



सत्यमेव जयते

Training Module for Medical Officers and Paramedics of Prisons & Other Closed Settings



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INTRODUCTION

Design of the module

This module has been designed to develop and broaden the perspective of the participants on the Goals and Objectives of NACP V and the Operational Guidelines for implementation of P&OCS intervention program. The greater focus of this training lies on building knowledge and skills of Health Care Providers to plan, implement and monitor the intervention effectively and efficiently. This includes various pedagogies of learning and a field visit to an intervention site.

Purpose of the module

This training module is designed to help build the skill of Health Service Providers who are expected to plan, implement and monitor implementation of P&OCS intervention effectively.

The sessions in this module are developed in schematic manner so that the participants can develop their understanding about HIV/ AIDS, STIs/ RTIs, OSTs, NTEP and NVHCP, and the principles that are laid out in NACP V and its Operational Guidelines to prevent the transmission of infection among the incarcerated population and their sexual partners by increasing coverage and uptake of services.

The later sessions introduce the participants to concepts of services package, which includes aspects such as supportive supervision and mentoring, job analysis and performance management. Participants are helped to understand the need of monitoring and how to ensure that the IIMS developed under NACP is an accurate and updated database that helps in program planning and regular performance review.

Scheduling

The module has been designed for a two days training workshop. It is preferable that participants devote this time at a stretch in the training workshop, and if possible, along with a field visit to one the intervention sites to orient themselves to field level issues and challenges.

Every session has been planned with time for open discussion and sharing of experiences of the participants. Interactive methods such as group work, brainstorming, games and such like have been introduced at key places in the training package to make for better recall of core learning and to enliven the training process itself. The participants are expected to develop a basic understanding about the sessions in advance by going through the supplementary manual provided to them. This manual contains the presentations that they will be exposed to as also additional reading material to broaden their understanding of the subject.

Before the Training Workshop

- The participants are expected to have an exposure to and experience with the P&OCS intervention program.
- The participants are expected to have a commitment to transfer the knowledge and skills acquired through this training for operationalizing the concept for implementation as described in the Operational Guidelines of NACP.
- The participants are expected to develop an understanding of the Operational Guidelines as well as the context and settings of the incarcerated populations where the guidelines are going to be operationalized.

How to Facilitate

The workshop, trainers or facilitators should be familiar with experimental and participatory forms of learnings. They should have the ability to ask exploratory open-ended questions and should be sensitive towards involving all the participants specially given that the group is likely to be buried profile.

The facilitator should be technically competent to answer various intervention related questions. Adoption of the various topics may be made in order to suit local needs and priorities.

While a range of devices such as energizer, brainstorming, games and such like have been provided in the manual itself, facilitator could also go beyond these and include others such as debates and quizzes related to the session topics. It would be helpful to review the feedback forms on a daily basis so as to be able to respond to any significant issues, such as lack of comprehension of important content or perceived lack of applicability, if any, of the topics and issues.

Do remember that it would be important at all stages for participants to correlate their classroom teaching with field learning and vice versa.

Teaching Aids

Try to use as many different teaching aids when presenting the topic information.

Chart paper	Power Point Presentations
Handouts	Checklists
Games	Photographs or pictures
Films	Role-plays

How to Use the Module

Each session provides the following information:

Objectives:

What the facilitator hopes to achieve by the end of the session

Expected Outcome:

The outcomes that are expected by the end of the session.

Duration:

How long each session should take.

Suggested Teaching Method:

What teaching methodology and techniques will be used.

Materials/ Preparation required:

What materials are required including flip charts, marking pens, handouts etc. and any preparation that is required.

Process:

The step-by-step instructions on how to implement the activities and run the sessions.

Key Learnings:

The core learning content that the facilitator will explain with the help of the Power Point Presentation for the session.

Evaluation of the workshop:

Formats for pre and post assessment of the workshop/ training are provided in the supplementary manual.

Workshop Take-aways:

Participants would take away the Supplementary Manual containing additional reading materials as also all PPTs. They would also take home a ready reckoner containing all the monitoring formats that require to be used in the field; this ready-reckoner is in the form of a diary that they get to use both for reference as also note-taking purposes when they go back to their prisons. Finally, participants also get a table top tent card highlighting the service packages as a reminder medium that summarizes the focus area of their job responsibilities.

Key things to remember as Facilitator

- Read the Operational Guidelines and training module completely before the workshop
- Be flexible. Scheduling may have to change depending on the need of the participants
- Use different teaching methods to enhance participation and retain interest.
- Ensure all teaching materials like PPTs, charts etc. are available.
- Respect participants' local knowledge
- After the training, ensure that a follow-up plan is developed
- Remember, this a participatory workshop/ training and your role is to FACILITATE!

Day One

Session Plan

Session One: 60 minutes

Welcome, Introduction and Expectations

Tea/ Coffee Break 15 minutes

Session Two: 30 minutes

Understanding P&OCS Intervention in NACP

Session Three: 30 minutes

Basics of HIV and routes of transmission

Session Four: 60 minutes

Counselling:
Pre & Post Test Counselling
Positive Living
Drug Adherence

Session Five: 45 minutes

Understanding Service Package of P&OCS

Lunch Break 60 minutes

Session Six: 45 minutes

Understanding role of MO and Paramedics

Session Seven: 30 minutes

Working in Partnership: SACS, NTEP, NVHCP, Prison

Tea/ Coffee Break 15 minutes

Session Eight: 90 minutes

Basics of Drugs and drug use disorders
Drug related problems and harms
Opioid Substitution Therapy; induction, stabilization, discontinuation



SESSION ONE

Welcome, Introduction and Sharing of Expectations

Objective

- To welcome the participants, get introduced to each other and share expectations from the training workshop

Expected Outcomes

- Participants get to know each other
- Participants share their expectations from the training workshop
- Facilitator shares the agenda and overview of the training workshop

Duration

1 hrs

Suggested Teaching Method

Games, Discussion and Writing on board/ chart papers

Materials/ Preparation required

Flip chart, marker pens, pre-test questionnaires and workshop agenda

Process

- Participants are welcome to the workshop and the facilitator selects one of the icebreakers given below to get them to introduce themselves and to know each other better.
- Each participant is requested to jot down 2 expectations from the workshop on a slip of paper (the choice of putting their names on the paper is theirs) the paper then are collected,
- The participant's expectation is collated on a flip chart as per the steps given below and the facilitator sums up the discussion.
- The workshop agenda is shared and discussed with the group.
- Participants are requested to complete the pre-test questionnaire.

Ice-breakers/ Introductions

The facilitator can choose from any of these or devise a game of his/ her own, depending upon the time available

Option 1: Select an Object

The participants are asked to observe items in the room for five minutes and identify an object which they feel describes them the best.

Each participant then introduce himself or herself and also share the object. She or he identified and the reason for doing so. (For example, a participant, might select the table and say it best describes her/ his steady personality or another might select a marker pen saying she/ he likes to leave a mark on whatever she/ he does; encourage the participants to be creative and to think out of the box)

Option 2: Select an Adjective

The facilitator explains that she/ he would like to learn everyone's name and remember them and would also like to learn something special about each participant i.e. about an achievement that they are proud of in their work. Everyone is asked to think of an adjective that begins with the same letter as their own name. Participants introduce themselves using the adjectives selected and also mention an achievement that they were proud of in their work.

(For example, Farida may introduce herself a Friendly Farida or Lalit may introduce himself as Lazy Lalit)

Option 3: Three truths and a lie

Everyone writes their name along with four pieces of information about themselves on a large sheet of paper. For example, Gayathri likes singing, love chess, has five snakes as pets, and loves chocolate. Participants, then circulate with their sheet of paper. They meet in pairs, show their paper to each other, and try to guess which one of the facts is a lie.

Expectations from the workshop

Each participant requested to jot down 2 expectations from the workshop on a slip of paper: the papers are then collected. The facilitator requests to participants to come up; while one reads out the expectation, the other writes them on the flip chart. The facilitator groups the expectation according to knowledge sought/ skills sought or according to other categories (challenges, relationship with other stakeholders, and such like). The facilitator then discusses the workshop agenda already provided to participants and walks them through the logic of the flow and content.



SESSION TWO

Understanding P&OCS Intervention in NACP

Objective

- To broadly orient participants on the evolution of NACP and a significant role of Prison and Other Closes Setting intervention in prevention of HIV AIDS.
- This session also aims at participants understanding the important roles of persons working with the incarcerated population.

Expected Outcomes

- Participants are oriented to evolution of NACP.
- The role of Prison and Other Closed Setting intervention in prevention of HIV AIDS is understood
- Participants understand specific roles and responsibilities while working with incarcerated population.

Duration : 30 mins

Suggested Teaching Method

Power Point presentation & discussion

Materials/ Preparation required

Power point presentation, flip charts, marking pens, & handouts. The facilitator needs to familiarize himself/ herself with the NACP Operational Guidelines on incarcerated populations.

Process

- The facilitator asks the group to identify the incarcerated populations, both under-trial and convicts, and their vulnerabilities that the project works with; they then collectively brainstorm on what makes them vulnerable and at risk for HIV/ AIDS.
- The PPT is used to walk the participants through a detailed understanding of the significance of the intervention package of services; the facilitator draws reference to what the participants have already identified.
- Finally, the tent cards are distributed as 'take-aways' from this session. Participants are encouraged to go through the same and to keep them as display items on tables when they return to their projects.

Key Learning

The facilitator uses the PPT given to the annexure to emphasize the following key learning points

- In India, HIV/ AIDS has affected specific high-risk groups
- P&OCS intervention is needed in order to actively control the HIV/ AIDS epidemic amongst each of these groups
- An increase in the prevalence of HIV among incarcerated population can lead to it spreading into it's sexual network. Therefore, their need to be addressed.
- There are different typologies in India and some of them are at a higher risk than others (refer to prevalence chart)
- Drug users are a critical category of incarcerated population since HIV is highly transmissible through the sharing of needles.
- Petty offenders are highly vulnerable because of several socio-economic factors like poverty, loneliness, limited affordable recreation, trafficking and lack of awareness. Their mobility can form transmission 'bridges' from areas of higher prevalence to those of lower prevalence.
- Limited availability and access to sexual health services, large chunks of incarcerated population engaged in harsh working and living conditions make them vulnerable.
- The key learning of NACP was to bring in more focus on these populations, link them to TIs, One Stop Centers, Opioid Substitution Therapy and continuum of care, strengthen support to SACS and NGOs, and shift strategies from support to empowerment.
- P&OCS intervention under NACP looks at both categories: Under-trials and Convicts. It also lays special emphasis on state-led interventions.
- The various service packages of P&OCS intervention, includes Behavior Change Communication, STI case management, HIV/ TB/ Hep C screening/ testing and linkages with health services with a strong referral and follow-up system, ownership building and enabling environment.
- STI Management plays a key role in preventive education; community mobilization in an effective way of ensuring the community's active participation in the uptake of services and safe practices, and behavior change communication plays a vital role in creating awareness and generating a demand for available services.
- It should aim at hundred percent condom usage, proactive screening for HIV and STI, and the involvement of community in all decision-making.



SESSION THREE

Basics of HIV and routes of transmission.

Objective

Developing an understanding of participants about the basics of HIV and routes of transmission

Expected Outcome

Participants will develop an understanding about the basics of out HIV AIDS basics and routes of transmission.

Duration

30 mins

Suggested Teaching Method

Discussion and Power Point Presentation

Materials/ Preparation required

Power Point Presentation, flip charts and marker pens

Process

- The participants are taken through a word association brainstorming exercise wherein they are asked to define HIV and AIDS. The facilitator asks the participant the difference between HIV and AIDS. All the words that they associate with the term HIV and AIDS are written on a flip chart to be used in later discussion.
- Participants are asked to come up with various routes for transmission of virus
- The PPT is used to walk the participants through a detailed understanding of HIV, AIDS, routes of transmission, prevalence among different typologies, myths, patterns of HIV progression if untreated, ART, opportunistic infections, monitoring disease and treatment efficacy, supporting investigation required; baseline and periodic, WHO Clinical Staging and immunological classification.

Key Learnings

The facilitator uses the PPT to emphasize the following key learning points

- HIV is a virus and AIDS is a condition.
- Virus infects cells of the immune system, leading to "immune deficiency."
- Acquired immunodeficiency syndrome (AIDS) applies to the most advanced stages of HIV infection
- During AIDS opportunistic infections take advantage of a weakened immune system and lead to occurrence of any of the many opportunistic infections or HIV-related cancers
- Prevalence of HIV among different population groups
- The most common mode of HIV transmission in India is through sexual route

Understanding the natural history of HIV and Clinical Staging is important for predicting progress of HIV disease, for monitoring the risk of opportunistic infections and the survival of patients, for ART initiation, for suspecting treatment failure (T-staging) and for initiating & stopping Chemoprophylaxis

Objective

- Reviewing understanding of STI/RTI and HIV/AIDS
- Understanding the importance of counselling and role of counsellor
- Pre-and post-test counselling,
- Positive, living
- Drug adherence

Expected outcomes

Participants will develop an understanding about STI/ RTI, HIV, AIDS and the importance of counselling along with their role. The importance of pre and post-test counselling, providing positive living counselling and drug adherence.

Duration

60 mins

Suggested Teaching Method

Discussion and Power Point Presentation

Materials/ Preparation required

Power Point Presentation, flip charts and marker pens

Phototype quiz questions

1	What does HIV stand for?	Human Immune deficiency virus
2	What does AIDS stand for?	Acquired Immune Deficiency Syndrome. The facilitator should explain the difference between HIV and AIDS. HIV is the virus that causes AIDS. A person can live a relatively normal life for many years if they were diagnosed with HIV but they are said to have AIDS when they develop an HIV related illness.
3	Is there a cure for AIDS?	There is no cure for AIDS. This means it is important to be aware of prevention methods, such as save sex, clean needle syringes etc.
4	How does HIV spread?	There are four modes through which HIV can be transmitted - unprotected, sexual contact between an infected and non-infected person, from HIV positive mother to her unborn child, through blood and blood products and infected needles

- 5 Describe four ways of reducing HIV transmission

7	If someone has blood test that says they are HIV negative. Does that mean they do not have HIV?	<p>If they have been had possible risk or exposure in the last three months, the person could be in the window period. Such clients should repeat test after three months.</p> <p>If they have engaged in no risky behavior over the past three months, it means have not sex or used condoms correctly every time they had sex, do not exchange needle syringe etc.</p>
8	If someone with HIV has CD4 count of 200 or less, what does this mean?	CD4 cells indicated how the immune system can protect a person from infections. A CD4 cell count below 200 in a HIV positive person indicates that the person has a weak immune system and requires adherence to antiretroviral therapy.
9	Why is someone with an STI at greater risk of contracting HIV from an infected partner?	Having an STI makes it easier for HIV to penetrate into the body. STIs that produces open sores such as primary syphilis, chancroid or herpes, allow HIV to travel into the body much more easily than if the skin was healthy. STI is that don't produce sores, such as gonorrhea, chlamydia, and trichomoniasis facilitate transmission because they increase the number of white blood cells in the genital tract, which are targets of the HIV virus. HIV positive individuals with STIs are more likely to pass on the virus to their partners as well.
10	Name at least four symptoms that could be sign that an individual has an STI	Possible symptoms include:

15	How many sizes of condom are there?	Condoms are made in several different lengths and widths. However, any condom made of latex rubber will always stretch to fit the length of the penis.
16	Why are some condoms ribbed?	Condoms are available with different textured these can increase sensation for both partners.
17	How many condoms should be worn by a man to best protect against transmission of STIs?	Only one – during sexually active as friction between them could cause one or both to tear.
18	How often should male condoms be used?	Male condoms should never be used more than once.
19	What causes Sexually Transmitted Infections (STIs)?	Sexually Transmissible Infections (STIs) are common all around the world. The causes are bacteria, viruses or parasites that are passed from one person to another during sexual activity.
20	Which sexual activities can spread an STI from one partner to another?	The most common sexual activity that can spread an STI from one partner to another include: Vaginal Sex – the man’s penis in the woman’s vagina. Anal Sex – the man’s penis in the partner’s anus (the partner can be either male or female) Oral Sex – oral sex is a lower risk for most STIs but when the mouth comes into contact with any part of the genital area infections such as herpes can occur. In men who have sex with men, syphilis and gonorrhoea can be spread this way.
21	True or False: Can a person have an STI but not have any symptoms?	There are many different STIs. Some causes symptoms, but others cause no signs or symptoms at all. Symptoms such as vaginal discharge and itch can be caused by other conditions, such as thrush or skin conditions, which are not STIs.
22	What do spermicides protect against?	Spermicide kills sperms inside the vagina, protecting against pregnancy. However, they do not protect against STI and HIV.
23	Can a person get HIV from casual contact i.e. Shaking hands, hugging, using a toilet, drinking from the same glass or the sneezing and coughing of an infected person.	No, HIV is not transmitted by day to day contact in the home, the workplace, schools or social settings. HIV is not transmitted through shaking hands, hugging or a casual kiss. A person can’t become infected from a toilet seat, dishes, drinking glasses, food etc. A person can’t get infected using common toilets, swimming pool, mosquito bites etc.
24	Can a woman give HIV to a man during vaginal intercourse?	Yes, if the woman is infected. HIV is present in vaginal and cervical secretions and can enter the penis through the urethra (the hole at the tip) or through cuts or abrasions on the skin of the penis. The presence of other STI can increase the risk of HIV transmission. The correct and consistent use of a condom can reduce the risk of transmitting HIV during vaginal intercourse.

25	Name some common STIs	Some common STIs are Chlamydia, Gonorrhoea, Genital Herpes, Genital Warts, HIV and Syphilis
26	Who is at risk for getting HIV?	<p>People who have “unprotected sex” with who has HIV. Unprotected Sex means vaginal and anal sex without using a condom.</p> <p>People who share needles, syringes or other equipment to inject drugs, steroids, or even vitamins or medicine with someone who has HIV.</p> <p>Babies can potentially become infected during their mother’s pregnancy, during delivery or after birth in the immediate postpartum period. They can also become infected through breastfeeding.</p>
27	Is there a cure for HIV or AIDS?	No, there is no cure for HIV or AIDS. However, there are medicines that HIV and help people with HIV and AIDS, live longer, healthier lives.
28	How is HIV spread during injecting drug use?	Sharing injection equipment with someone who has HIV or whose HIV status is not known could let high risk of HIV transmission. Small amounts of blood from a person infected with HIV may stay in the needles, syringes or drug “works” (spoon, bottle caps, and cotton) and can be injected into the blood stream of the next person who uses the equipment
29	Can STI be treated?	Many STIs/ RTIs can be identified and treated on the basis of characteristic symptoms and signs. Symptoms and signs can be grouped together into syndromes. Syndromic Management refers to the approach of treating STIs/ RTIs symptoms and signs based on the organisms most commonly responsible for each syndrome.
30	How often should a sex worker be referred for medical check-up	The sex worker should be encouraged to seek a quarterly medical check-up
31	What is Index testing	Index Testing Services (ITS), or partner notification services, is an effective approach to saturate HIV case finding. It's a voluntary case-finding service, where trained providers, with the consent of the HIV-positive client, focus on the elicitation of the sexual and/or needle sharing partners and biological children (<19 years age) of consenting HIV positive individuals and offer them HIV testing services (HCTS).
32	What is Index testing	Implemented appropriately and safely index testing can link HIV positive individuals to life-saving treatment, break the chains of transmission and link HIV negative people to other appropriate prevention services

33	When to start ART	The current recommendation to TREAT ALL, regardless of the clinical stage or CD4 count is in the National Programme since 2017. With early ART initiation, there is a significant delay in progression to AIDS and reduction in the incidence of TB. It also helps in achieving quick viral load suppression, prevention of transmission and better health outcomes.
34	What is viral suppression	Virological suppression in the context of the national programme means a plasma viral load of less than 1000 copies/ml after at least 6 months on ART.
35	What is the importance of having suppressed viral load	Viral suppression helps in prevention of transmission and better health outcomes.

Process

- The participants are taken through a word association brainstorming exercise wherein they are asked to define STIs, RTIs, HIV and AIDS. The facilitator asks the participant the difference between STI and RTI, and HIV and AIDS. All the words that they associate with the term STI, RTI, HIV and AIDS are written on a flip chart to be used in later discussion.
- Participants are divided into teams. Each team should not have more than five participants. Each participant should answer at least one question. Score is given for each correct answer, and the question to be passed to next team, if answer is incorrect.
- Participants are asked to come up with various routes for transmission of infections.
- Participants are asked about counselling and importance of counselling, further their role in counselling.
- The PPT is used to walk the participants through a detailed understanding of Counselling, role of counsellor, models of counselling, risks & vulnerabilities, risk assessment, risk reduction, health and mental health, mental disorders and illness, co-relation of mental health disorder with HIV, importance of pre and post test counselling, positive living and drug adherence.

Key learnings

The facilitator uses the PPT to emphasize the following key learning points

- Any infection on reproductive track is RTI and infection through sexual activity on reproductive track/organ is STI.
- Signs and symptoms of STIs/ RTIs.
- Counselling is dialogue between a client and a counsellor, aimed at providing information on STI/ RTI/ HIV/ AIDS and bringing about behavior change in the client.
- Risk is a situation or condition, which has potential of STI/ HIV infection, whereas vulnerability increases the chance of STI/ HIV infection.
- Risk assessment is a process to help client to understand the risk/ vulnerability for acquiring STI/ HIV, and risk reduction is defining various options available which can decrease or minimize the risk of infection.
- Health is not merely absence of disease or infection, it is a state of complete physical, social and mental well-being.
- Mental health is understood as a continuum; healthy to unhealthy, and mental disorders comprise a broad range of problems, with different symptoms characterized as thoughts, emotions, behavior and relationship.
- Pre-test counselling is provided to client before HIV test to prepare for the HIV test and to address myths and misconceptions regarding HIV/ AIDS, whereas post-test counselling must be conducted irrespective of whether the result is non-reactive or reactive, which helps for positive living.
- Barriers to adherence and develop strategies to overcome, logistic difficulties the patient may experience, and solving practical problems and creating a treatment plan.



SESSION FIVE

Understanding Service Package of P&OCS

Objective

To ensure participants understand the service packages for incarcerated population.

Expected Outcome

Participants understand the importance of each service and various modes of provisioning the services.

Duration

45 mins

Suggested Teaching Method

Discussion and Power Point Presentation

Materials/ Preparation required

Power Point Presentation, flip charts and marker pens

Process

- The facilitator asks the participants to identify the health services required to inmates
- Participants are asked to come up with various health services provided to inmates, and their importance to them
- The PPT is used to walk the participants through a detailed understanding of the significance of the eligible service package; the facilitator draws reference to what the participants have already identified.

Key Learning

The facilitator uses the PPT to emphasize the following key learning points

- The majority of people living in Prisons & Other Closed Settings eventually return to their communities.
- The diseases contracted in P&OCS, or made worse by imprisonment, are thus, a major concern from the public health point of view.
- Initiating or ensuring continuity of care, thus, assumes great importance and provision should be made by health systems (department of state prisons/ social welfare/ women and child development/ SACS) to ensure that benefits of treatment such as antiretroviral therapy (ART), TB treatment and Opioid Substitution Therapy (OST) started before or during imprisonment are not discontinued.
- Whenever adequate care cannot be provided in Prisons and Other Closed Settings, inmates may be allowed to access health services available in the community.
- United Nations comprehensive package of services comprises 15 key intervention that are essential for effective HIV Prevention and Control in P&OCS
- Discussions were held with prison authorities through various national and regional consultations in 2014, 2018 and 2022, to identify the feasibility of providing the package of services to people living in prisons and other closed settings.
- It was recommended that 10 interventions are eligible for implementation in Indian context (Condom Programs, NSEP, Prevention of sexual violence, PEP and Protecting staffs from occupational hazards are excluded).
- To ensure quality of implementation, it is important to develop coordination among SACS, TB and VH program.



SESSION SIX

Understanding role of MO and Paramedics

Objective

To ensure participants understand the concepts of Health, Health Services and role of Health Care Providers.

Expected Outcome

Participants understand the concept of health, health services and role of health care providers in the context of prison and other close setting.

Duration

45 mins

Suggested Teaching Method

Discussion and Power Point Presentation

Materials required

Power Point Presentation, Flip Charts and Markers Pen

Process

- The participants are taken through a word association brainstorming exercise wherein they are asked to come up with all the words that they associate with the term Health Services. These are written on a flip chart to be used in later discussion.
- The facilitator then explains the concept of Health, Health Services and role of health care provider in the context of prison and other closed settings, with the help of PPT, drawing attention to the terms that the participants generated in the word association brainstorming exercise on Health Services.

Key Learning

The facilitator uses the PPT to emphasize the following key learning points

- Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.
- Any service that can contribute to improved health or the diagnosis, treatment, and rehabilitation of sick people; it is not necessarily limited to medical or health-care services. Health services can include health education, health promotion, and environmental services, such as housing, sanitation, etc., which have a known health benefit.
- Healthcare refers to the medical services provided by hospitals and doctors. Health care includes preventive medicine, rehabilitation, and other related services. Health care is providing health services. It involves diagnosis, treatment, prevention, and palliation.
- A health care provider is an individual health professional or a health facility organization licensed to provide health care diagnosis and treatment services including medication, surgery and medical devices. Health care provider means a professional who practices medicine with or without supervision and is sanctioned by an established licensing body.
- Essential service is behavior change communication with regards to personal hygiene, importance of safe sexual/ injecting practices, health seeking behavior, STIs/ RTIs, HIV AIDS, Tuberculosis, Viral Hepatitis and drug adherence. It also includes HIV screening/ testing, and treatment linkage of all positive inmates.
- Desirable package of services includes test and treatment of STIs/ RTIs, TB and Hepatitis.
- Service package also includes ensuing post release linkages of risk/ vulnerable inmates with TIs/ OSTs/ One Stop Centers and Sampoorna Suraksha Kendra, & ensuring essential services to family members of positive inmates.
- HCP to ensure that the inmates are linked with appropriate health facility for treatment and regular dispensation of medicines.



SESSION SEVEN

Working in Partnership: SACS, NTEP, NVHCP, Prison

Objective

Developing an understanding of participants about the convergence of SACS, National Tuberculosis Elimination Program and National Viral Hepatitis Control Program with Prison system.

Expected Outcome

An understanding of participants will be developed to work in close coordination with SACS, NTEP and NVHCP.

Duration

30 mins

Suggested Teaching Method

Discussion and Power Point Presentation

Materials/Preparation required

Power Point Presentation, flip charts and marker pens

Phototype Worksheet

Service Package	Role of SACS	Role of NTEP	Role of NVHCP	Role of Prison

Process

- The facilitator recaps the key learning about the overall roles and responsibilities of the SACS, NTEP, NVHCP and Prisons
- Participants are divided into groups of 6 – 8 each. Each group works on a matrix indicating the role of SACS, NTEP, NVHCP and Prisons for each of the service defined as eligible intervention
- Each group then presents its work to a larger audience and the facilitator generates a discussion on how the prisons and other closed settings can optimize the resources and expertise of each partner.
- The PPT is used to walk the participants through a detailed understanding of the significance of the eligible institution for particular health service; the facilitator draws reference to what the participants have already identified.

Key learning

The facilitator uses the PPT to emphasize the following key learning points

- At the state level, State AIDS Control Society is responsible for HIV AIDS and STI related services
- State TB Cell is nodal agency at state to provide tuberculosis related services
- District Tuberculosis Officer is the nodal officer for HIV AIDS, STI and Tuberculosis in the district
- State Program Officer – Viral Hepatitis, under National Health Mission is the nodal person at state level, whereas District Nodal Officer – VH under Chief Medical Officer is the nodal officer at the district level.
- Prisons with full time medical officer can indent their request for consumables for particular service from the respective nodal officer.
- Prisons with part time medical officer but full-time paramedics can indent their request for consumables from the respective nodal officer.
- Prisons without full-time medical and paramedics can request for the screening/ testing camps and ensure treatment linkage with respective nodal officer.



SESSION EIGHT

Basics of Drugs and Opioid Substitution Therapy

Objective

- To familiarise participants with various drugs / substances of use, similarities and differences between their effects
- To bring about attitudinal changes in participants regarding drug users; specifically, to enable them to see drug dependence as an illness
- To familiarise participants with the general issues surrounding opioids and their effects
- To familiarise them with the concept behind OST and to explain its mechanism of action and effectiveness
- To familiarise participants with the steps involved in making assessment of an individual with a history of drug use
- To familiarise all participants with and develop their skills on induction, stabilisation and discontinuation of buprenorphine.

Expected outcomes

Participants will develop an understanding about drugs and their effects, why people drugs and get addicted, terminology of use/ abuse/ harmful use/ dependence/ addiction, Opioid substitution Therapy, assessment and diagnosis, and implementation of OST with Buprenorphine induction, stabilisation and discontinuation.

Duration

90 mins

Suggested Teaching Method

Discussion and Power Point Presentation

Materials/ Preparation required

Power Point Presentation, flip charts and marker pens

Process

- The participants are asked the names of various addictive drugs that they know of, note all the names on the flip-chart, in such a way that it helps in categorization
- "Basic similarity among these drugs is that all of them produce certain effects in the brain/mind which are perceived as pleasurable or relaxing. Another similarity is that after repeatedly taking these drugs, the user gets habituated or 'addicted' to them."
- The participants are asked 'why do people take drugs?' The responses are noted on a flip-chart in a manner, which permits easy grouping of the reasons into 'positive' (such as to feel happy, to enjoy, to enhance sexual pleasure, out of curiosity, etc.) and 'negative' (such as to relieve boredom, frustration, anxiety, sadness, mental-tension, etc.).
- The facilitator should begin by asking participants to list the possible harms associated with drug use according to their opinion/ experiences, using the mind-mapping technique. The facilitator should encourage participants to share anything that they might consider as a complication of drug use and not worry about it being right or wrong. At this stage, just listing of various 'harms' is more important rather than an analysis of how and why a particular harm occurs. Thus, discussions should be gently guided towards just listing the harms and participants should be told to wait for the discussion of 'why' and 'how' of harms.
- Explain Opioid Substitution Therapy, process of assessment prior administration of OST (induction), stabilization and discontinuation (post clean state).

Key Learning

The facilitator uses the PPT to emphasize the following key learning points

- Drug is any substance that when taken by a person modifies perception, mood, cognition, behaviour or motor functions, substance includes legal and illegal substances.
- Classification of drugs as Alcohol, Opioids, Heroin, Cannabis, Sedative – hypnotics & other pharmaceuticals, Cocaine and other stimulants, Hallucinogens, Tobacco and Volatile solvents (Inhalants); and their psychological effects.
- Why do people take drugs; use, mis-use/ abuse, dependence and addiction
- Withdrawal symptoms for all types of drugs
- Opioid Substitution Therapy is substitution of primary route of use (injecting) with non-injecting route (Oral/ Sublingual), purpose and advantage of OST intervention
- Assessment, Induction, Stabilization (Detoxification), Long-term treatment and discontinuation of OST.

Day Two

Session Plan

Recap of Day One 15 minutes

Session One: 60 minutes
STIs/ RTIs and Syndromic Case Management

Tea/ Coffee Break 15 minutes

Session Two: 45 minutes
HIV Counselling and Testing Services

Session Three: 45 minutes
National HIV Care and Treatment

Session Four: 30 minutes
HIV AIDS Act, 2017

Session Five: 60 minutes
National Tuberculosis Elimination Program

Lunch Break 60 minutes

Session Six: 60 minutes
National Viral Hepatitis Control Program

Session Seven: 30 minutes
Practical demonstration of Screening/ Testing

Tea/ Coffee Break 15 minutes

Session Eight: 30 minutes
Reporting

Validation, Closing Remarks 30 minutes



SESSION ONE

STIs/ RTIs and Syndromic Case Management

Objective

- To familiarise participants with common STIs/ RTIs among incarcerated population
- To develop understanding that put people at greater risks of STIs/ RTIs
- To familiarise participants with Syndromic Case Management.

Expected outcomes

Participants will develop an understanding about common STIs/ RTIs among incarcerated population, and factors which increases their vulnerability for STIs/ RTIs. Participants will be able to diagnose and treat STIs/ RTIs by using given flow-charts (Syndromic Case Management).

Duration

60 mins

Suggested Teaching Method

Discussion and Power Point Presentation

Materials/ Preparation required

Power Point Presentation, flip charts and marker pens

Process

- The participants are asked the names of various STIs/ RTIs that they know of, note all the names on the flip-chart, in such a way that it helps in categorization (Bacteria, Virus, Parasites and Protozoal)
- The participants are asked about signs and symptoms of different STIs, note all the signs and symptoms
- Ask the participants about drugs they prescribe for different STIs/ RTIs, note all the medicines
- The PPT is used to walk the participants through a detailed understanding of STIs/ RTIs, categorization of STIs/ RTIs, signs and symptoms, and syndromic case management of various STIs/ RTIs.

Key Learning

The facilitator uses the PPT to emphasize the following key learning points

- Every symptom of private parts is not a STI/RTI
- STI/RTI increases risk of HIV transmission
- Chronic, severe, resistant and atypical lesions for STI/RTI are common presentations in HIV
- STI/RTI if untreated or partially treated can cause many complications
- Syndromic Case Management approach provides a great advantage in the management of STI/RTI, as it benefits both the individual & the community
- Condom promotion is one of key prevention strategies to prevent STI/RTI
- Screening for STI/RTI: ART MO for PLHIV, TI counselor/MO for KPs and DSRC MO
- Screening & management of partners essential to prevent re-infection
- Refer to STI laboratories for etiological diagnosis



SESSION TWO

HIV Counselling and Testing Services

Objective

- To differentiate between Screening and Confirmatory Facility
- To develop understanding about roles and responsibilities of HCTS personnel
- To familiarise participants with HCTS delivery approaches.
- Process of linkages at screening facilities, HCTS facilities and confirmatory facilities
- HIV TB Collaborative activities
- Linkages of HIV Testing to care, support and other prevention services

Expected outcomes

Participants will understand the difference between and Screening and Confirmatory facility, will understand the roles and responsibilities of HCTS personnel and delivery approaches, the linkages at screening facilities, HCTS facilities and confirmatory facilities, NACP-RNTCP coordination mechanisms and activities at various levels, linkages of HIV Testing to care, support and other prevention services.

Duration

45 mins

Suggested Teaching Method

Discussion and Power Point Presentation

Materials/ Preparation required

Power Point Presentation, flip charts and marker pens

Process

- The participants are asked the facilities they know for HIV screen/ test that they know of, note all the facilities on the flip-chart, in such a way that it helps in categorization (screening and testing)
- The participants are asked about methods of HIV screen/ test at these facilities, note all the methods
- Ask the participants about the facilities associated with HIV positives, note all the facilities and the services associated with.
- The participants are asked about the probable infections (Opportunistic Infections) the HIV positives are prone to, not all the infections
- The PPT is used to walk the participants through a detailed understanding of Screening and Confirmatory facilities, the delivery approaches, the linkages at screening facilities, HCTS facilities and confirmatory facilities, NACP-RNTCP coordination mechanisms and activities at various levels, linkages of HIV Testing to care, support and other prevention services.

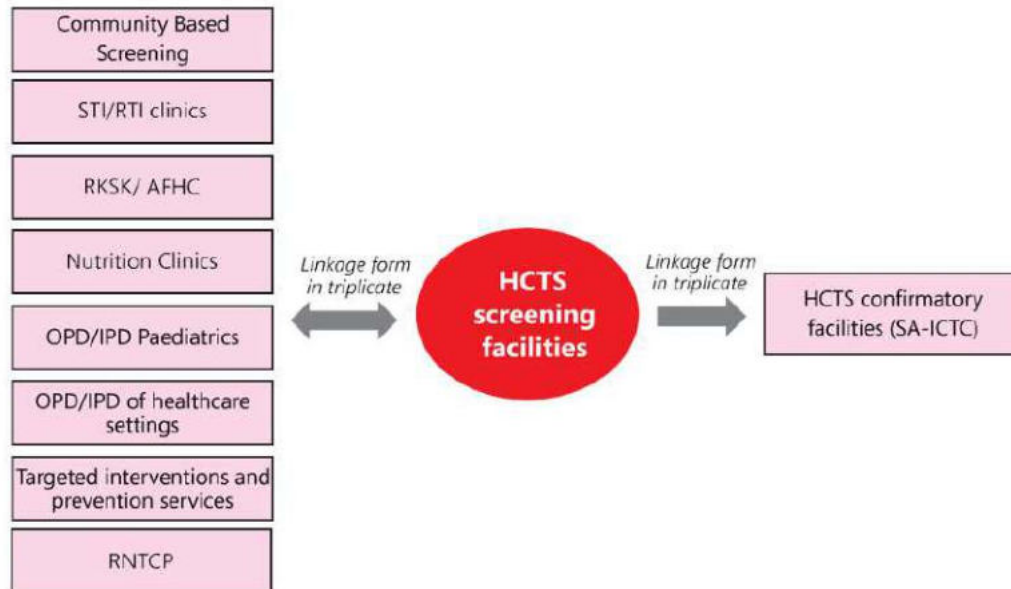
Key Learning

- The facilitator uses the PPT to emphasize the following key learning points:
- All HCTS facilities have been divided into two groups:
- Screening Facility (F-ICTC, PPP-ICTC, TI-ICTC, OPD, IPD, Emergency wards etc.), and
- Confirmatory Facility (SA-ICTC)

- Community-based HIV screening approaches have been included in the National HIV Counselling and Testing Services Guidelines to improve access to HIV testing.
- Counselling remains one of the key pillars of HIV services. NACO endeavours to standardize pre-test and post-test counselling at both the screening and confirmatory facilities and detailed notes for the same have been included in these guidelines. However, the post-test counselling and the follow-up counselling sessions shall now be customized to the patient being tested - such as pregnant women, adolescents, HRG etc.
- To promote early detection of co-infections, all individuals accessing ICTCs will now be verbally screened for TB, STI/RTI and other co-infections by the counsellor.
- Service. Package at different HCTS facilities

Sr	Types of HCTS facility	Institution where HCTS facility can be established	Package of HIV testing service as per the National HCTS Guidelines, 2016
1	HCTS Confirmatory facility	<ul style="list-style-type: none"> - Government healthcare facilities under Central, State and corporation administration of the level of medical college, general hospital, district hospital, sub- district hospital and community health centre (CHC) - Health facilities under public sector undertakings - Private medical colleges - Public-private partnership facilities - Mobile SA-ICTC - Targeted intervention (TI-based SA-ICTC) 	<ul style="list-style-type: none"> - Pre-test counselling and informed consent - HIV testing and sharing of test result - Post-test counselling & disclosure - Early infant diagnosis (EID) - Testing of sexual partner/spouse - Screening for STI/RTI, TB and other co-infections - Linkages to care and treatment and other health services - Linkage to social welfare schemes - Outreach activity - Follow-up testing and counselling - Follow up of discordant couple - Act as a nodal point for coordination, supportive supervision, capacity building and supply chain management of all F-ICTCs
2	HCTS Screening facility	<ul style="list-style-type: none"> - F-ICTC - Government Health Facility (PHC/CHC/SDH) - OPD/IPD/Emergency ward - Mobile F-ICTC - Public-private partnership facility - Health facilities under corporations and public sector undertakings - Private medical colleges - TI-based - Designated microscopy centre(DMC) - Designated STI/RTI/ Clinics (DSRC) 	<ul style="list-style-type: none"> - Pre-test counselling and informed consent - HIV screening - Screening for STI/RTI,TB and other co-infections - Post-test counselling - Linkages to SA-ICTC for confirmation of diagnosis and care and treatment - Linkage to other health services

- Linkages at HIV Counselling and Testing Services (HCTS) Screening facilities for confirmatory facilities



- The three I's for prevention of HIV/ TB; Intensive Case Finding (ICF), Isoniazid Preventive Therapy (IPT) and Infection Control for Tuberculosis (IC).
- ICF - Systematic TB screening should be integrated and offered at all HIV testing facilities and to all populations receiving HIV testing, irrespective of their test results. Intensified TB case finding in clinical and outreach settings will facilitate early detection of HIV-associated TB and linkage to treatment.
- IPT/ TPT- are globally recommended for prevention of incident TB among PLHIVs. Isoniazid is the most effective Bactericidal Anti TB drug available currently. While it protects against progression of latent TB infection to active disease i.e. reactivation, it also prevents TB re-infection post the exposure to an open case of TB. This is provided at ART centre/Link ART-plus and LACs.
- IC - When patients remain undiagnosed and untreated for tuberculosis, there is risk of transmission of tuberculosis infection at health care facilities. Early diagnosis and prompt treatment of TB will rapidly make TB patients non-infectious and ultimately will break the chain of transmission.
- Linkages of HIV Testing to care, support and other prevention services, both unidirectional and bidirectional linkages:
 - ART Centre: The individual found to be HIV positive.
 - RNTCP: All patients diagnosed with TB and presumptive TB cases
 - Maternal and Child Health: All pregnant/breastfeeding women
 - OPD/IPD of Health care settings: All individuals presenting with any signs or symptoms suggestive of HIV or any opportunistic infection or medical condition suggestive of HIV
 - Nutritional Rehabilitation Clinics
 - STI/RTI Attendees: All individuals presenting with signs or symptoms of any STI/RTI in STI / RTI Clinic/ Obs. &Gynae/Dermatology/any other health care setting should be screened for HIV
 - Targeted Intervention
 - ART Centre: Known HIV positive women who are currently pregnant linked to EMTCT continuum of care services
 - Adolescent friendly health clinics (RSRK)
 - Family planning
 - Substance abuse
 - Other social support services and schemes
 - Other facilities under NHM



SESSION THREE

National HIV Care and Treatment

Objective

- To develop understanding about targets of Antiretroviral drugs
- To enable participants to understand the drugs used and ART regimen under NACP
- Parameters monitored after ART initiation

Expected outcomes

Participants will understand the targets of antiretroviral drugs, the drugs and regimen used for ART and the parameters need to monitor after ART initiation, to understand the impact of ART on individual HIV positive.

Duration

45 mins

Suggested Teaching Method

Discussion and Power Point Presentation

Materials/ Preparation required

Power Point Presentation, flip charts and marker pens

Process

- The participants are asked about HIV related illness, time of ART initiation, role of CD4 count for initiation of ART, viral load and its association with CD4, the drugs and regimen they know of, note all the facilities on the flip-chart, in such a way that it helps in defining post PPT presentation.
- The participants are asked about timing of ART initiation in TB – HIV co-infection, note their views.
- Ask the participants about the actions/ reactions of ART they know or observed, note all the responses.
- The PPT is used to walk the participants through a detailed understanding of ARV drugs used in NACP, major regimen for adolescents and adults, ART initiation during HIV TB co-infection, parameters for monitoring, Immune Reconstitution Inflammatory Syndrome (IRIS) and its management, adverse drug reactions, monitoring disease and treatment efficacy, and baseline prior ART initiation.

Key Learning

The facilitator uses the PPT to emphasize the following key learning points:

- Treat All means that all persons diagnosed with HIV infection are to be started on lifelong ART, regardless of CD4 count, age or WHO Clinical Staging
- Preferred first line ART regimen for ART-naïve PLHIV is TLD
- Additional dose of Dolutegravir 50 mg is given in PLHIV on Rifampicin based TB, taken 12 hours after regular dose of TLD
- Additional dose of DTG 50mg is stopped once Rifampicin based ATT is completed, in co-infected PLHIV on DTG based ART regimen
- PEP drug regimen is now TLD once a day for 28 days



SESSION FOUR

HIV/ AIDS (Prevention & Control) Act, 2017

Objective

- To develop understanding about HIV/ AIDS (Prevention & Control) Act, 2017
- To enable participants to understand the do's and don'ts provisions made under the act.

Expected outcomes

Participants will understand stigma and discriminations occurs with PLHIVs, provisions made under the act, and the parameters need to monitor violations, to understand the impact of act on individual HIV positive inmate.

Duration

30 mins

Suggested Teaching Method

Discussion and Power Point Presentation

Materials/ Preparation required

Power Point Presentation, flip charts and marker pens

Process

- The participants are asked about their knowledge about act, their opinion about the necessity of act, genesis of HIV/ AIDS Act and the provisions made under the act, in such a way that it helps in defining post PPT presentation.
- The participants are about probable HIV related stigma and discriminations with PLHIV inmates, reasons for those instances, creating enable environment for them, note their views.
- Ask the participants about the actions/ reactions of fellow HIV Negative inmates towards PLHIV inmates, they know or observed, note all the responses.
- The PPT is used to walk the participants through a detailed understanding of HIV/ AIDS Act, major provisions made within act, address stigma & discrimination, creating enabling environment, consent, provisions/ entitlements for PLHIVs, grievance addressal and punitive provisions of the act.

Key Learning

The facilitator uses the PPT to emphasize the following key learning points:

- Treat everyone same, irrespective of their HIV status.
- How to address stigma & discriminations
- How to create an enabling environment for enhancing access to services.
- Major provisions made under the act.
- Importance of consent taking, subject to court, medical research/ therapy, epidemiological/ surveillance matter.
- Conditions under which disclosure of HIV status is not considered to be violation of act.
- Punitive provisions of the HIV/ AIDS Act, 2017.



SESSION FIVE

National Tuberculosis Elimination Program

Objective

- To develop understanding about TB in context to Indian scenario
- Participants will understand the routes of transmission and symptoms of TB
- To understand screening, testing algorithm and treatment of TB

Expected outcomes

Participants will understand Tuberculosis, both pulmonary and non-pulmonary, in context to India, their transmission, symptoms, screening, testing algorithm and treatment.

Duration

60 mins

Suggested Teaching Method

Discussion and Power Point Presentation

Materials/ Preparation required

Power Point Presentation, flip charts and marker pens

Process

- The participants are asked about Tuberculosis, both pulmonary and non-pulmonary, that they know of, note all the responses on the flip chart, in such a way that it helps in categorization.
- The participants are further asked about the route/ mode of transmission for tuberculosis that they know of, note all the responses on the flip chart, in such a way that it helps in various roots of transmission.
- The participants are further asked about the symptoms for tuberculosis that they know of, note all the responses on the flip chart, in such a way that it helps in symptoms of tuberculosis.
- Testing algorithm for tuberculosis, both pulmonary and non-pulmonary patients, is asked and noted down on the flip chart, in such a way that it helps in understanding the testing/ diagnosis algorithm.
- The participants are asked about the treatment they know for TB that they know, considering contraindications, note their responses.
- The PPT is used to walk the participants through a detailed understanding of TB, their roots/ mode of transmission and symptoms, drugs used for treatment, major regimen used, parameters for monitoring, and its management, adverse drug reactions, monitoring disease and treatment efficacy, and NTEP facilities for diagnosis and treatment.

Key Learning

The facilitator uses the PPT to emphasize the following key learning points:

- TB screening is important due to presence of risk factors in prison
- TB suspected cases need to be referred to center for confirmation and treatment
- TB positive cases will be treated at treatment center at district/state level.
- Prison authority should ensure linkages for confirmation and treatment as per national guidelines
- Periodic monitoring is required for disease progression/treatment response. This need to be facilitated.



SESSION SIX

National Viral Hepatitis Control Program

Objective

- To develop understanding about viral hepatitis in context to Indian scenario
- Participants will understand the routes of transmission and symptoms of viral hepatitis
- To understand testing algorithm and management of Hepatitis B and C

Expected outcomes

Participants will understand viral hepatitis, Hep A, Hep B, Hep C, Hep D and Hep E, in context to India, their route of transmission, symptoms, testing algorithm and management.

Duration

60 mins

Suggested Teaching Method

Discussion and Power Point Presentation

Materials/ Preparation required

Power Point Presentation, flip charts and marker pens

Process

- The participants are asked about Viral Hepatitis, both acute and chronic, that they know of, note all the responses on the flip chart, in such a way that it helps in categorization (Hep A, Hep E, Hep B, Hep D and Hep C).
- The participants are further asked about the route of transmission for various VH that they know of, note all the responses on the flip chart, in such a way that it helps in various roots of transmission.
- The participants are further asked about the symptoms for various VH that they know of, note all the responses on the flip chart, in such a way that it helps in symptoms of various VH.
- Testing algorithm for VH, both in jaundice and non-jaundice patients, is asked and noted down on the flip chart, in such a way that it helps in understanding the testing algorithm.
- The participants are asked about the treatment they know for Hep B and Hep C that they know, considering contraindications, note their responses.
- The PPT is used to walk the participants through a detailed understanding of Viral Hepatitis, their roots of transmission and symptoms, drugs used for treatment, major regimen used, parameters for monitoring, and its management, adverse drug reactions, monitoring disease and treatment efficacy, and NVHCP facilities for diagnosis and treatment.

Key Learning

The facilitator uses the PPT to emphasize the following key learning points:

- Hep B and Hep C testing is important due to presence of risk factors in prison
- Hep B and Hep C positive cases need to be referred to higher center for confirmation and treatment
- Hep B and Hep C positive cases will be treated at dedicated treatment center at district/state level.
- Prison authority should ensure linkages for confirmation and treatment as per national guidelines
- Periodic monitoring is required for disease progression/treatment response. This need to be facilitated.



SESSION SEVEN

Practical Demonstration of screening/ testing

Objective

- To understand difference between screening and testing
- Screening under NACP and NTEP
- Testing under NACP, NTEP and NVHCP

Expected outcomes

Participants will understand difference between screening and testing, symptoms for referrals for testing, testing algorithm and management.

Duration

30 mins

Suggested Teaching Method

Discussion, PPT and Practical demonstration

Materials/ Preparation required

Charts, PPT, kits, other consumable required for screening/ testing, bio-waste management and marker pens

Process

- The participants are asked about various symptoms eligible for HIV and TB screening, note all the responses on the flip chart, in such a way that it helps in defining them post PPT.
- The participants are further asked about the difference between screening and testing that they know of, note all the responses on the flip chart.
- The participants are further asked about the kits used for screening HIV, and for confirmatory test of HIV.
- Testing algorithm for HIV and TB test, is asked and noted down on the flip chart, in such a way that it helps in understanding the testing algorithm.
- The PPT is used to walk the participants through a detailed understanding of difference between screening and testing, symptoms eligible for screening or testing, kits used for testing, parameters for monitoring kits, and its management, inventory management and testing efficacy, and facilities for diagnosis and treatment.

Key Learning

The facilitator uses the PPT to emphasize the following key learning points:

- HIV screening should follow the norms of consent and confidentiality.
- Screened reactive cases should be confirmed after three tests at SA ICTC
- HIV test should follow recommended strategies I/ II/ III depending on the situation.
- TB microscopic tests are done at Designated Microscopic Centers
- Hep B and Hep C positive cases need to be referred to higher center for confirmation and treatment
- Bio-waste management



SESSION EIGHT

Reporting

Objective

- Importance of reporting
- Integrated Information Management System (IIMS)
- Monthly Informative Prison Report/ Monthly Informative OCS Report (MIPR/ MIOR)

Expected outcomes

Participants will understand the importance of reporting, difference between IIMS and MIPR/ MIOR

Duration

30 mins

Suggested Teaching Method

Discussion and PPT

Materials/ Preparation required

Charts, PPT and marker pens

Process

- The participants are asked about the importance of reporting, both at institutional level and district/ state level, note all the responses on the flip chart, in such a way that it helps in defining them post PPT.
- The participants are further asked about the difference between IIMS and MIPR/ MIOR that they know of, note all the responses on the flip chart.
- The participants are further asked about the data reported in MIPR/ MIOR and IIMS.
- Reporting algorithm for reporting at institution and district/ state, is asked and noted down on the flip chart, in such a way that it helps in understanding reporting.
- The PPT is used to walk the participants through a detailed understanding of difference between IIMS and MIPR/ MIOR, data captured in MIPR/ MIOR and IIMS, monitoring indicators, data analysis, and micro-planning to fill the gaps.

Key Learning

The facilitator uses the PPT to emphasize the following key learning points:

- Reporting enables to monitor the progress
- MIPR/ MIOR indicates the progress made at each institution on a monthly basis.
- IIMS is consolidation of MIPR/ MIOR of a State/ UT
- Data analysis of different major indicators
- Strategies to be adopted to minimize the gaps



National AIDS Control Organisation

India's Voice against AIDS

Ministry of Health & Family Welfare, Government of India

www.naco.gov.in