



STI SERVICE PROVIDER ASSESSMENT

MAC / TAI

June 2013



Baseline Assessment of Learning Site STI service providers

in Learning site coverage areas

Odisha

Submitted to Odisha State AIDS Control Society

MAC Institute of Community Health/ TamilNadu AIDS Initiative

June 2013

Index

Abbreviations	4
Executive summary	5
Background	6
Epidemic in Odisha	7
Objectives of TAI – Odisha program	10
Rationale of STI baseline assessment	11
Methodology	12
Field visit observations	14
Salient findings	36
Recommendations	39
Annexures	41
<ul style="list-style-type: none"> • NACO checklist for Government Designated STI / RTI Clinics (DSRC checklist) 	42
<ul style="list-style-type: none"> • NACO checklist for TI preferred private provider (PPP checklist) 	44

ABBREVIATIONS

AIDS	: Acquired Immune Deficiency Syndrome.
ART	: Anti Retroviral Therapy.
CBO	: Community Based Organization.
CHC	: Community Health Center.
CLHA	: Children living with HIV / AIDS.
CPPP	: Community Preferred Private Provider.
DSRC	: Designated STI / RTI Clinic.
DAPCU	: District AIDS Prevention and Control Unit.
FSW	: Female Sex Worker.
HRG	: High Risk Group.
HIV	: Human Immune Deficiency Virus.
ICTC	: Integrated Counseling and Testing Center.
IDU	: Injecting Drug Users.
IEC	: Information Education Communication.
MSM	: Men having Sex with Men.
MAC	: M A Chidambaram Institute of Community Health.
NACO	: National AIDS Control Organization.
NGO	: Non Government Organization.
NRHM	: National Rural Health Mission.
OSACS	: Orissa State AIDS Control Society.
PCC	: Project Coordination Committee.
PHC	: Primary Health Center.
PLHA	: People living with HIV / AIDS.
RPR	: Rapid Plasma Reagin.
RTI	: Reproductive Tract Infection.
STI	: Sexually Transmitted Infection.
SCM	: Syndromic Case Management.
TI	: Targeted Intervention.
TAI	: TamilNadu AIDS Initiative.
TNSACS	: Tamil Nadu State AIDS Control Society
TSU	: Technical Support Unit.
TG	: Transgender.
VHS	: Voluntary Health Services.

Executive summary :

Based on NACO's request for "Support to North Program", TAI is extending technical support in Odisha to strengthen the TI program through establishment of Learning sites in selected TIs which in turn will capacitate the other TIs. TAI will share their best practices learnt from implementing AVAHAN program in Tamil Nadu. With STI strengthening being a part of the proposed activities, a baseline assessment of STI service providers linked to learning site TIs was initiated in coordination with OSACS. These sites were selected in consultation with state epidemiologist and taken as representative sample of the existing STI service delivery system (Govt. DSRCs, CHCs, PPPs).

Findings during the field visits and recommendations are summarized below :

Observations :

- All staff positions in DSRC filled.
- Good cooperation and support from the staff for the assessment.
- Lack of adequate infrastructure and audiovisual privacy.
- Stock out of essential STI drug kits and RPR kits.
- Lack of appropriate training in SCM among doctors and counselors.
- Documentation not as per NACO guidelines.
- Referral linkages between TIs and Government STI centers are weak.
- Non availability of HRG specific IECs and reference materials.

Recommendations :

- **Capacity building of service providers and counselors** at all level on proper STI care.
- **Ensuring uninterrupted supply of STI drugs and necessary equipments.**
- **Job aids and reference materials** to deliver quality STI care as per NACO guidelines.
- **Strengthening of Government STI centers** meet the STI service needs of HRGs.
- **Rationalization of STI service delivery systems** as per distribution of HRGs & availability of STI service points.
- **Coordination with NRHM** to strengthen CHCs and PHCs to act as STI service delivery points.
- **Linkages with TIs** needs to be strengthened.
- Maintaining **standardized documentation** in line with NACO recommendations.
- **Regular supportive supervision** through **onsite mentoring** to ensure adherence to the guidelines and to sustain the gains achieved.
- **Community participation.**

Baseline assessment of STI service delivery systems

Background

A baseline assessment of STI service delivery systems of Government Designated STI/RTI clinics (DSRC) and Community Preferred Private Providers (CPPP) linked to Targeted Interventions was undertaken in the 4 learning site coverage areas in Odisha. This exercise was undertaken as a component of Support to North Program (S2N) in partnership with OSACS. This program is being implemented under the guidance of NACO with support from AVAHAN.

TAI, after successfully transitioning all its interventions in TamilNadu is extending technical support to strengthen the quality of targeted interventions in the state of Odisha. The overall goal is to enhance capacities of TI NGOs for quality service delivery by sharing best practices adapted from TAI and also providing on site mentoring support.

Voluntary Health Services (VHS)-Tamilnadu AIDS Initiative Project (TAI)

TAI (Tamilnadu AIDS Initiative) project implemented by Voluntary Health Services (VHS) in 12 districts of TamilNadu carried out AVAHAN's HIV prevention program among the sex workers since 2004. The project is in the second phase of its implementation and has successfully transitioned the program to TamilNadu State AIDS Control Society. TAI has reached out to 49,000 sex workers (male and female) in 12 Districts of TamilNadu by raising the institutional capacities of Non-Governmental Organization (NGOs) and Community Based Organizations (CBOs) to identify Key population and promote prevention activities.

TAI after transitioning to TNSACS concentrates on 3 main activities which include :

- Post transition support to SACS TI program.
- Social inclusion initiatives with CBO's.
- Documenting and disseminating best practices.

The Epidemic in Odisha



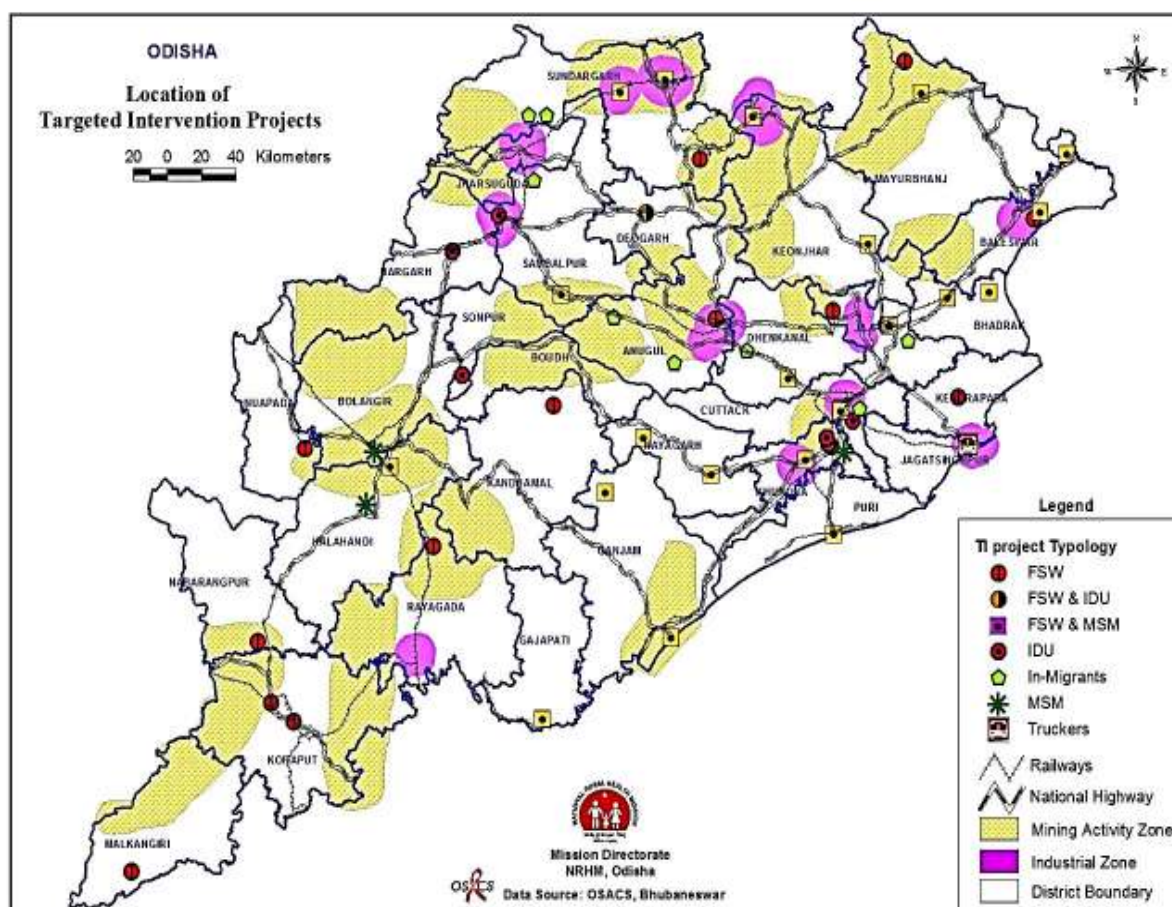
The Annual Report of OSACS has stated that “Orissa is a low prevalent state but highly vulnerable to HIV/AIDS. The total population of Odisha is 41,947,358 (2011). The literacy among male is 75.95% and among female 47.15% (2001). The state has 30 districts, 314 blocks and 316 Tehsils.

The state calculates adult HIV prevalence at 0.29% (male 0.35% female 0.23%). The ANC prevalence is at 0.25% (2012), FSW 2.4% (2012), MSW 3.9% (2012), IDU 7.1% (2012), Truckers 2.15% (2012), Migrants 2.62% (2012) and the HIV positivity rate in ICTC’s among general population is at 1.44% (2012), FSW 0.54% (2012), MSW 0.79% (2012), IDU 0.79% (2012) and Migrants 0.29% (2012).

The total number of Designated STI / RTI clinics are 39, ICTC’s – (184 stand alone, 13 PPP, 169 proposed F – ICTC of which 52 are functional), ART centers – 9, link ART centers - 25. community care centers - 5. No of TIs functioning is 57.

Highest numbers of clients have been diagnosed positive in the Ganjam district – 2736 which is around 39% of all HIV positive clients diagnosed in ICTC's across the state of Odisha. The prevalence of HIV among pregnant women in the ANC sites of Ganjam, Anugul, Bolangir and Bhadrak districts is more than 1%.

OSACS supports 51 TIs working among High Risk Groups (FSW, MSM/TG, IDU) in the state.



Objectives of TAI – Odisha Program :

The core objective of the “Support to North” program is to strengthen the capacity of Targeted Intervention (TI) projects of OSACS through :

- Development of 4 selected TIs as Learning Sites. The Learning Sites would in turn cascade the learnings to 35 linked TI partners across the state of Odisha.
- Strengthen technical capacity of SACS / TSU officials and functionaries of service delivery points (DSRCs, ICTCs and ART centers).
- Assist OSACS in scaling up and widening the reach of the TI program, through selection and capacity building of non-TI NGOs and facilitate mainstreaming of HIV/AIDS activities within their existing programs.

The purpose of establishing learning sites is to enhance capacities of linked TI NGOs for quality service delivery by sharing the best practices adapted from TAI and also providing on site mentoring support and facilitate cross learning.

The learning sites will demonstrate

1. Skills/best practices to strengthen outreach,
2. Usage of interpersonal communication materials/behavior change communication materials,
3. Monitoring &Evaluation,
4. Principles of crisis response and positive prevention
5. Strengthening STI services

As part of STI strengthening TAI will focus on capacity building of doctors and counselors. Training programs and workshops will be held to sensitize the Healthcare Providers on attitude towards HRGs, communication skills, Syndromic case management practices and documentation. Refresher training would be held after six months following initial training.

The learning sites will also help the program managers and outreach workers for reviewing the gaps in the STI services. They will be trained to use the individual tracking mechanism to identify the areas of focus for strengthening the STI/HIV services.

Rationale for STI Baseline assessment

One of the focus areas of “Support to North Program” is to strengthen the capacity of STI service providers in rendering quality STI service as per NACO guidelines. An essential component of strengthening STI service delivery is to capacitate the health care providers who are currently providing STI services to the core group (FSWs and MSMs). During the feasibility assessment it was found that High Risk Groups (HRGs) avail STI services from Government health facilities, Designated STI/RTI Clinics (DSRC) and Preferred Private Providers (Allopathic and AYUSH doctors).

It was decided by OSACS and the Project Coordination committee (PCC) that a Base line assessment of the current status is a prerequisite for undertaking the proposed activities. The main objective of this exercise is to assess the existing STI delivery systems for the High risk groups at Government DSRCs and CPPPs. This study would help design the capacity building exercise in accordance with their needs by taking into account all practical issues .

Specifically Baseline assessment of service providers in the four selected TI Learning Site districts is proposed with the aim to :

- a) Understand current STI service delivery mechanisms in the state.
- b) Identify issues of infrastructure and supplies in providing STI service delivery.
- c) Understand Syndromic case management practices.
- d) Strengthen counseling, referral services, linkages and other relevant areas.
- e) Prioritize training needs.

Methodology

The list of STI service providers at the Learning site TIs to be assessed were selected with inputs from State Epidemiologist, OSACS. Since it was not feasible to do Base line assessment at all service delivery institutions it was accepted that this exercise would be done at all Learning site STI service sites. This activity as per the proposed plan was done in the four Learning Site district STI service providers between 17th to 22nd June 2013.

- **AIRA – Dhenkanal**
- **EKTA – Koraput**
- **RRDC – Mayurbhanj**
- **SEWAK – Sundargarh**

Technical Managers from MAC along with support of TAI odisha team visited the specific sites and administered NACO STI service provider check list specific for DSRC and CPPP at these centers (Annexure).

Each of these STI service Delivery structures was assessed under the following variables :

1. Clinic Infrastructure
2. Equipments for examinations
3. Consumables.
4. Training status of the Provider
5. Basic NACO recommended Documentation
6. Assessing quality of STI service delivery through Prescription Audit of STI case Cards.
7. Infection control and waste disposal systems in place.
8. Referrals to and from STI clinic
9. Availability of HRG specific IEC and Technical materials
10. Supportive supervisory and onsite Mentoring from SACS/TSU

Though this exercise was done to identify the current status, factors and issues surrounding provision of quality STI services were identified. The findings were discussed and recommendations made to rectify the issues.

Community Interaction were undertaken to understand their perception of STI service delivery mechanisms and their participation in the program.

Clinic Infrastructure

Availability of a separate space for counseling, consultation and examination with acceptable levels of audiovisual privacy was measured in this indicator.

Equipments

Under this heading, presence of examination table with bed & sheets, adequate lighting for examination, instruments for internal examination like speculum / proctoscope were seen. Availability of computer and printer in the facility was checked for documentation & reporting.

Consumables

Availability of color coded essential STI drug kits, RPR kits and condoms were checked.

Training Status of Staff

Knowledge and skills of doctor & Counselor regarding STI, Syndromic case management practices and counseling were assessed.

Prescription Audit

10 case sheets were examined to know whether patients were receiving treatment as per NACO guidelines and their appropriate documentation.

Documentation

The STI facility was assessed based on availability of basic documents like network case card, daily summary sheet, drug distribution and stock registers and other registers recommended by NACO. It was scrutinized whether appropriate filling and updation were done.

Referral services

Linkages of TIs with other referral centers & referral status with respect to STI, ICTC, ART services were checked with concerned documents like registers and referral slips.

IEC and technical Materials

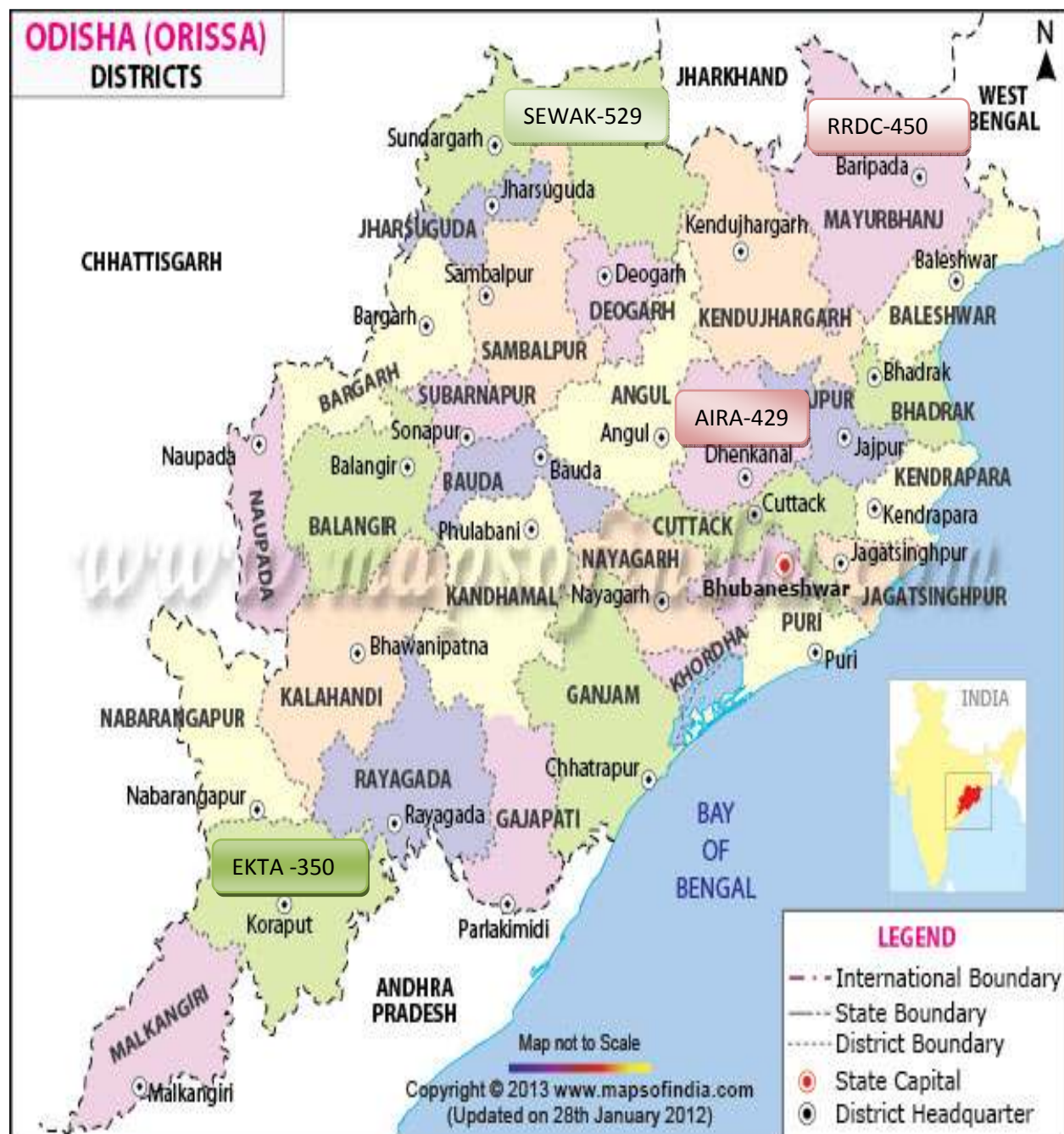
IEC materials specific to HRGs supplied from OSACS, Technical and Operational guidelines, and job Aids if present were reviewed.

Supportive and supervisory visits from SACS/TSU

The Supportive supervisory visits from OSACS and TSU were looked into. Feedback given by the technical team and their documentation were scrutinized.

Field visit Observations :

- AIRA – Dhenkanal
- EKTA – Koraput
- RRDC – Mayurbhanj
- SEWAK – Sundargarh



EKTA

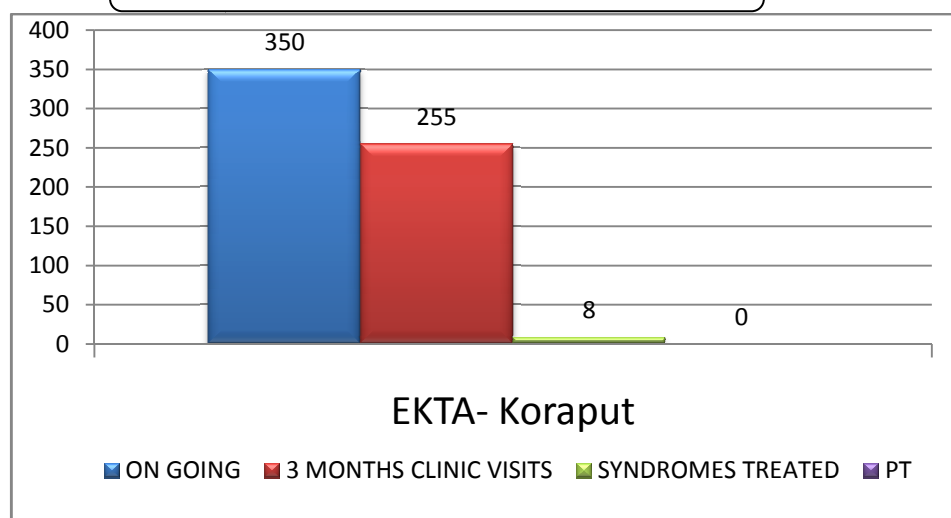
TARGET / ONGOING – 350 (FSW only)

STI facilities visited – Govt. – 1. DSRC Koraput & 2. CHC Potangi,

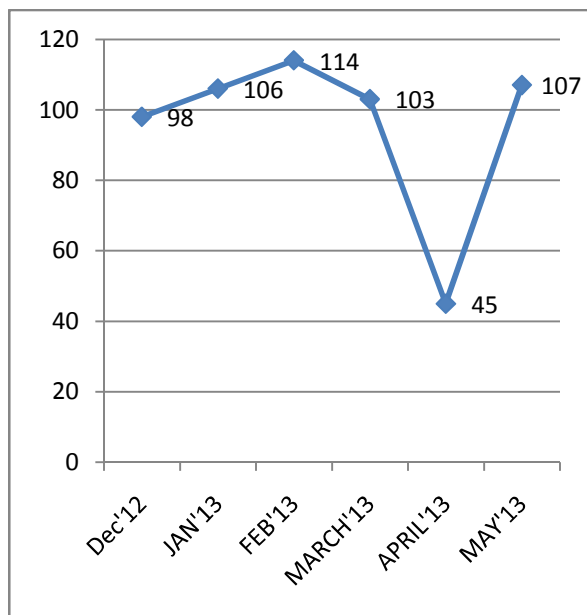
PPP. - 1. Dr. Bijay kumar Dhal, M.B.B.S. 2. Dr. Panigrahi BAMS,



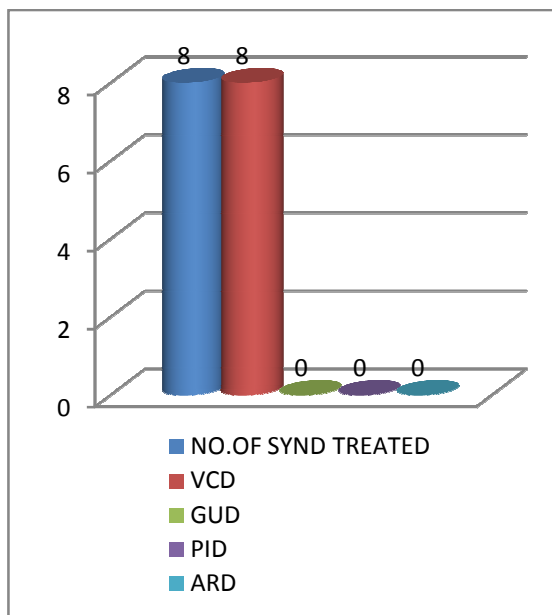
Clinic flow - 3 months



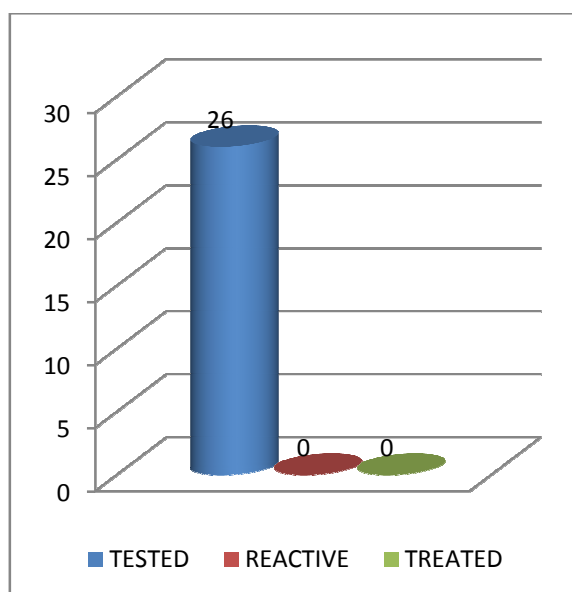
Clinic flow (Dec `12 – May `13)



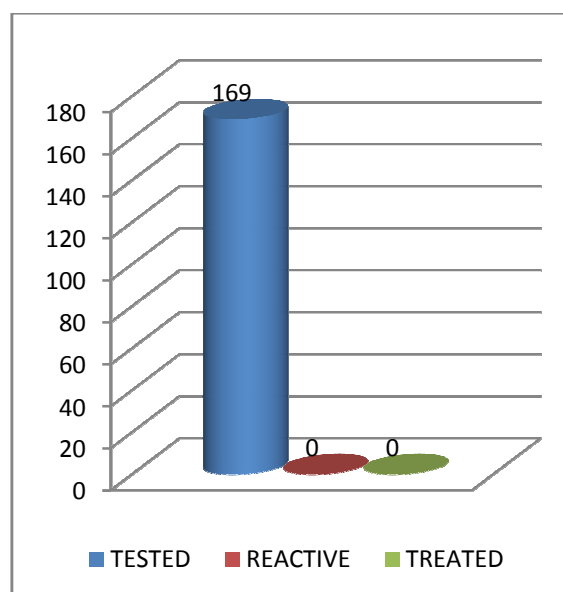
Syndromes treated – 3 months



Syphilis screening – 6 months



ICTC tested - 6 months



District	KORAPUT	
Facility visited	Koraput GH - DSRC	Potangi CHC
Date of Visit	17.06.2013	17.6.13
1. Clinic Infrastructure		
* Appropriate signage for STI/RTI service providing facility	Yes, but not properly placed	No proper directions & signage
* Separate consultation area with auditory and visual privacy	No space for counseling	Audio visual privacy for consultation and examination not adequate
2. Equipment (physical verification)		
* Examination bed with bed sheets and drapes	Yes but examination done at Gynaec., ward.	Not present
* Lighting for examination	No lights	Not present
* Instruments-speculum, proctoscope etc	No speculum supplied	Not adequate, 2 speculums present in labour room.
* Computer, Printer etc	Not available	Present
3. Consumables available (physical verification)		
* STI/RTI colour coded drug kits	Kit-2 & 4 not available, not supplied, drug register not updated,	Only Kit 2 & 5 present
* RPR Kits and TPHA kits	Not supply	Not present in adequate numbers
* Condoms availability	Available	Present
4. Training Status of the staffs		
Medical Officer/s	Not Trained on STI	1 day RTI / STI training & 4 days HIV training from NRHM.
Counselor	Trained, No refresher training.	ICTC counselor trained
5. Quality of STI / RTI services		
Prescription audit:	Only 3 card seen, (2011 case cards) available now no case cards.	Not much clear documentation of STI cases
6. Documentation (physical verification)		
* STI/RTI patient wise card	No case cards	Not available
* STI/RTI patient Register	Available not updated.	Not available
* Monthly summary reports	Available not updated.	Reports sent from NRHM reporting format
* No. of patient attended the STI/RTI clinic in last 3 months	12 FSW only	12 FSW only + (Sunabeda CHC-30)
7. Infection control		
* Hand washing facility present	Present	Not present
* Gloves used while performing examination	No	Gloves present

* Reusable instruments (speculum and proctoscope) are decontaminated washed and sterilized	Not used at all	Not as per guidelines, but autoclaved as part of OT sterilization
* Waste disposal system in place	Infection control and decontamination not done.	Government system
8. Referrals from and to STI/RTI clinic		
* No. of patient referred to other facilities	Last 6 months ICTC-169, Syphilis screening -26, no reactive , No proper documentation	
9. IEC and technical materials		
* Availability of Technical and Operational guidelines	No STI IEC	Not available
* Job aids (Syndromic poster; Anaphylaxis chart; Disinfection chart; Flip chart etc)	Not available	Not available
* IEC material for patient education (posters and pamphlets)	Not available	Not available
10. Supportive supervision visits		
* No. of visits made during the last 3 months	Yes	No visits done from SACS
* Feedback to provider	Not Seen	Not documented
* visit report at STI clinic	Yes	Not present
11. Remarks	Efforts to be taken for privacy and Internal examination, to update STI knowledge	Not much referral from TI but linkages present. Inadequate space and privacy for examination non availability of equipments for examination MO to be oriented on SCM.

NGO Name / Ongoing population	EKTA - On-going 350 FSW only	
Facility visited	PPP - S.S. Panigrahi	Semiliguda PPP - Dr. Bijay kumar Dhal
MBBS / Non MBBS	Non MBBS	M.B.B.S.
1. Clinic Infrastructure		
* Area for consultation with auditory and visual privacy	NA	Not present, no proper space for clinic, PPP says he consults patients at home when they visit
2. Equipment (physical verification)		
* Examination bed with bed sheets and drapes	NA	Not present
* Lighting for examination	NA	Not present
* Instruments-speculum, proctoscope etc	NA	Not present
3. Consumables available (physical verification)		
* STI/RTI colour coded drug kits	NA	Not present
* Condoms availability	NA	Not present
4. Training Status of the provider		
Trained / Untrained	NA	Not trained formally
5. Documentation (physical verification)		
* STI/RTI patient wise card	NA	Present with TI staff
* STI/RTI patient register	NA	Not present
* STI/RTI drug distribution register	NA	stock register present
* No. of HRG attended preferred provider during the last 3 months	163 FSW only	56 FSW only
6. Quality of STI / RTI services		
Prescription audit	NA	No clear documentation present, examination not done
7. Infection control		
* Hand washing facility present	NA	Present
* Gloves used while performing examination	NA	Not present
* Reusable instruments (speculum & proctoscope) are decontaminated, washed and sterilized	NA	Not present
* Waste disposal system in place	NA	No linkage with any waste disposal mechanism
8. Remarks		
	MO absent due to emergency, but interaction with community revealed MO does not perform any examination. General medicines and kits are given in case of symptoms.	Doctor has no space for consulting patients, no instruments and no drug kits, having PPP to be reconsidered.

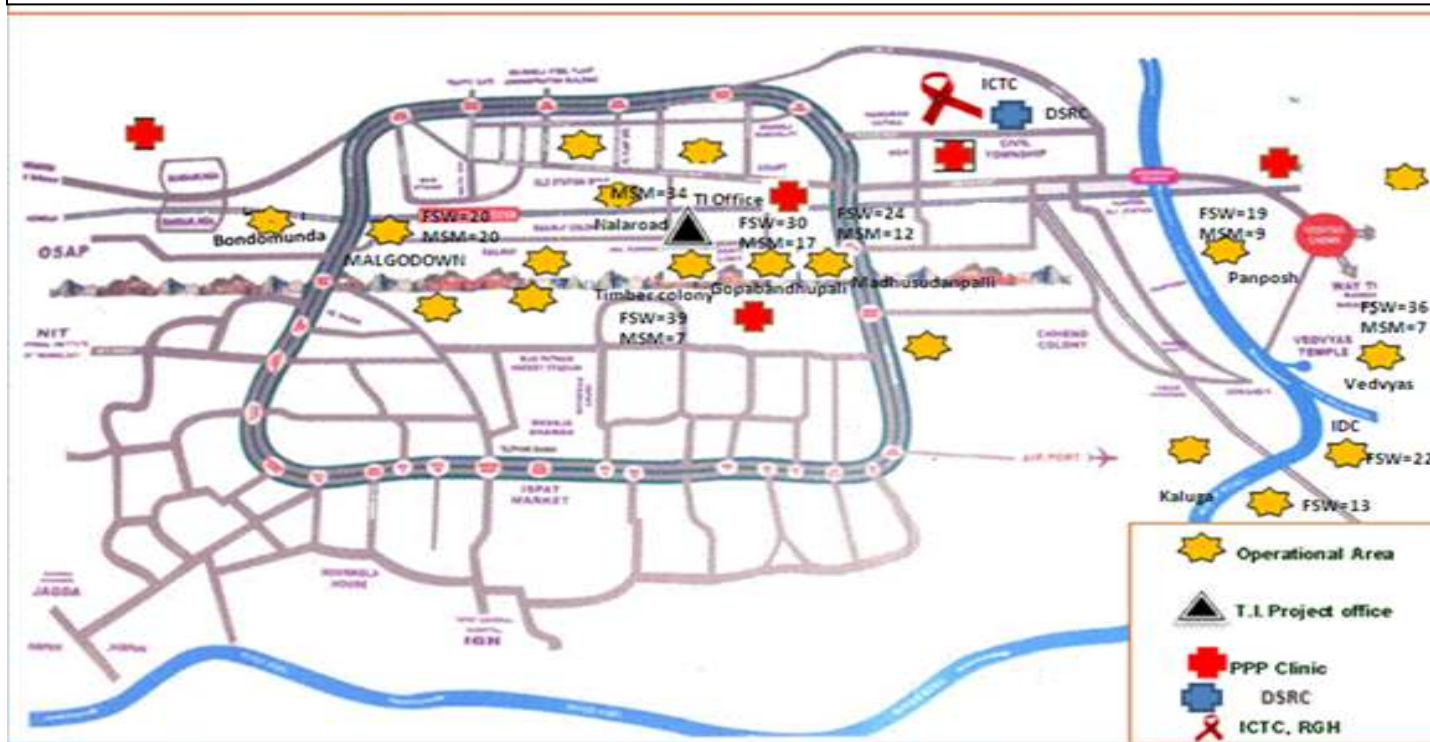
SEWAK

TARGET / ONGOING – 527 (MSM – 215+FSW - 312)

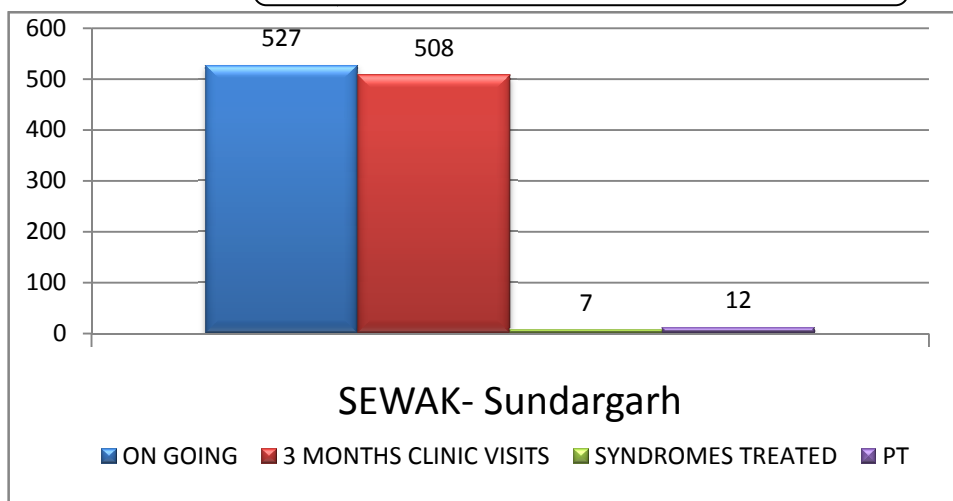
STI facilities visited – Govt. – 1. DSRC Rourkela & 2. CHC Panposh sub divisional hospital,

PPP. - 1. Dr. S.N. Sethi MBBS., 2. Dr. R.K. Gupta BHMS 3. Dr. Sathpathy.

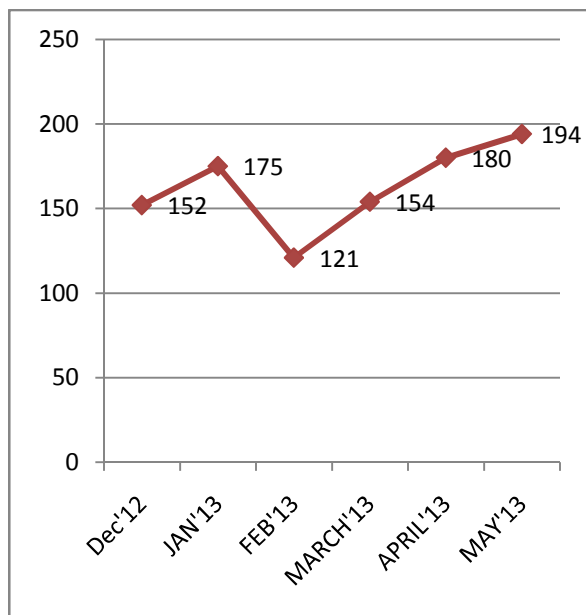
SUNDARGARH DISTRICT



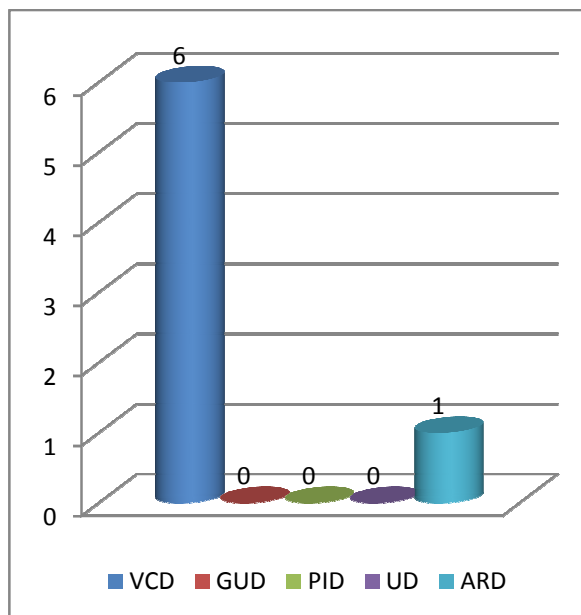
Clinic flow - 3 months



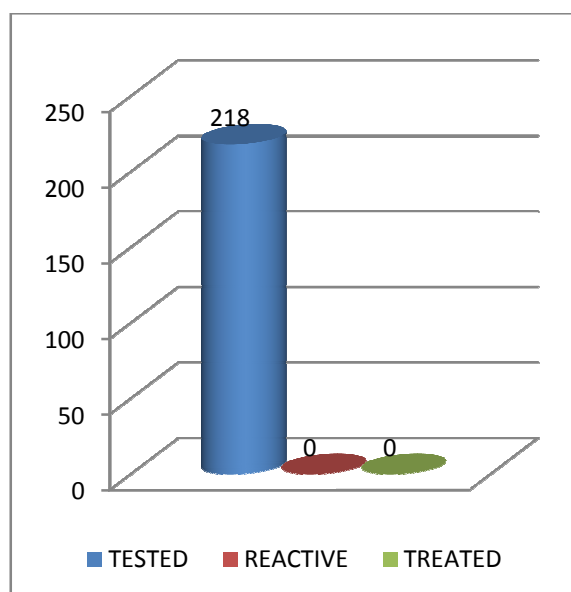
Clinic flow (Dec `12 – May `13)



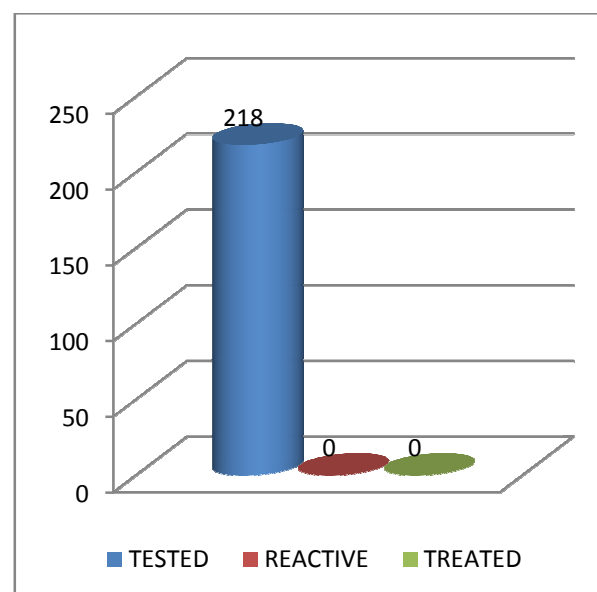
Syndromes treated – 3 months



Syphilis screening – 6 months



ICTC tested - 6 months



District	SUNDARGARH	
Facility visited	Rourkela GH – DSRC	PANPOSH SUB DIVISION HOSPITAL
Date of Visit	21.06.2013	21.06.2013
1. Clinic Infrastructure		
*Appropriate signage for STI/RTI service providing facility	Available	Not available
* Separate consultation area with auditory and visual privacy	No, doctor says patients are examined at minor OT. No space for counseling.	No separate space available, SDMO not interested for upgrading the STI services
2. Equipment (physical verification)		
* Examination bed with bed sheets and drapes	Not available	No STI examination conducted in this clinic
* Lighting for examination	Not available	Not available
*Instruments-speculum, proctoscope etc	Not available	Not available
* Computer, Printer etc	Not available	Not available
3. Consumables available (physical verification)		
* STI/RTI colour coded drug kits	No STI kits available (expiry)	Not available
* RPR Kits and TPHA kits	Not available	Not available
* Condoms availability	Available	Not available
4. Training Status of the staffs		
Medical Officer/s	Trained	Not trained
Counselor	Not trained	Not trained
5. Quality of STI / RTI services		
Prescription audit:	Could not be done, since case card are not available.	Not applicable
6. Documentation (physical verification)		
* STI/RTI patient wise card	No. Old blank case cards are available but not used.	No
* STI/RTI patient Register	No	No
* Monthly summary reports	Available	No
* No. of patient attended the STI/RTI clinic in last 3 months	Nil	Nil
7. Infection control		
* Hand washing facility present	NA	NA
* Gloves used while performing examination	NA	NA
* Reusable instruments (speculum and proctoscope) are decontaminated, washed and sterilized	NA	NA
* Waste disposal system in place	NA	NA

8. Referrals from and to STI/RTI clinic

* No. of patient referred to other facilities	Last 6 months ICTC tested – 218, syphilis screening – 218, no found reactive
---	--

9. IEC and technical materials

* Availability of Technical and Operational guidelines	No	No
* Job aids (Syndromic poster; Anaphylaxis chart; Disinfection chart; Flip chart etc)	No	No
* IEC material for patient education (posters and pamphlets)	No	No

10.Supportive supervision visits

* No. of visits made during the last 3 months	NA	NA
* Feedback to provider	NA	NA
* visit report at STI clinic	NA	NA

11. Remarks	In this hospital there is a qualified venerologist but it seems that no examination done and there is no space for examination also, counselor new but she had not been oriented on her work	There is no scope for STI facility in this hospital
-------------	--	---

NGO Name / Ongoing population	SEWAK - On going (M-215+F-312) = 527		
Facility visited	PPP - S.N.Sethi	PPP - R.K. Gupta	PPP - M. Sathpathy
MBBS / Non MBBS	MD., OG.,	Non MBBS	Non MBBS
1. Clinic Infrastructure			
* Area for consultation with auditory and visual privacy	Yes	No	No
2. Equipment (physical verification)			
* Examination bed with bed sheets and drapes	Available	Not available	Available
* Lighting for examination	Light available	No lights	No lights
* Instruments-speculum, proctoscope etc	Speculum and proctoscope available	Only one speculum available	No instruments
3. Consumables available (physical verification)			
* STI/RTI colour coded drug kits	Could not be verified.	Only kit - 1 available	No kits
* Condoms availability	Available	Available	Available
4. Training Status of the provider			
Trained / Untrained	Trained	Trained by SATHY	Not trained
5. Documentation (physical verification)			
* STI/RTI patient wise card	Case cards could not be verified	Available	No case cards
* STI/RTI patient register		Available	No register
* STI/RTI drug distribution register		Available	No drug register
* No. of HRG attended preferred provider during last 3 months	MSM-106+FSW-41=147 + (MO Sharma PPP -126)	MSM-86+FSW-60=146 + (MO Roy PPP – 26)	MSM-39+FSW-44=83
6. Quality of STI / RTI services			
Prescription audit	Doctor providing good service but at different place.	No examination findings. Knowledge poor. Good attitude.	STI cases referred to RGH, Good attitude, but no examination .
7. Infection control			
* Hand washing facility present	Yes	No	No
* Gloves used while performing examination	Yes	No	No
* Reusable instruments (speculum and proctoscope) are decontaminated, washed and sterilized	Yes	No	No
* Waste disposal system in place	Yes	No	
8. Remarks	Case cards could not be verified	Doctor says and showed that , he was trained by SATHII, but knowledge on STI / PT poor, attitude is good	Doctor has been offering lot of service to TI in attending medical camp, but not examining the patient

AIRA

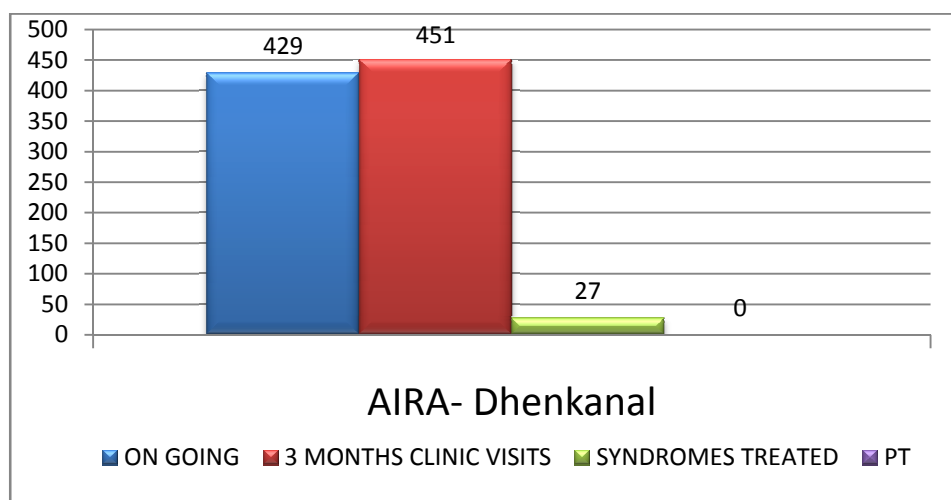
TARGET / ONGOING – 429(MSM – 166+FSW - 263)

STI facilities visited – **Govt.** – 1. DSRC Dhenkanal district head quarters hospital & 2. PHC Shankarapur ,

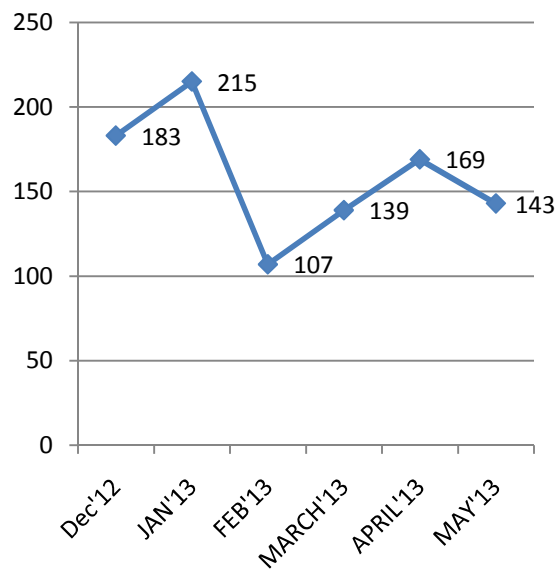
PPP. – 1. Dr. Binauak Mishra MBBS., 2. Dr. Bishnucharan dash BAMS



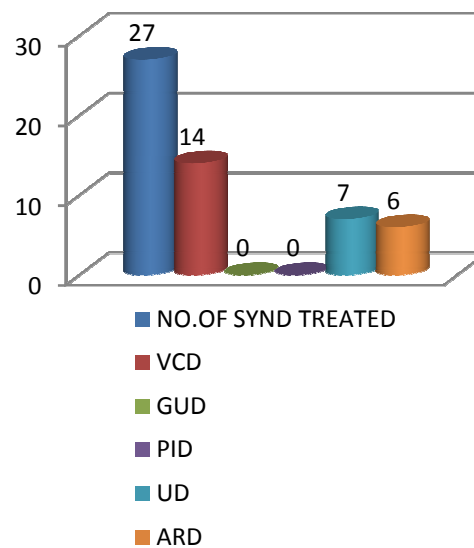
Clinic flow - 3 months



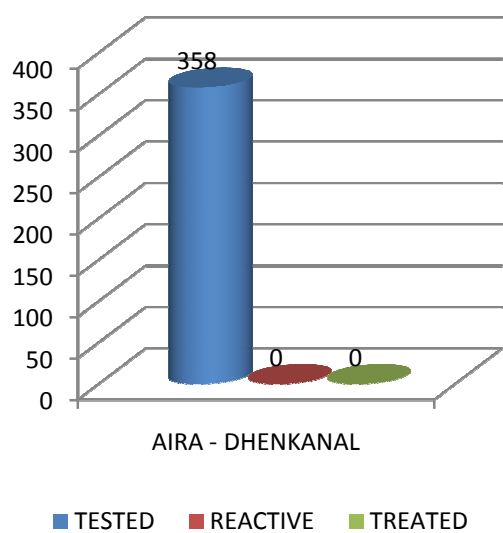
Clinic flow (Dec `12 – May `13)



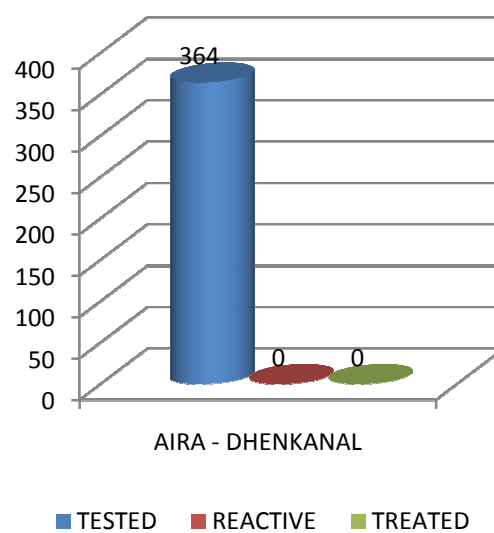
Syndromes treated – 3 months



Syphilis screening – 6 months



ICTC tested - 6 months



District	Dhenkanal	
Facility visited	Head Quarters hospital – DSRC	Shankarapur PHC (New)
Date of Visit	20.06.2013	20.6.13
1. Clinic Infrastructure		
* Appropriate signage for STI/RTI service providing facility	Yes, but not properly placed	No proper directions & signage
* Separate consultation area with auditory and visual privacy	Not available	Audio visual privacy for consultation and examination not adequate
2. Equipment (physical verification)		
* Examination bed with bed sheets and drapes	Not present	Not present
* Lighting for examination	Not present	Not present
* Instruments-speculum, proctoscope etc	Its available in cupboard	No instruments for examination, 1 or 2 Sims speculum present
* Computer, Printer etc	Available	Not present
3. Consumables available (physical verification)		
* STI/RTI colour coded drug kits	Only kit - 5 available	No STI drug kits
* RPR Kits and TPHA kits	Available	Not present
* Condoms availability	Available	Not present
4. Training Status of the staffs		
Medical Officer/s	Not trained	No previous STI / RTI training
Counselor	Trained no refresher training.	No separate counselor & no ICTC
5. Quality of STI / RTI services		
Prescription audit:	Could not be done, No case cards available. Interaction with MO showed a lot of herpes cases diagnosed & treated.	Not much clear documentation of STI cases & no referrals from TI, STI referrals to Dhenkanal GH
6. Documentation (physical verification)		
* STI/RTI patient wise card	Not present	Not present
* STI/RTI patient Register	Available	Not present
* Monthly summary reports	Available	Reports sent from NRHM reporting format
* No. of patient attended the STI/RTI clinic in last 3 months	No clear documentation	Nil , No clear documentation

7. Infection control		
* Hand washing facility present	Available	Not present
* Gloves used while performing examination	No	Gloves present
* Reusable instruments (speculum and proctoscope) are decontaminated, washed and sterilized	Not done properly	Not as per guidelines, but autoclaved as part of OT sterilization
* Waste disposal system in place	Yes	Government system
8. Referrals from and to STI/RTI clinic		
* No. of patient referred to other facilities	Last 6 months ICTC-364, Syphilis screening -387, Gynac., -1. No proper documentation	
9. IEC and technical materials		
* Availability of Technical and Operational guidelines	No	Not present
* Job aids (Syndromic poster; Anaphylaxis chart; Disinfection chart; Flip chart etc)	No	Not present
* IEC material for patient education (posters and pamphlets)	Yes	Not present
10. Supportive supervision visits		
* No. of visits made during the last 3 months	Not documented.	No visits done from SACS
* Feedback to provider		Not done
* visit report at STI clinic		Not present
11. Remarks	Efforts to be taken for privacy and Internal examination, to update STI knowledge. Lot of herpes cases reported, to identify reason (Over diagnosis?)	Not much referrals from TI as such and no linkages. No proper infrastructure and privacy for examination. Non availability of drug kits & equipments for examination. Doctor not trained on STI management.

29

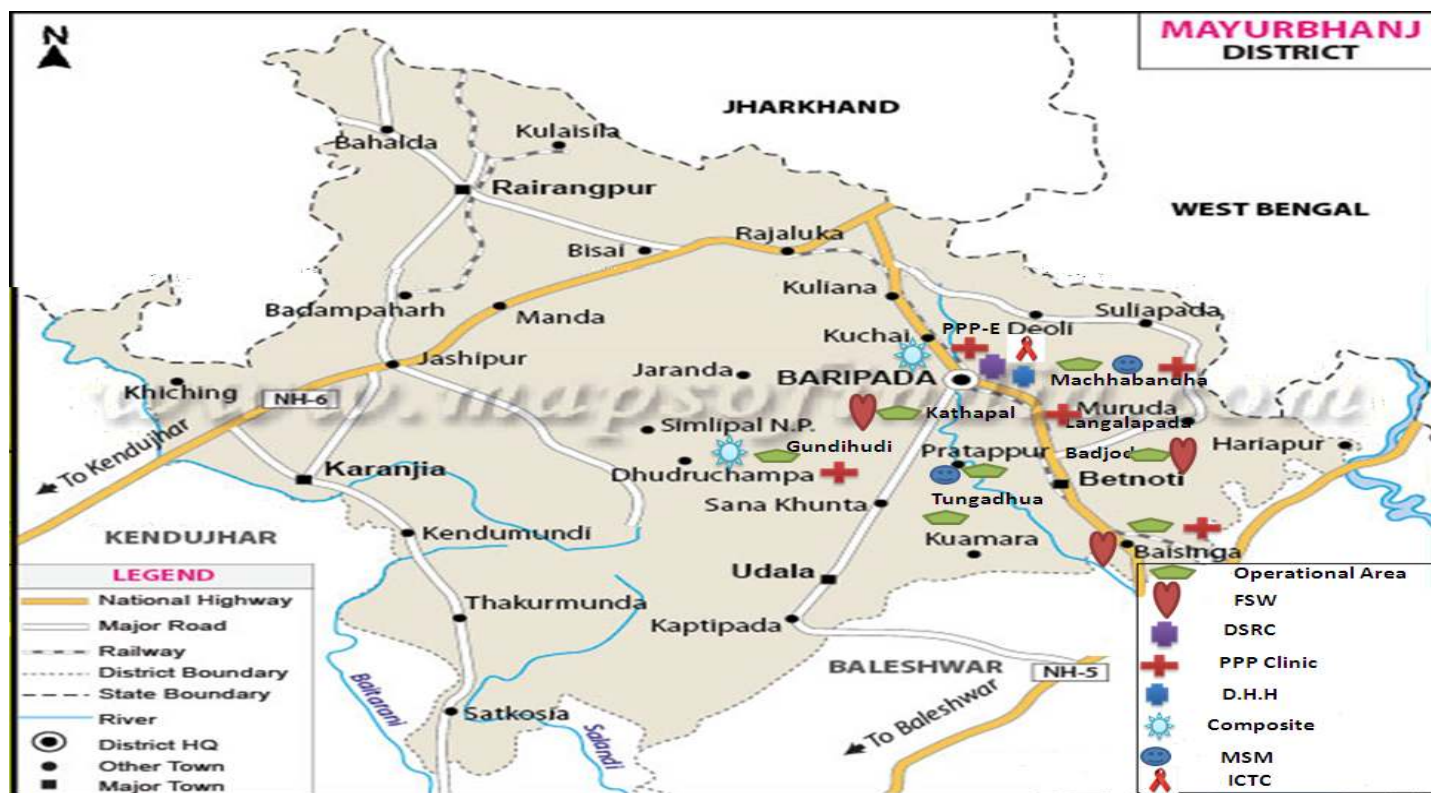
NGO Name / Ongoing population	AIRA – Ongoing – MSM-166+FSW-263 = 429	
Facility visited	AIRA – PPP	AIRA – PPP
Date of visit	19.06.2013	19.6.13
MBBS / Non MBBS	Dr. Binayak misra. MBBS	Dr. Amaresh Pati, B.A.M.S.
1. Clinic Infrastructure		
* Area for consultation with auditory and visual privacy	No separate room	Space present but very congested and limited making examination difficult, privacy present
2. Equipment (physical verification)		
* Examination bed with bed sheets and drapes	Available	Present
* Lighting for examination	No lights	Present
* Instruments-speculum, proctoscope etc	No Speculum and proctoscope	Not present
3. Consumables available (physical verification)		
* STI/RTI colour coded drug kits	No kits	kit 1, 5 & 6 present
* Condoms availability	Available	Not present
4. Training Status of the provider		
Trained / Untrained	Not trained	Attended 1 STI training in Dec 12 but needs to be oriented more.
5. Documentation (physical verification)		
* STI/RTI patient wise card	Case cards available with TI	Present with TI staff
* STI/RTI patient register	Patient register available with TI	Not present
* STI/RTI drug distribution register	Drug register available with TI	stock register present
* No. of HRG attended preferred provider during the last 3 months	47 only FSW, (MO N.Mishra PPP MSM-73+FSW-68= 141)	MSM-72+ FSW-20= 92 + (MO,B.C Dash PPP MSM-37+FSW-144= 181)
6. Quality of STI / RTI services		
Prescription audit	Case cards are present up to only march, No examination done.	Not much examination and diagnosis done, STI referral to GH.
7. Infection control		
* Hand washing facility present	No	Not present
* Gloves used while performing examination	No	Present
* Reusable instruments (speculum and proctoscope) are decontaminated, washed and sterilized	No	Not present
* Waste disposal system in place	No	No linkage for waste disposal
8. Remarks	Records and documents no updated since in March.	Doctor to be oriented on SCM. Drug kits to be made available. Registers to be updated.

RRDC

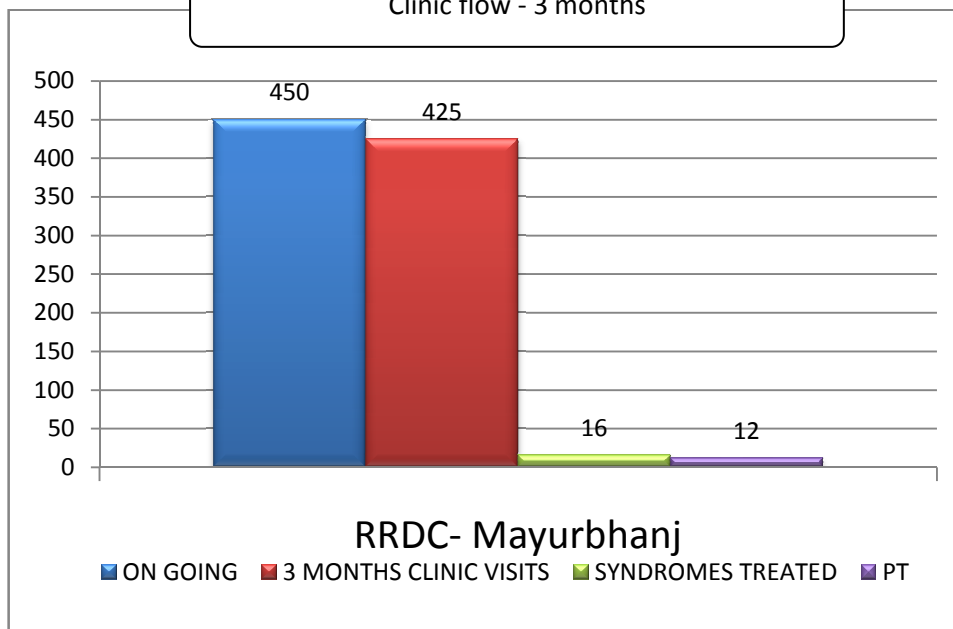
TARGET / ONGOING – 450 (MSM – 200+FSW - 250)

STI facilities visited – **Govt.** – 1. DSRC Baripada district head quarters hospital & 2. PHC Gundihudi ,

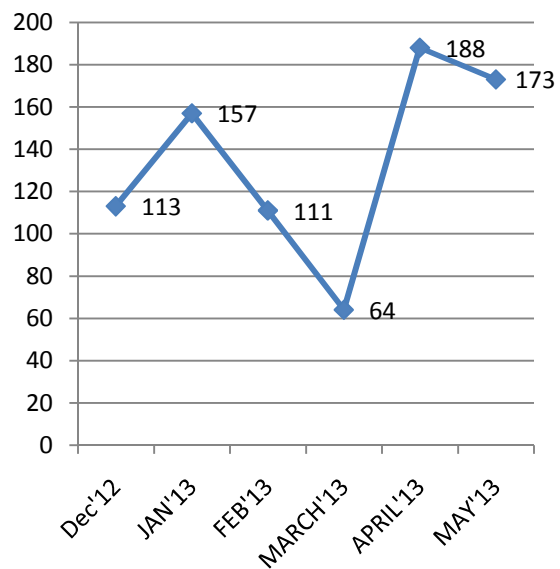
PPP. - 1. Dr.Manoj Kumar Hansdah, M.B.B.S.,M.D. 2. Dr. Manoranjan Khar, B.H.M.S.



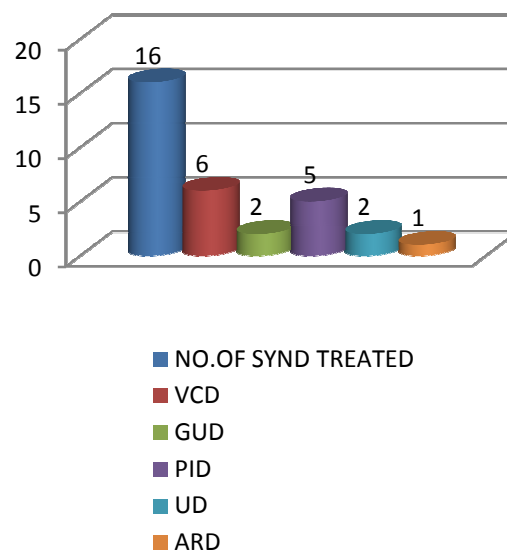
Clinic flow - 3 months



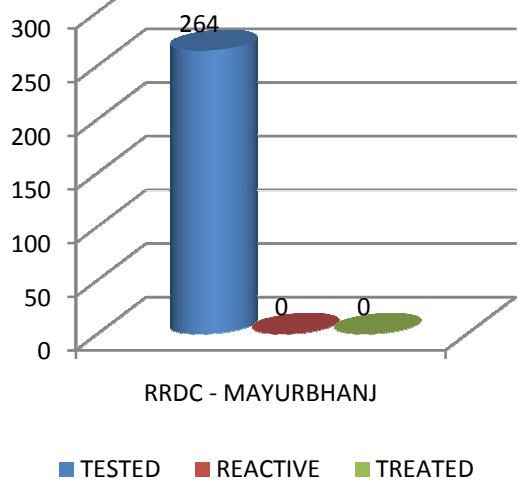
Clinic flow (Dec `12 – May `13)



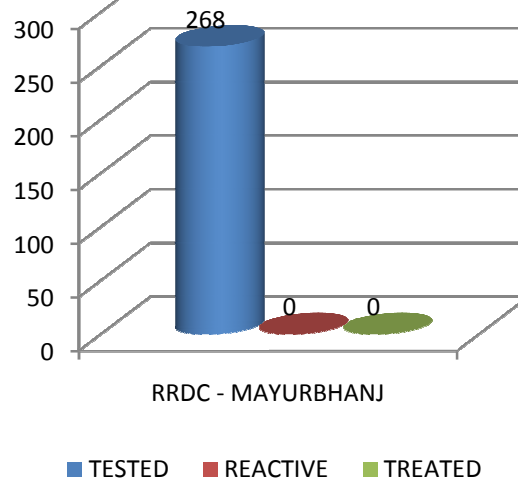
Syndromes treated – 3 months



Syphilis screening – 6 months



ICTC tested - 6 months



District	MAYURBHANJ	
Facility visited	Baripada DHQ – DSC	Gundihudi (Ambasikada) PHC
Date of Visit	21.6.13	21.6.13
1. Clinic Infrastructure		
*Appropriate signage for STI/RTI service providing facility	Signage & direction to STI clinic present	No proper directions & signage
* Separate consultation area with auditory and visual privacy	Examination space present in consultation room, not much privacy, doctor says examination also happens in OG department but no privacy there also.	Audio visual privacy for consultation and examination not adequate
2. Equipment (physical verification)		
* Examination bed with bed sheets and drapes	Not present	Not present
* Lighting for examination	Not present	Not present
* Instruments-speculum, proctoscope etc	1 speculum & 1 proctoscope present	No instruments for examination
* Computer, Printer etc	Present	Not present
3. Consumables available (physical verification)		
* STI/RTI colour coded drug kits	only kit 6 present, no other STI kits	No STI drug kits
* RPR Kits and TPHA kits	Not present	Not present
* Condoms availability	Present	Not present
4. Training Status of the staffs		
Medical Officer/s	Not formally trained	No previous STI / RTI training
Counselor	counselor trained	No counselor & no ICTC
5. Quality of STI / RTI services		
Prescription audit:	Case cards maintained but diagnosis and treatment not as per guidelines. Too many cases of GUD diagnosed without proper examination.	Not much clear documentation of STI cases & no referrals from TI as such, STI referrals to baripada GH.
6. Documentation (physical verification)		
* STI/RTI patient wise card	present & maintained	Not present
* STI/RTI patient Register	master register maintained	Not present
* Monthly summary reports	Reports sent to OSACS	Reports sent from NRHM reporting format
* No. of patient attended the STI/RTI clinic in last 3 months	No clear documentation	No clear documentation
7. Infection control		
* Hand washing facility present	Not present	Not present
* Gloves used while performing	Gloves present but examination	Gloves present

examination	not much happening	
* Reusable instruments (speculum and proctoscope) are decontaminated, washed and sterilized	Done along with OT instruments	Not as per guidelines, but autoclaved as part of OT sterilization
* Waste disposal system in place	Government system	Government system

8. Referrals from and to STI/RTI clinic

* No. of patient referred to other facilities	Last 6 months ICTC tested – 268, Syphilis screening – 264, no found reactive, No proper documentation
---	---

9. IEC and technical materials

* Availability of Technical and Operational guidelines	Present	Not present
* Job aids (Syndromic poster; Anaphylaxis chart; Disinfection chart; Flip chart etc)	Not present	Not present
* IEC material for patient education (posters and pamphlets)	Few materials present	Not present

10. Supportive supervision visits

* No. of visits made during the last 3 months	supportive supervision from OSACS done	No visits done from SACS
* Feedback to provider	No documentation	Not done
* visit report at STI clinic	No documentation	Not present

11. Remarks	Space for counseling should be considered. Orientation of STI doctor and counselor regarding SCM. Over diagnosis of GUD cases made (17 cases in last 5 months)	Not much referrals from TI as such and no linkages. No proper infrastructure and privacy for examination. Non availability of drug kits & equipments for examination. Doctor not trained on STI management.
-------------	--	---

NGO Name / Ongoing population	RRDC, Baripada / On going (M-130+F-250+TG-70)= 450	
Facility visited	Gundihudi PPP	Baripada PPP
Date of visit	21.6.13	22.6.13
MBBS / Non MBBS	Dr. Manoranjan Khar, B.H.M.S. (Non MBBS)	Dr. Manoj Kumar Hansdah, M.B.B.S., M.D.
1. Clinic Infrastructure		
* Area for consultation with auditory and visual privacy	Clinic space in a community hall, space & privacy present	Not adequate and space congested with pharmacy also present inside.
2. Equipment (physical verification)		
* Examination bed with bed sheets and drapes	Table present for examination but no sheets	Not present & no examination done here, refers to nearby OG practitioners
* Lighting for examination	Not present	Not present
* Instruments-speculum, proctoscope etc	Not present	Instruments present but not used for examination
3. Consumables available (physical verification)		
* STI/RTI colour coded drug kits	kit 1, 5 & 6 present	kit 1, 5 & 6 present
* Condoms availability	Not present	Not present
4. Training Status of the provider		
Trained / Untrained	Not trained formally	Previously STI in charge in GH and attended few trainings.
5. Documentation (physical verification)		
* STI/RTI patient wise card	Present with TI staff	Present with TI staff
* STI/RTI patient register	Not present	Not present
* STI/RTI drug distribution register	stock register present	stock register present

35		
* No. of HRG attended preferred provider during the last 3 months	MSM – 61+FSW – 28 = 89 (MO, Mohapatra PPP -90)	Nil (MO, Surath nayak PPP-117+47)
6. Quality of STI / RTI services		
Prescription audit	Not much examination and diagnosis done, STI referral to GH. STI referral to nearby OG practitioners.	
7. Infection control		
* Hand washing facility present	Not present	Present
* Gloves used while performing examination	present	Gloves present but no space for examination and not done
* Reusable instruments (speculum and proctoscope) are decontaminated, washed and sterilized	No proper mechanism for decontamination & sterilization	No examination & no decontamination done
* Waste disposal system in place	No linkage with any waste disposal mechanism	No linkage with any waste disposal mechanism
8. Remarks	No power / light, no hand washing facilities, Not conducive for examination. AYUSH MO part of NGO medical camps to be oriented more on SCM and stress for internal examination. Drug kits to be made available. Documentation to be updated.	No examination done at PPP, proper space or different location to be considered. Availability of drug kits to be taken care.

Salient findings :**Government DSRCs:**

Good cooperation and support from the DSRC staff for the assessment.

Infrastructure

- All DSRCs had the prescribed staff positions filled.
- No separate space or facility available for examination of STI patients, in most of the places visited.
- There is no space for counseling and counseling not given much Importance.
- Waste disposal system available in hospital but waste segregation / decontamination is not happening at DSRC level.

Equipments and supplies

- Equipments such as speculum and proctoscope are not available, and in certain places speculums are available but not utilized.
- Essential STI colour coded kits are not available in most of the centers, and in certain places drug kits were present beyond expiry dates .
- In places where STI kits are not available, drugs are prescribed from general pharmacy / outside.

Quality of STI service

- Genital examination / Internal examination is not done in majority of the centers visited. Doctors admit that examination is not possible with available limited facility in DSRC, however clients are referred to Gynaec OP for examination if needed (could not confirm).
- STI drugs are prescribed based on complaints and not on examination.
- RMC visits do not have the recommended Genital/Internal examination.

Training Status

- Most Medical officers posted at DSRC not formally trained on STI examination and Syndromic management protocols.
- Counselors have attended Induction Training, but knowledge on STI is not up to the mark.

Documentation

- NACO recommended STI case cards not available except for one center.
- STI documentation system needs to be strengthened in DSRC.

Coordination between TI and STI Clinic

- Coordination between DSRC and TI is a weak link in the program.
- TI's are giving lot of importance to ICTC referrals rather than STI check up.
- TI referral to STI clinic not documented at STI clinics.
- No HRG specific IEC materials or Job Aids to facilitate quality of STI services available at DSRC.

PPP services:

Infrastructure :

- There is no separate examination area with audio visual privacy available at PPP setup.

Quality of STI services :

- KPs are mostly accessing PPP services for their STI check up rather than availing services at DSRCs.
- Majority of referrals from TIs are to AYUSH doctors and internal examination are not performed. Most Non allopath doctors do not possess speculum / proctoscope. Even among allopath doctors only 50% have speculum / proctoscope.
- Internal examination not done but still taken as RMC.

Supplies :

- Essential STI colour coded kits are not available in most of the centers, and in certain places drug kits were present beyond expiry dates .

Referral systems :

- Importance only given to ICTC testing and STI screening and check up is given least importance.

Documentation :

- Systems such as registers and records are in place but not updated after March 2013.

Supportive supervision :

- No proper guidance for the AYUSH practitioners and other PPPs regarding program expectations and the need for adhering to syndromic management protocol.

CHCs:**Infrastructure :**

- None of the CHC`s had adequate space for examining STI cases with audio visual privacy.

Knowledge and skills :

- No properly trained staff are available in CHCs and PHCs and scope for integrating STI services with existing program should be carefully studied.

Linkages with TI programs :

- Doctors present in CHCs and PHCs not aware of the TIs working in the area and their referrals.
- There is an indifferent attitude among staff towards HRGs.

Recommendations :

Capacity building :

- Medical officers working in DSRCs and PPPs should be trained in depth on the advantages and importance of syndromic case management to deliver quality STI services.
- CHC staff should be sensitized on HRG specific issues, HIV / AIDS and management of STI cases.
- Importance of appropriate counseling should be emphasized at DSRC and TI level.
- Efforts should be done to motivate KPs for undergoing internal examination during RMCs and when presenting with STI symptoms.

Rationalization of STI services :

- Rationalization of the existing STI delivery services through PPPs and other government mechanisms should be done to organize these service points in a better way such that they are distributed in places where access to any STI service by HRGs is an issue.
- Distribution of PPP services in locations of proximity to existing Government centers could be relocated.

Strengthening of Government STI service delivery systems :

- Simultaneously the government STI centers should be strengthened in terms of infrastructure, supplies, ability to manage STI cases appropriately, documentation and linkages with TIs working among HRGs.
- DAPCUs could be established at all districts for coordination. NRHM district management units could be utilized for better implementation of the SACS program, quality monitoring of the TIs and to ensure uninterrupted supply of drugs and condoms.
- CHCs and PHCs should be strengthened to provide STI services at least on fixed days of a week to facilitate better accessibility of STI services by HRGs.

Infrastructure & supplies :

- Feasible arrangements should be made at all DSRCs for examining STI cases and HRG population with proper audiovisual privacy to promote internal examination.
- Uninterrupted supply of STI colour coded kits and instruments should be done at SACS level to avoid stock outs of essential STI drugs.

Documentation :

- Standardized documentation system should be followed at all centers as per NACO line of documentation.

On site mentoring :

- Regular supportive supervision through onsite mentoring and hand holding is essential to reinforce the need for quality STI care at all STI service delivery points.

Linkages with Government systems :

- Coordination between TI and DSRC staff should be strengthened through efforts from SACS, DAPCU and NRHM.
- Syphilis and HIV reactivity was not reported in any of the L.S. linked STI centers visited which necessitates the quality of testing and referrals.

Job aids :

- Job aids such as waste disposal, anaphylaxis management & PEP chart should be developed supplied to all DSRCs.

Community participation :

- Knowledge regarding importance of internal examination during symptoms and RMCs needs to be reiterated.
- The need for attitudinal change of Healthcare providers to be addressed by establishing better linkages with TIs.

Annexures :

- **NACO checklist for Government Designated STI clinics
(DSRC checklist)**
- **NACO checklist for TI Preferred Provider (PPP checklist)**

District		
Facility visited		
Date of Visit		
1. Clinic Infrastructure		
*Appropriate signage for STI/RTI service providing facility		
* Separate consultation area with auditory and visual privacy		
2. Equipment (physical verification)		
* Examination bed with bed sheets and drapes		
* Lighting for examination		
* Instruments-speculum, proctoscope etc		
* Computer, Printer etc		
3. Consumables available (physical verification)		
* STI/RTI colour coded drug kits		
* RPR Kits and TPFA kits		
* Condoms availability		
4. Training Status of the staffs		
Medical Officer/s		
Counselor		
5. Quality of STI / RTI services		
Prescription audit:		

6. Documentation (physical verification)		
* STI/RTI patient wise card		
* STI/RTI patient Register		
* Monthly summary reports		
* No. of patient attended the STI/RTI clinic in last 3 months		
7. Infection control		
* Hand washing facility present		
* Gloves used while performing examination		
* Reusable instruments (speculum and proctoscope) are decontaminated washed and sterilized		
* Waste disposal system in place		
8. Referrals from and to STI/RTI clinic		
* No. of patient referred to other facilities		
9. IEC and technical materials		
* Availability of Technical and Operational guidelines		
* Job aids (Syndromic poster; Anaphylaxis chart; Disinfection chart; Flip chart etc)		
* IEC material for patient education (posters and pamphlets)		
10. Supportive supervision visits		
* No. of visits made during the last 3 months		
* Feedback to provider		
* visit report at STI clinic		
11. Remarks		

NGO Name / Ongoing population		
Facility visited		
MBBS / Non MBBS		
1. Clinic Infrastructure		
* Area for consultation with auditory and visual privacy		
2. Equipment (physical verification)		
* Examination bed with bed sheets and drapes		
* Lighting for examination		
* Instruments-speculum, proctoscope etc		
3. Consumables available (physical verification)		
* STI/RTI colour coded drug kits		
* Condoms availability		
4. Training Status of the provider		
Trained / Untrained		
5. Documentation (physical verification)		
* STI/RTI patient wise card		
* STI/RTI patient register		
* STI/RTI drug distribution register		
* No. of HRG attended preferred provider during the last 3 months		
6. Quality of STI / RTI services		
Prescription audit		
7. Infection control		
* Hand washing facility present		
* Gloves used while performing examination		
* Reusable instruments (speculum & proctoscope) are decontaminated, washed and sterilized		
* Waste disposal system in place		
8. Remarks		