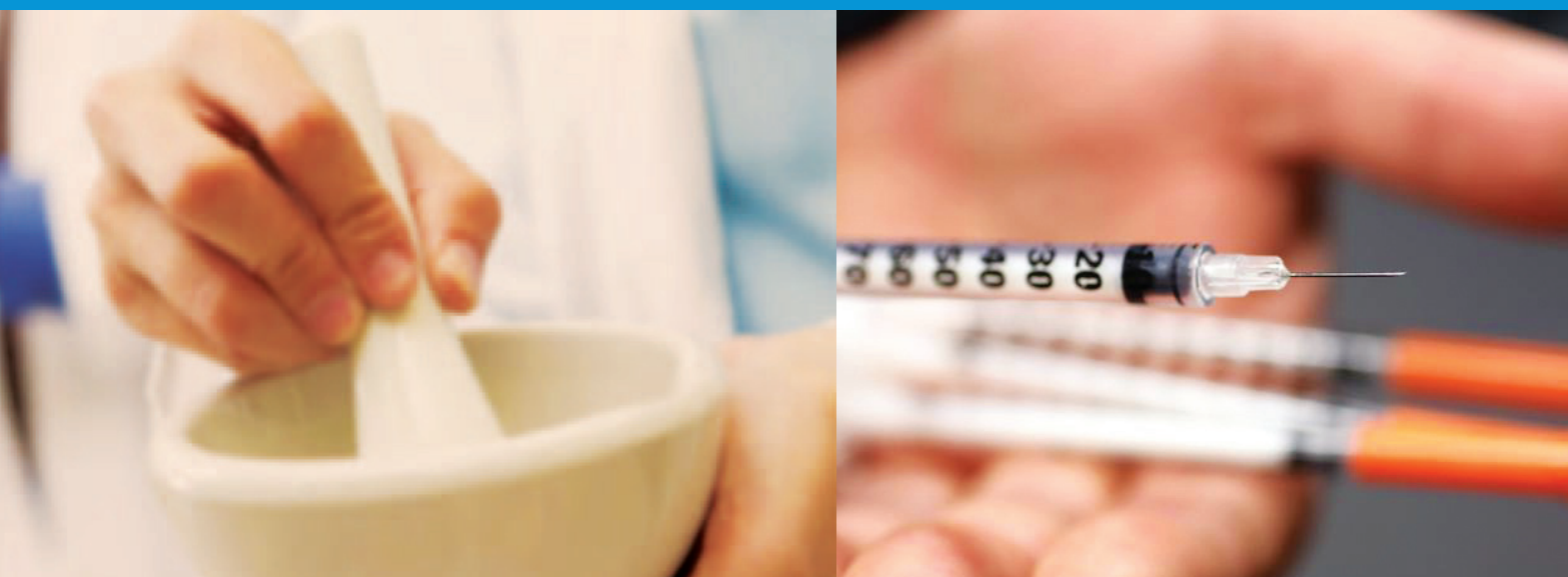


# QUALITY ASSURANCE IN IMPLEMENTATION OF HARM REDUCTION SERVICES



*A field manual for supervising and mentoring Targeted Interventions and OST centres working with Injecting Drug Users and their spouses under the National AIDS Control Programme*



NATIONAL AIDS CONTROL ORGANIZATION  
MINISTRY OF HEALTH & FAMILY WELFARE, GOVERNMENT OF INDIA



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### **Developed by:**

**National Drug Dependence Treatment Centre (NDDTC),  
All India Institute of Medical Sciences, New Delhi**

**&**

**Indian Harm Reduction Network (IHRN), New Delhi**

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# FOREWORD

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India's National AIDS Control Programme is one of the most successful health programmes in the country and is considered a global best practice by UNAIDS. The country has made significant progress with regards to control of HIV by establishing a comprehensive programme focussing on prevention, care, support and treatment. The key element of prevention component of the programme is the Targeted Interventions for High Risk Groups, which has averted nearly 3 million new HIV infections in the country.

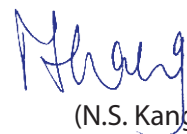
While the prevalence of HIV among the general population and most HRG populations is declining, the HIV prevalence among Injecting Drug Users (IDUs) remains high, which is a matter of concern. The HIV sentinel surveillance data from the last decade indicates that while other population sub-groups demonstrate a reversal of HIV epidemic, the HIV prevalence among IDUs is at best stabilized. The National Programme has responded by adopting the harm reduction strategy under which Needle syringe programmes have been expanded reaching out to more than 80% IDUs. Opioid Substitution Therapy (OST) has also been introduced and is being implemented in both NGO and Government Healthcare settings. It is planned to expand the coverage of OST to about 20% of the estimated IDU population.

However, with an expanded programme for HIV prevention among IDUs, the quality of services deserves concurrent attention. Various mechanisms for monitoring of interventions have revealed several quality issues in harm reduction services such as high drop-out rates among NSP clients, inadequate distribution of needle & syringes, low uptake of HIV testing and ART, low retention in OST centres, etc. The programme has developed a number of quality assurance mechanisms to address these issues which include standardized training material for IDU interventions, standard operating procedures for key services and computerization of record formats and reporting mechanisms.

One of the key strategies in enhancing quality of HRG interventions is the provision of Technical Support Units to assist State AIDS Control Societies in monitoring the implementation units. Program officers (POs) of the TSUs visit TIs periodically and provide on-site hand-holding and mentoring support to the staff. While the TSU POs have been able to offer effective mentoring support to other HRG interventions, it was felt that their own experience and capacity was limited when it comes to the harm reduction interventions particularly for specific interventions like OST and NSP. Hence, capacity building activities for TSU POs have been planned to orient them on supportive supervision needs of the harm reduction programme. In this context, this field manual on *"Quality Assurance in Implementation of Harm Reduction Services"* has been developed by experts from National Drug Dependence Treatment Centre, AIIMS, New Delhi and the Indian Harm reduction Network (IHRN).

The manual consists of a reference guide, comprehensive checklist of program components and reporting format in order to facilitate the POs in conducting the intensive visits effectively and report their findings to the concerned SACS. The document also includes a grading tool to rate the performance of IDU TIs and OST centres on objective parameters which would help track their progress over time. It is an exhaustive tool to assess and improve quality of service delivery in all components of the IDU programme including

OST. The manual would also be useful as a reference document for the SACS TI officers when they undertake monitoring visits to any IDU intervention. I am sure that this document would help the TI programme to enhance the quality of HIV prevention services being provided to IDUs. I wish the stakeholders all the best in their endeavours.

A handwritten signature in blue ink, appearing to read 'N. S. Kang', is positioned above the printed name.

(N.S. Kang)

Additional Secretary  
National AIDS Control Organisation  
Department of Health & Family Welfare  
Government of India

# ACKNOWLEDGMENTS

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No work of any merit can be achieved without significant contributions from various quarters. A lot of effort has gone into drafting this manual on *“Quality Assurance in Implementation of Harm Reduction Services”*. However, it would not have been possible without the kind support and assistance of many individuals and organizations. We would like to extend our sincere gratitude to all of them.

First and foremost, we are highly grateful to Dr Neeraj Dhingra, Deputy Director General – TI, NACO for his valuable guidance and constant support during the preparation of this manual. We also deeply appreciate the support and insightful comments received from the officers of Targeted Interventions (TI) Division and National Technical Support Unit (NTSU) during drafting and finalization of this document. The development of this manual and subsequent capacity building activities planned around it would not have been possible without the active involvement and encouragement of the TI Division at NACO. We express our heartfelt thanks to them for the same.

This manual has been developed with support from the Global Fund Round 9 IDU Grant for which Emmanuel Hospital Association (EHA) is the Principal recipient. We thank Dr P K John and his entire team (Project Management Unit) of Project Hifazat for being supportive and extremely patient during the preparation of this manual.

We would like to express our sincere thanks to the Program Officers (POs), of Punjab TSU, managed by Society for Promotion of Youth and Masses (SPYM), who field tested the draft version of this manual and provided their constructive inputs which helped us make the document more practical and user-friendly.

Special thanks are due to the colleagues at Indian Harm Reduction Network (IHRN) for their constant support during the development and finalization of this document. This work could be completed only due to the excellent coordination and understanding on the part of the IHRN team.

**Alok Agrawal**  
**Manish Kumar**  
**Ravindra Rao**  
**Atul Ambekar**

# LIST OF ABBREVIATIONS

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AIDS	Acquired Immunodeficiency Syndrome
ANM	Auxiliary Nurse Midwife
ART	Anti-Retroviral Treatment
BCC	Behaviour Change Communication
DIC	Drop-in-centre
DOTS	Directly Observed Treatment Strategy
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GMC	General Medical Check-up
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
HRGs	High Risk Groups (such as Female Sex Workers, etc.)
ICTC	Integrated Counselling and Testing Centre
IDU	Injecting Drug User (also People Who Inject Drugs or PWID)
IDU-TRG	National Technical Resource Group on Injecting Drug Use
IEC	Information, Education and Communication
JD/DD/AD-TI	Joint / Deputy / Assistant Director – Targeted Interventions (at SACS)
LFU	Loss to follow-up
NACO	National AIDS Control Organization
NACP	National AIDS Control Programme
NERO	North-East Regional Office
NGOs	Non-Governmental Organisations
NSP	Needle Syringe Programme
NTSU	National Technical Support Unit
ORW	Outreach worker
OST	Opioid Substitution Therapy
PD	Project Director of the TI (also called as Chief Functionary in some states)
PLHIV	People living with HIV/AIDS
PM	Projectmanager
PO	Program Officer of TSU
PWID	People Who Inject Drugs (also Injecting Drug User or IDU)
SACS	State AIDS Control Society
SOP	Standard Operating Procedures
STI	Sexually Transmitted Infections
STRC	State Training and Resource Centre
TB	Tuberculosis
TSU	Technical Support Unit
UNAIDS	Joint United Nation's Programme on HIV/AIDS
UNODC	United Nations Office on Drugs and Crime
VCT	Voluntary Counselling and Testing
WHO	World Health Organisation

# TABLE OF CONTENTS

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<b>1.</b>	<b>Introduction</b>	<b>1</b>
<b>2.</b>	<b>About the manual</b>	<b>6</b>
<b>3.</b>	<b>Planning quality assurance visits</b>	<b>11</b>
	a. Periodicity of the visit	
	b. Planning of visit	11
	c. Pre-visit activities	12
	d. Process to be followed during the visit	13
	e. How to use the checklist & prepare report	15
	f. How to use the Grading assessment tool	16
<b>4.</b>	<b>Detailed description of the intensive visit checklist</b>	<b>17</b>
	a. Non-Medical Services	17
	b. Medical Services	35
	c. OST services	41
<b>5.</b>	<b>Intensive visit checklist</b>	<b>51</b>
<b>6.</b>	<b>Annexure</b>	<b>83</b>
	a. Format for intensive visit report	85
	b. Format for Follow-up visit report	99
	c. Grading assessment tool for IDU TI	100
	d. Grading assessment tool for OST Centres in Government Settings	104





# INTRODUCTION

Injecting drug use (IDU) is recognized as one of the key modes of HIV transmission in India. The population of Injecting Drug Users (IDUs) in the country has been estimated to be about 1.77 lakhs of which about a third are believed to be from the North-eastern region of the country (NACO, 2009). The states with the largest IDU populations and the estimated number of IDUs are tabulated below. As per the latest round of HIV sentinel surveillance (HSS, 2010-11), the HIV prevalence among IDUs is 7.14%, which is one of the highest of any sub-group of the population. The already high HIV prevalence coupled with unsafe injecting practices and the high efficiency of transmission through needle sharing engenders the risk of rapid transmission of infection among the drug using networks. Additionally, as most IDUs are young and sexually active, injecting driven HIV epidemics do not remain limited to the drug using community but also spread to the low-risk population through the sexual networks. The documentation of injecting drug use among women and the frequent interface of drug use with sex work further increases the risk of spread of an injecting-related HIV epidemic among general population.

States	Estimates*	States	Estimates*
Manipur	20,212	Mizoram	10,670
Nagaland	14,898	Madhya Pradesh	7,021
Punjab	14,855	Kerala	6,365
Uttar Pradesh	13,946	West Bengal	5,850
Delhi	12,009	Haryana	4,800

\*Based on Mapping of HRGs and subsequent revalidation conducted by SACS/TSU/NERO

## Response to IDU-HIV situation: HIV Prevention Strategy for Injecting Drug Users

Evidence supports a comprehensive package of biomedical and behavioural interventions as the optimal HIV prevention strategy for reversing HIV epidemics among IDU populations. The technical guide developed jointly by the World Health Organization (WHO), United Nations Office on Drugs and Crime (UNODC), the Joint United Nations Programme on HIV/AIDS (UNAIDS) for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users has recommended a comprehensive package of core public health interventions. This package includes nine services ranging from Needle syringe programmes (NSP), Opioid substitution therapy (OST), Voluntary Counselling and Testing (VCT), Anti-Retroviral Therapy (ART), Sexually Transmitted Infections (STI) prevention, Condom programming for IDUs and partners, Targeted Information, Education and Communication (IEC) for IDUs and their sex partners; prevention, diagnosis, and treatment of Viral Hepatitis A, B and C, and Tuberculosis (TB) prevention, diagnosis and treatment. There is strong evidence that each of these interventions are effective in reducing risk behaviours, preventing HIV seroconversion, and improving access to essential care and treatment services for IDUs. However, any single intervention does not provide the desired results, and a combination of interventions is required to effectively control HIV transmission among Drug Using Populations.

As a response to the IDU-HIV situation in the country, the Government of India adopted Harm Reduction as the strategy in the National AIDS Prevention and Control Policy, 2002. Under this strategy, a package of evidence-based preventive interventions has been designed for IDUs and their spouses. These interventions are delivered to the identified IDU communities through Targeted Intervention projects (TIs). The TIs, implemented by Non-governmental agencies contracted by SACS, provide preventive services to the beneficiaries in community settings by a peer-led approach. By reaching out to a significant proportion of estimated IDU population, the third phase of

the National AIDS Control Programme (NACP-III, 2007-12) laid the foundation for an effective and evidence-based comprehensive response for halting and reversing the HIV epidemic among IDUs.

The key services offered to IDUs and their spouses as part of the HIV prevention package include:

- Safe space for rest, recreation and group educational activities (DIC)
- Needle and Syringe Programmes (NSP)
- Condom promotion and distribution
- Early diagnosis and treatment of Sexually Transmitted Infections (STIs)
- Behaviour change communication (BCC) and targeted education and information (on HIV, STI, safe sex, safe injecting, drug treatment, etc.)
- Prevention and management of abscesses
- Linkages with HIV counselling and testing centres (ICTCs)
- Linkages with Anti-Retroviral treatment (ART)
- Linkages with diagnosis and treatment for TB (DOTS)
- Linkages with treatment of substance abuse and rehabilitation

The TIs, with the help of members of the IDU community, deliver these services to the IDUs using both drop-in-centre (DIC) as well as outreach-based approaches.

In 2008, Opioid Substitution Therapy (OST) was included as an additional component in the Harm Reduction package for IDUs. OST is an evidence-based medical treatment for dependence on opioid drugs and is a highly effective intervention for reducing drug related harms among IDUs particularly prevention of transmission of HIV and other blood borne diseases. OST, as envisaged under NACP, is a medical treatment for opioid dependent IDUs, delivered under clinic settings along with psychosocial interventions.

## Current status of Harm Reduction services

The IDU interventions have been rapidly expanded and extensively strengthened across the country under NACP III during which, a threefold increase in the number of IDU TIs resulted in achievement of 81% coverage of the estimated IDU population by March 2012. This was associated with a similar increase in the distribution of needles and syringes per client, proportion of clients receiving HIV counselling and testing services from ICTCs and accessing other HIV prevention services.

NACO plans to expand the coverage of OST programme to at least 20% of the estimated IDU population in a phased manner. In the initial part of the NACP III, the scale-up of OST could not be achieved due to a variety of reasons, however, over the last 3 years; there has been a renewed effort to address this gap. Based on the established model of NGO-run OST centres and the encouraging response received by the pilot of the collaborative model, a plan for nation-wide expansion of OST has been drawn. As part of the plan, 175 districts across 30 states / UTs of the country have been identified for establishment of OST centres. Under the fourth phase of the National AIDS Control Programme (NACP), about 350 OST centres are planned to achieve coverage of approximately 36000 IDUs with OST (20% of the estimated population).

As of March 2015, about 200 OST centres in more than 100 districts of the country are functional under NACP covering about 21,000 IDUs with OST services. In addition, efforts are underway to roll-out OST services in the remaining selected districts as soon as possible.

However, the continued high HIV prevalence among IDUs shows that the programme needs to be accelerated with provision of comprehensive package of services with emphasis on quality of services delivered.

# QUALITY ISSUES IN HARM REDUCTION INTERVENTIONS

While considerable progress has been made in the implementation of harm reduction interventions for IDUs, there are significant variations in the quality of services delivered under the programme. This is evident from the fact that the HIV prevalence among IDUs has remained high despite increase in number of interventions and proportion of IDU population registered with them. Information from multiple sources (independent TI evaluations, monthly reports, reports submitted by POs, anecdotal information from the service providers, programme managers, reports of diagnostic studies / situation assessments conducted, report of the NACP IV IDU sub-group, etc.) indicate-despite an impressive increase in reach of the IDU interventions, there are several issues with regards to their quality and performance. Some of these quality and performance issues are summarized below:

## IDU Targeted Interventions (IDU-TI) Projects

- The interventions are not able to prioritize registered population for outreach and service delivery according to their risk and vulnerability to HIV. As a result, while some low risk clients are being met regularly, several high risk clients (daily injectors, clients with multiple sex partners, etc.) often remain out of regular service coverage.
- While the number of needles and syringes distributed as well as syringes distributed per IDU per year has increased over the years, the overall distribution rate is still quite low and not congruent with the average frequency of injecting among the IDU population. This results in many clients still reporting inadequacy of sterile injecting equipment and resorting to reuse / use of borrowed needles/syringes.
- Linking IDUs with other HIV services like HIV counselling and testing and ART has remained a significant challenge. Very few IDU TIs have been able to show satisfactory performance on the achievement of HIV testing among the registered clients. In addition, high drop-out has been noticed among HIV positive clients putting the entire injecting and general community at risk of HIV transmission. The ART registration of HIV positive IDUs and regular follow-up with ART centre is not prioritized by most IDU interventions.
- The uptake of DIC services by IDUs has been found to be low across the country. The DICs are often not located close to the community and also do not provide services which make them attractive to the clients.
- The IDU TIs remain focussed on the NSP component of the harm reduction services and the delivery of other preventive services (condom distribution, linkages with DOTS, rehabilitation, etc.) is often neglected.
- The other needs of IDUs are not met in TI currently, provision of which is important for HIV prevention. This includes, for e.g., nutrition, homelessness, etc. For detoxification services, though IDUs are referred, very few IDUs actually access these services as the IDU TIs have not established effective linkages with such facilities. Similarly, linkages for services such as overdose prevention

and management, prevention and treatment of viral hepatitis is not focussed for in IDU TI settings.

- IDU services should be gender responsive. The interventions should address the needs of female IDUs and female sex partners of IDUs. The Female regular sex partners of male IDUs are at very high risk of HIV transmission and need information on ways and means to protect themselves from HIV and linkages with prevention and treatment services. These activities have not been adequately focussed by most IDU TIs. In areas with known Female IDU population, very few Female IDUs access services from IDU TIs that too primarily through outreach.

## **Opioid Substitution Therapy (OST) services**

- Many centres, particularly in NGO settings, have not been able to meet the targets set for OST coverage even after years of being operational. At other centres, the service uptake is increasing but the number of new clients coming for treatment per month is extremely low. This indicates inadequate focus on client information and demand generation for OST.
- Several centres report high loss to follow-up and few clients return back to treatment after dropping out of it resulting in poor retention. The outreach teams of IDU TIs, due to focus on NSP, do not plan and conduct field activities for clients which are on OST. There is a need to build skills of outreach teams of IDU interventions in this area.
- The dose of Buprenorphine prescribed at the OST centres, especially older ones, is generally low which may be responsible for the high drop-out observed at these centres. In addition, many centres follow arbitrary rules regarding re-initiation of treatment after a gap / relapse or for those clients continuing to inject after starting OST. Such procedures increase the risk of client drop-out and loss to follow-up and are not in keeping with NACO clinical practice guidelines on OST.
- The record maintenance at the OST centres is generally inadequate and the follow-up with doctors and counsellors is conducted irregularly. There is a need to supervise functioning of OST centre more intensively especially with regards to clinic and dispensing timings and record maintenance.
- Many OST centres are struggling with issues of inadequate infrastructure and staff particularly in government settings. Such centres require constant support from the concerned state units to resolve these issues in consultation with the hospital authorities.

## **Approaches to address quality issues of harm reduction interventions**

To address the issues highlighted above, a number of approaches have been incorporated in the national programme, these include:

- Consultation with technical experts, civil society and community representatives to constantly take feedback on the design and implementation of the harm reduction interventions through meetings of IDU Technical Resource Group (IDU-TRG)

- Development of standardized cadre-wise training material for induction and refresher training of staff of IDU interventions
- Development of Standard operating procedures on key activities performed by IDU interventions like NSP, outreach, DIC, OST, etc.
- Training of trainers from all regions to create a larger pool of master trainers on various aspects of harm reduction programme
- Engagement of experienced organizations as State Training and Resource Centres (STRCs) to coordinate, organize and conduct training on various modules. Additionally, with support of the Global Fund Round 9 IDU Grant (Project Hifazat), the programme has roped in seven leading medical education institutions as Regional Technical Training Centres (RTTCs) and the National Drug Dependence Treatment Centre, AIIMS as the National Technical Training Centre. These medical institutions have been tasked with capacity building of IDU interventions on medical aspects like STI management, OST, etc., development of resource material on these issues and conducting research on clinical aspects of the services for IDUs.
- Selection of organizations with experience and technical capacity as Technical Support Units (TSUs) to provide onsite mentoring and supervision to staff of HRG interventions and provide feedback to State AIDS Control Societies (SACS) regarding implementation of various projects.

The last approach involves monitoring and capacity building of TI projects in the field through Program Officers (POs). The POs make field visits to all HRG interventions assigned to them on a periodic basis and provide feedback to the staff and the concerned organizations regarding gaps in implementation. In addition, the POs also analyse the performance of various HRG projects and provide feedback to SACS and STRCs regarding the operational and training issues respectively. The POs carry out a quarterly intensive visit to all interventions lasting 3-4 days during which they conduct a thorough review of the project functioning and identify areas for immediate hand-holding and regular monitoring. In addition, POs also visit all interventions on a monthly basis to assess the progress made on issues identified during the previous intensive visit and to provide continued support to the staff in resolving the same.

In case of IDU interventions (IDU TIs and OST centres), it has been felt that due to the nature of interventions and type of services being different from other risk groups, the POs need a customized tool for conducting the intensive and follow-up visits. The existing tool for PO visits does not include all aspects of an IDU / OST project and does not sufficiently address the specific monitoring and hand-holding needs of harm reduction interventions. In the absence of such a tool, addressing the gaps in quality of IDU interventions would not have been possible. Hence, there was a need to develop a separate standardized format on supervising and mentoring IDU interventions and to prepare visit reports for necessary action by concerned SACS / STRC. This manual addresses this gap in the quality assurance structure of the prevention services for HRGs.

# ABOUT THIS MANUAL

This manual should be seen as a reference document for assessment of quality and performance of IDU interventions (IDU TIs and OST centres) and a template to provide supportive supervision and on-site capacity building. The manual is primarily intended for the Program Officers of Technical Support Units tasked with mentoring and supervising the HRG interventions in the field. The aim of the manual is to act as a guide for the POs while conducting field visits to IDU interventions (IDU TIs and OST centres) and assist them in carrying out comprehensive assessment of the functioning of these interventions and on-site training activities. With the help of the tool for intensive visits, the POs can conduct a systematic appraisal of the performance of an IDU intervention and the quality of the services offered. This document is also useful for other stakeholders involved with the delivery of IDU interventions such as SACSTI officers, senior officers of TSU (Team Leader, M&E officer, etc.), technical experts involved in capacity building of TI staff and evaluation of such projects, etc. as it gives an extensive description of the various activities undertaken by an IDU TI / OST centre and the expected standards for the same. The document will also serve as a ready reference for Officers of the TI Division and NTSU at NACO when they evaluate the field visit reports of POs and analyse the findings for subsequent action.

The manual consists of (i) a **Reference Guide** for POs, (ii) a detailed **Checklist for quarterly intensive visit**, (iii) **Reporting Formats** for quarterly and monthly follow-up visits and (iv) a **Grading assessment tool** to rate the performance and quality of IDU TIs and OST centres. The *Reference Guide* gives detailed narrative of the process of planning and conducting field visits to IDU interventions and the key aspects of functioning of IDU TIs / OST centres to be assessed during the visits. The guide also includes a description of the various sections and sub-sections of the tool and the process to be followed while assessing those components of the IDU / OST services. The chapter on the intensive tool discusses each segment of the tool separately and describes focus of a given segment, the process of assessment for the items in that segment and the Do's and Don'ts. The Do's include activities which should be performed while assessing / hand-holding issues in a given segment while Don'ts include activities which the POs should refrain from during the visit or otherwise. In the end, a brief description of the reporting formats and the manner in which report should be prepared has also been included in the guide.

The intensive visit check-list consists of 3 sections – non-medical services, medical services and OST services. The section on non-medical services provides a framework for assessing aspects such as programme management, outreach, NSP, advocacy, etc. The Medical section deals with activities such as STI diagnosis and treatment, infrastructure for delivery of STI and abscess management services, outreach planning for medical services, etc. The last section provides list of items to be assessed when visiting an OST centre. The three sections include several sub-sections, each containing items which assess a specific component

of the services provided by the IDU / OST interventions. The POs should use all items under a sub-section to evaluate a particular component of services and then make their impression about the adequacy and quality of services offered. The detailed assessment would help the POs identify gaps in service delivery and accordingly provide support to the intervention during the intensive and follow-up visits.

The reporting formats for intensive and follow-up visits have been provided as annexure to this document. The intensive visit reporting format ends with a *Grading assessment tool* which contains items to objectively evaluate the performance and quality of an IDU / OST intervention. This will help the POs track the progress of the intervention over time and analyse the impact of the support provided.





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# **REFERENCE GUIDE FOR QUALITY ASSURANCE VISITS**

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# PLANNING QUALITY ASSURANCE VISITS

The monitoring and mentoring visits by TSU / NERO POs to HRG interventions sites are the key mechanisms of quality control in the TI programme under NACP. Hence, it is critical to follow a standardized procedure to maximize the output and impact of these visits. This section outlines the process involved in planning and executing such a visit to IDU interventions (IDU TI projects and OST centres) and the prescribed method of using the quality assurance and grading assessment tools included in this manual. However, it must be emphasized that the description provided in this section is merely a standard template and the POs may be required to exercise flexibility when planning and conducting field visits and make some deviations from this standard protocol depending upon the requirements in a given situation / intervention.

The TSU / NERO POs are required to make at least one intensive visit per quarter to each of the interventions placed under their supervision. In addition, each of the interventions should be visited once a month to follow-up on the progress made since the last intensive visit. It must be remembered that this is the minimum requirement and in some instances more frequent intensive / follow-up visits may be required if need for enhanced supervision / additional support is felt. The quarterly intensive visits to an IDU TI would ordinarily last for about 2-3 days while an intensive visit to an OST centre (whether in Government setting or NGO setting) can be completed in 1 day. In both the cases (IDU TI or OST centre), the duration of the visit may be extended if there are major quality or performance issues in a given project. It is desirable that in case of NGO OST centre, the intensive assessment of OST services should be conducted at the same time as that of the rest of the TI project. In case of Government OST centres, the intensive assessment should be conducted immediately after completing the assessment for the IDU TI to which the OST centre is linked. Thus, the quarterly intensive visits to an IDU TI also implementing OST services will last for 3-4 days (instead of 2-3 days) and include extra day for mentoring of OST component. Similarly, in case of IDU TIs linked with Government OST centres, the intensive visit will last for 3-4 days and on the last day, assessment of OST centre should be carried out. *The duration of each visit may vary depending upon the past performance of the site and should be decided in consultation with the senior officers of the concern SACS/TSU.*

## Planning the visit

Each PO has about 10-15 HRG projects assigned to him / her for supportive supervision. Though all the projects are required to be visited with minimum frequency mentioned above, some interventions may need to be prioritized over others for the purpose of the intensive visit. While planning a visit to an IDU intervention, the PO may consider the following issues in order to prioritize one intervention over the other:

### IDU TIs

- High IDU HIV prevalence (more than 5%) in the active population
- Poor registration against the SACS assigned target or high drop-out rate
- Poor performance on key parameters like N/S distribution, return rate, HIV testing, etc.

- Issues in basic infrastructure (DIC size, location, furniture, equipment, etc.) or staff recruitment and training (staff not recruited as per norms, key staff positions vacant, gaps in knowledge and skills, etc.)
- Administrative issues like high staff turnover, lack of involvement of PD, inexperienced PM, etc.
- Problems in record maintenance and quality of monthly reporting. Such projects may be visited earlier in the month so that the PO may personally handhold the preparation of the monthly report.

## OST centres

- Poor service uptake and client retention
- Inadequate infrastructure or staff for OST
- Gaps in knowledge about NACO practice guidelines and SOPs
- Poor record maintenance and reporting
- Issues with stock management, projection, storage or reported diversion
- Issues in coordination between OST and IDU TI staff or lack of support from hospital authorities (for Government OST centres)

Such an analysis of all IDU interventions assigned to a given PO should be performed while preparing the plan for field visits for the next 3 months and projects should be prioritized accordingly. This would require going through the intensive and follow-up visit reports of the previous quarter and scrutiny of the monthly reports submitted by the projects.

The quarterly plan for intensive and monthly follow-up visits to all assigned projects should be finalized after taking feedback from senior officers of the TSU / NERO (TL-TSU, TL-TI, RPO, etc.) as well as receiving inputs from the SACS TI officers (JD/DD/AD-TI). The quarterly field visit plan should indicate the tentative dates for intensive and follow-up visits to all projects assigned to the PO. The actual dates for visits should be finalized in consultation with the senior TSU officers and head of the concerned project (Project Director / Nodal Officer).

From the analysis of the reports of previous quarter's intensive visit, monthly visits and the monthly reports of the previous three months, the POs should identify issues to be addressed in each of the projects planned for visits. Also, the areas that require further support and strengthening should also be identified. These areas would become the focus for the next intensive visit.

## Pre-visit activities

Prior to undertaking field visit to a project, the PO should communicate with the staff of the project and ensure the following:

- Information about the visit is sent to the head of the project well in advance. It is not recommended to undertake an intensive visit as a surprise visit as it requires cooperation of the entire staff of the TI / OST centre.

- Ensure that the entire staff of the TI including the peer educators is available over the course of the visit for interaction and mentoring. The entire staff may not be available on all days of the visit but should be present when the concerned areas of TI functioning are being assessed. The Project Director and doctor of the TI should be available on at least one day during the intensive visit. In case of OST centre, the entire staff of the OST centres and linked IDU TI should be present on the day OST services are being reviewed.
- The TI and OST staff should ensure availability of some clients preferably with spouses / family members at the DIC / OST centre for interaction.
- All the records of the IDU TI / OST centre should be made available for review during the visit.

## Process to be followed during the visit

### *Intensive visit*

- If an intervention is being visited for the first time, the PO should first ensure that the staffs get an opportunity to get acquainted with him / her and vice versa. So at the outset, the PO should spend some time engaging in an informal interaction with the entire staff as a group in which a round of introduction should also be conducted.
- In case the key staff of the project has changed, the PO should give details about the purpose, procedures and expected outcomes of intensive visits. It must be emphasized that the visit should not be seen only as a monitoring activity but as an opportunity to clarify doubts, receive on-site training and resolve any outstanding issues in project functioning.
- At the time of first visit, the PO should carry out an inspection of the facility housing the IDU TI / OST centre with some of the staff members and observe the compliance of the infrastructure and equipment with the prescribed guidelines. In subsequent visits, if the facility has not shifted to new premises, only the changes and issues may be discussed with the staff and recorded.
- After the inspection, the PO should interact with each of the staff members, first as a group and then individually, to assess their component of the services in detail including the training, role clarity and attitude of each staff. The individual sessions should also be used to impart on-site training / orientation to the staff members should any deficiencies are observed in their knowledge or skills.
- In case of services for which multiple staff are responsible (e.g. STI treatment, DIC management, OST intake assessment, etc.), assessment should be done in presence of all concerned individuals and the programme manager (IDU TI and NGO OST Centre) / medical officer (Government OST centre).
- Some other issues like outreach planning, referral linkages, advocacy, etc. will require discussion with entire teams to understand the process being followed by the staff, challenges faced and support required.
- For activities requiring a specific set of skills (outreach planning, BCC, individual counselling, conducting a group session, record maintenance, data analysis and reporting, etc.), the PO must ensure that the concerned staff demonstrates the activity in his / her presence and assess whether

the staff is adequately informed and skilled. Some of these skills may require observation of functioning of the staff on the field.

- The PO should also ensure that he / she visits at least 2 hotspots in each intensive visit and carries out validation of the sites and HRG numbers as per the prescribed method. These field visits should also be utilized to assess the visibility of the project among the IDU community and the quality and adequacy of outreach contacts, BCC and outreach-based service delivery including commodity distribution.
- In the initial 1-2 visits, the PO should ensure that adequate time is spent on assessment of each of the segments listed in the intensive visit check-list. However, in subsequent intensive visits the PO may prioritize certain areas for more intensive hand-holding / supervision based on the observations of the previous intensive / follow-up visits.

### ***Follow-up visits***

- During the follow-up visits, the PO should assess the progress made on the issues observed in the most recent intensive visit. The PO should re-evaluate all the items in which deficiencies / gaps were noticed and record the changes / improvements made. If any deficiencies / gaps are observed to persist, the reasons for non-resolution should be identified and mentioned in the report. The PO should also provide support for resolution of such outstanding issues and assign responsibilities for the same with clear timelines.
- In addition, the PO should interact with all the staffs to identify any new issues that may hamper delivery of services to the IDUs and their sex partners. The PO should discuss the possible solutions for such issues with the staff and provide support during the follow-up visit. Any problems requiring more intensive hand-holding should be identified and dealt with during the next intensive visit.

# HOW TO USE THE CHECKLIST & PREPARE REPORT

The intensive visit tool consists of two main parts – a comprehensive checklist of items to be assessed during the visit and the reporting format. The checklist is divided into 3 main sections – section one deals with non-medical services provided by IDU TIs, section two medical services and section three OST services (whether provided through IDU TIs or Government OST centres).

Each section / sub-section of the checklist is further divided into various segments dealing with a specific component of the services provided by the IDU TIs / OST centres. Each segment consists of 3 columns – column 1 contain sa list of items which need to be evaluated to complete assessment of that aspect of service delivery. Column 2 provides a brief description of the expected standard or benchmark for a given item as per the NACO guidelines and SOPs. The POs should go through the relevant NACO guidelines and SOPs for further details on the expected standards. Column 3 provides the recommended method for assessment of an item during an intensive visit. Depending on their own experience and situation, the POs may use other methods for assessment for an item in addition to the ones mentioned in the checklist.

During an intensive visit, the PO should keep a copy of the checklist with them for reference so that each component of the service delivery can be assessed thoroughly and any item is not missed. The reporting format consists of space to list the items assessed in column 1 against which the POs are required to record the observations made during the visit in column 2. The observations should be recorded in the form of bullet points and may include both positive aspects of an interventions functioning as well as deficiencies / gaps. In column 3, the POs should record the mentoring support (on-site training, orientation, clarification, guidance, demonstration, meeting with relevant personnel, any activity organized in their presence, etc.) provided during the visit.

Under each segment, a space is provided to make recommendations to the staff / organization / institution for improvement in the gaps observed in that service component. The PO should record all such recommendations in column 1, the person identified to carry out the recommendation in column 2 and the timeline for completion of the task in column 3.

At the end of the intensive tool, the PO should list all the issues which require attention / intervention from the concerned state-level units (SACS / TSU / STRC). These may include administrative issues requiring intervention from SACS, capacity building issues requiring training activities by STRC or procedural issues requiring support from TSU.



# HOW TO USE THE GRADING TOOL

The grading tool consists of two parts – the first part assesses the performance of IDU TIs including NGO OST centres (if applicable) while the second part is specifically for grading the quality of OST services in Government OST centres. The grading has been assigned as per age of the project and the standards are different for TIs/ OST Centres functioning for less than and more than 2 years respectively.

The section assessing IDU TI performance includes key parameters like registration of IDUs against the assigned target, regular outreach contacts, clinic attendance, testing for syphilis and HIV, distribution of condoms and needles / syringes against the demand, needle/syringe return rate, etc. In addition, the last two items – no of clients registered in OST and retention rate – assess the performance of NGO OST centres. For all items, the denominator, source of information and grading has been defined in an objective fashion. The POs should carefully review the relevant records and use the information to calculate the performance on the given indicators over the last 6 months.

The grading tool for OST centres in Government healthcare facilities includes indicators pertaining to accessibility of the centre, its infrastructure and regularity of functioning, clinical and dispensing procedures, maintenance of dispensing and stock records and performance of the centre in terms of OST uptake and retention. For all items, the source of information and grading has been defined in an objective fashion. The POs should carefully review the relevant records and use the information to generate the performance score for previous 3 months. The grading tool will provide a total score and the TI / OST centre should be graded into the following categories as per the percentage score obtained out of the total:

Grade	Score
A	More than 90%
B	71-90%
C	51-70%
D	50% or less

The TI / OST centre should be graded at the time of each intensive visit and the PO should chart the progress of the intervention over time by comparing the scores with previous visits. During the visit, the PO must explain scoring on each item to the PM / Nodal Officer / Medical Officer and provide opportunity to seek clarifications. If a project is rated in category D or is consistently falling in category C, the same should be immediately brought to the attention of the concerned SACS and TSU for necessary action.

# DESCRIPTION OF THE CHECKLIST FOR QUALITY ASSURANCE

## SECTION I: NON MEDICAL SERVICES

### N1: PROGRAM MANAGEMENT

#### **N1.1: Office and DIC Setup**

**Focus:** All TIs are required to establish project office and Drop-in-Centre in accordance with the project guidelines to provide HIV prevention services to the IDU population. This section focuses on location of TI project office & Drop-in-Centre from the IDU hotspots, space & infrastructure available with the project, facility/services provided through DIC. In addition, functioning and management of DIC should be assessed under this segment.

**Procedure for assessment:** During the visit, PO should first assess the availability of Broad/Site Load map in project office indicating location of project office & DIC, TI's hotspot with IDU load, services centres, condom outlets and surrounding major landmarks in order to understand whether project office/DIC is located in close proximity to majority of the hotspots or not. Inspect the space available in the project office and DIC to assess whether adequate space (as outlined in NACO operational guidelines for IDU TIs) is available or not. The space identified for the project office should be equipped with necessary furniture and educational materials. The PO should also inspect the services being made available through DIC, accessibility of DIC services by IDUs, planning and management of DIC activities.

#### **Do's:**

- Inspect the site load map to understand location of TI office & DIC vis-a-vis location of hotspots
- Inspect the project office & DIC and review the asset register
- Review the rent agreement of TI office cum DIC
- Interact with project staff of the TI and take their opinion regarding adequacy of infrastructure, educational and recreational materials
- Interact with some clients to understand the adequacy and easy availability of DIC services, timing, planning & management of DIC activities

#### **Don'ts:**

- Suggest TIs to procure materials not included in NACO operational guidelines
- Participate in procurement of materials and equipment by the TI

**Making observations and providing support:** Any deficiency in the availability of necessary infrastructure and educational materials, accessibility of DIC services should be recorded in the concerned columns provided in the format and should include the reasons for the observed deficiency. The support provided by the PO during the visit to address the identified gaps should be recorded in the format. Also, if any suggestions have been made to the TI staff, they should be recorded and the person responsible to carry out the activity and timelines should

be mentioned. The suggestions should be clear (e.g. location of the project office is not in close proximity i.e. 2-3 km.) of the majority of the hotspots as per NACO guidelines) which can be understood by the concerned staff and can be easily followed-up during the subsequent visits.

## **N1.2: Staffing and capacity building**

**Focus:** The segment focuses on the availability of TI staff as per the project norms and training of staff on the NACO approved cadre specific training modules. In addition, the attitudes of concerned staff, role clarity and their participation in enhancing the knowledge and skills of other staff regarding program planning and implementation issues should be assessed under this segment.

**Procedure for assessment:** During the visit, PO should first confirm whether the TI has recruited necessary staff as per project norm to implement the project (Project Manager, ORWs, Accountant cum Monitoring & Evaluation Officer (MEO), ANM/Counsellor, a visiting physician and PEs). If recruited, the PO should verify that the recruited staff are qualified and experienced as per the norms prescribed by NACO. Next, The PO should verify whether the staff has received induction and refresher training on the prescribed modules (training certificates, movement register, etc.). The officer should also interact with the project staff to ensure that they understand their roles and responsibilities in the IDU TI and have the right attitudes to work with an IDU population. The visiting officer should also identify reasons for non-compliance to these requirements and provide feedback to the TSU and SACS to address the same. Interaction with project staff of the TI should be carried out to understand their knowledge and understanding about program planning & implementation issues. The assessment should be limited to staff availability, qualification, role clarity, attitudes and training.

### **Do's:**

- Review the staff position vis-a-vis staff sanctioned under the project including process of identification of community volunteers and selection of PEs
- Review the recruitment process i.e. advertisement, proceeding of interview conducted.
- Review proof of qualification, training certificates, in-house training records, etc.
- Review the appointment letter/contract issues to the recruited staff
- Interact with project staff of the TI and assess their role clarity and knowledge about project services and service delivery mechanism
- Orient project staff on concept of TI including components, outreach planning, performance indicators, roles & responsibilities, reporting requirements etc. in order to help them gain basic understanding about the program
- Interact with some clients to understand the correctness and completeness of information they receive from TI staff pertaining to the TI project services

### **Don'ts:**

- Participate in staff selection process unless specified by SACS

**Making observations and providing support:** Any deficiency in the qualification and training of the project staff should be recorded in the relevant columns provided in the format and should include the reasons for the

same. The guidance provided by the PO during the visit to address the identified gaps should be recorded in the format. Also, if any suggestions have been made to the TI staff, they should be noted and the person responsible to carry out the activity and timelines should be mentioned. The suggestions should be clear (e.g. need to ensure that the vacant post of project staff is filled within 2 months) which can be understood by the concerned staff and can be easily followed-up during the subsequent visits.

### **N1.3: Program planning & monitoring**

**Focus:** The segment focuses on the program planning at project & field level, understanding of the project staff about micro planning and its usage in service delivery, supportive supervision by ORWs and Project Manager and periodic program review to assess project performance. In addition, the process of development of need based outreach plan and its implementation should be assessed under this segment.

**Procedure for assessment:** During the visit, PO should assess the availability of updated social map, annual work plan and performance plan at the TI level to be used for program planning and implementation purposes. PO should verify whether micro plan developed for outreach is in line with the annual work plan or not. The officer should also interact with the project staff particularly ORWs and PEs to ensure that they have requisite skills and understanding about micro planning and its usage for service delivery to IDUs. In the process, it should also be ascertained that the outreach staff has updated micro plan available and the same is being used for the service delivery purposes. PO should verify the supportive supervision mechanism in place at the field level through ORWs and Project Managers in accordance with the TI operational guidelines. Interaction with the Project Manager and Project Director should be carried out to understand the project review process at the TI level.

#### **Do's:**

- Review the availability of annual work plan, monthly work plan and performance plan in accordance with the performance indicator provided by SACS and usage of the same for program planning
- Assess the availability of updated outreach plan with PEs and ORWs
- Review the records (social map, site load map, field visit report of ORWs & PM, minutes of the review meetings at project and outreach level) to ensure that they are updated and also to ascertain the quality of documentation
- Interact with outreach staff of the TI& PEs and assess their skills, knowledge and role clarity about micro planning and service delivery through outreach
- Facilitate the outreach team in development of micro plan and usage of the same for service delivery to IDUs
- Orient PM and ORWs to conduct and record minutes of review meeting in a systematic manner
- Discuss the issues to be covered during the field visit by ORWs, PM, ANM/Counsellor & MEO
- Interact with some clients to understand the availability of project services through outreach staff as per the need

#### **Don'ts:**

- Prepare the annual plan and outreach plan on behalf of TI

**Making observations and providing support:** Any deficiency in the program planning and review process at the TI level should be recorded in the concerned columns provided in the format and should include the reasons for the same. PO should ensure that the necessary guidance/onsite support is provided to the project staff during the visit to address the identified gaps and same should be recorded in the format. Also, if any action point has been suggested to the TI staff, they should be recorded and the person responsible to carry out the activity and timelines should be mentioned. The suggestions should be clear (e.g. Monthly review meeting should be held in the presence of Project Director to review the project performance) which can be understood by the concerned staff and can be easily followed-up during the subsequent visits.

#### **N1.4: HRG Validation**

**Focus:** TIs are required to validate the number of HRGs being covered under the project (once in 6 months) in order to verify the actual number of HRGs registered and availing services from the TI. In addition, the presence of HRG population in the project area also needs to be assessed in order to redefine the target allotted to a TI for saturation of coverage.

**Procedure for assessment:** During the visit, PO should verify the following facts from the documents available at the TI:

- a. Active population of HRGs who have accessed at least one of the clinical services (ICTC/OST/Syphilis Screening) during last 6 months.
- b. Active population of HRGs met by ORWs and ANM/Counsellor during quarterly risk assessment during the previous quarter
- c. No. of hotspots active during previous quarter

##### **Do's:**

- Review the uptake of at least one of the clinical services i.e. ICTC/OST/Syphilis Screening during the last 6 months using Form C available with the TI
- Review the quarterly risk assessment data available with the TI to identify the HRGs who have not been assessed during last quarter
- Review the hard copy of risk assessment to understand the process followed and also to check the data quality
- Interact with outreach staff, ANM/Counsellor of the TI to understand the steps undertaken/ process to carry out quarterly risk assessment
- Review the hotspot analysis of the last quarter to assess the changes in hotspots, if any
- Interact with identified clients during hotspot visits to assess their presence in the project area.

##### **Don'ts:**

- Verify the presence of identified HRGs in the project area through TI staff

After reviewing the above said data, the officer should validate 10-15% HRGs during the hotspot visit with particular focus on HRGs who have not accessed any of the clinical services in the last 6 months. During the interaction with HRGs during hotspot visit, efforts should be made to assess their risk and vulnerability, knowledge about various services being made available under the project and why it is important for them to avail those services.

***Making observations and providing support:*** Observations pertaining to the availability/non availability of HRGs in the project area against the active population reported under the project should be recorded in the concerned columns provided in the format and should include the reasons for the same. PO should ensure that the necessary guidance/onsite support is provided to the project staff during the visit to address the identified gaps and same should be recorded in the format. Also, if any action point has been suggested to the TI staff, they should be recorded and the person responsible to carry out the activity and timelines should be mentioned. The suggestions should be clear (e.g. New HRGs from the project area should be identified and registered under the project within 2 months) which can be understood by the concerned staff and can be easily followed-up during the subsequent visits.

### **N1.5: Coordination with stakeholders**

***Focus:*** The segment focuses on importance of coordination with various stakeholders i.e. ICTC/ART/STI clinic/ DOT/De-addiction Centre/Local leader/Police etc. in order to address program implementation issues as per the need. In addition, understanding of the project staff about role of various stakeholders and importance of their involvement in program planning & implementation needs to be assessed.

***Procedure for assessment:*** During the visit, PO should review the list of stakeholders identified under the project in order to assess whether the same is as per program requirements or not. PO should also assess the understanding of project staff about potential role of various stakeholders in program planning and implementation. Apart from interaction with various stakeholders, minutes of the coordination committee meetings held under the project should be reviewed to understand the involvement of various stakeholders in program implementation.

#### ***Do's:***

- Review the list of stakeholders identified under the project including the process followed to analyse the stakeholders and their influence or link with HRG community
- Assess the understanding of project staff about the role of various stakeholders in project planning and implementation
- Review the records (Minutes of coordination meeting at project level) to ensure that they are updated and also to ascertain the periodicity of the coordination meeting
- Interact with stakeholders to assess their knowledge about the project, their involvement in improvement of service delivery
- Facilitate the project team in development of plan to conduct periodic coordination meeting with potential stakeholders to receive need based support and also facilitate in resolving any pending issues

**Making observations and providing support:** Any shortcoming in the process of identification of key stakeholders, conducting periodic meeting with them at the TI level should be recorded in the concerned columns provided in the format and should include the reasons for the same. PO should ensure that the necessary guidance/onsite support is provided to the project staff during the visit to address the identified gaps and same should be recorded in the format. Also, if any action point has been suggested to the TI staff, they should be recorded and the person responsible to carry out the activity and timelines should be mentioned. The suggestions should be clear (e.g. Coordination meeting with stakeholders should be held at least once in a quarter to discuss and address program issues) which can be understood by the concerned staff and can be easily followed-up during the subsequent visits.

## **N1.6: Stock Management**

**Focus:** The segment focuses on need of periodic assessment of stock requirement (condom, Needle/Syringes & STI kits) at the TI level, procurement of stock as per the need, ensuring availability of adequate stock and need based distribution of commodity to the IDUs. Also, the supply chain mechanism at the TI level should be assessed.

**Procedure for assessment:** During the visit, PO should first review the data available with the TI pertaining to commodity needs assessment conducted in last quarter. Random data verification should be done using Quarterly Risk Assessment format to assess the quality of data. Next, PO should verify the procurement process at the TI level which includes availability of quotations (at least 3) of commodities procured, comparative statement of quotations received, purchase order and bills pertaining to stocks procured. As a next step, PO should do physical verification of the stock available at the TI level to assess the availability of adequate supply of stock and efficacy of supply chain mechanism. Also, interaction with the IDUs should be held to assess need based availability of commodities to them.

### **Do's:**

- Review the quarterly risk assessment data to assess quarterly demand of commodities
- Assess the procurement process at TI level to ensure that they are in accordance with NACO guidelines
- Review the commodity stock position through physical verification to assess the availability of sufficient stock for distribution among IDUs. Ensure that the stock registers are available and updated at regular interval
- Review the supply chain mechanism at the TI level for need based and timely availability of commodities to the IDUs through stock register and PE diary
- Interact with some clients to understand the timely and need based availability of commodities through TI

### **Don'ts:**

- Facilitate TIs in procurement of commodities



**Making observations and providing support:** Any shortcoming in the process of quarterly demand assessment, procurement of commodities, distribution of commodities to the IDUs and stock keeping should be recorded in the concerned columns provided in the format and should include the reasons for the same. PO should ensure that the necessary guidance/onsite support is provided to the project staff during the visit to address the identified gaps and same should be recorded in the format. Also, if any action point has been suggested to the TI staff, they should be recorded and the person responsible to carry out the activity and timelines should be mentioned. The suggestions should be clear (e.g. TI should have at least one month's stock available of N/S and condoms for distribution among IDUs) which can be understood by the concerned staff and can be easily followed-up during the subsequent visits.

## N2: SERVICE DELIVERY

### N2.1: Coverage and Outreach

**Focus:** The segment focuses on coverage of IDUs under the project against sanctioned population, process of identification of new IDUs, pattern of drug use in the project area, prioritisation of IDUs for service delivery in line with project requirements, number of IDUs contacted by the project and provided harm reduction services. In addition, knowledge, skills and role clarity of ORWs/PEs on outreach planning and implementation should also be assessed under this segment.

**Procedure for assessment:** During the visit, PO should first confirm active number of IDUs registered with the TI against the sanctioned target. As part of the process, Master Register available with the TI should be reviewed to find out number of new IDUs registered and no. of IDUs dropped out from the project during previous quarter. As a next step, hotspot analysis available with the TI should be reviewed to ensure that the same is updated on quarterly basis and outreach plan is prepared in line with the updated hotspot analysis. Verification of PE diary and Form C should be done to assess whether need based service delivery to the IDUs is ensured as per their risk status or not. In addition, interaction with project staff should be held to assess the changes in drug use pattern in the project area; knowledge, skills, role clarity of outreach staff about outreach services; movement plan of PEs and ORWs in line with availability of IDUs at the hotspots; availability of outreach tool with the project staff to ensure effective service delivery to the IDU population etc. The visiting officer should also identify the reasons for non-achievement of registration target and provide feedback to the TSU and SACS to address the same. Interaction with clients should also be held at DIC level or during the hotspot visits to understand the changes in drug use pattern in the project area and also timely availability of harm reduction services to them through outreach staff.

**Making observations and providing support:** Any shortcoming observed in the coverage of IDUs against sanctioned population, outreach planning, prioritisation of IDUs for service delivery, role clarity among outreach staff and information provided to the IDUs through outreach staff should be recorded in the concerned columns provided in the format and should include the reasons for the same. PO should ensure that the necessary guidance/onsite support is provided to the project staff during the visit to address the identified gaps and same should be recorded in the format. Also, if any action point has been suggested to the TI staff, they should be recorded and the person responsible to carry out the activity and timelines should be mentioned. The suggestions should be clear (e.g. Service delivery to the IDUs should be prioritised based on the risk status in accordance with the latest quarterly risk assessment data) which can be understood by the concerned staff and can be easily followed-up during the subsequent visits.



**Do's:**

- Review the Master Register available with the TI to identify no. of new IDUs registered/no. of IDUs dropped from the project during previous quarter along with total number of active IDUs against the sanctioned target
- Review the updated hotspot analysis and quarterly risk assessment to ensure the prioritisation of IDUs in accordance with their risk status and provision of need based outreach services in accordance with their availability on hotspots
- Review the availability of material with outreach staff i.e. BCC material, penis model, container for collection of used N/S, material for abscess management etc.
- Review the distribution mechanism of N/S and condoms from central stock up to PE level and also verify the availability of commodity with the PEs
- Interact with outreach staff to assess their knowledge, skills and role clarity about outreach services. Also, understand the changes in drug use pattern in the project area
- Orient outreach staff on concept of hotspot analysis; outreach planning, roles & responsibilities, reporting requirements etc. in order to help them gain basic understanding about outreach services
- Interact with some clients to understand the changes in drug use pattern, if any including correctness and completeness of information they receive from TI staff pertaining to the TI project services

**N2.2: Condom promotion**

**Focus:** The project should strive to ensure that every sexual act of the HRG population is safe. The segment focuses on assessment of knowledge & skills of project staff on safer sexual practices including condom demonstration, assessment of condom demand, supply mechanism and distribution of condoms to HRGs as per demand. In addition, knowledge of the staff about same-sex behaviours among the IDU clients should also be assessed under this segment.

**Procedure for assessment:** During the visit, PO should first assess the knowledge of project staff i.e. ORWs, ANM/Counsellors and PEs about safer sexual practices and its importance for HIV prevention among IDUs and their sexual partners. In addition to this, skills of project staff on condom promotion should also be assessed during the interaction. Some of the project staff should be asked to do condom demonstration to ensure that they have clarity about the steps of condom demonstration. As a next step, condom assessment data available with the TI should be verified and process of collection of the same at the field level should also be assessed to understand the accuracy of data. PO should assess the condom distribution mechanism at various levels i.e. DIC, condom outlet and through PEs. In order to ensure need based distribution of condom to the IDUs, the same should be verified from Form C available with TI. The visiting officer should also interact with some of the IDUs to understand whether sexual risks and vulnerability of clients are being assessed and addressed accordingly or not.

### **Do's:**

- Interact with outreach staff to assess their knowledge, skills and role clarity about safer sexual practices including condom demonstration
- Orient outreach staff on concept of risk & vulnerability assessment, importance of ensuring safer sexual practices among IDUs and their spouses by promoting condom usage including steps of condom demonstration
- Review the Quarterly Risk Assessment formats to assess accuracy of condom demand available with the TI
- Review the condom distribution mechanism at various levels i.e. DIC, condom outlets and through PEs. Visit some of the condom outlets to assess the availability of condom
- Review the condom distribution data to assess its' distribution among the client as per their need
- Interact with some clients to assess the accessibility and availability of condoms through the TI as per their need including information related to importance of correct and consistent use of condom to ensure safer sexual practices

**Making observations and providing support:** Any shortcoming observed in the assessment of condom demand, knowledge & skills of project staff about safer sexual practices including condom demonstration, distribution of condom as per demand, condom distribution mechanism etc. should be recorded in the concerned columns provided in the format and should include the reasons for the same. PO should ensure that the necessary guidance/onsite support is provided to the project staff during the visit to address the identified gaps and same should be recorded in the format. Also, if any action point has been suggested to the TI staff, they should be recorded and the person responsible to carry out the activity and timelines should be mentioned. The suggestions should be clear (e.g. condom demand of each IDU should be available with the PE for need based distribution) which can be understood by the concerned staff and can be easily followed-up during the subsequent visits.

## **N2.3: Needle Syringe Program**

**Focus:** TI should work towards ensuring that every injecting episode of the IDU population is safe. The section focuses on assessment of knowledge & skills of project staff on safer injecting practices including assessment of needles/syringes demand, establishment of supply mechanism and distribution of needles/syringes to IDUs as per the need. In addition, knowledge of staff about collection, disinfection and disposal of used needles/syringes as per the program guidelines should also be assessed under this segment.

**Procedure for assessment:** During the visit, PO should first assess the knowledge of project staff i.e. ORWs, ANM/Counsellors and PEs about safer injecting practices including Opioid Substitution Treatment (OST) and its importance for HIV/Hepatitis B & C prevention among IDUs. In addition to this, skills of project staff on safer injecting practices should also be assessed during the interaction. As a next step, Needle/Syringe assessment

data available with the TI should be verified and process of collection of the same at the field level should be assessed to understand the accuracy of data. PO should assess the needle/syringe distribution mechanism at various levels i.e. DIC and through PEs. In order to ensure need based distribution of needles/syringes to the IDUs, the same should be verified from Form C available with TI. During the interaction with PE and ANM, process of collection of used needles/syringes from field, its' disinfection at DIC level and final disposal of the disinfected waste should be assessed in order to ensure that the project guidelines in this regard are followed by the TI. Data pertaining to return of used needles/syringes at the PE/DIC/Hotspot level should also be verified. The visiting officer should also interact with some of the IDUs to understand whether risks and vulnerability of clients pertaining to injecting practices are being assessed and addressed accordingly or not.

#### **Do's:**

- Interact with outreach staff to assess their knowledge, skills and role clarity about safer injecting practices including OST
- Orient outreach staff on concept of risk & vulnerability assessment, importance of ensuring safer injecting practices among IDUs by promoting use of clean needle & syringes, waste disposal management etc.
- Review the Quarterly Risk Assessment formats to assess accuracy of needle/syringe demand available with the TI
- Review the needle/syringe distribution mechanism at various levels i.e. DIC and through PEs.
- Review the needle/syringe distribution data to assess its' distribution among the client as per their need
- Interact with PE and ANM to assess the process of collection of used needles/syringes from field, its' disinfection at DIC level and final disposal of the disinfected waste.
- Review the data and process pertaining to return of used needles/syringes at the PE/ DIC/Hotspot.
- Interact with some clients to assess the accessibility and availability of needles/syringes through the TI as per their need including information related to safer injecting practices& OST

**Making observations and providing support:** Any shortcoming observed in the assessment of needle/syringe demand, knowledge & skills of project staff about safer injecting practices including distribution of needle/syringe as per demand, needle/syringe distribution mechanism, collection, disinfection and disposal of used needles/syringes etc. should be recorded in the concerned columns provided in the format and should include the reasons for the same. PO should ensure that the necessary guidance/onsite support is provided to the project staff during the visit to address the identified gaps and same should be recorded in the format. Also, if any action point has been suggested to the TI staff, they should be recorded and the person responsible to carry out the activity and timelines should be mentioned. The suggestions should be clear (e.g. needle/syringe demand of each IDU should be available with the PE for need based distribution) which can be understood by the concerned staff and can be easily followed-up during the subsequent visits.

## N2.4: Referral and Linkages

**Focus:** Individual tracking of IDUs for provision of referral services i.e. HIV testing, ART, CD4 testing, STI treatment, Syphilis testing, DOTS etc. is key to ensure that the population is provided referral services as per the program requirements. The segment focuses on assessment of knowledge & skills of project staff i.e. ORWs, ANM/Counsellor and PEs on need and importance of HIV testing, STI treatment and ART linkage. In addition to that, the performance of TI in the areas of HIV Testing, linkage with ART & DOTS, CD4 testing should also be assessed under this section.

**Procedure for assessment:** During the visit, PO should first assess the knowledge of project staff i.e. ORWs, ANM/Counsellors and PEs about need & importance of HIV testing, STI treatment and ART linkage. As a next step, data pertaining to HIV testing i.e. number of IDUs tested for HIV (once/twice) as per program requirement, linkage of detected HIV positive cases with ART, periodic CD4 testing of HIV positive cases, linkage of IDUs with TB screening services etc. should be verified through project documents available with the TI.

### Do's:

- Interact with outreach staff to assess their knowledge, skills and role clarity about need & importance of HIV testing, STI treatment and ART linkage
- Orient outreach staff on importance of early detection of HIV cases, need of periodic HIV testing and early linkage of HIV positive cases with ART
- Review the individual tracking mechanism available at TI level to ensure need based referral of IDUs to ICTC/ART/STI clinic/DOTS etc.
- Review the referral register to assess the number of IDUs tested for HIV as per the program guidelines
- Review the Master register to identify the number of HIV positive IDUs who have been linked with ART
- Review the data pertaining to CD4 testing of HIV positive IDUs as per project guidelines.
- Review the clinic access register to find out number of IDUs screened for TB

**Making observations and providing support:** Any shortcoming observed in the data pertaining to referral and linkages with ICTC/ART/DOTS/STI clinic, knowledge & skills of project staff about need & importance of periodic HIV testing and early linkage with ART etc. should be recorded in the concerned columns provided in the format and should include the reasons for the same. PO should ensure that the necessary guidance/onsite support is provided to the project staff during the visit to address the identified gaps and same should be recorded in the format. Also, if any action point has been suggested to the TI staff, they should be recorded and the person responsible to carry out the activity and timelines should be mentioned. The suggestions should be clear (e.g. Each IDU should be tested once in six months for HIV) which can be understood by the concerned staff and can be easily followed-up during the subsequent visits. While making observations, POs should refer to the NACO operational guidelines / practice guidelines / SOPs where necessary.

## N2.5: Counselling

**Focus:** This section focuses on assessment of counselling setup at the TI, availability of BCC material/ counselling tools and assessment of knowledge & skills of counsellor on counselling issues. In addition to that, the performance of TI in the area of counselling services provided to the IDUs should also be assessed under this section.

**Procedure for assessment:** During the visit, PO should assess the counselling setup at the TI level which includes audio-visual privacy in the counselling area, availability of BCC material/tools with the project etc. PO should assess the knowledge and skills of ANM/Counsellor on counselling issues and how the tools are being used to ensure effective counselling. As a next step, data pertaining to counselling sessions conducted (one to one and group counselling) by the ANM/Counsellor including issues covered should be reviewed to assess whether periodic counselling services are being provided to IDUs or not.

### Do's:

- Inspect the counselling area to assess audio-visual privacy of the clients
- Interact with ANM/Counsellor to assess their knowledge, skills and role clarity about counselling issues as per the project need
- Orient ANM/Counsellor on counselling techniques and use of BCC material for counselling purposes, as per the need
- Review the counselling register to assess the number of IDUs who have been counselled on harm reduction issues through one to one and one to group session

**Making observations and providing support:** Any shortcoming observed in the data pertaining to counselling, knowledge & skills of ANM/Counsellor on counselling technique & use of BCC material for counselling purposes etc. should be recorded in the concerned columns provided in the format and should include the reasons for the same. PO should ensure that the necessary guidance/onsite support is provided to the project staff during the visit to address the identified gaps and same should be recorded in the format. Also, if any action point has been suggested to the TI staff, they should be recorded and the person responsible to carry out the activity and timelines should be mentioned. The suggestions should be clear (e.g. All IDUs covered under the project should be counselled at least once in 6 months through one to one or group counselling) which can be understood by the concerned staff and can be easily followed-up during the subsequent visits. While making observations, POs should refer to the NACO operational guidelines / practice guidelines / SOPs where necessary.

## N2.6: Services to regular sex partners of IDUs

**Focus:** As per the program guidelines, TI is required to cover regular sex partners of IDUs under the intervention. This segment focuses on identification/registration of regular sex partners under the intervention, outreach planning to reach out to the regular sex partners for service delivery, assessment of skills of Female ORW on process of outreach, importance of STI treatment/HIV testing/ART linkage etc. In addition to that, the performance of TI in the area of HIV testing, ART linkage, provision of psycho-social support including formation of support group for regular sex partners of IDUs should also be assessed under this section.

**Procedure for assessment:** During the visit, PO should assess the process of identification/registration of regular sex partners of IDUs in the intervention by reviewing the data available in Master Register. Subsequently, micro plan available with PE/FORW to reach out to the regular sex partners of IDUs should be reviewed to understand the outreach process and frequency of the same. During interaction with outreach staff, PO should assess the knowledge and skills of FORW on process of outreach to the spouses, safer sexual practices, importance of STI treatment/HIV testing/Positive prevention, OST etc. As a next step, data pertaining to services provided i.e. HIV testing, STI treatment, ART linkage, counselling on psycho-social support etc. should be reviewed. Process of formation of support group of regular sex partners of IDUs should also be assessed in order to extend necessary support for formation/strengthening of support groups.

**Do's:**

- Review the Master Register to find out number of regular sex partner of IDUs identified and registered with the TI
- Interact with outreach staff to assess their knowledge, skills and role clarity about process of outreach to the spouses, safer sexual practices, importance of STI treatment/HIV testing/Positive prevention, OST etc.
- Orient outreach staff on outreach planning and service delivery to the spouses/regular sexual partners of IDUs, as per the need
- Review the program data to assess the number of spouses/regular sexual partners provided program services i.e. STI treatment, HIV testing, ART linkages and psycho-social support as per the project guidelines
- Review the process of formation of support group of spouses/regular sexual partners of IDUs in order to strengthen the same

**Making observations and providing support:** Any shortcoming observed in the process of identification & registration of regular sex partners of IDUs under the project, outreach planning, service delivery as per program needs, knowledge & skills of Female ORW on process of outreach to the spouses, safer sexual practices, importance of STI treatment/HIV testing/Positive prevention, OST etc. should be recorded in the concerned columns provided in the format and should include the reasons for the same. PO should ensure that the necessary guidance/onsite support is provided to the project staff during the visit to address the identified gaps and same should be recorded in the format. Also, if any action point has been suggested to the TI staff, they should be recorded and the person responsible to carry out the activity and timelines should be mentioned. The suggestions should be clear (e.g. All HIV positive regular sexual partner of IDUs should be linked with ART) which can be understood by the concerned staff and can be easily followed-up during the subsequent visits.

## **N2.7: Community's response to service delivery**

**Focus:** In order to ensure need based service delivery to the target population, it is important to receive their periodic feedback. This segment captures the feedback of IDUs vis-a-vis services provided to them under targeted intervention i.e. information on safer injecting & sexual practices, harm reduction, HIV/STI, OST, provision of commodities i.e. Needles/Syringes, condoms as per need, referral for clinical services. In addition to

that, attitude of outreach staff and health care providers towards the target population should also be assessed under this section.

**Procedure for assessment:** During the field visit, PO should interact with 10-15 IDUs at each hotspot to assess community's response towards the service delivery. During the interaction, PO should gather information pertaining to regular visit of PEs and ORWs to the hotspot, information provided during the visit, distribution of commodities as per the need, referral for clinical services etc. PO should also try to assess whether the information provided by the PEs are complete and correct or not. Specific questions related to barriers to service accessibility particularly attitude of project staff should be asked from the IDUs during the visit. Information gathered from IDUs should be cross checked with the data available TI to assess the quality of service delivery and also the data available with the TI.

**Do's:**

- Interact with at least 10-15 clients at each hotspot during field visit
- Gather information pertaining to information provided on harm reduction issues, commodity distributed and referrals made for clinical services to the community members by outreach staff
- Assess the attitude of project staff towards IDUs based on feedback received
- Assess the process of service delivery through outreach staff based on the information received from the IDUs
- Cross check the data available with the TI from information gathered during field visit.

**Dont's:**

- Ask piercing questions to solicit information about sexual and injecting practices

**Making observations and providing support:** Any shortcoming observed in the process of service delivery through outreach staff i.e. regular contact to provided information on safer practices, provision of commodities as per need and referral to clinical services as per program requirement etc., attitude of project staff towards IDU as per the feedback received from IDUs during the interaction should be recorded in the concerned columns provided in the format and should include the reasons for the same. PO should ensure that the necessary guidance/onsite support is provided to the project staff during the visit to address the identified gaps and same should be recorded in the format. Also, if any action point has been suggested to the TI staff, they should be recorded and the person responsible to carry out the activity and timelines should be mentioned. While making observations, POs should refer to the NACO operational guidelines / practice guidelines / SOPs where necessary.

### **N3: SUPPORT SERVICES (ENABLING ENVIRONMENT & ADVOCACY)**

**Focus:** This segment captures the efforts made by the project for creation of enabling environment in order to ensure service accessibility by the IDUs in stigma free environment. This section focuses on steps which need to



be taken for creation of enabling environment i.e. formation of committees at the project level to manage crisis and community led activities, periodic advocacy meetings with key stakeholders and involvement of community in program management. In addition to that, steps taken by the project to collectivise the community should also be assessed under this section.

**Procedure for assessment:** PO should review various committees i.e. project management, DIC management, crisis management formed by TI. This should include clarity on roles & responsibilities for management of these committees. Process of conducting periodic and need based advocacy with key stakeholders i.e. police, health care providers, media, local leaders etc. should be reviewed. During the visit, PO should interact with key stakeholders/committee members to understand their involvement in the project activities as per the need. Similarly, process of collectivisation of IDUs should also be assessed.

**Do's:**

- Review the details of various committees formed by TI
- Interact with some of the committee members to assess clarity on roles & responsibilities to manage these committees and their involvement in management
- Review the process of conducting advocacy meeting with key stakeholders, its periodicity and outcome
- Orient project staff on advocacy related issues, as per the need
- Interact with IDUs to assess the barriers in accessing the project services
- Assess the process of collectivisation of IDUs in the form of support groups

**Making observations and providing support:** Any shortcoming observed in the process of formation & management of committees, periodic and need based advocacy with key stakeholders, involvement of IDUs in program management etc. should be recorded in the concerned columns provided in the format and should include the reasons for the same. PO should ensure that the necessary guidance/onsite support is provided to the project staff during the visit to address the identified gaps and same should be recorded in the format. Also, if any action point has been suggested to the TI staff, they should be recorded and the person responsible to carry out the activity and timelines should be mentioned. While making observations, POs should refer to the NACO operational guidelines / practice guidelines / SOPs where necessary.

## **N4: DOCUMENTATION AND REPORTING**

**Focus:** Documentation and reporting as per the program guidelines is critical in order to assess the functioning of project at various levels at different point in time. This segment captures the process of documentation at various levels i.e. PM, ORW, ANM, PE etc., availability of updated documents, orientation and role clarity of project staff on documents to be maintained by them and use of data captured for program planning and implementation purposes. In addition to that, quality of CIMS/SIMS report in accordance with the documents available at the TI level and timely submission of reports to SACS should also be assessed under this section.



**Procedure for assessment:** During the visit, PO should review the availability of documents in the prescribed format with the TI as per the project guidelines. The documents should be verified while reviewing various components of the program in order to assess the availability of updated data/record and also clarity among the project staff responsible to prepare the document. The quality of data captured and reported in CMIS/SIMS should be verified from the documents available with the TI in order to ensure the coherence between the data recorded in various documents and data reported in CMIS/SIMS. Similarly, data analysis process at the project level and sharing of the same with project staff for program planning & implementation purposes should also be reviewed. PO should also review the data compilation process at project staff level in order to ensure time preparation and submission of CMIS/SIMS report to SACS.

**Making observations and providing support:** Any shortcoming observed in the documentation process, understanding of the project staff on record keeping, analysis of data for program planning purposes and timely reporting in CMIS/SIMS should be recorded in the concerned columns provided in the format and should include the reasons for the same. PO should ensure that the necessary guidance/onsite support is provided to the project staff during the visit to address the identified gaps and same should be recorded in the format. Also, if any action point has been suggested to the TI staff, they should be recorded and the person responsible to carry out the activity and timelines should be mentioned. While making observations, POs should refer to the NACO operational guidelines / practice guidelines / SOPs where necessary.

#### **Do's:**

- Review the project documents available with the TI in accordance with the prescribed format of NACO
- Interact with project staff to assess their knowledge and understanding about record keeping pertaining to the work assigned to them under the project
- Orient project staff on documentation and reporting, as per the need
- Review the data analysis process at the ORW/ANM/PM level and usage of the same for program planning and implementation purposes.
- Assess the accuracy of CMIS/SIMS report in accordance with data available with the TI
- Assess the process of collectivisation of IDUs in the form of support groups
- Visit other service facilities i.e. ICTC, ART, STI clinic, OST to verify the data indicated in the CMIS/SIMS report

## **N5: SERVICES FOR FEMALE IDUS**

**Focus:** This segment focuses on services provided to the female Injecting Drug Users which include identification & registration of female IDUs under the intervention, recruitment of female PEs, assessment of knowledge of project staff about service needs of female IDUs, outreach planning to reach out to the female IDUs for service delivery, availability of female IDU specific IEC/BCC material, drop-in-centre etc. In addition to that, additional services being provided to female IDUs, barriers faced by the project staff in provision of services should also be assessed under this section.

**Procedure for assessment:** During the visit, PO should assess the process of identification/registration of female IDUs in the intervention by reviewing the data available in Master Register. Subsequently, micro plan available with PE/FORW to reach out to the female IDUs should be reviewed to understand the outreach process and frequency of the same. During interaction with outreach staff, PO should assess the knowledge and skills of female PE & FORW on process of outreach, safer sexual practices, importance of STI treatment/HIV testing, OST etc. As a next step, data pertaining to services provided i.e. HIV testing, STI treatment, ART linkage, counselling on psycho-social support etc. should be reviewed. Accessibility of female IDUs of services available at drop-in-centre should be assessed. PO should interact with the project staff to assess barriers faced by them in provision of HIV prevention services to female IDUs including additional services provided to them, if any.

**Do's:**

- Review the Master Register to find out number of female IDUs identified and registered with the TI
- Review the number of female PEs recruited to reach out to the female IDUs as per program requirement
- Review the micro plan of PE and outreach plan of ORWs
- Interact with outreach staff to assess their knowledge, skills and role clarity about process of outreach, safer sexual practices, importance of STI treatment/HIV testing, OST etc.
- Orient outreach staff on outreach planning and service delivery to the female IDUs as per the need
- Review the program data to assess the number of female IDUs provided program services i.e. STI treatment, HIV testing, ART linkages and psycho-social support as per the project guidelines
- Review the services available for female IDUs in DIC and accessibility of the same by them
- Interact with the project staff to assess the challenges faced by them in service delivery to the female IDUs

**Making observations and providing support:** Any shortcoming observed in the process of identification & registration of female IDUs under the project, outreach planning, service delivery as per program needs, knowledge & skills of Female PEs & ORW on process of outreach, safer sexual practices, importance of STI treatment/HIV testing/OST etc. should be recorded in the concerned columns provided in the format and should include the reasons for the same. PO should ensure that the necessary guidance/onsite support is provided to the project staff during the visit to address the identified gaps and same should be recorded in the format. Also, if any action point has been suggested to the TI staff, they should be recorded and the person responsible to carry out the activity and timelines should be mentioned. The suggestions should be clear which can be understood by the concerned staff and can be easily followed-up during the subsequent visits. While making observations, POs should refer to the NACO operational guidelines / practice guidelines / SOPs where necessary.

## N6: FINANCE & ACCOUNTS

**Focus:** All TIs are required to maintain books of accounts and financial report as per the NACO guidelines. This section focuses on assessment of availability of funds with the TI, process of maintenance & updating books of accounts as per project guidelines, procurement system and submission of utilisation certificate to SACS in time.

**Procedure for assessment:** During the visit, PO should first verify the fund available with the TI for project implementation which includes review of sanction letter issued by SACS, pass book to assess the fund position. It should be ensured that the project has a separate account in the name of TI project having 2 or more signatories as per the project guidelines. PO should review the process of maintenance of books of accounts i.e. updating books of accounts on daily basis, payment of more than Rs. 2000 through account payee cheque, availability of machine numbered vouchers along with supporting documents pertaining to the expenditure incurred, availability of cash with the project for day to day expenditure. Subsequently, procurement system i.e. obtaining at least three quotations, preparation of comparative statement and issuance of purchase order etc. should be assessed. PO should also review the rent agreement of project office & DIC including rent being paid under the project. In addition, expenses incurred as per the books of accounts should be cross checked with the utilisation certificate submitted to SACS. Efforts should be made to correlate the expenses booked under the project with the project activities.

### Do's:

- Review the sanction order issued by SACS to know the budget available for project implementation including fund released as per pass book
- Interact with the project accountant to assess his knowledge and skills about accounting systems & processes and costing guideline
- Orient the accountant on accounting process and costing guidelines as per the need
- Review the availability of updated books of accounts including bills & vouchers, cash book, bank book, bank reconciliation statement and statement of expenditure
- Review the rent agreement of project office & DIC
- Review the mode of payment pertaining to expenditures incurred under the project as per guidelines
- Review the procurement system and availability of stock as per project requirements
- Assess the pattern of expenditure in line with the project activities carried out by the organisation
- Assess timely submission of statement of expenditure & utilisation certificate in accordance with the books of accounts available with the TI

**Making observations and providing support:** Any shortcoming observed in the process of maintenance of books of accounts i.e. availability of updated bills & vouchers, cash book, bank book, statement of expenditure in accordance with the project guideline, procurement system, preparation & submission of utilisation certificate to SACS should be recorded in the concerned columns provided in the format and should include the reasons

for the same. PO should ensure that the necessary guidance/onsite support is provided to the project staff during the visit to address the identified gaps and same should be recorded in the format. Also, if any action point has been suggested to the TI staff, they should be recorded and the person responsible to carry out the activity and timelines should be mentioned. The suggestions should be clear which can be understood by the concerned staff and can be easily followed-up during the subsequent visits. While making observations, POs should refer to the NACO operational guidelines / practice guidelines / SOPs where necessary.

## **N7: ANY OTHER SERVICES/COMPONENTS ASSESSED AND FEEDBACK PROVIDED**

This segment should capture any other services/components assessed and feedback provided particularly good practices initiated at the TI level, additional services being provided to the IDUs apart from project services, linkages with agencies to meet food, clothing, vocational training requirements of IDUs etc. Additionally, feedback provided by the PO to improve the quality of TI should be recorded in this section.

## **SECTION II: MEDICAL SERVICES**

### **M1: QUALIFICATION & TRAINING RELATED TO MEDICAL SERVICES**

**Focus:** The segment focuses on the training of staff of the IDU TIs on the NACO approved training modules developed for the clinical staff (doctor and nurse). In addition, the attitudes of the concerned staff, role clarity and their participation in enhancing the knowledge and skills of other staff regarding medical issues should be assessed under this segment.

#### **Do's:**

- Interact with doctor and nurse of the TI and assess their role clarity and knowledge about related record formats
- Review proof of appointment, qualification, training certificates, in-house training records, etc.
- Interact with other staff of the TI and assess their knowledge of medical issues like abscess management and overdose
- Interact with some clients to understand the correctness and completeness of information about medical issues they receive from TI staff

#### **Dont's:**

- As the POs are not from medical background and are themselves not trained on technical issues like treatment of STI, etc. they should not
- Try to evaluate the knowledge and skills of the medical staff on these aspects (such as procedure for abscess management, diagnosis & management of STI, etc.)
- Try to provide inputs regarding management of medical conditions experienced by IDUs of the area
- The assessment should be limited to staff availability, qualification, role clarity, attitudes and training.

**Procedure for assessment:** During the visit, the PO should first confirm whether the TI has recruited necessary staff to run the static clinic (a visiting physician and full-time ANM). If recruited, the PO should verify that the recruited staff are qualified and experienced as per the norms prescribed by NACO. Next, The PO should verify whether the staff has received induction and refresher training on the prescribed modules (training certificates, movement register, etc.). The PO should also interact with the concerned staff (both doctor and staff nurse) to ensure that they have right attitudes to work with an IDU population, understand their roles and responsibilities in the IDU TI and have the skills to deliver the same. Interaction with other staff of the TI (PM, counsellor, ORWs and PEs) should be carried out to understand their knowledge about various medical issues and the role played by the clinical staff in enhancement of the same should be assessed. The visiting PO should also identify reasons for non-compliance to these requirements and provide feedback to the TSU and SACS.

**Making observations:** Any deficiency in the qualification and training of the clinical staff should be recorded in the concerned columns provided in the format and should include the reasons for the same. The guidance provided by the PO during the visit to address the identified gaps should be recorded in the format. Also, if any suggestions have been made to the TI staff, they should be recorded and the person responsible to carry out the activity and timelines should be mentioned. The suggestions should be clear (e.g. the doctor should be available at least 3 days per week for 2-3 hours each) which can be understood by the concerned staff and can be easily followed-up during the subsequent visits. While making observations, POs should refer to the NACO operational guidelines / practice guidelines / SOPs where necessary.

## M2: INFRASTRUCTURE AND EQUIPMENT

**Focus:** All IDU TIs are required to establish a static clinic / DIC for early diagnosis and treatment of IDUs and their partners and abscess management. This segment focuses on the space, furniture and equipment available in the DIC for delivery of medical services to the IDUs. In addition, the availability of medication and other equipment required for delivery of medical services (both in DIC and in the field) by the TI is assessed.

### Do's:

- Inspect the DIC and review the asset register
- Interact with doctor and nurse of the TI and take their opinion regarding the adequacy of materials and equipment for medical services
- Interact with some clients to understand the adequacy and easy availability of abscess management materials from the TI

### Dont's:

- Suggest TIs to procure materials not included in NACO operational guidelines
- Participate in procurement of materials and equipment by the TI

**Procedure for assessment:** Inspect the space available in the DIC and assess whether suitable space for medical services (as outlined in NACO operational guidelines for IDU TIs) is available or not. The rooms identified for

medical services particularly abscess management should be clean, hygienic and equipped with necessary furniture and materials (examination table, abscess management materials, etc.). The PO should also inspect the stock of abscess management materials including antibiotic medicines and ensure that the materials and medications are available in sufficient quantity including buffer stocks.

**Making observations:** Any deficiency in the availability of necessary equipment, materials and medications should be recorded in the concerned columns provided in the format and should include the reasons for the observed deficiency. The support provided by the PO during the visit to address the identified gaps should be recorded in the format. Also, if any suggestions have been made to the TI staff, they should be recorded and the person responsible to carry out the activity and timelines should be mentioned. The suggestions should be clear (e.g. the following items were not available in the dressing room ..... as per NACO guidelines) which can be understood by the concerned staff and can be easily followed-up during the subsequent visits. While making observations, POs should refer to the NACO operational guidelines / practice guidelines / SOPs where necessary.

### M3: OUTREACH ACTIVITIES RELATED TO MEDICAL SERVICES

**Focus:** In this segment, the delivery of medical services through outreach teams (ORWs and PEs) is assessed through several indicators. Client education on prevention / treatment of medical conditions, distribution of materials and medication for abscess management, referrals to DIC for STI treatment and to general hospital for other medical services (not available with the TI e.g. DOTS) should be thoroughly reviewed.

**Procedure for assessment:** The PO should interact with the outreach staff of the TI to assess whether they understand their role in delivery of medical services. The planning of outreach activities, target setting for various medical services, materials / equipment required, etc. should be reviewed. In addition, the POs should try to assess the knowledge and skills of the outreach staff about the medical services delivered by them. The frequency of accompanied referrals and follow-up of clients provided medical services like abscess management earlier should be specifically enquired about.

#### Do's:

- Interact with doctor and nurse of the TI to understand the type of medical problems commonly encountered in the client population of the TI and which of these problems require active outreach and follow-up
- Review the outreach plan to assess whether the delivery of medical services is being considered while making the plans
- Interact with the outreach staff to understand how they conduct outreach for medical services and which services they provide in the field and how. Cross-verify the information with ORW and PE diaries
- Interact with some clients to understand the frequency of whether the medical services are being delivered as per needs / demands
- Demonstrate the correct way of educating clients about medical conditions and motivating them to access services available at the TI DIC and government hospitals

**Making observations:** Any gap identified in the planning and delivery of outreach for abscess management, STI treatment and referrals for other medical services should be recorded in the columns provided in the format and should include the reasons for the observed gap. The support provided by the PO during the visit to address the identified gaps should be recorded in the format which can in the form of on-site training and demonstration. Also, if any suggestions have been made to the TI staff, they should be recorded and the person responsible to carry out the activity and timelines should be mentioned. The suggestions should be clear (e.g. the outreach staff should follow-up all clients treated for STI at the static clinic within 1 month of treatment) which can be understood by the concerned staff and can be easily followed-up during the subsequent visits. While making observations, POs should refer to the NACO operational guidelines / practice guidelines / SOPs where necessary.

## M4: DIC CLINIC BASED SERVICES FOR MEDICAL PROBLEMS

**Focus:** In this segment, the delivery of medical services through the DIC based static clinic is assessed. The general medical check-up of all IDU clients by the doctor, treatment of those with STI as per guidelines, referral of those in need of other medical treatment (such as DOTS for TB) to relevant facilities and treatment of minor physical ailments through the TI itself should be reviewed. Particular emphasis should be laid on assessment of regular counselling of those with HIV and / or STI for further management, prevention of reoccurrence (of STI) and need to bring partners for testing.

### Do's:

- Interact with PM, doctor, counsellor and nurse of the TI regarding management of the static clinic
- Review records such as clinic register, attendance register, referral register, monthly meeting register, advocacy register, etc.
- Provide feedback on the knowledge and skills of counsellor regarding clients about medical conditions and linking them to services available at the government hospitals
- Review the static clinic data to find trends and provide feedback to the PM and M&E officer regarding outreach plan for medical services
- Interact with some clients to understand their level of satisfaction with the DIC based medical services

### Dont's:

- Review individual client files
- Review doctor's diagnosis and management

**Procedure for assessment:** The PO should interact with the PM, doctor, counsellor and nurse of the TI to assess how the static clinic is being managed. The functioning timings of the clinic and availability of key staff during clinic hours should be reviewed. The PO should review the clinic record formats (except individual client files) to assess the daily and monthly clinic footfalls, proportion of active population attending the clinic in a month,



repeat cases of STI within 6 months, etc. From the referral register information about linkage with other medical services like DOTS, ART, ICTC, etc. should be ascertained. The PO should assess the knowledge and skills of the counsellor to deal with issues of clients with medical problems (such as abscesses or STI) and to understand the challenges faced in counselling such clients. In addition, a detailed interaction with the PM and M&E officer should be carried out to assess if the data from the static clinic is being analysed and utilized to improve the counselling / education being provided to the clients and for planning outreach. The PM, with help from the PD / chief functionary of the organization, should conduct regular advocacy with relevant stakeholders to ensure easy access of IDU clients to medical services available through other facilities like government hospitals.

***Making observations and providing support:*** Any gap identified in the management of the static clinic and delivery abscess management, STI treatment and referrals services should be recorded in the columns provided in the format and should include the reasons for the observed gap. The support provided by the PO during the visit to address the identified gaps should be recorded in the format which can in the form of demonstration or feedback. Also, if any suggestions have been made to the TI staff, they should be recorded and the person responsible to carry out the activity and timelines should be mentioned. The suggestions should be clear (e.g. the PM and M&E officer to ensure monthly analysis of clinic data and to discuss the same during monthly meetings) which can be understood by the concerned staff and can be easily followed-up during the subsequent visits. While making observations, POs should refer to the NACO operational guidelines / practice guidelines / SOPs where necessary.

## **M5: OST RELATED ACTIVITIES BY LINKED IDU TARGETED INTERVENTIONS**

***Focus:*** This segment is applicable to only those IDU TIs which are linked with OST centres in Government Hospitals. Such TIs are required to carry out demand generation activities for uptake of OST services, inform clients about the benefits of OST, educate them about the process of taking treatment and motivate the clients to visit the OST centre. In addition, the TI outreach staff is required to periodically follow-up clients irregular or dropping out of OST and motivate them to re-initiate treatment at the earliest. The TI should also conduct regular advocacy activities on OST to facilitate access of IDUs to treatment and solicit support for clients doing well with OST. The visiting officer should conduct a thorough review of the OST linkages established by the TI during each intensive visit and provide hand-holding for issues encountered.

***Procedure for assessment:*** The PO should verify if the staff of the TI (PM, M&E officer, ANM, counsellor and ORW) has received a formal 5-day induction training on NACO OST module by the concerned RTTC. The PO should interact with the PM, counsellor, ANM and ORW of the TI to assess their understanding of OST, the scheme to implement OST services in government hospitals and their roles in the OST service delivery. The OST related activities such as planning of demand generation activities, outreach for OST clients, home visits to meet family members, advocacy, etc. should be reviewed during the visit. The coordination, functional linkages and sharing of information (about irregular clients, loss to follow-up, deaths, migration, continued injecting, HIV and STI testing, etc.) between IDU TI and OST centre should also be assessed. The M&E officer of the linked IDU TI should routinely analyse hotspot-wise and client level data to assess the extent to which the active population of the TI has been linked with OST services and the trends for irregularity, LFU, continued injecting, etc.



**Making observations and providing support:** Any gap identified in the referral-linkages and coordination with the OST centre should be recorded in the columns provided in the format and should include the reasons for the observed gap. The support provided by the PO during the visit to address the identified gaps should be recorded in the format which can in the form of resolving coordination issues by facilitating a meeting between TI and OST staff, establishing data sharing mechanisms, discussion with PD of TI / Nodal officer of the OST centres, demonstration of OST demand generation, analysis of linkage and retention data, setting monthly targets for OST referrals, etc. The PO may also provide feedback on the knowledge and skills of the staff on OST related issues such as client education and preparation, adherence counselling, motivation enhancement, accompanied referrals, etc. If any specific suggestions have been made to the TI staff, they should be recorded and the person responsible to carry out the activity and timelines should be mentioned. The suggestions should be clear (e.g. fortnightly coordination meetings between OST and IDU TI staff to be held regularly and minutes shared with SACS & TSU) which can be understood by the concerned staff and can be easily followed-up during the subsequent visits. While making observations, POs should refer to the NACO operational guidelines / practice guidelines / SOPs where necessary.

#### Do's:

- Interact with entire staff of the IDU TI, both individually and as a group to assess their understanding of OST
- Review records such as referral register, OST linkage register, PE diary, monthly meeting register (of IDU TI), minutes of the fortnightly coordination meeting, advocacy register, minutes of the hotspot level meeting, in-house orientation programme report, PE/ORW diary, etc. to assess the involvement and performance of TI in OST implementation
- Assist the TI staff in planning OST related outreach and establishing effective linkages with OST centre staff for better coordination. The PO should try and attend the coordination meeting if there are problems between OST and IDU TI and resolve issues related to communication and data sharing.
- Provide feedback on the knowledge and skills of the staff on OST and identify if there is need for refresher training
- Analyse the OST related data of the TI (no of clients referred to OST, no of clients started on OST, active OST clients, clients taking treatment regularly / very regularly, proportion of clients currently on OST, etc.) and demonstrate the use of this analysis for planning outreach for OST services to the PM and M&E officer of the TI
- Interact with some clients in the field to assess if they have been informed about OST and the kind of information they have received from the TI staff

#### Dont's:

- Make suggestions regarding individual client dosing
- Suggest TIs to filter certain clients at the referral level itself. IDU TIs should refer all clients interested in receiving treatment to the OST centre

## SECTION III: OPIOID SUBSTITUTION THERAPY (OST) SERVICES

The section III of the intensive visit tools deals with the quality of OST services at NACO supported OST centres. As the clinical and operational process of OST delivery is the same in both Government and NGO OST centres, the same items are applicable in both the settings. Minor differences in the two settings have been indicated in the standards / benchmark column and mention has been made in case of those items which are applicable to only one type of setting.

### 01: OST SERVICE DELIVERY

#### 01.1: INFRASTRUCTURE FOR OST SERVICES

**Focus:** NACO guidelines and SOPs mandate availability of a minimum infrastructure for satisfactory delivery of OST services. The focus of this segment is to assess whether the space, furniture and equipment available in the OST Centre / IDU TI DIC for delivery of OST services is in compliance with the NACO guidelines. The norms for infrastructure are largely similar for Government and NGO OST centres but in case of NGO centres the POs may be more flexible while following the guidelines and try to ensure at least the minimum standards for infrastructure should be met.

**Procedure for assessment:** Inspect the space available in the OST centre / DIC and assess whether sufficient space for delivery of OST services (as outlined in NACO guidelines and SOPs for OST) is available or not. Ideally, there should be separate room for doctor, counsellor, ANM and storage of medications and a large hall for registration of clients, waiting area and recreational activities. The OST centre should be well-maintained and equipped with necessary furniture and materials (examination table, almirahs, shelves, chairs, tables, stools, tablet crusher, stethoscope, torch, educational materials, etc.). The PO should also review the location of the OST centre in relation to the IDU hotspots and whether it is safe for medications and staff. In case of NGO OST centres, the OST services should be provided from the IDU TI DIC / sub-DIC itself but additional space should be available for dispensing room, storage of medication and records and client registration.

#### Do's:

- Inspect the OST centre / DIC premises and review the asset register
- Interact with doctor and nurse of the TI and take their opinion regarding the adequacy of space, materials, furniture and equipment for OST services
- Interact with some clients to understand the accessibility of the OST centre and availability of recreational materials / equipment
- Identify reasons for non-compliance with prescribed norms and the steps required to address the same

#### Dont's:

- Suggest TIs to procure materials not included in NACO guidelines
- Participate in procurement of materials and equipment by the centre

**Making observations and providing support:** Any deficiency in the availability of necessary space, equipment, materials and furniture should be recorded in the space provided in the format and should include the reasons for the observed deficiency. The support provided by the PO during the visit to address the identified gaps should also be recorded in the format. If any suggestions / recommendations have been made to the OST / IDU TI staff, they should be recorded and the person responsible to carry out the activity and timelines should be mentioned. The suggestions should be clear (e.g. the doctor and counsellor are sharing the same room affecting clinical assessment and client privacy, the same should be addressed by the next visit) which can be understood by the concerned staff and be easily followed-up during the subsequent visits. While making observations, POs should refer to the NACO guidelines / SOPs on OST where necessary.

## 01.2: STAFFING AND CAPACITY BUILDING

**Focus:** The segment pertains to the staff availability, attitudes and capacity for delivery of OST services. The recruitment of staff should be done as per the positions sanctioned for OST services in NACO guidelines (different for Government and NGO OST centres) and minimum qualification / experience indicated for each position. The recruited staff should receive induction and periodic refresher trainings on the NACO approved OST training module from concerned RTTC. In addition, the attitudes of the staff and role clarity (especially in case of Government OST centres) should be assessed under this segment.

**Procedure for assessment:** During the visit, the PO should verify whether staff sanctioned for OST has been recruited by the hospital / IDU TI. If recruited, the PO should verify that the recruited staff are qualified and experienced as per the norms prescribed by NACO. Next, The PO should verify whether the staffs have received induction and refresher training on the prescribed module. The officer should also interact with the OST and linked IDU TI staff (in government centres) to assess if they understand their roles and responsibilities. The visiting officer should also identify reasons for non-compliance to these requirements and provide feedback to the TSU and SACS.

### Do's:

- Verify staff recruitment as per sanctioned positions (contract with SACS, appointment letters, etc.)
- Interact with OST staff as well as staff of the IDU TI and assess their role clarity and knowledge about OST
- Review proof of qualification, training certificates, in-house training records, etc.

### Dont's:

- As the POs are not from medical background and are themselves not trained on clinical aspects of OST implementation, they should not try to evaluate the knowledge and skills of the medical staff (doctor and ANM) on clinical aspects of OST. The assessment should be limited to staff availability, qualification, role clarity, attitudes and training

**Making observations and providing support:** Any deficiency in the number, qualification and training of the OST staff should be recorded in the space provided in the format and should include the reasons for the

same. The guidance provided by the PO during the visit to address the identified gaps should be recorded in the format. If any suggestions / recommendations have been made, they should be recorded and the person responsible to carry out the activity and timelines should be mentioned. The suggestions should be clear (e.g. the position of counsellor is vacant for last 2 months and should be filled within the next 1 month) which can be understood by the concerned staff and can be easily followed-up during the subsequent visits.

### 01.3: OST SERVICE DELIVERY PROCESSES

**Focus:** This segment focuses on assessment of the various processes which staff of the OST centre (in both NGO and Government settings) are required to follow as per the NACO SOPs for OST. There are several benefits of observing compliance with the prescribed procedures which include 1) standardization of OST delivery across various settings and locations ensuring quality of services, 2) role clarity between various members of the OST / IDU TI team, 3) decreased risk of diversion of the dispensed medications, 4) streamlining of record maintenance, communication and reporting, and 5) simpler monitoring and supervision. To assess this segment, the visiting officer should be conversant with NACO standard operating procedures for OST and have an in-depth understanding of the various steps involved in delivery of OST to IDU clients.

#### Do's:

- Interact with entire staff of the OST centre and linked IDU TI (IDU TI in case of NGO centres), both individually and as a group to assess their understanding of OST SOPs
- Review records such as new client register, OST register, follow-up register, daily dispensing register, counselling & group discussion register, etc. to assess the compliance with SOPs.
- Observe various processes like client registration, OST file creation, dispensing of medicines, etc. and assess if they meet the prescribed norms
- Provide feedback on the knowledge and skills of the OST staff and identify if there is need for refresher training
- Provide on-site demonstration to the staff if the functioning of the OST centre is at variance to the NACO SOPs for OST
- Interact with some OST clients to assess if the procedures are followed as informed by the staff

#### Dont's:

- Don't provide any suggestion on or interfere with any of the clinical decisions taken by the doctor / counselor including dose of the medications
- Don't discuss the information contained in individual client files openly in front of other clients. The client files should be reviewed only to verify their completeness and not for making observations on the decisions of the doctor or the counsellor

**Procedure for assessment:** The POs should spend 2-3 hours at the OST centre and observe the various processes being undertaken by the staff for delivery of OST. The PO should verify if the staff of the OST centre follows the NACO SOPs while undertaking various activities such as client registration, clinical assessment, initiation of OST,

follow-up, counselling and psycho-social support, dispensing of medicines, etc. Particular emphasis should be placed on the following items: 1) initiation of OST only after doctor's prescription, 2) change in dosage only when advised by the doctor, 3) regular follow-up of OST clients by doctor and counsellor and 4) daily dispensing of medicines by a trained nurse under direct supervision. Additionally, the instances of take-home dispensing to clients should be assessed for their frequency and necessity. The PO should also interact with the OST staff (and PM, M&E officer and ORWs of the TI in case of NGO centres) to assess their understanding of OST SOPs and the importance of adhering to the prescribed norms. If any gap in knowledge and skills of the staff is observed, the PO should provide on-site orientation / training on the same.

***Making observations and providing support:*** Any deviation from the SOPs identified should be recorded in the space provided in the format and should include the reasons for the observed deviation. The support provided by the PO during the visit to address the identified gaps should be recorded in the format which can in the form of demonstration of the correct procedure for dispensing or file creation, resolving challenges faced in following the prescribed procedures, clarifying the indications for take home dispensing, etc. If any specific suggestion has been made to the TI staff, it should be recorded and the person responsible to carry out the activity and time lines should be mentioned. The suggestions should be clear (e.g. the nurse should ensure that the clients do not leave the premises immediately after dispensing and are kept under observation till the medicine is completely dissolved) which can be understood by the concerned staff and can be easily followed-up during the subsequent visits. While making observations, POs should refer to the NACO operational guidelines / practice guidelines / SOPs where necessary.

#### **01.4: DOCUMENTATION AND REPORTING**

***Focus:*** This segment focuses on assessment of the various records which staff of an OST centre (in both NGO and Government settings) is required to maintain as per the NACO SOPs for OST. The records for OST implementation have been standardized by the NACO and should be used in the same formats without modification. Maintenance of these records, particularly the records for dispensing and stock is a critical requirement of the OST programme as the medicines dispensed in these centres are controlled in nature. Hence, it is vital that the OST staff possess the knowledge and skills to maintain each of the formats correctly. Additionally, the staff should be able to extract relevant data from these records and send accurate report to SACS on the prescribed format.

***Procedure for assessment:*** The POs should review the various records to be maintained by the OST staff and identify any deficiencies in record keeping. Particular emphasis should be given to the records maintained for dispensing of medications and for tracking movement of stock. There should be no discrepancy; overwriting, missing entries or cutting, etc. in these records. All the stock records should match with one another and accurately reflect the current position of stock at the OST centre. Additionally, the PO should assess whether the staff is able to make relevant entries for instances of take-home dispensing, transfer of clients to other centres, migration, death, warning issued due to disciplinary reasons, etc.

### Do's:

- Interact with entire staff of the OST centre and linked IDU TI (in case of Government centres) to assess their knowledge about record maintenance and identify gaps and challenges faced
- Go through all OST centre records (except individual client files) and spend considerable time reviewing dispensing (daily dispensing register and client dose sheet) and stock-related records (daily stock register, OST centre stock register, Central stock register)
- Interact with data manager / M&E officer to assess how they create and maintain client files
- Reviewing the last 3 monthly OST reports submitted by the centre and cross-verify the service delivery and stock information with the record formats. If any discrepancy / lack of understanding is observed, provide feedback / orientation to the staff.
- Provide feedback on the knowledge and skills of the OST staff and identify if there is need for refresher training
- Provide on-site demonstration to the staff if the functioning of the OST centre is at variance to the NACO SOPs for OST

### Dont's:

- Don't discuss the information contained in individual client files openly in front of other clients. The client files should be reviewed only to verify their completeness and not for making observations on the decisions of the doctor or the counsellor

**Making observations and providing support:** Any deficiency or discrepancy in the record maintenance should be mentioned in the space provided in the format and should include the reasons for the same. The support provided by the PO during the visit to address the identified gaps should be recorded in the format which can be in the form of demonstration of the correct method of maintaining records, clarifying the procedure for OST registration and file opening, etc. If any specific suggestion has been made to the OST staff, it should be recorded and the person responsible to carry out the activity and timelines should be mentioned. The suggestions should be clear (e.g. the nurse should ensure that the clients sign in the indicated column before dispensing medicines) which can be understood by the concerned staff and can be easily followed-up during the subsequent visits. While making observations, POs should refer to the NACO operational guidelines / practice guidelines / SOPs where necessary.

## 01.5: STOCK MANAGEMENT

**Focus:** The OST centres need to have adequate stocks of Tab Buprenorphine 0.4 and 2 mg for dispensing to OST clients. This requires timely indenting of stock from the concerned SACS and proper storage of medicines at a central location. The stock should be kept safe and secure and protected from environmental damage. From the central stock, medicines are supplied to the OST centre on a weekly / fortnightly basis as per consumption pattern. The staff of the OST centre (nurse and data manager) should be able to project requirement of medicines correctly and the centre should follow prescribed practices to check diversion of dispensed stock.

#### **Do's:**

- Interact with the ANM and data manager / M&E officer of the OST centre to assess their knowledge and skills about stock storage, projection and indenting
- Inspect the storage area at the OST centre and the central pharmacy / NGO head office
- Discuss the various processes and mechanisms instituted by the staff to check diversion
- Review various stock records for completeness and accuracy of entries. If a discrepancy is observed between different formats, carry out physical verification / manual counting of stock
- Provide on-site demonstration to the staff in case the knowledge and skills is deficient
- Interact with some clients to assess if the medicines are being diverted by OST clients and the reasons for the same

#### **Dont's:**

- Try to investigate reported instances of diversion. If diversion is reported, it should be mentioned in the visit report and brought to the notice of concerned SACS

**Procedure for assessment:** The POs should review the stock available with centre and identify any deficiencies in stock keeping. Particular emphasis should be given to the maintenance of records for stocks received and dispensed and correct projection of the stock required by the centre. The ANM of the OST centre should be able to manage the consumption of various strengths (0.4 and 2mg) such that none of the strengths is in excess. Under no circumstances should the stock of the OST centre be allowed to expire without use, to ensure this, the staff should utilize the stock with earlier expiry date first. The mechanisms being followed by the staff to check diversion of medications should be reviewed.

**Making observations and providing support:** Any deficiency or issue in the maintenance of OST stock should be mentioned in the space provided in the format and should include the reasons for the same. The support provided by the PO during the visit to address the identified gaps should be recorded in the format which can be in the form of demonstration of the correct method of stock projection and indenting, clarifying the various procedures for checking diversion, etc. If any specific suggestion has been made to the OST staff, it should be recorded and the person responsible to carry out the activity and timelines should be mentioned. The suggestions should be clear (e.g. the PM should ensure that the medicines are stored in a safe and secluded area within the OST centre) which can be understood by the concerned staff and can be easily followed-up during the subsequent visits. While making observations, POs should refer to the NACO operational guidelines / practice guidelines / SOPs where necessary.

## **01.6: OPERATIONAL ASPECTS**

**Focus:** In this section, the issues relating to implementation of OST services should be reviewed and the challenges thereof identified. The centre should be able to function as per prescribed guidelines and SOPs and the services and maintain a low-threshold for entry and re-entry into OST services without compromising on the essential rules and regulations. The centre should have acceptable service uptake and measures should



be taken to ensure high visibility of the services among the IDU clients as well as the general community. This is achieved by close coordination between the OST centre and outreach staff and planning regular demand generation and field activities.

**Do's:**

- Interact with the Nodal Officer / Medical Officer / PM of the OST centre to assess the regularity of functioning and timings of OST centre
- Review the dispensing register and interact with some clients to verify the days when OST centre was closed in last 3 months
- Discuss the various mechanisms / initiatives undertaken by the OST and IDU TI staff to enhance service uptake and reduce loss to follow-up
- Provide on-site demonstration to the staff in case the knowledge and skills is deficient
- Interact with some clients to assess if they can reinstate treatment easily after a relapse
- Review the instances of termination of treatment due to disciplinary reasons in the last 3 months, reasons for the same and the procedure followed (adequate warnings, etc.)

**Don't's:**

- Don't provide any suggestion on or interfere with any of the clinical decisions taken by the doctor / counselor including dose of the medications

**Procedure for assessment:** The POs should interact with the staff and clients to assess the regularity of functioning and timings of the OST centre including dispensing on Sundays and public holidays. The measures / activities undertaken to enhance the service uptake and reduce the drop-out of OST clients should be assessed. The planning of field visits in coordination with outreach staff / Linked IDU TI and hotspot level planning for OST service uptake should be reviewed. In addition, certain operational aspects such as attitude of staff towards clients who return after a relapse and management of situations when a client does not follow the rules and regulations should be discussed.

**Making observations and providing support:** Any issue in the functioning of the OST centre should be mentioned in the space provided in the format and should include the reasons for the same. The support provided by the PO during the visit to address the identified gaps should be recorded in the format which can in the form of demonstration of outreach planning for OST clients, clarifying the prescribed policy for LFU clients / termination of treatment on disciplinary grounds, etc. If any specific suggestion has been made to the OST staff, it should be recorded and the person responsible to carry out the activity and timelines should be mentioned. The suggestions should be clear (e.g. the OST centre and IDU TI to ensure that for the next 3 months, at least 2-3 new clients are registered at the OST centre each week) While making observations, POs should refer to the NACO operational guidelines / practice guidelines / SOPs where necessary.

## **O1.7: ADMINISTRATIVE ASPECTS**

**Focus:** In this section, the administrative management of the OST centre including availability of support



and supervision from the organization / institution implementing the centre, establishment of linkages within the health system and outside, efforts undertaken to solicit support for OST services from various stakeholders and maintenance of finances should be reviewed. All these activities are critical to ensure smooth implementation and uninterrupted availability of treatment to the OST clients. It should be ensured that the functioning of the centre and adherence to NACO guidelines and SOPs does not get compromised due to issues of administrative nature.

**Procedure for assessment:** The POs should interact with the staff of the OST centre and IDU TI and assess whether requisite support is available from the hospital administration (in case of government centres) and the parent NGO (in case of NGO centres). In particular the involvement of the Nodal officer / Project Director in supervision and problem solving should be reviewed. The system of referral of OST clients to HIV services (ICTC, ART, STI, etc.) as well as other important services like DOTS, detoxification, vocational rehabilitation, etc. should be assessed. The efforts made by the OST centre & IDU TI staff to involve the community and other stakeholders in the management of the OST centre should also be discussed. In addition, the availability of funds for OST centre and the maintenance of financial records should be assessed.

**Making observations and providing support:** Any administrative issue in the functioning of the OST centre should be mentioned in the space provided in the format and should include the reasons for the same. The support provided by the PO during the visit to address the identified gaps should be recorded in the format which can be in the form of discussion with the Nodal Officer / PD for increased supervision of the OST services, demonstration of maintenance of vouchers, planning advocacy activities for the next 3 months with the staff, facilitating communication with other facilities like ICTC, ART centres, etc. if issues in linking IDUs with these services are being noticed.

**Do's:**

- Interact with the Nodal Officer / Medical Officer / PM of the OST centre to assess the management of administrative issues and their involvement
- Interact with the administrators (MS of the hospital / PD or ED of the NGO etc.) to apprise them of the administrative issues observed at the OST centre and solicit their support
- Review the advocacy and referral register and interact with some clients to assess if other services are being provided to them
- Discuss the various mechanisms / initiatives undertaken by the OST and IDU TI staff to enhance linkages and solicit support from stakeholders
- Interact with the data manager / M&E officer regarding management of finances and provide on-site demonstration in case the knowledge and skills is deficient

**Dont's:**

- Conduct audit of the finances of the OST centre
- Suggest possible avenues for expenditure to the OST staff

## 01.8: OST SERVICES FOR FEMALE IDUs

**Focus:** The services offered at the OST centre should be women friendly and it should be possible for Female IDUs to easily access treatment without fear of stigma, discrimination or harassment. In this section, the visiting officer should assess the uptake of OST services by female IDU population of the area. The measures taken by the OST centre staff to make the services attractive for Female IDUs and the challenges faced in the same should also be reviewed.

### Do's:

- Interact with the staff of the OST centre to assess their knowledge about Female IDU in their catchment area and the special needs of this population
- Review the master register of the TI / Linked TI to analyse the proportion of Female IDUs initiated on OST so far and the retention rates among them
- Demonstrate the skills needed to conduct outreach for Female IDUs and enhance knowledge of the staff about specific issues faced by Female IDUs while accessing OST
- Interact with Female IDU clients (if possible) to understand the difficulties faced by them in accessing treatment

### Dont's:

- Advise the doctor or the counsellor on how to conduct assessment of a Female IDU and fix the dose

**Procedure for assessment:** The POs should interact with the staff of the OST centre and IDU TI and analyse the proportion of Female IDUs taking OST services from the centre. The awareness of the OST staff about special issues / needs of this population and the initiatives taken by them and the TI outreach team to bring the Female IDU clients for treatment and to retain them in treatment should also be assessed. The PO should also discuss the difficulties faced by the staff in bringing / retaining Female IDUs in OST and identify areas for further training and support.

**Making observations and providing support:** Any specific issue pertaining to OST uptake by Female IDUs should be mentioned in the space provided in the format and should include the reasons for the same. The support provided by the PO during the visit to address the identified gaps should be recorded in the format which can be in the form of informing the staff about special needs of Female IDUs, demonstration of outreach for Female IDUs, etc. If any specific suggestion has been made to the OST staff, it should be recorded and the person responsible to carry out the activity and timelines should be mentioned. The suggestions should be clear (e.g. the OST centre should identify separate timings for exclusive dispensing of medicines to Female IDUs which should be prominently displayed at the OST centre). While making observations, POs should refer to the NACO operational guidelines / practice guidelines / SOPs where necessary.



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# **CHECKLIST FOR INTENSIVE VISIT TO IDU TIs & OST CENTRES**

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## SECTION I: NON-MEDICAL SERVICES

S. No.	Indicator	Benchmark	Methodology
<b>N1</b>	<b>Program Management</b>		
<b>N1.1</b>	<b>Office and DIC setup</b>		
N1.1.1	Is the DIC* located in close proximity to majority of the hotspots?	At least 50% IDUs should be located within 3-4 km of DIC	Verify the number of hotspots, site load on each hotspots and its' distance from the DIC as indicated in the social map, If the DIC is located far from the known hotspots, analyse reasons for the same. Also explore whether DIC location has been selected in consultation with the community
N1.1.1a	*If the DIC is not co-located with Project Office then indicate whether Project office is located in close proximity to majority of the hotspots?	Project office should be located in catchment area and in close proximity to the hotspots	Verify the number of hotspots and its' distance from the project office as indicated in the social map
N1.1.2	Is the office infrastructure in place as per the project guidelines?	Assets procured from the TI budget as per NACO guideline should be available at project office & DIC and the same should be codified.	Cross-verify the availability of office and DIC infrastructure i.e. furniture, equipment for clinic and abscess management, phone & internet connection, computer etc. with the fixed assets register. Also, check whether fixed assets have been codified or not.
N1.1.3	Is sufficient space available in the project office for staff, recreation, group activities, counselling, STI clinic, abscess management, etc.?	Separate space should be earmarked in project office for project staff, DIC, STI clinic etc. as per NACO guidelines	Inspect the space available for project office, clinic setup and DIC as per the project requirement.
N1.1.4	Is the project signage and clinic/DIC timing displayed properly in the office premise?	Project signage and clinic/DIC timings should be displayed prominently in the project office / DIC.	Inspect whether the project office / DIC has proper signage displayed prominently at suitable locations.
N1.1.5	Is the DIC being accessed by IDUs? Are the DIC timings as per need of IDUs?	At least 20% of the active population of IDUs should access DIC services on monthly basis. At least 50% of the individual IDUs registered with the TI should access DIC services over the preceding 6 months. DIC timing should be flexible as per needs of	Verify number of IDUs accessing the DIC services on daily basis from the DIC register, no of individual IDUs visiting the DIC at least once in a month, disregard clients coming to just to receive OST if they have not used any other DIC service. If the DIC service utilization is less, analyse reasons for the same through interaction with staff and clients.

S. No.	Indicator	Benchmark	Methodology
N1.1.6	Does the DIC have recreational and educational material available?	the local IDU community. DIC should have recreational material such as TV/DVD, Indoor games, reading material, etc.	Indicate the facilities available at the DIC
N1.1.7	Does the DIC have IEC and BCC materials available?	DIC should have IDU specific BCC and IEC materials such as posters, flip-books, penis model, etc. for client education	Indicate the material available at the DIC
N1.1.8	Is the DIC maintained as per the project requirement?	The DIC should be clean, hygienic and well maintained. DIC committee should be in place for management of DIC	Condition of walls, paint, cleanliness, hygiene, aseptic conditions in abscess management room, etc.
N1.1.9	Does the DIC level plan developed by DIC Management Committee in consultation with PEs and IDUs?	DIC activity plan should be prepared in consultation with PEs and IDUs and shared with them to ensure their involvement. The activity plan (including date and timing) should be shared by PEs with IDUs?	Review the DIC activity plan if available and interact with clients to verify
N1.1.10	Additional services i.e. entertainment, vocational training, group activities, child care, etc. offered in DIC.	While not necessary, it is beneficial if the organization implementing the TI project makes such additional services available for the IDU clients, either directly or through linkages.	Interact with the staff and clients. If services are delivered on a regular basis, effort should be made to actually observe the same and document in the field visit report as best practices.
<b>N1.2</b>	<b>Staffing and capacity building</b>		
N1.2.1	Is the staff position filled as per the project requirement?	All the sanctioned post should be filled. Vacant post of project staff should be filled within two month's time and of PEs within one month's time.	Verify number of staff including PEs available against the sanctioned post from list of staff, minutes of recruitment process and salary register? Also see the frequency & reasons of staff turnover, if any.
N1.2.2	Is the staff qualified as per NACO norms for various positions?	Staff should have basic qualification as prescribed in the NACO guideline. All PEs should be from the IDU community (current or ex-users or on OST). Preferably 50% of the ORWs should be from the IDU community (ex-users or on OST).	Verify documents pertaining to qualification and experience of the staff

S. No.	Indicator	Benchmark	Methodology
N1.2.3	Indicate no. of PEs: <ul style="list-style-type: none"> <li>Working for &gt; 6 months in the project</li> <li>Working for &lt; 6 months in the project</li> </ul>	Project should have minimal turnover among PEs. Also community volunteers should be in place to act as PE as per the need.	Assess the process of identification of community volunteers and selection of PEs
N1.2.4	Has all the staff been trained by SACS/STRC?	All staff should be trained on NACO approved cadre specific modules for IDU TI staff. In addition, PM to receive training on the generic module on Programme Management.	Indicate no. of staff who have undergone induction and refresher training on cadre specific modules. Verify the training register available with the TI
N1.2.5	What type of trainings have been provided to the project staff in the last three months <ul style="list-style-type: none"> <li>-Peer Educator</li> <li>-Outreach Workers</li> <li>-ANIM/Counsellor</li> <li>-Program Manager</li> <li>- M&amp;E Officer</li> <li>- Accountant</li> <li>- Doctor</li> </ul>	All project staff should be provided induction training within 2 months of joining. The staff should also receive annual refresher training on the cadre-specific and thematic modules approved by NACO.	Review the training register
N1.2.6	Does the project staff have understanding about their roles and responsibilities as per the project requirement?	All project staff should have clear understanding of their roles & responsibilities as per NACO guidelines.	Assess the understanding through interaction with individual project staff – Some PEs and all other staff
<b>N1.3</b>	<b>Program planning and monitoring</b>		
N1.3.1	Is the updated social map & site load map available at the TI office and DIC?	Social map and site load map should be available at TI/DIC. Site Load map should be updated on quarterly basis as per the most recent risk assessment and hot spot analysis.	Verify the availability of updated social map and site load map at TI
N1.3.2	Is the Annual work plan available with the TI and the same is used for program implementation on monthly basis?	Annual work plan containing program indicators should be available at the TI and should be used for program planning and implementation on monthly basis.	Verify the annual work plan available with the TI and its use in program implementation on monthly basis to achieve performance indicators.
N1.3.3	Knowledge, skills and role clarity of ORWs and	Outreach staff should have the knowledge	Interact with the ORWs / PEs and assess their knowledge,



S. No.	Indicator	Benchmark	Methodology
	some of the PEs on Outreach micro-planning and service delivery through outreach	and skills required to deliver the roles and responsibilities assigned to them.	skills and role clarity- Refer to page no. 107 of OG
N1.3.4	Is the outreach plan available with PE and ORW?	PE should have Peer Map and Micro plan of their respective areas for outreach purposes.	Verify the micro plan & Peer map of PEs and monthly plan of ORW
N1.3.5	Is the outreach being undertaken as per the plan?	Outreach should be carefully planned as per need of the community. The PM and M&E officer should ensure that the field staff (ORWs and PEs) carry out outreach activities as per the monthly outreach plan.	Verify the monthly plan and field movement details of project staff
N1.3.6	Is the program review at the PE & ORW level undertaken at least on fortnightly basis and inputs provided accordingly?	Program review at the PE and ORW level should be done at least on fortnightly basis	Verify hotspot level meeting minutes maintained by ORW for PE review and minutes of the review meeting at TI level for ORW review. Verify the micro planning register of ORWs for PE review and minutes of the review meeting at TI level for ORW review.
N1.3.7	Number of supportive supervision visits made by ORWs to support PEs during the quarter	ORWs should visit all PEs on weekly basis to provide onsite support	Verify the field visit report of ORWs (Form D) and minutes of hotspot meeting
N1.3.8	Number of supportive supervision visits made by the Project Manager to provide support to ORWs and PEs?	Project Manager should spend at least 10 days in a month in field to supervise the work of ORWs and PEs and provide necessary onsite support and minimum 1 report should be prepared for the each Hot spot visit.	Verify the field visit report of PM in accordance with visit plan and movement register
N1.3.9	Number of program review meetings held by Project Director in accordance with monthly work/performance plan and support extended to the team for program implementation	Program review meeting should be done on monthly basis in the presence of PD to discuss the performance of last month and action plan of next month.	Verify the minutes of monthly TI review meeting
<b>N1.4</b>	<b>HRG validation</b> (HRG validation should be done on 6 monthly basis to verify the actual number of HRGs registered and availing services from the TI. PO needs to validate 10-15% HRGs during hotspot visit with particular focus on HRGs who have not accessed clinical services i.e. ICTC, Syphilis Testing during the last 6 months)		
N1.4.1	% of active population who have received one of	100% active population should access one	Verify the service uptake from Form C

S. No.	Indicator	Benchmark	Methodology
	the clinical services (ICTC/OST/Syphilis Screening) during the previous 6 months.	of the clinical services in 6 months time.	
N1.4.2	% of active population met by ORWs and ANM/Counsellor for Quarterly Risk Assessment (QRA) during last quarter.	100% active population should be met during a quarter by ORWs/ANM/Counsellor and QRA forms updated	Review some of the QRA formats filled by TI staff in the last quarter
N1.4.3	% of hotspots active as per hotspot analysis	100% hotspot should be active as per the hotspot analysis (Refer to Page No. 298 of OG) of last quarter.	Verify the client flow at hotspot as per the hotspot analysis available with TI
<b>N1.5</b>	<b>Coordination with stakeholders</b>		
N1.5.1	Is the updated list and contact details of important stakeholders available with TI? Are the stakeholders involved in program planning and implementation?	TI should have a detailed list and contact information of all relevant stakeholders and should conduct regular advocacy meetings with them.	Verify the minutes of the meeting held with stakeholders on program planning
N1.5.2	Does the TI face any challenge in coordinating with stakeholders?	Any challenges faced should be resolved with active involvement of the PD and PM of the TI. Un resolved issues should be addressed by the SACS / TSU officers / TSU POs during their visit.	List some of the key challenges and measures taken by PD/PM to address the same
N1.5.3	Has the coordination meeting held with service providers i.e. ICTC, ART, OST, STI clinic, DOT, De-addiction Centre etc.?	Coordination meeting should be held with the service providers at least once in a quarter (once a fortnight with OST centres). Proceeding of the meeting should be documented.	Indicate the periodicity of meeting and review the minutes of meeting, mention the key coordination issues identified during these meetings and provide feedback also get the feedback from centres about the meeting
<b>N1.6</b>	<b>Stock Management</b>		
N1.6.1	Has the stock requirement for commodities been properly assessed? Is the TI distributing the correct size of needles and syringes as required by the clients?	The TI should ensure availability of commodities as per the updated demand calculation done during the quarterly risk assessment.	Review and cross-verify the QRA formats filled by TI staff in the last quarter with the commodity stock register
N1.6.2	Is the correct procurement system for NSP and other commodities purchased at TI level in place?	Procurement should be done after receiving at least 3 quotations and preparing comparative statement as per	Verify the method of procurement of commodities followed by the TI i.e. inviting quotations, selection of lowest quotation, purchase order, etc.

S. No.	Indicator	Benchmark	Methodology
N1.6.3	Is sufficient stock of commodities (N/S, STI kits and Condom) available with the TI?	NACO guidelines. TI should have at least one month's stock of N/S and Condoms available at any given point in time. The concerned SACS should be informed if TI has excess stock of centrally procured and supplied items (condoms, STI kits, etc.)	Verify the availability of at least one month's stock of N/S and Condom with the TI. Also report if excess quantities (more than 3 months stock) of commodities are available with the TI
N1.6.4	Is stock register for N/S, Condom, STI kits available and updated?	Stock registers should be available at updated on daily / weekly basis depending on the movement of stock.	Verify the stock available with TI in accordance with data available in stock register
N1.6.5	Is the commodity made available to the IDUs in time and as per demand?	All IDUs should be provided commodities as per their monthly demand estimated in the latest QRA form.	Verify the supply chain management from TI to IDUs through stock register and PE Diary. Interact with some clients to understand whether they receive commodities as per their needs
<b>N2</b>	<b>Service Delivery</b>		
<b>N2.1</b>	<b>Coverage and Outreach</b>		
N2.1.1	Has the TI registered IDUs as per the sanctioned target?	No. of active IDUs registered with TI should be equal to or more than the sanctioned target.	Indicate no. of active IDUs registered with TI as per Master Register against sanctioned population
N2.1.2	Assess the knowledge, skills and role clarity of ORWs including some of the PEs on <ul style="list-style-type: none"> <li>• Identification, baseline assessment and registration of IDUs</li> <li>• Basic information on HIV/STI</li> <li>• Harm Reduction approach</li> <li>• Risk assessment and Prioritization of clients for services delivery</li> </ul>	Outreach staff should have the knowledge and skills required to deliver the roles and responsibilities assigned to them.	Interact with the outreach staff (ORWs and some PEs) during the visit individually and as a group to assess their knowledge and skills regarding outreach related activities and clarity about the relevant record formats
N2.1.3	How many new IDUs have been registered under the TI during the previous quarter? Has the TI stopped further registration as it has achieved the SACS sanctioned target?	The TI should continuously register new clients. If the SACS allocated target has been achieved, a formal request to concerned SACS should be made after validation of the active population by the	Verify the no. of IDUs registered from Master Register. Also, indicate newly identified pocket with significant number of IDU population, if any

S. No.	Indicator	Benchmark	Methodology
		PO.	
N2.1.4	How many IDUs have been dropped out from TI during the previous quarter?	IDUs not accessing any of the project services in last 6 months or having migrated from the project area should be treated as drop out. TI should ensure that drop-out is minimal among PLHIV IDUs	Verify the no. of IDUs dropped out from project from Master Register. Specifically indicate the number of PLHIV dropped from TI due to reasons other than death or migration
N2.1.5	Type of drugs commonly injected by the IDUs	TI should track the drug use pattern in its catchment area and use the information in TI service delivery.	Based on interaction with staff, group discussions with clients and review of Form A of recently registered IDUs, identify the predominant drug injected among the TI clients, Indicate if there is any change in the drug using pattern of the IDUs in the project area?
N2.1.6	Does the movement plan of PE and ORW in line with the availability of IDUs on hotspots?	Outreach plan of PE and ORW should be in line with the availability of IDUs on hotspot as per latest hotspot analysis	Verify the movement plan of PE and ORW with the hotspot analysis. Also check whether hotspot analysis is done on quarterly basis along with Quarterly Risk Assessment
N2.1.7	Does the outreach team have materials available which is required for outreach?	All PEs should have a fully equipped PE Kit as outlines in the NACO guidelines and SOPs	Verify the availability of PE kit containing BCC material, penis model, container for collection of used N/S, material for abscess management, other commodities for distribution etc.
N2.1.8	Is the prioritization of IDU clients done for outreach activities in accordance to their risk status? Also, is this information made available to PEs for outreach and service delivery purposes?	Service delivery to the IDUs should be prioritized based on their risk status as per latest Quarterly Risk Assessment data	Verify the service delivery to the IDUs as per their risk status from PE diary and Form C
N2.1.9	% of registered IDUs contacted at least once during the last quarter. % of IDUs contacted regularly (as per no of injecting days/OST uptake) during the last month.	100% IDUs should be contacted at least once during last quarter At least 80% IDUs should be contacted regularly as per requirement on monthly basis	Review Form C for the previous month
N2.1.10	% of IDUs provided information on harm reduction issues during last quarter through PE/ORWs	100% active IDUs should be provided information on harm reduction issues at least once during last quarter. (Refer to Page no. 100 of OG)	Verify the data from Form C/SIMS

S. No.	Indicator	Benchmark	Methodology
<b>N2.2</b>	<b>Condom Promotion</b>		
N2.2.1	Assess the knowledge, skills and role clarity of ORWs, ANM/Counsellor and some of the PEs on safer sexual practices including condom demonstration	Outreach staff should have the adequate knowledge and skills required to deliver the roles and responsibilities assigned to them.	Interact with the ORWs, ANM/Counsellor and some of the PEs to assess their knowledge about safe-sex and condom use. Observe the ANM/Counsellor demonstrating correct use of a condom with the help of a penis model.
N2.2.2	Is the assessment of condom demand available with the TI?	Condom demand assessment should be done on quarterly basis for all active clients.	Verify the condom demand assessment of previous quarter from QRA forms
N2.2.3	Is condom distribution being done as per demand?	All IDUs should be provided condom as per their requirement (assessed on quarterly basis)	Verify the condom distribution against demand from Form C
N2.2.4	Has the project established condom outlets and are the same being used by IDUs?	Each Hot spot should have at least 1 condom outlet.	Verify no. of condom outlets established in project area and condom supply chain mechanism at the TI level
N2.2.5	Are the sexual risks and vulnerabilities of clients being assessed and addressed? Is the TI staff aware of same-sex related behaviours among the clients?	The ANM/Counsellor and ORWs of the TI should assess the sexual risks and vulnerabilities of all active IDU clients during the quarterly risk assessment. The TI should especially assess same-sex behaviours and sex work among its registered clients.	Verify QRAFs and interact with clients
<b>N2.3</b>	<b>Needle Syringe Exchange Program</b>		
N2.3.1	Assess the knowledge, skills and role clarity of ORWs, ANM/Counsellor including some of the PEs on <ul style="list-style-type: none"> <li>• Safer injecting practices</li> <li>• OST (for TIs linked with OST centres)</li> </ul>	Outreach staff should have the knowledge and skills required to deliver the roles and responsibilities assigned to them.	Interact with the ORWs, ANM/Counsellor and some of the PEs to assess their knowledge about safe-injecting and Needle-Syringe programmes. Observe the interaction of ANM/Counsellor, ORWs and PEs with the clients while discussing these issues.
N2.3.2	Is the TI staff able to calculate demand for needles and syringes accurately	Needles and syringes demand should be calculated on quarterly basis for all active clients.	Assess the ability of TI staff especially PEs, ORWs and ANM / Counsellor to calculate N/S demand
N2.3.3	Is the assessment of N/S demand available with the TI?	Needles and syringes demand assessment should be available with the TI (Hard copy as well as soft copy) for all previous	Verify the QRA forms of the last quarter and indicate no. of daily & non-daily injectors as per the latest assessment

S. No.	Indicator	Benchmark	Methodology
N2.3.4	Is N/S distribution being done as per demand?	quarters. All IDUs should be provided N/S as per the requirement (assessed on quarterly basis).	Verify the N/S distribution against demand from Form C. Indicate % of IDUs who received N/S as per requirement during previous quarter
N2.3.5	Is the collection, transfer, disinfection and storage of used needles and syringes being done by the TI as per guidelines?	The TI should follow the process of collection, disinfection and storage of used N/S outlined in the NACO Guidelines for Waste Disposal	Observe the collection mechanism of used N/S at the hotspot and DIC level and the process of disinfection and storage of used N/S at the DIC
N2.3.6	Return rate for N/S - % of used N/S returned to the project for disposal on monthly basis	At least 70% used Needles and syringes should be returned to TI/DIC against distribution during a month.	Verify the no. of N/S returned through exchange with PE/ returned at DIC/ collected during Hotspot cleaning against the distribution during the month
N2.3.7	Is the final disposal of disinfected waste being done as per guidelines?	The TI should follow the process of final disposal of used N/S outlined in the NACO Guidelines for Waste Disposal (Refer to the waste disposal guidelines)	Verify linkage with waste disposal agency, waste disposal register, other methods used for disposal, proportion of waste not disposed according to guidelines and the reasons for the same
<b>N2.4 Referral and linkages</b>			
N2.4.1	Assess the knowledge, skills and role clarity of ORWs, ANM/Counsellor and some of the PEs on <ul style="list-style-type: none"> <li>Need of HIV testing and STI treatment</li> <li>Importance of positive prevention and linkage with ART</li> </ul>	Project staff should have the knowledge and skills required to deliver the roles and responsibilities assigned to them.	Interact with the ORWs, ANM/Counsellor and some of the PEs to assess their knowledge about HIV and STI testing, and linkages with ART. Observe the ANM/Counsellor, ORWs and PEs interacting with the clients while discussing these issues.
N2.4.2	% of IDUs tested for HIV against the target	All IDUs except PLHIV to be tested for HIV once in 6 Month.	Indicate number of individual IDUs tested for HIV at least once during the financial year. Verify the process of referral mechanism from TI to ICTC and its documentation. Also, does the ANM/ORW visit ICTC periodically to verify the no. of IDUs tested for HIV
N2.4.3	Out of the individual IDUs tested for HIV, indicate no of IDUs tested once and no of IDUs tested twice or more during the financial year. Also indicate the number of IDUs who have not been tested even once during the financial year.	All IDUs except PLHIV to be tested for HIV twice in a year.	Review the referral register. Assess the proportion of active clients tested twice in last 1 year and the reasons for any gap against the expected target.
N2.4.4	How many HIV positive cases have been	All HIV positive IDUs should be registered	Review the referral register and indicate the number of



S. No.	Indicator	Benchmark	Methodology
	detected among the TI clients during the financial year? Of these, how many have been linked with ART centres during the financial year?	with ART centre.	positive cases detected and linked with ART during the current financial year
N2.4.5	What is the total number of HIV positive IDUs currently registered with the TI? Of these, how many have been linked with ART till date?	All HIV positive IDUs should be registered with ART centre.	Review the master register and indicate the number of HIV positive IDUs out of the total active population and of these no linked with ART centres till date
N2.4.6	No. of PLHIV IDUs tested for CD4 during the last 6 months.	All HIV positive IDUs registered with the TI should be tested for CD4 once every six months.	Review the referral register and verify no. of PLHIV tested for CD4 during the last 6 months
N2.4.7	No of HIV positive IDUs currently on ART	All HIV positive IDUs with CD4 count less than the threshold for ART initiation should receive ART.	Review the Master register and assess the number of HIV positive IDUs currently on ART
N2.4.8	Number of IDUs screened for TB during the last 6 months.	All IDUs particularly HIV positive cases should be screened for TB once in 6 months during the GMC.	Review the Clinic Access Register for last 6 months
<b>N2.5 Counseling</b>			
N2.5.1	Does the counselling room have audio-visual privacy?	Confidentiality and Privacy should be maintained while counselling any IDU client or his / her family member.	Check the setup of counselling area and also assess the availability of IEC / BCC material
N2.5.2	Does the ANM/Counsellor possess the required knowledge/skills on counselling issues?	The ANM/Counsellor of the TI should be able to establish rapport with the IDU clients, understand their problems and communicate effectively with the use of IEC materials.	Assess the information provided by ANM/Counsellor and ability to use the IEC materials effectively during counselling
N2.5.3	% of individual IDUs provided counselling services on harm reduction and other issues by the counsellor during previous quarter through one-to-one sessions.	ANM/Counsellor should interact with all active clients at least once in 6 months either through individual or group counselling sessions.	Verify from counselling register and SIMS data. Also comment on the type of topics discussed during the counselling sessions
N2.5.4	% of individual IDUs provided counselling services on harm reduction and other issues by	ANM/Counsellor should interact with all active clients at least once in 6 months	Verify from counselling register and SIMS data. Also comment on the type of topics discussed during the group

S. No.	Indicator	Benchmark	Methodology
	the counsellor during previous quarter through group sessions.	either through individual or group counselling sessions.	counselling sessions
<b>N2.6</b>	<b>Services to regular sex partners of IDUs</b>		
N2.6.1	Has the TI identified all IDUs with regular sex partners? Has the TI registered spouses /regular sex partners of IDUs under the project?	Spouses/Regular sex partner of all active IDUs should be registered with the TI	Verify the no of IDUs having regular sex partners and no of sexual partners registered under the project from master register
N2.6.2	Is the micro plan to reach out to the spouses of IDUs in place?	The Female ORW should develop micro-plans for reaching out to all identified regular sex partners of IDUs and provide required HIV prevention services.	Verify the micro plan available with PE/Female ORW and assess whether the outreach is being done as per project requirement or not
N2.6.3	Does the project staff have required skills to reach out to the regular sex partners of IDUs	The entire TI staff should understand specific issues related to female regular sex partners of IDUs and should be able to plan and extend services to them.	Assess the knowledge/skills of outreach staff on process of outreach to the spouses, safer sexual practices, importance of STI treatment/HIV testing/Positive prevention, OST etc.
N2.6.4	% of regular sexual partner registered under the project tested for HIV during the financial year	All spouses/ regular sex partners i.e. (male/female) of IDU should be motivated to know their status and get tested for HIV once in a year.	Review the referral register
N2.6.5	% of positive sexual partners linked with ART during the financial year	All HIV positive spouses/regular sex partners of IDUs should be linked with ART.	Review the referral register
N2.6.6	% of regular sexual partners provided counselling on psycho-social issues/safer practices at DIC during the financial year.	All spouses/regular sex partners should be counselled on a through one-to-one as well as group sessions.	Verify from counselling register and SIMS data
N2.6.7	Has the TI facilitated creation of a support group for spouses / regular sex partners of IDUs? What proportion of the registered spouses / partners has joined the support group Also comment upon the regularity of support group meetings and attendance?	The TI should create support groups for regular sex partners / spouses of IDUs. The ANM/Counsellor and Female ORW should ensure that such support groups should meet regularly at a suitable location (TI DIC / home / public place of convenience).	Verify the minutes of the meeting held



S. No.	Indicator	Benchmark	Methodology
<b>N2.7</b>	<b>Community's response to the service delivery (Based on interaction with 10-15 clients at the hot spot level)</b>		
N2.7.1	Have the IDUs been regularly met by the project staff and provided information on harm reduction, safer practices, HIV/STI, OST etc. during last month?	The IDU clients registered with the TI should be met regularly by the TI outreach staff and provided services and commodities as per their need / demand.	Visit two hotspots randomly selected from the list of hotspots available with the TI and interact with 10-15 clients in the field. The field visit should be planned in those hours when the IDUs are most likely to be available at these hotspots.
N2.7.2	Have they been provided N/S and condom as per their requirement (both in terms of timely availability and as per demand)?	The project should also be to link the registered clients with services available in government hospitals and elsewhere. The entire TI staff should be sensitized to the needs of IDUs and their spouses / regular sex partner and be supportive and caring towards their needs.	The visiting PO should also interact some spouses / regular sex partners of IDUs and understand their perception about the reach, quality and appropriateness of the TI services.
N2.7.3	Have they been provided clinical services i.e. STI treatment, Abscess dressing, HIV testing as per the need?		
N2.7.4	Is the approach of project staff towards IDUs supportive?		
N2.7.5	Are the regular sex partners of IDUs being reached by the TI and accessing the services offered by the project.		
<b>N3</b>	<b>Support Services (Enabling Environment &amp; Advocacy)</b>		
N3.1	Has the project formed committees for project management, crisis management, DIC management etc.?	At least 3 committees should be formed in the TI. Meetings should be held on quarterly basis.	Review the details of various committees formed by the TI, clarity on roles and responsibilities for management of various committees and minutes of the meeting held
N3.2	Is there any involvement of IDUs in program management?	The TI should attempt to build community ownership in project implementation and solicit their support and participation in delivery and management of service delivery.	Review the details of various committees formed by the TI and verify if community members are represented in them
N3.3	Has the advocacy been done with key stakeholders i.e. police, health care providers, community leaders etc. during the financial year?	The TI should conduct at least one major advocacy activity in every quarter focussing on creating a safe and supportive environment for the IDUs and spouses to avail the prevention services.	Verify the minutes of the meeting held
N3.4	Has the process of collectivisation of IDUs been initiated?	Support group of IDUs should be formed at TI level	Verify the formation of any formal/informal group of IDUs through minutes of the meeting

S. No.	Indicator	Benchmark	Methodology
<b>N4</b>	<b>Documentation and Reporting</b>		
N4.1	Are the project documents available and updated as per the guidelines?	All documents should be maintained in the prescribed format and updated as per NACO guidelines.	Verify the availability of updated program records with the TI
N4.2	Are the project staff trained on documentation and have basic understanding about record keeping?	All project staff should have proper understanding of the records to be maintained by them, their purpose and the process of analysing information contained in them.	Verification of project records and individual interaction with the staff members
N4.3	Is the monthly compiled data analyzed and disseminated with the TI team by the Program Manager during monthly review meeting?	During monthly review meeting PM should discuss all the data collected from the field and facility Centres with individual staff members and accordingly action should be taken for next month to achieve the gap.	Verify the minutes of the meeting
N4.4	Is the program data used by TI staff for program planning and need based implementation?	Team should review their data and performance on fortnightly and monthly basis and accordingly plan should be prepared for the next month.	Verify the use of data in program planning and implementation process as per last month's program data
N4.5	Is the SIMS report in accordance with the documents maintained by the project?	Data reported in SIMS should match with the project documents available with the TI.	Verify the SIMS data for accuracy and indicate discrepancy in reporting, if any
N4.6	Does the project send SIMS report to SACS in time?	SIMS should be sent to SACS by 5 <sup>th</sup> day of every month.	Verify whether the report is shared with SACS by 5 <sup>th</sup> day of every month or not
<b>N5</b>	<b>Services for Female IDUs</b>		
N5.1	Indicate the estimated number of Female IDUs in the project area. How many FIDU have been registered under the project?	FIDU should be registered with the TI program with help of other HRGs and PEs if found in the area.	Verify the master register
N5.2	Has the project recruited a Female ORW / PE to provide services to FIDU? Indicate the number of Female ORWs / PEs	FIDUs should preferably be provided project services through Female ORWs / PEs. All Female PEs should be from the IDU community. Female ORWs should	Review the recruitment and contracting records. Interact with the Female ORWs and PEs.

S. No.	Indicator	Benchmark	Methodology
N5.3	Is the project staff aware/sensitized about the special needs of FIDU?	preferably be spouses / family members of the registered IDUs.	Assess the knowledge, skills and role clarity of project staff including some of the PEs on service delivery through outreach
N5.4	Is the separate outreach plan available with PE and ORW to provide services to FIDU?	PE should have Peer Map and Micro plan of their respective areas for outreach purposes to FIDU.	Verify the micro plan & Peer map of PEs and monthly plan of ORW
N5.5	Is there a separate DIC for FIDU with relevant IEC and BCC materials? Or Is there a separate timing for FIDU to access project DIC?	DIC should have FIDU specific BCC and IEC materials such as posters, flip-books etc. for client education	Verify the DIC timing and also indicate the material available at the DIC
N5.6	Linkages formed and advocacy conducted for issues pertaining to Female IDU clients	The TI should establish linkages with other organizations to provide services specifically required for Female IDUs (sexual and reproductive health, child care, shelter, nutrition, etc.)	Interact with the PM, ANM Counsellor and Female ORWs / PEs. Review the referral register.
N5.7	Any other additional services being provided by the project to Female IDUs	The TI should try to offer other services required by Female IDUs (not budgeted for in NACO programme) to make the project more attractive to the Female clients.	Interact with the PM, ANM Counsellor and Female ORWs / PEs. Review any records being maintained for such services.
N5.8	Challenges faced by the project staff in providing services to Female IDUs. Measures taken by the project team to address these challenges.	The challenges faced by the project in providing services to Female IDUs should be discussed in monthly meetings and steps taken to address the gaps in performance.	Review the minutes of the monthly meeting
<b>N6 Finance &amp; Accounts</b>			
N6.1	What is the amount of grant sanctioned to the project as per Grant Award Letter?	As per SACS contract	Verify the grant amount from Sanction letter issued by SACS
N6.2	Indicate the grant received from SACS till last month. Also indicate the fund utilised by the project till last month.	Funds should be utilized as per the activities planned till this month.	Verify the fund receipt from Pass Book and utilisation amount from UC submitted to SACS

S. No.	Indicator	Benchmark	Methodology
N6.3	Does the project have sufficient funds available for activities?	The project should have sufficient funds available for at least one month. No project related activities should be stopped / delayed due to non-availability of funds.	Review the funds available with the TI as per passbook.
N6.4	Is there a separate account available? Is it maintained by two signatories?	Project should have a separate account and should be operated by at least two signatories.	Verify that a separate bank account has been opened in name of the TI and review copy of the regulation submitted to the bank regarding account operations or the account cheque book indicating stamp of both signatories
N6.5	Are the books of account maintained on daily basis and reconciled at the end of each month?	Books of accounts should be maintained on daily basis and reconciled on monthly basis.	Verify the entries made in the books of accounts
N6.6	Are majority of the payments made by A/C payee cheques?	All the payments above Rs. 2000 should be made by A/C payee cheque	Review the details of payments made during the previous quarter.
N6.7	Are the vouchers printed and machine numbered? Are all payments supported by bills & vouchers and verified by authorised person?	The vouchers should be printed and machine numbered. All payments should be supported by bill.	Verify the vouchers randomly to assess the process
N6.8	Is the Cash book maintained on daily basis and closing done every day by the accountant?	Cash book should be maintained and reconciled on daily basis	Verify the entries made in cash book
N6.9	Is there any major withdrawal made during the month and the same is not reflected in the accounts ledger? Is the cash in hand available with the project more than Rs. 10,000?	Cash balance with the project should be between Rs. 2,000 to Rs. 10,000 as per guideline.	Verify the cash balance from the entries made in cash book
N6.10	Do all major purchases made after obtaining quotation? Is there a practice of preparing comparative statement and placing order with the lowest quote?	Quotation should be taken for purchase made of goods worth more than Rs. 1000 as per guideline.	Review the quotations available with the TI for purchase of Needles/Syringes and Abscess Prevention Materials. Verify that the purchase was made after comparing quotations and order was placed with the lowest quote.
N6.11	Is the rent agreement for the project office & DIC available?	Valid rent agreement should be available with the project	Review the rent agreement of the DIC / Project Office / both available with the TI. Compare the rent paid with the rent amount mentioned in UC submitted to SACS.
N6.12	Does the TI submit Utilisation Certificate to SACS regularly?	The TI should submit UC to SACS at least on a quarterly basis or as intimated by the SACS	Copy of the UC submitted to SACS should be available with the TI

## SECTION II: MEDICAL SERVICES

(Medical Services here refers to the following: Abscess prevention and management, General Medical Check-up and Treatment of Minor Ailments, STI Treatment, Screening for Tuberculosis & Referral for OST)

S. No.	Indicator	Benchmark	Methodology
<b>M1</b>	<b>QUALIFICATION &amp; TRAINING RELATED TO MEDICAL SERVICES</b>		
M1.1	Staff availability and role clarity: Has the TI recruited staff for delivery of medical services to IDUs? Are the recruited staffs aware of their roles and responsibilities?	Each IDU TI should have a visiting doctor (on part-time basis) and a nurse (full-time) for delivery of medical services like STI treatment and abscess management.	Review proof of recruitment (appointment letter, TOR, MOU. Etc.). Also, verify whether the staff has minimum required staff qualification and experience as for norms by reviewing degrees / certificates. Check if the staff has been briefed about their roles in the IDU TI project and provided with TORs.
M1.2	Staff training and attitudes: Has the Medical staff (doctor and nurse) been adequately trained on medical services?	Both the doctor and the ANM should have undergone training on clinical module, co-morbidity module as well as SOP on abscess prevention and management, and care and support. The staff should understand the needs of the IDU community and be supportive & empathetic towards drug users.	Examination of training register and certificate of participation. Interact with the medical staff to assess their attitudes towards IDUs.
M1.3	Orientation of other TI staff on medical issues	All the ORWs and PEs should have been oriented on medical services by the medical staff	Verify if the medical staff (doctor with support from ANM) conducted orientation programmes on medical services for outreach team and other TI staff? Examine minutes / report of in-house orientation programmes conducted by the TI

<b>M2</b>		<b>INFRASTRUCTURE AND EQUIPMENT</b>		
M2.1	Is there a separate room in the TI DIC for assessment and management of IDU clients and medical check-up?	Every IDU TI should have a static STI clinic with a separate room for medical examination by the doctor. The room should be suitably large to accommodate the clinic set-up including an examination table and should have adequate light and ventilation.	Assessed through inspection of the TI-STI clinic	
M2.2	Is there an examination table for examination of patients in the medical room?	Every medical room should have an examination table	Assessed through inspection of the TI-STI clinic	
M2.3	Is there a room for cleaning and dressing of wounds? (can be within the medical room itself, but separate from the examination table)	There should be a separate room/area for cleaning and dressing of wounds. The area and table for dressing/cleaning should be sterile		
M2.4	Are equipments available for examination and management of wounds?	The following equipment should be available in usable condition: BP apparatus, thermometer, torch, kidney trays, cheatele forceps, artery forceps, needles, suture materials, disposable gloves, surgical knife, etc.	Assessed through physical examination as well as related records	
M2.5	Are medicines and consumables available for abscess management?	The following consumables should be available in the DIC: of hand disinfectant liquid, local anaesthetic, soframycin / betadine ointment, cotton, gauze, hydrogen peroxide solution, savlon/betadine solution, bandages, etc.	Assessed through physical examination as well as stock records	
<b>M3</b>	<b>OUTREACH ACTIVITIES RELATED TO MEDICAL SERVICES</b>			
M3.1	Are the clients educated on medical conditions (abscesses prevention and management, TB, STI, hepatitis)	The PEs/ORWs should conduct one-one and group education on basics of medical conditions, preventive strategies and need for treatment and follow up.	Assessed through examination of group discussion registers and PE diary	



M3.2	Do the outreach staff distribute abscess prevention materials such as clean needles / syringes, distilled water, cotton, spirit swabs, etc.	The PEs/ORWs should distribute abscess prevention materials as 'on-demand' basis to all the IDU clients registered with the TI	Review the PE diary & stock registers
M3.3	Does the outreach staff refer the client to TI-STI clinic for General Medical Check-up (GMC), and in case he/she develops an abscess, report symptoms of TB, STI?	The ORW and PEs should refer every IDU client for GMC once every SIX months to the DIC based clinic. Additionally, the outreach staff should refer every IDU clients complaining of any medical problem to the DIC based clinic for assessment and management by the doctor.	Assessed through examination of ORW and PE diary
M3.4	Do the outreach staff follow up with clients for regular dressing for their wounds, and regular intake of medicines for TB and STI?	The ORW and PE should follow up with every IDU client diagnosed with abscess, TB or STI for regular dressing, or adherence with treatment for TB and STI	Assessed through examination of ORW and PE diary
M3.5	Do the outreach staff accompany an IDU client in case he/she is referred to a hospital for medical problems?	The ORWs and PEs should try and accompany every IDU client to the referred hospital/clinic for management of medical problems	Assessed through examination of ORW and PE diary
<b>M4</b>	<b>DIC CLINIC BASED SERVICES FOR MEDICAL PROBLEMS</b>		
M4.1	Does the doctor conduct General medical check-up of IDU clients?	The doctor should conduct general medical check-up (GMC) of all active IDU clients once every SIX months	Review the clinic register maintained at the TI-STI clinic for last 6 months.
M4.2	Does the doctor screen all clients for TB, STI and injecting site wounds?	All the clients should be screened for TB, STI and wounds by the doctor during GMC	Review the clinic records for the last 6 months (clinic access register and abscess management register)
M4.3	Does the doctor refer IDU clients to TB clinic?	All the clients with suspected TB symptoms should be referred to TB clinic	Assessed by examination of referral register
M4.4	Does the doctor follow NACO guidelines for management of STI cases?	All clients diagnosed with STI should be treated on the basis of NACO guidelines for syndromic management of STI.	Interact with the doctor for awareness and training on syndromic management of STI as per NACO guidelines

M4.5	Does the nurse do regular dressing of abscesses in DIC?	All the abscess cases must be cleaned and dressed by nurse following standard protocols laid down in the SOP on abscess management	Assessed by interacting with ANM, observing her dressing abscesses and interviewing some clients with abscesses
M4.6	Does the counsellor counsel the clients on medical conditions co-morbid with injecting drug use?	The counsellor should counsel every client attending DIC for GMC on medical conditions either one-one or in group settings	Review the counselling register
M4.7	Does the counsellor conduct one-one counselling for clients diagnosed with abscesses, TB or STI?	The counsellor should conduct one-one counselling for every client diagnosed with TB and educate about the disease, its prevention and importance of complete treatment	Review the counselling register
M4.8	Does the counsellor counsel clients diagnosed with STI in one-to-one sessions?	Every client diagnosed with STI should be counselled on a one to one basis and educated about the illness, its treatment and the need for partner testing and treatment.	Review the counselling register
M4.9	Does the PM regularly analyse the records for assessing the number of clients with medical conditions and whether they have been provided medical treatment?	The PM should analyse the records and share it with his/her staff during staff meeting	Review staff meeting minutes
M4.10	Are advocacy meetings conducted with the referral hospital for management of abscesses, TB and STI?	The PM should conduct advocacy meetings with the referral hospital for ensuring smooth referrals	Review advocacy meeting minutes
<b>M5</b>	<b>OST RELATED SERVICES FOR LINK IDU TARGETED INTERVENTIONS</b>		
M5.1	Has the staff of IDU TI (especially PM, ANM/counsellor, ORWs) attended OST induction training?	The PM, ANM/counsellor and some ORWs of the link IDU TI should have attended NACO approved OST induction training	Assessed by examination of participation certificate or training register



M5.2	Have the PM and ANM/counsellor conducted orientation sessions for the outreach staff on OST?	The PM and ANM/Counsellor should conduct orientation sessions for all the ORWs and PEs on OST	Assessed by minutes of orientation sessions/meeting
M5.3	Are the staff clear about the concept of OST and their role in OST programme?	All the staff should have a clear understanding of their roles/responsibilities in the OST programme	Assessed by discussion with the TI staff
M5.4	Does the TI staff inform the clients about OST programme?	The TI staff should inform the clients about OST through one-one and group discussion	Assessed by examination of hotspot level meeting minutes and PE/ORW diary
M5.5	Do the outreach workers and Peer educator prepare clients before referring for OST?	Every IDU clients should be prepared and educated about OST before referral to OST centre	Assessed by interacting with some clients on OST and PE diary of concern IDU Hot spot.
M5.6	Does the outreach staff accompany clients for the first time to the OST centre?	Every client referred by the TI should preferably be accompanied by the outreach staff on the first visit to the OST centre	Assessed through discussion with OST clients
M5.7	Does the outreach staff follow up those OST clients who have missed their OST dose?	Every client who has missed his/her OST dose for consecutively more than 3 days should be followed up by the outreach staff within the same month	Verify the process of data sharing with TI team on daily and weekly basis of those Clients who are not taking medicines from last 2-3 days. And follow up done by the TI.
M5.8	Do the TI staff (ORW, PM and Counsellor) link the family of the OST client with the OST programme?	Wherever possible, the families of the OST clients should be encouraged to meet the OST centre staff and be involved in the OST programme	Assessed through discussion with OST clients and staff
M5.9	Does the TI staff (ORW, PM and Counsellor) ensure that every client registered with the OST centre is also registered with the IDU TI? <i>(Applicable only to IDU TIs linked with government OST centres)</i>	Every OST client should be registered with the IDU TI and an unique ID should be provided to the OST client and shared with the OST centre	Assessed through examination of registration register maintained by the IDU TI and OST centre
M5.10	Do the TI staff and OST team carry out regular advocacy on OST with the general community, police, and other stakeholders?	Advocacy meeting on OST with important stakeholders in the project area should be conducted by the TI staff with the help of OST staff	Assessed through advocacy meeting minutes
M5.11	Does the PM carry out regular coordination meeting with the OST centre?	Coordination meeting with the OST centre should be carried out once every fortnight	Assessed through meeting minutes
M5.12	Does the PM and counsellor conduct regular analysis of the proportion of registered clients referred to OST, proportion of clients initiated on OST, proportion of clients regularly on OST, proportion of clients LFU, etc.?	The PM should ensure that these indicators are regularly analysed and problem areas addressed by the TI and OST centre jointly.	Assessed through examination of records, as well as discussion with the PM on the actual calculation

### SECTION III: OST SERVICES

S. No.	Indicator	Benchmark	Methodology
<b>O1.1</b>	<b>Infrastructure for OST services</b>		
O1.1.1	<b>Accessibility:</b> Is the OST centre located in close proximity to majority of the IDU hotspots?	OST centre should be located centrally such that it is easily accessible to most of the hotspots in the TI's catchment area. The centre should be easily accessible by public transport. At least 50% of the IDUs estimated / registered from the area should be located within 3-4 km of DIC	Verify the number of hotspots, site load on each hotspots and its' distance from the OST centre as indicated in the social map, If the DIC is located far from the known hotspots, analyse reasons for the same. Also in case of NGO OST Centres, explore whether DIC location has been selected in consultation with the IDUs
O1.1.1a	<b>Co-location with DIC (only for NGO OST centres):</b> Is the OST centre located in the same premises as the TI DIC / sub-DIC?	In case of NGO centres, the OST centre should be co-located with the TI-DIC so that both OST and other harm reduction services can be delivered in an integrated manner.	Conduct inspection of the OST centre. If the DIC is not co-located with the OST centre, then indicate the reasons for the same and whether it affects the functioning of OST centre.
O1.1.2	<b>Furniture and equipment:</b> Does the OST centre have sufficient furniture and necessary equipment for delivery of OST services?	The centre should be equipped with adequate furniture for medical consultation, counselling, dispensing of medication, record keeping, waiting time, etc. (Approximately 4 tables, 4-5 office chairs, 10-12 plastic chairs / 3-4 benches, 2 iron almirahs, 1 book-shelf / cupboard, 1 examination table). In case of NGO OST centres, the furniture may be shared for delivery of other DIC services but should be sufficient for delivery of both services simultaneously.	Verify the availability of furniture and equipment for OST clinic, counselling, registration and dispensing. In case of NGO OST centres, verify the availability of additional furniture and equipment for OST services from fixed asset register.
O1.1.3	<b>Availability of Space:</b> Does the OST centre have sufficient space for delivery of OST services?	Separate space should be available for doctor, counsellor, data manager and ANM and for recreation, group activities, etc. as per NACO guidelines / SOPs. In case of NGO centres, the same space may be shared by the TI DIC and STI clinic. However, the overall space available should be adequate for delivery of all services.	Verify the space available for OST services as per the NACO guidelines and project requirement
O1.1.4	<b>Availability of Materials:</b> Does the OST have recreational and	OST centre should have recreational material such as TV/DVD, Indoor games, reading material, educational	Indicate the facilities available at the OST centre

S. No.	Indicator	Benchmark	Methodology
O1.1.5	educational material available? <b>Maintenance of OST centre:</b> Is the OST centre maintained as per the project requirements?	material on STI, ART, OST and NSP etc. The OST centre should be clean, hygienic and well maintained and NACO approved IEC material on ART, STI, OST, ICTC, etc. should be prominently displayed in the centre. A committee including representation from some OST clients should be in place for management and maintenance of the OST centre.	Condition of walls, paint, general cleanliness, hygiene, IEC material displayed on the walls, etc.
O1.1.6	<b>Safety &amp; Security:</b> Is the OST centre safe for keeping medicines and offer sense of security to the staff?	The medicines should be stored in a securely locked cupboard / almirah in a separate room (separate from the dispensing area). The space should be cool, away from direct sunlight, and properly ventilated. The storage space should be adequate for upto 15 days of stocks and should not be easily accessible to the clients and visitors. The staff should feel secure working in the OST centre including on Sundays / holidays when other OPDs are not functional.	Conduct inspection of the centre, stock keeping area and interact with the staff
<b>O1.2</b>	<b>Staffing and capacity building</b>		
O1.2.1	<b>Staff recruitment:</b> Are the staff positions filled as per the NACO guidelines?	All the sanctioned post should be filled. If any post falls vacant, it should be filled within two months. For details of the staff sanctioned for government and NGO OST centres, the relevant costing guidelines may be referred to. If a position cannot be filled in time, alternative arrangements should be made with support of the hospital administration. Staff should have basic qualification as prescribed in the NACO guideline.	Verify number of staff available against the sanctioned posts from the list of staff and attendance register? Also see the frequency & reasons of staff turnover, if any. If any position has not been filled for a long time, identify reasons for the same and the measures taken to manage the OST centre in the interim.
O1.2.2	<b>Staff Qualification:</b> Is the OST staff qualified as per NACO norms for various positions?	Staff should have basic qualification as prescribed in the NACO guideline.	Verify documents pertaining to qualification and experience of the staff
O1.2.3	<b>Training of Staff:</b> Has all the OST staff (and key IDU TI staff in case of NGO OST centres) been trained on OST?	All staff should be trained on NACO approved OST training module. In case of Government OST centres, entire staff of the OST centres, back-up staff from the hospital and key staff of the linked IDU TI (PM, M&E officer,	Indicate no. of staff who have undergone induction and refresher training on NACO approved OST module. Verify the training register available with the TI or certificates of

S. No.	Indicator	Benchmark	Methodology
		Counsellor, ANM and ORWs) should receive induction training on OST (5 days). In case of NGO OST centres, in addition to the Part-time doctor & OST ANM, the PM, M&E officer, Counsellor, ANM and ORWs of the IDU TI implementing OST should receive training. The staff should receive a refresher training (of 3 days) at least once a year.	training received by staff
O1.2.4	<b>Role clarity:</b> Does the OST staff have understanding of their roles and responsibilities as per the project requirements?	All OST staff should have clear understanding of their roles & responsibilities as per NACO guidelines.	Assess the understanding through interaction with individual project staff, also assess if there are any inter-personal / coordination issues between staff which are affecting delivery of OST services
<b>O1.3</b>	<b>OST SERVICE DELIVERY PROCESSES</b>		
O1.3.1	OST registration and client file initiation	Each client started on OST should receive a separate OST registration number (Unique ODT ID) and a client file should be opened for each client.	Check the New Client Register and verify whether each of the OST clients has been registered separately. Check whether the number of client files opened matches the total number of registered OST clients.
O1.3.2	Initial assessment of the client	Each client started on OST should be assessed by the counsellor and the doctor using the prescribed intake proforma.	Interact with the OST doctor and counsellor and assess if they understand the process of intake into OST services.
O1.3.3	Follow-up	The doctor and counsellor should follow up every OST client (currently on treatment) as per the prescribed frequency (refer to OST SOPs for details) and on each follow-up a follow-up form should be filled (one each by the doctor and counsellor) before the doctor prescribes further treatment to a client.	Check the follow-up register to assess the daily load of follow-up cases being seen by the doctor / counsellor. Check whether prescription slips are being renewed for all clients or not. Interact with the nurse and assess her understanding of importance of follow-up with doctor / counsellor and repeat prescription.
O1.3.4	Dosage Change	The initial dispensing of OST as well as any change in dosage subsequently should only be made on prescription of the doctor and not by the dispensing / outreach staff.	Inspect the Dispensing register / client dose sheet and cross verify the dosage changes for some clients with the doctor's prescription. Interact with the doctor, ANM and other staff to

S. No.	Indicator	Benchmark	Methodology
			assess their understanding of the process of dosage change.
O1.3.5	Counselling services	The counsellor should take individual / family sessions with clients with psycho-social issues and also make home visits if required. The counsellor is also supposed to organize group discussions on issues which can be discussed with the clients in a group such as safe injecting, HIV testing, STI prevention, condom demonstration, education on TB / DOTS, abstinence prevention, etc.	Review the counselling and group discussion registers to assess the regularity of such services provided, proportion of OST clients getting benefitted from these services in a quarter. Interact with the counsellor and some clients to assess the quality of counselling services and client satisfaction.
O1.3.6	Psychosocial support	The staff should facilitate formation of self-help groups for OST clients and family members / spouses for psychosocial support during treatment process.	Interaction with PM, counsellor, outreach teams and clients
O1.3.7	Dispensing staff	Medications should be dispensed only by a qualified and trained nurse / pharmacist	Interaction with staff and clients
O1.3.8	Adherence to DOTS	Dispensing of medications should be done on a daily basis under supervision as described in the NACO guidelines & SOPs	Review the dispensing register for signatures of OST clients. Check for overwriting, missing signatures, change in signatures, etc.
O1.3.9	Administering the medications	The nurse shall administer the crushed tablets by sublingual route under direct supervision. Clients should be kept under observation till the medicine dissolves.	Observe the dispensing process for 2-3 clients. Interaction with the nurse.
O1.3.10	Interaction during dispensing	The nurse should establish a trusting relationship with OST clients and utilize the time client spends in the centre for receiving medications to discuss psycho-social issues.	Observe the dispensing process for 2-3 clients. Interact with the nurse.
O1.3.11	Attitude of the dispensing staff	The dispensing staff should be friendly and accommodating and the clients should feel comfortable discussing their issues with them.	Observe the dispensing process for 2-3 clients. Interact with the clients.
O1.3.12	Take-home policy and mechanism	As per NACO guidelines, the OST centres shall follow a strict DOTS mechanism for medication dispensing. Take home medications are only permitted under special circumstances for a maximum duration of 3-4 days. Longer take-home dispensing may be permitted for severely ill clients after the same has been documented	Review the dispensing register for last 3 months for the duration and frequency of take-home dosages. Interact with staff for usual reasons for considering take-home medications and the process followed for the same.



S. No.	Indicator	Benchmark	Methodology
		by the counsellor in the client file and copies of relevant documents (treatment card, etc.) retained in file.	
<b>O1.4</b>	<b>Documentation and reporting</b>		
O1.4.1	Client Files	The centre shall maintain a separate client file for each OST client. The file should include the following documents - intake proforma, consent form, side-effect checklist, follow-up proformas, prescription slips and client dose sheets - all duly filled and signed.	Verify if the client files are being opened and maintained properly by the data manager (Government OST centres) / M&E officer (NGO OST centres)
O1.4.2	Dispensing Records	All dispensing related records (dispensing register, client dose sheet, etc.) should be properly maintained and regularly updated.	Review dispensing register for last 3 months. Interact with ANIM to assess her knowledge and skills regarding maintenance of dispensing records
O1.4.3	Stock records	The centre shall maintain meticulous records of all tablets received and dispensed by them as per guidelines - these include the daily stock register, OST centre stock register and the central stock register.	Review the stock registers for last 3 months and check whether it matches with the stock received and stock remaining with the centre.
O1.4.4	Record maintenance for other outcomes	The OST centre staff should inform the outreach teams about clients not coming for receiving medicines in the preceding month. The outreach team would in turn verify if such clients are still present in the catchment area of the OST centre or migrated elsewhere. Similarly, cases of death / imprisonment among OST clients should also be verified by the outreach team. In such instances, a note should be made in the file of the client by the counsellor / doctor of the OST centre.	Review the monthly reporting format and discuss the process of declaring a client as migrated / imprisoned / deceased with the staff
O1.4.5	Monthly Reporting	Each OST centre should submit the monthly report to concerned SACS on the prescribed format. The report should reach SACS by 5 <sup>th</sup> of every month after review by the concerned PO. The report should be prepared by the data manager / M&E officer in consultation with the other staff and reviewed by the Nodal Officer / PM before submission to PO for feedback.	Review the monthly reports of the last 3 months. Verify if the prescribed format is being used, the staff understand each item, have knowledge about where to get the information from and the reports match the records at the OST centre.

S. No.	Indicator	Benchmark	Methodology
<b>O1.5</b>	<b>Stock Management</b>		
O1.5.1	Management of OST Stock	The Nodal Officer / PM and nurse are responsible for utilization of the stock available with the centre in time and should be able to prioritize the stock consumption as per the expiry date (First expiry-First Out).	Review the stock available at the OST centre. Interact with the Nodal Officer / Medical Officer / PM and the nurse of the OST centre. Check whether medicines from newer stock are / were being dispensed while older stock remained unutilized.
O1.5.2	Stock projection	The nurse / PM should request fresh stock from central pharmacy / NGO head office on a weekly basis as per the balance stock and prevailing stock consumption pattern of the OST centre.	Review the OST centre stock register for frequency of indenting and balance stock at the time of indenting. Check for any instances of stock-out at the centre despite adequate stocks at the pharmacy / head-office.
O1.5.3	Storage of OST centre stock	At the OST centre, the medicines should be stored in a securely locked cupboard / almirah in a separate room (separate from the dispensing area). The space should be cool, away from direct sunlight, and properly ventilated. The storage space should be adequate for upto 15 days of stocks and should not be easily accessible to the clients and visitors. At one time the OST centre stock should not be for more than 15 days.	Inspect the storage area of the OST centre
O1.5.4	Storage of Central stock	In case of Government OST centres, the central stock should be kept at the hospital drug store / central pharmacy. In case of NGO OST centres, the central stock should be kept at the NGO head office. The storage space should be adequate for up to 3 months and 45 days of stocks respectively. The storage conditions should be similar to the OST centre (mentioned above).	Visit the hospital drug store / central pharmacy / NGO head office and inspect the central stock for safety and security. Review the records to verify accuracy and frequency of supply to the OST centre.
O1.5.5	Mechanisms to check diversion	The centre should keep the stock securely under lock and key and observe necessary procedures to prevent diversion of medications being dispensed.	Inspect of the facility and observe the procedure for dispensing followed at the centre. Interact with the staff and clients regarding diversion of dispensed medicines.

S. No.	Indicator	Benchmark	Methodology
<b>O1.6</b>	<b>Operational aspects</b>		
O1.6.1	Functioning timings	The centre should function for 8 hours per day of which 70-80% of the time should be dedicated to dispensing of medications. Centre should open for 4 hours on Sundays / holidays. The recommended timing for OST centres in Government settings is 8AM to 4PM.	Interaction with staff and clients
O1.6.2	Functioning on Sundays / holidays	The OST centre should function on all days of the week including Sundays and holidays except under exceptional circumstances (Bandhs, riots, curfew, elections, etc.).	Check dispensing register for last 3 months. Interaction with clients.
O1.6.3	Termination of treatment for disciplinary reasons	OST centre may terminate treatment prematurely for some clients due to repeated disciplinary issues but strictly in accordance with the guidelines. Adequate documentation for such events should be done in client files / weekly review meetings.	Interact with staff for instances of premature termination of treatment. Check for the frequency and reasons for the same and documentation maintained for such instances.
O1.6.4	Coordination with Linked IDU TI	In case of Government OST centres, the OST staff and staff of Linked IDU TI should meet once in a fortnight for sharing of information about OST clients and planning outreach activities for LFU / irregular clients. In NGO centres, the OST services and clients should be regularly discussed in the weekly and monthly planning meetings.	Review minutes of the coordination meeting / weekly meeting / monthly review meeting. Interact with staff of both OST centre and linked IDU TI to assess cooperation.
O1.6.5	Demand Generation and enhancing service uptake	The outreach team of the TI should educate clients regarding availability and benefits of OST services and create demand for the same amongst the client population	Interaction with ORWs, PEs and clients
O1.6.6	Activities to reduce loss to follow-up	The outreach team of the TI should contact dropping-out / irregular on treatment in the field and try to bring them back into treatment. The outreach team and counsellor should also contact family members of OST clients in order to solicit support during the treatment process.	Interaction with counselor of the OST centre and IDU TI, ORWs, PEs and clients
O1.6.7	Outreach planning & Saturation	The OST centre and IDU TI staff should regularly analyse	Review the hotspot and individual tracking



S. No.	Indicator	Benchmark	Methodology
	of hotspots	pattern of service uptake from the catchment area of the OST centre. This analysis should identify hotspots from which service uptake has been low / LFU has been high. The findings should be used to plan outreach and demand generation activities for OST clients	being conducted by the IDU TI / Linked IDU TI. Interact with the PM, M&E officer and outreach staff.
O1.6.8	Re-entry into treatment	The clients should be immediately re-admitted into treatment as soon as they return to the centre after relapse / LFU unless medically contraindicated.	Interaction with the staff and some irregular clients.
<b>O1.7</b>	<b>Administrative aspects</b>		
<b>I</b>	<b>Management of the OST services</b>		
O1.7.1	Involvement of Nodal Officer / Project Director	The Nodal Officer / Project Director of the OST centre should regularly supervise the centre and review the functioning at least once in a month. S/he should be available for resolving the routine administrative issues faced by the OST staff and facilitate support from the hospital administration.	Review minutes of the monthly review meetings (NGO centres). Interact with the Nodal Officer / Project Director for his / her understanding of the administrative issues encountered at the centre. Take feedback from the staff about involvement of the Nodal Officer / Project Director.
O1.7.2	Availability of support from the hospital	In case of government OST centres, the hospital should provide adequate space, furniture from the stores, back-up staff, house-keeping staff, security guard, etc. and support the OST staff in general administrative management of the OST services.	Interact with the OST staff and understand the extent of support received from the hospital administration. Meet the MS of the facility and provide information on the issues observed.
<b>II</b>	<b>Referral and Linkages</b>		
O1.7.4	Services offered through referral linkages	The OST clients should be linked with other harm reduction services (like NSP, condoms, etc.), medical services (abscess management, treatment for TB, ART, etc.) and non-medical services (vocational rehabilitation, shelter, nutrition, etc.) by the OST staff. The centre should establish functional linkages with other facilities / originations providing such services.	Review the referral register and list services which the clients are being regularly referred to. Interact with the OST / IDU TI counsellor and Nodal Officer / PM to identify challenges faced in lining OST clients with various services.
O1.7.5	Linkage with ICTC	All IDUs coming to the OST centre should be tested for HIV once in six months.	Review the referral register and verify no. of IDUs tested for HIV during the last 3 months

S. No.	Indicator	Benchmark	Methodology
O1.7.6	Linkage with ART centre	All HIV positive IDUs registered with the OST centre should be registered with the ART Centre and tested for CD4 once in six months.	Review the referral register and verify no. of PLHIV registered with ART and tested for CD4 during the last 3 months
O1.7.7	Linkage with ART centre for treatment	All HIV positive IDUs with CD4 count less than the threshold for ART initiation should receive ART.	Verify the no of OST clients found positive for HIV till date and of them how many have received CD4 testing in last 6 months. Of this, how many clients with CD4 counts less than cut-off are currently on ART
O1.7.8	Linkages with DOTS services for TB	All IDUs particularly HIV positive cases should be screened for TB once in 6 months.	Number of IDUs screened for TB during the last 6 months.
III	<b>Support Services (Enabling Environment &amp; Advocacy)</b>		
O1.7.9	<b>Support group formation:</b> Has the OST centre facilitated creation of support groups for OST clients or spouses / regular sex partners of IDUs?	The counsellor of the OST centre and IDU TI should facilitate formation of support groups for OST clients and their spouses / regular sex partners. Regular meetings of these support groups should be held and facilitated by the counsellor	Assess the regularity of support group meetings, meeting minutes and attendance
O1.7.10	<b>Community participation:</b> Is there any involvement of IDUs in program management?	The IDU community should be actively engaged in functioning and management of the OST centre by formation of committees comprising of current OST clients.	Review the list of such committees and minutes of their meeting
IV	<b>Finance &amp; Accounts (only for Government OST Centres, for NGO OST centres, use the relevant section from the IDU TI checklist)</b>		
O1.7.12	Does the OST project have sufficient fund available at least for one month?	Sufficient funds should be available for day to day expenses of the OST centre.	Review the funds available with the TI as per passbook.
O1.7.13	Is there a separate account available? Is it maintained by two signatories?	Project should have a separate account and should be operated by at least two signatories.	Verify that a separate bank account has been opened in name of the TI and review copy of the regulation submitted to the bank regarding account operations or the account cheque book
O1.7.14	Does the data manager of the OST centre receive support from the hospital accounts office for management of OST accounts?	In case of Government OST centres, the accounts of the OST centre should be managed by the accounts department of the hospital	Interact with the data manager and Nodal officer

S. No.	Indicator	Benchmark	Methodology
<b>O1.8</b>	<b>OST Services for Female IDUs</b>		
O1.8.1	Service uptake by Female IDUs	The OST services should be offered to both male and female IDUs. The Female IDU clients should be able to receive the services freely without fear of stigma and discrimination.	Indicate the estimated number of Female IDUs in the project area. How many FIDU have been registered under the OST services till date?
O1.8.2	Is the OST staff aware / sensitized about the special needs of FIDU?	Outreach and clinic staff should have the knowledge and skills required to deliver OST services to FIDU population.	Assess the understanding, knowledge and skills of OST staff about special needs of the Female IDU clients
O1.8.3	Any other additional services being provided by the centre to Female IDUs	The OST centre should take measures like provision of some additional services specifically for Female IDU population, to make OST services more attractive to such clients.	Interact with staff of OST centre and IDU TI

# ANNEXURES



**REPORT – INTENSIVE VISIT TO AN IDU TI / OST Centre**

Name of the Organization			
Address of the TI			
Name of Project Manager	Contact No.:		
Month & Year of project initiation	Contact No.:		
Type of Project	1. IDU TI	2. IDU TI with NGO OST Centre	3. IDU TI Linked With Government OST Centre
<b>Target Coverage</b>	A. Sanctioned Target (As per SACS contract):		
	B. No. of IDUs ever registered with the TI (As per Master Register):		
	C. No. of IDUs ever dropped out from the TI (As per Master Register):		
	D. Active population (B-C):		
	E. No. of hotspots in the project area:		
Grading as per last Quarterly Assessment	Quarter (With Year):	Grade:	
Month & Year of last intensive visit	Start Date of Visit -		
Name of visiting Program Officer	End date of Visit -		

Action Taken Report – Previous Visit (TSU/SACS/NACO)		
Date of Visit:		Visiting Person:
S No	Major observations made during the visit	Action taken on the issues discussed

## SECTION I: NON-MEDICAL SERVICES

S. No.	Observations	Mentoring support provided during the visit	Recommended follow-up action points along with responsibility and Time Lines
<b>N1</b>	<b>Program Management</b>		
<b>N1.1</b>	<b>Office and DIC setup</b>		
<b>N1.2</b>	<b>Staffing and capacity building</b>		
<b>N1.3</b>	<b>Program planning and monitoring</b>		

S. No.	Observations	Mentoring support provided during the visit	Recommended follow-up action points along with responsibility and Time Lines
N1.4	HRG validation		
N1.5	Coordination with stakeholders		
N1.6	Stock Management		



S. No.	Observations	Mentoring support provided during the visit	Recommended follow-up action points along with responsibility and Time Lines
N2	Service Delivery		
N2.1	Coverage and Outreach		
N2.2	Condom Promotion		
N2.3	Needle Syringe Exchange Program		

S. No.	Observations	Mentoring support provided during the visit	Recommended follow-up action points along with responsibility and Time Lines
N2.4	Referral and linkages		
N2.5	Counselling		
N2.6	Services to regular sexual partners of IDUs		

S. No.	Observations	Mentoring support provided during the visit	Recommended follow-up action points along with responsibility and Time Lines
N2.7	Community's response to the service delivery (Based on interaction with 10-15 clients at the hot spot level)		
N3	Support Services (Enabling Environment & Advocacy)		
N4	Documentation and Reporting		

S. No.	Observations	Mentoring support provided during the visit	Recommended follow-up action points along with responsibility and Time Lines
N5	Services for Female IDUs		
N6	Finance & Accounts		

## SECTION II: MEDICAL SERVICES

S. No.	Observations	Mentoring support provided during the visit	Recommended follow-up action points along with responsibility and Time Lines
M1	QUALIFICATION & TRAINING RELATED TO MEDICAL SERVICES		
M2	INFRASTRUCTURE AND EQUIPMENT		
M3	OUTREACH ACTIVITIES RELATED TO MEDICAL SERVICES		
M4	DIC CLINIC BASED SERVICES FOR MEDICAL PROBLEMS		

S. No.	Observations	Mentoring support provided during the visit	Recommended follow-up action points along with responsibility and Time Lines
M5	OST RELATED SERVICES FOR LINKED IDU TARGETED INTERVENTIONS		

### SECTION III: OST SERVICES

Name of the OST Centre:		
Address of the OST Centre		Contact No.:
Name of Nodal Officer		Contact No.:
Month & Year of service rollout		
Target Coverage	A. Coverage Target (Assigned by SACS):	
	B. No. of IDUs ever registered into OST (As per Master Register):	
	C. No. of OST clients completing treatment:	
	D. No. of OST clients with other outcomes:	
	E. Active population:	
Grading as per last Quarterly Assessment	Quarter (With Year):	Grade:
Month & Year of last intensive visit -		Start Date of Visit -
Name of visiting Program Officer		End date of Visit -

S. No.	Observations	Mentoring support provided during the visit	Recommended follow-up action points along with responsibility and Time Lines
<b>O1.1</b>	<b>Infrastructure for OST services</b>		
<b>O1.2</b>	<b>Staffing and capacity building</b>		

S. No.	Observations	Mentoring support provided during the visit	Recommended follow-up action points along with responsibility and Time Lines
<b>O1.3</b>	<b>OST Service Delivery Process</b>		
<b>O1.4</b>	<b>Documentation and reporting</b>		
<b>O1.5</b>	<b>Stock Management</b>		



S. No.	Observations	Mentoring support provided during the visit	Recommended follow-up action points along with responsibility and Time Lines
<b>O1.6</b>	<b>Operational aspects</b>		
<b>O1.7</b>	<b>Administrative aspects</b>		
<b>I</b>	<b>Management of the OST services</b>		
<b>II</b>	<b>Referral and Linkages</b>		
<b>III</b>	<b>Support Services (Enabling Environment &amp; Advocacy)</b>		
<b>IV</b>	<b>Finance &amp; Accounts</b>		

S. No.	Observations	Mentoring support provided during the visit	Recommended follow-up action points along with responsibility and Time Lines
O1.8	OST Services for Female IDUs		
Any other services/components assessed and feedback provided(add more rows if required):			
S. No.	Area of Functioning	Observations	Mentoring support provided during the visit
Recommended follow-up action points along with responsibility and Time Line (add more rows if required):			
	Recommended Action	Responsibility	Timeline
Issues for information of / intervention by SACS(add more rows if required):			
	Area of Functioning	Major Observations	Recommended Action at SACS level

S. No.	Observations	Mentoring support provided during the visit	Recommended follow-up action points along with responsibility and Time Lines
<b>PERFORMANCE GRADING FOR THE PROJECT</b>			
S. No.	TYPE OF PROJECT VISITED	PERCENTAGE SCORE OBTAINED	GRADE
1	IDU TI / IDU TI with OST		
2	Government OST Centre		

\_\_\_\_\_  
Signature of Program Officer

\_\_\_\_\_  
Signature of Project Manager

\_\_\_\_\_  
Signature of Nodal Officer

**REPORT - FOLLOW-UP VISIT (IDU TI / OST CENTRE)**

Name of the Organization / OST Centre:			
Project Area / Address:			
Date of Previous Visit:		Type of Previous Visit: Intensive / Follow-up	
Name of visiting Program Officer		Date of visit:	

FOLLOW-UP OF THE PREVIOUS INTENSIVE VISIT			
Component	Observations made during the last intensive visit	Action taken on the recommendations made	Recommended action during the current visit along with timeline and responsibility
OBSERVATIONS DURING THE CURRENT VISIT:			
Component	Observations	Support Provided	Recommended action during the current visit along with timeline and responsibility

## Grading assessment tool for IDU TI

Annual performance Indicators for TI NGOs-Core Groups (2 years and above)										
Sl. No.	Indicators	Typology	Grade				Period	Data Source	Numerator	Denominator
			Very Good (3 Marks)	Good (2 Marks)	Average (1 Marks)	Poor (0 Marks)				
1	Percent of HRG active during the last Three months	Core Groups	> 90	71-90%	60-70%	< 60%	Three monthly (Average monthly)	Master Register	No. of HRG registered till this month excluding the dropouts	TI target as per MOU
2	Percent of new HRG registered during last Three months	Core Groups	>5%	3-5%	1-3%	<1%	Three monthly	Master Register	No. of new HRG Registered during the last three months	25% of TI target as per MOU
3	Percent of HRG contacted (At least once) during the month	Core Groups	> 90%	61-90%	40-60%	< 40%	Three monthly (Average monthly)	Form-C	No. of HRG contacted with any project services during the month	TI target as per MOU
4	Percent of regular contact made with HRG during the month	Core Groups	> 80 %	61-80%	40-60%	< 40%	Three monthly (Average monthly)	Form-C	No. of regular contact made during the month	TI target as per MOU
5	Percent of condom distributed as per demand during the month	Core Groups	>95%	86-95%	70-85%	< 70%	Three monthly (Average monthly)	Form-C	No. of condom distributed/sold to HRG through outreach team during the month	Estimated condom demand of HRG for a month
6	Percent of HRG visited clinic during the quarter	core Groups	>80%	61-80%	40-60%	< 40%	Three monthly	Clinic Summary Sheet	No. of HRG visited STI clinic during the quarter	TI target as per MOU
7	Percent of HRG screened for syphilis during the last Three months	Core Groups	>80%	61-80%	40-60%	< 40%	Three monthly	Referral Register	No. of HRG screened for syphilis during Three months	Half of TI target as per MOU
8	Percent of HRG tested for HIV during the last Three months	Core Groups	>80%	61-80%	40-60%	< 40%	Three monthly	Referral Register	No. of HRG tested for HIV during the Three months	Half of TI target as per MOU minus Active HIV +ve.

9	Percent of HIV Positive HRG registered at ART centre	Core Groups	100%	91-99%	80-90%	< 80%	Three monthly	Referral Register	Cummulative no. of HIV positive HRG registered at ART centre	Cummulative No. of HRG detected HIV Positive (Alive)
10	Percent of Needles distributed against demand	IDU	>80%	66-80%	50-65%	< 50%	Three monthly (Average monthly)	Form-C	No. of needles distributed during the month	Estimated Needles demand for a month
11	Percent of syringes distributed against demand	IDU	>80%	66-80%	50-65%	< 50%	Three monthly (Average monthly)	Form-C	No. of syringes distributed during the month	Estimated Syringes demand for a month
12	Percent of Needles returned against distribution	IDU	> 60%	51-60%	40-50%	< 40%	Three monthly (Average monthly)	Form-C	No. of needles returned during the month	No. of Needles distributed during the month
13	Percent of syringes returned against distribution	IDU	> 60%	51-60%	40-50%	< 40%	Three monthly (Average monthly)	Form-C	No. of syringes returned during the month	No. of syringes distributed during the month
14	Percent of IDU registered at OST centre (Of the OST target)	IDU	100%	81-99%	60-80%	< 60%	Three monthly	OST Monthly Report	No. of IDUs from TI started on OST	20% of TI Target (As per MOU) or 100% of OST target
15	Percent of OST client retained at OST centre (Applicable for NGO OST centre)	IDU	> 60%	41-60%	30-40%	<30%	Three monthly (Average monthly)	OST Monthly Report	No. of clients received atleast one dose of OST during the month	No. of IDUs started on OST
<b>Note: Syphilis, HIV Testing and Condom distribution indicators should be graded only if the test kits and condoms were available (Period of availability should be taken into consideration). Needle/Syringes performance indicator should be graded only if funds availability status at TI level. OST indicators is applicable for IDU TI when designated OST centre is fully functional.</b>										

Annual performance Indicators for TI NGOs-Core Groups (less than 2 years)										
Sl. No.	Indicators	Typol-ogy	Grade				Period	Data Source	Numerator	Denominator
			Very Good (3 Marks)	Good (2 Marks)	Average (1 Marks)	Poor (0 Marks)				
1	Percent of HRG registered till this month	Core Groups	>80%	61-80%	50-60%	< 50%	Three monthly	Master Register	No. of HRG Registered (cumulative)	TI target as per MOU
2	Percent of HRG active during the last Three months	Core Groups	>80%	61-80%	50-60%	<50%	Three monthly (Average monthly)	Master Register	No. of HRG registered till this month excluding the dropouts	TI target as per MOU
3	Percent of HRG contacted (At least once) during the month	Core Groups	> 90%	61-90%	40-60%	< 40%	Three monthly (Average monthly)	Form -C	No. of HRG contacted with any project services during the month	TI target as per MOU
4	Percent of regular contact made with HRG during the month.	Core Groups	> 80 %	61-80%	40-60%	< 40%	Three monthly (Average monthly)	Form -C	No. of regular contact made during the month	TI target as per MOU
5	Percent of condom distributed as per demand during the month	Core Groups	>95%	86-95%	70-85%	< 70%	Three monthly (Average monthly)	Form -C	No. of condom distributed/sold to HRG through outreach team during the month	Estimated condom demand of HRG for a month
6	Percent of HRG visited clinic during the quarter	Core Groups	>70%	51-70%	30-50%	<30%	Three monthly	Clinic Summary Sheet	No. of HRG visited STI clinic during the quarter	TI target as per MOU
7	Percent of HRG screened for syphilis during the last Three months	Core Groups	>70%	51-70%	30-50%	<30%	Three monthly	Referral Register	No. of HRG screened for syphilis during Three months	Half of TI target as per MOU
8	Percent of HRG tested for HIV during the last Three months	Core Groups	>70%	51-70%	30-50%	<30%	Three monthly	Referral Register	No. of HRG tested for HIV during the Three months	Half of TI target as per MOU minus Active HIV +ve.

9	Percent of HIV Positive HRG registered at ART centre	Core Groups	100%	91-99%	80-90%	< 80%	Three monthly	Referral Register	Cummulative no. of HIV positive HRG registered at ART centre	Cummulative No. of HRG detected HIV Positive (Alive)
10	Percent of Needles distributed against demand	IDU	>80%	66-80%	50-65%	< 50%	Three monthly (Average monthly)	Form-C	No. of needles distributed during the month	Estimated Needles demand for a month
11	Percent of syringes distributed against demand	IDU	>80%	66-80%	50-65%	< 50%	Three monthly (Average monthly)	Form-C	No. of syringes distributed during the month	Estimated Syringes demand for a month
12	Percent of Needles returned against distribution	IDU	>50%	41-50%	30-40%	<30%	Three monthly (Average monthly)	Form-C	No. of needles returned during the month	No. of Needles distributed during the month
13	Percent of syringes returned against distribution	IDU	>50%	41-50%	30-40%	<30%	Three monthly (Average monthly)	Form-C	No. of syringes returned during the month	No. of syringes distributed during the month
14	Percent of IDU registered at OST centre (Of the OST target)	IDU	>70%	51-70%	30-50%	<30%	Three monthly	OST Monthly Report	No. of IDUs from TI started on OST	20% of TI Target (As per MOU) or 100% of OST target
15	Percent of OST client retained at OST centre (Applicable for NGO OST centre)	IDU	>50%	41-50%	30-40%	<30%	Three monthly (Average monthly)	OST Monthly Report	No. of clients received atleast one dose of OST during the month	No. of IDUs started on OST
<b>Note: Syphilis, HIV Testing and Condom distribution indicators should be graded only if the test kits and condoms were available (Period of availability should be taken into consideration). Needle/Syringes performance indicator should be graded only if funds availability status at TI level. OST indicators is applicable for IDU TI when designated OST centre is fully functional.</b>										



### GRADING ASSESSMENT TOOL FOR GOVERNMENT OST CENTRES

PERFORMANCE INDICATORS FOR OST CENTRES IN GOVERNMENT HEALTHCARE SETTINGS								
S No	Indicator	Description	Method of Assessment / Calculation	Special considerations while grading	Grading			
					Very Good	Good	Average	Poor
					( 3 Marks)	( 2 Marks)	(1 Marks)	(0 Marks)
1	Accessibility	OST centre should be located centrally such that it is easily accessible to most of the hotspots in the TI's catchment area.	Review the spot mapping of the Linked TIs and calculate the proportion of clients falling within 5 km of the OST centre (3 km for hill districts) out of the total clients available within the catchment area of the OST centre.	Not applicable	>70%	51-70%	31-50%	30% or less
2	Infrastructure	The centre should have adequate space as per NACO guidelines. The centre should be adequately equipped and furnished as per NACO guidelines for Government OST centres.	Conduct inspection of the OST centre. Compare the infrastructure and equipment / furniture available with the prescribed guidelines.	Not applicable	Space and equipment / furniture adequate as per guidelines	Space adequate and properly renovated but furniture & equipment inadequate	Space adequate and not properly renovated and furniture / equipment inadequate	Space, furniture and equipment all grossly inadequate for OST services
3	Regularity of functioning	The OST centre should function on all days of the week including Sundays and holidays except under exceptional circumstances (Bandhs, riots, curfew, elections, etc.).	Check dispensing register for last 3 months. Interaction with clients.	Not applicable	3 days or less	4-8 days	9-15 days	more than 15 days
4	Follow-up	The doctor and counselor should follow up every OST client (currently on treatment) at least once in 8 weeks even if stabilized on treatment	Inspect follow-up register and 10 randomly selected client files for follow-up forms and prescriptions made in last 3 months	Not applicable	more than 90%	71-90%	51-70%	50% or less

5	<b>Adherence to DOTS</b>	Dispensing of medications should be done on a daily basis under supervision as described in the NACO guidelines	Inspect the daily dispensing register. Calculate proportion of dosages dispensed under supervision out of total dosages dispensed in last 1 month	Not applicable	more than 95%	91-95%	81-90%	80% or less
6	<b>Dispensing Records</b>	All dispensing and stock related records (daily dispensing register, client dose sheet, daily stock register, OST centre stock register, etc.) should be properly maintained in prescribed format and regularly updated.	Review the dispensing records. Assess the format used and regularity of record maintenance. Also notice any irregularities (instances of missed or inaccurate entries, overwriting, mismatch between dispensing and stock records, etc.)	Not applicable	Dispensing records regularly and accurately maintained in prescribed format.	Dispensing records regularly and accurately maintained, not in prescribed format.	Dispensing records not regularly updated / some irregularities	Dispensing records not maintained or several instances of irregularities
7	<b>Management of OST Stock</b>	The Medical Officer and nurse are responsible for proper utilization of the stock and should be able to manage stocks as per the expiry date including accurate stock projection for next 3 months.	Review the stock position of the OST centre in previous 3 months. Interact with the Nodal Officer, MO and nurse to understand how the stocks are being managed.	Not applicable	No stock-out / expiry / overstocking.	No stock-out / expiry, some excess stock (more than 3 months)	Less than one month stock. No stock-out/ expiry.	Stock-out / expiry of medicines within the last 3 months.
8	<b>Service uptake</b>	Total number of clients started on OST as a proportion of the number of IDUs estimated in the catchment area of the OST centre	No of clients initiated on OST from the centre till date*100 / IDUs estimated in the catchment area of the OST centre	<2 year	>40%	31-40%	21-30%	20% or less
9	<b>Service utilization</b>	Number of clients receiving medications from the centre in the last calendar month as a proportion of OST target	No of clients receiving medicines at least once during the month *100 / OST target allocated to the centre by concerned SACS	>2 year	>50%	41-50%	31-40%	30% or less
10	<b>Retention into treatment</b>	Number of clients receiving medications from the centre in last calendar month as a proportion of total number of clients started on treatment	No of clients receiving medicines at least once during the month*100 / Total no of clients initiated on OST (after subtracting clients with other outcomes)	<2 year	>70%	51-70%	30-50%	<30%
				>2 year	100% or more	81-99%	60-80%	< 60%
				<2 year	>50%	41-50%	30-40%	<30%
				>2 year	> 60%	41-60%	30-40%	<30%



**NATIONAL AIDS CONTROL ORGANIZATION**  
**MINISTRY OF HEALTH & FAMILY WELFARE, GOVERNMENT OF INDIA**