	4	7	10	1	22
27	Rajasthan	1	10	12	10	33
28	Sikkim	0	0	0	4	4
29	Tamil Nadu	11	14	11	2	38
30	Telangana	12	12	9	0	33
31	Tripura	0	0	1	7	8
32	Uttar Pradesh	5	21	28	21	75
33	Uttarakhand	0	1	3	9	13
34	West Bengal	6	7	6	4	23
	Total	144	155	180	256	735

B. Need for revamping the district level monitoring

The outcome of the district level HIV burden estimates (2019), viewed in the light of NSP recommendations, shows the need to have a revamped district level strategy of monitoring the programme which complements the diversity of the HIV/AIDS epidemic in India. The extremely diverse HIV epidemic signifies the need for reforming programme management and monitoring strategies. With the scale-up of programmes and evolving epidemic some districts which were in low priority earlier, have moved to a high category and vice versa.

Programme monitoring at the district level requires expansion under the light of the dynamic epidemic profile and expansion of the epidemic in a larger number of districts across the country. The ways of monitoring the programme have changed over the period of time since the establishment of DAPCUs in the third phase of NACP. In the present Phase - V of NACP, newer interventions and strategies have been implemented to monitor the programme at the National, State and District and Facility level which could be included in the monitoring structure at the district level.

Currently, DAPCUs (DISHA Units) are established in 188 districts which were high priority districts under NACP - III and are formally monitoring one district at a time. There has been considerable programmatic progress by setting up these district level units. In the light of the changing epidemic patterns across the country as evident in the district level estimates of 2019, the transitioning from DAPCU (DISHA Units) to DISHA Clusters is imperative. The strategy demands leveraging the existing resources (mainly in terms of vacant HR positions) and enhancing the scope of work to cater to the changing requirement of the program under the DISHA strategy. It needs to enable the establishment and functioning of DISHA Clusters (each catering to more than one district) across the country with an expanded mandate of work in the most efficient manner. The experience from NACP - III and IV on establishment, capacity building, mentoring and monitoring of DAPCUs will give an added advantage to the gradual carving out of DISHA Clusters (cluster of districts) in the most optimised manner.

The newer pockets or the newer focus districts should also get adequate coverage under the district level monitoring mechanism. Since transitioning from DAPCU to DISHA is a dynamic process, newer vacancies generated during the course of time will be used to fulfill the needs of HR under the DISHA strategy.

C. Implementation and Institutional Framework of DISHA

With the objective of expanding the district level monitoring, a mixed model approach is envisaged to be adopted as detailed below:

1. The geographical coverage of existing DAPCU (DISHA Units) may be expanded to cover the neighbouring high, moderate and low burden districts which are not currently covered by any DAPCU / DISHA Unit. Existing DAPCUs in neighbouring districts may be merged to form the cluster (wherever applicable), with the help of existing manpower. If there is need of augmenting the strength of existing manpower due to vacancies, the same may be undertaken by recruitment based on the new HR pattern under the DISHA Strategy. The mandate of the existing staff would also be expanded by default, to implement the DISHA strategy at the cluster level. The expanded mandate form of DAPCU / DISHA Units will be called DISHA Clusters. The existing HR under the DAPCU will continue in DISHA Clusters with the same designations.

The new HR under the DISHA Strategy is as follows:

- One Cluster Programme Manager (CPM)
- One Clinical Services Officer (CSO)
- One Data Management and Documentation Officer (DMDO)

The old HR under the DAPCU (DISHA Unit) like DPM, DIS, DA (Account, Programme and M&E) will continue to function with the same designations. The TOR of DPM will be similar to CPM, the TOR of DIS will be similar to that of CSO and the TOR of DA Account, Programme and

M&E will be similar to that of DMDO. If there is a vacancy of either DPM or DIS, the same may be fulfilled by need-based recruitment of CPM or CSO respectively. If all the three positions of DA (Account, Programme and M & E) are vacant, only then will a DMDO be recruited.

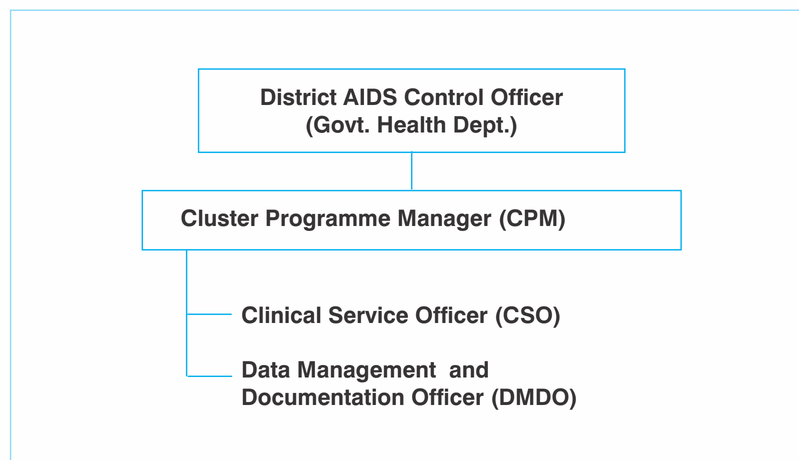
2. New DISHA Cluster (Cluster of districts) will be established and will have two or more districts in its ambit within the State, based on their epidemiological profile and homogeneity of the epidemic, geography, ease of movement, etc.

The new DISHA Clusters are the cluster of districts in high, moderate, low and very low (wherever applicable) burden districts and consist of the following HR.

- One Cluster Programme Manager (CPM)
- One Clinical Services Officer (CSO)
- One Data Management and Documentation Officer (DMDO)

The Terms of Reference of the DISHA Cluster and the HR under it are detailed in Chapter 3.

FIGURE 3 - ORGANOGRAM FOR THE NEW DISHA CLUSTER



3. Those DAPCU districts where there is no further scope to expand the geographical coverage, will continue to function as DAPCU and will be known as DISHA Unit henceforth. In this model, though the DISHA Unit will continue to monitor only one district, HR under DAPCU will perform all the functions per the roles and responsibilities under DISHA strategy.

- The DPM will perform all the functions of CPM
- DIS will perform all the functions of CSO
- DA (M&E, Accounts and Programme) will perform all the functions of DMDO.

Note: Even the presence of one DA is sufficient to function as DMDO.

Incase, all the positions of DA are becoming vacant in a particular district / cluster, only then the recruitment of DMDO will be considered by respective SACS.

The new recruitment under the DISHA strategy will henceforth only be as per the new designations and ToRs under DISHA. No existing vacancies under DAPCU with the older designations and ToRs will be filled further (Refer to Letter From Joint Secretary To The Project Directors For The Monitoring of NACP Activities At The District Level, placed at Annexure 1).

The DAPCU will continue to be called DISHA Unit till the time it caters to only one district. Once it caters to more than one district, it will be called DISHA Cluster.

Very low category districts will also be covered by the

nearby DISHA Unit based on their geographical proximity, commutation facilities and any other localised consideration. However, it will be as per the suggestion of the respective SACS in consultation with NACO.

The District AIDS Control Officer (DACO) from the regular health system is of prime importance for the successful implementation of the DISHA Strategy in all the districts and will act as a lead at the district Level. The unit will support the implementation of NACP interventions in districts under the leadership of the Additional Project Director (APD) at the State level (Nodal Officer for DISHA) and through M&E Division of SACS. A dedicated line of budget will be sanctioned in the Annual Action Plan (AAP) based on the plan received from SACS and approval thereof. Thus, the revamped DAPCU strategy in the form of DISHA will be implemented in the State upon the consultation and final approval of the proposals from NACO.

D. Human Resources (HR) pattern under DISHA strategy

The DISHA strategy will have the following staff:

The DISHA unit/clusters will continue to have positions as below, - However, as mentioned earlier, no vacant positions can be filled against them as per the old mandate and designation.

1. District Programme Manager
2. District ICTC Supervisor
3. District Assistant - M & E
4. District Assistant - Accounts
5. District Assistant - Programme

Whenever there is a need to fill up the vacancies of the existing HR, the recruitment will be done only under the new HR pattern and as per the ToR of the DISHA Unit, under the new strategy, based on the State's proposals and justifications, NACO has provided a CPM in place of DPM, CSO in place of DIS and a DMDO in place of the assistants (if all three DA positions are vacant in the existing DISHA Unit).

Each cluster (DISHA Clusters) may have the following positions:

1. Cluster Programme Manager (CPM)
2. Clinical Services Officer (CSO)
3. Data Monitoring and Documentation Officer (DMDO)

The DISHA Unit will not necessarily have all the three positions and they will be need-based. The positions will be allocated by the States with the approval from NACO, depending upon the need.

The following are the options for consideration while the DISHA Cluster is positioned in the district:

1. At District Collector Office or Chief Medical Health Officer (CMHO) Office of the district having a higher HIV burden in the cluster per the 2019 district level estimates

   OR
2. Availability of office at Divisional Commissioner in one of the districts in the DISHA Cluster

   OR
3. Availability of office at Divisional Joint Director (Health) in one of the districts in the DISHA Cluster

   OR
4. Ease of access in commuting between districts of the proposed the DISHA Cluster

   OR
5. Any other factor that SACS may seem appropriate while placing the headquarter for DISHA Cluster.

It has to be ensured that the new DISHA Cluster will not be established in the district where the SACS Head Quarters (HQ) is already existing. The existing DISHA Unit in such districts may continue to work or may be relocated to other needy districts as per the discretion of the concerned SACS with prior intimation to NACO.

The positioning of the HQ of the DISHA Cluster will be done by SACS in consultation with NACO. In case of change in the prevalence or programme priorities during the course of time, the States will have the flexibility to revise the placement of such structures in consultation with NACO.

E. Reporting Mechanism

At the District / Cluster level, DISHA Unit / DISHA

Cluster will continue to work under the overall leadership and guidance of District AIDS Control Officer (DACO) (district nodal officer for HIV) in the particular district and the DISHA Unit / DISHA Cluster of any particular district will report to the District Administration/ District Health Authorities through DACO.

Monthly reports in the prescribed standard reporting format (for the district or districts in DISHA Unit / DISHA Cluster), will be generated and strictly shared through the DACO with the reporting officer at SACS i.e., I / C of SIMU / M&E Division and APD who is a reviewing officer at SACS. The DISHA Unit / DISHA Cluster will update the district dashboard regularly on a monthly basis to monitor the status of the epidemic control.

F. Monitoring and performance appraisal of the DISHA Unit / DISHA Cluster

At the State level, the performance appraisal of the DISHA Unit / DISHA Cluster will be done by the I/C SIMU / M&E Division of SACS, which will be strictly based on the monthly reports submitted by the DISHA Units / DISHA Clusters in the State. The monthly reports are to be forwarded by the DACO in the concerned Districts. The Additional Project Director (APD) who is the Nodal Officer for DISHA or Project Director (where there is no APD) will be the Reviewing Officer for the performance appraisal of DISHA.

G. Capacity Building of DISHA Unit / DISHA Cluster staff

The SIMU / M&E Division of SACS shall be responsible for undertaking the training (Induction training of new staff and Refresher training for old staff) of the DISHA Unit / DISHA Cluster staff.

The induction training modules developed by NACO may be used as a base module for the training. These modules can also be utilized for providing refresher training to the staff. Additionally, capacity-building sessions should be included during the DISHA Unit / DISHA Cluster review meetings based on the need.

H. Performance appraisal

Annual performance appraisal will be done by the Nodal Officer DISHA at SACS (Reviewing Officer) and forwarded through the proper channel of DACO (Reporting Officer) of the Headquarter District of the DISHA Unit / DISHA Cluster.

I. Infrastructure support for DISHA Cluster / Unit

1. Office space - The District Administration and health society will make available office space for the newly created DISHA Cluster. An office space that is free of any cost to the concerned SACS must be located within the District Level health facilities or District administration office.
2. Furniture - A minimum of four tables and eight chairs, and two small almirahs (or one big almirah) should be procured for the DISHA Cluster. Funds for one-time expenditure towards the same have been provided in the annual budget of SACS and procurement of the same is to be undertaken in accordance to the guidance issued by NACO.
3. Equipment - The DISHA Cluster Team will be provided with a minimum of three computers / laptops, besides one laser printer and internet facility for all laptops and computers. Proof of Loss (PoL) for motorcycles which are already provided by SACS or the travel cost as sanctioned as part of the travel expenses will be reimbursed based on the guidelines issued from time to time.
4. Storage - The DISHA Cluster plays a key role in the supply chain management. Storage space for IEC materials, drugs, and other consumables may be organised by the district administration, while SACS in co-ordination with the Health Department may provide cold storage facility (refrigerator, Ice Lined Refrigerator (ILR) or Walk-in Cooler (WIC) for storage of testing kits at the DISHA Unit / DISHA Cluster office as required by the supply chain management design of the State.

In addition to this, it is expected that the district administration / SACS will also provide other necessary infrastructure (water, electricity, fax, etc.) to the DISHA Unit / DISHA Cluster office, as necessary, from their own funds.

J. Administration and Finance Management

1. District AIDS Prevention and Control Committee (DAPCC)

At the DISHA Unit / DISHA Cluster at the district level, there is a District AIDS Prevention and Control Committee. DAPCC meetings may be clubbed, if needed, with the District Health Society meetings with concurrence from the respective SACS. For the DISHA Cluster, there will be a District AIDS Prevention and Control Committee for every district and DAPCC meetings may be clubbed, if needed, with District Health Society meetings with concurrence from the respective SACS.

The details on the constitutions of DAPCC is placed in **Annexure - 2.**

2. Administration

The DISHA Unit / DISHA Cluster Team functions under the administrative control of the SACS, routed through proper channel of DACO. The staff of the DISHA Unit / DISHA Cluster will follow the procedures for administration management as specified by their respective SACS. The leave and attendance management of the DISHA Unit / DISHA Cluster is to be done locally by DACO, under intimation to SACS for records. SACS has to provide guidelines on the administrative procedures for the DISHA Unit / DISHA Cluster. The list of records and forms of communication to be maintained shall be made available to the DISHA Unit / DISHA Cluster by SACS.

The suggested list of records to be maintained are as follows:

- Attendance Register
- Leave-Forms and Registers
- Inward and Outward Register
- Subject-wise files and records
- Movement Registers
- File for tour approval and Tour Reports
- Meeting register, along with their minutes and action points

3. Finance Management

The DISHA functions under the financial control of the SACS, routed through the proper channel of DACO. A separate account shall be maintained at the district level of the DISHA Unit or at the headquarter district of the DISHA Cluster, as per the guidelines of concerned SACS for managing NACP funds. The SACS has to issue the guidelines for the financial management of funds to the DISHA Unit / DISHA Cluster. The funds needed for the districts other than HQ Districts under the Cluster will be managed through the same fund. This account will be operated by the DACO at the Headquarters and CPM / DPM jointly for DISHA Unit / DISHA Cluster. The funds to be released to the DISHA Unit / DISHA Cluster will be for the activities such as: Funds for operational expenses (including travel, communication, meetings, stationary, contingency, etc.), IEC and other activities depending on the district-specific needs of the respective SACS. The salaries of DISHA Unit / DISHA Cluster staff shall be disbursed only through Electronic Clearance System (ECS) by SACS.

Travel expenses as part of supportive supervision to the facilities shall be reimbursed on actuals and not on a monthly allowance as part of salary. This will be per the Travel Allowance / Daily Allowance (TA/DA) norms followed by SACS and as issued by NACO from time to time.

Eight Days of field visits in a month are mandatory for each of the members of DISHA Unit / DISHA Cluster.

A list of Financial registers to be maintained are as follows:

- Cash / Centre book
- Petty cash book
- Journal Registers

- Ledgers
- Cheque issue register
- Cheque receipt register
- Asset register for DISHA Unit / DISHA Cluster
- District Asset Register (containing all facility's asset details)
- Stock register

The DISHA Unit / DISHA Cluster should maintain all the financial records and the Statements of Expenditure (SOE) and Utilisation Certificates (UC) should be submitted to the SACS in a timely manner for booking the expenses.

The DISHA Unit / DISHA Cluster is not an accounting unit in itself and therefore, all the bills and vouchers will be submitted to SACS for further settlement of advances given to facilities in the district, if any.

The records to be maintained are as follows :

- Facility-wise details of advance release, if any
- Facility-wise details of SOE and UC submissions
- Facility-wise asset details

CHAPTER 3

Terms of Reference under DISHA Strategy, ToRs of the Individual team members in DISHA Unit / DISHA Cluster and Recruitment

Broadly, the entire set of activities for the DISHA Unit / DISHA Cluster has been divided into five activity heads which are indicative and not exclusive. The SACS has to formulate the Annual Action Plan (AAP) for district level monitoring each year based upon the approved Annual Action Plan of SACS from NACO. The activities to be performed by the DISHA Units / DISHA Clusters are to be prioritised based upon the requirement of SACS and the concerned district for that particular year. SACS will also formulate the output / outcome framework for DISHA annually based on the approved activities under the Annual Action Plan for SACS which will help states to monitor and review DISHA in a time-bound manner.

A. ToRs of the DISHA Unit / DISHA Cluster

ToRs of the DISHA Unit / DISHA Cluster are high-lighted under five major thematic areas.

1. Advocacy and co-ordination
2. Community system strengthening
3. Capacity building
4. Strategic Information (SI) and monitoring
5. Newer strategic interventions under NACP - V

The key essential and desirable activities that are to be undertaken by DISHA as mentioned below are crucial for the programme and to be monitored by DISHA under the guidance of respective SACS. The SACS will also have to ensure that the same has been periodically reviewed. The desirable activities to be undertaken by DISHA are also enumerated below and the State will have to prioritise them according to the need of the State and strategically engage with the DISHA Units / DISHA Clusters to monitor those activities.

The SACS and DISHA have to be flexible enough for accommodating newer strategies introduced in the programme in the light of the changing dynamics of the disease.

TABLE 3 - THE BROAD KEY ROLES AND RESPONSIBILITIES OF DISHA UNIT / DISHA CLUSTER

Advocacy and Coordination
Essential: • District Administration, District Health Authorities and other line departments for convergence of activities and periodic review meetings between the facilities for a continuum of care. • Implementation of HIV AIDS Act. Ensuring the availability and display of IEC material. • Provisioning of the Social Protection schemes to the eligible beneficiaries. • SCM of Commodities. • Continuum of Care through NACP Facilities (Referrals and Linkages) and District level programme review. Desirable: • EMTCT with NHM • LFU tracking and DLN of PLHIV for tracking of LFUs • RRC and Adolescent Education Programme • Availability and display of IEC material • Engagement of private stakeholders like private practitioners, industries (ELM) etc
Community System Strengthening
Essential: • Community resource group • Grievance redressal • Stigma and discrimination

Desirable: • Community representation • Feedback to community
Capacity Building (CB)
Essential: • Needs assessment and planning for CB • Sensitisation programme for different stakeholders like District Legal Service Authorities on various provisions of HIV & AIDS (P&C) Act, 2017 Desirable: • Execution of periodic CB workshops • Act as a resource person in training
SI and Monitoring
Essential: • Prioritised field visits • District profiles • IT enabled & client-centric data management system. Desirable: • Compliance of data protection and data sharing guidelines • Local use of data through management of multiple databases [Strategic Information Management System(SIMS)/ Hospital Management Information System (HMIS) / Strengthening Overall Care for HIV Patients (SOCH) / PLHIV ART linkage System (PALS)] • Execution of research and surveillance activities • Health camps and IEC campaigns
Newer strategic interventions
Essential: • Sampoorna Suraksha strategy • One-stop centres • Contact tracing and index testing • Building and augmenting synergies • Programme management and review Desirable: • New generation communication strategy • Reaching the Missing Million - the virtual approach • Leveraging Dual Test Kits (HIV & Syphilis) • Expansion of viral load testing • Differentiated care model

The details of the above listed activities are given in **Annexure - 3** for smooth execution and clarity by the DISHA Unit / Cluster.

B. Recruitment

Recruitment of the staff for the DISHA Unit / DISHA Cluster will be done by the respective SACS. As per the Officer Order No. X-19014/310/2010-NACO (NTSU) dated 17th November 2020, SACS shall not recruit against any vacant positions in the DISHA Unit per the old mandate of DAPCU. As and when there is a need to fill up the vacancies of the existing HR in DISHA Unit, the recruitment will only be done in the new HR pattern and ToR of DISHA.

C. Roles and Responsibilities of NACO

At the National level, NACO will review and monitor the functioning of the DISHA Unit / DISHA Cluster. NACO will also provide leadership and guidance to the SACS on matters relating to the DISHA activities.

The roles and responsibilities at the NACO level are:

- Approve Annual Action Plan (AAP), allocate funds for DISHA Unit / DISHA Cluster in AAP.
- Issue Operational guidelines, monitoring formats, monitoring tools and training curriculum for induction and refresher training of the DISHA Unit / DISHA Cluster.
- Facilitate capacity building activities for staff under the DISHA Unit / DISHA Cluster.
- Information regarding re-categorisation of districts shall be intimated by NACO and will inform SACS for the establishment of the DISHA in those districts, if any.
- NACO will periodically review the performance of the DISHA Units / DISHA Clusters through SACS.

D. Roles and Responsibilities of SACS

At the SACS, the Project Director will provide overall leadership and mentoring for DISHA Unit / DISHA Cluster. The Additional Project Director (APD) in SACS will be designated as the Nodal Officer for DISHA Unit / DISHA Cluster. In the absence of APD in SACS, the Head or I/C of the SIMU Division, will be in charge Nodal Officer designated for DISHA Unit / DISHA Cluster.

The SACS will be responsible for the following:

- Recruit Human Resources for the DISHA Unit / DISHA Cluster as per the Operational Guidelines.
- Provide Infrastructure and office equipment to DISHA Unit / DISHA Cluster teams per NACO's instructions.
- Identify a Nodal Officer for the DISHA Unit / DISHA Cluster at the State.
- Timely submission of the annual action plan.
- Conduct Decentralised Annual Action Planning process and formation of District Level Integrated Action Plan.
- Conduct Periodic Review Meetings of the DISHA Unit / DISHA Cluster.
- Review the monthly reports of the DISHA Unit / DISHA Cluster and provide feedback.
- Ensure visits to districts in co-ordination with the DISHA Unit / DISHA Cluster teams.
- Ensure induction training of all the DISHA Unit / DISHA Cluster team members.
- Ensure refresher training on need basis.
- Ensure timely release of grants for the DISHA Unit / DISHA Cluster expenses.
- Ensuring that communication regarding the progr-amme reaches the district level for proper implem-entation.
- Ensure timely provision of information regarding financial releases to facilities.
- Each officer in SACS may be allocated few districts in the state for monitoring and mentoring the DISHA Units / DISHA Clusters.

The State AIDS Control Societies are expected to conduct review meetings of the DISHA Unit / DISHA

Cluster every quarter. Detailed planning and preparation for these meetings can ensure focussed and productive discussions as well as capacity building of the DISHA Unit / DISHA Cluster staff. A process for conducting streamlined DISHA Unit / DISHA Cluster team reviews combined with capacity building may lead to optimal utilisation of resources.

Broadly the review should ensure:

1. Review of activities undertaken by the DISHA Unit / DISHA Cluster for specified period.
2. Component-wise review of key indicators.
3. Review of planning/ requirement / progress of district-specific initiatives/ campaigns.
4. Opportunities for sharing successes and achievements.
5. Settlement of advances at the district level.
6. Discussion on referral and linkages amongst various facilities in the District.
7. Capacity building of DISHA Units based on identified needs.
8. Status of extending benefits of social welfare schemes and social entitlements to High Risk Groups (HRG) and PLHIV in the district.
9. Timely and complete reporting from HIV facilities in the district.
10. Inter DISHA Unit co-ordination on issues like district inter-district migration, Lost to Follow- up (LFU), positive pregnant mothers.
11. Issues with respect to supply chain management of commodities, if any.
12. Involvement of communities in NACP activities and progress under Community System Strengthening (CSS).
13. Resolution of any grievance from PLHIV and/or HRG community.

Monitoring and mentoring of DISHA Unit / DISHA Cluster by SACS.

Different strategies of mentoring such as regular feedback on every DISHA Unit / DISHA Cluster monthly report, field visits to the districts, video conference, skype call, DISHA review meetings, phone calls, publishing and sharing case studies, discussions on different themes through blogs, instructive videos and screencasts on spatial maps and SIMS, Survey Monkey tool, online google doc for efficient supply chain management, etc. are suggested for implementation to strengthen the DISHA Unit / DISHA Cluster across the country.

E. Role and Responsibilities of the DISHA Unit / DISHA Cluster Nodal officer and SIMU team members in SACS.

1. Job description of Additional Project Director, w.r.t the DISHA Unit / DISHA Cluster

Additional Project Director (APD) (Ex-officio) is the Nodal Officer at SACS for District Integrated Strategy for HIV/AIDS (DISHA) Strategy and the DISHA Units / DISHA Clusters.

Nodal officer at SACS will give guidance to all the Districts through cluster level units to be set up under DISHA in the National AIDS Control Programme. All the activities to be undertaken at the DISHA Units / DISHA Clusters will be under the overall guidance of APD or the I/c of SIMU, in case there is no APD.

S/he will be responsible to update the State leadership on the DISHA Strategy in the State and also guide the district level monitoring of the HIV programme with extensive support from SIMU Divisions at the State level.

Main responsibilities for the implementation of district level strategy in the state are mentioned as under:

- Establishment of cluster level units under DISHA.
- Effective planning, implementation, monitoring, reporting and periodic review of the programme from all the districts or clusters in the State.
- Timely submission of Annual Action Plan for the DISHA Unit / DISHA Cluster in the State.

- Steer District Integrated Action Plan in the state.
- Ensure multi-stakeholder and health System participation in the implementation of district or Cluster Strategy in the State.
- Inter-State coordination with respect to HIV cascade.
- Conduct the State review and participate in National reviews for district level strategy.
- Supervise the SIMU Division at SACS for implementation of DISHA strategy or the DISHA Units in the State.
- Ensure the establishment of regular communication from State to district for implementation of the DISHA strategy.

2. **Job description of Joint Director/Deputy Director/ Assistant Director - SIMU, w.r.t t DISHA Unit / DISHA Cluster**

In case the position of APD is vacant or not sanctioned, then a Joint Director SIMU at SACS will be the Nodal Officer for the DISHA Units / DISHA Clusters at SACS.

The Nodal Officer at SACS will give guidance to all the Districts through Cluster Level units to be set up under the DISHA Unit / DISHA Clusters in the State.

S/he will be responsible to update the State leadership and also guide the district level monitoring of HIV programme with extensive support from SIMU at the State Level.

Main responsibilities for implementation of District Level Strategy in the state are mentioned as under:

- Guiding, directing, and providing necessary administrative support for effective implementation of HIV Programme in the district.
- Supervise the overall HIV Programme in across the DISHA Unit / DISHA Cluster.
- Support the DISHA Unit / DISHA Cluster (wherever applicable) in effective planning, implementation, monitoring and reporting of the programme.
- Periodic review of the DISHA Unit / DISHA Cluster.
- Represent State in National DISHA Unit / DISHA Cluster Review
- Perform his responsibilities in close co-ordination with the District Collector / Deputy Commissioner, District Health Administration, and the Nodal Officer at SACS.
- Facilitate complimenting coordination between TSU, SACS and DISHA Unit / DISHA Cluster.
- Ensure preparation of Integrated District Action Plan of the HIV Programme with a bottom-up approach, in accordance with the epidemiological profile of the District and linkages with the National Health Mission (NHM) and programmes implemented by other allied departments, NGOs / CBOs.
- Plan for timely availability of needed financial, human resources and health commodities/ supplies for programme implementation and submit indents to SACS from time-to-time.
- Commemorate important events (World AIDS Day, World Population Day, World Blood Donor Day, etc.) canvassing HIV activities with active engagement of the district leadership.
- Guide and support the District Team for effective implementation of the approved HIV programme following NACO / SACS operational and implementation guidelines for different components of the programme for realising the desired outcomes or impact.
- Facilitate documentation of field visit observations and use of programme data by the District team to enhance the programme quality.
- Ensure that the established data monitoring systems are in place and the data is regularly obtained, timely analysed and objective feedback is provided.
- Monitor and strengthen referrals and linkages between NACP facilities.
- Ensure the DISHA Unit / DISHA Cluster team prioritises their field visits.
- Make independent and / or joint visits.

- Responsible for advocacy with the district administration and concerned line departments.
- Review and ensure submission of timely and accurate monthly report to SACS / NACO

F. Roles and Responsibilities of the District Administration

- Review monthly District Dashboard Indicators as part of District Health Society (DHS) meeting.
- Convene quarterly DAPCC meetings.
- Facilitate mainstreaming of HIV in line departments.
- Facilitate PLHIV and HRG access to social benefit schemes through the DISHA Unit / DISHA Cluster teams.
- Support troubleshooting for programme implementation of NACP at the facility / district level, wherever applicable.
- Leverage resources for district-specific activities of prevention, care, support, and treatment services of HIV/AIDS.
- Formulation of District Integrated Action Plan for HIV / AIDS through setting up of the synergies.

G. Job descriptions of HR under DISHA

1. Cluster Programme Manager (CPM)

The CPM is a key lead position of the District Integrated Strategy for HIV / AIDS (DISHA) at the cluster level. The SACS will appoint the CPM on a contractual basis with the renewal of the position every year based on the performance.

This position is equivalent to Deputy Director position in SACS.

The CPM will report to the Nodal Officer of DISHA i.e., the APD or In-charge SIMU in case there is no APD position, in SACS for all the cluster level updates as well as administrative reasons, through the proper channel of DACO.

The leadership role of DISHA Unit at the district level is DACO and the thus CPM will report to all the DACO in the Cluster for the respective districts for all the updates and coordination.

Eight days of field visits every month are mandatory for CPM.

The CPM will be responsible for monitoring and providing necessary support to the staff under the DISHA Unit / DISHA Cluster.

Eligibility Criteria

Essential Qualifications

- Bachelor's Degree in Medical or Allied Health Sciences/ Master's Degree in Public Health/ Healthcare Management/ Healthcare Administration / Social Science/ Psychology/ Applied Epidemiology / Demography / Statistics / Population Sciences or similar fields.

Experience

- Three years' experience for candidates with Master's Degree in Public Health / Healthcare Management/ Healthcare Administration/ Applied Epidemiology
- Five years' experience in Public Health for Bachelor's Degree in Medical and Allied Sciences/ Masters in Social Science/ Psychology/ Demography / Statistics / Population Sciences including a minimum two years of experience in HIV / AIDS sector.

Age limitation

Maximum 50 years of age. Crucial date for determining the age limit will be the closing date of receipt of the application.

Desirable

- The suitable candidate should be familiar with the organisation and functions of the state and local public health systems/ State AIDS Control Societies.
- Excellent written and verbal communication skills in local languages and English (speaking, reading, and writing).
- Strong analytical, advocacy and negotiation skills
- Willingness to travel extensively.

Other expertise includes:

  - o Programme management skills

- o Good knowledge of computers
- o Co- ordination and leading teams

The responsibilities are detailed below:

Advocacy and Coordination

- Coordination with the District Administration and other line departments for integration and DAPCC.
- Conducting periodic review meetings in the cluster for ensuring that Continuum of Care Services to PLHIVs and HRGs are provided.
- Implementation of the HIV / AIDS Act.
- Coordination for LFU tracking.
- Coordination with NHM and implementing partners for EMTCT.
- Ensuring availability of commodities in the facilities under NACP.
- Formation and functionalisation of Red Ribbon Clubs and implementation of the Adolescent Education Programme.
- Ensuring the availability & display of IEC material in the facilities.
- Establishment of linkages with Social Protection Schemes in the districts and its monitoring and follow-up.
- Ensuring the engagement of the programme with private stakeholders in the district - like private practitioners, Industries under Employee Led Model (ELM).
- Plan for commemorating important events such as (World AIDS Day, World Population Day, World Blood Donor Day, World Youth Day, National Voluntary Blood Donation Day etc.) to canvas HIV activities in the Cluster Districts with the active engagement of the district leadership and private institutions/ sponsoring agencies.
- Coordination with District Level Networks (DLN) of PLHIV undertaking various activities under the DLN.

Community System Strengthening

- Participate in the meetings of the Community Resource Group (CRG).
- Undertake the action points pertaining to the DISHA Unit / DISHA Cluster emanating from the CRG meetings.
- Establishment of the system for grievance redressal.

Capacity Building (CB)

- Training need assessment and planning for undertaking the capacity building activities in the districts.
- Provide necessary support for execution of Periodic CB workshops and act as a resource person in training wherever needed.
- Conduct the sensitisation programme for different stakeholders like District Legal Service Authorities (DLSA) on various provisions of the HIV & AIDS (P&C) Act, 2017 in the district.

Strategic Information (SI) and Monitoring

- Undertake prioritised field visits as planned in consultation with respective DACO and prepare quarterly and monthly activity plans.
- Ensure the use of district level data through the active databases of NACP (SIMS /SOCH/ PALS) for analysing and providing the necessary inputs to the DACOs and facilities on a regular basis.
- Formation and regular updation of the district profiles in the form of District Integrated Action Plan.
- Allocation of targets to each facility upon receipt of NACO / SACS approval.
- Ensuring the compliance of data protection and data sharing guidelines across the facilities in the district/s.
- Facilitate the execution of Research and Surveillance activities in the district(s).

Newer Strategic Interventions

- Facilitate the implementation of new generation

communication strategy in the facilities across the district(s).

- Facilitate the implementation of the virtual approach in the district(s).
- Facilitate the implementation of one-stop centres in the district(s).
- Facilitate the implementation of Sampoorna Suraksha Strategy in the district(s).
- Facilitate the expansion of viral load testing in the district(s).

Other Functions

- Plan for effective utilisation of Mobile ICTCs in the cluster, up-scaling of Facility Integrated-ICTCs.
- Document good practices observed within the cluster districts.
- Make joint field visits with SACS and Technical Support Unit Programme Officer(s).
- Attend DISHA review meetings conducted by SACS with complete programme information.
- In addition, the position may be assigned with additional responsibilities based on the emerging priorities or evolving needs of the programme.
- Based on the requirement of the programme, there can be a relocation within the State.

2. Clinical Services Officer (CSO)

The CSO is an important position of the District Integrated Strategy for HIV / AIDS (DISHA). The position is appointed by SACS on a contract basis with renewal of the position every year based on performance.

This position is equivalent to the position of Assistant Director in SACS and will report to the CPM or to DPM (in case CPM is not present) in DISHA for all the cluster level updates as well as administrative reasons.

Ten days of field visits in a month are mandatory from CSO.

Eligibility Criteria

Essential Qualification

Bachelor's Degree in Medical or Allied Sciences / Master's Degree in Public Health/ Healthcare Management/ Healthcare Administration/ Social Science/ Psychology / Applied Epidemiology / Demography / Statistics / Population Sciences

Experience

- One year experience for candidates with a Master's Degree in Public Health / Healthcare Management / Healthcare Administration / Applied Epidemiology
- Three years' experience in Public Health with a Bachelor's Degree in Medical or Allied Sciences/ Masters in Social Science / Psychology / Demography / Statistics / Population Sciences with minimum of one year of experience in the HIV / AIDS sector.

Age limitation

Maximum 45 years of age. Crucial date for determining the age limit will be the closing date of receipt of the application.

Desirable

- The suitable candidate will be familiar with the organisation and functions of the State and local public health systems / State AIDS Control Societies.
- Excellent written and verbal communication skills in local languages and English (speaking, reading, and writing).
- Strong analytical, advocacy and negotiation skills
- Willingness to travel extensively

Other expertise includes:

- o Programme management skills
- o Good knowledge of computers
- o Capacity building and team management

The position responsibilities are detailed below:

Advocacy and Coordination

- Implementation of HIV / AIDS Act
- Conducting periodic review meeting in cluster for ensuring Continuum of Care Services to PLHIVs and HRGs are provided.
- Co-ordination for LFU tracking.
- Co-ordination with the implementing partners for EMTCT.
- Formation of Red Ribbon Clubs and implementation of the Adolescent Education Programme.
- Ensuring the availability and display of IEC material in the facilities.
- Ensuring the engagement of the programme with Private Stakeholders in the district - like private practitioners, industries
- Support CPM/DPM for planning and commemorating important events (World AIDS Day, World Population Day, World Blood Donor Day, World Youth Day, National Voluntary Blood Donation Day etc.) to canvass HIV activities in the Cluster Districts with the active engagement of private institutions/sponsoring agencies.
- Co-ordination with District Level Networks of PLHIV undertaking various activities under the DLN.

Community System Strengthening

- Participate in the meetings of Community Resource Group (CRG)
- Assist the CPM/DPM in undertaking the action points pertaining to DISHA Unit / DISHA Cluster emanating from the CRG meetings.
- Assist CPM in the establishment of the system for Grievance redressal.

Capacity Building

- Support CPM for training need assessment and planning for undertaking capacity building activities in the districts.
- Provide necessary support for execution of periodic CB workshops and act as a resource person in training wherever needed.
- Conduct the sensitisation programme for different stakeholders like District Legal Service Authorities on various provisions of the HIV & AIDS (P&C) Act, 2017 in the district.

Strategic Information (SI) and Monitoring

- Undertake prioritised field visits as planned in consultation with respective DACO and prepare quarterly and monthly activity plan.

Newer Strategic Interventions

- Facilitate the implementation of new generation communication strategy in the facilities across the district/cluster.
- Facilitate the implementation of the virtual approach in the district/cluster.
- Facilitate the implementation of one-stop centres in the district/cluster.
- Facilitate the implementation of Sampoorna Suraksha strategy in the district/cluster
- Facilitate the expansion of viral load testing in the districts.

Other Functions

- Plan for effective utilisation of Mobile ICTCs in the cluster, up-scaling of Facility Integrated-ICTCs.
- Make joint field visits with SACS and Technical Support Unit Programme Officer(s).
- In addition, the position may be assigned additional responsibilities based on the emerging priorities or evolving needs of the programme.
- Based on the requirement of the programme, there can be a relocation within the State.

3. Data Monitoring and Documentation Officer (DMDO)

The DMDO is one of the key positions of District Integrated Strategy for HIV / AIDS (DISHA). The position is hired by SACS on a contract basis, with the renewal of the position every year based on performance.

This position is equivalent to the position of Assistant Director I in SACS and will report to the CPM or to DPM (in case CPM is not present) in DISHA for all the cluster level updates as well as administrative reasons.

Eight days of field visits in a month are mandatory from DMDO.

Essential Qualification

Master's degree in Public Health/ Healthcare Management/ Healthcare Administration/ Social Science/ Applied Epidemiology / Demography / Statistics / Bio Statistics/ Population Sciences/ Mathematics/ Economics

Experience

- One year experience for candidates with Master's Degree in Public Health / Healthcare Management/ Healthcare Administration / Applied Epidemiology
- Three years' experience in Public Health for Bachelor's Degree in Medical and Allied Sciences/ Masters in Social Science/ Psychology / Demography / Statistics / Bio-Statistics / Population Sciences with a minimum of one year of experience in HIV / AIDS sector.

Age limitation

Maximum 45 years of age. Crucial date for determining the age limit will be the closing date of receipt of the application.

Desirable

- The suitable candidate will be familiar with the organisation and functions of the State and local public health systems/ State AIDS Control Societies.
- Excellent written and verbal communication skills in local languages and English (speaking, reading and writing) and the ability to work well in an inter-disciplinary team.
- Strong analytical, advocacy and negotiation skills
- Willingness to travel extensively.

Other expertise include:

- o Programme management skills
- o Good knowledge of computers

The position responsibilities are detailed below:

The DMDO will be responsible to monitor the programme activities through different forums to gauge the programme directions, use and encourage the facility staff to make informed decisions for sound implementation, and ensure reporting of quality data and information through periodic field visits before the data is submitted by the facility to SACS / NACO.

Strategic Information (SI) and Monitoring

- Undertake prioritised field visits as planned in consultation with the respective DACO and prepare quarterly and monthly activity plan.
- Ensure correct, complete, consistent, and timely reporting from all reporting units (RUs) as per SOCH / SIMS protocol.
- Ensure the use of district level data through the active databases of NACP (SIMS / SOCH / PALS) for analysing and providing the necessary inputs to the DACO and facilities on a regular basis.
- Ensure submission of the monthly report of the cluster unit to the SACS and cluster headquarters.
- Formation and regular updating of the district profiles in the form of District Integrated Action Plan.
- Allocation of targets to each facility upon receipt of NACO / SACS approval.
- Ensuring the compliance of data protection and data sharing guidelines across the facilities in the district.

- Execution of research and surveillance activities in the district(s).
- Track and map field visits made to NACP facilities in the district(s) and provide status report on demand.
- Ensure repository of data at single place in the district from all the partners working in the district/s.
- Respond to specific responsibilities as assigned by SACS.
- Periodic grading of all facilities based on programme performance.

Reporting and Documentation

- Ensure 100% participation of all RUs in External Quality Assurance Scheme (EQAS) as per the guidelines
- Document good practices in the Cluster and include them in the DISHA monthly report
- Prepare monthly District dashboard indicators and maintain the records
- Take the lead in the preparation of Spatial Map and Epidemiological Profiles and update them once in every six months

Data Bank Management

- Be responsible for maintaining HIV data bank of the district for use by the DISHA team.
- Ensure that data pertaining to human resources, health commodities, fixed assets, and clients etc., related to all the HIV facilities is maintained electronically and hard copies are available in the files.
- Maintain facility-wise monthly and other reports, copies of feedback provided to the reporting units and feedback received from SACS / NACO or other visitors.

Newer Strategic Interventions

- Implementation of I.T. enabled & client-centric Information Management System (SOCH) across all the facilities in the Districts.
- Support CPM in planning and execution of Monthly Review Meeting of all HIV facilities and document the outcomes

Inventory Management

- Maintain a complete and updated list of the inventories in DISHA and HIV facilities consisting of equipment supplied by NACO / SACS or procured locally, transferred from other establishments, and donated by various institutions; health supplies received from NACO / SACS and allocated to facilities.
- Maintain stock register for health supplies, stock, and assets; monitor the consumption patterns of HIV testing kits, ARV drugs, RPR kits, STI drugs, condoms, OST and facilitate the supply of sufficient stocks.
- Responsible for managing the district level cold chain and non-cold chain warehouse in the district/s.
- Ensure that the report on the stock status of the commodities under the facilities in the district is maintained and reported to SACS in a timely manner.
- Ensure the availability of commodities and document good practices observed within the cluster district/s.
- Coordinate with the SACS and the implementation partners for ensuring the smooth mobility of the commodities in the district/s.
- Conduct annual physical verification of assets at the facilities, reconcile the data and submit a consolidated report to the DACO.

Maintenance and Reporting of Financial Records

- Perform the role for management of financials in the DISHA Unit / DISHA Cluster.
- Follow up with various HIV facilities of the District/s for timely submission of Statement of Accounts /Expenditure and Utilisation Certificate (UC) along with the original bills / vouchers

Other Functions

- Make joint field visits with SACS and Technical Support Unit Programme Officer(s).
- Establishment of linkages with Social Protection Schemes in the districts, its monitoring documentation and follow-up.
- In addition, the position may be assigned additional responsibilities based on the emerging priorities or evolving needs of the programme.
- Based on the requirement of the programme, there can be a relocation within the State.

H. Job description of HR positions under DISHA Units

With the changing programmatic needs over a period of time, the job description of DPM has to change to cater to the necessities of the revamped DAPCU strategy.

- Thus, the job responsibilities of District Programme Manager will be the same as that of the Cluster Programme Manager. It is to be noted that the designation of DPM in the revamped DAPCU Strategy (DISHA) will remain the same.
- The job responsibilities of District ICTC Supervisor will be the same as that of Clinical Service Officer. The designation of DIS remains the same as that in the DISHA Unit. If there is no DPM position in the district, the DIS will report to the CPM.
- The job responsibilities of District Assistant-Programme, Account and M&E will be the same as that of Data Monitoring and Documentation Officer (DMDO). It may be noted that the designation of District Assistant (Programme, M&E and Accounts) remains the same in DISHA Strategy. In case, all the three positions are vacant in a particular District, only then will recruitment of DMDO be considered by respective SACS.

ANNEXURES

ANNEXURE 1: LETTER FROM JOINT SECRETARY TO THE PROJECT DIRECTORS FOR THE MONITORING OF NACP ACTIVITIES AT THE DISTRICT LEVEL

आलोक सक्सेना
संयुक्त सचिव
Alok Saxena
Joint Secretary

राष्ट्रीय एड्स नियंत्रण संगठन
स्वास्थ्य और परिवार कल्याण मंत्रालय
भारत सरकार
National AIDS Control Organisation
Ministry of Health & Family Welfare
Government of India

X-19014/310/2010-NACO (NTSU)
Dated: 17th November, 2020

Subject: Monitoring of NACP activities at the district level - reg.

Dear Project Director,

As you might be aware, District AIDS Prevention and Control Units (DAPCU) were established with an aim to institutionalize monitoring of HIV programme in the high burdened districts. As an institution, they have served their purpose during the third and fourth phases of NACP. The DAPCU structure is positioned within the mechanism of district health systems monitoring to provide much needed focus primarily on HIV counseling and testing services in 188 districts.

2. Since the programme has now evolved with the differentiated approaches of Test and Treat, Community Based Screening, Revamped TI Strategy, Enforcement of HIV/AIDS Act and expanded mandate of Technical Support Units across most States, the role of DAPCU also requires to be aligned to the functions, while continuing to optimize resource utilization. NACO is working towards revising and realigning the structure of programme management at district level and proposes to look at flexible models so as to cover all the districts in the country.

3. In light of this overarching role of DAPCU, you may like to consider that the Additional Project Director (wherever these posts exist) or a senior-most Joint Director level deputationist (where APD position is vacant or does not exist), may be allocated this work of Programme Management and Monitoring and be designated as the nodal officer for this important task. The M&E officers as well as other officers who look after the Strategic Information in SACS, may also be engaged under his leadership to mentor and monitor these decentralized units.

4. Meanwhile, while this process of restructure is ongoing, it is advised not to fill any vacant positions in DAPCU till further orders. The details of reorganization, training content and mechanism thereof will be shared shortly.

5. In addition, it is reiterated that due emphasis may be given to include District AIDS control Officer (DACO) in monitoring of district level HIV programme implementation and monitoring. Copies of all communications issued to facility level staff may be copied to the DACO for better coordination.

Contd...2.

9th Floor, Chandralok Building, 36 Janpath, New Delhi-110001 Tel. : 011-23325343 Fax : 011-23325335
E-mail : js@naco.gov.in

-2-

6. You are requested to share the contact details of the Nodal officer for Programme Management and Monitoring at SACS along with details of district wise positions (DACO and DAPCU staff) in all the districts with National Consultant-DNRT, NACO at drgovindbansal1@gmail.com (Ph: 9910070977) positively by 30th November 2020.

7. I propose to review the action taken in this regard personally.

With regards,

Yours Sincerely,

Encl: Format for sending information

(ALOK SAXENA)

The Project Director,
All State AIDS Control Societies

Copy for information:

1. PPS to AS&DG, NACO
2. Head of all Divisions, NACO

Format for sending information as enclosure:

Name of State:				
	Name	Position	Mobile No.	E-Mail ID
Nodal Officer at SACS				
District	Name	Position	Mobile No.	E-Mail ID

ANNEXURE 2: CONSTITUTION OF DISTRICT AIDS PREVENTION CONTROL COMMITTEE (DAPCC)

In order to ensure sustaining the current momentum and continued focus, the State may direct that the District AIDS Prevention and Control Committee (DAPCC) meetings may be convened along with the regular DHS meetings at the district level to monitor the implementation of the NACP activities. Districts have to constitute the DAPCC which is expected to meet at least once in a quarter to review and take steps for the NACP activities at the district level.

The District AIDS Prevention and Control Committee (DAPCC): Analogous to the presence of District Programme Committees for all national programmes under the NHM framework, a DAPCC will be constituted for effective ownership, implementation supervision and mainstreaming of the NACP activities at the district level. The Committee will oversee the planning and monitoring of the physical and financial activities planned in the District HIV / AIDS Action Plan. It will ensure appropriate management of the funds coming to DISHA Unit / DISHA Cluster for project activities. The committee ideally, should not have more than 25 members. The suggested membership of this committee is given below though the Chairperson of the DAPCC may add more persons based on the need, as special invitees.

The members of the DAPCC are:

1. District Collector / Deputy Commissioner Chairperson
2. CEO - Zilla Parishad -Vice Chair
3. Chief Medical & Health Officer (CMHO) - DMHO / CDM
4. Medical Superintendent, District Hospital
5. District AIDS Control Officer – Member- Secretary
6. District Programme Manager / Officer (HIV and AIDS)
7. District Programme Manager (NHM)
8. District Level Officers for RCH
9. District Education Officer
10. District IEC officer
11. Medical Officers in rotations – In-charge of one ICTC, ART centre and DSRC (Designated STI / RTI Clinic) in the district (3 in all)
12. One representative each of Targeted Interventions (TI) Programme, CCCs and PLHIV Networks (3) on a rotation basis
13. Representatives of related departments identified by DAPCU for convergence, viz. Women & Child Development, Panchayati Raj, Labour, Mines, Tribal, Industry, Tourism, Urban Local Bodies (Municipal Corporation), Nehru Yuva Kendra / Youth, etc. (5)
14. Representative of HRGs (FSW / MSM / IDU / TG) on a rotation basis.
15. Representative from Community Resource Group.

The DISHA Units / DISHA Clusters are expected to take a lead in scheduling these meetings and ensuring smooth checklist for activities to be undertaken by DISHA Unit / DISHA Cluster is depicted below:

Preparatory activities

- Compile status of follow-up on decisions of the previous meeting
- Prepare and circulate draft agenda and notes on agenda for approval of the District Collector / Deputy Commissioner (DC).
- Identify Issues to be discussed in the DAPCC based on the previous meeting minutes and inputs from the field.
- Intimate members of meeting date and time along with approved agenda and agenda notes.
- Brief District Collector / Deputy Commissioner regarding the agenda

Conducting the meeting

- Make presentations to DC as per agenda.

- Document key decisions.
- Present challenges faced by the programme and support required from the District administration.

Post meeting activities

- Document and circulate minutes of the meeting to all members.
- Obtain signatures of members on the same.
- Follow up and track the progress of decisions taken during the meeting.

ANNEXURE 3: ROLES AND RESPONSIBILITIES OF DISHA UNIT / DISHA CLUSTER

As decentralized coordination and monitoring units of NACP at the District Level, the roles and responsibilities of DISHA Unit / DISHA Cluster cover a wide spectrum. This section provides a detailed overview of these roles and responsibilities. In addition to these, the DISHA Unit / DISHA Cluster teams may perform additional responsibilities as assigned by NACO / SACS.

1. Advocacy and coordination

District Administration, District Health Authorities and other line departments for convergence of activities:

In order to achieve effective convergence between NACP and other district level health programmes, the DISHA Unit / DISHA Cluster team is required to interact with relevant stakeholders periodically. DACO and/or CPM / DPM from DISHA Unit / DISHA Cluster are expected to participate in the DHS meetings, facilitate HIV-TB and other co-morbidity coordination meetings and convene such forums and meetings as per requirements of SACS and district priorities.

The NACP envisages an expansion in outreach activities and effectiveness of the prevention and support strategies through wider convergence with different departments' functioning at the district level. HIV / AIDS is to be seen not only as a medical issue but also as a manifestation of the socio-economic issues in the district. It is the responsibility of the health department to formulate effective strategies for prevention and support activities at the district level, which are possible only through the creation of a wider support system under the leadership of the District Collector. The leadership by the district administration through District AIDS Prevention and Control Committee (DAPCC) ensures smooth coordination and optimal use of the resources available with different line departments. The ToR of DAPCC is placed in Annexure 2.

The table below, attempts an indicative list of suggested activities that can be incorporated in the District Action Plan.

SUGGESTED ACTIVITIES WITH LINE DEPARTMENTS

Department	Nodal Officerat the District	Point Person at the Village Level	Activities
Police and Legal	Superintendentof Police, DALSA	SHO	• Advocacy with Police and law enforcement agencies for prison intervention, issues related to drug use and the rights under NDPS Act etc. • Coordination with implementing partners for prison intervention. • Coordination with DALSA for providing the necessary legal services for the clients under NACP • Troubleshooting
Women and Child Department	District Programme Officer, Integrated Child Development Services (ICDS)	Aanganwadi Worker	• Counsel pregnant women for EMTCT.
		Self Help Groups	• SHGs to involve PLHIV in their activities (MicroCredit) and facilitate nutrition provision. • Other activities: SHGs to motivate pregnant mothers for EMTCT, activities in closed settings, leveraging support for Ujjwala, Garima Greh, Link Worker Scheme etc. • Make necessary efforts to increase the uptake of EMTCT services in the District. • To have some social support schemes for marginalised FSWs and their children
Panchayat Raj	Chief Executive Officer-Zilla Parishad	Sarpanch, Dy. Sarpanch, Ward members	• Fight against Stigma and Discrimination against PLHIV • Advocacy with Community members. Protecting affected/infected persons. (Widows and Orphans) • Schemes for social support for PLHIVs
Rural Development	Project Director - District Rural Development Agency	Village/Block Development Officer	• Include HIV related messages in the regular IEC activities. • Provisioning of Pension Schemes and other Social Protection Schemes.

Department	Nodal Officerat the District	Point Person at the Village Level	Activities
Youth Affairs and Sports	District Sports Officer	Youth Associations/ Clubs	• Voluntary Blood Donations • Registering for Voluntary Blood Donations • Others: Condom promotion and Social Marketing of condoms through Youth Clubs. • Include HIV related topics in campaigns/ Events and Red Ribbon Clubs • Awareness on drug addiction and substance abuse.
SC/ST Welfare	District Social Welfare Officer	Gram Panchayat	• Support awareness drives on HIV/AIDS
		Registered Medical Practitioners and Traditional Healers	• For necessary referrals and linkages to the facilities under NACP • Address the SC/ST population through SC/ST promoters
Tourism	District Tourism Officer	Taxi drivers, Travel agents, Tour operators, Shop Owners near tourist spots, Hotel – Resort staff	• Awareness about High-Risk activities and promoting safe sex (condom outlets) and use of HIV Helpline 1097 • Others: Coordinate with TI NGOs
Fisheries/ Labour Department	District Industry Officer, CII/ FICCI District Coordinator	Trade Unions, Community Bodies (Fishermen , Workers), Governing Bodies	• Avoid Stigma and Discrimination against infected workers and their families. • Awareness about High-Risk activities and promoting safe sex (condom outlets). • Addressing the migrant population – Prevention, testing and treatment.
Social Welfare	District Social Welfare Officer	-	• Linkage with social welfare schemes.
Education	District Education Officer	Village Literacy Workers Government School Teachers	• Include HIV awareness in Adolescent Education Programme • Retention of HIV affected children in schools. • School Sexual Health Education Programme
Health	District Health	ANM/MPW and ASHA Worker	• EMTCT Programme activity.

Department	Nodal Officerat the District	Point Person at the Village Level	Activities
Health	and Medical Officer	ANM/Staff Nurse/ Medical Officer	• SRH activities for Prong 1. • Family Planning Services for Prong 2. • Immunisation services for mothers and babies. • Coordination with district supply office or district warehouse for the supply chain of the commodities under NACP. • Institutional delivery of HIV positive women • Promote STI, RTI, HIV counselling, testing & treatment referrals and condom depots
	District Health and Medical Officer	PHC/CHC Lab Technician and Nurses	• Counselling, Testing and treatment for HIV, Syphilis. • Provision of services to PLHIV for Hep B and Hep C, NCD, mental health, TB and other comorbidities. • Improving infrastructure facilities of service centres and providing other logistic support.
	Primary Health Centre Medical Officer	Village Level Sanitation Commitee	• Ensure access (no denial) of Services under the general health system for HRG/PLHIV • Ensuring the access to services under Health and Wellness Centres.

The list is indicative and not exhaustive. The DISHA Unit / DISHA Cluster Team must take initiatives to build linkages with various departments and social organisation per the direction of SACS. The other mainstreaming responsibilities for DISHA Unit / DISHA Cluster include providing technical support to district level organisations / departments to integrate HIV into their functions as well as other mainstreaming responsibilities as directed by SACS.

2. **Periodic Review Meeting between the facilities for the continuum of care**

Under the NHM framework, different societies running national programmes such as Reproductive and Child Health (RCH) Programme, Malaria, TB, Leprosy and National Blindness Control Programme, have been merged into a common State Health Society chaired by the Chief Minister/ Health Minister of the State. Similarly, at the district level, all programme societies have been merged into the District Health Society (DHS). The governing body of the DHS is chaired by the Deputy Commissioner / District Collector (DC) / Chairperson of the Zilla Parishad. The Chief Medical and Health Officer (CMHO) in the district, is the Member Secretary of the DHS.

Apart from this, there are different District Level Committees for different programmes, which are chaired by the DC / CMHO of the District with the District Programme Officer of the concerned National Programme as Member Secretary. This system ensures both convergence as well as independence in achieving programme goals through specific interventions. District officials of related departments supporting the health, family welfare and sanitation activities in the district are represented in the DHS and issues of programme

implementation and convergence are discussed at the monthly meeting under the guidance of the DC. Many of the NACP activities are being mainstreamed and integrated into the general health system for better convergence and optimal resource utilisation.

Therefore, in order to ensure sustaining the current momentum and continued focus, the SACS may direct that District AIDS Prevention and Control Committee (DAPCC) meetings be convened along with the regular DHS meetings at the district level to monitor the implementation of the NACP activities on a quarterly basis. However, districts have to constitute the DAPCC which is expected to meet at least once a quarter to review and take steps for the NACP activities at the district level. The DISHA Unit / DISHA Cluster should ensure convening the meeting at least once in the quarter and the Action Taken Report is followed up rigorously for compliance. The constitution of DAPCC is at **Annexure-2**

3. HIV / AIDS Act -2017

The Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) Act for the protection of human rights of persons affected by the said virus and syndrome and for matters connected was introduced by the Government of India by an Act of Parliament on the 20th April 2017. The Act provides protection to the rights of PLHIV against denial or discrimination.

The DISHA Unit / DISHA Cluster team will be responsible to create awareness among the PLHIV, health care service providers and other general public on the HIV / AIDS Act and assist the PLHIV to access legal counselling and other services in case of any violations/infringement of the rights of the PLHIV under the Act through the designated complaint officers and ombudsmen. DISHA Unit / DISHA Cluster will support the State in routing the complaints reported at district or cluster level.

4. Availability & Display of IEC material

DISHA Unit / DISHA Cluster team has to coordinate with IEC teams at SACS, district administration, health, and other line departments as well as public and private institutions including NGOs in the district to ensure the availability of IEC materials like pamphlets, posters, banners, wall writings, signage as well as other media in local dialects and languages with specific targeted messages addressing concerns on HIV / AIDS prevention, testing, treatment, care, and support activities. The cluster/district team will be responsible to take stock of the materials available and for their proper utilisation at the HIV / AIDS facilities for IEC campaigns.

5. Social Protection Schemes

In order to provide social security to underprivileged citizens, the State and Central Governments have initiated various schemes. Many clients under NACP who are infected and affected by HIV / HRGs require such support. Factors like inadequate mechanisms to disseminate information, lack of single-window approach and low literacy levels of the intended recipients limit smooth access to services under such schemes.

The DISHA Unit / DISHA Cluster teams have to play a critical role in facilitating PLHIV and HRGs to access the social entitlement and social benefit/ protection schemes. They need to maintain a line list of benefits extended to the HRGs and / or PLHIVs for their usage and tracking, adhering to the data confidentiality norms. Monitor the provisioning of social benefits schemes to the eligible PLHIVs and HRGs in the Monthly Review Meeting and provide necessary support to address the gaps that are identified.

ROLE OF DISHA UNIT / DISHA CLUSTER TEAMS AND FACILITIES IN FACILITATING SOCIAL BENEFIT SCHEMES	
DISHA Unit / DISHA Cluster	• Collate information on eligibility, benefits, process, and point persons/departments for different Social Benefit Schemes • Disseminate the above information to all NACP facilities. • Orient facilities on the process for availing Social Benefit Schemes. • Advocate for PLHIV access to Social Benefit Schemes with District administration and private donors. • Collect and compile information on PLHIV and HRG eligible for different Social Benefit Schemes, application, and access status. • Update tracking summary. • Display information about Social Benefit Schemes prominently.
Facility	• Provide information to PLHIV and HRG during outreach. • Support the drafting and submission of applications. • Track eligibility, applications, and benefits status. • Report monthly to DISHA Unit / DISHA Cluster teams.

6. Supply Chain Management (SCM) of commodities

Supply chain management refers to the links and inter-co-ordination among all the stakeholders of HIV / AIDS programme such as NACO, SACS, DISHA Unit / DISHA Cluster and facilities. Supply Chain Management (SCM) is the oversight of materials and information as they move in a process from manufacturer to end user of the commodity.

The roles and responsibilities of DISHA unit / DISHA cluster team relating to SCM include:

- Monitor the continuity in supplies of commodities under NACP and their availability in the facility, frequent review stocks and prevention of stockouts
- Assist the facilities in quantifying their stock requirements based on the data and help them in the preparation and placement of indent
- Coordinate with the concerned section in SACS or at the district level to ensure uninterrupted supplies to the facilities
- Regular check should be kept on the proper storage of testing kits and other consumables as per the manufacturer's guidelines at the facility level
- Ensure periodic reporting from facilities for the commodities (HIV test kits, reagents, lab consumables, blood bags, condoms, drugs, formats and registers, IEC material, etc.)

7. Continuum of Care through NACP Facilitie (referrals and linkages) District Level Programme Reviews

Integrating health services (clinical and community-based) is important to making service delivery more efficient for the health system and more accessible for clients, as well as for improving individual and family outcomes. Integration of clinical services has been centred on facilitating and promoting access to a comprehensive package of services, rather than waiting for clients to seek out the individual services on their own. The referral systems may be more appropriate for the integration of a wide range of specialized services, such as those needed in HIV / AIDS programming.

In order to undertake periodic planning, monitoring and review of the NACP Programme at the district level, DISHA Unit / DISHA Cluster teams need to institutionalise district level Review Meetings as well as participate/ facilitate the ones already established.

Through monthly programme Review Meetings with all HIV / AIDS facilities, the DISHA Unit / DISHA Cluster team is expected to convene a Joint Review Meeting of all NACP facilities (TI NGO, ICTC, DSRC, ART Centre, CSC, LAC, TB Centre, Link Worker Scheme, Blood Centre, prison intervention, EMTCT partners etc.) in the district.

The broad objectives of this district level review meeting are to:

- Ensure 100% reporting from all NACP facilities in the district in existing IT portal of NACP.
- Review and validate monthly reports (SIMS /SOCH) submitted by the facilities.
- Review of facility performance.
- Review of referrals and linkages between facilities ensuring the delivery of a cascade of services.
- HIV Comorbidity co-ordinations and referral linkages.
- Review status of the provisioning of Social Benefit Schemes to PLHIV and HRG.
- Mapping of the inclusive and exclusive Social Protection schemes for PLHIV and HRGs.
- MIS and LFU tracking.
- EMTCT co-ordination.
- Supply Chain Management and reporting.
- Plan and Monitor the undertaking of IEC activities in the district.
- Plan and conduct the field visits, ensure compliance to Data Protection, and provide all necessary support for undertaking surveillance activities, periodic review of capacity building needs in the facilities etc.

8. Utilising NACP - NHM convergence for better linkages and referrals

The objective of NACP and NHM convergence is to provide seamless services for HIV / AIDS to all vulnerable populations or vice versa. It includes improving access to HIV counselling & screening, Elimination of Mother to Child Transmission of HIV (EMTCT) services, detecting HIV infection in the vulnerable population on the first contact with the health system, reducing missed opportunities for early detection of infection, promoting institutional birth and survival of HIV free child, improving longevity with quality of life of PLHIV with a supportive environment. Similarly, the patients visiting the NACP facilities may be referred to the general health system for leveraging the arena of health services provided depending upon the need assessment of the client.

As per the guidelines issued by NACO and Ministry of Health and Family Welfare, Government of India, on NACP and NHM convergence, the following would be the major areas (not exclusive) of convergence:

- HIV and Syphilis screening for all ANC cases at the health facilities and VHSND. Achievement of objectives if dual elimination of vertical transmission of HIV and Syphilis.
- HIV testing of all patients with STI at the Sub-District Level in co-ordination with RCH- NHM.
- HIV testing for all suspected TB and notified TB cases in the District in coordination with the National Tuberculosis Elimination Programme (NTEP).
- Robust referral mechanism of the screened reactive clients in blood centres for confirmation at SA-ICTCs and further linkage to services under the programme.
- Referral of the at-risk clients for screening for Hep-B and Hep-C infections and provisioning of further treatment services for other comorbidities.
- Linkage with the general health system for the provision of services for non-communicable diseases like diabetes mellitus, hypertension, and other common age-related disease.

9. MIS / LFU Tracking

One main activity for the DISHA Unit / DISHA Cluster is to

monitor and support the tracking of MIS and LFU cases on ART and facilitate this process at the ART Centre with the support of outreach staff and PLHIV Networks and other stakeholders. The LFUs in the district / cluster / geo-graphic area are to be mapped and intensified efforts are to be facilitated through phone calls and home visits by the ORWs to bring the LFUs back into the arena of care. This planning and execution of outreach activity involves the co-ordination of different stakeholders like PLHIV networks, staff at ART centres and Care & Support centres, and district level Networks. DISHA plays a critical role in providing the necessary co-ordination support and follow-up of LFU through the DISHA strategy.

10. Red Ribbon Clubs

The establishment of Red Ribbon Clubs is an important initiative undertaken by NACP to spread awareness about HIV / AIDS and associated myths among the youth and empower them with the correct knowledge about HIV / AIDS. Red Ribbon Clubs are formed in schools, colleges, and youth clubs across the country in collaboration with the Department of Higher Education and the Department of Youth Affairs, Government of India.

The DISHA Unit / DISHA Cluster teams have to facilitate the formation of Red Ribbon Clubs in the colleges and youth clubs under their geographical areas and provide programme oversight for their capacity building in co-ordination with the relevant departments as directed by SACS

11. Adolescent Education Programme

Adolescent Education Programme (AEP) was launched by the Ministry of Human Resource Development (MHRD) in collaboration with NACO, Government of India in 2005. DISHA Unit / DISHA Cluster teams are expected to closely work with District school administration for smooth implementation of the AEP and facilitate the conduct of sessions in the schools.

12. Private sector engagement like the involvement of private practitioners, industries (ELM), etc.

The engagement of private players, particularly industries plays a crucial role in the control of the HIV epidemic as evidence suggests that many migrant laborers are at high risk for HIV infection. Many workers are migrants and hired on a daily or seasonal basis, for short stretches of time. Many work in low-skill activities, often as contract workers and supply chain workers, in the organised sector or within small, medium enterprises and unorganized industries.

The 'Employer Led Model' (ELM) goal is to help prospective employers implement a comprehensive programme on HIV/ AIDS prevention and care, by integrating awareness, and service delivery with existing systems, structures, and resources, within their business agenda. The DISHA Unit / DISHA Cluster is expected to undertake prioritizing and mapping of the formal / informal workforce in the specific geographic area to prioritize the industries in their districts and provide the necessary support to implement the ELM. This is to be followed by a step-wise process of mapping the HIV/AIDS related services available in the area and follow up with industries/employers for engaging in ELM at the district level for ELM implementation. The DISHA Unit / DISHA Cluster will support the SACS/TSU in facilitating advocacy meetings and making inroads into district level industries for ELM and CSR.

DISHA may also extend its engagement with the FOGSI, IAP and IMA at the district level for enhancing the private sector engagement under the programme.

13. Community System Strengthening (CSS)

Community engagement is a fundamental preparatory process for programme implementation under NACP, wherein NACO engages and involves community members and key local stakeholders to foster a sense of ownership among the community to create a conducive environment for smooth and successful implementation of the programme activities.

CSS will focus on developing the capacities of the community through identification and building the capacity of community champions and CBOs, development of community resource pool, the institutionalization of community led monitoring, community led advocacy, with the support of the Community Resource Group (CRG).

DACO as a lead person of DISHA Unit / DISHA Cluster is the Member Secretary of the district level CRG. The DACO is responsible for facilitating and monitoring the CRG at the district level. DISHA Unit / DISHA Cluster will provide the necessary support for community system strengthening in the district.

14. Capacity Building

One of the key roles of the DISHA Unit / DISHA Cluster is to identify gaps/needs in the capacities of various facility personnel based on field visits and communicate to SACS through DACO on capacity building needs. Based on the needs identified, plan for capacity building of the relevant staff (Counsellors / LTs, ORWs, MOs, Staff Nurse, Front lineworkers,TI NGOs, etc) and identify capacity building organisation to ensure the training (Induction/refresher) to build capacities of the personnel based on the needs. The DISHA Unit / DISHA Cluster will maintain a record of the training status of all staff working at NACP facilities and will facilitate the deputation of appropriate staff for HIV/AIDS related training. At the same time, HR under DISHA should handhold the facility staff during their field visits to build their onsite capacity through supportive supervision. DISHA should provide the necessary support for rolling out the Sensitisation program for different stakeholders like District Legal Service Authorities on various provisions of HIV & AIDS (P&C) Act, 2017.

15. SI and Monitoring

- Prioritised field visits

All the DISHA Unit / DISHA Cluster team members are expected to conduct field visits to NACP facilities. These visits are intended to extend support to NACP facilities and to ensure co-ordination and monitoring of services. In order to effectively undertake field visits, the DISHA Unit / DISHA Cluster teams are expected to prepare an advance tour plan for each month. DISHA has a unique role in managing a cluster versus a district. Priority for the visits shall be given to facilities with high HIV case load, where the staff needs capacity building, issues relating to service delivery are to be attended to and advocacy needed for resolution etc.

A few aspects, which the DISHA Unit / DISHA Cluster is expected to review during field visits to NACP facilities, are staffing status, staff training status, key performance indicators of the facility, SIMS / SOCH reporting status, Status of equipment - AMC and calibration, status of stock including physical verification, status of SoEs and UCs etc.

- District profiles

The DISHA Unit / DISHA Cluster team is expected to arrive at a fair understanding of the epidemic in the District based on Spatial Mapping and Epidemiological profiles towards this end, based on the use of data from various sources, a District Epidemiological Profile has to be prepared and maintained which includes preparing Spatial Maps. The district profile will also enable the DISHA Unit to formulate the District Specific Integrated Action Plan.

Being the programme's face and capacitated to initiate local actions based on the felt needs at the field level and provide a bottom up approach for programme planning, the DISHA Unit / DISHA Cluster Units under the guidance of the District Administration have to prepare District Integrated Action Plans (IAP). They are encouraged to present their action plans to the District authorities to leverage resources for various care and prevention activities relating to HIV/AIDS. This may include, condom promotion, IEC campaign, STI / RTI, SRH,

AEP, social protection/welfare schemes, OI treatment, etc.

- Compliance with data protection and data sharing guidelines

The DISHA Unit / DISHA Cluster being the district level coordination and monitoring units, has to ensure that the data protection and data sharing guidelines as shared by NACO are implemented by the facilities to prevent any unauthorised and malicious use.

- IT enabled & client-centric data management system.

The DISHA Unit / DISHA Cluster should ensure that the data entry in the existing IT portal of NACO, is being undertaken by the facilities in the concerned District. This has to be reviewed on a monthly basis during the Monthly Review Meetings.

- Local use of data through Management of mult -iple databases (SIMS / HMIS / SOCH / PALS).

The DISHA Unit / DISHA Cluster is expected to use the existing information management system of NACO like SOCH, SIMS etc for review of epidemic profile and status of programme implementation at the district level to see the programmatic gaps to improve programme performance.

- Execution of Research and Surveillance activities

As an extended hand of NACO and SACS, the DISHA Unit / DISHA Cluster teams are encouraged to participate and facilitate the research and surveillance activities taken up from time to time by NACO and SACS.

16. Health camps and IEC campaigns

The DISHA Unit / DISHA Cluster team in coordination with the SACS officials is expected to coordinate in district specific campaigns. If needed the coordination with the other line departments at the district level to be established by DISHA. This may include coordination for Condom Promotion Campaign, coordinating for Service Demand Generation campaign for ICTC, STI, HIV and TB involving health and other line departments, co-ordination with the Tribal Department wherever present to address HIV related issues in the campaigns organ-ised by Integrated Tribal Development Agency (ITDA), include HIV in campaigns and IEC activities of other programs, coordination with PRIs and local CSOs for promotion of 1097, coordinate with grass-root workers like ASHAs, ANMs, AWWs, MPH workers, PRI members, self-help groups, elected representatives, media, schools, etc., for addressing the issues of stigma and discrimination at the community or institutional levels for PLHIV etc.

At the district and sub-district level, IEC mid-media and below the line activities should be facilitated by DISHA Unit / DISHA Cluster teams. The DISHA Unit / DISHA Cluster teams may identify strategic locations and points for such IEC activities. DISHA should provide regular feedback to the SACS officials on the IEC activities undertaken in the district. They may identify gaps and suggest necessary corrections to be made at the SACS level.

17. Newer strategies under the program

a. Reaching the Missing Million - The virtual approach

The massive Internet access in India has not left the key and vulnerable populations untouched. Increasing gay men, sex workers, as well as many young people are using internet-based platforms and communication technologies to socialise, seek sexual and romantic partners, and find a sense of community. Many of these people do not perceive risk and are misinformed regarding HIV / STI and its spread. This strategy will strengthen the HIV prevention efforts, including access to HIV testing among key and vulnerable populations (high-risk groups and, at-risk adolescents and youth, men and women with high-risk behaviours)

seeking partners on virtual platforms. The DISHA Unit / DISHA Cluster has to ensure that the virtual approach is implemented in the district and is monitored through the District Integrated Action Plan.

b. Promoting integrated service delivery through one-stop centres

Integrated or combination approaches to HIV prevention and centralising service provision may reduce stigma or logistical barriers to accessing HIV prevention and care services for HRGs. The HIV prevention and care services for HRGs. The Program will offer the one-stop centre among HRGs offering integrated services to meet a wide range of healthcare needs of the population group including mental health, drug deaddiction, social protection, etc.

The DISHA Unit / DISHA Cluster should ensure that the one stop centre is established in the district per the directions from SACS and provide technical support in supportive supervision of such centres.

c. Sampoorna Suraksha strategy

Sampoorna Suraksha' model aims to provide a comprehensive package of preventive services to the 'at-risk' HIV negative clients in the form of 'Sampoorna Suraksha' centres. The model will utilise the existing skilled resources available at the STI Clinics / select ICTC under NACP providing additional services like Post Exposure Prophylaxis (PEP), condoms, referral to SRH / mental health etc. as well as STI / RTI care. All clients will be offered dual screening / testing (HIV and Syphilis). All negative 'at-risk' clients will be kept on follow-up, thus boosting the progress on the prevention of new HIV infections. The model will also contribute to the early detection of new HIV infections through follow-up and periodic offering of HIV screening / testing services.

The DISHA Unit / DISHA Cluster has to ensure that the Sampoorna Suraksha centre is established in the district as per the directions from SACS and provide technical support in supportive supervision of such centres.

d. Augmenting Contact Tracing and Index testing

Contact tracing and Index testing is a critical strategy for the identification of HIV positive persons to achieve HIV epidemic control and to meet the first 90 gaps. Index testing (or partner notification services) is a voluntary case-finding approach that focuses on eliciting the sexual and/or needle-sharing partners and biological children of consenting HIV-positive individuals and offering them HIV counselling testing services (HCTS). Implemented appropriately and safely, index testing could link HIV-positive individuals to life-saving treatment, break chains of transmission and link people to other appropriate related services.

These services will be offered at all HIV testing and treatment points, including community-based screening points, through skill-enhancing of the existing resources of HCTS counsellors, nurses, care/linkage coordinators, peer educators, outreach workers, peer counsellors, patient navigators etc.

The DISHA Unit / DISHA Cluster has to ensure the successful implementation of this strategy at the ground level and monitor the same through a monthly review meeting.

e. IT-enabled client-centric integrated strategic information management system with embedded supply chain management

Evidence-driven decision-making has been the hallmark of national AIDS response since the beginning driven through IT-enabled Management Information Systems (MIS).

Building upon its experiences in consolidated

reporting as well as an individual tracking system, NACO developed a client-centric IT enabled integrated monitoring, evaluation & surveillance system with an embedded supply chain information system as the next generation of MIS. This will not only help in tailored service delivery and no duplication in data collection but will also generate timely alerts to avoid a loss to follow-up etc., which will ultimately benefit the client.

The DISHA Unit / DISHA Cluster has to ensure the successful implementation of SOCH in all the reporting units across the district and regularly review it through a monthly review mechanism.

f. Leveraging Dual Test Kits (HIV & Syphilis)

- To fast-track progress on the elimination of mother to child transmission of Syphilis
- Promote an integrated approach for offering HIV and STI services to the people who are at higher risk of HIV and Syphilis infections.

The program will use the extensive system of HIV testing of pregnant women to boost the screening and testing of ANC and Direct-In-Labour pregnant women for Syphilis. Rapid Diagnostics Test (RDT) Kits in the form of Dual Test Kits (HIV & Syphilis) will allow for early diagnosis of HIV and Syphilis by reducing testing barriers and increasing uptake of testing for both HIV and Syphilis.

The programme will also use Dual Test Kits at the NGO-led Targeted Intervention (TI) Programme to provide HIV and Syphilis testing promoting integrated follow-up services.

The DISHA Unit / DISHA Cluster has to ensure the successful implementation of this strategy in all the units across the district where it is to be introduced and regularly review it through a monthly review mechanism.

g. Addressing linkage loss at all levels

In 2019-20, for every 100 people detected with HIV infection, only 65 are retained on ART at 12 months since detection. This linkage loss adversely impacts the progress on all the three 95s, and detection of 1.77 lakh of new HIV persons leads to a net gain of only 88,000 PLHIV on ART on a year-to-year basis.

The programme endeavours to mitigate linkage loss across screening-confirmation-treatment-retention by leveraging technology, strengthening outreach, upscaling field resources, improving counseling and building synergy across service delivery points.

DISHA Unit / DISHA Cluster has to ensure the successful implementation of this strategy in all the units across the district and regularly review it through a monthly review mechanism.

h. Differentiated Care Model Augmenting Adherence

Given the fact that 12 months retention among PLHIV on ART is hovering at 72-75%, the proposed continuation will adopt a differentiated care model of service delivery to improve the quality of services provided to PLHIV. Multi-month dispensations, patient fast-tracking at the ART centres, community-led dispensation of ARV drugs, community ART refill groups and a tele-medicine model will be adopted and scaled-up during the programme. These will not only improve the quality of services provided to PLHIV but also will optimise the output of the existing ART Centre staff.

The DISHA Unit / DISHA Cluster has to ensure the successful implementation of this strategy in all the units across the district and regularly review it through a monthly review mechanism.

i. New Generation Communication material

DISHA Unit / DISHA Cluster has to ensure that the new generation communication strategy focussed towards 'at risk' population in physical and virtual space is implemented at the district level. The

communication messages have to be targeted at populations who do not identify themselves as being at risk and have poor risk perception. The messages have to be about how to assess risk and reduce risk. More and more people are using new-age mediums like Facebook, WhatsApp, Youtube etc. with more and more users getting access to smartphones, internet etc. Therefore, the maximum use of these media is essential for improving reach to the relevant populations.

j. Prioritise Sexual and Reproductive Health Services

The Programme offers age and population an appropriate need-based comprehensive package of sexual and reproductive health services to those who are at increased risk of HIV infection as well as to the women living with HIV / AIDS. This will be achieved through upskilling at NACP service delivery points as well as augmenting synergies through the National Health Mission.

The DISHA Unit / DISHA Cluster has to ensure the successful implementation of this strategy in all the units across the district and regularly review it through a monthly review mechanism.

k. Expand Reach of Viral Load Testing Services

Expansion of the viral load testing to be done.

DISHA Unit / DISHA Cluster has to ensure the successful formulation of linkage plan for ART and linked Public Sector VL labs in the district and regularly review it through a monthly review mechanism. The Viral Load testing of the eligible PLHIV have to be monitored on monthly basis in the review mechanism.

DISHA Unit / DISHA Cluster will also support the ARTCs in preparation of the linkage plan for CD4 testing and ensure the timely CD4 testing of the eligible clients.

l. Enhancement of private sector engagement

The programme engages with professional medical associations to mainstream the HIV prevention-testing-treatment services under a given framework providing a high quality of prevention-testing-treatment services in the private sector in accordance with national guidelines.

DISHA Unit / DISHA Cluster has to ensure the successful engagement of the private sector in the district.

m. Leveraging Technology

This will include the use of Integrated Government Online Training (iGOT)' portal to conduct online training under NACP. Tele-consultation through 'eSanjeevani' portal will complement the reach of medical and counselling services to the community ARV, OST, mental health etc.

This will also enhance NACO Helpline linkage with related platforms to strengthen mental health support, adolescent services etc, including stigma. The approach will not only help in mitigating the impact of COVID-19 pandemic but will also help in gaining lost ground.

DISHA Unit / DISHA Cluster has to ensure the successful implementation of this strategy for the health care providers as well as the PLHIVs in the district.

n. Enhancement of community support through Community System Strengthening

The programme strengthens the role of the community in planning-implementing-monitoring through the creation of an institutional mechanism at the field level along with capacity building. This will include community system strengthening through formal and informal engagement with an emphasis on the decentralised model of district level programme monitoring and community feedback loop.

The DISHA Unit / DISHA Cluster has to ensure the implementation of this strategy in the district by formation of CRG and implementation of community-led monitoring.

o. Building and augmenting synergies

HIV-TB collaboration, Hepatitis prevention and treatment among HRG populations, use of HIV Sentinel Surveillance Systems towards integrated HIV-Hepatitis-Syphilis Surveillance System are key points in the context. The programme will further build and augment synergies with NHM and other national programmes leveraging strengths to bring out efficiency in the prevention, testing and treatment spectrum with end-to-end solutions.

DISHA Unit / DISHA Cluster has to coordinate in building such synergies at the district level for successful implementation of the programme.

p. Focussed and Strategic Programme Management and Review

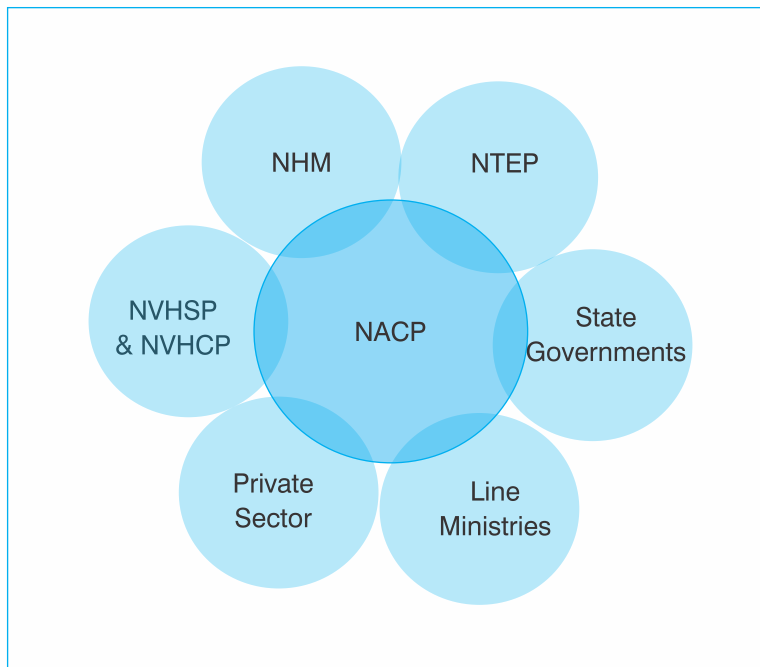
Over time, the context of the National AIDS programme has evolved significantly with the gradual blurring of boundaries between programmatic components. Given this evolved context, there is a need to anchor the national AIDS response at the district level through strategic and dedicated programme management and review systems to act promptly on programmatic evidence. Accordingly, the programme will optimise the existing resources at the district level in the form of DISHA Unit / DISHA Cluster for programme management and review to anchor the national AIDS response towards the 2030 end game.

q. Enhancing the Strategic Information Systems

The complementary systems of programme monitoring, surveillance & epidemiology and research & evaluation have generated, analysed and disseminated high-quality action-oriented evidence through systematic structures of technical resource groups, formal institutional arrangements as well as engaging independent scholars.

DISHA Unit / DISHA Cluster will ensure that the Strategic Information Activities are successfully implemented at the district or cluster level.

18. Convergence Architecture



The DISHA Unit / Cluster will play a critical role in convergence with all line departments as needed to enhance the programme at the district / cluster level. The diagram above provides examples of various line department for convergence.

ANNEXURE 4: DISTRICT INTEGRATED ACTION PLAN

Integrated Action Plan for the districts is to be created under the leadership of DACO and under the overall guidance of the APD or JD (SIMU) in the State.

The IAP is to be prepared based on the ten broad thematic areas as mentioned below:

1. Prevention in general population
2. Prevention in key population
3. Detection of PLHIV
4. Prevention in special population
5. Treatment of PLHIV (second 95)
6. Viral suppression amongst the PLHIV (third 95)
7. EMTCT of HIV
8. Elimination of HIV related stigma and discrimination
9. Strategic information (programme monitoring, epidemic surveillance, research & innovations) and programme management
10. Mainstreaming

It may be noted that the same IAP format may be utilised by the DAPCU / DISHA team for field visits and ensuring that the activities are implemented in the district as per the policy under NACP.

Since, it is a dynamic document, the updated detailed templates for this activity will be shared by the respective SACS every year.

ANNEXURE 5: LETTER FROM HEALTH SECRETARY - NOMINATION OF DISTRICT TB OFFICER (DTO) AS NODAL POINT FOR HIV / AIDS PROGRAM ACTIVITIES AT DISTRICT LEVEL

प्रीति सूदन
सचिव
PREETI SUDAN
Secretary

भारत सरकार
स्वास्थ्य एवं परिवार कल्याण विभाग
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
Government of India
Department of Health and Family Welfare
Ministry of Health & Family Welfare

D.O.No. T.11027/05/2017/NACO/BSD(HIV-TB)
Dated : 18th December, 2017

Subject: Nomination of District TB Officer (DTO) as nodal point for HIV/AIDS program activities at district level – regarding.

Dear Chief Secretary,

The creation of a District TB Cell (DTC) and District AIDS Prevention and Control Unit (DAPCU) are the two major organizational components in Revised National Tuberculosis Control Program (RNTCP) and National AIDS Control Program (NACP) at the district level. The DTC is the nodal point for TB control activities in the district and has been mainstreamed efficiently with National Health Mission (NHM), whereas the DAPCU are established in 188 category A and B districts across the country. DAPCUs are expected to play a key role in integration of NACP with NHM and work closely with other line departments in government set up to mainstream the HIV/AIDS programs.

A meeting to identify areas of synergy and convergence in TB an HIV programs held on 8th November, 2017 recommended convergence of human resources at district level in order to reduce the dual burden of HIV & TB disease and mortality among PLHIVs due to TB. Among the 188 DAPCU districts, 34% have DTOs as DACOs. Also 15 states/UTs have a policy to nominate DTOs as DACOs.

Accordingly you are requested to nominate the District TB officers of all the districts in your state as District AIDS Control officer. The responsibilities of DTO/DACOs are defined as follows:-

- Overall in-charge for HIV/AIDS in the district and responsible for DAPCU (wherever present) and its function.
- She/he will be facilitating the implementation of the district level strategy for prevention and control of HIV/AIDS in the district under the supervision and guidance from Chairperson of the District AIDS prevention and Control Committees (DAPCC) in DAPCU districts (Annexure 1) and District Coordination Committee (DCC) in non-DAPCU districts (Annexure 2)

Tele : (O) 011-23061863, Fax : 011-23061252, E-mail : secyhfw@nic.in
Room No. 156, A-Wing, Nirman Bhavan, New Delhi-110011

Government of India
Ministry of Health and Family Welfare
Department of AIDS Control
6th Floor, Chandralok Building,
36-Janpath, New Delhi-110001

National Framework for Joint HIV/TB Collaborative Activities

November 2013

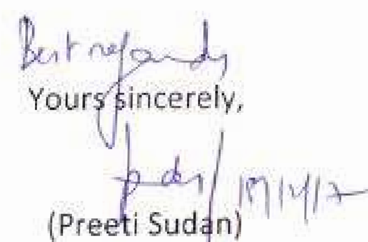
Central TB Division
Directorate General of Health Services
Ministry of Health and Family Welfare
Government of India, New Delhi

Basic Services Division
Department of AIDS Control
Ministry of Health and Family Welfare
Government of India, New Delhi

- Development of Annual Action Plan and provide inputs into the Programe Implementation Plan (PIP) on convergence.
- Ensure the continuity of the supply chain, service delivery and implementation of directions of SACS.
- Regularly report to district collector on the dash board indicators, submit DAPCU monthly report (wherever applicable) to PD-SACS on physical, financial, epidemiological progress of the programme including spatial maps in the district.
- DTO may ensure HIV viral load test may be performed on CBNAAT machines under RNTCP, in select districts of states wherever spare capacity over and above the TB tests performed is available.
- Coordinate for condom promotion and district specific service demand generation campaigns with the support of district health and other line department machinery along with programme partners/components.
- Undertake field visits to peripheral units. Other duties assigned by RNTCP and NACP authorities.

It will appreciated if necessary directions are issued to all concerned for designating DTOs as nodal point for HIV programme to reduce the burden of HIV and TB in the districts.

With regards,



Yours sincerely,

(Preeti Sudan)

Chief Secretaries of all States/UTs

DISTRICT COORDINATION COMMITTEE

Proposed composition:

1. Chairman: District Magistrate/Collector or CEO Zilla Panchayat
2. Vice Chairman: Chief Medical Officer / District Health Officer or equivalent
3. Member Secretary: DAPCU Nodal Officer/ District TB Officer (in non A and B districts)
4. Member: Medical Superintendent, District Hospital
5. Member: Medical Superintendent, Medical College Hospital
6. Member: City TB Officers (where applicable);
7. Member: MS of Hospital providing ART Services (where applicable)
8. Member: ART Centre Medical Officer (where applicable)
9. Member: Representative of NGO / CBO involved in NACP
10. Member: Representative of NGO / CBO involved in RNTCP

Note: Chairman of DCC, if need arises can invite a person as special invitee whenever required for betterment of programme. In case the Chairman is not available for the meeting, a nominee of the chairperson may preside over the deliberations.

Terms of Reference. To:

1. Strengthen coordination between RNTCP and NACP staff in the District.
2. Review performance of all HIV/TB activities implemented in the district as per National Framework, and provide guidance for improvement
3. Address issues related to human resources including filling of vacancies, training of key programme staff and general health staff in HIV/TB activities
4. Ensure participation of general health system staff in implementation of HIV/TB activities
5. Ensure that appropriate infection control measures are taken at all facilities providing HIV /TB /DR-TB care
6. Ensure safe injection practices in facilities providing health facilities to prevent HIV
7. Promote participation of NGO/CBO and Private Practitioners in implementation of TB-HIV activities

Generic agenda for DCC meeting:

1. Review of actions taken on recommendations of previous DCC meeting
2. Review of progress to bridge service delivery gaps e.g. HIV testing facilities, ART facilities, TB culture and DST facilities etc.
3. Review of Number (%) of TB patients or presumptive TB cases (in HP states) offered HIV testing –TB unit wise and PHI wise
4. Review of Number (%) of referrals of presumptive TB cases out of total attendees from HIV care settings (ICTC, ARTC, Link ART centers and TI NGO etc.) to RNTCP DMCs –Unit Wise
5. Review of linkage of HIV infected TB cases to DOTS, CPT and ART
6. Review of performance indicators of the district specially - HIV-TB death rates –TB unit Wise
7. Review of implementation of Isoniazid Preventive Treatment (IPT)
8. Review of Airborne infection control activities at HIV and other health care settings
9. Performance of NGO/PP involved in HIV/TB activities in the district
10. Review of Joint ACSM activities conducted during the quarter
11. Any other priority issues

Note: SACS to provide budget to DAPCU officer/DNO or DTO to make the expenditure for organization of this meeting from NACP budget for basic services division

ANNEXURE 6: MONITORING CHECKLIST FOR SUPPORTIVE SUPERVISION TO FACILITIES BY DISHA UNIT / DISHA CLUSTER

Name of the State AIDS Control Society:..

Address:..

CHECKLIST FOR SUPPORTIVE SUPERVISION TO THE FACILITIES

A. General

Name of the Monitoring Officer / Team :	
Designation	
Name of Facility & District	
Date of Visit	
Critical Observations (If any):	
Action taken by the concerned authority :	
Issues addressed / sorted out during the visit	
Issues to be followed up in the next visit	
Major issues for SACS attention	

B. Basic Services (ICTC/HIV-TB) - Name of the Facility -

Availability of separate rooms for counselling and testing	
Cleanliness, ventilation and counselling friendly atmosphere in the counselling room, testing laboratory	
Proper waiting space for the visitors, and IEC	
Display in waiting area and signage to locate ICTC. Display of IEC materials on HIV/AIDS (stigma & discrimination, care, support & treatment, blood safety etc)	
Staff of ICTC received training on counseling and testing	
Equipment in running usable condition in the laboratory (Refrigerator, Centrifuge, Biomedical Waste bins Micro-pipette, etc) and AMC status	
Stocks of kits, Zidovudine / Nevirapine, PEP drugs, syringes, gloves are maintained and updated in the registers	
Expired drugs and other consumables found in the stock	
Availability of computer, TV, printer and internet connectivity and other inventory are in place and in working condition along with their AMC status	
All ICTC record keeping registers are maintained and updated	
Condom pick up box kept outside in a prominent place and free condoms available	
Availability of stationeries/consumables	
Availability of flip charts and condom demons-tration set (display & usage)	
Safe disposal procedures followed in the ICTC (BMW colour coded bins, Sodium Hypo Chloride etc.)	
Infection control and protection measures and procedures followed in the ICTC / LAB	

Participated in last round of EQAS and Proficiency Testing	
Transmission of SOCH and SIMS information	
No of counselling sessions in the last 3 months	
No of test done in the last 3 months	
Signing of attendance register by the counsellor & lab technician	
Views of MO-IC and the Nodal Officer on performance of counselor and lab technician	
Other observations if any	
% ANC coverage for HIV	
PID register for pregnant women maintained	
No. of HIV +ve pregnant women diagnosed in the current year	
No. of mother baby pair received ARV prophylaxis	
Number of HIV exposed babies under for DNA-PCR testing at 6 weeks	
No of persons detected HIV +ve (General / ANC) last month and cumulative number	
Number of PLHIVs linked with ART in the last month and cumulative numbers	
HIV-TB	
Availability of 10-point counselling tool for HIV TB	
Availability of DMC referral forms for TB diagnosis	
No. of general clients screened for TB symptoms	
No. of general clients identified as presumptive TB cases	
No. of general clients referred to NTEP for TB diagnosis	
No of diagnosed TB patients	
No. of diagnosed co-infected (HIV-TB) patients	
No. of diagnosed co-infected (HIV-TB) patients put on ATT or linked to ARTC for treatment initiation	

C. Designated STI/RTI Clinic

Presence / availability of Specialist /MO	
Training of doctor	
Availability of counsellor	
Training of counsellor (when and name of the training agency)	
Availability of dedicated space for examination	
Availability of computer, printer, internet connect-ivity	
Documentation: Availability of registers, patient cards and monthly summary reports.	
Availability of equipment such as examination beds, speculum, proctoscope etc	
Availability of penis model, condoms & IEC materials	
Availability of STI colour coded kits, RPR kits for SYM	
No of STI clients managed in the last 3 months	
Whether treatment done as per the Syndromic Management Guidelines (randomly check 10 patient wise cards)	
Number of partner notifications done	
Whether infection control measures adopted	
No of cases referred from TIs (last 3 months) Typology (FSW / MSM / IDU / FIDU / TRUCKER / MIGRANT)	
No of cases referred from ICTC in the last 3 months	
No of cases referred to ICTC in last 3 months	
No of ANC cases screened for Syphilis in last 3 months	
No of RPR / VDRL test done in the last 3 months	
Syphilis reactive cases found in the last 3 months	
No of reactive cases got treated in the last 3 months	

D. Care Support & Treatment (ART)

Availability of NACO records, completeness & correctness	
Availability of allocated HR at the facilities	
Staff cadre wise training completion status	
Records of monthly coordination meeting held by ART Centres (No of meetings held, action taken reports documented)	
Drug dispensation records for the last 3 months and Commodity Stock Register	
Any drug stockout	
Supply Chain Management of ARV and OI drugs and CD- 4 kits.	
Availability of equipment & functionality	
Availability of TV/DVD player in the lobby	
Availability of ARV drugs	
Drugs nearing expiry date if any	
No. of LFU Cases Last month cumulative -	
No of missed cases Last month cumulative -	
No. of Persons on ART on the date of visit • Male - • Female - • Children - • Trans-gender -	
Training & Refresher Training attended by ART Staff cadre	
Availability of Complaint & Suggestion box	
Display of IEC material & signage	
ICTC -ARTC Linkages	
ARTC-LAC Linkages	

HIV-TB	
Availability of HIV-TB line list, HIV-TB register, CBNAAT referralform etc.	
Availability of drugs for TB prophylactic treatment and for TB treatment	
ART - CBNAAT linkages	
ARTC-NTEP linkages for treatment of drug resistant TB cases	
Entry status of TB drugs in SOCH	

E. Targeted Interventions

Coverage Vs. Target (NACO may ask estimation number) Typology wise: • FSW - • MSM - • TG - • IDU - • Migrant - • Truckers -	
Recruitment and positioning of HR: Is the NACO guideline followed?	
Total Number of PE / PL working in TI How many PE / PL are from the community?	
Availability of Doctor and Nurse (IDU Projects only) Has the TI Project staff undergone thorough induction and refresher training. Specify with date and name of the training agency • PM - • Counselor - • Accountant - • ORWs - • PE s -	

• PPP/ Doctor - • Nurse - How are clinical services being provided to the target community? • TI STI Clinic - • PPP Clinic - • DSRC -	
No of clinics set up associated with the TI No. of Health camps organised in the last 3 months	
New registration reported by TI in the last 3 months • How many of them have undergone HIV screening • Out of screened cases how many are detected positive.	

• No of STI cases Diagnosed in last 3 months
 	
• Out of diagnosed cases how many STI cases treated in last 3m
 	
• Out of reported STI cases, how many of them has undergone through HIV screening in the last 3 months
 	
• How many positive cases detected in last 3m
 	
  • No. of RMC in the last 3 months
 	
  • No. of PT given in the last 3 months
 	
  • No. of Partner notification done	

• No. of HRG tested for HIV • No. of persons found +ve • No. of persons linked with ART • No. of people tested in the last 3 months • No. of Index found reactive	
• No of events organised in the last 3 months	
• How many times condom stockout reported by TI	

No of free condoms distributed vs. target , Closing balance:	
• No of condoms(SM) sold by TI, Closing balance: • Lubes distributions (MSM and TG TI only)	
No of Needles / syringe provided through NSEP • Distribution vs Demand Return of Needle and Syringes	
• Availability of Buffer stock for NSEP Status of secondary distribution of N/S	
• Involvement of PLHIV in the Project Number of community people engaged (as in Com, CAB, CMC, DIC Com)	
• Advocacy/meetings with other stakeholders (with category) • Committee meetings held regularly (verify registers)	
• Coordination with the District Health officials / authority, Nodal Officer	
• Records and registers maintained and updated	
• Is TI following Biowaste Management Procedure on a regular basis? • Is the TI following PFMS	
• Reports sent to SACS and CMHO's office ontime on a regular basis • Timely submission of online SIMS report.	
• Regular use of Online SOCH portal.	
• Submission of SOE/UC	
• Procurement of WHO-GMP drugs.	

Checked all Stock Registers for Condoms, drugs, kits • Stock Status of KITS HIV/SYPHILLIS • Update on Revamping Strategy • Outreach Health Camp - • CBS camp organised - • Index testing - • Peer navigation -	

F. IEC & Mainstreaming

1. Information, Education & Communication	
Display of Information Panels at service centers (Y/N)	
Display of Rented Hoarding (Y/N)	
Display & Awareness of 1097 NACO Toll Free Helpline & NACO APP at CSC, ARTC, ICTC & DSRC	
NACO App installation on the mobile phones of the staff at CSC, ARTC, ICTC, Blood Bank & DSRC	
IEC Display at CSC, ARTC, ICTC, Blood Bank & DSRC	
2. Youth Intervention	
3. Mainstreaming	
Social Protection Schemes (SPS) Display at CSC, ARTC, ICTC & DSRC	
Social Protection Schemes sensitisation at CSC, ARTC, ICTC & DSRC	
Uptake of Social Protection Schemes at CSC, ARTC & ICTC	

G. OST

Infrastructure	
Opening hours of OST Center (at least 8 hours per day)?	
Is the center easily accessible and linked to an IDU TI ?	
Availability of separate rooms for Nurse Daily Dispensation, Waiting area for OST clients, Counselling Room, Doctor's Room, Data Managers Room	
Audio-visual privacy for counselling, proper ventilation, cleanliness, toilet and drinking water facility	
Is confidentiality maintained at the centre?	
Display of IEC materials on OST, Needle Syringe Exchange Program, Safer injecting practices, Overdose prevention messages, HIV / AIDS, stigma and discrimination, ICTC, ART, 1097	
Human Resources	
Availability of all staff in position (Nodal Officer, MO, Nurse, Data Manager, Counsellor in Govt Hospital settings, in NGO settings i.e. co-located OST/IDU TI, the TI checklist will also apply)	
Whether all staff have received induction and refresher training on OST Guidelines or both?	
Whether all staff have been provided their TOR and have good knowledge of their roles and responsibilities?	
Programme	
What is the number of expected clients?	
What is the number of active clients?	
What is the percentage of active clients versus expected clients (retention & LFU)?	
What is the adherence among OST clients: • Very regular clients • Regular clients • Irregular clients	
What are the daily dispensing hours? Is the buprenorphine tablet crushed by nurse and taken sublingually by each individual client (giving time to dissolve under the tongue per Clinical Practice guideline)? What is the daily dispensing load of nurse? What percentage of clients are on home dosage? How is follow-up and monitoring conducted for take home clients?	

What is the number of LFU in past 3 months /1 year	
What is the mechanism for LFU tracking?	
What are the number of new registration as on date/month? What is the average new registration in the past one year?	
What percentage of new clients are self -referral or referred from IDU TI / NACP facilities?	
What is the average dosage provided? What is the range (minimum and maximum dose). Are there any requests/complaints from any clients to increase dosage due to sub-optimal dose?	
Are there any reported instances of diversion of Buprenorphine ?	
How many OST clients are PLHIV and how many are linked and on ART?	
How many clients are referred to HIV Testing and what is the positivity?	
How many clients are screened for TB and received treatment?	
How many clients are referred to clinic and treated for STI/ RTI?	
What mechanism is available for OST clients to share feedback / grievances regarding the centre's functioning?	
Reporting and report maintenance	
Are registers and documentation maintained and up to date? (Example registers for inspection are Daily Dispensing Register, Doctor's Prescription Slip, Doctor and Counselling Performa, Individual Client File, Counselling Register, Referral Register, OST Centre Stock Register etc.)	
Are entries done regularly on SOCH OST module?	
Stock Management, storage and issues if any	
Is OST Centre Stock Register maintained and up to date? What is the opening and closing stock on date of visit per daily stock register? Is there discrepancy found between register and physical verification?	
Are batches with earlier expiry date used earlier?	
Is Buprenorphine stock available for up to one week at the OST Center?	
Is the Buprenorphine stock stored in almirah under lock and key?	
What is the process followed for indenting for Buprenorphine tablets from hospital pharmacy / central drug store / SACS store?	
Has there been any stockout issues in the last 3 months? How was it resolved?	

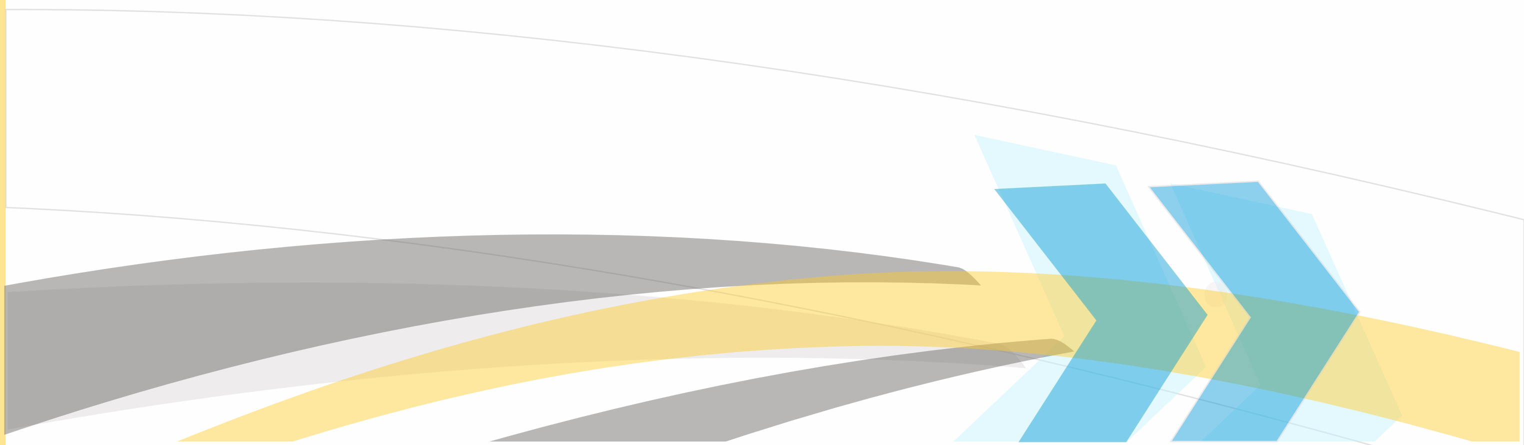
H. Prison Intervention

Number of incarcerated population in the setting	
Number of PPV in the setting	
Number of health services offered in the setting	
Number of inmates diagnosed for STI	
Number of inmates initiated STI treatment	
Number of inmates screened/ tested for HIV	
Number of inmates found HIV positive	
Number of inmates who initiated ART	
Number of inmates tested for RPR	
Number of inmates found RPR positive	
Number of inmates initiated treatment for RPR	
Number of inmates screened for TB	
Number of inmates tested for TB	
Number of inmates found positive for TB	
Number of inmates on treatment for TB	
Number of inmates screened/ tested for Hep-B/C	
Number of inmates found positive for Hep-B/C	
Number of inmates on treatment for Hep B or C	

I. ELM Activities

When was the MoU signed	
Whether the health facilities available in the centre	
Are the Awareness Activities/ Outreach Sessions/ Training conducted on a regular basis?	
Do the industries have FICTC available within premises?	
How well the confidentiality is maintained within premises/set up.	
Whether the testing is getting conducted at the health set up/premises	
Are there any screened reactive cases in the industry? If yes, have they been referred to ICTC/ ART or not?	
Is the Mid Media Activity being conducted?	
Is the health camp getting conducted for the beneficiaries on a monthly basis?	
Are the Master Trainers available in the industry And how well are they are trained?	
Whether the facility is sharing monthly reports with SACS and TSU on time	
Whether the testing kits are available in centres.	
Is there any stockout reported in last 3 months?	
Rout of condom provision	
How the Prevention and Control Act followed, is there any committee in the industry?	
Referral of Positive clients to nearby TI and ART Centres.	
How does the facility follow partner and index testing?	
How often do the CSR of the companies conduct meetings with facility staff to address issues?	

Signature Date



This publication is produced with the support from the U.S. President's Emergency Plan for AIDS Relief,through Centers for Disease Control and Prevention (CDC), Project ASPIRE - Voluntary Health Services under the Grant or Cooperative Agreement Number 1 NU2GGH002311-01-00. Its contents are solely theresponsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention, US PEPFAR or the Department of Health and Human Services.